



December 11, 2025 AMHI/CSP Statewide Meeting

Pam Sanchez | *Supervisor*

Breanna Bertozzi & Chris Ederer | *Team Leads*

Jamie Preuss, Sara Erie & Stacy Livingston | *Consultants*

AMHI/CSP Team at DHS



Chris Ederer
Team Lead



Pam Sanchez
Supervisor



Breanna Bertozzi
Team Lead

AMHI/CSP Team Continued



Jamie Preuss
Consultant



Stacy Livingston
Consultant



Sara Erie
Consultant

Be willing to learn
through listening.

Respect
Differences.

Align efforts and
focus on solutions
for equity.

Value others' time
and contributions.

Practice
compassionate
accountability.

Make explicit
what is implicit.

Allow yourself to
be vulnerable.

Hold each other
accountable.

Offer recognition
for others.

Encourage
engagement.

Listen without
judgement.

Equity Acknowledgement

Meeting Attendance

In chat, please enter:

- ✓ Your name
- ✓ The County/Region/Tribe that you represent

THANK YOU!

Agenda

| Time | Topic |
|-------------|--|
| 1pm – 1:15 | Welcome & Introduction |
| 1:15 – 1:30 | AMHI/CSP Updates |
| 1:30 – 1:45 | BRASS Code 437x – Supported Employment/Individual Placement and Support (IPS) Services |
| 1:45 – 2pm | Cash Advance Reconciliation |
| 2pm – 2:15 | AMHI/CSP Funds for Uncompensated Care Refresher |
| 2:15 – 2:45 | Homelessness, Housing & Behavioral Health Grant Programs |
| 2:45 – 3pm | Question & Answer |



AMHI/CSP Information & Updates

Chris Ederer | *AMHI/CSP Team Lead*

Communication Request

Send all correspondence
to our team's shared
email box and utilize
naming conventions

- › **Team email:**
[MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)
- › **Example Naming Convention:**
BCOW, Otter Tail Co. AMHI 2025
Budget Revision Request
**Regions, include fiscal agent*

AMHI/CSP 2027 Direct Payment Update

Current Tasks in Progress:

- ✎ Reporting Workgroup:
 - ✎ MACSSA-appointed workgroup members meet bi-weekly.
- ✎ Ongoing collaboration with coordinators.
- ✎ Finalizing financial processes:
 - ✎ Standard Operating Procedures (SOPs) in progress.

Deliverable #1

- ✓ Gaps and barriers legislative report
 - Develop new approach for collecting accurate and current information.

Deliverable #2

- ✓ Develop outcome reporting requirements
 - Identify reporting metrics to be collected via Qualtrics.

CSP Maintenance of Effort (MOE) Update

Effective January 1, 2024, all CSP BRASS codes are included in the calculation of Maintenance of Effort (MOE).

- Agencies should be reporting only 90% of their calculated CSP eligible costs for reimbursement.
- DHS will reimburse up to 100% of the reported expenditures on the DHS-2895 (within the award limit)
- The requirement is that the annual grant reimbursements cannot and should not exceed 90% of actual costs.
 - ✓ This ensures compliance with the 10% county match requirement.

CSP MOE progress reports can be viewed on [CountyLink](#)

MHIS Reporting for AMHI/CSP Update

Effective January 1, 2027, MHIS reporting will no longer be required for services paid for using AMHI or CSP funds.

- This change reflects recent legislative approval for direct payment implementation within the AMHI and CSP programs.
 - As a result, these programs will no longer be considered grant programs.
- Per the [MHIS Manual](#), MHIS reporting continues to be required for agencies providing client services paid through Minnesota Health Care Programs (MHCP) and/or grant funds.
 - It must be emphasized that MHIS reporting for Mobile Crisis and MHCP covered services is still required.

Update
Questions?





BRASS Code 437x – Supported Employment/Individual Placement and Support (IPS) Services

Mikki Maruska | *Project Planning Director*

Pam Sanchez | *AMHI/CSP & Complex Programs Supervisor*

What are Individual Placement and Support Services (IPS)?

Evidence-Based Supported Employment Model Developed by Deborah Becker and Robert Drake A Working Life (1993)

Individual Placement and Support (IPS) is a model of supported employment for people with serious mental illness (SMI).

- IPS supported employment helps people living with behavioral health conditions work at regular jobs of their choosing.
- Mainstream education and technical training are included as ways to advance career paths.
- Although variations of supported employment exist, IPS refers to the evidence-based practice of supported employment.

History of IPS Services in Minnesota

Began in 1985 as a collaboration with DEED and BHD.

Initially called Coordinated Employability Program, then Extended Employment for Persons with SMI. Replaced by "state of the art" service model, Individual Placement and Support.

Legislative History

- o 2006-2012, six IPS projects were implemented
- o 2013, MN Legislature appropriated \$1 million in funding • 13 new IPS programs statewide
- o 2016, MN Legislature appropriated additional \$500,000 • Two new programs and one significant expansion
- o 2019, MN Legislature appropriated \$1.8 million in one-time funds • Federal VR officials communicated that VR funds could no longer be used for IPS grants • One-time funds were utilized to sustain current projects funded from VR

How is DHS Involved? Where are IPS Services located?

