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Behavioral Health Services Division

New Mexico Supportive Housing Strategic Plan 2024-2028

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SECTION I.

SUPPORTIVE HOUSING NEEDS AND MODELS

SECTION I.

Supportive Housing Needs and Models

This section begins with an overview of New Mexico’s supportive housing and service needs to set the context for the *New Mexico Supportive Housing Strategic Plan for 2024-2028* (also referred to as the Strategic Plan in this document). It then discusses the common approaches to operating and providing supportive housing. This overview allows for greater insight on New Mexico’s housing programs as well as the type of supportive housing that is needed to resolve barriers.

The Behavioral Health Purchasing Collaborative (Collaborative), Behavioral Health Services Division (BHSD), and the State of New Mexico are committed to expanding and improving supportive housing programs and supportive services statewide to address identified needs. These efforts will be guided by the tailored goals and strategies as detailed in Section IV.

Summary. Homelessness in New Mexico often looks different than more urban states. New Mexico’s rural areas often have higher rates of hidden homelessness¹ making it more difficult for service providers to identify residents’ housing and service needs, and more challenging for residents to access needed services. As written by the Senate Memorial Task Force in 2015, generational poverty, geographic isolation, social determinants of health, and limited affordable housing have all contributed to the state’s housing challenges.

Estimates of the number of people experiencing homelessness in New Mexico vary due to methodology and the complexity in identifying homeless residents. The 2023 Point in Time Count (PIT), which focuses on identifying residents in shelters, sleeping in places not meant for habitation, and residing in transitional housing estimates that almost **4,000 New Mexicans are experiencing street and shelter homelessness**. Estimates that

HOUSING NEEDS

- A 2022 study identified a shortage of 32,000 to 40,000 rental units for very low income renters.
- 3,842 New Mexicans were homeless in 2023 with 1,600 people experiencing unsheltered homelessness.
- During the 2019-2020 academic year, 9,000 children were homeless.

¹ Hidden homelessness generally refers to individuals living in temporary housing situations without guarantee of permanent housing such as couch surfing or living in their vehicle.

include people who are precariously housed—living in temporary or unsafe conditions with others or motels/hotels—put the state’s homeless population at between 15,000 and 20,000 people. According to the state’s school districts, **9,000 New Mexico children are homeless.**

Housing instability and homelessness disproportionately impact persons with a disability, mental illness, and/or substance use disorder. In Albuquerque, for example, 45% of surveyed adults who were experiencing unsheltered homelessness self-reported having a substance use disorder and 50% a serious mental illness (SMI). For many special needs populations, these challenges are exacerbated after entering homelessness due to trauma, behavioral health challenges, health risks, and limited access to supportive services.

The New Mexico Coalition to End Homelessness (NMCEH) estimates that at least **6,500 homeless persons are not receiving the assistance they need to successfully exit homelessness.**

The estimated number of beds or units needed to assist New Mexicans experiencing homelessness ranges from 6,500 to 8,400.

Homelessness in New Mexico

According to HUD’s Point in Time Count (PIT), there were 3,842 New Mexicans experiencing homelessness on a given night in January 2023—2,394 in Albuquerque and 1,448 in other areas of the state.² Total homelessness in New Mexico increased by 11% from 2009 with 400 more New Mexicans experiencing homelessness. The most recent PIT data suggest a more dramatic increase in homelessness over the last year: between 2022 and 2023, the number of homeless New Mexicans increased by 48% or 1,250 more people experiencing homelessness.³

It is important to note that PIT counts often underestimate the number of individuals experiencing homelessness because they have difficulty identifying hidden homeless (e.g., people couch surfing, people housed and living in unsafe housing conditions). The NMCEH estimates that the state’s true homeless population, including those who are in precarious housing conditions, is between 15,000 and 20,000 New Mexicans per year.

Albuquerque experienced a significant increase in homelessness since the previous PIT count. Homelessness in Albuquerque rose by 83% (or 1,083 people) between 2022 and 2023 compared to 13% in other areas of New Mexico. The increase in homelessness follows previous trends showing homelessness declining in Albuquerque and growing in other areas of the state (Figure I-1).

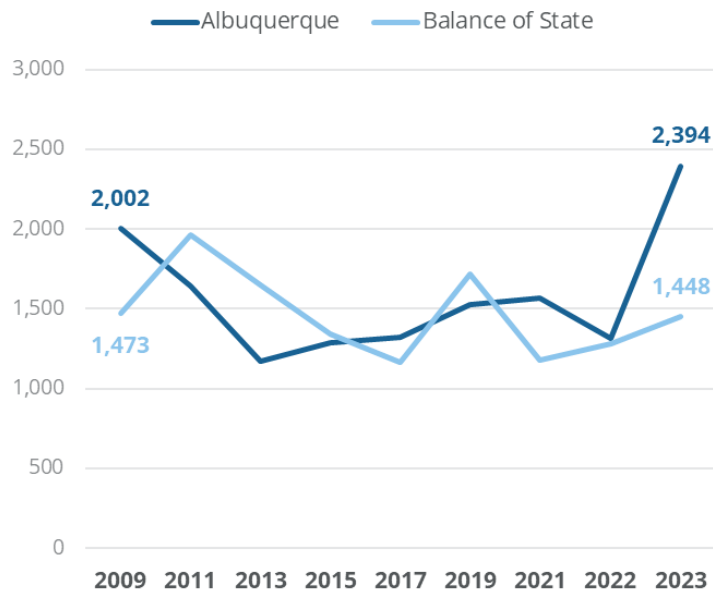
² HUD’s PIT counts the number of homeless persons in shelters and sleeping in areas not meant for human habitation on a given night in January 2023.

³ https://www.nmceh.org/_files/ugd/ad7ad8_b97469cdf6494cdd87126009b732d1db.pdf.

The rise in identified homelessness is likely driven by several factors including systematic changes to surveying methods; more surveyors; and improvements to the state’s Homeless Management Information System (HMIS). Other factors contributing to the rise in homelessness include housing and unemployment instability; lack of available and affordable housing; and limited access to supportive services.

Figure I-1.
Estimated Number
of People Counted
During PIT Counts,
New Mexico, 2009-
2023

Source:
NMCEH PIT Report and Root Policy
Research.

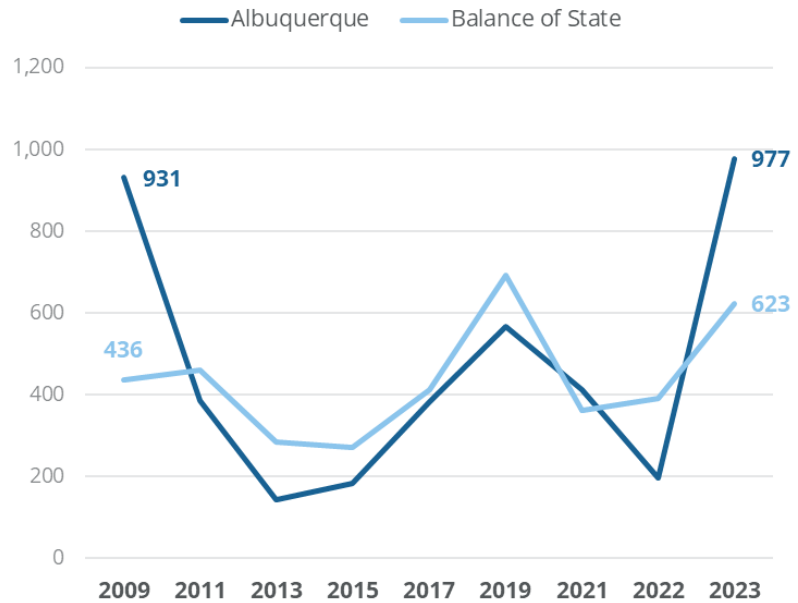


In line with overall homeless trends, unsheltered homelessness is rising across New Mexico. Unsheltered homelessness in Albuquerque has increased dramatically over the last year—the number of persons living in unsheltered conditions rose by 396% or 780 more people.⁴ Unsheltered homeless populations more than doubled in other areas of the state, reaching a total of 623 people living in unsheltered living conditions (Figure I-2).

⁴ According to the NMCEH’s 2023 PIT Report, the sharp increase in Albuquerque’s unsheltered homelessness may reflect systematic changes to surveying processes, increases in surveyors, ongoing decommissioning campaigns of homeless encampments, and other limitations. Counts are likely underestimates.

**Figure I-2.
Estimated Number
of Unsheltered
People During the
PIT Counts, New
Mexico, 2009-2023**

Source:
NMCEH PIT Report and Root Policy
Research.



Emergency shelter use in New Mexico slightly increased since 2011 (an increase of 6% or 97 people). These trends vary between Albuquerque and other areas of the state with emergency shelter usage increasing in Albuquerque and declining in other areas of the state during this time. Changes in emergency shelter use since 2022 show similar patterns. Emergency shelters in Albuquerque experienced an increase of 20% while other areas of the state declined by 15% or 120 people (Figure I-3).

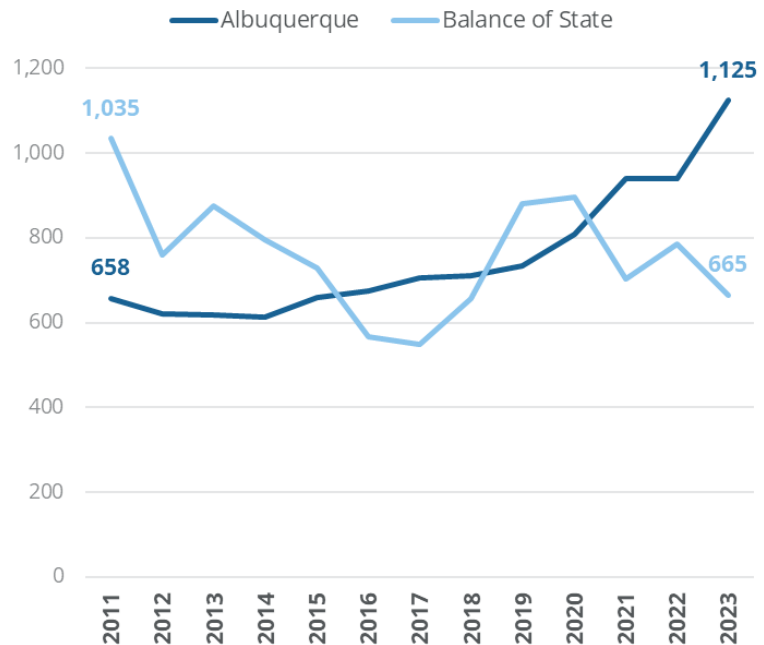
Growth in the usage of Albuquerque’s emergency shelters could be driven by the City’s efforts to increase the number of year-round shelter beds. For example, between the 2018 and 2019 PIT counts, Albuquerque added around 300 year-round, full-time beds for New Mexicans experiencing homelessness.⁵ In November 2018, Albuquerque converted its largest winter shelter to a year-round emergency shelter known as the Westside Emergency Housing Center (WEHC) which serves 270 people each night on average.⁶

⁵ Kathleen Gygi and Micaela Fischer, “Memorandum: Status Update on LFC Research of Housing and Homeless Supports,” New Mexico Legislative Finance Committee, January 2023.

⁶ “Changing the Story of Albuquerque’s Homelessness and Behavioral Health Crisis System,” *City of Albuquerque* (One Albuquerque, November 5, 2019), <https://www.cabq.gov/family/documents/changing-the-story-11-5-19.pdf>.

**Figure I-3.
Estimated Number
of People Residing
In Emergency
Shelter During the
PIT Counts, New
Mexico, 2011-2023**

Source:
NMCEH PIT Report and Root Policy
Research.

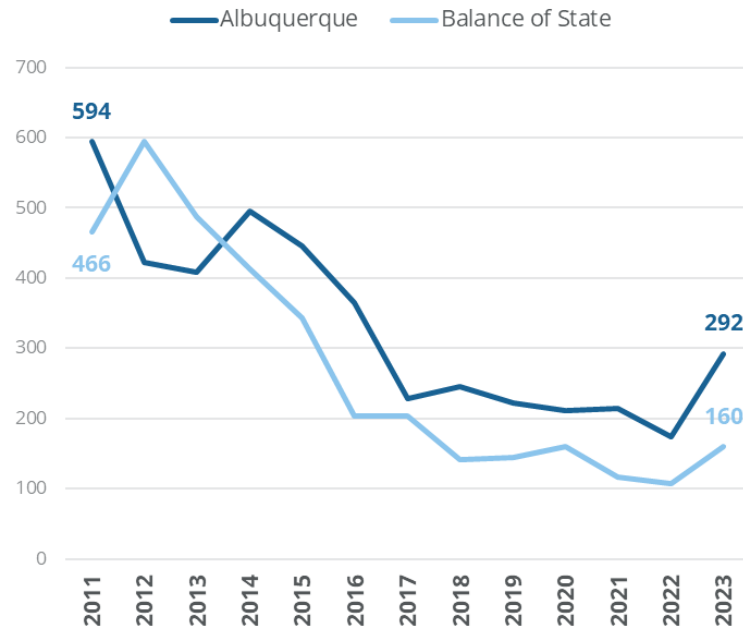


Transitional housing utilization has declined in Albuquerque and other areas of the state since 2011. Individuals residing in Albuquerque’s transitional housing declined by over half while other areas experienced a steeper decline of 66%. The long-term decline in transitional housing utilization is likely driven by limited funding for transitional housing programs, high entry barriers, and/or a comparatively lower supply of year-round transitional housing units. For example, on the night of the 2022 PIT counts, HUD’s Housing Inventory Count (HIC) show only 501 transitional housing beds/units available for New Mexicans experiencing homelessness.

The 2023 PIT counts suggest an increase in transitional housing utilization in Albuquerque and other areas of New Mexico from 2022. Albuquerque’s transitional housing programs experienced an increase of 118 people (or a rise of 68%) while other areas increased the number of individuals residing in transitional housing by half or 53 people (Figure I-4).

**Figure I-4.
Estimated Number
of People Residing
In Transitional
Housing During the
PIT Counts, 2011-
2023**

Source:
NMCEH PIT Report and Root Policy
Research.



Precariously housed residents. The PIT count estimates the number of individuals residing in homeless shelters, transitional housing, and unsheltered living conditions. While PIT counts are one of the main measures of homelessness, it does not capture the number of individuals and families living in hotels/motels, doubling up with family or friends, couch surfing, living in vehicles, or those residing in substandard conditions. These residents are at a higher risk of long-term housing instability and/or homelessness, meaning affordable housing and access to services will be crucial to keeping residents stably housed.

