December 14, 2023 AMHI Statewide Meeting

Pam Sanchez, Bre Bertozzi and Chris Ederer | AMHI Team

m1 DEPARTMENT OF HUMAN SERVICES

Agenda

Time	Topic
1:05 – 1:10	Welcome
1:10 – 1:35	Mental Health Block Grant (MHBG) Update – Assistant Commissioner Eric Grumdahl
1:35 - 1:50	DHS Updates
2:00 – 2:30	AMHI Inventory and Impact Evaluation Project Updates – Minnesota Management and Budget (MMB)
2:30 – 3:00	Housing and Homeless Programs – Gary Travis

Christian Ederer

AMHI Consultant

Pamela Sanchez

AMHI Supervisor

Breanna Bertozzi

AMHI Consultant

Mental Health Block Grant (MHBG) Update

Assistant Commissioner Eric Grumdahl

Background about SAMHSA's block grants

- Significant source of funding for numerous services spanning behavioral health

- Often used interoperably with other State funding

- Flexibility, breadth and overlap of these grants are "features" not "bugs"

- SAMHSA leadership encourages States to be creative and nimble in using block grants to advance behavioral health system capacity

- But…

  - Approval processes for changes are complex and not always clear

  - Block grants spending must also satisfy Federal and State level requirements (e.g., set-asides, LAC approvals, agency requirements and processes)

- At this time, DHS does not have a confirmed source of funding for an AMHI expansion.

- DHS remains interested in this possibility, and grateful for the 14 AMHIs that indicated interest and were prepared to expand.

- We appreciate the interest in better understanding how funds initially identified for this expansion were expended. These funds will go to supporting a range of services that (a) have block grants as a potential funding sources and (b) meet all required set-asides and other requirements.

- Final actuals for all budgeted activities are not yet complete (e.g., grantees are still within the allowed timeframe for submitting invoices).

- Across the country, states including Minnesota are facing new funding pressures as pandemic-era SAMHSA funding ends.

- DHS is seeking to improve how Minnesota uses block grant funds going forward, including the following specific steps:

  - Better short- and long-term strategic planning and reorganizing how block grant funds are managed to improve connections between financial management and policy areas; increase resilience, continuity, and knowledge documentation; and better leverage funding sources.

  - Working with the Behavioral Health Planning Council and other community partners to increase feedback about our best opportunities for using block grant funding.

  - Inviting your ideas!

- DHS will continue seeking opportunities for expanding and reinforcing AMHIs in our work ahead.

DHS Updates

- **Communication Request**

  - Team email: MN_DHS_amhi.dhs@state.mn.us

  - Email subject and document naming convention

    - Ex. Naming Convention: Region 2, Beltrami Co. AMHI Budget Modification

- **AMHI team will include updated Org chart with Quarterly Statewide meeting materials**

Phase 2 - AMHI Reform Formula Implementation

- MACSSA and AMHI have identified workgroup members

- AMHI Reform Planning Workgroup Kick-off planned for January 2024
  - Communication will be sent to all workgroup members.
  - Determine plan, meeting cadence, and outcomes

- AMHI Reform final formula implementation recommendations for CY2025-26, Mid year 2024

Reporting & Updates

- AMHI [HCBS FMAP Quarterly Reporting Form (SNAP Survey)](#) can be found on the [Adult Mental Health Initiatives / Minnesota Department of Human Services (mn.gov)](#) website

  - Quarterly reports are due by the end of the month following each quarter

    - Ex: Quarter 4 (October – December) Quarterly report due by January 31st

- **EGMS** - Expenditure reports **<u>must</u>** be completed, even if expenditures are $0

- **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.**

  - 2895 instructions updated November 2023.pdf

- 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)](#)

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SEAGR - 2895

BRASS-Based Grant Fiscal Report
DHS Financial Operations Division

General Instructions

County: Last Updated:
Grant Award
| 1) AMHI ▾ |

Quarter End Date
| 3/31/2024 ▾ |

(A) ELIGIBLE BRASS CODES	(B) - BUDGETED EXPENDITURES FROM GRANT APPLICATION	(C) -- CURRENT QUARTER GRANT EXPENDITURES	(D) CUMULATIVE GRANT PERIOD EXPENDITURES
402	0	0	0
402 Fiscal Host Fee	0	0	0
403	0	0	0
408	0	0	0
416	0	0	0
418	0	0	0
419	0	0	0
420	0	0	0

