

August 18, 2016

Dear Madam Chairwoman and Members of the ABCGC:

On August 18, 2016 the ABCGC Behavioral Health Steering Community met and **recommends that the ABCGC support full funding of Bernalillo County's Community Connections Program in the amount of \$1.3 million annually from the Bernalillo County's Behavioral Health Tax As Amended:**

The ABCGC Behavioral Health Steering Community also recommends the Community Connection Program receive a formal review and evaluation to occur no later than the end of the calendar year 2020, ***to determine further funding of the supportive service component only. Future funding of the supportive service component will be dependent upon positive outcomes as reported by the Data and Evaluation Contractor.***

Bi-annual reports or more frequently as needed on compliance, data, evaluation, and outcomes will be provided to the appropriate ABCGC Subcommittees for further review and recommendation.

On August 18, 2016 the ABCGC Behavioral Health Steering Community reviewed the recommendation made by the ABCGC Housing and Community Supports Subcommittees and recommends full adoption of the subcommittees recommendation **As Amended.**

Respectfully Submitted,

The Steering Committee



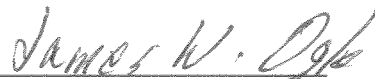
Rick Miera



Kathy Finch

Abstain

Betty Valdez



Jim Ogle



Heba Atwa-Kramer

Abstain

Dr. Paul Hopkins



Barry Ore

Constance Banuelos

Absent: Constance Banuelos

Recommendation:

For 5

Against 0

August 10, 2016

Dear Steering Committee Members:

On August 10, 2016, the ABCGC Housing and Community Supports Subcommittees met and **jointly recommend ABCGC support full funding of Bernalillo County's Community Connections Program in the amount of \$1.3 million annually from the Bernalillo County's Behavioral Health Tax.**

The ABCGC Housing and Community Supports Subcommittees also recommend the Community Connection Program receive a formal review and evaluation to occur no later than the end of the calendar year 2020, to determine further funding. Funding will be dependent upon positive outcomes as reported by the Data and Evaluation Contractor.

Bi-annual reports on compliance, data, evaluation, and outcomes will be provided to the appropriate ABCGC Subcommittees for further review and recommendation.

Respectfully Submitted,

Dr. Paul Hopkins, Chair
ABCGC Community Supports Subcommittee

Betty Valdez, Chair
ABCGC Housing Subcommittee

Absent: Gina Bell and Robin Connell

Recommendation:

For - All

Against - 0

MEMO: **Community Connections Permanent Supportive Housing**
DATE: **July 26, 2016**
TO: ABCGC: Subcommittees on Housing and Community Supports
FROM: Katrina Hotrum

Executive Summary

- Intervention: Permanent supportive housing.
- Target population: Individuals with behavioral health/co-occurring issues, history of involvement with the criminal justice system and whose living situation is not conducive to stabilization and sober living.
- Services: Intensive case management with -wrap around supports; independent housing through existing area landlords.
- Evidence base: Studies, including cost-benefit analyses of programs, have found reduced criminal justice involvement resulting in reduced law enforcement encounters and reduced days incarcerated; reduced use of emergency health care services; increased use of primary care and recovery services; reduced use of detox services; reduced abuse of alcohol; and increased housing stability for individuals served.
- Proposed outcome metrics:
 - Reduced involvement with law enforcement
 - Reduced use of jail
 - Reduced use of emergency rooms and inpatient hospital stays
 - Reduced use of detox
 - Reduced use of NM Behavioral Health Institute
 - Reduced use of substances
 - Improved family outcomes
 - Increased employment
- Budget: \$1.3 M annually.
- Proposed language of recommendation: The ABCGC Subcommittee on Housing recommends that Bernalillo County permanently finance the Community Connections program using the behavioral health gross receipts tax revenue.

Intervention

Permanent supportive housing is a critical service for the highest-need subset of the behavioral health population that is currently accessing expensive remedial services like the criminal justice system, hospitals, and detox facilities. According to the New Mexico Coalition to End Homelessness (NMCEH), of all individuals entering any type of federal Department of Housing and Urban Development (HUD)-funded housing in 2014, over 2,000 had a mental illness and almost 1,500 had a substance use disorder.

