

Welcome to Aunt Martha's Health & Wellness

January 2021

Presentation Overview

- About Aunt Martha's
 - Our History
 - Our Approach, Model & Experience in Integrated Care
- The Need for Integrated Care Services
- Applying the Principles of Integrated Care

About Aunt Martha's 1972 to Present

47 Years of Providing Child Welfare, Community Wellness & Health Care Services

Summary of Qualifications

- Licensed by DCFS to provide child welfare services
- Licensed by Illinois' Department of Substance Use Prevention & Recovery to provide substance use treatment services to adolescents and adults
- Recognized by Bureau of Primary Health Care's Health Resources and Services Administration (HRSA) as a Federally Qualified Health Center (FQHC)
 - FQHCs are federally-funded nonprofit health centers or clinics that serve medically underserved areas and populations.
 - FQHCs provide primary care services regardless of ability to pay.
 - FQHS services are provided on a sliding scale fee based on ability to pay.¹

Our Unique Perspective

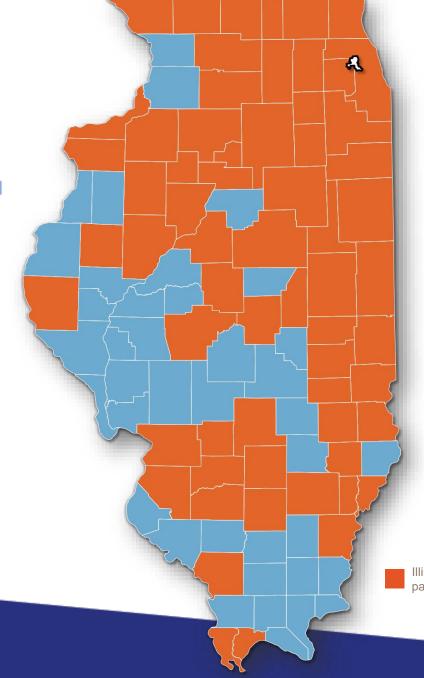
Aunt Martha's Health & Wellness is the <u>ONLY</u> licensed child welfare agency in Illinois that is also a Federally Qualified Health Center.

Our Reach

105,000+

PATIENTS & CLIENTS SERVED

600+ COMMUNITIES



800+

EMPLOYEES

30+

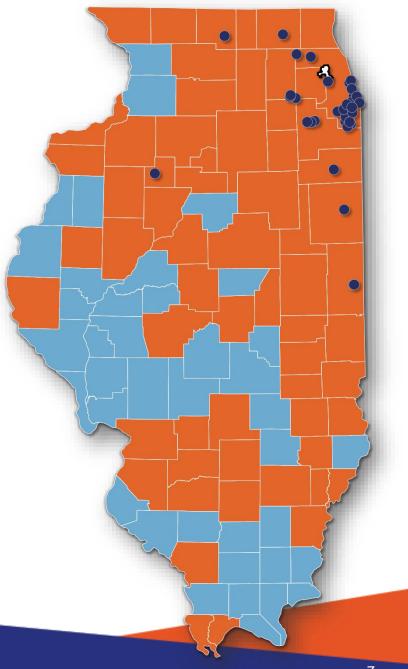
LOCATIONS IN 9
COUNTIES

Illinois Counties where Aunt Martha's patients and clients reside

Our Locations

- Aurora
- Aurora Health & Outreach Center* (Homeless/Refugee)
- Blue Island* (Thresholds SMI)
- Carpentersville
- Chicago Integrated Care Center* (DCFS)
- Chicago (LSSI) Coming Soon!
- Chicago (Norwegian American) Coming Soon!
- Chicago Southeast Side
- Chicago Admin
- Chicago South East Alcohol & Drug Abuse Center
- Chicago Heights Vincennes
- Chicago Heights Pediatric Health & Wellness Park Forest Evening Reporting Center
- Chicago Heights Women's Health
- Country Club Hills (PADS)[^]
- Danville
- Danville Center for Children's Services
- Harvey Health & Outreach Center* (Homeless)

- Hazel Crest[^] (Advocate)
- Hillside CARES
- Joliet East
- Joliet West (AMITA)
- Joliet Foster Care
- Kankakee
- Midlothian Children's Quarantine Center* (DCFS)
- Olympia Fields Admin
- Olympia Fields Care Coordination
- Palatine* (Little City DD)
- Park Forest Foster Care/Community Wellness
- Peoria[^] (OSF St. Francis) Coming Soon!
- Rockford[^] (SwedishAmerican)
- South Holland
- Toulon
- Watseka
- Woodstock[^] (Northwestern)



