4.2.1: Outreach

What is outreach?

Photo by Alan Pickett

An outreach worker goes into the woods on the coldest day of winter.

Photo courtesy of Outside In

An HCH outreach van in Portland OR

Outreach is "...contact with any individual who would otherwise be ignored (or underserved) ...in non- traditional settings for the purpose of improving their mental health, health, or social functioning or increasing their human service and resource utilization."

Gary Morse, "Conceptual overview of mobile outreach for persons who are homeless and mentally ill," presented at APHA Convention in New Orleans, LA, 1987

Outreach is a key component of the HCH approach to care.

As we know, powerful barriers prevent many homeless people from seeking or accessing health care services. These include systemic barriers such as the location or hours of clinics, lack of insurance, unaffordable fees, and provider attitudes. Personal reasons such as competing priorities like finding food or shelter, mistrust due to bad previous experiences with the health care system, or the loss of hope also mean that many ill people do not seek health care.

Outreach takes health care to where people are, literally.

Key Characteristics of Outreach

Outreach in Boston

- Friendly, non-threatening approach
- Services taken to individuals rather than waiting for them to come to the services
- Repeated contact over time
- Careful engagement of those who are reluctant to receive help
- Prompt response to client's basic survival needs
- Client's overall needs assessed, services and strategies tailored to meet those unique needs
- Flexibility in the menu of services offered
- Patience in motivating clients to accept services
- Variable times for client contact, including non-scheduled contacts
- Team approach

Adapted from McMurry-Avila, *Organizing Health Services for Homeless People*

Outreach workers begin by very patiently engaging people to establish a safe, non-threatening relationship. Engagement is essential to outreach, and the next segment of this module is focused entirely on that function.

As a trusting relationship develops, outreach workers can share information, make referrals, and provide direct care. Outreach workers can help make appointments, including at HCH clinics, and can arrange transportation or accompany the individual to those appointments as needed. Outreach workers offer an entryway to services and safety, providing a vital bridge between the streets and a more stable life.

Key Characteristics of Outreach include: [appear each with narration] a friendly, non-threatening approach, services taken to individuals rather than waiting for them to come to the services, repeated contact over time, careful engagement of those who are reluctant to receive help, prompt response to client's basic survival needs, client's overall needs assessed, services and strategies tailored to meet those unique needs, flexibility in the menu of services offered, patience in motivating clients to accept services, variable times for client contact, including non-scheduled contacts, and a team approach.

Benefits to the Agency

- Maintain population focus
- Follow-up on clients
- Keep HCH staff informed of health issues on the streets
- Interface with other service agencies or public entities, including police officers and corrections facilities

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

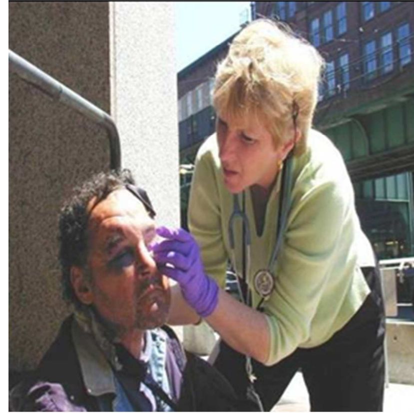

Photo by Sharon Morrison

Outreach makes it possible for HCH projects to [appear first bullet] provide care for many of those most in need of HCH services, and to reach a broader slice of the homeless community than just those who seek services in clinics. Outreach is critical [appear second bullet] to maintaining continuity of care with many clients, and [appear third then fourth bullet] to keeping providers in touch with what is really happening on the streets and in shelters. It provides opportunities for [appear fifth bullet then sixth] developing helpful relationships not just with the client, but with other service providers who interact with homeless people every day.

Obstacles to Outreach

Program Assistance Letter

DOCUMENT NUMBER: 2008 - 05

DATE: May 5, 2008

DOCUMENT TITLE: New Requirements for Deeming under the Federally Supported Health Centers Assistance Act for Calendar Year 2009

TO: Health Center Program Grantees
Primary Care Associations
Primary Care Offices
National Cooperative Agreements

I. Purpose

This Program Assistance Letter (PAL) supersedes PAL 2007-02 for guidance on deeming requirements for organizations funded under the Health Center Program (section 330 of the Public Health Service (PHS) Act) deemed under the Federally Supported Health Centers Assistance Act (FSHCAA) of 1992 and the FSHCAA of 1995. This PAL contains the instructions for health centers filing initial and renewal deeming applications for calendar year (CY) 2009.

II. Introduction

The Federal Tort Claims Act (FTCA) coverage for eligible Health Center Program grantees was initially established through the FSHCAA of 1992 (Public Law 102-501) by amending section 224 of the PHS Act. The eligible entities ("health centers") are organizations receiving funding under the Health Center Program (Migrant Health Centers, Community Health Centers, Health Care for the Homeless Centers, and Public Housing Primary Care Centers). The FSHCAA of 1995, signed into law on December 26, 1995, clarified the 1992 Act and eliminated its sunset provision, making the program permanent. Effective October 1, 2002, Policy Information Notice (PIN) 2002-23 instructed all deemed health centers to reapply for malpractice coverage under FSHCAA every year.

It is the Health Resources and Services Administration's (HRSA) goal to incrementally improve and streamline the deeming application process. For the CY 2009 deeming period (January 1 – December 31, 2009), improvements to the deeming process include the identification of key contact persons, the modification of the review criteria for credentialing and risk management systems, and the development of a formalized electronic submission process.

1

- Limited capacity/high demand in clinic and community
- Efficient allocation of resources
- Frustration
- Regulatory issues
- Safety concerns

Some health care providers do not engage in active outreach because their agencies are already at full capacity serving those who can come to the clinic. Why try to reach new people, when the existing system seems to have reached its limits to serve people in need? More clients and encounters can be generated for fewer dollars in a fixed site clinic than through sometimes lengthy and inefficient outreach efforts, which can be frustrating for administrators and outreach workers alike, particularly when a client is not ultimately engaged in service after great effort. Bureaucratic and licensure issues, such as assuring liability insurance for off-site services, do exist, but are surmountable. Concerns about the safety of outreach workers are very appropriate, and require precautions like using teams of workers, and equipping them with cell phones.

Despite such concerns, outreach has remained a distinguishing characteristic of the HCH model of care from the beginning, and illustrates the deep commitment of HCH providers to the population they serve.

“Where HCH Outreach Happens”

Reading Assignment

In the reading assignment for this segment, you’ll learn more about “Where Outreach Happens.” After that, the first video segment includes HCH staff discussing outreach as a core characteristic of HCH care.