Region 7E Governing Board Meeting
July 28, 2025; 10:00am – 12:00 Noon

Attendees:

Affiliation		Governing Board Members		Directors
Chisago County	x	Kelly Ihrke, 2025 Vice Chair	x	Robert Benson
Chisago County		Jolene Thorsen		
Chisago County	x	Stacy Johnstone, Consumer Rep		
DHS Liaisons		Abbie Franklin, Pam Sanchez, Andrea Abel		DHS
Isanti County	x	Emily Hawkins, Member & Fiscal Host	x	Jodi Donnay
Isanti County		Ashley Wright, Consumer Rep		
Kanabec County		Katie Heacock	x	Chuck Hurd
Kanabec County	x	Cassie Dahlberg		
Mille Lacs County	x	Jessica Andrich	x	Char Kohlgraf
Pine County		Barb Schmidt	x	Becky Foss
Region 7E Planner	x	Amanda Stevenson		

Guests: County Directors; Rori Johnson, Canvas Health and Rhonda Bergstad, Kanabec County LAC

MOTION: Isanti County made a motion to approve the June GB minutes, Mille Lacs seconded. All ayes. Motion carried.

Announcements

- Please complete the website survey by August 1.
- Lakes and Pines accepting Priority 1 referrals for Bridges vouchers through August.
  They will move to Priority 2 on September 1. Referrals thus far: Isanti 3, MLC 1, Chisago 1. All have been accepted and one person has already signed a lease.
- Resource Guide. We need to send in for printing ASAP so we can hopefully get some back and folded in time for the August 7 Milaca OCC.
  - Chisago County Health & Human Services number is: 651.213.5600
  - Kanabec County requested they not be listed under the Med Management section as they take referrals from Counties and do not advertise the program.

MOTION: Becky Foss made a motion to approve the updated pocket resource guide with the phone number change for Chisago County. Emily Hawkins seconded the motion. Roll Call vote:

- Kanabec: Aye
- Pine: Aye
- Consumer Rep: Aye
- Mille Lacs: Aye
- Chisago: Aye
- Isanti: Aye

Mobile Crisis

- Cambridge office will be exclusively for ECCS, and hoping to move into the new space in August.
- Hired an outreach person funded through ECCS and Anoka County Mobile Crisis; she will be in the position through March 2026. Amelia Thomas.
- Manager of Mobile Crisis Response for Canvas across nine counties, Kelsey Yale.
- First Call for Help Q2 report. Attachment 2, Page 7.
  - 150 calls with disposition.
  - The number of 988 calls transferred to Mobile Crisis was 16, total calls answered were 336.
  - Amanda noted the overall children's count has been very low.
- Mobile crisis slightly underspent, but there's usually a delay in receiving their invoices.
- Emily noted that the Region needs to RFP for 2027-2028 crisis services.
  - The Region will receive the application in May.
  - Canvas is often very collaborative with the Region on the application.
  - Discussion included sending out an RFP in February.

- Amanda will seek input from the Governing Board and Directors regarding the information and requests to be included in the RFP.

Consumer Rep, Stacy Johnstone
In the last month, Stacy met with two small groups, people living independently. Hot topics were food services and where they can get free food. Not all food is fresh, too much for one person to use timely, and have to throw it out, not impressed with the meal plans her case manager was able to find for her. In both groups, transportation was a difficulty: inadequate service, not timely, not wide enough availability to where they need to go. Arrowhead specifically, when the individuals called to book they experienced impoliteness from the operator and the drivers. As a result of the poor service from the transportation company, the individuals were dropped from services because they were late to their appointments because of their transportation.

Case Manager, Cassie Dahlberg
- No input from case managers.
- Selah Wellness presented information on their operations.
- Another presentation was from USS Unified Social Services, housing support and stabilizations.
- No one was surprised that the ACT contract was pulled. Amanda noted that the hospital had made a couple referrals, but we don't know if they were accepted.

2025 AMHI Budget Review
- We are 49% spent at 50% of the year.
- Becky asked about the Empower EMDR funding, Katrina said she will invoice soon.
- Amanda stated that Rise suggested that grant contracts be written/funded for a two-year cycle.
- Amount in Unallocated as of 7/14/25: $122,599.67
- Rise has a funding request for $100,000
- RADIAS Health has not used any of their $5,000 flex funds. Emily stated that her preference is to leave it for now and look at it again in October.
- Lakes and Pines stated they may not need all of the $5,000 Bridges voucher gap, no info from them yet, but the potential underspending is noted.

Contingency plans for unallocated:
- Crisis oriented training through People Inc.
- Website plug in to permanently replace the large resource guide, Sandy is working on a proposal, expected cost to be $10,000-$20,000 and it can be implemented before the end of the year.
  - Amanda will ask Sandy for an example of the directory.
- Transportation: gas cards, cab rides, etc.
- Rise funding request. Page 7-8. Becky expressed concern about funding Rise again knowing that the Region needs transportation.

MOTION: Kanabec County made a motion to request a proposal for the new website directory plug-in, in an amount up to $20-25,000 and to be completed by Dec 31, 2025. Pine County seconded. Mille Lacs County was contacted by Credible Minds; a self-care platform and they charge $20,000 with a one-time setup fee of $3,000. Amanda reviewed it, it could fit under Brass 402. She will invite them to the budget meeting to present a proposal. Dakota County uses them. All ayes, motion passed.

