BACKGROUND GUIDES

BACKGROUND GUIDE 3:
THE PATIENT-CENTERED PHILOSOPHY

A program based on a patient-centered philosophy focuses on meeting the needs of patients where they are. It operates on the assumption that when patients are unable to adhere to treatment, the first step must be to examine services from the patient's perspective to see how activities can be modified to serve them better.

The patients at highest risk for TB have needs, interests, attitudes, and behaviors that may run counter to your program's purpose and goals. LTBI treatment is likely to be very low on their priority list, particularly since it addresses a condition that has no obvious symptoms and has not yet made them sick. If you are to succeed in enrolling them in your program's agenda, you must put their needs and interests first.

Doing this means acknowledging, understanding, and accepting the realities of their lives. It means setting aside judgment, tailoring your services to accommodate their situations, and working with patients to take small steps that can improve their health and their lives.

A patient-centered philosophy is expressed not in your words but in your activities and in the design of your service delivery. It encompasses eight key strategies:

1. Knowledge and understanding of the highest-risk populations in your jurisdiction
2. Services that are located where they are accessible and convenient to patients
3. Culturally acceptable care
4. A nonjudgmental attitude toward transient lifestyles
5. A harm reduction approach
6. The use of incentives and enablers

7. The use of proven low- or no-cost adherence strategies

8. Provision of essential services beyond TB treatment

While it may not be feasible for every LTBI program to encompass each of these strategies in its entirety, an effective program will incorporate important aspects from each of the eight.

The strategies are described in the sections that follow and suggestions are given to help you in implementing them. The tables referred to in the text will be found at the end of the appropriate section.

1. KNOWLEDGE AND UNDERSTANDING OF THE HIGHEST-RISK POPULATIONS IN YOUR JURISDICTION

To provide patient-centered services, it is essential to understand who the patients are and what they need from the TB program.

Find and analyze information on the highest-risk populations. Staff members need to locate and evaluate available information about the highest-risk populations in your jurisdiction. To obtain the information, consult such sources as:

- Epidemiology reports about TB cases, case rates, and geographic distribution within the city or county
- TB case reports
- Hospital admissions data
- Patient data from community health and social service providers
- Client data from agencies serving foreign-born individuals

Develop a list of organizations and agencies likely to encounter your target population. You should develop a working relationship with community gatekeepers such as community and social agencies that serve the population of concern. These agencies are likely to have valuable information about your patients. Several agencies may work with the same individuals but each one will have differing and valuable perspectives on clients' situations and needs. In the last pages of this background guide, Table G suggests the kinds of organizations your agency might investigate.

Develop a profile of your target populations. When you have gathered the relevant information, you can develop a profile of the hard-to-reach populations in your jurisdiction and determine where a targeted outreach effort would be efficient and cost-effective. The profile should answer such questions as:

- Who are the target patients? What are their demographic characteristics?
- What defines them as high-risk and hard to reach?
- What neighborhoods do they reside in or frequent?
- Where (at what kinds of places) do they eat, sleep, and conduct their daily activities?
- Where do they receive services?
- What barriers do they encounter to receiving services?
- What other health issues do they have that need to be addressed?

Use the opportunity to build partnerships. Don't lose sight of the longer-term objective of building partnerships with others who are also serving these same populations. While you search for target groups, inquire about ongoing TB screening or health related efforts by other agencies in the community.

2. SERVICES LOCATED WHERE THEY ARE ACCESSIBLE AND CONVENIENT TO PATIENTS

The hallmark of a patient-centered approach to TB services is its flexibility and willingness to go to where the patient is. This means that TB testing and treatment can be provided in an environment that the patient finds accessible and comfortable.

The TB program staff must be familiar with the neighborhood(s) frequented by the target populations for two reasons. First, staff need to feel comfortable and safe as they move about the neighborhood seeking patients. Second, their proximity to the patients will help them assess any changes in the patients' daily environment. That will enable them to act to mitigate any detrimental effect that the changes might have on patients' willingness or ability to be screened or treated.

