



HUMAN
SERVICES
DEPARTMENT



LHHS BEHAVIORAL HEALTH UPDATE

AUGUST 7 , 2023

INVESTING FOR TOMORROW, DELIVERING TODAY.

BEFORE WE START...

On behalf of all colleagues at the Human Services Department, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Diné and Pueblo past, present, and future.

With gratitude we pay our respects to the land, the people and the communities that contribute to what today is known as the State of New Mexico.



Evening drive through Corrales, NM in October 2021.
By HSD Employee, Marisa Vigil



MISSION

To transform lives. Working with our partners, we design and deliver innovative, high quality health and human services that improve the security and promote independence for New Mexicans in their communities.

GOALS



We help NEW MEXICANS

1. Improve the value and range of services we provide to ensure that every qualified New Mexican receives timely and accurate benefits.



We communicate EFFECTIVELY

2. Create effective, transparent communication to enhance the public trust.



We make access EASIER

3. Successfully implement technology to give customers and staff the best and most convenient access to services and information.



We support EACH OTHER

4. Promote an environment of mutual respect, trust and open communication to grow and reach our professional goals.



AGENDA & PRESENTERS

- Agency Updates
- Behavioral Health Financing & MCO Accountability
- Fiscal Year 24 Priorities:
 - Evidence-based practices and services
 - Workforce
 - Crisis Now
 - Opioid Use Disorder
 - Housing



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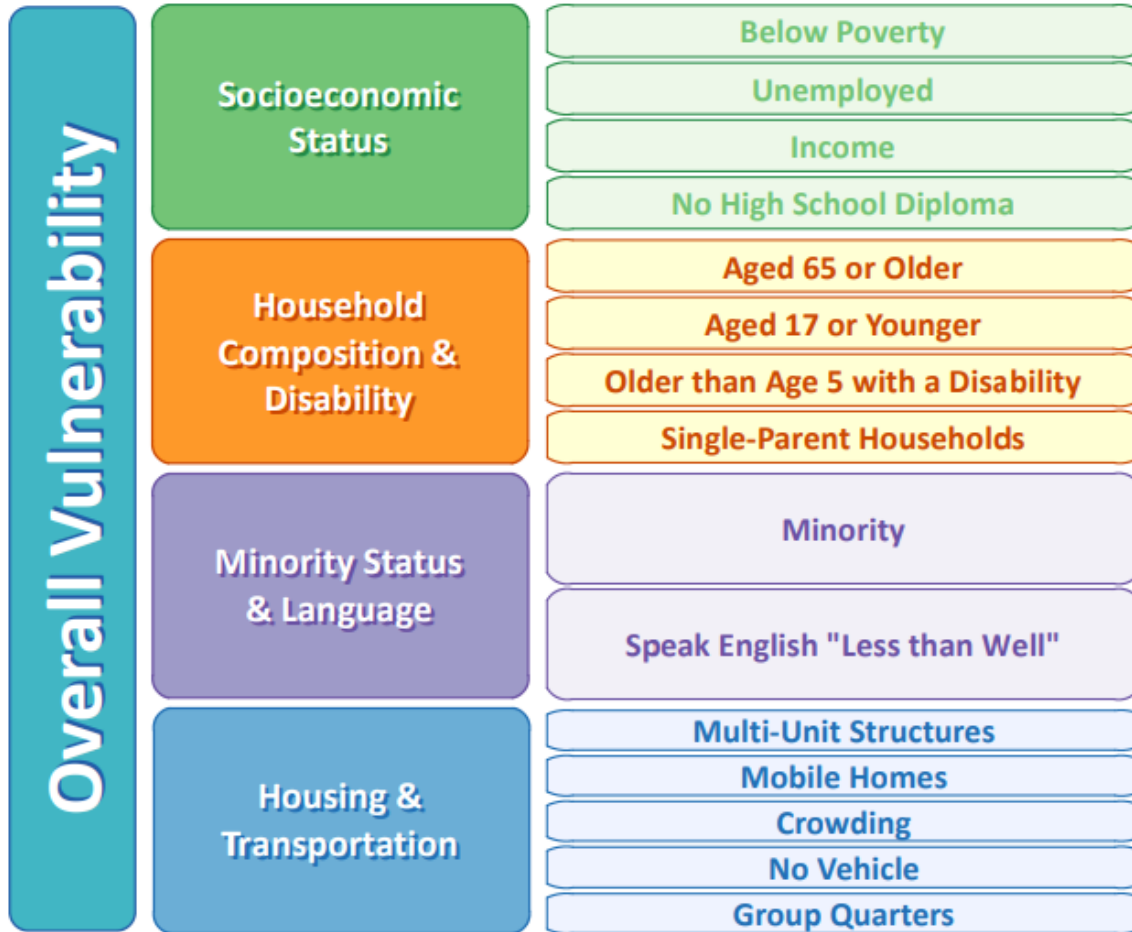
MEET THE POOLE FAMILY*

- Janet is 34 and lives in San Miguel County with her 3 children, twins Zach and Eric (age 8) and Dan (age 5).
- Lindsey recently completed a 4-year prison sentence.
- She receives re-entry supports, and housing and employment assistance.
- She also receives case management services as she recovers from substance use.
- An important support for Lindsey is her Certified Peer Support Worker, Danielle, who works at Lindsey's treatment center.
- Together, Danielle and Lindsey are finding permanent housing for Lindsey and her children.



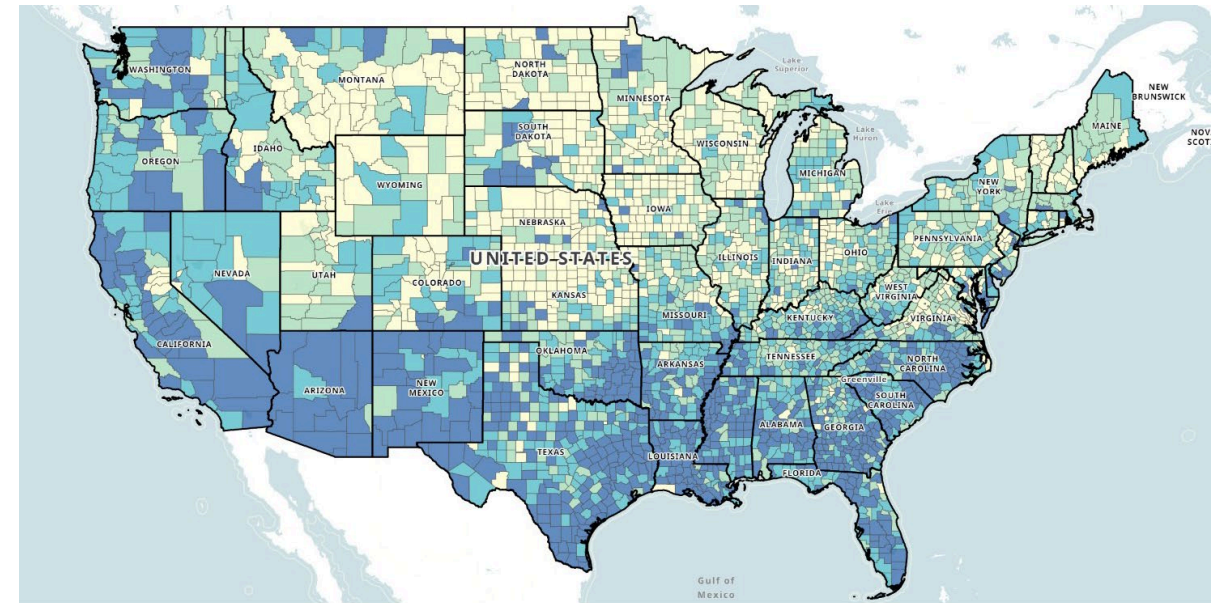
** Based on a real HSD client, whose name and photo are changed.*

NM HAS HIGHEST SOCIAL VULNERABILITY IN THE U.S.



