

White, W., Argires, E. & Thigpen, S. (2014). Outreach services and recovery management: The New Pathways approach. Posted at www.williamwhitepapers.com.

Outreach Services and Recovery Management: The New Pathways Approach.

William L. White, Eugenia Argires and Sabrina Thigpen

Introduction

One of the distinctive features of the recovery-focused behavioral health systems transformation process in the City of Philadelphia has been the concerted effort to shorten addiction careers and extend recovery careers through programs of assertive community outreach. The purpose of this paper is to illustrate such efforts through a description of the outreach services provided through New Pathways and New Pathways for Women, community-based recovery support programs located in North Philadelphia. This paper provides an overview of outreach services at New Pathways, explores the philosophical foundations of these services and describes the delivery of these services from the perspective of those delivering and receiving these services. Our intended audience for this paper is addiction treatment program personnel and recovery support specialists working within recovery community organizations who are interested in expanding community-based outreach services. The sources drawn upon in this paper include excerpts from interviews conducted by the lead author with the New Pathways staff and service consumers.

New Pathways

New Pathways and New Pathways for Women are two of four outreach programs operated by the Public Health Management Corporation (PHMC). The two other PHMC outreach service projects are the HIV/HCV Prevention Street Outreach Project and the Philadelphia Hepatitis Outreach Project. During Fiscal Year 2013 (July 2012-March 2013), these four programs collectively:

- Logged more than 21,391 street encounters by their respective outreach teams,
- Hosted more than 7,615 drop-in center visits,
- Conducted 278 HCV screenings and 216 HIV on-site rapid tests,
- Provided recovery support group meetings for more than 2,700 attendees,
- Linked more than 70 individuals to addiction treatment, and
- Linked more than 1,620 individuals to other health and social service resources.

The New Pathways Project is a community-based pre-treatment recovery support program serving men and women seeking help with their drug- and alcohol-related problems. Utilizing an integrated street outreach, case management counseling and recovery support group meeting model, project staff engage with individuals in active addiction and partner with them to increase their readiness for substance abuse treatment; decrease or eliminate their use of

substances; promote their access to treatment; and facilitate their sustained recovery by providing support to those returning to the community following treatment. Individuals who are not ready to enter treatment receive recovery-oriented culturally tailored support including referral to health care, mental health and social services. The project team, several of whom are bilingual in Spanish and English, includes street outreach specialists, case managers, researchers, and a corps of consumers called Pathfinders who are trained as peer outreach workers. This project is supported with funding from the Office of Addiction Services of the Philadelphia Department of Behavioral Health and Intellectual disAbility Services. New Pathways and New Pathways for Women collectively conduct about 14,000 street encounters per year through their outreach programs and enroll 300 people in more intensive services, 200 through New Pathways and 100 through New Pathways for Women.

New Pathways for Women is gender-specific, trauma-informed, community-based pre-treatment and HIV prevention program serving women seeking help with their drug and alcohol problems. Staff members conduct outreach services to identify and engage with substance-involved African American women who are at high risk for HIV infection and to enroll them into project services. These services include enhanced individual pre-treatment counseling/case management support services, group psycho-educational and peer support sessions, on-site rapid HIV testing, and, as requested, escort and referral to medical care, substance abuse treatment, and other support services.

This integrated service model promotes women's understanding of the links between their exposure to violence and victimization and their use of drugs. Staff partner with women to increase their readiness for substance abuse treatment, decrease or eliminate their use of substances, promote their access to treatment, and facilitate their sustained recovery by providing support to those returning to the community following treatment. Women who are not ready to enter treatment receive recovery-oriented woman-centered support including referral to health care, mental health and supportive social services. The project team includes a street outreach worker, case managers, a group facilitator, and researchers. This project is supported with funding from the Center for Substance Abuse Treatment of the Substance Abuse and Mental Health Services Administration.

New Pathways Core Values

Eugenia Argires, Program Director at New Pathways, described the overall program philosophy at New Pathways.

