



Alexian Brothers Housing and Health Alliance

BONAVENTURE HOUSE • BETTENDORF PLACE • THE HARBOR



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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.



Agency Overview: Programs



Bonaventure House

- 35-bed transitional recovery home in North Chicago

The Harbor

- 8-bed transitional recovery home in Waukegan



Bettendorf Place

- 23 permanent leased studios in South Chicago

Community Housing

- 111 subsidized apartments in throughout Chicago and Lake County



After Care Program

- Approximately 25 graduates Bonaventure/The Harbor

Housing Advocacy

- 60-75 clients for housing stabilization, mostly South Chicago through Joliet

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



Case Management 1-on-1 Sessions	1,495
Occupational Therapy 1-on-1 Sessions	136
Spiritual Care 1-on-1 Sessions	243
Group Attendance	4,912



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



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?

