

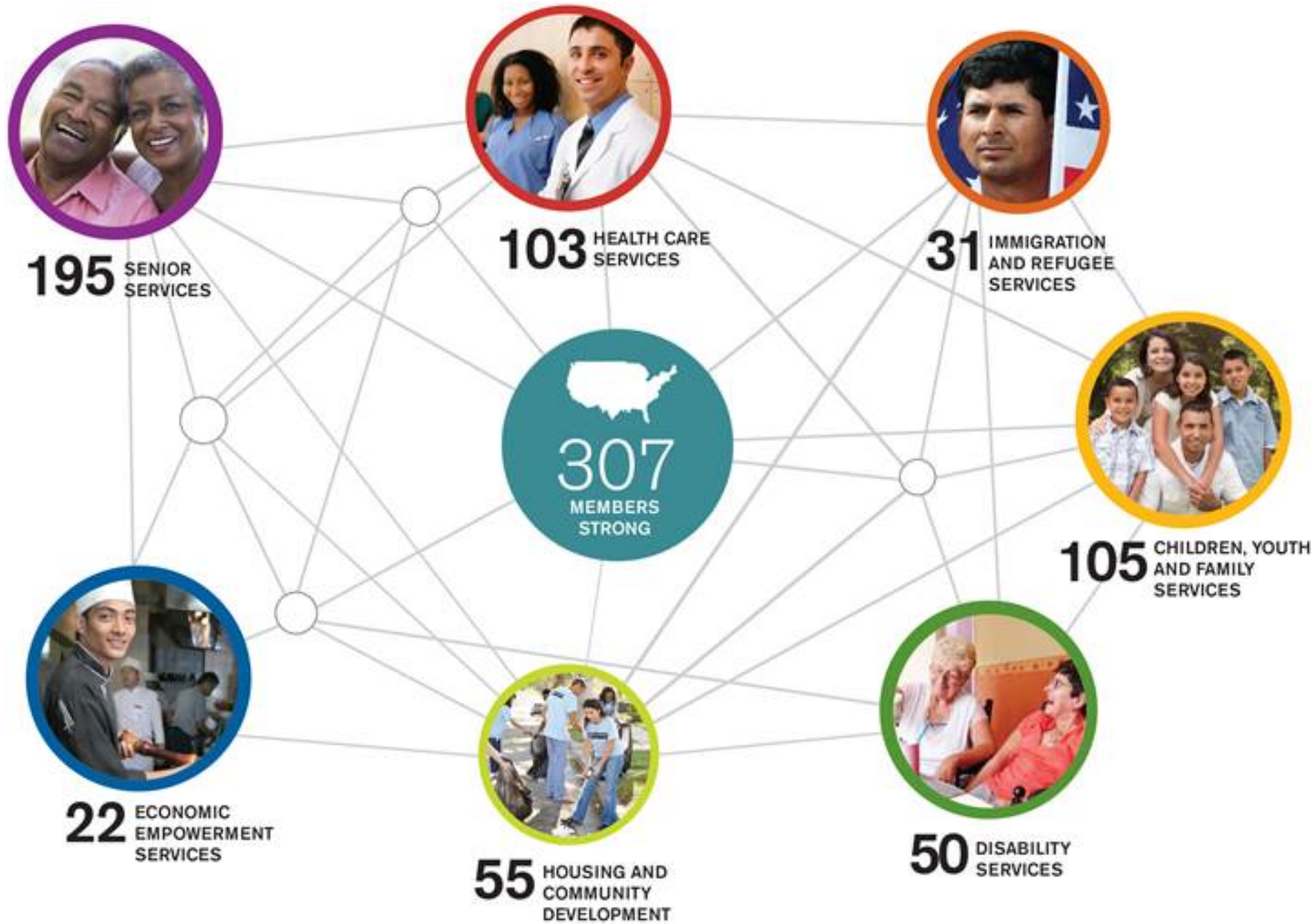


Lutheran  
Services  
in America

**Charlotte Haberaecker**  
**President and CEO**  
**Lutheran Services in America**

September 23, 2017



















Lutheran Social  
Services of Illinois

TRANSFORMING LIVES FOR 150 YEARS

**150**  
YEARS  
1867-2017

# LUTHERAN SOCIAL SERVICES OF ILLINOIS

**2017 Health and Human Services Summit:  
Creating the Future of Outcomes and Impact**

SEPTEMBER 22-24, 2017 | HARVARD UNIVERSITY | CAMBRIDGE, MA



Lutheran Social  
Services of Illinois

TRANSFORMING LIVES FOR 150 YEARS

**150**  
YEARS  
1867-2017

**Lutheran Social Services of Illinois (LSSI) is a comprehensive social service organization founded in 1867, affiliated with Evangelical Lutheran Church in America**