The Department of Human Services (DHS) partners with Department of Employment and Economic Services (DEED) in the management of two state IPS trainers who provide technical assistance and training (TA/T) for Individual Placement and Support Services (IPS) throughout the State of Minnesota. The two trainers split the TA/T almost equally across the State.

DHS attends IPS State, National and International Trainings and Meetings, Observes Fidelity Reviews and manages the contract aspects of this Federal Block Grant Funding. Currently the trainers are on a three-year contract, in year two, and each year each trainer receives \$50,000. per year to meet contract deliverables.

- Vocational Rehabilitative Services (VRS), are often contracted with county services employees,
- Implemented with and/or supervised by county staff who report outcomes to the Department of Employment and Economic Services (DEED).
- Are sometimes run through a non-profit service in the community or,
- Employment and Economic Assistance and connected programs.

Eight Principles of IPS

1. Focus on Competitive Employment: Agencies providing IPS services are committed to competitive employment as an attainable goal for people with behavioral health conditions seeking employment. Mainstream education and specialized training may enhance career paths.
2. Eligibility Based on Client Choice: People are not excluded on the basis of readiness, diagnoses, symptoms, substance use history, psychiatric hospitalizations, homelessness, level of disability, or legal system involvement.
3. Integration of Rehabilitation and Mental Health Services: IPS programs are closely integrated with mental health treatment teams.
4. Attention to Worker Preferences: Services are based on each person's preferences and choices, rather than providers' judgments.

Eight Principles of IPS, continued

5. Personalized Benefits Counseling: Employment specialists help people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements.

6. Rapid Job Search: IPS programs use a rapid job search approach to help job seekers obtain jobs directly, rather than providing lengthy pre-employment assessment, training, and counseling. If further education is part of their plan, IPS specialists assist in these activities as needed.

7. Systematic Job Development: Employment specialists systematically visit employers, who are selected based on job seeker preferences, to learn about their business needs and hiring preferences.

8. Time-Unlimited and Individualized Support: Job supports are individualized and continue for as long as each worker wants and needs the support.

Job Loss and Negatives, Benefits of Employment and Positive Impacts of Competitive Employment

Negative Impact of Job Loss and Extended Unemployment

Job loss is a disruptive life event with long-term consequences. Effects extend beyond income loss to health, identity, family, and community.

Economic Consequences

- Long-term earnings losses (up to 20% lifetime)
- Lower job quality (fewer benefits, less autonomy)
- Increased part-time and unstable employment



Benefits of Employment

- Increased income
- Improved self-esteem
- Increased social and quality of life
- Better control of symptoms
- Reduced substance use
- Reduced hospitalization

Positive Impacts of Competitive Employment

Key Mental Health Benefits

- Improved self-esteem and symptom control
- Greater community integration and social relationships
- Reduced reliance on mental health services
- Enhanced recovery through meaningful activity

System-Level Benefits

- Reduces stigma through workplace inclusion
- Strengthens communities and local economies
- Improves service integration and reduces dropout

Job Loss and Extended Unemployment

Community-level job loss affects peer outcomes and school performance

Disproportionate Impacts of Job Loss

Job loss affects all workers—but women and minorities face unique and amplified risks.

Effects extend towards economic, psychological, and intergenerational outcomes.

Need for Employment Services

Over 60% of people with serious mental illness want to work, but less than 20% are Employed.



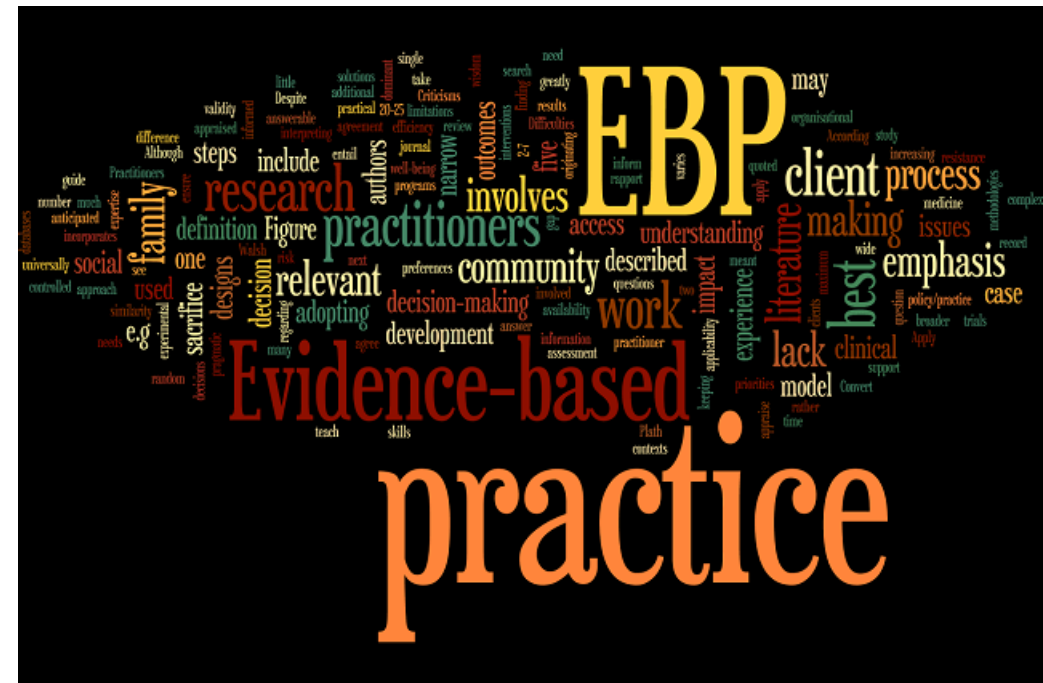
Evidence-Based Practices and Why They Matter

Most people with serious mental illness don't receive proven treatments.

