



CBCS

**FIND.
NAVIGATE.
CONNECT.**

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An organization that navigates
and meets the needs of
complex care patients

HOW?

FIND

Engage

CONNECT

Community Resource Engagement

A holistic approach

- ▶ Hospitals
 - Emergency Departments
- ▶ Primary Care Providers
 - FQHC's/Specialists
- ▶ Law Enforcement
- ▶ EMS
- ▶ Existing Caretakers
- ▶ Federal/State Agencies
 - Public Health Depts
- ▶ Jails/Corrections
- ▶ Chemical Dependency
- ▶ Behavioral Health Centers
- ▶ Therapeutic Courts
- ▶ Housing Authorities
- ▶ Shelters
- ▶ Protective Services
- ▶ Employment Services
- ▶ Schools

What Differentiates CBCS?

Live – 24/7/365 navigators

Staffing from communities being served

Staffing for lived experience

Immediate access fund

Data Sharing, HIE and CIE engagement

Contract At Risk

NM CARA Pilot Program

- ▶ Arranged by NM HSD
 - Funded by MCO penalty funds
 - MCOs allowed to participate “in lieu” of penalty
- ▶ The problem:
 - Only 17% of CARA families were “engaged” in 2023
- ▶ Goal:
 - Of 4,000 NM CARA families, find/engage the 300 “unfound”
- ▶ Timeline:
 - Launched Feb 2024
 - Contracted through Dec 2024

Results

- ▶ Referrals = 374
- ▶ Found = 167
- ▶ Engaged = 125
- ▶ Connected with MCOs (HRA) = 57
 - HRA connection rate: 47%
- ▶ Current efforts will continue through December

SDOH Struggles

- ▶ Education and Literacy = 14%
- ▶ Employment = 11%
- ▶ Housing and Economic Circumstances = 32%
- ▶ Physical Environment/Support = 17%
- ▶ CYFD Involvement = 7%

Our Experience

- ▶ SUD is NOT the main barrier in most cases
 - ▶ SDOH issues are
- ▶ Engagement is KEY
 - ▶ Flexibility – After hours/Live/On-site
 - ▶ Address immediate needs
 - ▶ Listen
- ▶ Partnering is critical
 - ▶ MCOs/Hospitals/CYFD

Testimonials

- ▶ MCOs
 - CBCS efforts strongly complement MCO other CARA efforts
 - CBCS community outreach is unique
 - In the community much more than anyone
 - Engagement is unmatched by MCOs nor state
 - CBCS very flexible working with enrollees and MCO staff
 - Regular reporting is very useful
- ▶ Senator George Munoz
 - Letter of Support to NM Healthcare Authority

Stories

What's Next?

- ▶ CBCS team funded through Dec 2024
- ▶ Unfound CARA families have been reduced
 - Not enough work to support team
- ▶ Opportunities
 - Emergency Department frequency
 - Jail recidivism
 - BH/SUD crisis events
 - IAC?

2022 ED Visits

Patients with Persistent Patterns of Emergency Department Utilization

Hot spotted by most visited hospital

Jan 2022 - Dec 2022

NM State
 All County
 All City
 All Most Visited Hospital*

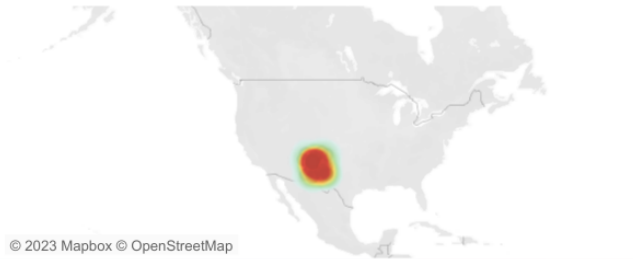
3,875

people

63,083

total emergency visits

* Most of the patients with persistent patterns of high ED Utilization are visiting 2+ hospitals and so when filtering by hospital it will **under count** the number of patients that previously have 10+ visits



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All Suspected Homeless
 All Care Insight
 All Behavioral Health Diagnosis

