



**Bernalillo County
Resource Reentry Center
Inaugural Year Review
June 2018-July 2019**

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

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RESOURCE REENTRY CENTER (RRC)

The RRC is the first stop for 99% of individuals releasing from the Metropolitan Detention Center (MDC). RRC officially opened on June 12, 2018.

Located in downtown Albuquerque, the RRC operates 24 hours/7 days a week and offers on-site case management assistance to returning citizens 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, and Substance Abuse Techs (also referred to as RRC Greeters). Contracted partners include University of New Mexico Hospital (UNMH) Transition Planners, and University of New Mexico (UNM) Community Health Workers (CHWs) and Pathway Navigators, as well as afterhours Security Officers. UNM Institute for Social Research (ISR) is also contracted for program and system analysis.

Transition Planning Overview

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 Centurion Discharge Planners) and at the RRC to connect with clients in a focused and meaningful way.

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 affect recidivism, reduce length of stay at MDC, increase the time spent out of jail, and reduce unnecessary costs to the system and community by successfully connecting individuals to services and resource information.

Behavioral Health Initiative Project

UNMH Transition Planning at MDC and the operation of the RRC are managed through the Department of Behavioral Health Services. Funded through the Behavioral Health Initiative via the one eight percent gross receipts tax to provide a safety net system that develops a continuum of care. Approved by Bernalillo County voters and the Bernalillo County Commission.

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.”

RRC DATA AND COLLECTION

As the RRC evolved during its first year, so did tracking methods. Spreadsheets and logs were unified; tracking categories were added, removed, condensed, or expanded to better capture services. Services were either not initially tracked or they were under-reported based on the collection systems being used. Therefore, it is necessary to point out that because of the modifications, changes, developments, and improvements made, data collected during the first year of operation may not reflect actual services provided or accessed at the RRC.

Formal data collection began in October 2018. As recent as June 2019, new tracking categories were still being added.

Reporting Period

Data contained in this report captures the operations during year one: June 12, 2018 to July 30, 2019. Service Data collected at the RRC was gathered from multiple tracking systems, including daily and weekly tallying, service referrals, and contractor logs.

MDC to RRC: Transports

Since opening in June 2018 and up until July 2019, there have been 2614 transports from MDC to the RRC. Transports occur 24/7. 20860 individuals were released through the RRC. Average per month: 1738. Average per week: 434