DHS June Statewide Meeting Review. Attachment 6, Page 9-12
- Recommendation to identify and have the following:
  - Region 7E definition of **uninsured**
  - Region 7E definition of **underinsured**
  - Region 7E's **uncompensated care policy** Attachment 8, Page 13
  - Regional Flex Fund policy and form updated DRAFT Attachment 9, Page 14
  - Questions to consider when developing policies: (from DHS)
    - Is the policy equitable?
    - Is the policy easy to interpret and implement?
    - How will unique requests be addressed and processed?
    - How will agencies/providers submit their requests?
    - Who will be involved in the decision process?
    - How will decisions be communicated with requestors?
- AMHI Statute Language Change: 245.4661

- Subdivision 2. Program design and implementation.
  - Adult mental health initiatives shall be responsible for designing, planning, improving, and maintaining a mental health service delivery system for adults with serious and persistent mental illness that would:
    - (5) utilize existing categorical funding streams and reimbursement sources in combined and creative ways, **except adult mental health initiative funding only after all other eligible funding sources have been applied.** Appropriations and all funds that are attributable to the operation of state-operated services under the control of the Direct Care and Treatment executive board are excluded unless appropriated specifically by the Legislature for a purpose consistent with this section.

Discussion: Emily noted the region needs to define uninsured and underinsured. Emily read the Region's drafts. The Board members expressed concern about defining "ability to pay" and tying it to a specific dollar amount, thus, the decision was made to remove the "ability to pay" piece. Add the definitions to the uncompensated care policy.

Canvas, ECCS, Rori Johnson

- They are doing ongoing outreach in each county.
- Char asked if they do outreach to foster homes, Rori responded that they receive calls from them, and they will work with them if they have a crisis plan in place for that individual stating it's okay for the crisis team to go onsite.
- Common stressors: finances, government, concern about MA and SNAP benefits.
- Becky requested that Pine County connect with the ECCS outreach person for the schools.

ECCS Mental Health Crisis Response Report – April 2025 to June 2025

- **Call Data**
  - Total calls answered: **348**
  - Crisis responses: **36** (note: not all responses resulted in an assessment)
- **Mobile Crisis Assessment Data**
  - Total crisis response assessments: **33**
    - Adults: **25**
    - Children: **8**
- **Total Services Provided**
  - **142** total billable services provided
    - Includes: crisis assessments, stabilization services, peer services
- **Call Time of Day**
  - Peak times are between 8:00am and 8:00pm.
- **Call Types**
  - Crisis Counseling: 277
  - Active MCR client (non crisis comm): 123
  - Crisis Counseling, 3rd party caller: 104
- **Relationship to Person in Crisis**
  - Self: 168
  - Family/Friend: 42
  - Law Enforcement: 41
  - MH Provider: 17
  - 988 Call Center: 17
- **Response Time to Assessment**
  - Less than 2 hours: 14
  - Greater than 2-4 hours: 4
  - More than 24 hours: 3 (sometimes these are due to client requests because of conflicts)
- **Age Range**
  - 40-44: 5
  - 55-59: 5
  - 30-34: 4
  - 18-24: 3
  - 45-49: 3
- **Assessment by County of Residence**
  - Chisago: 10
  - Isanti: 6
  - Mille Lacs: 6
  - Pine: 3
  - Kanabec: 0 adults
- **Primary Reason for Crisis Response**
  - Anxiety/Panic: 9
  - Suicidal Ideation: 6
  - Depression: 5
  - Mania: 2
  - Dysregulated Behavior, Psychotic or Delusional, and Other: 1 each
- **Gender Data**

    - Female: 17
    - Male: 5
- **Payers for Clients**
    - MA/PMAP: 24 (73%)
    - Private Insurance and grant funding: 5 (15%)
    - Grant funding only: 4 (12%)
- **Number of Services**
    - Crisis Intervention/Stabilization: 74
    - Crisis Assessment: 25
- **Outreach Efforts**
    - **73** outreach contacts, for example:
        - Case Management: 28
        - Hospital: 30
        - Businesses: 21
        - Detox: 17
        - Law Enforcement: 16
        - Veterans: 13
    - Total of **181** contacts with identified entities

2026 budget meeting dates

- Friday, Sept 26 and Friday, October 3.
- Application due by 9/15.
- Get proposals to the GB by 9/22.
- Amanda would like to send the letter to providers by August 1, would like to give providers a minimum of 30 days to respond, preferably more. Attachment 12, Page 16.
- Application for 2026 includes the DHS recommended Class Standards.
- Draft RFP for non-medical transportation.
- Region adopted Isanti County procurement policy. I've included the relevant portion of the Isanti County Purchasing and Disbursements Policy (below)
- Isanti County will get a legal opinion whether our existing letter constitutes an RFP? So, we may need to push out the letter to August 8. Attachment 12, Page 16.
- The application will include the list of data the provider will submit to the Region each month

3.09 CONTRACTING, BID LAWS AND VENDOR SELECTION

For the purchase or rental of supplies, materials, and equipment, or the construction, alteration, repair or maintenance of real or personal property, vendors or contractors must be selected according to the processes outlined in the following chart:

Estimated Dollar Amount of Purchase	Quote/Bid Process	Approval Requirement
Less than $5,000	Competitive quotes are not required. Purchase can be made on the open market. If quotes are obtained, the quotes must be kept on file for at least one year.	Department head or designee
$5,000 to $25,000	Competitive quotes are not required. Purchase can be made on the open market. If quotes are obtained, the quotes must be kept on file for at least one year.	County Board or department head/designee per Section 3.08 above
$25,001 to $175,000	Contracts require sealed bids or direct negotiation based on quotations. Two or more competitive quotes are required when possible. All quotes must be kept on file for at least one year. For the purchase of supplies, materials, and equipment, the availability, price, and quality of the item available through the state's cooperative purchasing venture (i.e. the "state contract") must be considered before purchasing from another source. Competitive bidding is not required if the purchase is made through the state's cooperative purchasing	County Board

	venture (i.e. the "state contract") or a national municipal association's purchasing cooperative created by a joint powers agreement that purchases items from more than one source on the basis of competitive bids or quotations.	
Greater than $175,000	Contract or purchase requires sealed bids solicited through public notice in the County's official legal publication. County Board approval is required prior to advertising for bids. For the purchase of supplies, materials, and equipment, the availability, price, and quality of the item available through the state's cooperative purchasing venture (i.e. the "state contract") must be considered before purchasing from another source. Competitive bidding is not required if the purchase is made through the state's cooperative purchasing venture (i.e. the "state contract") or a national municipal association's purchasing cooperative created by a joint powers agreement that purchases items from more than one source on the basis of competitive bids or quotations.	County Board

