Overview of Sites, Hours of Operation, and Services

September 21, 2026

Summary of the HRSA 330h Health Center Program Aims

- Improve access to high-quality primary healthcare services for underserved populations in the US.
- Provide funding to community health centers to support the delivery of a comprehensive range of healthcare services.
- Promote better health outcomes and reduce health disparities for medically underserved individuals and communities.
- Enhance the overall quality of life for underserved populations.

GC Service Area Competition – What We Should Prioritize

GC Strategic Planning Priorities 2025-2028
Expand Medical Respite across the County and provide more spaces to rest, recover, and receive end of life care, with focus on stabilization
Expand SUD and overdose prevention services, in alignment with County-wide efforts*
Prioritize equity, with explicit focus on racism, sexism, and invisible homelessness
Focus on enhancing linkages to medical, behavioral health, and enabling services within healthcare systems, prioritizing patient navigation and warm hand-offs*
Reinforce and expand mobile medical capacity*
Expand services for older adults (including ages 50+)
Reinforce existing programs and expand access for youth/young adults to medical, behavioral health, and enabling services; incorporate peer support and embed in schools
Prioritize outreach services, and ensure collaboration between providers to reduce gaps*
Raise awareness on the impacts of homelessness with the broader community, with additional focus on how sweeps affect health and hinder efforts to stabilize people
Increase consumer and former consumer engagement in planning and evaluation
Maintain and expand capacity in South King County, with special focus on services at encampments

*** New priority for the GC**

FORMS 5A,5B, 5C

The HRSA scope of project includes 5 elements: the approved service sites, services, providers, service area(s) and target population(s) approved for Health Center Program funding under Section 330 of the Public Health Service Act. The HRSA 5A, 5B, and 5C forms describe different aspects of our scope of project.

HRSA 5A Form (Services):

- Describes the manner in which the health centers offers the full scope of HRSA required and additional services. Required services may be offered either:
  - Directly by the health center (column I), where the health center pays
  - Via contract (column II), where the health center pays
  - Via formal written referral arrangement (column III), where the health center does NOT pay

HRSA 5B Form (Service Sites):

- Describes services available, months per year (if seasonal/temporary), hours per week, and location of each site
- Includes zip codes/service area of each site

HRSA 5C Form (Other Activities/Locations):

- Describes activities/locations that do not meet the definition of a service site because they are a) conducted on an irregular timeframe/schedule; and/or b) offer a limited activity from within the full complement of health center activities.

Form 5A – Required and additional services

Required Services	Column I Direct	Column II Formal contract	Column III formal referral
General Primary Medical Care	x	x	
Diagnostic Laboratory	x	x	x
Diagnostic radiology			x
Screenings	x	x	
Coverage for emergencies during and after hours	x	x	
Voluntary family planning	x	x	
Immunizations	x	x	
Well Child Services	x	x	
Gynecological care	x	x	
Prenatal care	x		
Intrapartum care (L&D)		x	x
Postpartum care	x		
Preventive dental	x		
Pharmaceutical services	x		
HCH required substance use disorder services	x	x	
Case management	x	x	
Eligibility assistance	x	x	
Health education	x	x	
Outreach	x	x	
Transportation	x		
Translation	x	x	
Additional Services			
Additional dental services	x		
Mental health Services	x	x	
Recuperative care program services		x	
Nutrition	x		
Additional enabling/supportive services	x	x	
Specialty Services			
Psychiatry		x	x