Evidence-based practices are backed by strong research—especially Randomized Control Trials (RCTs).

Programs that follow EBP models closely get better outcomes.

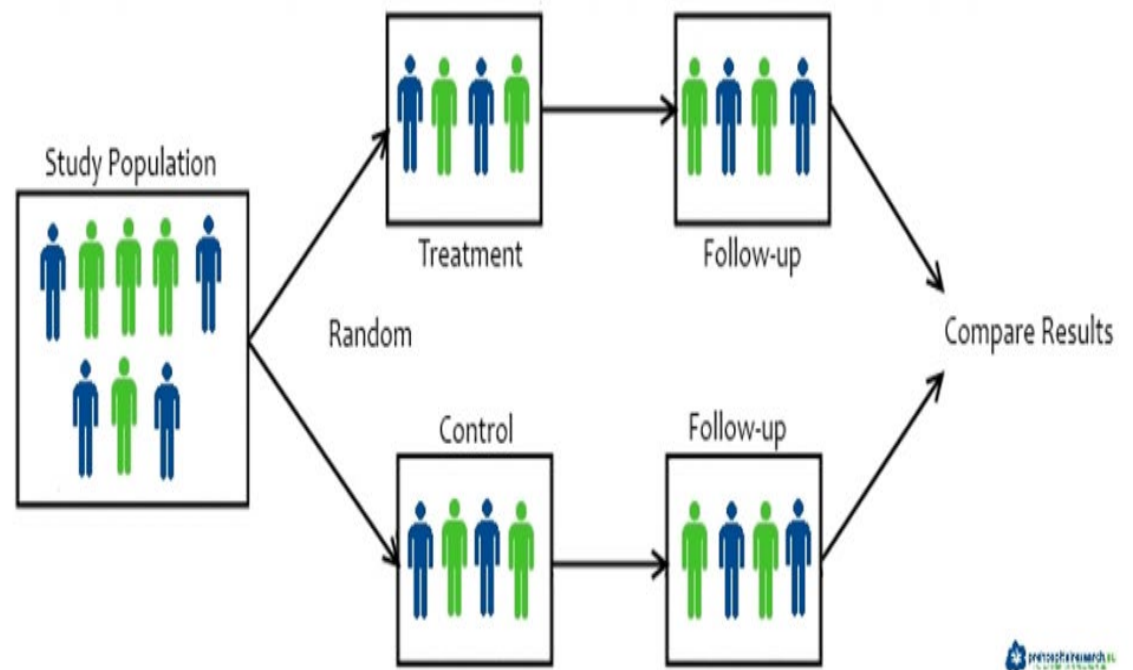
EBPs should be the baseline standard in mental health care.



Research on more than 30 Randomized Control Studies

Individual Placement Support Services (IPS) helps people get jobs.

Evidence comes from dozens of studies across many countries, with consistent results over 6–24 months of follow-up.



Nonvocational Effects

Individual Placement and Support Services (IPS) does not consistently improve mental health or quality of life on its own, but

people who work—especially in competitive jobs—

show better mental health and well-being.

IPS helps by getting people into jobs, which then improves these outcomes



Reducing Psychiatric Hospitalizations and ED Visits

Individual Placement and Support Services (IPS) reduces psychiatric admissions and emergency room visits (Henry, 2004).

IPS reduces psychiatric admissions 20% vs. 31% (Burns, 2007).

IPS reduces general hospital admissions and days; emergency room visits for mental health; psychiatric crisis visits (Salkever, 2014).

Individual Placement and Support Services (IPS) Cost-Effectiveness

Ten economic studies (mostly RCTs; follow-up 12–60 months)

Employment outcomes: IPS outperformed controls in every study

Costs:

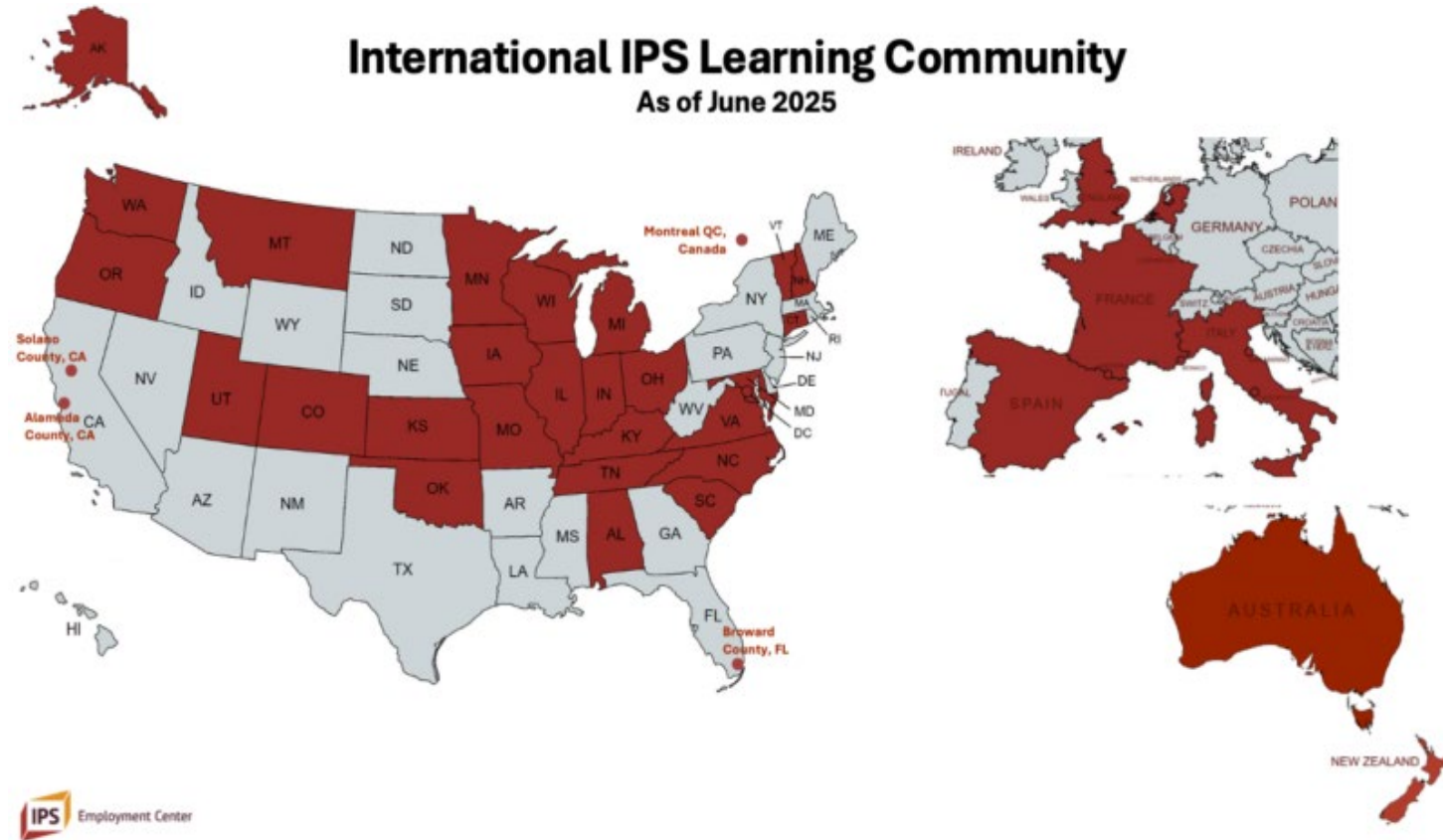
Individual Placement and Support Services (IPS) costs lower in six studies, equal in two, higher in two