In the resident survey completed for the Mortgage Finance Authority's (MFA) Housing Strategy, around 80 precariously housed residents shared information about their housing needs:

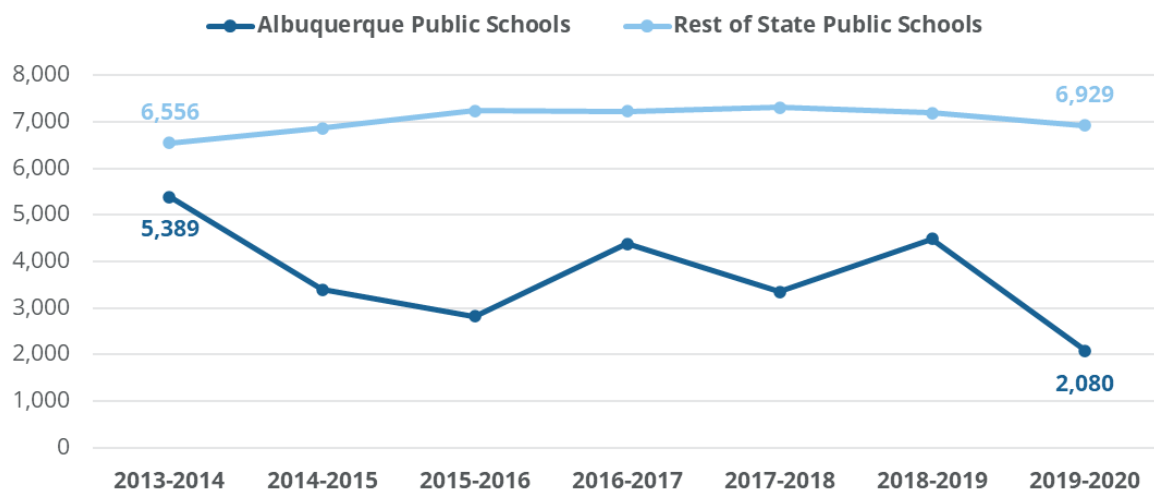
- Around 60% of respondents indicated they or someone in their household experienced some disability.
- Around three in four indicated they currently live with family, friends, or others due to a lack of housing that meets their needs. Of these respondents, the majority indicated that the primary reason they are doubled up is because they cannot afford the rent of available units.
- Almost 40% have been displaced in the past five years. Displacement occurred for a range of reasons including being behind on rent, rent increases, and personal/relationship reasons.
- More than 70% of precariously housed residents responded that the COVID pandemic affected their housing situation. Around 30% had to move in with friends, 20% indicated they skipped bill payments, and 15% had to take on debt to pay for housing costs.

- Precariously housed residents were asked what they needed to improve their housing security. The majority of which indicated they needed help paying rent, help with a down payment, and help finding an affordable home to buy/increasing the inventory of affordable for sale homes.

Homeless youth. The NMCEH estimates the total homeless youth population (15 to 25 years) in New Mexico at between 1,088 and 2,314 individuals. Children and youth experiencing homelessness are one of the most vulnerable groups for chronic homelessness, mental health challenges, and/or substance use disorders. Among New Mexican youth, histories of involvement in the child welfare system and unaddressed development, social support, and behavioral health are alarmingly common. Combined with limited access to preventative health care services, these stressors make it difficult for youth to succeed and access equitable education and employment opportunities.

During the 2019-2020 academic school year, there were 2,080 school children experiencing homelessness in Albuquerque and 6,929 in other areas of the state for a total of 9,009 homeless children and youth in New Mexico (Figure I-5).

Figure I-5.
Trends Among Children and Youth Experiencing Homelessness, 2013-2020



Source: U.S. Department of Education and Root Policy Research.

As shown in the figure above, the number of homeless children and youth in Albuquerque declined by more than half (54%) after the 2018-2019 academic year with 2,411 fewer homeless children and youth. It is important to note that these findings do not suggest that over 2,400 homeless children and youth exited homelessness during this time as the NMCEH states that hidden homelessness is most common for youth populations.

In a recent analysis and needs assessment completed by the Pacific Institute for Research and Evaluation, researchers found that youth populations often lose their housing after

being kicked out, running away, experiencing domestic violence, being evicted, and/or aging out of the foster care system.⁷ The needs assessment shows the majority of homeless youth in New Mexico as couch hopping (63%), living on the street (54%), or living in shelters (46%). Homeless youth in New Mexico are more likely to be of older age and identify as Native American.

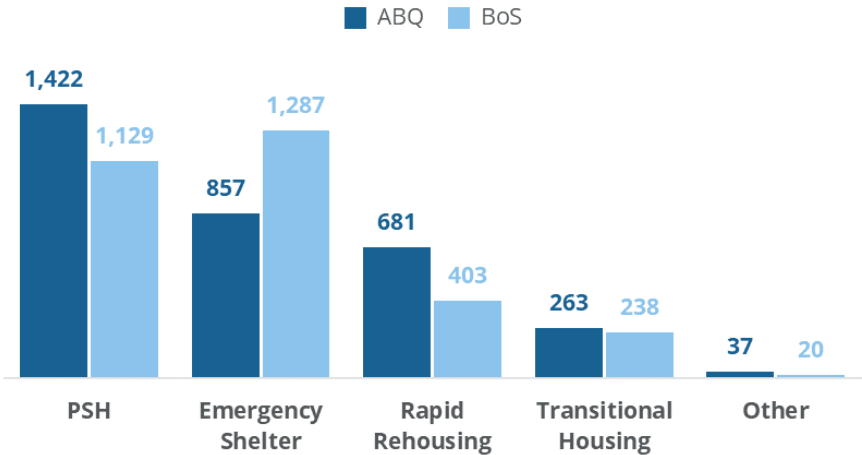
Housing targeting homelessness. According to the 2022 HIC report, New Mexico had a total housing inventory of 6,337 beds targeted to persons experiencing homelessness.⁸ Almost half are permanent supportive housing (PSH) beds and 34% are emergency shelter beds. Of these, 35% are designated for special needs populations including chronically homeless persons, veterans, and homeless youth.

Year-round beds are distributed relatively evenly: in Albuquerque, there were 3,260 beds and 3,077 beds in other areas of the state. However, the type of supportive housing varies as shown in Figure I-6.

Figure I-6.
Supportive
Housing and
Shelter Capacity
In 2022

Note:
Data show year-round beds only. New Mexico provides additional beds during the winter months.

Source:
HUD's HIC (2022) and Root
Policy Research.



As shown in the figure, Albuquerque had almost 300 more PSH beds than other areas of the state and 278 more rapid re-housing beds. Other areas of the state have greater shelter capacity with 430 more emergency shelter beds than Albuquerque. Because emergency shelters are considered to be best practice for immediate homeless intervention, it follows that unsheltered homelessness has grown at a much higher rate in Albuquerque than other areas of New Mexico.

According to the Corporation for Supportive Housing (CSH), the state of New Mexico needs around 8,400 more supportive housing units (Figure I-7). The Urban Institute estimates that

⁷ Pacific Institute for Research and Evaluation, *Comprehensive Needs Assessment of Young People Experiencing Housing Instability and Homelessness in Bernalillo County*, New Mexico, April 2022.

⁸ https://files.hudexchange.info/reports/published/CoC_HIC_State_NM_2022.pdf.

2,200 households in Albuquerque are in need of PSH and 800 households are in need of rapid re-housing.⁹

The MFA estimates that at least 6,500 units are needed for chronically homeless persons, individuals on the state's developmental waiting list, and people exiting prison or mental health institutions.

**Figure I-7.
Supportive
Housing Units
Needed**

Source:
CSH Needs Assessment
and Root Policy Research.

| Public System | Housing Units |
|---|---------------|
| Total | 8,427 |
| Chronic Homeless | 1,155 |
| Non Chronic Homeless | 118 |
| Homeless Families | 39 |
| Child Welfare Families | 252 |
| Unaccompanied Transition Aged Youth | 126 |
| Child Welfare Transition Aged Youth | 25 |
| Justice Involved Transition Aged Youth | 64 |
| Prison | 672 |
| Jail | 1,153 |
| Developmental Disability Waitlist | 2,172 |
| Developmental Disability in Intermediate Care Facility | 300 |
| Developmental Disability Residential | 691 |
| Mental Health Institutional | 563 |
| Mental Health Residential | 15 |
| Aging | 885 |
| Substance Use | 197 |

Services needed. The NMCEH estimates that at least 6,548 homeless persons are not receiving the assistance they need to successfully exit homelessness. These trends have likely contributed to the large number of individuals experiencing chronic homelessness.

Robust service delivery is especially important for New Mexicans experiencing unsheltered homelessness as many have special needs including mental health conditions and substance use disorders (Figure I-8).

⁹ Josh Leopold et al., "Albuquerque Affordable Housing and Homelessness Needs Assessment," *Urban Institute* (Urban Institute, May 2020), https://www.urban.org/sites/default/files/publication/102261/albuquerque-affordable-housing-and-homelessness-needs-assessment_2.pdf.

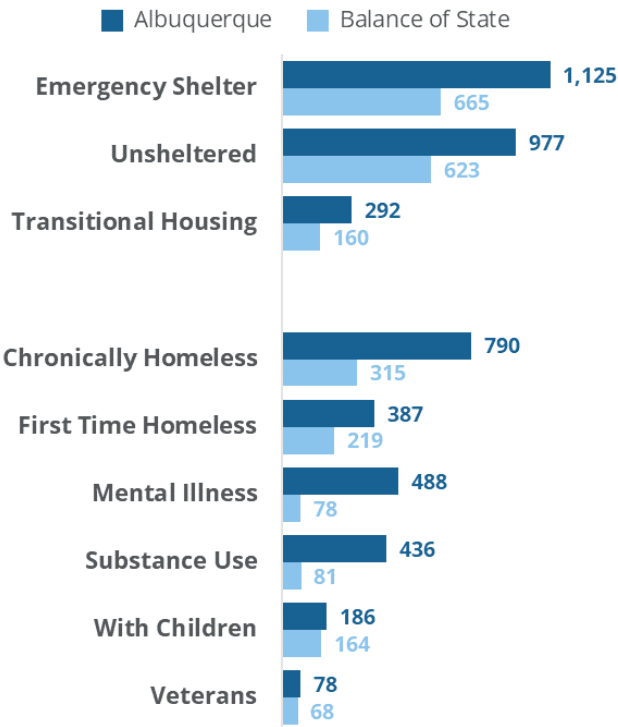
In 2023, half (50%) of unsheltered homeless persons in Albuquerque self-reported having a serious mental illness and 45% a substance use disorder. These findings are significantly higher than other areas of the state: 13% experiencing unsheltered homelessness had a serious mental illness and 13% a substance use disorder.

Unsheltered data from 2022 for other areas of New Mexico are more reflective of patterns in Albuquerque: 43% experiencing unsheltered homelessness had a serious mental illness and 40% a substance use disorder.

Figure I-8.
Homelessness by
Housing
Configuration and
Special Needs, 2023

Note:
Special needs data are shown for surveyed unsheltered homeless populations in Albuquerque and other areas of the state only.

Source:
NMCEH 2023 PIT Report and Root Policy Research.



Compared to unsheltered persons, individuals residing in emergency shelters were less likely to have a mental illness or substance use disorder. Rates were even lower for transitional housing residents.¹⁰ These findings suggest that housing plays a crucial role in reducing behavioral health and substance use challenges.

Services targeting substance use challenges are especially important as New Mexico has one of the highest rates of alcohol and drug use in the United States. According to the National Survey on Drug Use and Health (NSDUH), one in ten adults and one in six young adults had a substance use disorder in 2019. Deaths due to alcohol or drugs have

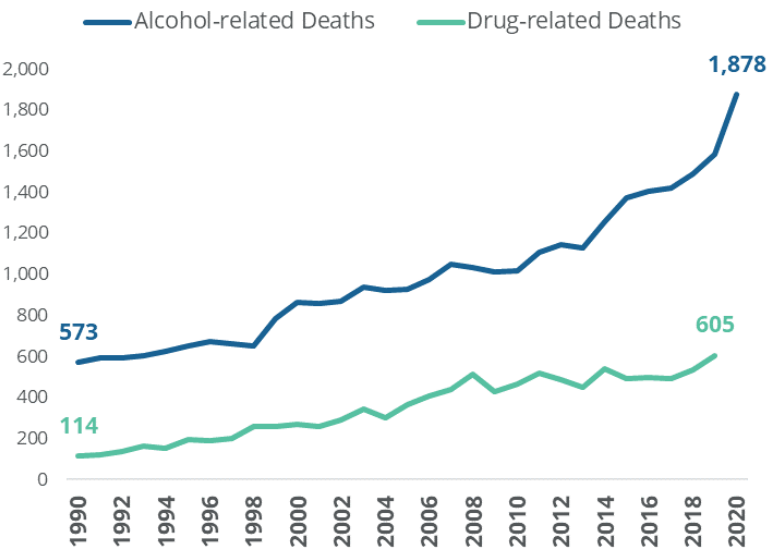
¹⁰ Note that these data are from 2022; the 2023 NMCEH PIT Report does not provide special needs data for individuals residing in transitional housing or emergency shelters.

increased substantially: since 1990, alcohol-related deaths have risen by more than 300% and drug-related deaths have risen by more than 500% (Figure I-9).

Figure I-9.
Alcohol and Drug
Related Deaths,
New Mexico, 1990-
2020

Note:
Data are not available for drug
related deaths in 2020.

Source:
New Mexico Health Indicator Data
and Statistics and Root Policy
Research.



Between 2015 and 2019, New Mexico’s combined death rate for drug-related and alcohol-related deaths was 26.2 and 71.9, respectively. Some counties experience higher death rates than other areas of the state (Figure I-10).

**Figure I-10.
Alcohol and Drug
Related Deaths by
County, 2015-2019**

Note:

Death rate per 100,000 people, age adjusted. Data are not available after 2019.

Source:

New Mexico Health Indicator Data and Statistics and Root Policy Research.

| County | Death Rate | | Total Population |
|-------------------|--------------|-----------------|-------------------|
| | Drug Related | Alcohol Related | |
| New Mexico | 26.2 | 71.9 | 10,513,139 |
| Bernalillo | 29.1 | 67.0 | 3,396,365 |
| Catron | 24.0 | 60.4 | 17,873 |
| Chaves | 24.2 | 67.9 | 326,732 |
| Cibola | 18.9 | 99.3 | 136,066 |
| Colfax | 33.5 | 79.4 | 62,089 |
| Curry | 19.4 | 53.3 | 250,947 |
| De Baca | 17.3 | 62.0 | 9,261 |
| Dona Ana | 17.9 | 45.5 | 1,085,755 |
| Eddy | 28.6 | 66.3 | 288,993 |
| Grant | 38.0 | 62.4 | 141,819 |
| Guadalupe | 40.4 | 70.1 | 22,206 |
| Harding | 0.0 | 30.8 | 3,427 |
| Hidalgo | 25.4 | 51.2 | 21,998 |
| Lea | 20.9 | 53.9 | 353,229 |
| Lincoln | 40.5 | 72.2 | 98,838 |
| Los Alamos | 21.9 | 30.6 | 92,604 |
| Luna | 23.7 | 52.7 | 123,085 |
| McKinley | 15.1 | 205.4 | 362,478 |
| Mora | 7.4 | 68.3 | 22,997 |
| Otero | 20.6 | 58.6 | 331,261 |
| Quay | 19.7 | 86.7 | 42,270 |
| Rio Arriba | 83.6 | 145.5 | 196,681 |
| Roosevelt | 13.8 | 43.4 | 97,531 |
| Sandoval | 18.5 | 58.9 | 724,466 |
| San Juan | 18.9 | 112.2 | 632,362 |
| San Miguel | 42.9 | 87.1 | 139,300 |
| Santa Fe | 33.4 | 59.7 | 752,663 |
| Sierra | 35.6 | 83.8 | 56,369 |
| Socorro | 20.0 | 81.4 | 85,543 |
| Taos | 30.2 | 87.3 | 166,241 |
| Torrance | 28.2 | 57.0 | 78,149 |
| Union | 0.0 | 38.1 | 20,913 |
| Valencia | 30.7 | 70.1 | 379,674 |

McKinley County has an especially high death rate for individuals with alcohol use disorders. In fact, almost one in four deaths among working age adults is due to alcohol.¹¹ Rio Arriba and San Juan counties also have high alcohol death rates. Drug-related deaths are notably high in Rio Arriba, San Miguel, and Lincoln counties.