**Services are located throughout Illinois and include:  
foster care, adoption, mental health and substance use treatment,  
home care, affordable housing for seniors, residential supports and day  
training for adults with developmental disabilities  
and returning citizens programs.**

### **Strategic Areas of Focus**

#### **Whole Person Health**

viewing the whole person when determining needs and addressing them through a full continuum of services.

#### **Permanency**

Supporting the well-being of children, families, seniors and people with disabilities in their natural setting.

#### **High Performance Organization**

Developing a culture that fosters learning, adaptability, and achievement.



# MIGRATION OF HUMAN SERVICES IN THE LAST DECADE

- Volume to Value
- Shift to Managed Care
- Consent Decrees/Waivers

## Leveraging Federal Dollars to:

- Focus on outcomes, including generative outcomes
- Provide whole-person care
- Include formerly fragmented services under the umbrella of Medicaid Managed Care
- Provide access to care at the right place and the right time
- Implement 1115 Waiver – Health Homes

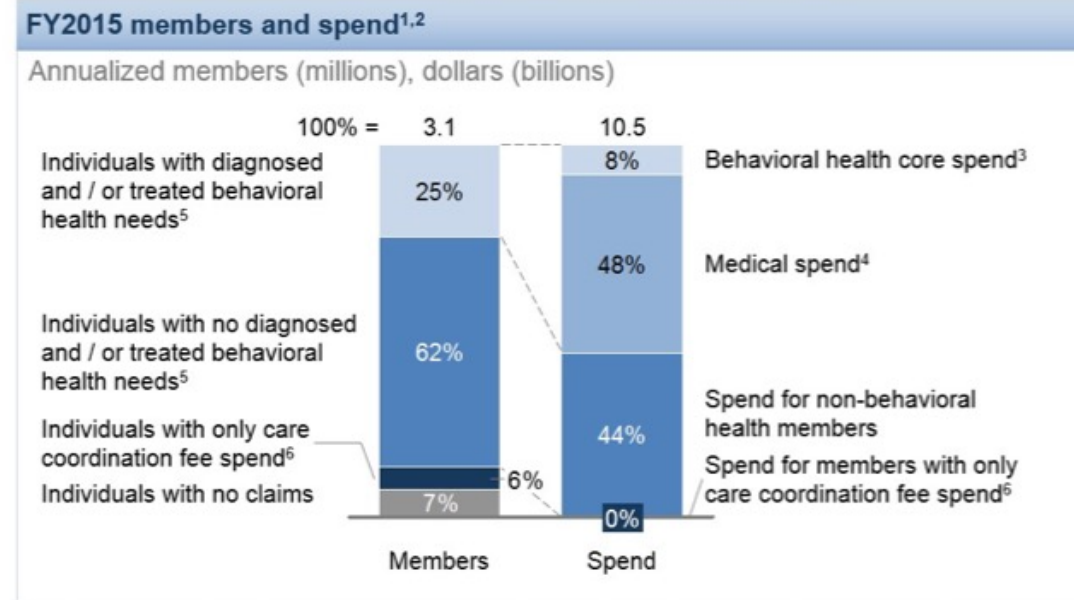
# DISPROPORTIONATE SPENDING

- POOR HEALTH OUTCOMES
- HIGH UTILIZATION

Illinois Department of Health and Family Services (DHFS) recently identified that the costliest 10% of Medicaid Behavioral Health members account for more than 70% of all Medicaid spending on Behavioral Health.

Further, Medicaid Behavioral Health members represent 25% of Illinois Medicaid members but account for 56% of all Medicaid spending.

