

## Quality Action CASE STUDY

### 1. Name and country of the organisation

*(Please state the name and the country of the organisation that implemented this practical application of a QA/QI tool as part of Quality Action. We do not publish this information unless you agree. You can remain anonymous by adjusting the settings at the end of this form.)*

The organisation is KETHEA, and it is located in Greece. KETHEA is the Therapy Center for Dependent Individuals, and the program is called Exelixis. It is a harm reduction program that offers: 1. Counselling Centre, 2. Dual Diagnosis Centre, 3. Health Care Unit, 4. Mental Health Care Unit, 5. Off-Club Direct Intervention Unit, 6. Street-Work (outreach) Mobile Unit, & 7. Network Care for Dependent homeless people including a) a Special Centre for direct access for drug users & b) An outreach program/street work/mobile unit.

### 2. Authors of the case study and contact details

*(Please provide then name of the author(s) of this case study and any contact names, Email address or websites where readers can access more information about this practical application of a QA/QI tool.)*

Giati Anna (KETHEA-Exelixis, Network Care for Dependent homeless people - a) Special Centre for Direct Access for drug users b) Outreach programme/street work/mobile unit), [email: annagiati@yahoo.gr](mailto:annagiati@yahoo.gr)  
 Leobilla Fotini (KETHEA-Exelixis, Network Care for Dependent homeless people - a) Special Centre for Direct Access for drug users b) Outreach programme/street work/mobile unit), [email: fotleo@yahoo.gr](mailto:fotleo@yahoo.gr)  
 Nianiouris Giorgos (KETHEA-Exelixis, Network Care for Dependent homeless people - a) Special Centre for Direct Access for drug users b) Outreach programme/street work/mobile unit), [email: gnianiouris@yahoo.com](mailto:gnianiouris@yahoo.com)

### 3. External support (facilitators/partners/technical assistance)

*(Please list the names of other organisations and/or people who were involved in this practical application of a QA/QI tool, e.g. project partners, technical assistance, external stakeholders etc..)*

- All the staff at KETHEA-Exelixis, Network Care for Dependent Homeless People in the Street
- Deputy Head of the network, Pertetsoglou Iordanis
- Research department, Zaharopoulos Yiannis
- KETHEA's internal evaluation team
- Technical Assistance: Konte Vasilis, KEELPNO

### 4. Project/programme

*(Please briefly describe the project/programme to which you applied the tool.)*

The purpose of this programme is to approach substance users in the street. As part of this programme, afternoon, night and after midnight shifts take place in the centre of Athens where substance users and sex workers usually are. In order to approach them, various alternatives are used, such as the mobile unit, bicycles and street work. The programme offers first aid health services, exchange and distribution of syringes, distribution of condoms, education on matters of safer drug use and sexual issues, counselling services, food, initial mobilisation for entering a treatment program, and, in extreme weather conditions, hot beverages and sleeping bags. Moreover, under certain circumstances, the staff pay a visit to substance users that are hospitalised to offer psychosocial support. The main goal of the Outreach Programme/Street work/Mobile Unit is to provide support to people targeting the improvement of their overall circumstances along with minimising the risks and the problems that accompany drug use or/and sex work.

Other goals:

1. To approach substance users and/or sex workers in the places where they are and to reach hidden populations that don't use health and welfare services.
2. Reduction of HIV infection incidence and the improvement of the populations' physical and mental health.
3. To provide psychosocial support.
4. Referral to other services and treatment programs suitable to their needs.

## 5. Goals/aims of applying the QA/QI tool

*(Please list the goals you wanted to achieve with the practical application of the tool.)*

The targets of applying the quality improvement tool are:

1. To assess what works appropriately, if there is a need for any improvements and in what areas as well as by whom and when these changes could be made.
2. The improvement of planning and implementation, monitoring and evaluation of the programme whenever and if this was feasible.
3. The strengthening of team spirit and communication between the members of the team along with increasing job satisfaction.
4. To collect data regarding the effectiveness of the programme.
5. To Explore the potential need for continuing the programme.

## 6. Tool and methodology used

*(Please indicate which of the five tools you used (Succeed, QIP, PQD, PIQA, Schiff) and briefly sketch out the steps and measures of how you applied it.)*

The "Network Care for Drug Dependent Homeless People" programme is composed of two (2) major services: a) Special Centre for Direct Access for drug users (day centre), b) Outreach programme/street work/mobile unit. Three staff members received training in the *Succeed* tool and presented their conclusions to the rest of the participants who received training. Then these three staff members applied *Succeed* within the Outreach Programme/Street work/Mobile Unit, at a time that was relatively close to the completion of the programme (9 months before the ending of the three-year programme). In that time period, the application of *Succeed* in three phases was adopted with the participation of:

- a) The rest of the staff of the "Network Care for Drug Dependent Homeless People".
- b) The Deputy Head of the programme and the Head of the research department.
- c) KETHEA's internal evaluation team.

## 7. Results and benefits of applying the QA/QI tool

*(Please describe what resulted from applying the tool and if and how your project/programme benefitted.)*

1. The individuals that are approached match, to a high degree, the intended target group as it was initially planned in the programme (successful planning regarding the target group).
2. The ways that the target group was approached seemed successful, as demonstrated by the number of individuals who received services and from the feedback that was provided by these same individuals. Nevertheless, it has been noticed that the program was not developed enough in order to explore the new areas that substance users visit.
3. Great demand/necessity for the services provided (large numbers of individuals that uses the services during operating hours, good planning regarding the structure of the program and the range of the services offered).
4. The necessity of maintaining the entire program after the completion of the three years was confirmed.

Some problems were also discovered, which, due to their nature and the lack of sufficient time (since the program ends in a few months) are difficult to ameliorative for the time being. Specifically, we realised that:

1. There is no job description for the people who work in harm reduction in any specialty.
2. The necessity for changes to make improvements was highlighted in: a) the education of the staff so that they are able to handle the special needs of various subpopulations of the target groups (i.e. immigrants, users of new psychoactive drugs, sex workers etc.) and b) the supply of consumables (sterile injecting equipment, food, medicine).
3. The necessity of increasing the amount of syringes that are distributed or exchanged was evident.
4. There is a great need for finding resources (funding) that will enable the continuation of the programme.

## 8. Recommendations

*(Please describe the lessons learnt from positive and negative experiences during the process of using the tool itself and about the quality of projects/programmes like yours.)*

*Succeed* offered us the opportunity to evaluate the programme in which we are participating and to involve the rest of the staff. Initially, the tool seemed quite complicated, but during the training and the application phase, the procedure progressed smoothly. *Succeed* promoted cooperation not only between the three staff members who received the training, but with the rest of the staff who participated during its application as well. Moreover, the fact that we came to realise the advantages and the disadvantages of the programme made us feel quite satisfied and also troubled us regarding what can be done or/and must change while the programme is still running. We consider it important that *Succeed* has proven to be a tool that can be used both in outreach programmes and in various other services like the day centre.

### **Please indicate how you want this case study to be published:**

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Please send the filled in case study to [carolin.vierneisel@dah.aidshilfe.de](mailto:carolin.vierneisel@dah.aidshilfe.de)

**Thank you!**