Bernalillo County
Resource Reentry Center
FY20-21 - Year Three
July 2020-June 2021

Resource Reentry Center (RRC)-Dept. of Behavioral Health Services

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The RRC is the first stop for individuals released from the Metropolitan Detention Center (MDC). RRC officially opened on June 12, 2018. This report reflects RRC’s year three.

Located in downtown Albuquerque, the RRC operates 24 hours/7 days a week and offers on-site case management assistance to returning individuals as they transition back into the community.

The RRC is a voluntary program. Released individuals are not required to stay; however, they must pass through in order to obtain street access. RRC staff greets individuals as they enter and engage with individuals to offer services.

**Services Offered at the RRC**

Individuals can make phone calls, charge their phone, use a private bathroom, access free Wi-Fi, use the computer, enjoy a snack/coffee, wait for a ride, or have a safe place to stay until morning.

RRC team members are available to connect individuals with resources such as: Transportation, shelter, clothing, case management, behavioral health or substance abuse services, veteran services, Pretrial Services (Metro/District), Narcan education and access, vocational services, SNAP/Medicaid enrollment, prescription access, amongst other referral based services.

**Staffing**

RRC staff consists of Bernalillo County Special Projects Coordinator, program supervisor, substance abuse technicians (referred to as RRC Greeters), and newly added full time DBHS RRC case managers. Contracted partners include University of New Mexico Hospital (UNMH) Transition Planners whom are housed within the jail, security officers at the RRC, and University of New Mexico Institute for Social Research (ISR) who is contracted for program and system analysis.
Transition Planning Overview

Prior to arrival at the RRC, the transition planning process begins at the jail. Each individual booked into MDC completes a Receiving Screening conducted by a MDC medical provider. In addition to evaluating medical needs, the screening assesses criminogenic risk, mental health, suicidality, and the prevalence of substance use. Based on the automated score of these screenings, individuals are categorized into groups based on risk and need (low, moderate, high). These Risk Scores assist the service providers within MDC (Social Services Coordinators, UNMH Transition Planners, and MDC Medical Discharge Planners) and at the RRC to connect with clients in a focused and meaningful way.

Clients are assigned to service providers in MDC according to Risk Score. Case information (and transition plans for those who score moderate to high risk) is shared between jail providers and the RRC in an effort to best serve the individual as they are released.

The goal is to yield successful outcomes for those releasing from jail by connecting this population to long term behavioral health services, community supports, and resources. These supports aim to reduce recidivism, reduce the length of stay at MDC, increase time spent out of jail, and abate unnecessary costs to the system and community.

RRC Funding

UNMH Transition Planning at MDC and the operation of the RRC are managed through the Department of Behavioral Health Services. They are funded through the Behavioral Health Initiative via the one eight percent gross receipts tax approved by Bernalillo County voters in the 2014 General Election. The tax was approved by the Bernalillo County Commission in February of 2015 based on voter approval of the measure.

2014 Ballot Question

“Are you in favor of the Bernalillo County Commission establishing a one-eight percent gross receipts tax to be used for the purpose of providing more mental and behavioral health services for children and adults in the Albuquerque and Bernalillo County Area, to provide a safety net system that develops a continuum of care not otherwise funded in New Mexico.”

1 Group categories ascribe to the Council of State Governments Justice Center Criminogenic Risk and Behavioral Health Needs Framework
RRC DATA AND COLLECTION

Data collection and tracking methods used for program evaluation and reporting consist of tallied spreadsheets, SharePoint data entries, contractor performance reports, and transport logs. Collection and evaluation of data are a manual process.

Reporting Period

Data contained in this report captures the operations during fiscal year 2020-2021: July 1, 2020 to June 30, 2021.

Tracking Logs and Reporting

*Interaction Trackers* allow case managers to log individual case management services and referrals made on behalf of a client. The *Interaction Tracker* is an aggregate daily log specific to population demographics and case management service domains (i.e. behavioral health, shelter, etc.). The current version is adopted and used by both RRC staff and at MDC by the Transition Planners. On-going quality assurance reviews resulted in modifications to the *Interaction Tracker* for improvement and better data collection. The *Interaction Tracker* continues to be monitored for enhancements and new outcome measures.

