

March 28, 2024 AMHI Statewide Meeting

Pam Sanchez, Bre Bertozzi and Chris Ederer | AMHI Team



Agenda

Time	Торіс
1:00 – 1:15pm	Welcome
1:15 – 2:00pm	Housing and Homelessness – Gary Travis
2:00 – 2:15pm	DHS Update
2:15 – 2:30pm	AMHI Inventory and Impact Evaluation Project – Minnesota Management and Budget (MMB)

AMHI Team at DHS



Christian Ederer AMHI Consultant



Pamela Sanchez **AMHI Supervisor**



Breanna Bertozzi AMHI Consultant

Equity Acknowledgement

- Be willing to learn through listening
- Respect Differences
- Align efforts and focus on solutions for equity
- Value others' time
- When speaking, re-introduce yourself (and the County/Region/Tribe you represent)
- Practice compassionate accountability

- All members are encouraged to ask questions and share ideas during the meeting so that all members can be involved in the process
- Hold each other accountable
 - Make explicit what is implicit
- Allow yourself to be vulnerable
- Offer recognition for others

AMHI HCBS-FMAP Funding Ending

- AMHI HCBS-FMAP funding/contract ending March 31, 2024
- Final reports due by end April 2024
- AMHI <u>HCBS FMAP Quarterly Reporting Form (SNAP Survey)</u> can be found on the <u>Adult Mental Health Initiatives / Minnesota Department</u> <u>of Human Services (mn.gov)</u> website
- EGMS Expenditure reports <u>must</u> be completed, even if expenditures are \$0



Behavioral Health Division Housing and Homeless Programs

Gary Travis | Housing Policy and Services Lead



Homeless and Housing Programs

- Projects for Assistance in Transition from Homelessness (PATH)
 - Homeless outreach and case management services
- Housing with Supports for Adults with Serious Mental Illness (HSASMI)
 - Services to obtain and retain permanent supportive housing
- Crisis Housing Assistance Program
 - Short term housing assistance
- Bridges, Bridges Regional Treatment Center, and other housing partnerships
 - Rental assistance and services

PATH and HSASMI

- Eligible participants
 - People with a serious mental illness or with a co-occurring substance use disorder
 - Who are chronic or long term homeless, homeless, or at imminent risk of homelessness
 - Or who are exiting institutions or other segregated settings and will be homeless
 - Both programs target people with complex needs that face high barriers to obtaining and maintaining housing
- Goals
 - PATH, "to prevent or end homelessness for people with serious mental illness or co-occurring substance use disorder and ensure the commissioner achieves the goals of the housing mission statement"
 - HSASMI includes, "to increase the availability of housing with support"
 - Housing mission statement <u>MS 245.461, subdivision 4</u>

PATH Program

- Projects for Assistance in Transition from Homelessness (PATH)
 - Federal and State program
 - Requires homeless outreach and case management services
 - Optional services are housing transition, housing sustaining, clinical assessment, community mental health, habilitation and rehabilitation, substance use treatment services, and direct assistance funding
 - Currently supports 7 projects across the state, the recent RFP will expand services
 - New PATH program statute MS 245.991
- Funding
 - PATH federal formula grant \$832,870 and historic state match \$618,049
 - New state PATH funding approximately \$4.79 M per year, total \$6.24 M per year

PATH Program Statue Outcomes

- Number of individuals to whom the grantee provided homeless outreach services
 - In 2021 outreach contacted 2,291 people
- Number of individuals the grantee enrolled in case management services
 - In 2021 case management served 874 people
- Number of individuals that were able to access mental health and substance use disorder treatment services
 - Community mental health services 365 (41.8%) referred and 291 (33.3%) accessed
 - Substance use treatment services 73 (8.4%) referred and 44 (5%) accessed
- Number of individuals that were able to transition from homelessness to housing
 - Permanent housing 161 (18.4%) referred and 113 (12.9%) accessed

HSASMI Program

- Housing with Supports for Adults with Serious Mental Illness (HSASMI)
 - Evidence-based services to help people obtain and retain permanent supportive housing
 - Provides outreach, case management, housing transition, housing sustaining, site-based housing, community support services, and direct assistance funding
 - Currently supports 25 projects across the state
 - In 2023 served 848 people
 - New HSASMI program statute MS 246.992
- Funding
 - HSASMI base \$4.55 M total per year
 - Funding available is approximately \$2.21 M per year to support RFP selected grantees

HSASMI Program Statue Outcomes

- Whether the grantee's housing and activities utilized evidence-based practices
 - In 2023 all grantees use the SAMHSA Permanent Supportive Housing EBP
 - A range of other EBPs and promising practices are utilized
- Number of individuals that were able to transition from homelessness to housing
 - Methodology being refined. Transitions every six months range from 3 13% of participants
- Number of individuals that were able to retain housing
 - In permanent housing 81.37 %
- Whether the individuals were satisfied with their housing
 - Wanting or planning to move 21.84%
 - Not want or planning to move 68.71%

