

# Strategic Plan for Supportive Housing in New Mexico: 2018 – 2023

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## Table of Contents

Introduction .....	2
Goal 1: Increase Affordable Housing for Special Needs Populations.....	10
Goal 2: Improve and Expand Housing Support Services .....	15
Goal 3: Improve Data Collection, Data Sharing, and Assessment related to Permanent Supportive Housing .....	24
Implementation .....	28
Appendix A: Housing Leadership Group Membership.....	30

## Introduction

The New Mexico Behavioral Health Purchasing Collaborative (the Collaborative) has for over ten years led efforts to create and sustain permanent supportive housing opportunities for high-priority consumers with behavioral health disorders and related disabilities, and for youth transitioning from the foster care and juvenile justice system across the state of New Mexico. Beginning with the successful launch of the *New Mexico Behavioral Health Purchasing Collaborative Long Range Supportive Housing Plan* in December of 2007, New Mexico has sponsored and aggressively supported a sustained statewide effort to create and maintain independent, decent, safe, and affordable community-based housing options linked to flexible community-based supports as desired by consumers — a model commonly referred to as permanent supportive housing (PSH).<sup>1</sup> Permanent supportive housing is a nationally recognized best practice that supports individuals and families with a broad range of disabilities who may also be homeless, residing in an institutional setting, or at risk of homelessness or institutionalization.

Now, with the release of this *Strategic Plan for Supportive Housing in New Mexico: 2018–2023*, the Collaborative is excited and empowered to continue its aggressive efforts to create new PSH opportunities as well as to advance statewide behavioral health services system realignment efforts. With its experience in building a successful cross-departmental system to create and sustain PSH across the state, the Collaborative looks forward to broadening its efforts, and aspires to lead by example through the adoption of innovative strategies that address the challenges of operating PSH across a rural frontier state with a diverse population.

As thoughtfully described in the New Mexico Senate Memorial 44 report from the 2015 legislative session, the housing needs of New Mexico’s most vulnerable citizens are unique in many ways:

*Poverty, geographic isolation, and other social determinants of health are prevalent in New Mexico and all contribute to homelessness. As a result of risk factors which are more prevalent in New Mexico than in many other states, our most vulnerable citizens who are homeless or ‘at risk of homelessness’ represent a wide range of people including families with children, people with mental illness, people with low-wage jobs, people suffering from substance abuse addiction, migrant workers, runaway teens and young adults, formerly incarcerated people, and veterans. The challenges that our most vulnerable citizens face in identifying safe, sanitary housing options are further exacerbated by the lack of housing stock available to extremely low-income households. Federal disinvestment in public and affordable housing programs only adds to this*

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<sup>1</sup> Technical Assistance Collaborative, Inc. (2007). *New Mexico Behavioral Health Purchasing Collaborative long range supportive housing plan*. [http://newmexico.networkofcare.org/content/client/1446/BH\\_Collaborative\\_Supportive%20Housing\\_Plan\\_Final\\_2007.pdf](http://newmexico.networkofcare.org/content/client/1446/BH_Collaborative_Supportive%20Housing_Plan_Final_2007.pdf)

*problem. Within this challenging environment, it is more critical than ever for New Mexico to maintain and reinforce its strong, sustained commitment to expanding permanent supportive housing options targeted to our most vulnerable citizens.<sup>2</sup>*

In addition, it is important to recognize that homelessness in New Mexico often looks different than in more urban states. Homelessness is not as visible in New Mexico, especially in the more rural regions of the state. It is not uncommon in these rural areas, with few or no traditional low-cost housing options, for people to seek out alternative settings including residing in cars, campgrounds, arroyos, and abandoned buildings. The cultural norms of many in New Mexico also encourage family, tribal members, and friends to offer and provide temporary shelter that further contributes to the difficulty in identifying those with housing needs. Over the past 10 years, New Mexico has responded by defining homelessness (at the state level) to include individuals who are precariously housed, and by offering a range of different PSH models that respond directly to the needs and housing challenges discussed above. Continued efforts to address the unique characteristics of homelessness in New Mexico are incorporated in the current plan.

The Collaborative also recognizes the important link between PSH, recovery, and the path toward self-sufficiency. Housing instability disproportionately affects people with disabilities, including those with mental illness and substance use disorders, who also often have the lowest incomes. For individuals with disabilities experiencing homelessness, it is nearly impossible to focus on recovery because the immediate needs of homelessness take precedence. Moreover, being homeless is traumatic on many levels, and most people who have experienced homelessness also report having experienced some form of trauma. The stability of housing, combined with housing and community support services, enables individuals to move toward recovery, improved wellness, and greater engagement in their communities. Access to safe, quality, affordable housing — with the supports necessary to maintain that housing — constitutes one of the most basic and powerful social and economic determinants of health. For individuals and families who are trapped in a cycle of crisis, housing instability and homelessness due to trauma, violence, mental illness, or addictions, access to housing can determine their entire health trajectory. For these vulnerable populations, supportive housing and comprehensive services are a necessary precursor and an essential platform for the delivery of services that lead to improved health and stability. Further, supportive housing provides a foundation for engaging tenants in managing their own care and promoting lifestyle changes that lead to good health. Thus PSH is an integral component of New Mexico's broader health strategy.

### **Guiding principles for the *Strategic Plan***

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Through the efforts of the state's Housing Leadership Group (HLG), New Mexico reaffirms and establishes a set of guiding principles that provides the foundation for all future efforts to

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<sup>2</sup>[New Mexico] Senate Memorial 44 Working Group Recommendations (November 2015).

<https://www.nmlegis.gov/handouts/MFA%20112315%20Item%203%20SM%2044%20Working%20Group%20Recommendations.pdf>

further the three policy goals laid out in this *Strategic Plan for Supportive Housing in New Mexico: 2018–2023*. The Collaborative enthusiastically supports the continued creation of PSH as a crucial vehicle within the continuum of supportive housing options to address the significant housing needs of the state’s most vulnerable populations, as well as a core “change” component in its broader system transformation efforts of the state’s behavioral health system.

As it implements the three goals identified in the *Strategic Plan*, New Mexico is committed to these guiding principles that grow from New Mexico’s long experience implementing PSH:

- Permanent supportive housing is a cost-effective intervention for vulnerable, high-need individuals and families including individuals with serious mental illness and/or substance use disorders; individuals at risk of or experiencing homelessness, including veterans; and transition-age youth.
- PSH is an evidence-based practice (EBP) that has been adopted by New Mexico to meet the housing needs of our most vulnerable citizens. PSH will continue to be seen as the statewide standard for community-based housing. As part of the *Strategic Plan*, New Mexico will establish this standard by ensuring a common practice, enabling performance evaluation, and enhancing financing options.
- New Mexico will learn from and build on past successes in PSH and continue to sustain a broad base of PSH capacity among a broad range of stakeholders, with state and local involvement/support, from which to springboard to future PSH expansion.
- Peers offering sustained support to those living in PSH make a difference. We have seen the positive impact peers make at many different levels. At the individual tenant level, peer supports have resulted in better outcomes in maintaining longer, more successful tenancy. At the agency and program levels, peers offering support to PSH tenants have resulted in agencies successfully addressing and filling gaps within the labor workforce. These agencies have found that integrating peer supports within their PSH programs has resulted in better outcomes with a more efficient, cost-effective approach. New Mexico remains committed to integrating and expanding peer supports across all PSH programs statewide.

## **The national context for the permanent supportive housing model**

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### **Permanent Supportive Housing as a Best Practice**

Since the late 1990s, the concept of supportive housing has emerged nationally as the preferred model of housing for vulnerable persons with disabilities and those persons who are homeless. The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (HHS) established PSH as an Evidence-Based Practice in 2010. SAMHSA describes PSH as “decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local landlord tenant laws and is linked to voluntary and flexible support and services designed to meet tenants’ needs and preferences.”<sup>3</sup> Other federal agencies — specifically the Department of Housing and

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<sup>3</sup> SAMHSA (2010). Permanent Supportive Housing Evidence-Based Practices (EBP) Kit. PowerPoint Presentation:

Urban Development (HUD), the Centers for Medicare and Medicaid Services (CMS), the Department of Justice (DOJ), and the US Interagency Council on Homelessness (USICH) — also recognize PSH as a best practice.