Replacing day treatment with IPS cut costs by 29%

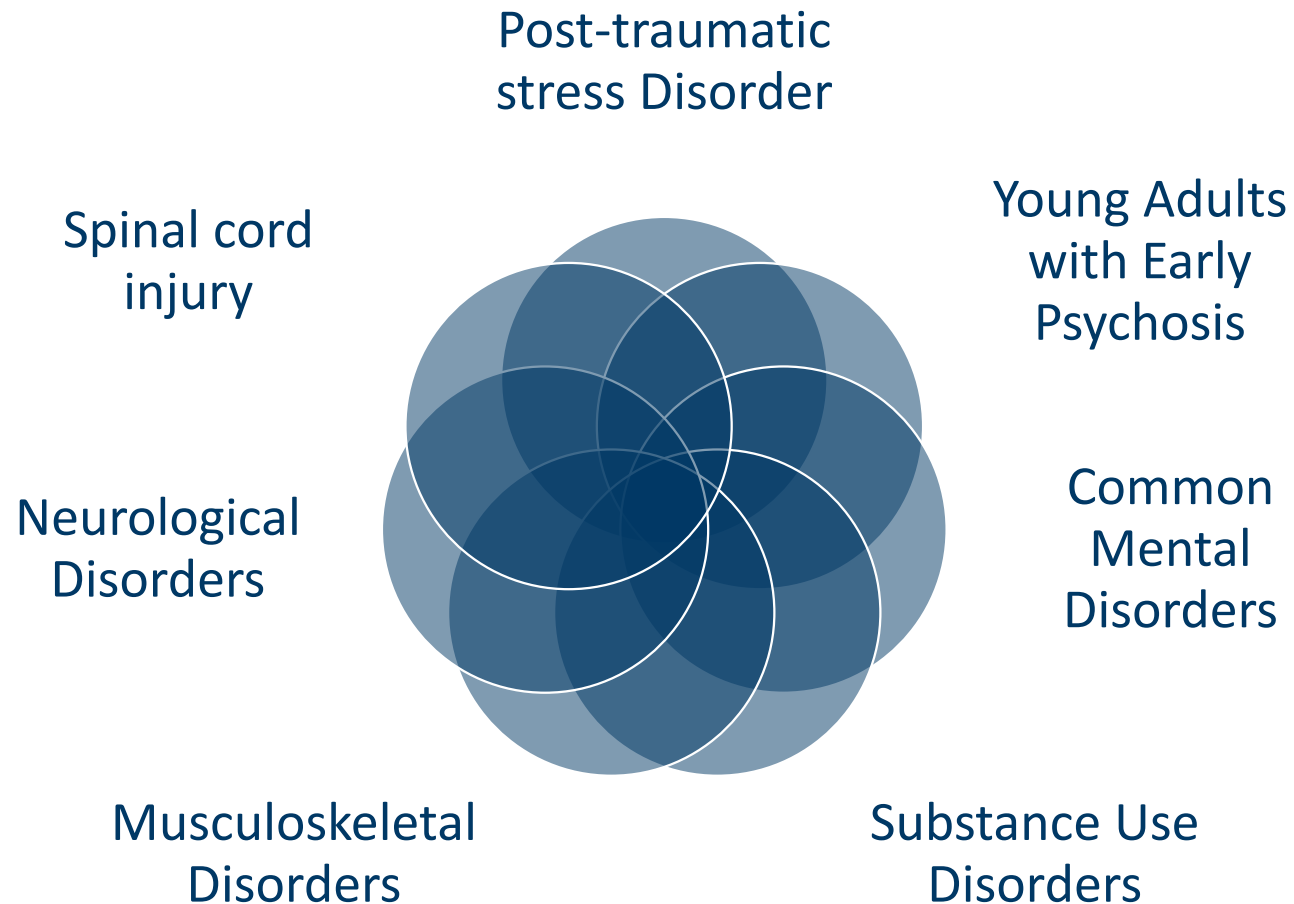
Cost savings: Several Randomized Control Trials (RCTs) found reduced inpatient costs, No short-term outpatient savings, but long-term employment is linked to lower mental health costs.

Why is IPS Effective?

- Coordinated care
 - Client-centered
 - Team-based
 - Evidence-based
 - Measurement-based
 - State and federal support
 - International learning community
- (26 U.S. states and 8 countries/regions outside U.S.)



Extending Individual Placement and Support Services (IPS) to New Populations



Research in the Last Year

IPS improves vocational outcomes- New RCTs show IPS increases hours worked, wages, and education/employment rates compared to controls (Rognli et al., 2025; Jäckel et al., 2025; Freedman et al., 2025).

Fidelity matters-High-fidelity IPS programs achieve better long-term employment, tenure, and earnings over 6 years; differences diminish after year 5 (Yamaguchi et al., 2025).

Adaptations for new populations- Autism: No major IPS principles changes; recommend extra social support and

family/employer engagement (Florence et al., 2025a; Florence et al., 2025b).

ACT integration: Pilot showed culture shift, 71 job starts, and +14 fidelity points despite limited resources (Pogue et al., 2025).

Continued Research in the Last Year

Implementation challenges & facilitators

Barriers: Organizational culture, funding complexity, workforce capacity (Harkko et al., 2025; Storen-Vaczy & Bakkeli, 2025).

Facilitators: Leadership strategies, fidelity monitoring, and policy alignment (Harkko et al., 2025; Mascayano et al., 2025).

COVID-19 impact

IPS teams adapted to virtual delivery; challenges included lower referrals and engagement barriers, but some innovations persisted (Florence et al., 2025c).

Lived experience & satisfaction Employment linked to belonging, contribution, and value (Borowska et al., 2025).

Perceived skills and support predict vocational satisfaction across service types (Ishay et al., 2025).

Policy & guidelines

VA/DoD guidelines endorse IPS for first-episode psychosis and schizophrenia (Niv et al., 2025).

U.S. IPS programs exceed 1,000, but coverage remains limited; scale-up requires funding solutions and workforce development (Mascayano et al., 2025).

Exciting New Studies

IPS for Adults with Autism (PI: Florence)

RCT of IPS vs Usual Care for Adults with Autism in Kentucky

IPS in Guadalajara, Mexico (PI: Mascayano)

Pilot RCT: individuals with psychosis receiving IPS versus usual care

IPS for OCD (PI: Patel)

Pilot RCT of IPS vs usual care for adults with OCD

IPS for Justice Involvement (PI: Mascayano)

Program evaluation of recovery houses for justice involvement and SUD

IPS and Supportive Housing (PI: Metcalfe)

RCT of IPS and PSH

Resources for Individual Placement and Support Services (IPS)

https://mn.gov/deed/assets/ips-report_tcm1045-202259.pdf

<https://ipsworks.org/index.php/video-library/>

[IPS International Learning Community – The IPS Employment Center](#)

Thank you!

