



Changing the Story of Albuquerque's Homelessness & Behavioral Health Crisis System

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Executive Summary

Homelessness touches many lives in Albuquerque. Each year, an estimated 5,615 households experience homelessness, and each person brings a story – a behavioral health challenge, a life-changing crisis, or economic hardship.

Albuquerque hosts an array of effective services, but that system of services is fragmented and difficult to access, particularly for those struggling with substance abuse and mental illness. As a result, many of the most vulnerable people in our community who experience homelessness are not able to obtain the immediate or long-term help they need.

Some of the most vulnerable and most visible people who experience homelessness in our community are those who struggle with mental illness, substance use disorders, and/or medical issues. In the absence of a response system suited to these recurring needs, our community defaults to a reliance on police, firefighters, emergency rooms and the jail. It is neither sensible nor sustainable to continue this expensive practice that strains public safety resources and does not resolve the underlying issues.

Mayor Keller has identified a set of high impact solutions that address people's immediate need for safety and dignity when they experience homelessness, and can help people obtain the housing and support they need to exit homelessness permanently.

We Know What to Do

Focal Points

- Overcome costly and chaotic responses to common situations.
- Create physical points of entry that meet people's immediate need for safety and dignity while also serving as a cohesive entry point into other community resources.
- Increase opportunities for safe, affordable housing and support services.
- Build a comprehensive system together with key partners, including Bernalillo County, the University of New Mexico, the business community and non-profit organizations.

The City and community partners have created a strong network of homeless services in coordination with Bernalillo County's initiatives to increase access to vital behavioral health services. Mayor Keller's high impact strategies build on our community strengths, and scales up on what we know is already working, including outreach, emergency shelter and affordable housing vouchers.


It's Time for Bold Steps


The community is coming together to provide a hand up to help people move from crisis to stability. This report describes what needs to be done and how the Keller Administration is taking action to create a path to stable housing.



High Impact Strategies

Progress This Year* and Next Steps

 Construct a new homeless shelter that also provides housing services and case management. The shelter will operate 24 hours a day, 7 days a week, located in proximity to the recommended behavioral health crisis triage center.

 A \$14 million G.O. bond decision will be on the November 2019 ballot for a new shelter that provides support services. The City is using \$985,000 in state capital outlay funds to begin planning and design for construction in 2020-2021.

Convert the winter shelter (formerly open November-March) to a year-round emergency shelter, as an interim solution, the Westside Emergency Housing Center (WEHC). Located ~20 miles from the center of town, transportation costs ~\$1 million/yr.


Since November 2018, the WEHC has operated daily, serving an average of 270 people each night and expanded to a 24-hour shelter on the weekends. Since Summer 2019, Bernalillo County has funded case management services. Onsite medical care is provided by UNM HSC and ABQ Healthcare for the Homeless.

Fund 1,000 new Supportive Housing vouchers (rent plus support services) to provide long-term housing stability for an additional 1,500 people.



The City's FY2020 budget includes \$2 million to support housing for 150-200 otherwise homeless households. In December 2018, Mayor Keller launched the One Albuquerque Housing Fund where donations support housing for people experiencing homelessness.

Create 120 to 240 new units of quality affordable housing for low- and moderate-income Albuquerqueans by investing the allowable maximum of 8% of the G.O. Bond capacity into the Workforce Housing Trust Fund. Estimated Proceeds: ~\$10 million.

 The G.O. Bond package going to voters in fall 2019 includes \$5 million for the Workforce Housing Trust Fund. Approval would add 60 to 120 units of high quality affordable housing. To date, this Fund has enabled construction of ~1,200 units of affordable housing.

Establish a Street Outreach Coordinator to increase access to housing and behavioral health services. Estimated cost: \$65,000. A Public Outreach Program Manager now focuses on response to homeless encampments.



The Department of Family and Community Services has convened a Coordinated Street Outreach Workgroup to develop action steps to expand coordinated outreach.

Support Bernalillo County's plan to establish a Behavioral Health Crisis Triage Center in proximity to the new emergency shelter to expand services that support individuals living with mental illness, substance abuse or co-occurring disorders.

Bernalillo County has been taking a lead role to develop plans for a Behavioral Health Crisis Triage Center, working with the UNM Health Sciences Center.

Convene a Homeless Advisory Council that brings together community voices to move forward.

Mayor Keller appointed Council members in December, 2018. Community members gather quarterly to voice ideas and provide feedback on strategies to address homelessness.

Restructure social service contract system to increase effectiveness, accountability and coordination.

The Department of Family and Community Services has improved the 200 FY20 social service contracts to evaluate the impact on well-being.

*Progress made from July 2018—July 2019

- 1) Start planning and design in 2019 for a new emergency shelter, with construction starting in 2021. The new emergency shelter will be open 24 hours a day, 7 days a week, located in proximity to the recommended behavioral health crisis triage and center services, and provides onsite support to help residents obtain long-term housing. In the long-term, add to the system of dispersed emergency shelters within the City in order to meet the full need for emergency shelter beds.**

Cost: The estimated cost for constructing a new emergency shelter in town is \$15 million. The annual operating cost is estimated to be at least \$5 million.

Update: In November 2019, voters will be asked to approve \$14 million in General Obligation (GO) bond funding for a new shelter. The City received \$985,000 in state capital outlay funds for the shelter, with which the City can begin planning and design in 2019. With input from core service provider partners, the City worked with a local architect to develop a preliminary conceptual design for the new shelter (Appendix B). The City is conducting an analysis of our existing emergency shelter system in order to identify the total number of emergency shelter beds needed in our community and strategies to fully utilize existing shelter capacity.

The City will continue to build on the existing outreach to the community to provide input on the proposed shelter. The City formed the Mayor's Homeless Advisory Council as part of that process with members representing all walks of life. Meetings with neighborhood groups, the advisory council, providers and feedback from people experiencing homelessness are some of the ways the City receives input on ways to address homelessness in our community.

As funding is secured, we will continue a robust community engagement process as we proceed with the development of a centrally located shelter, and the resources to operate it. This will include an analysis of how to assess and mitigate the impacts of any facility on the surrounding neighborhoods and the community at large. It will also include a discussion of the resources needed to move people through the shelter, into housing and supportive services. Any process will need to balance the practicalities of financial resources and the landscape of existing facilities and programs to support the new shelter.

- 2) Until a new shelter is built, convert the existing winter shelter into a year-round shelter that can serve the need and is open at least 15 hours on weekdays and 24 hours on weekends. Add onsite supportive services to help residents quickly exit the shelter into permanent housing, and provide onsite medical services.**

Cost: The total annual operating cost is estimated to be \$4 million.

Update: The winter shelter that used to be open from November to March has been converted to a year-round emergency shelter. Now called the Westside Emergency Housing Center (WEHC), it has been operating continuously since November 2018, and serves an average of 270 people each night. The WEHC is open 15 hours on weekdays and 24 hours on the weekends. Bernalillo County has funded a local nonprofit to provide case management services at the WEHC, using Behavioral Health care tax dollars. The UNM Health Sciences Center and Albuquerque Healthcare for the Homeless provide onsite medical care two nights a week, and the City is in discussion with other health providers to expand medical services to additional nights. The WEHC is located about 20

miles from the center of town, and transportation to and from town (where services are located) costs approximately \$1 million a year.

- 3) Fund 1,000 new Supportive Housing vouchers targeted to individuals and families who most need this support to exit homelessness. Supportive housing helps pay the rent and includes supportive services that help participants stabilize and maintain their housing. This will more than double the 750 housing vouchers that the City currently funds, and will provide housing to approximately 1500 people experiencing homelessness.**

While building an emergency shelter (or shelters) helps to ensure those experiencing homelessness have a safe place to sleep each night, it does not solve their homelessness. Without adding more housing to our homeless crisis response system, the shelter will quickly fill up and stay full. Albuquerque is better served by using shelters as an entry point into long-term housing stability. For the majority of people experiencing homelessness, supportive housing vouchers are the most effective, and cost efficient, way to help them obtain permanent housing. (For those who need other types of housing, such as a group home or assisted living, an emergency shelter provides a safe and dignified place to stay while case managers help these residents identify other housing options).

Cost: The cost of providing 1,000 supportive housing vouchers is approximately \$13 million (assumes 650 1-bedroom, 250 2-bedroom, 50 3-bedroom and 50 4-bedroom units).

Update: The City of Albuquerque Fiscal Year (FY) 2020 budget included \$2 million for new housing vouchers. Between 150 and 200 households experiencing homelessness will be able to obtain permanent housing with this new funding. And, in December 2018 Mayor Keller launched the One Albuquerque Housing Fund. Contributions to the One Albuquerque Housing Fund help pay for housing vouchers and other housing costs for those experiencing homelessness.

Some of the most vulnerable people in our community who experience homelessness are high utilizers of public resources, such as the emergency room, detox and jail. We know from local and national studies that when people have housing, they are far less likely to utilize these expensive public resources. **As a result, paying for a supportive housing voucher can actually cost less than simply doing nothing.**

- 4) Create 120 to 240 new units of quality affordable housing for low and moderate income Albuquerque residents by investing the allowable maximum of 8 percent of the GO Bond capacity into the Workforce Housing Trust Fund, estimated at \$10 million. This would add to the nearly 1,200 units of affordable housing that has already been created through the Workforce Housing Trust Fund.**

Cost: If the GO Bond capacity is approximately \$125 million, the total capital cost would be \$10 million over a two-year bond cycle.

Update: The 2019 GO Bond package that will go to voters in fall 2019 includes \$5 million for the Workforce Housing Trust Fund. If approved, an additional 60 to 120 units of high quality affordable housing can be constructed.

5) Fund a new Street Outreach Coordinator and purchase software to align street outreach activities.

Cost: The total annual cost would be approximately \$65,000 for the Street Outreach Coordinator. The cost to purchase a license for a street outreach software is yet to be determined.

Update: The Department of Family and Community Services has convened a Coordinated Street Outreach Workgroup. The Workgroup, which meets monthly, is developing a set of strategies for increasing coordinated street outreach. The Public Outreach Program Manager within the Department of Family and Community Services focuses on the City's response to homeless encampments.

6) Support Bernalillo County's plan to establish a behavioral health crisis triage center that provides residential behavioral health respite-care beds with easy access to the new emergency shelter (see Recommendation #1).

Cost: The City is not anticipated to have any capital or operating expenses related to the County's behavioral health crisis triage center.

Update: Bernalillo County has been taking a lead role in developing plans for a behavioral health crisis triage center, working with the University of New Mexico Health Sciences Center. The Bernalillo County Metropolitan Assessment Treatment Services (MATS) center, licensed under New Mexico state regulations as a crisis triage center, may expand services to support individuals living with mental illness, substance abuse and/or co-occurring disorders. The MATS campus plans to add a 16-bed facility to support individuals that are discharged from psychiatric hospitalization and need additional stabilization support and/or support those who may not meet the acute criteria for hospitalization and need sub-acute care.

