

Minutes

Supportive Housing Subcommittee Meeting Minutes

May 16, 2017

5:00 – 6:30 p.m.

CABQ Department of Family Community
Services 5th Floor Conference Room

Type of meeting: 13th meeting: Discussion continued on the single site project to review proposal content to date.

Members Present: Robert Baade, Ricki Bloom, Sister Agnes Kaczmarek, Jenifer Sena, Michelle Valencia-Stark

Members Excused: Lisa Huval, Constance Banuelos

Staff Person Present: Cathy Imburgia

Technical Advisors Present: Kelley Lee, Amir Chapel, Maria Mason

Meeting Observers: Councilman Isaac Benton and Katrina Hotrum, to discuss \$2 million City Council appropriation

Call to Order

Meeting called to order at 5:10 p.m. by Robert Baade, Supportive Housing Subcommittee chair.

Discussion to Approve Agenda

Agenda was approved with a change to move item A, under new business up — the 2 million City Council appropriation discussion

Discussion to Approve Minutes

Minutes from the April 6, 2017 meeting were approved as is.

Key Items of Discussion

New Business

A.) City Council Appropriation \$2 million for Single Site Housing

- Councilman Benton attended the meeting at Robert's request to update the group on the recent City Council passage of \$2 million in appropriation for the single site supportive housing project. It was reported that \$30,000 of the \$2 million will be used to fund site consulting services. Cathy noted that the city's Family and Community Services Department may retain the Toolkit, a process used in Denver which includes bringing together government, stakeholders and financiers to identify financing opportunities, optimum location, number of units, supportive spaces, public transportation, etc. Kelley noted that this year's MFA applications are due in January, making this an ideal time to identify project specifications.
- Robert requested that the Subcommittee and its work be included in the upcoming consultant work and in the continuing discussions as meetings and plans are developed. He also noted that as project discussions evolve into the supportive services, the Supportive Housing subcommittee will need to reengage with the Community Supports subcommittee. Katrina affirmed this approach, adding that the

county intends to provide the vouchers for single site housing services.

- Councilman Benton added that two additional resolutions passed at Monday's late night Council Meeting. A pilot transit project was approved for \$210,00 to provide 2 vehicles for transportation to services and \$500,000 non-reoccurring funds for housing vouchers and support services.

Old Business

A.) Steering Committee Update

- At the April 20 meeting, the Steering Committee discussed the new member recruitment process and timeline; conflict of interest vs. bias; the upcoming May 23 event on the plaza; the May 25 BHI appreciation event; and plans for the Share NM BHI webpage and new quarterly BHI newsletter.

B.) Subcommittee Projects Underway

- It was reported that the projects currently in discussion by Subcommittee include: *Crisis Stabilization and Response Center*, by the Crisis Services and Community Supports Subcommittees; *Case Management Services* by Community Supports Subcommittees; and *Awareness, Education and Training* by the Prevention, Intervention and Harm Reduction Subcommittee.
- RFPs recently released include Youth Transitional Living, with Jennifer serving as an evaluator. Mobile Crisis Teams will be announced at the May 23rd Mental Health Awareness event, with the joint city/county RFP for the clinicians to be released shortly thereafter.

C.) ABCGC Meeting Update & Crisis Presentation

- ABCGC April 27 meeting included a review of the Crisis Services Subcommittee in preparation for the Mobile Crisis Team announcement.
- Cathy reported that all presentations, newsletters, RFPs, etc. will be included on the new Share NM BHI webpage.
- Following the meeting, it was announced that the May 25 ABCGC meeting was cancelled.

D.) Focus Group Update

- Kelley reported the results from the April 18 focus group held with service providers to discuss case management and services that may be beneficial in a single-site housing model. UNM/ISR conducted the focus group study and prepared the summary findings, which are included in Attachment 1. Some key findings discussed:
 - That services be mandatory for the first 30 days so that a more comprehensive functional assessment can be attained.
 - Recommended that AA/NA meetings be made available onsite to increase the likelihood of attendance.

New Business

B.) Subcommittee Member Update

- It was reported that through the county's solicitation process, there is a sufficient number of interested individuals to join the BHI subcommittees, as long as there is no expressed conflict of interest. It is anticipated that the new members will be identified in May and joining the subcommittees by the June meetings.
- It was confirmed that the single site project does pose a conflict of interest for two existing voting members. Therefore, it is recommended that as soon as the new members join the Supportive Housing

Subcommittee, both Jenifer and Ricki will move to the Technical Advisor role. Should a vote be needed before the transition takes place, they will both abstain from voting.

- It was reported that Constance will be stepping down from vice chair as she has a conflict with attending the Steering Committee meetings (scheduled for 3 p.m. the 3rd Thursday of the month). It was agreed that the chair/vice chair roles be discussed once the new members have joined the subcommittee.

C.) Single-site Proposal Discussion

The group reviewed the draft proposal document for topics discussed thus far: Problem Statement, System Linkages, Target Population and Outcomes. The following edits are recommended.

(Note: The edited documented is included in Attachment 2.)

- Add precariously housed in the Problem Statement; under System Linkages, add where individuals may be identified to enter into the single-site model; and under Target Population, delete paragraphs 2 & 3; under item 1., delete the last line of text; and add a statement on medication on-compliance.