Mikki Maruska

Michele.Maruska@state.mn.us

651.431.2178



AMHI/CSP Cash Advance Reconciliation

Breanna Bertozzi | *AMHI/CSP Team Lead*

2025-2026 AMHI/CSP Contract Language

- **3.1 Terms of Payment**

- **Advance.** The COUNTY will receive an initial payment of **three hundred twelve thousand five hundred dollars (\$312,500)** which is granted pursuant to [Minnesota Administrative Rule 9535.1740](#) at the start of each calendar year during the contract term.
- **Reconciliation.** Any portion of the cash advances that are unspent must be returned to STATE at the end of each calendar year of the contract term.

Advance Contract Language Explained

- **Advance.** The COUNTY will receive an initial payment of **three hundred twelve thousand five hundred dollars (\$312,500)** which is granted pursuant to [Minnesota Administrative Rule 9535.1740](#) at the start of each calendar year during the contract term.
 - An advance payment will be issued to each AMHI & CSP County/Tribe/Fiscal agent at the beginning of each calendar year.
 - January 2025 & January 2026
 - Each advance payment will be 25% of the annual allocated amount.
 - *Example: Annual allocation of \$1,250,000 will result in a \$312,500 annual advance.*

Reconciliation Contract Language Explained

- **Reconciliation.** Any portion of the cash advances that are unspent must be returned to STATE at the end of each calendar year of the contract term.
 - Advance payments will be reconciled at the same time as Q4 expenditures and payments are processed each calendar year.
 - CY 2025 Q4 expenditure reports/DHS-2895 are due by January 30, 2026.
 - CY 2026 Q4 expenditure reports/DHS-2895 are due by January 30, 2027.
- Cash advance reconciliation must occur each year due to the current AMHI/CSP funding appropriation type.

Advance Reconciliation Example 1

CY 2025 Annual allocation \$1,250,000

| Quarter | Expenditures Reported | Payments Issued |
|--------------|-----------------------|--------------------|
| ADVANCE | | \$312,500 |
| 1 (Jan-Mar) | \$275,000 | \$275,000 |
| 2 (Apr-Jun) | \$315,250 | \$315,250 |
| 3 (Jul-Sep) | \$295,500 | \$295,500 |
| 4 (Oct-Dec) | \$364,250 | \$51,750 |
| TOTAL | \$1,250,000 | \$1,250,000 |

❖ Q4 payment reduction reconciles annual advance payment.

Advance Reconciliation Example 2

CY 2025 Annual allocation \$1,250,000

| Quarter | Expenditures Reported | Payments Issued |
|--------------|-----------------------|--------------------|
| ADVANCE | | \$312,500 |
| 1 (Jan-Mar) | \$210,000 | \$210,000 |
| 2 (Apr-Jun) | \$235,250 | \$235,250 |
| 3 (Jul-Sep) | \$280,000 | \$280,000 |
| 4 (Oct-Dec) | \$265,250 | \$0 |
| TOTAL | \$990,500 | \$1,037,750 |

- ❖ Since Q4 payment reduction is not enough to reconcile the annual advance, the AMHI/CSP County/Tribe/Fiscal agent would receive an invoice from the state for \$47,250.

Questions?





AMHI/CSP Funds for Uncompensated Care

Pam Sanchez | *AMHI/CSP Supervisor*

AMHI Statute Language

245.4661 ADULT MENTAL HEALTH INITIATIVE SERVICES. Subd. 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:

- (1) provide an expanded array of services from which clients can choose services appropriate to their needs;
- (2) be based on purchasing strategies that improve access and coordinate services without cost shifting;
- (3) prioritize evidence-based services and implement services that are promising practices or theory-based practices so that the service can be evaluated according to subdivision 5a;
- (4) incorporate existing state facilities and resources into the community mental health infrastructure through creative partnerships with local vendors; and
- (5) utilize 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.

245.4712 **COMMUNITY SUPPORT AND DAY TREATMENT SERVICES**

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.

Uninsured/Underinsured Sample 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.

Allowable Use of AMHI/CSP Funds

- Uncompensated care for undocumented & uninsured individuals.
- Must meet AMHI criteria:
 - Adults (Age 18 and over)
 - Serious and Persistent Mental Illness (SPMI)
- Must have a transition plan in place to move away from using AMHI/CSP funds.
 - Benefit 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 (SSI), Medical Assistance (MA), Medicare, General Assistance (GA), and Minnesota Supplemental Aid (MSA).

- BRASS code 491 - Targeted Case Management
 - AMHI/CSPs must ensure that they are invoiced per person served and that each person served meets AMHI/CSP eligibility criteria.
 - AMHI/CSPs must ensure that MHIS data is entered on each person served.

★ *NOTE: AMHI/CSP funds cannot be used to pay for no-shows*

Any
Questions?





Homelessness, Housing & Behavioral Health Grant Programs

Annie McCabe, Gary Travis, Ashley Krepfle, Casey Yanta
Homeless, Housing and Support Services Administration

Grant Programs Team

Housing and
Behavioral Health
Services Program

Shelter, Outreach,
and Infrastructure
Grant Programs

Safe Harbor Shelter
and Housing;
Homeless Youth Act;
Special Projects

Homelessness, Housing, and Supportive Services: Homeless Youth Act (HYA) Overview

Homeless Youth Act (HYA): A state funding source that supports activities such as outreach, drop-in centers, emergency shelter, transitional housing and/or permanent supportive housing programs serving youth experiencing homelessness and youth at-risk of homelessness.