The purchase of professional services follows the above guidelines and thresholds except contracts for professional services estimated to exceed $175,000 do not require sealed bids. Instead, professional service contracts estimated to exceed $175,000 should be awarded based on two or more competitive quotes whenever possible. Departments are encouraged to use a request for proposals (RFP) process for professional services contracts.

AMHI Proposed Goals for 2026:

1) Data collection for AMHI funded services
    a. Who do we want to collect data from? (greater than $100,000?)
    b. What data do we want to collect?
        i. Examples: New client/never seen, new client/returning, existing/ongoing client, client's county of residence, duration of time served, outcome at service closing/ending (employed, housed, refusal, moved, etc.), number of SPMI adults identified/engaged with the provider.
        ii. RISE data collection spreadsheet is an example of data collection options.
            1. Schedule a Data discussion at a November or December meeting to determine what data we want from each provider.
    c. Planner recommendation: Start with providers/programs receiving $100,000 or more. This would include APFY, L&P, RISE, Kanabec County, and potentially County AMHI allocations/former MLA. Also add Isanti County for the Planner Position. Dollar amount will be determined based on the providers funded.
    d. Scoring Sheet changes: review at the October GB meeting. We need to add the Class scoring. Attachment 15, Page 18.
        i. In the existing form, change numbers 5 and 6 to be 5 for yes, 3 for maybe, 1 for no.
    e. RISE data collection DRAFT
    f. RISE current data collection
2) Conflict of Interest
    a. APFY. Amanda being on the board for APFY is seen as a conflict of interest because she sent an email regarding the APFY exec director stepping down.
    b. Isanti County COI form. Attachment, Page 20. Fill out each year in January for any conflicts real or perceived. The board will follow the Isanti County COI form, because they are fiscal host. Each Director and GB member will sign a regional COI form. Amanda will work on that form.
    c. Learn about the Open Meeting Law regarding email votes and communication outside the meeting.

Transportation: Attachments 16, Page 19

- Planner recommends discussion about options for increasing spending in BRASS 416 now and/or in the future. We know transportation is a need and our overall spending in this BRASS code is low.
- Transportation flex fund requests (its own form or added to existing flex fund form)
- DRAFT revised Regional Flex Fund form. Attachment 8, 9, 10; Page 12-14
- RFP for nonmedical transportation/contract with transportation provider for AMHI specific rides
- Mileage reimbursement and/or gas cards
- Transportation stipends
- Counties designating portion of AMHI allocation to BRASS 416 for those served.
- Using available flex funds for transportation was agreed on by the Board.
- Kanabec has 2 volunteer drivers and they are extremely busy.
- Pine has also used Arrowhead volunteer driver program.
- Mille Lacs needs to schedule 5 days in advance, and they were sending drivers from Staples which put the invoice at $400.
- Stacy noted that YMCA in Forest Lake has volunteer drivers and another company came in to offer those services. She will find more info.

MOTION: Isanti County made a motion to add Transportation to the flex funds form, Chisago second. All ayes, motion carried.

New Business for August

- Table fees for community events
    i. Emily is open to the idea depending on cost, use flex time rather than overtime for staff.
    ii. Becky noted that when they send staff, it's overtime.
    iii. MLC doesn't pay table fees.
    iv. If over $50 then have a conversation.

MOTION: Chisago County made a motion to cap table fees for community events at $50, Kanabec seconded. All ayes, motion carried.

Meeting adjourned 12:01pm. Isanti made a motion to adjourn, Chisago seconded. Motion carried.

ATTACHMENTS

Attachment 1 – ECCS Mobile Crisis Response Report through Q2

ECCS Mobile Crisis Response

Outcome Measure and Peformance Indicators (MHIS)

Instructions: Your outcome measures are located at the bottom of this report. We have enhanced this reporting for 2025 to assist you in better tracking your call trends and seeing the overall picture of your line activity. This report also provides the prior year's 988 activity for your reference. If you have any questions about this new format or report numbers please contact us at 218-326-8565.

Team: ECCS MOBILE CRISIS

Dates: 2025

Call Category	Call Type	Service delivered	Jan	Feb	Mar	Qtr 1	Apr	May	June	Qtr 2	July	Aug	Sept	Qtr 3	Oct	Nov	Dec	Qtr 4	ANNUAL TOTAL
		TOTAL CALLS ANSWERED	52	45	44	141	66	63	74	203				0				0	344
Calls without Disposition	0	General Operation or No Purpose	17	14	21	52	10	20	23	53				0				0	105
Calls Referred to 911 (Adult)	1	Referral to 911 Adult	1	1	1	3	2	1	0	3				0				0	6
Calls Referred to 911 (Youth)	1	Referral to 911 Youth	0	0	0	0	0	0	0	0				0				0	0
Telephone Crisis Counseling (Adult)	4	Crisis Counseling Adult	2	2	0	4	2	2	2	6				0				0	10
Telephone Crisis Counseling (Youth)	4	Crisis Counseling Youth	0	0	0	0	0	0	0	0				0				0	0
Information & Referrals (Adult)	5	Information Requests & Referrals Adult	21	20	8	49	27	23	25	75				0				0	124
Information & Referrals (Youth)	5	Information Requests & Referrals Youth	1	3	2	6	4	5	1	10				0				0	16
Wrong County Crisis Line Calls (Adult)	6	Calls Originating from Outside of the Designated Service Area Adult	1	0	2	3	0	0	0	0				0				0	3
Wrong County Crisis Line Calls (Youth)	6	Calls Originating from Outside of the Designated Service Area Youth	0	0	0	0	1	0	0	1				0				0	1
Calls Referred to Mobile Crisis (Adult)	5	Disposition Handled by Mobile Crisis Team Adult	6	4	9	19	19	10	20	49				0				0	68
Calls Referred to Mobile Crisis (Youth)	5	Disposition Handled By Mobile Crisis Team Youth	3	1	1	5	1	2	3	6				0				0	11
		Total Calls With a Disposition *(Does not include Call Type 0)*	35	31	23	89	56	43	51	150	0	0	0	0	0	0	0	0	239
		Data Quality Check *(Measured against all call types)*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Contracted Call Volume for 2025

