USING COMMUNITY OUTREACH STRATEGIES TO INCREASE ENGAGEMENT

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FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
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FLORIDA ALCOHOL & DRUG ABUSE ASSOCIATION

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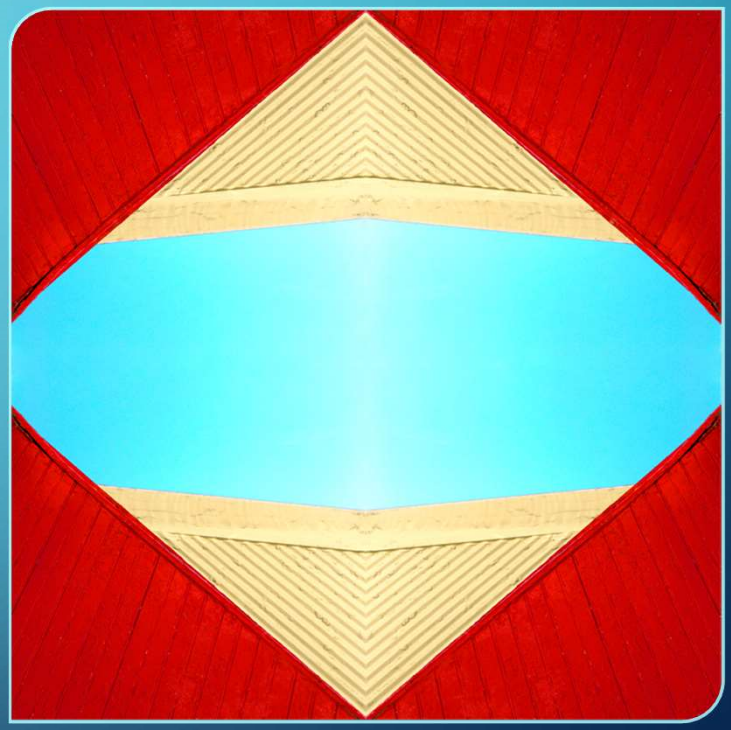


OBJECTIVES

- Describe the ways that substance use disorders and the stigma associated with them creates barriers to consistent engagement.
- Identify appropriate ways to engage with individuals when meeting with them in their home or other community areas.
- Explore opportunities to integrate community outreach into existing practices and staff roles.

STOP WAITING

"Waiting for people to come to us didn't work…so what we're doing is going to where people are comfortable, to where they are right now."

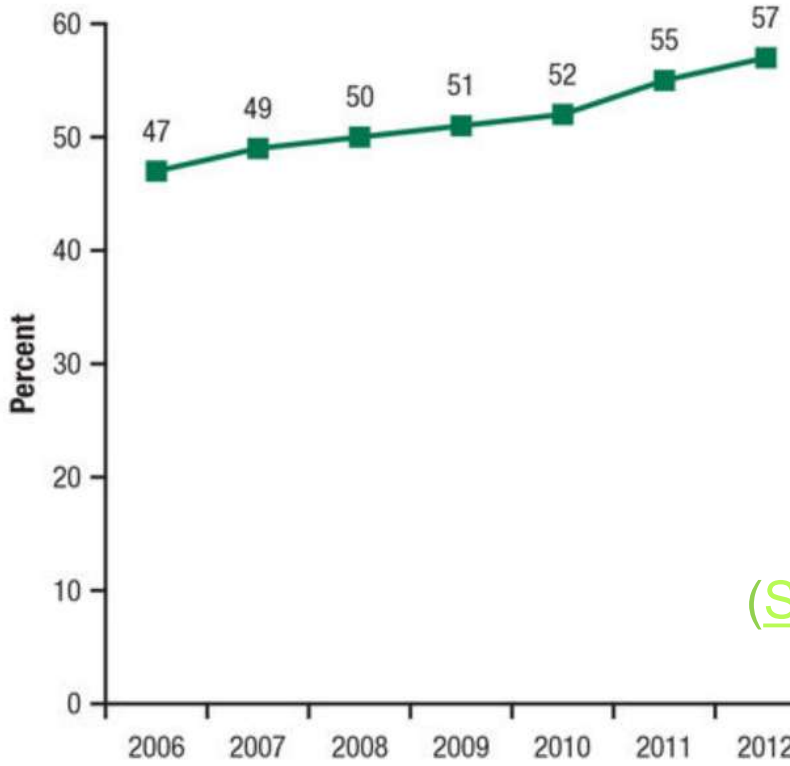
--Homeless Outreach Worker (San Diego County, 2018)