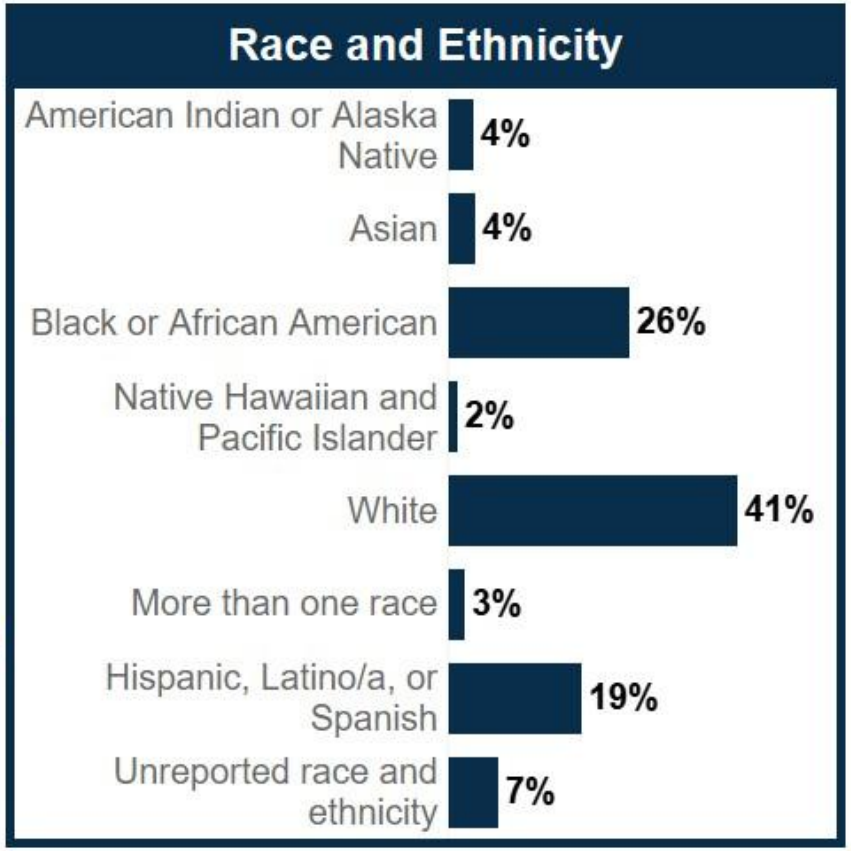
Who are we serving?

