Where HCH Outreach Happens

The "non-traditional" settings to which outreach teams go can be divided into two categories: fixed site and mobile. **Fixed site outreach** occurs in places where HCH programs have "set up shop" in a location where people who are homeless already gather. **Mobile outreach** moves around and can happen anywhere people who are homeless might be found.

Options for carrying out mobile outreach include: mobile medical units, vans or other motor vehicles, bicycles or on foot. In Pittsburgh, outreach workers paddle kayaks to reach people living along the riverbanks. Some outreach teams have set "routes" that they follow on specific days. Others may be more flexible, responding to the needs that particular day or searching out certain people they need to contact. Examples of each are listed below.

Fixed-site

Scheduled clinics in or near:

- shelters, missions
- drop-in centers
- transitional housing
- respite programs
- soup kitchens
- hygiene facilities
- other homeless facilities

Mobile

Street locations:

- city streets, alleys
- bridges and overpasses
- subways
- parks, beaches
- vacant lots, abandoned buildings
- vehicles

Rural areas:

- "doubled up"
- along roads, vehicles
- wooded areas, riverbanks
- foothills, desert areas
- barns, garages
- camps (e.g. of agribusiness workers)

Public facilities:

- libraries
- bus or train stations
- airports
- racetracks
- cafeterias, coffee shops

Institutions (to make contact with ongoing HCH clients or potential clients):

- hospitals
- jails, prisons
- detox facilities, treatment programs
- some hotels/motels/SRO's
- public welfare agencies

Many HCH projects use a combination of both approaches to outreach, for example, operating a fixed-site clinic next door to a shelter, while sending teams out into the streets on a regular basis. This combination is particularly helpful in that the two approaches complement each other. Many times people are encountered during outreach who need more complex care than what can be provided on the street, in a shelter, or even in a mobile unit. They can then be referred to the fixed-site location which is usually better equipped. Conversely, staff in fixed-site locations may depend on outreach workers to find clients who need follow-up.

(Adapted from Marsha McMurray-Avila, Organizing Health Services for Homeless People, 2001)

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