^{*}Special Population

[^] Hospital Partnership

The People We Serve

61%

FEMALE

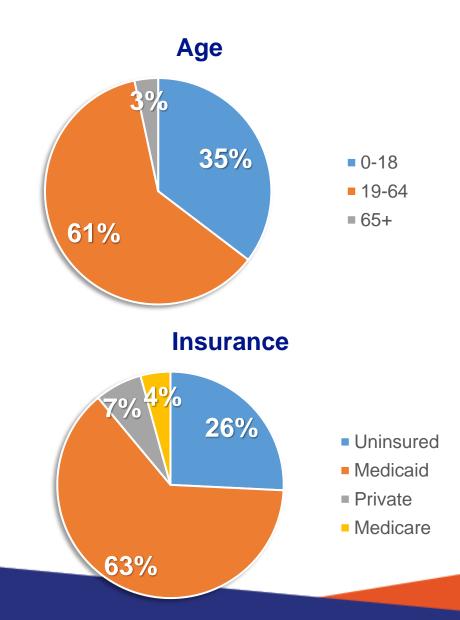
39%

MALE

55%

BLACK

41% HISPANIC OR LATINO





Our Impact & Access: Health Care Services

Aunt Martha's is
Illinois' 5th largest
community health
center.¹ Since 2001,
we have provided
more than 2.6
million visits.

Aunt Martha's serves
more than 3.2x
more uninsured
patients than the
average FQHC
nationally.2

Aunt Martha's cost
per patient is 18%
and 34% lower than
the state and
national average for
FQHCs,
respectively.3

¹ Based on total patients served, Calendar Year 2019. Source: bphc.hrsa.gov

² Based on total uninsured patients served by 1,385 HRSA grantees, Calendar Year 2019. Source: bphc.hrsa.gov

³ Based on total cost per patient, Calendar Year 2019. Source: bphc.hrsa.gov



Our High Quality Health Care Services



- Ambulatory & Behavioral Health Accreditation since 1997
- Primary Care Medical Home (PCMH) Certification since 2014



In 2020 Aunt Martha's was awarded several Quality Improvement Awards from Health Resources and Services Administration (HRSA) after achieving top rankings in Illinois for Health Center Quality Leader, Advancing HIT, and Achieving PCMH Recognition.



Our Child Welfare Services

Aunt Martha's
Residential
Stabilization
services average **5x fewer runs**than other DCFS
shelters.

Our foster children are 24% more likely to progress toward permanency than those placed with other agencies.

Our HealthWorks
program
coordinates care
for all DCFS youth
in Cook County,
and completes 91%
of CHEs*.

Our CARES 24/7

Behavioral

Health Crisis

hotline handles

more than 200,000

calls each year.

Connect 3,000
homeless children
& adults to shelter,
health care,
employment
training and
independent living
services.

90% of youth in our CCBYS*
program remained with their families and out of the foster care and juvenile justice system.

Our Philosophy: Value Based Care

Aunt Martha's is committed to a model that helps our *patients get healthier*, while lowering the cost of care.

Our Approach, Model & Experience in Integrated Care

The Evolving Elements of Effective Care **Coordination:**

Key Moments in the Development of Aunt Martha's Model

Total Care Management; Pilot launched: **PatientPing** CRC Growing redesigned Integrated Care Center; complexity into of DCFS Certified Integrated Health Integrated vouth Care Center Home requires fully-DCFS pilot with Lurie integrated 2018 model and Developing Children's; CRC redesign resources more Transition to sophisticated value-based care 2017 model of coordination high-risk youth at CRC health care. practices child welfare and community 2014 wellness services First shared risk/shared 2012 savings arrangement First telepsychiatry 2007 services offered 2006

Medical case management for first 45 days of youth entry into DCFS care

Children's Reception Center (CRC) opens

Leveraging technology

to increase

access to

care

Depression screening in primary care setting

Awarded HealthWorks of Cook County contract

DCFS

on-site

health

center

temporary

placement shelter with

2005

Expanding BH access through primary care

2003

2020

2019

Integrated Primary & Behavioral Health Care

Primary health care <u>IS</u> behavioral health care

Our Model

- Shared care plan screening, assessment & treatment managed by PCP
- PCP consults with Psychiatrist
- Psychiatrists focus on complex or treatment resistant clients
- Brief intervention by therapist to engage and support client in treatment plan

Telepsychiatry (represents 90% of our psychiatry visits)

