

THE **D**IALOGUE

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Street Outreach: Update

*Street Outreach is now a key component of most substance abuse prevention and treatment programs. It is also an integral part of the prevention and treatment of infectious diseases such as HIV and Hepatitis C. The implementation of effective outreach initiatives has become an important issue for the field of substance abuse treatment and prevention. In an effort to give our readers a better understanding of outreach and the issues surrounding it, this issue of The Dialogue features an overview of street outreach and a discussion with **Derrick White, MA**, Director of Outreach Services for a successful outreach program in Washington, DC.*

Taking it to the Streets: Serving Hard-to-Reach Populations

By Paula Jones

Hard-to-reach populations, as the term implies, are populations not likely to access traditional health care and social services due to various barriers, both real and perceived. Unfortunately, the people that make up these hard-to-reach populations are often in great need of services. Those using and abusing drugs and alcohol are among one of the hardest populations to reach and provide with services. One of the most effective strategies to reach hard-to-reach populations is through street outreach.

Street outreach has evolved over time. Initially, outreach workers were primarily educators, letting people know how they could reduce their risk, encouraging the adoption of safer behaviors, and providing referrals to services such as drug treatment and HIV counseling and testing. In most communities, outreach work was not coordinated and workers tended to focus on their particular issue (i.e., substance abuse or HIV) and refer back to their own organization.

Over time, outreach has become more comprehensive. There is greater coordination among outreach workers at the community level and out-reach workers are addressing a range of issues, including substance use, HIV and hepatitis. In addition, there is now a greater emphasis in linking substance users to needed

services. In many communities, “curbside” services are now available through mobile vans. The services offered curbside include: primary health care; counseling and testing for HIV, other sexually transmitted diseases (STDs), and viral hepatitis; and case management.

Who are the Hard to Reach?

It is difficult to identify the actual number of injection drug users (IDUs), primarily because of the illegal nature of this activity. There are an estimated 1 million active users of injection drugs in the United States. It is estimated that each year 13 to 16 million Americans could benefit from substance abuse treatment (both alcohol and drug treatment). Unfortunately, only 3 million receive treatment each year.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that there are 850,000 to 950,000 Americans living with HIV. Of these, 180,000 to 280,000 (one in four) do not know they are infected. Over the past few years there have been slight declines in the number of people diagnosed with HIV/AIDS as a result of injection drug use. CDC estimates that in 2000, 6,786 cases of HIV/AIDS attributable to injection drug use were diagnosed. By 2003, the estimated number of cases diagnosed in this transmission category dropped to

6,041. CDC estimates that there are 84,153 people living with HIV/AIDS (PLWH), 24 percent of all cases, who were infected as a result of injection drug use. People of color make up the majority of PLWH infected through injection drug use.

While the slight decline in the number of new cases may be heartening to the many people who have worked over the last 20 or so years to prevent the spread of HIV, and may indicate that the many interventions targeting substance users are having an impact, the reality is that there are still many, many people, both infected with HIV and uninfected, who continue to inject drugs. The risk of transmission of HIV, as well as other blood-borne viruses, in this population remains significant.

Challenges

Providing services to the hard-to-reach can be a challenge. In addition to substance use and being at risk of HIV, these individuals face multiple challenges in what may be very chaotic lives. These include: mental illness; unstable living situations, legal issues, financial insecurity, and a lack of access to health care and other social services. Because of their personal histories and lack of resources, hard-to-reach populations may have little contact

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Project ORION: Taking a Constellation of Services to the Streets of DC

“We engage, we educate, and we show compassion,” states Derrick White, Director of Outreach Services for Project ORION in Washington, DC. “If you educate people about their health, they will take an interest in it. We want to get clients to buy-in. It is not hard to sell people on this approach.”

Linking clients with a continuum of both health and social services is key to the effectiveness of Unity Health Care’s Project ORION, an outreach project targeting hard-to-reach populations in Washington, DC. “We see HIV and substance abuse in a medical context,” states White. “We are not here to judge people.”

Unity Health Care, established in 1985, provides a range of health care services to Washington, DC residents. Nearly 56,000 DC residents, most living at or

below the federal poverty level, benefit from Unity Health Care’s services. On staff are physicians, nurses, medical and dental assistants, pharmacists, patient services support providers, social workers, and administrative, human resources, and finance professionals. Unity operates 23 health care centers throughout the city, as well as specialized centers for people with multiple diagnoses, HIV, and for homeless individuals.

Keys to Success

- Listen to the community and identify community needs
- Let the community know what to expect before delivering services
- Deliver services as promised
- Follow up with clients to make sure they accessed services
- Support staff to avoid burnout
- Treat clients with respect and compassion
- Consider HIV and substance use in a medical context

Project ORION was initiated in September 2001. Prior to its initiation, there had been several mobile outreach programs in DC that, for one reason or another, had ceased to operate. Initially, Project ORION was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). Currently, the program is funded by the District of Columbia Department of Health’s HIV/AIDS Administration (HAA) and Addiction Prevention and Recovery Administration (APRA).