SOCIAL VULNERABILITY INDEX BY COUNTY, 2020

Darker color represents higher vulnerability



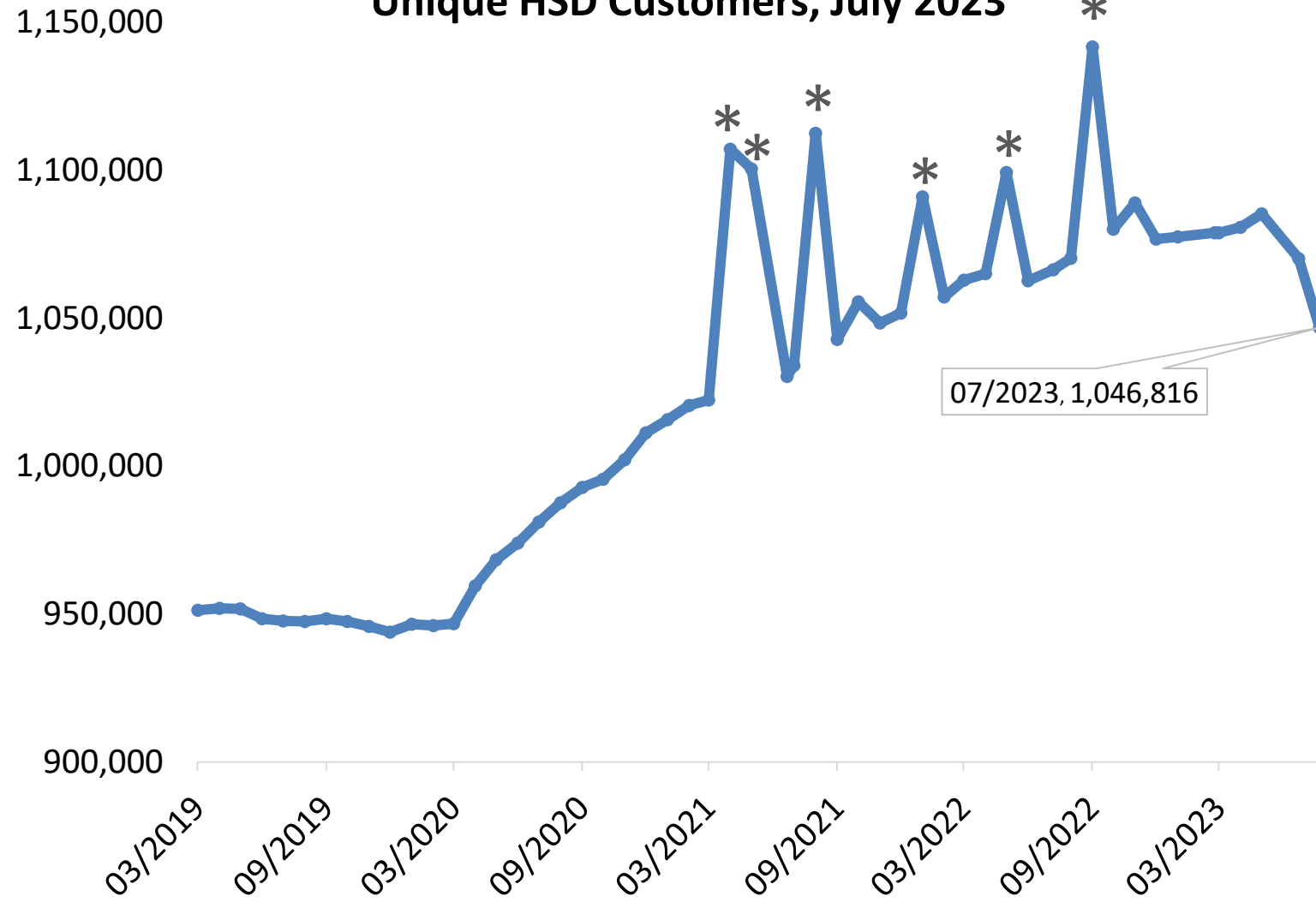
Level of Vulnerability



Source: https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_map.html

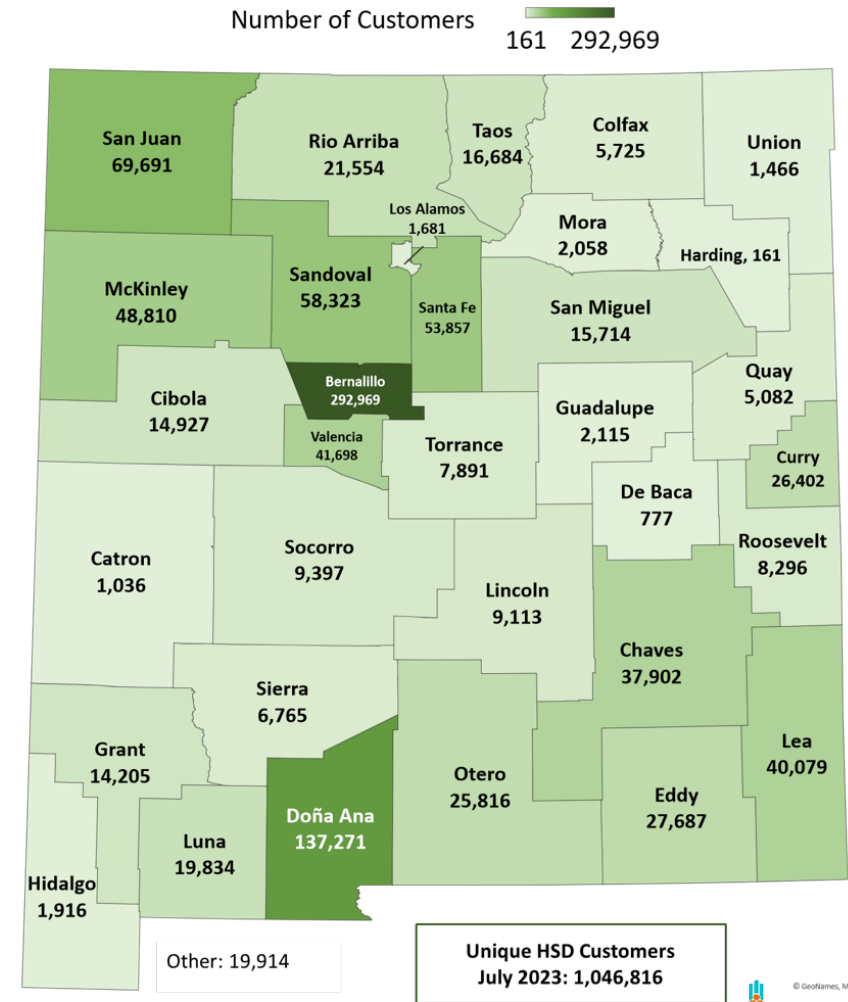
HSD SERVES 49% OF YOUR CONSTITUENTS

Unique HSD Customers, July 2023



*Months with a Pandemic EBT Payment

Unique HSD Customers, July 2023



Unique HSD Customers July 2023: 1,046,816

HSD'S SOCIAL IMPACT: NM BENEFITS FROM MODERN AND RESPONSIVE SOCIAL SAFETY NET

HSD's programs have had the following social impact:

499,844,738 meals provided to New Mexicans through Supplemental Nutrition Assistance Program (SNAP) **over the last 12 months**

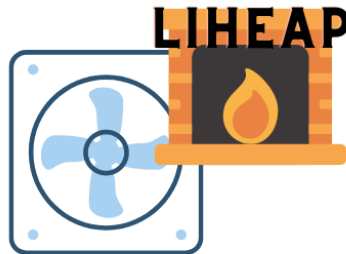


last updated: 7/26/33

934,305 individuals provided the ability to visit a doctor, afford medication and immunizations through Medicaid in **June 2023**



22,900 homes heated and cooled for New Mexico families through Low Income Energy Assistance Program (LIHEAP) in **Federal Fiscal Year 2023**



7,962 families provided shelter and necessities through Temporary Assistance for Needy Families (TANF) in **June 2023**



\$124.76* per month on average through child support to help kids be happy and healthy **over the last 12 months**



216,488 New Mexico adults supported by Behavioral Health programs and services** **from July 2022 - June 2023**