Medicaid members with diagnosed and/or treated behavioral health need make up 25% of the population, but 56% of the total spend



<sup>1</sup> Annualized members (not unique members) shown here with no exclusions made on population or spend. Annualized member count = Sum of member months/12  
<sup>2</sup> Most inclusive definition of behavioral health population used here of members who are diagnosed and treated, diagnosed but not treated, and treated but no diagnosis present.  
<sup>3</sup> Behavioral health core spend is defined as all spend with a behavioral health primary diagnosis or behavioral health-specific procedure, revenue, or HIC3 pharmacy code.  
<sup>4</sup> Medical spend is defined as all other spend for individuals with behavioral health needs. See appendix for additional methodology notes  
<sup>5</sup> Behavioral health diagnosis is defined as a behavioral health diagnosis in any of the first 18 diagnosis fields of any claim during the year. Behavioral health treatment is identified on basis of a claim with a behavioral health primary diagnosis or a behavioral health-specific procedure, revenue, or HIC3 drug code during the year  
<sup>6</sup> Annualized members with only spend for care coordination fees. Care coordination fee is identified by HCPCS codes - G9002, G9008  
 SOURCE: FY15 State of Illinois DHFS claims data

# WHOLE-PERSON CARE

**How is it we don't strive in the best of ways to view the whole person? The whole person view encompasses:**

- Compassion, respect and promotes dignity
- Views the person – their challenges and their hopes and dreams
- Healing – which always involves more than treating symptoms
- Applies Evidence-Based Practice(s) based on data
- Surrounds each person with a network of supports (professional and social determinants)
- Linkages to a wide-array of community based services and supports that support the whole-person - to maximize desired outcomes, address social determinants, and provide an opportunity for care in the natural setting, the home.
- Technology to support, manage and track the success in utilizing the community based resources to which they are linked.
- Leadership/Governance – Focusing resources, systems and passion



# WHOLE- PERSON CARE THROUGH A NETWORK OF PROVIDERS

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Begin with the whole person, centering on the needs and preferences of the individual in the home and community, locating housing opportunities in neighborhoods where the person wants to live.

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When a person's needs are outside of LSSI's service offering, we build a network of providers who can meet the person's needs, building a person-centered treatment team.

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Services build and support each component for the benefit of the person. Integrated and Interconnected.

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Identifying gaps/barriers become the focus of care while working across multiple sectors and social determinants of health.

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Care management/coordination works through access barriers, ties services together and honors existing relationships with physicians and other treatment providers; connects to trusted providers in the network when no relationship exists.

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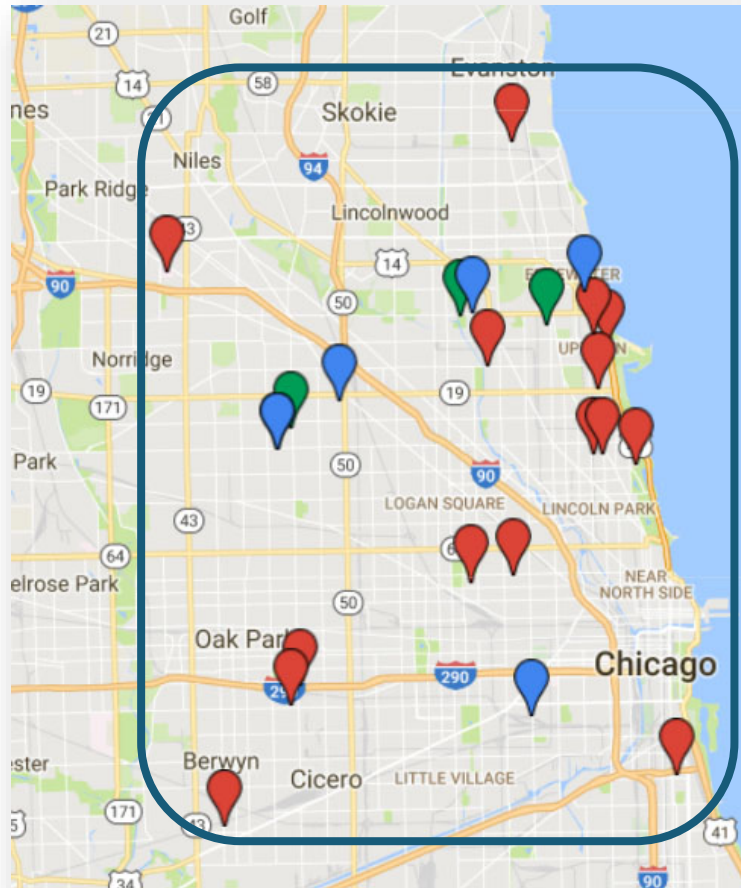
Actively seeks knowledge of community resources for essential stabilizing supports: healthy food, medications, household items, transportation, and social networks.

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Teaching skills in a natural setting builds confidence, independence.

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In-home care coordinators can often identify changes in health, mood, or functioning and notifies the care team for early intervention.