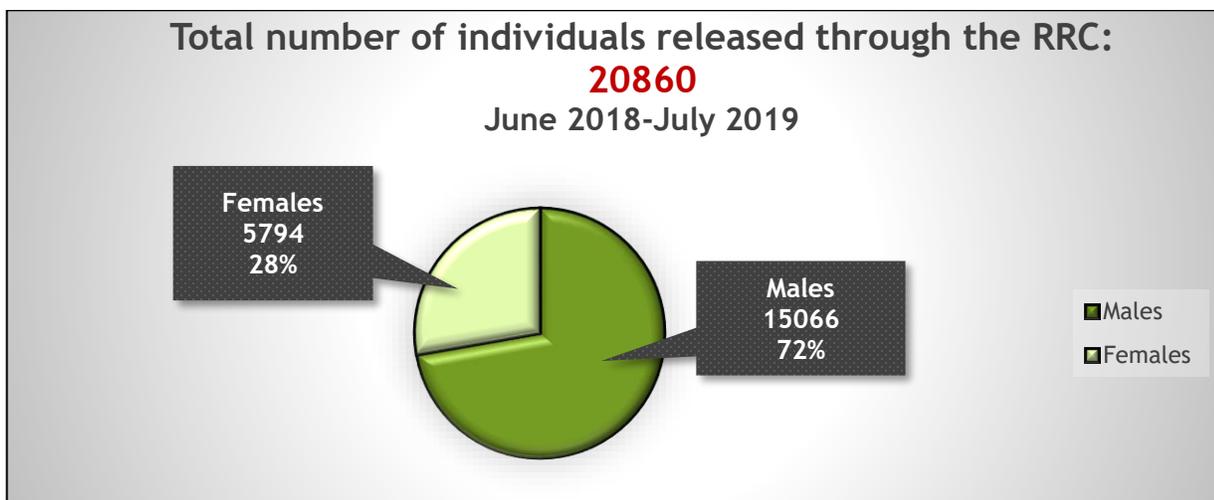


Figure 1 Total number of persons who entered the RRC according to gender

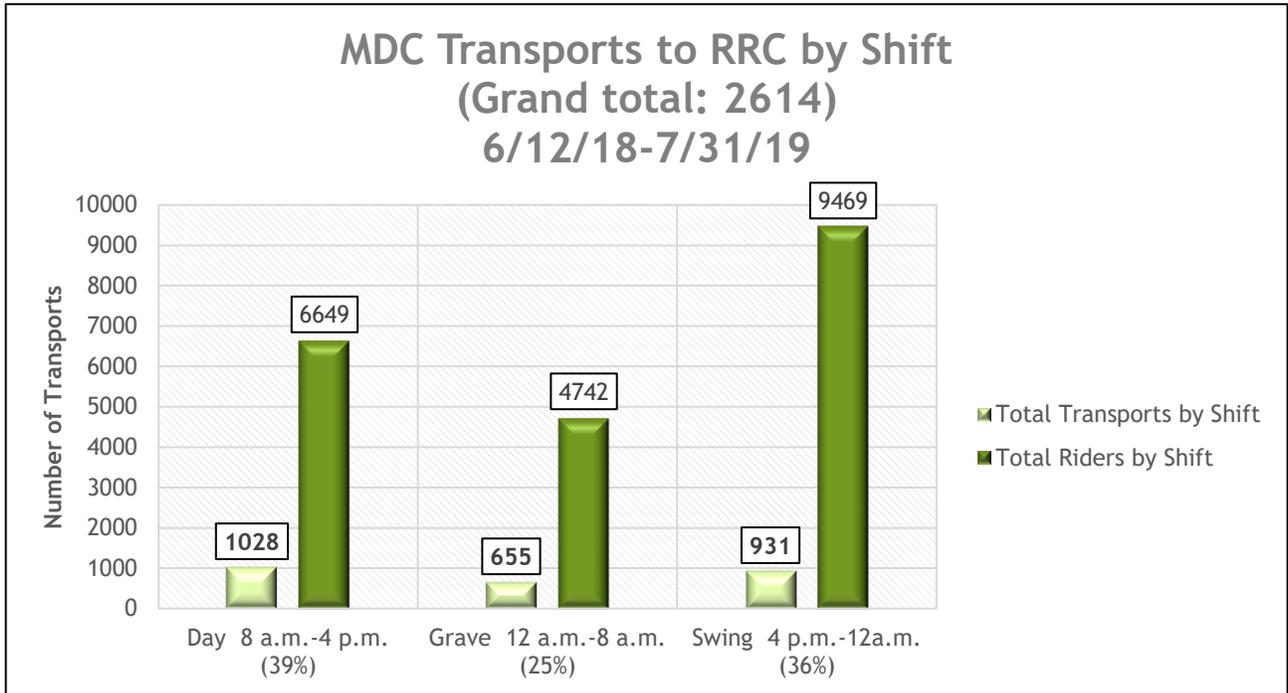


Figure 2 Total transports and number of riders according to shift

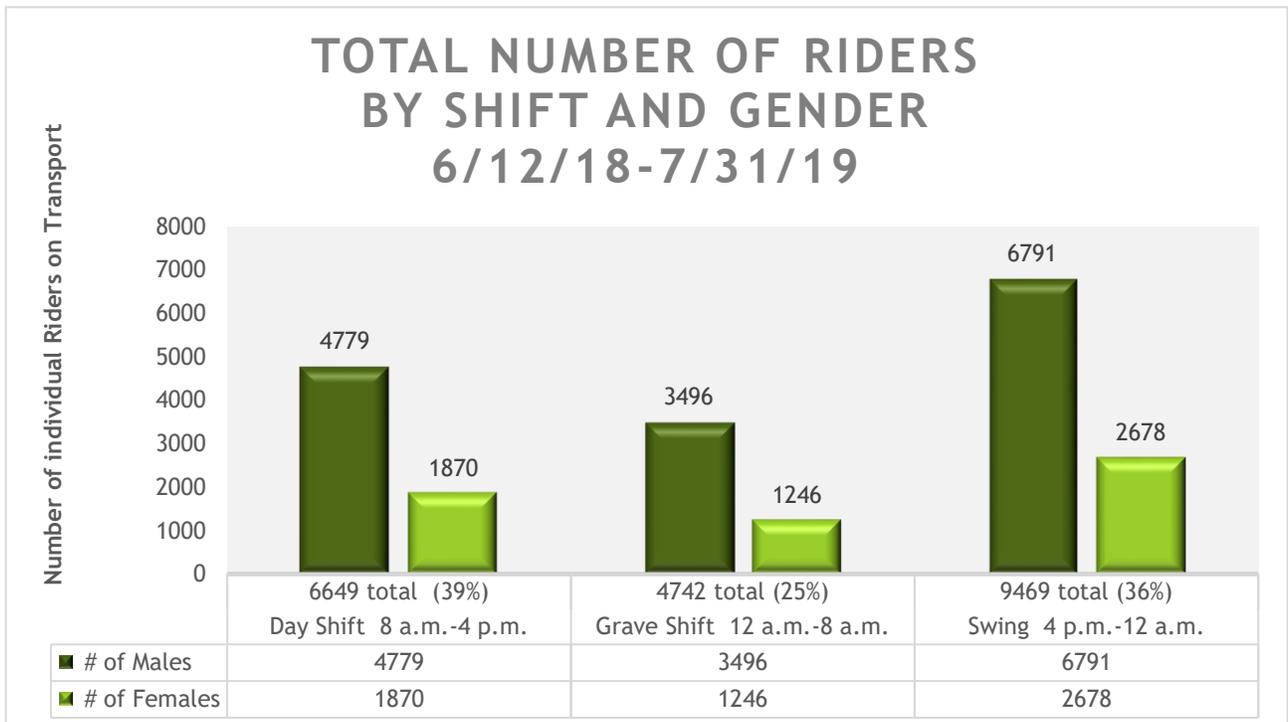


Figure 3 Rider totals by Shift and Gender

Utilization of RRC Services

During the first 30 days of opening in 2018, only about half (53%) of those releasing through the RRC chose to stay and utilize services being offered at the RRC¹. One year later, in a subsequent 30-day sample, findings indicated that 76% of those releasing chose to remain on site and engage in services being offered². Contributing factors include staff and client awareness about the RRC, client word of mouth, staff training, and implementation of new and/or improved processes.

First Year Utilization Totals:

- 20860 Individuals released through the RRC.
- 5770 individuals elected to leave the RRC without accessing any services (28% for the year)
- 15090 individuals remained at the RRC and accessed one or more services. (72% for the year)
- Total number of services accessed during year one: 42337
 - Ancillary Services: 36159
 - One/One Case Management Services³: 6178

Ancillary Services

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

Ancillary Services accessed by clients at the RRC	Annual Total	Avg./month
Overnight Stay	219	18
Waited for a ride	5301	442
Telephone	7286	607
Computer	1318	110
Received a hygiene pack	555	46
Received food	10176	848
Received beverages	11245	937
Number successfully picked up and taken to the West Side Shelter	59	5
TOTAL	36159	3013

¹ June 12, 2018-July 12, 2018: 1356 through RRC, 643 left without services, 713 accessed RRC services.

² June 12, 2019-July 12, 2019: 2383 through RRC, 581 left without services, 1802 accessed RRC services.

³ A one/one service or referral provided by a CHW, Transition Planner, or Pathway Navigator.