In October 2019, monthly contractor performance reports were launched as a requirement to the program. Performance reports use aggregate data to demonstrate demographic information, service encounters, staffing and caseloads, production of assessments and transition plans, and case management engagement snap shots. The report also allows narrative comments, which highlight successes, barriers, trends, program changes or adjustments, as well as the opportunity for suggestions to the report itself.
MDC to RRC: Transports

Transports from MDC to RRC occur 24 hours a day, seven days a week.

For the time frame of July 2020 through June 2021 the RRC received the following number of transports and clients released through the RRC. Outside circumstances contributed to a significant reduction in the volume of those who exited through the RRC (See COVID-19 Impacts to the RRC).

- **1213** transports were received at RRC
- **5,621** individuals were released through the RRC
- Average # of individuals passing through RRC per month: **468**
- Average # of individuals passing through RRC per week: **108**

(See COVID-19 Impacts to the RRC).

**Figure 1** Total individuals through RRC by gender

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2 Total number of individuals through the RRC has decreased significantly compared to FY19-20 (16,961) and will be explained within this report. See COVID-19 Impacts to the RRC.
Figure 2 Rider and Transport totals by Shift

Figure 3 Rider totals by Shift and Gender
Utilization of RRC Services

RRC’s reputation, now established with those exiting the jail, is maintained through the availability of RRC program information on the electronic jail tablet system, word of mouth by clients who previously experienced the RRC, improved processes implemented at MDC and RRC, and jail staff training. Individuals are aware of and seek RRC services with confidence.

The RRC continues to work with MDC Security to provide the availability of the RRC Menu of Services and the issuance of the RRC business card in the releasing area so those exiting the jail are prepared in advance of what to expect upon arrival. This was especially important during crisis periods of the COVID-19 pandemic where many individuals relied on RRC to assist in navigating local resources and limited availability of services.

Year Three Utilization Totals:

- **5,621** individuals released through the RRC
- **4,708** individuals remained at the RRC and accessed one or more services. (84%)
- **913** individuals elected to leave the RRC without accessing any services (16%)

Less individuals were released through RRC due to the pandemic; however, there was a slight increase in utilization rates compared to last fiscal year. A monthly average of 84% of those exiting through the RRC took advantage of one or more services. This is a 4% increase compared to FY19-20’s utilization average. As a result, those who elected to leave the RRC was reduced to 16% compared to the previous year’s 20%. Clients explain their reasons for electing to leave; reasons include the desire to smoke a cigarette, their “ride is already waiting outside”, or “I just want to get home”. Warmer weather and longer day light hours have been observed to play a role in these decisions.

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3 Visual List of case management services and resource connection points available while at the RRC.
4 Utilization totals include both ancillary services and case management services. A client may engage in multiple services during their stay at MDC.
5 FY19-20: 16961 through RRC, 3316 left without services, 13645 accessed RRC services; 80.4% average utilization.
Current year: 5621 through RRC, 913 left without services, 4708 accessed RRC services; 83.7% average utilization.
6 RRC does not provide cigarettes and contraband is disposed of at MDC.
RRC Services

RRC looks at two sets of services for utilization: Ancillary and Case Management.

Ancillary Services

Ancillary Services at the RRC are services offered as an amenity and safe haven of the RRC.

Figure 4 Ancillary Services Totals

Ancillary Services

Total: 10332
(7/1/20-6/30/21)
Case Management Services at the RRC

Case Management is a one-on-one engagement between a case manager and a client while at the RRC, where the client’s needs are assessed, reentry plans are created or implemented, and referrals are made.

This year, RRC documented a 15% increase in case management engagements. A total of 2,311 individuals met one-on-one with an onsite RRC case manager. A total of 8,944 referrals and/or services were provided to, or on behalf of, clients during FY20-21 (see Figures 5-7). A service is considered an action taken within a category (i.e. application).