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

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

Sample 2895 CSP

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SEAGR - 2895

BRASS-Based Grant Fiscal Report
DHS Financial Operations Division

General Instructions

County:
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Quarter End Date

| 3) CSP ∨ | 3/31/2024 ∨ |

(A) ELIGIBLE BRASS CODES	(B) - BUDGETED EXPENDITURES FROM GRANT APPLICATION	(C) -- CURRENT QUARTER GRANT EXPENDITURES	(D) CUMULATIVE GRANT PERIOD EXPENDITURES
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419	0	0	0
420	0	0	0

This is a sample of the CSP 2895 form to show the BRASS **sub-service code 403 - Fiscal Host Fee.**

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

March 2024, June 2024, September 2024 and

December 2024

Specific meeting dates and details will be posted on the AMHI

website after the new year

[Adult Mental Health Initiatives / Minnesota Department of Human Services (mn.gov)](mn.gov)

AMHI EBP Inventory Update

Luke Irwin | Research Scientist 2

- During the 2022 session the Legislature amended the Adult Mental Health Initiative (AMHI) law.

- Requires Minnesota Management and Budget to create and maintain an inventory of services supported by this program and their evidence basis, if any.

- MMB is further directed to support DHS/AMHIs in conducting impact evaluations for services supported by AMHI funding.

Categorizing Current AMHI Practices and Services

Evidence-based practices

Theory-based practices
(not yet evidence/community-based)
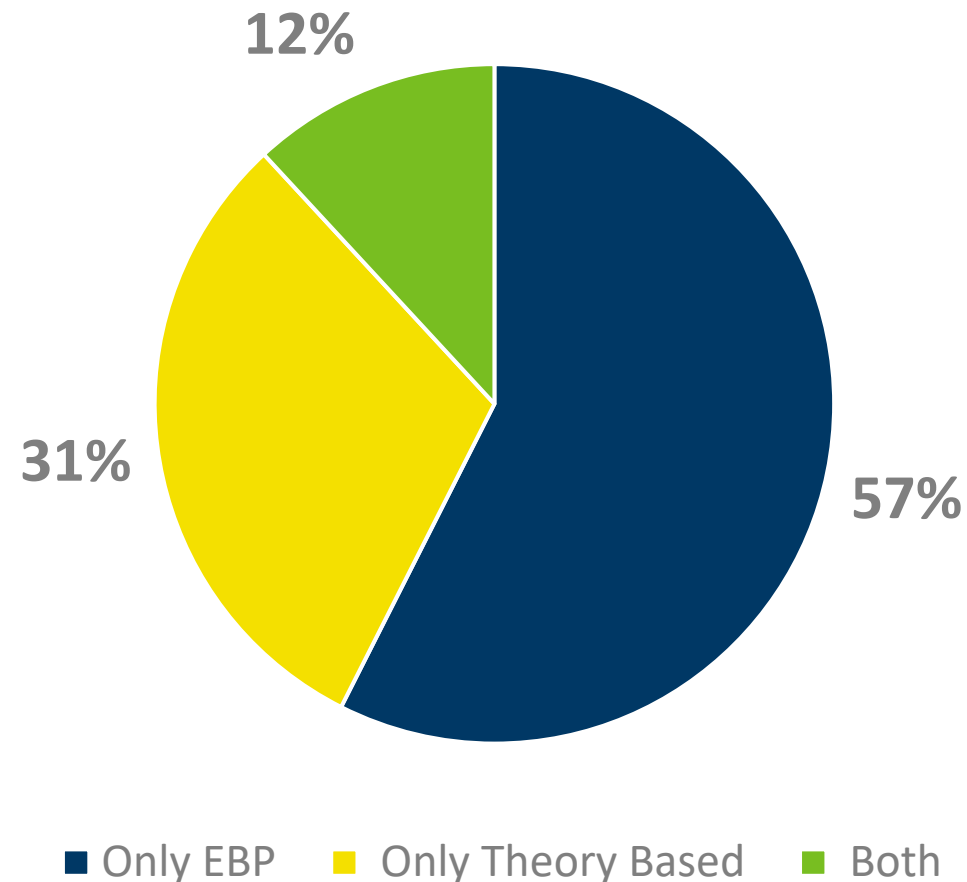
Community-based best practices

- We are building an inventory of **all** key services offered, which will help us identify services that are effective and/or could be candidates for future evaluation

- Not all services will / should be evidence-based or community-based best practices

- Theory-based practices are those which have not **yet** been classified as evidence- or community best practice-based

- With our list of theory-based practices, we can begin conducting evaluations and/or collecting information to classify these