Choose appropriate location(s) for service delivery. Where to locate services is a crucial decision for the success of an LTBI treatment program. To give you the greatest chance of reaching patients or having them keep appointments, and encouraging them to adhere to recommendations, you will want to select a site that is:

- In a neighborhood familiar and comfortable to the target population
- Close to other frequently accessed services, such as food kitchens, low-cost hotels, shelters, or street camps
- On a main street, accessible by walking, where anonymity and safety are enhanced
- Near major bus or subway lines
- Accessible to frequent-referral primary healthcare agencies and social services

If your program has limited resources, explore forming partnerships with community agencies. Partnerships can produce creative arrangements for sharing space with other groups that serve the same high-risk populations, such as mental health, substance abuse, or social service agencies; community clinics or healthcare facilities; churches; or food bank programs. These agencies and organizations might provide a physical site location for testing, and they also can lend legitimacy and credibility to the TB program staff activities. In arranging to share space, it is important to make testing and treatment as accessible to the patient as possible while causing minimal disruption to activities of the collaborating facility. In the last pages of this background guide, Table A suggests the kinds of organizations and spaces that your program might investigate.

Consider a mobile location rather than a stationary one. A mobile unit, such as a specially outfitted van, can be taken into multiple neighborhoods following a regular schedule in each place. By making efficient use of staff and other resources, the unit can effectively expand the reach of an LTBI program.

Make your staff aware of safety issues. When working in the neighborhoods and environments in which the hardest-to-reach LTBI patients reside, health workers may face unsafe conditions and situations. Verbal and physical abuse are potential occupational hazards in a treatment program targeting those living in urban inner-city neighborhoods or other environments frequented by socially marginalized individuals.

It is vitally important that staff be trained to understand and stay alert to personal safety issues when in the TB clinic and in the field. Health workers and outreach workers can become desensitized to a potentially hazardous environment and supervisory staff must be heedful of this possibility. Your program should develop, communicate, and reinforce protocols to ensure staff safety. In the last pages of this background guide, Table B summarizes essential safety practices.

Design your space to provide for the needs and comfort of patients and staff. A well-designed clinic space can contribute to higher levels of patient adherence and staff retention. In the last pages of this background guide, Table C details the kinds of spaces that would ideally be planned for and accommodated in an LTBI clinic site.

3. CULTURALLY APPROPRIATE CARE

Every patient brings into encounters with the TB program a unique set of attitudes, values, beliefs, knowledge, and understanding. These characteristics have been gained from his or her personal experiences, cultural background, family, friends, and social environment. Such factors affect how the patient regards healthcare issues and responds to the requests and recommendations of providers. Likewise, each provider brings his or her own set of attitudes, values, beliefs, knowledge, and understanding to the patient-provider relationship and these may create barriers to care. By providing culturally appropriate care, you increase the likelihood that your patients will comprehend what your program is trying to accomplish and that they will feel that complying with what you ask is in their best interest.

What does culturally appropriate care mean?

Culturally appropriate care typically means care that takes into account a patient's cultural, ethnic, or language background. These factors certainly apply when you are working with high-risk patients, but in that case the concept of culturally appropriate care expands beyond those parameters. The psychological, social, and economic subsets to which your patients belong have their own distinctive cultural characteristics—beliefs and behaviors common to persons in those particular groups.

What can your program do to provide culturally appropriate care?

Conduct initial and ongoing individual assessments. These assessments should concern the patient's:

- Cultural, ethnic, and linguistic background
- Psychological, social, and economic characteristics
- Educational level and ability to comprehend the information that your program will provide
- Level of knowledge about TB
- Beliefs about TB and his or her risk from latent TB infection
- General beliefs about health, disease, and the healthcare system
- Informal self-care practices
- Connections with culturally relevant agencies and organizations

Provide language-appropriate services to the extent possible. Ideally, the TB team members represent a variety of language and cultural groups and can work effectively with patients of diverse backgrounds. While it is not always feasible to achieve this ideal, your team should be prepared to handle the needs of patients from the most significant segments of your target populations. To locate more detailed information, refer to the "Foreign Language Patient Information Resources" section of the Resource Guide included in the Tools section.

Make non-English information available to those who need it. If a patient does not speak English and there is no one on staff who speaks the native language, it is important to find trained interpreters or hire staff who can provide education about TB and LTBI in the patient's native language. Foreign language pamphlets on these topics can be obtained from the CDC and other

programs. To locate more detailed information, refer to the "Cultural Competency" section of the Resource Guide included in the Tools section.

Be cautious about making assumptions about a patient's language or culture. Don't assume that everyone in a given group speaks the same language. Individuals within a group or category may have very different degrees of acculturation as well as different language skills and preferences.