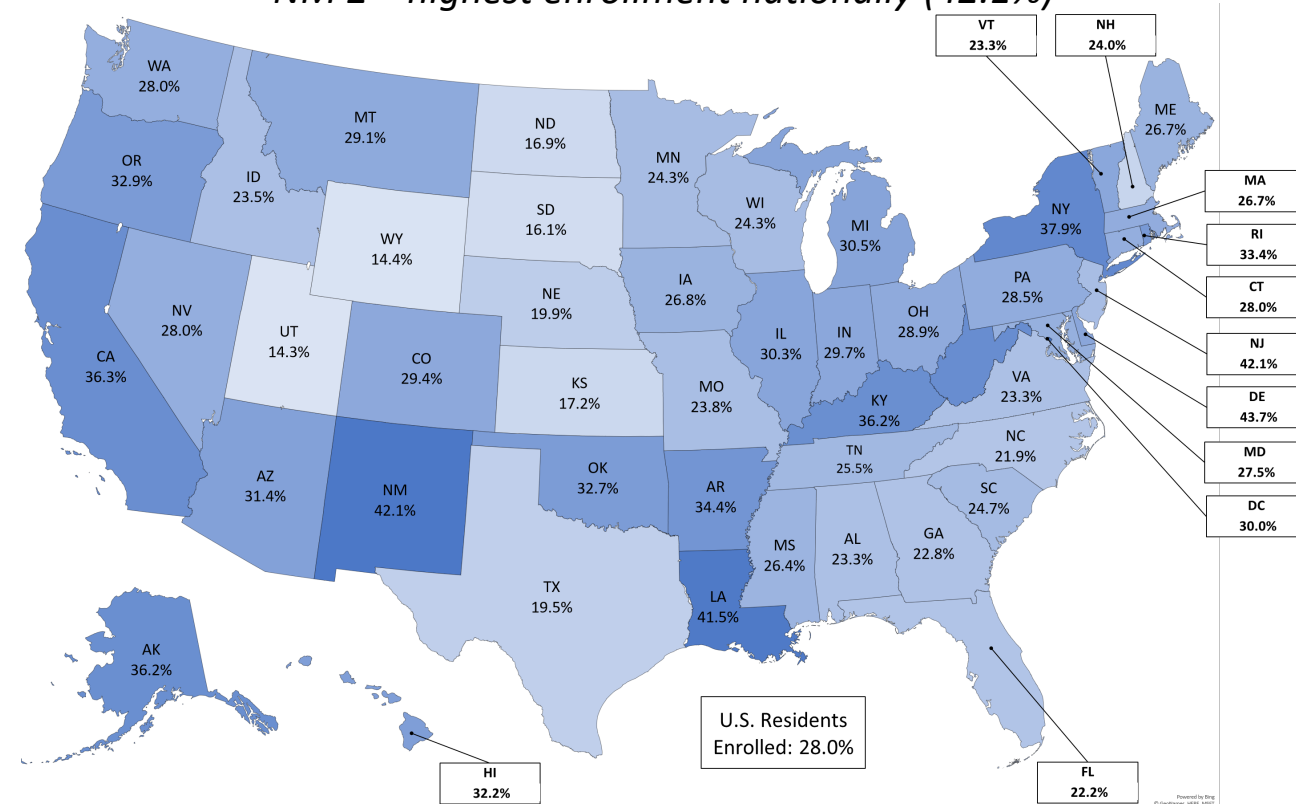
*collections include current support and arrears debt to the custodial parent and/or the state. **BH services include those covered through Medicaid and other sources (federal and general funds). The total is affected by a 3 month claim lag and therefore this measure is updated quarterly.

HSD IS BECOMING THE HEALTHCARE AUTHORITY

- Per 2023 Senate Bill 16, HSD will become the Healthcare Authority (HCA) beginning FY25, responsible for healthcare purchasing and policy.
- As Medicaid is the foundation for improving health Service delivery and outcomes for 42% of New Mexicans, HCA is a natural extension to making coverage affordable across the state.
- SB16 calls for these services to transfer to HCA:
 - Developmental Disabilities Services Division (currently at NM DOH)
 - Division of Health Improvement (currently at NM DOH)
 - State Health Benefits from (currently at NM GSD)
- FY25 budget request will reflect reorganization.

Residents Enrolled in Medicaid & CHIP, 2/2023 (%)

NM 2nd highest enrollment nationally (42.1%)



It's Time to **Renew NM!**

- **Renew NM** provides resources and information to HSD customers and partners about how and when to renew Medicaid & SNAP benefits.
- **3 important steps to remember:**
 - Update your contact info.
 - Look for your Turquoise envelope.
 - Submit your renewal.

[RENEW.HSD.NM.GOV](https://renew.hsd.nm.gov)



HUMAN SERVICES DEPARTMENT

¡Es Hora de **Renew NM!**

Actualice Su Información de Contacto Ahora Mismo

- ✓ Visite **yes.state.nm.us** y actualice su información de contacto en el chat.
- ✓ El Departamento de Servicios Humanos de Nuevo México le enviará un **sobre turquesa** cuando sea el momento de renovar.

Todos los clientes deben renovar su Medicaid y SNAP cuando reciban el aviso.
Aprenda más: **renew.hsd.nm.gov**

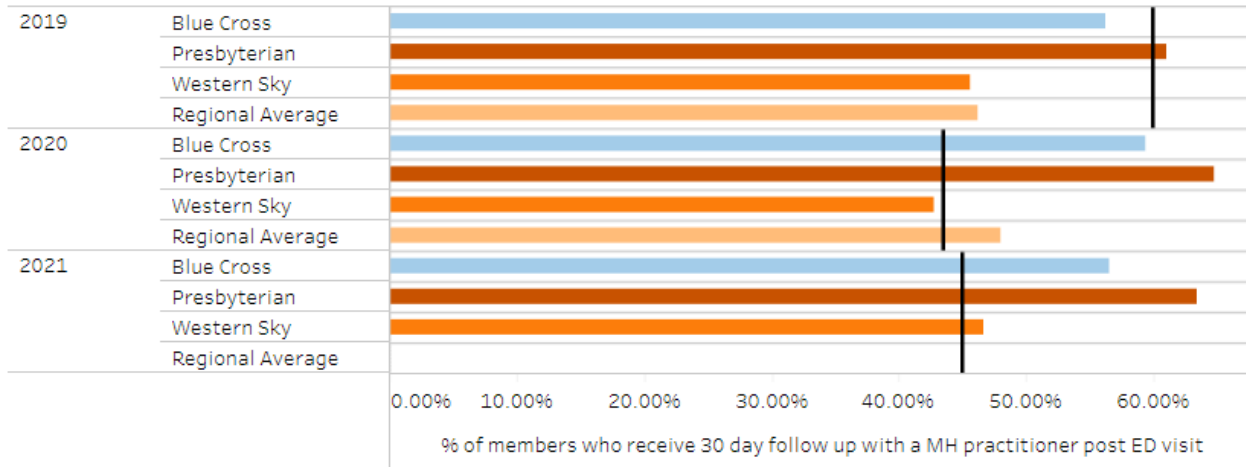
HSD BEHAVIORAL HEALTH LEGISLATIVE UPDATE

Bill #	Bill Title	Action Plan to Implement
HB527	Opioid Settlement Restricted Fund	Identify how to budget and allocated the funds. Identify gaps with data, RFA.
SB310	Crisis Triage Centers	Will amend the New Mexico Administrative Code to accommodate change. Collaborating with DHI on rule promulgation. Submit request to CMS to change the open State Plan Amendment (SPA); if not allowed, will resubmit a new SPA.
SB425	County Detention Facility Treatment Programs	Reporting requirement on 10/1/23 with implementation date of 12/31/25. Determine FTE and funding needed for program. Working with Dept. of Corrections and MAD Justice Involved Services.
SB273	Parity for Coverage of Mental Health and Substance Use Disorder Services	Implementing in collaboration with Office of Superintendent of Insurance.
HB2	Sec. 5 Special Appropriations	<ul style="list-style-type: none"> • Expansion of additional vouchers within the Linkages sites. • Deployment and utilization of 988 crisis now mobile crisis teams.
HB2	Sec. 11 Additional Supplemental Health and Human Services Appropriations	<ul style="list-style-type: none"> • Opioid Settlement Funds to Implement Certified Community Behavioral Health Clinics (CCBHC). Use funding to supplement the HIT contract. • Housing Assistance for those with Opioid Use Disorder (OUD). RFA has been written to contract and allocate to providers. • Treatment Program Expansion. RFA to increase claims providers to expand network. • Telehealth expansion for those affected by OUD. New BHSD Director will begin this project with the new BHC Director.
SB192 (Junior Bill)	HSD Taos Co. Substance Use and Homeless Outreach (<i>Sen. Gonzales</i>)	<ul style="list-style-type: none"> • Contract for rural outreach to homeless person with substance use or co-occurring disorders. <ul style="list-style-type: none"> • Scope of work in progress with Rio Grande ATP in Taos.
	HSD Statewide Substance Abuse Plan (<i>Sen. Steinborn</i>)	<ul style="list-style-type: none"> • Develop a statewide substance abuse treatment plan. <ul style="list-style-type: none"> • HSD developing this plan in collaboration with community providers and organizations, and state agencies.
	HSD Coordinator Position in BHSD (<i>Rep. Ferrary</i>)	<ul style="list-style-type: none"> • For a coordinator position in BHSD to work with state agencies, prevention and treatment providers and advocates throughout the state to assess needs and programs for alcohol harm alleviation. <ul style="list-style-type: none"> • HSD developing this plan in collaboration with community providers and organizations, and state agencies.
	HSD Behavioral Health Clinical Supervision (<i>Rep. Figueroa</i>)	<ul style="list-style-type: none"> • For behavioral health clinic supervision for behavioral health organizations. <ul style="list-style-type: none"> • Expend the monies by offering statewide trainings targeted toward licensed social workers, counselors, and psychologists that align to the appropriate NM RLD boards. • BHSD will be seeking proposals for this training to identify a vendor to assist with the training development in August.

MEDICAID IS A KEY STRATEGY IN TRANSFORMING BEHAVIORAL HEALTHCARE IN NM

- 2023 HB2 appropriations raised Medicaid behavioral health reimbursement rates to nearly 120% of Medicare.
- Telehealth expansion increased access to behavioral health services (133% increase in utilization in FY22 from 19,978 to 46,474 Medicaid customers).
- Payment reform incentivizes behavioral health, and interprofessional team integration, and care that addresses health-related social needs.
- Inclusion of new services and benefits (as well as training and certification) available for Medicaid reimbursement (e.g. evidence-based practices and mobile crisis response services) blending clinical expertise with patient characteristics, culture, and preferences.

