

Delivering Mobile Health Care to People Experiencing Homelessness

2022

Introduction

Mobile units offer health centers a way to meet individuals where they are and build community partnerships to provide health services local facilities. In 2020, approximately 47% of Health Care for the Homeless (HCH) health centers operated a mobile medical unit. The American Rescue Plan funding provided the opportunity for health centers to start or expand their mobile medical services. To support this, the National Health Care for the Homeless Council offered a four-session learning collaborative for health centers who were seeking to expand the HCH model of care utilizing mobile service sites. The four sessions invited subject matter experts with experience launching and operating a mobile medical model to serve people experiencing homelessness.

Purpose: This publication is intended to summarize the mobile unit learning collaborative held in fall 2021 and provide highlights for health centers interested in operating a mobile unit.

Getting Started with a Mobile Medical Unit

Health Care for the Homeless Baltimore, MD

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Why start a mobile clinic?

“Because of the numerous barriers our clients face, we understood the importance of bringing adequate and comprehensive healthcare to where they reside.”

– HCH Maryland

The team at Health Care for the Homeless (HCH Maryland) recognizes that the services they provide save lives. The population they serve faces significant barriers to care. In an effort to reduce barriers, HCH Maryland sought grant funding to launch a mobile medical unit. This allows them to provide comprehensive services where people are.

Where and how to set up?

With a goal to meet people where they are and the ability to bring a clinic on the road, HCH Maryland has been able to set up their mobile unit in various locations. The key consideration is to know what makes the unit accessible to the people you intend to serve. Locations include:

- Encampments
- Shelters
- Feeding Programs
- Community Centers
- Health Fairs
- Main Thoroughfares

When determining the layout of the mobile unit, health centers should consider the size of their van, whether it is gas or diesel, the gross vehicle weight rating, and whether it is new or used. All impact the ability and ease of configuration. Health centers can then get creative in how they use the mobile unit space, considering storage, accessibility, and if there will be space for a bathroom. Staffing a mobile unit involves integrating a multidisciplinary team. This may include medical providers, medical assistants, outreach and community health workers, specialty providers, and the driver and/or clinic operations manager. Logistics of the team may require more consideration as health centers consider staffing patterns, back-up for staff who are out, and how to report to the site. In all cases ongoing communication within the team and training on de-escalation and outreach skills are essential.

Services that may be provided through a mobile unit

- Covid-19 screening and protection
- Language interpreters
- Primary health care or urgent need
- Point of care testing when possible
- Referrals to specialty providers
- Case management

Considerations when starting a mobile unit

Defining goal of care prior to start of program

Quality over Quantity

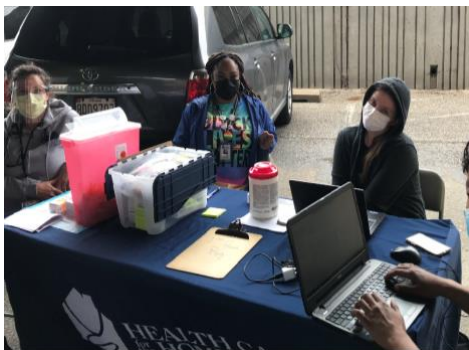
Responsive to the Community

- Community needs and mobile's role
- What are the sources of transportation in the community?
- Community mapping and resource mapping
- Connecting mobile services to other established homeless services to increase familiarity and visibility
- Number of potential clients located at site

Operations Plan

- Plan that includes all of your sites and catchment area
- Determine schedules and procedures
- Decide on dedicated team or rotating team
- Covid-19 protection plan
- Size of site and parking space for the mobile clinic
- Safety & security analysis

Utilizing Community Partnerships and Resources



Health Care for the Homeless

Baltimore, MD

Katie League, LCSW, National Health Care for the Homeless Council COVID-19 Policy Manager, Previous HCH Maryland staff

Effectively operating a mobile unit relies on partnerships and community resources. A strong relationship with the community and partners allows the health center to enter spaces where their population of focus is, build rapport, and maintain continuity of services. The keys to building these relationships are open communication, listening to partners and the community, practicing cultural humility, assessing the community, and under promising and over delivering.

