Community Support Program for People Experiencing Chronic Homelessness (CSPECH)
Finding Shared Solutions Across Mental Health, Substance Use, and Medicaid to Promote Recovery

Carol Kress, VP of Client Partnerships and Chief Executive, MBHP
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Who is MBHP?
A Beacon Health Options Company
Contract with the Commonwealth of Massachusetts since 1996
Behavioral Health specialty management for MassHealth Primary Care Clinician (PCC)
Plan 420,000 Members

Clinical/Utilization Management
- Over 120,000 Members access behavioral health care each year
- Work with over 380 primary care practices across Commonwealth
- Member outreach and engagement
- Integrated Care Management Program

Network Management (5 regional offices)
- Credentialed network of over 1,200 behavioral health providers

Quality Improvement/Management
- Provider profiling for behavioral health and primary care clinicians
- Fraud and abuse monitoring

Administrative/Claims Processing

Data Management/Analytics

Full NCQA Accreditation
Community Support Program for People Experiencing Chronic Homelessness: Brief History and Overview

**CSPECH**: Created in 2005 – MBHP and Massachusetts Housing and Shelter Alliance (MHSA)
- Began as a Performance Incentive
- Community–based care coordination
- Experiencing chronic homelessness
  - An individual or family with a *disabling condition* who has been *continuously homeless for a year or more*, or has had at least *four episodes of homelessness in the past three years*.
- Diagnosis of mental illness or substance use disorder or increased medical risk
- Seeking housing in Housing First model
  - **Housing First**: an approach to ending homelessness that centers on providing people experiencing homelessness with permanent housing as quickly as possible – and then providing services as needed.
- Originally coverage for CSPECH only through MBHP. **Social innovation financing (SIF)** grant coverage expanded model to all MCOs in Massachusetts

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**CSPECH (continued)**

**Program Design**

- Permanent, supportive housing offers more stability for people with mental illness and substance use disorders, allowing them to seek and retain treatment through the help of a Community Support Program (CSP).

- **Strategic partnerships:**
  - Behavioral health providers in the MBHP network
  - Non-network housing programs that have available housing vouchers from federal- or state-funded sources

- In the past year, **602 MBHP Members** participated in the program.
CSPECH (continued)

Program Design
- Built upon an existing covered service: Community Support Program (CSP)
- CSP: 15-minute units
- CSPECH: 1 unit = 1 day
- In the first year, to assist with program start-up:
  - 1 unit = $381.00 for the 1st quarter (very low volume)
  - 2nd and 3rd quarters were $47.67 per unit
  - 4th quarter and ongoing $17.30 per unit
- Total cost in FY15: $2,388,023
- Average length of enrollment: 2.2 years

CSPECH (continued)

Estimated Cost Savings per Person per Year

<table>
<thead>
<tr>
<th></th>
<th>Pre-CSPECH</th>
<th>CSPECH - year 2</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Costs¹</td>
<td>$12,388</td>
<td>$10,702</td>
<td>$1,686</td>
</tr>
<tr>
<td>ED Utilization²</td>
<td>$2,795</td>
<td>$1,144</td>
<td>$1,651</td>
</tr>
<tr>
<td>Medical Costs (MHSA)³</td>
<td>$28,436</td>
<td>$6,056</td>
<td>$22,380</td>
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<tr>
<td>Total</td>
<td>$43,619</td>
<td>$17,902</td>
<td>$25,717</td>
</tr>
</tbody>
</table>

¹ MBHP claims, cost per eligible day annualized
² PCC Plan count of ED visits x estimated cost per ED visit ($600)
³ MHSA data

Taking these cost figures and subtracting MHSA’s estimate of the $15,468 annual cost per person of a Housing First program leaves a net savings of **$10,249 per person** annually. There were 295 Members in this analysis, which translated into an estimated annual savings of **$3,023,455**.
CSPECH (continued)

<table>
<thead>
<tr>
<th>Member</th>
<th>Before CSPECH</th>
<th>During CSPECH</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2009</td>
<td>FY2010</td>
<td>FY2011</td>
</tr>
<tr>
<td>Member 1</td>
<td>106</td>
<td>57</td>
</tr>
<tr>
<td>Member 2</td>
<td>39</td>
<td>49</td>
</tr>
<tr>
<td>Member 3</td>
<td>34</td>
<td>18</td>
</tr>
<tr>
<td>Member 4</td>
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<td>1</td>
</tr>
<tr>
<td>Member 9</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Member 10</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>166</td>
</tr>
</tbody>
</table>

- Members in the above table are the 10 members with the most ED visits in FY2009, prior to their enrollment in CSPECH. These members used a total of 300 ED visits.
- 9 out of these 10 members had a decrease in ED use after enrolling in CSPECH. These extreme high users of the ED decreased their ED use by 73%, from 300 visits in FY2009 to 166 ED visits in FY2010, and to 80 ED visits in FY2011.

Conclusion

- CSPECH = Clear way to attain goals of the Triple Aim
- Majority reported "much improvement" in their lives since entering the program
- Won the nationwide Pioneer Institute Better Government Competition in 2010 for its proven ability to improve services and save money.
- Keys to success:
  - Vision and support of state leadership for creative/flexible solutions to ending homelessness
  - Direct involvement of consumers and providers
  - Brokering of partnerships between behavioral health and housing agencies
Thank you!