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**ALLEGHENY COUNTY
OUTREACH/INTERVENTION
PROJECT**

PITTSBURGH, PA

**PHOTOCOPY
PRESERVATION**

Allegheny County Outreach/Intervention Project (ACOP)

Executive Summary

The Allegheny County Mental Health, Mental Retardation, Drug and Alcohol Program functions as the Single County Authority (SCA) for the provision of Alcohol and Other Drug (AOD) prevention, intervention and treatment services in Allegheny County, including Pittsburgh. The SCA exists within the larger mental health system in a subdivision of county government which includes major human services system, such as Health, Job Training and Partnership Act, Aging, Housing, Community College and other human service programs. This placement provides a particularly advantageous point for knowledge of and access to a variety of services which can be helpful to the people we serve.

The Allegheny SCA is the prime grantee of the Allegheny County Outreach/Intervention Project (ACOP) which was a NIDA-funded National AIDS Demonstration Research (NADR) program. The ACOP has conducted outreach to injecting drug users and sexual partners in a combination of the standard Educational Intervention and the Health Education models. Preventive interventions are delivered to persons who are identified in a variety of settings and recruited for the two-fold purpose of (1) obtaining more accurate information about the population of injecting and other high risk drug users and their risk behaviors and (2) designing and providing preventive interventions to inform and effect behavior change relative to the spread of the HIV.

ACOP II, the current CSAT-funded project conducts outreach on the streets in several of the most intense drug-trafficking areas in Pittsburgh and Allegheny County, in public housing communities, in agencies where IDUs and their sexual partners might be more likely to frequent, such as WIC offices, social welfare offices, homeless shelters and the County Jail. Street outreach is complemented by health outreach accomplished on a 30+foot mobile van fully equipped to conduct comprehensive family practice health screening, diagnosis and primary health care to persons who present for health services on site in the communities we visit. The Health Van is staffed by a Medical Director (25% FTE), a Medical Services Coordinator (40%), a Community Health Nurse (20%) a Family Practice Resident (25%) and a Van Driver (50%.) Two Outreach Workers accompany the health van into the communities and engage people in conversation about risk assessment for substance abuse, HIV and other STDs and TB. People are referred to the Van for health-related services and substance abusers are encouraged to explore opportunities for entering treatment.

Having completed the followup phase of the study, the ACOP Outreach Workers are now returning to persons recruited earlier in the study to conduct mini-interventions which include reminding them of prevention messages, delivering bleach kits, condoms and written materials and conducting brief risk assessments. The Workers also visit a wide variety of human service agencies to deliver educational sessions to small groups of clients and staff. Clients and other contacts are offered the HIV antibody test from the

van or at the nearest community health center. The Outreach Workers deliver pre-test counseling; the Medical Director, Coordinator or nurse receives test results from the Health Department and usually delivers the results and associated post-test counseling. Allegheny County is fortunate to remain a relatively low seroprevalence area. However, as the ACOP has gained acceptance in the communities, more people are coming to ask to be tested, albeit often surreptitiously.

The ACOP recruited 1,483 subjects to the study. As has been noted in other NADRs, injecting drug use was significantly higher among men. However, a disturbing level of alcohol and non-injecting drug abuse can be observed among women. And conditions persist and worsen locally relative to drug use/abuse, arrests, crime, violence and other phenomenon which go hand-in-hand with high rates of drug trafficking, and HIV/AIDS. High and rising rates of gonorrhea in Allegheny County point to continued considerable risk for HIV among young heterosexuals. The HIV/AIDS epidemic disproportionately affects the African American community here; from 1988 to mid-1992, the percentage of persons diagnosed with AIDS cases who were African American increased from 14% to 34%. The continued high rate of drug abuse in many African American communities informs the ACOP II of its direction in reaching as many persons at risk in these communities as possible with preventive interventions to halt the spread of the HIV, other STDs and TB.

