

LFC Requestor: CHAVEZ, Felix

2025 LEGISLATIVE SESSION  
AGENCY BILL ANALYSIS

Section I: General

Chamber: Senate

Category: Bill

Number: 190

Type: Introduced

Date (of THIS analysis): 01-30-25

Sponsor(s): Harold Pope

Short Title: Creating the Homelessness Reduction Division

Reviewing Agency: Agency 665 - Department of Health

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Section II: Fiscal Impact

APPROPRIATION (dollars in thousands)

Appropriation Contained		Recurring or Nonrecurring	Fund Affected
FY 25	FY 26		
\$0	\$1,000	Nonrecurring	SGF

There is a non-recurring appropriation of \$1 million starting in State Fiscal Year (SFY) 2026 to fund operation of the Homelessness Reduction Division at the New Mexico Health Care Authority (HCA).

REVENUE (dollars in thousands)

Estimated Revenue			Recurring or Nonrecurring	Fund Affected
FY 25	FY 26	FY 27		
\$0	\$0	\$0	N/A	N/A

ESTIMATED ADDITIONAL OPERATING BUDGET IMPACT (dollars in thousands)

	FY 25	FY 26	FY 27	3 Year Total Cost	Recurring or Non-recurring	Fund Affected
Total	\$0	\$140	\$140	\$280	Recurring	General

NMDOH would require a minimum of one epidemiologist position that would utilize NMDOH data systems to track homelessness and health outcomes (Death Records, Hospitalizations, Emergency Department Visits, BRFSS and YRRS). The data would support the work of the Interagency Homelessness Reduction Task Force.

New Personnel – Homelessness Epidemiologist – Pay Band 75 - \$38.46/hr x 2080 hours = \$79,996.80 + Office Setup \$5,522+ Rent \$54,000 = \$139,518.80

### **Section III: Relationship to other legislation**

Duplicates: None

Conflicts with: None

Companion to: None

Relates to: None

Duplicates/Relates to an Appropriation in the General Appropriation Act: Relates to appropriations for homelessness programs and initiatives for the University of New Mexico, Department of Finance Administration, Administrative Office of the Courts, Veterans' Services Department, Public Education Department, and the Health Care Authority

### **Section IV: Narrative**

#### **1. BILL SUMMARY**

a) Synopsis

Senate Bill 190 (SB190) amends the Health Care Authority Act for the purposes of 1) creating the Homelessness Reduction Division (HRD) at the New Mexico Health Care Authority (HCA), 2) forming an Interagency Homelessness Reduction Task Force and Homelessness Reduction Advisory Council, and 3) provide an appropriation of \$1,000,000 from the general fund in FY26 to begin operations of the new division.

The HRD would be tasked with coordinating the state's efforts on homelessness prevention. These activities would include developing and facilitating a statewide strategic homelessness reduction plan to decrease homelessness and unnecessary institutionalization in the state, to improve health and human services outcomes for persons experiencing homelessness (PEH), and to strengthen safety nets that contribute to housing stability.

The HRD would also be tasked to create a statewide data system called the "homeless data integration system" to collect data from the local homeless management information systems statewide to match data to recipients of state homeless assistance programs. The HRD would also be tasked to identify all resources, benefits, and services that could be accessed to prevent and end homelessness in New Mexico.

The HRD would coordinate efforts across state agencies through the creation of the Interagency Homelessness Reduction Task Force, facilitate the creation of the Homelessness Reduction Advisory Council, and serve as an advocate for policies and implementation to reduce homelessness statewide. The Homelessness Reduction Advisory Council would provide recommendations to the task force and HRD no later than September 1<sup>st</sup> of each year. The Interagency Homelessness Reduction Task Force would provide policy recommendations and would be responsible for producing an annual report for the legislature and the governor beginning October 1, 2025.

Is this an amendment or substitution?  Yes  No

Is there an emergency clause?  Yes  No

b) Significant Issues

SB190 amends the Health Care Authority Act for the purposes of 1) creating the Homelessness Reduction Division at the New Mexico Health Care Authority (HCA), 2) forming an Interagency Homelessness Reduction Task Force and Homelessness Reduction Advisory Council, and 3) provide an appropriation of \$1,000,000 from the general fund in FY26 to begin operations of the new division.

New Mexico Department of Health (NMDOH) contributed to the response to persons experiencing homelessness to reduce negative public health outcomes and assist in linking persons to a variety of services including physical and behavioral health options. This has allowed NMDOH to demonstrate that projects aimed at reaching people experiencing homelessness and connecting them to health care, behavioral health, and social services can have an immediate impact. The previous funding received from the legislature to purchase of mobile health units will likely soon include funded FTE devoted to staffing the units (the LFC provided for staffing in their 2026 recommendation). DOH would partner with HCA to integrate a mobile response to address immediate services required by our homeless population.

NMDOH would suggest supplementing the work of the HCA and the DOH mobile fleet with an epidemiologist position that would utilize NMDOH data systems to track homelessness and health outcomes.

