

Minutes

Supportive Housing Subcommittee Meeting Minutes

June 13, 2017

5:00 – 6:30 p.m.

CABQ Department of Family Community
Services 5th Floor Conference Room

Type of meeting: 14th meeting: New subcommittee member updates and transition.

Members Present: Robert Baade Sister Agnes Kaczmarek, Hinson Scott, Laura Carlisle, Lisa Domenici

Members Excused: Constance Banuelos, Michelle Valencia-Stark, Laura Nguyen, Mark Walch, Elaine Miller, Jason Vaillancourt (alternate)

Staff Person Present: Cathy Imburgia and Mike Robertson

Technical Advisors Present: Lisa Huval, Amir Chapel

Meeting Observers: Ricki Bloom

Call to Order

Meeting called to order at 5:16 p.m. by Robert Baade, Supportive Housing Subcommittee chair.

Discussion to Approve Agenda

Agenda was approved with a change to move item D, under old business up — Subcommittee update and new member introductions

Discussion to Approve Minutes

Minutes from the May 16, 2017 meeting were approved as is.

Key Items of Discussion

Old Business

D.) Subcommittee Member Update

- It was reported that Jennifer Sena and Ricki Bloom are no longer members of the subcommittee due to conflict of interest; and Lisa Huval has been reassigned to her original role as technical advisor, a non-voting member. Voting subcommittee members now include: Robert Baade – **Chair**, Constance Banuelos, Michelle Valencia-Stark, Sister Agnes Kaczmarek; and new members: Laura Nguyen, Laura Carlisle, Hanson Scott, Mark Walch, Lisa Domenici, Elaine Miller, and Jason Vaillancourt (alternate).
- It was noted that Constance is no longer able to serve as Vice Chair. The business of appointing a new Vice Chair will be included on the next meeting agenda.
- Cathy also reported she is to clarify the Technical Advisors listing with the Small Working Group as many have not attended a meeting in months; if at all.
- New members Laura Carlisle, Hanson Scott, and Lisa Domenici attended the meeting and were welcomed following introductions and Q&As on process, structure, progress, etc.

- **ACTION:** Cathy is to send a follow up email to all new members that includes the next meeting date and links to the newly developed BHI web page on the Share NM website for newsletters and other information to help with the transition.
- An orientation for all new subcommittee members is planned and will be announced in the near future.
- It was agreed that future meetings will be held the 2nd Tuesday of the month from 5:30-6:30 pm, noting that if needed, meetings may go as late as 7 pm.

A.) Steering Committee Meeting Update

- Steering Committee meeting focused on upcoming May Mental Health Awareness Month activities, including the May 23 event on Civic Plaza and the May 25 subcommittee appreciation event. Those in attendance reported that both events were well attended and well received.
- Also discussed was an update on the subcommittee member recruitment process. It was reported that there was enough interest to fill the vacancies on each subcommittees and that conflict of interest request are currently underway with those who expressed interest. New member assignments will be announced in early June and an orientation will be scheduled soon thereafter.
- Ongoing communication plans were reported including: BHI dedicated webpage on Share NM website, www.sharenm.org/BHInitiative; a quarterly newsletter with the initial issue distributed in May; and community outreach and media relations activities. It was noted that Cathy Imburgia is doing the website, newsletter and outreach and Breanna Anderson, who attended the meeting via phone, is retained to do media relations.
- A Subcommittee was formed with Steering Committee member participation to assist with development of an operational budget for the behavioral health department.

B.) Subcommittee Projects Underway

Cathy and Robert reported the following:

- Projects currently in discussion by subcommittees include: *Single Site Housing* by the Supportive Housing Subcommittee; *Crisis Stabilization and Response Center*, by the Crisis Services and Community Supports Subcommittees; *Intensive Case Management (ICM)* services for individuals with substance abuse as a primary diagnosis by Community Supports Subcommittee; and *Awareness, Education and Training* by the Prevention, Intervention and Harm Reduction Subcommittee.
- RFPs to be released include: CET and Mobile Crisis Teams, a joint city/county RFP for clinicians. These are scheduled to be released over the summer.
- The Youth Transitional Living RFP evaluation team held its first meeting today.
- Adverse Childhood Experiences (ACEs) contracts will be awarded to 8 vendors pending approval by County Commissions at tonight's meeting

C.) ABCGC Meeting

- ABCGC May 25 meeting was cancelled.
- Next ABCGC meeting is June 22.

New Business

A.) Continued discussions of the Single Site Housing proposal

- Discussions were tabled until next month, when all new members are in attendance.
- **ACTION:** In preparation for the next meeting, all are to review the draft Project Proposal to date (Attachment 1) and the Template questions for the following two sections (Attachment 2).
 - Identify Best Practices
 - Description of Intended Intervention/Logic Model

B.) Update on city’s consultant services/Toolkit

- It was reported that the city is in process of retaining the creators of the Toolkit to assist with development of the single site financing and stakeholder engagement.