Case Management Services

Official logging of Case Management Services began in October 2018. Prior to this, RRC data collection was specific to ancillary services and transport information. *Multiple tracking categories were added in May 2019. 6178 case management services were logged in the first year. A client at the RRC may receive one or more services during one engagement⁴.

<u>Case Management Service</u>	<u>Annual Total</u>
BEHAVIORAL HEALTH SERVICES (TOTAL 425)	
Detox referrals*	3
Methadone referrals/access	90
Suboxone referrals/access*	17
Narcan Education and Distribution	73
Counseling referrals/connections (includes substance abuse treatment referrals)*	191
Special Accommodations (language interpretation, wheel chair assistance, etc.)	51
MEDICAL (TOTAL 34)	
Medical /dental	34
BENEFITS (TOTAL 215)	
EBT/Medicaid enrollment	215
FOOD, SHELTER, CLOTHING (TOTAL 1826)	
Issued clothing	1231
Housing referrals/applications*	66
VI-SPDATS (Vulnerability Index-Service Prioritization Decision Asst. Tool) completed	102
Sober Living referrals/applications*	51
Shelter Referrals and information	376
LEGAL (TOTAL 1085)	
Pre-trial Escorts/Warm Hand-offs	675
Probation and Parole*	56
Connection to an attorney, court house, and/or how to request a hearing for DIW license revocation	354
TRANSPORTATION & PROPERTY (TOTAL 1726)	
Assistance locating an impounded vehicle	191
Assistance locating personal property taken at arrest	104
Number of bus passes issued	1396
Out of town travel assistance (for clients who reside outside of Albuquerque)	35
CASE MANAGEMENT-LONG TERM SUPPORT (TOTAL 799)	
Pathway Program referrals	597
Intensive Case Management (ICM) referrals*	12

⁴ For purposes of this report, an engagement is defined as a one/one meeting with a Community Health Worker, Transition Planner, or Pathway Navigator.

Other long term support referrals	149
Veteran Services	41
VOCATIONAL (TOTAL 68)	
Education*	12
Employment*	56
CASE MANAGEMENT SERVICES ANNUAL TOTAL	6178

