



Interagency Council on Homelessness

Health and Homelessness Subcommittee

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TODAY'S REMARKS

- **Background and purpose of CHRC**
- **Recent grantmaking priorities and CHRC awards**
- **Impact of CHRC grants**
- **Health Care for the Homeless grantee**

BACKGROUND ON THE CHRC

- **The Community Health Resources Commission (CHRC) was created by the Maryland General Assembly in 2005 to expand access to health care for low-income Marylanders and underserved communities in the state.**
- **The Maryland General Assembly approved legislation (Chapter 328) in 2014 (vote was unanimous) that re-authorized the CHRC for another ten years, until 2025.**

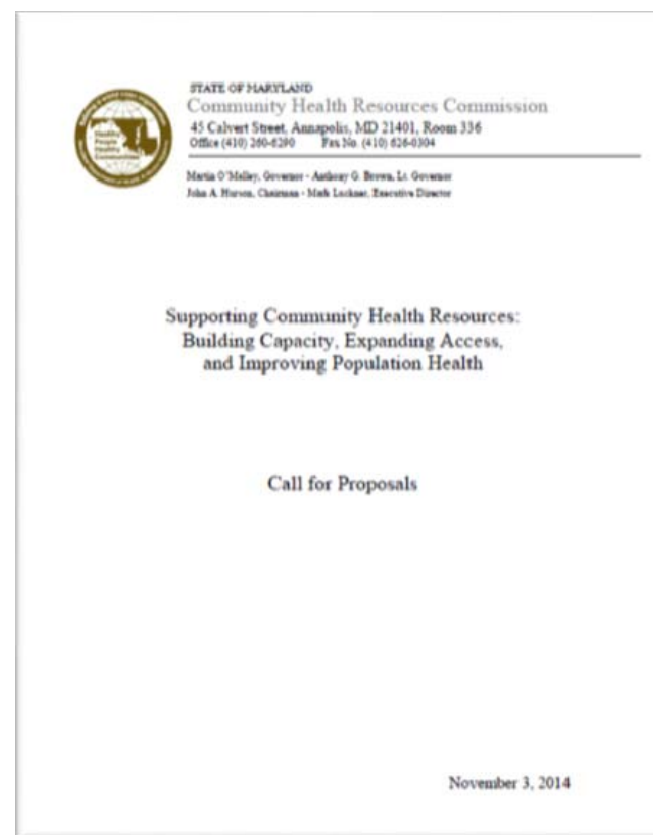
BACKGROUND ON THE CHRC

- **Eleven members of the CHRC are appointed by the Governor.**
- **Below is a listing of the CHRC Commissioners (one vacancy).**
- **John A. Hurson, Chairman**
- **Nelson Sabatini, Vice Chairman**
- **Elizabeth Chung**, Executive Director, Asian American Center of Frederick
- **Charlene Dukes**, President, Prince George's County Community College
- **Maritha R. Gay**, Executive Director of Community Benefit and External Affairs, Kaiser Foundation Health Plan of the Mid-Atlantic States Region
- **William Jaquis, M.D.**, Chief, Department of Emergency Medicine, Sinai Hospital
- **Sue Kullen**, Southern Maryland Field Representative, U.S. Senator Ben Cardin
- **Paula McLellan**, CEO, Family Health Centers of Baltimore
- **Barry Ronan**, President and CEO, Western Maryland Health System
- **Maria Harris-Tildon**, Senior Vice President for Public Policy and Community Affairs, CareFirst BlueCross BlueShield

BACKGROUND ON THE CHRC

- **The CHRC has issued eight Calls for Proposals (RFP) over nine years. These have focused on the following public health priorities:**

- Reducing infant mortality
- Increasing access to dental care
- Promoting ED diversion programs
- Expanding primary care access
- Integrating behavioral health
- Investing in health information technology
- Addressing childhood obesity
- Building safety net capacity



IMPACT OF CHRC GRANTS

- **Since 2007, CHRC has awarded 154 grants totaling \$52.3M.**
- **CHRC has supported programs in all 24 jurisdictions. These programs have collectively served nearly 200,000 Marylanders.**
- **Most grants are awarded to community-based safety net providers, including FQHCs, LHDs, free clinics, and outpatient BH providers.**
- **Demand for CHRC grant funding far outstrips supply (budget). The Commission received 593 requests for \$276.2M, funding approximately 19% of requests.**

HEALTH CARE FOR THE HOMELESS

- **This one-year grant was awarded in FY 2014 for \$140,000**
- **Funding supported an emergency department diversion/ referral program targeting homeless individuals in Baltimore City who utilized hospital EDs in high rates and to establish a “medical home” for these individuals**
- **CHRC grant funds supported the salary costs of the ED diversion team – 1 RN and 1 Community Health Worker**

HEALTH CARE FOR THE HOMELESS

- **Partnership with three hospitals in Baltimore City:**
 - University of Maryland Medical Center (29 referred)
 - Mercy Medical Center (24 referred)
 - Johns Hopkins Hospital (13 referred)
- **Key interventions and strategies implemented by this program include:**
 - Implementation of an ED Diversion team
 - Linkage to primary, behavioral health, dental, and other social support services
 - Promoting health insurance enrollment and health literacy

HEALTH CARE FOR THE HOMELESS

- **Outcomes (quantifiable) reported:**

- 86 initial referrals from three hospital partners
- 66 identified to be eligible/appropriate for program (reasons for ineligibility include access to housing, other PCP, or unwillingness to work with HCH program staff)
- Of 66, 48 (73%) were linked to and engaged in services at HCH; total of 529 visits with non-ED diversion staff at HCH
- Two-thirds of the patients kept primary care appointments; many of the clients were seen multiple times. These patients had not been previously engaged with a PCP and had been using the ED for primary care

HEALTH CARE FOR THE HOMELESS

- **Additional outcomes (quantifiable) reported:**
 - 47 of the 48 patients received multiple services at HCH, including medical, mental health, addiction, dental, case management, and benefits (Medicaid enrollment)
 - Of the 40 patients who were enrolled in the program for at least 6 months, 58% decreased their ED usage

HEALTH CARE FOR THE HOMELESS

- **Additional impact (patient survey)**

- HCH utilized the “Health-Related Quality of Life Indicator” developed by CDC
- 13 patients were asked four questions at the beginning of the program **and** in 9 and 12 month follow-ups:
 1. Would you say your health in general is excellent, very good, good, fair, poor?
 2. How many days during the past 30 days was your physical health not good?
 3. How many days during the past 30 days was your mental health not good?
 4. How many days did poor physical or mental health keep you from doing your usual activities?
- The 13 patients who received the 9-12 month follow-up showed improvement in each of these areas.

HEALTH CARE FOR THE HOMELESS

- **Challenges confronted and lessons learned**
 - Collection of assessment data was difficult
 - Only two of the three hospitals in the program, Mercy and Maryland, provided access to their ED data
 - Not able to obtain ED data from all-area hospitals (would need CRISP for this)
 - Short time frame that patients were in program makes it difficult to assess results (grant was for just one year)
 - Not possible to survey or collect data from all 48 patients enrolled in program; several patients were in crisis or difficult to locate

HEALTH CARE FOR THE HOMELESS

- **Next steps**

- HCH will maintain core functions of program after CHRC grant funds are expended
- HCH will integrate ED diversion approach into its Nursing and Outreach team; outreach to frequent ED utilizers will be 'routinized' into duties of HCH's five outreach workers
- HCH nurses will reach out to clients with frequent hospitalizations and ED use
- Rather than relying on referrals from local hospitals, HCH will use daily lists from CRISP to identify HCH patients needing engagement