C.) NM Legislative Finance Committee Presentation

- It was reported that following a meeting with state Legislative Finance Committee staff, Katrina Hotrum was asked to present about the BHI to the Legislative Finance Committee. Mike, who was in attendance, reported that it was a standard update meeting.

Public Comment: None

Next Meeting and Adjourn

a) Meeting adjourned at 6:40 p.m.

Next meeting: July 11, 2017 at 5:30 – 6:30 (or 7:00 p.m., if needed), 5th Floor Conference Room
Department of Family and Community Services | 400 Marquette Ave. NW, Albuquerque, NM 87102

NOTE: Please call Cathy at 302-420-6588 if you need directions or assistance gaining access to the room.

ATTACHMENT 1

SUBJECT: Single-Site Supportive Housing Proposal

DRAFT: 5/17/17 (updated)

Problem Statement

Persons in Bernalillo County with serious mental illness (SMI), who are homeless or precariously housed that require a higher level of supportive services as a result of unsuccessful scatter site supportive housing and/or continuing non-compliance with treatment plans, are a population with an urgent need for housing coupled with on-site intensive case management services.

Housing for people with mental illness and/or substance abuse issues is an essential part of a continuum of behavioral health care (SAMHSA, 2010). According to the 2015 Point-in-Time (PIT) count, the Albuquerque metro area is home to 1,287 homeless individuals (NMCEH, 2015). The PIT count is the number of people who are experiencing homelessness in Albuquerque on one specific night in January. This number gives a baseline estimate of the minimum number of people who were sleeping outside, in shelter, or in transitional housing the night of our PIT count. It does not tell us how many people were staying in motels or doubled up with family or friends. Because we know many people, especially families and unaccompanied youth, are in this situation we know the PIT count is an undercount and the number of people experiencing homelessness in Albuquerque is higher (NMCEH, 2014). The 2015 PIT count for Albuquerque includes 260 chronically homeless individuals, 311 severely mentally ill individuals, 266 chronic substance users, and 188 veterans (NMCEH, 2015). Based on projections from the Substance Abuse and Mental Health Services Administration and the National Institute for Mental Health, it is likely that there are over 22,658 individuals over 18 in Bernalillo County with a Serious Mental Illness (SMI), including 5,665 with Schizophrenia.

The 2015 *Landscape of Behavioral Health in Albuquerque* report commissioned by the City of Albuquerque further characterizes gaps in the current system and documents that providers identify housing as a top priority with a need for more housing options for vulnerable individuals and families. Furthermore, the Bernalillo County commissioned CPI behavioral health business plan states that there is an immediate need to expand affordable housing programs for individuals with behavioral health needs and who are homeless or at risk of becoming homeless through scattered-site or single-site housing programs.

System Linkages

The single-site supportive housing model does not currently exist in Bernalillo County. A joint city/county approach and MOU is currently being developed where each entity is outlining its responsibilities to include funding opportunities. The proposed funding for the collaboration is that the city fund the housing structure, comprised of independent living units, and would contract for the onsite property management services. The county would fund the intensive case management services and other wrap around services that enable success in achieving independent living and stable housing.

Opportunities to link individuals into the more intense level of supportive housing may result from those proven to be unsuccessful in scatter site supportive housing; realize continuing non-compliance with treatment plans; petitioned for court-ordered Assisted Outpatient Treatment (AOT); and/or individuals with an urgent need for housing coupled with on-site intensive case management services.

Target Population

It is likely that most of the sub-population of individuals with extremely high levels of behavioral health needs who need more support to live independently would benefit from a single-site supportive housing model. The target populations may include individuals who have not been successfully housed in community-based, scattered site, permanent supportive housing; have low independent living skills; have been referred for court-ordered Assisted Outpatient Treatment; and are adults diagnosed with SMI. Based on provider input, it is estimated that more than 1,000 Bernalillo County residents could benefit from single-site housing.

The following target population description is based on UNMH's Assertive Community Treatment (ACT) criteria for admission. ACT is an evidence-based practice that improves outcomes for people with severe mental illness who are most at-risk of homelessness, psychiatric crisis and hospitalization, and involvement in the criminal justice system.

