



TRANSITION & EVOLUTION OF HEALTH CARE FOR THE HOMELESS NETWORK'S MOBILE MEDICAL SERVICES

EQUITY & IMPACT:

- The street medicine model promises to improve our capacity to flexibly and meaningfully serve those who are the most in need of outreach and health services – bringing care to those who are often unable to make it to scheduled appointments or locations.
- It will enhance operational flexibility, reduce costs, and ensure a widespread presence across the county, beyond where the existing RVs are able to go.

TRANSITIONS:

- Building on one existing Street Medicine team, HCHN will bring staff of the current RV vans into new teams in Seattle and South King County.
- Instead of 2 mobile medical van teams and 1 street medicine team, we will have 3 street medicine teams serving Seattle & King County, along with additional staff to help maintain continuity for several current program sites. The full-sized RV vans will be retired.
- During a transition period, starting December 1, 2024, through March 31, 2025, one Mobile Medical Van (RV) will continue providing service across King County. This will prevent disruptions during respiratory season and allows staff to begin training for their new roles.
- We are using an equity tool to prioritize sites for continuation throughout the transition, which will be shared with all Mobile Medical site partners for their feedback. The equity tool is a collaborative model that considers equitable distribution of services beyond simply patient volume.
- Contracts for services with REACH and HealthPoint will not continue past 2024 (although a contract with DESC for street medicine services will continue). We are working with ETS REACH and HealthPoint to explore new pathways to coordinate with their direct services.
- HCHN, working with partners, continues refining the full details of the new hybrid model, and additional updates will be communicated between now and February 2025.

PUBLIC HEALTH'S MOBILE MEDICAL PROGRAM HAS BEEN A LEADER AND INNOVATOR IN BRINGING HEALTH CARE SERVICES DIRECTLY TO PEOPLE LIVING UNSHELTERED, SINCE IT FIRST LAUNCHED IN 2008.

STREET MEDICINE HYBRID MODEL FOR HCHN:

- Street medicine teams provide a full range of medical and health services, similar to the existing Mobile Medical Vans.
- Teams will use minivans and smaller “sprinter” vans, which are less expensive to operate and easier to maneuver, yet are large enough to provide private space. This will also enhance our ability to reach individuals distant from traditional access points.
- The teams will have a mix of scheduled and ad hoc sites. This will allow them to move to multiple locations throughout a day, to serve more sites and meet newly emerging needs.

INVESTMENTS:

- The timing of this transition also reflects longstanding operational and financial challenges with the current Mobile Medical Van program that have reached a critical point. It is not financially sustainable in its current operational model.
- We are pleased to share that the 3rd street medicine team is made possible by a new state-level investment in our Street Medicine Program. The Washington Health Care Authority is managing a new street medicine program for five Washington municipalities, and Public Health is receiving a portion of that funding to create a 3rd street medicine team, focused on Seattle.