As the concept of supportive housing has evolved in policy and practice, the commonly accepted basic principles of supportive housing are:

- Support services are offered to promote independent living and help consumers find, get, and keep housing.
- Support services are client-driven, individually tailored, and flexible — and are primarily provided in vivo, e.g. in the consumer’s home.
- Neither support service compliance nor following treatment plans is a condition of accessing housing or maintaining tenancy.
- Supportive housing consumers have all the rights and responsibilities of tenancy.
- Housing is not subject to time limitations other than lease requirements.
- Leases are renewable if compliance with standard lease terms and property rules is maintained.
- Ongoing, regular communication must occur between service providers, property managers, and tenants to ensure that tenants remain successfully housed by resolving any difficulties and preventing eviction.

New Mexico recognizes PSH as a frontline intervention to serve people with significant disabilities in community-based settings. Research shows that PSH is more cost-effective than institutions or more restrictive housing options, and that it demonstrates positive outcomes such as reduced hospitalizations and homelessness and improved behavioral and physical health. While PSH was previously thought to be successful only for individuals who were “high functioning,” it is increasingly recognized to be effective for individuals with complex needs as well, such as those with severe mental illness or substance use disorders, people coming out of institutional settings, and those who are chronically homeless. New Mexico embarked on this strategic planning process in recognition that PSH is a best practice and should be sustained and expanded throughout the state in order to better serve individuals with complex needs.

### ***Olmstead* and Homelessness**

The Supreme Court's *Olmstead* decision (1999) upheld Title II of the Americans with Disabilities Act and the right of individuals with disabilities to live in the least restrictive, most integrated settings possible.<sup>4</sup> The decision requires states to plan affirmatively to serve people in integrated, community-based settings. Since that decision, many states have worked to transition from institutionally-based systems of care that rely on congregate residential settings (e.g. state hospitals, assisted living facilities, residential care homes, and adult care homes) to more integrated community-based models like PSH. Some states have experienced

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<http://store.samhsa.gov/product/SMA10-4510>.

<sup>4</sup> *Olmstead v. L.C.*, 527 U.S. 581

litigation or have entered into settlement agreements with DOJ or legal advocates as a result of an overreliance on segregated settings, with PSH included as a primary remedy to serve people in more integrated settings.

The federal agencies that recognize PSH as a best practice are also working to align their approaches to *Olmstead* and homelessness. The principles laid out in SAMHSA's PSH Toolkit, a DOJ statement on community integration, a HUD *Olmstead* statement, and the CMS final rule on home and community-based services all serve to align these agencies' policies on integrated and segregated settings, individual choice, and person-centered planning.<sup>5 6 7</sup> Further agreement among these partners is established in USICH's *Opening Doors*, the nation's first comprehensive federal strategy to prevent and end homelessness.<sup>8</sup> This alignment of *Olmstead* and homelessness policy at the federal level has implications for both funding and enforcement, and provides clear direction for how New Mexico will move forward to serve people with disabilities and other complex needs in the community.

Many states, including New Mexico with its two Continuums of Care (CoCs), are currently working to end chronic homelessness, supported by a strong push at the federal level. From a policy perspective, there is an important correlation between addressing *Olmstead* and ending chronic homelessness. Indeed, it can be argued that ending chronic homelessness falls within the scope of the *Olmstead* decision, in that homelessness puts an individual at risk of being served in a more restrictive setting than is needed.<sup>9</sup>

### **New Mexico's supportive housing history and accomplishments**

Spanning the last 10 years, New Mexico's PSH Initiative has developed and sustained a vibrant, successful public-private partnership that includes New Mexico's Mortgage Finance Agency (MFA); the New Mexico Behavioral Health Services Division (BHSD); the two homeless CoCs; a number of state agencies that are part of the Collaborative including the state's Adult and Long-Term Services Department (ALTSD), Department of Veterans Services (DVS), and Children, Youth, and Family Department (CYFD); the state's mental health, homeless, and substance abuse providers; and homeless/disability advocates. The *Long Range Supportive Housing Plan* of 2007 proposed two state-funded pilot projects to spearhead a long-term commitment to PSH: Linkages and Transitions. The Linkages program is PSH for homeless or precariously housed adults who are diagnosed with serious mental illness, are functionally impaired, and have extremely low incomes. Funded through Human Services Department state-appropriated resources and administered through a BHSD/MFA partnership, Linkages provides rental assistance and support services to eligible consumers. The success of Linkages is evidenced by its expansion from its original pilot of three sites and 30 vouchers to 180 tenant-based PSH

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<sup>5</sup> DOJ *Olmstead* Statement: [http://www.ada.gov/olmstead/q&a\\_olmstead.htm](http://www.ada.gov/olmstead/q&a_olmstead.htm)

<sup>6</sup> HUD *Olmstead* Statement: <http://portal.hud.gov/hudportal/documents/huddoc?id=OlmsteadGuidnc060413.pdf>

<sup>7</sup> CMS HCBS Final Rule: <https://www.federalregister.gov/articles/2014/01/16/2014-00487/medicaid-program-state-plan-home-and-community-based-services-5-year-period-for-waivers-provider>

<sup>8</sup> USICH *Opening Doors*: [http://usich.gov/opening\\_doors/](http://usich.gov/opening_doors/)

<sup>9</sup> HUD defines chronic homelessness as an individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

units, with seven service providers and six housing providers statewide. Linkages has a retention rate of 88 percent and receives high marks from consumers, who praise the flexibility and applicability of the program for New Mexico's population. The second pilot, Transitions — also funded with state appropriations — was developed by CYFD and offers tenant-based rent subsidies linked with specialized supportive services for transition-age youth, ages 18 to 21 years old, who are aging out of foster care or exiting the juvenile justice system. This 20-unit, scattered-site housing model provides a critical complement to CYFD's array of services for transitioning youth.

As another long-term commitment to supportive housing, the state developed a cross-disability PSH set-aside program, the Special Needs Housing Program, within New Mexico's Qualified Allocation Plan (2009) for federal Low Income Housing Tax Credits (LIHTCs). As part of this effort, the Collaborative supported the establishment of Local Lead Agencies (LLAs) to conduct applicant eligibility screening and referral to supportive services. The tax credits provide an important impetus for the development of low-income housing units to address the shortage in housing stock, while the LLAs help those with eligible disabilities obtain access and maintain appropriate services to promote housing stability. The Special Needs Housing Program's PSH set-aside effort has also been successful in leveraging a broad range of development and operating sources including the HOME program, the New Mexico Housing Trust, Section 8 project-based vouchers, and HUD CoC program funding.

In addition to Linkages, Transitions, and the Special Needs Housing PSH programs that arose from the 2007 planning efforts, New Mexico has also achieved the following accomplishments, which have been essential in further developing and sustaining capacity to support PSH statewide:

- A continuum of housing assistance for adults with serious mental illness via the Move-In Assistance and Eviction Prevention funding (deposit and rent assistance) and crisis housing programs.
- Development of a Continuum of Care coordinated entry system, supplemented by statewide training, to prioritize housing needs throughout the state.
- A partnership with the Office of Peer Recovery and Engagement to develop the first credentialed supportive housing training (six hours of CEU) for Certified Peer Support Workers (CPSWs) including techniques to find, get, and keep housing; the CPSW as life coach; developing a housing plan and crisis plan; and accessing subsidized housing throughout the state. A statewide supportive housing training for peers was held in 2017.
- Development of a statewide PSH learning community to support and build capacity among the LLAs, bringing together disability groups in each county and training property managers on topics such as reasonable accommodation.
- Successful implementation and completion of the Healthy Homes Supportive Housing Program, funded by SAMHSA, which piloted the provision of peer-led PSH services in Santa Fe.

- Award and ongoing execution of a \$5.4 million SAMHSA grant to provide PSH to 450 chronically homeless individuals with serious mental illness, substance use disorders, or co-occurring disorders in three New Mexico counties.
- Extensive coordination among veterans’ advocates and agencies, with significant progress toward “functionally ending” veteran homelessness. In fact, the USICH has recognized the cities of Las Cruces and Santa Fe for achieving federal criteria and benchmarks for ending homelessness among veterans.<sup>10</sup>
- Partnership between the Human Services Department and the Corporation for Supportive Housing (CSH) to produce a supportive housing-Medicaid crosswalk, which outlines covered services and provides recommendations for future efforts to maximize Medicaid funding for PSH.
- Production of a supportive housing documentary video, *A Home of Their Own*, which demonstrates the economic cost-benefit and quality of life enhancements for persons who are disabled and receiving supportive housing.
- Inclusion of a supportive housing benefit in the 1115 waiver renewal application to CMS, based on positive feedback in public meetings and comments.