**5 LSSI SERVICE AND TREATMENT SITES  
ADDITIONAL MOBILE PRESENCE THROUGHOUT  
THE COMMUNITY**

## PLACE-BASED: CHICAGO

### Embedded in 3 Hospital ERs

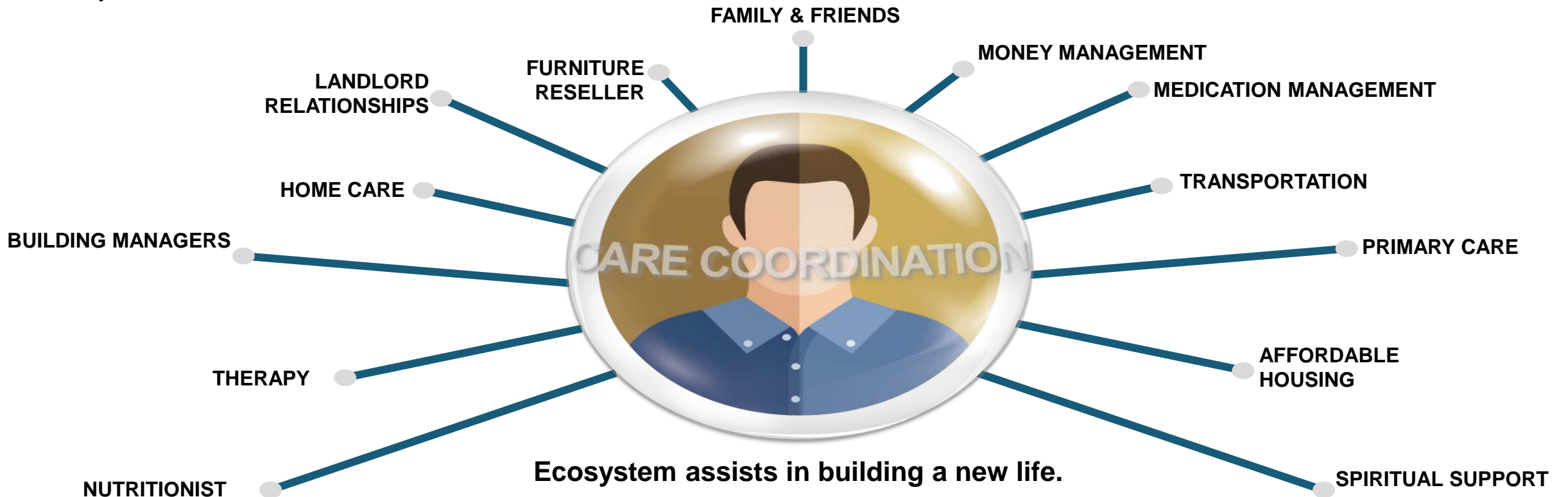
1. Swedish Covenant Hospital
2. Community First Medical Center
3. Methodist Hospital

### Access to 18 Inpatient Units

1. Weiss Memorial Hospital
2. Advocate Illinois Masonic Medical Center
3. Advocate Northside Health System
4. Thorek Memorial Hospital
5. St Francis Hospital in Evanston
6. Resurrection Medical Center
7. MacNeal Hospital
8. Mercy Hospital (Chicago)
9. Kindred North on Montrose Hospital
10. Norwegian American Hospital
11. St Joseph Medical Center
12. Chicago Lakeshore Hospital
13. St Mary/ St Elizabeth Hospital
14. Loretto Hospital
15. Hartgrove Hospital

# CASE STUDY: Robert

## Ecosystem/Network



### Ecosystem assists in building a new life.

Skilled care	→	Furnished apartment
ER visits	→	None
Hospitalizations	→	None
Estranged from family/friends	→	Connected
Diabetes unmanaged	→	Within target
Lacking dietary knowledge	→	Informed/skilled
Limited egress	→	Free to explore
Medications unmanaged	→	Effective
Substance abuse	→	Abstinence/no relapse



# LSSI/MCO APPROACH: WHOLE-PERSON CARE FOR A HIGH RISK BEHAVIORAL HEALTH POPULATION

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LSSI is implementing a program with an MCO to address the needs of a high risk behavioral health population.

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This population has an extremely high hospital admission and readmission utilization history.

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Our approach engages people in the community and/or in hospital units and bundles services to provide access to services and supports in the community including food, clothing and housing.