<table>
<thead>
<tr>
<th>RRC CASE MANAGEMENT SERVICES FY20-21</th>
<th>ANNUAL TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIORAL HEALTH</td>
<td>1811</td>
</tr>
<tr>
<td>Mental Health/Counseling/Psychiatric</td>
<td>624</td>
</tr>
<tr>
<td>Special Accommodations (illiterate, blind/deaf, physical handicap, non-English speaking)</td>
<td>48</td>
</tr>
<tr>
<td>SA/Alcohol Treatment</td>
<td>405</td>
</tr>
<tr>
<td>Detox Services</td>
<td>84</td>
</tr>
<tr>
<td>Sober Living</td>
<td>75</td>
</tr>
<tr>
<td>DWI information packet</td>
<td>391</td>
</tr>
<tr>
<td>Narcan Education &amp; Distribution</td>
<td>104</td>
</tr>
<tr>
<td>Methadone referral/access</td>
<td>53</td>
</tr>
<tr>
<td>Suboxone referral</td>
<td>27</td>
</tr>
<tr>
<td>MEDICAL</td>
<td>284</td>
</tr>
<tr>
<td>Dental/Vision referral</td>
<td>44</td>
</tr>
<tr>
<td>Medical referral</td>
<td>114</td>
</tr>
<tr>
<td>Prescription Access/Coordination</td>
<td>126</td>
</tr>
<tr>
<td>BENEFITS</td>
<td>329</td>
</tr>
<tr>
<td>Referrals to SSCs for Medicaid Reinstatement (client has a confirmed appointment within 72 hours of release requiring active Medicaid)</td>
<td>6</td>
</tr>
<tr>
<td># of Medicaid verifications through portal</td>
<td>63</td>
</tr>
<tr>
<td>Medicaid only application completion</td>
<td>17</td>
</tr>
<tr>
<td>SNAP application only</td>
<td>37</td>
</tr>
<tr>
<td>Cash Assistance (includes TANF)</td>
<td>8</td>
</tr>
<tr>
<td>Medicaid and SNAP (and/or Cash assistance); multiple service application</td>
<td>92</td>
</tr>
<tr>
<td>SSI/SSDI/SSN</td>
<td>106</td>
</tr>
</tbody>
</table>

Figure 5 Aggregated Counts: Service and Referral Details by Domain Category and Type

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7 Target population: RRC clients who engaged in one or more RRC service while at the RRC. Target population/Total individuals released through RRC = percentage. FY19-20 4595/13645 = 34%; FY20-21 2311/4708 = 49%