Total Contracted Calls for All Counties	*Annual Total Calls Answered*	*Annual Total Calls without Disposition*	*Annual Total Calls with Disposition*	*Remaining Call Allotment for 2025*
750	*344*	*105*	*239*	*406*

988 Answered (Caller Reported County of Residence)	Monthly	2025 YTD	2024 Total
	67	336	462
988 Transferred to MCR	0	16	60

Attachment 3 – Rise Funding Request

Funding Request Summary – Rise, Incorporated (Submitted 6/13/25)

- Project Name / Purpose: Mental Health and Housing Services – additional funding to expand homelessness prevention and resolution supports for people with Serious and Persistent Mental Illness (SPMI) in Region 7E.
- Counties Served: Chisago, Isanti, Kanabec, Mille Lacs, Pine.
- Amount Requested: $100,000 (one-time funding) for the period 7/1/25 – 12/31/25.
- Other Funding Sources:
    - Housing Stabilization Services (HSS): Billed to Medical Assistance; currently limited by DHS rollout issues.

- HUD Continuum of Care: $211,000 annually for rapid rehousing (20 households shared across Regions 7E & 7W).
- Internal referrals: ARMHS mental health services and employment supports.

Project Goals and Activities

- Increase enrollment of people with SPMI from 10 to 15 clients.
- Expand housing subsidies from 5 to 8 per month.
- Provide homelessness prevention supports to all 15 households served, including:
  - Stabilizing current housing to avoid displacement (landlord mediation, rent arrears assistance).
  - Move-in costs for 5–10 people ($3,000–$5,000 per household) to overcome housing access barriers (double deposits, first/last month's rent).
- Hire 0.3 FTE Housing Worker to provide ongoing supports for additional clients.
- Note: Transitional Housing Programs (THPs) cannot be developed with six-month, one-time funds; a 12-month cycle is needed for property partnerships and program sustainability.

Benefits to Region 7E Consumers

- Supports individuals with SPMI to access and maintain safe, market-rate housing in community settings.
- Enhances self-sufficiency and integration while reducing hospitalizations and crisis care costs.
- Facilitates direct landlord engagement to overcome housing barriers.

Alignment with AMHI Priorities

- Maintains access to community-based mental health services.
- Reduces reliance on high-cost crisis interventions and supports people to live independently (Brass code #443).

Gaps Addressed

- Pandemic impact: Regional housing funds (e.g., FHPAP) depleting faster due to low rental supply, corporate/VRBO ownership, and steep rent increases.
- Limited programs to transition individuals from structured settings to independent living.
- Diverts clients from high-cost housing programs (Section 8, Bridges, HUD), preserving resources for highest-need populations.

Expected Outcomes

- 15 individuals served, including high-barrier clients who cannot currently secure housing due to move-in costs.
- Clients achieve stable, permanent housing with financial sustainability and self-sufficiency planning.
- Increases landlord willingness to house vulnerable populations by offering risk-mitigation funds.

Attachment 5 – HSS Services Expense Recap

Hello Amanda, this is a very basic example of one hour of HSS services traveling a very conservative 15 miles to serve someone in the community.

Housing Transition and Sustaining Services
One hour of community-based services
$17.17 HSS rate per 15 min unit
X 4 units
$68 68 gross for HSS hour given the full-service rate no rate reductions by PMAP
-$25 HSS staff hourly for service
-$7.50 or 30% staff benefits and payroll tax
-$32.50 total HSS staffing for hour of service
-$20.10 milage to person served in community roundtrip 30 miles @ .67 per mile reimbursement
- $16.25 unpaid half hour HSS staff travel time and benefit
-$.17 cents net for service delivery for HSS provider
No occupancy, admin, supervision, supplies, phone, IT or other related employee expenses.

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June 2025 AMHI/CSP Statewide Meeting

Meeting Notes:

- Welcome
- Introductions
  - AMHI/CSP Supervisor – Pam Sanchez
  - AMHI/CSP Team Leads – Breanna Bertozzi & Chris Ederer
  - AMHI/CSP Consultants – Jamie Preuss, Stacy Livingston & Sara Erie
- Agenda
- Equity Acknowledgement
- AMHI/CSP Updates
  - Communication Request
    - Send all inquiries to the AMHI/CSP shared email box: MN_DHS_amhi.dhs@state.mn.us
    - Must include AMHI/CSP name, fiscal agent (if applicable), and brief description in email subject line and document names.
      - Example: Region 2, Beltrami Co. AMHI 2025 Budget Revision Request
  - Information Request Reminder
    - Email was sent out Wednesday, 6/11/2025
    - Request to complete three-question survey regarding clubhouses/drop-in centers.
    - Responses due by Wednesday, 6/25/2025
    - Information received will be used to help inform inter-departmental conversations.
  - Budget, Workplan & Provider Revisions
    - Revisions are required from AMHIs/CSPs that listed RFP and/or parked funds on 2025-2026 workplan/budgets.
      - Revisions cannot be made/submitted more often than every 90 days.
      - All revisions related to one funding stream (AMHI or CSP) must be submitted together on one form as one request.
      - Budget revisions that exceed 10% of the revised budget year total requires an amendment and additional processing time.
    - Tips for completing the revision form:
      - Under the 'AMHI Region' field, list the County/Region/Tribe and identify if the revisions are for AMHI or CSP.
      - Under the 'changes to the AMHI and/or CSP budget' field:
        - Identify the budget year for the revisions.
        - List out how much money is being added or removed from each revised BRASS code and why (only full dollars, no cents).
    - The revision request form can be found on the AMHI website, under Forms.
      - Always access the revision request form from the AMHI website or eDocs to ensure use of the current version.

