HOMEWARD

HEALTH CARE for the HOMELESS

We all deserve care

Earlier this year, Health Care for the Homeless partnered with CASA to back the Healthy Babies Equity Act. The Act, now law, will provide full Medicaid coverage for income-eligible pregnant people and their children one year postpartum regardless of immigration status. Ahead of implementation in the coming year, we spoke to Kony Serrano Portillo, Research and Policy Analyst at CASA, about the bill and health care access in Maryland.

CASA is a champion for the rights of immigrants and Latinos living in Maryland. Where does access to health care rank among the issues relevant to the community CASA serves?

Access to health care is, without question, one of the most urgent issues facing the Black and brown immigrant community. Immigrant families, especially those without status, have historically been excluded from countless basic public benefits—and now, the pandemic has made these already existing exclusions even more painful for immigrant families.

Black and brown immigrant communities were some of the highest impacted by COVID-19 and have struggled to receive health services during a global emergency that hasn't ended. Our community continues to struggle to receive care in the face of life or death situations and have found themselves in deep medical debt that puts at risk their housing stability, food security, employment, transportation stability and educational opportunity.

Pandemic aside, it is critical that immigration status is removed as a barrier to receiving health care.

What are the repercussions you are seeing in communities that aren't eligible for insurance?

Uninsured individuals often experience delay or forgo preventive care screenings due to out-of-pocket-cost. This often leads to individuals being diagnosed with chronic diseases in advanced stages and dying more prematurely than individuals with insurance. In Maryland, the leading causes of death are heart disease and cancer—both medical conditions are preventable or curable if detected in early stages. Currently, members of our community do not have access to that early detection or treatment.

Kony Serrano Portillo of CASA (second in from left) stands with CASA members advocating for access to care for immigrant communities.

What role do people with lived experience – of being denied care for not having insurance – play in CASA's advocacy work?

CASA members are at the forefront of all aspects and layers of the advocacy process. Through community organizing and advocacy, CASA is able to ensure that all individuals have the core support necessary to fully advocate at the legislative level for the issues that are impacting their communities.

This past legislative session, CASA led a coalition that successfully got the Healthy Babies Act passed. Why is this new law so important? Why focus on prenatal care specifically?

Continued on page 2...

...Continued from page 1

The Healthy Babies Equity Act is a massive step forward in our fight for expanding health care to all people regardless of immigration status. This legislation, that will go into effect next summer, will bring us closer to improving health outcomes and closing health inequity gaps in the state. Receiving prenatal care reduces complications during pregnancy, problems during delivery, improves nutritional care during pregnancy and ultimately leads to better health outcomes for parent and child.

How does Healthy Babies fit into health care access nationally?

Maryland became the 18th state to provide prenatal care to pregnant people, regardless of status. In recent years, more and more states have taken action to provide care for parents and children all over the country. We hope that Maryland will continue to be an example and an ally to other states, as well as part of the larger national effort, to continue closing health disparities amongst communities of color.

What's ahead for the upcoming legislative session?

With the General Assembly convening again in January of 2023, CASA is committed to introducing comprehensive legislation to ensure that every Marylander has access to health care, regardless of their immigration status. We are excited to continue to work with other states and advocacy groups—like Health Care for the Homeless—to expand coverage.

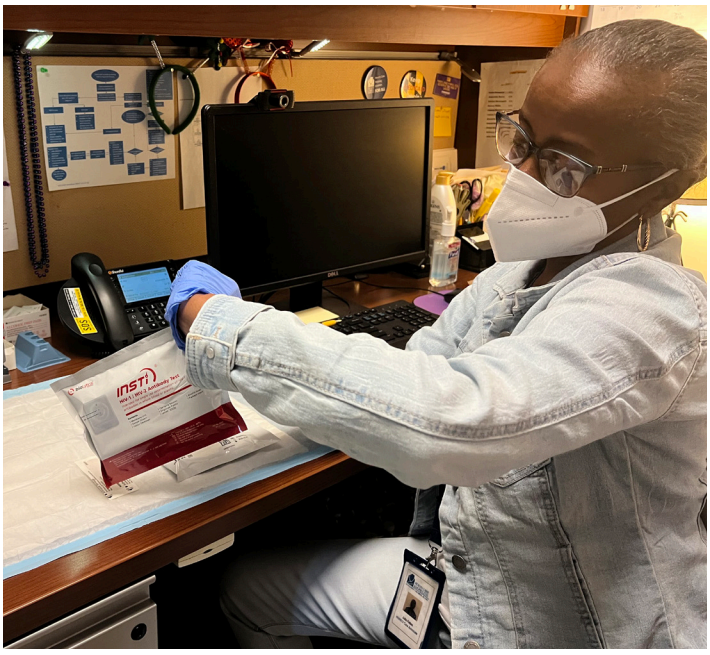
Learn more about CASA's work:
www.wearecasa.org

Immigrants make up **15%** of our state population

Source: American Immigration Council

30% of Health Care for the Homeless clients are denied health insurance

Let's end HIV



HIV/HCV Care Advocate Julia Felton prepares an HIV test.

