

Senate Memorial 44: Coordinate Housing Services for the Homeless



Mortgage Finance Authority Act Oversight Committee
November 23, 2015

Senate Memorial 44: Coordinate Housing Services for the Homeless

Senate Memorial 44 requests that the Human Services Department (HSD), New Mexico Mortgage Finance Authority, the New Mexico Coalition to End Homelessness, Albuquerque Heading Home and others identify strategies to coordinate resources to more efficiently house people who are homeless.

Senate Memorial 44 Working Group

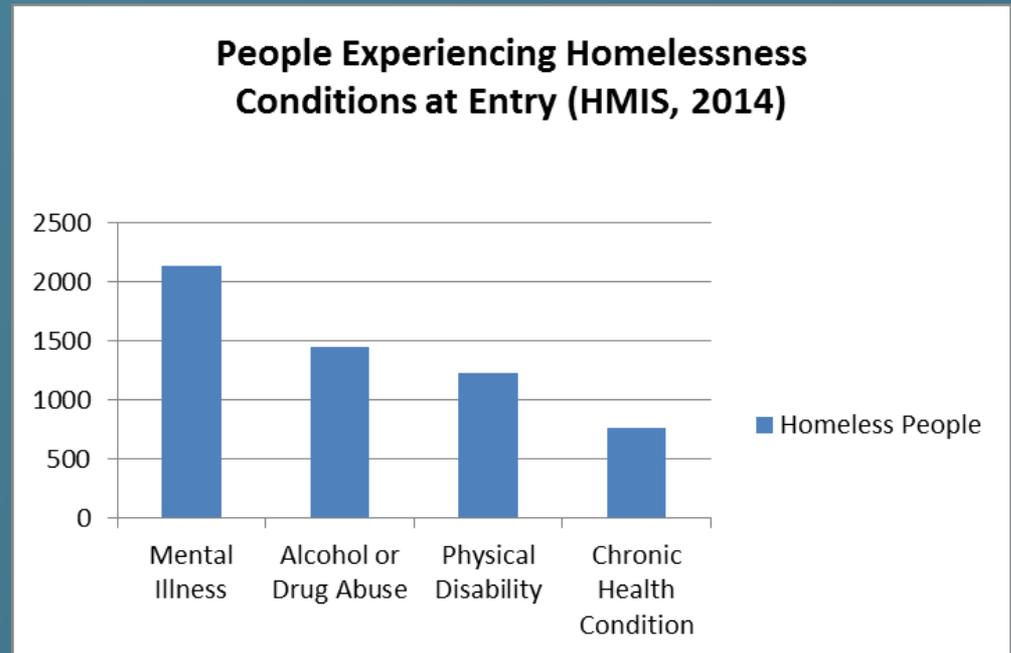
Purpose: Senate Memorial 44 Working Group convened to discuss expansion and scale-up efforts to increase the number of communities and settings using the targeted Recommended Practice(s) within the State so that more individuals and families experiencing homelessness are able to access and retain safe, affordable, community-based, supportive housing, in addition to services and treatment, by:

- 1. Planning and making recommendations for expanded infrastructure for new implementers*
- 2. Planning and making recommendations for sustained support for programs that have achieved full implementation*

Understanding Homelessness

People who experience homelessness in New Mexico include:

- *Individuals with long histories of homelessness (poverty)*
- *People with complex clinical needs: mental health, substance use disorders, and chronic health problems*
- *Persons with a history of trauma*
- *Frequent users of acute care systems*
- *Families*



Understanding Homelessness

The New Mexico Coalition to End Homelessness (NMCEH) estimates there are at least 17,000 people in NM experiencing homelessness over the course of a given year. Further, based on the 2015 Point in Time (PIT) Count conducted by the NMCEH, on one night in Albuquerque, 1287 people experienced homelessness. In addition, NMCEH determined that 8,419 individuals experiencing homelessness received help in 2014 from a program in New Mexico that reports data to the Homeless Management Information System (HMIS).