Develop a resource bank of culturally appropriate services. Make referrals to agencies that can provide suitable services. Survey organizations and agencies in your area to determine which language and cultural groups they are best equipped to serve.

Assess the literacy level of both the patient and the materials available. Even with patients who primarily speak English, your team must be sensitive to variations in their reading ability and educational level so they can provide appropriate materials. Pamphlets and visual aids should be readable and visually uncomplicated. There are low-literacy level materials available. To locate more detailed information, refer to the "Low Literacy Materials" section of the Resource Guide included in the Tools section.

4. A NONJUDGMENTAL ATTITUDE TOWARD TRANSIENT LIFESTYLES

An awareness of transient lifestyles and a nonjudgmental attitude toward them are essential for outreach team members. Many high-risk patients who receive treatment for LTBI are homeless or have unstable living arrangements. The goal of keeping patients involved long enough to complete appropriate LTBI treatment should be inherent in the mission of the TB team.

Obtain and maintain accurate locating information. No matter where you locate your services, obtaining detailed patient locating information is critical. It is important to know where your patients can be found. Even homeless patients often have daily

routines and activities that take them consistently to certain locations. At the first encounter, staff should obtain details about:

- Names and addresses of family members, relatives, and friends
- Places where the patient reports "hanging out" most often
- Shelters, agencies, and organizations where the patient stays or obtains food and services

Finding transient patients often requires a lot of detective work. As staff members search for individuals, good locating information will minimize their frustration. Be aware, though, that people are often reluctant to give out this sort of information. It will help if your staff can develop a high tolerance for common problems like being given wrong addresses and false locating information.

Always confirm agreements with patients about where they do and do not prefer to receive treatment. If your staff are able to meet the patient at locations of his or her choosing, adherence to treatment is more likely.

Remember that homelessness is episodic for most people. This awareness is crucial for good outreach work with high-risk patients who often move in and out of homes, shelters, hotels, street locations, and back again. Be sure to update locating information often.

Develop relationships with persons who are in contact with patients. It is worthwhile whenever possible to make allies of persons who know a patient or might control access to him or her. Building these relationships can require persuasive skills, patience, and adaptability, but the effort can pay off later when TB staff members are searching for the patient.

Potential allies can include:

- Friends and relatives of the patient
- Staff or "gatekeepers" at single-room-occupancy (SRO) hotels, shelters, or other housing options
- Social workers or staff at social services programs that have dealt with the patient
- Staff at food pantries/distribution sites

5. HARM REDUCTION-BASED PHILOSOPHY

Patients in the high-risk, hard-to-reach categories that are the targets of your LTBI program may use drugs or engage in other behaviors that healthcare providers may consider harmful. While such behaviors can interfere with LTBI treatment, changing them is extraordinarily difficult even when patients and providers are strongly motivated. Your program has a better chance to succeed if it embraces the harm reduction approach.

What is meant by harm reduction?

Harm reduction is a philosophy and a set of practical strategies that encourage any positive change in a patient's health status even if the patient is making other life choices that could have a negative impact. This philosophy has been used successfully in many types of healthcare programs, most notably in HIV prevention.

In a harm reduction–based TB program, the focus is on the goal of adherence to and completion of treatment. Services are provided regardless of whether a client abstains from or participates in substance use or other harmful behaviors. Impacting or changing the patient's life choices is not considered

relevant to the treatment goal and, therefore, such choices are only addressed to the extent that they actively prevent the client from completing a full course of medication. While the patient may be offered help in making a desired behavior change, access to a drug treatment program for example, there is no expectation or requirement attached to the offer.

A harm reduction model of TB service requires staff to:

- Accept without judgment a client's decision to use alcohol or other drugs or to participate in other harmful behaviors
- Treat each client with respect at all times
- Maintain a nonjudgmental attitude toward the client's long-term goals regarding substance use or other high-risk behaviors
- Prioritize the setting of immediate and achievable goals for treating LTBI and providing access to other needed healthcare

TB programs can follow these recommendations and still maintain clear rules and guidelines around clients' use, sale, and possession of drugs and alcohol on-site. However, tolerance for the realities of substance use and abuse is essential for successful treatment of LTBI in high-risk individuals.

How can your program incorporate the harm reduction approach?

Understand the principles of harm reduction. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction. However, the Harm Reduction Coalition considers several principles central to harm reduction practice. In the last pages of this background guide, Table D summarizes these principles.

