HCH

Emergency Department Diversion Program

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HEALTH CARE for the HOMELESS INC.

Program Model

- **Two Staff**
  - Registered Nurse
  - Community Health Worker
- **Three Hospitals**
  - Mercy Medical Center
  - University of Maryland
  - Johns Hopkins
- **75 Patients**
  - High-frequency ED utilizers
  - Over one full year
  - 25 (est.) at each hospital

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May 15 – October 31 Data

- **Referrals**: 48
  - Mercy: 19
  - University: 22
  - Hopkins: 7
- **Patients Engaged in Care**: 42

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HEALTH CARE for the HOMELESS
421
NO LEFT TURN

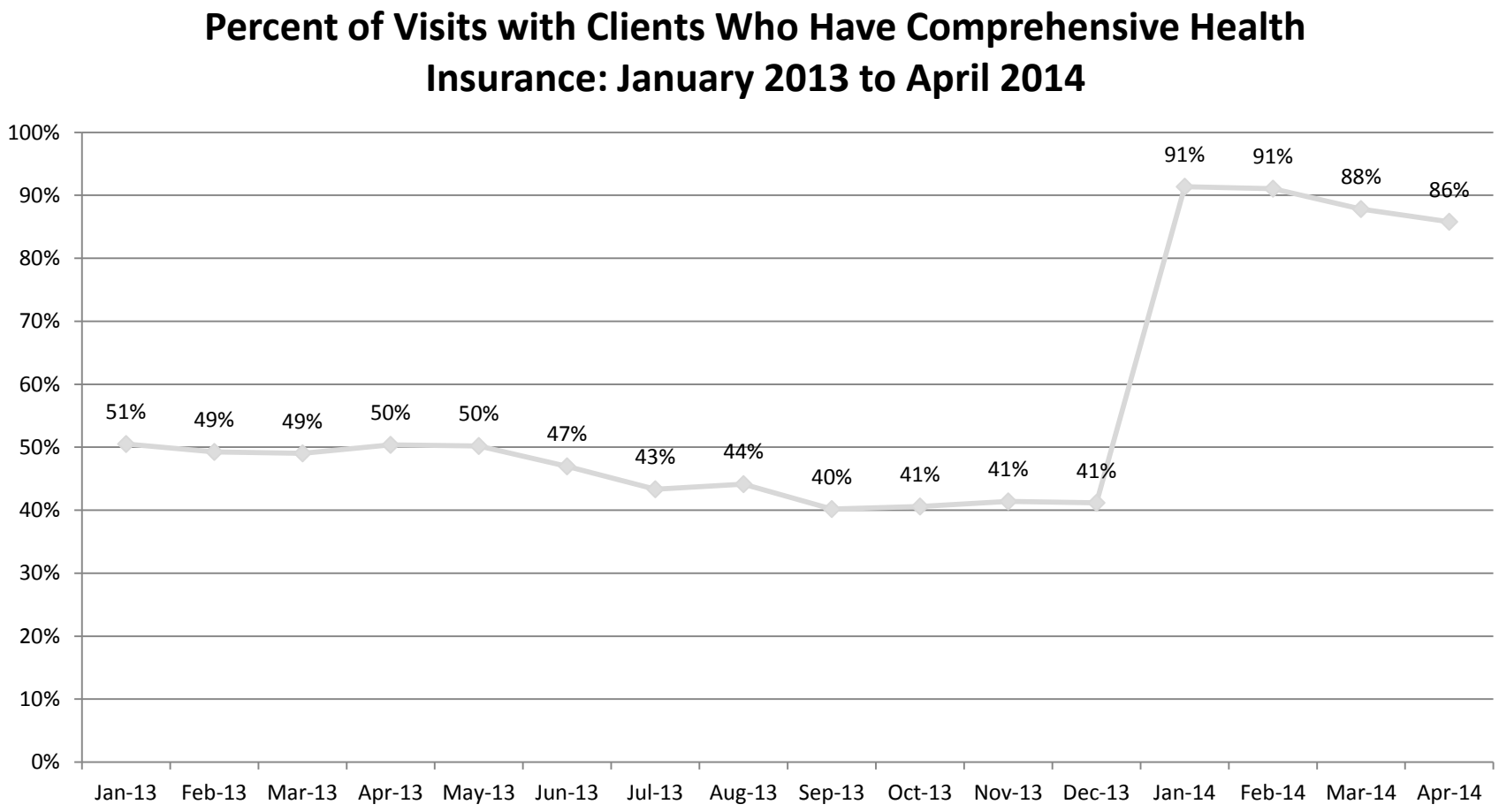
Diversion to HCH Care

- **Engaged with any service:** 71%