7) Form a "Homeless Advisory Council" comprised of nonprofit service providers, businesses, neighborhood representatives and other key stakeholders.

Cost: The Homeless Advisory Council is supported with existing City staff, and will not require additional funding.

Update: Mayor Keller appointed members to the Homeless Advisory Council in December 2018. The Council meets quarterly, and is focused on providing community members impacted by the issue of homelessness with an opportunity to voice their ideas and concerns on how to best address homelessness; creating a venue for the City to share ideas and collect feedback on concrete strategies for addressing homelessness with community members; and exploring, developing and acting on opportunities for collaboration with community members to support the City's strategies for addressing homelessness and its impact on the community.

8) Evaluate and maximize the City's social service contracts and programs to provide better effectiveness, accountability and coordination.

Cost: This restructuring can take place with existing City staff, and will not require additional funding.

Update: The Department of Family and Community Services (DFCS) has updated and improved all FY20 social service contracts to improve effectiveness, accountability and coordination. All of DFCS social service contracts now includes clear and measurable outcomes around increasing housing stability, behavioral health stability, public safety, aging with dignity, and/or family resiliency. The City also proactively engages people living on the streets through street outreach services. The City funds nonprofit partners to provide street outreach, and also ramped up its own outreach to people living in public spaces. The DFCS Public Outreach Program Manager focuses full-time on responding to encampments, including engaging residents and connecting them to community resources. The Albuquerque Police Department's COAST and other Crisis Intervention Teams work to de-escalate and connect care for people with chronic behavior patterns

Total estimated costs for full implementation of all recommendations:

A total capital investment of \$25 million is needed to achieve the recommended high impact strategies. It is not a new endeavor for the City to invest in constructing and renovating housing for vulnerable populations. As shown in the following table, the City is investing in construction and renovation of affordable housing using a combination of federal HUD funds (\$3.5 million) and Workforce Housing Trust Fund (\$2 million) in FY20. Since the Workforce Housing Trust Fund's inception in 2007, the City has invested \$39 million which resulted in the development of 1,193 high quality affordable housing for low and moderate income Albuquerque residents.

One Time Investments

	Current City Budget for Housing FY20	Proposed Estimated Cost of High Impact Strategies
Capital for Homeless & Housing Programs	\$ 5,500,000	\$25,000,000

The annual cost to operate programs recommended in the high impact strategies is \$18 million. A significant portion of this cost is for permanent supportive housing to provide long-term housing stability for individuals challenged with homelessness and behavioral health issues. This amount would add to the current activities funded by the Albuquerque Department of Family and Community Services through contracts to local nonprofits. Currently, the City invests \$22 million annually in programs that support housing stability for people currently or formerly homeless or are precariously housed. Services include emergency shelter, emergency motel vouchers, eviction protection, rental assistance, supportive housing vouchers, outreach and case management services for people experiencing homelessness or living in supportive housing, and employment services.

Annual Investments in Operations

	FY20 City Budget to Support Housing Stability	Proposed Estimated Annual Additional Operating Cost of High Impact Strategies
Homeless and Housing Programs	\$22,000,000	\$18,000,000

The full report describes high impact strategies that create a responsive system that simplifies access to services and creates paths to supportive housing. Before and after stories illustrate the difference.

Part I: The Situation

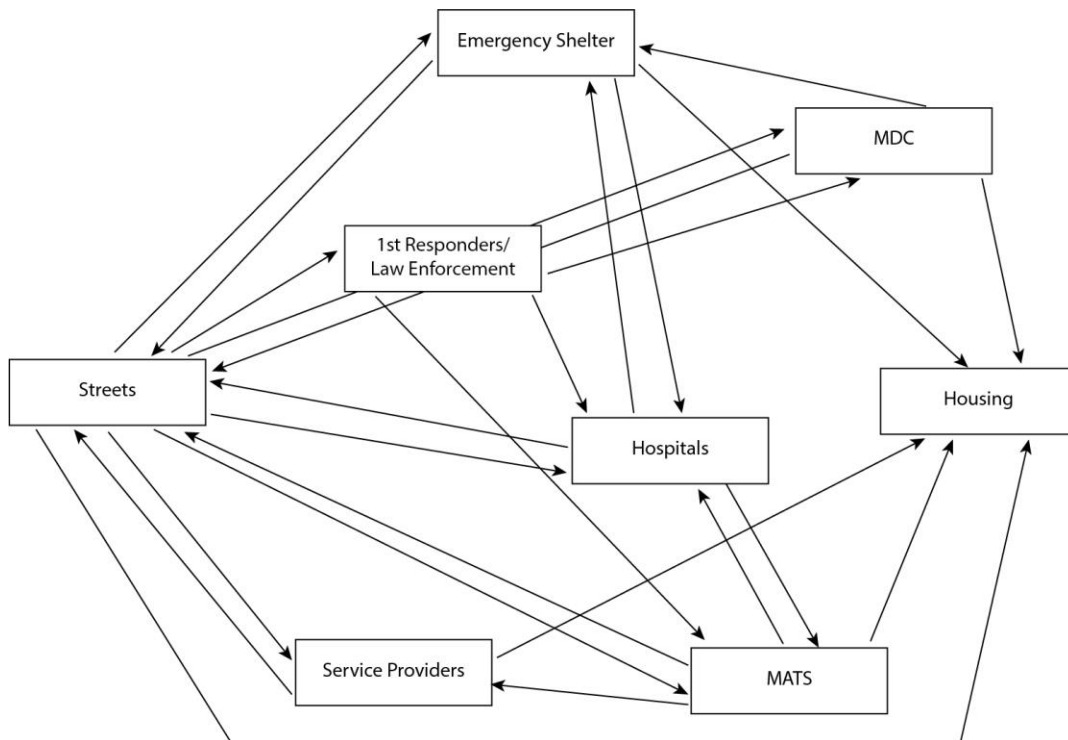
Albuquerque is hampered with insufficient solutions for people experiencing homelessness and behavioral health challenges. As a result, hospital emergency departments and jail become an improvised and expensive crisis response system instead of serving as the last resort. Parks and libraries become a makeshift day shelter.

Unaddressed, homelessness and behavioral health challenges impact our community with high costs and unplanned consequences.

Neighborhoods and businesses have an uneasy co-existence with people who live on the street. Human waste in unexpected public places has become a problem due to limited access to bathrooms. Needle waste in parks is a sign of a bigger problem. The City recently initiated a needle containment program which improves public safety, yet the deeper issue needs to be addressed.

As in the rest of the nation, we have an accelerating drug problem, especially in public spaces. Housing and treatment seem out of reach until we scale up successful examples of community-based substance use treatment options.

Left unaddressed, we rely on costly emergency medical and public safety resources to address situations that could be more effectively addressed immediately and in the long term. The diagram below illustrates the chaotic and costly response to common homelessness and behavioral health situations.



Our Neighbors' Stories

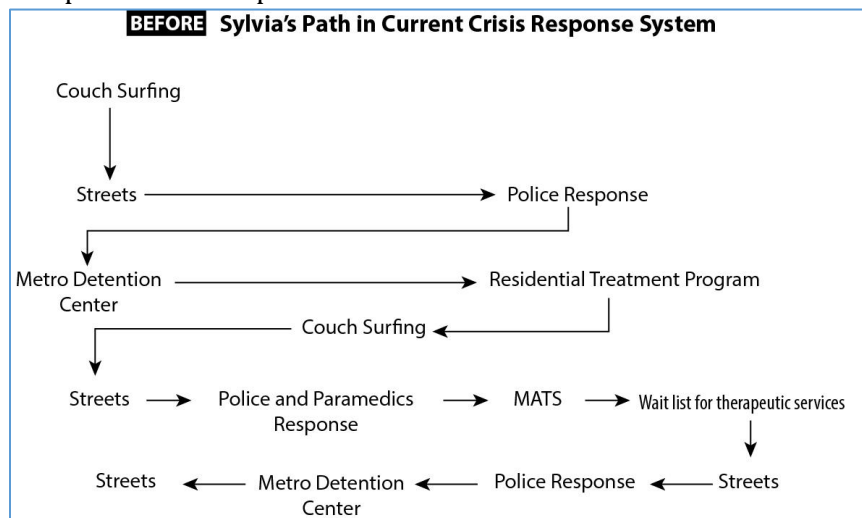
The following stories are a fictional composite of real stories from APD dispatch notes and stories from providers who work with people on the streets.

Sylvia's story

Sylvia began experiencing homelessness as a teenage runaway and began using drugs to self-medicate her undiagnosed bi-polar disorder. After couch-surfing with friends, Sylvia ended up living on the street. Occasionally she would interact with outreach volunteers who provided her with water, food and a kind ear, but they were not equipped to help her find housing.

Sylvia ended up being arrested when selling heroin, and as a user herself, she detoxed in jail. Deciding to get her life together, she was able to get a spot in a residential treatment program. Ready for a fresh start but with no earnings, Sylvia was back to relying on the generosity of friends to let her stay with them while she looked for a job. With a felony on her record and no high school diploma, she had difficulty finding work. Finally landing a food service job, she went to look for an apartment. With no credit rating, a criminal record and few paychecks to prove reliability, she wasn't able to get an apartment. Unable to extend her stay at her friend's home and feeling discouraged that no one believed in her, she returned to street living and relapsed to using drugs.

When Sylvia was found in a disturbed state on the street, a concerned citizen called 911. The police and paramedics responded and made an assessment that she could benefit from drug treatment.



She agreed to be transported by ambulance to MATS. However, because the use of methamphetamine was presenting as a psychotic episode, MATS was unable to serve her. She was transported by ambulance to the emergency room. With no transitional care to help her stabilize her medication and maintain sobriety, she was released with a self-directed plan.

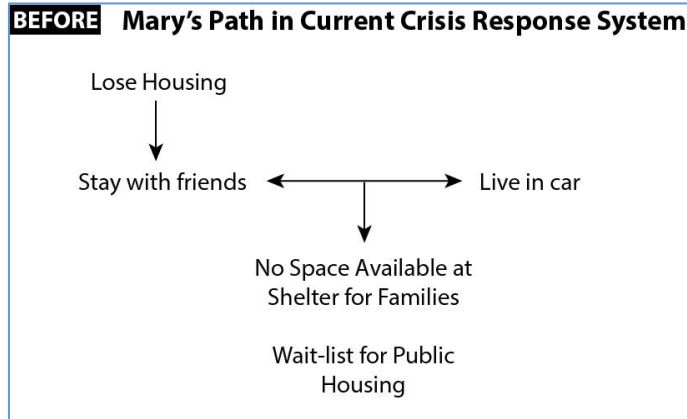
She received a referral for psychiatric and therapeutic services, however she was told that she would have to wait as long as six months for an opening.