Supportive Housing Models

New Mexico has long pursued and implemented a range of models for supportive housing including permanent supportive housing (PSH); transitional housing; rapid re-housing; recovery housing; reentry housing; and set-aside programs for LIHTC units.

Supportive housing design best practices.

Supportive housing programs link special needs populations to safe, affordable, and community-based housing with individualized (and voluntary)¹² support services. Services are designed to help individuals and families remain stably housed, reach self-sufficiency, and live productive lives in their community.¹³

While there is no single model for the design of supportive housing, the United States Interagency Council on Homelessness (USICH) recommends the following three approaches to operating and providing supportive housing:

- Single-site or purpose-built housing; apartment buildings designed to serve formerly homeless tenants with intensive service needs. Supportive services are often available on-site. Single-site and site-based models are more effective in urban areas though these developments require predevelopment funding, developer capacity, and deeper subsidies.
- Scattered-site housing; for individuals who have successfully exited homelessness to lease apartments in the private market or affordable units with rental subsidies. Services are provided by staff at the individual's home or in other settings. Scattered-site developments or

BENEFITS OF SUPPORTIVE HOUSING

- Increased housing stability and lower risk of displacement,
- Ability to live independently in non-institutional settings,
- Physical/mental health improvement,
- Increased income or new employment,
- Reduced public service costs paid by taxpayers.

¹¹ New Mexico Legislative Finance Committee, "Substance Use Disorder Treatment and Outcomes in New Mexico" (New Mexico Legislative Finance Committee, November 20, 2019).

¹² Some supportive housing models do require service participation for entry such as transitional housing.

¹³ United States Interagency Council on Homelessness, "Supportive Housing," USICH, August 15, 2018, <https://www.usich.gov/solutions/housing/supportive-housing/>.

small developments (<30 units) are often the best solution for rural counties though these areas also require robust and consistent supportive services.

- Unit set-asides; affordable housing owners lease a designated number of units to tenants with special service needs. Property owners often partner with supportive service providers to offer assistance to tenants.

The USICH's supportive housing model approach recognizes that prevention and response are needed to address homelessness. Specifically,

- "Upstream" is a homeless prevention approach that focuses on both re-housing people experiencing homelessness and preventing people from becoming homeless.
- The federal plan includes strategies focused on reducing the risk of housing instability before an individual requires assistance from the homeless response system.
- Prevention activities can include increasing income or familial connections; increasing availability of and access to affordable housing; providing legal protections; and ensuring overall access to quality health and behavioral health services.
- Prevention is one of three pillars in addition to housing and support services and homeless response.

Permanent supportive housing (PSH). PSH is one of the most effective housing models to support special needs populations experiencing homelessness as it provides both peer support services and safe and stable housing. PSH is recognized as a supportive housing model that addresses complex and multi-faceted needs, specifically for individuals with disabilities (including behavioral health and substance use challenges) and those exiting institutional settings.¹⁴

New Mexico and the Collaborative have long recognized PSH as a frontline cost-effective intervention to serve the most vulnerable and high need residents in community-based settings. According to the NMCEH, PSH is the best practice intervention for families with children, disabled adults, and persons with substance use or behavioral health challenges.

Piloted in 2007, Linkages was the first supportive housing program in New Mexico and has since become one of the state's most recognizable supportive services programs, serving more than 300 households annually. Linkages, which began with just 65 vouchers, was designed to provide rental subsidies and supportive services to vulnerable populations by linking them to affordable quality housing with community-based, individualized services. Linkages targets homeless consumers with demonstrated housing needs as well as

¹⁴ Julia Dickson-Gomez, "Placement of Chronically Homeless into Different Types of Permanent Supportive Housing before and after a Coordinated Entry System: The Influence of Severe Mental Illness, Substance Use Disorder, and Dual Diagnosis on Housing Configuration and Intensity of Services," *Journal of Community Psychology* 48, no. 7 (August 13, 2020), <https://doi.org/10.1002/jcop.22428>.

individuals with a serious mental illness and Native Americans living off reservations.¹⁵ The Collaborative and BHSD consider Linkages to be a model program because it is cost-effective, collaboratively operated, scalable, and easily implemented with broad application.¹⁶

Linkages has demonstrated positive results in helping special needs populations reach and maintain housing stability because it offers both rental assistance for low income households and supportive services including: service planning; crisis prevention and intervention; resource coordination; skill building; symptom management assistance; and building natural supports.

Transitional housing. Transitional housing (TH) provides temporary housing and supportive services with the goal of interim stability and support to successfully move to and maintain permanent housing. TH is offered in a range of residential settings including scattered site apartments, project-based apartments, and congregate living facilities. It is designed to provide longer stays than emergency shelters with skill-based training focused on self-sufficiency to maintain independence and stable housing.

In New Mexico, most TH is located in Albuquerque and Las Cruces. Some programs can have strict entry requirements such as drug screens, background checks, verification of income, and/or proof of full-time employment or school enrollment. For many populations, these cause barriers to housing choice and service access.

Rapid re-housing. Rapid re-housing is an intervention that helps individuals and families experiencing homelessness exit shelters quickly and enter permanent housing by providing short-term financial assistance (e.g., rental assistance or moving costs) and services focused on self-sufficiency and housing stability. Supportive services are also offered to help families set goals and find resources they will need such as child care and medical care.

New Mexico's Rapid Rehousing and Homeless Prevention Program provides short- and medium-term rental assistance for individuals and families experiencing homelessness or are at imminent risk of becoming homeless.

The NMCEH considers rapid re-housing to be the best practice for families and individuals who can reasonably be expected to secure employment and support themselves and their families within two years (v. residents who need intensive behavioral health supports). Rapid re-housing is the best practice intervention for families with children, youth between

¹⁵ Human Services Department and Mortgage Finance Authority, "Linkages Program Policies and Procedures: An Initiative of the Behavioral Health Purchasing Collaborative," November 2020, https://housingnm.org/uploads/documents/Linkages_Program_Manual_2020_11.3.20.pdf.

¹⁶ Linkages program costs are \$15,000 per person per year compared to more than \$45,000 for high incidence emergency services. https://housingnm.org/uploads/documents/Linkages_Program_Manual_2020_11.3.20.pdf.

18 and 24 years, unaccompanied youth under the age of 18, and adults without disabilities.¹⁷

Rapid re-housing has been successful in helping households exit homelessness. An evaluation of HUD's Rapid Re-housing for Homeless Families Demonstration Programs (RRHD) shows that only 10% of program participants had at least one episode of homelessness within 12 months of exiting the program.¹⁸ According to the NMCEH, rapid re-housing has helped 90% of households in New Mexico exit homelessness within two years of receiving assistance.

Recovery housing. Recovery housing (or recovery residence) is a supportive housing model that is peer-run and recovery-oriented for individuals with substance use disorders. The model offers individuals safe housing in a drug- and alcohol-free environment with the opportunity to form connections and share similar goals of recovery and wellness. Recovery housing is regarded as a viable and cost-effective alternative to recovery-oriented systems of care and harm reduction practices.

New Mexico's Recovery Housing Program (RHP) was authorized under Section 8071 of the Support for Patients and Communities (SUPPORT) Act to support individuals in recovery and self-sufficiency. The state's RHP supports independent living and provides funding to develop and maintain housing for individuals impacted by substance use disorders. Funding applies to a range of activities including: public facility improvements; acquisition and disposition of real property; rent and utility assistance; rehabilitation and reconstruction; clearance and demolition; relocation; and new construction activities.

Reentry housing. Reentry services and supports are vital to reduce housing barriers for New Mexicans with criminal records. Supportive housing designated for people with conviction histories include halfway houses, transitional housing, and residential reentry centers which all provide a temporary place for people exiting prison or jail to stay while they look for housing and employment. Among New Mexico's successful reentry housing and supportive service programs are:¹⁹

- Best Chance; helps formerly incarcerated men avoid cycles of recidivism through service delivery, referrals, and training/classes. All providers are well-trained peer supports.

¹⁷ https://housingnm.org/uploads/documents/Linkages_Program_Manual_2020_11.3.20.pdf.

¹⁸ Hank Hughes, "Analysis of Resources Needed to House Everyone in New Mexico," *New Mexico Coalition to End Homelessness*, January 2020, <https://files.constantcontact.com/56338cb3201/ec88d229-9097-4341-9c79-f83b043f05a2.pdf>.

¹⁹ <https://www.cnm.edu/cnm-community/re-entry>.

- Crossroads for Women; serves homeless and recently incarcerated women with co-occurring mental health or substance use challenges.
- Father’s Building Futures; provides recently incarcerated parents and families supportive services to lower social and financial barriers.
- St. Martin’s Hospitality Center; operates Albuquerque’s Heading Home Program (AHH).

PSH Low Income Housing Tax Credit set-aside. In 2009, New Mexico began a cross-disability set-aside program for Low Income Housing Tax Credit (LIHTC) units.²⁰ Developers who hope to receive tax credits receive extra points for integrating PSH units into housing within the state’s Qualified Allocation Plan (QAP). Services are delivered in coordination with Local Lead Agencies (LLAs)—typically nonprofit organizations that conduct applicant screening and oversee supportive service referrals and service delivery—and funded by LIHTC and state general funds.

Alternative/innovative models. In addition to the supportive housing models in existence, there are a range of models that can be implemented as an innovative solution to reduce and prevent homelessness in New Mexico. These include (but are not limited to):

- Progressive housing. Progressive housing was recommended by stakeholders as an effective model for individuals with mental health concerns to remain in their community. Main components of the model include:
 - Trust building, where tenants agree to staff inspections;
 - Participation in life skills classes and eviction prevention programs; and
 - Different levels of housing for tenants to transition from supervision to independence.
- Living communities with on-site services including medical clinics, counseling and treatment services, job trainings programs, and child care (among others).
- Transitional living communities modeled after Camp Hope which provides temporary shelter in the form of tents with showers, cooking facilities, mail services, referrals to social service agencies, and assistance obtaining identification documents.²¹
- Clubhouse models and programs. Clubhouse models are community-based and designed to support individuals with a serious mental illness (SMI). Clubhouses provide a restorative environment and adopts the idea that “community is therapy.” Members are given access to crisis intervention services (when needed) and are connected to resources that support basic needs (e.g., employment, relationship

²⁰ New Mexico’s Special Needs Housing program has been successful in leveraging other funding sources including HOME, the New Mexico Housing Trust Fund, Section 8 project-based vouchers, and HUD CoC funding.

²¹ Camp Hope is a self-governing transitional living community provided by the Mesilla Valley Community of Hope to help individuals exit homelessness and enter permanent housing.

building, housing, education). This supportive housing model has been identified as an effective approach for rural communities.

While stakeholders advocated for these models, many stressed that they must be flexible in both practicality and funding and be tailored to individual client needs.

SECTION II.

PLANS AND ACCOMPLISHMENTS

SECTION II.

Plans and Accomplishments

For over a decade, supportive housing initiatives in New Mexico have developed through sustained partnerships among:

- Behavioral Health Services Division (BHSD),
- Behavioral Health Purchasing Collaborative (Collaborative),
- Mortgage Finance Authority (MFA),
- New Mexico Coalition to End Homelessness (NMCEH),
- Homeless Continuums of Care,
- Adult and Long-term Services,
- Department of Veterans Services,
- Department of Indian Affairs,
- Children, Youth, and Family Department,
- Mental health, homeless/ substance use providers, and
- Homeless and disability advocates.

The Behavioral Health Collaborative (the Collaborative) has been instrumental in sustaining and developing these partnerships as well as implementing New Mexico's supportive housing goals, strategies, and action items.¹ Local and state partnerships have contributed to New Mexico's success in expanding supportive housing programs and opportunities to meet the needs of priority consumers.

This section presents an overview of planning efforts in New Mexico along with the state's accomplishments and performance in addressing housing and homeless needs. An overview of state and federal funding sources is also provided as the basis for new program and strategic development investments.

State and federal funding. New Mexico has assumed a greater role in allocating funding to address housing challenges. With additional funding and resources at the federal and state levels, New Mexico is poised to invest in new and continued homeless and housing programming and expand housing assistance and services.

¹ The Collaborative was created during the 2004 Legislative Session through HB 271 with the goal to consolidate and improve mental health and substance use programs for New Mexicans. Since its establishment, the Collaborative has completed and published strategic plans to support and promote permanent supportive housing opportunities statewide.

Since the 2020 legislative session, New Mexico's legislature has allocated almost \$109 million in state funds for housing and homelessness efforts. Notable allocations for supportive and affordable housing include:

- Acquiring the Santa Fe Suites Hotel for 120 units of low income housing,
- The Casa Connections grant program to purchase and rehabilitate multi-family housing for transitional and supportive housing,
- Grants for the Village of Ruidoso to buy 17 manufactured homes for displaced families,
- Construction of affordable housing and homeless facilities in Bernalillo County,
- Purchasing and renovating facilities to provide temporary housing for youth in Bernalillo County,
- Acquiring property to construct multi-unit housing developments for homeless persons in Bernalillo County,
- PSH targeted to Las Cruces County's homeless population with disabilities,
- Emergency shelters in Gallup,
- Homeless shelters, supportive housing programs, and community mental health centers in Santa Fe,
- Rural outreach to persons with a substance use disorder and co-occurring disorders,
- Expansion of behavioral health, jail reentry, and housing initiatives, and
- 60 housing vouchers for youth exiting juvenile justice facilities.

FUNDING RESOURCES

- ESG Program, used to operate shelters and provide services.
- CoC Programs for SHP and Shelter Plus Care Program (S+C).
- HOME Program and CDBG, funding for the acquisition, rehabilitation, and construction of TH and PSH.
- Federal Home Loan Bank of Dallas to fund TH and PSH construction.
- Land Title Trust Fund.
- State Homeless Program for PSH operations.

