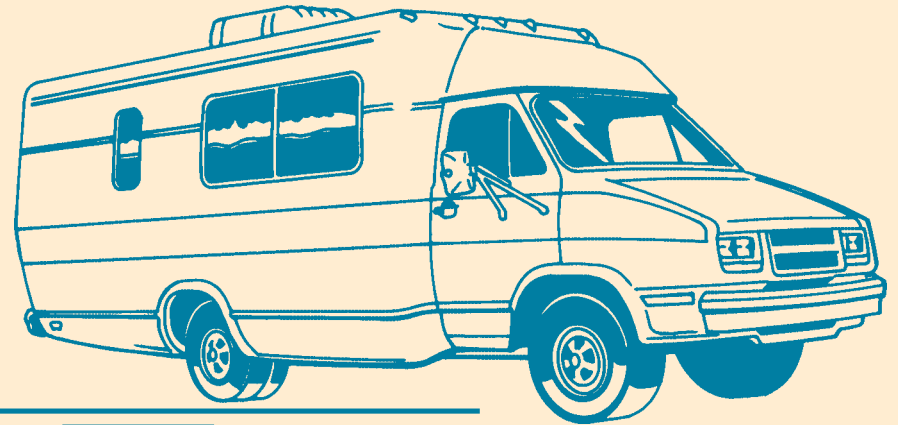


This guide is designed to help Community-Based Organizations (CBOs) and other individuals or groups in the planning and implementation of a Mobile Outreach Vehicle (MOV)-based risk-reduction intervention program. It is specifically designed for mobile outreach programs targeting active drug users. However, it may be helpful for anyone interested in mobile outreach to other target populations.

—= *MOBILE* *OUTREACH* =—

A guide to help plan and implement a Mobile Outreach Vehicle (MOV)-based risk reduction intervention program.



Mobile Outreach Background

Outreach programs have been successfully utilized to:

- provide HIV and other infectious disease counseling, testing, and risk reduction activities
- conduct early disease intervention for difficult to reach HIV-infected populations
- exchange injection equipment
- dispense methadone
- provide health services
- perform crisis intervention



Special populations that have been successfully targeted by outreach programs include:

- active drug users
- commercial sex workers
- methadone maintenance patients
- runaway youth
- homeless people
- mentally ill persons

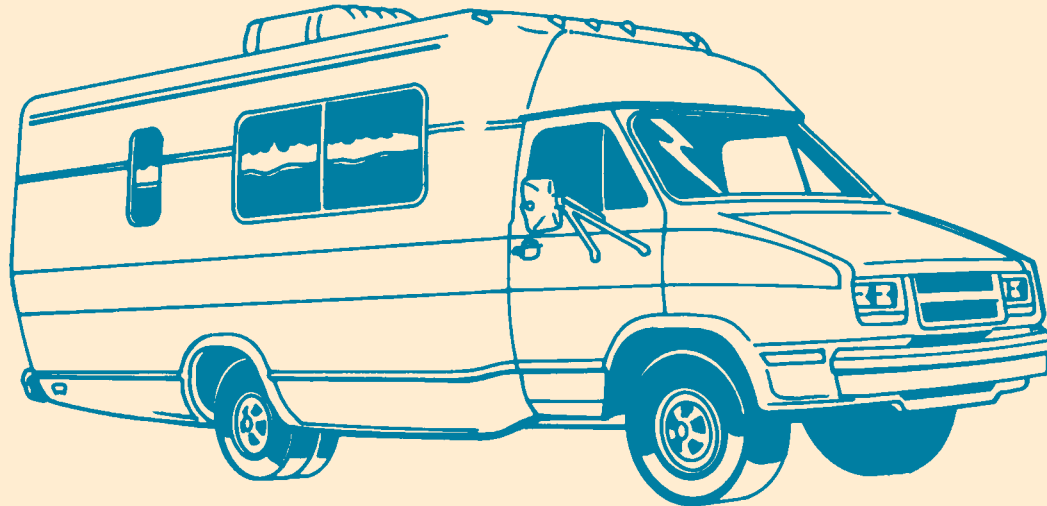
Outreach and Active Drug Users

- Given the “hidden” nature of substance users, street outreach can provide drug- and infectious disease-related information and services to individuals who do not otherwise have access to them.
- Research suggests that drug users can be particularly suspicious of medical professionals and institutionalized services. Because street outreach often uses indigenous workers from the target community, outreach-based projects may have more success at establishing trust and rapport with community members because staff are perceived as peers.
- Because a large percentage of outreach workers in projects targeting drug users are former drug users themselves, they can frequently serve as realistic, credible, and positive role models to active drug users.

