



Albuquerque Health Care for the Homeless, Inc. marks 35 years of continued commitment to serving the health care needs of people experiencing homelessness.

## COVID-19 Health Care Response System for People Experiencing Homelessness

In addition to internal shifts to address COVID-19, Albuquerque Health Care for the Homeless (AHCH) is central to a coordinated response and management system to advocate and ensure appropriate and effective public health response for the population of people without homes in Albuquerque.

People experiencing homelessness are among our most vulnerable population and are at high risk of contracting infectious diseases – they face higher health risks and poor nutrition, lack of sleep, and stress weakens immune systems making people without homes more vulnerable to poor health outcomes. People experiencing homelessness are more likely to live in close quarters and have little to no ability to self-isolate – this is a public health issue that affects everyone in our community.

AHCH was prepared and has been well-positioned to mobilize all knowledge and practice the Health Care for the Homeless national model has to offer and to be a resource for other public and private entities at this time.

### 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:** Convened by the City of Albuquerque, as part of the city-wide public health response, and building on pre-COVID-19 collaboration structure and system of care at the Westside Emergency Housing Center (WEHC). This allowed quick pivot to the pandemic and includes these key players:

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

### Mechanisms

- Daily/Weekly huddles:
  - WEHC health care provider collaborative calls
  - Internal AHCH central command team calls
  - City of Albuquerque-led calls
  - Social services provider collaborative calls weekly



Albuquerque Health Care for the Homeless, Inc. marks 35 years of continued commitment to serving the health care needs of people experiencing homelessness.

- Operational briefs
- Policy Recommendation briefs
- Flow charts on system workflows

## ESSENTIAL ELEMENTS

- City leadership visibly and actively convening and facilitating the effort that brings together homeless services and public health; Albuquerque has strong Emergency Planning and Management leadership and central operations.
- NM Medical Reserve Corps (MRC) designed for emergency response and management.
- Federally Qualified Health Centers (FQHCs) with 330(h) Health Care for the Homeless (HCH) grants and UNM Health Sciences Center (UNMHSC) building and leading medically the health care delivery response system, building on recent WEHC health care collaborations.
- **HCHs play essential role in bridging gap between homeless assistance providers and public health:**
  - HCHs hold crucial role in standing up a response across homeless service providers including training staff across systems with health care for the homeless lens, coordinating provision of services, and serving as resources for emergency shelter and outreach workflows.
  - HCHs assist in keeping homeless service programs operational by providing health care expertise.
  - Through the National HCH Council and peer-to-peer, HCHs are continuously linked to a practice community within communities nationally. AHCH's strategic priority, intent, and practice/role in this crisis is to identify, synthesize, and share/recommend policy and practice locally.
- Expanded Westside Emergency Housing Center (WEHC) hours and services (24/7 operations) and expanded health services coordination between UNM, MRC, AHCH, First Nations, and Presbyterian.
  - AHCH and UNM-led creation of functional triage protocols and increasing support to WEHC to better serve sheltered persons, including updating protocols for service providers and case managers who are providing critical direct services.
  - Expanded shelter capacity to increase social distancing and establish protocols to separate at-risk individuals staying at shelter and create isolation pods.
- AHCH and UNM ER coordination on street medicine outreach to reach people without homes that choose not to go to WEHC.
- Wellness Hotel: Use of hotels to remove high-risk individuals and families from large congregant settings as a preventative measure. The City and County are funding hotel rooms for vulnerable seniors, individuals at high risk for negative impacts from COVID, and families.
  - AHCH is coordinating housing services at one wellness hotel to fast-track individuals to permanent housing.



Albuquerque Health Care for the Homeless, Inc. marks 35 years of continued commitment to serving the health care needs of people experiencing homelessness.

- Smaller shelters (community centers, Barrett House, AOC, Safe House, etc.) with the capacity to help guests shelter in place were prioritized for universal testing. Screening efforts continue.
- Two hotels leased by NMDOH or the City and run by NMDOH and City for people awaiting test results or COVID +. AHCH, First Nations, and the Medical Reserve Corps are providing on-site medical and AHCH is providing off-site behavioral health. AHCH and First Nations are also providing social services support.
- Coordinated street outreach to encampments specific to COVID-19 response. AHCH outreach serves as central dispatch for outreach teams (six outreach teams in Albuquerque) and connection to street medicine. AHCH Street Medicine and First Nations Street Medicine Teams facilitate screening, mobile testing, and referrals to NMDOH leased hotels or assist individuals isolate safely in encampments.

