



Health Care for the Homeless

INFORMATION RESOURCE CENTER

(888) 439-3300 • (518) 439-7612

Bibliography #22

Outreach to Persons Who Are Homeless

August 2003

Books and Journal articles listed herein are available from your local library, medical library, or through inter-library loan. If you have difficulty locating any of the materials listed in this bibliography, please contact the Center at the address below.

Policy Research Associates, Inc. • 345 Delaware Avenue, Delmar, New York 12054
Under contract to the Health Resources and Services Administration, Bureau of Primary Health Care

2003

Clark DL, Melillo A, Wallace D, Pierrel S, Buck DS. **A multidisciplinary, learner-centered, student-run clinic for the homeless.** *Fam Med*, 35(6):394-7, 2003.

BACKGROUND AND OBJECTIVES: Houston Outreach Medicine Education and Social Services teaches students, in multidisciplinary teams, using the learner-centered model, to provide primary health care to the homeless. **DESCRIPTION:** The founding and operational aspects of this educational intervention are presented. **EVALUATION:** Student response to this service-learning program is assessed in terms of educational value using a survey and an analysis of student reflections. Clinical service activities are measured to demonstrate program efficacy. **CONCLUSIONS:** Student participants, especially basic science medical students, value the program due to its contributions to their professional and personal education, as well as their increased understanding of biopsychosocial issues. Learners develop empathy, compassion, and heightened social awareness.

Desai MM, Rosenheck RA, KasproW WJ. **Determinants of receipt of ambulatory medical care in a national sample of mentally ill homeless veterans.** *Med Care*. 41(2):275-87, 2003.

BACKGROUND AND OBJECTIVES: This study used the Behavioral Model for Vulnerable Populations to identify determinants of receipt of outpatient medical care within 6 months of initial contact with a national homeless veterans outreach program. **RESEARCH DESIGN:** Prospective study. **SUBJECTS:** Homeless veterans contacted through the program in 1999 (n = 26,926). **MEASURES:** Data from structured interviews conducted at the time of program intake were merged with Veterans Affairs administrative data to determine subsequent medical service use. Logistic regression modeling was used to identify predisposing, enabling, and need factors from traditional and vulnerable domains predictive of receiving medical care. **RESULTS:** Overall, 41.8% of subjects received at least one medical visit in the 6 months after program intake; of these, 48.7% had three or more visits. In multivariate analyses, the likelihood of receiving medical care was, among other things, positively associated with age, female gender, and placement in residential treatment and negatively associated with duration of homelessness and being contacted through outreach versus referred or self-referred into the homeless program. Mental illness did not appear to be an additional barrier to initiating medical care; however, a diagnosis of substance abuse or schizophrenia was associated with a decreased likelihood of receiving three or more visits. **CONCLUSION:** A majority of homeless veterans contacted through a national outreach program failed to receive medical services within 6 months of program entry. Vulnerable-domain factors were important supplements to traditional variables in predicting use of medical services in the homeless population. Greater efforts are needed to ensure that mentally ill homeless persons are successfully linked with and engaged in medical treatment.

McGuire J, Rosenheck RA, KasproW WJ. **Health status, service use, and costs among veterans receiving outreach services in jail or community settings.** *Psychiatr Serv*, 54(2):201-7, 2003.

OBJECTIVE: This study compared client characteristics, service use, and health care costs of two groups of veterans who were contacted by outreach workers: a group of veterans who were contacted while incarcerated at the Los Angeles jail and a group of homeless veterans who were contacted in community settings. **METHODS:** Between May 1, 1997, and October 1, 1999, a total of 1,676 veterans who were in jail and 6,560 community homeless veterans were assessed through a structured intake procedure that documented their demographic, clinical, and social adjustment characteristics. Data on the use and costs

of health services during the year after outreach contact were obtained from national databases of the Department of Veterans Affairs (VA). Chi square and t tests were used for statistical comparisons. RESULTS: The veterans who were contacted in jail obtained higher scores on several measures of social stability (marital status and homelessness status) but had higher rates of unemployment. They had fewer medical problems but higher levels of psychiatric and substance use problems, although the rate of current substance use was lower among these veterans than among the community homeless veterans. One-year service access for the jailed veterans was half that of the community homeless veterans. No differences were observed in the intensity of use of mental health services among those who used services, but the jailed outreach clients used fewer residential, medical, and surgical services. Total health care expenditures for the veterans who received outreach contact in jail were \$2,318 less, or 30 percent less, than for those who were contacted through community outreach. CONCLUSIONS: Specialized outreach services appear to be modestly effective in linking veterans who become incarcerated with VA health care services. Although it is clinically challenging to link this group with services, the fact that the rate of current substance use is lower during incarceration may provide a window of opportunity for developing linkages between inmates and community rehabilitative services.

Nuttbrock L, McQuiston H, Rosenblum A, Magura S. **Broadening perspectives on mobile medical outreach to homeless people.** J Health Care Poor Underserved, 14(1):5-16, 2003.

Using data collected by Project Renewal's mobile medical services to homeless people in New York City, this paper discusses a tension between an emergency medicine model of outreach and that of primary care. In the former model, clinicians evaluate clients on the basis of presenting complaints and refer them, as necessary, for specialized treatment. The latter is a broader model of comprehensive outreach and/or treatment, where clinicians screen clients and assess them for various conditions offering ongoing evaluation and treatment on site. The model of outreach is applicable for some homeless clients, but the prevalence and overlap of physical complaints, infectious diseases, substance abuse, and psychiatric symptoms among homeless people in New York City has resulted in an evolution toward broader approaches to outreach in this population. Improvements in diagnostic testing and increasingly portable medical technology may make the mobile delivery of medical care to homeless persons increasingly feasible.

Nwakeze PC, Magura S, Rosenblum A, Joseph H. **Homelessness, substance misuse, and access to public entitlements in a soup kitchen population.** Subst Use Misuse, 38(3-6):645-68, 2003.

The study examined the effects of homelessness on access to public entitlements (Medicaid and food stamp programs) in a soup kitchen population. Data were collected between 1997 and 1999 from a sample of 343 adults at two soup kitchen sites in New York City. Five hypotheses, focusing on the effects of housing status (literal homelessness, unstable housing, and domiciled), frequency of drug/heavy alcohol use, drug/alcohol-user treatment history and childcare responsibilities on access to Medicaid and food stamp programs were tested. Multiple logistic regression analysis indicated that both literal homelessness and unstable housing were associated with less access to Medicaid and food stamps. Other significant findings were: current drug/alcohol-user treatment experience was associated with greater access to both Medicaid and food stamps, frequency of drug/heavy alcohol use was associated with less access to Medicaid only, and caring for children was associated with greater access to food stamps only. These findings support the crucial role of housing status in mediating access to entitlements, and the importance of drug/alcohol-user treatment involvement as a cue to seeking entitlements. The need to reduce health disparities through active and sustained outreach programs designed to enhance homeless persons' access to Medicaid and food stamp programs was discussed.