3 Hospitals – 24/7 Imbedded Behavioral Staff, 20 sites – Mobile Case Mgmt

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LSSI assertively meets the person in the community and reduces barriers to care and addresses social determinants that may be contributing to risk of crisis or readmission.

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LSSI stays with the person throughout their care journey utilizing technology to manage resources and ensure that the person has access to community based care, services and supports at the right place and right time.

# NEW MCO RELATIONSHIP

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The goal of this MCO contract is to reduce Inpatient Behavioral Health Admissions and Readmissions

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There are two clinical paths with identified and funded housing options for persons experiencing homelessness

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The bundled rate includes mental health and other services as detailed on the next slide, the bundled rate does not include substance abuse treatment.

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LSSI's faces two large risks 1) failing in the engagement and activation of people in the population and 2) the overutilization of resources

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A key LSSI strategy to mitigating risk is contractually incorporating an independent Care Coordination Entity in its workflows to maximize engagement and activation; as well as the coordination of care .

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The bundled rate will be disbursed to different expense categories based on a pro forma that was created after the review of data and the creation of archetypes which estimated utilization and cost

# SCOPE OF WORK - MCO RELATIONSHIP

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Engagement in the Community

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Psychiatric Services

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7 day/week response for all inpatient admissions (within 24hrs of notification)

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Follow up face-to-face visits as early as 24 hrs after discharge but within 7 days of discharge and within 30 days of discharge for all inpatient episodes

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ER diversion/alternative assessment program

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Medication Training, Monitoring, and Reconciliation

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Individual Therapy/Counseling

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Coordination of medical needs (physical health, dental, and vision)

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Case Management and Advocacy

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Community Social Support including Peer Support

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Coordinate Substance Abuse Treatment, as needed

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Assisting with transportation, temporary financial assistance food and/or incidentals, Guardianship/Payee ship, Coordination of Legal Support and Job Training

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# DRIVING SUCCESS



- Data Driven Approach
- Care Management Model
- Care Coordination Approach
- Fund Management for Persons in the Program
- Quality Assurance/Utilization Management
- Metrics Driven Practice Management
- Training and Workforce Development
- Metrics driven Business Unit Review, identify/address barriers, problems and challenges to program sustainability in advance of critical impact

# TECHNOLOGY TO SUPPORT AN ECOSYSTEM FOR WHOLE-PERSON CARE



Monitoring the success of linkages is critical to whole-person care: maximizing positive outcomes and satisfaction, while mitigating the risk of future crisis, hospitalization and readmission; thereby improving outcomes and quality while reducing the total cost of care.

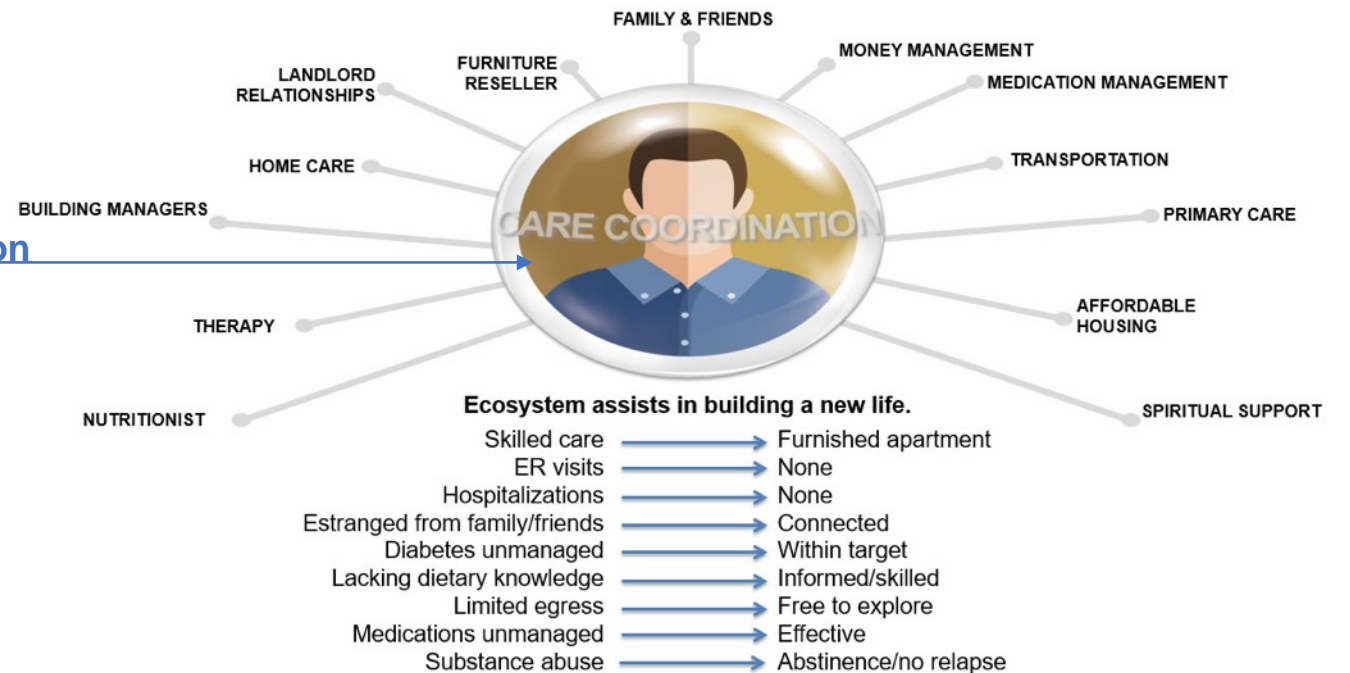
Technology is critical for efficient Network and Case Management, service delivery monitoring, resource management and ensuring disparate needs in a population are identified upstream, prior to crisis and/or hospitalization.

