

Lancaster County Drug & Alcohol Commission Case Management & Clinical Services Policy and Procedure Manual	<i>CMCS # 13</i>  <i>Policy: Outreach Services for Person Who Inject Drugs</i>
<i>Most Current Revision: 07/01/2021</i> <i>Effective Date: 07/01/2020</i>	<i>Page: 1 of 5</i>

***I. Purpose:***

To ensure that outreach activities are carried out as planned for persons who inject drugs (PWID) who have not yet entered treatment.

***II. Procedure:***

Overview

Outreach is the activity of providing services to any population that might not otherwise have access to those services. A key component of outreach is that the group providing it is not stationary, but mobile; in other words, it involves meeting someone in need of outreach services at the location where they are. In addition to delivering services, outreach has an educational role of raising the awareness of existing services. It also includes identification of under-served populations and service referral.

Historically, outreach tools include leaflets, newsletters, advertising stalls and displays, and dedicated events. Outreach had commonly taken place physically at local community institutions such as libraries, community centers and markets. Presently, most outreach activities include “virtual” electronic outreach approaches of which continue to evolve as a progressive means to identify, approach, and connect with the PWID population.

Approach

**A. PWID Outreach**

Outreach involves identifying individuals with a substance use disorder as well as those individuals who are at high risk of developing a substance use disorder and encouraging them to access treatment and treatment-related services. Outreach services include providing specific, ongoing outreach activities in locations where individuals with a substance use disorder are likely to be, encouraging entry into treatment and/or treatment related services, and providing following-up services with individuals identified during outreach activities. The comprehensive outreach endeavors also include the provision of services to people who inject drugs, as required by the Substance Abuse Block Grant. The comprehensive outreach services also includes promoting awareness about substance use and the correlation to contracting communicable diseases.

**B. Who will perform Outreach**

Outreach services are contracted services are executed by the LCDAC contracted outreach service providers. Staff persons at the contracted provider

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level shall provide the direct service of outreach. Compared with staff providing traditional services, outreach staff can potentially be less qualified but more highly motivated.

#### C. Minimal Staff Requirements/Required Training

- i. All LCDAC contracted outreach staff are to be proficient in:
  - outreach, education, and referral of persons who use injection drugs (PWID) populations,
  - current trends in injection drug use and associated risks of such use,
  - methods of transmitting diseases,
  - healthy behaviors vs. high-risk behaviors.
  - available resources,
  - available support groups,
  - motivational interviewing techniques.
  - models/stages of change, etc.
- ii. Additionally, all LCDAC contracted outreach staff are expected to acquire the following trainings within 365 days of hire:
  - HIV/AIDS – 6 hours;
  - TB/STDS/HEP C – 4 hours; and
  - Confidentiality – 6 hours.
- iii. A minimal of 12 hours of training per year relevant to outreach activities is required.
- iv. Regular and documented supervision of staff is also required.

#### D. Outreach Activities

The contracted outreach service provider will conduct outreach services that are designed to target the PWID community in Lancaster County. Outreach service activities may include individual and/or group intervention services. Outreach for the PWID who have NOT yet entered treatment typically are undertaken in public environments and target individuals or undertaken at public or private environments and target organizations rather than individuals or undertaken at a dedicated site.

Recovery support services (RSS) compliment outreach services. RSS's are nonclinical services that assist individuals and families to recover from the negative impact of the substance use disorder. The design of RSS's complements the focus of treatment, outreach, engagement and other strategies and interventions to assist people in recovery in gaining the skills and resources needed to initiate, maintain, and sustain long-term recovery. Examples include but are not limited to mentoring programs, training and education programs, and telephonic recovery support programs.

#### E. PWID Contact and Follow-Up

The contracted outreach staff shall visit numerous neighborhoods, community sites, and community organizations where PWID and/or PWID user activity is prevalent.

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Efforts shall be focused on neighborhoods with high levels of substance use activity and injection drug use. The hours of operation shall be driven by community need based upon when substance use activity has been observed to occur. The PWID and/or potential PWID user shall be identified during contracted outreach staff presence and interaction in the community. Outreach shall occur to identified individuals via individual outreach. Further engagement shall occur via recruiting of PWID and/or potential PWID individuals to interventions, with the individual's voluntary consent.

With voluntary consent by the individual, multiple sessions, and follow-up with may occur.

Documentation of outreach activities is required. The contracted Outreach service provider is expected to create written policies regarding appropriate outreach activities AS WELL AS recordkeeping policies and procedures for the PWID encountered are to be created. Policies are to include content of the PWID records as well as staff responsible for the oversight and monitoring of the PWID records is expected.

