Supportive Housing Subcommittee
August 10, 2016
5:00 – 6:30 p.m.
1 Civic Center, 9th Floor Conference Room

<table>
<thead>
<tr>
<th>Type of meeting:</th>
<th>3rd meeting: Community Connections Recommendation</th>
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| Members Present: | Robert Baade, Ricki Bloom, Sister Agnes Kaczmarek, Michelle Valencia-Stark, Jennifer Sena, Brit Baca-Miller, Betty Valdez |
| Members Excused: | Heidi Jordan, Gina Bell |
| Staff Person Present: | None |
| Technical Advisors Present: | None |
| Meeting Observers: | Lisa Simpson (presented) |

Call to Order

Meeting was called at 5:10. The Housing Subcommittee and Community Support Subcommittee were originated as a joint meeting. Introductions were made. Lisa Simpson provided a presentation on the Community Connections Program. Presentation attached as Attachment I.

Housing Subcommittee Chair Betty Valdez called the Housing subcommittee meeting to order at 5:45.

Discussion to Approve Agenda

Agenda was approved with no discussion.

Discussion to Approve Minutes

Minutes were approved with no discussion.

Key Items of Discussion

- Discussion was about the Community Connections Program, specifically to approval or disapproval for recommendation to the ABCGC. Sister Agnes recommended a point in time data update. The subcommittee agreed that this would be helpful and should be included in the proposal.

- Robert Baade discussed the need for updates of outcomes – demographics, etc. There was much discussion about the outcomes that needed to be measured. Paul Guerin, from UMM ISR, discussed with
the subcommittee the measurements that they would be tracking such as frequent users of MDC, UNM, homeless, male, female, age, etc. The committee was unanimous that this should also be included

- Robert Baade made a motion that outcome and measurements be added to the document that was going for approval before the ABCGC and the Commissioners. It was seconded by Ricki Bloom. The subcommittee unanimously voted for approval.

**ACTION:** Betty reminded the subcommittee to review the Youth Transitional Housing proposal and to get any questions emailed so they may be answered and discussed at the next scheduled meeting.

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<th>Next Meeting and Adjourn</th>
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<tr>
<td>Next meeting: August 31 at 5:00 – 6:30 p.m. at 1 Civic Plaza – 9th Floor.</td>
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<td>- Betty adjourned the meeting at 6:40 p.m.</td>
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Community Connections
Community Connections
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)
**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
Eligibility Criteria

- Behavioral health need—primarily mental illness or co-occurring disorders
- Homeless or precariously housed
- Involvement in the criminal justice system
- 30% of median income
- Must be able to live independently, i.e. in scattered site apartments
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

City
  ↓
Transition Coordinator
  ↓
Supportive Housing Coalition
  ↓
HCH

Program Manager
  ↓
Intake Coordinator
  ↓
County Housing
  ↓
Crossroads
    HCH
    UNM

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

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Target Population: an Unmet Need

- Jail population has dropped but number of PTSD 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 less services in serving this population that had not been used by current community providers.
- Trauma-informed care is sequential.
- Fewer patients are available due to required treatment by limited providers.