Housing as a Health Intervention

Studies have shown the powerful effects of **safe housing**, healthful food, and opportunities for education and employment on health.

Doran, Kelly M., Misa, Elizabeth, & Shah, Nirav R. (2013). Housing as Health Care – New York’s Boundary-Crossing Experiment. *The New England Journal of Medicine*, 369(25). Retrieved from <http://www.nejm.org/>

Housing as a Health Intervention

A more recent study underscores the relationship between Permanent Supportive Housing and chronic homelessness at the community level.

The researchers were able to demonstrate through the use of community-level data that “communities that add relatively more Permanent Supportive Housing units show steeper declines in chronic homelessness over time.”

Culhane, D. P., Thomas Byrne, Jamison D. Fargo, Ann Elizabeth Montgomery and Ellen Munley. (2014). The Relationship between Community Investment in Permanent Supportive Housing and Chronic Homelessness. *Social Service Review*, Vol. 88, No. 2 (June 2014), pp. 234-263. <http://www.jstor.org/stable/10.1086/676142>

Housing as a Health Intervention

SUPPORTIVE HOUSING

Supportive housing is a specific program model in which a consumer lives in a house, apartment, or similar setting; alone or with others; and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and /or assisting with residential responsibilities. Criteria identified for Supportive Housing programs include: housing choice, functional separation of housing from provision of services, affordability, integration with persons who do not have mental illness, right to tenure, service choices, service individualization and service availability.

SAMHSA (2014). Community Integration Self-Assessment Tool: For use in the 2014 Olmstead Community of Practice, Appendix: Definitions. Retrieved from <http://www.nri-inc.org/#!/olmstead/cd9n>

Housing as a Health Intervention

SUPPORTIVE HOUSING

Supportive Housing has evolved from being just for “high functioning” individuals to those with complex behavioral health disorders coming from institutional settings (i.e. state hospitals, nursing homes and jails/prisons) and for those who are chronically homeless.

Housing as a Health Intervention

Permanent Supportive Housing

Permanent supportive housing (PSH) is an evidence-based practice (EBP), a model that provides subsidized community-based housing, as well as services and supports like health care, case management, and employment assistance to very low-income or homeless individuals. Housing is “permanent” because there is no time limit on how long housing can be utilized. In most programs, whether or not a resident chooses to access services and supports is not a condition of housing.

Individuals who reside PSH have leases and tenant protections as allowed under the law. They may come and go whenever they wish, have a full service dwelling (including bathroom, kitchen, and lockable door), and may host visitors.

Other Resources and Recommended Practices

EVIDENCE-BASED SCREENING, ASSESSMENT, AND TREATMENT INTERVENTION(S)

- | | |
|---|--|
| <ul style="list-style-type: none">• Supervised housing• Supported employment• Outreach and engagement• Direct treatment• Trauma-informed services• Peer support specialist• Recovery support specialists• Vocational, child care, educational and• Transportation | <ul style="list-style-type: none">• Independent living skills• Crisis care• Medications management• Self-help programs• Discharge planning• Psychosocial Rehabilitation |
|---|--|

Related Website:

<http://www.samhsa.gov/homelessness-housing/publications-resources>

Benefit-cost Analysis

Dozens of studies across the country over the last 20 years, (SAMHSA, 2010; Tsemberis Eisenberg, 2000; Rog et al., 2014; Culhane et al., 2001; O'Hara, 2003; Rosenheck et al., 2003) permanent supportive housing has been repeatedly proven to be an effective intervention that improves housing stability, reduces the use of expensive crisis care, and improves outcomes even for the most vulnerable individuals with complex needs.

Information on anticipated savings for New Mexico has been drawn from a comprehensive cost benefit that was prepared for the Albuquerque Heading Home initiative (City of Albuquerque Heading Home Initiative Cost Study Report Phase 1, 2013).