- Direct Payment Update
  - Legislative Session Information
    - Passed legislation – waiting to get details confirmed.
    - AMHI/CSP is working to implement direct payments.
    - Implementation Goal Date: 2027
    - What this would mean:
      - AMHIs and CSPs would receive annual allocation in two payments (January and July of each calendar year).
      - Reduced administrative requirements.
      - Increased focus on monitoring funds, data & sub-contractors.
  - Project Status/Next Steps:
    - Finalize statute language
    - Design reporting requirements
      - Moving towards reporting more outcomes.
      - Exploring options for different platforms
    - Define and document financial process
  - Questions:
    - Will Direct Payment impact the application process?
      - Possibly. AMHI/CSP team is considering platforms and processes to ensure a simple, effective and efficient application process.
    - Does AMHI/CSP team have a list of DHS required data?
      - AMHI/CSP team is working with SSIS team and MHIS team to determine what data is currently being collected, why it is being collected, and how the data is being used. AMHI/CSP team does not have access to SSIS or MHIS, which is why feedback from our grantees is so important.
    - Are there any updates on a replacement for the spreadsheet? Where/how should 2024 data be uploaded to?
      - 2024 data will not be uploaded into any reporting system at this time, but grantees should keep the data.
- Monitoring Visits Overview
  - Office of Grants Management Policy 08-10
    - State of Minnesota must conduct at least one grant monitoring visit before final payment is made on all grants totaling over $50,000.
  - Purpose of Monitoring Visits:
    - Collect feedback and requests for training, support and technical assistance.
    - Foster partnerships through open discussion.
    - Acknowledge and appreciate grantee efforts.
    - Gain a general overview of processes and procedures.
    - Confirm compliance with AMHI/CSP rules and regulations.
  - Process:
    - Initial emails from AMHI/CSP team will go out to individual grantees over the next year and a half (remainder of the contract term) with timeline and details.
    - Grantees will have two weeks to submit required documentation.
    - DHS will have two weeks to review submitted documents.

        - Monitoring visits will be virtual and scheduled for two-hours.
    - Questions:
        - Will monitoring visits continue after Direct Payment is implemented?
            - Yes.
        - Is there flexibility with scheduling monitoring visits and document due dates?
            - Yes, the AMHI/CSP team is happy to be flexible and provide support and assistance throughout the entire process.
- AMHI/CSP Uncompensated Care Guidance
    - AMHI: Sec. 245.4661 MN Statutes
        - Newly added statute language was approved with Direct Payment: Subdivision 2. Program design and implementation. Adult mental health initiatives shall be responsible for designing, planning, improving, and maintaining a mental health service delivery system for adults with serious and persistent mental illness that would....
            - (5) utilize existing categorical funding streams and reimbursement sources in combined and creative ways, **except adult mental health initiative funding only after all other eligible funding sources have been applied.** Appropriations and all funds that are attributable to the operation of state-operated services under the control of the Direct Care and Treatment executive board are excluded unless appropriated specifically by the legislature for a purpose consistent with this section.
    - CSP: Sec. 245.4712 MN Statutes
        - Important statute language: Subdivision 3. Benefits assistance. The county board must offer to help adults with serious and persistent mental illness in applying for state and federal benefits, including Supplemental Security Income, medical assistance, Medicare, general assistance, and Minnesota supplemental aid. The help must be offered as part of the community support program available to adults with serious and persistent mental illness for whom the county is financially responsible and who may qualify for these benefits.
    - Allowable use of AMHI/CSP funds:
        - Uncompensated care for undocumented & uninsured individuals.
        - Must meet AMHI/CSP criteria:
            - Adults (Age 18 and over)
            - Serious and Persistent Mental Illness (SPMI)
            - Mental health services only (not SUD services)
    - AMHI/CSP funds cannot be used to pay:
        - Lump sums
        - All/any Medical Assistance (MA) program spenddowns
        - All/any Medical Assistance (MA) program co-pays
        - Medicare premiums and co-pays
        - MinnesotaCare premiums and co-pays
        - Hospital-level of care and care for incarcerated individuals
    - Sample Policy Language
        - AMHI/CSP grant funds may be used to provide Medical Assistance-approved mental health services to individuals with Serious and Persistent Mental Illness (SPMI) who do not have

insurance, or insurance does not cover the service(s). This may include but is not limited to; Targeted Case Management (TCM) or Assertive Community Treatment (ACT) for uninsured or underinsured individuals who meet AMHI/CSP eligibility criteria when all other payment options have been explored and denied.