Over the past seven years, rates of new HIV infection in Maryland declined 21%.

"We can eradicate HIV!" says Population Health Nurse Shannon Riley, RN noting a recent federal push to end HIV in the United States by 2030. "Right now, it's really about putting out small fires in the community where rates of infection remain particularly high."

In Baltimore, men who have sex with men (MSM) accounted for more than half of all new HIV infections. Rates are highest for Black MSM, where a continued history of disinvestment in Black and LGBTQIA+ communities has led to limited access to testing, preventative care and treatment.

"There's still a lot of stigma out there, and we want folks to know that HIV isn't the dire diagnosis it once was," Shannon says. "People can live long, healthy lives—and get to an undetectable status—with simple medication."

As an agency that has long offered STI testing and treatment, we're critically examining ways to improve our approach. For one, we often failed to connect with individuals at higher risk for contracting HIV, like people who inject drugs.

"We've found that many people who inject drugs don't feel the same level of risk for HIV as they once did," says Harm Reduction Manager Molly Greenberg, RN. "We want to get a better sense of whether people are thinking about HIV as a risk in terms of exchanging sex for drugs, or other sexual encounters that might happen while under the influence."

As of this summer, Molly is coordinating with HIV/HCV Care Advocate Julia Felton to offer more rapid HIV testing and treatment options for clients coming in for medication-assisted treatment services.

At the same time, Julia and Shannon are working with Senior Director of Practice Operations Mona Hadley to design a more confidential and dignified process for walk-in testing. Rather than responding to an announcement in the lobby, clients can now confidentially indicate an interest in HIV testing when they check in.

"Clients who test positive have the option to meet with a provider and discuss treatment options," says Julia. "With same-day referrals we can help them get started on medication right away."

For individuals who test negative, providers continue to offer proven preventative treatment, known as Pre-Exposure Prophylaxis (PrEP). Daily PrEP medication shields the immune system from HIV infection and has been shown to reduce a person's risk of contracting HIV by up to 90%.

This renewed effort around HIV is showing promising results already. During the month of July, we saw a 100% increase in HIV testing at our downtown clinic, with 99 individuals tested over four weeks (up from 55 during the same four-week period in May).

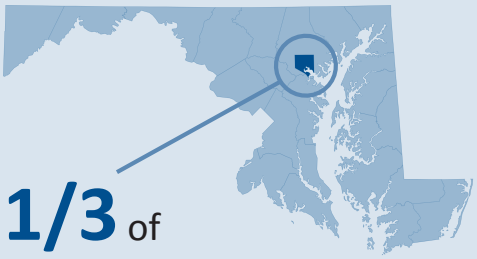
"In one day, I might be testing 10 people, where before there would be zero," Julia says, noting that many of her walk-in clients are getting tested for the first time.

While the test itself takes just a minute, each visit creates new opportunity for Julia to build trust, connection, and support with clients during a period of uncertainty.

"I ask clients about their children, their living situation, and just really try to get to know the person," she says. "It gives us space to build a rapport and determine if they might need other medical services at the agency. I want each person to know they're not alone."

To find an HIV testing center in your area, visit ***https://locator.hiv.gov***

In Maryland:



1/3 of Marylanders living with HIV reside in Baltimore

Source: Aidsvu.org

Black and Hispanic communities account for

84% of all new HIV diagnoses, **but only**

31% of the state population

Source: Aidsvu.org

Taking a daily PrEP pill reduces your risk of HIV by

70-90%

Source: cdc.gov

PASS the MIC

with ANTHONY GRIFFIN

When I wake up in the morning, I honor myself with gratitude. I'm grateful for being alive right now, and I thank God for that. Yeah, I've lived a rough life, but this afternoon I'm going to open a bank account for the first time, and I feel proud of myself for where I am today.

This world can be deadly serious, I know that. But I'm a go-getter. Whatever time I have left on this Earth I'm ready to live it and live it well. I look forward to all the trials and tribulations that come my way. It means I'm still here, a survivor.

From the time I was 10 or 11 years old, I used to sit in front of the TV and watch a lot of cop shows, like *Baretta, Starsky and Hutch,* and *Kojak*. Me watching those shows, I always wanted to be a policeman, a detective.

Around that time my mother moved us down to Murphy Home projects. When she did that, all my dreams of being a police officer went out the window. Since 1978 there hasn't been a full year gone by that I wasn't in the system.

I'm 54 years old now, and at a point in my life where I can't do that no more. Something gotta give. This December 23 will mark a whole year since I've been home—clean and sober for the first time. I've never done it before. I'm doing everything in my power to meet that goal and feel so excited to get there.

Still, a lot's changed since I was last home 15 years ago.

While I was in prison, we used to hear about how this drug fentanyl was killing a lot of people. At the time I thought they must just be using too much, just really abusing it. I didn't know the real power of that drug until I got out.