**Emerging Needs and Strategies:** The City collective effort facilitated enhanced coordination with the centralized NMDOH to seat Albuquerque's coordinated response for the homeless population more thoroughly within the larger community health system. Increased coordination with NMDOH has facilitated coordinated universal testing of smaller shelter sites and higher-risk populations. Coordinated COVID testing and flu vaccination campaigns are ongoing through collaboration with NMDOH.

### **AHCH ELEMENTS OF RESPONSE AND MANAGEMENT**

AHCH, as a central component to the coordinated public health response to COVID-19, has employed the following systems to ensure appropriate and effective public health response to people without homes.

**Remote Staffing and Developing a Reserve Bench:** Early on, AHCH moved 55-60% of its workforce to remote. This included service providers who were able to work via telehealth and rotation of Senior Managers for on-site presence. Higher risk employees, when known, immediately began to work 100% remotely. This will continue during the pandemic and allows for a rotational bench to remain operating as an essential service.

### **Coordination between Homeless Service Providers and Public Health**

- AHCH Clinical Leadership serve as health care subject matter experts and support shelters, social service providers, and Continuum of Care (CoC) across Albuquerque and New Mexico. The Dental Director (who is an MPH) and designated nurse work as a team to provide training and guidance to peers, as well as to clarify internal measures and offer training across AHCH departments.

### **Street Medicine**

- AHCH mobilized street medicine response team through increased coordination with City, shelters, and Emergency Departments, to respond to rough sleepers affected by this pandemic. COVID-19-specific street medicine outreaches are scheduled at standardized times twice a week. Street medicine teams also respond as needed five days a week to community calls through the centralized street outreach dispatch. Mobilization has increased as people less actively seek care and isolate either in shelters now open round the clock or in encampments.
- Field-based care is a hallmark of AHCH's model for delivery of integrated health services with the purpose of engagement and breaking down barriers and a two-pronged goal of taking services out to the field and/or linking people into AHCH or other site-based services.
- Deployment and re-deployment of staff toward the COVID-19 response for people without homes is thoughtful, real-time strategic, and continuous in a nimble and quickly changing environment.

### **AHCH Clinic Protocols**

- AHCH, in coordination with UNM and national HCH partners, developed extensive screening protocols by history and examination, triaging individuals at possible risk of infection to either isolation or ER for testing and/or higher level of care.
- AHCH, informed by NMDOH and CDC, continually updates staff screening protocols and face covering guidance.
- AHCH in constant communication with health partners on changing CDC guidelines and evolving clinic protocols.
- AHCH Clinical Leadership developed and implemented COVID-19 protocols for AHCH Medical Clinic, AHCH Dental Clinic, Case Management, Harm Reduction Outreach, and Resource Center. Protocols are communicated to partners and AHCH serves as leader in community to inform processes around health care delivery to people without homes.

### **AHCH PRACTICE AND POLICY RECOMMENDATIONS**

AHCH, with input from the National Health Care for the Homeless Council (NHCHC) network, has compiled best practices and policy recommendations specific to the COVID-19 response to people without homes.

Recommendations have been distributed as resource and advocacy to:

- Department of Family and Community Services, City of Albuquerque
- Albuquerque City Council
- AHCH advocacy partners including the NM Center on Law and Poverty
- Albuquerque homeless service providers
- New Mexico Human Services Department



- New Mexico Department of Health/General Counsel
- NM HCH Caucus of six 330(h) HCH grantees across the state
- New Mexico Primary Care Association
- Governor's Office and Congressional Staff

Primary recommendations continue to be realized and aligned with AHCH internal and community systems.