NMDOH was able to support 13 pilot outreach projects (contracts to community partners with mobile outreach units) during state fiscal year (SFY) 2024. These reached 4,743 unique persons experiencing homelessness with at least 7,870 interactions. One key benefit of mobile services was that they reduced barriers such as lack of transportation, fear of being stigmatized at programs with fixed sites, and stigma related to homelessness. This model also allowed immediate needs such as food, clothing, and case management to be addressed first, so that individuals could be engaged in ongoing behavioral and physical health services. The funding also supported the "PICKUP" study by the University of New Mexico (UNM) that surveyed 525 persons experiencing homelessness across 10 counties in partnership with the pilot project contractors. This gathered urgent data on length of homeless episodes, reasons for losing last housing, and reasons for losing income in the past six months.

The PICKUP study highlighted a pressing need for enhanced services and supports, particularly in areas such as chronic disease management, mental health, and treatment for substance use disorders. Only 18% of respondents said their health was excellent or

very good, while another 26% said good; this may relate to the fact that while 74% reported having health insurance, only 42% noted that they have a place to receive medical care. Many persons noted health issues, with high blood pressure (30%), respiratory challenges (asthma, chronic bronchitis, emphysema or COPD at 22%) or heart problems/stroke (16%) being the most common.

Housing instability has been associated with poorer health outcomes ([HHS Office of Disease Prevention and Health Promotion - Healthy People 2030 - Housing Instability](#)). Persons experiencing homelessness (PEH) are at increased risk of infectious diseases, chronic health conditions, serious mental illness, and premature death. Homelessness has negative impacts across the lifespan. Pregnant women experiencing homelessness were more likely to deliver a baby preterm or with low birthweight ([Homelessness During Pregnancy: A Unique, Time-Dependent Risk Factor of Birth Outcomes](#)). Children with unstable housing were at higher risk of having inadequate nutrition, were sick twice as often as children with stable housing, and were twice as likely to have a learning disability ([HHS - Administration for Children and Families](#)).

Housing insecurity is a significant challenge for many New Mexicans. In 2023, 15% or an estimated 245,000 adults experienced a time in the previous year where they could not pay their mortgage, rent, or utility bills. One in every four New Mexican adults with a disability and one in every four New Mexican American Indian or Alaska Native adults experienced housing insecurity. Compared to stably housed adults, those with housing insecurity were 2.5 times more likely to experience frequent mental distress, 4 times more likely to have considered suicide, and 6 times more likely to experience food insecurity (2023 NM Behavioral Risk Factor Surveillance System, Data analyzed by NMDOH Center for Health Protection). In 2023, the New Mexico Youth Risk and Resiliency Survey (Analyzed by NMDOH Center for Health Protection) found that 1.4% or an estimated 1,428 New Mexico high school students and 1.6% or an estimated 1,155 New Mexico middle school students experienced homelessness. Compared to other high school students in the state, youth experiencing homelessness were 4 times more likely to have gone hungry, 12 times more likely to have been injured in a suicide attempt, and 65 times more likely to have used heroin.

The national standard for estimating homelessness is the Department of Housing and Urban Development annual Point-In-Time Count. In 2024, the department reported an 18% increase in homelessness nationally from the prior year ([HUD - The 2024 Annual Homelessness Assessment Report](#)). New Mexico experienced a 20.5% increase from 2023 to 2024. The New Mexico Coalition to End Homelessness coordinates the Point-In-Time count for the state and reported in 2024 there were 2,740 PEH in Albuquerque with 1,231 of those PEH being unsheltered ([2024 New Mexico Point-in-Time Count](#)). In the remainder of the state where the count was conducted, there were 1,909 PEH with 1,011 of those PEH being unsheltered. About 8% of the unsheltered homeless in the state reported being a US veteran. There were 64 persons in the unsheltered count of the state who were minors under 18 years old. The report also found significant racial/ethnic disparities in the unsheltered homeless counts with the American Indian/Alaska Native, Black/African American/African, and Native Hawaiian/Pacific Islander populations being disproportionately represented.

An upcoming Epidemiology Report from the Center for Health Protection at NMDOH reported 2-4 times more PEH statewide than were counted by the annual Point-In-Time

count, demonstrating a greater need of services in the state than current estimates. From 2019 to 2023, 30,882 unique individuals were found to have indications of homelessness in their healthcare record. Among these 30,882 PEH, 66% were male. By race and ethnicity categories, 39% of the identified PEH were Hispanic, 39% were White, 15% were American Indian/Alaska Native, 6% were Black/African American, and <1% were Asian/Pacific Islander. The American Indian/Alaska Native and Black/African American populations were disproportionately represented in this study. The disparate representation likely indicates many structural and historical health inequities impacting these populations and leading to higher rates of homelessness. The age distribution of PEH in the study skewed toward the middle-aged group 25-44 years (46%). Additionally, 869 infants and children under age 5 (3%) were identified among the cohort. Over the five-year period, these 30,882 PEH accounted for 182,689 visits for an average of 5.9 visits per PEH. Comorbidities that were commonly found among their visits included alcohol-related disorders, stimulant-related disorders, musculoskeletal pain, schizophrenia, and infectious diseases.