ALLEGHENY COUNTY OUTREACH/INTERVENTION PROJECT

BIOGRAPHICAL SKETCHES

Principals scheduled for meeting of 8/10/93

ANNETTE GREEN, MSW (ACOP Project Dir.)

Ms. Green is the Deputy Director for Drug and Alcohol Programs in the Allegheny County Mental Health, Mental Retardation, Drug and Alcohol Program in Pittsburgh, Pennsylvania. She has been active in the alcohol and other drug abuse (AODA) prevention, intervention and treatment field for more than twenty-five years. Ms. Green has served as a consultant, technical adviser and/or IRG member and peer reviewer for a number of HHS/PHS agencies including the Center for Substance Abuse Treatment (CSAT), the Center for Substance Abuse Prevention, the National Institute on Drug Abuse (NIDA), the Bureau of Health Care Delivery Assistance, and the Family and Youth Services Bureau. Ms. Green has provided senior consultation and technical assistance to many AODA and related projects locally and nationally. She conceived, approximately six years ago, the AIDS Outreach to Injecting and other Drug Users Project called the Allegheny County Outreach/ Intervention Project (ACOP) serving as its Principal Investigator under NIDA sponsorship and continuing as Project Director under CSAT sponsorship. Ms. Green is especially involved and interested in program development in the areas of minority health, women's health and health services to the poor and underserved.

WILFORD A. PAYNE, PCHS Executive Director

Mr. Payne has been the Executive Director of the Primary Care Health Services, Inc. network of PHS-funded Community Health Centers since 1977. In the interim, PCHS has grown from one facility, the Alma Illery Medical Center, formerly Homewood-Brushton Neighborhood Health Center, to a network of seven community-based health centers with over 100 employees. Mr. Payne is past President of the National Association of Community Health Centers and has delivered myriad forms of assistance to PHS and to individual local and national health centers and health institutions.

XIAOYAN ZHANG, PH.D.

Dr. Zhang, PH.D. is the Director of Research for the University of Pittsburgh Institute for the Black Family. He has developed considerable knowledge in the area of evaluation of substance abuse and related programs. He is currently the Principal Investigator for the project evaluation of several projects including: PBA

Inc., -The Second Step, Public Housing Treatment Demonstration project; the Allegheny County Outreach Project (ACOP II) Demonstration project; The Pittsburgh Coalition Against Substance Abuse (PCASA) community substance abuse prevention partnership; the House of the Crossroads, Women's Treatment Demonstration Program; and the Addison Terrace Learning Center's Shelter In-Home Diversion and Outreach Program.

Dr. Zhang received the M.A. Degree in Sociology from the University of Pittsburgh, and the PH.D. In Sociology also from the University of Pittsburgh. He has been published by The Journal of Social Psychology, The Western Journal of Black Studies and several publications in Beijing, China.

