# Albuquerque Health Care for the Homeless, Inc.

Housing and Health Care

Legislative Health and Human Services Committee

August 15, 2019

## AHCH Begins - 1985

- ABQ Health Care for the
   Homeless, Inc. opens the doors of
   the Silver Bullet and begins
   outreach services as part of the
   Robert Wood Johnson and Pew
   Memorial Trust demonstration
   project.
- Albuquerque was one of 19 cities nationwide to participate in the pilot and develop the HCH model.



#### AHCH 1985 - Present

- The Stewart B. McKinney Act of 1987 established the federal HCH program as part of the Health Center (330) Program.
- AHCH is a freestanding, Federally Qualified Health Center and Health Care for the Homeless project, providing integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.
- Over 100 staff
- Serves nearly 7,000 men, women, children and youth experiencing homelessness each year.
- Serves exclusively people without homes.
- Clients are 95-98% at or below 100% Federal Poverty Line, traditionally 85-95% uninsured, now that is flipped.
- Over 40 diverse funding streams for FY19 \$9,379,743 expense budget.

#### Homelessness 101: The Dialectical Model

**Structural Deficiencies** 

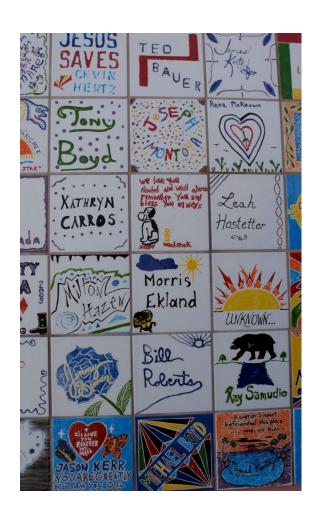
+

**Personal Vulnerabilities** 

=

A Tumble through the Cracks

Structural: Housing, Health and Income



## **AHCH Response**



Outreach: 2-pronged

Accompaniment

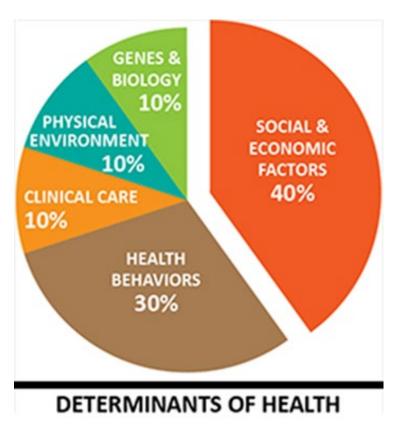
Collaboration

Advocacy

## AHCH Defining Characteristics

- Federally Qualified Health Center
- Medication Assisted Treatment (since 2007), Hepatitis C and Transgender clinics
- Contracted NM Department of Health Harm Reduction Outreach & Syringe Services Program (since 1998)
- 501c3
- Medicaid and Medicare provider
- Medicaid Expansion ongoing
  - Outreach & Enrollment
- Patient-Centered Medical Home (PCMH) codifies integration inherent in Health Care for the Homeless model
- Street Outreach