As a testimony to New Mexico’s standing among states across the country in the development and maintenance of permanent support housing, the MFA/BHSD partnership collaborated to compete nationally and successfully secure 95 project-based rental assistance opportunities through HUD’s Section 811 Project-based Rental Assistance (PRA) program in 2015. Currently, MFA and BHSD are working collaboratively to implement the Section 811 program statewide, integrating these PSH units primarily with LIHTC-financed multifamily rental properties. Also in 2015, New Mexico formed the Senate Memorial 44 working group to address and promote local and regional systems change efforts to serve people experiencing homelessness. Specifically, in response to Senate Memorial 44, the working group convened to discuss expansion and scale-up efforts to increase the number of communities and settings using PSH for individuals and families experiencing homelessness. As a result of these planning efforts, the Senate Memorial 44 working group published a report in November of 2015 that offered a detailed, compelling analysis of the need for PSH across New Mexico, followed by a series of recommendations to further expand and sustain PSH opportunities across the state. The Senate Memorial 44 process was very successful in:

- Communicating to a broader set of stakeholders, including the New Mexico legislature, the critical importance of PSH to the most vulnerable individuals and families across the state;
- Setting the stage for New Mexico’s reinvigoration of the Housing Leadership Group; and

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<sup>10</sup> United States Interagency Council on Homelessness (last updated September 26, 2017). Mayors challenge to end veteran homelessness. <https://www.usich.gov/solutions/collaborative-leadership/mayors-challenge>

- Kicking off the strategic planning effort that culminated in the release of the *Strategic Plan for Supportive Housing in New Mexico: 2018–2023* in 2017.

As a result of all of these efforts, New Mexico is well-positioned both to envision and to pursue the next critical steps of a targeted yet comprehensive PSH approach.

## **The planning process — Housing Leadership Group**

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The New Mexico Behavioral Health Services Division of the state’s Human Services Department utilized the New Mexico Housing Leadership Group (HLG) to spearhead an update to the *2007 Long Range Supportive Housing Plan*, which culminated in the development of this *Strategic Plan for Supportive Housing in New Mexico: 2018–2023*. Consultants from the Technical Assistance Collaborative (TAC) supported BHSD staff throughout the strategic planning process. From July 2016 to July 2017, the HLG convened for eight planning sessions, drafting goals and a series of strategies designed to further develop and sustain the system of PSH across New Mexico. During this process, the HLG planning horizon was to develop strategies over the next five years. The HLG’s planning process culminated in the framework for the plan, presented to the Collaborative for approval during its executive board meeting in July 2017. The Collaborative would like to acknowledge and praise the dedication and expertise of the HLG members and celebrate their contributions in developing this new *Strategic Plan*. Please see Appendix A for a list of HLG members.

## **Consumer Feedback Sessions**

In order to inform the strategic planning process and the specific strategies developed, the HLG felt it was critical to engage consumers needing PSH or residing in PSH to provide meaningful feedback regarding their individual housing needs and what is important to them. BHSD staff conducted two consumer sessions in May of 2017. Consumers identified a number of key themes in these conversations about housing. These are listed below and stated in their own words.

- Housing — Consumers are grateful for housing!
- Too little safe and affordable housing.
- Housing that is available is often in unsafe neighborhoods.
- Affordability is limited, even with rental assistance, creating few real housing options.
- The process for getting housing assistance is complex and cumbersome.
- There is often a very short window of opportunity for accessing an available unit due to high occupancy rates and limited supply of housing.
- Issues such as history of involvement with criminal justice system and poor credit make it even more difficult to access housing.
- Accessing a Section 8 Housing Choice Voucher takes far too long.
- Consumers desire housing that provides accessibility to transportation, services, and other amenities.

- Behavioral conditions can impede housing success and therefore support services are critical.
- Peers are essential in helping consumers navigate the complex housing process and in supporting consumers in their recovery.
- Supported employment is an important complement to PSH to improve housing success.
- There is a stigma associated with behavioral health conditions and homelessness, but both of them can happen to anyone.

The HLG took this feedback into consideration in formulating the strategies outlined for achieving the goals that follow.

## Goal 1: Increase Affordable Housing for Special Needs Populations

In 2015, the New Mexico Senate Memorial 44 planning process and working group report recognized that the state’s existing PSH opportunities were insufficient to meet demand and not readily available in many parts of the state — especially its rural, frontier areas.<sup>11</sup> Therefore, New Mexico has established the goal of increasing the supply of PSH and other affordable housing options targeted specifically to the special populations identified within this *Strategic Plan*. In order to accomplish this goal over the next five years, the HLG has created five strategies to develop the resources and conditions necessary at the local level to both create new housing opportunities and maximize existing PSH opportunities. These strategies are described below.

### Improve availability and access to rental assistance vouchers and subsidies for New Mexico’s priority consumers

New Mexico recognizes the vital importance of rental assistance vouchers or subsidies for filling the gap between market rents for safe, sanitary rental housing units in the community and the extremely limited amount of income that the state’s priority consumers can contribute toward rent. In fact, New Mexico priority consumers have little to no income; many rely on Supplemental Security Income (SSI), which as of 2017 is \$735 per month for an individual or approximately 16 percent of area median income in New Mexico.

New Mexico continues to experience tremendous success with its existing PSH initiatives, especially the Linkages tenant-based rental assistance program. Through this program, HSD and MFA provide state-funded, tenant-based vouchers to homeless adults diagnosed with serious mental illness, including those with co-occurring substance use disorders. The Linkages program as funded in 2017 was able to support approximately 145 households. Linkages complements

<sup>11</sup> [New Mexico] Senate Memorial 44 Working Group Recommendations (November 2015). <https://www.nmlegis.gov/handouts/MFA%20112315%20Item%203%20SM%2044%20Working%20Group%20Recommendations.pdf>

the integrated PSH opportunities created by MFA's Special Needs Housing Program, and established preferences for people with disabilities within some of New Mexico's Public Housing Authorities (PHA). The Senate Memorial 44 planning process identified that in general, across the state's PHA network, there are no preferences for people experiencing homelessness in either the Section 8 Housing Choice Voucher (HCV) program or public housing.<sup>12</sup> Despite progress, the New Mexico Coalition to End Homelessness (NMCEH) estimates that as of January 2018, there are over 1,600 homeless people with mental illness who could benefit from a Linkages voucher.

To improve availability and access to rental assistance vouchers and subsidies, New Mexico and its partners will aggressively pursue the following actions over the next five years:

- Review and assess additional state resources/revenue streams to expand state-funded, tenant-based rental assistance programs (e.g. Linkages) to increase availability in regions where there is a demonstrable need for more PSH and in areas that do not currently enjoy access to these PSH rental assistance subsidies, with the ambition of addressing the need identified by the NMCEH.
- Use money from the National Housing Trust Fund (NHTF) to support operating assistance to create deeply affordable PSH opportunities.
- Pursue all future competitive funding opportunities available to state housing policymakers and New Mexico's CoCs in order to expand PSH opportunities. Such opportunities might include HUD's Section 811 PRA program and CoC program, and the Veterans Administration Supportive Housing (VASH) program.
- Consider options to expand the CYFD Transitions Program for young adults, by extending the geographical reach of the program and developing additional youth peer capacity.
- Continue efforts to collaborate with the network of PHAs across New Mexico to establish a preference for disabled or homeless persons in either their Section 8 HCV or public housing programs.
- Engage local governments to dedicate resources to the creation of new deeply affordable PSH opportunities.
- Assess the feasibility of using local taxation authority to fund new rental assistance, possibly by launching a pilot project with a local government entity to further assess the viability of this rental assistance approach.
- Engage managed care organizations (MCOs) across the state on the efficacy/effectiveness of making investments in housing (i.e. capital and rental assistance) to create PSH opportunities for "high utilizers" of health care services.
- Work to leverage private donors and nonprofits to support programmatic needs in conjunction with PSH.

