



# Roadblocks to Resilience

## Mobile Health Unit Lessons for the Future

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### BACKGROUND

The Mobile Health Unit (MHU) Program, part of Community Health Center, Inc. (CHCI) in Connecticut, provides essential medical care to individuals experiencing homelessness or housing instability. The MHU practices a harm reduction philosophy, offering innovative, on-the-ground healthcare in underserved communities. It is designed to reach patients wherever they are.

### PROGRAM DESCRIPTION

Launched in 2022 by CHCI, the MHU delivers comprehensive healthcare in a flexible care setting. Operating under a Connecticut Department of Public Health license, the MHU is strategically stationed across critical locations, maintaining a consistent presence and fostering trust within the community to improve health equity.

The MHU is staffed with a nurse practitioner, a registered nurse, an outreach worker, and a driver. The unit provides primary care; women's health services; STI screening; HIV and Hepatitis C prevention, education, treatment; and substance use health services. Through collaborations with local shelters and organizations, CHCI ensures that everyone has access to quality healthcare by continuously adapting to community needs and expanding its impact.

### CHALLENGES

- **Lack of staff training and understanding of operational logistics** affecting decision making and contingency planning.
- **Lack of early identification of communities in need of services** provided by the MHU.
- **Lack of anticipation of operational expenses and allocating the proper budget.**
- **Lack of sufficient IT infrastructure** to support efficient operations in rural areas.
- **Lack of internal communication and structure** to support implementation due to uncertainty regarding unit arrival.
- **Lack of standardize process with external services** (i.e. Quest Lab) resulting in delayed services and error in billing.

### LESSONS LEARNED

- **Dedicated and Contingency Staffing:** Establish a team with clearly defined responsibilities related to driving and outreach, including a contingency plan. Ensure all team members receive professional driving training, including an understanding of legal and road restrictions.
- **Community Needs Assessment:** Conduct thorough surveys and outreach in potential service areas to understand local needs and avoid assumptions about required services.
- **Comprehensive Budget Planning:** Plan for all potential costs to maintain the vehicle in optimal condition including fuel, maintenance, and garage storage.
- **IT Infrastructure:** Ensure consistent access to EHR systems and reliable internet service are available in the MHU to support operations.
- **Business Model Integration:** With leadership buy-in and on-the-ground team decision making, develop a clear business model that aligns with MHU operations (i.e. lab work and referrals) and integrate it into the program.
- **Establish Clear Billing Protocols:** Train staff on contractual agreements and ensure accurate documentation to standardize billing processes.

### CONCLUSION

When we first began our MHU program, we assumed “if we build it – they will come.” We quickly learned that building it was merely the very first step in a long journey that could have been more effective had we taken advantage of colleagues with history and experience in mobile health care.

CHCI overcame some of our initial roadblocks by incorporating best practices learned through attendance at the MHA conference and participation in meetings and trainings with colleagues willing to share their knowledge and experience regularly. Looking back on the implementation of our program, we have developed a multitude of lessons learned that other programs can leverage to create a more strategic plan for execution of a program that is reliable and efficient. Key lessons from our initial deployment of the MHU were the importance of a proper business model and the value of building strong community partnerships that would facilitate trust in the communities most in need of access to these vital services.

Through these lessons learned, we are now quickly expanding our MHU program and transforming healthcare in our service area to create equity through access. Our aim is to share the lessons we have learned to assist other new and expanding programs in planning strategically and achieving optimal success.



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