I underestimated fentanyl, and it caused me to overdose two weeks after being released. I thank God my mother was there with her Narcan. Today I have great respect for fentanyl. It do what it does to kill us. To kill me. That's how I look at it.

I know if it wasn't for God and my mother that day I wouldn't be here now to share my story. We basically grew up together, my mother and me. She still calls me her baby, even though I'm the oldest of six children. I know there's nothing she wouldn't do for me. We draw strength from each other, that's just how it's always been.

Now I'm ready to pass on that strength to kids in the community, to share my experience and offer some guidance where I can. There's a voice crying out in me that says, "Don't you see what's happening out here? Do something!"

The streets won't show any love to those kids. I want to be the same grace of God for them that someone else was for me, and to save someone's life the same way someone saved mine.

Being out now things are moving real fast for me, especially with all this new technology, but I'm not worried about catching up. I'm just gradually letting nature take its course. I have the opportunity now to live a healthy, stable life for the first time.

Sometimes at night I imagine I'm out on a date, eating dinner, and when it's time to leave I hand my credit card to the waitress. Those are things I'm craving right now.

Nurse Manager Ryan Frederick, RN, cares for clients at our Convalescent Care Program.

Where do you recover after the hospital?

Shelters are not adequate places to recover from surgery or illness. One of the only options available to people experiencing homelessness in Baltimore is our Convalescent Care Program (CCP), a small team that cares for clients discharged from hospitals—and who otherwise have no place to recover.

"I held out to come here," said Thomas Paige. "I knew that this was a good resource."

Thomas is healing from a badly infected wound and spent a month in a Baltimore hospital waiting for a space at CCP to open up. Though he may need further surgery, he's focused on improving his mobility so he can get back to work as a truck driver, his profession for 29 years.

Under normal circumstances, CCP operates as a 16-bed dormitory-style facility above the city's emergency shelter. But after COVID required that the entire operation move into a hotel, staff and clients got a glimpse of how the program works in a different setting.

"It was intense sometimes," said Dominae Lynn, who joined CCP as a Therapist Case Manager in the height of the pandemic. "We've moved to four different hotels since I've been here."

"Clients kind of enjoyed it," added Ryan Frederick, Nurse Manager. "They had their own rooms and showers and more privacy."

Thomas only spent one night in a hotel before the program was cleared to return to the shelter. For him, the group-living setup of CCP, with on-site medical support and social services, works well. Thomas appreciates the on-site care as he deals with limited mobility. While at CCP, Thomas got his Social Security card and is working with Dominae to get his birth certificate.

"I like to take care of myself," he says. "But with the little bit of help I'm getting, it makes a major difference."

For clients who simply need a safe place to rest, the pandemic showed us that hotel rooms may be an alternative model. "A lot of needs are solved by being in a hotel—clients are free to come and go as they want, they have the space to store medications, bathe regularly, plug in machines," explains Dr. Tyler Gray, Senior Medical Director of Community Sites.

"I think it's in clients' best interests to think about these things. If clients are in a hotel, what does our support look like? How do we provide that?"

Medical respite programs started, in part, as a response to homeless shelter rules. "Clients were told at 7 am that they need to get up and leave," said Tyler. "For someone with a broken leg, or someone who needs to be off their feet after surgery, that's just not possible."

The shelter system is at capacity, and the need for space to recover is not going away. In fact, we reject the vast majority of referrals because we don't have beds available.

Continued on page 6...

SPEND THE DAY WITH US: Saturday, November 5

9-11 am: Rock Your Socks 5K

Start your day by running (or walking) to end homelessness with family, friends and community!

There's still time to save your spot.
Register at giving.hchmd.org/5K

11:30-2:30 pm: Grand Opening & Cookout

Next, come to Sojourner Place at Oliver for a cookout and tour of our first apartment building! We can't wait to show you around—and acknowledge the people and partnerships that brought these 70 homes to life.

...Continued from page 5

"If we can dream a little bit, there are creative solutions out there," Tyler explained. Across the country, communities and service organizations are trying out different models of care– whether that's dormitory-style living, group or transitional housing, or taking up residency in a block of motel rooms.

"We can't do it by ourselves. We need to work with hospital partners, city partners– lots of different agencies, all working together," said Tyler. "I'm cautiously optimistic that we can create medical respite care that meets clients where they are."

Meanwhile, Thomas is taking recovery day by day. "I'm glad that I got the will and the motivation—I just need to stay focused on getting myself well."

*For more on medical respite care models, visit the National Institute for Medical Respite Care at **www.nimrc.org***

Fast Facts

Shelters are not adequate places to recover from surgery. So hospitals and health agencies refer clients to our respite care:

- 16-bed dormitory-style facility
- On-site nursing, therapy and weekly physician visits
- Support with IDs, benefits and housing applications

We can only accept 1 in 5 referrals due to lack of space.