How good is my Managed Care Organization (MCO) at working with providers to ensure I receive a follow-up within 30 days after a visit to the Emergency Department for mental illness?



Last updated: 8/24/2022

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>

FY24 MEDICAID BEHAVIORAL HEALTH REIMBURSEMENT

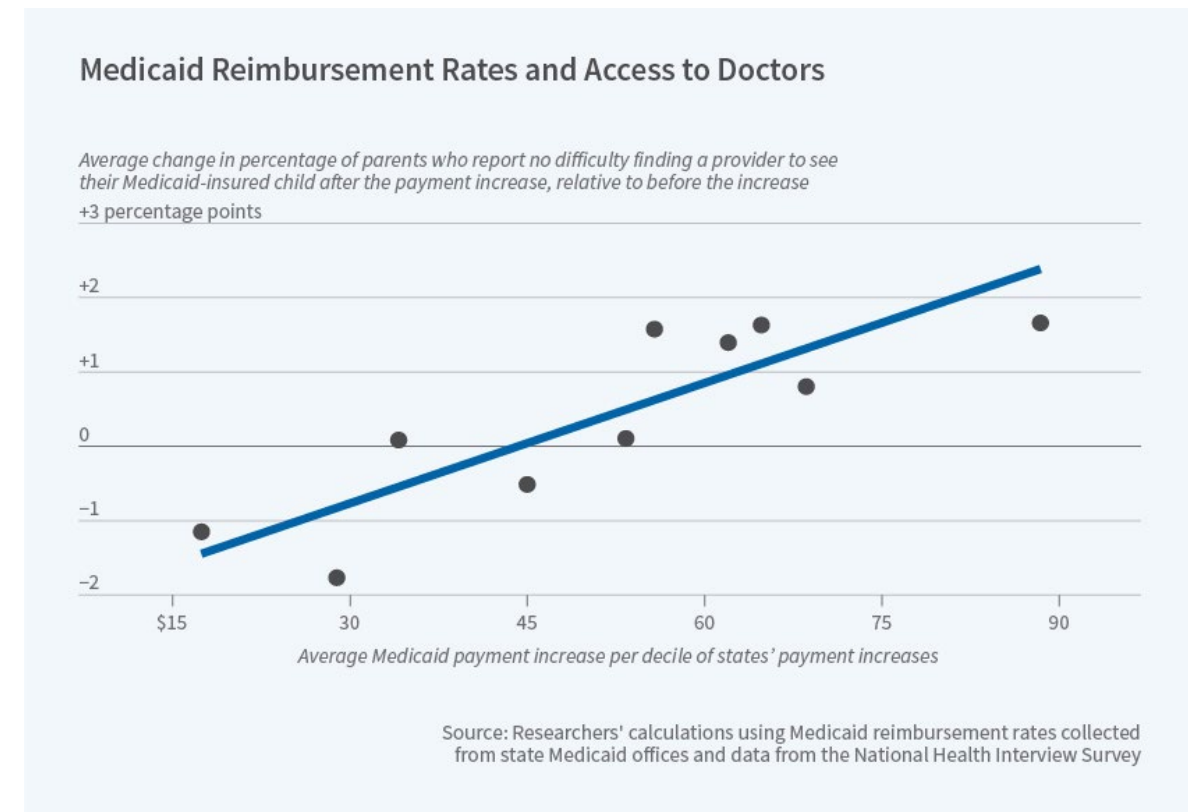
- FY24 Medicaid reimbursement rate increases target parity with 120% of Medicare rates.
 - Rates organized into 3 subcategories across dollar distributions and total percentage increases.
- Rate increases are effective 7/1/2023.
- 69% of BH services do not have a Medicare equivalent; these services received average 4.68% increase.

Medicaid Service Subgroup	Total CY2019 Medicaid Managed Care Expenditures (Includes Top 20 and All Other Procedure Codes)	Estimated Dollars for Provider Rate Increases	Weighted Average MC Reimbursement Rate Increase by Service Subgroup (by MC Utilization)	Weighted Average FFS Rate Increase by Service Subgroup (by MC Utilization)	Number of Procedure Codes Impacted
General Behavioral Health	\$ 128,926,500	\$ 28,568,861	17.10%	12.77%	96
Opioid Treatment Program	\$ 25,293,012	\$ 2,574,434	10.18%	9.08%	4
Applied Behavioral Analysis	\$ 19,536,211	\$ 2,202,501	11.69%	9.08%	27
All Behavioral Health	\$ 173,755,723	\$ 33,345,795			127

MCO RATE INCREASE OVERSIGHT & COMPLIANCE

- MCOs treat **Medicaid-published fee schedule as the floor** and cannot pay providers below published rate.
- No reduction allowed for providers who already have negotiated rates above the published fee schedule.
- MCOs **adjust claims**, as needed, so providers will not have to resubmit.
- HSD monitoring MCOs' of rate **increases implementation** through 2x monthly status updates and reporting.

Each \$10 increase in Medicaid per visit reimbursement generated 1.4% increase in Medicaid customer reporting doctor visit in the past 2 weeks and 1.1% increase in reporting very good or excellent health.

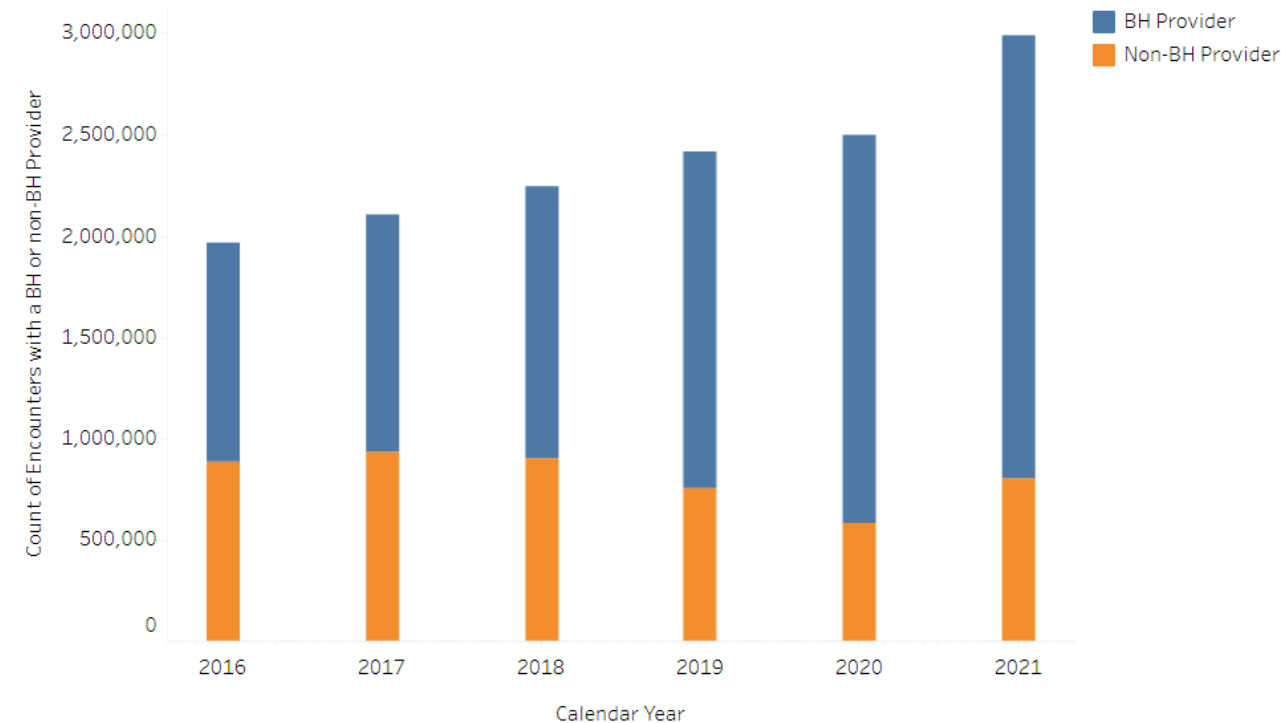


Source: <https://www.nber.org/bh-20193/increased-medicaid-reimbursement-rates-expand-access-care>

MONITORING MCO BEHAVIORAL HEALTH PERFORMANCE

- HSD monitors MCO behavioral health performance through Behavioral Health Delivery System Improvement Performance Target (BH DS IPT).
- 2023 BH DS IPT is number of unique Medicaid members who had a BH visit with either a BH provider or a non BH provider.
- 2023 target is 25%.
- MCOs report quarterly to HSD number of customers receiving outpatient behavioral health services, analyzing trends in utilization.
- HSD may recoup the performance penalty amount if the MCO does not meet the BH DS IPT.
 - There have been no BH DS IPT penalties assessed at this time as MCOs are currently meeting targets.