# Data Needs to Support an Ecosystem for Whole-Person Care

## Data Sources via Private HIE

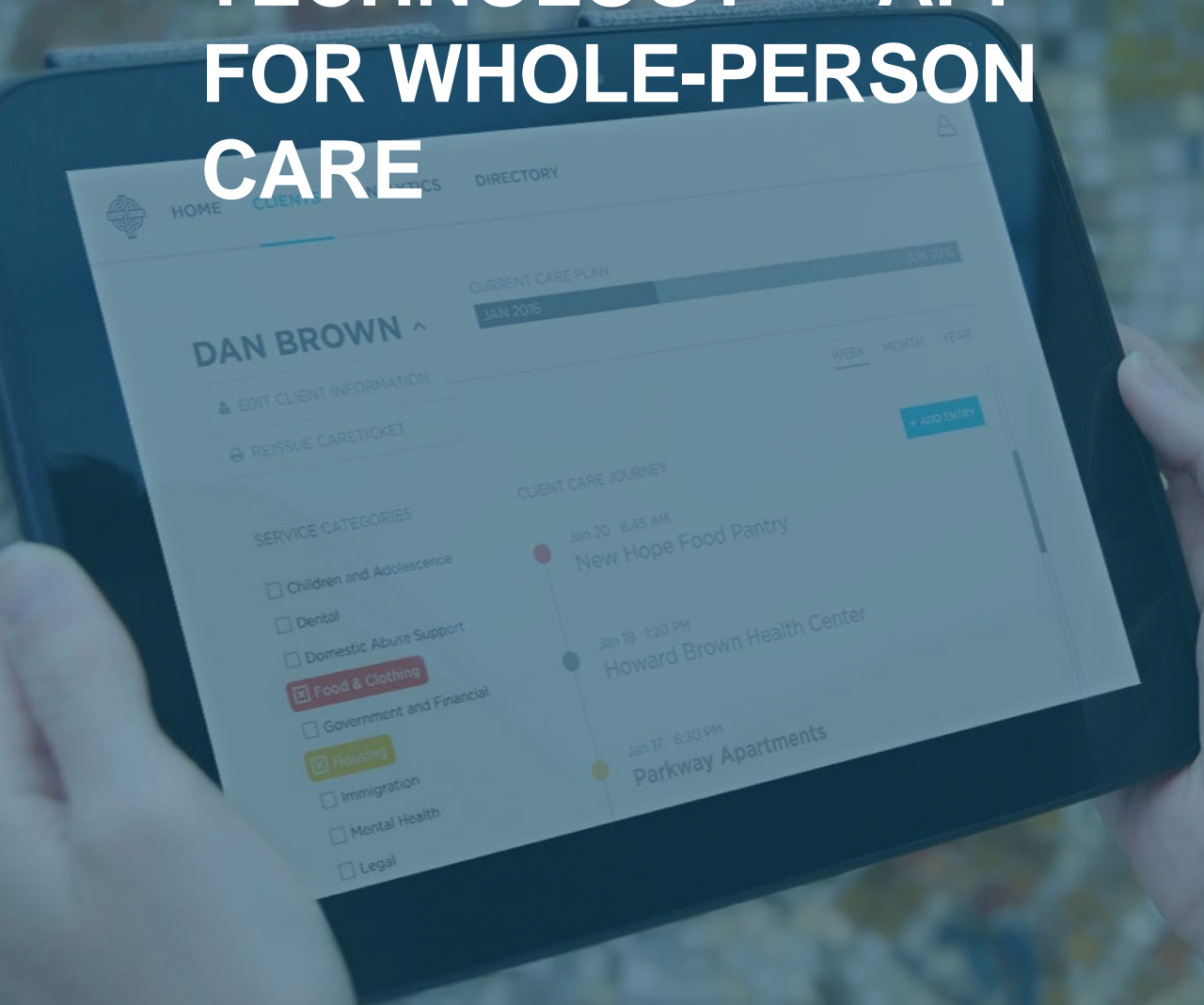
- Medical
- Behavioral
- Claims
- Housing
- Nutrition
- Transportation
- Education
- Family/Social/Community
- Law enforcement