#### Determinants of Health

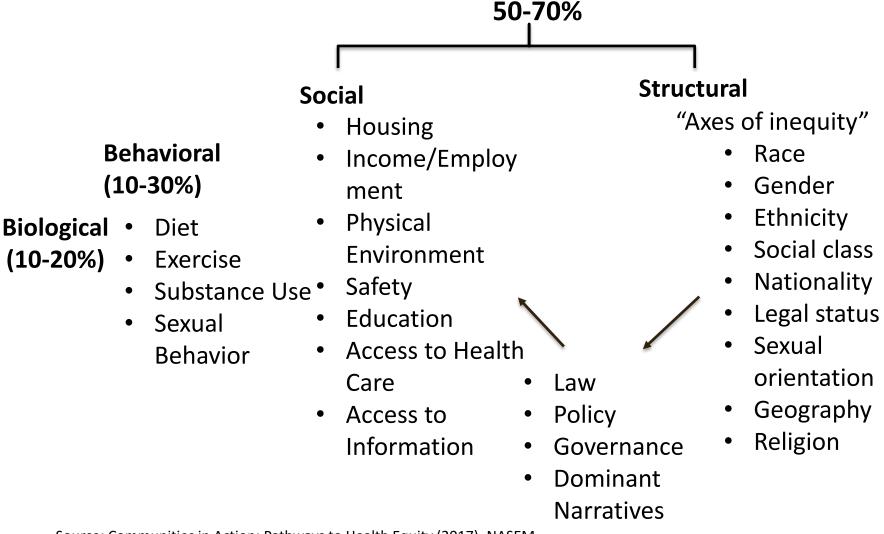


County Health Rankings Robert Wood Johnson 11

Social Structures – the policies, economic systems, and other institutions (judicial system, schools, etc.) that have produced and maintain modern social inequities as well as health disparities, often along the lines of social categories such as race, class, gender, and sexuality.



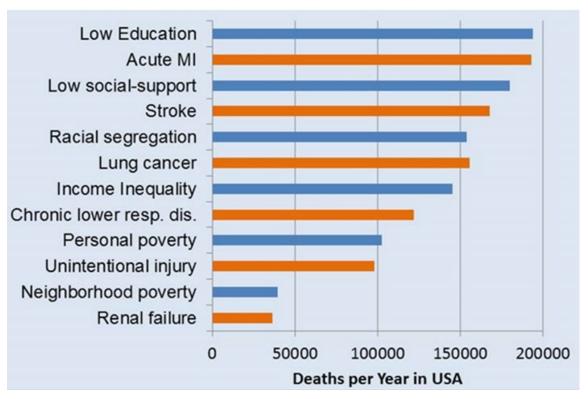
## Determinants of Health – An Evolving View



Source: Communities in Action: Pathways to Health Equity (2017). NASEM.
Ehlinger E, Social Medicine: A Foundational Practice for Advancing Health Equity (2016)
Albuquerque Health Care for the Homeless

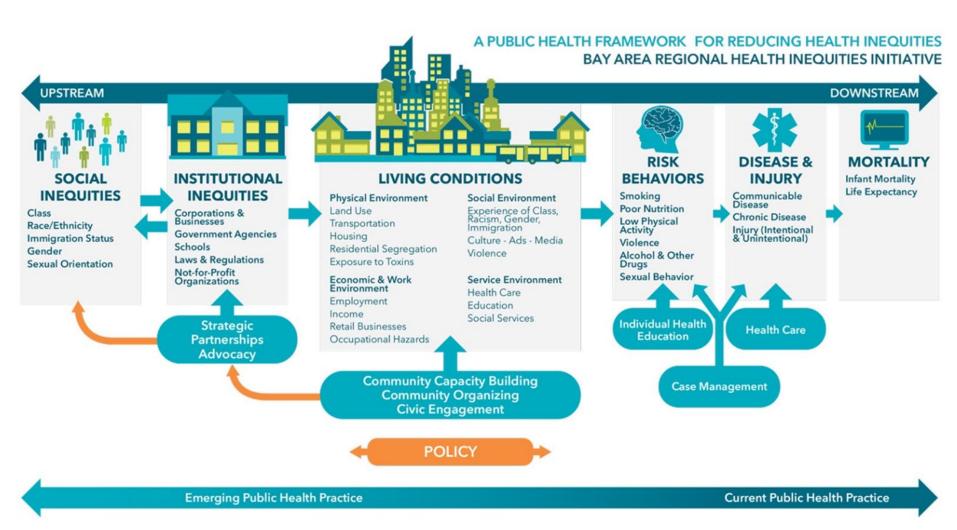
## Causes of Death

#### Deaths Attributable to Social Factors Compared to "Causes" of Death



Columbia University Mailman School of Public Health Galea, S. et al Am J Public Health 2011; 101:1456-1465 Minino, A. et al. Natl Vital Stat Rep. 2002; 50: 1-120.