- Individual Policy Creation
  - Questions to consider when developing policies:
    - Is the policy equitable?
    - Is the policy easy to interpret and implement?
    - How will unique requests be addressed and processed?
    - How will agencies/providers submit their requests?
    - Who will be involved in the decision process?
    - How will decisions be communicated with requestors?
- Questions:
  - Can AMHI/CSP funds be used to pay co-pays or deductibles for people with private insurance?
    - This is up to each individual AMHI/CSP. Keep in mind that paying co-pays and deductibles can be considered income for certain programs and could impact eligibility.
  - Is there a six-month limit for covering services for individuals without MA or who are uninsured/under-insured?
    - This is up to each individual AMHI/CSP. The six-month rule is a Targeted Case Management requirement, not an overall AMHI/CSP requirement.
  - If Medicare covers a service, does that funding source need to be pursued before AMHI/CSP funds can be used?
    - Yes, per statute all other funding sources must be applied before using AMHI/CSP funds.
    - As a reminder, if a previously uninsured individual gets services covered using AMHI/CSP funds and then gets approved for MA, MA would then have to be billed for the service that was previously paid using AMHI/CSP funds and AMHI/CSP funds must be reimbursed.
  - Since AMHI/CSP funds can be used to cover services for undocumented individuals, how do grantees document when individuals are undocumented?
    - This is up to each individual AMHI/CSP to determine their documentation process.

Upcoming AMHI/CSP Statewide Meetings

- Add the meetings to your calendars!
  - Details are available on the AMHI website.
- Thursday, September 18, 2025 from 1pm – 3pm
- Thursday, December 11, 2025 from 1pm – 3pm

→ Send follow-up inquiries and feedback to the AMHI/CSP Team email address: MN_DHS_amhi.dhs@state.mn.us

Attachment 8 – R7E AMHI Uncompensated Care/Flex Funds Policy and Request Process for Providers

Region 7E AMHI Uncompensated Care/Flex Funds Policy and Request Process for Providers

The intended purpose of the Region 7E AMHI Uncompensated Care and Flex Funds is to provide regional partners access to funding to provide the necessary treatment, services, and supports to adults with Serious and Persistent Mental Illness (SPMI) in their community, especially those who are uninsured and underinsured.

All Uncompensated Care Requests must follow the below guidance:

- Adult only (Age 18+)
- Meet SPMI criteria, as defined by Minn. Stat. 245.462, Subd. 20, (c)
- Be a resident of Region 7E.

Uncompensated Care Requests for services that are insurance billable shall follow the below guidance:

- Region 7E defines an uninsured adult as an adult without any form of health care coverage and has been denied or not eligible for Medical Assistance.

- Region 7E defines an underinsured adult as an adult with Medicare only or private insurance, with a service need that is not covered by their existing plan, they are not eligible for Medical Assistance, and they do not have ability to pay.

- "Ability to pay" is defined as when a client's gross household income is greater than two times the current federal poverty guidelines (https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines).

-Please note: Region 7E is unable to fund Medical Assistance copays or spenddowns, MinnesotaCare copays or premiums, Medicare copays or premiums, hospital level of care expenses, or care for incarcerated individuals.

Request Process:

Step 1: Identifying the individual's county of residence within Region 7E.

Step 2: Complete the Region 7E AMHI Uncompensated Care or Flex Funds Request Form and contact the Behavioral Health/Social Services Supervisor of that County that also sits on the AMHI Governing Board to discuss the need.

☐ Chisago- Kelly Ihrke (Kelly.ihrke@chisagocountymn.gov)

☐ Isanti- Emily Hawkins (Emily.hawkins@co.isanti.mn.us)

☐ Kanabec- Katie Heacock (katie.heacock@kanabeccountymn.gov)

☐ Mille Lacs- Jessica Andrich (Jessica.andrich@millelacs.mn.gov)

☐ Pine- Barb Schmidt (barbara.schmidt@pinecountymn.gov)

Step 3: The Supervisor of the County will assess the need and determine if the request should be brought to the AMHI Governing Board.

Step 4: Requests exceeding $540 will require majority vote approval by the AMHI Governing Board. Requests $540 and under are at the discretion/approval of the Supervisor of the County.

Step 5: If request is approved, providers are responsible to ensure data is reported in the Minnesota Health Information System (MHIS) as required.

Attachment 9 – R&E AMHI Flex Fund Policy

R7E AMHI FLEX FUND POLICY

Region 7E AMHI Flex Fund is to provide access to funding to provide the necessary treatment, services, and supports to SPMI adults within the community.

ELIGIBILITY:

To be considered for regional funds, the person served must qualify under the following criteria:

1) The person served must be in a crisis situation. Crisis is defined as: the inability to pay for housing or necessary utilities, transportation needs, technology needs, and medical or dental needs.
2) The person served must be 18 years of age or older and meet the definition of SPMI, as defined by Minnesota Statute 245.462, subdivision 20, paragraph c.
3) The person served must be current recipients of case management services from a County or PMAP.
4) R7E Flex Funds are designed to be provided on a short-term or time-limited basis. Requests from the same applicant/person served, within the same year, will be considered on a case-by case basis, as determined by the R7E AMHI Governing Board.

APPROVAL GUIDELINES:

The County Adult Mental Health Supervisor or R7E AMHI Governing Board representative from each county has the authority to authorize one-time expenditures up to $540.00.

Any R7E AMHI Flex Funds requests that exceed $540.00 require majority consensus by the AMHI Governing Board, as indicated on the R7E AMHI Flex Funds form.

All R7E AMHI Flex Funds requests shall support the persons' served health, wellbeing, or recovery. Technology purchases considered shall be appropriate for the baseline intended functions and/or services needed (audio and video capability).

Isanti County Health and Human Services, acting as Fiscal Host for Region 7E AMHI Governing Board, shall only accept R7E Flex Funds requests approved by the R7E board and must keep record of the R7E Flex Funds payments issued. Counties will keep a list of any requests that are not approved.

R7E Flex Funds payments will be issued to the "end user" or vendor, not to the applicant requesting funds.