Woods ER, Samples CL, Melchiono MW, Harris SK. **Boston HAPPENS Program: HIV-positive, homeless, and at-risk youth can access care through youth-oriented HIV services.** *Semin Pediatr Infect Dis*, 14(1):43-53, 2003.

The Boston HAPPENS Program is a collaborative network of care consisting of multiservice outreach agencies; community health centers; and hospitals for HIV-positive, homeless, and hard-to-reach youth. In four years of data collection, the program served more than 2,000 youth, including 54 HIV-positive youth. The youth were 19.9 +/- 2.9 years old; 64 percent female; 45 percent youth of color; 11 percent gay/lesbian, bisexual, or undecided; and 13 percent homeless or runaway. Homeless youth were much more likely to have been involved with a mental health system (47% vs. 12%, $P < 0.001$), the criminal justice system (20% vs. 2%, $P < 0.001$), high-risk sexual behaviors (21% vs. 3%, $P < 0.001$), and substance abuse (25% vs. 6%, $P < 0.001$) than were other youth served by the program. Comprehensive networks of care offering a continuum of services and a variety of entry routes and types of care sites are needed to connect under-served youth to health care. Outreach and human immunodeficiency virus (HIV) counseling and testing services can offer important portals of entry into health services for at-risk youth. Support services such as outreach, case management, and mental health services are needed to complement medical services by all youth at-risk for contracting HIV. Support services are necessary for the initiation and retention of youth in care so that early case identification and complex treatment regimens can be initiated and tailored to the individual.

2002

Park MJ, Tyrer P, Elsworth E, Fox J, Ukoumunne OC, MacDonald A. **The measurement of engagement in the homeless mentally ill: The Homeless Engagement and Acceptance Scale--HEAS.** *Psychol Med*, 32(5):855-61, 2002.

BACKGROUND: Much of the difficulty in helping the homeless mentally ill arises as a consequence of their resistance to engagement. A refused intervention can seldom influence a client's problems and engagement status can be argued as being an important independent predictor of outcome. No instrument could be identified which systematically measured the factors involved. This paper describes the development and psychometric properties of a new scale, the Homeless Engagement and Acceptance Scale (HEAS). **METHOD:** Staff from an established project for the homeless mentally ill helped to identify relevant questions used to develop a five-item rating scale for completion by an informant. After piloting, the instrument was tested in a study in which subjects were assessed twice over 12 months by informants. Item analysis was undertaken and predictive validity was assessed. **RESULTS:** Item analysis indicated a good facility index signifying all items were able to differentiate subjects according to the characteristic being measured, and a high discrimination index demonstrating that all items were measuring the same concept. Predictive validity and internal consistency coefficients were both good. The 3 month HEAS score was found to be a significant predictor of accommodation status and adequacy of a support network at 12 months. **CONCLUSIONS:** The good psychometric properties and predictive validity of the scale suggest the HEAS is likely to be a useful tool in assessing engagement status. One of the five questions (Q4) can be omitted for those who are not homeless and the scale termed the Engagement and Acceptance Scale (EAS).

Rosenblum A, Nuttbrock L, McQuiston H, Magura S, Joseph H. **Medical outreach to homeless substance users in New York City: Preliminary results.** *Subst Use Misuse*, 37(8-10):1269-73, 2002.

An innovative, experimental, medical out-reach initiative, using a fully-equipped mobile medical van with a staff of 2 part-time physicians, a physician assistant, a social worker, and a driver/medical aid serving the needs of 1048, mostly male, minority group, high-level, homeless New York City substance users with infectious diseases is described. The study sample (N = 250) was divided into experimental S's who received Intensive case management and a control group who could choose to refer themselves to the SW. Biological tests revealed high rates of cocaine use and infectious diseases. Preliminary 4-month outcomes (N = 128) showed reductions in drug use, homelessness and health complaints in both groups; experimental subjects compared with controls received more Public Assistance and had fewer emergency room visits.

Santandrea, L. **On the road: In New Jersey, an agency reaches out to those in need.** *American Journal of Nursing*, 102(11): 111, 2002.

This article discusses the Mobile Outreach Clinic Program of the Visiting Nurse Association of Central New Jersey (VNACJ). The author looks at the participants and staff involved in this program, as well as the outcomes achieved. The article examines the health care provided to the homeless by the nursing staff of VNACJ, and explains their perspectives on the work they do.

Tischler V, Vostanis P, Bellerby T, Cumella S. **Evaluation of a mental health outreach service for homeless families.** *Arch Dis Child*, 86(3):158-63, 2002.

AIMS: To describe the characteristics of homeless children and families seen by the mental health outreach service (MHOS), to evaluate the impact of this service on the short term psychosocial functioning of children and parents, and to establish perceptions of, and satisfaction with, the service. **METHODS:** Twenty seven children from 23 families who were in receipt of the MHOS and 27 children from 23 families residing in other hostels where no such service was available were studied. The MHOS was delivered by a clinical nurse specialist with expertise in child mental health, who offered the following interventions: assessment and brief treatment of mental health disorders in children; liaison with agencies; and training of homeless centre staff. **RESULTS:** Children in the experimental group had a significantly higher decrease in Strengths and Difficulties Questionnaire (SDQ) total scores. Having received the intervention was the strongest predictor of improvement in SDQ total scores. There was no significant impact on parental mental health (General Health Questionnaire) scores. Homeless families and staff expressed high satisfaction with the MHOS. **CONCLUSION:** This MHOS for homeless families is an innovative intervention which meets the complex and multiple needs of a vulnerable population unable to access mainstream mental health services. The primary objective of the service was to improve child mental health problems; however, the service developed in a responsive way by meeting social and practical needs of families in addition to its clinical role.

2001

Keenan PA, Keenan JM. **Rapid HIV testing in urban outreach: A strategy for improving posttest counseling rates.** *AIDS Educ Prev*, 13(6):541-50, 2001.