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<sup>12</sup> [New Mexico] Senate Memorial 44 Working Group Recommendations (November 2015). <https://www.nmlegis.gov/handouts/MFA%20112315%20Item%203%20SM%2044%20Working%20Group%20Recommendations.pdf>

- Assess the feasibility of a Pay for Success model/approach for New Mexico to support the creation of new PSH opportunities.
- Develop tools and offer sustained technical assistance to enhance the efficiency and performance of current funding of existing PSH programs.

## **Develop, expand, and support locally based permanent supportive housing partnerships**

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New Mexico recognizes the power and effectiveness of locally based action in creating PSH opportunities. In New Mexico, as well as other areas of the country, private-public partnerships at the local level have been critically important for raising awareness and building support. These local partnerships have often allowed communities to garner and blend resources from local governments, nonprofit organizations, private businesses, health care organizations, PHAs, faith-based organizations, philanthropic organizations, homeless and disability advocates, and local citizens. This strategy will also take advantage of the fact that some federal housing resources are controlled at the local level through PHAs.

New Mexico works actively to develop and expand local PSH partnerships. As part of this effort, New Mexico will focus attention and efforts in specific communities to support the emergence of a local organizing movement. In addition to working with the existing local collaboratives and community health councils, this support may include the identification of local champions to assist in leading the effort, the creation of opportunities for emerging leaders to share ideas and information about local strategies and successes, and planning support. Finally, New Mexico will assess the value of specialized technical assistance and staff support from both MFA and BHSD for local PSH partnerships in order to build their capacity and leverage targeted state assistance. The overall goal of this strategy is to create and support strong, resilient local partnerships that are able to sustain themselves and be successful over the long term.

To support these local PSH partnerships, New Mexico will take the following steps:

- Encourage the use of PSH partnerships to create access to housing financed by the LIHTC program.
- Create and support local-state government partnerships to expand the Linkages program to underserved areas of the state.
- Develop creative strategies to use MFA housing rehabilitation funds in communities with high demand for PSH.
- Develop efforts to formalize eviction intervention engagements to support rental property owners.
- Market and offer at least annually Fair Housing trainings through the PSH partnerships for property managers/owners and social service agencies.
- Assess the feasibility and potential to access charitable donations of real estate/property for PSH projects.

- Coordinate formally with the statewide 211 system to offer information and referral to PSH opportunities at the local community level.

### **Maximize and fill existing special needs units**

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Since 2009, MFA and BHSD have cooperatively administered the Special Needs Housing Program as part of the federal LIHTC initiative. MFA-BHSD collaboration has enabled Local Lead Agencies to coordinate applicant screening and referral to LIHTC special needs set-aside units. Today, the network of 12 LLAs exists across 18 counties throughout New Mexico and serves as the access point for approximately 45 LIHTC properties comprising 376 LIHTC set-aside units. Yet despite the overall success of the program, many of these targeted units are not occupied by disabled or homeless households because the affordable rent level for many units was set within the parameters of the LIHTC program (50 to 60 percent of the Area Median Income [AMI]), which most special needs households with little to no income cannot afford. Through various strategies, including additional rental assistance and subsidies, New Mexico is working to improve the affordability of these units. Effective rents at 15 to 20 percent AMI will make these set-aside units affordable to disabled households and will allow the LLAs to refer enough income-eligible families to fill the existing set-aside units upon vacancy, increasing over time the overall utilization of the set-aside program.

To maximize utilization of existing set-aside units by disabled households, New Mexico will take the following steps:

- Improve referral and communication between LLAs and veterans' agencies.
- Develop a communication hub for supportive housing services, resources, and referrals.
- Continue to assess and adjust special needs set-aside policies to address structural rent issues and affordability.
- Leverage the Section 811 PRA program to support the existing Special Needs units.
- Leverage other resources to deeply subsidize rent of existing Special Needs units, including:
  - Health plan funding and education
  - Section 8 Project-Based Vouchers
  - National Housing Trust Fund
- Engage PHAs and LIHTC-financed property owners to reduce eligibility barriers that hinder behavioral health care consumers' access to special needs units.
- Update and reinvigorate fair housing training for property managers and supportive services staff, and enforce fair housing compliance in LIHTC-financed properties.
- Provide adequate funding and support for LLAs in order to provide timely referrals to special needs units.
- Explore using the CoCs' coordinated entry system to help connect behavioral health care consumers experiencing homelessness to the LLAs.
- Explore the coordination of MCO care and support with the LLAs in order to leverage existing services and reduce inefficiencies.

## Expand the pool of targeted rental units through new development and increased access to existing rental housing

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New Mexico must strengthen efforts to foster the development of new integrated PSH units over the next five years. The Collaborative is committed to cooperation with all stakeholders to spur progress. MFA is dedicated to strengthening and sustaining the set-aside in the LIHTC program, and has worked to address the deep affordability challenge by requiring 30 percent AMI rents for half of the units created in the set-aside, since 2010. During the strategic planning process, HLG members also reinforced the need to leverage and layer a range of federal, state, and local capital operating resources to create a pipeline of PSH development. These efforts cannot be state-level only, but must take full advantage of local resources created by the PSH partnerships discussed above.

To create the conditions for new PSH development and a pipeline of targeted rental units, New Mexico will take the following steps:

- Collaborate with communities, housing service providers, and developers to support construction efforts to create new targeted units.
- MFA and key stakeholders will together develop a toolkit on creating and managing new PSH development.
- BHSD and MFA will partner with Public Housing Authorities to improve access to underutilized public housing units.
- Assist in reducing regulatory barriers at the state and local levels.
- Review existing and new affordable housing resources to possibly create new PSH opportunities. Housing resources to consider include LIHTC, the NHTF, the New Mexico Housing Trust Fund, and the HOME program.

In addition to new development of PSH units, New Mexico stakeholders universally identify the importance of increasing access to a community's affordable rental housing stock as well as in the private rental market. Communities throughout New Mexico have faced the challenges of a tight, highly competitive rental market and a limited pool of safe, sanitary rental housing options whose owners are willing to rent to special needs households. Faced with these challenges over the past several years, communities across the nation have developed a movement to engage property owners in order to expand and maintain greater access to rental options. Local, community-based PSH partnership coalitions will play a critical leadership role in fostering owner engagement strategies.

To improve access for special needs households to affordable and private rental market housing options, the *Strategic Plan* supports the following steps:

- Develop marketing materials describing PSH and its benefits to property owners.
- Offer sustained outreach and education through public workshops.

- Utilize and further develop owner/tenant liaisons to enhance capacity and specialization of staff.
- Hold “owner appreciation events” at the local level.
- Create a risk mitigation fund at the local level to be linked with tenant-based PSH to pay for damages in excess of the damage deposit.

### **Support the development of a Permanent Supportive Housing Planning Toolkit to assist local community partnerships**

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A toolkit for newly established, community-based PSH partnership coalitions and their local governments would support local planning and resource development activities, an entirely different function from the PSH support services practitioner-focused toolkit discussed later in Goal 2. The HLG recognizes that a range of resources and toolkits already exist, developed to assist entities in PSH development and planning, that could be adapted for New Mexico’s needs. In addition, NMCEH is currently piloting a toolkit to help small communities across New Mexico develop housing options for homeless individuals and families. New Mexico will leverage and build upon this NMCEH planning resource as well as other existing state and national toolkits before developing a detailed implementation plan with the Behavioral Health Planning Council and key stakeholders to guide the development, marketing, and rollout of a new toolkit designed specifically for New Mexico’s PSH partnerships.

## **Goal 2: Improve and Expand Housing Support Services**

In addition to expanding the availability of safe, accessible, and affordable housing for people with disabilities, New Mexico will work to ensure that effective services and supports for successful tenancy are also readily available.

PSH best practice involves the provision of both housing-related and community support services. Housing-related services include both pre-tenancy support (outreach, housing search, application assistance, obtaining furnishings/household supplies, and move-in assistance) and tenancy-sustaining support (property owner relationship management, tenancy rights and responsibilities education, eviction prevention, and subsidy program adherence) to help people access and retain housing. Individuals in supportive housing are also likely to benefit from referral to and linkage with community support services, including primary care and behavioral health care, peer and recovery supports, independent living skills development, employment/supported employment, and crisis support. Access to this array of housing-related and community support services is critical and varies throughout our state. New Mexico will employ the following strategies to improve the quality and capacity of these services.