8 Individuals may receive more than one service and/or referral during their engagement.
<table>
<thead>
<tr>
<th>RRC CASE MANAGEMENT SERVICES FY20-21 (cont'd)</th>
<th>ANNUAL TOTALS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IDENTIFICATION</strong></td>
<td>432</td>
</tr>
<tr>
<td>Driver's License/ID</td>
<td>282</td>
</tr>
<tr>
<td>Birth Certificate</td>
<td>150</td>
</tr>
<tr>
<td><strong>FOOD &amp; SHELTER</strong></td>
<td>798</td>
</tr>
<tr>
<td>Food Pantry</td>
<td>31</td>
</tr>
<tr>
<td>VISPDAT completed</td>
<td>42</td>
</tr>
<tr>
<td>Housing (i.e. ABQ or Bernco Housing Authority, Sec 8, Apt rental application, etc.)</td>
<td>287</td>
</tr>
<tr>
<td>Motel Voucher (one referral per client/year) (^9)</td>
<td>13</td>
</tr>
<tr>
<td>Transitional Living</td>
<td>75</td>
</tr>
<tr>
<td>Westside Shelter information</td>
<td>209</td>
</tr>
<tr>
<td>Westside Shelter Pick-Up</td>
<td>27</td>
</tr>
<tr>
<td>Shelter Referral (other)</td>
<td>114</td>
</tr>
<tr>
<td><strong>LEGAL</strong></td>
<td>2405</td>
</tr>
<tr>
<td>Pre-Trial District</td>
<td>271</td>
</tr>
<tr>
<td>Pre-Trial Metro</td>
<td>715</td>
</tr>
<tr>
<td>Probation &amp; Parole</td>
<td>248</td>
</tr>
<tr>
<td>Legal (LOPD, attorney, court information, etc.)</td>
<td>1171</td>
</tr>
<tr>
<td><strong>TRANSPORTATION &amp; PROPERTY</strong></td>
<td>1631</td>
</tr>
<tr>
<td>Daily Bus Pass</td>
<td>939</td>
</tr>
<tr>
<td>Monthly Bus Pass</td>
<td>173</td>
</tr>
<tr>
<td>Travel Assistance (Outside of ABQ)</td>
<td>14</td>
</tr>
<tr>
<td>Vehicle Location Assistance</td>
<td>305</td>
</tr>
<tr>
<td>Property Location Assistance</td>
<td>200</td>
</tr>
<tr>
<td><strong>CASE MANAGEMENT-LONG TERM SUPPORT</strong></td>
<td>630</td>
</tr>
<tr>
<td>Intensive Case Management (ICM) referrals and coordination</td>
<td>117</td>
</tr>
<tr>
<td>Treatment Guardian</td>
<td>32</td>
</tr>
<tr>
<td>Case Management (Other Agency)</td>
<td>442</td>
</tr>
<tr>
<td>Managed Care Organization (MCO) Care Coordinator (Pres., BCBS, Western Sky)</td>
<td>18</td>
</tr>
<tr>
<td>Veteran Services</td>
<td>21</td>
</tr>
<tr>
<td><strong>Short Term Reentry Case Coordination</strong></td>
<td>207</td>
</tr>
<tr>
<td>SSC case coordination</td>
<td>179</td>
</tr>
<tr>
<td>PAC discharge planners</td>
<td>28</td>
</tr>
<tr>
<td><strong>VOCATIONAL</strong></td>
<td>417</td>
</tr>
<tr>
<td>Education</td>
<td>85</td>
</tr>
<tr>
<td>Employment</td>
<td>332</td>
</tr>
</tbody>
</table>

Figure 6 Aggregated Counts: Service and Referral Details by Domain Category and Type

\(^9\) Contract in partnership with the City of Albuquerque (CABQ) and First Nations Community HealthSource (FNCH) to provide a motel vouchers to released individuals. Vouchers are for up to 7 days. A 7-day voucher is valued at approximately $450.00. Contract ended: September 2020.
Transition Planning and Reentry Needs Assessments\textsuperscript{10}

Transition Planners at the MDC meet with individuals who are determined to be moderate to high risk/need according to the Risk Framework and the Receiving Screening administered at booking. Each individual is approached to gain permission and agreement to participate in transition planning.

Transition Planners work with clients until they are released. Transition Planners are in regular communication with RRC staff in preparation of the individual’s arrival. If a client is a rapid releaser\textsuperscript{11} or was unable to meet with a Transition Planner while in custody, they will have another opportunity at the RRC to complete a Reentry Needs Assessment and/or Transition Plan. These are completed by the onsite RRC case managers while at the RRC.

\textsuperscript{10} Reentry Needs Assessment (RNA) is a County created tool used to assess a client’s reentry needs and is linked to social determinants of health. Transition Plan is a formal plan outlining steps to accomplish goals identified by the individual.

\textsuperscript{11} Rapid Releasers are individuals whom release in less than 72-96 hours and/or those whom release before a Transition Planner has an opportunity to meet them.
The total number of Transition Plans and Reentry Needs Assessments reflect completions at both MDC and RRC.

**Transition Planning through Video Visitation**

At the onset of the pandemic, in March 2020, MDC suspended entrance into the jail for professional visitors as a safety precaution to protect employees, contractors, and inmates from exposure to the COVID-19 virus. The Transition Planning team was relocated to the RRC. MDC worked swiftly to launch the ability to conduct confidential video visitation for attorneys and Transition Planners via the *GettingOut* visitation system in April 2020. Transition Planning services were provided primarily via video for most of FY20-21 until entrance into MDC was reinstated\(^\text{12}\).