The Link Between Criminal Justice and Homelessness

Homelessness among individuals with behavioral health issues costs the government, including the county and the city, money and resources. These individuals are more likely to be arrested, incarcerated, and to use the emergency room than the general population. Researchers have found that an estimated 25-50% of the homeless population has a history of incarceration. In Bernalillo County, “Homeless/drunken” is the 16th most frequent emergency call code responded to by the Albuquerque Police Department. Permanent supportive housing has been shown in studies to produce improved outcomes for these high-need individuals, which in turn produces savings in health care and criminal justice systems.

A study of 6,953 jail inmates found that individuals with homelessness in the year prior to incarceration had symptoms associated with mania, depression, psychosis, and substance use at 10-22% higher rates than inmates without prior unstable housing. Another study of 3,769 arrestees and jail inmates with serious mental illness found that being male, homeless, not having outpatient mental health treatment, and having an involuntary psychiatric evaluation were independently associated with increased odds of misdemeanor arrest and longer periods of incarceration.¹ Incarcerated individuals find many barriers to accessing services upon release. There are many inmates who may not meet the HUD definition of homeless but are precariously housed. This may include housing they cannot sustain, housing from which they have been asked to leave or evicted at any time, or housing in which drug use or criminal activity is prevalent. This barrier to successful community reentry often contributes to the risk of criminal activity and increased recidivism.

Individuals with behavioral health needs are also prevalent in this community and even more prevalent in our jails. A 2006 Bureau of Justice report estimates that 64% of jail inmates had a mental health problem. While 21% had recent treatment and/or diagnosis, 60% reported symptoms that met the DSM criteria. A more recent study by the Policy Research Associates concluded that jail administrator can anticipate that the prevalence of serious mental illness will be between 11 and 18.9% among men and between 21.7 and 42.1% among women. In addition, impacting incarceration rates of those with mental illness, a local study by the New Mexico Sentencing Commission found that having received mental health services in the jail corresponded with increased lengths of incarceration in jail. 40% of the Metropolitan Detention Center (MDC) population received some level of psychiatric services while in custody. This

¹ “In Focus” A Quarterly Research Review of the National Healthcare for the Homeless Council, Volume 2, Issue 2 November 2013, p. 1.

population could be under estimated. A report by the Vera Institute of arrested individuals in Washington, D.C. found that 46% of individuals with mental health needs were not identified by any criminal justice agencies having contact with them.

Homelessness in Bernalillo County

According to the 2015 Point in Time (PIT) count, a count of street dwellers on one night in January required of all jurisdictions by the HUD, the Albuquerque metro area is home to 1,287 homeless individuals. That includes 260 chronically homeless individuals, 311 severely mentally ill individuals, 266 chronic substance abusers, and 188 veterans. 20% of Albuquerque's homeless individuals are American Indian and 12% are African American, both much higher proportions than seen in the general population of New Mexico.

Housing and services for this population in the Albuquerque area is inadequate to meet the needs identified above. According to the Behavioral Health Needs and Gaps Report published in 2002, only 19 percent of the adults needing public sector mental health services are currently being served. A 2004 report by the Arizona State University Applied Behavioral Health Policy group found that according to estimates from the National Survey on Drug Abuse, New Mexico had the largest treatment gap of any state with 3.5% of the population needing drug treatment services but not receiving treatment. The statewide Gaps Report noted that New Mexico has a higher than average jail population for its census and that this, as well as the prison population, is critically in need of specialized services. The report noted that the service needs of these groups are difficult to meet due in part to the inadequate transition process from jail or prison and to the lack of services designed for the unique needs of individuals with legal constraints, family reunification issues, and specialized housing and employment needs. According to the 2015 Housing Inventory Count (HIC), also produced by HUD, the Albuquerque metro area has 302 units of shelter, 307 units of transitional housing, and 872 units of supportive housing. Compared to cities with a similar population, Albuquerque has only about 50% of the permanent supportive housing stock, about one third of the adult and family shelter units, and less than one third of the youth transitional housing stock.