### **Increase the use of peer support services within housing programs**

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As described previously, New Mexico recognizes the benefits of employing peer support in the provision of PSH. The ultimate goal of PSH is to assist individuals on the road to recovery, self-

determination, and self-sufficiency. Peers facilitate individual recovery by inspiring trust, connecting through empathy and lived experience, and serving as role models in overcoming adversity. Peers can help to shift the balance of power in the provider-consumer relationship in subtle but significant ways that encourage consumer empowerment. Peers may be utilized effectively in all stages of PSH service provision: finding, getting, and keeping housing. An intensive array of housing and support services is key to helping the newly housed person adjust and understand how to “live housed.”<sup>13</sup>

New Mexico has experienced firsthand the positive effects of peer support in PSH. Outcome data from a five-year study of the SAMHSA-funded Health Homes program, a peer-delivered PSH model in Santa Fe, indicated:

- Peer-delivered PSH was associated with good to excellent overall health at six- and twelve-month reassessments.
- The overall health of individuals receiving peer-delivered PSH services was better than in the comparison group that received no housing.
- PSH recipients reported lower psychological distress at six-month reassessment.
- PSH recipients reported fewer bothersome symptoms at six-month reassessment.
- Housing satisfaction significantly correlated with positive outcomes.<sup>14</sup>

A follow-on peer-led project in three New Mexico counties is also demonstrating positive results. Consumers from two of those sites, on reviewing the draft elements of the *Strategic Plan*, expressed great enthusiasm for expanding peer support in New Mexico’s housing programs. Indeed, the single most consistent theme from the consumer feedback sessions was high satisfaction with the contributions of peers. Consumers shared stories that showed the varied ways in which peers improve housing stability and recovery, and they unreservedly expressed the desire for additional peer-led services. In the words of one consumer, “My peer has been the most important factor in my ability to stay in housing. We need more of them.”

In addition to achieving positive outcomes, employing peers is an effective strategy for addressing the human resource crisis faced by so many communities in New Mexico. Peer specialists not only enhance staffing; they often reflect the cultural composition of the communities in which they work. Culturally competent services reflect best practice as they help to ensure that the needs of diverse community members are met. Equally as important, peers want to work; they benefit from earning wages and from contributing their lived experience to help others move forward with their recovery. The use of peer specialists will

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<sup>13</sup> National Health Care for the Homeless Clinicians’ Network (2013). Speaking from experience: The power of peer specialists. *Healing Hands* 17(3).

<sup>14</sup> Crisanti, A., Duran, D., Greene, R, Reno, J., Luna-Anderson, C., & Altschul, D. (2017). A longitudinal analysis of peer-delivered permanent supportive housing: Impact of housing on mental and overall health in an ethnically diverse population. *Psychological Services* 14(2): 141-153. doi: 10.1037/ser0000135

contribute to greater efficiencies for human services agencies, greater success for the peers and their personal recovery, and greater success for the individuals they support.

There are challenges to expanding peer support capacity in New Mexico. First, the Collaborative and its member agencies need to continue to educate providers and MCOs about the benefits of employing and funding peers as part of PSH. Second, as with other services, there is a lack of peer support services in the more rural and frontier parts of the state. BHSD will work with providers and MCOs to employ peers who have access to transportation and also to out-station peers in locations and at times convenient for consumers living in these underserved areas. The Collaborative encourages Medicaid to explore the feasibility of an enhanced peer rate to support services in rural and frontier communities. A final challenge is to develop peers' skills and the knowledge necessary for them to provide optimal support in a PSH environment. BHSD will continue to support enhanced training for peers working in PSH programs.

### **Develop and adopt commonly accepted service standards for permanent supportive housing, utilizing evidence-based practices adapted for New Mexico**

Evidence-based practices (EBPs) are services that have consistently demonstrated their effectiveness in helping people with behavioral health disorders achieve their desired goals. With most EBPs, effectiveness was established by different evaluators who conducted rigorous studies in various locations and obtained similar outcomes. PSH has proven to be an evidence-based practice when provided with fidelity:

- Evidence of impact overall on resident stability
- Evidence of greater impact over other residential alternatives
- Evidence of cost benefit

One of the most important considerations when implementing an evidence-based practice is fidelity (sometimes called adherence or integrity) to the original approach. Preserving the elements that make a practice effective can directly impact the success of the practice in achieving its intended outcomes. There is a recognition that many EBPs were developed in urban settings, with higher concentrations of both individuals who could benefit from the model and the necessary resources to deliver the approach. Implementing EBPs with fidelity in rural and frontier states like New Mexico can be challenging. However, adapting an EBP to a state's or community's needs without compromising its effectiveness can be accomplished, so long as the primary tenets of the practice are maintained.

In November 2012, the New Mexico PSH workgroup issued a PSH fidelity tool, adapted to reflect the unique opportunities and challenges within the state. However, this tool has not been used consistently by PSH providers. Employing this modified tool statewide would promote the use of common standards and expectations for PSH *in New Mexico*, regardless of the service provider or community in which PSH is provided. Common standards would not only enhance service delivery; they would allow for evaluation of a more consistent service statewide. New Mexico is committed to adopting the 2012 PSH fidelity tool statewide.

The Collaborative will task the appropriate agencies to determine whether flexibility in use of the state’s adapted tool will be necessary to accommodate rural, urban, and frontier communities. In addition, developing standards is only effective if there is a process by which to assess how well providers adhere to the standards. Such a process does not currently exist in New Mexico. The Collaborative will explore which state agencies (or their designees) may be appropriately tasked with assessing PSH fidelity.

### **Develop a permanent supportive housing toolkit that local communities can use for guidance in providing services**

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Developing PSH is a complicated process that involves a broad base of knowledge about housing development, financing, resources, and regulations — and an understanding of how to bring these together. The availability of PSH varies across New Mexico, from communities with little or no capacity to communities with well-established programs. Communities that are interested in developing PSH support services capacity have expressed strong interest in having access to information, tools, and lessons learned from other established locations and sites that have already ventured into PSH development. While SAMHSA provides online access to a toolkit for developing PSH, this resource is targeted to a wide array of potential audiences. A similar toolkit that was reflective of the geographic, cultural, and economic qualities of New Mexico would be a welcome resource in communities throughout the state.

The Collaborative will work through its member agencies to develop a PSH support services toolkit that:

- Includes service models and modules for peer specialists and direct line staff;
- Includes stakeholder input and feedback;
- Reflects lessons learned and best practices from other states; and
- Is based on a timeline and work plan that include marketing and implementation.

### **Expand the permanent supportive housing learning community**

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Finally, communities interested in developing PSH are likely to be more efficient and effective as they move forward if they have access to the knowledge and support of their colleagues who have already had the experience. A PSH learning community is a vehicle for such information sharing and dissemination. Learning communities connect people, organizations, and systems that are eager to learn and work across agency boundaries, holding members accountable to a common agenda, metrics, and outcomes. These communities enable participants to share their experiences and results and to learn from each other, thereby improving their ability to achieve rapid and significant progress. There are currently supportive housing learning communities established for both the Linkages and Special Needs Housing programs to support efforts of LLAs and service providers. These learning communities could easily be expanded to support new PSH sites and providers.

New Mexico experienced the value of a learning community in implementing the Treat First approach. The Treat First model of care is an approach to clinical practice improvement that is designed to improve timely and effective clinical responses to a person's *needs* as a first priority. One of the primary goals of the approach is to decrease the number of "no shows" for second appointments attributed to consumers not having their needs understood and addressed during their first clinic appointment. The approach started as a limited pilot and was later expanded to an additional cohort of service providers based on early success. As a part of this innovative initiative, Treat First providers participated in monthly learning community meetings, during which participants learned from each other about implementing the approach. As a result, Treat First has shown effectiveness in increasing consumer follow-through with appointments and in improving therapeutic outcomes.

The Collaborative will explore expanding the existing supportive housing learning communities beyond the Linkages and Special Needs housing programs in an effort to achieve similar positive results in implementing consistent, tried and tested approaches for New Mexico. To dovetail with this effort, the Collaborative will support an extension of shared learning to the broader public to encourage greater knowledge of, consensus on, and involvement in supportive housing efforts.

