



ABQSC Evaluation Brief: 2017—May 2020

Locally, we have various Intensive Case Management programs, but they are designed for higher-functioning folks. They don't address the fact that folks with primary psychotic illnesses, by virtue of their illness, have cognitive impairment. When we start saying that somebody needs to have goals and come to appointments, that's really not accessible to somebody who hasn't had any treatment for their mental health issues and has comorbid substance use. What's different about ABQSC is that they are boots on the ground; they engage folks in care, which means bringing the care to them.

— Presbyterian Psychiatrist, Dr. Abrams

What Does ABQ StreetConnect Do?

Albuquerque StreetConnect (ABQSC)—a Heading Home program—is a specialized outreach team whose mission is to identify, engage, stabilize and house individuals for whom traditional outreach methods have not worked. ABQSC does this through focused and sustained outreach to individuals identified and prioritized for this model of outreach by community emergency response systems.

Who Does StreetConnect Serve?

The sub-population of persons experiencing chronic homelessness with mental illness, typically with co-occurring substance use disorders and physical ailments, is the focus of ABQSC. Many are high utilizers of the criminal justice system, emergency medical systems (EMS), or emergency departments (ED); just as concerning, some have never or rarely accessed healthcare services.

“He's been on the streets for a long time. He is cognitively very impaired, has schizophrenia, and uses drugs. As an example, he doesn't have the capacity to learn how to use a trash can.”

— Presbyterian Psychiatrist, Dr. Abrams

“We have never said, ‘We can't help this person, they are too difficult.’”

— ABQSC Navigator, Andy

Initial Findings

Analysis of ABQSC clients' utilization of services and outcomes has recently concluded. A forthcoming report will cover the program's work from 2017-2020 using both qualitative and quantitative methodologies.

The population study group was 58 in number. Of those:

- 66% had non-mood psychotic disorders (specified or unspecified);
- 71% had psychoactive substance use (either chronic or acute); and
- 50% had nonpsychotic, non-mood psychotic, or mood disorders.

Overall, **2,825 encounters from 53 clients** were included in the analysis. Of these:

- 67% were visits to the emergency room
- 50% were behavioral-based
- 45% went to UNM Hospital
- 37% went to Presbyterian Hospital

Analysis of Changes in Healthcare Utilization Using NM’s Health Information Exchange

Data from NM’s Health Information Exchange was used to evaluate whether ABQSC is associated with changes in healthcare utilization. Of the 58 ABQSC clients discussed in the report, 53 met the inclusion criteria for this HIE analysis: an HIE consent form and at least one complete quarter of HIE data both before and after enrollment in ABQSC. For each client, encounter data was collected for inpatient, ED, and (non-ED) outpatient visits for a 3.5-year time period: 2 years before enrollment (or 8 quarters) to 1.5 years (or 6 quarters) after enrollment.

Table 1: Healthcare Visits Before and After Enrollment in ABQSC

Type of Visit		Average Number of Visits per Year per Client		
		Before ABQSC	After ABQSC	Change (After – Before)
Emergency	Behavioral Health	6.8	3.8	-3.0
	Medical	6.9	6.5	-0.4
Outpatient	Behavioral Health	1.7	4.8	3.1
	Medical	1.8	2.6	0.8
Inpatient	Behavioral Health	0.7	1.1	0.4
	Medical	0.33	0.47	0.14
All Visits		18.2	19.3	1.1

Table 2: Shift in Utilization by Healthcare Facility Owner

Facility Owner	% of Visits		
	Before ABQSC	After ABQSC	Change (After – Before)
Lovelace	20%	11%	-9%
Presbyterian	38%	38%	0%
UNMH	41%	51%	10%
Other	1%	0%	-1%
Totals	100%	100%	

While the average number of healthcare visits per year was 18 prior to ABQSC enrollment, 12 clients averaged one visit or less annually. Interviews conducted for this report also revealed that underutilization of healthcare services is a major concern:

When we enroll clients, it's clear that many have never accessed services at all, not even emergency care; they are slipping through even those cracks. This is a population whose significant health needs have never been addressed.

— **ABQSC Navigator, Megan**

Overall, clients' shift in healthcare utilization likely reflects more appropriate and beneficial use. ABQSC clients have significant BH and medical issues, and many of these issues have gone unaddressed for long periods of time. The analysis suggests a shift away from the ED and toward outpatient care for both medical and BH issues, as well as a (possibly temporary) shift toward inpatient care as ABQSC works to stabilize clients' BH issues.

For example, one case study in the report notes that the client had a long history of underutilizing healthcare services, receiving little to no outpatient services during the two years before ABQSC enrollment. With ABQSC engagement, inpatient care of the client increased significantly and was a critical component for mental health stabilization. Once this phase of the program was established, the second phase shifted to outpatient care and an intense focus on:

- leveraging available resources (Medicaid, SSI and SNAP benefits, representative payee, treatment guardian);
- supporting the client towards as much self-reliance as conditions allowed; and
- stable housing in a group home with the support of a plenary guardian.

Excerpts from Interview with APD Sergeant Peter Silva:

“Law enforcement is only part of the solution. Without the support of something like ABQSC, we would still just be arresting the same people over and over. These are individuals who would often panhandle or sleep in front of businesses. So APD is getting these really low-level calls on a regular basis. And, other than arrests and citations, we really didn't have any other avenue: **ABQSC has given us this other avenue.**”

“In the **weekly ABQSC briefings**, we get updates and strategize on the highest priority clients. For example, ABQSC had a Certificate of Evaluation on somebody, but they needed help finding him. My guys knew where to find him. Or, I learn that somebody was placed in a group home; so now when my officers are having a problem with him, instead of citing or arresting him, they can say, “Hey, would you like a ride home?” The client is often like, “Sure, I would actually.” Or we can say, “Hey, let's go talk to Jodie at ABQSC.” A lot of times, that's all it takes.

“Sitting in on these briefings has really been eye-opening. I never saw these issues in the light that I see them now. We all have our biases. Quite honestly, the bias is usually, “Why are you giving free things to people?” **What you don't realize, is how much these ABQSC services are saving the community.**”

“I like a private organization being involved—the flexibility that provides; less restrictions than APD. With the ABQSC model, if Jodie doesn't feel like she needs us, she's not

going to call. Nine times out of ten, she's like "No, we're good Sarge. You guys go do your thing. We'll take care of it from here." But she knows that if she needs us, we'll be there. ABQSC does what they feel is the right thing to do, and I trust them to do the right thing. There's a lot of trust there.

"Each area command has their own target areas, where crime and homelessness are higher. **Why wouldn't we have an ABQSC team in each of these areas?** There's the perception: you're a cop, you're supposed to be arresting people. But no, I'm a peace officer; I'm restoring the peace. If that means helping somebody get into a program, that's a win to me."

Full Report

A forthcoming formal report details research on the ABQSC model. It was funded by a City of Albuquerque contract, through Heading Home, who hired Judy Bartlett, PhD, MPH for data assessment. Dr. Bartlett is a former UNM Health Sciences Center Program Operations Director. Prior to that, she served as team lead and program analyst for the U.S. Dept. of Health and Human Services, Office of Inspector General, Office of Evaluation and Inspections.

For copies of the full report, once available, please contact:
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