Mobile Outreach Vehicles (MOVs)

One of the most innovative ways of providing street-based services is by using **Mobile Outreach Vehicles (MOVs)**. MOVs are usually large vans, trailers, or campers, converted to provide services in targeted communities. Well-equipped MOVs are effective because:

- MOV-based programs meet at-risk individuals in their neighborhoods, unlike outreach programs that utilize storefronts or offices as their intervention sites. In this way, they accommodate the people they serve.
- MOVs can move to different neighborhoods as drug traffic or infection rates migrate from place to place.
- An MOV can enhance the credibility of a project by becoming a recognizable presence in high risk neighborhoods.
- A greater amount of privacy, safety, and resources can be provided using MOVs than outreach based solely on activities conducted by individual outreach workers on the streets.
- Diagnostic and other medical services can be provided in MOVs utilizing trained professionals and para-professionals.



Prevention Strategies

Injection drug users and other active drug users are at an increased risk of HIV infection, as well as of other infectious diseases such as Hepatitis. Risk reduction interventions targeting drug users can be effective, particularly if they:

- meet the specific needs of each target group;
- include a behavioral component; and
- occur over an extended period of time.

Be sure to:

- Provide information and literature about HIV/AIDS, Hepatitis, STDs, and TB
- Demonstrate proper condom use and safer injection practices
- Conduct individualized risk assessment for HIV, Hepatitis, and other infectious diseases and medical problems
- Engage clients in educational interventions, including role plays to practice refusal and negotiation skills
- Assist clients by making referrals to drug treatment and other support services
- Provide any on-site health and diagnostic services in a timely manner

Individuals are most likely to change their behaviors when they:

- *identify which risky practices they believe they could reduce or eliminate **and** identify and understand what steps they might take to make determined behavior change*—Discuss a spectrum of ways to reduce risk with clients, and help *them* to determine which strategies might be most useful *and* realistic
- *have the opportunity to practice new behaviors*—Practice new behaviors with clients and discuss potential roadblocks to behavior change. This helps clients feel more confident

that they can carry those behaviors out, and increases the chance of their actually making healthy behavior change

- *receive positive reinforcement for making behavior change*—Support *all* risk-reduction efforts, even if they seem small. Acknowledge that making behavior change is difficult. Focus on successes rather than failure, and identify factors that helped clients make a positive change.



Tips for Effective Outreach-based Interventions

TIP	ISSUES ADDRESSED	STEPS TO TAKE
<i>Bring services directly to the community where target population congregates</i>	<ul style="list-style-type: none">• Lack of transportation• Cumbersome admission processes• Lack of phone to make appointments• The need for on-site medical interventions, such as wound care and specimen procurement	<ul style="list-style-type: none">• Accept walk-ins rather than requiring appointments• Establish rapid turn around time for all test results, ideally 1–2 days and no longer than 1 week• Develop a regular site schedule• Provide at least minimal basic health services
<i>Provide incentives when possible</i>	<ul style="list-style-type: none">• Issues such as hunger and lack of clothing present more immediate basic needs than HIV, Hepatitis, and other infectious diseases. Providing incentives related to basic life issues can help to motivate individuals to seek the resources you provide, including those related to infectious disease transmission	<ul style="list-style-type: none">• Non-monetary incentives can consist of food, clean clothes, and shower• Monetary incentives include gift certificates and cash• Use of incentives can be particularly helpful at follow-up (for example, to increase client rates of return to receive HIV test results)• Match incentives to the needs of your target population
<i>Provide referrals and advocacy for treatment</i>	<ul style="list-style-type: none">• Treatment programs and other social services often have waiting lists• Clients may not know what services are available, and can benefit from a “gateway” to other services• Providing the name of a trusted staff member at the referred site can help alleviate client apprehension and fear of staff insensitivity	<ul style="list-style-type: none">• Take time to establish a relationship with drug treatment and other programs that will facilitate client entry• Provide <i>active</i> referrals by helping to <i>set up</i> appointments at other programs, rather than simply <i>recommending</i> that the client set up their own
<i>Program staff should receive comprehensive training and support</i>	<ul style="list-style-type: none">• Information delivered to clients with respect and cultural competence enhances client receptiveness to behavior change messages• Staff will be most successful at aiding at-risk clients when they feel supported and respected themselves	<ul style="list-style-type: none">• Staff training should cover a broad range of issues, including <i>cultural competency, documentation, making referrals, client-centered strategies, and “contracting” with clients</i>• In addition, plan specific staff activities to reduce stress, prevent relapse, and provide ongoing support

