Agency Overview: Founding

- In 1886, Br. Bonaventure Thelen established the first Alexian Brothers Hospital in Chicago.
- Caring for victims of cholera in the city, the Alexian Brothers soon earned a reputation for compassion and professional health expertise.
- Since 1886, the Alexian Brothers Health System (ABHS) in the United States has grown into a sophisticated health system.
- ABHHA is under the umbrella of ABHS and was founded in the early 1980’s, providing end-of-life, hospice care in response to the AIDS epidemic.
- Since 1989, ABHHA has grown and evolved, serving over 2,500 homeless men and women living with HIV/AIDS.
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
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<tbody>
<tr>
<td>Bonaventure House</td>
<td>35-bed transitional recovery home in North Chicago</td>
</tr>
<tr>
<td>The Harbor</td>
<td>8-bed transitional recovery home in Waukegan</td>
</tr>
<tr>
<td>Bettendorf Place</td>
<td>23 permanent leased studios in South Chicago</td>
</tr>
<tr>
<td>Community Housing</td>
<td>111 subsidized apartments in throughout Chicago and Lake County</td>
</tr>
<tr>
<td>After Care Program</td>
<td>Approximately 25 graduates Bonaventure/The Harbor</td>
</tr>
<tr>
<td>Housing Advocacy</td>
<td>60-75 clients for housing stabilization, mostly South Chicago through Joliet</td>
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</tbody>
</table>
Agency Overview: Services Provided

- Case Management
- Recovery Services
- Occupational Therapy
- Spiritual Care
- Psychotherapy
- Community Integration
- After Care

All of our services are provided in a spirit that embodies the Alexian Brothers values of **Compassion, Dignity** of the Person, Care of **Poor, Holism**, and **Partnership**.
Who we served in CY 2015

- 86% Are below the Federal Income Poverty Line
- 60% History of Mental Illness
- 72% History of Addiction
- 48% Triply Diagnosis (HIV, Mental Illness and Substance Use)
## Transitional Housing Outcomes

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Case Management 1-on-1 Sessions</td>
<td>1,495</td>
</tr>
<tr>
<td>Occupational Therapy 1-on-1 Sessions</td>
<td>136</td>
</tr>
<tr>
<td>Spiritual Care 1-on-1 Sessions</td>
<td>243</td>
</tr>
<tr>
<td>Group Attendance</td>
<td>4,912</td>
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</tbody>
</table>
Aftercare Success Rates

- **100%** remained stably housed and consistently paid rent;
- **78%** adhered to their HIV medication regimen;
- **100%** remained engaged in HIV primary care (510 average CD4 count and **100%** undetectable viral load);
- **100%** remained engaged in behavioral health care;
- **100%** maintained their sobriety;
- **78%** gained or maintained employment; and
- **56%** participated in regular volunteer activities.
Foray into Medicaid

- In 2013 we began billing Medicaid for mental health services under Rule 132.
  - Built upon infrastructure of the Behavioral Health Hospital (we are a site.)
  - Circumvented the process of becoming a stand-alone Medicaid provider (can take 2-3 years.)
  - Benefited from the EHR and billing software/infrastructure of the hospital (saving upward of $100,000+ a year in administrative costs.)
The tradeoffs...

- Increased clinical skill of the direct line staff.
- Training for staff rigorous and ongoing.
- Documentation burden increased dramatically.
- Hired a Director of Quality Management.
- Lower number of clients who qualify for services based on our initial projection.
- Resulted initially in a significant staff turnover.
- Changed the culture of the organization.
- Cannot bill for substance use/chemical dependency because hospital does not.
Revenue...

- FY 2014 - $32,000
- FY 2015 – $46,000
- FY 2016 – $67,000
- FY 2017 Projected – $100,000 (based on 95 clients enrolled in services.

Not very impressive, huh?
Opportunities

- Work with hospital systems and MCO’s – But how? What negotiating power do we have?
- More flexible pool of funding
- Leverage other relationships and build a collaborative: Better Health through Housing
The Impact

Saving Lives

• Those placed in housing with case management had improved immune systems after 18 months (CDC)
• Research shows that stable housing and treatment reduce HIV transmission rates by up to 96% (NIAID)

Saving Money

• CHHP study showed that the permanent supportive housing model created an average of $6,307 of annual health care cost savings per participant.
The Model

- Collaborative of 29 supportive housing agencies
- Provides supportive housing to frequent users of hospitals/healthcare who are homeless
- Collaborative communicates with and assists care coordinators to serve MCO members
- Goal to create a Flexible Rental Subsidy Pool
- Maintain a central housing coordination agency
  - Centralized intake and referral system into supportive housing
  - Funding for mobile street outreach and bridge housing
  - Communication with local Continuums of Care (CoC)
The Value to MCO’s

- Model of population health management.
- Right services at the right time for the right reason.
- Improve outcomes and decrease unnecessary costs.
- Help meet quality measures.
- Improves care coordination.
- Single point of contact.
The Value to Housing Providers

- Power in numbers.
- Not necessary to build Medicaid infrastructure.
- Benefits of street outreach and bridge housing.
- Improved data collection.
- Unrestricted stream of funding.
Questions that Impact Next Steps

- 1115 Waiver and Future of Medicaid.
- Centralized referral systems for CoC.
- Gaining momentum among MCO’s.
- How do we cover costs and create a flexible subsidy pool at the same time?
Questions?