Unfortunately, at that time, shelter space for women was very limited, especially for those living with severe behavioral health challenges. Instead, Sylvia relied on other people experiencing homelessness for her support system. Desperate to get money for drugs, Sylvia started a pattern of breaking into cars to steal things to sell. She was caught breaking into cars, was arrested and was booked into the Metropolitan Detention Center. Upon release and despite the best efforts of the

Resource Re-entry Center, Sylvia did not follow her exit plan and lost connection with her case manager. Sylvia is now sleeping on the streets again.

Mary's Story

Mary, her husband and two young children had a home and traded off working nights and days to care for the kids. When her husband died, they did not have life insurance or savings, so she quickly ran out of money. Mary, her 8-year old and 20-month old were evicted from their apartment. Finding themselves homeless, they lived in Mary's car or lived briefly with different friends and relatives.



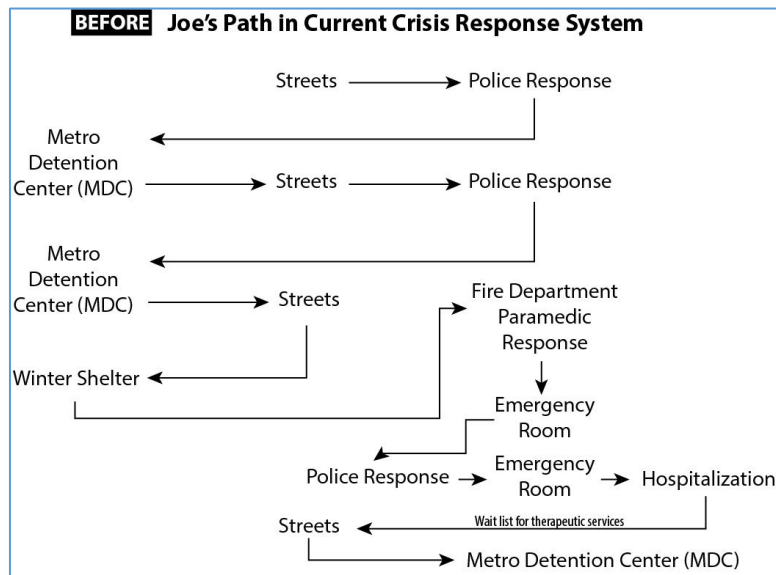
Mary's 2nd grader loves school, but has missed a number of days with their unpredictable schedule. Trying to keep her job in home healthcare as a Certified Nurse Assistant, Mary relied on family and friends to watch her toddler while she worked. Unable to find or afford childcare to fit her varied schedule, Mary lost her job.

The one shelter suitable for families at that time had no space and Mary felt too humiliated to continue to impose on

friends. The stress triggered severe depression as Mary and her two children lived in her car. Lacking a stable address or childcare has made it extremely difficult to find a job. More than anything she wants a stable place to live with her two kids, but is on a waiting list for public housing.

Joe's story

Joe has been living on the streets under highway bridges for a couple months since he lost his job, his house and his wife. No longer having the housing stability to help manage his schizophrenia, his symptoms have worsened. Feeling paranoid he chose to live alone outside. Joe was hearing voices in his head and began to self-medicate with alcohol. He went to a nearby strip mall and began vandalizing cars and threatened a patron with a



knife as she approached her car. A shopkeeper called 911 and police booked Joe into the Metropolitan Detention Center. Upon release, he went back to the streets.

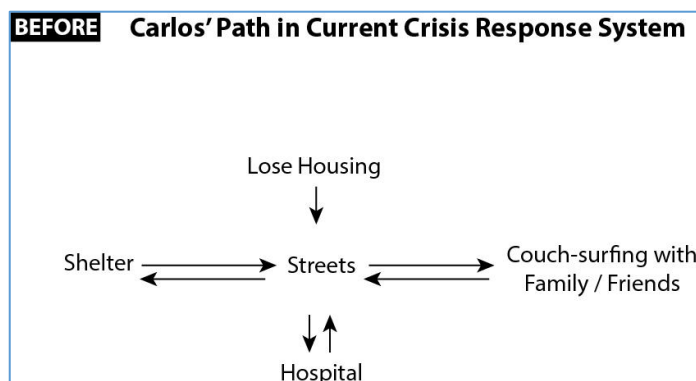
When Joe's medication ran out, he returned to the same strip mall and was blocking traffic, brandishing a knife and yelling. Because of his previous history and conditions of release prohibiting him from returning to the strip mall, Joe went back to the Metropolitan Detention Center. Once released he was back living at his favorite underpass. When panhandling on a cold day, a volunteer helped Joe find an emergency shelter bed. A few days later, Joe complained of severe physical pain and requested 911 to get him to the hospital. Paramedics responded to the shelter and determined that he should be transported to the hospital by ambulance. After extensive testing in the emergency room, physicians ruled out a heart attack and other life threatening diagnoses, so he was discharged. However, Joe refused to leave the emergency room. He started to antagonize hospital staff and security officers, asking them to arrest him. They escorted him out and he decided to walk into the middle of a busy street causing cars to weave around him. Bystanders called 911 and given his expression of suicidal intent, APD transported Joe to UNM's psychiatric emergency center. After 72 hours of hospitalization, it was determined that he would be discharged with a prescription and referral to therapeutic services. Unfortunately, the discharge staff could not find an available respite bed or therapeutic services. Joe again returned to his favorite spot under a bridge in the Northeast Heights.

Joe has not seen a street outreach worker where he's living and when his medication ran out, he began to self-medicate with available street drugs. A bad experience with methamphetamine resulted in a 911 call and a trip to the emergency room as the only option for medically-supported detox. Because he was found in possession of drugs, Joe ended up at the Metropolitan Detention Center. With a history of violations of his conditions of release, his stay in jail was extended.

We think of Joe's story as a common one. It isn't representative of the entire homeless population, but it is the most visible and resource-intensive population. About one in three (28%) of homeless have a behavioral health challenge (mental health, substance use disorder, or both)¹.

Carlos's Story

Carlos is a veteran who uses a wheelchair and has chronic health issues, including diabetes. He has not held a job in a long time. For the last two years, he lived with his brother, who helped support him. When his brother passed away, Carlos no longer had a home. For the last year, he has bounced between emergency shelters, friends' couches and sometimes the streets. Without a stable place to live, his health has deteriorated and he has been hospitalized 4 times in the last 6 months. Carlos thinks he might be eligible for VA benefits, but he has negative feelings about visiting the VA and feels hopeless about getting the help he needs.



¹ Calendar Year 2017 Coordinated Entry System Data provided by the NM Coalition to End Homelessness

Part II: Creating Points of Entry

How do we change the story for a person experiencing homelessness and/or a behavioral health crisis in our City? First, we need a physical place that people experiencing a crisis can simply walk in to find help. This would also be a place for law enforcement and first responders to bring people experiencing a crisis when the emergency room is not the appropriate resource. This place must meet the person's most immediate needs, i.e. a bed to sleep in or psychiatric medication, while also serving as a cohesive entry point to other resources available in the community. Long-term behavioral health and housing stability is best achieved by increasing access to safe and affordable housing that incorporate supportive services.

Points of Entry - Options

Emergency Shelter

For a person experiencing homelessness, a key physical point of entry is a low-barrier emergency shelter that can provide a safe place to stay, 24 hours a day, 7 days a week, 365 days a year. We have emergency shelters in Albuquerque, but capacity is limited, many are not open during the day and/or direct access is limited due to location.

Emergency shelter provides two critical functions. First, a shelter provides a safe place for people to meet their most immediate needs for safety and dignity. In a shelter, a person can sleep in a safe bed, use the restroom, take a shower, do laundry, and store their medications. Shelters provide an address for residents to receive important mail, such as employment information, benefits and a driver's license. For families, shelters also provide a place for parents to create a safe daily routine for their children. **Without a safe and stable place to complete daily functions, it can be very difficult to exit homelessness.**

Effective emergency shelters are ones that²:

- Meet the needs of all members of a household and self-defined family and kinship groups, including infants and young children;
- Do not turn people away or make access contingent on sobriety, or lack of drug use, minimum income requirements, or lack of a criminal history;
- Do not require family members and partners to separate from one another in order to access shelter;

Up until this spring, Albuquerque had approximately 470 year-round emergency shelter beds in different locations across town and an additional 450 winter- only emergency shelter beds. Now that the Westside Emergency Housing Center is open year round, Albuquerque has 920 year round beds. Of the year round beds, approximately 20% are for families, 75% are for adults without children, and 5% are for unaccompanied youth (under age 18).

At least 570 people are sleeping outside or in a place not meant for human habitation each night. Even with a low barrier shelter, not everyone feels comfortable or safe staying at a shelter due to mental health, past trauma or other reasons.

²US Interagency Council on Homelessness (2018). Home, together: The federal strategic plan to prevent and end homelessness. Retrieved 8/24/18 from https://www.usich.gov/resources/uploads/asset_library/Home-Together-Federal-Strategic-Plan-to-Prevent-and-End-Homelessness.pdf

- Ensure that policies and procedures promote dignity and respect for every person seeking or needing shelter;
- Provide a safe, decent, welcoming, and appropriate temporary living environment, where daily needs can be met while pathways back to safe living arrangements or directly into housing programs are being pursued; and
- Provide shelter for pets, as many people are unwilling to enter shelter if they are unable to bring their pet with them. For many people experiencing homelessness, their pet is their primary source of comfort and stability; and
- Offer a safe place to store personal belongings

Importantly, an emergency shelter must also function as an entry point to permanent housing and stability. At a minimum, every shelter resident should have a case manager and peer specialist to help develop an individualized plan for obtaining safe, stable housing and support services needed to maintain that housing. Through the help of a case manager, this re-envisioned emergency shelter would serve as an access point to available community resources including subsidized childcare, job training, behavioral health treatment, food assistance, veterans benefits and, if appropriate, disability benefits. While case managers and peer specialists can help residents connect to these resources out in the community, it would be optimal to locate critical resources on-site at shelters. Critical resources include behavioral health services, job training and job search assistance, medical care, assistance obtaining an ID and housing navigation. Additional medical respite beds are also needed for people recently discharged from the hospital.

Behavioral Health Crisis Triage Center

Law enforcement, first responders and hospital emergency rooms are overwhelmed by the influx of behavioral health crisis calls to which they are charged to respond. Mobile crisis teams have been formed to include behavioral health specialists. Within the past year, the number of teams have doubled because of their effectiveness in providing support to the homelessness and behavioral health crisis response system. **There is a growing need to develop an appropriate system of care to respond to individuals and families that are experiencing a behavioral health crisis that does not necessitate an emergency medical response.** A behavioral health crisis triage

The Crisis Resource Center in Pima County, AZ found that it took only 15 for law enforcement officers to transfer custody of patients reduced to the Center. In the past, officers would spend hours in emergency departments waiting for patients to be cleared.

Source: Crisis Response Center Annual Report to the Pima County Administrator and Board of Supervisors, Community Partnership of Southern Arizona, 2012.

center that is open 24 hours a day throughout the year is a model that has been successfully adopted in neighboring cities (i.e. Tucson and San Antonio) and has growing support in the Albuquerque area.