### EMERGENCY FUNDING FOR RESOURCES

- Rapid COVID-19 testing should be prioritized for the population of people experiencing homelessness as a vulnerable, higher risk, and more mobile population.
- State or City-managed pipeline of supplies for street medicine, homeless health clinics, medical respite:
  - Disposable masks, personal protective equipment (PPEs), hand sanitizers, and to provide outreach and shelter health supplies needed to contain spread of disease.
  - See [CDC guidance](#) on PPEs for health care workers.
  - See Seattle King County guidance on [COVID-19 for Homeless Service Providers](#).
- Emergency funding for street medicine services to deliver care in the field.
- Additional funding for shelter providers to expand homeless shelter services to:
  - Enable them to institute social distancing
  - Provide protection to shelter residents (including isolation for high-risk)
  - Provide isolated shelter housing for infected/mild-to-moderate illness homeless residents
  - Increase meal deliveries
  - See Seattle King County [emergency funding package](#)
- Funding for portable wash stations and toilets. See also [San Francisco response](#). City of San Jose has delivered handwashing stations, portable toilets, clean water and arranged for refuse pickup at 14 locations with relatively large groups of unsheltered persons.  
**Albuquerque has purchased [additional restrooms](#) and placed them around the city.**
- Funding for increased deep cleaning services and supplies in subsidized housing including but not limited to permanent supportive housing (PSH) units, rapid rehousing, etc.; homeless service providers; and shelters.
  - See [guidance for self-isolation in PSH](#).
- Resources to secure additional shelter space:
  - [CDC advises](#) shelters should plan for an influx of people during the coronavirus outbreak and should come up with resources for backup housing if shelters get too full.

### EVICTION AND UTILITY SHUT OFF MORATORIUM

Many of our lowest wage workers do not have adequate sick leave. Eviction moratorium eases fears and allows sick individuals to stay home from work to aid in containment efforts. Eviction moratorium also ensures COVID-19 pandemic does not lead to an increase in the number of people experiencing homelessness in our community.

**Electric, gas, and water utility companies have already enacted a moratorium on utility shut offs and New Mexico Supreme Court has issued an order to stay evictions during the pandemic.**

- Establish an eviction prevention fund.
- See [San Jose, CA](#), [Seattle](#), [Sacramento](#), and [San Jose, Miami, Baltimore](#).
- See Philadelphia City Council [Proposed Resolution on utility shut off moratorium](#).

### ACCOMMODATIONS FOR ISOLATION, QUARANTINE, AND HIGH-RISK POPULATIONS

- **NMDOH has leased a hotel in Albuquerque and staffing and operations continue as a partnership with the above collective response system.**
- Funding and operational support for Assessment and Recovery Centers for vulnerable populations. These spaces for assessment and recovery care are for individuals who are not able to recover in their own homes, or do not have a home. These centers also provide a space for hospitals to discharge non-emergency COVID cases, freeing up hospital space for those with acute needs. See [Seattle King County example](#).
- Emergency funding for safe and quality accommodations for people living on the street that need to isolate or quarantine including provision of cleaning supplies, meal delivery, etc. (including motel vouchers, designated additional shelter spaces, etc.). [See Sacramento procurement of hotels](#).
- Ensure resources and protocols to support harm reduction approaches to isolation and quarantine including medical assistance for detox, substance use treatment, and low barrier isolation and quarantine spaces.
- Funding to provide [medical respite care](#) to population of people without homes quarantined in motels.
- Motel vouchers for high-risk populations of people experiencing homelessness as outlined by the CDC. See [Vermont emergency motel voucher](#) program for seniors with underlying medical conditions.

### ENCAMPMENT EVICTION MORATORIUM

- [CDC has issued guidance](#) advising against clearing encampments during the COVID-19 pandemic. Stable encampments are necessary for sustained public health outreach and disease control:



- [Stable encampments limit movement of people](#) who may unknowingly be sick, and moving people unnecessarily, from a public health perspective, can introduce the virus to a new community where it can spread.
- Stable encampments enable better contact investigation and epidemiological controls necessary for outbreak control.
- See [HUD guidance on Preventing the Spread of Disease within Encampments](#).

### EMERGENCY HOUSING VOUCHERS

- Emergency funding to house people immediately. Housing people experiencing homelessness will immediately decrease the risk of spreading the virus. People living on the streets and in shelters are at high risk living in close quarters and have a higher rate of chronic health condition making them more susceptible to contracting infectious diseases.
- Reduce administrative barriers to ensure those with housing vouchers are able to access housing quickly.