Due to time limitation, discussions for the next proposal sections were tabled to the next meeting.

ACTION: In preparation for the next meeting, all are to review Project Proposal Template questions for the following two sections. Note the questions from the proposal template are included in Attachment 3:

- Identify Best Practices
- Description of Intended Intervention/Logic Model

Public Comment: None

Next Meeting and Adjourn

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

Next meeting: June 13, 2017 at 5:00 – 6:30 p.m., 5th Floor Conference Room

Department of Family and Community Services | 400 Marquette Ave. NW, Albuquerque, NM 87102

NOTE: Please plan to arrive 5 minutes early as the door locks at 5 p.m. sharp.

Call Cathy at 302-420-6588 if you need assistance.

ATTACHMENT 1

Focus Group Summary: Supportive Housing Focus Group

Authors: Craig Pacheco, MBA
Institute for Social Research

This document is a summary of the focus group held on 4/18/2017. The purpose of the focus group was to help better understand single site supportive housing and multiple site supportive housing. Specifically to gain insight from participants' thoughts and ideas regarding permanent supportive housing, the target population for a single site, admission criteria, service needs of the population, and resources needed to serve the population. The focus group was facilitated by two UNM Institute for Social Research (ISR) staff members. The focus group lasted approximately 90 minutes. A focus group guide was created by UNM ISR with general topic questions that were used to facilitate the conversation. Probing questions were asked to reveal greater detail by clarifying and expanding upon responses. Below is a summary of topics discussed in the focus group by topic:

Permanent Supportive Housing in General

- Barrier in current system is many individuals do not qualify under the HUD definition of homelessness.
- Individuals released from incarceration without proper medication
- Individuals present initially as being able to live independently, but as time goes on they get off their psychiatric medications and/or use substances and get evicted. Hard to get them housed again.
- Definitely needed in Bernalillo County, as there is a shortage of available housing
- Different housing programs have different intake process. This can be challenging.
- Application and housing process generally takes a long time. Can be discouraging.

Target Population

- Individuals with Severe Mental Health, there should be less rules, because the more rules there are the more frustrating it is for those individuals.
- Too much variation in clients that you can't say a particular severity of SMI is appropriate for or will be more successful in single site or scattered site. Not a one size fits all thing.
- Must get individual history of client, such as multiple past unsuccessful attempts at living alone in scattered site.
- Recommended a questionnaire or form to guide or structure a conversation with client to see if the client may be more successful or appropriate for single or scattered site.
 - Past unsuccessful attempts at being housed in scattered site housing
 - Personal fears or barriers to living alone.
 - Have they ever lived alone
 - Rental history
 - Legal history
 - Medication compliance
 - Connected to any services currently
 - Vulnerability
- All agreed it is important that it is the client's choice whether to be housing in single site or in scattered site. A recommendation can be made based off of questionnaire but it must ultimately be the client's choice.
- In order to find people for housing program, outreach must be done. Person to neutrally engage population that is hard to serve.
- Contact advocacy groups working with homeless population

Single Site Design

- Smaller facilities. Large and highly populated single sites don't work. Approximately 17 apartments.
- Individual apartments so the clients have their own private space.
- Possibly efficiency type apartments. Would include refrigerator, sink and stove/oven.
- Possibly have pot-luck type events for residents to get together with food they cooked.
- Any violence is a zero tolerance policy.
- Cameras in main walkways for security purposes.
- If not staffed 24 hour, need security there over-night. If staffed 24 hour do not need security.
- Have different single sites in different areas of the city.
 - Not in International district
 - In areas with access to schools.
 - In areas with access to transportation
- Important to get buy-in from community where the single site will be. This is important for acceptance and to reduce stigma.
- Families could be housed in same area, but in a separate unit that houses only families with children.
 - Not necessarily more rules in the family unit, but more services available.

Single Site Services

- Case Management.
 - More case managers so there is a lower ratio (1:7 or 1:5)
- Vocational Coordinators
- Family Specialists
- Psychiatric Provider
 - Who is also in the community, so if the client leaves the housing program they still have the connection with the psychiatric provider.
- On-Site Nurse
- Some services mandatory for the first 30 days, in order to determine level of services needed for each client. Include a mandatory behavioral health/psychiatric assessment in first 30 days. Then have appropriate step down services after 30 days.
- Substance Abuse and Dependence Services (including AA and NA meetings)
- Employment Services
- Living Skills Services (weekly life skills group taught by social worker or case manager)
- 24 hour services depends on population.
 - If harm reduction, "wet house" it needs to be staffed 24 hours.
 - Support services available 24 hours
- 24 hour services depends on available funding and resources
 - Would rather see more housing sites than have all single site be 24 hour
- Transportation to take people housed to appointments, grocery shopping, job interviews, etc.

Resources

- Need Landlord and on-site manager
- Peer Support Workers

- SOAR Rep

Measures of Success

- Do they remained housed in the program
- Connections to services
- Able to be housed through Section 8
- Completing probation (for those involved in criminal justice system)
- Hospital visits
- Emergency Room Visits
- Arrests
- Incarcerations
- Physical Health
- Psychological Health
- All agreed they don't want people only involved in criminal justice system, but all homeless people can be eligible.

ATTACHMENT 2

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 3

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				