- All AMHIs are investing in EBPs, with a wide range in number of unique EBPs

- 69% of AMHI grant spending was associated with at least one EBP

- 6 EBPs are adopted by 50% or more AMHIs,

  - Many noted by fewer than 33%

- 3 Theory-based services are being used by nearly all AMHIs

  - Many others noted by only 1 or 2

69% of AMHI grant budget is associated with EBPs

Proportion of Evidence- and Theory-based Services – Total AMHI Budget

12%

31%

57%

■ Only EBP   ■ Only Theory Based   ■ Both

- Reviewing the Initial Inventory draft with DHS and the AMHI small group

- Next AMHI small group meeting on December 20th

- We expected to submit the report to the Legislature in January

- Afterwards, potential to follow up on lessons learned

Inventory Overview

Introduction and Purpose

Adult Mental Health Initiatives (AMHI) are county- and Tribal-based regional collaborations charged with coordinating mental health services and funding in their area for adults with serious and persistent mental illness (SPMI). In the Twin Cities metro, AMHIs operate at the county level. There are 19 AMHIs in Minnesota (map). The Department of Human Services (DHS) supervises the AMHIs. AMHIs were established in 1996 to support community-based service delivery upon the closure of state institutions throughout the 1990s. AMHIs receive primary funding through federal and state Minnesota Health Care Programs funding.

This report focuses on the use of funds through state-funded Adult Mental Health grant programs. These grants may be used to offer an "expanded array of services" through "creative partnerships." In 2023, AMHIs received $31 million in state funding. Since 2019, DHS has been working to update the funding allocation formula which is expected to go into effect in 2025.

AMHIs use state grant funds to ensure that individuals with SPMI have access to consistent and effective care. Though state grant dollars may be used to fund innovative practices, in practice AMHIs are typically unable to devote considerable state grant funds to this purpose. Complexities in service delivery, braided funding, and health insurance policies often leave gaps in coverage and service availability that can harm patient care. AMHIs often fill these gaps with state grant funding. The Results First report on Adult Mental Health contains more information about many of these issues.

Review of Evidence-based Practices in Adult Mental Health Initiative Services

Potential Follow Up Work

1. Impact Evaluations

2. Funding and Policy System Analysis

3. Programmatic Changes to Routinize Inventory

4. Community of Practice

5. Culturally Informed Care

Thank You!

Luke Irwin

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Behavioral Health Division Housing and Homeless Programs

Gary Travis | Housing Policy and Services Lead

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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

- Projects for Assistance in Transition from Homelessness (PATH)

  - Federal and State program

  - Homeless outreach, case management, and other services to help people to transition out of homelessness

  - Currently supports 7 projects across the state, new RFP will expand services

  - In 2021 outreach served 2,291 people and case management 874

- 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

- Housing with Supports for Adults with Serious Mental Illness (HSASMI)

  - Evidence-based services to help people obtain and retain permanent supportive housing

  - Currently supports 25 projects across the state

  - In 2021 served 1,525 people

- Funding

  - HSASMI base $4.55 M total per year

  - Funding available is approximately $2.25 M per year

- 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

- New program statutes
  - PATH MS 245.991
  - HSASMI MS 246.992
- Goal
  - 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 MS 245.461, subdivision 4
- Outcomes established for each program

- PATH Outcomes
  - Number of individuals to whom the grantee provided homeless outreach services
  - Number of individuals the grantee enrolled in case management services
  - Number of individuals that were able to access mental health and substance use disorder treatment services
  - Number of individuals that were able to transition from homelessness to housing

- HSASMI Outcomes

  - Whether the grantee's housing and activities utilized evidence-based practices

  - Number of individuals that were able to transition from homelessness to housing

  - Number of individuals that were able to retain housing

  - Whether the individuals were satisfied with their housing

- Programs have similar allowable activities

- PATH

  - Required: Outreach and case management

  - Optional: Housing transition, housing sustaining, clinical assessment, community mental health, habilitation and rehabilitation, and substance use treatment services

- HSASMI

  - Required (2 or more): Outreach, case management, housing transition, housing sustaining, site-based housing, and community support services

- Both programs may provide: Direct assistance funding

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 (MS 245.99)

  - 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 Crisis Housing Assistance Program

- Up through October in 2023 they have processed 204 applications

- [Bridges and Bridges Regional Treatment Center](#) (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 in accordance with [MS 462A.2097](#)

- 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

- 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

Thank You!

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Housing and homeless questions

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Thank You!

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