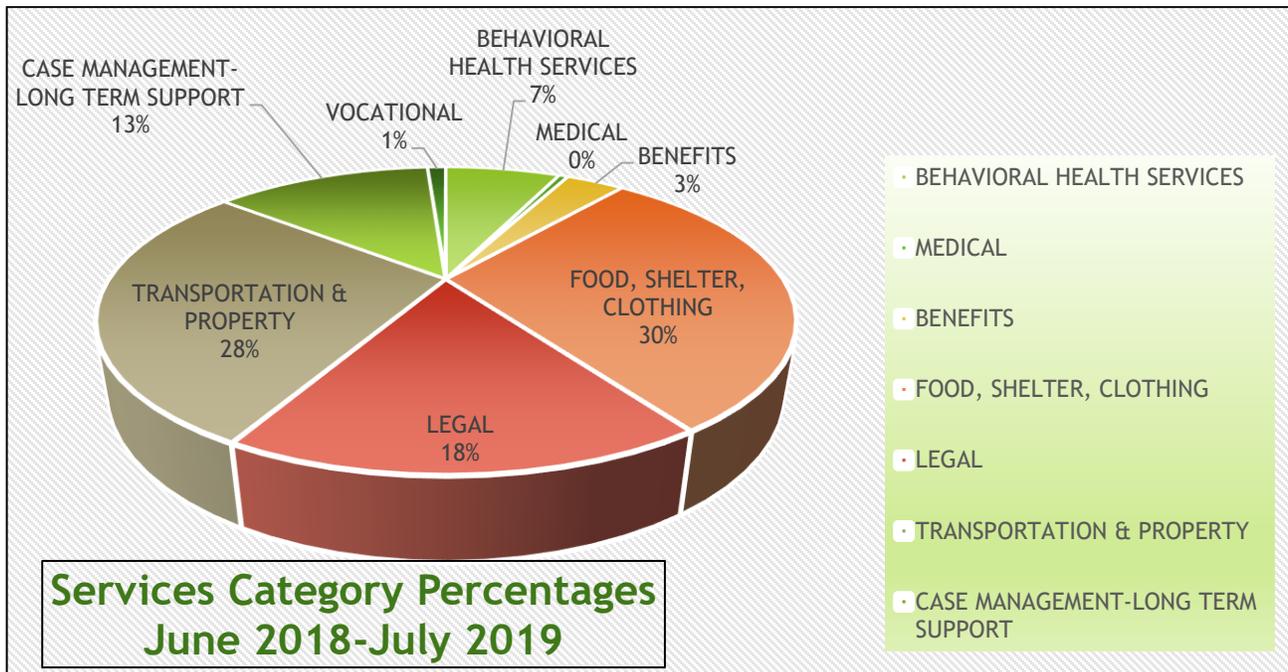


Figure 4 Pie chart: Case Management Services Provided

Transition Planning and Reentry Needs Assessments

Tracking of Transition Plans and Reentry Needs Assessments began formally in October of 2018. Both, Transition Plans and Needs Assessments are completed by a Transition Planner while an individual is in custody or by a Transition Planner, CHW, and/or Pathway Navigator at the RRC. It must be noted that the RRC's current database (SharePoint) does not accurately reflect when a new Transition Plan or Reentry Needs Assessment has been created or amended; instead, the system overwrites the previous entry. Totals for the Transition Plans and Needs Assessments are not accurately reflected of true completion rates and may demonstrate under-reporting.

- Total Transition Plans completed: **813** (Figure 1)
- Total Needs Assessments: **2645** (Figure 2)