### **Maximize opportunities for Medicaid to enhance the availability of permanent supportive housing in New Mexico**

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New Mexico, like other states across the country, is taking measures to control Medicaid costs, which account for more than half of the state's total budget. Expanding Medicaid coverage to more services or populations would appear to be in conflict with reducing costs. However, expanding Medicaid coverage for PSH can help to maximize the effectiveness and efficiencies of dollars spent:

- There is a growing body of research that suggests the provision of stable housing and housing-related services and supports may help to advance the "Triple Aim" of improving patient care and population health and lowering per capita health care costs for Medicaid beneficiaries.<sup>15</sup>
- Providing Medicaid coverage and payment for health- and housing-related services otherwise financed with housing dollars can augment housing programs' capacity to address housing needs; in addition, state Medicaid spending for these services and activities increases the funds available for assistance for supportive housing clients and residents.

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<sup>15</sup> Paradise, J. & Cohen Ross, D. (2017). *Linking Medicaid and supportive housing: opportunities and on-the-ground examples*. Kaiser Family Foundation. <http://www.kff.org/report-section/linking-medicaid-and-supportive-housing-issue-brief/>

New Mexico’s “whole person” approach to care focuses on improved integration of physical and behavioral health care, acute and long-term care, institutional and community-based services, and social supports. Medicaid and housing collaborations help to address holistic needs. The Collaborative, through the Human Services Department, will pursue the following strategies to enhance Medicaid coverage for PSH in New Mexico.

### Use the 1115 waiver renewal to improve coverage for supportive housing

In 2014, New Mexico integrated primary care, behavioral health services, long-term services and supports, and community benefits into Medicaid managed care contracts via an 1115 demonstration waiver. Subsequently, New Mexico expanded its Medicaid coverage to include most low-income adults who earn up to 138 percent of the federal poverty level. The impact of Medicaid expansion was predicted to be particularly significant for single adults living in poverty, as it was estimated that 36 percent of the 422,000 previously uninsured non-elderly New Mexicans were adults who would be eligible for Medicaid.<sup>16</sup> For individuals experiencing homelessness or unstably housed, the reality of Medicaid expansion created an opportunity to receive coverage for health care services that may not have been accessible previously.

In June 2015, CMS issued an informational bulletin that provided guidance for how states could use various Medicaid authorities to cover housing-related activities and services. Housing-related activities and services include: Individual Housing Transition Services that help people to prepare for and transition to housing; Individual Housing and Tenancy Sustaining Services that help people to be successful tenants in their housing arrangements and thus able to sustain tenancy; and State-level Housing-Related Collaborative Activities that support efforts across public agencies and the private sector to identify and secure housing options for people with disabilities, older adults needing long-term services and supports, and people experiencing chronic homelessness.<sup>17</sup> Housing Transition Services and Housing and Tenancy Sustaining Services are critical to the success of individuals in permanent supportive housing.

New Mexico has a history of providing a comprehensive array of community-based behavioral health services and supports, known as comprehensive community support services (CCSS). These are coordinated, culturally sensitive services provided to a recipient as necessary to promote independent living through recovery, rehabilitation, and resiliency. Services must be a minimum of 60 percent face-to-face and occur in vivo. Services are based on individualized assessment, including assessment of housing preferences and barriers related to tenancy, and on planning that includes relapse prevention and recovery planning. Many, though not all, Individual Housing Transition Services and Housing and Tenancy Sustaining Services can be Medicaid-reimbursable when provided by a CCSS provider. For example, case management, entitlement assistance and benefits counseling, and the development of housing support crisis plans (including early identification and intervention for behaviors that could jeopardize

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<sup>16</sup> Kaiser Family Foundation (2014). How will the uninsured in New Mexico fare under the Affordable Care Act? <http://kff.org/health-reform/fact-sheet/state-profiles-uninsured-under-aca-new-mexico/>

<sup>17</sup> CMCS Informational Bulletin: Coverage of Housing-Related Activities and Services for Individuals with Disabilities (June 26, 2015). <https://www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf>

housing and advance directives) can be provided under CCSS.<sup>18</sup> In addition, other types of services can provide various Medicaid-reimbursable housing-related services and supports. However, the full array of services necessary for housing acquisition, transition, and successful retention are not covered under Medicaid for some extremely low-income individuals in need of PSH in New Mexico, including:

- People who are homeless (including those who are precariously housed)
- People with behavioral health disorders or other disabilities
- Young adults aged 18-21 who are transitioning out of CYFD Juvenile Justice or Protective Services (Transitions)

Enhanced coverage of supportive housing services could have a positive impact on PSH development. According to a 2016 study conducted by CSH, supportive housing service providers in New Mexico that either do not bill Medicaid or are not maximizing their Medicaid billing use a significant amount of financial resources that could otherwise pay for housing or non-Medicaid-eligible services to create more supportive housing.<sup>19</sup> As pointed out by CSH, “proper Medicaid reimbursement for services would allow providers to reallocate their more flexible resources to housing-related activities (rental assistance and capital costs) and create more supportive housing units.”<sup>20</sup> Given that New Mexico funds approximately 700 PSH units, and 17,000 Centennial Care members report being homeless, resources currently used to fund support services could be repurposed to increase access to affordable housing.

As a part of the 1115 waiver renewal, the Human Services Department has submitted a proposal to provide robust pre-tenancy and tenancy support services to Centennial Care members with serious mental illness (including those with co-occurring substance use disorders), utilizing the existing program infrastructure and network of provider agencies associated with the Linkages permanent supportive housing program. Linkages providers will be expected to utilize peers for service delivery. This approach builds upon a successful statewide supportive housing model; expands the peer workforce; and improves engagement, services delivery, and outcomes for individuals with serious mental illness. Data gathered from this project will enable New Mexico to more fully assess health and cost outcomes associated with providing supportive housing as a covered benefit.

### **Streamline the Medicaid provider application process**

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The New Mexico state Medicaid agency is responsible for verifying that all providers billing the federal government for services meet conditions for participation in the Medicaid program, as well as federally approved, service-specific eligibility criteria. Program Integrity requirements have increased the documentation required from providers in order to enroll in the Medicaid program, which often increases the amount of time involved with the application process. The

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<sup>18</sup> CSH (2016). *New Mexico 2016 Medicaid supportive housing services crosswalk*.

<sup>19</sup> CSH (2017). *New Mexico 2017 Medicaid supportive housing services crosswalk*. <http://www.csh.org/wp-content/uploads/2017/01/New-Mexico-Medicaid-Crosswalk.pdf>

<sup>20</sup> Ibid

complexity and protracted timeframe for this process contribute to the ongoing use of housing resources to pay for services that could be covered under Medicaid if the provider application process were simplified and expedited. The Collaborative will work with HSD to determine opportunities for streamlining the Medicaid provider application process, thereby facilitating homeless service agencies' billing for existing covered supportive housing activities under Medicaid, and freeing funds to provide additional housing.

### **Engage managed care organizations in supporting permanent supportive housing as a value-added service for individuals with disabilities**

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In addition to the standard Medicaid benefit package, each Centennial Care MCO offers different “value-added services” to its members. These services are not required Medicaid benefits, but are deemed by the MCOs to improve the health care of their members and to reduce costs for the plans. Examples of current value-added services include enhanced transportation, post-hospitalization care, homeless lodging, and transitional housing. MCOs have not gone so far, however, as to include permanent supportive housing.

There is a growing body of research that supports the positive impact of housing stability on health and behavioral health care outcomes, including costs. These impacts are most evident for individuals who are homeless or precariously housed. Given the large number of Centennial Care members who are homeless, the Collaborative believes there is merit in making the business case for including PSH as a value-added service. New Mexico, through HSD, will explore the following approaches:

- Engaging MCOs to assess their existing data to determine if there is a correlation between high-cost utilizers and homelessness/housing instability.
- Building on the existing database by activating ICD-10 housing status codes on all claims, facilitating an analysis of the connection between health care service utilization and housing stability for all members.
- Improving incentives for MCOs to consider PSH as a value-added service.
- Adding the time it takes to access housing, and housing retention for six- and twelve-month periods, as performance measures for which MCOs can earn an incentive payment for reaching an agreed-upon threshold.