Crisis Housing Assistance Program

- Provides short term housing assistance to prevent homelessness while a person receives inpatient or residential behavioral health treatment for stabilization, including mental health or substance use treatment (<u>MS 245.99</u>)
 - Housing assistance covers housing related expenses such as rent or mortgage, lot fees, and utilities for up to 90 days
 - Serves adults with serious mental illness, including people with a co-occurring substance use disorder, who are of low to moderate income
- The Arc Minnesota provides statewide access through the website online application portal at <u>Crisis Housing Assistance Program</u>
- Funding
 - Base funding is \$610,000 per year

Crisis Housing Assistance Program Data

• Utilization

- 238 applications submitted in 2023
- 183 applications were funded
- 39 were withdrawn
- Average monthly income \$1,220
- Average household size 1.55
- Demographic
 - Average age 38, youngest 20, oldest 67
 - Gender Female 63%, Male 35%, Transgender/X 2%

Bridges Programs

- <u>Bridges and Bridges Regional Treatment Center</u> (RTC) programs provide temporary rental assistance, security deposits, and access to housing supports and supportive services for people with mental illness
- Programs are administered by Minnesota Housing (<u>MS 462A.2097</u>)
- Eligibility for both programs
 - 1. People living in an institution, segregated setting, or under correctional supervision who will be homeless upon exit.
 - 2. People experiencing homelessness who are assessed as high priority homeless (HPH) through the coordinated entry (CE) system. Including households of individuals, families with children, or youth (age 18+).
 - 3. People who are experiencing homelessness or at imminent risk of homelessness.
- Bridges RTC also requires that a person is at, exited, or been diverted from a regional treatment center
- In 2022 Bridges funding \$4.85 M and served 603 people, Bridges RTC funding \$192,000, served 59

Housing Partnerships

- Minnesota Housing and DHS
 - HUD Section 811 program
 - Units and federal rental subsidies for people served by Moving Home MN, PATH, or who are long term homeless
 - Partnership includes MN Housing and DHS areas of Housing and Support Services Division and the Moving Home MN Program
- DHS Housing and Support Services Division
 - Housing Stabilization Services Minnesota Health Care Program to provide housing services for people with disabling conditions
 - Opioid Response grants partnered with homeless outreach to help people attain and retain permanent supportive housing

AMHIs Homelessness and Housing Discussion

- Challenges
- Opportunities
- Partnerships
- AMHI examples



Thank You!

Gary Travis

Gary.M.Travis@state.mn.us

Housing and homeless questions

bhd.housing.dhs@state.mn.us

MANAGEMENT AND BUDGET

DHS Updates

Breanna Bertozzi & Chris Ederer | AMHI Consultants

General Information

• Communication Request

- Team email: <u>MN_DHS_amhi.dhs@state.mn.us</u>
- Email subject and document naming convention
 - Ex. Naming Convention: Region 2, Beltrami Co. AMHI Budget Modification
 - Please include Fiscal Agent in subject of email and documents
- AMHI team will include updated Org chart with Quarterly Statewide meeting materials

AMHI Reform - Update

- AMHI Reform Advisory Workgroup
 - Meeting monthly
- Final AMHI Reform funding totals will be posted publicly on the DHS website by June 30, 2024
 - <u>CountyLink Fiscal Reporting and Accounting (state.mn.us)</u>
- The CY 2025 2026 grant applications and contracts will include the

new funding amounts

2895 Clarification

Amended Reports

- Agencies have one year to revise and submit corrected DHS-2895 reports. If the quarter to be amended does not appear in the Quarter End Date drop down box, the deadline has passed, and that quarter cannot be revised. Submission of a report within the one-year deadline is not a guarantee that legislative appropriations remain.
- <u>2895 instructions updated November 2023.pdf</u>

2024 BRASS Code Update

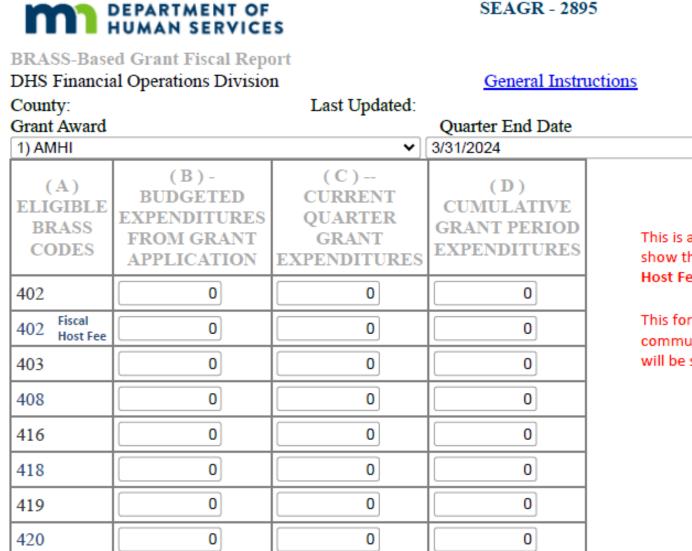
- Effective January 1, 2024
 - Summary of Brass Code Changes
 - Fiscal Host Fee
 - Statewide Sub-Service Codes:

402 - Adult Mental Health Initiative Fiscal Host Fee

403 - Community Support Program Fiscal Host Fee

Bulletin 23-32-04 Changes to the BRASS Manual for Calendar Years 2024 – 2025 (state.mn.us)

Sample 2895 AMHI



SEAGR - 2895

This is a sample of the AMHI 2895 form to show the BRASS sub-service code 402 - Fiscal Host Fee.