For this reason, Community Partners, Inc.'s Behavioral Health Business Plan and the City/County Behavioral Health Task Force both recommended implementing additional permanent supportive housing in Bernalillo County as a critical component of an enhanced system of behavioral health care.

The County and City are jointly running the Community Connections program to support 100 units of permanent supportive housing. 55 to 60 units are funded by the County and 30 are funded by the City.

Target Population

The target population for Community Connections is individuals and families who have behavioral health needs, are homeless or precariously housed, and have a history of criminal justice involvement. The program attempts to target individuals who are likely to discharge from jail to homelessness and those who may be delayed from discharge due to homelessness. Individuals must have income at or below 30% of the area median income (AMI). The program

takes referrals from criminal justice actors including the district attorney, prosecutors, court staff, and jail staff, as well as self-referrals. Referrals are first screened for the four minimum criteria:

1. That the individual has income below 30% AMI;
2. That the individual is homeless or precariously housed, or that their housing situation is currently causing criminal justice involvement or other bad outcomes;
3. That the individual has a history of involvement with the criminal justice system; and
4. That the individual has behavioral health needs.

In addition to this set of minimum qualifications, some additional criteria help to prioritize referrals for participation in the program to ensure that the limited resources offered by the program are targeted at those most in need:

- Number of bookings at MDC;
- Severity of mental health and/or substance use disorders, as identified by the mental health unit of the referring entity.

Finally, providers interview referred clients to determine if the provider feels they can take the client.

Housing

Individuals are most frequently referred to the program while in the custody of the MDC. Discharge dates from MDC can be unpredictable, and program staff may not be able to locate a permanent apartment for clients in time to discharge directly into stable housing. Therefore, the program operates two transitional housing units where individuals live while searching for a permanent apartment.

Permanent housing is provided through vouchers administered by the Bernalillo County Housing Department. Housing vouchers pay for apartments through area landlords. Tenants hold standard leases for apartments.

Supportive Services

Permanent supportive housing supportive services are characterized by voluntary participation, and are aimed at keeping the client stably housed while promoting recovery. Services may include:

- Case management
- Medical services
- Mental health services
- Substance abuse treatment services
- Peer support
- Parenting skills
- Education
- Vocational and employment services
- Money management services
- Life skills training
- Housing
- Lease compliance
- Eviction prevention assistance

Evidence Base

Permanent supportive housing has been shown to improve health and wellbeing of individuals with severe behavioral health needs and to reduce their usage of criminal justice and emergency health services in the community. Supportive housing proactively engages members of the household in a flexible and comprehensive array of supportive services, without requiring participation in services as a condition of entry or of ongoing tenancy. Research suggests that permanent supportive housing leads to a reduction in psychiatric symptoms² and better physical health outcomes³.

According to a study by the National Gains Center, recent evidence from more than a dozen studies concluded that comprehensive integrated efforts help people with dual disorders, reduce substance abuse and attain remission. These approaches are also associated with a reduction in hospital visits, accessing psychiatric emergency services, reduce contact with law enforcement and unnecessary incarceration. A recent July 2012 Task Force under the leadership of Bazelon Center for Mental Health Law recommended that providing more supportive housing was the top priority for addressing the needs of the system involved individuals with mental illness.

A Denver study found that 50% of supportive housing residents experiences improved health status, 43% had better mental health outcomes and 15% reduced their substance abuse.⁴ A 2013 study of the Albuquerque Heading Home Initiative by the UNM Institute for Social Research (ISR) found that publicly funded costs, including housing, shelter, emergency room visits, inpatient medical and mental health stays, outpatient medical and behavioral health visits, social services like case management, emergency rescue and ambulance transports, and jail incarceration, were 32% lower after individuals spent a year in permanent supportive housing than in the year prior to being housed. That amounts to about \$12,830 in system savings per individuals per year resulting from the permanent supportive housing intervention, net of costs of the program.⁵

Proposed Outcome Metrics

Outcome and cost savings metrics proposed for the population to be served include but are not limited to the following. Some outcomes may not be applicable to some individuals. Subcommittee input on outcome metrics and how to measure them is specifically desired.