#### Public Health Framework



Source: Bay Area Regional Health Inequities Initiative, <a href="http://barhii.org/framework/">http://barhii.org/framework/</a>

## Social and Structural

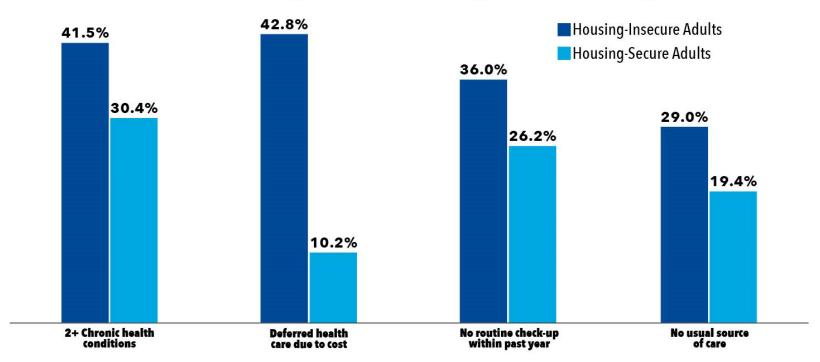
Social	Structural
Individual-level patient advocacy via Community Health Workers, Peer Support Workers, Community Support Workers, etc.	Systems-level policy change to address barriers to health care, housing, etc.
Prescriptions for healthy food	Wage increases and food subsidies
Prescriptions for gym membership	Healthier neighborhoods – sidewalks, lights, parks, healthy and affordable food options
Vouchers for ride-share services (Uber, Lyft, etc.)	Improved public transportation system for all.

- Poor health is both a major cause and consequence of homelessness
- Homelessness creates new health problems and exacerbates existing ones
- Individuals experiencing homelessness have high rates of acute and chronic illness and recovery is more difficult without housing
- Housing = one of the most basic and powerful determinants of health

Source: National Health Care for the Homeless Council, <a href="https://nhchc.org/housing/">https://nhchc.org/housing/</a>

## Housing and Access to Health Care

## Health And Access to Health Care by Housing Security



Note: Housing-Insecure = Always or usually worried about paying rent or mortgage in the past twelve months. Source: Martin, P. et. al. (2019). Adults with Housing Insecurity Have Worse Access to Primary and Preventive Care. *Journal of the American Board of Family Medicine*, 32(4): 521-530.

Health challenges faced by people experiencing homelessness:

- Lack of transportation to hospitals, doctors' appointments and all forms of primary care
- Stress, which negatively affects other conditions
- Higher risk of physical and sexual violence
- Lack of privacy for medication administration
- Lack of places to safely keep medication, which increases potential for theft
- Lack of a safe, clean place to rest and heal during illness
- Lack of access to critical medical services, as a result of not having a permanent address

#### Societal costs due to lack of housing:

- Poor health
- Lower educational attainment
- Lessened lifetime earnings

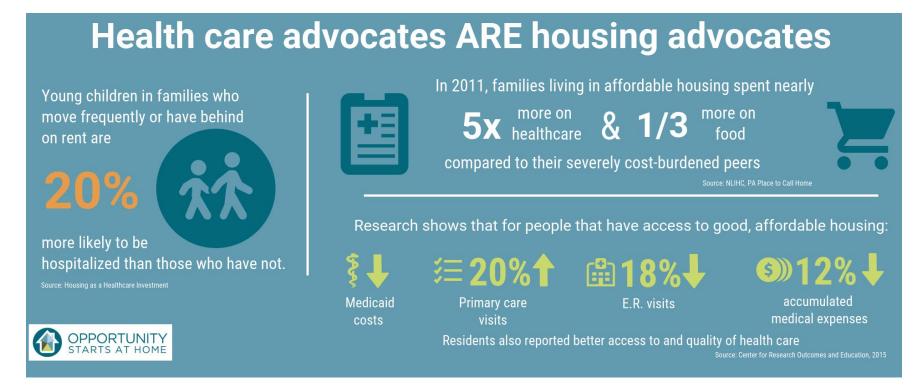
#### **Homelessness and Health Outcomes:**