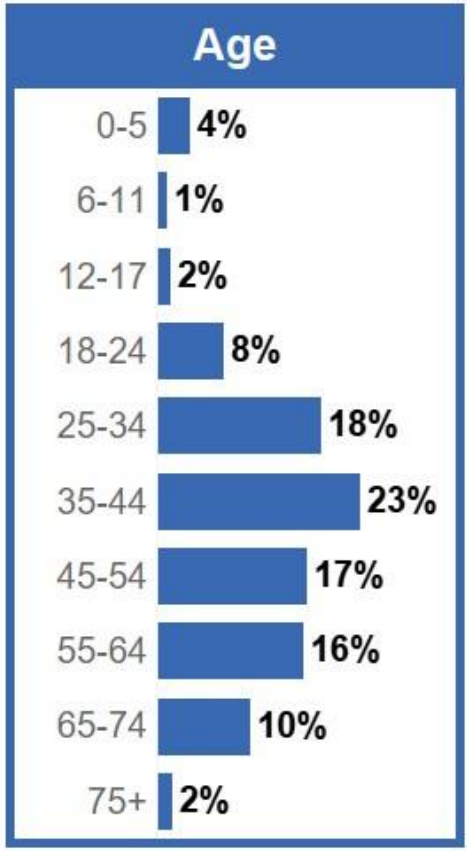
18,469
patients served in 2025

54%
BIPOC

2.3%
Veterans

18%
Primarily speak a language other than English

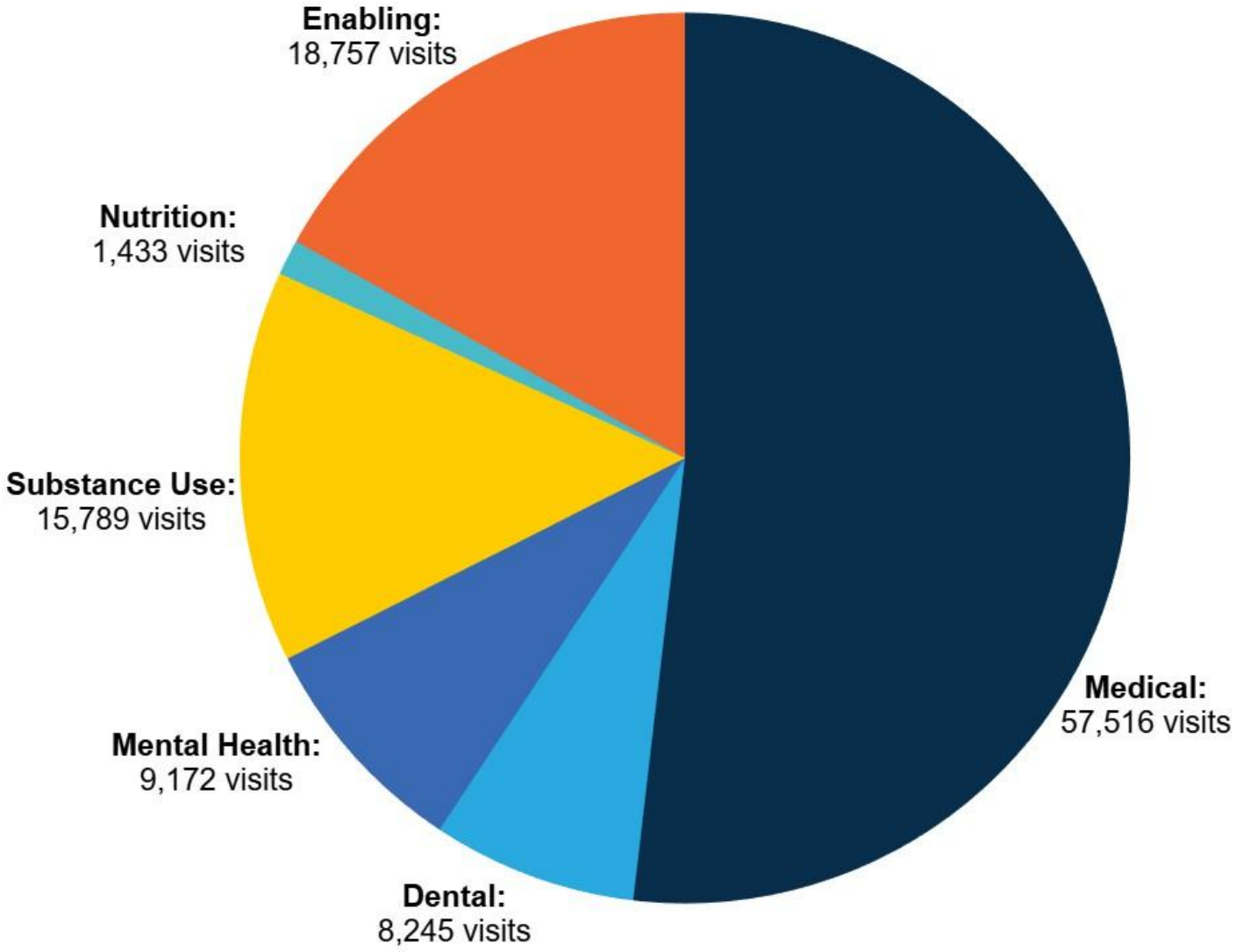




What types of services are clients receiving?

73% of visits were provided by HCHN contracted partners.

27% of visits were provided by Public Health through Community Health Services or Prevention (Sexual Health, TB) programs.