A behavioral health crisis triage center would provide a combined level of medical and behavioral care that currently only exists within emergency response departments like emergency

rooms and psychiatric hospitals. The behavioral health crisis triage center would provide emergency departments, law enforcement and first responders with an alternative option to take individuals experiencing a behavioral health crisis for assessment and care coordination. In a brief

analysis of data reported by Albuquerque Fire Rescue (AFR) during the six months between January 1 and June 30, 2018, there were 3,246 calls coded as a psychiatric emergency by the Emergency Medical Service responders (EMS). Of these, EMS transported about 70% (2,249) to the hospital. This preliminary data informs the projected size and capacity need for the crisis triage center that could serve an estimated average of 375 individuals per month and upwards of 5,000 individuals per year.

For a person experiencing a behavioral health crisis, the physical point of entry could be the behavioral health crisis triage center to receive an assessment, get treated for the presenting situation and get quickly linked with the most appropriate community resource. Appropriate services in the behavioral health continuum can range from acute and sub-acute treatment, behavioral health residential respite care, case management services, peer support and outpatient services. The center would also work to facilitate transportation to the neighboring medical hospitals if that level of care was deemed necessary.

A critical component of the crisis triage center is a residential behavioral health respite care.

Residential respite care is a step down recovery resource that can assist individuals suffering from “sub-acute” crisis (e.g. suffering from severe depression but with no suicidal ideation) or who were in an “acute” condition (e.g. presenting symptoms of harm to self and others) but have been treated and now are in a “sub-acute” condition. **Residential respite care provides a transitional level of supervised care for stabilization for clients experiencing behavioral health and/or substance use challenges.**

New Mexico recently established regulations for crisis triage centers that restricts capacity to a maximum of 16 short-term behavioral health residential respite care beds for either adults or

Existing Behavioral Health Components to Support a Crisis Triage Center

Under the City and County Behavioral Health Initiative, there have been concerted efforts to strengthen the behavioral health crisis response system of services. The County and City have implemented Mobile Crisis Teams, which pairs officers with licensed clinicians to respond to high need behavioral health crisis calls. Currently six teams exist with four of the teams dedicated to the Albuquerque Police Department. The County has contracted with New Mexico Crisis Access Line (NMCAL) that provides a crisis hotline where individuals can speak to a licensed clinician over the phone and connect to supportive services. Albuquerque Fire and Rescue launched a community paramedic program (HEART) that aligns paramedics certified as Community Health Paramedics to do follow-up visits to individuals who have experienced three or more calls to 911 in the last 180 days. This type of coordinated care helps create a comprehensive crisis triage system.

The newly launched Resource Re-Entry Center (RRC) that helps people being released from jail plays another key role in helping individuals experiencing behavioral health challenges to re-integrate into the community. The facility creates a platform for the behavioral health crisis triage center model in that a thorough assessment of a case begins at entry, a service plan is created and upon release (stabilization) of the individual from MDC the individual is immediately transitioned to a case coordinator and their reintegration plan begins to support a safe return to the community. A large group of dedicated community partners have already come together to create a transition team and network of stabilization and case coordination upon release. The behavioral health crisis triage center could provide a path to facilitate coordinated stabilization services after they exit the RRC.

youth, for a maximum of 8 days. Expansion of respite care would assist in stabilizing individuals through observation, support and coordination of transitional care to other needed services, and many people may only need to stay for 24-72 hours. Traditionally, many people were unable to enter into substance use treatment at Metropolitan Assessment and Treatment Service Center (MATS)

Rutgers University's Joseph C. Cornwall Center for Metropolitan Studies found that every \$1 invested in behavioral health care saves approximately \$4 to \$7 in criminal justice costs.

Source: Crisis Response Center Annual Report to the Pima County Administrator and Board of Supervisors, Community Partnership of Southern Arizona, 2012

if they presented with high risk medical needs. Under the newly established licensing for a crisis triage center, MATS is working toward integrating medical oversight which will allow for expansion of support services for those experiencing behavioral health challenges. A sample path for a person's transitional care would be to engage in detoxification and substance use treatment at the MATS/crisis triage center after they become psychiatrically stabilized at the hospital and transitioned to MATS for ongoing respite/stabilization and or substance use treatment.

A behavioral health crisis triage center is one vital piece of a more comprehensive continuum of care system. The triage model will involve crisis assessment and referral to the appropriate level of support of each client. **In order to be successful, a behavioral health crisis triage center requires comprehensive community-based services and supports to help clients transition from crisis to stability. It is essential to build and develop a strong network of providers equipped to do the necessary follow up care and services as an integral part of the process of developing a crisis triage center.** This includes licensed clinicians, psychiatrists, nurses, peer support, medical personnel and case managers, all of whom are absolutely critical to reducing the incidence of further crisis situations and reliance on emergency rooms, first responders and law enforcement.

Coordinated Street Outreach

We cannot assume that everyone who needs it will utilize an emergency shelter or behavioral health crisis triage center. **Some of our most vulnerable homeless residents are disconnected from (and may even be distrustful of) services. They will be more likely to utilize an emergency shelter or crisis triage center with proactive and coordinated engagement from street outreach teams.**

Some will never use these resources, but local and national examples prove that effective street outreach teams can help people move directly from the streets into housing (and that with supportive services, people remain housed). **In this way, street outreach teams serve as mobile points of entry, helping some of our most isolated and disconnected neighbors connect to the resources they need to move from crisis to stability.**

Best practices for Street Outreach include:³

- A Housing First approach
- A systematic, documented approach
- Collaboration with non-traditional partners and diversity of approaches

³ The Role of Outreach and Engagement in Ending Homelessness: Lessons Learned from SAMHSA's Expert Panel. Retrieved from: https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf

- High quality data and data sharing
- Coordinated Entry
- Targeting and hot-spotting
- Warm hand-offs
- Training on evidenced-based practices

Implementing these best practices requires close coordination between street outreach providers. This close coordination does not currently exist in Albuquerque. There are at least 20 nonprofit organizations or community groups that conduct some form of street outreach. They offer a range of services, from basic need items (i.e. food, water, sunscreen), to housing navigation to medical services. **We need to replace the current patchwork of outreach efforts with a coordinated network of trained outreach teams that provide continuous, coordinated engagement of people living in public space, with broad geographic, inter-sectoral coverage over extended hours. These teams would cover a broad geographic area, could respond to encampments as they develop, and provide integrated and comprehensive services that are focused on helping people obtain permanent housing.**

There are two key elements to aligning and coordinating street outreach in Albuquerque. First, we need a person in a clearly defined leadership position who can bring together the disparate outreach activities. Secondly, we need to better utilize technology to promote cross communication and collaboration to best respond. In particular, a software application such as that used by the Seattle police department to best serve highly vulnerable people struggling with behavioral health challenges, could facilitate better collaboration. Technology can also connect street outreach teams with resources that help people to gain access to housing in real time.

Intersections between the Emergency Shelter, Behavioral Health Crisis Triage Center & Coordinated Street Outreach

The emergency shelter and the behavioral health crisis triage center will need to work closely together to coordinate care and resources within both systems for people who experience homelessness with behavioral health issues. As a result, the two facilities should be located in close proximity to each other. Similarly, street outreach teams must be closely linked with both resources to effectively help connect people on the streets to services.

Options for the Proposed Emergency Shelters & Behavioral Health Crisis Triage Center

Expand the Westside Emergency Housing Center (formerly called the winter shelter) to a year round shelter

The Westside Emergency Housing Center is located 18 miles west of downtown Albuquerque, and can accommodate up to 450 people, including single adults and families with children. Up until this year, the shelter functioned as a winter shelter that was open from November 15 to March 15 each year. During those months, the facility provided a decent and safe place for people to sleep at night. The City has invested in improving the facility for use as a shelter over the years, and the Girl Scouts

have invested significant volunteer time to make it a more hospitable place. Buses transport people to and from the shelter in the morning and evenings.

By re-allocating City funds, the Westside Emergency Housing Center has been expanded to operate as a year-round shelter. The City upgraded the existing infrastructure and renovated some of the currently unused space to make room for services, including a medical clinic space.

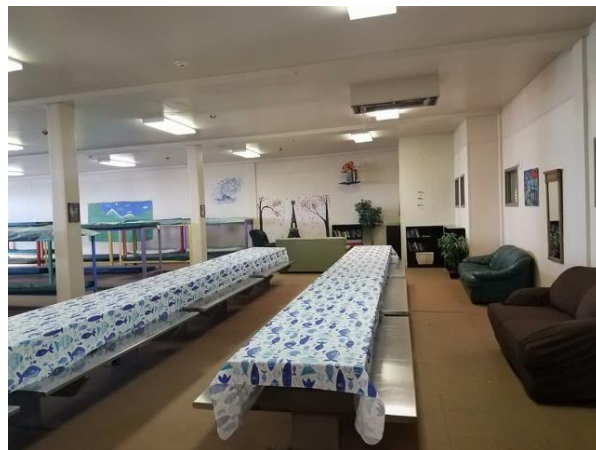
Because of the Westside Emergency Housing Center's remote location, it is not an optimal point of entry. Transportation throughout the day is needed to ensure that residents could come into Albuquerque for employment, services, school, medical appointments and other activities. Furthermore, the location is challenging for law enforcement to transport people to this shelter location. Even with provided transportation, some people experiencing homelessness are not willing to travel that far, especially in warmer weather. The shelter's location also inhibits a close linkage with the proposed behavioral health crisis triage center, since it is a 30-minute drive from downtown. Transportation to and from the Westside Emergency Housing Center costs approximately \$1 million per year.

Emergency Shelter and Behavioral Health Crisis Triage Center in Closer Proximity

Alternatively, the emergency shelter could be located in a more central location close to the crisis triage center.

A shelter located in town would be more easily accessible to people experiencing homelessness, and to law enforcement and first responders. It would also function more effectively as a point of entry to other resources and long-term housing, because residents would be able to more easily travel to services, education opportunities, employment and housing options.

Locating the emergency shelter and behavioral health crisis triage center in proximity to each other would make it easier for staff to facilitate referrals and to physically escort residents from one facility to another. Law enforcement and first responders could efficiently transport a person to the facility they judge to be the most appropriate. Thereafter, the person could be easily escorted to the other facility as needed. If not located in close proximity, a transportation system between the facilities will need to be in place.



The Westside Emergency Housing Center provides emergency shelter to single adults and families with children. The top photo is the family common area and the bottom photo is the men's dorm.

The year-round emergency shelter needs to safely accommodate all household types that experience homelessness, including individual adults and families with children. At minimum, the shelter should provide at least 300 beds in order to replace the average number of beds that are currently being utilized at the Westside Emergency Housing Center. The behavioral health crisis triage center would need to be large enough to accommodate the estimated number of people who would need behavioral health crisis services on a walk-in basis. The Center would also need a secondary entrance for law enforcement and first responders for dropping off people in crisis who do not warrant emergency room services or arrest.