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Video visit connectivity rates were tracked and continuously assessed for improvement. Video visits connection rates are reliant on many factors such as jail staff availability, court and attorney priority, lock downs, client’s ability to navigate technology, and *GettingOut* site outages. MDC reported managing an average of 8,000 video visitations scheduled per month on a system originally not intended for that volume. MDC, RRC, and UNMH TPT management worked together to overcome tangible obstacles and continue to explore new solutions.

<table>
<thead>
<tr>
<th>Video Visit outcomes</th>
<th>TOTALS FY20-21</th>
</tr>
</thead>
<tbody>
<tr>
<td># Video Visits Scheduled</td>
<td>3871</td>
</tr>
<tr>
<td># of Successful Video Connections</td>
<td>1235</td>
</tr>
<tr>
<td># of Cancelled video visits (MDC cancellation, lockdown, site down)</td>
<td>580</td>
</tr>
<tr>
<td># of Cancelled video visits due to release from custody prior to visit</td>
<td>296</td>
</tr>
<tr>
<td># of no shows to scheduled video visit</td>
<td>1676</td>
</tr>
<tr>
<td># of Rejected Visits by clients</td>
<td>63</td>
</tr>
</tbody>
</table>

**Overall Connection Rate (%):** 32%

**Overall Failed connection Rate (%):** 68%

![Video Visitation Outcome Percentages](image)

*Figure 9 Video Visit Outcomes Percentages*
Case Management Services and Referrals Prior to Release

The Interaction Tracker captured case management services and referrals provided to clients while in custody. Services, provided by UNMH Transition Planners, focused on clients whose risk scores indicated moderate to high risk-needs. A total of 7,656 services and referrals were provided to these individuals prior to release.

![Service Category Percentages at MDC (In-Custody)](chart.png)

Initiating transition planning as early as possible while in custody affords both the client and the case manager time and energy to complete applications, navigate systems, form a rapport, provide follow up, and better prepare for release. The increase in services and referrals made while in custody allows the RRC to be more efficient and provide a more successful warm hand off to community partners.
COVID-19 IMPACTS TO THE RRC

The RRC experienced significant challenges during the third year that resulted in operational adjustments, process re-mapping, staff re-assignments and relocations, service accommodations, and impact to normal operating hours.

COVID-19 and Transports

The RRC maintains regular communication with MDC regarding suspected COVID-19 cases and screening protocols. All individuals housed in a quarantine/isolation pod (pending test results, in close contact with someone who tested positive, and/or presenting with symptoms), or who have been confirmed positive for COVID-19, are diverted away from the RRC and transported to an alternate location or to their home. This is to limit or reduce exposure to both staff and clients at the RRC. MDC experienced multiple months where the number of quarantined individuals increased and positive cases reached high levels. As a result, many were not able to exit through the RRC.

COVID-19 and RRC Operational Phases

The RRC’s COVID-19 contingency plan was created in early March 2020. The plan incorporates social distancing, sanitization directives, sinks for handwashing, hand sanitizer stations, mandatory use of face masks and eye protection, the use of latex gloves, installation of Plexiglas barriers in each office, 50% reduction of riders in transport vans, and basic COVID screening questions of clients upon arrival, and a phased response plan.

The phased response included phase 1 (24/7 operations), phase 2 (modified RRC hours 8 a.m.- 7 p.m.), and phase 3 (RRC public access closure). Each phase is based on number of quarantined or COVID-19 positive individuals housed in the jail, as well as number of transports arriving to the RRC. COVID-19 statistics were monitored daily and adjustments to phases were made daily. The RRC reached phase 2 (modified hours) on three occasions,

13 MDC COVID-19 FAQs are posted online and describe their procedures for positive cases.
with one of the occasions lasting for approximately two months. The RRC reached phase 3 (RRC closure) on one occasion, lasting just over three weeks. Those released outside of operating hours were transported to the alternate location as described above.

RRC has worked closely with MDC to maintain support to those not exiting through the RRC by:

1.) informing the released individual of the option to spend the night and be released during day light hours (via a MDC liability waiver),
2.) make phone calls in the releasing area to coordinate arrangements with friends or family members, and
3.) provide released individuals with the RRC business card so they could call RRC to obtain information and receive referral connections via the phone.