Grant Managers:



Anthony Coleman (He/Him)



Vincent Henry (He/Him)

Homelessness, Housing, and Supportive Services: Safe Harbor Shelter & Housing Overview

Safe Harbor Shelter & Housing: A state funding source that supports activities such as outreach, shelter, and/or housing services for youth who are sexually exploited and experiencing homelessness.

Grant Managers:



Mary Cowen Bantle (She/Her)



Vincent Henry (He/Him)

Homelessness, Housing, and Supportive Services: Shelter-Linked Mental Health and Homeless Youth Cash Stipend Pilot Overview

Shelter-Linked Mental Health (SLMH): Provides funding to increase access to mental health services for youth residing in a Safe Harbor or Homeless Youth Act shelter or housing program. Eligible providers are current Safe Harbor Shelter and Housing (SH) and Homeless Youth Act (HYA) grantees. SLMH funds operations and services for: Engagement and rapport building with youth, On-site mental health services, Staff trainings and consultations

Homeless Youth Cash Stipend Pilot Project: Youthprise and their research partner, Chapin Hall, have designed a project to evaluate direct cash transfers as an intervention for youth homelessness in Minnesota. Eligible youth will be recruited from Hennepin County and St. Louis County in September 2024 to receive a cash stipend with supportive services for two years. Eligible youth include homeless youth who are 18 to 24 years of age and who live in Hennepin or St. Louis County at the time of initial enrollment.

Grant Manager:



Casey Yanta (She/Her)

Homelessness, Housing, and Supportive Services: Transitional Housing Program Overview

Transitional Housing Program (THP): A state funding sources that provides transitional housing for up to thirty-six (36) months for homeless individuals and families and facilitate independent living. The goal of THP is to provide time-limited rental assistance and wrap-around support services, including case management and tenancy supports, to create a more stable environment and ultimately transition participants into permanent housing.

Grant Manager:



Annie Wells (They/Them)

Homelessness, Housing, and Supportive Services: Programs Overview

Emergency Solutions Grant (ESG): A federal funding source that meets the operating and service costs associated with the provision of emergency shelter to people experiencing homelessness and short to medium-term rental subsidies and stabilization services for persons leaving the streets, emergency shelter or temporary living arrangements. Funds can be used for the operation of emergency shelter, rental assistance (up to 24 months), and support services for participants.

Grant Manager: Vacant, position open for applicants now

Homelessness, Housing, and Supportive Services: Emergency Services Program Overview

Emergency Services Program (ESP): a state-funded program intended to increase the number of people who live in safe and stable housing through the provision of street outreach, drop-in or day shelter, overnight emergency shelter (congregate), or other shelter settings including hotels/motels or emergency apartments. ESP funding can be used to assist participants in obtaining essential services such as access to permanent housing, transportation, medical and mental health services, employment counseling, substance abuse treatment, emergency childcare, or other services needed to stabilize housing.

Grant Managers:



Isaac Wengerd (He/Him)

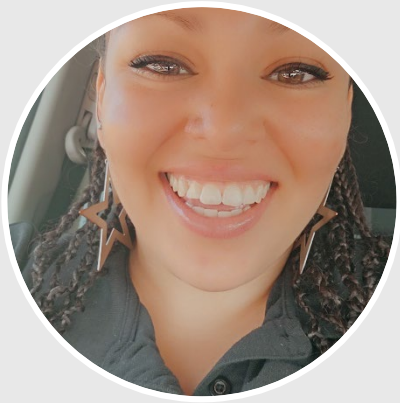


Molly McInerny (She/Her)

Homelessness, Housing, and Supportive Services: Shelter Capital Funding Overview

Shelter Capital Funding: Just over \$100 million in funds were awarded through a competitive Request for Proposals (RFP) process for qualified responders to acquire, plan and design, construct, and/or renovate emergency homeless shelters for youth, single adults, and/or families experiencing homelessness. Over \$365 million in requests were received in response to the RFP. Funds were provided through a one-time legislative appropriation.

Grant Managers:



Stephanie Martin (She/Her)



Brady Sowers (He/Him)



Katelyn Warburton (She/Her)

Homelessness, Housing, and Supportive Services: Long-Term Homeless Supportive Services Fund Program Overview

Long-Term Homeless Supportive Services Fund (LTHSSF): launched in 2005, funds supportive services to help adults, families and youth experiencing long-term homelessness find and maintain housing. The fund was created by the 2005 Legislature, and currently there are seven projects: six multi-county collaboratives and one multi-tribal collaborative. Geographically most of the state is covered by these seven projects. The fund provides services including case management, outreach, direct assistance that allow individuals and families to attain and stay in their housing.

Grant Manager:



Annie McCabe (She/Her)

Homelessness, Housing, and Supportive Services: HAS and HB101 Places Website Overview

Housing Access Services Grant (HAS): Housing Access Services is a Grant Program that supports Minnesotans with disabilities and disabling conditions to access housing, while living with dignity and choice.

