

El Intercambio



Albuquerque
HEALTH CARE
for the homeless

Winter 2006-07

www.abqhch.org

Serving people experiencing homelessness in Albuquerque since 1985

(505)766-5197

AHCH sets the standard with integrated care

Walk into the Albuquerque Health Care for the Homeless (AHCH) Medical Clinic as a new client at 8:00 a.m. one morning, and you'll first go to triage.

Nothing out of the ordinary there.

Across the country, it is common practice today in clinics and hospitals to first triage or assess patients and prioritize care based on symptoms and need.

But, look closer at the triage at AHCH, and you'll notice something new and unexpected: triage now includes a simultaneous assessment of a person's medical, behavioral health and social needs.

According to one Medical Clinic client: "I wasn't even thinking about my Social Security

benefits until they offered to help me while I was waiting to see the doctor."

The triage at the Medical Clinic is one example of integrated care at AHCH. To better serve the over 7,500 men, women and children who annually seek AHCH services, the organization has embarked on a multi-year effort to integrate primary care, behavioral health, client advocacy, and social services.

AHCH is taking a lead in the growing effort

throughout the health care industry to integrate primary care with other services to treat the whole person. Now, when a client comes to AHCH, he or she is seen by each kind of practitioner as needed.

By working side-by-side, the AHCH staff have become truly trans-disciplinary in their thinking—expanding their roles across traditional discipline boundaries through teamwork.

Integrated care is having an impact beyond organizations like AHCH that serve individuals experiencing homelessness.

Google "integration" and "health care" and thousands of research studies and web sites for institutes and associations on this best practice appear.

The impact of integration at AHCH is noticeable. With counselors and client advocates addressing the social service and behavioral health needs that often underlie medical problems, primary care providers are able to devote more time to medical issues.

Recently, over half the AHCH staff responded to an informal survey, and over 80% of

the respondents felt that program integration enhanced access to comprehensive services, while recognizing it as a work-in-progress.

Note: of those surveyed, nearly 10% did not respond to this question because they were too new to the organization or did not have enough information to comment.

AHCH employees observe that access to behavioral health and social services has



Margery Barol, RN, and Edmundo Apodaca, LISW, ACSW, triage a patient, listening for both medical and behavioral health needs.

grown. Employees also see increased collaboration across disciplines, noting that primary care providers are more aware of social service needs. The survey revealed that referrals to other community resources are also increasing.

According to Julie Rosen, Co-Executive Director: "Multi-faceted assessments of client needs at the Medical Clinic triage set the tone for the type of comprehensive and holistic care that every individual deserves." ■

“You begin to think like a social worker or a psychiatrist. Now, when I see a patient, I ask questions like 'What is your housing status?' and 'Are you receiving benefits?' As a doctor, I wasn't trained to do that.”

Matias Vega, MD, AHCH Staff Physician

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Message from the Co-EDs

Jennifer Metzler & Julie Rosen,
Co-Executive Directors

Integration. We talk a lot about it, but aren't always great at explaining what it is and what it means. For Albuquerque Health Care for the Homeless (AHCH), integration is essential to our mission.

Through integration, we offer more effective and better quality services and position our organization to play a more powerful role in ending homelessness.

To integrate: to blend, to fuse, to unify, to merge. That's the dictionary definition. We might add "to transcend," in the sense that integration helps us to rise above our customary pigeon holes of discipline and expertise to offer our support through a more client-centered and community-based approach.

Our organizational journey through the prism of integration parallels the journey of people moving out of homelessness.

Moving out of homelessness is a process of integration—with services and resources, with family, friends, community. This is why the AHCH 2006-10 strategic plan emphasizes integration as priority.

Integration—connecting, coming together—forces us to listen, and to change. In a recent opinion piece in the *Chronicle of Philanthropy*, Allison Fine reflects on social change in the electronic age, "connectedness does not come from technology but is facilitated and strengthened by it ... Listening means connecting people to one another, to resources, and even to other organizations. It includes a willingness to change as a result of what is said. This can feel burdensome, but it's, in fact, the heart and soul of social-change work."

So in the most practical terms, what are we doing?

Our ongoing program integration is reflected in shared electronic health records; points-of-entry that include immediately available primary health care, behavioral health, and social services; and transdisciplinary treatment teams charged with working together to coordinate the best possible care for each client.

Systems integration we see as the

responsibility of our organization not to try and be all things to all people in need. At AHCH, we intentionally allocate time to strengthening our bilateral organizational relationships, participating in community planning efforts around issues related to homelessness, poverty, and healthcare, and sharing our organizational resources to make more seamless the paths for navigating the system.

In this way, we improve access and continuity of care by transcending organizational boundaries.

Community integration places us as a part of, rather than separate from, the greater community. If we are solely a "homeless service provider," then we perpetuate institutionally the same isolation and distance of those who experience homelessness.

