Albuquerque Health Care for the Homeless (AHCH)

Access to Harm Reduction and Syringe Exchange Services are Social Justice Issues

The New Mexico Public Health Association & the New Mexico Center for the Advancement of Research, Engagement & Science on Health Disparities

National Health Disparities 2014 Joint Conference
AHCH Vision & Mission:

■ VISION

■ To live in a world that is just and without homelessness

■ MISSION

■ Provide caring and comprehensive health and integrated supportive services, linking people experiencing homelessness to individual and collective solution and Be a leader in implementing innovative service models and a catalyst for solutions to homelessness and Uphold a commitment to diversity and equity
AHCH’s Operating Definition of Homelessness

- Persons who spent the previous night 1) in an emergency shelter, 2) “on the streets” (in sites not intended for human habitation, including abandoned or public buildings, vehicles, or elsewhere out-of-doors), 3) in a motel, 4) “doubled up” temporarily in homes of friends or family members.

- During its twenty-eight year history, AHCH has been the only organization in central New Mexico dedicated exclusively to providing health services to individuals and families who are homeless.
Why does homelessness matter?

- Average age at death ~53 for both men and women (U.S. expectancy in 2011 was 78.7 years)
- Death rate among people who are homeless is 3 to 4 times that of the general population
- Many deaths are immediately post-ER, post-hospitalization and post-detox
- Triple-diagnoses (addiction, mental health and medical) have much more potent effect on mortality than dual-diagnosis
Why Does Homelessness Matter to YOU?

**AHCH Census Data**
- African American: 11%
- Asian: <1%
- Hispanic: 47%
- Native American: 8%
- White: 59%
- More than one: 10%

**Bernalillo County Census Data**
- African American: 3%
- Asian: 2.3%
- Hispanic: 48%
- Native American: 5%
- White: 69%
- More than one: 5%

What do these numbers say to you?
To Live in a Just World

Ending Homelessness is about Justice

- Health
- Housing is health care – and both are human rights
- Economic
- Education
- Civil rights
<table>
<thead>
<tr>
<th>Objective 1: 60% of individuals in maintenance treatment report at the 6 month visit that they are still taking buprenorphine.</th>
<th>6-month f/u</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 2:</strong> Among individuals who meet the criteria for #1, above, 80% will test negative for opiates on the first urine tox screen obtained after completing 180 days of treatment.</td>
<td>158/197 (80.2%) for valid cases</td>
</tr>
</tbody>
</table>
Take Away Messages

- Client-choice and input: ability to make the decisions that affect their lives (person-centered)
- Collect housing status as a demographic
- Consider the experiences of homelessness in your response to care (TIC, harm reduction, remove barriers)
- Measure who is getting better and how (disaggregate your data, strive for equity)
Albuquerque Health Care for the Homeless

Harm Reduction Outreach Program Review

Presented April 2, 2014
HRO Staff

- Jay Crowe – Behavioral Health Program Manager
- David Miranda – Harm Reduction Specialist
- Ramona Armendariz - Harm Reduction Specialist
- Pauly Maldonado - Harm Reduction Specialist
- Tabby Eddleman – Harm Reduction/Linkage to Treatment Specialist
- Martin Walker – Program Coordinator
Mission:

The Harm Reduction Outreach Program (HRO) promotes the health and dignity of individuals and communities impacted by drug use. Our efforts advance harm reduction policies, practices and programs that address the adverse effects of drug use including overdose, HIV, Hepatitis C, addiction, and incarceration. Recognizing that social inequality and injustice magnify drug-related harm and limit the voice of our most vulnerable communities, we work to uphold every individual’s right to health and well-being and their competence to participate in the public policy dialogue.
Problem/Need:

Homeless and near-homeless substance users (especially injection drug users (IDU), sex workers, gay/bi and other men who have sex with men (MSM) and transgendered individuals) are at increased risk for HIV and other infectious disease due to their homeless status. Social inequalities and stigma create barriers to care, and access to treatment. Harm Reduction is a philosophy that can help reduce the risks associated with any behavior, and promote empowerment and health seeking behaviors.
What is Harm Reduction?

