

Transformative Neighborhood Planning Meeting Notes Thursday, November 30, 2023

Dr. Azka Naru reviewed the propose of the meeting:

1. Learn updates on Gateway and the Gibson Health Hub
2. Explore Hands-on Community Engagement ideas to think about the assets in our community.
3. Learn updates on Gateway Programming
4. Build community understanding of interdisciplinary work on community wellness

Maria Wolfe reviewed the Standard Meeting Guidelines:

- Be hard on the issues, easy on the people
- Listen to learn – seek to understand
- Respect the speaker, respect the listener
- Stay on topic to respect agenda and time constraints
- Be kind and let's have some fun too
- Include time-line with action items

Neighbor requested the link to the CABQ site where TNPM recordings and supporting items can be found. Jazmin Moreno shared the link by email at that moment.

Gibson Health Hub Updates:

Dr. Azka Naru reviewed an outline of what is going on within the building, including the work of AMG, NAMI, Heading Home, Vizionz Sankofa, etc. — Occupying up to 30% of the building.

Up to 60% more has been allocate for future homeless services.

Dr. Azka Naru shared a reminder of the purpose of Gateway's Engagement Center and a reminder of the purpose for the upcoming Medical Sobering and Medical Respite.

Receiving Area is planned to open as early as January 2024. Potential Operator will be UNM alongside Heading Home as the Housing Navigation Center Operator. This will be an area for temporary overnight stay for individuals or families who need a space to be triaged and connected to case management within the following 23 hours.

Neighbor Question: What if someone enters and needs medical care, is there a nurse that can help?

City Answer: Those individuals would go to a hospital. The Receiving Area is for low-acuity, categorized by need and risk. If it's high-acuity, including behavior health events, something that ACS cannot de-escalate, then 911 is called and they will be situated in an ER.

Neighbor Question: How are these people coming into this location?

City Answer: This will be a First-Responder Drop Off — ACS, AFR, APD, etc. Referrals will go out from this space to connect individuals where best appropriate.

ACS Question: Is there a certain criteria for intake?

City Answer: That is currently being developed, alongside UNM and First-Responders — This is based on a highly respected model in Tucson, Arizona. We are using that as the foundation for what we are doing.

ACS Response: One of the things with that model though, is they take highly-acute people.

City Answer: They do because they have a different set up. They are directly attached to a hospital. We do have some providers on this campus that be may be able to connect folks to and UNM also has its new crisis-triage center.

Neighbor Question: Would this be including the Medical Respite and Sobering Center?

City Answer: No, this is a specific initiative — 1 of the 5 elements.

Neighbor Question: So people can't just walk in?

Answer: No, this is not a walk-in.

Neighbor Response: Not for any of Gateway?

City Answer: No, not for any of Gateway.

ACS Question: 1. I'm still kind of unclear on what the referral process is. That has been frustrating as a community or as a consumer or from a responder's end. 2. I know individuals that are being banned for up to a year, that access the Gateway, due to behavior health issues. That's a concern that I have and I'm saying this because once they're banned, they're literally escorted out into the street and so I don't know, when we're really talking about a referral entity for folks that might not meet the criteria at Gateway, how do we ensure as a community that those high-acuity individuals are given the utmost respect and dignity to get to the place where they need to be.

City Answer: This goes back to the service provider that is referring into the relevant agency. There is a referral process, where as a service provider, if you see that the individual does meet the criteria, you refer and then someone from our operator's team will then review the referral. Of course there is a waitlist, so we are working through that waitlist to bring people in, if they qualify for Gateway. Again, if that individual is high-acuity and those needs are different from what Gateway can support, then it's up to that service provider to make the decision of what is the relevant resource that they can connect this person with.

ACS Response: But you're putting it on the provider, so as a City, how do we hold the providers accountable to make sure that these people continue to get the utmost respect and correct pathway?