Smaller, Dispersed Emergency Shelters

A third option is to develop several smaller emergency shelters throughout Albuquerque. Together, the shelters would need to provide the total number of emergency shelter beds needed in the community.

One of the main advantages of this scenario is that people may feel more comfortable accessing help at a smaller facility. This is particularly true for emergency shelters. Some people may perceive that a large-capacity shelter is unsafe or they may be unable to live around such a large number of people due to mental health challenges. Smaller shelters could focus on serving specific target populations, such as single adults or families with children. Each shelter could easily replicate the basic set of services (i.e., a bed, meals, case management, and collaboration with other service providers).

Building Options

Permanent Structures

The City could use the traditional method of constructing new buildings or renovating existing buildings to create an emergency shelter. This is a long-term investment in a **permanent structure** that could be carefully planned and designed to best meet the needs of people experiencing homelessness.

Temporary Structures

An alternative for the emergency shelter is an engineered tension membrane structure, which communities such as San Diego have installed. These are large, tent-like **temporary structures**, although the membrane can last up to 15-25 years and the aluminum substructure can last up to 50 years. They can be erected within several months and they have the potential to be less expensive than new construction or renovation. The structure can be insulated, and heating and cooling systems can be installed. Showers and bathrooms can also be installed which would raise the cost. Some communities, including San Diego, have elected to provide portable showers and toilets outside the main structure.

Smaller shelters may also be more effective at helping residents integrate into the community, rather than perpetuate a sense of “otherness.” Dispersed emergency shelters may be more efficient for street outreach teams and other first responders, if the target population can be served in the nearby shelter.

Housing

An emergency shelter and behavioral health crisis triage center can ensure that vulnerable people in our community are safe and have access to needed services. **Housing, however, is the core element that will provide long-term stability and success.**



The City of San Diego established three engineered membrane structures to provide emergency shelter. This is a photo of the Alpha Project's Bridge Housing Program, which provides emergency shelter to up to 350 single adults.

While building an emergency shelter (or shelters) will help ensure those experiencing homelessness have a safe place to sleep each night, it does not solve their homelessness. **Without adding more housing to our homeless crisis response system, the shelter will quickly fill up and stay full, thereby simply warehousing people. Albuquerque is better served by using shelters as an entry point into long-term housing stability.**

Likewise, while a crisis triage center can meet a person's immediate need for behavioral health care, the center must be able to connect people to appropriate care. **For those struggling with serious behavioral health issues, lack of safe, stable housing is one of the biggest barriers to long-term health and stability.**

Some people will be able to secure safe, stable housing largely on their own, with only a small amount of help. Examples of this type of help include the security deposit and first month's rent to get an apartment, or paying a car repair bill so the head of household can keep or get a job. Resource and referral assistance could include connecting people to subsidized child care or other support services.

Some people, however, will need more intensive services because of their behavioral health challenges. The model recommended here is called supportive housing that uses a Housing First approach. Supportive housing essentially pairs a case manager to a person along with a subsidized apartment. Albuquerque has seen considerable success with this model with housing retention for 90 to 95% of residents who formerly experienced homelessness and behavioral health challenges. The key is case manager support that connects participants with community resources, teaches people to be good tenants and develop basic life skills. **Housing First** is an approach to ending homelessness that centers on providing people with housing as quickly as possible – and then providing services as needed. The basic principle is that people are better able to move forward with their lives if they are first housed.

There are two types of supportive housing:

- **Permanent supportive housing** is housing assistance and case management services that are not time limited, and is targeted to households with serious disabilities including behavioral health disabilities. Local and national research has proven that this is one of our most powerful tools for helping people experiencing homelessness and those with serious behavioral health issues obtain and remain in housing. We also know that permanent supportive housing is highly cost effective.
- **Rapid rehousing** is housing assistance and case management services for up to two years. Generally this intervention is targeted to households who are able to work and sustain housing on their own within two years. This strategy is a powerful tool for helping homeless individuals and families quickly exit a shelter into their own apartment, where they receive financial and case management support that is tailored to their specific need. For example, some households may only require help with two months' rent and applying for food assistance. Another household might require help paying the rent for 18 months, and more intensive case management services.

The quickest way to provide supportive housing is through a housing voucher. With a housing voucher, an individual or family rents an apartment from a private landlord. The household pays 30% of its income towards the rent, and the housing voucher pays for the rest. Below is an estimate of the cost of providing a housing voucher, plus case management services, by unit size.

Apartment Size	Average Annual Cost of a Supportive Housing Voucher per Household Including Case Management
1 BR	\$11,817
2 BR	\$13,809
3 BR	\$18,573
4 BR	\$21,489

Not everyone needs housing with case management. Many people in our community simply need housing that is affordable to households with low incomes. To help people move from homelessness to housing, we must also increase the supply of affordable housing for low income Albuquerque residents. One strategy for doing so is constructing or rehabilitating new affordable housing units.

The local Workforce Housing Trust Fund has proven to be a powerful tool for developing new affordable housing units for low-income families. **Since the Workforce Housing Trust Fund was first created in 2007, it has funded about 1,200 units of housing for low and moderate income Albuquerque residents.** The current Workforce Housing Ordinance allows the City to invest up to 8% of GO bond capacity, up to \$10 million, into the Workforce Housing Trust Fund. **For every \$2 to \$2.5 million of Workforce Housing Trust Fund dollars, we can create between 30-60 units of affordable housing for low income Albuquerque residents** (the number of units depends largely on whether the developer is also able to secure Low Income Housing Tax Credits).

Part III: Resolution

Mayor Keller has identified a set of high impact solutions that address people's immediate need for safety and dignity when they experiencing homelessness, and can help people obtain the housing and support they need to exit homelessness permanently.

Some of the most vulnerable, and most visible, people who experience homelessness in our community are those who are struggling with mental illness, substance use disorders, and/or medical issues. In the absence of a response system suited to address these recurring needs, our community defaults to a reliance on police, firefighters, emergency rooms and the jail. It's neither sensible nor sustainable to continue this expensive practice that strains public safety resources and does not resolve the underlying issues.

We Know What to Do

The City and community partners have created a strong network of homeless services in coordination with Bernalillo County's initiatives to increase access to vital behavioral health services. Mayor Keller's high impact strategies build on our community strengths, and scales up on what we know is already working, including outreach, emergency shelter and affordable housing vouchers.

It's Time for Bold Steps

The community is coming together to provide a hand up to help people move from crisis to stability. This report describes what needs to be done and how the Keller Administration is taking action to create a path to stable housing.

- 1) Start planning and design in 2019 for a new emergency shelter, with construction starting in 2021. The new emergency shelter will be open 24 hours a day, 7 days a week, located in proximity to the recommended behavioral health crisis triage and center services, and provides onsite support to help residents obtain long-term housing. In the long-term, add to the system of dispersed emergency shelters within the City in order to meet the full need for emergency shelter beds.**

High Impact Strategies

- Start planning and design in 2019 for a new emergency shelter, with construction starting in 2021. The shelter will be open 24 hours a day, 7 days a week, located in proximity to the recommended behavioral health crisis triage center.
- Convert the winter shelter to a year-round emergency shelter as an interim solution.
- Fund 1,000 new Supportive Housing vouchers. The 2020 budget includes \$2 million that can house 150-200 otherwise homeless households.
- Invest \$5 million in the Workforce Housing Trust Fund to construct 60 to 120 additional units of affordable housing.
- Fund a new Street Outreach Coordinator and equip mobile crisis and outreach teams with an app to align street outreach activities.
- Support Bernalillo County's plan to establish a behavioral health crisis triage center in proximity to the new emergency shelter.
- Convene a Homeless Advisory Council that brings together diverse community voices to move this plan forward.
- Restructuring oversight and evaluation of social service contracts to provide better effectiveness, accountability and coordination.

Cost: The estimated cost for constructing a new emergency shelter in town is \$15 million. The annual operating cost is estimated to be at least \$5 million.

Update: In November 2019, voters will be asked to approve \$14 million in General Obligation (GO) bond funding for a new shelter. The City received \$985,000 in state capital outlay funds for the shelter, with which the City can begin planning and design in 2019. With input from core service provider partners, the City worked with a local architect to develop a preliminary conceptual design for the new shelter (Appendix B). The City is conducting an analysis of our existing emergency shelter system in order to identify the total number of emergency shelter beds needed in our community and strategies to fully utilize existing shelter capacity.

The City will continue to build on the existing outreach to the community to provide input on the proposed shelter. The City formed the Mayor's Homeless Advisory Council as part of that process with members representing all walks of life. Meetings with neighborhood groups, the advisory council, providers and feedback from people experiencing homelessness are some of the ways the City receives input on ways to address homelessness in our community.

As funding is secured, we will continue a robust community engagement process as we proceed with the development of a centrally located shelter, and the resources to operate it. This will include an analysis of how to assess and mitigate the impacts of any facility on the surrounding neighborhoods and the community at large. It will also include a discussion of the resources needed to move people through the shelter, into housing and supportive services. Any process will need to balance the practicalities of financial resources and the landscape of existing facilities and programs to support the new shelter.

- 2) Until a new shelter is built, convert the existing winter shelter into a year-round shelter that can serve the need and is open at least 15 hours on weekdays and 24 hours on weekends. Add onsite supportive services to help residents quickly exit the shelter into permanent housing, and provide onsite medical services.**

Cost: The total annual operating cost is estimated to be \$4 million.

Update: The winter shelter that used to be open from November to March has been converted to a year-round emergency shelter. Now called the Westside Emergency Housing Center (WEHC), it has been operating continuously since November 2018, and serves an average of 270 people each night. The WEHC is open 15 hours on weekdays and 24 hours on the weekends. Bernalillo County has funded a local nonprofit to provide case management services at the WEHC, using Behavioral Health care tax dollars. The UNM Health Sciences Center and Albuquerque Healthcare for the Homeless provide onsite medical care two nights a week, and the City is in discussion with other health providers to expand medical services to additional nights. The WEHC is located about 20 miles from the center of town, and transportation to and from town (where services are located) costs approximately \$1 million a year.

- 3) Fund 1,000 new Supportive Housing vouchers targeted to individuals and families who most need this support to exit homelessness. Supportive housing helps pay the**

rent and includes supportive services that help participants stabilize and maintain their housing. This will more than double the 750 housing vouchers that the City currently funds, and will provide housing to approximately 1500 people experiencing homelessness.

While building an emergency shelter (or shelters) helps to ensure those experiencing homelessness have a safe place to sleep each night, it does not solve their homelessness. Without adding more housing to our homeless crisis response system, the shelter will quickly fill up and stay full. Albuquerque is better served by using shelters as an entry point into long-term housing stability. For the majority of people experiencing homelessness, supportive housing vouchers are the most effective, and cost efficient, way to help them obtain permanent housing. (For those who need other types of housing, such as a group home or assisted living, an emergency shelter provides a safe and dignified place to stay while case managers help these residents identify other housing options.)