New Mexico's Housing Trust Fund (NMHTF) has grown significantly in the last six years as well. Created in 2005, the NMHTF was established to finance loans and provide grants to affordable housing projects. In 2021, the fund was expanded to include rental and mortgage assistance; counseling services; down payment assistance; rehabilitation and weatherization; and programs to address homelessness. In March 2023, Governor Michelle Lujan Grisham signed into law Senate Bill 381 (SB 381) which will provide \$37 million in

funding for the state's HTF. Since its establishment, the HTF has generated the development of 4,795 affordable housing units with an economic impact of \$580 million statewide.²

Through the American Rescue Plan Act (ARPA), New Mexico received more than \$400 million in federal funds to provide housing, rental, and utility support for New Mexicans; that funding was allocated to provide emergency rental assistance and homeowner mortgage and utility payment assistance. In November 2022, the Department of Finance and Administration (DFA) reported that the emergency rental assistance funding had supported over 57,000 households. In March 2023, HUD awarded the Albuquerque Continuum of Care (CoC) and the Balance of State CoC a total of \$14.5 million in funding to assist the state's efforts in rehousing and supporting individuals and families experiencing homelessness while minimizing the trauma and dislocation caused by homelessness. The New Mexican Legislature also proposed \$25 million for rental aid and eviction protection for the next two years.

New Mexico and the MFA have already made meaningful progress in achieving these goals. For FY23, Linkages funding increased by \$500,000 to improve the availability of and access to rental units at 110-115% FMR and to fund additional vouchers. Funding was also expanded for FY24 with \$1.7 million allocated to the Linkages program.

Federal Strategic Plan to Prevent and End Homelessness. The United States Interagency Council on Homelessness (USICH) released *All In: The Federal Strategic Plan to Prevent and End Homelessness* in December 2022.³ The strategic plan is a multi-year, interagency blueprint with the goal of reducing homelessness by 25% by January 2025. USICH's plan established meaningful actions for the federal government to pursue as well as strategies to assist state and local governments in building effective homeless response systems.

The strategies established by USICH to reduce and end homelessness overlap with New Mexico's housing and homeless strategies. Intersecting actions include:

- Landlord and property owner outreach;
- Broadening LIHTC QAPs and providing incentives to housing developers;
- Securing funding for emergency homeless shelters;

² Mortgage Finance Authority, "Governor Signs Legislation to Provide Millions in Funding to Address Affordable Housing Crisis in New Mexico," MFA New Mexico, March 17, 2023, <https://housingnm.org/about-mfa/news/governor-signs-legislation-to-provide-millions-in-funding-to-address-affordable-housing-crisis-in-new-mexico>.

³ United States Interagency Council on Homelessness, "ALL IN: The Federal Strategic Plan to Prevent and End Homelessness," *USICH* (United States Interagency Council on Homelessness, December 2022), https://www.usich.gov/All_In_The_Federal_Strategic_Plan_to_Prevent_and_End_Homelessness.pdf.

- Using Medicaid waivers for supportive services; and
- Tailoring coordinated entry systems to the unique needs of New Mexico.

Supportive Housing Plan for New

Mexico. New Mexico's *Supportive Housing Plan (2018-2023)* established three goals—with related strategies and action items—to expand supportive housing opportunities and improve service delivery within existing the state's housing programs. Goals to guide New Mexico and the Collaborative's supportive housing efforts included:

- Goal 1: Increase Affordable Housing for Special Needs Populations,
- Goal 2: Improve and Expand Housing Support Services, and
- Goal 3: Improve Data Collection, Data Sharing, and Assessments Related to PSH.

Associated with each goal are strategies and action items to help guide New Mexico in increasing the state's supply of affordable and supportive housing, expanding supportive services, and improving data collection and data sharing. Since implementing the 2018-2023 plan, the Collaborative and BHSD have made meaningful process in meeting these goals through innovative policies, programs, and funding. This progress is summarized in the tables below.

One of the most important and significant accomplishments was the renewal of the Medicaid 1115 Demonstration Waiver which authorizes the state's comprehensive managed care delivery system, home and community-based services, community benefits program, and several initiatives for Medicaid beneficiaries. With the renewal, New Mexico is replacing Centennial Care 2.0 with Turquoise Care, a data-driven Medicaid program to measure service quality by health outcomes. The program was developed to: 1) build a health care delivery system where Medicaid members can access preventative and emergency supports; 2) strengthen the state's health care system through innovative payment and

2018 – 2023 ACCOMPLISHMENTS

- NM obtained the Section 811 PRA grant to provide rental assistance to 58 special needs units.
- BHSD and LifeLink expanded its supportive housing trainings to all providers in the state.
- Linkages vouchers increased from 153 to 338 vouchers.
- Opening Doors SAMSHA grant to provide intensive services for clients entering PSH.

value-based initiatives; and 3) address health disparities for groups that have been historically disenfranchised through strategic programs.⁴

⁴ New Mexico's Human Services Department (HSD) identified five target populations for the health care system including 1) prenatal postpartum and members with children; 2) seniors and members with long-term service and support needs; 3) members with behavioral health challenges; 4) Native American members; and 5) justice-involved individuals.

Table 1. Goal 1 Strategies and Accomplishments, New Mexico, 2018-2023

| Supportive Housing Goals | | | | |
|---|--|---|---|--|
| Goal 1. Increase Affordable Housing for Special Needs Populations | | | | |
| Action 1.1: Improve availability and access to rental assistance vouchers and subsidies for New Mexico's priority consumers | Action 1.2: Develop, expand, and support locally based PSH partnerships | Action 1.3: Maximize and fill existing special needs units | Action 1.4: Expand the pool of rental units through new development and increased access to special needs rental housing | Action 1.5: Support the development of a PSH Planning Toolkit to assist local community partnerships |
| <p>FY22: Linkages vouchers increase from 153 to 338 vouchers.</p> <p>FY23: Linkages increases funding by \$500,000 to expand rent limits to 110-115% FMR.</p> <p>FY24: Linkages increase funding to \$1.7 million.</p> <p>HUD Section 811 grant awarded to support 58 special needs rental units.</p> | <p>FY21: Santa Fe Suites Initiative/ Las Cruces Housing Task Force</p> <p>New Linkages providers in Clovis and Gallup.</p> <p>Trainings on Critical Time Intervention (CTI) and evidence-based practices (EBPs).</p> | <p>Working with MFA to include funding for Local Lead Agencies (LLAs), trainings for property managers, and coordination of an interagency team with relevant departments.</p> <p>Discussed state program eligibility requirements for special needs units and barriers to accessing special needs units.</p> | <p>HUD Section 811 grants and continuation of MFA LIHTC Program set-aside for special needs tenants in the Qualified Allocation Plan (QAP).</p> <p>FY 22/23: New Mexico Housing Trust Fund receives funding for housing projects.</p> | <p>Supportive housing trainings with county specific resource guides and information on federal and state funding sources.</p> |

Source: BHSD, 2018-2023 Supportive Housing Plan, and Root Policy Research.

Table 2. Goal 2 Strategies and Accomplishments, New Mexico, 2018-2023

| Supportive Housing Goals | | | | | |
|---|--|--|---|--|---|
| Goal 2. Improve and Expand Housing Support Services | | | | | |
| Action 2.1: Increase the use of peer support services within housing programs | Action 2.2: Develop and adopt commonly accepted service standards for PSH, utilizing EBPs adapted for New Mexico | Action 2.3: Expand the PSH learning community | Action 2.4: Maximize opportunities for Medicaid to enhance the availability of PSH in New Mexico | Action 2.5: Engage MCOs in supporting PSH as a value-added service for individuals with a disability | Action 2.6: Improve opportunities for self-sufficiency for PSH tenants to support housing stability |
| <p>Medicaid code H0044 promotes CPSW role in rendering supportive housing services.</p> <p>FY20/21: Supportive housing trainings for CPSW.</p> <p>FY20-23: Promotion of peer utilization for Linkages support services.</p> <p>Linkages policy updated about H0044.</p> | <p>FY21: Opening Doors SAMSHA grant and PATH grant for services to support client entry to PSH.</p> <p>FY23: Supportive housing providers trained on CTI and EBPs.</p> | <p>FY19/20: Supportive housing trainings in ABQ, Santa Fe, Deming, Roswell, Gallup, and Silver City.</p> <p>FY20/21: Fair housing trainings.</p> <p>FY21: SOAR trainings.</p> <p>FY21: Life Link/BHSD trainings for CPSW and supportive housing providers.</p> <p>Way Home Summit.</p> | <p>Supportive housing Medicaid code, effective July 2019.</p> <p>FY19: MCOs and Linkages providers trained on Medicaid code.</p> <p>FY21: NM participates in CMS Learning Collaborative TA for housing supports related to substance use disorders.</p> <p>FY23: Section 1115 waiver includes expansion of H0044 to include SAHP.</p> | <p>MCOs engaged in Housing Leadership Group meetings.</p> <p>BSBC has a value-added housing service for individuals with disabilities.</p> | <p>Linkages providers assist clients with applying for Section 8 HCVS - providers explore all housing supports.</p> |

Note: Other action items include: 1) Develop a PSH toolkit that local communities can use for guidance in providing services; 2) Use the 1115 waiver renewal to improve coverage for SH; and 3) Streamline the Medicaid provider application process.

Source: BHSD, 2018-2023 Supportive Housing Plan, and Root Policy Research.

Table 3.
Goal 3 Strategies and Accomplishments, New Mexico, 2018-2023

| Supportive Housing Goals | | | |
|---|---|--|---|
| Goal 3. Improve Data Collection, Data Sharing, and Assessment Related to PSH | | | |
| Action 3.1: Develop and define standard/common housing outcome measures across all populations to measure the success of PSH programs | Action 3.2: Improve and standardize data collection policies and procedures across all PSH programs throughout the state | Action 3.3: Assess and improve data sharing policy and protocols | Action 3.4: Establish and regularly disseminate PSH dashboard reports on housing outcomes |
| <p>FY20: Meetings with NMCEH and HMIS</p> <p>FY20/21: Encounters added to NMStar invoicing system</p> | <p>FY20/21: Encounters</p> <p>FY23: Updates to Encounters to better obtain and aggregate data for programming (e.g., Linkages).</p> | <p>Supportive housing trainings by LLTI with county specific resource guides and information on state and federal funding sources</p> <p>FY23: YesNM</p> | <p>FY21/23: LFC Scorecards & OOS Data Reports</p> |

Source: BHSD, 2018-2023 Supportive Housing Plan and Root Policy Research.

Long Range Supportive Housing Plan (2007-2017). Prior to the 2018-2023 Plan, New Mexico’s supportive housing strategies were guided by a 10-year plan. Efforts pursued by the Collaborative as a result of this plan have benefited consumers (and their families) by reducing service barriers, improving access to services, and providing residents with evidence-based practices. Goals for 2007-2017 included:

- Develop 5,000 Supportive Housing Units,
- Create Locally Based Supportive Housing Partnerships,
- Create a Supportive Housing Pipeline,
- Create Rental Assistance Opportunities, and
- Develop Best Practice Housing Supports and Services.

Strategies to achieve these goals focused on expanding rental housing and assistance; capacity development; integrating services and supports in housing models; and establishing management structures and performance expectations. Since implementation, the *Long Range Plan* has seen positive outcomes; most notably,

- New programs for New Mexicans with a mental illness such as move-in and rental assistance,
- The Healthy Homes supportive housing program in Santa Fe,
- With a grant from the Substance Abuse and Mental Health Services Administration (SAMSHA), New Mexico provided supportive housing for 450 chronically homeless persons, and
- In 2015, MFA and BHSD secured 95 project-based rental assistance opportunities.

Senate Memorial 44. County and tribal health councils were established in New Mexico through the Maternal and Child Health Plan Act (1991). Given the state’s centralized public health systems, health councils were created to improve the health of New Mexicans by “creating a system to provide community-based health assessments, planning, coordination, and community action.”⁵ Health councils currently serve New Mexicans in 33 counties and 6 tribal communities including Acoma, Tesuque, Santa Clara, San Ildefonso, Cochiti Pueblos, and To’Hajilee/Cañoncito Band of Navajos.⁶

New Mexico has taken numerous steps to improve the state’s health system including the establishment of the Senate Memorial 44 Task Force (SM44) in April 2018. The task force met monthly to review New Mexico’s health councils—and enabling legislation—to identify

⁵ *Senate Memorial 44 Task Force Report and Recommendations*, 2018 New Mexico Legislative Session, October 2018.

⁶ Only a small percentage of tribes have active health councils though many have expressed interest in developing health councils.

strategies to strengthen the structure, effectiveness, and sustainability of county and tribal health councils. Recommendations from these efforts largely focused on expanding geographic representation; greater coordination across departments and providers; uniform evaluation standards; and more funding.

SECTION III.

STRATEGIC PLANNING PROCESS

SECTION III.

Strategic Planning Process

The New Mexico Behavioral Health Collaborative (the Collaborative) was created in 2004 with the implementation of House Bill 271.¹ The Collaborative was established to develop a statewide system of health care that promotes the well-being of children, individuals, and families; encourages seamless systems of accessible and available care; and emphasizes prevention and early intervention, resilience, recovery, and rehabilitation.

The Collaborative is guided by universally accepted principles of recovery and resiliency and emphasizes attention to cultural values; home and community-based preferences; individualized and family-based service planning and delivery; and the inclusion of a broad range of services from health promotion and prevention to early intervention, treatment, and community support.

Members of the Housing Leadership Group (HLG), the Behavioral Health Services Division (BHSD), and key stakeholders helped guide the development of this strategic plan. This section provides an in-depth summary of the primary findings gathered during the strategic planning process as well as the guiding principles developed and adopted by the Collaborative and BHSD.

The Collaborative oversees and implements the Supportive Housing Strategic Plan (2024-2028) by:

- Developing effective public policy and practical solutions,
- Guiding the creation and implementation of supportive housing plans and projects,
- Developing and coordinating funding streams at the federal, state, and local level, and
- Facilitating working partnerships among state agencies, Managed Care Organizations (MCOs), local communities, housing organizations, and service agencies.

¹ HB 271 allows state agencies and resources involved in behavioral health prevention, treatment, and recovery to work as one entity to improve mental health and substance use services in New Mexico.

Figure III-1.
Active Members of
the Behavioral
Health Collaborative

Source:
BHSD and Root Policy Research.

| Collaborative Members |
|---|
| Human Services Department |
| Children, Youth and Families Department |
| Department of Workforce Solutions |
| Corrections Department |
| Governor's Commission on Disability |
| Department of Finance and Administration |
| Governor's Health Policy Advisor |
| Developmental Disability Planning Council |
| Aging and Long-Term Services |
| Department of Health |
| Indian Affairs Department |
| Mortgage Finance Authority |
| Department of Transportation |
| Division of Vocational Rehabilitation |
| Administrative Office of the Courts |
| Public Defender Office |
| Department of Veterans Services |
| Higher Education Department |

Stakeholder Consultation

As part of developing New Mexico’s Supportive Housing Strategic Plan (2024-2028), Root Policy Research spoke extensively with stakeholders and providers to inform the plan’s guiding principles and supportive housing goals and strategies. The community engagement process included the following elements.

- Quarterly meetings with the Housing Leadership Group,
- Supportive Housing Workshop in April 2023, and
- Virtual focus groups with stakeholders from a range of housing and service industries.