- Reduced involvement with law enforcement
- Reduced use of jail
- Reduced use of emergency rooms and inpatient hospital stays
- Reduced use of detox
- Reduced use of NM Behavioral Health Institute

² Rog, D.J., Marshall, t., Dougherty, R. H., George, P., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Permanent Supportive Housing: Assessing the evidence. *Psychiatric Services*, 65(3), 287-294.

³ G

⁴ Perlman, J., Parvensky, J. (2006). Denver Housing First Collaborative Cost Benefit Analysis and Program Outcomes Report.

⁵ Guerin, Paul and Tonigan, Alexandra (2013). City of Albuquerque Heading Home Initiative Cost Study Report Phase 1.

- Reduced use of substances
- Improved family outcomes
- Increased employment

Outcomes will be measured through the most rigorous evaluation methodology possible. The County and City will work with the Harvard Kennedy School Government Performance Lab and a contracted evaluator to design an appropriate evaluation of the services. The evaluation will then be implemented by the contracted evaluator.

In addition to evaluating the efficacy of the program at achieving outcome metrics and cost savings, the County and City will track process goals on a regular basis. Process goals will include but are not limited to:

- The ability of the selected service provider(s) to enroll referred individuals who are identified as appropriate for the program;
- The ability of the selected service provider(s) to keep clients stably housed for a year or more.

Budget

The County's 55 to 60 units of permanent supportive housing programming, as well as County staff that manage intake and transition into the program, were paid for in FY 2016 out of the budget for the Public Safety Division. This proposal would shift funding for the program for FY 2017 onto the behavioral health gross receipts tax at the County. The County funding is proposed at \$1.3 M annually.

Community Connections Budget

County Operational Expenses

Staff	\$ 152,906.00
Copier Lease	\$ 1,800.00
Office Supplies	\$ 2,000.00
Cell Phone Service	\$ 500.00
Database	\$ 2,500.00
Total	\$ 159,706.00

Transitional Housing

Transitional Units	\$ 13,890.00
Transitional Units Utilities	\$ 2,280.00
Transitional Land lines	\$ 1,727.00
Unit Cleaning Transitional	\$ 3,692.86
Motel Vouchers	\$ 3,000.00
Client Supplies	\$ 2,458.86
Repair Reserve	\$ 5,000.00
Total	\$ 32,048.72

Housing

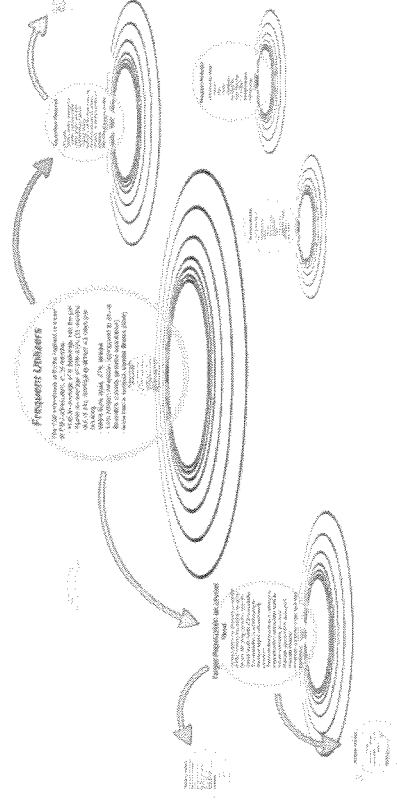
Utilities	\$ 3,960.00
Rental Vouchers	\$ 524,374.00
Deposits	\$ 22,942.86
Application Fees	\$ 2,000.00
Housing Administration Fees (9%)	\$ 49,794.92
Total	\$ 603,071.78