Cost: The cost of providing 1,000 supportive housing vouchers is approximately \$13 million (assumes 650 1-bedroom, 250 2-bedroom, 50 3-bedroom and 50 4-bedroom units).

Update: The City of Albuquerque Fiscal Year (FY) 2020 budget included \$2 million for new housing vouchers. Between 150 and 200 households experiencing homelessness will be able to obtain permanent housing with this new funding. And, in December 2018 Mayor Keller launched the One Albuquerque Housing Fund. Contributions to the One Albuquerque Housing Fund help pay for housing vouchers and other housing costs for those experiencing homelessness.

Some of the most vulnerable people in our community who experience homelessness are high utilizers of public resources, such as the emergency room, detox and jail. We know from local and national studies that when people have housing, they are far less likely to utilize these expensive public resources. **As a result, paying for a supportive housing voucher can actually cost less than simply doing nothing.**

4) Create 120 to 240 new units of quality affordable housing for low and moderate income Albuquerque residents by investing the allowable maximum of 8 percent of the GO Bond capacity into the Workforce Housing Trust Fund, estimated at \$10 million. This would add to the nearly 1,200 units of affordable housing that has already been created through the Workforce Housing Trust Fund.

Cost: If the GO Bond capacity is approximately \$125 million, the total capital cost would be \$10 million over a two-year bond cycle.

Update: The 2019 GO Bond package that will go to voters in fall 2019 includes \$5 million for the Workforce Housing Trust Fund. If approved, an additional 60 to 120 units of high quality affordable housing can be constructed.

5) Fund a new Street Outreach Coordinator and purchase a software application to align street outreach activities.

Cost: The total annual cost would be approximately \$65,000 for the Street Outreach Coordinator. The cost to purchase a license for a street outreach application is yet to be determined.

Update: The Department of Family and Community Services has convened a Coordinated Street Outreach Workgroup. The Workgroup, which meets monthly, is developing a set of strategies for increasing coordinated street outreach. The Public Outreach Program Manager within the Department of Family and Community Services focuses on the City's response to homeless encampments.

6) Support Bernalillo County's plan to establish a behavioral health crisis triage center that provides residential behavioral health respite-care beds with easy access to the new emergency shelter (see Recommendation #1).

Cost: The City is not anticipated to have any capital or operating expenses related to the County's behavioral health crisis triage center.

Update: Bernalillo County has been taking a lead role in developing plans for a behavioral health crisis triage center, working with the University of New Mexico Health Sciences Center. The Bernalillo County Metropolitan Assessment Treatment Services (MATS) center, licensed under New Mexico state regulations as a crisis triage center, may expand services to support individuals living with mental illness, substance abuse and/or co-occurring disorders. The MATS campus may add a 16-bed facility to support individuals that are discharged from psychiatric hospitalization and need additional stabilization support and/or support those who may not meet the acute criteria for hospitalization and need sub-acute care.

7) Form a "Homeless Advisory Council" comprised of nonprofit service providers, businesses, neighborhood representatives and other key stakeholders.

Cost: The Homeless Advisory Council is supported with existing City staff, and will not require additional funding.

Update: Mayor Keller appointed members to the Homeless Advisory Council in December 2018. The Council meets quarterly, and is focused on providing community members impacted by the issue of homelessness with an opportunity to voice their ideas and concerns on how to best address homelessness; creating a venue for the City to share ideas and collect feedback on concrete strategies for addressing homelessness with community members; and exploring, developing and acting on opportunities for collaboration with community members to support the City's strategies for addressing homelessness and its impact on the community.

8) Evaluate and maximize the City's social service contracts and programs to provide better effectiveness, accountability and coordination.

Cost: This restructuring can take place with existing City staff, and will not require additional funding.

Update: The Department of Family and Community Services (DFCS) has updated and improved all FY20 social service contracts to improve effectiveness, accountability and coordination. All of DFCS social service contracts now includes clear and measurable outcomes around increasing housing stability, behavioral health stability, public safety, aging with dignity, and/or family resiliency. The City also proactively engages people living on the streets through street outreach services. The City funds nonprofit partners to provide street outreach, and also ramped up its own outreach to people

living in public spaces. The DFCS Public Outreach Program Manager focuses full-time on responding to encampments, including engaging residents and connecting them to community resources. The Albuquerque Police Department's COAST and other Crisis Intervention Teams work to de-escalate and connect care for people with chronic behavior patterns

Measurable Outcome	Recommendation(s)	Before Recommendations Implemented	After Recommendations Implemented
Number of households who experience homelessness over the course of a year	<ul style="list-style-type: none"> • Increase Supportive housing vouchers by 1,000 • Create 120 to 240 new units of permanent housing through the Workforce Housing Trust Fund 	5,615 households	20% reduction in the number of households who experience homelessness each year (4,465)
Number of people who are sleeping outside each night	<ul style="list-style-type: none"> • Maintain the converted winter shelter as a year-round shelter, with onsite supportive services • Build a new low barrier emergency shelter in town that helps people quickly obtain permanent housing • Coordinate street outreach efforts 	570 people	250 to 400 people
Number of people sleeping outside each night who are struggling with mental health but who do not meet the criteria for hospitalization and are unable to obtain mental health residential care they need	<ul style="list-style-type: none"> • Build a new, centrally located low barrier emergency shelter in town that helps people obtain permanent housing • Coordinate street outreach efforts • Support the creation of a Crisis Triage Center 	250 people	125 people
Number of people experiencing homelessness at	<ul style="list-style-type: none"> • Build a new, centrally located low barrier emergency shelter that helps people quickly 	300 people	50-75 people

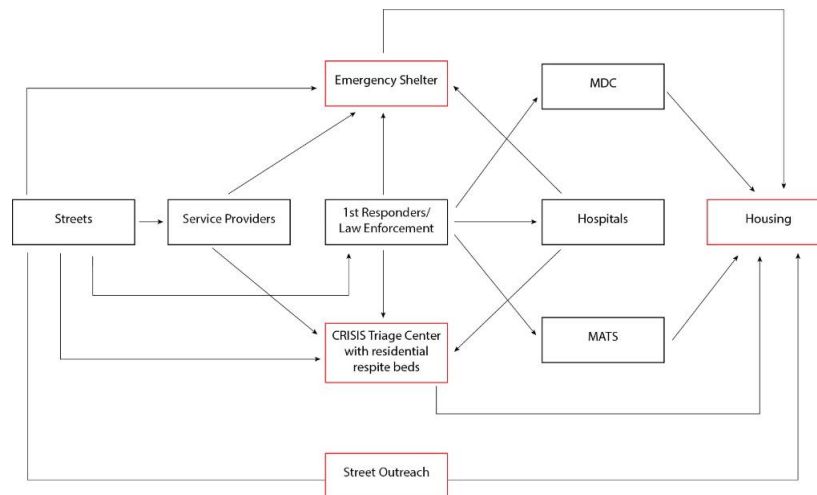
Coronado Park each day	<ul style="list-style-type: none"> obtain permanent housing • Coordinate street outreach efforts 		
Decrease APD behavioral health calls related calls that result in transportation to ER	<ul style="list-style-type: none"> • Build a new, centrally located low barrier emergency shelter in town that helps people quickly obtain permanent housing • Coordinate street outreach efforts • Support the creation of a Crisis Triage Center 	4,463 calls	Reduce by 25%, to 3,350 calls

A Different Story After Recommendations are Implemented

If implemented, these recommendations would make it easier for people to get the help they need for long-term stability. While there would still be different ways that a person could flow through the homeless and behavioral health crisis system, people would be able to more easily access community based supports, rather than bouncing from one expensive emergency resource to another.

Below is a diagram that shows the simpler path that people experiencing homelessness and/or behavioral health crisis could follow to long-term stability. And, below the diagram are the stories of Sylvia, Mary, Joe and Carlos retold if these recommendations were to be implemented.

Aligned Homeless & Behavioral Health Crisis Response System

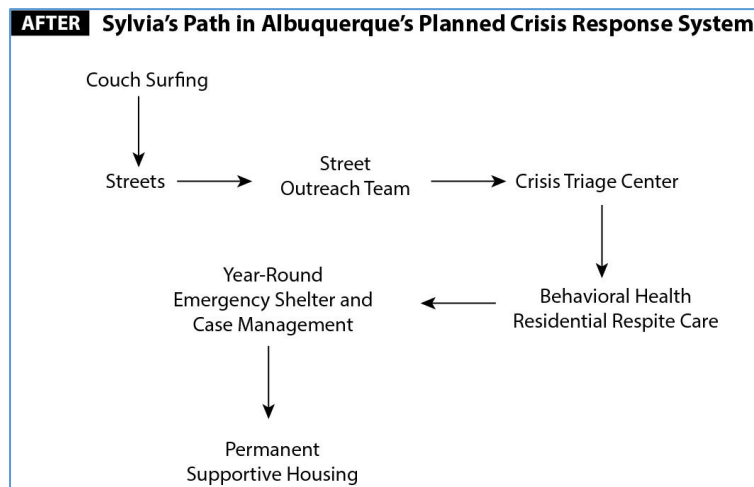


Note: Bernalillo County recently received approval from the state to establish a Crisis Triage Center, with residential respite beds, at the MATS facility.

Sylvia

The Street Outreach Team has contacted Sylvia a couple times while she lived on the street. Their attention helped build trust as they spent time to explain her options. Sylvia agrees to go to the behavioral health crisis triage center where professionals conducted a behavioral health assessment and arranged for her to stay at the new behavioral health residential respite care. During her stay in the residential respite care, she receives the medication and

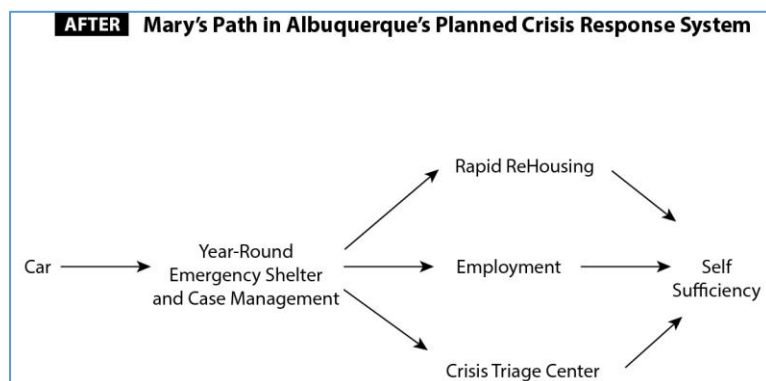
treatment she needs to stabilize. A case manager has been working with Sylvia to develop a housing and behavioral health stabilization plan. While waiting to move into an apartment through the permanent supportive housing program, Sylvia had a brief stay at the year-round emergency shelter and maintained contact with a case manager to gain consistency and follow through with her plan. Settled into her apartment and feeling stabilized, her case manager helped her sign up to get her GED and job training. Sylvia is excited to decorate her apartment and learn computer skills to get a job.



