EVIDENCE-BASED BUSINESS PLAN FOR EXPANSION OF THE CU STREET MEDICINE TEAM. <u>CE Vance</u>, (<u>BS</u>, <u>SOM</u>), SB Harpin, Division of Maternal-Child Health, University of Colorado College of Nursing, Aurora, CO.

**Purpose:** On any given night in the Denver Metro area, approximately 6,900 individuals experience homelessness. This population faces a high burden of communicable and chronic disease, along with unique challenges in accessing necessary health care for preventative and acute needs. While health care services designed specifically for persons experiencing homelessness (PEH) do exist in the Denver Metro area, individuals staying outside of Downtown Denver or rough sleeping do not have readily available access to care. CU Street Medicine was formed to provide an innovative solution for this gap in care in the communities surrounding our institution. This project builds an evidence-based plan for expansion of the team.

**Methods:** Available literature on Street Medicine, disease burden in PEH, health care access/costs for PEH, and PEH-centered health professional student education was queried on PubMed. Street Medicine Institute best practices guidelines and data from the Denver Point in Time Survey were reviewed. Structured interviews were conducted with leaders of the University of Southern California Street Medicine and University of Pittsburgh Medical Center Street Medicine teams. Expert opinion for business plan structure was provided by faculty mentor Dr. Scott Harpin.

Results: Evidence-driven expansion recommendations were divided into following frameworks: administrative structure; staffing, volunteers, and daily operations; educational sites; community partnerships; and data management and program evaluation. Recommendations include CU Street Medicine remaining a campus group working in partnership with independent 501(c)(3) YHC Free Clinic for clinical operations. Additionally primary recommendations include techniques for student and clinician volunteer recruitment and retention, employment of a Street Medicine nurse, improved data management, initiation of a patient narrative program, and increased emphasis on programmatic evaluation.

**Conclusions:** A significant need for innovative approaches to health care for PEH exists in the Denver Metro community, particularly in the neighborhoods surrounding the University of Colorado Anschutz Medical Campus. CU Street Medicine has established the programmatic structure, community partnerships, and framework for expansion necessary to become a sustainable source of care for PEH in our community. This business plan will form the framework of future requests for financial and programmatic support.