Services

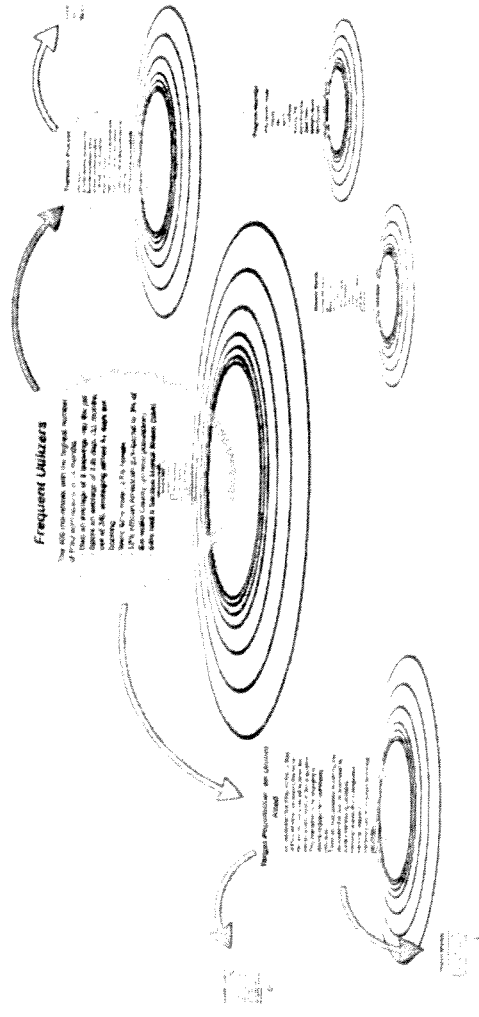
Services	\$ 505,173.50
Total	\$ 505,173.50

Total Program Budget \$ 1,300,000.00

Community Connections



Community Connections



a SERIOUS VIOLATION

Behavioral Health Needs at MDC

- 50% of MDC inmates are on the PSU caseload
- 38% of males and 65% of females are on PSU
- 18% of males and 27% of females have Severe Mental Illness
- 75% of incoming inmates tested positive for drugs (2003)
- National Study found 68% of jail inmates were dependent or abused alcohol or drugs

Frequent Utilizers

The 600 individuals with the highest number of PSU admissions in 34 months:

- Had an average of 8 bookings into the jail
- Spent an average of 336 days (11 months out of 34), averaging almost 41 days per booking
- Were 63% male, 37% female
- 12% African American (compared to 3% of Bernalillo County general population)
- 64% had a Serious Mental Illness (SMI)

Behavioral Health Needs at MDC

- 50% of MDC inmates are on the PSU
- 38% of males and 65% of females are on PSU
- 28% of males and 27% of females have Severe Mental Illness
- 75% of incoming inmates tested positive for drugs (2003)
- National Study found 10% of all inmates were dependent on alcohol

Source:

Target Population: an Unmet Need

- Jail population has dropped but number of PSU inmates has stayed the same
- We are still using our jail to serve the mental health needs of this population
- This population is not engaging or staying engaged with community providers
- There are best practices in serving this population that had not been used by current community providers
- Intercept opportunity in Sequential Intercept Mapping
- Inordinate use of resources by limited population

Current Participants

- Currently, fewer than 10 percent housed plus a few in 11 state nurseries.
- Those scheduled to return are held in average of 12 prison lockups.
- Accommodated for 22,000 per day, an average of 5,000 per night.
- 30% have no job, 40% have no health care, 60% have no housing.
- Acquaintance relationships are fairly equally divided between prisoners, criminal justice officers and self-employed.
- Includes full range of charges from petty misdemeanors to felonies.