In 1998, 48% of persons who had HIV testing at publicly funded sites in the United States failed to return for test results and posttest counseling. Opportunities for timely HIV therapy were lost; valuable resources were wasted. This study tested the hypothesis that rapid HIV testing enables a high percentage

of high-risk outreach clients to learn their serostatus. We did on-site counseling and rapid HIV testing at community-based organizations in North Minneapolis. The project tested 735 persons. All but one (99.9%) learned their HIV serostatus. African Americans made up 79% of subjects. Rapid testing has a role to play in HIV outreach. It is useful in populations who are at high risk of HIV infection, who currently are not accessing HIV testing, and who have high failure to return rates. Future developments in rapid testing technology will make this testing option more convenient and cost-effective.

Morris DW, Warnock JK. **Effectiveness of a Mobile Outreach and Crisis Services unit in reducing psychiatric symptoms in a population of homeless persons with severe mental illness.** J Okla State Med Assoc. 94(8):343-6, Aug 2001.

The purpose of this study was to use a time-lag design to evaluate the effectiveness of a Mobile Outreach and Crisis Services unit in remitting psychiatric symptomatology, improving global functioning, and decreasing homelessness in a population of homeless, severely mentally ill residing in a mid-sized urban center. Using a time-lag study design, two groups of subjects--25 individuals before receiving services (control group) and 25 individuals after receiving services (experimental group)--were contrasted across outcome measures. The results indicate that a MOCS unit utilizing a Program for Assertive Community Treatment mode was effective in significantly decreasing psychiatric symptomatology, reducing homelessness, and increasing global functioning. If carefully implemented and interpreted, a time-lag design may be a means of providing valuable feedback and information in a timely manner.

Rowe, M, Kloos, B, Chinman, M, Davidson, L, Cross, AB. **Homelessness, mental illness and citizenship.** Social Policy and Administration, 35(1): 14-31, 2001.

Assertive mental health outreach to persons who are homeless, which operates under the premise that mental illness must be understood and treated within the individual's social and economic environment, points towards the goals of community membership and 'citizenship'--a connection to the rights, responsibilities, roles, and resources that society offers through public and social institutions and informal 'associational life'--for homeless persons. The authors argue that the concept of citizenship is a useful framework for approaching these goals. The authors review the principles of assertive mental health outreach and relevant aspects of contemporary citizenship theory; present a case example of outreach leading to a 'citizenship project'; and discuss the potential benefits and pitfalls of a citizenship framework, including strategies and recommendations for program administrators, researchers and policy makers (authors).

1999

Clatts MC, Davis WR. **A demographic and behavioral profile of homeless youth in New York City: Implications for AIDS outreach and prevention.** Med Anthropol Q, 13(3):365-74, September 1999.

Rapid changes in the world market economy have served to destabilize many local institutions, widening the gap between the rich and the poor and undermining viability of key social and economic institutions such as family and household. Among the most deeply affected by this displacement are children and adolescents, many of whom are forced to leave family institutions before they have acquired the skills and maturity to become economically self-sufficient. Fending for themselves, these youths are at exceptional risk for a wide range of poor health outcomes and premature death. While perhaps a familiar sight in many non-Western countries, this phenomenon also has emerged in the industrialized world, a fact that accounts for the rise in exposure to violence and disease among street-involved youth and young adults in

nations such as the U.S. There are few empirical data available about the nature of these populations or the constellation of behaviors that place them at increased risk for disease outcomes. In this report we construct a demographic and behavioral profile of the homeless youth population in NYC, particularly as behavioral patterns relate to risk associated with HIV infection.

Fisk D, Rakfeldt J, Heffernan K, Rowe M. **Outreach workers' experiences in a homeless outreach project: Issues of boundaries, ethics and staff safety.** Psychiatr Q, 70(3):231-46, Fall 1999.

Mental health professionals and researchers have emphasized the importance of conducting outreach to locate homeless persons with mental illness, and of creatively engaging these persons into a therapeutic relationship. These outreach and engagement activities raise challenging issues in the areas of client-staff boundaries, professional ethics, and staff safety. While several issues in each of these three key areas have received attention in the growing literature on homelessness, certain issues within each area remain unexplored. The authors draw from the street experiences of outreach staff in a federally funded homeless outreach project to further explore each of these areas, and suggest that experiences of outreach workers are essential in shaping and redefining work activities in these, and other important areas.

Rowe M. **Crossing the border: Encounters between homeless people and outreach workers.** Berkeley, CA: University of California Press, 1999.

The relationship between the homeless and the social service community marks a border where the disenfranchised meet the mainstream of society. This book uses ethnographic tools to examine encounters at this border. The author's encounters with the homeless as Director of the New Haven ACCESS outreach project, his interviews with 50 homeless persons for this study, and his interviews with outreach staff, provide a personal perspective. The author draws a collective portrait of the homeless whom he interviewed and observed, discusses the outreach workers in depth, examines transactions from the perspective of each party, and places these encounters within the social and institutional contexts that shape them. AVAILABLE FROM: Univ. of California Press, (800) 822-6657. (COST: \$17.95)

Tsemberis S, Elfenbein C. **A perspective on voluntary and involuntary outreach services for the homeless mentally ill.** New Dir Ment Health Serv, (82):9-19, Summer 1999.

Outreach teams use a range of strategies to engage people who are homeless and mentally ill and living on the streets. This chapter describes and evaluates the effectiveness of various voluntary and involuntary approaches and presents a new model program for serving this population.

1998

Curtis JL, Millman EJ, Struening EL, D'Ercole A. **Does outreach case management improve patients' quality of life?** Psychiatric Services, 49(3): 351-354, 1998.

This article examined whether enhancing standard aftercare with an outreach case management intervention would improve patients' quality of life. A sample of 292 patients discharged from an inpatient psychiatry service were assigned to either an intervention group that received case management or a control group that received standard aftercare services. Interviews were conducted during the follow-up period, which lasted 15 to 52 months, to determine quality of life in 39 different categories. No difference was found between the groups on any of the quality of life variables. The authors conclude that outreach case management was not associated with improved quality of life.

Dixon L, Stewart B, Krauss N, Robbins J, Hackman A, Lehman A. **The participation of families of homeless persons with severe mental illness in an outreach intervention.** Community Mental Health Journal, 34(3): 251-259, 1998.

This article describes how an assertive community treatment (ACT) team that employs a family outreach worker interacts with homeless persons with severe mental illness. The team's ratings of the frequency and the importance of clients' and treatment team's family contact are summarized and compared with independent research reports on patients' satisfaction with family relations, housing, and hospitalization outcomes. 73% of clients had contact with their families, and ACT worked with 61% of these families. Findings showed that client days in stable housing were associated with increased ACT family contact.