Building partnerships to operate a mobile unit involves:

- Demonstrating investment in the community
- Learning where and what types of services are needed
- Identifying gaps in care that you will not be able to provide
- Strategizing solutions for addressing concerns

- Laying out roles and responsibilities of each organization
- Assessing for cultural appropriateness
- Earning trust and demonstrating trustworthiness

Considering types of relationships

How to engage the community

Community assessments and listening sessions provide an opportunity to build

Host Site	Community	Referrals
<ul style="list-style-type: none"> • Serves as primary bridge to the people you will serve • Provide concrete resources (sign-up lists, bathrooms) • Recognize that they exist in the community all of the time; you are a guest 	<ul style="list-style-type: none"> • Who will be impacted by you being there? • Who will care that you are there? • Who might want to refer clients to you? • Whose permission do you need and whose permission would help? 	<ul style="list-style-type: none"> • Pharmacies • Transportation • Behavioral health, substance use, social services • Other service providers who could work out of or near your mobile clinic

relationship and be responsive to the needs of the community. These sessions should involve key community stakeholders, leaders within the community, people you serve, and the staff who will be onsite and know the community. The assessments and listening sessions should ask what needs the community has identified as well as the health center providing transparency on what services they can and cannot provide. Health centers can also use the community assessment to identify accessible locations and troubleshoot logistics of operations including parking, leveling, and safety. This can also help to determine what other services are offered and when to coordinate services and reduce duplication.

Challenges and Promising Practices in Implementation

The Night Ministry

Chicago, IL

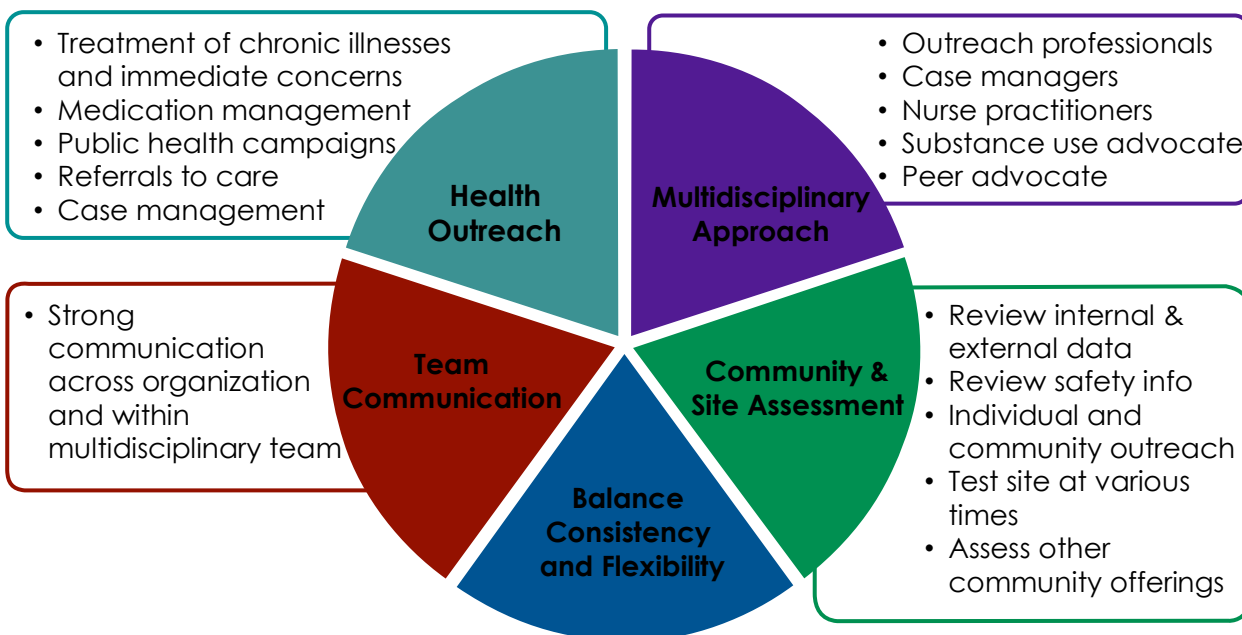
Erin Ryan, MSW, MPH, Senior Vice President

David Wywialowski, Director, Outreach & Health



Implementing a mobile medical unit is not without its challenges, including providing continuity of care, staffing, and sustainability. Despite these

challenges, a there are several promising practices that can help to establish a successful mobile program.



Occasionally, an assessment will determine that a mobile unit site is no longer working. In this instance, health centers can assess whether street medicine is more appropriate for this community and work to identify new site before ending. When winding down services, it is important to give notice to clients and partners and share how they can continue to access services.