### **MCOs Can Also Incentivize Network Providers**

MCOs rely on their network providers to improve care for their members. MCOs can also develop incentives for providers to reduce homelessness and achieve increased housing stability. HSD will explore with the MCOs the following mechanisms:

- Providing a financial incentive for compliance, to cover IT costs associated with system modifications needed to include the reporting of ICD-10 codes on claims.
- Acknowledging that services must be available to support individuals during non-traditional hours. Evening and weekend interactions with PSH residents are

essential. This may require engaging non-traditional providers who are accustomed to serving people in their homes during non-traditional hours, and/or providing an enhanced rate to attract and retain providers expected to work these non-traditional hours.

## **Improve opportunities for self-sufficiency for permanent supportive housing tenants in order to support housing stability**

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An essential responsibility of a PSH tenant is to maintain a lease agreement. One of the violations that can and does occur for individuals with limited income, including transitioning youth, individuals who have been homeless/unstably housed, and individuals with physical and behavioral health disabilities, is failure to pay their monthly rent in a timely fashion.

Moving from homelessness or institutionalization to PSH must be recognized as a significant transition, which may require low demands and intense support for a limited amount of time (this will vary for each person). However, once stabilized, PSH tenants often express an interest in employment. Working, even part-time, provides additional income that can help cover rent and the costs of independent living. Perhaps more importantly, employment provides consumers with meaningful activity and purpose as they move along their recovery journey. Supported employment specialists can assist PSH tenants in finding and maintaining employment by helping individuals with job search, placement, and employment skills; building relationships with local businesses to match PSH tenants with employment opportunities; and providing ongoing support to smooth transitions, manage conflicts, and reduce risk. The Collaborative, through all applicable member agencies, will adopt supported employment as an essential component of PSH.

PSH applicants and residents who are unable or unready to work will be referred for SSI/SSDI Outreach, Assistance, and Recovery (SOAR.) Individuals with serious mental illness must meet the standard for disability established by the Social Security Administration. The eligibility criteria are complex and the process can be difficult to navigate. SOAR specialists are experts in assisting individuals through the application process, increasing approval rates, and reducing the time from application to eligibility determination. The difference between a monthly Social Security disability check and General Cash Assistance, or no assistance, can amount to several hundred dollars a month. Reliable income helps to ensure that PSH tenants can pay their rent. In addition, attainment of these federal benefits frees up state funds that can be repurposed to increase funding for supportive housing.

New Mexico will facilitate determining whether a consumer should be referred for work or for disability benefits through use of a standardized assessment such as the Arizona Self-Sufficiency Matrix. The Matrix can serve as a tool for case managers to rate and prioritize an individual's existing capacities among a number of self-sufficiency indicators. This assessment can also be used to inform service planning, building on strengths and identifying services and supports to address needs. New Mexico will explore whether the Matrix, an adapted version, or an alternative is the best tool.

## Goal 3: Improve Data Collection, Data Sharing, and Assessment Related to Permanent Supportive Housing

Supportive housing is provided to New Mexicans with different disabilities and life challenges via different systems and agencies. Individuals who are in need of PSH also interface with and incur costs across multiple systems, including those focused on health care, behavioral health care, criminal justice, and homelessness. Yet each system and agency has its own eligibility criteria, strategies for targeting scarce resources, standards for PSH service delivery, and measurements of success. These differences result in the inability of these systems to take these important steps:

- Systematically identify “high utilizer” individuals.
- Target collective resources to achieve more efficient and effective results.
- Assure that individuals with disabilities being served in PSH are receiving the same, or at least similar, services and supports.
- Determine the overall effectiveness of PSH across programs.

New Mexico will explore the following strategies to improve and enhance data collection intended to support systemic evaluation.

### **Develop and define standard/common housing outcome measures across all populations to measure the success of all PSH programs**

New Mexico will implement standards for PSH and outcome measures that are based on “best practice.” A review of the literature has found common outcome measures for PSH.

One of the most comprehensive discussions on PSH outcomes is found in CSH’s “Dimensions of Quality” guidebook. Broadly, CSH notes that key outcomes for PSH tenants include:

- Staying housed
- Experiencing improvements in physical and mental health
- Increasing income or employment
- Feeling satisfied with services and housing
- Developing connections to community and building social support networks<sup>21</sup>

Harvard’s *Building on Success* working paper identifies measures more closely focused on housing. This study identified that “[t]ypical measurements for the success of consumers in permanent supportive housing have included:

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<sup>21</sup> CSH (2013). *Dimensions of quality: Supportive housing*. [http://www.csh.org/wpcontent/uploads/2013/07/CSH\\_Dimensions\\_of\\_Quality\\_Supportive\\_Housing\\_guidebook.pdf](http://www.csh.org/wpcontent/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf).

- The number of persons served
- Increases in income
- Occupancy rates of PSH units
- Housing stability for persons served (e.g. number of moves within a period of time)
- Housing retention (number who remained in housing for six months/twelve months)
- Public monies saved on emergency services.”<sup>22</sup>

Adopting commonly accepted measures across agencies and organizations, each of which has its own target populations, funders, constituencies, and regulations, will be challenging. New Mexico will establish a task force, composed of all agencies and backed by high-level support, to develop a core set of cross-agency/cross-system outcome measures of interest to all. In determining core measures, the group must also think about how the data will be used, to be sure that measures are included that address the intended use of the data (see below for further discussion of data dashboards.)

While these measures reflect those adopted by professionals, New Mexico will include PSH tenants’ feedback on the selection of outcome measures that they identify as best reflecting the success of the program.

In addition to identifying output and outcome measures, the task force will seek agreement on the timeframes for administering pre- and post-intervention assessments. In other words, what is the period of time prior to a person’s living in PSH for which valid data in the selected measures is available, and how long after PSH is introduced is an adequate time to assess the impact of housing stability? Determining the pre-intervention period will be influenced by the availability of data to verify housing stability, satisfaction with housing, use of behavioral and physical health services, etc., prior to the individual’s living in PSH. The task force will determine whether at least 12 months of data post-housing is accessible. Similarly, the task force will explore the feasibility of collecting data on these measures for at least a year post-intervention, though data should be collected and reported regularly at more frequent intervals.

### **Improve and standardize data collection policies and procedures across all permanent supportive housing programs throughout the state**

Permanent supportive housing provider agencies understand the importance of measuring their performance and evaluating the effectiveness of their services. Provider agencies that serve people who are homeless and have more than one disability report frustration with managing multiple expectations and competing deadlines to report activities and outcomes to their numerous funding sources, including federal, state, local, and private sources. These agencies would likely welcome a more streamlined approach to data reporting, depending on the number of system modifications required and the availability of funding to support the required modifications.

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<sup>22</sup> Gornstein, A. & Terrell, C. (2016). *Building on success: Strengthening provider capability to provide permanent supportive housing*. Harvard Joint Center for Housing Studies Working Paper. [http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/boak\\_gornstein\\_building\\_on\\_success\\_final.pdf](http://www.jchs.harvard.edu/sites/jchs.harvard.edu/files/boak_gornstein_building_on_success_final.pdf).

The task force will explore the use of standard tools to increase the validity of the data collected. One such tool that assesses progress across a number of independent living skills is the Arizona Self-Sufficiency Matrix. The United States Office of The Assistant Secretary for Planning and Evaluation, HHS, determined that the Arizona Matrix serves as a reliable and valid case manager reporting tool of functioning and the extent of independent life skills among individuals who are homeless.<sup>23</sup> The Matrix can be used in other ways as well:

- As a measurement tool to determine the effectiveness of services and programs, allowing users to consolidate outcomes within and across agencies and to report results to funders.
- As a communication tool for demonstrating the success of PSH, and for sharing information with both the general public and policymakers, illustrating the strengths of PSH in assisting tenants to progress towards self-sufficient living.

The task force will determine if the Arizona Matrix provides a solid framework for PSH data collection, if the tool may need to be streamlined for ease of use by PSH providers, and if the tool would need to be adapted to reflect any unique aspects of PSH in New Mexico.