DEFINING OUTREACH

- Outreach providers bring the “front door” to individuals and into the community
- Outreach providers facilitate linkage to care
  - Engage with individuals
  - Assess eligibility for treatment or other services
  - Refer to appropriate services
  - Link individuals through “warm handoff”

OUTREACH ON THE RISE

Figure. Substance abuse treatment facilities providing outreach to persons in the community: 2006 to 2012



(SAMHSA, 2014)

WHO NEEDS OUTREACH TO ENGAGE?

- People with significant histories of trauma, homelessness, mental illness, and disenfranchisement
  - Among people experiencing homelessness: 1/3 have a substance use disorder
- People in rural areas
- People interested in treatment, but uninformed
- People who are not yet ready to pursue abstinence, or treatment
- Racial, ethnic, and cultural groups

(Florida Council on Homelessness, 2016; Olivet et. al, 2010)

WHY DO WE NEED OUTREACH?

- Addressing the treatment gap
- Overcoming stigma
- Addressing potential concerns
  - Negative past experiences
  - Assumptions about treatment
- Keeping people connected through assertive engagement

TREATMENT GAP

- 10% of people with a substance use disorder receive any type of specialty treatment
- 40% of people with a substance use disorder have a co-occurring mental health condition
  - Less than half of this population receives treatment for either condition
- 40% of people who know they have an alcohol or drug problem are not ready to stop using

(HHS, 2016)

REASONS PEOPLE AVOID TREATMENT

- Insurance and cost
- Not knowing where to go
- Concerns about confidentiality and negative opinions of neighbors
- Negative effect on employment
- Fear of being committed
- Thinking that treatment would not help or is not needed

(NASEM, 2016)

SOURCES OF STIGMA

- Moral model of addiction
- Brain disease model of addiction
- Media portrayals
- Health care providers
- Contact, networks
- Self stigma

(NASEM, 2016)

SHIFTING AWAY FROM STIGMATIZING LANGUAGE

- Not all use is a disorder
- Use technical language, instead of colloquialisms: avoid “clean” and “dirty” (SAMHSA, 2017)
- Person-first language
- Recovery-oriented language (MHCC, 2018)
- Relationships with drugs (Vakharia & Little, 2016)

OUTREACH PRACTICES

- Fixed-site vs. mobile outreach
- In-reach vs. outreach
- Different types of outreach workers and providers, coordinated outreach
- Variety of engagement strategies
- What is a successful engagement?