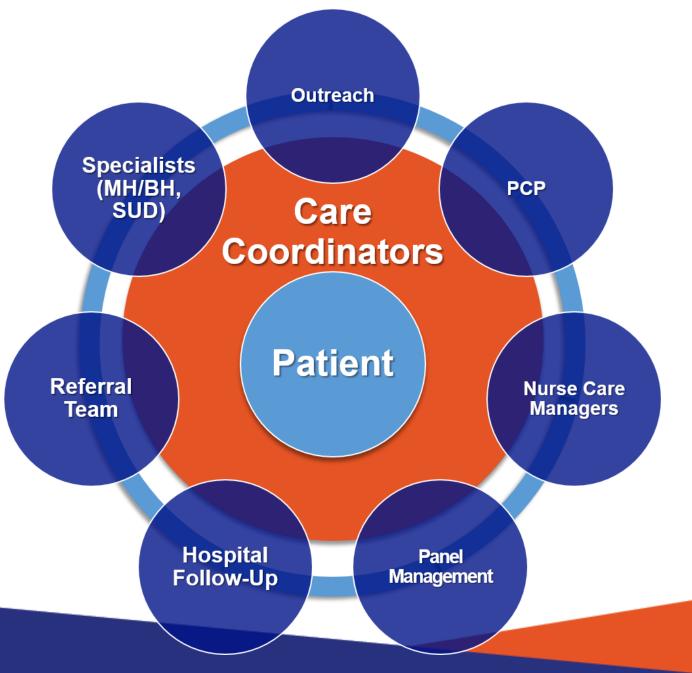
- Improves patient access
- Increases provider capacity
- Enhances integration

Technology-Enabled, Value-Based Care

Since 2016, Kaiser Permanente, one of the nation's leading integrated health systems, has provided more than half of its patient visits in a virtual setting similar to that enabled by Aunt Martha's telepsychiatry network.¹

Aunt Martha's Integrated Care Coordination Model

- Ongoing assessment, risk stratification, care planning
- Patients connected to:
 - Primary care provider (PCP)
 - Specialists
 - Behavioral health services
 - Support services such as transportation, housing, food
- EHR to coordinate patient care and share care plans



Outcomes: Aunt Martha's Patients Get Healthier

Integrated Care Model Outcomes: Health Center Quality Metrics – Top Quartile

Indicator	Aunt Martha's 2019 Performance (w/ Quartile Ranking)	2019 FQHC Performance (National)	2019 FQHC Performance (Illinois)
Access to Prenatal Care (1st Trimester)	91.41% (1)	73.81%	77.78%
Weight Screening and Counseling (Child & Adolescent)	95.34% (1)	71.21%	78.89%
BMI Screening and Follow-Up (Adult)	93.24% (1)	72.43%	77.42%
Depression Screening and Follow-Up	94.15% (1)	71.61%	77.86%
Ischemic Vascular Disease: Use of Aspirin or Another Antiplatelet	98.30% (1)	80.78%	85.17%
Low and Very Low Birthweight	6.99% (2)	8.05%	8.52%
Cervical Cancer Screening	58.24% (2)	56.53%	62.71%
Tobacco Use Screening and Cessation Follow-Up (Adult)	90.25% (2)	87.17%	89.21%
Dental Sealants for Children 6-9 Years	56.49% (2)	56.80%	57.75%
Appropriate Medications for Asthma	95.17% (2)	85.95%	90.22%
Childhood Immunization Status	32.00% (3)	39.75%	34.80%
Hypertension: Controlling High Blood Pressure	60.69% (3)	64.62%	64.19%
Colorectal Cancer Screening	29.04% (4)	45.56%	45.58%
Diabetes: Controlling Hemoglobin A1c	54.63% (4)	68.05%	67.11%

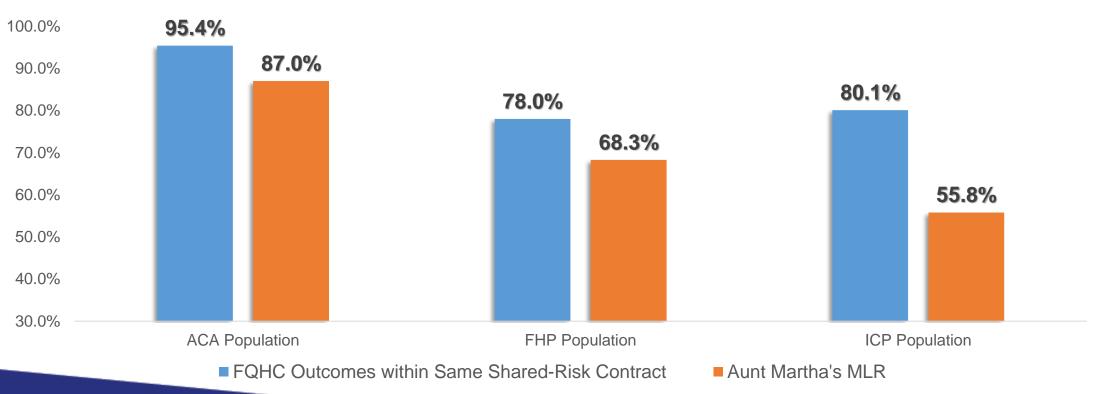
^{*}Adjusted Quartile Rankings: Provides a health center's adjusted quartile ranking compared to health centers nationally for each of the clinical performance measures. Clinical performance for each measure is ranked from quartile 1 (highest 25% of reporting health center) to quartile 4 (lowest 25% of reporting health centers).