Reinforce team values that embrace harm reduction. Remember that an individual can complete treatment for LTBI without abstaining from harmful

behaviors, including substance abuse. The TB program team should realize that many patients may consider getting high on drugs more important than taking the TB medications. The team can support the patient in adhering to the course of treatment without supporting, condoning, or condemning other behaviors or activities.

Expect patients to be inconsistent. Patients will vary from day to day in their behaviors, moods, attitudes, and degree of acceptance of outreach staff members. The staff needs to be extraordinarily consistent in response. Even among those who respond positively to offers of access to drug or alcohol treatment, relapse is common.

Do not tie treatment of LTBI to a goal of drug treatment or abstinence. Your program's goal is to have patients complete LTBI treatment. When this occurs, it is a significant accomplishment and, in and of itself, is beneficial for the patient.

View the LTBI treatment course as a window of opportunity. The regimen may allow an individual patient to make healthier lifestyle choices in time. Whenever possible, offer counseling, social services, and a continuum of choices that promote change but do not require or expect the change necessarily to occur.

6. THE USE OF INCENTIVES AND ENABLERS

The hard-to-reach urban populations who live in transient housing and/or cope with mental health and substance abuse issues often have unmet basic needs for food, shelter, clothing, transportation, and healthcare. The TB program can assist patients in satisfying these needs as part of a larger effort to improve their health status and social functioning. Such assistance frequently is provided in the form of incentives and enablers, which have been shown to be extremely effective in motivating patients to adhere to treatment.

What are incentives and enablers?

Enablers are intended to increase the patient's ability to adhere to the prescribed treatment by providing assistance to complete medically-related tasks, while *incentives* provide extra motivation to patients to maintain adherence through a long course of treatment for LTBI.

At times the distinction between incentives and enablers blurs or even disappears. What is an enabler for one individual may be an incentive to another. Certain assistance (for example, a monthly bus pass) might be considered both an incentive and an enabler. In the last pages of this background guide, Table E lists a number of effective incentives and enablers, which may include assistance with food, transportation, or other subsistence issues.

How can you make the best use of incentives and enablers?

Identify your patients' unmet needs. Incentives and enablers work best when they meet a person's real needs or serve his or her interests. In the process of developing a profile of your target populations, collect information on their needs to determine what forms of assistance would be most likely to motivate the behavior you seek; that is, getting tested or treated for LTBI.

Research and identify the incentives and enablers most applicable to your program. Base your choices on their pros and cons, taking into consideration such factors as:

- Do they meet a need for the patients in question?
- Are they feasible for your program, given their requirements in terms of cost, staff time, location, or demands on resources?
- Can they be provided in whole or in part by community partners?

Enlist community partners to help through providing incentives and enablers for some of these needs. Partners may be able to donate goods, offer discounts, provide services, or connect patients with programs. For more detailed information please refer to Background Guide 4.

TABLE A: POSSIBLE SITES FOR LTBI TESTING AND TREATMENT

Define spatial requirements, frequency of use, size and characteristics of populations served, privacy needs, program strategies, and testing and treatment requirements. Then consider which of the following site options might work for your program:

- Establish a physical location for the program in donated space in the facilities of the partner organization
- Rent space from an established agency or organization at below-market rates
- Arrange to provide LTBI testing and treatment services on the partner organization's premises at certain specified times daily or weekly
- Locate services in shelters that are free of clients during daytime hours
- Provide on-site testing at shelters, low-cost hotels, and food kitchens. Many shelters require "TB clearance" for shelter residents at specified intervals and welcome assistance in meeting this requirement
- Collaborate with community clinics and healthcare facilities on tuberculin skin testing (TST) of the targeted populations by training providers about TST, furnishing TST supplies, and offering TB program staff assistance
- Enlist organizations that patients frequent (such as food kitchens, shelter sites, or community clinics) to provide space and opportunity for directly observed therapy (DOT) doses. Staff members may be willing to help observe doses or deliver messages to patients
- Investigate partnerships with less traditional locations (such as churches or day-care centers) that host 12-step meetings or serve other community needs