Demonstrating Value and Success of Mobile Unit Utilization



Homeless Outreach Medical Services (HOMES) of Parkland Health & Hospital System

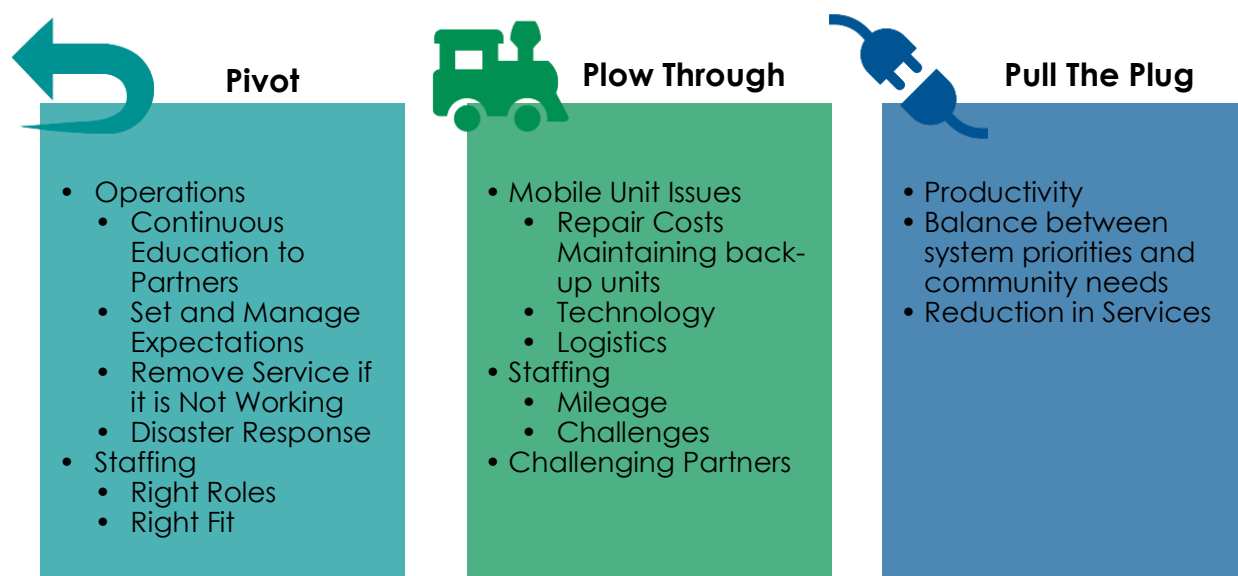
Dallas, TX

Kyla Rankin, LMSW, HOMES Project Director

Assessing the value of a mobile medical unit can be difficult if we are looking solely at return on investment and costs for upkeep as mobile unit visits may have a higher cost per visit than a clinic visit. However, there is demonstrable value and success attributed to this model. Among some of the success seen through a mobile program are employee engagement, patient satisfaction, increased equity in the community served, and decreased emergency

department use. This value can help to make the case for sustainability. Working to incorporate mobile medical units into strategic growth, leveraging partnerships, and identifying external funding are essential to long term sustainability. Ongoing evaluation and adaptability are important when determining the success of the program. At various points, health centers may have to pivot operations, plow through challenges, or pull the plug on a mobile service site.

Knowing when to “Pivot”, “Plow Through”, or “Pull the Plug”



Participant Goals

Throughout the learning collaborative, participants had the opportunity to identify their mobile unit goals and work towards creating a plan to implement change. Some of these goals included:

- Improve access to specialties or special procedures such as pulmonary function tests.
- To provide substance use disorder care and overall patient centered care to all underserved populations in their area.
- To expand and provide access to care for people all over the community and to make sure access to care is not taken away by the fear factor of cost.
- Increase access to basic health for those that currently are not accessing at all, linking to other care provided by the health center

Resources

- [Enabling Services Data Collection Toolkit](#)

- [ROI Educational Toolkit](#)
- ["Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition"](#)
- [Street Medicine or Mobile Medical Unit? Considerations for Expanding Medical Outreach](#)
- [Writing a Business Plan](#)
- [Expanding Community Outreach Services](#)
- [Mobile Health Clinic Helps People Experiencing Homelessness](#)
- [Street Medicine and Outreach: Bringing Care to People Where They Are, Healing Hands June 2022](#)

Disclaimer

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