When we extend how we think of ourselves, we begin to act as good neighbors,

become more adept communicators across sectors, and weave together the threads of long-term support that allow people to move off and remain off the streets, while preventing people from becoming homeless in the first place.

Integration is risky. It's hard, slow, often intangible work. It means reconsidering our identity organizationally and individually, personally and professionally, and reshaping our perspective to ensure that the right folks' needs are met.

We are committed to learning together slowly and imperfectly, listening, and going forward. Our 2006 First Day of Winter campaign was organized around the concept of The Challenge. To see. To give. To end homelessness. As an organization, we must also challenge ourselves. And integration is one way that we are taking the charge of our mission to the next level. ■

Teen philanthropists raise over \$1,000 for AHCH programs

Instead of birthday presents this year, Max Wehr and Paul Radetsky asked their friends to give money to help people without homes.

To celebrate turning thirteen, Max and Paul, 7th-graders at Albuquerque Academy, invited their classmates to a joint birthday party, where the theme was philanthropy.

"It wasn't just the parents," Max and Paul say. "Some of the kids also gave from their allowance."

The teen philanthropists visited AHCH this past fall to deliver over \$1,000 in contributions (pictured at right) and tour some of the AHCH programs with their mothers, Ann Wehr, MD, and Sally D'Angelo, MD, who is a volunteer at the AHCH Medical Clinic.

Max, Paul and their classmates are part of a growing grassroots fundraising movement to sup-

port AHCH. To find out more information and learn how you can plan a creative, grassroots fundraiser for AHCH, please call 505-767-1177. Many thanks, Max and Paul, and once again, happy birthday! ■



Warning: media messages may cause health disparities

The New Mexico Media Literacy Project, an outreach project of Albuquerque Academy, empowers children, youth and adults in New Mexico and throughout the country to become more critical consumers of media messages.

As part of AHCH's initiative to increase diversity and organizational cultural competency, several AHCH employees have participated in NM Media Literacy Project trainings.

Editor's Note: In addition to informing our cultural competency work at AHCH, we also look at the direct connection between health disparities and homelessness. Research shows that individuals experiencing homelessness are part of an extremely vulnerable population that is unacceptably at high risk for preventable diseases and premature death.

AHCH recently interviewed **Andrea Quijada, Director of Educational Services at the NM Media Literacy Project.**

How does "media literacy" help to understand health disparities?

AQ: One of our primary programs, funded by the NM Dept. of Health Tobacco Use Prevention and Control Grant, developed a specific curriculum for middle and high school students and adults to integrate media literacy and education about health disparities.

We know tobacco companies are advertising to young people, and we can see alcohol companies using similar tactics.

We focus on other health issues, too. By looking at advertising for tobacco and alcohol as well as sugar products and soda, we can dissect how these industries have targeted different audiences and built loyalties. These advertisements then can have an impact on health disparities.

It's not the only factor, but it is one. Among oppressed communities—like persons of color, women and gay and lesbian individuals—tobacco and alcohol companies have

consistently been first to represent those communities in their advertising, so consumers say they can "see themselves" in those ads and choose that product, even if it has health consequences. Studies show that gay men and lesbians smoke at twice the rate of the rest of the population.

What's been effective in the Project's work on media and health?

AQ: We found that the less we talk about tobacco, if we include a range of messages, for example, the audience is more likely to hear the message about tobacco and alcohol. Based on pre- and post-tests of the audiences, there is a shift in behaviors and attitudes.

Can you share a story or an experience where a younger participant's reaction to the idea of media literacy made an impression?

AQ: Young people have said—"do not provide directives." If you tell someone "not to do something," they are more likely to do it. We want youth to think critically. I remember talking about techniques of persuasion with one class. The kids are very smart. When asked if they ever use persuasion to get what they want, one of the kids grabbed the magazine we were looking at, held a picture advertising a new product up next to his face and demonstrated: "Mom, please!" By identifying how persuasion works, the kids can think critically about how different forms of media use persuasion on them, as the target audience.

On the final day of our 6-day curriculum, the students are asked to make a counter-advertisement for alcohol or tobacco by rearranging the images and words. It's very empowering.

How can one access your services or request a training?

AQ: The best way to reach us is online at www.nmmmlp.org, where we have a free e-newsletter. For training presentations, please call 505-828-3129. ■

Board of Directors ~ FY 2006-07

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ArtStreet: 248-0817
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STARS (Advocacy & Case Mgt.): 843-7611
Residential Recovery Programs
Casa Los Arboles: 344-6738
Villa de Paz: 254-0320
Tierra del Sol: 831-7815

Our Mission is to provide caring and comprehensive health and supportive services, linking people experiencing homelessness to individual and collective solutions, and to be a leader in creating service delivery models and solutions to homelessness.

AHCH, a 501(c) 3 non-profit organization governed by a community-based Board of Directors, receives funding from federal, state, county, city and private funding sources. AHCH does not discriminate on the basis of sex, race, color, religion, sexual orientation or national origin.