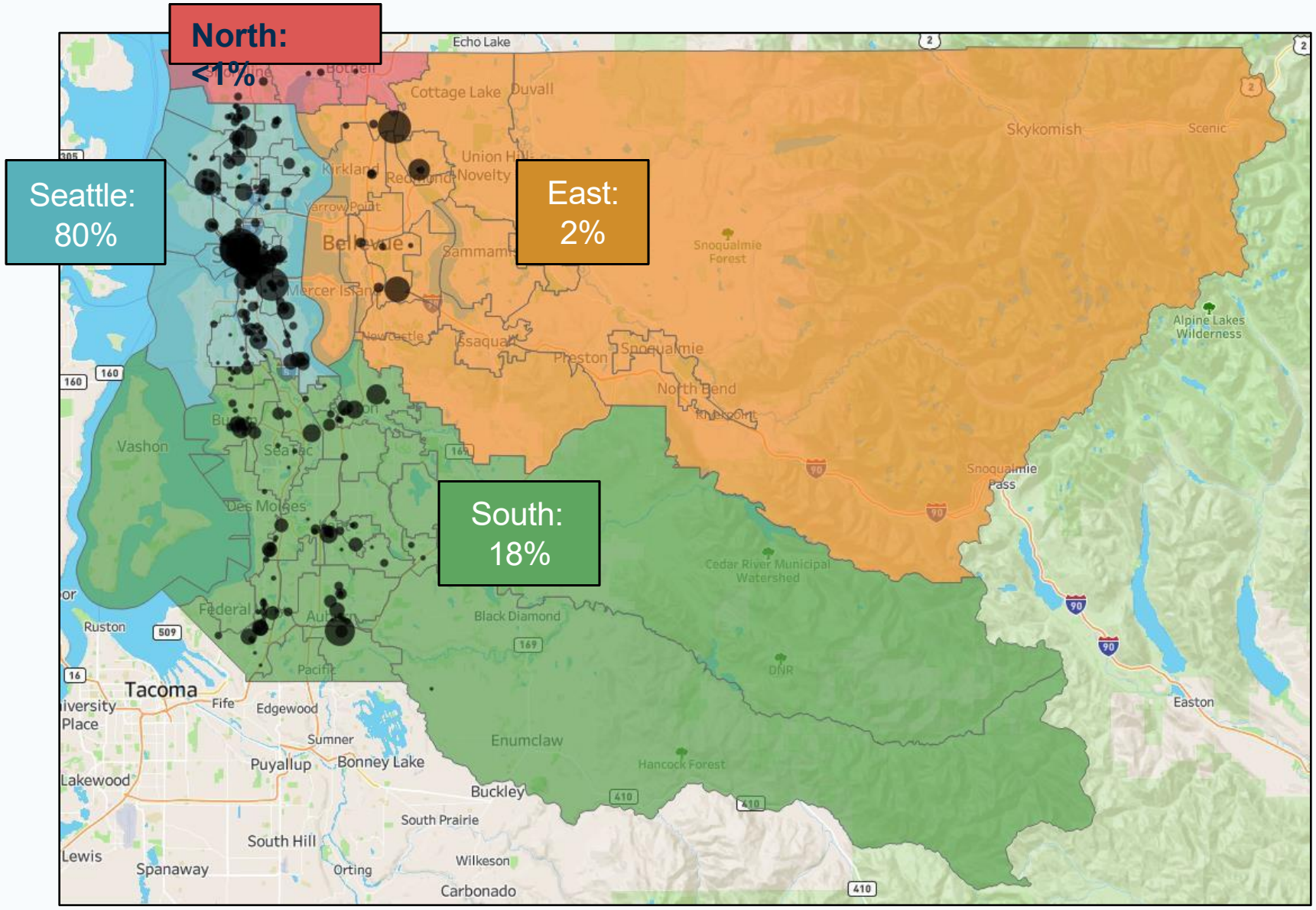


Where are our services?

80% of UDS visits occur in Seattle, where the majority of people experiencing homelessness in King County are located.