## 2. PERFORMANCE IMPLICATIONS

- Does this bill impact the current delivery of NMDOH services or operations?  
 Yes  No
- Is this proposal related to the NMDOH Strategic Plan?  Yes  No
  - Goal 1:** We expand equitable access to services for all New Mexicans
  - Goal 2:** We ensure safety in New Mexico healthcare environments
  - Goal 3:** We improve health status for all New Mexicans
  - Goal 4:** We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

Creating a division to focus on improving health outcomes for PEH would expand equitable access to services for all New Mexicans and would improve the health status of New Mexicans experiencing housing insecurity and homelessness.

## 3. FISCAL IMPLICATIONS

- If there is an appropriation, is it included in the Executive Budget Request?  
 Yes  No  N/A
- If there is an appropriation, is it included in the LFC Budget Request?  
 Yes  No  N/A
- Does this bill have a fiscal impact on NMDOH?  Yes  No

While there are homeless programs and initiatives included in both the LFC Budget and the Executive Budget, neither specifically designate funding for the creation of the HRD in the HCA.

NMDOH recommends funding a minimum of one epidemiologist position that would utilize NMDOH data systems to track homelessness and health outcomes (Death Records, Hospitalizations, Emergency Department Visits, BRFSS and YRRS). These data would support the work of the Interagency Homelessness Reduction Task Force.

#### **4. ADMINISTRATIVE IMPLICATIONS**

Will this bill have an administrative impact on NMDOH?  Yes  No

The Secretary of Health or their designee will need to participate on the Interagency Homelessness Reduction Task Force. The work of the Interagency Homelessness Reduction Task Force could be supported by additional public health surveillance from NMDOH which would require at least one FTE to utilize NMDOH data systems to track homelessness and health outcomes.

#### **5. DUPLICATION, CONFLICT, COMPANIONSHIP OR RELATIONSHIP**

Senate Bill 190 (SB 190) is related to Senate Bill 2 which would make appropriations from the general fund to the University of New Mexico and NMDOH for health outreach to homeless persons. Senate Bill 2 also makes an appropriation to the Department of Finance and Administration for the expansion of certain housing services.

#### **6. TECHNICAL ISSUES**

Are there technical issues with the bill?  Yes  No

Senate Bill 190 (SB 190) appropriates funds for the creation of a new division in the HCA for only one year. The funds are not recurring which would likely impact the ability of the HCA to continue any work established by the HRD of the HCA.

#### **7. LEGAL/REGULATORY ISSUES (OTHER SUBSTANTIVE ISSUES)**

- Will administrative rules need to be updated or new rules written?  Yes  No
- Have there been changes in federal/state/local laws and regulations that make this legislation necessary (or unnecessary)?  Yes  No
- Does this bill conflict with federal grant requirements or associated regulations?  
 Yes  No
- Are there any legal problems or conflicts with existing laws, regulations, policies, or programs?  Yes  No

#### **8. DISPARITIES ISSUES**

Persons experiencing homelessness (PEH) are a vulnerable population and are at greater risk for chronic disease, infectious diseases, serious mental illness, substance use disorders, and premature death. The PICKUP study revealed that only 18% of respondents said their health was excellent or very good, while another 26% said good; this may relate to the fact that while 74% reported having health insurance, only 42% noted that they have a place to receive medical care. Many persons noted health issues, with high blood pressure (30%), respiratory challenges (asthma, chronic bronchitis, emphysema or COPD at 22%) or heart problems/stroke (16%) being the most common.

Current data show that the American Indian/Alaska Native and the Black/African American populations are disproportionately represented in the homeless population of New Mexico.

Providing more dedicated resources and coordination of homeless programs and initiatives would likely have positive impacts on these populations.

**9. HEALTH IMPACT(S)**

Providing more comprehensive support to those experiencing housing instability or homelessness would have positive health impacts and would strengthen the communities of New Mexico. This would be accomplished by facilitating linkage and reducing barriers to both health care and behavioral health services.

People with chronic health conditions and disabilities are at an increased risk of losing their housing, and those who are unsafely housed are at an increased risk for negative health outcomes ([Network for Public Health Law - The Public Health Implications of Housing Instability, Eviction, and Homelessness](#)).

**10. ALTERNATIVES**

None

**11. WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?**

If Senate Bill 190 (SB190) is not enacted, there will not be an amendment to the Health Care Authority Act for the purposes of 1) creating the Homelessness Reduction Division at the New Mexico Health Care Authority (HCA), 2) forming an Interagency Homelessness Reduction Task Force and Homelessness Reduction Advisory Council, and 3) provide an appropriation of \$1,000,000 from the general fund in FY26 to begin operations of the new division.

**12. AMENDMENTS**

None