At New Pathways, we view it as the latter. We engage persons active in their addiction in a relational model that supports self-determined, incremental steps towards full recovery. For us, minimizing immediate harm is about helping people move towards hope, healing and health over the long term as they themselves define it. We do that through our community-based assertive street outreach programs focused on serving homeless individuals, and those with chronic substance use problems, the integration of behavioral health with primary care in our service linkages for persons with HIV/AIDS or viral hepatitis among other conditions, and our two neighborhood-based drop-in centers, one for women only. These programs provide welcoming spaces where even the smallest steps toward recovery are supported and celebrated. These

types of pre-recovery (recovery priming) support services began in 1999 and have been progressively enhanced and expanded since that time. To us, recovery is best initiated and maintained with the support of your peers. Our pre-recovery support programs are a means of reaching people and welcoming them into this community of recovering people.¹ New Pathways and New Pathways for Women are built on a pillar of people's entitlement to access recovery support. Their entitlement is not the result of being mandated to come to us. There is no quid pro quo where getting your kids back or getting housing is contingent on coming to us. You are instead entitled to what we have to offer. That entitlement then operates within this relational model. We proceed at your pace, recognizing how experiences of violence and victimization shape one's capacity for trust. We start from a position of what happened to you rather than what's wrong with you, and we practice intentional hospitality in a space that is safe, clean and colorful.²

The core values and central beliefs guiding the low threshold support services provided by New Pathways is illustrated in the following messages conveyed to each service recipient:

- *We practice an intentional hospitality and will be a powerful antidote to the brutality of the streets. We meet all who enter our offices with a gentle warm welcome and a drink of water or other beverage, access to a restroom, and a comfortable seat in a beautiful, clean and colorful environment. We will keep your waiting time to meet with us as short as possible.*
- *We believe that anyone can recover, and that recovery is often an incremental process that can be effectively managed over time. We will support abstinence as your ultimate goal, but we understand your recovery is beginning if your use of drugs decreases. We will celebrate every success and provide you with support to continue forward with hope.*
- *We believe there are many paths to recovery. Your path may be spiritual, clinical, cultural or peer-based. We will work with you to clear your path as you walk it.*
- *We are a trauma-informed recovery support program. We recognize that many individuals' lives have unfolded within violence and victimization, that their use of substances was their way to manage the distress of that violence and victimization, and that their continued use of substances puts them at further risk for more violence and victimization. We will never ask, "What is wrong with you?" but rather "What happened to you?" We will support you as you make the connections between your drug use and the losses you have suffered. We will partner with you as you explore the impact those losses have had on your life.*
- *We will help you if you ask us. Your participation in our projects will always be your choice and will only happen with your informed consent. We will proceed as your partner, at your pace.*
- *We will work hard to remove barriers to your recovery. You will not be mandated to enroll in our project as part of your parole requirement, or to maintain your housing, or to retain custody of your children, or to defer incarceration, or by any requirement other*

¹ Eugenia Argires, personal communication, March 11, 2013

² Eugenia Argires Interview, November 11, 2013.

than a desire for recovery. We will support your recovery efforts because we believe you are entitled to receive our services and our help.

- *We understand recovery is most consistently maintained in community, among the support of your peers. We believe that you will draw strength, resilience and wisdom from each other.*³

Organization of Outreach Services at New Pathways

Outreach services at New Pathways have been provided in recent years in two different formats—a volunteer format (Pathfinders) through which current and former service recipients volunteer to conduct community outreach and a format through which full or part-time staff deliver outreach services. At present, New Pathways has three full-time outreach workers and has just reinitiated its volunteer Pathfinders outreach program. The services themselves are delivered through three service components. First, there is the assertive community outreach and engagement that happens in group venues, e.g., outreach workers meeting with groups of men and women in church-sponsored food programs, shelters and other service settings. Second, there is the one-on-one, street level outreach that is concentrated in high drug-copping areas of the community. Third, there are the individual recovery support services and psych-educational support groups that are offered out of the New Pathways facilities. These are accessed on a drop-in or scheduled basis and utilize motivational interviewing within a case management model.

