

Streetwork Project

<p>Treatment Description</p>	<ul style="list-style-type: none"> • Acronym (abbreviation) for intervention: Streetwork • Average length/number of sessions: Intervention is provided in a drop-in center/day treatment setting. • Aspects of culture or group experiences that are addressed (e.g., <i>faith/spiritual component, or addresses transportation barriers</i>): Leadership, empowerment • Trauma type (primary): Youth homelessness • Trauma type (secondary): Multiple traumas types experienced by homeless and street-involved youth (i.e. including exposure to: Community violence, gang violence, domestic violence, teen relationship abuse, homicide, child abuse, bias crimes, terrorism, etc • Additional descriptors (not included above): The Streetwork Program is based on a harm reduction philosophy that focuses on building trust and fostering self-esteem to empower youth to change their high-risk behaviors. This program provides counseling, stabilization, and case management and focuses on enhancing individuality to homeless, street-involved youth. <p>The Streetwork Project is committed to reaching out to the homeless and disenfranchised youth of New York City, offering them respite from hunger, cold, loneliness and fear and the opportunity to reclaim for themselves a sense of dignity and self-worth. Our goal is to extend ourselves to these young people through our presence on the streets, through the services we provide and through the love we are willing to express. With every bag lunch, medical appointment, referral, condom and group we offer, we communicate to our clients our concern for their lives and our belief in their potential. Our mission is to act as a catalyst for their self-empowerment.</p>
<p>Target Population</p>	<ul style="list-style-type: none"> • Age range: (lower limit) 13 to (upper limit) 23 • Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females X Both • Ethnic/Racial Group (include acculturation level/ immigration/refugee history--e.g., multinational sample of Latinos, recent immigrant Cambodians, multigenerational African Americans): Streetwork has provided services to youth of a wide variety of ethnic/racial groups. • Other cultural characteristics (e.g., SES, religion) : Streetwork has provided services to youth of a wide variety of religious groups, as well as youth of the LGBT community • Language(s): Multiple languages • Region (.e.g., rural, urban): While Streetwork has been implemented in an urban setting, it is a flexible model that would be adaptable for other regions. • Other characteristics (not included above):
<p>Essential Components</p>	<ul style="list-style-type: none"> • Theoretical basis: The Streetwork Program is based on a harm reduction philosophy that focuses on building trust and fostering self-esteem to empower youth to change their high-risk behaviors. This program provides counseling, stabilization, and case management and focuses on enhancing individuality to homeless, street-involved youth.

	<ul style="list-style-type: none"> • Key components: • Streetwork clients (ages 13-23) are provided with the following free services: legal, medical and psychiatric services, long-term counseling, individual and group therapy, case management, advocacy, help in obtaining identification, emergency and transitional housing, GED preparation and support, help in obtaining Medicaid and other benefits, hot meals, bag lunches, showers, clothing, wellness activities including acupuncture, yoga, nutritional counseling, HIV prevention counseling, parenting groups, drop-in groups and the opportunity to socialize in a safe, non-judgmental setting. All clients are assigned a primary counselor who can assist them in accessing needed services, including referrals when necessary. • The program is designed to explore each individual from a holistic perspective. Each young person is assigned a counselor/case manager who provides one-on-one support. Each young person engages in socialization activities including a variety of groups that focus on psycho-educational techniques as well as behavioral and cognitive work. All participants have two counseling days weekly. The program includes a wellness component, which gives the young people a chance to relax and get in touch with themselves in a quieter less hectic manner. It is an opportunity to experience something other than the chaos and trauma associated with homelessness, abuse, neglect, etc. All of the young people in the program participate in the program design in a fluid manner—they come to spend entire days and engage with all staff and other clients where behavior techniques and modeling occurs. They access a combination of counseling, concrete services (showers, clothing, food, laundry, medical, psychiatric etc.), support groups, wellness groups, educational groups etc. 				
<p style="text-align: center;">Clinical & Anecdotal Evidence</p>	<ul style="list-style-type: none"> • Are you aware of any suggestion/evidence that this treatment may be harmful? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No <input type="checkbox"/>Uncertain • Extent to which cultural issues have been described in writings about this intervention (scale of 1-5 where 1=not at all to 5=all the time). 2 • This intervention is being used on the basis of anecdotes and personal communications only (no writings) that suggest its value with this group. <input type="checkbox"/>Yes <input type="checkbox"/>No • Are there any anecdotes describing satisfaction with treatment, drop-out rates (e.g., quarterly/annual reports)? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: • Has this intervention been presented at scientific meetings? <input checked="" type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: • Are there any general writings which describe the components of the intervention or how to administer it? <input type="checkbox"/>Yes <input type="checkbox"/>No If YES, please include citation: • Has the intervention been replicated anywhere? <input type="checkbox"/>Yes <input checked="" type="checkbox"/>No Other countries? (please list) • Other clinical and/or anecdotal evidence (not included above): Started in March 1998. 				
<p style="text-align: center;">Research</p>			<p style="text-align: center;">Number of Participants</p>	<p style="text-align: center;">Sample Breakdown</p>	<p style="text-align: center;">Citation</p>