City Answer: Just a couple of days ago, we compiled a list of individual cases that we felt we could analyze a little further as to why they were exited and a lot of that has to do with exactly how they're de-escalated without being dismissed and then also addressing the 12 month/1-year 'can't come back' situation. That is something that has been taken to our director and something we have to address through Heading Home because it's their policy. We are currently trying to address how much we can step in to adjust the policy to make sure that we are not exiting people that could have just been talked to or de-escalated so that they could actually get through their case management and get their housing; or actually be transferred to another location. There have been individuals who are transferred to the hospital, or places that are already in Gibson Health Hub.

ACS Response: I really appreciate that it's being looked at because this particular individual who I've known for a few years, was banned for a year, definitely has sever behavioral health needs so maybe a transition to UNM Psych would have been a great transition.

City Response: I will say that it's even those that don't have behavioral health issues, if someone exits on their own or is exited for any policy violation, they are also told not to return for a year. Assuming to make space for other incoming guests but someone could have a bad day and next week be ready to start again. Again, this is something that we are addressing ad have highlighted very specific cases where we could have a conversation on. So hopefully soon we could have a solution for this.

ACS Response: That's really great to hear. One other question is, I'm thinking of the most likely to die on our streets, and as a City and a community we really haven't been able to serve that specific population of folks. I encourage you to potentially in the future to work on a crisis-center or a triage. This is really positive stuff but I guess where I always go is - how do we ensure that these types of transitional placements are available so that they don't just continue to cycle.

City Answer: Part of that is our City but part of it is a lot bigger than that because the linkages program is a housing program that then is also supposed to provide case worker support for a person with mental illness and that funding goes Federal, State, County and then to specific provider who give a number of linkages that they oversee. This was reported on last meeting, it's a program that is for people specifically with mental illness, gets them housed and provides a case worker that is supposed to check in on them regularly, get a plan set up for their care and for their treatment. That is a program that should definitely be available for each of these people when they leave. Yet there aren't enough of those linkages vouchers available. There are just things in our system that don't have the level of support we need. We do need to build it. The funding doesn't come through the City, it comes through the County so we don't have control of those Linkages vouchers.

ACS Response: But the City operates a lot of the housing vouchers, so it's the same concept.

City Response: We do have housing vouchers but they are all out of General Fund. So those are not as guaranteed as things that are funded at that higher level with deeper pockets than our City has. We can do things when we have enough money but its better if we build at that federal level where its coming through as a more guaranteed string.

ACS Response: When is the City and State going to look at the subpopulation of those most sick that our community sees on the daily out here, that are severely mentally ill, why not prioritize that population first. It seems like we always take the easy road because it's easy. That is my personal opinion and view on the work.

Neighbor Comment: Since April 2021, for Gibson Health Hub, we've heard a lot of million- dollar amounts batted around. Maybe before we leave here tonight you can give us the definitive amount. I hear you saying that you need funding to this, this, and this but you've got millions and millions and millions. Did it all go into just beautifying this building? You have a lot of money and I don't know how much everything costs but every time we talk about a service, you say we need more funding. People are tired of giving you money is what I've been reading.

City Response: One of the things is, at the State level especially, is that you have capital funds and that is one thing that is only allowed to be used for capital improvement and then you have program funds. Vouchers exist in this sort of Neverland between the two. You are not allowed to use capital funds for housing vouchers, it's not allowed. The way that our State government is set up, there's always thus chunk of capital out there that gets allocated to different projects. That is what has been used to improve Gateway. There are different funds for programs and that is a different set of money. You can be frustrated with the million here, a million there but it's something that we are working within the system.

Neighbor Response: Maybe at one of our future meetings you can lay out the money and what you're spending on what services so we don't have to hear you say 'we can't do that because we don't have money' - maybe that would be helpful for us to understand.

ACS Response: There is also different allocations, there is the General Fund for housing vouchers, there's the CoC housing vouchers, it's very complex. As a community member, it can be beneficial for you to understand.

City Response: We had a presentation on housing vouchers at the last session. It was an attempt to start laying out the different kinds and different requirements.