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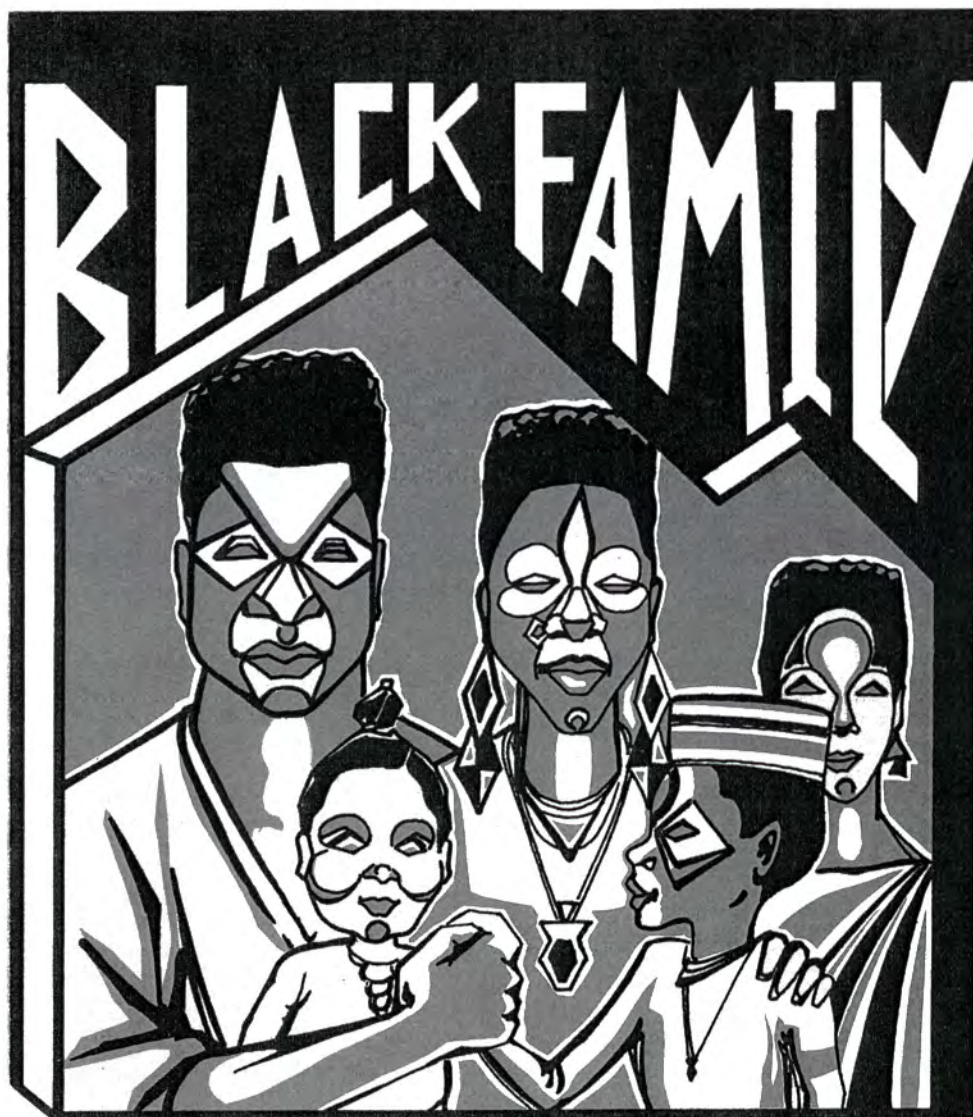
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Family - University of