Erickson S, Page J. **To dance with grace: Outreach and engagement to persons on the street.** Washington, DC: Presented at the Department of Health and Human Services Workshop on Exemplary Practices Addressing Homelessness and Health Care Issues, 1998.

This paper provides definitions, exemplary practice models, and an extensive bibliography for further inquiry into the topics of outreach and engagement for people who are homeless. Outreach is defined as the initial and most critical step in connecting or reconnecting a homeless individual to needed services, and engagement is described as the process by which a trusting relationship between worker and client is established. The authors also discuss the specific needs of homeless populations, values and principles of outreach, and characteristics of outreach workers. A number of different outreach approaches are described.

Gerber JC, Stewart DL. **Prevention and control of hypertension and diabetes in an underserved population through community outreach and disease management: A plan of action.** J Assoc Acad Minor Phys, 9(3):48-52, 1998.

Hypertension and diabetes are overrepresented in the African-American population and can be particularly devastating in this population. These diseases share genetic predisposition, medical risk factors, and environmental influences as etiologic factors, and they may be interrelated, at least in part, by obesity and accompanying hyperinsulinemia. Noncompliance with treatment plans is a significant barrier to health improvement in both diseases, but increased attention to patient involvement in care is a potential solution to this long-standing problem. The Baltimore Alliance for the Prevention and Control of Hypertension and Diabetes was established in January 1998 to promote care to the underserved community of West Baltimore, Maryland, and to improve outcomes of hypertension and diabetes. Based at the University of Maryland School of Medicine, the Baltimore Alliance comprises a community health worker program, a church-based education and screening effort, managed care and pharmaceutical company (Hoechst Marion Roussel) partners, a health policy and services research group, and inpatient/outpatient clinical care sites in the health system. Mobilization, cultural relevance, and partnership are employed to ensure that the Alliance's goals of increased patient enrollment and retention in treatment programs will be achieved. Complete expert systems for hypertension and diabetes disease management are being created and will be implemented in the near future. Baseline practices and current outcomes are being identified to act as historical controls. The organization and administration of the Alliance will serve as a prototype that others may follow.

Lam JA, Rosenheck R. **Street outreach for homeless persons with serious mental illness: Is it effective?** Rockville, MD: Center for Mental Health Services, 1998. (DRAFT- Unpublished Paper)

This study examined data on case management clients who are homeless and have a severe mental illness to determine how those contacted through street outreach differ in their socio-demographic characteristics, service needs, and outcomes from those clients contacted in shelters and other health and social service agencies. As part of the Center for Mental Health Services' Access to Community Care and Effective Services and Supports (ACCESS) program, data were obtained from potential clients over the first three years of the program at the time of the first outreach contact, at the time of enrollment in the case management program, and three months after enrollment. Clients contacted at outreach on the street were more likely to be male, older, spent more night literally homeless, were more likely to have psychotic disorders, and took longer to engage in case management. Three month outcome data showed that enrolled clients contacted through street outreach showed improvement equivalent to those enrolled clients contacted in shelters and other service agencies. The authors conclude that street outreach appears to be effective as the clients reached in this way showed improvement equal to that of other clients in most outcome domains.

Levy JS. **Homeless outreach: A developmental model.** *Psychiatric Rehabilitation Journal* 22(2): 123-131, 1998.

In this article, the author introduces an outreach model based on universal principles of ecology and development in order to better serve disaffiliated, homeless adults with psychiatric disabilities. The outreach process is viewed as transactional in nature and consisting of manageable stages. This presents a transactional and phasic context for a psychosocial developmental assessment which identifies client-worker issues relevant to each phase of the management process. This model provides outreach counselors with guidance toward establishing the critical helping relationship needed for homeless persons with psychiatric disabilities to transition to a home in the community.

McCarley TD, Yates WR. **Mobile Outreach Crisis Services (MOCS): An innovative model for taking psychiatric care into the community.** *J Okla State Med Assoc*, 91(8):452-6, November 1998.

Mobile outreach psychiatric services have become a popular model of providing care to the mentally ill. A mobile program has been instituted in Tulsa, Oklahoma, to provide care to homeless mentally ill in Tulsa County and to assist with emergency crisis intervention. The SPMI (Severely and Persistently Mentally Ill) have been a challenge for both medical and psychiatric providers, and MOCS (Mobile Outreach Crisis Services) was developed to address these problems. This article describes MOCS, briefly reviews recent literature, and discusses ways this program can benefit primary care physicians.

National Network for Youth. **Toolkit for youth workers: Street outreach.** Washington, DC: National Network for Youth, 1998.

This bibliography lists resources covering street outreach to homeless youth and other street populations. AVAILABLE FROM: National Network for Youth, 1319 F Street, NW, Suite 401, Washington DC 20004, (202) 783-7949.

Wasmer D. **Engagement of persons who are homeless and have serious mental illness: An overview of the literature and review of practices by eight successful programs.** Chicago, IL: De Paul University, 1998.

This paper examines the literature on outreach to persons who are homeless and have serious mental illness and the results of a survey of eight programs that offer outreach services. Programs were found to share a highly mobile "find and serve" approach to the target population. The largest portion of new clients are engaged at homeless shelters, followed by mobile outreach to other homeless service sites. Outreach to streets and public places is maintained by most programs and special drop-in centers for the target group are operated by others. Offering help with basic needs, especially emergent health problems, was found to be a critical ingredient to linkage and committed staff make things happen despite myriad challenges. Continued investigation into the features of successful outreach, especially the amount and duration of linkage efforts and details about the timing of basic needs and supports, would help advance the principles of what is a distinct component of today's mental health service system.

1997

Cousineau MR. **Health status of and access to health services by residents of urban encampments in Los Angeles.** *J Health Care Poor Underserved*, 8(1): 70-82, February 1997.

This paper reports findings from a survey of 134 homeless people living in 42 urban encampments in central Los Angeles. These data, of concern to public health officials, include the physical conditions in the camps, the health status of residents, their use of drugs and alcohol, and their access to and use of health care services such as substance abuse treatment. Many encampment residents report poor health status; over 30% report chronic illnesses, and 40% report a substance abuse problem. Although outreach efforts have had success in bringing HIV and tuberculosis screening services to encampments, residents report significant barriers to using primary health care and drug and alcohol treatment services. Public hospitals and clinics remain the major source of primary medical care for homeless people living in encampments. Outreach and case management continue to be critical components of improved access to health care for homeless people.