RRC and MDC also worked together to designate the RRC’s main number as a free call from within the jail so clients could call prior to release to obtain reentry information. A flyer (below) containing phone numbers and instructions for the RRC, the Second Judicial District Court Pretrial Services Division, and the Metropolitan Court Pretrial Services Department was posted onto the inmate tablet system.

Getting released soon?
Here are some helpful numbers you should know

<table>
<thead>
<tr>
<th>Resource Reentry Center (RRC)</th>
<th>Metro Pretrial Services</th>
<th>District Court Pretrial Services Intake Unit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>505-468-7832 or 505-468-7831</td>
<td>Metro and Felony Division</td>
<td>841-6741 or 841-5444</td>
</tr>
<tr>
<td>Case Managers are available to answer questions or talk to you about your next steps when you are released.</td>
<td>If ordered to Metro PTS, you are required to call immediately upon release. Monday – Friday 7:30 a.m.-4:00 p.m.</td>
<td>If ordered to PTS, you are required to complete a telephonic intake immediately upon release.</td>
</tr>
<tr>
<td>Case Managers can assist with information on local resources or how to access services in the community.</td>
<td>After 4 p.m., or on Saturday or Sunday, you must call the next business day, no later than 3 p.m.</td>
<td>Monday-Friday 8 a.m.-3:30 p.m.</td>
</tr>
<tr>
<td>This service is available 24/7.</td>
<td></td>
<td>After 5 p.m., or on Saturday or Sunday, you must call the next business day, no later than 3:30 p.m.</td>
</tr>
</tbody>
</table>

Figure 11 RRC/PTS flyer for Inmate Tablet System
COVID-19 and Volume at the RRC

The COVID-19 pandemic had a big impact on the RRC. Quarantine and COVID-19 protocols and those diversions away from RRC and the RRC contingency plan phased closures lessened the number of people entering the RRC by 46% compared with pre-pandemic totals (Below, Sample taken from June of each year).

![Comparison chart - impact of COVID-19 on transports and riders](chart.png)

COVID-19 and Access to Resources Within the Community

The COVID-19 pandemic significantly affected Transition Planning Services in the jail and at the RRC in FY20-21. Like many others across the nation, daily research of local resources was critical to obtain up-to-date information (i.e. operating hours, intake process, screening requirements, closures, in-person services vs. remote services, etc.) in order to properly refer clients to a resource.

As COVID positive cases began to rise in Bernalillo County, many community agencies and resources enforced safety protocols and restrictions, often requiring proof of a negative COVID-19 test or limiting services to telephonic or virtual visits only.
Court appearances transitioned to virtual appearances. These changes posed a major barrier to those exiting the jail, especially because many individuals often do not have access to a phone or computer. RRC worked with the local library, public defender’s office, district attorney’s office, and courts to identify Wi-Fi hotspots throughout town and access to phones and public computers.

COVID-19 and Isolation Motel

In an effort to maintain services to clients and contribute toward pandemic solutions, especially when RRC was in phase 2 or phase 3 of the contingency plan, RRC case managers volunteered once a week to provide case management services to those housed in COVID-19 isolation motels managed by the City of Albuquerque and Bernalillo County. Services were provided to families facing homelessness and who were placed in isolation motels. RRC case managers worked hard to connect these individuals to resources, housing, and resource benefits. Multiple families were placed in permanent housing.

COVID-19 and Outreach Calls

RRC in partnership with DBHS also created a call log tracking system. In October 2020, case managers were assigned to connect with released individuals who had completed a Reentry Needs Assessment within the past year. Case managers made anywhere from one to three attempts to reach clients to conduct outreach. They inquired about needs indicated on their assessments and goals they set for themselves, in addition to offering resource information if requested. A total of 3,975 inbound and outbound calls were received and made.