TABLE B: APPROPRIATE SAFETY PRACTICES FOR THE LTBI TEAM

In the field	• Travel in pairs and use a "buddy system" • Leave word at the clinic on visits planned, including estimated time of return • Obtain clear directions or locate your destination on a map before embarking for an unfamiliar destination • Appear to "know where you are going" and pay constant attention to the environment when moving by car or on foot • Become familiar with the area's "safe havens," such as police stations or institutions where help can be obtained if needed • Avoid areas known to be active drug markets • Avoid going to neighborhoods at times when they are known to be most dangerous • Share with your "buddy" any observations or nonverbal cues indicating that a particular environment or encounter is not safe and support each other in moving out of the situation • Be alert to changes in the community that may impede staff's ability to continue working there safely • Discontinue the dose administration attempt in that place if the staff member feels uncomfortable for any reason
In the clinic or office	• Develop a system for keeping track of staff members' whereabouts while they are carrying out their LTBI program responsibilities • Institute a tracking system for program vehicles • Set up mechanisms for reporting safety concerns and taking quick actions to address them • Ensure that the LTBI team communicates about safety issues at daily staff sessions or weekly case conferences, exchanging experiences, information, and creative methods that will help ensure the staff's safety

TABLE C: SPACES IN AN LTBI CLINIC

Public spaces	Waiting room This space does not need to be large if the program has a "fast track" method of dealing with patients, seeing individuals as soon as possible after arrival. Private examination or counseling rooms These rooms are used for LTBI treatment doses, lab work, HIV or STD counseling and testing, physician and nurse evaluations, and social work consultations. Patients should have the opportunity to ask for a private space during their visit. Restroom For patient use.
Staff spaces	Office space Staff members need their own desks in office space away from the patient care area. Privacy is needed for phone calls and charting. If modular office space is created, there should be a private room available for staff phone calls. Kitchen facility For staff use and preparation of patient food incentives. Break space For staff breaks. Conference room For staff conferences and meetings.

TABLE D: PRINCIPLES OF HARM REDUCTION

- Accept that licit and illicit drug use is part of our world and choose to work to minimize its harmful effects rather than simply ignoring or condemning it
- Understand drug use as a complex, multifaceted phenomenon that encompasses a continuum of behaviors from severe abuse to total abstinence and acknowledge that some ways of using drugs are clearly safer than others
- Establish quality of individual and community life and well-being—not necessarily cessation of all drug use—as the criteria for successful intervention and policies
- Call for the nonjudgmental, noncoercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Ensure that drug users and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them
- Affirm drug users themselves as the primary agents of reducing the harms of their drug use and seek to empower users to share information and support each other in strategies which meet their actual conditions of use
- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm
- Do not attempt to minimize or ignore the real and tragic harm and danger associated with licit and illicit drug use

TABLE E: EFFECTIVE INCENTIVES AND ENABLERS FOR HIGH-RISK TB PATIENTS

Food to supplement daily nutrition	Lunch bags Low-cost alternative: obtain food donations from local merchants, bakeries, restaurants, or large grocery outlets. Fast-food coupons Low-cost alternative: arrange with fast-food chains for discounted or donated coupon; some chains offer these to programs that serve the poor. Grocery coupons Coupons should allow patients to buy groceries and cooked or ready-to-eat items. They cannot be used for alcohol or cigarettes. Restaurant meals $5.00 or more. Note: many cities have food pantry programs that allow community programs to access food for distribution to clients or patients at very low cost.
Transportation assistance	Bus tokens Low-cost alternative: see if your city provides free tokens to patients receiving care. Monthly bus pass Low-cost alternative: help disabled patients access local, state, or federal transportation programs for which they are eligible. Taxi vouchers For emergency access to care. Car transportation TB staff may provide care transportation for patients going to clinical appointments or emergency care. Liability issues should be investigated for such cases.
Other subsistence issues	Housing or housing subsidies During treatment period. Prepackaged doses of LTBI medications For weekends or short trips.

TABLE E (continued)

Other subsistence issues	Arrangements to receive DOT in another jurisdiction For short trips. Clothing or shoes vouchers Low-cost alternative: work with thrift stores or clothing banks. Cash $5-10 per week of treatment. Should be reserved for highest-risk patients who fail to adhere with other incentives. Social worker available to patient Low-cost alternative: team up with a social worker from another program to provide on-site service 1–2 days a week.