- Shortened life expectancy on average 20- 30 years less than housed population
- Higher rates of chronic and infectious illnesses
- Greater risk of mental health illnesses and substance use disorder
- Increased risk of violence rate of violent victimization of people experiencing homelessness was 25 times that found in the general US population (49% vs. 2%)

#### **Housing Successes:**

- Permanent Supportive Housing has been found to be associated with a reduction in the use of emergency room, medical outpatient, hospital inpatient and emergency shelters services, and reduction in jail usage.
- A study of the Albuquerque Heading Home Initiative demonstrated a **cost savings of approximately 31.6%, or \$12,832 per participant**, following one year of participation.
- Evidence demonstrates that those housed in a Housing First model access housing faster and are more likely to remain housed. 80% to 98% of people in Housing First programs maintain their housing after one year.

Sources: Guerin 2016, Tsemberis 2003, Tsemberis 2004, and Montgomery 2013



Infographic: Opportunity Starts at Home <a href="https://www.opportunityhome.org/resources/2582/">https://www.opportunityhome.org/resources/2582/</a>

## Housing, Health, and NM's FQHCs

#### FQHC served in 2017:

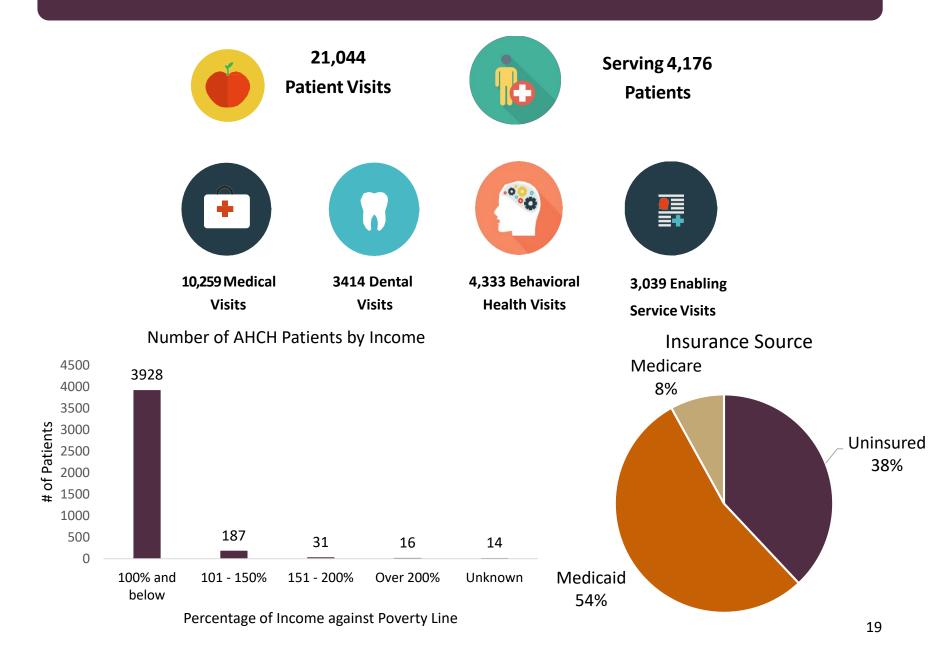
- 17% of NM population
- 62% of all New Mexicans under 100% of Poverty
- 16.5% of all state's Medicaid beneficiaries
- 45% of state's uninsured population
- 80% of Health Centers are located in Rural areas