Root staff are grateful for the individuals and organizations that participated in the strategic development of New Mexico’s 2024-2028 plan. These perspectives have been instrumental in developing New Mexico’s goals for the next five years.

Housing Leadership Group. The Housing Leadership Group (HLG) was established as an ad hoc subcommittee of the Collaborative to promote and support the expansion of affordable and permanent supportive housing opportunities and comprehensive support services for New Mexicans with special needs.

The HLG specifically focuses on improving the lives of individuals with behavioral health challenges and other disabilities as well as transitional youth and those reintegrating from

institutional settings. The subcommittee meets on a quarterly basis and is comprised of representatives from several state and local agencies, community collaboratives, developers, and service providers (Figure III-2).

Figure III-2.
Members of the
Housing Leadership
Group

Source:
BHSD and Root Policy Research.

| Housing Leadership Group |
|--|
| Albuquerque Heading Home |
| Aging and Long-Term Services |
| Governor's Commission on Disability |
| Health Care for the Homeless |
| Amador Recovery |
| LifeLink |
| HopeWorks |
| Behavioral Health Collaborative |
| Children, Youth and Families Department |
| Corrections Department |
| Indian Affairs Department |
| Public Education Department |
| Veterans Services Department |
| Blue Cross Blue Shield |
| Department of Finance and Administration |
| Human Services Department/BHSD |
| YES Housing |
| Western Sky Community Care |
| St. Elizabeth's Shelter |
| San Juan County Partnership |
| Medical Assistance Division |
| Mesilla Valley Community of Hope |
| Presbyterian Health |
| New Mexico Coalition to End Homelessness |

Between March and October 2023, HLG members held three meetings to discuss the state of homelessness and New Mexico’s greatest housing and service needs. Feedback from these meetings were incorporated in the Strategic Plan’s policy goals, strategies, and action items.

Primary findings. Findings from HLG discussions include:

- Wraparound services combined with stable housing environments—both affordable housing that can be paired with services and market rate rental housing—are most needed across New Mexico.

- Flexible goals and strategies are a must for service providers to meet where the client is in the process of reaching housing stability. For example—for some clients, frequent check-ins are not needed; for others, once-a-month check-ins are not frequent enough.
- New Mexico and partner organizations need to invest in service providers and other staff. These positions are significantly underpaid, which has contributed to the state's high turnover rates and staff shortages.
- Justice-involved residents would benefit most from transitional housing and resources prior to exiting the justice system. This will require more coordination among state agencies.
- Members emphasized the importance of improving data collection processes to ensure data is reliable. They also cautioned against an over-focus on data and reminded the state that providers are already managing and entering data into the federal Homeless Management Information System (HMIS). Data collection and reporting should be streamlined and not done for the sake of just collecting more data.
- Local partnerships should focus on expanding commitment among political leadership, especially at the local level (e.g., mayors).

Supportive housing workshop. The Supportive Housing Workshop in April 2023 was pivotal in shaping the Strategic Plan's goals and action items. Root Policy gathered feedback from attendees through various activities including:

- Presentations on the MFA Housing Strategy and 2018-2023 Strategic Plan; the intersection of state and federal strategies; and stakeholder discussions.
- Exercises to pinpoint what was successful in the last strategic plan. Participants were asked to share how they would change or modify the goals adopted in 2018; they also provided feedback on the prioritization of these goals.
- Verbal discussions about what a strategic plan should accomplish.

**Figure III-3.
Supportive Housing
Workshop
Attendees, April
2023**

Source:
Root Policy Research.

| Supportive Housing Workshop |
|---|
| Human Services Department/BHSD |
| Corporation for Supportive Housing |
| Linkages providers |
| Office of Governor Michelle Lujan-Grisham |
| New Mexico Coalition to End Homelessness |
| Oxford House |
| St. Elizabeth's Shelter |
| Mental Health Association |
| HopeWorks |
| La Clinica de Familia |
| Mesilla Valley Community of Hope |
| LifeLink |
| San Juan County Partnership |
| Mortgage Finance Authority |
| U.S. Interagency Council on Homelessness |

Primary findings. Primary findings from the presentations, breakout sessions, and participant feedback at the Supportive Housing Workshop are provided below.

- Stakeholders collectively agree that the shortage of property owners who accept vouchers, as well as the rules for voucher administration, have presented significant barriers for low income households. Linkages vouchers have become increasingly difficult to access due to long waitlists.
- Attendees shared their experience obtaining HUD and Linkages vouchers. One participant shared that voucher requirements can exacerbate discriminatory housing practices and limit efficient use of housing—for example, by not allowing single people who both have vouchers to share one unit. This caused concern among providers as rental assistance is a critical piece of keeping individuals stably housed.
- Participants strongly advocated that state and local partnerships develop creative solutions that are geographically targeted and extend beyond metro Albuquerque. This was contextualized in the challenges rural communities experience when accessing services and navigating resources.
- Goals and strategies should be tailored to the unique needs of New Mexicans with dual diagnoses and other special needs. More specifically, check-ins with clients should be provided as needed for tenancy.

- Providers emphasized the importance of expanding education and trainings for individuals to develop the skills they need to remain stably housed. Service and housing providers noted that this is especially critical for unsheltered persons.
- Funding should be expanded for providers to offer formerly homeless individuals basic need items to ensure they remain housed including furniture, clothing, phones, and bus passes.

Participants were asked how they would modify or change the guiding principles and goals adopted in the 2018-2023 plan. Select responses are summarized below; see Figure III-4 for all responses provided by participants.

- “Ease of locating funds in order to provide more housing to those in rural communities and more incentives for landlords.”
- “Availability of more housing options to individuals who have a criminal record or who are currently on probation.”
- “Overall positive. Sometimes EBPs don’t take into account the intersectional needs of our population.”
- “I would add a principle about how we’re supporting and maintaining service providers.”
- “Add transitional/progressive housing to incentivize clients to participate in behavioral health services to improve probability of being successful.”
- “I would expand to include incentivizing property owners to engage with special needs populations.”
- “We need support and funding for data collection. We need providers that specialize in data collection.”

Figure III-4.

How would you modify or change the guiding principles adopted in the 2018 plan?

| | | |
|--|---|---|
| Thank you for the retreat. Do more retreats. I feel we are missing the responsibility and accountability for and of clients. No change will happen if there are no consequences. | More funding for housing development and collaboration among key players | I would like to do more research on this evidence-based practice and prove it with theory to make it stronger and be able to present at the federal level the need for quite among states |
| More services, especially mental health | Provide more insensitives to landlords to accept section 8 vouchers | I want to see more transitional and emergency housing. |
| New to me, don't know enough yet | Additional housing in rural areas | Be inclusive with home ownership |
| Perhaps more 24hr style detox/care centers for those with substance abuse disorders and emergency housing | Incentivise landlords by providing assistance for structure modifications/accommodations/damages to unit. | Create an client accountability committee that works along side CPSWs that address behavioral problems |
| Increase eligibility criteria for programs to include middle class income people that may have extenuating medical expenses or other expenses but they don't meet low income guidelines. | Overall positive. Sometimes EBP don't take into account the intersectional needs of our population. | What is the efficacy and uses of a land bank? |
| More funding and networking with supports to rebuild and renovate dilapidated/abandoned/condemned homes for homeless individuals/families | I would add a principle about how we're supporting and maintaining service providers. | Do away with the state law that prohibits rent caps!!! |
| We need a renters bill of rights. | FMRs are generally not appropriate for low income housing | Create path to remove evictions from a persons record |

Source: Root Policy Research.

Stakeholder focus groups. Between May 2023 and June 2023, three virtual focus groups were conducted with key stakeholders to gather feedback and insight on New Mexico’s greatest supportive housing and service needs. Stakeholders represented a range of industries and organizations, as shown in Figure III-5.

**Figure III-5.
Organizations
Represented In
Focus Groups, 2023**

Note:
Three virtual focus groups were conducted between May 2023 and June 2023.

Source:
Root Policy Research.

| Focus Groups |
|--|
| Human Services Department/BHSD |
| Albuquerque Heading Home |
| Mesilla Valley Community of Hope |
| Mortgage Finance Authority |
| Benefits and Reimbursement Bureau |
| Dreamtree Project |
| Presbyterian Health |
| New Mexico Coalition to End Homelessness |
| San Juan County Partnership |
| Health Care for the Homeless |
| Silver City/Lordsburg HMIS |
| Legislative Finance Committee |
| Medical Assistance Division |
| YES Housing |
| Team Builders Behavioral Health |

Overall Impressions of supportive housing needs in New Mexico. The initial question asked of stakeholders was: *“What are your hopes and dreams for supportive housing and services?”* This prompted active discussion on a range of topics from housing and

service barriers to recommendations for future course of action. The word cloud below illustrates these themes.

Figure III-6.
What are your hopes and dreams for supportive housing and services in New Mexico?

Source:
Root Policy Research.



In addition to discussing New Mexico’s overall housing shortage, stakeholders and providers emphasized the importance of ensuring there are housing options available to hard to house populations and those with special needs, specifically: formerly homeless persons, individuals with a substance use disorder, mental illness, and/or other disabilities, justice-involved residents, and households with histories of eviction or foreclosure.

Permanent supportive housing (PSH). The severe shortage of permanent supportive housing (PSH) options was mentioned by nearly all stakeholders. When residents cannot find affordable housing—especially residents who are hard-to-house—their only option for housing is overpriced rentals in poor condition.

“We see a lot of landlords benefitting from very, very low income people who can’t find affordable housing, renting them spaces about to be condemned.”

Stakeholders noted that evictions are often detrimental to special needs residents: Once an eviction appears on an individual’s record, it is nearly impossible to be re-housed.

“If someone has a criminal record, it is impossible to find places to rent. Even if they committed a crime in 1996 they cannot be housed in 2023.”

New Mexico has few developers who are knowledgeable about PSH development. For PSH to be successful, the state must invest in expanding developer capacity. Predevelopment funds are critical; the state needs to signal to developers *“if you choose to do this special thing, here are more resources to help you.”*

Stakeholders want to be sure that the expansion of PSH is outcome-based and that funding is directed to the most effective solutions.

Supportive services. Stakeholders were quick to compliment the state for the strong partnerships that have been fostered between state and local governments and nonprofits. Supportive service providers are proud of the work that they do and feel that they are providing quality services. Lack of adequate funding and well-trained staff, and some regulatory requirements (“check the box” approaches to service delivery) are getting in the way of effective service provision.

Providers expressed their frustration with the lack of adequate and consistent funding for supportive services in New Mexico. Most funding focuses on rental assistance or housing production v. expanding supportive services to high priority consumers.

“If people are neglected services, it sets them back considerably.”

In an ideal role, the state would provide funding and best practice guidance to provider partners v. being overly prescriptive about the services provided. The federally funded programs administered by the Mortgage Finance Authority (MFA) was given as an example of having overly prescriptive service requirements. One provider said they have to “pay people” to show up to receive services. Stakeholders requested more autonomy and flexibility in determining the service needs of clients.

Stakeholders serving rural areas said that the lack of private foundation grants and public sector funds to fill service funding gaps is a major challenge. When public sector funding is contingent on matching funds or programs need additional funds to be successful, programs will fail. The Lexington Motel in Gallup was provided as an example.

“We are not in a part of the state where fundraising fills the gap.”

The lack of staff to deliver quality supportive services is another major problem; this was noted by nearly all service providers.

“We can’t find providers who know what to look for...who have a background in child development, in harm reduction, in identifying when domestic violence is occurring.”

Regulatory barriers. Stakeholders voiced concerns and asked for clarity about some federal and state regulations.

- Service providers have their “hands tied” in many ways when it comes to service provision. The regulations both under- and overprescribe services. Providers need a flexible pot of money to be able to pay for services that are not Medicaid eligible—including simple things like bringing clients a hot dinner; this is a good way to build client trust and relationships. Another example is security guards at properties.

“Resources are treated like an apple pie where there are so many slices. Why not think of resources like an apple tree?”

- While it is understandable that funders need a way of ensuring that services are provided, some are overly prescriptive in what they require. The state needs to allow for more flexibility and tailoring of service provision. Service providers should be trusted to know what is best for clients.

“It would be nice if the state would feel comfortable letting the organizations/service providers judge how often clients need services.”

- Many stakeholders feel that there is under-regulation of service provision in Low Income Housing Tax Credit (LIHTC) properties. Developers promise a full suite of services in order to be competitive in obtaining tax credits, but when properties are developed, they fail to deliver promised services, leading some clients to struggle to stay housed. This challenge will exist until state and local agencies commit to providing adequate funding to build quality service provision.
- It’s unclear to providers if receiving services is required to maintain a voucher. Some clients don’t need the services that programs require and others need services to be successful in housing. Clarity is needed on requirements and best practices should be established between the state and service and housing providers.
- Prevention is not funded—and stakeholders feel that they really need the state to fund prevention activities. This limitation is related to how the state chose to utilize Medicaid for PSH providers who could receive funding.
- Stakeholders expressed frustration with conflicting and strict definitions of homelessness at the federal level. Restrictive definitions were identified as an additional barrier for special needs residents to access and qualify for housing and services.

“When will couch surfing be considered as experiencing homelessness?”

Landlords/property managers. Stakeholders and providers strongly advocated that innovative programs and solutions be introduced to incentivize landlords to rent to special needs residents. As noted by one individual, *“landlords are struggling with misconceptions so incentives are very important to them.”*

Stakeholders offered a variety of ideas for improving property manager perceptions of special needs residents and increase housing choice for residents. One provider noted that property managers are significantly more likely to accept high need tenants if service organizations and providers pay monthly rent directly to the property manager (versus having the tenant pay a share). This system has numerous benefits as it ensures individuals make their payments and remain housed while also incentivizing landlords to rent to more special needs residents.

Others recommended offering higher security deposits to incentivize landlords as many clients have behavioral health challenges and property managers believe they are more likely to damage units or have had negative experiences housing persons with severe behavioral health needs.

There is a need for landlords/property managers and service providers to foster strong relationships and ongoing communication. According to stakeholders, greater coordination would help prevent evictions; make landlords feel that they are being supported when they accept tenants with (real or perceived) challenges; and ensure tenants remain stable and in compliance with property rules. To improve these relationships, stakeholders offered the following recommendations.

- Develop more landlord liaison offices with navigator positions; this is currently being done in Albuquerque with city funds. The Children, Youth, and Families Department (CYFD) has also developed landlord liaison offices through its Landlord Mitigation Program.²
- Engage in landlord recruitment and outreach activities.
- Review landlord programs and services that are working to create “learning communities.” Stakeholders explained that this can be accomplished by administering landlord surveys to understand their needs and concerns and holding interviews with nonprofits working directly with landlords and special needs clients. The CYFD conducted a similar survey that could be used as a model.

Linkages vouchers. Throughout the strategic planning process, stakeholders and providers explained that Linkages was among one of the easiest programs to use. In recent years, however, Linkages has faced programmatic barriers that have prevented the program from delivering high priority consumers the support they need to remain housed. These barriers include: long wait lists, housing availability, timelines, complicated paperwork, and limited communication across state and local agencies.