In the section below, we will describe some of the more detailed aspects of outreach services provided through New Pathways and New Pathways for women, drawing on excerpts from interviews conducted in November 2014 with those providing, supervising and receiving such services.

Recruitment of Outreach Workers

I look for folks who can understand addiction within a whole person context—people who can understand the use of substances as an adaptation to suffering and as a means of survival. I look for people who don't blame or stigmatize and people who have a high level of self-awareness so that they are able to contain themselves and really listen rather than jumping in to fix the other person before even knowing them. (Eugenia Argires)

With recruiting, we look for a connection. Most of the folks that we have now are in recovery themselves or are a child of a mother or father who is in recovery. We look for someone who's relatable to the community they'll be serving. They wouldn't necessarily have to be in recovery but there needs to be some kind of linkage to the recovery experience and to the community. We want someone who feels safe and comfortable going into the community and someone who is comfortable engaging people and sharing their life story and their experience. It's

³ Argires, E. (2013). *FINAL REPORT New Pathways for Women: Submitted to the Center for Substance Abuse Treatment Targeted Capacity Expansion for Substance Abuse Treatment and HIV/AIDS Services Grants TCE/HIV and Outreach*. Philadelphia, PA: Public Health Management Corporation.

not really easy to meet someone and use your own story to engage others. (Sabrina Thigpen)

On Becoming an Outreach Worker

I found out about New Pathways through a friend that told me about the position. I was working with children previously providing academic support. I've been around drug and alcohol addiction my whole life and grew up in the city, so when I heard about the position, I felt like it was a natural role for me. That's how I came to know about New Pathways a year ago and how I got into the field. (Kareem Brown)

I started off coming to the Pathways as a person seeking recovery. As a result of what I got here, I went back to school at Lincoln Tech to get hours toward certification. I needed some hours so I started volunteering as a Pathfinder. Pathfinders is a group of peer support persons in recovery who volunteer to go out in the community along with the Outreach Specialists to engage people and pass out information on our program risk reduction information. When a full-time position opened up for an outreach worker, I applied and have been working here ever since. It felt like my recovery background and education made me a perfect candidate for outreach. (Sherri Jackson)

I first started working here as an Outreach Specialist in North Philadelphia as part of a NIDA (National Institute on Drug Abuse) project interviewing women at risk for HIV and AIDs. That was in 1991, and the position was supposed to last six months. And I have been here ever since. (Sabrina Thigpen)

Initial Training and Organization of Outreach Workers

For new outreach workers, we provide HIV and hepatitis training (testing, counseling, etc.) and Trauma 101. We provide an overview of the program, an overview of recovery-oriented system of care, twelve-step recovery resources and an orientation to harm reduction. We have folks coming from other programs talk to staff about what they do. Sabrina does all kinds of team meetings and team building activities. She just did an appreciation breakfast and surprised everyone with fried fish and grits that she had prepared. I also mandate staff to attend a lot of professional development and training events. (Eugenia Argires)

We start with safety training. Our outreach workers need to know how to be safe because we mistakenly believe that if we have grown up in the community that we work in that we will be okay and that's how we let our guard down in terms of safety. So, we do safety trainings. Our outreach workers also go through training on HIV testing and counseling. We also do training on when and how to approach people in our street outreach. Outreach workers have access to our own internal training and to trainings held in the community. (Sabrina Thigpen)

Structure of Supervision

We (outreach workers and supervisor) talk every, day and we have team meetings bi-weekly. We are constantly communicating. On Mondays, we set the weekly schedule and decide what areas of the city we are going to focus on in our outreach efforts. It's really hard for just three people to cover the whole city so we target the highest risk areas. (Sabrina Thigpen)

On Branding and Outreach

We try to create a clear image in the community of who we are. We're not here to save you; we're here to provide you things you may need and to do so on your terms. We have our colors, our posters, our t-shirts and the little cards we pass out to everyone we contact on the streets about how to contact us. What we want is to imbed ourselves so deeply and so positively in the community that most people get to us by word-of-mouth. We believe everyone in our community is entitled to what we offer and we honor everyone's resilience and capacity to survive. (Eugenia Argires)