#### Insurance and Income Statistics of all NM FQHC patients:

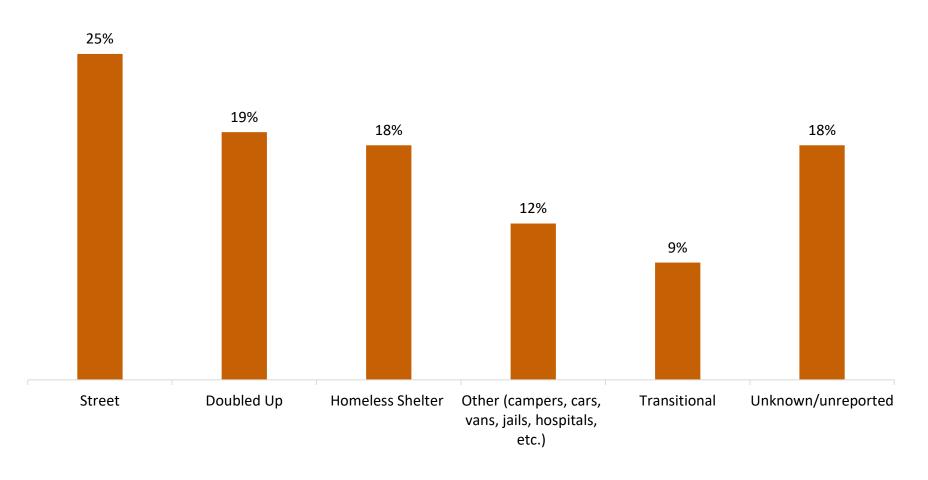
- Medicaid: 41%
- Uninsured: 26%
- % at or below 100% of Poverty: 75%
- % under 200% of Poverty: 95%

#### NM FQHCs in 2018 served 18,800 patients without homes

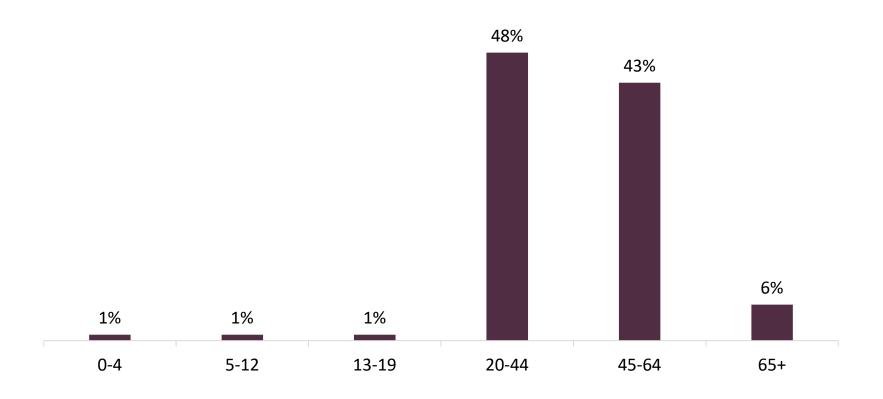
Source: Kaiser Family Foundation State Facts, US Census Bureau, FQHC UDS Reporting, and New Mexico Primary Care Association