How good is my Managed Care Organization (MCO) at working with providers to ensure I have a behavioral health (BH) visit with a BH or non-BH provider?

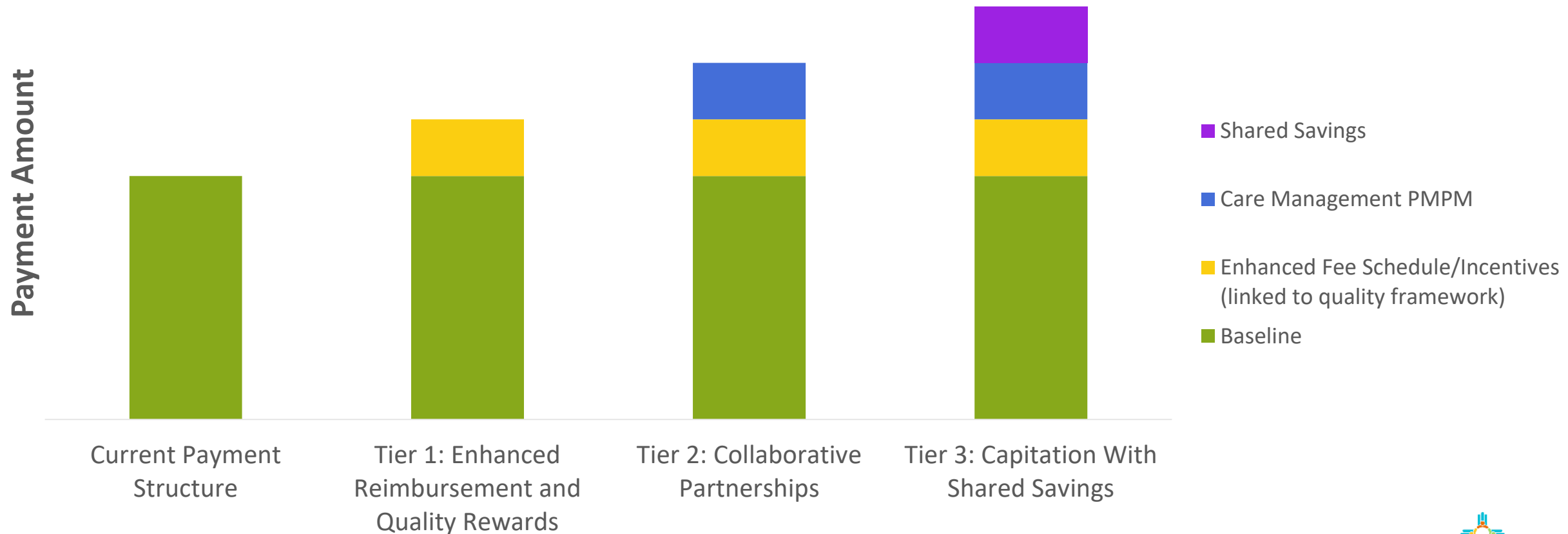


Last updated: 4/17/2022

Source: <https://sites.google.com/view/nmhsdscorecard/goal-1/mco-behavioral-health>

NEW MEDICAID & MEDICARE PRIMARY CARE PAYMENT MODELS INCENTIVIZE BH INTEGRATION AND PROVIDE FINANCIAL SUPPORTS

Medicare & Medicaid Primary Care Payment Reform Payment Tier Structure

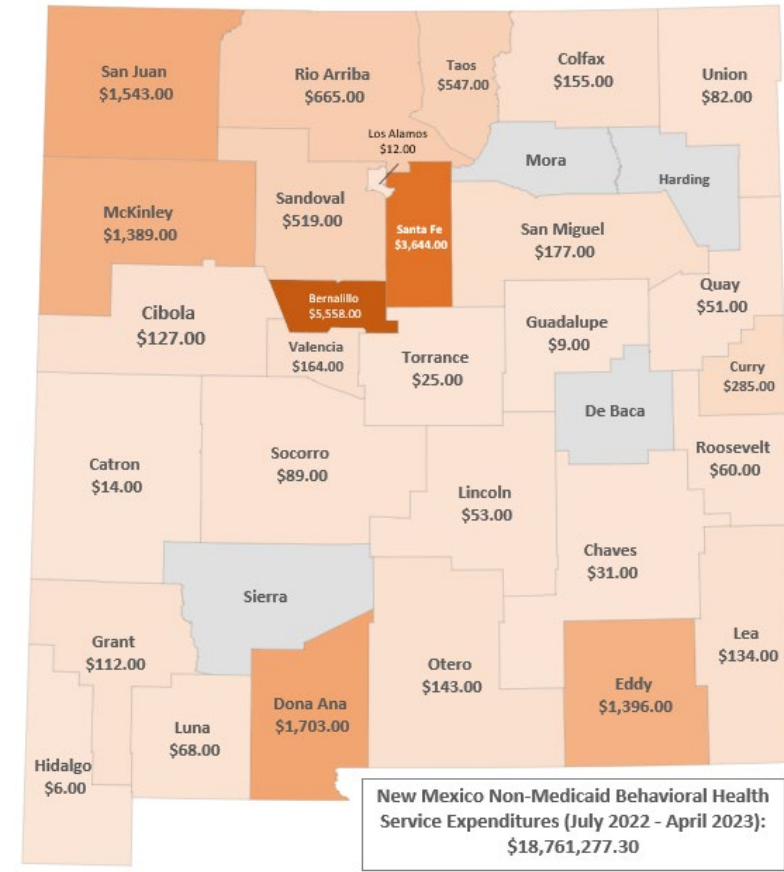


***Chart is for illustrative purposes only and does not indicate actual dollar amounts, percentages, or required/actual payment types.*

LEVERAGING NON-MEDICAID FUNDING TO TRANSFORM BEHAVIORAL HEALTHCARE IN NM

- HSD's Behavioral Health Services Division (BHSD) is NM's Mental Health and Substance Use State Authority, developing and implementing holistic strategies for behavioral health promotion in collaboration with Medicaid, other state agencies, and community partners.
- Non-Medicaid dollars align behavioral health service delivery with services covered by Medicaid, providing care to New Mexicans who do not qualify for Medicaid or are under/uninsured.
 - Funding includes federal and state funds for in and out-patient behavioral health services.
 - Funding also supports prevention initiatives, harm reduction, peer lead recovery wellness centers, traditional Native American services, training and workforce development, and innovative App-based treatment and recovery-based services.

New Mexico Non-Medicaid Behavioral Health Service Expenditures SFY23 (July 2022-April 2023)



*Note: Non-Medicaid refers to individuals who may have insurance, yet the services are not covered, thus state general and federal funding sources cover these services.
Source: Falling Colors Executive Summary Report, April 2023.*

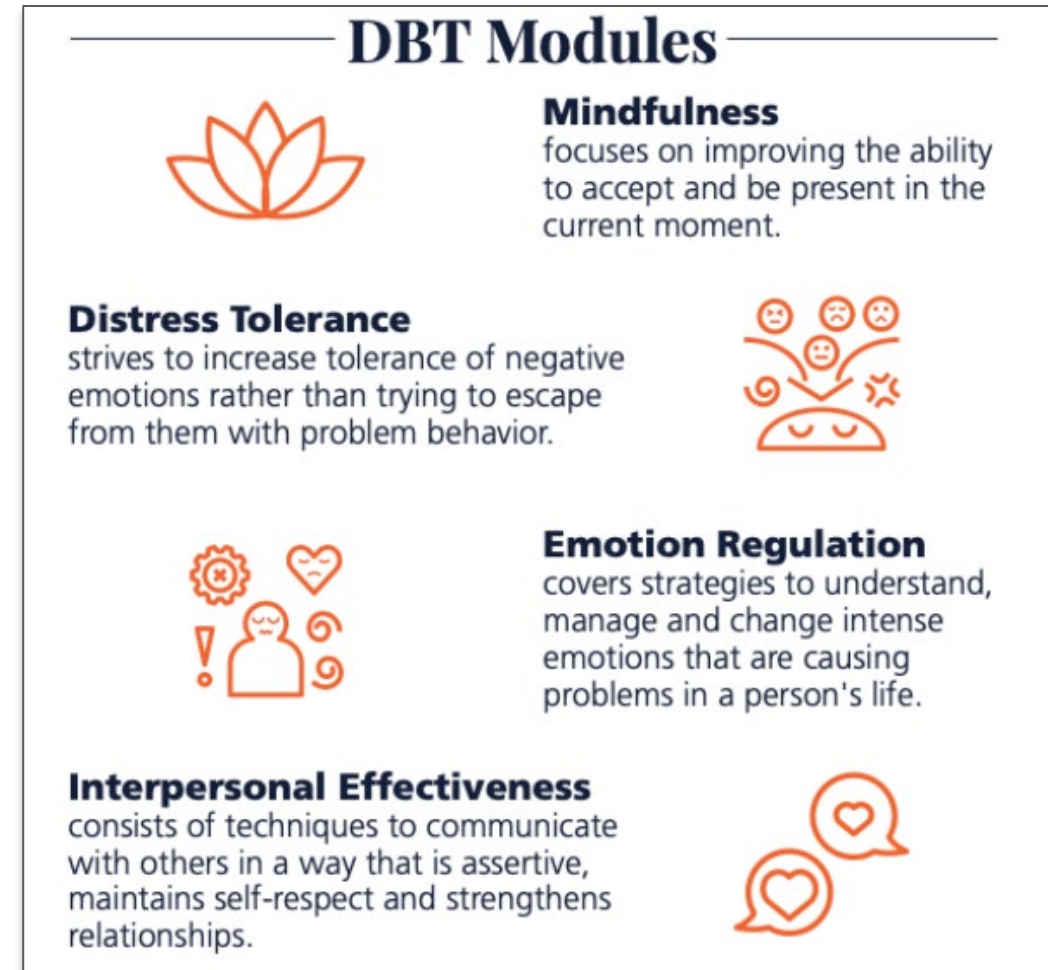
FY24 BEHAVIORAL HEALTH SERVICES DIVISION RATE INCREASES

