



FACT SHEET



The Need: According to the New Mexico Coalition to End Homelessness' 2017 Point-in-Time Count results, 1,318 people were experiencing homelessness and 379 were chronically homeless on January 23, 2017. Out of the 1,318 people who were experiencing homelessness, 419 of them were adults with a serious mental illness, 381 were adults with a substance abuse disorder, 268 were victims of domestic violence, and 163 were veterans. Even though a total of 938 people were sheltered in 2017, 384 people are still living out on the streets. Please note, however, that the PIT Count should be considered a minimum estimate of the number of people experiencing homelessness on one night and does not account for all of the people who are precariously housed. According to Albuquerque Healthcare for the Homeless' best estimates, at least 16,000 persons – approximately 2.3% of Bernalillo County residents – will experience homelessness sometime during the year.

Costs of Homelessness in Bernalillo County & the City of Albuquerque	
Hospital Costs	People who are unhoused visit an emergency room an average of 5 time a year - some visit emergency rooms weekly
	Each visit costs around \$3,700
	Spending an average of 3 nights in the hospital per visit can cost more than \$9,000 per person
	Average annual cost = \$18,500 to \$44,400 per person
Hospital Readmission Rates	People who are unhoused are more likely to be readmitted
	In Albuquerque, unhoused patients average a 30.1% 30-day readmission rate
	This rate is higher than the national average (~19%) and the average for housed Bernalillo County residents (12.3%)
Emergency Room Visits	Chronically homeless people constitute almost 33% of all emergency room visits
	80% of emergency room visits by unhoused people can be addressed through preventive care
	Providing housing decreases number of emergency room visits by almost 61%
Incarceration at MDC	Costs \$125 per day in the general population
	Costs \$171 per day in the psych unit
Priority 3 Calls for Service (Tent Camps)	1 hour for two officers (including fuel) costs Safe City Strike Force \$60-\$80

The Response: One of the Department of Housing and Urban Development's best proven solutions to ending homelessness for the most vulnerable chronically homeless people is providing them with permanent supportive housing. This intervention combines affordable housing assistance with voluntary support services.

Reductions and Savings with Permanent Supportive Housing	
Permanent Supportive Housing	Reduces healthcare costs by 59%
	Reduces emergency room costs by 61% (76.8% two to three years after receiving housing)
	Reduces the number of general inpatient hospitalization by 77%
	Reduces hospital inpatient costs by 55.9%
	Reduces ambulance and emergency rescue by 32.1% two to three years after being housed
	Reduces jail costs by 55.7% after being housed
	Saves \$14,728 per person over two to three years after being housed

Filling the Gap: Much of New Mexico's permanent supportive housing stock relies on the New Mexico Mortgage Finance Authority's Low-Income Housing Tax Credit program. Over the last decade, affordable housing developers have been compelled to include green design and program requirements in order to apply for these tax credits (which significantly increases the cost per unit for developing permanent supportive housing units). To minimize the cost of constructing housing units, recently developed tiny home villages have not been relying on the tax credit program and are utilizing local government funding, local philanthropist donations, and corporate sponsorships to help establish self-sustainable operations.

Sources:

- New Mexico Coalition to End Homelessness 2017 Point-in-Time Count
- Garrett, D (2012). The Business Case for Ending Homelessness: Having a Home Improves Health, Reduces Healthcare Utilization and Costs. US National Library of Medicine
- Green Doors. "The Cost of Homelessness Facts." www.greendoors.org/facts/cost.php
- Novogradac & Company LLP (2014). New Mexico Affordable Housing Cost Study