Mary and Her Family

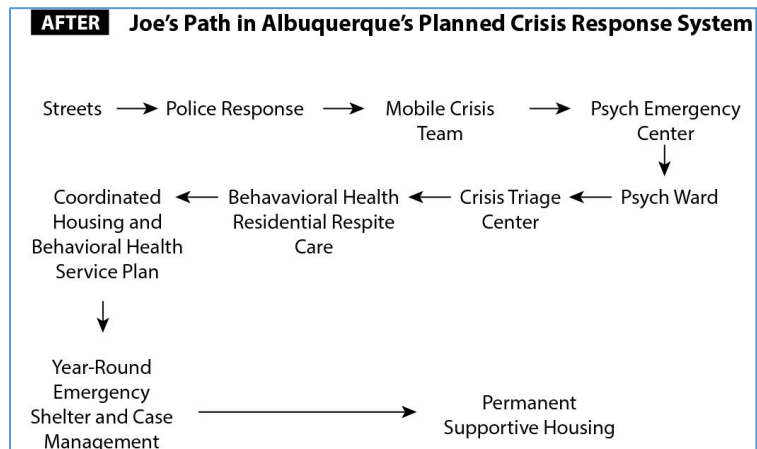
The Street Outreach Team learned about Mary's situation from her daughter's school. They helped Mary gain temporary shelter at the year-round emergency shelter so the family had a warm and clean place to stay while they created a longer-term plan. Her case manager could see that with a little boost, Mary could get back on her feet. A Rapid ReHousing voucher enabled them to move into an

apartment where her 2nd grader could finish out the year. Helping Mary get her car repaired and arranging for affordable, high quality childcare, the case manager was able to celebrate Mary's new job and self-sufficiency. Mary is so grateful for the help that when saying good-bye to her case manager, she offered to volunteer help others in her situation.



Joe

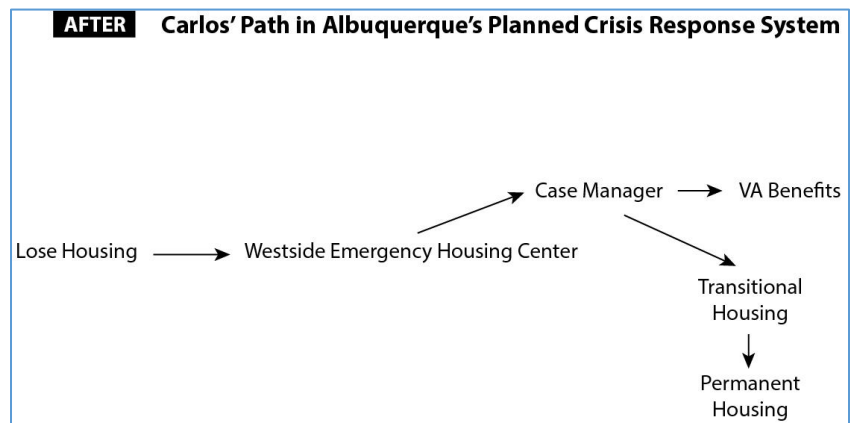
When Joe experienced a psychotic episode, the police responded and called in the trained clinicians with a Mobile Crisis Team. They determined that Joe needed medical attention and the police transported him to the psychiatric emergency center, where he checked into the psychiatric ward for a week. Not ready to live independently, Joe transitioned for two weeks at the behavioral health residential respite care where he worked with a case manager to set



up an ongoing behavioral health treatment and permanent housing plan. While waiting for an apartment, Joe went to the year-round emergency shelter and maintained contact with a case manager who kept him assured that he was getting closer to getting his own place and arranged for his participation in constructive activities at the day shelter. Joe settled into a new pattern and his case manager helped him transition to his new permanent supportive housing apartment. Ongoing case management helps Joe function in ways he could not otherwise have managed on his own. Joe is very proud of his apartment and helps out maintaining the building.

Carlos

When the Westside Emergency Housing Center opened year round, Carlos decided to stay there each night. The bus was able to accommodate his wheelchair, and he appreciated being able to stay in and rest on the weekends. While staying at the Center, Carlos connected with a case manager who let him know that he could meet with a VA outreach



representative at Albuquerque Health Care for the Homeless. Carlos had been to this clinic in the past and felt comfortable working with them. The VA representative helped him apply for and obtain the veteran benefits he was qualified for and connected Carlos with a local organization that provides transitional housing for homeless veterans. Carlos moved into the transitional housing until his VA benefits were in place and he was able to get help with the security deposit and furnishings for a new apartment. Carlos now enjoys living independently as his benefits cover the rent for a small efficiency apartment. He volunteers at the food pantry and when challenges arise that threaten his ability to live independently he is able to meet with a case manager and retain his apartment.

Appendix A - The Story Told Through Data

How many people in Albuquerque Experience Homelessness?

This data helps provide an understanding of the “demand” side of emergency and long-term housing.

There are two ways to count the number of people experiencing homelessness – a point-in-time count and the overall number of people who enter the homelessness system in a year.

Est. Number of Households Experiencing Homelessness on One Night (2019)

Albuquerque’s Point-in-Time Count is conducted according to HUD standards on one night in the third week of January to count households who are sheltered and unsheltered. This count is the best estimate for the number of people experiencing homelessness on an average night.

Number of Households on One Night	
Adults without children (ages 18+)	1,115
Families with Children	93
Youth (ages 14 to 17)	31
Total	1,239

Source: 2019 Point in Time Count Results, NM Coalition to End Homelessness for the City of Albuquerque

- **An estimated 590 people experience chronic homelessness, meaning that they have experienced homelessness for at least one year or 4 episodes of homelessness over the last 3 years.**

Est. Number of Households Experiencing Homelessness During the Entire Year (2018)

Albuquerque’s Coordinated Entry System (CES) tracks the unique number of individuals and families who enter the homelessness system throughout the calendar year. It’s important to note that not all of these people need emergency shelter on a given night or remain homeless.

Number of Households in a year	
Adults without children (ages 18+)	4,362
Families with Children	1,217
Youth (ages 14 to 17)	36
Total	5,615

Source: Coordinated Entry System CY2017, NM Coalition to End Homelessness

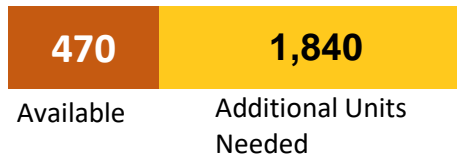
- These households are interviewed (using the VI-SPDAT*) to assess behavioral health and other health needs.
- **1,996 (35%) people experiencing homelessness also report experiencing behavioral health barriers.**

**VI-SPDAT = Vulnerability Index Service Prioritization Decision Assistance Tool*

What is the Current Availability of Housing Options Compared with the Remaining Need for People Experiencing Homelessness and Behavioral Health Challenges?

Albuquerque has invested in increasing the inventory of supportive housing and affordable housing units. However, a gap exists when examining the “supply” side of appropriate long-term housing.

RAPID RE-HOUSING



PERMANENT SUPPORTIVE HOUSING



Source: 2019 Housing Inventory data as reported to HUD by the NM Coalition to End Homelessness and Calendar Year 2018 Coordinated Entry System data

AFFORDABLE HOUSING



Source: Comprehensive Plan for 2018-2022 Submitted to HUD by the City of Albuquerque. Gap is based on availability of affordable housing for households below 50% of the area median income.

What is the Current Availability of Public In-Patient Behavioral Health (BH) Beds Compared with Remaining Need?

Source: Bernalillo County Health Initiative Business Plan, 2015, VA Healthcare System, July 2019

Public Facility	Designated BH Acute Care Inpatient Beds	Designated BH Sub-Acute/ Step-Down Inpatient Beds
UNM Psychiatric Center	32 adult 16 geriatric 48 adolescents and children	0
Presbyterian Kaseman Hospital	24 adult	0
NM Veterans Administration Hospital (only veterans eligible)	26 adult 10 geriatric	90
Lovelace Medical Center Downtown	24 geriatric	0
Bernalillo County MATS (pending)		16
Estimated Total	180 beds	90 -106

Estimated Supply:

As shown in the above table, Albuquerque has a limited number of inpatient acute psychiatric crisis beds (that also serve the surrounding counties). Eligibility for in-patient beds is usually limited to persons who “pose a danger to self or others.” Upon release from this short-term care, the community lacks residential “sub-acute” (for non-emergency, yet debilitating conditions) or “step-down beds” (therapeutic services).

Estimated Demand:

The Bernalillo County Behavioral Health Business Plan summarizes the challenge:

“Determining the number of beds sufficient for a population is a challenge. A 2012 report by the **Treatment Advocacy Center** suggests a **minimum of 50 beds per 100,000 population** is a consensus target for providing minimally adequate treatment.

*The Business Plan applies this rate to the population relying on these care beds and reports that **current capacity is 20 beds per 100,000 residents, less than half the optimal number of beds.***

Another way to assess unmet demand is to look at hospital readmission rates following discharge, as it can indicate that the primary condition was not treated, or the lack of follow-through for patients who need support to handle stressors they may experience.⁴

A three-year study of hospital records in Bernalillo County showed that about **one in three patients experiencing homelessness were high hospital utilizers, being re-admitted into the hospital within 30 days of release. Nearly one half (45%) of homeless patients were readmitted to the hospital multiple times each year** (and 2% were admitted more than 10 times a year) Much of this was related to untreated behavioral health needs.⁵

The 2014 City/County Task Force on Behavioral Health⁶ recommended to establish a hybrid of both a “medical model” (triage, psychiatric diagnosis, and medications) and a “social model” (peer support, counseling, medication management, link to services in the community).

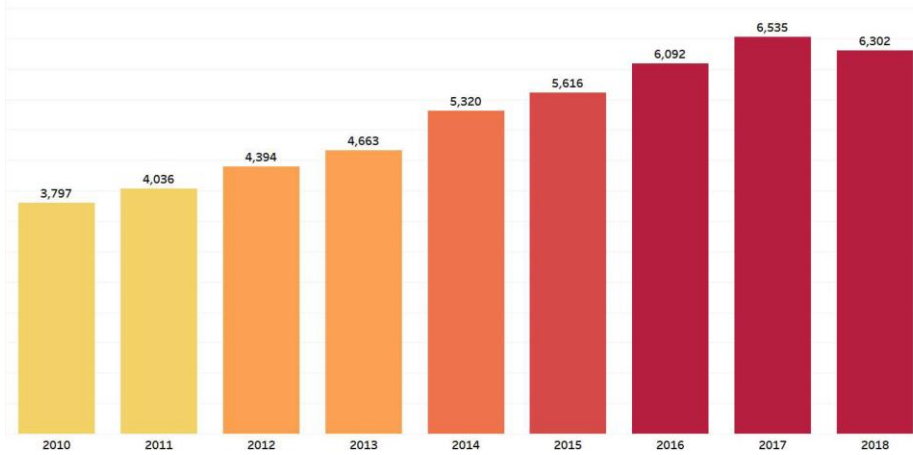
⁴ Gaynes et al. 2015, cited by O'Reilly et al, Observed Outcomes: An Approach to Calculate the Optimum Number of Psychiatric Beds Administration and Policy in Mental Health and Mental Health Services Research 46:507–517, February 18, 2019

⁵ The Frequent Fliers of New Mexico: Hospital Readmissions among the Homeless Population, by Victoria Dirmyer, Social Work in Public Health, 31:4, 288-298 April 22, 2016

⁶ Summary Of City / County Behavioral Health Task Force Recommendations, 2015

How Does an Unmet Behavioral Health Need Impact our First Responder System?