Goering P, Wasylenki D, Lindsay S, Lemire D, Rhodes A. **Process and outcome in a hostel outreach program for homeless clients with severe mental illness.** *American Journal of Orthopsychiatry*, 67(4): 607-617, 1997.

This article reports on findings of an 18-month follow-up of 55 homeless and severely mentally ill clients of a hostel outreach program. Results indicated that despite chronic histories of transiency and shelter use, housing stability had been achieved. Initial gains in social functioning and symptom reduction also increased. The authors contend that development of a strong working alliance between clients and their case managers proved to be a key element in the results.

Jones A, Scannell T. **Outreach interventions for the homeless mentally ill.** *Br J Nurs*, 6(21):1236-8, 1240-3, Nov 27-Dec 10, 1997.

There has been a steady rise in the number of homeless mentally ill in Britain. This article reviews the scale of the problem and identifies the need for change within mental health services in order to address this challenge. It is argued that mainstream psychiatric services need to become more diverse and open in their approach to this potentially isolated group of users. The authors suggest that this could be achieved

by embracing assertive outreach interventions. Innovative projects using a range of care providers, including voluntary workers, past users of the service and professional mental health workers, are discussed as an alternative framework to traditional services. In conclusion, the article highlights some of the professional and social implications for psychiatric nurses and mental health practice.

Knight EL. **A model of the dissemination of self-help in public mental health systems.** *New Directions for Mental Health Services*, 74: 43-51, 1997.

This article discusses the origins of self-help and begins by providing an understanding of four forms of self-help: mutual support, advocacy, consumer/survivor run services, and coping. The author then looks at examples of the five different strategies by which self-help in public mental health systems has been disseminated. These strategies include: intensive strategies that show the efficacy of the model, extensive strategies of outreach to as many people as possible, and the process of legitimation through research and development, symbolic dissemination, and flanking strategies.

Martin E, McDaniels C, Crespo J, Lanier D. **Delivering health information services and technologies to urban community health centers: The Chicago AIDS Outreach Project.** *Bull Med Libr Assoc*, 85(4): 356-61. October 1997.

Health professionals cannot address public health issues effectively unless they have immediate access to current biomedical information. This paper reports on one mode of access, the Chicago AIDS Outreach Project, which was supported by the National Library of Medicine through outreach awards in 1995 and 1996. The three-year project is an effort to link the programs and services of the University of Illinois at Chicago Library of the Health Sciences and the Midwest AIDS Training and Education Center with the clinic services of community-based organizations in Chicago. The project was designed to provide electronic access to AIDS-related information for AIDS patients, the affected community, and their care givers. The project also provided Internet access and training and continued access to library resources. The successful initiative suggests a working model for outreach to health professionals in an urban setting.

McElmurry BJ, Wansley R, Gugenheim AM, Gombe S, Dublin P. **The Chicago Health Corps: Strengthening communities through structured volunteer service.** *Adv Pract Nurs Q*, 2(4):59-66, Spring 1997.

The Chicago Health Corps is an AmeriCorps*USA program, established in 1994 by the Corporation for National Service in partnership with the Health Resources and Services Administration (HRSA) of the U.S. Public Health Service. The Chicago Health Corps deploys 20 full-time equivalent corps members in selected community sites that offer primary health care services to Chicago's underserved families. Chicago Health Corps members provide a combination of outreach, home visit, and case management services to address unmet health needs identified by community members, including both laypersons and professionals. Providing meaningful opportunities for participants to assist their communities with health care helps corps members develop an awareness of their fellow community members and an ethic of service.

Plescica M, Watts R, Neibacher S, Strelnick H. **A multidisciplinary health care outreach team to the homeless: The 10-year experience of the Montefiore Care for the Homeless Team.** Family and Community Health, 20(2): 58-69, 1997.

This article describes efforts by the Montefiore Care for the Homeless Team, a multidisciplinary health care outreach team that has provided health care to a diverse homeless population in the Bronx, N.Y. for 10 years. Yearly descriptions of patient demographics, continuity measures, diagnoses, interventions, and referral patterns are presented for a four-year period. These reveal that an increasing number and diversity of services have been provided by nurse practitioners who address social problems and preventive care in addition to providing direct clinical care for a range of acute and chronic health problems. Findings also indicate that providing services at on-site premises led to the building of relationships with shelter and soup kitchen staff, and improved patient participation and social support. The authors suggest that a multidisciplinary team approach reduces barriers to health care services for the homeless populations and contributes to improved provider retention.

Porter B. **To reach the homeless.** New York, NY: Times Square Business Improvement District, 1997.

This report describes the first year of a major effort to address homelessness in the Times Square district in New York City. The stories demonstrate the difficulty of the work and challenge the reader to continue to grapple with the complexities involved in working with homeless clients. Components of the project described include: concept; challenges; outreach; stories about specific people who are homeless; and results of the program after one year. Outreach teams will reduce the number of homeless people in Times Square as first year results indicate that some people who are homeless do accept offers of help and come inside.

Shalala D. **Recognizing community outreach nurses.** Nurs Manage, 28(8):64, August 1997.

In an address to the nurses at Pine Street Inn Nurses' Clinics in Boston, Massachusetts, U.S. Secretary of Health and Human Services Donna Shalala recognizes their commitment to outreach and preventive care for homeless men and women. For the past 25 years, the clinic-the first in the country to be licensed by a state-has been caring for citizens who too often fall through the cracks of the health care system.

1996

Aiemagno SA, Cochran D, Feucht TE, Stephens RC, Butts JM, Wolfe SA. **Assessing substance abuse treatment needs among the homeless: A telephone-based interactive voice response system.** Am J Public Health, 86:1626-8, November 1996.

We report on a pilot project that used a telephone-based interactive voice response system accessed by cellular phones at diverse sites, to interview homeless persons on their need for alcohol and other drug treatment. Using this technique we surveyed 207 homeless adults at eight shelters in Cleveland, Ohio. The cellular approach was comparable to human-administered interviews in reliability and validity and yielded higher self-reported levels of drug use. Cellular telephones and interactive voice response interviewing systems can be useful tools in assessing for the health-service needs of difficult-to-reach populations.

Alexy B, Elnitsky C. **Community outreach: Rural mobile health unit.** Journal of Nursing Administration, 26(12): 38-42, 1996.

With the increased emphasis on cost containment, hospital administrators are investigating community outreach projects to remain economically viable. The authors describe the planning and implementation of a mobile health unit for rural elderly residents. This project represents an alternative model of healthcare delivery in a rural area with limited resources and healthcare providers.

