



Statement of Need

Between 26-30% of homeless adults experience substance use disorders at any given point in time and lifetime prevalence of addictive disorders for homeless people is nearly twice the rate of the general population (NCH, 2007; McMurray-Avila, 2001). One-third to half of homeless adults nationally suffer with co-occurring addiction and mental health disorders (SAMHSA, 2003; NCH, 1999). In one HUD survey of homeless individuals, 54% reported spending some time in city or county jails, state or federal prisons, or juvenile detention centers, while others have provided evidence that as high as 30 to 50% of prisoners become homeless upon or soon after release (AIDS Housing of Washington, 2003). Nationally, more than 10% of people released from prisons and jails are homeless in the months before their incarceration (Council of State Governments, 2006). This is consistent with conservative local jail estimates. People experiencing homelessness are arrested more often, incarcerated longer, and re-arrested at higher rates than are people with stable housing. For those, “(r)elease from jail or prison can be nearly as traumatic as detention. Those who are discharged without sufficient planning or resources to meet basic needs are at high risk for becoming homeless (and incarcerated) again.” (NHCHC, 2007). The percentage of people without homes who have behavioral health disorders and have also been incarcerated could be as high as 56%-78% (*ibid*; Metraux, et al, 2007). One jail study found that 30% of inmates who were homeless had a mental disorder diagnosis during one or more episodes of incarceration and of those, 78% had co-occurring substance-related disorders (McNeil, et al, 2005). Once released, this population’s material barriers to obtaining housing are further exacerbated as they are often excluded based on specific types of criminal offense and/or extreme stigmatization and discrimination related to their incarceration.

Description of Program

Established in 2009, Albuquerque Health Care for the Homeless’ (AHCH) Re-Entry Collaborative (REC) is designed to reduce human suffering in Bernalillo County residents who are opiate addicted, without homes, and recently released from incarceration, and to reduce the societal damage and systems costs that result from crime and rearrest/conviction that occur in the event of a relapse, including reduced overdose deaths.

REC is an integrated primary care, behavioral health, and social services treatment model, including:

- Opiate replacement therapy using Suboxone
- Enhanced services through Care Coordination
- Stages of Change and Motivational Interviewing for individual risk reduction, including overdose prevention training and Narcan distribution
- Housing First philosophy for ending homelessness
- Substance abuse treatment group, Trauma Informed Care
- collaborative model for Systems Integration and Enhancement.

Initiative 1: Access to Quality Healthcare

AHCH addressed opiate use and recovery for those most in need and vulnerable.

- 1,352 individuals screened— those not eligible for REC were referred elsewhere, including other AHCH services.
- 478 homeless clients have been enrolled.
- 83.3% of engaged clients met with case manager/client advocate at least 6 times.
- 75.3% of clients are receiving services at 6 months.
- 39.9% of clients complete the 12 month program.
- Increased the rate of abstinence 79%.

Initiative 2: Medication-Assisted Treatment and Recidivism

- Abstinence: did not use alcohol /illegal drugs +63% increase at 6 months (194 clients).
- Stability in Housing/permanent place to live in the community: +600% increase at 6 months (54 clients).

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Initiative 2: Medication-Assisted Treatment and Recidivism (CONTINUED)

- 75.3% of individuals in maintenance treatment report at the 6 month visit that they are still taking Suboxone and 83.9% are testing negative for illicit opiates.
- Arrests decreased (3%) over the first 6 months of the REC, but further decreased by about 9% at 12 months into the program. This suggests longer program involvement and aftercare resources are necessary to have a larger effect on criminal justice involvement.

Initiative 3: Quality of Life AHCH documented improvement in overall health outcomes for clients at 6 months.

- 63% reported less depression and/or anxiety.
- 43% reported improvement in General Happiness; 13% were “completely happy” at intake and 6 months.
- An increase in employment or attending school: +45.6% at 6 months and +58% at 12 months.

Is anyone better off? Key Accomplishments include:

- Decreases in drug use; associated risky, unhealthy behaviors; and mood disorders.
- Clients reported fewer days of depression and anxiety after being in the REC.
- Since January 2011 AHCH’s Harm Reduction Program has educated 237 people in the use of Narcan, a medication that reverses the effects of opiate overdose and saves lives.
- Increased the rate of abstinence 79%: Injection drug use fell by over 50% from intake into the REC to 6 months post intake.
- Increased rate of clients with stable housing 600%.
- An increase in employment or attending school: +47% at six months and +58% 12 months.
- Percent days of heroin use decreased from 48.8% at intake, to 24.3% at 6 months post intake and decreased yet again to 18.5% at 12 months post intake.

“For the first time I can say NO to heroin!” – CC

“Has helped me get my life back.” –SH

“If feels good to be clean and not usings.” –EC

“I’m involved with family.” –HC

Albuquerque Health Care for the Homeless (AHCH)

AHCH has served our community for over two decades as the only health care organization in Central New Mexico dedicated exclusively to providing services to homeless people. AHCH provides critical services to over 7,000 men, women and children every year. By addressing the health-related causes of homelessness, AHCH makes it possible for people to find solutions to end their homelessness.

Your Support Matters

Thank you to Reckitt Benckiser and Dr. Ed Johnson for 5 years of critical medication donations; Bernalillo County Public Safety Division for program space; NMDOH’s Stanford Clinic; Project ECHO; First Choice Community Healthcare and Drs. Miriam Komaromy, Karla Thorton and Winona Stotzfus for early design and implementation efforts; and other partners that helped individuals experiencing homelessness, addictions and re-entry with care.

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