

Seattle/King County, WA



PROGRAM:

HIV Mobile Outreach Team (HIV MOT)

INTRODUCTION:

King County has made significant strides in HIV prevention, care, and treatment, meeting key goals such as UNAIDS 90-90-90 targets. The mobile outreach team was created to address persistent challenges in viral suppression among people with HIV (PWH) in King County, WA, particularly among those experiencing homelessness or unstable housing and those who reported injected drug use.

The HIV Mobile Outreach Team (HIV MOT) is designed to reach PWH who are virally unsuppressed, not engaged in care, and facing complex barriers to care such as behavioral health disorders, housing instability, and/or justice involvement, primarily located in Seattle and south King County.

TARGET POPULATION:

The program focuses on key vulnerable populations:

- Men who have sex with men (MSM)
- Black African American
- Hispanic/Latinx
- People who inject drugs

KEY STAKEHOLDERS AND COLLABORATORS:

These stakeholders collaborate to support engagement efforts and ensure comprehensive care.

- Hospitals
- Federally Qualified Health Centers (FQHCs)
- Mental Health Providers
- Local Health Departments
- Community- Based Organizations (CBOs)
- Criminal Justice System Partners



PROGRAM DURATIOIN:

The HIV MOT initiative is planned to operate for 1-2 years.

PROGRAM GOALS AND KEY ACTIVITIES:

The primary goal of the HIV MOT is to re-engage PWH who are not virally suppressed and are disconnected from care. Referrals come from low-barrier clinics and CBOs, and the team utilizes public health surveillance data to identify and contact candidates. Outreach is conducted through various channels—phone, texts, field visits, and mail—with weekly follow-ups over a 90-day period. Building trust and connection with clients is central to the program, permitting clients to gradually set personal goals that may include re-engagement in HIV care and treatment.

The program was initially piloted with a disease investigations specialist and peer services specialist. Plans are underway to expand the team by adding a registered nurse (RN) and medical assistant to provide more personalized and tailored care. Additionally, the team is planning to implement long-acting injectable ART (antiretroviral therapy) for clients in the field to further enhance the outcomes.

PROGRAM CHALLENGES:

The HIV MOT is funded with \$749,748, which covers staffing (including outreach staff, peer workers, and LAI ART staff), supplies and program oversight. As the program is still comparatively new, client feedback is not yet available.

COMMUNITY ENGAGEMENT AND DEVELOPMENT:

The HIV MOT was co-developed with an advisory board composed of healthcare, community, and public health representatives. The advisory board continues to provide strategic guidance and support. The HIV MOT team collaborates closely with clinics and CBOs to ensure services are client-centered, tailored to individual needs, and receptive to the social determinants of health that impact viral suppression.



DATA COLLECTION AND MONITORING:

The HIV MOT uses REDCap for documentation and electronic medical records (EMR) for data extraction. Program data is pulled tri-annually, and service data is reviewed monthly and biannually.

KEY METRICS AND OUTCOMES:

The program tracks a range of key performance indicators to measure its success:

- Number of referrals to the HIV MOT
- Outreach efforts were initiated and clients successfully contacted
- Number of clients who agree to service
- Re-linkage to HIV care
- Initiation or re-initiation of ART
- Achievement of viral suppression

With the addition of an RN and MA, the program expects to capture even more detailed client outcomes related to health needs and support.

CONCLUSION:

The HIV Mobile Outreach Team represents a vital effort to bridge the gaps in care for PWH in King County, particularly among those who are virally suppressed and face significant barriers. Through collaborative partnerships, data-driven outreach, and a client-centered approach, the program aims to improve health outcomes and reduce disparities in HIV care significantly.