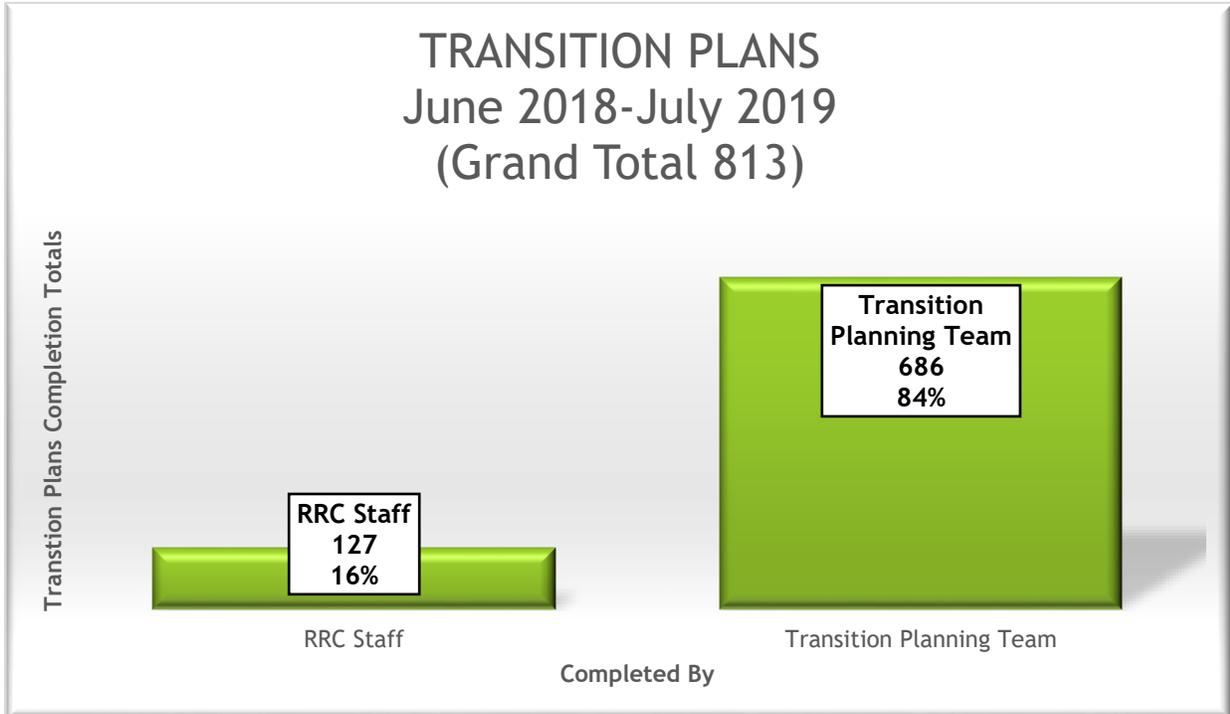


Figure 5 Transition Plan Completion Rates

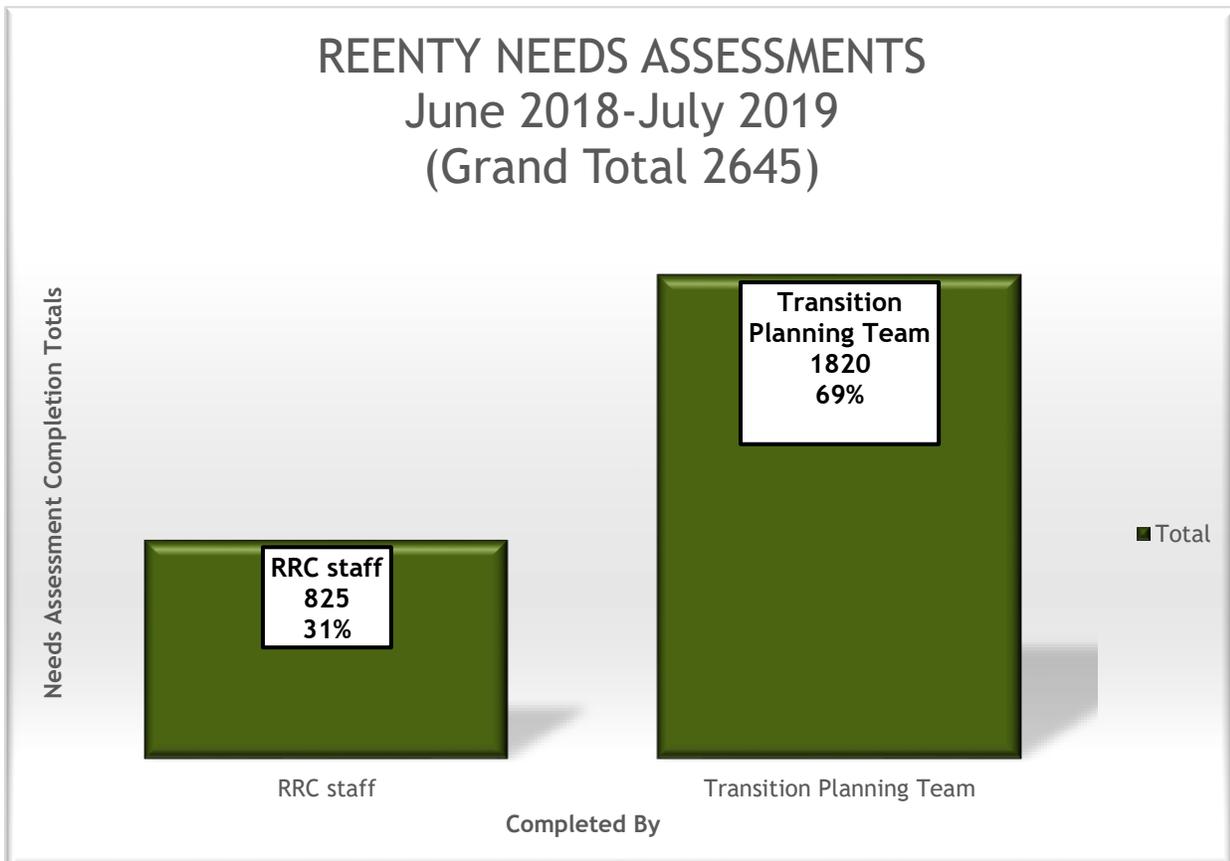


Figure 6 Reentry Needs Assessment Completion Rates



INCIDENT REPORTING

INCIDENT REPORTS AT RRC

The RRC tracks major and minor incidents in its system and reviews for quality assurance. During its first year, the RRC experienced **35** incidents:

- Public Safety Building Fire Alarm: 2
 - Required RRC to complete fire drill and relocate clients to safety until clear.
- Missing RRC inventory: 1
- EMS transport or involvement: 14
 - This total may include client request for transport or staff response to a medical emergency/concern.
 - This total also includes two separate incidents involving an unresponsive client; one of which required RRC staff to administer Narcan until EMS arrived
- RRC Security assistance and or involvement: 7
 - Incidents included security escorting a client out, intervening or de-escalation in verbal altercations between clients, unruly behavior while in the RRC, aggression toward staff, and investigating suspicious activity outside of the RRC (person banging on RRC windows/doors).
- Law Enforcement involvement (Sheriff/Police): 3
 - Includes one incident of stolen property (client/client)
- RRC facility/maintenance issues: 3
- Minor/non-emergent: 5
 - Includes Program Manager allowing a client to return after leaving the RRC
 - Forgotten Property

YEAR ONE: WHAT WAS LEARNED?

Program Information and Buy-In

Program information, implementation, details, and purpose must be delivered in various formats, such as presentations, written documents, word of mouth, local media, marketing material, information sharing, and training. Audiences must include: the incarcerated, jail staff (both Security and Civilian), Re-Entry program staff and Contractors, Criminal Justice and community partners, and the public. This process should be continual.



Policy and Procedures

General policy and procedures should be established prior to first day of opening. It is important that all Re-entry staff be trained and familiar with policy, procedures, and expectations of the program. Once operating, regular program evaluation will inform the development and/or adjustment to policies and procedures. Client and staff feedback, as well as the use of weekly utilization data, serve as critical guides to program development.

Case Management Database and Tracking System

It is imperative to the success of the program and its reporting that a case management database system is used. A system that allows the following: individual case file management, case note entry, pre-formatted transition plans and assessments, data tracking, document tracking, and report building/exportation.

This system should allow users the ability to enter and retrieve utilization data in one location. All must agree to enter and store information in one location and not on separate drives or silo reports.

Release of Information (ROI)

A universal release of information between Re-entry partners is necessary and useful in coordinating care across many agencies. ROIs should be tracked by name, date signed, and date of expiration or revocation. Bernalillo County Legal Department approved the current universal ROI.

Release Times

The Metropolitan Detention Center operates and releases individuals 24 hours/7 days a week. Release times affect utilization and engagement rates. Those released during normal business hours have better opportunity at being connected with services in the community. It should be emphasized there are many moving parts that play into a release time, such as, court times, court order/documentation processing, staffing, jail lock downs, and medical holds. Dialogue between the judges, jail, the jail's medical contractor, and Re-entry Program should occur early in program development, and as needed, to troubleshoot and make adjustments where feasible.

Staffing and Training

Proper staffing is critical to program outcomes. Each person should understand his or her role and program expectations. Performance measures should be established as quickly as possible. Group on-boarding/training for the program is valuable and must be continual. Staff scheduling should coincide with transport/release trending.

GOALS FOR YEAR TWO: 2019-2020

- Secure and Launch Case Management Database System
- Develop an Improved Data Tracking System and Process
- CHWs to provide one/one client engagement in the community
- Incorporate Boundary Spanners and Intensive Case Management into RRC
- Increase community partner engagement at the RRC as meeting place and warm hand off locale
- Managed Care Organization (MCO) Care Coordinator engagement and presence at the RRC
- Enhance partner information sharing to reduce duplication of services and maintain a trauma informed care approach
- Formalize recidivism tracking and reporting
- Continue partner meetings and networking