TINY HOME VILLAGE

*Proposed 11-Step Residency Program**



- 1) APPLICATION & INTAKE:** In order to apply for residency, prospective villagers are required to complete the application and intake questionnaire, background check, skills inventory, VI-SPDAT, and Vetting Committee interview. Each applicant's Socialization & Daily Functions score on the VI-SPDAT is given more weight than his/her History of Housing & Homelessness score because of the village's target population: individuals who do not currently fit the Department of Housing and Urban Development's definition of being chronically homeless, who are showing initiative in their path to stabilization, and who are adamant about building their skills and/or finding employment. If an applicant is not appropriate for living in the village, he/she will be referred to other programs/options.
- 2) WAITING LIST & WALK-THROUGHS:** If an applicant is identified as a prospective resident, then he/she is placed on the village's waiting list. During this time, he/she is able to visit the village for "walk-throughs" to utilize basic resources (such as toilet and shower) and become more familiar with future neighbors. This is also when those who are on the waiting list can volunteer their services to the village to demonstrate their willingness to be a part of the community. This approach establishes a "waiting area" for prospective residents that gets them into housing quicker than the Section 8 Voucher Program because they are nearby and ready to move in. This is also the time when prospective residents can get their documentation in order (ex. apply for SSI).
- 3) RESIDENCY DOCUMENTATION:** After being accepted, each resident agrees to 5 Basic Rules (no drugs or alcohol on premises, etc.), signs the Community Agreement, reviews the Village Manual, establishes a transition plan, and attends weekly meetings.
- 4) WEEKLY TASKS:** Every week, each resident completes 10 hours of sweat equity from a list of tasks developed by the village (ex. certain number of hours of staffing the Security Building or spent on beautification and/or maintenance around the property.)
- 5) GRADUATION FROM PROBATION PERIOD:** Each resident completes a four weeks probation to be considered an official resident.
- 6) SKILLS-BUILDING & VOCATIONAL DEVELOPMENT:** Each resident utilizes on-site training (ex. financial literacy, job readiness, computer literacy, etc.) and employment opportunities via micro-industries (e.g. gardening, packaging, and selling foods; woodworking; creating art; or vending at farmers markets). Residents also learn behavioral and de-escalation tactics from outside agency or organization (ex. APD's Crisis Intervention Team). Opportunities offered will be contingent upon the location of the village and nearby employers.
- 7) RESIDENT CONTRIBUTION:** Each resident uses income to pay up to \$50 for utilities and insurance depending on his/her financial situation. Each resident's contribution will not exceed 30% of each resident's income. If residents do not have enough income to make their monthly contribution, they will be offered opportunities to contribute extra sweat equity within the village and/or working with external organizations who are partnering with the village.
- 8) RESIDENT PARTICIPATION:** After 2 months of living in the village, residents get the opportunity to vote, participate on the Residence Council, and make proposals to the Residence Council. They also have the opportunity to serve on the Oversight Committee which is charged with addressing more complex operational and maintenance issues.
- 9) TRANSITION PLAN:** Residents work closely with an on-site case-manager/peer-specialist to establish and execute transition plans. This includes identifying each resident's personal goals.
- 10) EXTENDED STAY OR TRANSITION TO PERMANENT SUPPORTIVE HOUSING:** While traditional transitional housing programs are given two years to work their way to independence, residents in other villages have typically been residents for 9-12 months before moving on to permanent supportive housing. If a resident takes on a leadership role within the village, then he/she will be encouraged to participate in oversight, offer peer support within the village, and will not need to move out after 2 years. This will ensure a balance of continuity among residents wanting to stay in the village and those transitioning to other housing.
- 11) CONTINUUM OF CARE COORDINATION & EXPANSION:** Once a resident has been fully "stabilized," the resident, peer-specialist/case-manager, and non-profit operator uses documentation from resident training, employment, and housing successes to transition the resident to permanent supportive housing after an opening is identified. Ongoing services and support are coordinated for the resident on their path to self-sufficiency.

KEY TERMS & AGENCIES

VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool): A survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of becoming homeless persons.

Chronically Homeless Person: A person who has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least four separate occasions in the last 3 years where the combined length of time homeless in those occasions is at least 12 months. This is just one of the many criteria established by the Department of Housing and Urban Development.

Section 8 Housing Voucher Program: The housing choice voucher program is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies (PHAs). The PHAs receive federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program.

The New Mexico Coalition to End Homelessness: In 2006 the Coalition became the lead agency in New Mexico for managing the newly created New Mexico Homeless Management Information System or HMIS, a function required by the federal government in every state. Today the HMIS provides a way for participating service providers and agencies (that make up the region's Continuum of Care) to track progress on helping individual homeless people obtain housing and also to track our progress in ending homelessness in all of New Mexico. Participating service providers and agencies utilize the VI-SPDAT to assess individuals and families' needs and enter responses to this survey into HMIS.

Continuum of Care: The Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families.

**This proposed program has been largely modeled off of Opportunity Village's Manual and will require further consultation from other organizations and agencies working within Albuquerque/Bernalillo County's Continuum of Care before being administered.*