All Vendors to be paid by Isanti County Health and Human Services, as Fiscal Host for R7E AMHI, must have a completed W-9 on file. Payment cannot be processed until this is received.

Counties are responsible for data reporting requirements for R7E AMHI Flex Funds requests.

PROCESS:

1) When a request is $540 or less, the requesting County shall send the completed Region 7E Flex Funds Request Form to Region 7E Planner.
2) When a request exceeds $540, the requesting County shall send a message to the R7E AMHI Governing Board to request approval. When majority consensus from the Board is received, send the completed Region 7E Flex Funds Request From to the Region 7E Planner.
3) Send ALL requests **(via encrypted email)** to Region 7E Planner, Amanda Stevenson.
    a. Email: Amanda.stevenson@co.isanti.mn.us Phone: 763-688-2511
    b. List **R7E AMHI Flex Request** in the email subject line
    c. CC: Linda Hurtley- Linda@linwoodgroupmeetings.com

Attachment 10 – R7E Flex Fund Request Form

Region 7E Flex Fund Request Form

Date: _____ **Consumer's Name:** _____

Phone: _____ **Amount of Request:** _____

Requested for the Purpose of: _____

_____

_____

Have You Exhausted Other Funds, Please List: _____

_____

Plans to Avoid This Emergency in the Future: _____

_____

Make Check Out to: _____

Address: _____

Requested payment date: _____ **Completed W-9 attached:** ☐ **Yes** ☐ **No**

Requested By (county case manager): _____

County: _____

Email/Phone: _____

Approved by: _____

Title: _____

Exceeds $540 Majority Approval:

- ☐ Chisago
- ☐ Isanti
- ☐ Kanabec
- ☐ Mille Lacs
- ☐ Pine

☐ **Transportation (BRASS 416):** Travel (escorted or unescorted) to and from sites such as employment, stores, services, and medical and non-medical appointments to maintain or assist in recovery. Examples include transit cards, mileage reimbursement, and taxis.

☐ **Emergency Crisis Flex Funds (BRASS 418):** Non-housing related goods or services purchased on behalf of a client to meet basic physical or medical needs. Examples include medications, clothing, technology, and food.

☐ **Housing Rent/Deposit (BRASS 443):** Direct payments for rent, utility costs, deposits on housing and utilities; household furnishings and supplies; or storage and moving costs.

PROCESS:

1) When a request is $540 or less, the requesting County shall send the completed Region 7E Flex Funds Request Form to Region 7E Planner.
2) When a request exceeds $540, the requesting County shall send a message to the R7E AMHI Governing Board to request a vote. When majority consensus from the Board is received, send the completed Region 7E Flex Funds Request Form to the Region 7E Planner.
3) Send **ALL** requests **(via encrypted email)** to Region 7E Planner, Amanda Stevenson.
   a. Email: Amanda.stevenson@co.isanti.mn.us Phone: 763-688-2511
   b. List **R7E AMHI Flex Request** in the email subject line

CC: Linda Hurtley- Linda@linwoodgroupmeetings.com

Revised: July 2025

Attachment 11 – Funding Request Form

The following section was added to the form:
Describe your program or agency's policies, practices, and/or philosophy to address diverse cultural beliefs, practices, as well as language and communication needs of those served.

Attachment 12 – RFP Letter to providers for 2026 funding requests

8/1/2025

Dear Region 7E Partners,

Greetings! My name is Amanda Stevenson, and I serve as the Planner for the Region 7E Adult Mental Health Initiative (AMHI). Region 7E AMHI provides funding for a variety of mental health services and programs across our five-county region to support adults living with serious and persistent mental illness (SPMI).

As we prepare for the 2026 grant cycle, the Region 7E Governing Board is eager to meet with both current and prospective vendors to collaboratively plan for the year ahead. Enclosed with this letter, you will find the **Region 7E AMHI 2026 Funding Request Form**. If your organization intends to request AMHI funding for 2026, please complete and return the form to me by **Friday, September 12, 2025**, if possible. The final deadline for submission is **Monday, September 15, 2025, at 4:30 PM**. Funding requests received after this deadline will not be considered.

Please note the following AMHI **funding restrictions** recently emphasized by the Department of Human Services (DHS):

- AMHI funds cannot be used for lump sum payments.
- AMHI funds cannot be applied to Medical Assistance (MA) program spenddowns or co-pays.
- AMHI funds cannot cover Medicare premiums or co-pays.
- AMHI funds cannot be used for MinnesotaCare premiums or co-pays.
- Hospital-level care and services for incarcerated individuals are not eligible for AMHI funding.

The Governing Board would also like to encourage vendors to consider including **transportation services or related expenses** in their funding requests. Transportation remains a significant barrier for many individuals accessing essential programs and services across our region.

Please do not hesitate to contact me directly if you have questions regarding the funding request process or form. I can be reached at 763-688-2511 or Amanda.stevenson@co.isanti.mn.us.

Thank you,

Amanda Stevenson
Region 7E AMHI Planner
Oakview Office Complex
1700 E. Rum River Dr. S. Suite A.
Cambridge, MN 55008

REGION 7E ADULT MENTAL HEALTH INITIATIVE

Serving Chisago, Isanti, Kanabec, Mille Lacs, and Pine Counties and the Mille Lacs Band of Ojibwe Tribal Nation

RFP: Request for Proposal

Introduction:

The Region 7E Mental Health Initiative (AMHI) serves people in Chisago, Isanti, Kanabec, Mille Lacs, and Pine Counties and the Mille Lacs Band of Ojibwe tribal nation. We focus on improving mental health in our communities by providing access to affordable mental health support and services through collaboration and innovative partnerships. The Region 7E AMHI identifies gaps in the service area and works to bridge identified gaps for those served.