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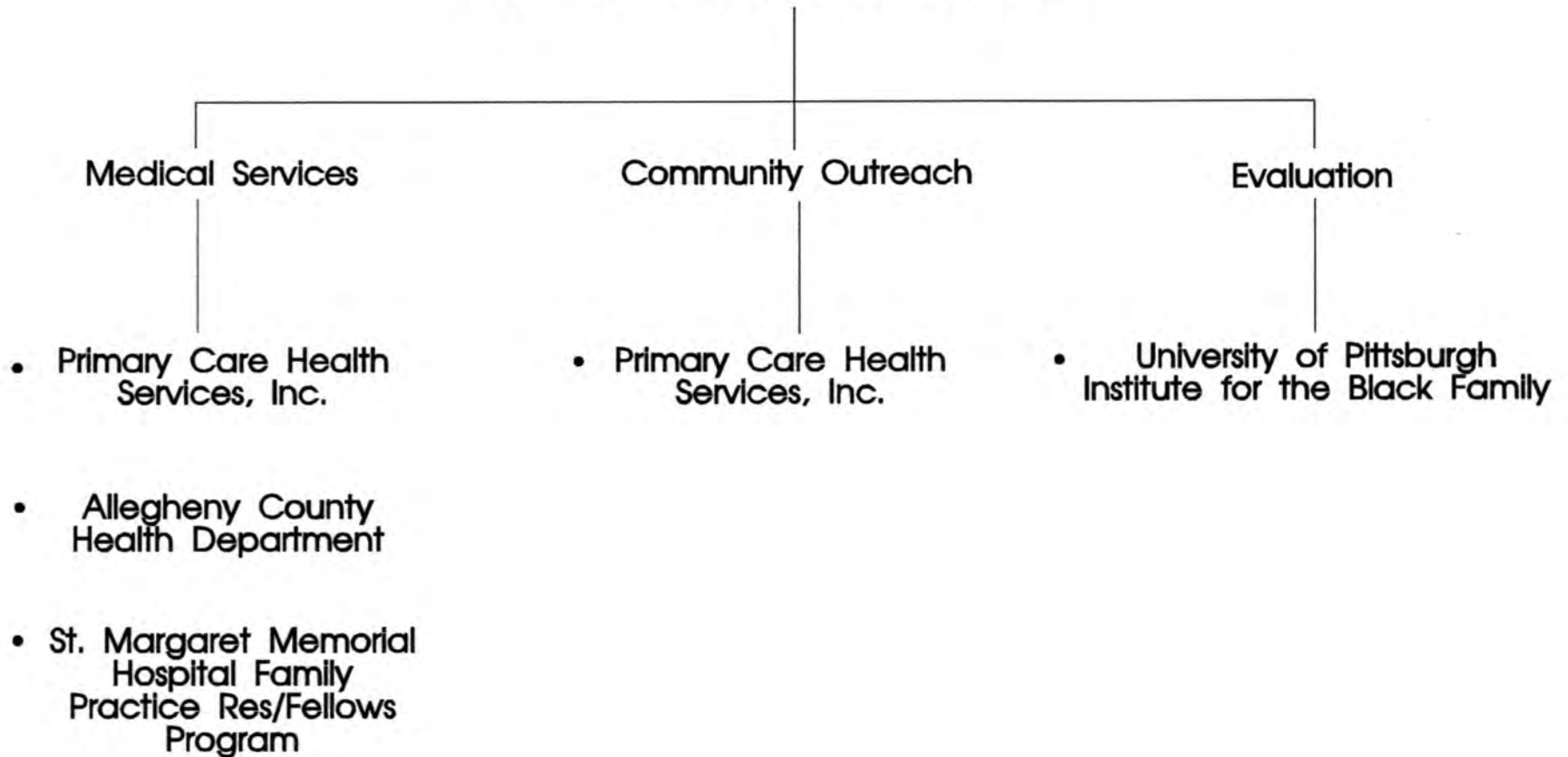
Institute for the Black Family