Care Coordination





# TECHNOLOGY – “APP” FOR WHOLE-PERSON CARE



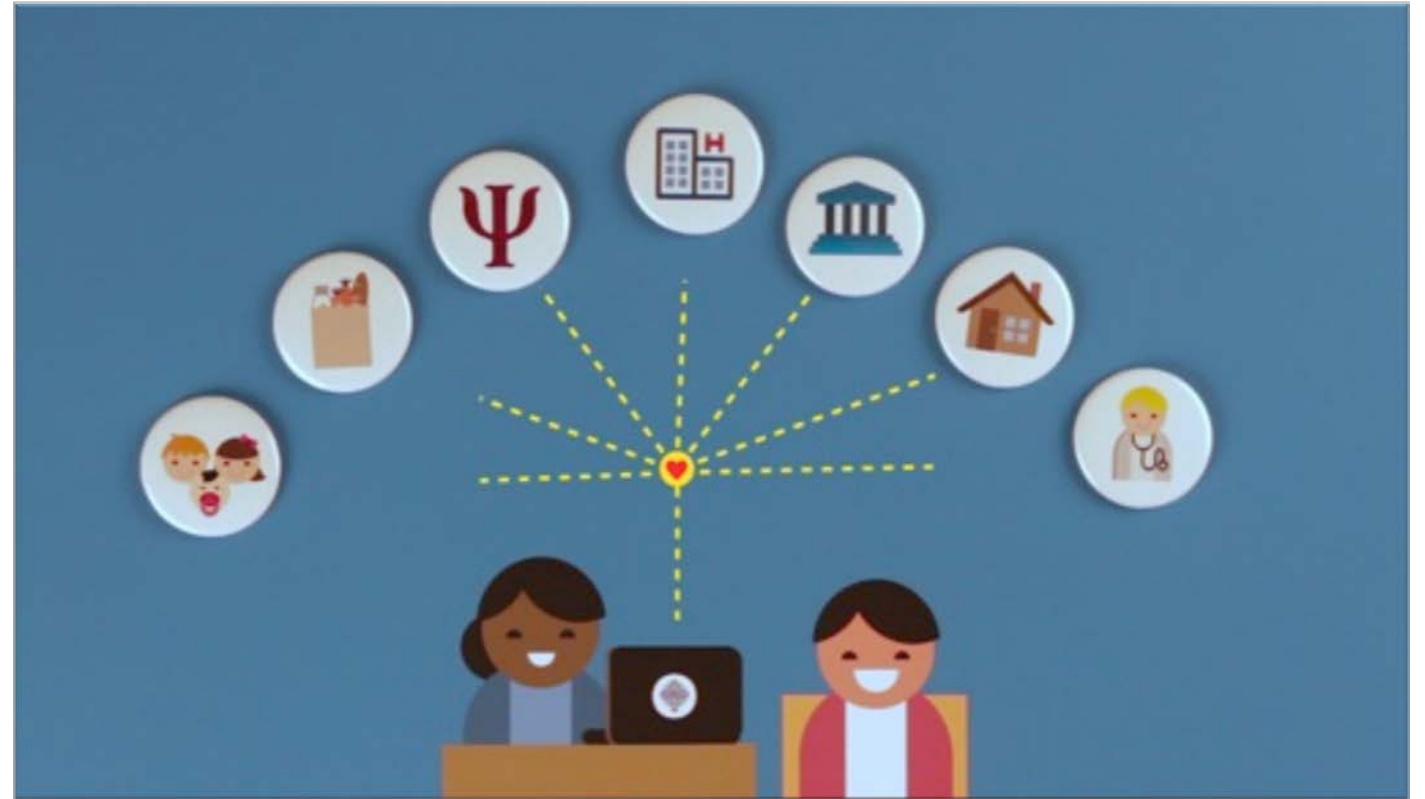
LSSI and Fjord worked together on service delivery and digital system design that supports whole person care and the integration of social services in care networks.

