



MBHP

Massachusetts Behavioral Health Partnership
a Beacon Health Options company

headinghome
ending homelessness for good

Housing and Your MassHealth PCC Plan Member

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What Is Housing First?

“An approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without pre-conditions and barriers to entry such as sobriety, treatment, or service participation.”

a.k.a. Low-Threshold Housing

- “Homelessness is first and foremost a housing crisis.”
- “Everyone is housing ready.”
- Services are available but voluntary.
- Tenant has rights and responsibilities as in a standard lease.

UPenn Research - Major Findings

- Homelessness is a “revolving door” phenomenon
- Point in time vs. longer time frame
- Identified three subgroups
 - * Transitional
 - * Episodic
 - * Chronic

Culhane's Subpopulations

- **Transitional**: single, economically caused episode, low rates of illness
- **Episodic**: multiple episodes of homelessness over time
- **Chronic**: multiple, complex problems, long term homelessness

HUD Defines a Person Experiencing Chronic Homelessness as.....

Individuals with a disability who have spent at least 12 months of the last 4 years in a place not meant for human habitation, shelter or like situation

HUD Definition on Chronic Homelessness

- ***Disability***: a diagnosable substance use disorder, mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions
- ***Homelessness***: must have been sleeping in a place not meant for human habitation (streets or shelters)
- ***Duration of Homelessness***: At least 12 months within last 4 years

The Chronically Homeless

- 10 percent of the homeless population use over 50 percent of the resources.
- The chronically homeless are high utilizers of emergency care including ER's and hospitalizations.



Research Citations

- “Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems,” JAMA, 2009, 301(13), Larimer, Mary et.al.
- “Housing First, Consumer Choice and Harm Reduction for Homeless Individuals with Dual Diagnosis,” American Journal of Public Health, 94, 651-656, Tsemberis, S. et. al.

Pathways to Housing

- Street outreach program to the chronically homeless in Manhattan which pioneered Housing First
- Federal study of 340 Housing First units with control group
- 85 percent retention rate compared to 50 percent in control group

Housing First is.....

- Mix of scattered site, project-based units
- Has been successful with chronically homeless
- A form of low-threshold intervention
- Philosophical approach and staff culture consistent with principles of harm reduction, role recovery

Sequence One

Treatment then Housing (maybe)

Clinician's Priorities: Treatment and Services

Primary role of outreach and transitional along the continuum:

- Treatment and sobriety to get consumer housing ready

Continuum of Care

(assumes skills learned in present setting can prepare consumers to live in the next setting)

			Permanent Housing
		Transitional Housing	
	Drop-in Safe haven		
Outreach			

Sequence Two

Housing then Treatment (maybe)

Two Program Requirements

1. Tenants agree to pay 30 percent of their income (usually SSI) for rent; mostly through rep payee money management program
2. Tenants agree to two apartment visits per month
3. Different strings not “no strings”
4. Changing the terms of the deal: Treating people like adults

Services

- PACT
- Brokering model

Cost Effectiveness Data

- Housing First works: even chronically homeless individuals stay housed and symptoms of their chronic health conditions improve.
- Housing First is cost effective relative to emergency shelter. chronically homeless individuals use most system resources when NOT housed.
- *Home & Healthy For Good* demonstrates 84 percent retention rate and cost savings of \$9K per tenant in MA.

Models

- Scattered site: obtaining rental subsidies from public sources and renting apartments on private market.
 - Services provided through mobile case management: home visits
- Project-based: purchase and rehabilitation of property with services on site
- Both have advantages and disadvantages, and we need both.

Recap: Webinar Series

- Homelessness contributes to and exacerbates both physical and behavioral health issues.
- Homeless individuals have disproportionately poor health compared to the general population.
- The traditional continuum of care service model has not solved homelessness and has contributed to poor health outcomes.
- Permanent supportive housing – housing with wrap-around services – has proven to be a cost-effective model for ending homelessness and improving health.

So, what's happening in Massachusetts?

Community Support Program for People Experiencing Chronic Homelessness (CSPECH)

CSPECH: Created in 2005 – MBHP and Massachusetts Housing and Shelter Alliance (MHSA)

- Began as a Performance Incentive based on existing covered service: Community Support Program (CSP)
- Community–based care coordination
- Experiencing chronic homelessness
- Diagnosis of mental illness or substance use disorder or increased medical risk
- Seeking housing in Housing First model
- Originally coverage for CSPECH only through MBHP. **Social innovation financing (SIF)** grant coverage expanded model to all MassHealth MCEs in Massachusetts

CSPECH Design

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
 - Housing unit + subsidy + services = what makes it work.

CSPECH Services

May include:

- Assisting Members in improving their daily living skills;
- Providing service coordination and linkage;
- Providing temporary assistance with transportation to essential medical and behavioral health appointments while transitioning to community-based transportation resources (e.g., public transportation resources, PT-1 forms, etc.);
- Assisting with obtaining benefits, housing, and health care;
- Collaborating with Emergency Services Programs/Mobile Crisis Intervention (ESP/MCIs) and/or outpatient providers;
- Fostering empowerment, recovery, and wellness, including linkages to recovery-oriented peer support and/or self-help supports and services.

Estimated Annual Cost Savings Per Person

	Pre-CSPECH	CSPECH – year 2	Savings
BH Costs ¹	\$12,388	\$10,702	\$1,686
ED Utilization ²	\$2,795	\$1,144	\$1,651
Medical Costs (MHSA) ³	\$28,436	\$6,056	\$22,380
Total	\$43,619	\$17,902	\$25,717

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

- Estimated annual cost of housing + supportive services = \$15,468
- $\$25,717 - \$15,468 = \$10,249$ annually in cost savings per person

FY2009 Top 10 ED Users: ED visits FY2009/FY2010/FY2011

	Number of ED Visits		
	Before CSPECH	During CSPECH	
	FY2009	FY2010	FY2011
Member 1	106	57	10
Member 2	39	49	13
Member 3	34	18	6
Member 4	24	16	14
Member 5	21	8	12
Member 6	19	5	2
Member 7	16	3	5
Member 8	16	1	2
Member 9	13	3	0
Member 10	12	6	16
Total	300	166	80

- 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.

Questions?

Resources for Action

- Massachusetts Housing and Shelter Alliance: www.mhsa.net
- CSPECH providers:
 - **Western Mass:** Behavioral Health Network in collaboration with Mental Health Association, Inc. (MHA)
 - **Central Mass:** Community Healthlink
 - **Central Mass:** South Middlesex Opportunity Council (SMOC)
 - **Northeast:** Eliot Community Human Services – Northeast
 - **Southeast:** Duffy Health Center
 - **Greater Boston:** Boston Health Care for the Homeless Program (BHCHP) - Note BHCHP does not do the housing, but rather has linkages with a few providers. They will be most helpful only if you have a member that you know is a BHCHP patient.
 - **Greater Boston:** Heading Home
 - **Greater Boston:** Pine Street Inn - Note you should contact Pine Street ONLY if you know that your member is already staying there/working with them.

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Thank you

