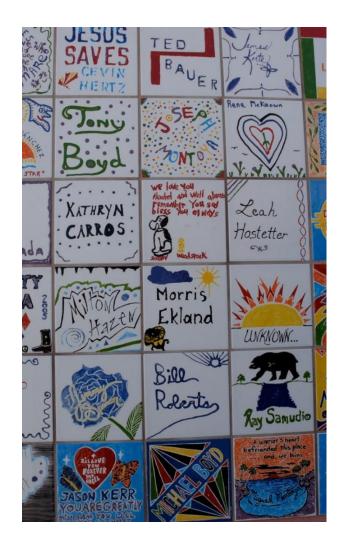
Albuquerque Health Care for the Homeless, Inc.

COVID-19 Public Health Response to People without Homes
Interim Legislative Health and Human Services Committee
September 25, 2020

Albuquerque Health Care for the Homeless (AHCH)

- Albuquerque was one of the original 19 cities nationwide to participate in the pilot and develop the HCH model in 1985.
- AHCH is a freestanding FQHC and standalone 330(h) HCH project.
- Provides integrated primary medical and dental, behavioral health and social services through extensive outreach and at its central services campus.



AHCH

- Over 100 staff
- Serves nearly 7,000 people without homes each year.
- Serves exclusively people without homes, 95-98% at or below 100% Federal Poverty Line.
- NM expanded Medicaid in 2014.
 Clients were traditionally 85-95% uninsured, now that is flipped.



Albuquerque Community Health Response

 Goal: Mitigate the impact of COVID-19 on people experiencing homelessness and ensure resources and systems are in place for people without homes who need to isolate, quarantine, and/or access medical respite, receive treatment and obtain other support.

- Participants:

- City of Albuquerque (Family and Community and EOC)
- University of New Mexico Health Sciences Center (UNMHSC)
- Medical Reserve Corps (MRC), NM Department of Health
- NM Department of Health
- Albuquerque Health Care for the Homeless (AHCH)
- First Nations Community Healthsource
- Albuquerque homeless service providers
- Presbyterian
- Centro Sávila

Essential Elements and Strategic Alliances

- HCHs as an essential role in bridging gap between homeless assistance providers and public health:
 - Provide technical assistance and training to homeless services providers
 - Provide health care expertise to homeless services providers
 - Share policy and practice recommendations
- Systems development with long-standing and emerging strategic alliances
- Support to shelters, new isolation spaces, lead on coordinated outreach
- ER coordination on street medicine outreach
- Increased coordination with New Mexico Department of Health facilitated coordinated universal testing of smaller shelter sites and high-risk populations

AHCH COVID-19 Pivot

- COVID-specific street medicine outreaches
- Increased staff deployment to the field (street, shelters, hotels)
- Emphasis on engagement, meeting people where they are, and COVID-19 education
- Integrated primary care at shelters and isolation hotels through extensive collaboration
- Social services and BH teams central to coordinated response
- Mobile COVID-19 testing

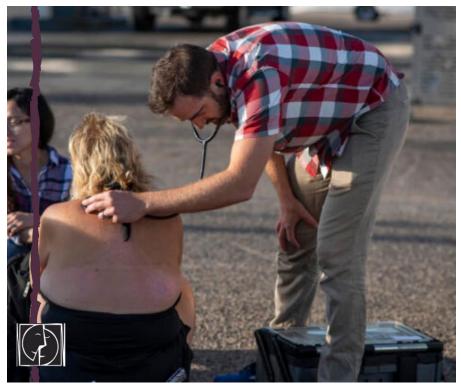


Image credit: Roberto E. Rosales/Albuquerque Journal

AHCH COVID-19 Training and Support

- Deployment of clinical skills and expertise to support partner organizations including, but not limited to:
 - New Day Youth & Family Services
 - Heading Home
 - Barrett House
 - HopeWorks
 - APS Title 1
 - Good Shepherd Center
 - CLN Kids
 - SAFE House
 - Street Safe

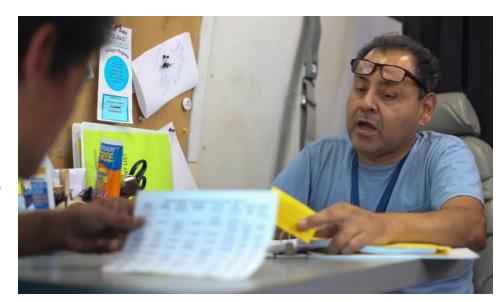
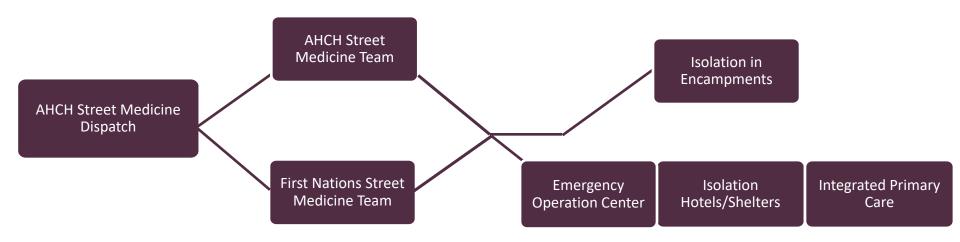


Image credit: AHCH Portfolio

 HCH Philosophy of Care Curriculum for COVID System Response stakeholders

COVID-19 Street Medicine Response System



AHCH mobilized street medicine response team through increased coordination with City, shelters, and Emergency Departments, to respond to rough sleepers affected by the pandemic.