Neighbor Comment: I want to go back to something Jodie brought up about people being exited into the street. I can't tell you how many times we had Carol Pierce up here telling us that would not happen and that they would be arranged transport and have somewhere safe to go. I guarantee it's in that operations plan and I would like to request that we revisit the plan because a lot of stuff has not been addressed. You guys got the permit for this facility because of that plan. That has really fallen short in a lot of ways. It was a lot of big ideas and hopeful ideas but the reality that we are dealing with is just not the case.

Neighbor Comment: Maybe we can start the new year reviewing the operations plan and the money because it's changed so much. It's not the same, just like our Good Neighbor Agreement. — Even these meetings, they were supposed to be Community Oversight and it was supposed to have people from the program and alumna from the Gateway program so that they could have a voice at the table, along with providers. We just haven't seen that. I'm so glad that Jodie is here because those voices are important for us to be that much more informed about how all these things operate. — Something else it said in there is that these meetings would be quarterly, would it be more constructive if we have a bigger quarterly meeting? These are just all things that are written into that operations plan that we can review.

City Response: Thank you for saying that. It is about piecing together those timelines. What you are asking for is something that we need to structure and bring relevant parties to the table — I like that idea. — Back to the comment about exits especially thinking about self-exits, the population that we are working with includes a comprehension that this is on the person's willingness. Where they want to go next is on their willingness. What we can do over here is try to connect to resources and put together discourse for them. At the end of the day is housing. We can't force anyone exit here and go to WEHC. We can give them an option and provide an opportunity on where we can take them next. It's challenging with this population that has already been through so much, we can't say that 'we don't want to see you in the area, get on the bus and go to WEHC.' — We very intricately have trained professionals have those conversations whenever its' getting to the point where they are close to getting exited.

ACS Response: I really appreciate that. I think this is all great to tell the story of what will be — but I'm curious if there is any way that you guys can put up a data report for us. How many people have stayed here, how many people have exited into housed, how many people have been banned, etc. That is really what is full transparency and full commitment to this.

City Response: We are currently putting together a very extensive report with data that will be shared with City Council on December 6th. I can share that on the 14th when we meet again.

ACS Response: Are there any other specific things from this group that we feel should be important for us to see?

City Response: I'll be including everything that we collect that tells a story, that is very specific to who has been here, what they've dealt with, what they came in with, etc. (de-identified)

ACS Response: Where do you get your data from?

City Response: From our Caspio system, where everything is input from our referrals to intake, to case management and exits, everything is using one database.

ACS Response: So providers use Caspio and then you collect that data from the providers?

City Response: No, we do not have data from outside of Gateway. This is everything that is specifically collected through our Heading Home team. We have multiple assessments aside from the intake, for example the primary assessment goes over their basic needs and their experiences as far as housing. The secondary assessment gets into a much deeper level of who they are as individuals and their experiences outside of Gateway, at other shelters, because one thing we are trying to address is why people don't like

to go to shelters and see what we can do here to make that a different experience. That includes everything they experience specifically because of their race and gender. Additionally, why people are exiting.

ACS Response: Are you putting in there if people are banned?

City Response: Yes, that is included. As mentioned earlier. It'll cover how many people have been exited and the reasons. We have a Guest Intervention Support Plan that we will be having Heading Home use more, where if anyone is struggling with any policies or rules, instead of dismissing them right away - what can we do to help them. We explore what they can do for themselves, what can Heading Home staff do, as well as what can City staff do (Jazmin & Azka) to help them get through it and overcome their struggles. That is an ongoing process between us and our operator (Heading Home).

ACS Response: I would be really interested on referrals, who is making a majority of referrals. I guess there is a 90-day wait right now for women and a 70-day wait for men too.