Collective Utilization Category	Visit Count in 12 Months	Number of Patients	Total ED Visits	Median ED Visits	Total Inpatient Admissions	Median Inpatient Admissions	Average Length of Stay (Days)	Percent with a Behavioral Health Diagnosis	Percent that are Suspected Homeless	Percent with Care Insight
Rising Risk	10 - 14	2,454	27,977	11	3,623	1	5.0	58.0%	2.0%	0.0%
	15 - 19	686	11,410	16	1,196	1	4.3	71.3%	3.5%	0.3%
High Utilization	20 - 29	466	10,947	23	964	1	4.3	77.5%	4.9%	0.4%
	30 - 49	198	7,304	35	439	1	3.6	87.4%	5.6%	0.0%
Super Utilization	50 - 74	47	2,780	57	110	1	3.4	91.5%	6.4%	2.1%
	75 - 99	13	1,088	85	13	0	5.5	100.0%	7.7%	0.0%
Extreme Utilization	100 +	11	1,577	125	38	2	3.9	90.9%	9.1%	0.0%
Grand Total		3,875	63,083	13	6,383	1	4.7	64.8%	2.9%	0.2%

2023 ED Visits

Patients with Persistent Patterns of Emergency Department Utilization

Location based on most visited hospital

Jan 2023 - Dec 2023

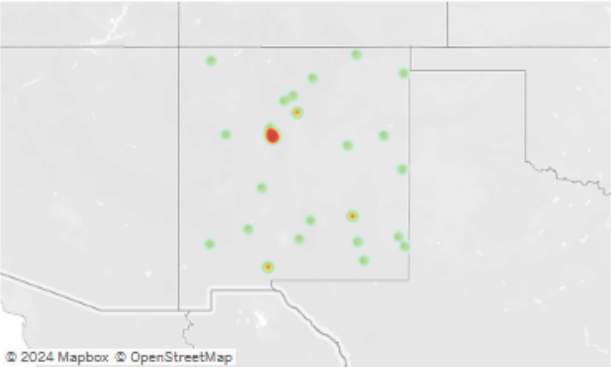
State:

County:

City:

4,472
people

71,794
total emergency visits



- Suspected Homeless**
- (All)
 - No
 - Yes
- Care Insight**
- (All)
 - Has a Care Insight
 - No Care Insight
- Behavioral Health Diagnosis**
- (All)
 - At Least One Behavioral Health Diagnosis
 - No Behavioral Health Diagnosis

Collective Utilization Category	Visit Count in 12 Months	Number of Patients	Total ED Visits	Median ED Visits	Total Inpatient Admissions	Median Inpatient Admissions	Average Length of Stay (Days)	Percent with a Behavioral Health Diagnosis	Percent that are Suspected Homeless	Percent with Care Insight
Rising Risk	10 - 14	2,894	32,955	11	4,502	1	4.3	56.0%	2.4%	0.1%
	15 - 19	785	13,019	16	1,559	1	4.3	69.4%	3.9%	0.3%
High Utilization	20 - 29	493	11,542	23	1,076	1	3.8	78.3%	5.1%	0.2%
	30 - 49	215	7,816	35	541	1	3.9	84.7%	6.0%	0.0%
Super Utilization	50 - 74	66	3,950	58	145	1	3.7	92.4%	7.6%	3.0%
	75 - 99	6	490	78	17	2	3.0	83.3%	0.0%	0.0%
Extreme Utilization	100 +	13	2,022	123	37	0	2.7	76.9%	0.0%	0.0%
Grand Total		4,472	71,794	12	7,877	1	4.2	62.8%	3.2%	0.2%

Current Financial Costs

- ▶ Cost of the total 2023 ED visits for this cohort = **\$123 million**
 - **71,794** (# of ED visits) x **\$1,722** (AHRQ determined cost of ED visit in NM in 2024)
 - **\$27,645**/individual/year in ED costs alone
- ▶ Overall cost-of-crisis-care likely **2-3x** that
 - Including associated admissions, transportation, pharmacy

CBCS Success with Similar Cohorts

Washington

- ▶ 50% reduction in ED use
- ▶ 30% reduction in opioid Rxs

Alaska

- ▶ 60% reduction in ED use
- ▶ 50% reduction in hospital admissions

Virginia

- ▶ 81% reduction - state psych hospital admissions
- ▶ 66% reduction state psych hospital admit days

Opportunity

- ▶ CBCS traditionally provided 30% or greater cost reductions
- ▶ Pilot program enrolling 200 individuals
 - Current ED costs for that cohort = \$5,529,000
 - Overall cost-of-care likely 2-3x that
- ▶ Pilot program cost = \$1.2 million
- ▶ Estimated ED savings = \$1.658 million

Proposal

- ▶ 2-year pilot program
 - Launch Jan 1, 2025
- ▶ Funding
 - MCOs/Medicaid/Others
 - Combination ?
- ▶ Cost
 - \$1.2 million/year
- ▶ **CBCS Guarantee:**
 - **If savings aren't achieved, CBCS will reimburse the difference**