COVID-19 Vaccinations

Bernalillo County began offering employee vaccinations in December 2020. Most RRC employees took advantage of the opportunity. In April 2020, MDC began offering vaccinations to incarcerated individuals. Both geared toward herd immunity.
OPERATIONAL HURDLES

Local Protests
The RRC is located in downtown Albuquerque, New Mexico, where protests over national and local events had an impact on the RRC’s safety and operations. Client and employee safety was a top priority, which included arranging other locations for short-term services, maintaining active communication with MDC about route safety, and following the building safety plan.

Case Management Data Base and Applications
This year the RRC experienced many technological system and application changes. MDC transitioned from E-Justice System (EJS) to Offender Management System (OMS) on December 6, 2021. Training was provided by MDC. Learning curves and system access modifications impacts noted.

On February 22, 2021, RRC leadership, together with Bernalillo County Information Technology (IT) administrators14, launched a locally designed and developed data base system called the Resource Reentry Center Management System (RRC-MS) which provided a user-friendly platform for entering Reentry Needs Assessments and Transition Plans. Training was provided by RRC Special Projects Coordinator. RRC-MS was built with a local interface with the jail’s OMS. Query and report writing was halted in anticipation of the upcoming Netsmart Care Manager system expected to go live in August 2021.

Staffing Fluctuations
Because of fluctuation in staffing levels, program operations were regularly impacted. In order to maintain operational capacity as well as client/staff safety, hours of operations were at times modified. Leadership prioritized recruitment, hiring and training of new staff to decrease negative impacts as much as possible.

14 Special acknowledgement goes to Adam Martinez, IT Analyst II, for his time, expertise, and development of the RRC-MS. Mr. Martinez worked closely with Pamela Acosta, RRC Special Projects Coordinator, investing many hours designing, testing, and implementing the system roll out. Mr. Martinez has been essential in understanding and meeting the needs of the RRC. RRC would also like to acknowledge the entire Bernalillo County IT Department for their support and investment in this project.
HIGHLIGHTS

Criminal Justice Coordinating Council’s (CJCC) Diversion & Reentry Subcommittee

As a commitment to the 2015 Stepping Up resolution\(^\text{15}\), the RRC retained strong involvement in and commitment to the CJCC Diversion & Reentry Subcommittee\(^\text{16}\) throughout the year. The RRC maintains a strong voice in the subcommittee working groups: High Frequency Utilizers, Communications, and Services. The RRC maintains a lead role on the High Frequency Utilizer work group.

High Frequency Utilizer Group

The Department of Behavioral Services Department continues its use of the High Utilizer tool which defines high utilizers by:

1. 2+ arrests within the last 18 months
2. # of Emergency Room Department visits
3. # of C.A.R.E. campus visits.

The RRC plays a critical role in engaging the high utilizer population while in custody and flagging them upon release to ensure connection to long term services and benefits in order to reduce the number of jail bookings and emergency room visits.

The CJCC Subcommittee High Frequency Utilizer (HFU) work group continues to evaluate solutions to coordinate care and serve the county’s highest utilizers. The group has grown from six original members to forty-five members to date. Representatives in attendance include: RRC, Bernalillo County Behavioral Health, MDC, Albuquerque Police Department, Bernalillo County Sheriff’s Office, Law Offices of the Public Defender’s, 2\(^{nd}\) Judicial District

\(^{15}\) May 2015 the Bernalillo County Commission passed the “Stepping Up” resolution (AR 2015-37) in alignment with the national Stepping Up Initiative, driven by the National Association of Counties (NACo).

\(^{16}\) CJCC Diversion & Reentry Subcommittee consists of representatives and subject matter experts from local government, criminal justice stakeholders, and community based providers, working together to address issues surrounding criminal justice and mental illness.
Court, Metropolitan Court, New Mexico Human Services Department, University of New Mexico Hospital, New Mexico Managed Care Organizations (Presbyterian, Blue Cross Blue Shield, and Western Sky), City of Albuquerque (Community Safety Dept. and Behavioral Health and Wellness), Albuquerque Street Connect, HopeWorks, and Crossroads for Women.