HB101 Places Website: A real-time openings tool that helps people, and their housing advocates find housing opportunities in programs where services may be available.

[HB101 Places](#)

Grant Manager:



Bethany Schwerr (She/Her)

Homelessness, Housing, and Supportive Services: CLI and CNT Overview

Community Living Infrastructure Grant (CLI): Grant funding under the Minnesota Housing Support Act (Chapter 256I) to develop and support community living infrastructure throughout the state.

Cost Neutral Transfers (CNT): Joint Powers agreements between Counties or Tribal Governments and DHS (HHSS Administration). The CNT is a conversion of funding from the Housing Support program to county and tribal human services agencies according to their approved plan.

Grant Manager:



Natalie Engelmann (She/Her)

Homelessness, Housing, and Supportive Services: PATH and CHAP Overview

Projects for Assistance in Transition from Homelessness (PATH): Goal to transition people out of homelessness and into other housing and services. Provides homeless outreach and case management services. May also provide housing transition, housing sustaining, clinical assessment, community mental health, habilitation and rehabilitation, substance use treatment services, and direct assistance funding.

Crisis Housing Assistance Program: Goal to prevent homelessness and retain their housing while a person receives inpatient or residential behavioral health treatment. Provides short term housing assistance such as rent, mortgage, lot fees, and utilities for up to 90 days.

Grant Manager:



Ashley Krepfle (She/Her)

Homelessness, Housing, and Supportive Services: HSASMI and Bridges Overview

Housing with Supports for Adults with Serious Mental Illness (HSASMI) Goal to help people who are homeless obtain and retain permanent supportive housing. May provide outreach, case management, housing transition, housing sustaining, site-based housing, community support services, and direct assistance funding.

Bridges Regional Treatment Center Provides temporary rental assistance, security deposits, other limited housing fees, and coordinates access to supportive services for low-income people with mental illness who are exiting the Anoka Metro Regional Treatment Center or St. Peter Regional Treatment Center. The program operates in partnership with the Minnesota Housing Bridges rental assistance program. Related Statute [462A.2087](#).

Grant Manager:



Gary Travis (He/Him)

Shelter-Linked Mental Health Partnership Opportunities

- Shelter-Linked Mental Health Grants
 - Building SLMH grant and AMHI partnerships
 - Identifying grantee needs for training, services, and resources
 - Early identification of participants, barriers and needs, expertise serving youth
 - Expanding youth mental health opportunities within AMHIs
 - Technical assistance, partnerships with youth providers
 - Data, information about need
 - Early identification and access for youth transitioning to adult services

Continuum of Care Update and Partnership Opportunity

- Continuum of Care ([CoC](#))
 - Eleven regional county or tribal collaborative strategic planning groups
 - Focused on implementing and funding housing and services to reduce and end homelessness
 - Including prevention, outreach and assessment, emergency shelter, transitional and supportive housing
 - Minnesota receives \$48 M in annual funding that is coordinated through the CoCs
- HUD Notice of Funding Opportunity (NOFO)
 - HUD released the most recent NOFO on November 13 which outlined significant changes
 - Capping funds for projects that had been previously funded at 30%, while also limiting funds for permanent housing projects to 30% - Minnesota CoCs commit more than 80% of funds for permanent housing
 - The NOFO also implemented policy changes and behavioral health service expectations
 - NOFO prompted two lawsuits, one by [20 states](#) and a second by a coalition of [homeless advocates](#)
 - HUD [withdrew the NOFO](#) on December 8th, but plans to reissue it

Continuum of Care and AMHI Partnership

- Planning for NOFO response, previous NOFO expectations
 - Identification of mental health and substance use treatment local capacity to serve people who are homeless, including bed counts, 24/7 access to detox, and inpatient treatment
 - CoC project requirements for occupancy agreements demonstrating and requiring participation in substance use treatment
 - Formal partnerships with Certified Community Behavioral Health Clinics (CCBHC) or Community Mental Health Centers (CMHC)
 - The availability or proposed creation of sober housing
 - The CoCs must coordinate with state or local planning efforts to prevent homelessness among people transitioning from public systems (prisons, jails, health care facilities, residential care facilities, and foster care.)
- Opportunities for partnership with AMHIs
 - Navigating the next NOFO requirements and the potential impact on the local behavioral health system and services
 - Assuring that CoC and AMHI identified needs, resources, and planning are in alignment
 - Collaborating with state partners to resolve statute and policy behavioral health, homeless, and housing questions
 - AMHI service and housing resources partnership with CoC housing and service resources

We Appreciate Your Time!

- Presentation questions?
- What housing and homeless needs are the AMHIs identifying?
- Are there topics or questions for future meetings?

Annie McCabe, Gary Travis, Ashley Krepfle, Casey Yanta

2026 Meeting dates and times to be determined

Meeting details will be posted on the AMHI website

[Adult Mental Health Initiatives / Minnesota Department of Human Services](#)

Upcoming Lunch & Learn planned for early 2026

Topic: AMHI/CSP Budget Revisions

Date/Time: To Be Determined

Question & Answer



Please email us at

[MN DHS amhi.dhs@state.mn.us](mailto:MN_DHS_amhi.dhs@state.mn.us)