Outcomes: Aunt Martha's Lowers the Cost of Care

Aunt Martha's Model Delivers on the Promise of an Integrated Approach to Care: Medical Claims Costs

The Demonstrated Value of Integration from a Financial Perspective

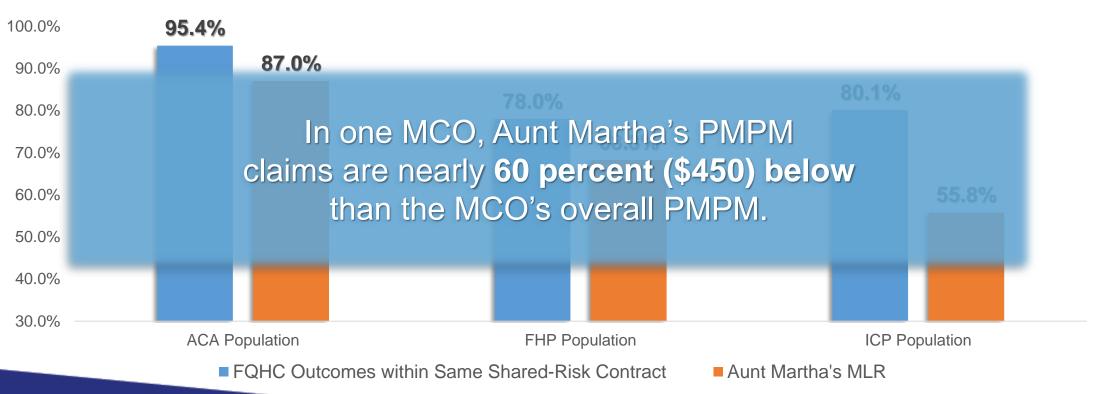
MCO Shared-Risk Contract: Medical Claims Costs (MLR)



Aunt Martha's Model Delivers on the Promise of an Integrated Approach to Care: Medical Claims Costs

The Demonstrated Value of Integration from a Financial Perspective

MCO Shared-Risk Contract: Medical Claims Costs (MLR)



Aunt Martha's Integrated Model Lowers the Cost of Care

Change in Total Cost of Care Among FQHCs, 2015-2019 United States, Illinois and Aunt Martha's



Comparison includes the cost of the care provided to the highly complex DCFS youth served at all Aunt Martha's health centers (including the ICC's on-site clinic) – those in our care, and those placed with other DCFS providers.

Benefits of Integrated Services:

"Our results, demonstrating the benefits of integrated medical-behavioral primary care for improving youth behavioral health outcomes, enhance confidence that the increased incentives for integrated health and behavioral health care in the US health care system will yield improvements in the health of children and adolescents."

Journal of the American Medical Association - Pediatrics, August 2015

American Academy of Pediatrics & Journal of the American Medical Association: The Needs of Children & Adolescents in Foster Care & Integrated Care

Up to 80%

of children enter foster care with a significant mental health need.*

30% to 80%

of children come into foster care with at least 1 medical problem.*

66%

Probability that youth receiving integrated care would have better outcome than those receiving usual care.**

^{*} American Academy of Pediatrics. Policy Statement. October 2015. Downloaded from: www.aappublications.org/news on 07/16/2019

⁵ JAMA Pediatr. 2015:169(10):929-937. doi:10.1001/jamapediatrics.2015.1141. Published online August 10, 2015. Downloaded from: https://jamanetwork.com/ on 07/16/2019

"Everybody needs to think of themselves as a participant in the process....Integration is not a model where someone tells you what to do. It is important for families to have a health care home and to have a team that is working together to address the whole spectrum of their needs, behavioral and physical. That is your right."

Parinda Khatri, Ph.D., Director of Integrated Care, Cherokee Health Systems