The Number Of APD's BH-Related CAD Calls Increased From 2010 To 2017. In 2018, The BH-Related CAD Calls Declined Slightly.



APD CAD Classified As Behavioral Health Or Suicide Calls

7 in 10 of APD's behavioral health-related calls result in transportation to the emergency room.

73% (4,463) resulted in transport to emergency services, 21% (1,263) resulted in no transport, and 3% (169) were arrested.

Source: Source: An Overview of Behavioral Health Related Incidents in Albuquerque, Prepared for APD, Spring 2019; P. Winograd, K. Brown, M. Dietzel

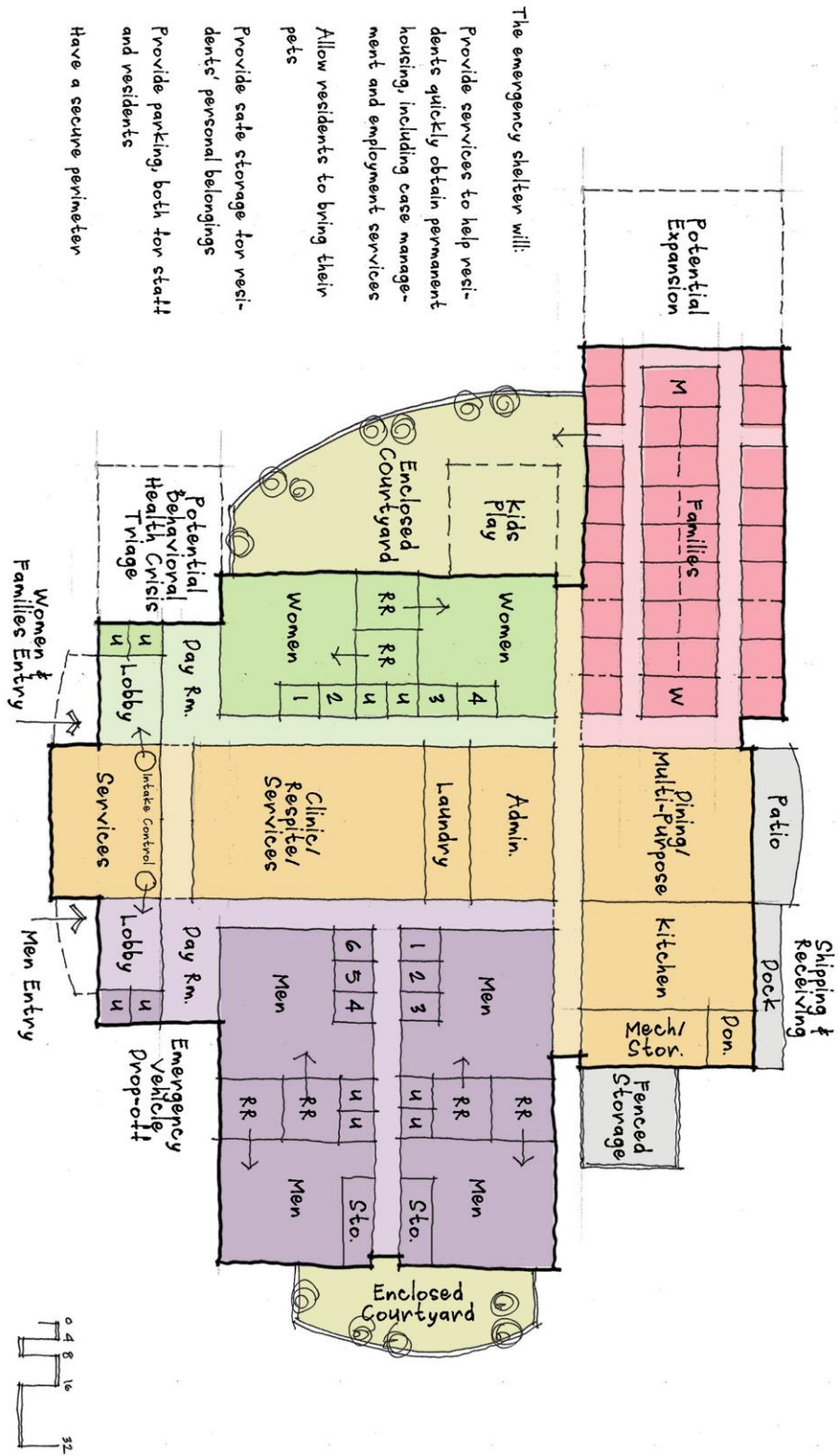
What are the Costs for Utilizing the Medical and Criminal Justice System as the Default to Address Crisis Situations for People Experiencing Behavioral Health and/or Homelessness?

The UNM Institute for Social Research conducted an analysis comparing the costs and savings of permanent supportive housing as implemented by Heading Home for the City of Albuquerque. An in-depth evaluation over three to four years shows that the amount of medical crisis and criminal justice services decreased. The study group experienced the Housing First model of supportive housing, including Assertive Community Treatment (ACT) that provides a team of medical and therapeutic professionals to support participants with behavioral health challenges.

Costs for Study Group for Three to Four Years			
Crisis Response	Pre-Costs	Post-Costs	Change in Cost with Supportive Housing
Ambulance / Emergency Rescue	\$304,266	\$237,625	-22%
Emergency Room	\$715,161	\$178,512	-75%
Hospital Inpatient	\$3,540,538	\$1,692,095	-52%
Outpatient Behavioral	\$103,424	\$112,753	9%
Outpatient Medical	\$852,281	1,634,490	92%
Jail	\$113,117	\$50,673	-55%
Shelter	\$83,643	\$47,141	-44%
Social Services	\$80,719	\$305,347	278%
Heading Home Housing Costs	\$0	\$730,546	100%
Heading Home Service Costs	\$0	\$391,006	100%
Total	\$5,793,149	\$5,380,188	-7%

Source: City of Albuquerque Heading Home Initiative Cost Study Report Final, UNM Institute for Social Research, Guerin, P., Minssen, A., May 2016, Table 24

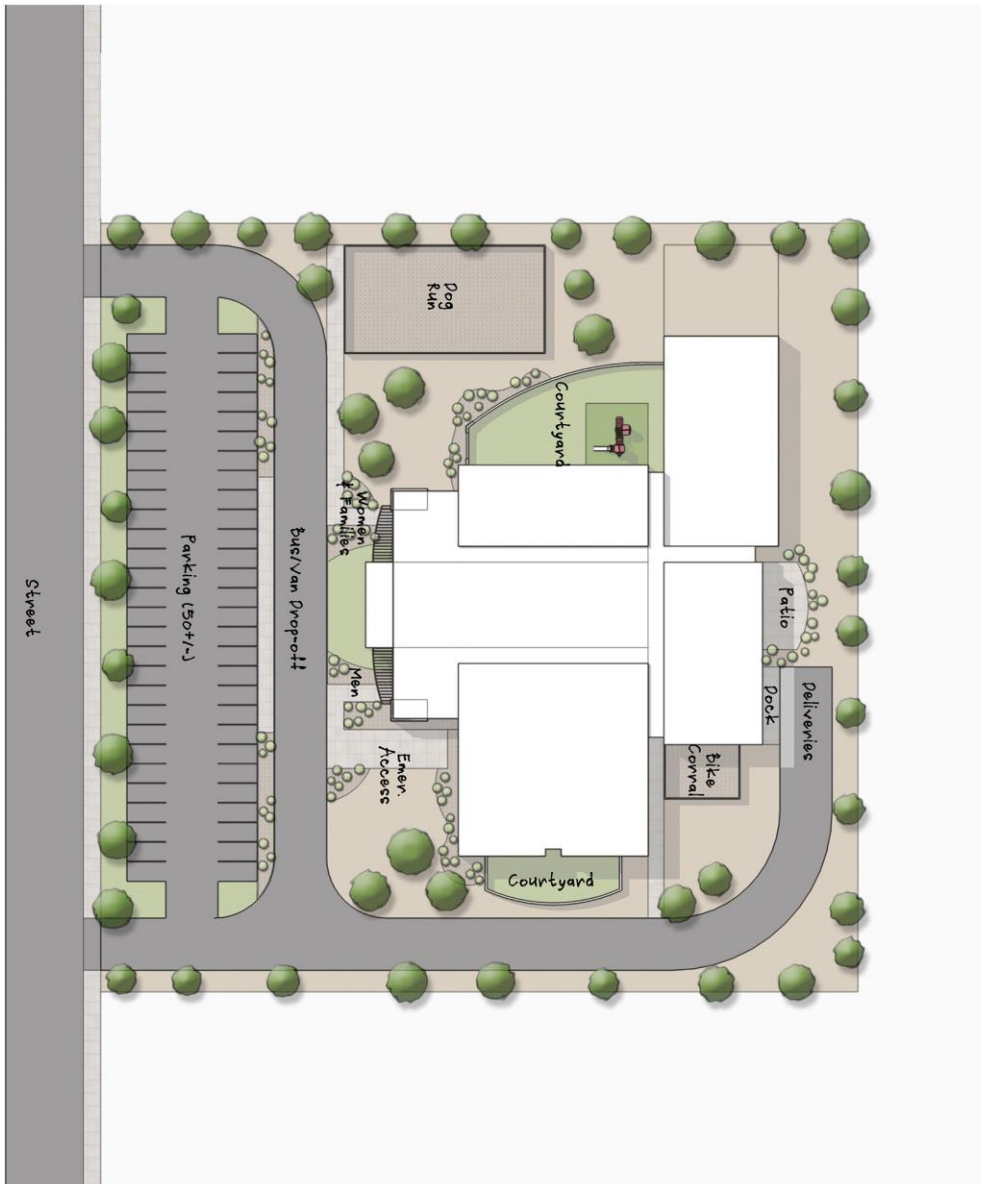
Appendix B - Conceptual Design Drawings for New Shelter



Conceptual Design
COA - Emergency Homeless Shelter

The emergency shelter will:

- Provide services to help residents quickly obtain permanent housing, including case management and employment services
- Allow residents to bring their pets
- Provide safe storage for residents' personal belongings
- Provide parking, both for staff and residents
- Have a secure perimeter



Conceptual Design
COA - Emergency Homeless Shelter