Off the Bookshelf

"We called it Tent City. Everybody called it Tent City, although it was neither a city nor a town. It was a farm worker camp owned by Sheehy Strawberry Farms."

From *The Circuit: Stories from the Life of a Migrant Child* by Francisco Jemenéz
University of New Mexico Press

The Circuit was named an Honor Book in 1998 by the Jane Addams Peace Association (JAPA). For five decades, the JAPA has recognized children's books that address social justice issues. For a list of current and past award winners, please visit <http://home.igc.org/~japa/index.html>.

Calendar items

Board Meeting Dates: The AHCH Board of Directors meets the second Tuesday of every month at 5:15 p.m.

AHCH Project Tour Dates: Community members are invited to a monthly tour of the AHCH facility and programs on the third Tuesday of every month at 1:00 p.m.

Please call 505-766-1178 to register for the tour or confirm a Board meeting.

Upcoming ArtStreet Exhibit: Please join us for the opening reception of *Close to the Heart* on Friday, February 16th, from 5 - 8:30p.m. at the Harwood Art Center. *Close to the Heart*, an exhibit of recent works by ArtStreet artists, features pieces made from recycled materials and found objects. Please call 505-248-0817 for more information. ■

Board updates

AHCH sincerely thanks outgoing Board Members **Tim Karpoff** and **Leonard Tapia** for their volunteer service.

Newly elected Board Members are:

Joan Bradley, MS, RN, is an educator at UNM's College of Nursing. An expert on pre-natal care and children's health, she has published many articles and received several accolades and awards. She served in volunteer leadership positions for numerous organizations including: AHCH, the City of Albuquerque, PB & J Preschool, and UNM, previously.

Marcella Herrera: mother of three, grandmother of six and self-proclaimed lover of ArtStreet, Ms. Herrera says she is "one who gained her life back by using the benefits that AHCH has to offer." Passionate about her faith and drawing on her life experiences, she brings to the Board a willingness to talk openly about addiction and recovery.

Kristin Leve's interest in advocacy stems from her desire to educate people on the realities of homelessness, mental illness and addiction. She previously volunteered at AHCH, the NM Holocaust Museum and NM AIDS Services. A "wannabe artist," she thoroughly enjoys her work with and through ArtStreet. Ms. Leve, "an extremely spiritual person," is honored to serve on the Board as it offers a chance to give back. She sees AHCH's plan for a majority consumer Board as an opportunity to affect social change on the issue of homelessness in this country.

J.E. Jamal Martin, PhD, is a consultant on public health leadership, policy, practice and research and a lecturer at UNM. Drawing on his expertise, including applied and clinical epidemiology, Dr. Martin brings international experience and insight on the study of human disease and illness. He has published several articles and received numerous awards. Ongoing volunteer service includes: Alpha Phi Alpha Fraternity, NM Voices for Children, and Victory Hills Neighborhood Assoc. Married for 29 years, he is a father of 4 and has 1 granddaughter. Researching ancient world history is his favorite pastime. ■

New IRS rules for donations

Last August, the President signed bill H.R. 4 into law (Public Law 109-280). Several provisions of this new law, which went into effect January 2007, apply to nonprofit organizations and charitable donations.

Under the new law, taxpayers must keep records of all cash donations to nonprofit organizations. Even before this law was enacted, AHCH already provided a receipt for every

contribution received. If you misplaced your receipt, please contact our Development Office at 505-767-1177 for another copy.

The new law also affects non-cash donations. Items must be in good, usable condition to qualify for a tax-deductible donation. Please visit www.irs.gov for more details. ■

In-Kind Needs List

Blankets
Bottled Water
Children's Diapers
Gloves
Hats
Lip Balm
Scarves
Sleeping Bags
Socks (new)
Sunscreen
Toiletries

Campaign meets the challenge

In this year's Annual First Day of Winter Campaign, AHCH asked our supporters to **answer the challenge to see, give, and end homelessness.**

AHCH builds our annual campaign around the winter solstice, a national day to remember those who died while homeless, to reinforce how important quality health care is to helping people overcome, exit and avoid homelessness.

For our 2006 Campaign, AHCH proudly partnered with Delta Dental of New Mexico on a Challenge Gift in the amount of \$12,000. AHCH sincerely thanks Delta Dental of New Mexico for their commitment to support AHCH programming, and we especially thank all our Campaign supporters for helping AHCH meet our Challenge Goal. At our printing deadline, AHCH volunteers had raised over \$110,000 through this campaign.

To contribute to AHCH programs and services, please call 505-767-1177 or give online at www.abqhch.org. **Thank you for your ongoing support.** ■

Albuquerque Health Care for the Homeless, Inc.

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HEALTH CARE
for the homeless

Our Vision: To live in a world that is just and without homelessness.