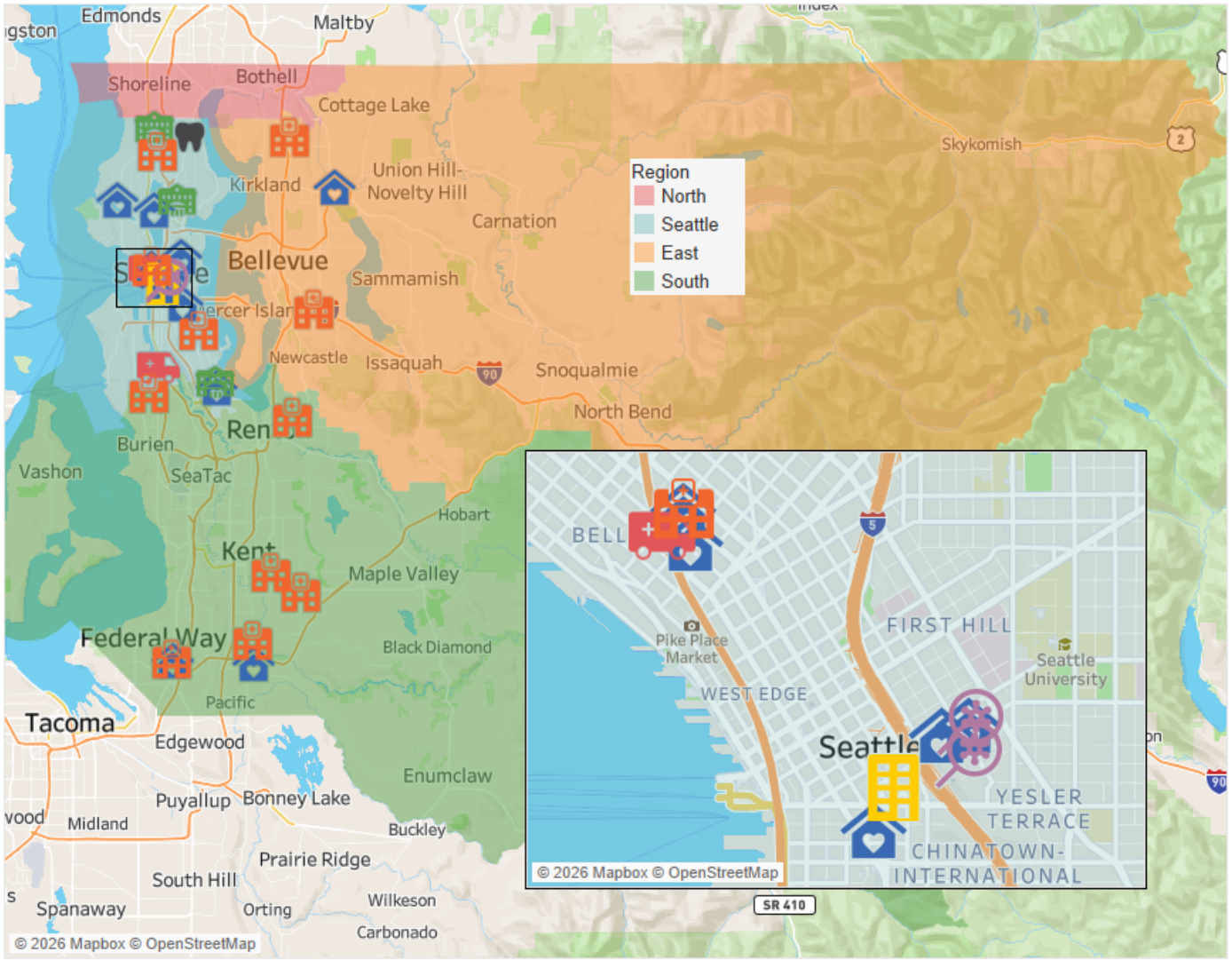
57% occur in our main sites.

43% occur in field & other clinic settings at over 300 occasional sites; the majority conducted by contracted partners.



Main Service Sites Supported by HRSA 330h Funding

Our 35 main sites are where larger visible populations experiencing homelessness are: in Seattle and along the I-5 corridor. 57% (63,278) of UDS visits occur at a main site.