Harm reduction is a set of practical strategies that can reduce the negative consequences of any behavior. In the example of drug use, harm reduction incorporates a spectrum of strategies from safer use, to managed use, to abstinence. Harm reduction strategies meet drug users "where they're at," addressing conditions of use along with the use itself.
What is Trauma Informed Care

Treatment that incorporates:

- An appreciation for the high prevalence of traumatic experiences in persons who receive mental health services.

- A thorough understanding of the profound neurological, biological, psychological and social effects of trauma and violence on the individual.

- Care that addresses these effects, is collaborative, supportive, and skill based.

(Jennings, 2004)
How Do We Work

Provide more than 20 hours of outreach a week, through more than 10 different outreach venues.

- Cover different geographic areas in and around Albuquerque, including weekly Street Outreach that rotates around the city.

Offer services on-site at main campus. (1217 First St.)

- Provide group and individual level interventions to support behavior change.
- Offer HIV Counseling, Testing and Referral Services to those at greatest risk of acquiring HIV.
Why is Outreach important?

Outreach

- Clean needles
- Community Partnerships
- Education
- Volunteer Involvement
- Referrals

Builds Community

Albuquerque HEALTHCare for the homeless
Street Outreach
Take as many services as possible to the client. This is done via collaboration and integration with other agencies and AHCH programs.

- AHCH Medical Team/Youth Outreach – SSP, Roving Outreach
- AHCH Behavioral Health Team – Roving Outreach
- AHCH STARS Program – SSP, Roving Outreach
- MDC – Blue Project
- Safe Sex Work – SSP, ♀ Drop In
- TGRCNM - SSP
- VA – Roving Outreach
- Planned Parenthood – SSP, ♀ Drop In
- St. Martins – SSP, Roving Outreach
- DOH – SSP
Services Available on Outreach

- OD Prevention/NarCan Classes
- HIV Counseling, Testing and Referral Services
- Individual Level Interventions
- Group Level Interventions (HIV/HCV Group)
- Syringe Exchange
- Wound/Abscess Care
- Vaccinations
- Medicaid Enrollment Navigation
- Safer Sex Supplies
- Snacks
- Hygiene Kits
Services Available at 1217

- OD Prevention/NarCan Classes
- Linkage to Treatment Services (Enrollment, Assessment, and Referral with active follow-up)
- HIV Counseling, Testing and Referral Services
- Accu-Detox
- Individual Level Interventions
- YardReach
- Bus Passes
- Group Level Interventions
- Seeking Safety (Enrollment, Groups and, 1on1 skills building)
Syringe Services Program

Harm Reduction Outreach operates a one-for-one syringe exchange. Clients bring back used syringes in exchange for new syringes. This enables us to dispose of syringes in a safe and environmentally responsible way.
2012 - 2013

CLIENT PROFILE
Gender by Calendar Year

Gender

Male | Female | Transgender | Unknown
---|---|---|---
4797 | 3842 | 62 | 7
5040 | 3615 | 89 | 398

CY 2012 | CY 2013
Race/Ethnicity by Calendar Year

- Hispanic
- White
- Native American
- African American
- Pacific Islander
- Other
- Unknown

<table>
<thead>
<tr>
<th></th>
<th>CY 2012</th>
<th>CY 2013</th>
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<tbody>
<tr>
<td>Hispanic</td>
<td>3989</td>
<td>4095</td>
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<tr>
<td>White</td>
<td>4064</td>
<td>4165</td>
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<tr>
<td>Native American</td>
<td>1060</td>
<td>1099</td>
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<tr>
<td>African American</td>
<td>624</td>
<td>629</td>
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<tr>
<td>Pacific Islander</td>
<td>858</td>
<td>921</td>
</tr>
<tr>
<td>Other</td>
<td>27</td>
<td>25</td>
</tr>
<tr>
<td>Unknown</td>
<td>47</td>
<td>75</td>
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Age Range