Isolation sites have proved the need and efficacy of the national <u>Medical</u> <u>Respite Care</u> model.

COVID-19 Impact

- Percent of AHCH medical provider time on outreach increased (8% pre-COVID to 38% during COVID).
 - Of the weekly hours spent on outreach in COVID-19 60% of outreach time is site-based rounding and 40% of the time is in the field on street medicine.
- At the peak, 40% of services were delivered through telehealth, now 28% of services are delivered via telehealth
 - Re-deployed staff to street outreach, continued face-to-face visits both in the field and on campus throughout the COVID response
- AHCH has administered 529 COVID tests, 72 positives tests
 - Includes tests administered on campus, street outreach, shelters, and isolation hotel
 - Disproportionate impact on people of color 43% of AHCH administered test results that were positive were Native American (AHCH patient census is 10% Native American, and Native Americans make up <u>4.6% of the population</u> in Albuquerque)

COVID-19 Impact

- Focus on supporting individuals in time of COVID and on preventing further morbidity in other areas of health.
 - Since March, AHCH has seen a **50% increase in individuals seeking syringes services** and a **40% increase in naloxone distribution** in March AHCH saw 843 clients in the Harm Reduction program, in July AHCH saw 1301 clients.
 - Opioid use disorder and buprenorphine therapy: AHCH saw a 14% increase in total number of suboxone patients seen when comparing 3 months before COVID with 3 months during COVID
- Individuals will present in a sicker state than when AHCH last saw them as many will have been out of care and medication for several months
 - National Homeless Mortality Data <u>nationally seeing excess homeless mortality</u>, not necessarily COVID deaths, but due to impact of COVID and reduced access to services
- Anticipated increase in number of people seeking services and increase in people newly experiencing homelessness for the first time.
- Renewed interest and urgency for developing medical respite care according to the National Health Care for the Homeless Council model and national standards
 - See: Medical Respite Care and Alternate Care Sites

COVID-19 and Housing Instability

- A <u>Columbia University report</u> projects an increase in homelessness by 40-45% this year over January 2019 due to the COVID-19 pandemic.
 - There are <u>75,457 extremely low-income</u>* renter households in New Mexico and only 34,344 affordable and available units for these renters.
 - 62% of extremely low-income renter households (46,783 households) in New Mexico are <u>severely cost burdened</u>** and at immediate risk of homelessness.
 - 60,365 extremely low-income renter households are cost burdened****
- New Mexico had the highest increase in homelessness in the country in 2019 at 27%
- Delays in Federal response additional unemployment benefits have been cut in half, and substantial rent relief and housing funding has not been passed
- Tsunami of <u>evictions anticipated</u>
 - CDC Eviction Moratorium and NM Supreme Court eviction stay continues but funding for rent relief is urgently needed
 - \$13.3 million in rent relief funded currently through MFA and additional funding is needed

*Extremely low-income renters: income between 0 to 30% of Area Median Income **Severely Cost Burdened: Paying more than 50% of income towards rent. ***Renters paying more than 30% of income towards rent are considered cost burdened.

COVID-19 Policy Implications

- Eviction Prevention, Rent Relief, and Housing
 - Additional state funding for rental relief
 - According to MFA: "If 13.3% of New Mexican rental households at or below 80% of Area Median Income (AMI) needed rental assistance (the same percentage as New Mexico's July 2020 unemployment rate), \$15.5 million each month would be needed to support them. This figure for New Mexican homeowner households at or below 120% of AMI is \$20 million each month."
 - **Anti source of income discrimination legislation** increased need for rental assistance and housing vouchers and decreasing number of landlords to accept them
 - Increase/protect state investment in permanent supportive housing and rapid rehousing vouchers to address increases in homelessness
 - \$12 million for NM Housing Trust Fund to build or rehabilitate affordable housing, and statutory changes to allow the funding to be utilized for emergency housing assistance
 - Improve income supports through SSI/SSDI advocacy funding **leverage more federal dollars into the state through a revolving loan fund**

COVID-19 Policy Implications

NMDOH Rural Primary Health Care Act and Medicaid Funding (RPHCA)

- New Mexico's Federally Qualified Health Centers are on the frontlines of the COVID-19 response. RPHCA funding is critical to stabilize health centers serving an increasing population of people unemployed, uninsured, and newly experiencing homelessness.
- Medicaid is an important source of health care that covers about 40% of New Mexicans and Medicaid must be fully funded to ensure essential health care and meet increased need.

Medical Respite

- Explore financing options through Medicaid
- National Medical Respite Care financing strategies often include state funding support

References and Research

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- 2. National Health Care for the Homeless Council, Medical Respite Care and Alternate Care Sites, May 2020, https://nhchc.org/wp-content/uploads/2020/05/Issue-brief-5-COVID-19-Medical-Respite-Care.pdf
- 3. Analysis on Unemployment Projects 40-45% Increase in Homelessness this Year, Community Solutions, May 11, 2020, https://community.solutions/analysis-on-unemployment-projects-40-45-increase-in-homelessness-this-year/
- 4. US Department of Housing and Urban Development, "Costs Associated with First-Time Homelessness for Families and Individuals," March 2010, https://www.huduser.gov/portal/publications/povsoc/cost_homelessness.html conservative monthly societal cost of first-time homelessness for individuals is \$1,634/month and for families is \$3,184/month

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Q&A

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Image credit: AHCH Portfolio, Santos Fuentes