Buhrich N, Teesson M. **Impact of a psychiatric outreach service for homeless persons with schizophrenia.** Psychiatr Serv, 47(6): 644-646, June 1996.

. A total of 506 homeless persons with schizophrenia were referred to the outreach service between April 1988 and mid-1992, of whom 91 failed to attend. Hospitalization data were collected for the four years before and the four years after each individual's referral to the service. After the introduction of the service, the rate and duration of psychiatric hospital admissions for residents with schizophrenia who were treated by the outreach service decreased significantly, whereas those who failed to attend showed no such decrease.

Fuhr ME. **No place to stay: A handbook for homeless outreach.** Oakland, CA: M. Elizabeth Fuhr, 1996.

Based on her six years experience of providing outreach to elderly homeless persons in Oakland, Calif., the author offers this guide to outreach and engagement. Topics covered include: (1) an overview of case management; (2) skill building exercises; (3) personal stories, poetry, and art by homeless persons; (4) specific needs of the homeless person with alcohol and drug addiction and/or mental disorders; and (5) concerns of the older homeless person

Lope M. **The perils of outreach work: Overreaching the limits of persuasive tactics.** In Dennis D; Monahan J(eds.), *Coercion and Aggressive Community Treatment: A New Frontier in Mental Health Law*, 85-92. Plenum Publishing Corporation, 1996.

This chapter discusses some of the engagement strategies used by outreach workers that could be considered coercive. According to the author, the outreach worker, whose primary mission is to canvass the streets looking for persons with mental illnesses in need of medication, treatment or homes, must invent strategies that engage the prospective client into treatment, even though that client has fled from mental health workers in the past. To identify whether the tactics of the outreach worker are coercive, one must acknowledge that the outreach worker is in a position of power when she or he relates to a client.

McQuiston HL, D'Ercole A, Kopelson E. **Urban street outreach: Using clinical principles to steer the system.** New Directions for Mental Health Services, 52 (Winter): 17-27, 1996.

The authors explain that a decade ago, urban street outreach was part of a rapid response to the epidemic of homelessness, but today it struggles to develop into a clinical craft that will define its own niche in the system of services to homeless people who have mental illnesses. A study was conducted to begin to understand the process and the outcome of urban street outreach, as the engagement and referral activity of a well-established outreach service was examined. The authors contend that program planning needs to establish a structure in which sound clinical principles can flourish.

Morse GA, Calsyn RJ, Miller J, Rosenberg P, West L, Gilliland J. **Outreach to homeless mentally ill people: Conceptual and clinical considerations.** Community Ment Health J, 32:261-74, June 1996.

This paper describes a model of outreach predicated on developing a trusting, meaningful relationship between outreach workers and homeless persons with mental illness. Five common tasks inherent in this model of outreach are establishing contact and credibility, identifying people with mental illness, engaging clients, conducting assessments and treatment planning, and providing ongoing service. Other issues include: (1) Responding to dependency needs and promoting autonomy; (2) setting limits while maintaining flexibility; and (3) resistance to mental health treatment and follow-up service options.

Testani-Dufour L, Green L, Green R, Carter KF. **Establishing outreach health services for homeless persons: An emerging role for nurse managers.** J Community Health Nurs, 13(4): 221-235, 1996.

Nurse-managed clinics can be an effective strategy for addressing the health care needs of homeless and indigent populations. The role of the nurse manager in the establishment of a clinic involves community leadership--specifically, it involves addressing strategic planning, financial and manpower issues. The collaborative relationship of nurse managers, educators, and the community laid the groundwork for accessible and affordable health care for the homeless and indigent of one northwest Georgia community. Specific tools and strategies are presented.

1995

American Psychiatric Association, American Academy of Child and Adolescent Psychiatry, National Alliance for the Mentally Ill, National Depressive and Manic-Depressive Association, National Mental Health Association, National Institute of Mental Health. **Idea & information exchange for 1995. Reaching underserved populations.** Washington, DC: American Psychiatric Association, 1995.

This booklet provides tips and ideas for planning successful community outreach programs, a guide of events and campaigns in 1995, information on program resources and materials, and camera-ready art. It includes articles which feature stories and materials geared for special audiences such as African Americans, Asian Americans, children and adolescents, the elderly, gays and lesbians, Hispanics, and women. AVAILABLE FROM: American Psychiatric Association, Division of Public Affairs, 1400 K Street, NW, Washington, DC 20005, (202) 682-6324.

Bybee D, Mowbray CT, Cohen EH. **Evaluation of a homeless mentally ill outreach program: Differential short-term effects.** Evaluation and Program Planning 18(1):13-24, 1995.

Previously published research on interventions for homeless persons who have mental illnesses has exhibited marked limitations in attrition, sample sizes, generalizability and outcome measures. This report presents results from an outreach and linkage project wherein the research design concentrates on addressing these limitations. Successful outcomes in terms of the number housed were documented. However, significant changes in participant functioning levels were not. Three variables were significant predictors of residential stability at four months: recruitment source (shelter, psychiatric hospital or community mental health agency); client functioning; and hours of service from the homeless project. The latter finding suggests that project interventions contributed to positive changes in clients' residences. Implications of the results for future service and research efforts are discussed.

Clatts MC, Davis WR, Atillasoy A. **Hitting a moving target: The use of ethnographic methods in the development of sampling strategies for the evaluation of AIDS outreach programs for homeless youth in New York City.** NIDA Res Monogr, 157:117-35, 1995.

Cunnane E, Wyman W, Rotermund A, Murray R. **Innovative programming in a community service center.** Community Ment Health J, 31(2): 153-161, April 1995.

A Community Center in a downtown urban area offers comprehensive services that provide continuity and choice to homeless and poor people. Emphasis is on outreach, through a Day Treatment Program for severely, persistently mentally ill homeless, a mobile outreach team, and neighborhood services, and/or employment, including a restaurant and Employment Reintegration Program. The Center is an example of how professionals, community and business leaders, and citizens can unite to assist clients and how programs can evolve from clients' requests and participation in services. The Center's programming can be followed in any community in this health care reform era.

1994

Anchorage Community Mental Health Services. **Crossover House homeless project: An outreach intervention for homeless adults experiencing severe mental illness and substance use disorders.** Anchorage, AK: Anchorage Community Mental Health Services, 1994.

This document contains information focusing upon an approach to serving individuals who are homeless and experiencing dual-diagnosis conditions in the earliest phase of service delivery. A conceptual framework is provided to describe the Crossover House's outreach intervention model. Other topics discussed include: the history and setting of intervention; a literature review; client population; program structure; outreach intervention; specific case studies; lessons learned; and recommendations from the authors. AVAILABLE FROM: South Central Counseling Center, Crossover House, 1000 E. 4th Ave., Anchorage, AK 99501.