Supervision and Safety

I think this is something I fall short on. I ask them routinely about safety issues and they often roll their eyes and say, "Eugenia, I live here. I've been there. I get it." But I make sure they don't go anywhere alone. They almost always work in teams of three. And I insist that they trust their instincts: if you don't feel safe, leave. Our best protection is that we care for one another. (Eugenia Argires)

Once we establish ourselves, those we serve help take care of us out there. We're helping them and they're helping us. You know what happens now when we go into an area on a bad day? People will come up to us and say, "I think it's time for you to leave because stuff getting ready to go down here." (Sherri Jackson)

Role Clarity Issues

Clarifying roles between all of our staff and other professionals in the community is quite a dance because you want boundaries and people practicing within the boundaries of what they know and can do, but you also want enough boundary flexibility to respond to people's immediate needs. We try to create that through our sanctuary model—a trauma-informed, culturally relevant, and strengths-based framework. (Eugenia Argires)

So, the role of the outreach person is just to engage, it's to meet, strike up a conversation, and sort out, whether a person is ready for recovery or for services that will help them get ready. The role ends there because the outreach staff is not to feel that they have to do everything. They're like a walking message of hope and a connection to resource. That's it. (Sabrina Thigpen)

Recovery Support versus Clinical Model

What we do is more of a recovery support model as opposed to a clinical model. For example, our groups are not group therapy. They're psycho-educational support groups. But as Frederick Douglass said, "Education is emancipation." We really believe that. In our groups we help people make connections between their feelings, their experience of trauma and their addiction experience. To begin to make those connections is so powerful because it provides a pathway to self-forgiveness. Our job is to create the space in which that can happen. It's in that space where hope blooms. (Eugenia Argires)

When a woman or a man walks into the center, it's not, "This is your client." That's not how it works. They're not clients here. We're all a family. If you decide that you want to talk to me, then you talk to me. No one case manager or outreach worker or anyone else has ownership of the people who come here. (Sabrina Thigpen)

Intergenerational Cycles of Addiction

I have seen addiction move from generation to generation in both my personal history and from my work. I come from a line of generational addiction and feel like the cycle was broken between my mother and myself. I see so much intergenerational addiction as an outreach worker, but I do believe this cycle can be broken. We just have to continue to be more diligent in going out in the field and reaching people as early in this process as possible. At some point, people come around. We just have to get to them sooner. (Sherri Jackson)

I consider myself a student of history. I was already aware of the changes in the drug use among the people. In the '60s and '70s, it was more heroin and the needle. Then it switched to crack and cocaine. Now we see more people popping pills and smoking weed. Each generation seems to have its drug of choice, but the severe drug problems often tend to remain within the same families across these generations. (Kareem Brown)

Typical Day in the Life of an Outreach Worker

On a typical day we might go to Mount Olive, this church down on Broad Street between Masters and Jefferson, to give our presentations and meet all kinds of different people. Later that day we may be talking to people on the streets or underneath the bridge. I try to get everyone to remember my name and to greet and engage people like I wish somebody would have done with me. (Sherri Jackson)

You have to stay on top of the scene. People keep moving and the scene keeps moving. For folks that are using drugs, you may find people in South

Philadelphia who you end up seeing again in North Philadelphia or those from North Philadelphia, you may end up seeing them in West Philadelphia. I can remember years ago a street off Germantown Avenue where the whole block was IV drug users and crack users. All those buildings are either torn down or are being rebuilt as the problem at this extreme moved to other areas. As outreach workers, we have to follow the problem to where it is most concentrated and move our efforts as it moves. I can recall the first time that I ever went out in the field. I was under the assumption that, because I'm from the urban community, there was nothing that I could see that would shock me. Then I went out into the field and I found myself coming home shocked, overwhelmed and crying. Even though I was a part of the community, I wasn't a part of this experience within my community. It was so different. And yet we have come to be accepted and embraced by this underground community. At times, folks on the streets offer us more protection than we get from the police department. Those we serve are also our safety net while we are out there. (Sabrina Thigpen)