TABLE F: LOW- AND NO-COST ADHERENCE STRATEGIES THAT WORK

Confidentiality	• Inform patients that interactions and communications are confidential • Ask each patient where the best place is to find him or her, where he or she wants to receive medications, and where program staff should not approach • Offer the clinic setting or office as the most private location • Talk to individuals behind closed doors, out of the waiting area where other people could enter and overhear • If a patient lives in housing where there is often illegal drug use or violence, negotiate a safe environment nearby for dosing appointments
Communication	• Encourage staff to be aware of their personal habits of speech and nonverbal communication as a means to improve communication • Refrain from any remarks which may be perceived as condescending or judgmental • At each encounter, convey an attitude of acceptance and respect to the patient by using appropriate tone, words, and gestures • Model appropriate language regarding TB infection and TB medications. Use the term "TB infection" not "TB" and indicate that medications are a means of preventing future disease • At intervals, reassess what the patient understands regarding his or her infection and treatment • Avoid "you" statements which can be perceived as judgmental or insulting. Instead, use "I" or "we" statements • Alert clients to the risks of mixing alcohol with INH, then inquire about alcohol use before suggesting strategies for decreasing or eliminating alcohol use • Never use ultimatums or threats with a patient, no matter how many times the patient may fail to follow through with expected behavior • Reassure patients whenever doubts about confidentiality arise
Patience	• Give each patient sufficient time, even when you are feeling rushed. Allow patients time if they need to tell you about their problems • Expect to search for individuals, realizing that you may need to go to them
Acceptance	• Understanding that a patient may project frustrations and anger about daily worries onto the TB program staff during a given encounter. Anger about having LTBI infection may come out unexpectedly and may be expressed in hostile remarks to staff

TABLE F (continued)

Flexibility	• Understand that a patient may be calm one day and then angry and upset the next • Be willing to adapt in order to get a patient to take each dose • If a patient is involved in something private (even a drug sale), come back later • Realize that each day in the field is different. Encourage staff to have realistic expectations and to be prepared for unexpected occurrences
Trust	• Recognize that the patient needs to trust the staff member and that building trust takes time and repeated encounters • Keep in mind a long-range vision. A patient's behavior at any one encounter is not as important as building a relationship that leads to an adequate pattern of treatment doses • Recognize that the TB program may be the patient's entry to the healthcare system. Trust in the TB staff can lead to needed care for other health problems • Prepare staff members for the attachment and emotional connection to patients that can develop, given the length of treatment. Allow time to discuss emotional upheavals with the TB team
Consistency	• Explain to patients that they may be assigned one or another staff member for case management purposes, but any staff may work with them on a given day • Be aware of individual patient beliefs, fears, and stereotypes, and be willing to assign staff to facilitate treatment • Encourage staff to do their best to keep agreements and to be where they have said they will be • Be willing to look for the patient if an appointment is missed • Listen to problems that the patient is facing and assist when possible
Setting limits	• Set clear guidelines, procedures, and decision-making authorities with regard to the giving of incentives to patients and be consistent in implementing them • Inform all staff members about what it is possible for the program to do and how to refer requests for housing, shelter, treatment, etc. to the appropriate staff • Encourage consistency in complying with patient requests Develop and communicate team norms about such issues as transporting patients in program vehicles. Recognize that patients will test limits at every level

TABLE F (continued)

Setting limits	• Be aware that "staff splitting" can occur when a patient receives inconsistent messages from various staff members • When confusion or attempts at manipulation arise, deliver a clear "no, sorry" in a matter-of-fact fashion while restating limits

TABLE G: LOCAL ORGANIZATIONS AND AGENCIES

Populations	Organizations or Agencies
Homeless or marginally-housed persons	• Local homeless shelters • Missions • Churches in inner-city areas • Food kitchens and food banks • Social services agencies
Current or recent people with drug or alcohol addictions	• Detox programs • Short- and long-term treatment programs • Voluntary and court-ordered programs • Halfway houses • Police/community service programs that provide crisis pick-up and sleep-off services • Harm reduction programs (such as drop-in centers or needle exchange programs)
People with recent corrections experience	• Parole staff • Local jail and prison health care providers • Halfway houses • Public health liaison staff
Undocumented foreign-born persons	• Agencies serving urban migrants • Food services or shelters serving specific ethnic groups or neighborhoods • Missions which target specific language or ethnic groups • Day laborer programs
Mentally ill/dual diagnosis persons	• Community mental health agencies • Social services with case management functions • Day treatment programs • Local psychiatric emergency services • Homeless shelters

Check with city and county public health programs and local service agencies for resource guides that may direct you to assistance in locating members of your target populations.