- HSD raising non-Medicaid behavioral health reimbursement rates from 85% of Medicaid to 90%, reducing the discrepancy between payments for services ineligible for Medicaid and/or other forms of insurance.
- Increasing these rates will ensure providers are appropriately reimbursed for services ineligible for Medicaid, strengthening the provider network, and improving overall health and well-being of New Mexicans.
- 216,488 adults were served through behavioral health programs in 2022, with 28,867 served through non-Medicaid funds (8.7% increase from 2021).
 - Additional increases expected in 2023 as the Public Health Emergency ends.

Non-Medicaid BH Rate Increase - General Fund and Federal Fund FY23-24 (thousands)			
	FY23- Increase to 85%	FY24 – Increase to 90%	Total
General Funds	\$1,250.0	\$1,200.0	\$2,450.0
Federal Funds	\$0	\$0	\$0
Total	\$1,250.0	\$1,200.0	\$2,450.0

MOBILE CRISIS & EVIDENCE BASED PRACTICES (EBP)

- HSD and CYFD developed enhanced Medicaid reimbursement rates to implement:
 - Dialectical Behavior Therapy →
 - Multi-Systemic Therapy
 - Trauma-informed Cognitive Behavioral Therapy
 - Functional Family Training
 - Eye Movement Desensitization and Reprocessing therapy
- These EBPs proven to help kids and adults manage symptoms like stress, anxiety, and other conditions.
- Providers interested in receiving these rates can visit: <https://centerofinnovationnm.org/nm-ebp/>
- HSD and CYFD also developing Community Mobile Crisis services to provide rapid response, individual assessment, and evaluation and treatment of mental health crisis to children experiencing a mental health crisis.



MEDICAID REIMBURSEMENT FOR HIGH FIDELITY WRAPAROUND

- High Fidelity Wraparound (HFW) provides comprehensive, holistic, youth and family-driven way of responding when children and their families experience serious mental health and behavioral challenges.
- In 2017, NM conducted pilot to evaluate effectiveness of HFW with youth reporting:
 - 56% increase in community supports;
 - 58% decrease in child welfare involvement;
 - 60% increase in nurturing parenting;
 - 77% improvement in overall child health;
 - 65% increase in positive behavior;
 - 62 % increase in improvement in safety; and,
 - 73% increase in school or work function.
- After receiving federal approval, HSD prepared to offer HFW Medicaid reimbursement beginning 7/1/23.



CERTIFIED PEER SUPPORT WORKERS (CPSW_s)

- CPSWs have 3+ years of recovery from mental health and/or substance use, maintaining their wellness to help others.
 - Through shared understanding, respect and mutual empowerment, CPSWs help people become and stay engaged in recovery and reduce the likelihood of relapse.
- CPSWs exemplify how non-clinical strengths can extend the reach of treatment into everyday life to those seeking a successful, sustained recovery.
- CPSWs are influential members of healthcare teams and may work in judicial and correctional settings, medical settings, MCO Care Coordination teams, shelters, Medication Assisted Treatment centers, residential treatment centers, intensive outpatient settings, and Crisis Triage Centers.
- HSD has trained 773 CPSWs.

Peer support...

... is an evidence-based practice.
 ... has extensive literature to support the inclusion of peers in the behavioral health workforce.

Research on peer support has demonstrated...

... cost effectiveness.
 ... improved outcomes for recipients.

Improved outcomes for recipients include...²⁻³

... reduced re-hospitalizations.
 ... lower overall costs of services.
 ... increased service utilization.
 ... increased treatment engagement.
 ... improved quality of life.
 ... increased functioning.
 ... decreased behavioral health symptoms.







COMMUNITY HEALTH WORKER, COMMUNITY HEALTH REPRESENTATIVE & *PROMOTORAS DE SALUD* MEDICAID REIMBURSEMENT

- HSD seeking Medicaid reimbursement for services provided by CHW, CHR, and *Promotoras*.
 - To qualify for reimbursement, professionals will need certification from NM DOH.
 - Will be able to bill as independent providers or within a group.
- CHWs, CHRs, and *Promotoras* provide key services such as health education, coaching, navigation, screenings and assessments, and advocacy.
- Research demonstrate patients who use CHWs, CHRs, and *Promotoras* have seen:
 - Reduced urgent care visits saving between \$1,316-1,849 per patient (monthly);
 - Reduction in acute care use (e.g., hospitalizations, ED visits, readmissions);
 - Improved diabetes and asthma control; and,
 - Reductions in cholesterol and blood pressure.

Community Health Worker Program Addresses Unmet Social Needs And Generates Positive Return On Investment

Inpatient cost savings	\$1,413,306.79
Outpatient costs for intervention patients	
Outpatient visits per patient-year	12.2
Outpatient visits per CHW team	4,026
Average Medicaid cost per outpatient visit	\$45
Total outpatient costs for intervention patients	\$182,981.70
Outpatient costs for control patients	
Outpatient visits per patient-year	11.4
Outpatient visits per CHW team	3,762
Average Medicaid cost per outpatient visit	\$45
Total outpatient costs for control patients	\$170,982.90
Excess outpatient costs	\$11,998.80
Estimated Medicaid savings per year	\$1,401,307.99
Return on investment	\$2.47

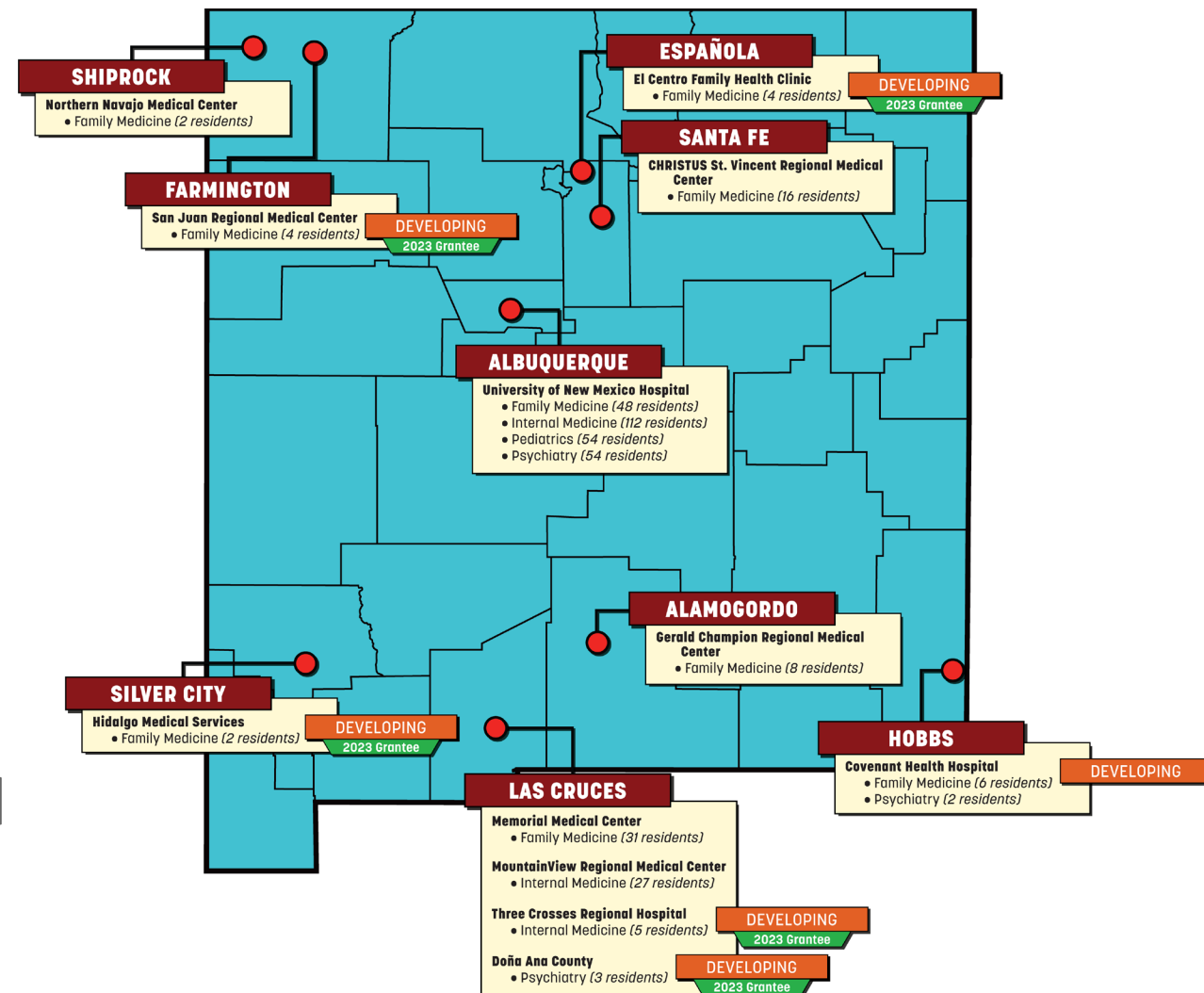
SOURCES Pennsylvania Healthcare Cost Containment Council and authors' analysis. **NOTES** Numbers might not add to totals because of rounding. The return on investment is the estimated Medicaid savings divided by expenses per team. DRG is diagnosis-related group.