Barry M, Fleck E, Lentz S, Bell C, O'Connor P, Horwitz R. **"Medicine on wheels": An opportunity for outreach and house staff education.** Conn Med, 58(9): 535-539, September 1994.

Ambulatory-care teaching programs have been traditionally based in hospital settings. As many patients, in particular the homeless and underinsured, have never reached these settings, we describe a nontraditional outreach health care program for medical residents. This multidisciplinary program places medical residents on a mobile van to deliver care to a population in New Haven where 18.2% of its families are below the poverty level and have limited or no access to health care at the teaching hospital. On-site urgent care is given along with HIV, pregnancy testing, and blood pressure screening. Health care follow-up, dental care, alcohol detoxification, and drug counseling are scheduled. A total of 764 adult patients were seen between November 1991 and June 1993 by PGY2 residents on ambulatory rotations. One hundred forty-one patients consented to respond to a questionnaire. Thirty-seven (26%) were homeless with a mean length of homelessness of 15 months. Forty-one percent had been victimized within one year and 33% currently used illicit drugs. The benefits of this unique ambulatory teaching program for medical residents are described.

Bybee D, Mowbray CT, Cohen E. **Short versus longer term effectiveness of an outreach program for the homeless mentally ill.** Am J Community Psychol, 22:181-209, April 1994.

Presents 12-month results from an outreach/linkage intervention with persons who are homeless and mentally ill, comparing these with results obtained at four months. Both sets reflect the success of the program in placing individuals in independent housing. However, longer term data provide information regarding client movement patterns and increased tenure in nonhomeless living arrangements beyond the termination of specialized services. Analyses of 12-month residential outcomes identified four variables as significant predictors: recruitment source, project service duration, CMH service duration, and client age. In contrast to four-month predictors, variables reflecting baseline client functioning were no longer significantly related to outcome, suggesting that the positive effects of the intervention may take longer to achieve with some clients. Discussion focuses on the implications of these effectiveness results for future research designs and measures and the utility and limitations of pre-experimental approaches for evaluating innovative service models when implementation and efficacy experiences are lacking.

Nyamathi AM, Flaskerud J, Bennett C, Leake B, Lewis C. **Evaluation of two AIDS education programs for impoverished Latina women.** AIDS Educ Prev, 6(4):296-309, August 1994.

This paper evaluates the effectiveness of two culturally sensitive AIDS education programs developed by the UCLA AIDS Nursing Network and delivered to 213 impoverished Latina homeless or drug-addicted women in Los Angeles. The Comprehensive Health Seeking and Coping Paradigm guided the program, which was implemented by specially trained Latina nurses and outreach workers. A quasi-experimental design was used where women were randomized by site into specialized (n=82) and traditional (n=131) programs. Two-week posttest analyses were conducted to assess program effectiveness and selected demographic characteristics, including acculturation. Results indicated that women in both AIDS education programs improved significantly in cognitive, behavioral, and psychologic outcomes.

Slagg NB, Lyons JS, Cook JA, Wasmer DJ, Ruth A. **A profile of clients served by a mobile outreach program for homeless mentally ill persons.** Hospital and Comm. Psychiatry 45(11):1139-1141, 1994.

According to the authors, mobile outreach and crisis services, which have proven effective for persons with mental illnesses have also proven effective for homeless persons, with mental illnesses' but are not sufficiently available. This article describes the services offered and the population served by a mobile assessment program in its first 24 months of operation. The mobile assessment program was established in 1990 by Thresholds and serves a catchment area encompassing urban Chicago, Ill.

1993

DiBlasio FA, Belcher JR. **Social work outreach to homeless people and the need to address issues of self-esteem.** Health Soc Work, 18(4):281-7, November 1993.

This article assesses self-esteem in a sample of homeless people from a major urban area. The findings indicate bivariate associations between low self-esteem and depression, family relationships, goal attainment, disability, health, and food deprivation. Multivariate analysis suggests that depression and poor health are the two most significant variables that contribute to low self-esteem. Social work outreach can provide services to positively influence homeless peoples' lives. First, however, it is important to facilitate proper psychosocial and psychiatric assessment, to make a diagnosis, and to provide on-site treatment.

Illing J, Hulme N, Gibson B, Minchom D, Aroney R, Barton S. **Outreach work targeting young men who sell sex: Accessing a "difficult to reach group" into sexual health care.** Int Conf AIDS, 9:701 (abstract no. PO-C14-2906), June 6-11, 1993

To evaluate, after one year, a project where by a Health Advisor from a central London clinic for sexually transmitted diseases was available at a drop-in center in central London for young men who sell sex on the street. A Health Advisor attended a drop-in center on a weekly basis for a two-hour session. The attenders at the center were young men who sold sex and had been identified as a "hard to reach group." The time was spent on sexual health education and trying to break down barriers of suspicion of authority and to build trust in order to access these male prostitutes into mainstream medical care. After a 12-month period the medical records of those patients identified as attending the clinic as a direct result of this intervention were reviewed. Tabular data, see abstract volume. This intervention proved effective in targeting education and accessing into sexual health care a vulnerable and difficult to reach group. Cost analysis has shown the project to be a justifiable use of resources and could be a useful model.

Kasper MJ, Robbins L, Root L, Peterson MG, Allegrante JP. **A musculoskeletal outreach screening, treatment, and education program for urban minority children.** Arthritis Care Res, 6(3):126-33, September 1993.

PURPOSE. A hospital-based outreach program was initiated to screen minority children in medically underserved areas of New York City for musculoskeletal diseases. We examine the number of such diseases in this population, and evaluate the program's success to facilitate referral and follow-up of children with referral conditions. **METHODS.** Screenings were conducted at schools and day-care centers. Children requiring further evaluation were referred to the sponsoring hospital, a major referral center for musculoskeletal diseases. Bilingual educational strategies, transportation reimbursement, and coverage for uninsured children were used to foster participation and increase follow-up. **RESULTS.** A total of 2,523 children were screened, 168 (6.7%) of whom were referred for one of 45 different musculoskeletal disorders, including scoliosis and back problems, foot problems, in- and out-toeing, knee or hip pain, and problems of joint range of motion. Sixty-seven percent of those referred had a follow-up medical consultation. **CONCLUSIONS.** A substantial proportion of urban minority children have previously undiagnosed musculoskeletal disorders that, if left untreated, have the potential to lead to significant disability in later life. Targeted screening programs can be effective in identifying such disorders, and providing an opportunity for early diagnosis, treatment, and education.