University of Pittsburgh



ALLEGHENY COUNTY OUTREACH/INTERVENTION PROJECT

Allegheny County MHMRDA Program



Allegheny County Outreach/Intervention Project

Meeting of August 10, 1993 with

Ms. Kristine Gebbie

Discussion Points

The Changing Face of the Epidemic: ethnic minorities, women and substance abusers,

Who will provide services to poor and underserved under managed care?
Referral issues under managed competition.

The long waiting lists for receipt of certain services, such as mental health, AOD treatment, for persons without private medical coverage;

Tensions between communities of color and AIDS Service Organizations: Who should develop, design, manage and provide direct services?

Emerging public health locus of prime importance: Outreach. Pros and Cons relative to health care reform;

Primary health care without walls. Family Practice and its relationship to HIV/AIDS: Back to the Future;

Alcohol and Other Drug Abuse Service Providers: gateway to some of the more recalcitrant and noncompliant and therefore the more acute patients. Cost implications.

The critical importance of Linkages: Federal, State, Local. Who should be involved?

Assistance toward protecting clients in the face of MDRTB.

Collaboration or replication: emerging CDC model vis-a-vis HIV and AOD.

Community Based Outreach and Intervention Demonstration Project

In the latter half of 1992 representatives of the Allegheny County Mental Health, Mental Retardation, Drug and Alcohol Program (CMHMRDA) and Primary Care Health Services, Inc. met with representatives of St. Margaret Memorial Hospital to expand an existing community outreach program.

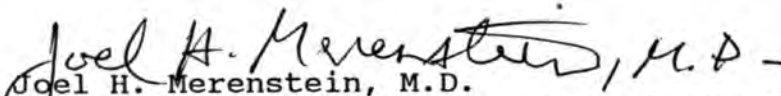
The proposal was to involve family practice residents and their teachers in a community outreach program to provide primary health care and family health services in high risk communities with a special focus on HIV, drug and alcohol identification and referral.

St. Margaret Hospital's family practice residency program was particularly interested in this project not only as an opportunity to provide a much needed community service but also as the keystone of a new community medicine educational experience.

In the spring of 1993 three senior family practice residents each spent one day a week for one month on the mobile van providing healthcare to several underserved communities. Based on their assessment this experience has become part of a required community medicine experience for all first year residents. The first year was chosen in order to provide any early positive community experience for residents so that they will elect further involvement in subsequent residency years and perhaps even choose to practice in an underserved area. In addition to the actual experience of seeing patients, the resident is provided with relevant medical literature which is discussed with the faculty. Other residents are involved by presentations at regular case conferences where difficult problems are discussed.

The first resident involved found the experience valuable and suggested rearranging the schedule to allow for "more frequent visits and greater number of sites." Dr. Shirlene Tolbert, an African-American physician became involved with the van project during her fellowship at St. Margaret Memorial Hospital. Dr. Tolbert has been hired as faculty by St. Margaret to further develop the community medicine experiences and has already considered novel uses of the mobile van including serving needy communities closer to our health centers and providing family health care to other drug and alcohol rehab programs.

The present experience has provided St. Margaret residents with a unique exposure to specific high risk population with multiple interrelated medical, social, economic and personal problems thereby benefitting the residents as much as the populations served.


Joel H. Merenstein, M.D.