The HFU work group is close to its final draft of the Memorandum of Understanding, which will allow group members to share data, case information, and coordinate care. The Universal Release of Information (UROI)\textsuperscript{17} underwent revisions, was approved by legal counsel, and was put into use. This fiscal year, the group began staffing individual cases on a small scale to test pilot efforts. These staffing sessions demonstrated that they are useful in avoiding duplication of efforts and coordinating care in a meaningful way. The UROI has also proven to be pivotal in allowing information to be streamlined across the Sequential Intercept Model (SIM) within Bernalillo County.

**Stepping Up Innovator County**

Bernalillo County is recognized by the National Association of Counties (NACo) as a Stepping Up Innovator County and is the 18\textsuperscript{th} county nationwide to receive this prestigious status. As an Innovator County, Bernalillo County Department of Behavioral Health Services is often called upon to share its knowledge with other counties seeking to become Innovator Counties.

In May 2021, Bernalillo County Department of Behavioral Health was invited as Stepping Up Innovator County to present at the Council of State Governments Justice Center's *Responding to People in Crisis, Part 1: Identifying “Familiar Faces”* series. The focus of the presentation provided an overview of how innovator sites identify the high frequent utilizer population and explore the continuum of care for behavioral crisis services.

During FY 20-21, the Department of Behavioral Health and the RRC presented in national webinars such as: National Council for Behavioral Health *2020 Award of Excellence*

\textsuperscript{17} Bernalillo County Universal Release of Information is a single document which lists multiple agencies and allows the client to authorize each agency accordingly. Client signature allows each authorized agency to communicate with one another to coordinate care.
Innovation at Work Award and the New Mexico’s National Association of Social Worker (NASW) conference Investing in Community Empowerment in the Face of Adversity. RRC also conducted several local presentations, as well as consultations with other counties who have an interest in building a reentry center.

NATCON Presentation

NATCON is the largest behavioral health conference in the nation and brings together more than 6,200 industry leaders who are strengthening communities, improving lives, and building better futures. For the second year in a row, The Department of Behavioral Health was selected as a NATCON speaker and presented at the 2021 National Council for Behavioral Health Convention (NATCON) Forward Together. The RRC and the Transition Planning program were featured in Community Connections - A Collaborative Approach to Supportive Housing.

The Stepping Up Initiative: Set, Measure, Achieve

In April 2021, Bernalillo County committed to Stepping Up Initiative: Set, Measure, Achieve, a nationwide call to action for counties to reduce mental illness in the criminal justice system. The RRC, Department of Behavioral Health Services, the Criminal Justice Reform Coordinator from the County Manager’s Office, and members from Bernalillo County IT department, along with 21 other national counties, engaged in four technical support sessions focused on reducing average jail population, jail bookings, average length of jail stay, recidivism, and increasing post-release connections to care. This initiative is on-going and RRC is committed to establishing baseline data and system design to capture this information, specifically post-release connections to care.
GOALS FOR FISCAL YEAR 2021-2022

- Netsmart Care Manager implementation and training
- Improve warm hand off and connection to service tracking
- Renew motel voucher program contract
- Improve data tracking and outcome measures as related to The Stepping Up Initiative: Set, Measure, Achieve
- Continue involvement with High Frequency Utilizer (HFU) work group
- Finalize MOU for High Frequency Utilizer group in effort to reduce jail and ER visits.
- Continued participation in CJCC Diversion and Reentry Subcommittee and work groups
- Continue networking and building connections with community stakeholders and partners to address the needs of the criminal justice and behavioral health populations
- Facilitate Managed Care Organization (MCO) Care Coordinator engagements and video visit connections with focus on MCO highest utilizers
- Enhance partner information sharing to reduce duplication of services and maintain a trauma informed care approach
- Explore methods to capture and compare recidivism rates based on jail bookings and engagements at RRC
- Explore sharing of Transition Plans and Reentry Needs Assessments with criminal justice partners for better individual outcomes
RRC Refreshment Area

RRC Lounge

Clothing Donations and information wall
Department of Behavioral Health Services
Resource Reentry Center
401 Roma Avenue NW
Albuquerque, NM 87102
505-468-7832

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