Purpose/Goal:

The Region 7E AMHI has identified a lack of transportation resources for individuals with lived mental health experiences. Region 7E AMHI is requesting proposals from entities and/or individuals interested in providing transportation services to residents of Region 7E.

Background:

Region 7E Transportation is defined as travel (escorted or unescorted) to and from sites such as employment, stores, services, and non-medical appointments to maintain or assist in recovery.

General Requirements:

Transportation needs to accommodate includes, but not limited to:

- Pharmacy
- Support groups
- Nonmedical appointments
- Employment
- County support
- Banking service
- Drop In Center

The following individuals/entities are examples, but not limited to, meeting qualifications to provide this service:

- Counties and/or Tribal Nations
- Drop-in Centers/Clubhouses
- Certified Peer Specialists
- Faith-based communities
- Mental Health Providers:
    - Certified Peer Support
    - Practitioners

Instructions for Responding to this RFP:

- Any interested respondents should submit a proposal describing their interest, experience, and capability to execute this program, and describe their vision for how it would be managed.
- Indicate any ideas for enhancement for transportation resources in Region 7E.
- Please include a budget, including other funding options and sustainability.
- Please include information regarding program design, and methods of serving individuals from all five counties within Region 7E.
- Responses should be written in narrative form and pages numbered appropriately.
- Responders may include one or more unique proposals to meet the need.

Proprietary Information:

Responders should be aware that any information provided becomes public information and the responsibility of removing or redacting proprietary information that the responder wants kept private is solely the responsibility of the responder prior to submission of information to Region 7E AMHI.

Other:

The AMHI retains the right to reject any and all submissions, choose to negotiate with the provider submitting the preferred submission, or decide to take any other action deemed appropriate by the Region 7E AMHI.

Important Dates:

- Questions may be submitted to **Amanda Stevenson** at **amanda.stevenson@co.isanti.mn.us** through **date and time.**
- Electronic copies of the response should also be sent by email to **Linda Hurtley at Linda@linwoodgroupmeetings.com** by **date and time.**

RFP contact:

Amanda Stevenson
Region 7E Adult Mental Health Initiative Planner
Amanda.stevenson@co.isanti.mn.us
763-688-2511
Date Posted:

Attachment 15 – Funding Request Scoring Form

SCORING OF AMHI FUNDING REQUEST

The ratings are compiled from a consensus of the Budget Meeting Attendees and will be recorded in the meeting minutes. Please rank on a scale of 1 to 5 with 1 being the lowest and 5 being the highest:

1. **Where does the proposal rank with the Region's priorities.** Rating: _____
2. **Rank how closely the proposal fills a GAP if it were funded.** Rating: _____
3. **Rank how well the request describes the proposed program.** Rating: _____
   Does it have complete information?
   Does the budget provide detail on what the monies will be spent on?

4. **In comparison to other funding requests, where does this proposal rank in priority?**
   Rating: _____
5. **If the program was funded in previous years, was it successful?** Yes No Maybe
   Did the requestor provide the number of people served in the previous year?
   Were they over or under in the number of people served versus the projected number?
   Was each County equally served?
   Were they over or under in last year's spending?
   Did something happen to cause the over/under spending? What was the reason?
   What was the cost per person?
6. **When you consider the cost per person, is there adequate justification to fund this request?**
   Yes No Maybe
7. **Is the program sustainable without the ongoing use of AMHI funds?** Yes No Maybe

Total Score: _____ out of 20 possible points. **Recommend Approval: Yes No**

Attachment 16 – Transportation Cost Comparison

Cab Company:	Contact:	Hours	Loaded Miles	Unloaded Miles	Trip fee	Driver wait time cost	# of drivers	Other	Advanced Notice:	Billing:
Stark Transportation (covers all of 7E)	Manny	Monday-Saturday	$3.50	$1.00/ mile	$3.50	$25/hr; unless in Isanti, Cambridge, Stacy, or North Branch	4 drivers at a time	voucher/budget set up for Isanti dental program; could do something similar to this or waiver billing	Prefer at least one day in advance; depending on availability can sometimes accommodate last minute trips.	Every two weeks
Lifts Transportation (covers all but MLC in 7E)	Scott	Monday-Friday	$3.00 (ambulatory)	$1.50/ mile (ambulatory)	$15.00 (ambulatory)	$30/hr; or first 15 minutes is included, then $0.75/minute after 15 minutes.	> 4	wheelchair accessible available	At leat 24 hour notice	Every two weeks
Attaboys	Terry	Monday-Friday 8-6; Saturday 8-4pm	$1.95 (rate within Isanti County)	$0.80/ mile after 10 miles		$20/hr, after 15 minutes	24		At leat 24 hour notice	Mon-thly

Foster Transportation										

Attachment – Isanti County Conflict of Interest Compliance Statement

Isanti County
Conflict of Interest Compliance Statement
For Public Officials – 2025

(Elected Officials, Department Heads, Supervisors, and Committee/Commission Members)

Isanti County Personnel Rules and Policies
Section 23, Conflicts of Interest and
Disclosure of Financial Interests

A. Name all business enterprises known by you to be licensed by or to be doing business with the County which you or any member of your immediate family is connected as an employee, officer, owner, investor, creditor of, director, trustee, partner, advisor, or consultant.

_____ _____
_____ _____
_____ _____

B. List of your and members of your immediate family's interest in real property located in the County or which may be competing with the interests of the County located elsewhere, other than property occupied as a personal residence.

_____ _____
_____ _____
_____ _____

I, the undersigned, do hereby certify that I have read Section 23 of the Isanti County Personnel Rules and Policies and do further certify that I am in compliance with Section 23 to the best of my knowledge.

Name (print) | Name of Department/Committee/Commission

Signature of Elected Official, Department Head, Supervisor, and Committee/Commission Member | Date