Age Range by Calendar Year

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<tr>
<th>Age Range</th>
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<tr>
<td>&lt;12</td>
<td>63</td>
<td>76</td>
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<tr>
<td>13-18</td>
<td>32</td>
<td>43</td>
</tr>
<tr>
<td>19-24</td>
<td>717</td>
<td>763</td>
</tr>
<tr>
<td>25-34</td>
<td>1731</td>
<td>1900</td>
</tr>
<tr>
<td>35-44</td>
<td>2255</td>
<td>2026</td>
</tr>
<tr>
<td>45-54</td>
<td>2229</td>
<td>2313</td>
</tr>
<tr>
<td>55-64</td>
<td>1379</td>
<td>1790</td>
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<tr>
<td>65+</td>
<td>304</td>
<td>227</td>
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Risk Behavior

Risk Behavior by Calendar Year

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<tr>
<th>Category</th>
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<th>CY 2013</th>
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<td>MSM &amp; MSM/IDU</td>
<td>7052</td>
<td>7082</td>
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<tr>
<td>IDU</td>
<td>297</td>
<td>812</td>
</tr>
<tr>
<td>HRH</td>
<td>979</td>
<td>944</td>
</tr>
<tr>
<td>PR</td>
<td>320</td>
<td>8</td>
</tr>
<tr>
<td>UNK</td>
<td>16</td>
<td>613</td>
</tr>
<tr>
<td>SW</td>
<td>75</td>
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AHCH
Harm Reduction Outreach Program
Outcomes and Process Indicators
2012-2013
Number of Enrollments

Syringe Services Participants

Calendar Year

Total In Program

Enrollments  Re-Enrollments

CY 2012

411

813

CY 2013

585

984
Number of Syringes Exchanged

Syringes Exchanged

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th># Collected</th>
<th># Disbursed</th>
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<tr>
<td>CY 2012</td>
<td>495995</td>
<td>541492</td>
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<td>CY 2013</td>
<td>634056</td>
<td>682085</td>
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Bar chart showing the number of syringes exchanged in CY 2012 and CY 2013.
Rate of Exchange

<table>
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<th>Year</th>
<th>% Exchanged</th>
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<tbody>
<tr>
<td>2007</td>
<td>97.80%</td>
</tr>
<tr>
<td>2008</td>
<td>98.29%</td>
</tr>
<tr>
<td>2009</td>
<td>98.12%</td>
</tr>
<tr>
<td>2010</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>98.23%</td>
</tr>
<tr>
<td>2013</td>
<td>99.47%</td>
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Substance of Choice

Substance of Choice

<table>
<thead>
<tr>
<th>Year</th>
<th>Heroin</th>
<th>Meth</th>
<th>Other</th>
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<tbody>
<tr>
<td>CY 2012</td>
<td>989</td>
<td>179</td>
<td>82</td>
</tr>
<tr>
<td>CY 2013</td>
<td>1055</td>
<td>256</td>
<td>77</td>
</tr>
</tbody>
</table>
Meth Use

Meth Use by Calendar Year

CY 2012
- Re-Enrollment: 200
- Enrollment: 133

CY 2013
- Re-Enrollment: 324
- Enrollment: 253
Number of Women and Youth Served

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
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</thead>
<tbody>
<tr>
<td>Women</td>
<td>3842</td>
<td>3615</td>
</tr>
<tr>
<td>Youth</td>
<td>749</td>
<td>806</td>
</tr>
</tbody>
</table>
Number of Participants Receiving Referral to SA Tx

<table>
<thead>
<tr>
<th></th>
<th># of Referrals</th>
<th># of Participants</th>
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</thead>
<tbody>
<tr>
<td>Jan - June 2013</td>
<td>65</td>
<td>36</td>
</tr>
<tr>
<td>July - Dec 2013</td>
<td>81</td>
<td>34</td>
</tr>
</tbody>
</table>
Receiving HIV Test Results

Jan - June 2013
- # Tested: 81
- Received Result: 33

July - Dec 2013
- # Tested: 52
- Received Result: 40
Does Not Share Equipment

Year | Enrollment | Re-enrollment
--- | --- | ---
2012 | 261 | 582
2013 | 417 | 650
Thanks!

Martin Walker
Albuquerque Health Care for the Homeless
Harm Reduction Outreach Program Coordinator
martinwalker@abqhch.org
(505) 338-8040