Plotkin MR, Narr,OA. **The police response to the homeless: A status report.** Washington, DC: Police Executive Research Forum, 1993.

This report presents the findings of a comprehensive study of the police response to street people. Conducted by the Police Executive Research Forum (PERF), with support from The Robert Wood Johnson Foundation, this study was designed to improve the way in which police interact with street people through increased awareness of the scope of the problem, and through recognition of meaningful, effective responses. According to the report, a number of city police departments around the country have created special units to cope with homelessness. For example, the New York City Transit Police have established outreach teams to reduce homelessness in the city's subway system. The police remove homeless individuals who set up housekeeping in the subway facilities by transporting them to shelters in buses, and by discouraging aggressive panhandling and sleeping on subway benches or seats. Seattle, Washington, Las Vegas and Reno, Nevada, and Santa Monica, California are among the cities that have

created special units which deal nearly exclusively with homeless individuals. The authors contend that police officers often serve as social workers to the needy and powerless members of the community, as well as enforcers of the law and keepers of public order (authors). AVAILABLE FROM: Police Executive Research Forum, 2300 M Street, N. W., Suite 910, Washington, DC 20037, (202) 466-7820. (COST: \$23.95) (ISBN 1-878734-31-8)

Podschun GD. **Teen peer outreach-street work project: HIV prevention education for runaway and homeless youth.** Public Health Rep, 108:150-5, March-April 1993.

Each year, there are approximately two million homeless and runaway youths in the United States. On any given night, there are 1,000 homeless youngsters living on the streets of San Diego, Calif. Homeless young people are commonly involved in one or more of the following activities that place them at risk for HIV infection--unprotected sexual intercourse, needle-sharing in the use of injectable drugs, sex with someone who injects drugs. The Teen Peer Outreach-Street Work Project trains teen peer educators to work in three existing San Diego youth service programs with street outreach staff members to provide HIV prevention education and referral services to San Diego's homeless youth. Selected teens from the target population also participate in street-based case management that provides skill development to bring about behavioral and attitudinal changes. An HIV outreach program cannot stand alone and is most successful if it is integrated with services that meet the basic needs of its clients. In the three participating youth service programs of the Teen Peer Outreach-Street Work Project, food, clothes, and shelter information are provided. There are shelters in two of the three programs that become places where HIV educational messages, delivered on the street, can be reinforced. Immediate and concrete assistance can be offered to homeless youth. Low literacy among the target population presents a significant obstacle to adequate and appropriate HIV prevention education for homeless youth. Currently, education materials that specifically target homeless youth do not exist. The outreach street project is being expanded to develop materials for homeless youth with low literacy levels.

Rosenheck R, Gallup P, Frisman LK. **Health care utilization and costs after entry into an outreach program for homeless mentally ill veterans.** Hosp Community Psychiatry, 44(12): 1166-1171, December 1993.

OBJECTIVE: This study evaluated the impact of a Department of Veterans Affairs outreach and residential treatment program for homeless mentally ill veterans on utilization and cost of health care services provided by the V.A. METHODS: Veterans at nine program sites (n=1,748) were assessed with a standard intake instrument. Services provided by the outreach program were documented in quarterly clinical reports and in residential treatment discharge summaries. Data on nonprogram VA health service utilization and health care costs were obtained from national VA data bases. Changes in use of services and cost of services from the year before initial contact with the program to the year after were analyzed. The relationship of these changes to indicators of clinical need and to participation in the outreach program were analyzed. RESULTS: Although utilization of inpatient service did not increase after veterans' initial contact with the program, use of domiciliary and outpatient services increased substantially. Total annual costs to the VA also increased by 35%, from \$6,414 to \$8,699 per veteran per year. Both clinical need and participation in the program were associated with increased use of health services and increased cost. Veterans with concomitant psychiatric and substance abuse problems used fewer health care services than others. CONCLUSIONS: Specialized programs to improve the access of homeless mentally ill persons to health care services appear to be effective, but costly. Dually diagnosed persons seem especially difficult to engage in treatment.

Wasylenki DA, Goering PN, Lemire D, Lindsey S, Lancee W. **The hostel outreach program: Assertive case management for homeless mentally ill persons.** Hosp Community Psych, 44:848-53, 1993.

OBJECTIVE: This study measured the impact of an assertive case management program for psychiatrically disabled homeless persons in metropolitan Toronto. It was hypothesized that the program would improve residential stability, reduce psychiatric symptoms, improve social functioning, improve social networks, and increase use of appropriate services. **METHOD:** For 59 clients, assessments for the nine-month period before program entry were completed and were repeated nine months later. The Brief Psychiatric Rating Scale and a version of the Scale for Level of Functioning were the main outcome measures. **RESULTS:** At follow-up, significant improvements in residential stability and reductions in psychopathology were demonstrated. Improvements in social functioning and increases in social network size were significant. Although no baseline data about service use were collected, clients used basic support services during their first nine months in the program. **CONCLUSIONS:** The success of the program demonstrates that a difficult-to-treat patient population can be helped in a humane fashion if trained personnel are available.

Undated

Fisk D, Rowe M, Brooks R, Gildersleeve D. **Integrating consumer staff into a homeless outreach project: Critical issues and strategies.** In press, Psychiatric Rehabilitation Journal.

In this article, clinical and consumer staff describe their experiences employing formerly homeless persons with mental illness and/or substance abuse disorders on a federally funded homeless outreach team. The authors identify three challenging issues that emerged: 1) disclosure of consumer status; 2) client-staff boundaries; and 3) workplace discrimination. Three strategies are proposed to ease the integration of consumer staff into their work positions in clinical projects: 1) education and training of non-consumer staff; 2) individual supervision; and 3) distinguishing between when it is necessary to make reasonable accommodations for consumers from when their work responsibilities need to be modified.

Mullins SD. **Steps out: A peer-integrated outreach and treatment model for homeless persons with co-occurring disorders.** Rockville, MD: Substance Abuse and Mental Health Services Administration, undated.

This manual describes a peer-based treatment initiative designed to assist homeless individuals who suffer from both substance abuse disorders and co-occurring mental illness. The program's central philosophy is that outreach coordinated by staff who were once homeless is an effective means of linking program participants with prevocational and vocational opportunities. Topics discussed include: a conceptual framework; history and setting of the intervention; review of the literature; description of participant population; description of the intervention; case studies; and lessons learned.