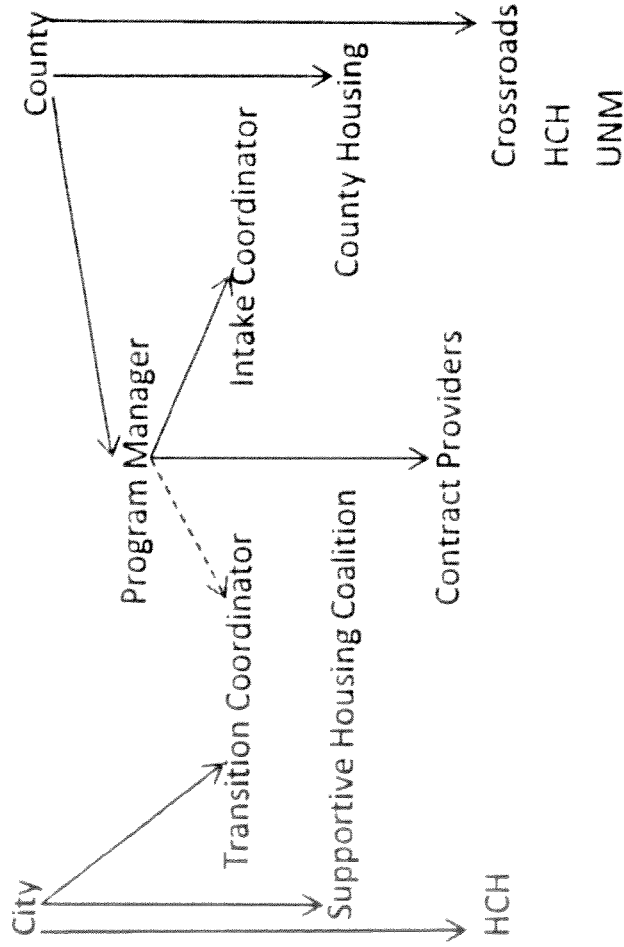
Current Participants

- Currently have 56 persons housed plus three in transitional units
- Those accepted in program had an average of 12 prior bookings
- Accounted for 22,290 bed days, an average of 530 each
- 90% have an SMI; 90% have co-occurring disorder
- Accepted referrals are fairly equally divided between providers, criminal justice partners and self-referrals
- Includes full range of charges from petty misdemeanors to felonies

Program Structure

Intake Process

- Referral to Intake Coordinator
- Interview of applicant
- Review of PSU records
- Document housing status
- If pretrial determine likelihood of incarceration through public defender
- Refer to provider for assessment ability to serve in scaled site



Stakeholder Collaborative

Public Defender, Pretrial, Courts, MDC, Providers

Program Model(s)

- APIC Re-entry Model
 - Assess
 - Plan
 - Identify
 - Coordinate
- Housing First
- Harm Reduction
- Client Driven
- Strengths Based
- Individualized

Intake Process

- Referral to Intake Coordinator
- Interview of applicant
- Review of PSU records
- Document housing status
- If pretrial, determine likelihood of incarceration through public defender
- Refer to provider for assessment-ability to serve in scattered site

Transition Process

- APIC model
- Transition meeting involving PSU, Transition coordinator, pretrial services, provider and others
- Controlled release if possible
- Temporary housing
- Medications and immediate needs met
- Housing voucher process initiated
- Assistance with finding apartment and furnishings
- Warm hand off to service provider

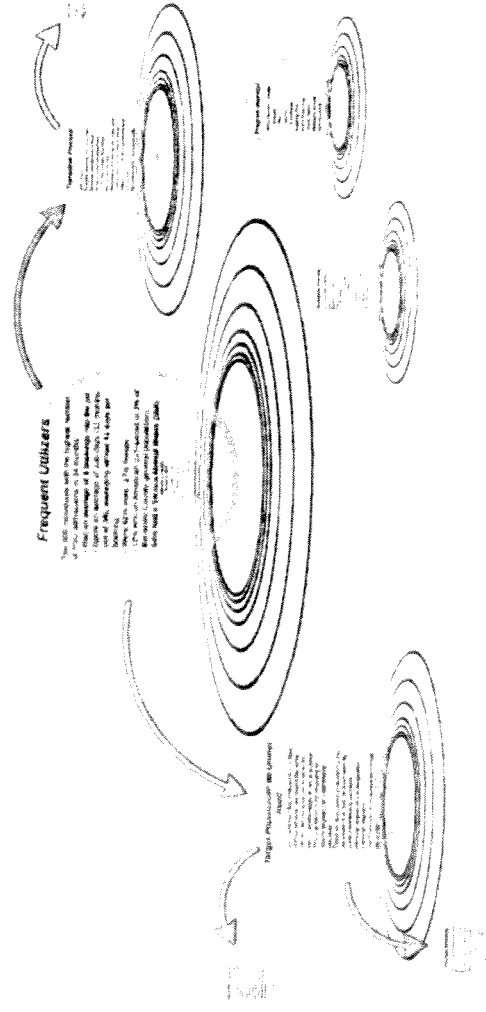
Services Provided

- Intensive case management-12 or 15:1
- Individual and group counseling
- Life skills education
- Vocational and educational services
- Parenting and family support
- Psychiatry and medical services
- Assistance accessing benefits
- In-reach programming