Director, Family Practice Research and Fellowships

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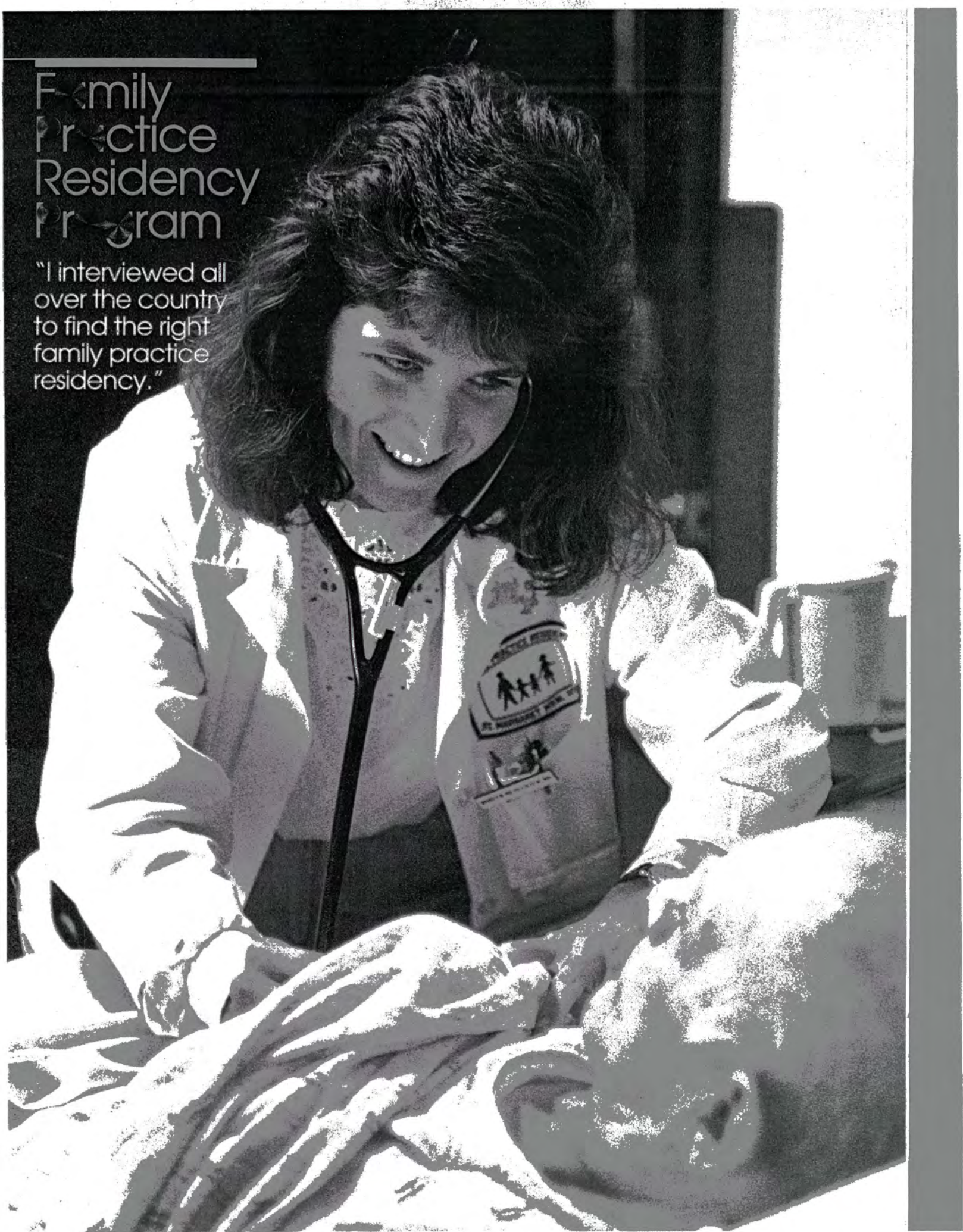
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Family Practice Residency Program

"I interviewed all
over the country
to find the right
family practice
residency."



MOBILE HEALTH VAN SERVICES

Blood Pressure
Complete Blood Count
(anemia, blood sugar)
Cholesterol
Hearing Screening
HIV (Test for AIDS)
Lead Screen
Pregnancy Test
Sickle - Dex
Urine Screening
Eye Screening
Physical exams
Immunizations
Gyn Exams
STD Screening

HEALTH EDUCATION COUNSELING

WIC Forms and Referrals
Child Growth and Development
Exercise Counseling
Medication Counseling
Nutritional Counseling
Help to Stop Smoking
Stress Reduction
Weight Reduction
HIV Education

ALL OF OUR SERVICES ARE FREE OF
CHARGE

All TESTS and INFORMATION are strictly
confidential.

THE ALLEGHENY COUNTY OUTREACH PROJECT IS FUNDED BY:

*U.S. Public Health Service/ Department
of Health and Human Services,
Substance Abuse and Mental Health
Services Administration, Center for
Substance Abuse Treatment

*Pennsylvania Department Of Health

*Allegheny County Mental Health/Mental
Retardation/Drug and Alcohol Program

MEDICAL SERVICES ARE PROVIDED BY:

Primary Care Health Services, Inc.; and

St. Margaret Memorial Hospital Family
Practice Residents and Fellow Program

ALLEGHENY COUNTY OUTREACH PROJECT II

ACOP II

362-8510



EACH ONE... TEACH ONE

ACOP I HISTORY

Allegheny County Outreach Project hit the streets in May, 1989 as part of a national research study. We conducted interviews with 1711 members of the communities we visited to determine whether information pertaining to HIV/AIDS would affect the behavior of individuals who are at high risk or more susceptible to contraction and transmission of HIV.