- **Engaged with more than one team:** 50%

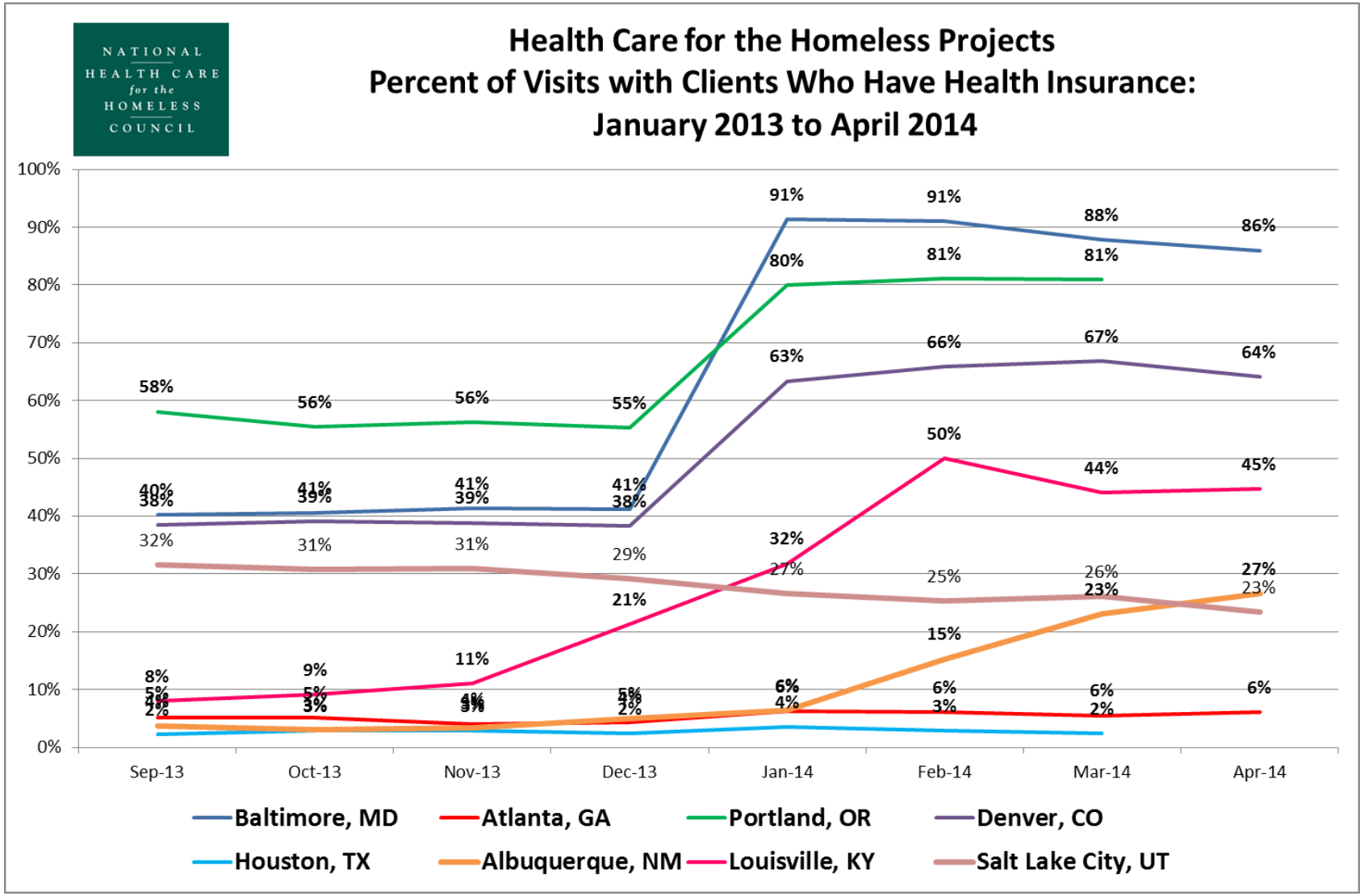
Team	# Patients	# w/ > 1 Visit	Total # Visits
Medical	22	20	105
Mental Health	15	9	53
Case Management	9	6	31
Public Benefits	11	2	18

Other Services: Convalescent Care, Addictions, Disability Benefits Assistance

Service Sustainability



HCH Experience Nationally



Challenges & Client Profiles

- Alcohol Dependence
  - Sobering Center?
- Severe Mental Illness
  - ACT Teams?
- Data Challenges/Time
- Client Examples

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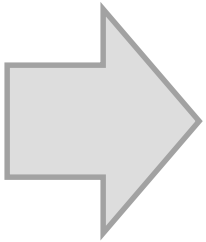
Parallel Initiatives

“Housing Readiness” to “Housing First”



Discussion/Questions?

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Everyone
deserves to go Home
ONE WAY
DSS