Services are intended primarily for individuals with psychiatric illnesses that are most severe and persistent, including the following psychiatric diagnoses from the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition, of the American Psychiatric Association (DSM IV): Schizophrenia; other psychotic disorders (e.g., schizoaffective disorder); and bipolar disorder, and include:

1. Clients with severe and persistent mental illness as listed in the diagnostic nomenclature that seriously impair their functioning in community living.
2. Clients with significant functional impairments as demonstrated by at least one of the following conditions:
 - Inability to consistently perform the range of practical daily living tasks required for basic adult functioning in the community (e.g., maintaining personal hygiene; meeting nutritional needs; caring for personal business affairs; obtaining medical, legal, and housing services; recognizing and avoiding common dangers or hazards to self and possessions) or persistent or recurrent failure to perform daily living tasks except with significant support or assistance from others such as friends, family, or relatives.
 - Inability to be consistently employed at a self-sustaining level or inability to consistently carry out homemaker roles (e.g., household meal preparation, washing clothes, budgeting, or child-care tasks and responsibilities).
 - Inability to maintain a safe living situation (e.g., repeated evictions or loss of housing).
3. Clients with one or more of the following problems, which are indicators of continuous high-service needs (i.e., greater than eight hours of service per month):
 - High use of acute psychiatric hospitals (e.g., two or more admissions per year) or psychiatric emergency services
 - Intractable (i.e., persistent or very recurrent), severe major symptoms (e.g., affective, psychotic, suicidal)
 - Coexisting substance use disorder of significant duration (e.g., greater than six months)
 - High risk or a recent history of criminal justice involvement (e.g., arrest and incarceration)
 - Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless
 - Residing in an inpatient bed or in a supervised community residence, but clinically assessed to be able to live in a more independent living situation if intensive services are provided, or requiring a residential or institutional placement if more intensive services are not available
 - Inability to participate in traditional office-based services.

Outcomes

It is anticipated that placement in a single-site housing model can result in fewer intensive, high-cost services such as emergency department visits, psychiatric crisis services, psychiatric hospitalization, and interactions with the criminal justice system. Additionally, clients housed in a single-site facility may experience more independent living, higher rates of treatment retention, improved socialization, and increased housing stability, while also improving the health and social outcomes of individuals with serious mental illness (SMI).

ATTACHMENT 2

SECTION 5: Best Practice Identification

Best Practice Identification: *(Recommended Length: 1 – 2 pages single spaced)*

Instructions: Use the following questions to build a more descriptive summary of the evidence-based best practices towards addressing the problems stated above.

- Are there well-established models and methods to address these challenges?*
 - What is the community already doing to address these needs?*
 - What regional or national best practices have been identified by government organizations, advocacy groups and other authorities in the field?*
- What academic research has been done regarding these interventions so far?*
 - How dated is that research, what methods were used and what outcomes were evaluated?*
 - What are the concerns for findings' validity in Bernalillo County?*
- What other evaluations, cost studies or assessments might there be on existing service providers or other promising methods?*

Resources available to help answer these questions:

- UNM ISR literature review*
- Requests for Information (RFIs)*
- Other regional and state approaches*
- Federal government resources (websites, briefings, etc.)*
- Nationally recognized advocacy & policy organizations*

SECTION 6: Description of Intended Intervention

Description of Intended Intervention: (Recommended Length: 0.5 – 1 pages single spaced)

Instructions: Use the following questions to describe the intervention or service delivery model best assumed to solve the stated problem, serve the stated target population and achieve the desired outcomes.

- Is there a particular intervention that has been proven effective in addressing our problem either locally or across the country?*
 - If not, is there a particular service delivery model we think could be an effective solution to our problem? If so, why?*
- In what setting does this service take place?*
- What activities are performed in this service delivery?*
 - What would a client’s “day in the life” look like?*
- Who is involved in the service provision?*
 - What is their background / qualifications?*

Resources available to help answer these questions:

- National best-practice organizations*
- Problem identification description*
- Requests for Information (RFIs)*
- Other regional and state approaches*
- Logic model completion (see below)*

Generic Logic Model:

Inputs	Activities	Outputs	Outcomes	Impact
<input type="checkbox"/> Staff	<input type="checkbox"/> Train	<input type="checkbox"/> Plans	<input type="checkbox"/> Awareness	<input type="checkbox"/> Social
<input type="checkbox"/> Time	<input type="checkbox"/> Teach	<input type="checkbox"/> Connections	<input type="checkbox"/> Knowledge	<input type="checkbox"/> Economic
<input type="checkbox"/> Budget	<input type="checkbox"/> Treat	<input type="checkbox"/> Learning environments	<input type="checkbox"/> Skills	<input type="checkbox"/> Environmental
<input type="checkbox"/> Technology	<input type="checkbox"/> Advise	<input type="checkbox"/> Self-awareness	<input type="checkbox"/> Motivations	<input type="checkbox"/> Inter-personal
<input type="checkbox"/> Space	<input type="checkbox"/> Facilitate		<input type="checkbox"/> Skills	<input type="checkbox"/> Civic
<input type="checkbox"/> Materials			<input type="checkbox"/> Behavior	
<input type="checkbox"/> Equipment				