Project ORION’s mobile medical outreach van, staffed with two outreach workers, a nurse practitioner, and a social worker visits various drug use and crime “hot spots” around DC. Each site is usually visited once a month. The primary target population is injection drug users and their sexual partners but the van also serves other clients in need of Unity’s medical and social services. White stresses the need to be in touch with the community in order to identify appropriate outreach sites. “The target population is very transient. We need to continually assess what is going on in the street to identify which locations will be most effective.”

A vast array of services is provided by the mobile van and referrals are made to services that are not provided. Clients can access: primary medical care; counseling, testing and treatment for HIV/STDs, hepatitis B and C, and tuberculosis; case management; housing and shelter referrals; Alliance health insurance, Medicare and Medicaid referrals; long-term counseling; food assistance; client

tracking; and substance use outreach, prevention, education, counseling, and detoxification and treatment. All services are provided free-of-charge and are confidential.

Each month, Project ORION develops a schedule of sites throughout the city. At each site, the mobile van is open for service from 10:00 am to 4:30 pm. During that time, the outreach workers canvass the neighborhood to let people know that the van is in the area. Outreach workers also use their time in the community to answer questions about Unity’s services and provide risk reduction messages when possible.

When clients enter the mobile van, the case manager directs them to the services they are seeking. Clients in need of primary medical care meet with the nurse practitioner. Those in need of further medical care are referred to the most convenient Unity clinical site. Staff members work in partnership with the clients in identifying the most appropriate services or the services with which the client is most comfortable. For example, three types of HIV tests are offered on the mobile van. Clients can choose whether they want a saliva (OraSure) or blood test (serum) and if they want a rapid test (HIV-1 OraQuick), finding out their results in 20 minutes. Otherwise, they can return for their results in three days.

Project ORION staff follow up with clients that have been referred to other services to make sure that they have accessed the services they need. After 60 days, clients are contacted, if possible, to determine if their needs have been met. Given the chaotic lives that many of the clients lead, it is not unusual for some clients to be lost to care. Through follow up, Project ORION can help reconnect them with the services they need.

The outreach model works because Project ORION has built a strong rapport in the neighborhoods it serves. To be successful, an outreach program must build the trust and be accepted in a neighborhood before people will start coming to the mobile van. “You don’t want to invade a community,” notes White. “You need to approach the gatekeepers and the key informants and identify what the community needs.”

After identifying the needs within a community, White stresses that it is important to let the community know what to expect from the project. Before taking the mobile van to a neighborhood, Project ORION outreach workers focus on the neighborhood for about a month to let people know about the project’s services. “People want to know if we will actually deliver on our promises,” states White. “If we don’t, we’ll be just like other service providers that have promised something but not delivered.”

Through this ground work and the services provided, Project ORION has become well known in the communities that it serves. While it does not have a set schedule for the mobile van stops (the schedule changes from month to month), potential clients frequently call the program to find out where the van will be on a given day.

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with, and strong suspicion of, health care and social service providers. This can affect their willingness to seek services and to continue accessing them on an ongoing basis illness.

Outreach: A Link to Service

Community-based outreach workers are often the first contact between hard-to-reach individuals and service providers. Because they are responsible for taking vital prevention messages and other information to these individuals, it is important that outreach workers know where, when, and how to contact the target population within its own environment. To be successful, an outreach worker must become a trusted and recognized source of information for the target population. Indigenous, or peer, out-

reach workers, since they know, and are known in the community may facilitate access to the target population.

In working with hard-to-reach populations, it is important to recognize the needs of the clients. An outreach worker's primary objective may be driven by their employer. For example, their job may be getting people to enter drug treatment. But on the street, they may encounter people who want to access dental care, legal services or food services. Being able to link clients to these services can provide a "point of access," the first step, in helping the client in obtaining a full range of services.

Community-Based Outreach Model

The National Institute on Drug Abuse (NIDA) has developed a manual presenting the principles of HIV prevention for drug users and their sex partners, including step-by-step instructions for conducting community-based outreach. The manual includes information on the design of community-based outreach risk reduction programs. The model includes two interrelated components designed to facilitate behavior change among at-risk drug users. These include: 1) community-based outreach conducted in a range of local settings to access and engage drug users in the process of behavior change to prevent HIV and other blood-borne infections; and 2) education and risk reduction sessions organized around HIV and hepatitis testing to provide pre- and post-test counseling to help drug users learn about their serostatus and the behavior changes needed to reduce transmission risks. The **NIDA Community-Based Outreach Model: A Manual to Reduce the Risk of HIV and Other Blood-Borne Infections in Drug Users** is available at www.drugabuse.gov/CBOM/Index.html

The Stigma of Drug Use

There is a profound stigma attached to illegal drug use—*injection drug use* in particular. This stigma affects how people perceive drug users as individuals and how society addresses the challenges presented by drug addiction. These negative attitudes affect how the public, policymakers, health care professionals, and drug users themselves view those who are addicted to drugs. They also influence public policy and society's sympathies. Professionals working with drug users are not immune to these negative attitudes, which can result in drug users not receiving the same care as those not using drugs. Among the negative stereotypes associated with drug users are:

- Drug users are criminals;
- Addiction represents a moral failing;
- Drug users are unwilling or unable to change their risk behaviors; and
- Drug users are undependable and cannot adhere to treatment regimens or participate in clinical trials.

