



CSPECH

WHAT IS CSPECH?

The Community Support Program for People Experiencing Chronic Homelessness (CSPECH), started in 2006 by the Massachusetts Behavioral Health Partnership in collaboration with the Massachusetts Housing and Shelter Alliance, is a Medicaid-funded innovative program that provides community-based support services for chronically homeless individuals. CSPECH services are delivered alongside separately financed and administered subsidized housing in an approach known as permanent supportive housing. Although permanent housing is a critical complement to CSPECH services, housing costs are not reimbursable through Medicaid. Housing costs are typically paid for through separate funding streams, such as the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care program.

To be eligible for CSPECH services, an individual must meet HUD's definition of chronic homelessness which includes 1) having a disability (at least one of the following: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments from brain injury, chronic physical illness or disability), and 2) meeting criteria for duration of homelessness (either continuously homeless for one year or more, or having four or more episodes of homelessness cumulatively totaling one year or more over a three-year period). In addition, the individual must meet the medical necessity criteria for the program which includes having a clinical diagnosis with risk for inpatient admission, and being reasonably expected to respond to intervention.

CSPECH services are provided by community support workers who work with eligible individuals to help them prepare for and transition to an available housing unit and to coordinate access to needed health and other services. Transitioning to housing is the main priority, and CSPECH services are reimbursable for up to 90 days prior to when a CSPECH participant is housed. Once participants are housed, they meet with community support workers to coordinate their access to physical health, behavioral health, and other needed services geared towards helping them sustain tenancy and meet their health needs. Such services can include assistance with improving daily living skills or obtaining other benefits.

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IS CSPECH ASSOCIATED WITH REDUCTIONS IN HEALTH CARE COSTS? AND DO THE SAVINGS OFFSET THE COST OF CSPECH?

A study recently completed by Thomas Byrne, PhD, and George Smart, LICSW, examined data on the costs of physical and behavioral health services used by 1,301 individuals who initiated CSPECH services between state fiscal years 2007 and 2013. Using two different analytic approaches, they estimated whether there were statistically meaningful reductions in health care costs associated with CSPECH and compared savings with the cost of CSPECH services in order to determine the net cost of CSPECH. They found that:

- Health care costs (including both physical and behavioral health costs) decreased by an average of \$226 per person in the month immediately following initiation of CSPECH services. The cost decline persisted such that per-person monthly costs were \$765 lower in the 24th month following CSPECH entry than they had been in the month prior to CSPECH entry.
- Initiation of CSPECH services was associated with up to an \$11,914 reduction in annual per-person health care costs. Significant reductions in inpatient and outpatient behavioral health costs as well as inpatient and outpatient medical costs contributed to this overall cost reduction.
- These savings more than offset the cost of CSPECH services, resulting in annual per-person net savings of up to \$7,013. Put another way, every dollar spent on CSPECH translates into as much as \$2.43 in savings due to reductions in other types of health care service use.

Findings from this study are consistent with prior studies that have shown that coupling supportive services like the type provided by CSPECH with permanent housing can lead to substantial improvements in housing stability and significant reductions in the utilization of acute health care and other public services among persons experiencing chronic homelessness. These findings are important in the context of a highly dynamic environment around the use of Medicaid funds (both nationally and in Massachusetts) to help address social determinants of health, like housing stability. Visit www.bluecrossmafoundation.org for a copy of the study.

PROFILE OF A FORMER CSPECH ENROLLEE

Barry H. entered Pine Street Inn's men's shelter on August 12, 2008, and remained in shelter for five years. Barry was referred to Pine Street's Scattered Site Housing through the CSPECH Program on August 14, 2013, and moved into his first apartment in nearly a decade on August 28, 2013.

Barry shared with CSPECH case management staff that he had been diagnosed with a mood disorder and co-occurring substance use. Barry moved into one of the few two-bedroom units in Pine Street's housing portfolio, and shared the unit with a roommate.

He remained in this initial apartment for over two years, working with his CSPECH case managers to connect with resources, benefits, and acquire the life skills needed to retain stable housing and a better quality of life. In October 2015, Barry moved to his current, single-bedroom unit after living with a roommate proved untenable.

When Barry secured his apartment and was enrolled in CSPECH, his initial individual goals involved building a supportive relationship with program staff, attending support groups, and going to the dentist.

Throughout the three and a half years of ongoing support that Barry has received through housing and CSPECH, Barry's goals have expanded to improving his relationship and connection with his sons, smoking cessation education, budgeting, and learning to be a good neighbor. He has maintained a supportive connection with Boston Health Care for the Homeless for his medical needs and meets regularly with his Pine Street Inn case manager to maintain his housing, work on his personal goals, and maintain a meaningful connection with his sons.