Benefit-cost Analysis

The comprehensive cost benefit analysis that was prepared for the Albuquerque Heading Home initiative measured cost of services before and after housing was secured for chronically homeless persons in Albuquerque, N.M.

*New Mexico may anticipate savings using the average savings from the Albuquerque study of **\$12,831.68** for study group members as a working assumption for the target population identified in Senate Memorial 44 (City of Albuquerque Heading Home Initiative Cost Study Report Phase 1, 2013).*

This report can be accessed on the internet:

<http://isr.unm.edu/reports/2013/city-of-abq-heading-home-initiative-cost-study-phase-1.pdf>

Problem Statement

Supportive housing in New Mexico has been reliant on federal resources for early implementation and expansion. However, **federal funding streams are not enough**. There continues to be a lack of affordable housing stock and barriers to coverage of some housing-related activities and services for the lowest income people with disabilities or any other extremely low income household.

Problem Statement

Permanent supportive housing is a model – not a program. Therefore, there is not a single federal or state PSH funding stream. This has resulted in different funding mechanisms, or braiding of various funding streams, to accomplish the three components of the model:

1. Housing – i.e., The U.S. Department of Housing and Urban Development (HUD) provides funding for rental assistance, construction loans, and rehabilitation; State general funds for bridge rental assistance
2. Health Care – i.e., The Centers for Medicaid and Medicare (CMS) provides funding for Medicaid and/or Medicare services. Individuals who are not eligible for Medicaid or Medicare (or other health insurance programs) receive health care services from safety net provider organizations.
3. Social Services– i.e., State programs and non-profit organizations provide funding for any other services that might be needed such as additional case management, employment assistance, or food.

Problem Statement

*Frequent use of costly systems like acute care and criminal justice by highly vulnerable residents comes at a great cost to both society and the individual. In contrast, by offering **the right service, at the right place and at the right time**, NM could reduce costs and improve health outcomes for people experiencing homelessness.*

The City of Albuquerque Heading Home Initiative Cost Study Report, Phase 1 (2013) reported:

- That a large majority of study group members reported 3 or more emergency room visits in the past year, and inpatient hospitalizations in the past year.*

Gap Analysis & Needs Assessment

New Mexico Coalition to End Homelessness (NMCEH) estimates the number of supportive housing placements needed through an assessment of need and inventory of available units across the State

Need for Supportive Housing by County (2015)				
County	2014 Census Population	Poverty Rate	Total # of Homeless People Counted on 1/26/15*	Estimated Total Need for Supportive Housing
Dona Ana County	213,676	27	333	534
Sandoval County	137,608	17.7	35	344
Valencia County	75,817	23.4	20	190
Chaves County	65,878	21.2	28	165
McKinley County	74,098	40.3	108	185
Otero County	65,082	21.3	14	163
Lea County	69,999	14.8	12	175
Bernalillo County	675,551	18.7	1378	1689
San Juan County	123,785	22.7	207	309
Eddy County	56,395	15.1	86	141
Rio Arriba County	39,777	24.8	2	99

Recommendations: Capacity, Access and Financing for Affordable Housing

RECOMMENDATIONS

- Increase community investments in Permanent Supportive Housing units
- Dedicate additional resources to rapid rehousing/move-in assistance and eviction prevention efforts

Recommendations: Systems Level

RECOMMENDATIONS

- Reinvigorate and commit a State Leadership Team to the issue of homelessness through the existing Housing Leadership Group
- Broad access to training and technical assistance
- New implementation sites/demonstration sites and existing implementation sites
- Data and evaluation systems
- Explore and select innovative financing models

Recommendations: Capacity, Access and Financing for Health Care & Services

RECOMMENDATIONS

- Flexible funding streams and payment mechanisms under Medicaid
- Expand coverage for non-Medicaid supportive housing-related services
- Provide and enhance opportunities for Supported Employment