(Project Orion, cont. from page 2)

The van staff members play a crucial role in meeting the needs of the target population. According to White, they are the most important aspect of the program.

"The people we serve have been turned off by how providers have treated them in the past," relates White. "People are not accessing services because of the way they feel when they go into a clinic. We need to take extra steps to demonstrate that they do belong."

This intensive approach can be demanding on staff, some of whom are in recovery. To support staff, Project ORION regularly holds in-service trainings on burnout, self-support, and how to "turn off" when not at work. For staff in recovery, White frequently reminds them to stick with their recovery program.

For Project ORION, a major challenge is that drug treatment services are frequently unavailable, and with the target population, word often travels fast that there are no open slots. To ensure that they are in the position to offer something to the target population on a regular basis, each day, three medical detoxification slots are available. Project ORION staff complete the paperwork in the mobile van so that there is little chance that the client will be lost in the referral process. "If we cannot provide these services, we will lose our credibility with the target population and the community," reports White.

Another challenge in working with the target population is the lack of a tracking system that includes all the service providers in the area. Clients may go to more than one provider and obtain overlapping services. "We are spinning our wheels at times servicing the same clients at multiple providers," states White. However, he is quick to add that it is better to provide overlapping services than no services at all.

Despite these challenges, Project ORION continues to expand its outreach to meet the needs of the community. In early 2005, the project began working with DC's Court Services and Offender Supervision Agency to help parolees returning to DC access services, especially health and dental care. Project ORION serves as a bridge to services for the parolees, many of whom have been away from the community and are not familiar with available services.

"There will always be a need for outreach," concludes White. "You need to meet people on their own ground, where they are most comfortable. Many people in our target population will not go to the clinic on their own."

For more information on Project ORION, contact Derrick White at 202/645-3855, cell 202/255-3469, or dwhite@unityhealthcare.org.

Paula Jones is a science writer/consultant for the CEATTC.

CEATTC Products

Enhancing Outreach Skills

For additional information on outreach, the Central East Addiction Technology Transfer Center (CEATTC) offers Outreach Competencies: **Minimum Standards for Conducting Street Outreach for Hard-to-Reach Populations.**

The purpose of the Outreach Competencies is to promote and guide the professionalization of the field of outreach work through consistent training, certification, and job development. Educators and curriculum developers can build resources, curricula, and training packages based on the competencies. The competencies include:

- Understanding Outreach and Outreach in a Scientific Context
- Understanding Chemical Dependency
- Understanding Disease and Wellness in the Context of Drug Use
- Engagement
- Intervention
- Client Support
- Supporting Outreach Workers

In addition to the seven competencies, the document includes “Do’s and Don’ts” for outreach workers.

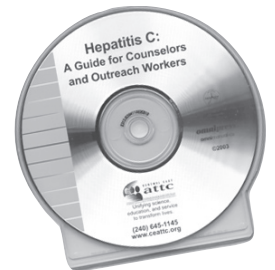


Brochure (Also available in Spanish): \$5

Hepatitis C: A Guide for Counselors and Outreach Workers

Designed for addiction counselors and outreach professionals, this 2-hour online course provides an overview of the hepatitis C virus (HCV), including the function of the liver, HCV infection, risk factors for HCV infection, incidence and prevalence, signs and symptoms, natural history and progression, acute and chronic infection, health consequences, and co-infection. It examines such modes of transmission as drug

use, tattooing and body piercing, transfusions and transplantations, sexual transmission, mother to infant transmission, and occupational transmission. It reviews various affected populations. It reviews diagnosis and testing, who should be tested, why individuals should be tested, and diagnostic tools. The course examines various treatment options, such as interferon treatment. Finally, the course examines a variety of prevention issues, such as HCV vaccines and prevention messages. The course overview is available in CD-ROM format.

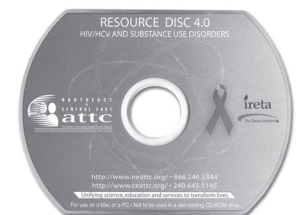


Online course: www.ceattc.org: \$20 CD-ROM: \$5

HIV/HCV Resource Disc

This mini-CD contains many resources and links, including a clinical and prevention toolkit, resources for specific populations, and resources in Spanish.

CD-ROM \$3



For more information or to order products, visit www.ceattc.org or call (240) 645-1145.

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