Public Health Centers
Dental Clinics - Fixed Sites
Communicable Disease
School-Based Health Centers
Administrative Location
Mobile Sites
Contractors and Subrecipients

Public Health Centers

Auburn
Columbia
Downtown
Eastgate
Federal Way
Kent - Birch Creek
Kent - East Hill
North - Meridian
Northshore - Totem Lake
Renton
White Center

Dental Clinics - Fixed Sites

Columbia
Downtown
Eastgate
North - Lake City
Renton

School-Based Health Centers

Cleveland
Ingraham
Rainier Beach

Communicable Disease

Sexual Health Clinic
TB Control

Mobile Sites

Mobile Van - 1
Mobile Van - 2
~~Mobile Medical Van #3~~
REACH Markham Building

Administrative Location

Public Health-Seattle & King County

Contractors and Subrecipients:

Catholic Community Services
Federal Way Day Center
Friends of Youth
Eastside The Landing
Harborview Medical Center
Hobson Place
Jefferson Terrace Medical Respite
Max Clinic*
Pioneer Square Clinic
Robert Clewis Center
Third Avenue Center
Youth Clinic
Neighborcare
Ballard Clinic
Youth Clinic
Ryther
South Seattle Youth Center
YMCA of Greater Seattle
Arcadia Shelter and Drop-In Center

*new 2026

Sites recently added to or updated in HCHN Scope (Form 5B)

Harborview Max Clinic

Max Clinic was added in recognition of the many clients there who are experiencing homelessness. Max specifically focuses on the hardest to reach people living with HIV. See kingcounty.gov/max-clinic for more information.

Location: 908 Jefferson St 11th Floor, Suite A, Seattle WA 98104

Population: Single Adults

330h Services: HIV treatment and prevention, including PrEP, Primary Care, Behavioral Health, and Case Management

Hours of Operation: Mon-Fri, 10am-4pm, with walk-in appts

Service Hours: 30

Region: Seattle

Associated Sites/Partners: operated by Harborview Medical Center and is co-located in Public's Health's Sexual Health Clinic at 9th & Jefferson Medical Center

Other Changes

Deletions –

- **Jefferson Day Center** was formerly a touch down space for our Street Medicine team during the pandemic. However, low volume of clients and high demand for street medicine services prompted redirection of resources to other county locations. The Mobile Medical Van also served this site until 2024, but the site was not maintained after the Mobile Medical transition to a hybrid street medicine model.
- **Denny International Middle School** was deleted as service provision transferred from Public Health to Neighborcare Health (only PH-operated SBHCs are in our Scope.)
- **Wellspring Family Services (WFS)** site on Rainier Avenue, due to the closure of their Early Learning Center and end to our grant support in late 2025. We subsequently found a new way to partner with WFS starting 1/1/2026 and determined we won't add those multiple sites to scope (not all contract sites are listed.)

Updates –

- **Mobile Medical Van #1 & #2** parking address updated from old Renton fleet location to our South Park Warehouse.

Strategic Benefits of Updating HCHN Scope

Makes HCHN's scope more accurate, well-supported, and aligned with current operations

- Aligns Form 5B with where services are actually delivered today
- Removes outdated sites and avoids overstating HCHN's footprint
- Creates a clearer story for Governance Council and HRSA review

A stronger strategy

- Focuses limited resources on sites and populations with the greatest need
- Connects scope changes to HCHN's current Street Medicine and partner-based model

Why Adding Max Clinic Matters

Strengthens focus on highest-need clients

- Recognizes many Max Clinic clients are experiencing homelessness
- Brings into scope care for some of the hardest-to-reach people living with HIV
- Supports integrated HIV treatment, prevention, primary care, behavioral health, and case management

Advances equity and access

- Centers people who often face barriers to traditional clinic-based care
- Builds stronger alignment between HCHN, HIV care, and Public Health clinical services

Why Deleting Sites Is Strategic

Redirects capacity to higher-impact work

- Jefferson Day Center had low volume while demand for Street Medicine remained high
- Resources can be focused on locations where outreach and clinical care are most needed

Clarifies roles and avoids duplication

- Denny services transferred to Neighborcare Health, only Public Health-operated SBHCs remain in scope
- Wellspring partnership continues, but not every contract location needs to be listed as a service site