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This format could change. Future communication regarding DHS-2895 changes will be sent as soon as changes are finalized.

Sample 2895 CSP

	DEPARTMENT OF		SEAGR - 289	95
BRASS-Based Grant Fiscal Report DHS Financial Operations Division County: Last Updated: Grant Award		General Instructions Quarter End Date		
3) CSP (A) ELIGIBLE BRASS CODES	(B)- BUDGETED EXPENDITURES FROM GRANT APPLICATION	(C) CURRENT QUARTER GRANT EXPENDITURES	3/31/2024 (D) CUMULATIVE GRANT PERIOD EXPENDITURES	✓ This is a sample of the CSP 2895 form to show the BRASS sub-service code 403 - Fiscal Host Fee.
402	0	0	0	This format could change. Future communication regarding DHS-2895 changes will be sent as soon as changes are finalized.
403	0	0	0	
403 Fiscal Host Fee	0	0	0	
408	0	0	0	
416	0	0	0	
418	0	0	0	
419	0	0	0	
420	0	0	0	

Reminder: AMHI HCBS-FMAP Funding Ending

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Questions?

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MANAGEMENT AND BUDGET

AMHI Inventory and Future Impact Evaluation

Luke Irwin | Research Scientist

AMHI Inventory has been published. Thank you!

Current location:

https://mn.gov/mmb/results-first/evidence-in-state-grant-programs/

We are finalizing a document to share with AMHIs that provides information on which AMHIs are using which services



Adult Mental Health Initiative Inventory

An initial inventory of evidence-based practices in funded services, 2023-2024



- In coordination with DHS, plan a process and schedule for updating AMHI Inventory
- Opportunity to access impact evaluation resources

Minn. Statute §245.4661 Subd. 5a. Evaluations.

The commissioner of MMB, in consultation with the commissioner of DHS:

- shall create and maintain an inventory of AMHI services administered by the county boards, identifying evidence-based services and services that are theorybased or promising practices.
- shall select adult mental health initiative services that are promising practices or theory-based activities for which the commissioner of MMB shall conduct evaluations using experimental or quasi-experimental design.
- shall encourage county boards to administer AMHI services to support experimental or quasi-experimental evaluation and shall require county boards to collect and report information that is needed to complete the inventory and evaluation for any AMHI service that is selected for an evaluation

What is an impact evaluation?

- An evaluation that identifies the impact of service by comparing participant outcomes relative to those that received business as usual services
- Impact evaluations can pinpoint whether individuals improved as a result of the service, and not due to something else going on in the environment.
- Primarily quantitative using existing administrative data, but frequently use qualitative information for context and to identify ways to improve practice.
- Example: Yellow Line

Evaluation of Yellow Line Project / Minnesota Management and Budget (MMB) (mn.gov)

Impact Evaluation Opportunity

- The legislature provided funding for MMB to conduct these evaluations, so participation will be no-cost or low-cost to regions.
 - Participation is voluntary. We're looking for regions excited to use findings to improve practice or scale effective programs.
- Timeline
 - Currently doing background research to find the best evaluation ideas
- Engagement
 - Reach out to the Impact Evaluation team if you have an evaluation idea or question (contact information is on the final slide of this portion of the PowerPoint)
 - They may also reach out to you on an individual basis for factfinding

Sample Topic Ideas from Conversations with AMHIs

- Diagnostic Assessment
- Medical benefit transition from hospitals
- Attaining and retaining Medicaid throughout the system
- Priority Admissions/ED boarding
- Expansion of services to individuals with SMI

Contact Us at Results Management

• Weston Merrick, Team Lead with Impact Evaluation

Weston.Merrick@state.mn.us

• Anna Solmeyer, Research Scientist Supervisor with Impact Evaluation

Anna.Solmeyer@state.mn.us

• Luke Irwin, Research Scientist with Evidence Based Policymaking

Luke.Irwin@state.mn.us

THANK YOU!

2024 AMHI Statewide Meetings

June 27, 2024, 1pm-3pm September 19, 2024, 1pm-3pm December 12, 2024, 1pm-3pm

Specific meeting details are posted on the AMHI website

<u>Adult Mental Health Initiatives / Minnesota</u> <u>Department of Human Services (mn.gov)</u>



Any Questions?

THANK YOU!

Pam Sanchez, Bre Bertozzi & Chris Ederer

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