### **Staff Support to Enhance Data Collection**

Adopting consistent outcome measures and standard tools is a key first step. New Mexico will develop an implementation plan for using those tools, critical to ensuring timely data entry and a high quality of data entered. The implementation plan for standardizing data collection will address the following important components:

- Staff training on data collection tools
- Ongoing supervision and agency support
- Development of a learning collaborative, for staff involved at all levels of data collection through reporting, to help to improve the end product

### **Assess and improve data sharing policy and protocols**

There are several resources and examples that can serve as a starting point for New Mexico to begin developing a data use agreement (DUA) to facilitate data sharing across state agencies and organizations. States all across the country are making progress on tackling this issue, which has long prevented agencies and systems from working together to systemically address the needs of shared populations. Georgia and Louisiana are states identified as having model DUAs.

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<sup>23</sup> Office of the Assistant Secretary for Planning and Education (2007). Toward understanding homelessness: The 2007 National Symposium on Homelessness Research. Accountability, cost-effectiveness, and program performance: Progress since 1998. Case study: The Arizona evaluation project on homelessness. <https://aspe.hhs.gov/report/toward-understanding-homelessness-2007-national-symposium-homelessness-research-accountability-cost-effectiveness-and-program-performance-progress-1998/case-study-arizona-evaluation-project>

At the federal level, the *U.S. Department of Health and Human Services Data Use Agreement Practices Guide* is a brief document that provides an overview describing best practices, activities, and attributes. The *Guide* offers templates, tools, information, and key terminology for industry-leading project management practices. A second resource is the Office of the National Coordinator Permitted Uses and Disclosures Fact Sheets. These fact sheets provide guidance related to the disclosure of protected health information by covered entities under the Health Insurance Portability and Accountability Act (HIPAA). They explain the circumstances in which covered entities are permitted, but not required, to use and disclose protected health information to another covered entity (or that covered entity's business associate) for certain activities without first obtaining an individual's authorization. These activities include both treatment and health care operations of the disclosing covered entity or the recipient covered entity when the appropriate relationship exists. While these sources were developed to assist in data-sharing at the state agency level, state-level practices may be able to translate down to providers from within different systems.

At the health plan level, MCOs are taking innovative steps to gain access to data related to their members that was previously unobtainable. One example is in Nebraska, where an MCO has joined the Continuum of Care to help address issues involving its homeless members. In Texas, a health plan worked with two CoCs to conduct data-matching across high utilizer populations, viewed as a mutual benefit to both systems.

New Mexico will explore the feasibility of these strategies.

## **Establish and regularly disseminate permanent supportive housing dashboard reports on housing outcomes**

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Stakeholders at all levels across systems want to see results, proof that a program is effective. Funders, regulators, legislators, and advocates want to understand that scarce resources are being used to achieve positive results and if not, what is being done to address the findings. These same stakeholders have become skeptical about state behavioral health services and programs. One of the ways to counter this skepticism and gain trust is through "transparency," i.e. making information publicly available for stakeholders to review and assess. One tool that makes information available and easily understood is a dashboard. When created and used properly, a PSH dashboard can present even highly complex information using visuals that are readily understood by the common layperson.

An important consideration in creating a PSH dashboard is a state's commitment to transparency, regardless of the outcomes. A state that is risk-averse may design a dashboard that presents only process information, such as the number of individuals served by a program or characteristics of service recipients. However, this information does not address the impact of the service on recipients. A state that intends to use outcome data to make the case for a service, and that is willing to share imperfections that can lead to program improvement, will benefit from a dashboard that truly reflects outcome and output data.

There has been considerable discussion among New Mexico stakeholders in making the “business case” for PSH. In other words, by showing the costs of providing PSH, the outcomes of the service, and the cost savings associated with outcomes, a compelling argument can be made for increasing investment in the service. One example of how a dashboard could be helpful in making the business case is by including Medicaid claims for high-cost services which, as research shows, are associated with homelessness/housing instability. The state Medicaid agency receives this data for all beneficiaries. However, the state will need to explore the costs and benefits of the following options:

- Establishing a DUA that will allow for analysis of Medicaid claims for a cohort of individuals who are identified as PSH recipients.
- Activating the ICD-10 housing codes, which are codes for classification of diseases developed and published by the World Health Organization and currently mandated within the U.S. for inpatient medical reporting.

## Implementation

New Mexico has a rich history of creating opportunities for low-income individuals with disabilities to live and thrive in their communities of choice. The *Strategic Plan for Supportive Housing in New Mexico: 2018–2023* builds on the successes, as well as lessons learned, to date.

The HLG and the Collaborative member agencies will work to prioritize the strategies included in the plan for implementation to leverage partnerships and resource opportunities as they emerge. In addition, the HLG will prioritize the specific strategies that will maximize and create new PSH opportunities across New Mexico.

The New Mexico Behavioral Health Collaborative and the HLG recognize the importance and necessity of sustained and committed statewide leadership in order to achieve the state’s overall goals. To support the implementation of the *Strategic Plan*, the HLG will continue to meet regularly to provide leadership, oversight, and support. In addition, the HLG will work closely with BHSD and MFA staff to develop a companion implementation plan to track, monitor, and evaluate how the implementation of specific strategies is progressing. The HLG will report progress periodically to the Collaborative to ensure New Mexico executive leadership continues to remain engaged and supportive.

With ongoing support and leadership from the Collaborative, the HLG will also develop and implement an external communications plan to support the rollout of the *Strategic Plan*. The HLG will continue to work closely with a broad range of stakeholders including state agency leaders, advocates, peers, housing and human services organizations, and rental property owners to engage them throughout the implementation process. The HLG recognizes that sustained engagement with key stakeholders across the state is critical to help build broad-

based support for the *Strategic Plan* and its goals, providing the best chance for success and sustainability over the long term.

## Appendix A: Housing Leadership Group Membership

**Karen Meador**

Human Services Department

**Cynthia Melugin**

Human Services Department

**Laine Snow**

Human Services Department

**Sally Wait**

Human Services Department

**Cindy Keiser**

Human Services Department

**Juan Medina**

Human Services Department

**Carol Luna-Anderson**

The Life Link

**Hank Hughes**

New Mexico Coalition to End Homelessness

**Lisa Huval**

New Mexico Coalition to End Homelessness

**Rada Moss**

New Mexico Coalition to End Homelessness

**Cheryl Bartlett**

Consumer Representative

**Monica Abeita**

New Mexico Mortgage Finance Authority

**Rose Baca Quesada**

New Mexico Mortgage Finance Authority

**Kristin Jones**

Children, Youth and Families Department

**Richard Gaczewski**

Children, Youth and Families Department

**Lisa Storti**

Department of Health

**Michael Estrada**

New Mexico Corrections Department

**Erin Quintana**

New Mexico Corrections Department

**Mitchell Lawrence**

Department of Veterans Services

**Grace Escamilla-Valdez**

Department of Veterans Services

**Edward Mendez**

Department of Veterans Services

**Louella Garcia**

Aging and Long-Term Services Department

**Dana Malone**

Public Education Department

**Guy Surdi**

Governor's Commission on Disability

**Jane McGuigan**

Consultant

**Marti Burke**

Consultant

**Joe Ortega**

YES Housing

**Kelle Senye**

Apartment Association of New Mexico

**Jenny Metzler**  
Albuquerque Health Care for the Homeless

**Doug Chaplin**  
City of Albuquerque

**Heidi Jordan**  
City of Albuquerque

**Dennis Plummer**  
Albuquerque Heading Home

**Greg Morris**  
St. Martin's Hopeworks

**Vicky Palmer**  
St. Martin's Hopeworks

**Becky Mayeaux**  
St. Martin's Hopeworks

**Jamie Michael**  
Dona Ana County

**Russell Liles**  
Blue Cross Blue Shield of New Mexico

**Virginia Robertson**  
Blue Cross Blue Shield of New Mexico

**Loretta Cordova**  
United Healthcare

**Marcie Morris**  
United Healthcare

**Adan Carriaga**  
Molina Healthcare

**Andrew Conticelli**  
Molina Healthcare

**Marcello Maviglia**  
Molina Healthcare

**Mary Nash**  
Molina Healthcare

**Trina Wheeler**  
Molina Healthcare

**Susan Tucker**  
Molina Healthcare

**Lisa Mortensen**  
Presbyterian Health Plan

**Cathy Imbrugia**  
Consultant