I was from the worst parts of the inner-city, but I was still shocked when I began as an outreach worker. I saw things that made me think, "Do people really live like this?" And engaging many of these people requires extended effort and patience, with some days being very frustrating. You want to help people but you must understand that people are going to get clean on their schedule, not yours, and that you just have to keep pushing the information and encouragement. And you have to live with the inconsistencies while people are working this out. Sometimes people tell you that they are going to come and then they don't. We're doing this engagement with people who are living very chaotic lives. (Kareem Brown)

Choice Philosophy

I think the outreach message is different now than it was years ago. Years ago, when I first started doing outreach, it was more of a scare tactic. The message at the height of the AIDS epidemic was, "If you don't do something, you're gonna die." As years went on, we realized that that message wasn't effective and may have even been harmful because it contributed to folks thinking, "Well, I'm going to die anyway, I might as well keep doing what I'm doing until then." The message today is about choices; what we're about is choices. Today we can accept people who are not ready for recovery and still offer encouragement toward that step and let them know we will be here when they are ready. When I came aboard on New Pathways, it was really shocking to know that we had a program where you don't have to make that choice today. What is unique about our program is that you make the choice. No judge is forcing you to come. When you walk through these doors you do so voluntarily. And we have a thousand folks a month who are voluntarily walking through these doors. That is a strong message on how they feel about recovery and how they feel about our approach. (Sabrina Thigpen)

When we go out and do our presentation, we always promote that we're unique. It makes a huge difference to know you have the choice to come in when you feel like it and that your voice will be heard as well as your right to choose what you want. I let people know that we have this menu of help and that they get to choose the kind of help they want from us. (Sherri Jackson)

Perspectives of People Engaged through Outreach

Outreach pulled me in the door. I'm a recovering addict. I had relapsed and I was out there using and I seen a part of the street that I never saw before and I thought I'd seen everything. I was at the lowest of my points, but I didn't know I wanted to stop getting high. I knew I had a wife and children that I had left behind. I just wanted to commit suicide with drugs; I didn't feel anything. It was my contact with Kareem [outreach worker] that changed this. He told me I could get my wife and kids back. So, I really started listening. And then, I started participating in the groups and giving my input and listening to other people's input and I got a day clean. And I said, "I'm coming back." And I got another day clean. Then I got a week clean and I'm still coming back. And then I'm looking in the mirror and I'm like, "Ho, you are somebody again." But this is without knowing what was happening. Then I start hearing things about goals and how to attain certain goals. Kareem was giving us that and I was listening. A lot of things was coming back to me. And then, I was calling home again. Then, I was going to see my children again. And now, I basically live back at home again. People out there were telling me, "Man, it ain't gonna work. You ain't gonna do nothing but fall again." And I was like, no, I don't have to fall. Falling is a choice. And I'm looking at me today. My children are looking forward to me picking them up from daycare at 5:30. And I will be there. (Male Participant)

My name is Pam and I'm an addict. A young lady who used to come here gave me an invitation to come, but it took something to happen to me to get here. It was an abusive relationship. Once I came, you couldn't get me to leave. I struggle with my recovery but to this day, I'm clean and I'm focusing. I feel good. I can come here and I don't have to be ashamed. , Today, I give back of what was freely given to me. Right now, I'm going to school and I'm real grateful. I still suffer with a lot of aches and pains, but I still get here. I was initially staying clean just for my kids. Today, I just don't stay clean for my kids; I do it for myself. (Female Participant)

On Hitting Bottom and Hope

I believe everybody's process is different. The beauty of doing outreach is you come in contact with so many people and you might have this individual over here, she just tired of walking the street all night. She can go home, have the option to go home, to a beautiful home, but she decide to keep walking the street all night long, all night long. That's her bottom, though. And then, you have this individual over here that has to sleep on the street. Don't have nowhere to go but

they're tired of being outside so now, I'm going to make a conscious decision to go into this program or go into this building and ask somebody help, so as far as that, the process is everybody's process and bottom is different. But what we've learned through outreach is that people can be reached before that bottom....Hope is the ultimate. Hope plays a major role in what we do and what those we serve experience to begin a recovery process. When you go out there, you have to know within yourself who you are and what you have to offer. And once you're confident with who you are and know what you have to offer, you pretty much can give any and everybody hope. You can take hope home with you. You can take it in the car. You can take it everywhere you go. I live on hope. (Sherri Jackson)