Outcome Metrics

- Collecting wide range of data
- Expected outcome measures
 - Recidivism
 - Remaining housed
 - Use of emergent services
 - Increased income
 - Quality of life indicators
- Current retention
- System impact

Community Connections



Frequent Utilizers

The 600 individuals with the highest number of PSU admissions in 34 months:

- Had an average of 8 bookings into the jail
- Spent an average of 336 days (11 months out of 34), averaging almost 41 days per booking
- Were 63% male, 37% female
- 12% African American (compared to 3% of Bernalillo County general population)
- 64% had a Serious Mental Illness (SMI)

Behavioral Health Needs at MOC

64% of frequent utilizers had a behavioral health need at MOC. The most common needs were:

- 34% had a need for substance use treatment
- 24% had a need for mental health treatment
- 12% had a need for both substance use and mental health treatment
- 10% had a need for other behavioral health services

Transition Process

- APIC model
- Transition meeting involving PSU, Bernalillo County, and community services, provider and others
- Court-ordered release if possible
- Temporary housing
- Medications and immediate needs met
- Housing voucher process initiated
- Assistance with finding apartment and furnishings
- Waiver based off in-services provider

Program Model(s)

- APIC Re-entry Model
- Assess
- Plan
- Identify
- Coordinate
- Housing First
- Harm Reduction
- Client Driven
- Strengths Based
- Individualized

Outcome Metrics

- Outcomes were tracked at:
- 30-day follow-up
- 90-day follow-up
- 180-day follow-up
- 360-day follow-up
- 540-day follow-up
- 720-day follow-up
- 900-day follow-up
- 1080-day follow-up
- 1260-day follow-up
- 1440-day follow-up
- 1620-day follow-up
- 1800-day follow-up
- 1980-day follow-up
- 2160-day follow-up
- 2340-day follow-up
- 2520-day follow-up
- 2700-day follow-up
- 2880-day follow-up
- 3060-day follow-up
- 3240-day follow-up
- 3420-day follow-up
- 3600-day follow-up

- Had an average of 8 bookings into the jail
- Spent an average of 336 days (11 months out of 34), averaging almost 41 days per booking

- Were 63% male, 37% female
- 12% African American (compared to 3% of Bernalillo County general population)
- 64% had a Serious Mental Illness (SMI)

- APIC model:
 - Transition meeting involving PSU, Transition coordinator, partner services, provider and others
 - Controlled release if possible
 - Temporary housing
 - Medications and immediate needs met
 - Housing voucher process initiated
 - Assistance with finding apartment and furnishings
 - Weight based off to service provider

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- APIC Re-entry Model
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1. **Identify the problem.**
 2. **Identify the cause.**
 3. **Identify the effect.**
 4. **Identify the solution.**
 5. **Identify the outcome.**
 6. **Identify the feedback.**
 7. **Identify the evaluation.**
 8. **Identify the conclusion.**
 9. **Identify the recommendation.**
 10. **Identify the action plan.**

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 9. **Identify the recommendation.**
 10. **Identify the action plan.**

Eligibility Criteria
 Individuals in need of mental health services who are currently in custody or have been in custody within the last 12 months and are currently residing in the community. Individuals who are currently in the community and have been in custody within the last 12 months and are currently residing in the community. Individuals who are currently in the community and have been in custody within the last 12 months and are currently residing in the community.

Target Population: an Unmet Need

- Jail population has dropped but number of PSU inmates has stayed the same
- We are still using our jail to serve the mental health needs of this population
- This population is not engaging or staying engaged with community providers
- There are best practices in serving this population that had not been used by current community providers
- Intercept opportunity in Sequential Intercept Mapping
- Inordinate use of resources by limited population

Program Structure

Program	Structure
Community-based	Outpatient
Community-based	Inpatient
Community-based	Residential
Community-based	Detention
Community-based	Correctional
Community-based	Prison