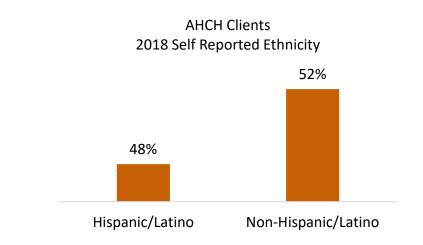


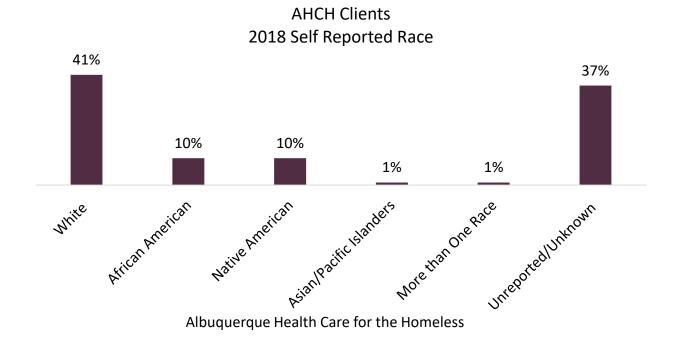
## AHCH Clients 2018 Housing Status







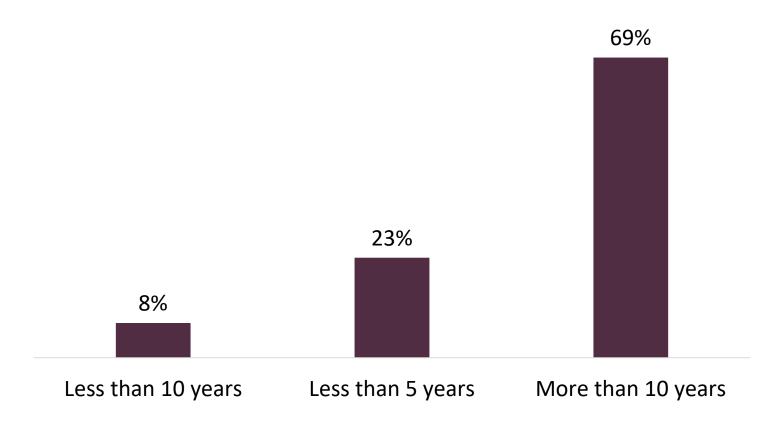




#### **AHCH Patients Served in 2018**

#### **Homelessness in New Mexico is Homegrown**

AHCH Clients
Living in NM Status 2019



## Affordable Housing - Out of Reach

#### **NEW MEXICO**

STATE RANKING #36

In **New Mexico**, the Fair Market Rent (FMR) for a two-bedroom apartment is **\$850**. In order to afford this level of rent and utilities — without paying more than 30% of income on housing — a household must earn **\$2,832** monthly or **\$33,987** annually. Assuming a 40-hour work week, 52 weeks per year, this level of income translates into an hourly Housing Wage of:

\$16.34
PER HOUR
STATE HOUSING

WAGE

#### FACTS ABOUT **NEW MEXICO**:

STATE FACTS				
Minimum Wage	\$7.50			
Average Renter Wage	\$13.41			
2-Bedroom Housing Wage	\$16.34			
Number of Renter Households	247505			
Percent Renters	32%			

Work Hours Per Week At

Minimum Wage To Afford a 2-Bedroom
Rental Home (at FMR)

Number of Full-Time Jobs At
Minimum Wage To Afford a
2-Bedroom Rental Home (at FMR)

Work Hours Per Week At

Minimum Wage To Afford a 1-Bedroom
Rental Home (at FMR)

1.8
Number of Full-Time Jobs At
Minimum Wage To Afford a
1-Bedroom Rental Home (at FMR)

National Low Income Housing Coalition, Out Of Reach 2019, https://reports.nlihc.org/oor

## Housing Wage

New Mexico's current minimum wage is \$7.50

Upcoming New Mexico minimum wage increases - SB 437 in 2019:

- \$9.00 per hour effective January 1, 2020
- \$10.50 per hour effective January 1, 2021
- \$11.50 per hour effective January 1, 2022
- \$12.00 per hour effective January 1, 2023

The housing wage in New Mexico, which is the cost to comfortably afford a modest two-bedroom apartment, is **\$16.34 an hour.** 

### Landscape of Affordable Housing in New Mexico

KEY FACTS

69,204 OR

Renter households that are extremely low income

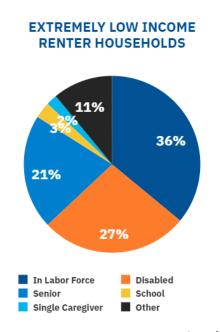
\$24,600

Maximum income for 4-person extremely low income household (state level) -41,159

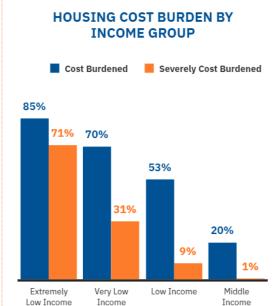
Shortage of rental homes affordable and available for extremely low income renters \$33,062