In the African-American community, hope comes from identification. When you meet someone who looks like you and has some of the same background as you who is now making it, it gives you hope. You know that if she did it, then maybe you can, too. When I'm sitting here talking to any woman that comes to New Pathways for Women, we're the same age. We have some of the same family backgrounds. We may have gone to the same school. I sit here and say to myself, "What happened to her? Why is she here and I'm where I am?" I've walked the road, too, so we have a common bond of understanding. That bond is the source of hope. (Sabrina Thigpen)

When people are addicted to drugs and alcohol, the mind is not always working in the best way so sometimes, the only thing you can do is affect the emotions and try to speak to that side of the person that gives them hope. That's what I aim at. It's hope that keeps drawing people back here. (Kareem Brown)

I remember this one class that Kareem did where he had "hope" written real big on the screen. Without the hope, I don't think anyone would continue to come. Once I felt hope stirring in me, I started listening and making sense of some of the things that happened in my life. I ran from it through the use of drugs and that's why I'm where I'm at today. Hope helped me stop running. (Male Participant)

Spreading Recovery

I believe that recovery can be contagious. It's a trickle-down effect. I notice in the groups here that when the women are talking and having positive energy, they throw it on each other. They give each other that hope, they support each other. (Sabrina Thigpen)

There are a lot of people in recovery and they convey hope that can spread throughout the community. It's here. Anytime between five and six, you can go from Twenty-second in LeHigh all the way up to Twenty-ninth and it's nothing but a recovery community. And you see it. You see the hope, you see the smiles, you see the laughter, and you can hear it in your car. You know what I do every day when I go up there? I'm going that way to pick up my granddaughter. I turn my

radio down and I look out the window. Some days, I look so hard, I be right in the bumper, driving behind somebody's car. But I watch and I watch the movement and I look at the beauty. You know what's going on. Recovery is contagious. And it's contagious here at New Pathways. (Sherri Jackson)

Changing the Community

Addiction has broken the community and part of our job is to go out and help repair it. When you come out in greater numbers and show the community that we're serious about recovery, then things begin to change. We often give the example in group that, in certain neighborhoods, you couldn't stand on the corner for three minutes trying to sell drugs. They will run you out immediately because they got a collective community culture that makes that unacceptable. But in other cultures and communities, you can stand on the corner all day long and sell drugs. The whole community is involved in it because we are allowing all these things to go on. Part of our job is to help people stand up collectively and change the community culture. (Kareem Brown)

It's going to take us telling our children, teaching them, "You can make a better choice." I believe, as a recovering person myself, I have to instill this in my children, I always reiterate to them, "Life is about making choices. We can make this good choice over here, right, or you can make this choice. You don't want to make piss-poor choices like I did when I was your age"If we could just pass that information along about recovery in the community, along with that nugget of hope, it'd be so contagious. You'd see a great change within the community. That's what we're trying to do. (Sherri Jackson)

That happens but you need more than what we have, we have just three outreach staff out in the community. We're just touching a small piece of what's in the pie. (Sabrina Thigpen)

Lessons for New Outreach Workers

Well, I think two things have helped me. Number one, I was raised seeing this problem so it's something that I want to solve. Secondly, I understand that we have to be doing something in the group that moves people toward goals they have identified. If we weren't moving toward goals and seeing evidence that people were getting there, that would drain me. Progress in me and in those I work with is key to sustaining me. (Kareem Brown)

Know who you're talking to. Be consistent and stay consistent. People in need will look to you for trust. You have to be consistent to earn that trust. (Kareem Brown)