Source: <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00981>

PRIMARY CARE & PSYCHIATRY RESIDENCY EXPANSION

- Over a 5-year period, starting in 2019, accredited primary care residencies expected to grow, from 8 to 16 (100% increase).
- Number of primary care residents in training will increase from 142 to 264 (86% increase) during this 5-year period.
- Number of graduates each year will grow from 48 to 82, a 71% increase.
- Residencies continue to be developed in counties with high numbers of Medicaid customers, including FQHC-led residencies.

Primary Care Residency Programs, 2023



CRISIS NOW: SOMEONE TO CALL, SOMEONE TO RESPOND, SOMEWHERE TO GO

FOUR CORE ELEMENTS FOR TRANSFORMING CRISIS SERVICES



HIGH-TECH CRISIS CALL CENTERS

These programs use technology for real-time coordination across a system of care and leverage big data for performance improvement and accountability across systems. At the same time, they provide high-touch support to individuals and families in crisis.

Source: <https://crisisnow.com/>



24/7 MOBILE CRISIS

Mobile crisis offers outreach and support where people in crisis are. Programs should include contractually required response times and medical backup.



CRISIS STABILIZATION PROGRAMS

These programs offer short-term “sub-acute” care for individuals who need support and observation, but not ED holds or medical inpatient stay, at lower costs and without the overhead of hospital-based acute care.



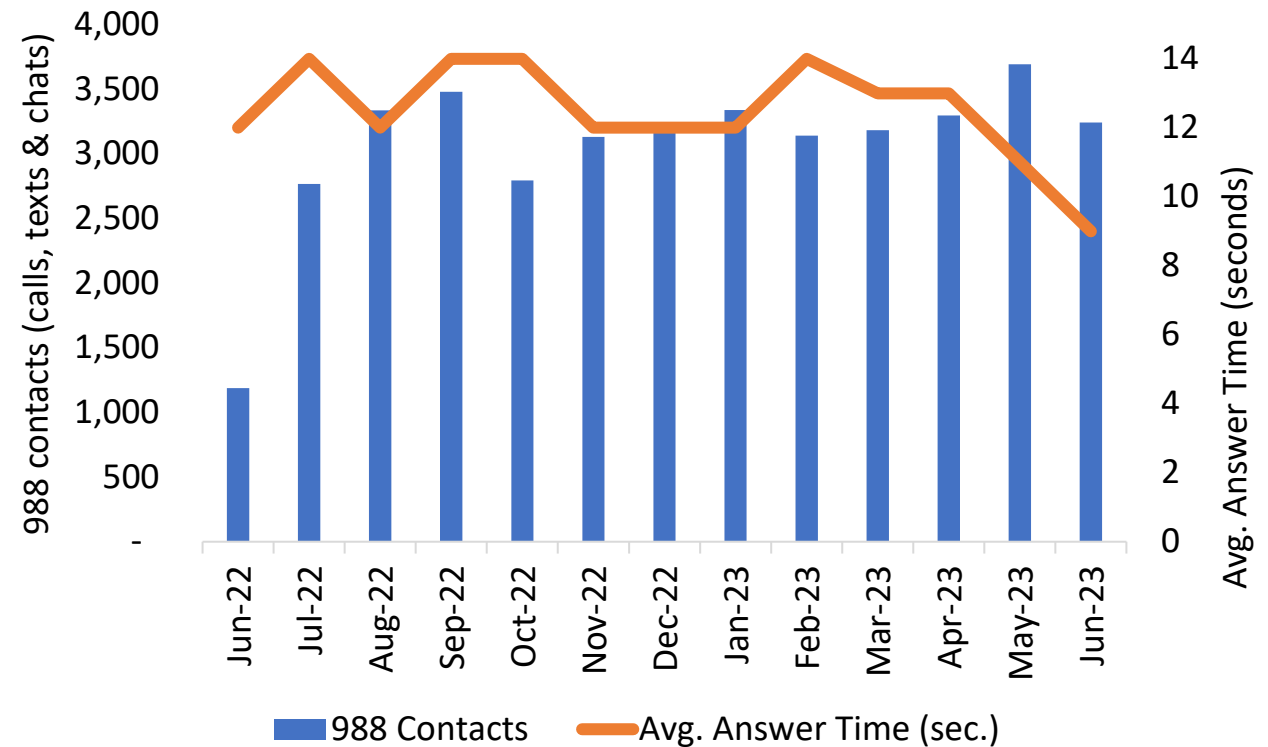
ESSENTIAL PRINCIPLES & PRACTICES

These must include a recovery orientation, trauma-informed care, significant use of peer staff, a commitment to Zero Suicide/Suicide Safer Care, strong commitments to safety for consumers and staff, and collaboration with law enforcement.

CRISIS NOW: CELEBRATING 1 YEAR OF 988

- 988 is clinically staffed and provides crisis intervention capabilities through phone, text and chat 24/7/365.
 - 39,091 total contacts, 45% increase in calls in NM in first year.
 - Average call time: 13.8 minutes.
 - 88% of calls addressed by counselor.
- Counties with highest contacts per 1,000 residents: Grant (11.96), Sierra (10.02), Bernalillo (8.68), Taos (8.03), and McKinley (6.72).
- 988 may have saved the lives of 4,732 New Mexicans who experienced suicidal ideation.
- Spanish text and chat services now available (<https://988lifeline.org/es/chat/>).
- Supports also available for NM veterans and individuals who identify as LGBTQ+.

NM 988 Contacts & Avg. Answer Time (sec.), June 2022-July 2023



OPIOID USE DISORDER PREVENTION

- **Multimedia campaign** includes information about overdose and response training, and distribution of nasal naloxone to reduce risk of overdose.
 - Total Reach: 1.3 M New Mexicans (social engagements, ad clicks or website visits)
- **Technical assistance and trainings** for first responders, communities and providers (including Native American, rural and frontier communities) expands access to resources and information. From January to June 2023:
 - 1,692 individuals trained and 8,682 Naloxone kits distributed
 - 36 trainings and 206 Naloxone kits distributed to tribal partners
- **Naloxone distribution** expansion to 4 large county providers (Doña Ana, Rio Arriba, Santa Fe and Bernalillo).
- In March, FDA approved sale of Naloxone over-the-counter.
 - Cost of Naloxone not yet determined or how it will be covered by insurance.

You are Taking your Chances.
THIS GAME IS FOR REAL!

Overdose odds are likely

Overdose odds are more likely

Overdose odds are very likely

An overdose is EXTREMELY likely

Fentanyl is 50x stronger than heroin and 100x stronger than morphine.