² CYFD's Landlord Mitigation Program is supported by general funds from the state of New Mexico.

Vouchers were also identified as a challenge because many landlords across the state are unwilling to lease to voucher holders. Nowhere in the state, including the most rural areas, are HUD's fair market rents (FMR) keeping up with rental costs.

"Landlords are not incentivized to accept vouchers because they can make above fair market rent renting to tenants who need housing immediately."

Focus group participants noted the low number of vouchers available to rural communities, saying that navigating vouchers and other resources are nearly impossible in rural areas.

Recommendations. Stakeholders offered a range of recommendations for the state to consider over the next five years. These include:

- Use the strategic plan as the *"north star"* for housing and supportive service providers. The state should take the lead on establishing specific goals for supportive housing and provide partners with guidance on the collective action needed to achieve the goals.
- Take a lead on developing outcome-based best practices and standards for social services and fund a social service academy to train staff and remedy the shortage of qualified service providers.
- Ensure that redevelopment of underutilized and vacant properties are part of the solution to addressing the state's housing shortage.
- Develop and adopt a coordinated resource guide with targeted resources for special needs residents. Stakeholders suggested following Albuquerque's model which was identified as a *"game changer"* for providers because the guide includes lists of landlords who rent to tenants with special needs.
- Administer trainings for service providers on evidence-based practices, risk factors for homelessness, child development, and harm reduction practices.
- Advocate for state agencies to provide more direction on how to incorporate evidence-based practices in supportive housing programs (while preserving local government autonomy).
- Provide resources and services to New Mexicans before they exit institutional settings (e.g., jails, mental health institutions). Service providers noted that these residents would benefit from institutional service delivery as many re-enter homelessness without support.
- Ensure that supportive services are client driven and tailored to their unique needs. For example: providing services and completing client check-ins as needed to maintain tenancy.

- Launch economic and workforce development programs targeted to individuals with a serious mental illness and/or substance use disorder. Programs could offer job coaches and assistance with networking.

“For people with disabilities and those who have experienced generational violence or poverty, employment is often a completely foreign culture.”

Guiding Principles

New Mexico’s *Supportive Housing Strategic Plan* establishes four guiding principles that will serve as the foundation for supportive housing efforts. These principles are based on best practices and were developed from stakeholder feedback as well as New Mexico’s successes and shortcomings in providing and expanding supportive housing.



SUPPORTIVE HOUSING IS A PRIORITY SOLUTION

Supportive housing is a priority solution to address homelessness



LEARN FROM SUCCESS

Policy goals should learn from past success and other state models



GEOGRAPHICALLY TARGETED

Strategies and action items should be geographically targeted



FUND OUTCOME-BASED SERVICES

Investments should be guided toward outcome-based services

Source: Root Policy Research.

Supportive housing is a priority solution for New Mexicans

experiencing homelessness as well as individuals struggling with behavioral health challenges, substance use disorders, and other disabilities. Researchers and practitioners have demonstrated that special needs populations can live in their communities successfully with adequate peer supports and stable housing.³ As such, New Mexico and

³ U.S. Department of Housing and Urban Development, *The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness*, July 2007.

the Collaborative will use this planning document to further expand supportive housing programs and services across the state of New Mexico.

Strategies and action items should be geographically targeted to meet the unique needs of New Mexicans living in the state’s rural and urban areas. This principle was informed by feedback gathered from stakeholders and HLG members during the strategic planning process. Several stakeholders emphasized the importance of extending strategies beyond Albuquerque to determine and address needs among rural communities. Given this feedback, the Collaborative will adopt a range of actions to provide supportive housing and services in rural areas, particularly communities that do not have the resources (or experience) to expand opportunities at the local level.

Policy goals should learn from New Mexico’s success as well as successful models implemented in neighboring states. The goals and strategies established by the *Supportive Housing Strategic Plan* will be informed by the state’s supportive housing history, accomplishments, shortcomings, and the perspectives of stakeholders and HLG members. New Mexico recognizes and appreciates the value of learning from models and systems pursued by surrounding states. With this in mind, the Collaborative and partner organizations will continue to learn from best practices adopted across the country while tailoring lessons to New Mexico’s unique needs.

Fund outcome-based services. Investments and strategies to secure funding will focus on building and sustaining provider and organizational capacity; integrating peer supports in all housing programs; and increasing the availability of and access to supportive housing units for high priority consumers. Robust funding will improve service delivery and ensure individuals remain stably housed after exiting supportive housing programs. Service and program outcomes will be determined through the state’s monitoring and evaluation systems as well as improved data collection policies and procedures.

SECTION IV.

POLICY GOALS AND STRATEGIES

SECTION IV.

Policy Goals and Strategies

Section IV presents the policy goals, strategies, and action items developed and adopted by the Collaborative, BHSD, and state and local partnerships.

The goals that have been in place to facilitate New Mexico's supportive housing and service efforts informed the goals for the next five years. These goals will guide supportive housing progress:

Goal 1: Increase Affordable Housing for Special Needs Populations

Goal 2: Improve Supportive Service Provision

Goal 3: Ensure Special Needs Clients Remain Stably Housed

Goal 4: Establish Uniform Practices for Data Collection and Program Evaluation

Goals and related strategies and action items were informed by a range of stakeholders in New Mexico including: HLG members, service providers, industry experts, and participants who attended the workshop for supportive housing in April 2023. As such, the goals and strategies offered here have been tailored to the needs of priority consumers as well as state and local needs.

Goal 1: Increase Affordable Housing for Special Needs Populations

Strategy: Foster relationships with landlords/property owners to expand their role in housing provision.

The private sector provides the vast majority of housing in the state and will continue to do so even with increased funding to expand the inventory of publicly-assisted supportive housing. The success of Linkages and Housing Choice Voucher (HCV) programs is dependent on private property owners' willingness to accept voucher holders and tenants with special needs.

Expanding the number of landlords who are willing to and understand how to house special needs populations will increase housing choice among these groups, reducing their reliance on predatory and high-cost landlords.

The Collaborative and state partnerships will work to strengthen relationships between landlords and service providers to increase access to housing for special needs groups. Effective collaboration with landlords should increase the number of units available to various populations including voucher holders; persons with a substance use disorder and/or mental illness; youth aging out of the foster care system; and residents with previous involvement in the justice system.

Over the next five years, the Collaborative will:

- Increase landlord outreach to better understand needs and concerns. Outreach could include landlord surveys and/or interviews.
- Create local landlord mitigation funds to incentivize landlords to house special needs residents. Funds would cover security deposits, unit damages, and security guards at properties.
- Expand the Landlord Collaboration Program (2022) to include formerly homeless persons and persons with a substance use disorder and/or mental illness. The program should also be expanded to reach underserved rural communities.¹
- Develop additional landlord liaison offices with navigator positions to serve as the point of contact for landlords to consult with tenants, resolve conflicts, and mitigate and prevent eviction.

¹ The Landlord Collaboration Program was a joint effort by the MFA and CYFD to provide financial incentives to landlords who provide housing options for youth aging out of the foster care system and young adults facing homelessness. The pilot project offers landlords \$2,500 which can be used for damages and accessibility improvements. The program also includes landlord liaisons to conduct check-ins with landlords and young tenants.

Strategies and actions focused on landlord outreach could be covered through a variety of funding sources, including federal block grant public services and Medicaid, which covers landlord advocacy under the H0044 code.

Strategy: Incentivize new affordable housing development. New Mexico must continue to strengthen efforts to develop new affordable and supportive housing units. Creating more rental housing in general will allow for more filtering of residents into housing that is most appropriate for their needs, expanding overall options for special needs residents.

As noted by stakeholders, low developer interest and capacity, regulatory/land use barriers, and resistance to growth have limited new development. The state is also well-primed to turn under-utilized properties into supportive housing but lacks knowledge, capacity, and funding to do so.

Over the next five years, the Collaborative will:

- Review existing and new resources to increase the inventory of supportive housing units including the Low Income Housing Tax Credit (LIHTC) program, national and state Housing Trust Fund, HOME program funding, and special legislative allocations. Funding considerations should include priorities for low income and rural communities that face greater challenges to create affordable and supportive housing units.
- Provide annual funding for predevelopment grants to foster supportive housing developer partnerships, attract developers to the state, and build development capacity.
- Rehabilitate vacant and underutilized properties and transform them into supportive housing, especially units in Tribal/Indian areas.
- Continue to incentivize developers to dedicate a portion of affordable units to special needs residents through the LIHTC Qualified Allocation Plan (QAP) and build stronger service networks and relationships for these property managers and tenants.
- Support local land use and zoning modifications that support the construction and rehabilitation of affordable units.
- Advocate for changes to federal laws to expand resources for supportive housing development (e.g., HOME dollars to support the construction of Accessory Dwelling Units for special needs renters).

Strategy: Reduce housing barriers for New Mexicans with criminal records. State and local reentry organizations must prioritize affordable and stable housing with integrated services for addressing housing insecurity among formerly incarcerated

individuals, who may also be vulnerable to substance use challenges. If justice involved residents continue to be excluded from affordable housing opportunities, they will struggle to re-integrate into their communities.

Over the next five years, the Collaborative will establish state and local partnerships to:

- Issue guidance to housing providers on discriminatory housing practices that disproportionately impact and exclude formerly incarcerated individuals from housing and service programs. Guidance could be developed and issued by state and local agencies.
- Administer a survey for reentry coordinators to gather perspectives on screening and assessment practices; post-release policies; cross-system partnerships; and housing outcomes from state funded programs. Results and findings would present additional opportunities to determine reentry housing gaps and needs.
- Incentivize and/or require landlords to use creditable background check organizations with concrete, objective screening criteria.
- Prioritize evidence-based housing and service solutions (e.g., PSH) for people caught in cycles of homelessness and incarceration.
- Review local nuisance and crime-free housing ordinances that allow landlords to evict tenants when law enforcement is called to the residence.

Goal 2: Improve Supportive Service Provision

The availability of health care services is a proxy for broader service availability. In New Mexico, access to health care is influenced by the size and distribution of the state's population.² In rural and frontier counties—which comprise 34% of the state population—there is a shortage of registered nurses and providers (excluding Bernalillo and Grant counties). In 2022, for example, over one million New Mexicans lived in a community that did not have enough mental health professionals available to residents.³ These shortages have exacerbated health care challenges, including equity in mental and behavioral health care.

Over the life of this planning document, New Mexico must expand its range of evidence-based practices and supportive services to reflect individual needs and remove barriers to accessing needed support. The Collaborative will ensure these services emphasize both

² University of New Mexico Health Sciences Center, "2022 NM Health Data Summary," UNM Health Sciences Center, 2023, https://hsc.unm.edu/ctsc/services/cerc/_docs/nm-health-data-summary-2023.pdf.

³ University of New Mexico Health Sciences Center, "2022 NM Health Data Summary," UNM Health Sciences Center, 2023.

pre-tenancy and sustained tenant support and are expanded across all areas of the state, specifically in rural and low income communities.

To integrate supportive services in New Mexico's state and local housing programs, the Collaborative will employ the following strategies.

Strategy: Incorporate more effective supportive services models into LIHTC.

- Work with MFA to implement a threshold, or more tailored, requirement of providing supportive services in lieu of incentivizing services through points in the Qualified Allocation Plan (QAP). Requirements should attach services to tenants rather than units.
- Collaborate/encourage MFA to allow service coordinator costs as operating expenses in LIHTC properties.
- Identify flexible state revenue streams for service providers and agencies.

Strategy: Provide training for property owners and managers with special needs tenants and support and expand training and education for providers.

- Develop quality supportive housing toolkits similar to those available through the United States Interagency Council on Homelessness (USICH) and the Corporation for Supportive Housing (CSH), which provide resources, training guides, and other materials on best practices for housing and service delivery as well as how to maintain relationships with service providers.
- Consider re-introducing New Mexico's PSH Toolkit (2012) that reflect the state's current needs.⁴

Strategy: Offer cross-agency trainings and connect state/local agencies to supportive housing programs and available PSH resources.

- Provide supportive housing trainings to providers in residential treatment centers, re-entry agencies, homeless shelters, transitional housing, and other supportive housing/support service programs.
- Strengthen the continuum by connecting agencies with relevant departments, programs, providers, and educational materials about PSH resources available at the federal, state, and local levels.

Goal 3. Ensure Special Needs Clients Remain Housed

Special needs tenants are often faced with challenges beyond low incomes, and their success in staying housed is dependent on their access to the mental and behavioral health care they need.

⁴ New Mexico's PSH Toolkit adopted SAMSHA's fidelity model. Stakeholders noted that the program is an opportunistic strategy but it has seen little success due to funding gaps.

In 2021, almost 300,000 New Mexican adults had a mental health condition and 71,000 had a serious mental illness.⁵ Of these individuals, 72,000 did not receive the mental health care they needed. New Mexico has one of the highest rates of alcohol and drug use in the United States. According to the National Survey on Drug Use and Health (NSDUH), one in ten adults and one in six young adults had a substance use disorder in 2019. Deaths due to alcohol or drugs have increased substantially: since 1990, alcohol-related deaths have risen by more than 300% and drug related deaths have risen by more than 500%.

Robust and intensive supportive services are crucial to keeping New Mexicans with special needs stable and housed. Stakeholders and service providers emphasized the need to increase funding for providers and agencies that serve special needs groups and hard to house populations. Providers specifically advocated that funding be allocated for more frequent check-ins, basic need items to keep clients stably housed, capacity building activities, and educational programs to help individuals learn how to be a good tenant, especially after exiting supportive housing.

Strategy: Increase funding for comprehensive service delivery and provision.

- Identify flexible revenue streams for service providers and agencies, especially for services that are not Medicaid eligible such as hot dinners and transportation services. These services often build trust and community for populations.
- Assess gaps and direct funding into communities where private foundations and employers do not actively fill in the gaps in funding for services through donations, and where public funding is minimal.
- Modify grant programs so they reward effective service provision by providers (versus incentivizing providers to compete against each other for the same services).
- Prioritize funding for intensive services such as behavioral health care, supportive services, and counseling/treatment.
- Support/advocate for funding for preventative services that serve tenants leaving institutional settings (e.g., incarcerated individuals, individuals in group homes) to help prevent immediate housing instability and homelessness.

⁵ National Alliance to End Homelessness, “Mental Health in New Mexico,” February 2021.

Strategy: Provide ongoing support after clients exit supportive housing.

- Create a permanent housing stability fund for low income renters and residents vulnerable to evictions or foreclosures.
- Tailor client check-ins to best meet client needs (weekly, biweekly, or six months, if needed) versus checking a box for program requirements.
- Increase collaboration among property managers and service providers to ensure residents remain stably housed.
- Support programs for recently unhoused tenants to access basic need items such as bus passes, furniture, and cooking supplies.
- Provide independent living classes and trainings for supportive housing tenants/special needs groups. Classes should cover a range of topics including tenant rights and responsibilities and how to be a good roommate (e.g., completing chores).

Strategy: Provide annual trainings for service providers.