Be yourself. You can't go out in the street and be rigid. You gotta be relaxed, chilled out, chilled to the max. You have to go with the flow of what's going on

out there. If you got twenty people over here and they're going hand-to-hand combat and we're down here underneath this bridge giving out condoms, we're paying attention to what's going on. We're looking at everything. We're looking at the five walking down the little hill. We're looking at the two coming in. (Sherri Jackson)

Well, I go to church. A lot of prayer helps. I stay linked with positive people. I have an awesome, awesome, awesome support system through my family and all the people here I work with. I can call Sabrina anytime I feel like it. I can call Eugenia anytime I feel like it. I can call Celeste. I can call anybody. Having a great support system helps. My own personal belief in my higher power keeps me involved in the positives. And I got a new grandbaby that keeps me super-busy. (Sherri Jackson)

Be patient and consistent. If you don't believe in your message, no one else will either. And you have to be honest and not let people put their stuff on you. I don't allow you to leave me at fault for what you're going to do or not going to do. I can't go home with that on my conscience or go home and sleep well knowing that, I just can't do it. So, we're going to discuss and you say to me, "I enjoy doing drugs and that's what I want to do. However, I don't really like being homeless." Well, then, we're going to sit and have a discussion. Do you think your homelessness is related to your drug use? Nine times out of ten, they'll say, 'yes.' Well, then, maybe we need to switch up how often you're doing drugs if you don't want to be homeless. But if you enjoy drugs and you enjoy being homeless and you're not hurting anyone else, then that's your choice. (Sabrina Thigpen)

For me, it's therapeutic when I sit in groups where we're sharing information. It's therapeutic for both of us. I give a lot but I also learn a lot. It's an exchange. And on my days off, I find time for myself and to be with my children and my new grandson. Finding time for yourself is important to keep doing what we do. (Sabrina Thigpen)

Well as a supervisor, you have to be patient and have an open mind. You have to do more listening than talking. Outreach teams are on the front line. Every day they go out, and never know what they're going to encounter. They should know that you're there for them. They need to feel safe going out and safe when they come back in. They need to be able to relieve some of the daily stressor of what they've seen, heard, or what they know, what's going on in the community. They need to be able to come back and drop that load on to their supervisor, that's really important. It gives me them more energy and it feels that what they're doing is worthwhile. I don't believe the outreach team is recognized for the good work. Some people feel outreach is not really effective, I believe different. I believe the outreach team is the most important team in the public health arena because you're talking to men and women who may be at a pre-contemplation stage who're not thinking of treatment or thinking of recovery or thinking of just reducing whatever that high risk behavior is. We have the outreach team who's

right there meeting you where you are at the right time to just have that open discussion with you. Many folks they encounter in the field will eventually come back to New Pathways and New Pathways for Women. However, that initial meeting started out with the outreach team building relationships. It's not that the community of people knew that New Pathways and New Pathways for Women is there, however they know there is an outreach team that's non-judgmental and will assist and provide them with every day public health needs.. (Sabrina Thigpen)

Conclusions

The recovery-focused transformation process within the City of Philadelphia's behavioral healthcare system has included efforts to reach people at earlier stages of addiction, engage those individuals and support their processes of long-term recovery. The outreach programs at New Pathways exemplify this new assertive approach to outreach and engagement. In this paper, we have described the philosophy behind this approach and used the voices of key staff to explore various dimensions of the outreach process and the supervision of outreach workers. If there was a single theme that pervaded the interviews and focus groups upon which this paper is based, it is that people can be reached through messages of hope as well as the accumulation of addiction-related pain. If there is a single role the outreach worker plays, it is bringing that hope to the very doorstep of those most in need of this message.

Acknowledgement: We would like to extend special thanks to Kareem Brown and Sherri Jackson for their assistance with this paper.

About the Authors: William White is Emeritus Senior Research Consultant at Chestnut Health Systems and consultant to the Philadelphia Department of Behavioral Health and Intellectual disAbility Services. Eugenia Argires is the Program Director at Public Health Management Corporation / New Pathways for Women. Sabrina Thigpen is a Supervisor at Public Health Management Corporation / New Pathways for Women.