Annual household income needed to afford a two-bedroom rental home at HUD's Fair Market Rent. 71%

Percent of extremely low income renter households with severe cost burden







## Landscape of Affordable Housing in New Mexico

	Total Renter Households	Severely Burdened Households	% with Severe Burden
Income at or below 30% of AMI	69,204	48,886	71%
Income between 31% and 50% of AMI	24,172	7,451	31%
Income between 51% and 80% of AMI	50,273	4,463	9%
All Renter Households	244,275	61,804	25%

National Low Income Housing Coalition, 2019, <a href="https://nlihc.org/sites/default/files/CDP">https://nlihc.org/sites/default/files/CDP</a> NM.pdf

## Landscape of Affordable Housing in New Mexico

	Affordable and Available Rental Units Per 100	Surplus/Deficit of Affordable and Available Rental Units
Income at or below 30% of AMI	41	-41,159
Income at or below 50% of AMI	59	-38,271
Income at or below 80% of AMI	102	2,698

#### Renters make up 32% of all households in New Mexico

AMI – Area Median Income. National Low Income Housing Coalition, 2019, https://nlihc.org/sites/default/files/CDP\_NM.pdf

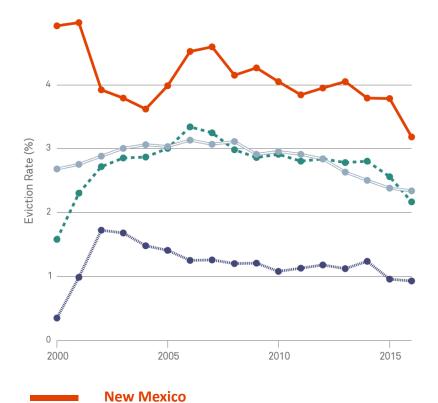
#### New Mexico Eviction Comparison Data

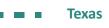
#### Comparison of eviction rates in 2016

## 

- 1 New Mexico
- 2 Utah
- 3 Texas
- 4 United States

#### Comparison of eviction rates over time





United States

#### New Mexico Eviction Comparison Data

New Mexico 2016		<b>Utah</b> 2016		<b>Texas</b> 2016	
16.41 EVICTIONS PER DAY	3.18% EVICTION RATE	7.61 EVICTIONS PER DAY	0.93% EVICTION RATE	206.1 EVICTIONS PER DAY	2.17% EVICTION RATE
Evictions	6,006	Evictions	2,787	Evictions	75,431
Eviction Filing Rate	4.23%	Eviction Filing Rate	2.19%	Eviction Filing Rate	4.77%
Eviction Filings	7,984	Eviction Filings	6,590	Eviction Filings	165,708
CENSU	S	CENSUS	S	CENSUS	5
Population	2,084,117	Population	2,903,379	Population	26,538,614
% Renter-Occupied Households	31.94%	% Renter-Occupied Households	30.53%	% Renter-Occupied Households	37.77%
Poverty Rate	15.94%	Poverty Rate	9.15%	Poverty Rate	13.45%
Median Gross Rent	\$777	Median Gross Rent	\$887	Median Gross Rent	\$882
Median Household Inco	ne \$44,963	Median Household Incon	ne \$60,727	Median Household Incon	ne \$53,207
Median Property Value	\$160,300	Median Property Value	\$215,900	Median Property Value	\$136,000
Rent Burden	30.7%	Rent Burden	29%	Rent Burden	29.3%

## Transportation

- A 2017 AHCH survey of 168 respondents verified that transportation continues to be a barrier to access to basic services such as health care, pharmacy, income support division, etc.
- A 2019 survey of people accessing the Albuquerque West Side Emergency Shelter asked: What keeps you from accessing health services?
  - Transportation was the largest barrier to receiving care noted by respondents. What is telling, is that the survey included no specific reference to transportation, and yet it was threaded throughout responses consistently.