Mobile Outreach-based Program Considerations

Community issues

- Establish trust and rapport with community members, both within and outside of the target population
- Collaborate with other programs serving similar populations
- Communicate with law enforcement
- Know the political environment

Issues for setting up the vehicle

- Plumbing issues (restroom facilities, showers)
- Generator (electricity, heat, air conditioning)
- Refrigerator/microwave
- Maintenance contract with skilled mechanics
- Disposal contract
- Fuel contract
- Cleaning
- Sturdy doors and stairs (frequent entry onto and exit from the MOV can wear down and break doors and stairs over time)
- Interior components (carpeting and upholstery are difficult to clean and sterilize—linoleum floors and vinyl or covered seats/benches are better suited for a high volume of clients)

Architectural Design—how will available space be allocated to provide services?

- Health care services
- Specimen procurement work station (urine, blood, oral-mucosate testing)
- Space for educational interventions
- Private space for confidential interviews & discussions

Parking

- Secure and accessible space for storage of vehicle during non-working hours
- Space for the vehicle during working hours (special parking permits)

Insurance for vehicle

Training for vehicle management

- Driving/parking of vehicle in program location(s)
- Working knowledge of generator, plumbing and other necessary elements of vehicle maintenance

Program elements & costs

- Laboratory costs/test instrument costs (HIV testing materials, drug screens)
- Staff salary (outreach workers, health care providers, behavioral interventionists)
- Support materials (pamphlets, condoms, bleach kits, syringes)
- Incentives

Health Services

Providing health services in addition to risk reduction interventions can greatly enhance the attendance and relevance of a mobile outreach program. Examples of health-related services include *wound/abscess care; immunizations; Hepatitis and TB testing, STD testing, and pregnancy testing.*



Diagnostic Testing Issues:

HIV testing can be performed by drawing blood or using an oral mucosate test such as *Orasure*. Oral mucosate testing benefits:

- eliminate risk of occupational needle sticks
- increased client comfort
- does not require locating viable veins, which can be a challenge with long-term injectors

Other diagnostic testing for pregnancy, STDs, and TB can also be offered. Issues that must be addressed, particularly with HIV testing, include:

- training and certification
- confidentiality
- partner notification
- referrals for support
- ethics (especially with pregnant women, injection drug users, commercial sex workers/sex traders)
- Other infectious disease counseling issues

Rapid HIV Testing:

• Rapid HIV antibody tests allow programs to provide *negative* HIV test results immediately after the test is performed. According to the Centers for Disease Control and Prevention (CDC), rapid HIV tests can increase the number of people who learn their HIV status and substantially reduces the outreach efforts necessary to locate and counsel people who would not return to learn their test results.



- HIV rapid tests that are *repeatedly reactive* cannot be confirmed on the spot, so individuals who may be HIV positive CANNOT receive confirmed results on the day of their test. This creates new post-test counseling issues for individuals with repeatedly reactive tests. Incorporating rapid HIV tests into counseling and testing activities will therefore require changes to program procedures and prevention counseling.
- Programs that are considering using rapid HIV testing should carefully weigh the potential effects, such as the number of people who would receive results and the number of false-positive test results currently received at that site. These effects can be estimated from the site's history of the number of people tested, the number who have tested positive, and the percentage of persons who currently return to receive their HIV test results.



Strategies to reduce injection-related risk

- Advocate for entry into drug treatment and reduced drug use/number of injections
- Recommend using a new, sterile needle for every injection
- Demonstrate how to sterilize injection equipment when new equipment is unavailable
- Educate clients to understand that sharing injection paraphernalia such as cookers, cotton, and rinse water, in addition to sharing syringes, can increase the risk of infection

Strategies to reduce sexual risk behaviors

- Discuss various strategies to reduce sexual risk reduction, including use of male and female condoms
- Demonstrate correct use of male and female condoms
- Encourage the reduction of the number of sexual partners
- Encourage consistent condom use
- Assist clients in identifying potential barriers to reducing sexual risk and discuss potential solutions to these barriers



This guide was developed by the Center for HIV, Hepatitis, and Addiction Training and Technology of Danya International, Inc., on behalf of the DC/Delaware Addiction Technology Transfer Center, which was funded by cooperative agreement from the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. It is being reprinted by the Central East Addiction Technology Transfer Center of the Danya Institute. Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the agency.

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