Operational and Compliance Advantages

Improves accountability

- Keeps HCHN scope aligned with current operations, locations, and service-delivery models
- Reduces compliance risk from maintaining sites that are no longer active or Public Health-operated
- Makes future OSV conversations easier to explain and defend

Supports the Street Medicine transition

- Updates Mobile Medical Van #1 and #2 parking addresses to the South Park Warehouse
- Documents the infrastructure behind the current hybrid Street Medicine model

Form 5C – Other Activities/ Locations

Activity	Frequency of Activity	Description of Activity	Type of Location(s) where Activity is Conducted
Home Visits	Regular activity; occurs daily.	Maternity support visits provided by public health nurses to low-income families with newborns, including many homeless, formerly homeless, and doubled up families.	Shelters, transitional housing, supportive housing sites serving homeless & recently homeless people. Throughout all areas of King County. Services also conducted in private homes where people are in doubled up situations.
Portable Clinical Care	Daily.	Nurses, medical providers, mental health/substance abuse counselors, and eligibility specialists provide on-site health services and help link homeless individuals and families to regular primary care. Service mix varies by homeless site. Services typically provided under standing clinical protocols. Most of these services are provided by staff of subcontractors including CHCs and mental health/substance abuse agencies who form interdisciplinary teams.	Homeless shelters, homeless day programs, sobering center, transitional housing, school targeting homeless children, homeless day care, permanent supportive housing, tent cities.
Hospital Admitting	As required for call arrangements and as needed.	Admitting privileges at Swedish, Harborview, and Virginia Mason. Health center providers do not see non-health center patients.	Hospitals
Medical Rounds	As required for patient care	Arrangements with Swedish, Harborview, and Virginia Mason. The health center providers do not see non-health center patients.	Hospitals
Health Education	2-3 sessions per week.	Public health nurses in the HCH program conduct training for staff and clients of homeless programs on how to access health care and how to prevent communicable disease in the shelter setting.	Shelters, day programs, transitional housing.
Immunizations	As needed.	Flu, Hepatitis A, and other vaccinations to low-income and other vulnerable populations, including people living homeless.	Various locations within the community as appropriate to respond to vaccination needs.
Health Fairs	Varies; at least annually.	Health screening, assessment, & linkage services provided at homeless resource fairs.	Community center-type venues or in large homeless sites.
Other - Satellite Maternity Support Services	varies from monthly to several days per week, depending on site needs	Wrap-around services designed to supplement prenatal medical visits, including assessment, education, intervention and counseling provided by an interdisciplinary team of nurses, dietitians, counselors and community health workers. MSS also provides at-risk mothers with substance abuse counseling, tobacco cessation, nutrition counseling and parenting skills. Integrated with WIC nutrition services.	family service centers, tribal service centers, and community clinics.
Other - Satellite family planning services	two to three days per week, depending on needs at each site	Voluntary family planning services provided at King County Community Service Offices (CSO) by Public Health Nurses for women and men who are presenting to apply for the Pregnancy Medical Program and other public benefits. Services include: urine pregnancy testing; prenatal vitamins for eligible women; counseling on birth control methods; counseling on STDs and prevention; linkage and referral to services/resources including: health center-based medical, dental, family planning and prenatal care, mental health and substance abuse services, and services for victims of domestic violence.	Washington State Department of Social and Health Services Community Service Offices (CSOs) in King County: Bellevue, Rainier Valley, North Seattle, Kent, White Center, Federal Way, Renton.

What are the implications outside of our 330h role?

CHS Strategies to Improve Access for People Experiencing Homelessness (PEH)

Opportunities:

- Centering the voice of frontline teams and clients in strategy formation
- Building unified vision for population health across CHS
- Embedding trauma-informed, equity-focused metrics in all service lines.
- Strategically expand resource distribution to underserved communities over time

Challenges:

- Balancing racial equity priorities with limited resources
- Navigating siloed program structures across CHS teams
- Aligning short-term operational needs with long-term strategic goals