## Linking Medicaid and Supportive Housing

- Centers for Medicare and Medicaid Services (CMS) issued an <u>Informational</u>
   <u>Bulletin</u> to "assist states in designing Medicaid benefits, and to clarify the
   circumstances under which Medicaid reimburses for certain housing-related
   activities."
- The 2015 CMS Informational Bulletin recognized the importance of addressing housing needs to meet Medicaid programmatic goals.
- The focus on health-related supportive services aligns with the goals of the Triple Aim, which aims to improve the patient experience of care; improve the health of populations; and reduce per capita spending on health care.

## System-Level Solutions

#### Housing & Living Wages

- ✓ Invest in affordable housing including housing vouchers
- ✓ Leverage and incentivize affordable housing development

#### Medical Respite

- ✓ Address institutional discharge and prevent inappropriate hospital admission
- ✓ Health care model with exit to housing

#### Street Medicine

✓ Service delivery model for bringing health care to the street and connection to housing

#### Medical Legal Partnerships

✓ Patient to policy model for addressing structural and social determinants of health

#### Housing and Health Research

- Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009, Jill S. Roncarati, ScD, MPH, PA-C1,2,3; Travis P. Baggett, MD, MPH3,4; James J. O'Connell, MD3,4; et al, JAMA Intern Med. 2018;178(9):1242-1248., doi:10.1001/jamainternmed.2018.2924, September 2018, <a href="https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2687991">https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2687991</a>.
- Paul Guerin, Ph.D. and Anne Minssen, B.A., Institute for Social Research, University of New Mexico City of Albuquerque Heading Home Initiative Cost Study Report Final, May 2016.
- Mary E. Larimer, PhD; Daniel K. Malone, MPH; Michelle D. Garner, MSW, PhD; et al, Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons With Severe Alcohol Problems, JAMA. 2009;301(13):1349-1357. doi:10.1001/jama.2009.414, https://jamanetwork.com/journals/jama/fullarticle/183666.
- Reid K et al., "Association between the Level of Housing Instability, Economic Standing and Health Care Access: A Meta-Regression," Journal of Health Care for the Poor and Underserved 19.4, November 2008, <a href="https://www.ncbi.nlm.nih.gov/pubmed/19029747">https://www.ncbi.nlm.nih.gov/pubmed/19029747</a>
- Raven M et al., "Medicaid Patients at High Risk for Frequent Hospital Admission: Real-Time Identification and Remediable Risks," Journal of Urban Health 86(2), March 2009, <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2648879/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2648879/</a>.
- Martinez T and M Burt, "Impact of Permanent Supportive Housing on the Use of Acute Care Health Services by Homeless Adults," Psychiatric Services 57(7), July 2006, https://www.ncbi.nlm.nih.gov/pubmed/16816284.
- Sadowski L et al., "Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations among Chronically III Homeless Adults," Journal of the American Medical Association 301(17), May 6, 2009, https://www.ncbi.nlm.nih.gov/pubmed/19417194.
- Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field, August 2014, Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, https://aspe.hhs.gov/sites/default/files/pdf/77116/EmergPrac.pdf.
- Braveman and L. Gottlieb. "The Social Determinants of Health: It's Time to Consider the Causes of the Causes." Public Health Reports, 2014 Supplement 2129), 19-31. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/.

More references available upon request

### **Contact Information**

Jennifer L. Metzler, MPH, CEO Dr. Sara Doorley, MD, Medical Director Rachel Smith, MA, Policy Director

Albuquerque Health Care for the Homeless

Phone: 505-766-5197

Website: www.abqhch.org