City Response: Yes we have that information as well — We have the Winter Overnight Beds for men but this data is for the 50-beds for unaccompanied women at Gateway. — It is a 90-day model, so if it's full then there may be some guests who are getting close to their housing. — We also keep track of people who leave before their 30 days. There is a 30-day policy where guests do need to engage in case management after those 30 days. If they come in and are ready right away, that's great but if they just need somewhere to stay temporarily, case management is not enforced. Most of our exits are people who stay and then go, so it's harder to house someone if they don't stay for their case management. So this also helps understand those numbers as to who is exiting, who is getting housed, where they are getting housed, and what resources are being helped with. — It's also broken down from April 21st to August 10th because we opened the official space on August 11th. We want to see the difference between the guests were in a temporary space versus when they are staying somewhere that is more comfortable, has more resources, etc. — Also imagining more shifts in the future when we have the Engagement Center fully operational and we have providers on-site with wrap around services; seeing what difference that will make on their way to sustainable housing.

Neighbor Question: Will the report be available on your website?

City Response: Yes, it is public information, we should be able to post it. For now we can bring something to the next meeting.

Neighbor Question: Your previous slide shows that your goal for medical sobering is 17,000 a year by 2025 - that is a little over 45 people a day. What does that look like and what will be the impact on the neighborhood?

City Response: This is specific to the amount of time a person would need a bed depending on their specific need. — It's 50 people but the post Medical Sobering aspect is the up to 24 hours to get them stabilized and over to the Bernalillo County Cares Campus (Previously MATS) - The problem right now is that Cares cannot take people unless their vitals are stable. This is where we can get them stabilized first. This is filling gap. If Cares Campus can't take them in, they end up in an Emergency Room and if they can't get into a room, they don't stay in treatment. — To expand on this further, we will have a presentation on December 14th.

Neighbor Comment: Seems like a lot of traffic. Seems like it's going to be a lot to handle and it's going to have an impact on the neighborhood.

ACS Question: That's a good question. Is that through ambulance? Who is dropping them off?

City Response: That does not come on line for about 6 months. That's being figured out right now between the City, County and UNM.

Neighbor Question: How many beds does the new overflow shelter have?

City Answer: 50 beds. — Just to clarify, this is not a walk-up facility either. This is overflow from WEHC because it is full due to weather. They are coming in on specific buses and ACS and APD have also been notified in case they find people.

Neighbor Question: I read that there was a new 8 o'clock pick up location, where is that?

City Response: At the primary pick up which is at 1st & Indian School Road.

ACS Comment: We are excited to bring on here soon, ACS will be providing transport, where graveyard shift will be able to address the 911/311 calls and pick people up. — This will save lives and provide support for people getting out of the cold.

City Question: How many of you want a quarterly meeting instead of monthly? (Only 1 person shared preference for monthly at the moment) (will be discussed further in January)

ACS Question: Will provider representatives be at the table? Is that an expectation from this group?

Neighbor Response: Initially, there were supposed to be key people who sat in on this committee. 2 representatives from each neighborhood, providers, residents of Gateway, etc.

More City Updates:

- Medical Sobering & Respite expected to open in Fall 2024
- As requested — Since we've expanded from 1/4 to 1/2 mile radius on patrolling, there have been a total of 114 encampments addressed, since October 16th. There have been 55 calls for services in October and 51 calls for services in November.

ACS Question: Can you explain what addressed means?

City Response: It would be best for Solid Waste to expand on that.

ACS Response: I know what Solid Waste does because I worked with them. So are we saying that 114 encampments have been (inaudible) — I wonder if at some point in time we can educate this group on what the team can do, what we do, how they do it, etc.

City Response: The Solid Waste team does outreach to encampments that have been identified, telling them about going to shelter, lets them know where they can and cannot be & then if they have to clean up the area, then the Solid Waste truck is called in.

Neighbor Question: Is there any proactive patrol on encampments or is it all 311 calls?

City Response: This is all proactive. We have somebody on our Gateway staff that drives the radius, drives the streets, multiple mornings a week.

ACS Response: That's our response, we go out and take calls from 311, 911, and we engage with encampments. The main problem we have is that they don't want to go to the WEHC and the Gateway is full, and there is nowhere else for them to go. That's a barrier.

Neighbor Question: Would you say that the consensus is that they don't want to go to the Westside and Gateway is full. Would they want to come here if there was room?

ACS Response: Referrals are made here but it's full. So then we look at other options, motels, relocating them to a different part of the city as a common practice.