#### F. Relationship Between Injection Drug Use and Communicable Disease Client Education

The contracted provider shall ensure that the PWID population is made aware of the relationship between injection drug use and communicable diseases (that is: HIV; TB; and Hepatitis C).

At a minimum, the contracted provider shall provide counseling and education about:

- HIV, TB, Hepatitis C as well as other communicable diseases;
- counseling and education about the risks of needle sharing,
- counseling and education about the risks of transmission to sexual partners and infants,
- counseling and education about the steps that can be taken to ensure that HIV, TB, Hepatitis C, and other communicable disease transmission do not occur; and
- referral for HIV and TB, Hepatitis C treatment services, as necessary.

The contracted outreach provider shall provide information and resource materials about the availability of, HIV/AIDS treatment and testing. Individuals identified to need testing services and HIV treatment shall be offered referral information to local providers who offer such treatment and testing. The client may select the treatment/testing option with which they are most comfortable.

Hepatitis C outreach activities to include public education aimed at promoting the benefits of screening and testing and reducing the stigma around Hepatitis C; client testing activities to include screening, providing pre-test counseling, administering tests, interpreting results, and providing post-test counseling.

**G. Prevention of Disease Transmission Client Education**

The contracted provider shall ensure that the PWID population is made aware of the steps that can be taken to prevent the transmission of diseases such as HIV, TB, Hepatitis C as well as other communicable diseases.

At a minimum, the contracted provider shall:

- provide prevention/outreach to PWID and their partners to ensure they have the knowledge, the skills, and the resources necessary to reduce the possibility of HIV, TB, Hepatitis C, and other disease infection.
- ensure referrals occur as necessary to HIV testing and/or other community resources and/or treatment.
- disseminate information to the PWID population and their partners on the importance of using clean needles and instructions on how to bleach needles, as well as bleach kits, when available.
- disseminate information on how to prevent transmission of sexually transmitted diseases.

**H. Entry into Treatment Encouragement**

The contracted outreach staff will visit numerous neighborhoods, community sites, and community organizations that serve PWID and/or potential PWID. The outreach workers, based on their knowledge of the community, will distribute pamphlets and educational information to PWID individuals designed to encourage this high-risk population into treatment. The pamphlet will include information on how and where treatment services may be accessed. The contracted outreach provider shall carry out activities to encourage individuals identified as PWID and their partners in need of drug and alcohol treatment to undergo such treatment. The contracted outreach provider shall provide appropriate information (that is: brochures; flyers; business cards; etc.) to the PWID population and their partners of the available SUD treatment programs and resources. They shall also provide information and resource materials about the availability of the medical and social services within the local community, including Narcan. The contracted provider outreach staff will be familiar with the local SUD systems within Lancaster County.

**I. Educational Group Services for Contracted Service Providers**

As needed and as appropriate, the outreach provider, shall conduct educational group presentations consisting of HIV/AIDS and Hepatitis C information. The information disseminated for these presentations may topics such as:

- infectious bodily fluids,
- risky behaviors and how to reduce them,
- short-term and long-term symptoms,
- advancements in treatment and medication,
- condom usage, and t
- testing procedures and interpretation of test results.

Also covered in these educational presentations may be the topics of:

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- the development of communication skills and healthy lifestyle choices for those who may be at risk or for those who may already be living with these illnesses;
- information on both Hepatitis A and Hepatitis B; and
- Alcohol Hepatitis.

Presentations are typically one hour in length.

Pre- and post-tests are distributed for comparison purposes and interpreted in terms of evaluation for the group members as well as the presenter.

J. Reporting

The contracted outreach provider must collect, analyze, and report client outcome measures monthly.

- The contracted outreach provider will ensure that accurate and timely statistical reports are submitted to the LCDAC Prevention Program Specialist for the month by the 15<sup>th</sup> day of the following month.
- An Annual Report summarizing services is required.
- Attendance at the LCDAC Provider Working Group meetings is required.

K. Oversight of Outreach Activities

Oversight of the contracted provider outreach activities by the LCDAC Prevention Program Specialist shall occur via:

- review of the monthly statistical reports;
- reports provided at the LCDAC Provider Working Group meetings;
- the annual report;
- yearly monitoring site visits; and
- periodic check-ins throughout the year.

Approved By: \_\_\_\_\_



7/1/2021

Rick Kastner Executive Director

Date