Stakeholders advocated for trainings and education to target the variety of workers who assist special needs populations, as many are undertrained, do not receive continuing education and training, and/or are not up-to-date on evidence-based practices established by state and local agencies. To address these limitations, the Collaborative will work with partner organizations to:

- Create a comprehensive technical assistance (TA) fund with TA providers to help service providers tailor services to individual needs.
- Develop trainings based on best practices for service delivery, evidence-based practices, and SAMSHA's fidelity model.

Goal 4: Establish Uniform Practices for Data Collection and Program Evaluation

During the strategic planning process, stakeholders strongly advocated for more uniform and streamlined data collection practices and procedures—while being conscious of not overburdening service providers with data requests. Understanding program outcomes will help state leaders, legislators, and the Collaborative allocate funding and resources to programs with the most effective outcomes.

At the Supportive Housing Workshop, attendees shared that implementing data collection policies and procedures has presented significant barriers due to conflicting requirements, definitions, and systems used across the state. Other attendees noted the lack of data collected in New Mexico's rural and frontier counties.

Given this feedback, this goal focuses on both expanding data collection as well as improving data collection practices by integrating systems across organizations and developing common definitions, eligibility criteria, and requirements. With these objectives in mind, the Collaborative will consider the following action items.

Strategy: Create a statewide monitoring system with performance measures.

- Develop key outcomes for supportive housing tenants such as staying housed, improvements to physical/mental health, employment, and building support networks.
- Establish a coordinated, consistent understanding of standards and regulations among housing providers, funders, and state agencies.
- Align state and HUD supportive housing performance measures (such as length of stay in program and rates of homeless re-entry) and HQS inspections.
- Support funding for policy and data analyst positions at state and local service agencies.

Strategy: Increase cross-agency and cross-jurisdictional collaboration.

- Lead a streamlining effort to collect needed data without creating a burden on providers. The goal is not to over-regulate or create barriers for service providers but to enable state departments and agencies to work toward successful outcomes.
- Complete project reports/evaluations to determine the positive outcomes of service cooperation and coordination.
- Once data collection systems are in place, maintain and distribute data dashboards and assessments to state and local agencies to facilitate a shared understanding of progress and collective actions.

APPENDIX I.

ECONOMIC BENEFITS OF SUPPORTIVE HOUSING

APPENDIX I.

Economic Benefits of Supportive Housing

Appendix I reviews the economic benefits of providing supportive housing and services. It was developed in response to stakeholder feedback gathered during the strategic planning process. Key stakeholders and housing and service providers strongly advocated that the state review the economic benefits of expanding and providing supportive housing.

Overview

Supportive housing is designed to help persons experiencing homelessness with behavioral health challenges, substance use disorder(s), and/or other disabilities to enter stable housing and become self-sufficient. Compared to other low income households, homeless persons with these challenges disproportionately utilize shelters, emergency health care, and public physical/mental health services—often because they cannot find the care they need elsewhere.¹

The summary of research in this section demonstrates that investing in stable housing with supportive services is more cost effective than deferring care for homeless individuals. With the savings associated with providing stable housing come opportunities to invest in building and rehabilitating more supportive housing units with access to wraparound services—thereby disrupting the cost cycle of homelessness.

The National Alliance to End Homelessness estimates that chronically homeless persons cost taxpayers \$35,578 per year, and according to the Center on Budget and Policy Priorities, 20% of the most complicated cases of homelessness account for 60% of overall service costs.^{2 3} The benefits of supportive housing are well-documented in academic research and cost-benefit analyses:

- In 2012, researchers recruited hospitalized individuals experiencing homelessness to provide them with supportive housing and services. After housing placement, the same individuals spent 23% fewer days in hospitals; 33% fewer emergency room visits;

¹ Coalition for Supportive Housing, “Is Supportive Housing Cost Effective?,” CSH, June 2018, <https://www.csh.org/wp-content/uploads/2018/06/Cost-Effectiveness-FAQ.pdf>.

² National Alliance to End Homelessness. “Ending Chronic Homelessness Saves Taxpayers Money.” *National Alliance to End Homelessness*, February 17, 2017. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>.

³ Ehren Dohler et al., “Supportive Housing Helps Vulnerable People Live and Thrive in the Community,” *CBPP* (Center on Budget and Policy Priorities, May 31, 2016), <https://www.cbpp.org/research/housing/supportive-housing-helps-vulnerable-people-live-and-thrive-in-the-community>.

and 42% fewer days in nursing homes (per year). This translated to \$6,000 in savings per person;⁴

- Placing a chronically homeless person in supportive housing reduces annual costs to taxpayers by 49.5%;⁵
- Savings from supportive housing has been documented in:
 - Reduced psychiatric hospitalizations, which led to an annual savings of \$8,260 per person in New York;
 - Reductions in physical health hospitalizations, which saved \$3,423 per person in Denver and \$13,392 per person in Los Angeles, annually;
 - Reductions in shelter use, which led to \$3,799 savings per person in New York and \$6,844 per person in Denver, annually.
- The combined annual savings from jail and prison reductions was \$1,320 per person in Los Angeles and \$800 per person in New York.

Some states have reinvested the cost savings realized from supportive housing into expanded services and affordable housing development:

- In California, counties can form pilots that allow entities (health care plans, public hospitals, charitable organizations, etc.) to contribute to county-based housing funding pools. Contributions come from savings achieved in reduced jail, emergency room, and homeless shelter utilization. Counties can also reinvest funds in the pool to expand affordable housing, used as a strategy to drive down housing costs for special needs residents.
- New York has proposed using state health care savings from supportive housing and redirecting it to increase rental assistance and capital grants for housing projects.

Supportive housing models with wraparound services also benefit supportive housing residents by improving economic mobility. Service-enriched housing has proven to help individuals and families gain employment and build their economic assets to reach and maintain self-sufficiency. These benefits have also been documented through academic research:

- In a cost savings analysis of supportive housing programs in Maine, researchers interviewed supportive housing tenants before entering housing and one year after

⁴ Ehren Dohler et al., "Supportive Housing Helps Vulnerable People Live and Thrive in the Community," *CBPP* (Center on Budget and Policy Priorities, May 31, 2016).

⁵ National Alliance to End Homelessness. "Ending Chronic Homelessness Saves Taxpayers Money." *National Alliance to End Homelessness*, February 17, 2017. <http://endhomelessness.org/wp-content/uploads/2017/06/Cost-Savings-from-PSH.pdf>.

being housed to determine income changes for PSH consumers. After one year of housing, the median admission income for individuals was \$676, an increase of 69% (or \$277).⁶

- A 2016 evaluation of the Assets for Independence program found that providing adults in Albuquerque and Los Angeles access to financial education and counseling increased the number of individuals with liquid assets by seven percentage points for an increase of \$799.⁷

Case Studies

The remainder of Appendix I summarizes case studies featuring the economic benefits of supportive housing. States included are:

- | | |
|---------------|-----------------|
| ■ New Mexico, | ■ Colorado, |
| ■ Arizona, | ■ Maine, and |
| ■ California, | ■ Philadelphia. |

New Mexico. In 2011, the Albuquerque Heading Home (AHH) Initiative was launched to provide housing and services to individuals experiencing homelessness, persons with disabilities, and other special needs populations. By providing supportive housing, the AHH saw substantial economic benefits for local governments and Albuquerque's taxpayers.

The AHH program reduced service costs by 15% (more than \$1,040,000). Service utilization costs also decreased from \$3,606,500 to \$2,476,959, representing a decline of 31%.⁸

After one year of being housed, service costs were reduced by more than half (55%) for an overall savings of over \$2,200,000. Jail costs also decreased by over half (56%) which is likely due to the dramatic drop in arrests: prior to entering supportive housing, AHH clients were arrested 132 times on average. These findings suggest that housing and supportive services have been effective in keeping individuals sheltered and engaged in services.

Arizona. Data from the Arizona Health Care Cost Containment System (AHCCS) show that supportive housing saves an average \$5,563 per supportive housing tenant per

⁶ Melany Mondello, Anne B. Gass, Thomas McLaughlin, and Nancy Shore, *Cost of Homelessness: Cost Analysis of Permanent Supportive Housing*, Sept. 2007, https://shnny.org/uploads/Supportive_Housing_in_Maine.pdf.

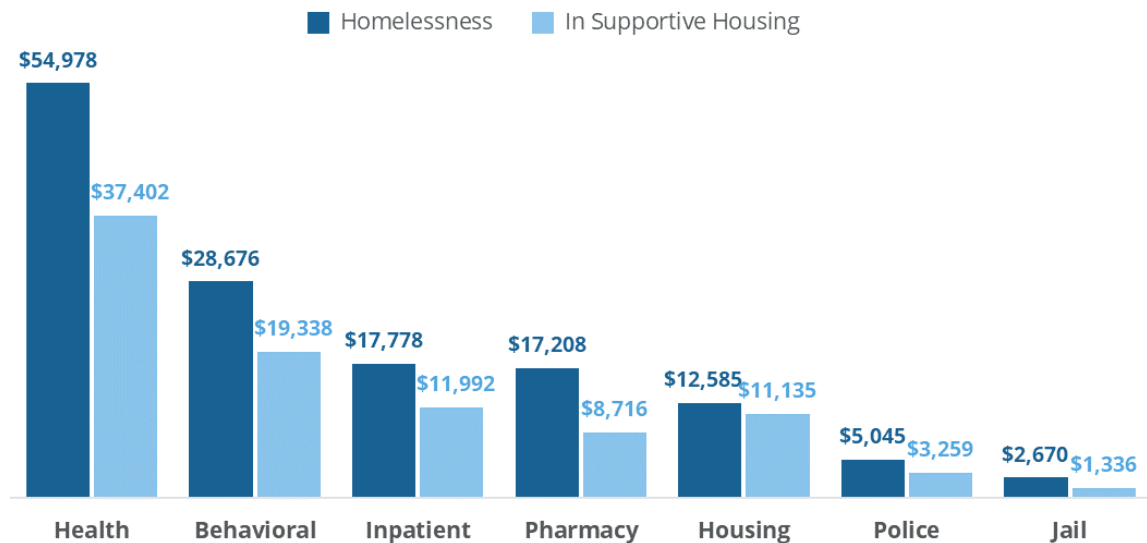
⁷ Gregory Mills et al., "Building Savings for Success: Early Impacts from the Assets for Independence Program Randomized Evaluation," *Urban Institute* (Urban Institute, December 2016), https://www.urban.org/sites/default/files/publication/86146/building_savings_for_success.pdf.

⁸ Paul Guerin and Anne Minssen, "City of Albuquerque Heading Home Cost Study," Institute for Social Research at the University of New Mexico, May 2016, https://headinghome.org/wp-content/uploads/2016/10/CABQ-AHHCostStudy_FinalReportinBrief.pdf.

month.⁹ In 2014, Arizona launched its PSH program for individuals experiencing homelessness with a serious mental illness (SMI). The program offers a range of supportive services for unhoused populations including: assistance with daily living skills; skill building trainings; transportation; health education; conflict resolution and crisis response; and assistance socializing and seeking employment.

According to a study completed by the ASU Morrison Institute in 2021, the program resulted in significantly lower housing and service costs decreasing by 29% annually (or \$20,720). Arizona saw the largest savings for health care, behavioral health services, and inpatient care (Figure AI-1).

Figure AI-1.
Average Annual Costs Before and After Supportive Housing In Arizona



Note: Cost savings are based on a 6 year study of 6,300 participants experiencing homelessness with a serious mental illness.
Source: ASU Morrison Institute and Root Policy Research.

The program has since expanded to align with the Substance Abuse and Mental Health Services Administration’s (SAMSHA) fidelity model which encourages providers to reorient their focus from provider-directed care to member-driven goals.¹⁰

California.

Los Angeles County. Housing for Health—a division within Los Angeles County’s Department of Health Services (DHS)—was established to provide supportive housing to

⁹ Howard Epstein et al., “Private Sector Funding Initiatives,” Arizona Department of Housing, 2021.

¹⁰ Leila Nowroozi et al., “Using Supportive Housing To Improve Health Outcomes: Evidence From Arizona,” *Forefront Group*, November 2, 2018, <https://doi.org/10.1377/forefront.20181026.965656>.

DHS patients experiencing homelessness with complex medical and behavioral health needs. In an evaluation of the program, RAND found that providing stable housing reduces service utilization and service costs for the entire county.¹¹

Following housing placement, service use dramatically decreased for medical and mental health services. Declining service utilization lowered public service costs from \$38,146 to \$15,358 per person. These findings represent an overall percentage decrease of 60% (or \$22,788). Researchers found that cost reductions covered a year's worth of supportive housing for a net savings of 20%.

In a 2009 study completed by the Economic Roundtable, researchers recruited 10,193 homeless individuals in Los Angeles County to determine the public costs for individuals in supportive housing compared to individuals experiencing homelessness.¹² Of these individuals, 9,186 were homeless and 1,007 exited homelessness by entering supportive housing.¹³ Primary findings from the study included:

- Public costs declined by 79% when chronically homeless individuals with a disability entered supportive housing;
- Public costs for homeless individuals vary depending on age and disability: Single adults over the age of 46 years with co-occurring disabilities cost an average of \$5,038 per month compared to only \$406 per month for individuals between 18 and 29 years with no disability;
- Costs increase as homeless individuals age, meaning early intervention is more cost-effective than deferring assistance until problems become acute;
- Most public cost savings resulted from reductions in health care outlays: 69% of savings for supportive housing tenants were in reduced costs for hospitals, emergency rooms, clinics, and mental/physical health; and
- Providing supportive housing with wraparound services results in higher cost savings than providing temporary housing with minimal services.

Orange County. In collaboration with Jamboree and the University of California, Irene, Orange County United Way conducted a study to estimate the economic expenditures of

¹¹ Sarah Hunter et al., "Evaluation of Housing for Health Permanent Supportive Housing Program," *RAND Corporation* (Santa Monica, CA: RAND Corporation, 2017), <https://doi.org/10.7249/RR1694>.

¹² Daniel Flaming, Michael Matsunaga, and Patrick Burns, "Where We Sleep: The Costs of Housing and Homelessness in Los Angeles" (Los Angeles Homeless Services Authority, November 1, 2009), <https://economicrt.org/publication/where-we-sleep/>.

¹³ Two methods were used to independently verify changes in public costs when individuals are housed compared to months when they are homeless.