The design challenge was how to defragment social services. Fjord teamed with LSSI to explore how technology could eliminate fragmentation and strengthen care coordination.

The goal was to design a digital tool that helped track the success in utilizing a wide array of community based supports and resources that are linked through the LSSI Network.

## CARE JOURNEY

The result of our work is a prototype called the Care Journey which visualizes linkages and the success of those linkages across multiple systems and organizations.



# CARE JOURNEY

The Care Journey design offers a system view and an easy way to visually monitor and track linkages across multiple systems and agencies.

## CLIENT ACTIVITY FEED

**FILTER BY SERVICE CATEGORY**

- Children and Adolescents
- Dental
- Domestic Abuse Support
- Food and Clothing
- Government and Financial
- Housing
- Immigration
- Mental Health
- Legal
- Medical
- Miscellaneous
- Pregnancy and Family
- Senior Services
- Miscellaneous
- Pregnancy and Family
- Senior Services
- CLEAR ALL

**FILTER BY TIME**

- Any Time
- Today
- This Week
- This Month
- Custom Range

From:

To:

SEARCH CLIENTS VIEW ALL CLIENTS

+ ADD CHECK-IN

JUN 25 SATURDAY 12:45PM VETERAN SERVICES

**DJ DANIEL BROWN**  
Veterans Affairs: Lakeside Clinic

3 RECENT CHECK-INS

JUN 25 SATURDAY 12:45PM FOOD AND CLOTHING

**JD JOSE DIAZ**  
New Hope Food Pantry

1 RECENT CHECK-INS

JUN 25 SATURDAY 12:45PM MEDICAL

**SB SAM BANKS**  
Howard Brown Health Center

2 RECENT CHECK-INS

JUN 25 SATURDAY 12:45PM HOUSING

**DJ DEBORAH JONES**  
Parkway Apartments

YESTERDAY

JUN 25 SATURDAY 12:45PM VETERAN SERVICES

**SB SAM BANKS**  
Veterans Affairs: Lakeside Clinic

JUN 25 SATURDAY 12:45PM FOOD AND CLOTHING

**SM SARAH MILLER**  
New Hope Food Pantry

JUN 25 SATURDAY 12:45PM MISCELLANEOUS

**JS JOHN SMITH**  
Inspiration Cafe

JUN 25 SATURDAY 12:45PM HOUSING

**DJ DEBORAH JONES**  
Chicago Department of Housing

JUN 25 SATURDAY 12:45PM VETERAN SERVICES

**JD JOSE DIAZ**  
Veterans Affairs: Lakeside Clinic

LAST WEEK

JUN 25 SATURDAY 12:45PM HOUSING

**DB DANIEL BROWN**  
Chicago Department of Housing

JUN 25 SATURDAY 12:45PM FOOD AND CLOTHING

**JD JOSE DIAZ**  
New Hope Food Pantry

JUN 25 SATURDAY 12:45PM VETERAN SERVICES

**JS JOHN SMITH**  
Veterans Affairs: Lakeside Clinic

JUN 25 SATURDAY 12:45PM VETERAN SERVICES

**SB SARAH MILLER**  
Veterans Affairs: Lakeside Clinic

JUN 25 SATURDAY 12:45PM HOUSING

**JD JOSE DIAZ**  
Parkway Apartments

VIEW MORE

STATS: WEEK MONTH YEAR

**12** TOTAL ACTIVE CLIENTS

**25%**

GOVERNMENT AND FINANCIAL

**18%**

MENTAL HEALTH

**16%**

HOUSING

**15%**

MEDICAL

**10%**

SENIOR SERVICES

**6%**

CHILDREN AND ADOLESCENCE

VIEW MORE

# LEADERSHIP AND GOVERNANCE

- Ecosystem: Own, Buy, Collaborate
- Capital
- Lead and Manage to Metrics - Growing Lead Indicators
- Satisfaction
- Complexity