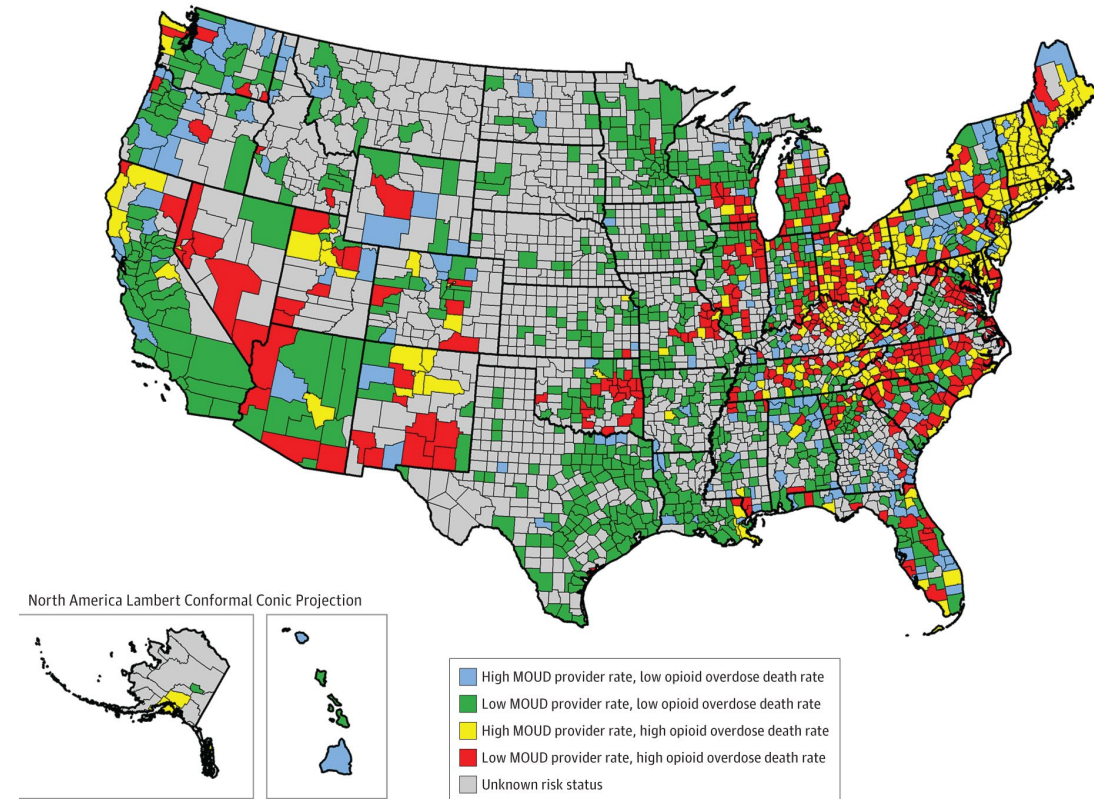
ADDOSE OF REALITY

Learn about the risks of mixing drugs & alcohol at [DoseOfReality.com](https://www.doseofreality.com)

OPIOID USE DISORDER (OUD) TREATMENT

- NM uses hub and spoke model to build OUD provider capacity.
- **464 providers trained in buprenorphine prescribing since April 2017, and 26,351 providers trained in therapeutic approaches (e.g. Motivational Interviewing). Expand treatment areas include:**
 - **Emergency Departments** with 4 hospitals (Gallup Indian Medical Center, Holy Cross Taos, Memorial Medical Center Las Cruces, and Socorro General Hospital), and 4 in progress (N. Navajo Medical Center Shiprock, UNM, Plains Regional Medical Center Clovis, and Gerald Champion Regional Medical Center Alamogordo);
 - **Detention facilities** with 2 to date and a Department of Corrections multisite pilot in Fall 2023 (San Miguel and Roosevelt Counties);
 - **13 primary care clinics, and 19 BH agencies.**
 - **Opioid Treatment Provider and Residential Treatment Center startup and accreditation:** 6 agencies (Courageous Transformations ABQ, Villa de Esperanza Carlsbad, Duke City Recovery ABQ, Four Winds Recovery Center Rio Rancho, State of the Heart Recovery ABQ, Socorro County in fall 2023)

Opioid High-Risk Counties With Low Rates of Opioid Use Disorder Treatment Providers and High Rates of Opioid Overdose Death, 2019



Source:

[https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2736933?utm_source=For The Media&utm_medium=referral&utm_campaign=n=ftm_links&utm_term=062819](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2736933?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=062819)

SUPPORTIVE HOUSING

LINKAGES SUPPORTIVE HOUSING PROGRAM

A Behavioral Health Services Division Program



PERMANENT SUPPORTIVE HOUSING

Housing first model for those with extremely low income and a serious mental illness who are homeless or precariously housed.



SUPPORT SERVICES

11 Support Service Agencies (SSAs) conduct monthly home visits and partner with participants on their goals.



HOUSING ADMINISTRATORS

New Mexico Mortgage Finance Authority (MFA) contracts with housing administrators who manage vouchers and issue rent payments.

PARTICIPANTS

Safe and supportive housing allows clients to focus on other goals. Participants work on applying for benefits, increasing income, and managing their health.



FY23 ACCOMPLISHMENTS

367 HOUSEHOLDS ACCESSED HOUSING

\$2,922,697.40 IN PAYMENTS TO NEW MEXICO LANDLORDS



CITIES

Albuquerque, Clovis, Deming,
Farmington, Gallup, Las Cruces,
Portales, Santa Fe, Silver City, Taos





Governor's Initiative for Housing and Homelessness

*Amy Whitfield, Housing and Homelessness
Policy Advisor
Office of the Governor*



Elevating state involvement in the issue of housing and homelessness.

- Strengthening New Mexico's Communities
- Supporting New Mexico's People to Thrive in Safe and Affordable Housing
- Prevention and Responding to Homelessness in New Mexico

Defining Housing Stability

Unsafe,
Unsuitable for
Living

Housed by the
Grace of Others
or CUBA/NOAH

Housed Beyond
Income Limits
Lack of Stability

Subsidized
Housing,
Supportive
Housing, or
Income Stability

Housing Stability:
History of
Housed
Little Changes in
Price
Legal Standing
Income for
Maintenance and
Renovation
Health and
Mental Health
Stability



NEW MEXICO HOUSING SHORTAGES



71.1% New Mexico Homeownership Rate

FRED 2022

29% of New Mexicans, 49% of Renters are Housing Cost Burdened

homeWisdom May 2023

5,140 New Single-Family Home Needed Every Year

MFA Housing Strategy 2022

.8% Home Vacancy Rate

FRED 2022

6% Rental Vacancy Rate

FRED 2022

43,226 Shortage of Affordable & Available Rental Homes

National Low Income Housing Coalition 2023

*this is based on NM incomes, not on units available

3,034 new build permits YTD
2,477 for 1 unit;
533 for 5+ units

US Commerce May 2023

705 Homes, unmet need in Mora, San Miguel, and Lincoln Counties after fires

Long-Term Recovery Group Estimate

_____ additional cost per square foot to build in rural areas

74.5% of New Mexico Homes Built Before 2000

Census.gov

294 Permanent Supporting Housing Needed

LFC Housing Spotlight

We Need
Creativity:
Affordable
Housing is
Economic
Development

YIMBY



Yes In My Backyard



We need creativity

- Mobile Homelessness Response (DOH IDB)
- Casa Connections Grant (DFA)
- Local Government Capacity Building (DFA Local Gov)
- Comprehensive Landlord Support (CYFD/DFA)
- Housing Investment Council
- Building a Statewide Comprehensive Model for Housing Stability
- Data that Tells the Why and the What Should We Do

Trickle Down and Trickle Up



Return on Investment

- Creating Homes of Choice for Renters & Buyers of next 10 Years
- Social Services and Braiding Funding
- Policies and Regulation that Incentivize Development and a Construction Workforce



THE POOLE FAMILY TODAY*

- The re-entry supports Lindsey received helped her find a part-time job and begin SNAP and Medicaid coverage for her and her children.
- Lindsey and her family moved into housing with rent restrictions.
 - Family received \$1,000 grant for move-in assistance, covering deposit and first month's rent.
- Lindsey remains sober with the support of her healthcare team and medication.
- Danielle, Lindsey's CPSW, suggested Lindsey use her life experience to become a Peer herself, using her certification to find a full-time job for more steady income.
 - Lindsey signed up for CPSW training and is hopeful more opportunities will open so she can help others with similar life experiences.



** Based on a real HSD client, whose name and photo are changed.*



HUMAN
SERVICES
DEPARTMENT



QUESTIONS & COMMENTS

INVESTING FOR TOMORROW, DELIVERING TODAY.



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APPENDIX

INVESTING FOR TOMORROW, DELIVERING TODAY.

HSD LEADERSHIP TEAM



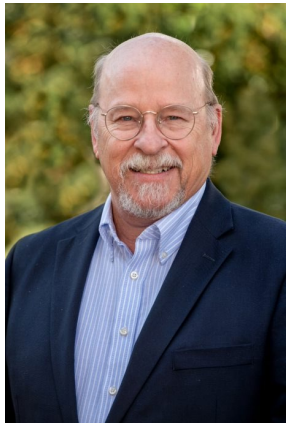
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