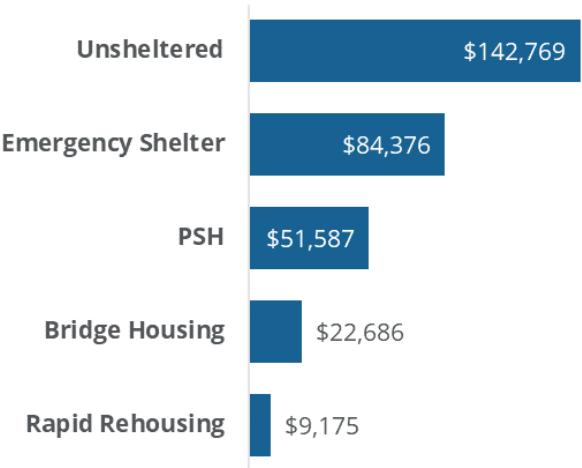
homelessness accrued to Orange County, municipalities, and non-governmental service agencies.¹⁴ Between 2014 and 2015, researchers found that \$299 million were spent to address homeless in the county. Municipalities accounted for the largest share at \$120 million; Orange County spent \$62 million; and non-governmental agencies spent \$35 million. The remaining expenses were paid by hospitals and service providers.¹⁵

The average annual cost per person was \$45,000, though much of this is attributable to heavy-service consumers. Researchers found if the most costly 10% of consumers were excluded from the analysis, the mean annual cost per person drops to approximately \$10,000.

Findings from the study show there were 78% fewer ambulance transportations and 100% fewer arrests among supportive housing tenants. As a result, the estimated average annual cost of services was 40% lower for individuals living in supportive housing compared to those living in shelters or in unsheltered conditions (Figure AI-2).

Figure AI-2.
Service Costs per
Person by Housing
Configuration,
Orange County

Source:
Orange County United Way
Homeless Cost Study and Root
Policy Research.



Orange County United Way concluded that if all homeless individuals in the county were placed in supportive housing with wraparound services, the overall cost savings would amount to \$42 million per year. Conversely, if homelessness is not addressed, public services, criminal justice, health care, and hospital costs will likely reach \$433,845 per year, per person.

¹⁴ David A. Snow et al., "Homelessness in Orange County: The Costs to Our Community," *United Way OC* (United Way Orange County, June 2017), <https://www.unitedwayoc.org/wp-content/uploads/2017/08/united-way-cost-study-homelessness-2017-report.pdf>.

¹⁵ Municipality costs refer to the percentage of the total municipal budget allocated to homelessness as well as costs incurred for allocating resources to homeless persons. For example, budget allocations for municipal police officers that attend to homeless-related tasks (e.g., stopping, assisting, ticketing, or arresting homeless individuals).

Santa Clara County. Santa Clara County has one of the largest homeless populations in the United States and spends around \$520 million annually to provide services and resources for residents experiencing homelessness. Homeless residents are significantly more likely to access Santa Clara’s crisis services (e.g., emergency rooms, hospitals, and other systems) than receive the coordinated care and support they need to exit homelessness. In fact, according to a report from the County of Santa Clara, the 5% of crisis service users account for 47% of overall public costs and the top 10% use \$62,000 in services while experiencing homelessness (per year).¹⁶

In a 2018 program evaluation completed by Santa Clara County’s Office of Supportive Housing, evaluators found that the county’s Project Welcome Home program significantly reduced crisis service utilization costs one year after housing chronically homeless residents:¹⁷

- 68% reduction in psychiatric service use,
- 55% decline in emergency room visits, and
- 38% fewer visits to health care services across the county.

This translated to an annual reduction of per person service costs by more than \$42,000 from around \$62,000 to less than \$20,000.

Colorado. In 2006, the Colorado Coalition for the Homeless (CCH) conducted a cost-benefit analysis for Denver and found that PSH significantly reduces public health, jail expenses, and shelter costs funded by taxpayers.¹⁸ Emergency service costs for chronically homeless individuals were reduced by 73% for an overall saving of \$31,545 per person. The utilization and cost of emergency room visits, inpatient and outpatient care, and other services all reduced after program entry (Figure AI-3).

CCH’s cost-benefit analysis report analysis found that:

- 77% of program participants were still housed after two years;
- 50% reported health improvements 43% mental health improvements;
- Emergency room visits declined by 34%;
- Costs for inpatient care dropped by 66%; and

¹⁶ County of Santa Clara, “Evidence That Supportive Housing Works,” *County of Santa Clara*, 2018, <https://housingtoolkit.sccgov.org/sites/g/files/exjcpb501/files/Evidence%20That%20Supportive%20Housing%20Works.pdf>.

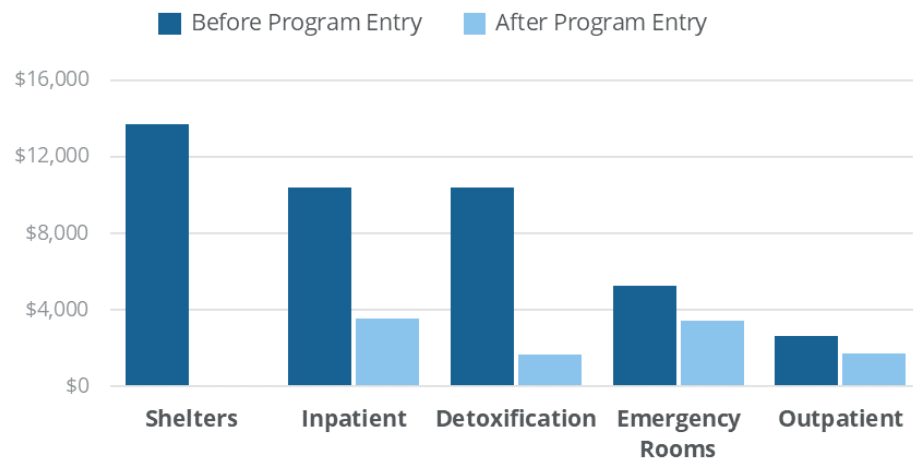
¹⁷ County of Santa Clara, “Evidence That Supportive Housing Works,” *County of Santa Clara*, 2018.

¹⁸ Jennifer Perlman and John Parvensky, *Cost Benefit Analysis and Program Outcomes Report*, Colorado Coalition for the Homeless, Dec. 2006, https://shnny.org/uploads/Supportive_Housing_in_Denver.pdf.

- Incarceration days and costs declined by 76%.

Figure AI-3.
Average
Costs
Before/After
Program
Entry, Denver

Source:
Colorado Coalition for
the Homeless and Root
Policy Research.



The City and County of Denver has been successful in shifting resources from emergency services to affordable housing with supportive services through the Social Impact Bond Initiative (SIB). Denver's SIB focused on increasing housing stability and decreasing jail stays for individuals in the homeless-jail cycle. In addition to reducing police contacts, arrests, and days in jail, almost half of the total per person cost was offset by a reduction in public services which amounted to \$6,900 per person.^{19 20}

Maine. In 2007, Portland conducted a study to determine the cost benefits of providing supportive housing to disabled adults and people experiencing chronic homelessness.²¹ Researchers found that housing homeless individuals cut the average cost of services they consume in half. After living in supportive housing for one year, the annual cost of care savings was \$944 per person for a total savings of \$93,436.

As shown in Figure AI-4, health care and mental health services saw the greatest savings after individuals entered PSH at about \$497,000 and \$231,000, respectively. With more PSH tenants, shelter usage plummeted by 98% to only 181 shelter stays (on average)—lower utilization of shelters reduced provision costs by almost \$232,400 per year.

¹⁹ Denver's SIB reduced police contacts (34%), arrests (40%), and jail days (27%) which results in avoided costs for jail days, ambulance rides, and emergency room visits.

²⁰ Urban Institute, *Breaking the Homelessness-Jail Cycle with Housing First: Results from the Denver Supportive Housing Social Impact Bond Initiative*, July 2021, <https://www.urban.org/research/publication/breaking-homelessness-jail-cycle-housing-first-results-denver-supportive-housing-social-impact-bond-initiative>.

²¹ Melany Mondello, Anne B. Gass, Thomas McLaughlin, and Nancy Shore, *Cost of Homelessness: Cost Analysis of Permanent Supportive Housing*, Sept. 2007, https://shnny.org/uploads/Supportive_Housing_in_Maine.pdf.

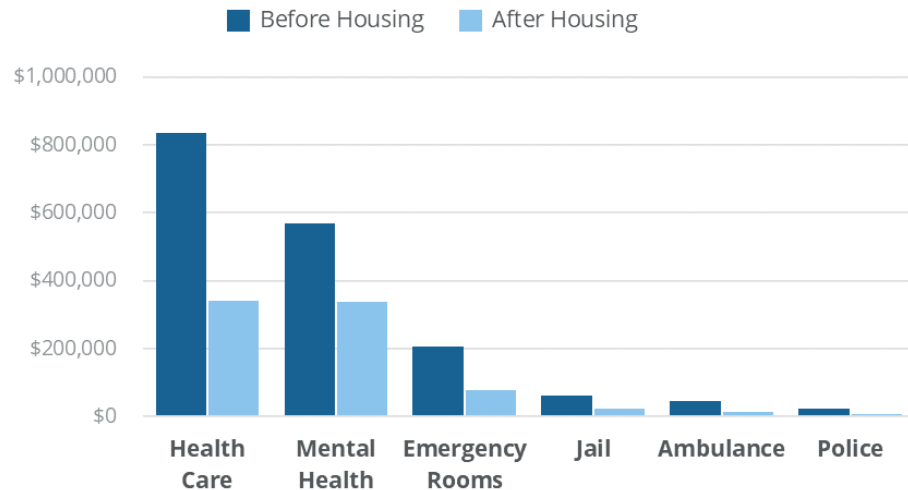
Figure AI-4.
Average
Annual Costs
Before/After
PSH, Portland

Note:

Savings were averaged across all PSH housing programs in Portland.

Source:

2007 Cost Analysis of PSH and Root Policy Research.



Pennsylvania. Researchers from the University of Pittsburgh Medicaid Research Center conducted a comprehensive analysis of 5,859 individuals enrolled in Pennsylvania Medicaid who received PSH between 2011 and 2016.²² Prior to PSH placement, the Research Center found that Medicaid spending among adults averaged over \$1,200 per person—25% of which was due to high utilization of emergency rooms and inpatient care. After three years of living in PSH, Medicaid spending declined by \$162 per person per month.

In a separate study, researchers found substantial cost savings associated with providing PSH to 636 Medicaid members between 2015 and 2019.²³ Published in 2022, the study found that the total cost of care for homeless individuals was over \$25 million annually compared to only \$17 million after being housed. This represents a total annual reduction of \$8 million and an overall percentage decrease of 32%. Figure AI-5 shows cost savings by service type.

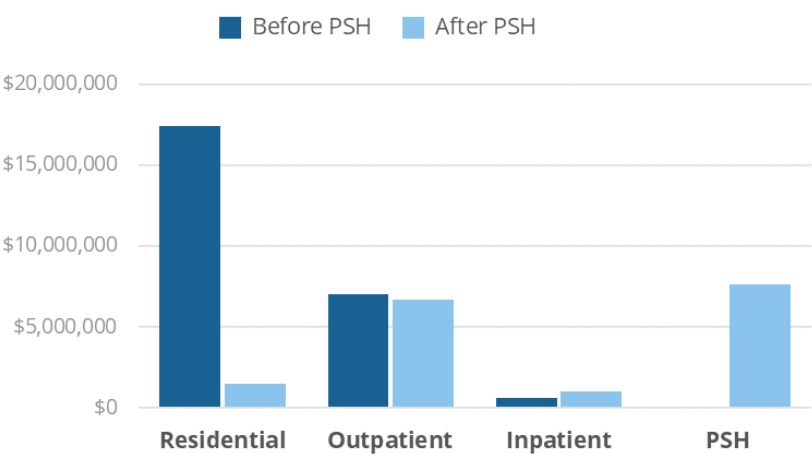
²² University of Pittsburgh Medicaid Research Center, "Permanent Supportive Housing and Medicaid Utilization and Spending in Pennsylvania," *Health Policy Institute* (University of Pittsburgh, October 2019), https://www.dhs.pa.gov/Services/Assistance/Documents/Housing/Housing%20Issue%20Brief%20Final%2010_28_19.pdf.

²³ A. Rothbard et al., "Permanent Supportive Housing: A Cost-Saving Study," *DBHIDS* (Department of Behavioral Health and Intellectual Disability Services, 2022).

Figure AI-5.
Annual Cost Savings
for Medicaid
Members in PSH,
Philadelphia

Note:
Cost savings are based on the
annual service and housing costs
for 636 Medicaid members.

Source:
PSH Cost Savings Study (2022) and
Root Policy Research.



Costs increased for behavioral health inpatient care services and PSH units after individuals entered PSH though this is expected as these services are often used to reach self-sufficiency and transition to permanent housing.

Overall cost reductions were primarily driven by the decline in spending for residential treatment services, which decreased by 91% or almost \$15.9 million. These findings suggest that PSH is a more effective intervention for Medicaid members experiencing homelessness than facility-based behavioral health treatments.

APPENDIX II.

LIST OF ACRONYMS AND ABBREVIATIONS

APPENDIX II.

List of Acronyms and Abbreviations

| | |
|---------------|--|
| ABQ | Albuquerque |
| AHH | Albuquerque Heading Home Initiative |
| ARPA | American Rescue Plan Act |
| BHSD | Behavioral Health Services Division |
| BoS | Balance of State |
| CDBG | Community Development Block Grant Program |
| CoC | Continuum of Care |
| Collaborative | Behavioral Health Purchasing Collaborative |
| CPSW | Certified Peer Support Worker |
| CSH | Corporation for Supportive Housing |
| CTI | Critical Time Intervention |
| CYFD | Children, Youth and Families Department |
| DFA | Department of Finance and Administration |
| EBPs | Evidence-based practices |
| ESG | Emergency Solutions Grant Program |
| FMR | Fair market rate |
| FY | Fiscal Year |
| HB | House Bill |
| HCVs | Housing Choice Vouchers |
| HIC | Housing Inventory Count |
| HOME | HOME Investment Partnerships Program |

| | |
|--------|---|
| HTF | Housing Trust Fund |
| HLG | Housing Leadership Group |
| HMIS | Homeless Management Information System |
| HQS | Housing Quality Standards |
| HSD | Human Services Department |
| HUD | Department of Housing and Urban Development |
| LFC | Legislative Finance Committee |
| LIHTC | Low Income Tax Credit Program |
| LLAs | Local Lead Agencies |
| LLTI | LifeLink Training Institute |
| MCOs | Managed Care Organizations |
| MFA | Mortgage Finance Authority |
| NM | New Mexico |
| NMCEH | New Mexico Coalition to End Homelessness |
| NMHTF | New Mexico Housing Trust Fund |
| NSDUH | National Survey on Drug Use and Health |
| PIT | Point in Time Count |
| PSH | Permanent supportive housing |
| QAP | Qualified Allocation Plan |
| RHP | Recovery Housing Program |
| SAHP | Set Aside (Special Needs) Housing Program |
| SAMSHA | Substance Abuse and Mental Health Services Administration |
| SB | Senate Bill |
| SH | Supportive housing |

| | |
|---------|---|
| SM44 | Senate Memorial 44 Task Force |
| SMI | Serious mental illness |
| SOAR | SSI/SSDI Outreach, Access, and Recovery |
| SUD | Substance use disorder |
| SUPPORT | Support for Patients and Communities Act |
| TA | Technical assistance |
| TH | Transitional housing |
| USICH | United States Interagency Council on Homelessness |
| WEHC | Westside Emergency Housing Center |

APPENDIX III.

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APPENDIX III.

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