The results of our interviews indicated that KNOWLEDGE IS INDEED POWER!!!! This is evidenced by the following statistics: Of 766 intravenous drug users (IDU's) interviewed, 349 were later followed up. 41% changed their risk behavior in the following fashion:

- * 10% changed sexual practices;
- * 14% discontinued drug use;
- * 3.4% entered drug treatment.

These changes were reported to be a direct result of ACOP I intervention.

ACOP II "EACH ONE-TEACH ONE"

With the information we gathered through the community interview, ACOP II is now able to return to those same communities and use the information as a means of empowering communities to work toward lowering their risk for HIV/AIDS infection, by addressing the factors that enable the disease to continue its claim of lives in such large numbers within the African American communities. ACOP II is a resource to help communities become self reliant. We have the power within ourselves to solve the problems of

Substance Abuse, HIV Infection, Inadequate Health Care and Social Services in our communities.

REDUCING RISK FOR HIV INFECTION

Our goal is to educate people by describing ways to prevent contact with this deadly virus.

- * WHAT IS HIV?
- * WHAT IS AIDS?
- * HOW PEOPLE GET INFECTED?
- * HOW PEOPLE CANNOT GET INFECTED?
- * HOW DO PEOPLE PREVENT HIV INFECTION?

We offer a basic AIDS education seminar that dispels the rumors and myths about HIV/AIDS. When the above questions are answered, a much clearer picture of this deadly virus will have been presented. ACOP II DEALS WITH THE FACTS ABOUT YOUR RISK FOR HIV, HOW IT AFFECTS US, AND THE PEOPLE WE LOVE.

BALANCED HEALTH CARE

There are often barriers to receiving health care. It may be as simple as traveling to and from a physician's office or as complex as past experiences with a local hospital. ACOP II through its Mobile Health Van brings a health clinic to the community. Our Outreach staff also serve as health advocates to inform you of available services and the process to be followed in order to acquire the

services. Often, the insensitive treatment received by low-income populations and African Americans prevents their access to services.

Health care is important. It improves the quality of life. By visiting a physician, you can learn about your body, receive treatment for health problems you may have and some of which may be unknown to you.

YOUR BODY IS YOUR MOST VALUABLE POSSESSION. TAKE CARE OF IT. PROTECT YOUR BODY BY USING HEALTH SERVICES.

SUBSTANCE USE

Approximately 2/3 of all AIDS cases in the U.S. occur among I.V. drug users. Abuse and addiction cross all social barriers, classes and races. However, prevention is possible, and effective treatment for persons with drug and alcohol problems is available.

With the "Each One Teach One" concept, ACOP II has developed a program to identify addictions and assist in developing treatment strategies, referring the patient by networking with other agencies in the community. ACOP II is providing education in the effects and consequences of substance use in order to prevent the spread of HIV/AIDS.

MOBILE HEALTH VAN SERVICES

Blood Pressure
Complete Blood Count
(anemia, blood sugar)
Cholesterol
Hearing Screening
HIV (Test for AIDS)
Lead Screen
Pregnancy Test
Sickle - Dex
Urine Screening
Eye Screening
Physical exams
Immunizations
Gyn Exams
STD Screening

HEALTH EDUCATION COUNSELING

WIC Forms and Referrals
Child Growth and Development
Exercise Counseling
Medication Counseling
Nutritional Counseling
Help to Stop Smoking
Stress Reduction
Weight Reduction
HIV Education

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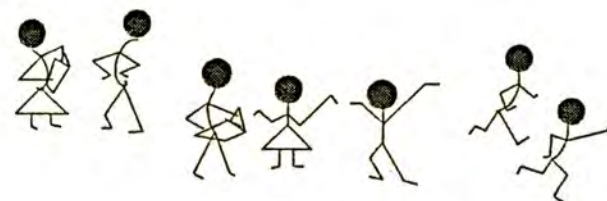
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