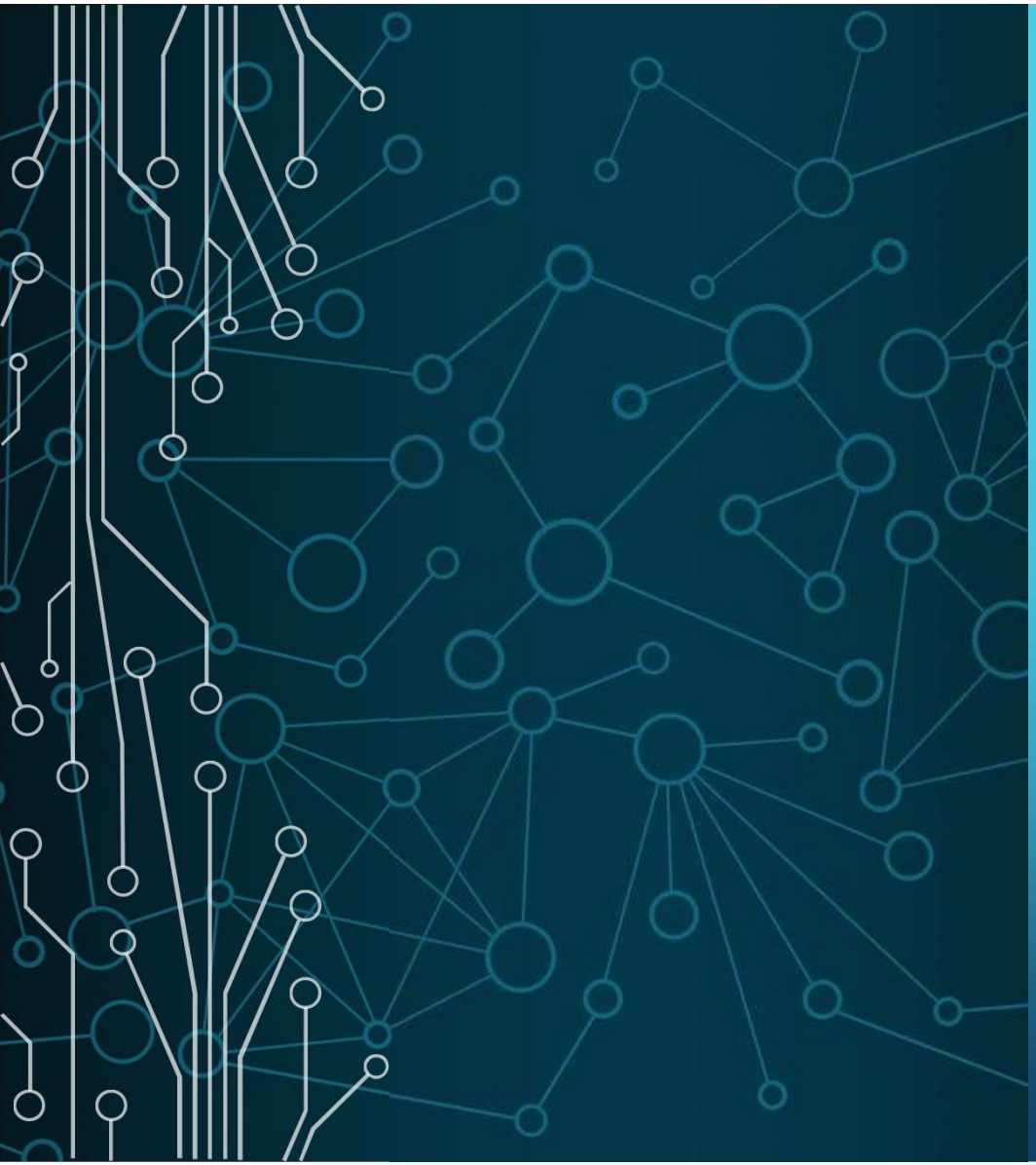
PRINCIPLES OF OUTREACH

- Meet people where they are
  - Geographically, emotionally, and physically
- Meet basic needs
- Be respectful and treat everyone with dignity
- Recognize that the relationship is central to outreach and engagement
- Create a safe, open, friendly space, regardless of the setting

(San Diego County, 2018)

ROLES OF OUTREACH

- Ambassadors in the community
  - First impressions to clients and community partners
- Bridge to services
  - Including building trust to new providers
- Navigators of complex systems of care
- Support to other teams



COMMUNITY OUTREACH

- Creating network of contacts and resources
- Building community partnerships
- Identifying available resources and procedures for access
- Learning about systems of care and their interacting roles

BUILDING PARTNERSHIPS

- Homeless providers
  - PATH Outreach Teams
  - Shelters
- Mental health treatment providers
- Hospitals
- Harm reduction service programs
- Schools
- Libraries
- Legal system
- Public benefit offices and service centers

COMMUNITY PARTNERSHIPS ACTION PLAN

Organizations within my network:

Illinois Masonic Hospital: Social Worker James Kowalsky, 954-555-1234

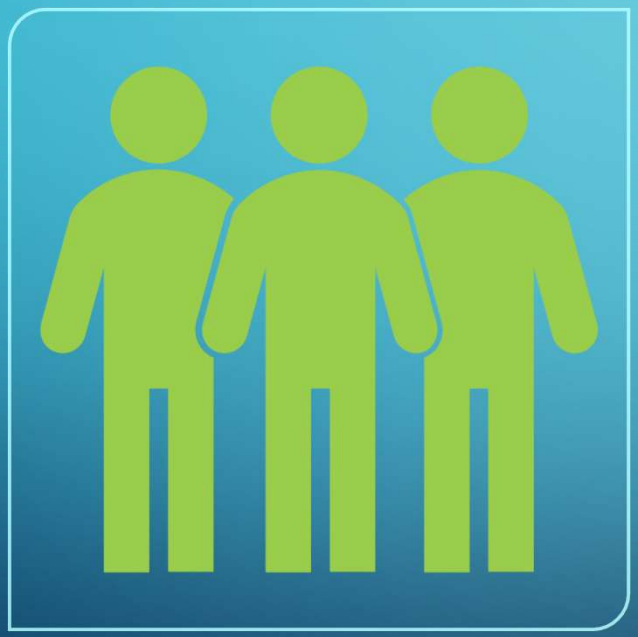
Organizations to outreach

Cornerstone Shelter

Information to collect

Employment resources, benefit assistance

STAGES OF OUTREACH & ENGAGEMENT



1. Approach
2. Companionship
3. Partnership
4. Mutuality

(Kraybill, 2002)

OUTREACH STRATEGIES: INITIAL APPROACH

- Observe behavior and surroundings
- Approach from visible route
- Do not wake anyone up
- Respect “three homes”
  - Personal space, physical space, community in which they live
- Introduce yourself and your role/organization
- Offer supplies, resources, information
- Ask for permission to return

OUTREACH STRATEGIES: COMPANIONSHIP

Listen to their story

- Build rapport
- Assess needs and (indirectly) collect information

Relationship building activities

Become a consistent presence

- Follow up and follow through

Exchange contact information

Begin to identify small goals

- Let the person lead and set the pace

OUTREACH STRATEGIES: PARTNERSHIP

Identify	Set up	Transition	Facilitate
Collaboratively identify more long-term goals and action plan	Set up (somewhat) regular meeting times	Transition into role as longer-term provider • Referrals and linkage	Facilitate relationship-building with new providers • Warm hand-offs • Support for navigating systems

OUTREACH STRATEGIES: MUTUALITY

Client meets with other providers on their own

Make referrals, arrange appointments

Advocate for client within new systems

- Re-engage client and service systems as needed

Meet with client less often, continue to reinforce goals, listen to concerns, and support linkage

Transition care to other providers, celebrate progress, plan for the future, and close relationship

OUTREACH STRATEGIES: MAINTENANCE*

Counselor helps manage the transition to a less flexible setting

Practice assertive engagement with individuals who are tough to reach and keep connected with treatment

What tools does your organization use to follow up with people who are out of contact?

This isn't an actual stage of the model, but it is important to consider the ways that counselors can secure the gains made through outreach

SAFETY STRATEGIES

- Work in pairs, no large groups
  - Stand with your back to partner
- Go to set locations and hours
  - Consistency and relationship building increases safety
- Inform supervisor of whereabouts
- Don’t approach people who don’t want to be approached
- Never interrupt sale of drugs or sex, or arguments
- Don’t wake people up in the street
- Have “safe word” and escape plan
- Trust your gut
- Debrief questionable situations with your partner

FITTING OUTREACH INTO SERVICES

- Integrating peers, people in recovery
- Engagement
- Intake and assessment
- Case management and ongoing support
- Follow up and aftercare services

OUTREACH CONSIDERATIONS

- Engaging with people who are intoxicated
- Illegal activity
- Feeling like we are harassing people, intruding too much
- Measuring the impact
- Reimbursable services
- Working with people with non-abstinence goals
- Other challenges?

INTEGRATING BEST PRACTICES DURING OUTREACH

Motivational Interviewing

Trauma-Informed Care

Harm Reduction: *any positive change*

Active listening

Client-centered

Solutions-focused

DEBRIEF

- Take a moment to reflect on this material
- What is the most important thing you learned today?
- What is one specific change you will make when you go back to work?

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Questions?

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