Neighbor Comment: Encampments are still very prevalent. I see them every day when I'm driving. I saw some on Monday and it was a cold night, and they had fires going. I'm tired of calling 311 because it takes half a day.

ACS Response: I can provide some updates. AFR is really becoming hard down in fires so if they get called out to extinguish them and then they will call ACS and give us an opportunity to take folks to a shelter. — I hear you guys. It's not only in the community here, my team is city-wide and it's unfortunate.

Neighbor Response: Give us some examples of other parts of the city where you see encampments like we have down here.

ACS Response: Westside Coors, all day long. Any alleyway in a housing district, park, I'm called all the time to Tramway & Central, Montgomery Blvd (Carlisle to San Mateo), tucked in up in the foothill, to Academy, etc. Those appearances, those behaviors, those observations, aren't as frequent for other parts of the city so it's a little more alarming for them. — The City, the County, we are all trying to do the best we can - but there are a lot of barriers.

Neighbor Question: Should we still be calling 311? It's been 2 or more years that we have been calling 311 and we still see them.

City Response: That's how we track the numbers. If we don't know that there is a need, you're not going to get funding for it.

Neighbor Response: But you just said you have patrols. Aren't they patrolling around this area? That's what we asked for as neighborhoods 2 years ago.

conversation shifted into various topics for a few minutes

City Comment: We need to remember that when you're looking at the different kinds of homelessness, you have economic homelessness, you have behavioral health homelessness, you have someone who has substance use, you have someone who started off economic and they couldn't get back on their feet so they start self-treating, etc. We have a lot of people at WEHC who live there all day long and they are over 65 years old, we have 80-year olds, 90-year olds, people in wheelchairs and walkers. They don't have anywhere else to go.

Dr. Azka Naru resumed presentation on Gateway updates:

- We have 49 guests right now
- We are seeing an increase in seniors (working on strategic plans to serve this population)
- **There is a 30-day Policy:** “YOU HAVE THIRTY (30) DAYS to stay at the HNCG each year beginning with the date of your first entry. You MUST use these days consecutively, which will maximize your stay. The HNCG Case Management Team has the authority to give you an extension beyond 30-days if you qualify under certain conditions, such as working with your housing case manager to progress on your housing plan. If you leave the HNCG during your stay, you forfeit the remainder of your stay, except for emergency situations, (i.e. jail and hospital holds).
- **criteria:**
 1. Meeting with your case manager consistently
 2. Making progress on the goals established between resident and case manager
 3. Being an active participant in the housing plan
 4. Making the effort to secure housing, which right now takes about 120 days in the current market (especially for those hard to house)

Winter Beds:

- Operating 35 beds for males only - we are at capacity
- Same referral processing in place as Gateway.

Neighbor Question: Are the 35 males being housed in Building 11?

City Answer: Yes.

Neighbor Question: Have you thought about Winter Emergency Beds for women?

City Answer: On an emergency basis, if ACS is bringing a woman after hours, we are able to care for them. It depends on a case by case basis. We're not turning them away just because they are women. Still through referral only.

Neighbor Question: Is the space that was used still available to use again?

City Response: That suite is being worked on so we aren't able to use it this time around.

ACS Response: I'm a little confused on what you're stating because you're saying that you don't turn women away, do you mean you go off the waiting list?

City Response: This is the process we have in place with ACS specifically, for after-hours.

ACS Response: It's still not working. We were supposed to have certain beds and that's not working, so I just want to make sure that we're being fully transparent because when you're saying that we don't turn anybody away but women are being turned away every hour.

City Response: That is because we are at capacity.

ACS Response: But you just said that we don't turn women away. I understand the whole process but I think we need to be careful of what we're saying because it's not factual. There's women that get turned away all day long and it's because you guys are at capacity and that's fine. We just need to figure out where else we can take them to be safe.

City Response: To record it, when we do have an exit happening and we have a bed available, that bed is going to be fillable as shown on the Emergency Bed Tracker.

End of Meeting Notes