Evidence	Published Case Studies	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Pilot Trials/ Feasibility Trials (w/o control groups)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Clinical Trials (w/ control groups)	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Randomized Control Trials	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Studies describing modifications	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
	Other research evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	N =	By gender: By ethnicity: By other cultural factors:	
Outcomes	<ul style="list-style-type: none"> • What assessments or measures are used as part of the intervention or for research purposes, if any? An extensive process evaluation system is in place. All program participants and the services provided are documented in charts as well as in the Uniform Reporting System (URS). Outcome evaluation program is being put into place that will measure change in levels of stability regarding: access to medical services, mental health services, housing problems, safer sex practices, drug use, and financial problems. To date they have collected data and follow up on 130 youth and are working with Data link, MHRA, HHETA project, and the Safe Horizon evaluation team on establishing a way to include multiple kinds of variables into stability outcomes based measurement system. • If research studies have been conducted, what were the outcomes? 				
Implementation Requirements and Readiness	<ul style="list-style-type: none"> • Space, materials or equipment requirements? Space is needed to house a drop-in center, ideally including an ability to provide basic needs to clients (i.e. showers, food, etc.) • Supervision requirements (e.g., review of taped sessions)? • In order for successful implementation, support should be obtained from: Organization and program staff, as well as landlord of the site of the drop-in 				

	center
Training Materials & Requirements	<ul style="list-style-type: none"> List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained. How/where is training obtained? Contact Safe Horizon.. What is the cost of training? TBD Are intervention materials (handouts) available in other languages? <input type="checkbox"/>Yes <input type="checkbox"/>No If YES, what languages? Other training materials &/or requirement (not included above): Training materials are available to assist with implementation.
Pros & Cons/ Qualitative Impressions	<ul style="list-style-type: none"> What are the pros of this intervention over others for this specific group (e.g., addresses stigma re. treatment, addresses transportation barriers)? The Streetwork Program is based on a harm reduction philosophy that focuses on building trust and fostering self-esteem to empower youth to change their high-risk behaviors. This program provides counseling, stabilization, and case management and focuses on enhancing individuality to homeless, street-involved youth. Streetwork staff receives ongoing training and supervision focused on addressing the issues of stigma faced by homeless and street-involved youth. In addition, Streetwork provides services to a large number of clients of the LGBT community. The Streetwork Project is committed to reaching out to the homeless and disenfranchised youth of New York City, offering them respite from hunger, cold, loneliness and fear and the opportunity to reclaim for themselves a sense of dignity and self-worth. Our goal is to extend ourselves to these young people through our presence on the streets, through the services we provide and through the love we are willing to express. With every bag lunch, medical appointment, referral, condom and group we offer, we communicate to our clients our concern for their lives and our belief in their potential. Our mission is to act as a catalyst for their self-empowerment. What are the cons of this intervention over others for this specific group (e.g., length of treatment, difficult to get reimbursement)?: Other qualitative impressions:
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