ARCHI Quarterly Breakfast

March 15, 2017
Atlanta Transformation Scenario

1. Encouraging Healthy Behaviors
2. Family Pathways
3. Coordinated Care
4. Global Payment
5. Capture and Reinvest
6. Expand Insurance
7. Innovation Fund
Health Reform Update
ARCHI Breakfast
March 15, 2017
I am currently most worried about...

A. Medicaid
B. Disproportionate Share Hospital (DSH) payment
C. Private insurance
D. Having enough coffee
E. Everything!
What are doing to keep up with health reform?

A. Watching, listening, reading the news
B. Reading the bills
C. Signing up for listservs
D. Following social media
E. Wine, lots of wine
F. All of the above
Do you know the difference between a block grant and a per capita cap?

A. Yes
B. No
ACA Recap

• Market reforms
  • Pre-existing condition protections
  • Individual and employer mandates
  • Health insurance exchanges
  • Premium subsidies

• Medicaid
  • Expansion for childless adults
  • DSH payment cuts

• Financing
  • Mandate penalties
  • New taxes: tanning beds, medical devices, health insurance, high income Medicare beneficiaries, etc.
ACA Passage Timeline

- **Jan 20, 2009**: Barack Obama becomes President, enters with majority in both houses (including 60 vote filibuster-proof Senate majority).
- **July 2009**: House Democrats unveil H.R. 3962, the Affordable Health Care for America Act.
- **Aug 2009**: Lawmakers hold town hall meetings in their districts and are confronted with intense anger, confusion, and worry over "Obamacare".
- **Nov 7, 2009**: Senate passes H.R. 3590, the Patient Protection and Affordable Care Act.
- **Dec 24, 2009**: Senate passes Senate bill, H.R. 3590, the Patient Protection and Affordable Care Act and H.R. 4872, the Healthcare and Education Reconciliation Act.
- **Jan 19, 2010**: Democrats lose filibuster-pro of majority in Senate.
- **Mar 21, 2010**: President Obama signs H.R. 3590 into law.
- **Mar 23, 2010**: Senate passes H.R. 4872, the reconciliation bill, with an amendment; House agrees to the amendment.
- **Mar 25, 2010**: President Obama signs H.R. 4872 into law. Both bills are collectively known as the Affordable Care Act or the ACA.
Prior Proposals

• Tom Price: Empowering Patients First
• Paul Ryan: A Better Way
• Pete Sessions: World’s Greatest Healthcare Plan
• Bill Cassidy and Susan Collins: Patient Freedom Act
• Rand Paul: Obamacare Replacement Act
• Richard Burr, Orrin Hatch, and Fred Upton: Patient Choice, Affordability, Responsibility, and Empowerment (CARE) Act
Legislative Reality

• Senate requires 60 votes to end debate and bring a bill to a floor vote

• Republicans have 52 Senate seats

• Can use reconciliation to avoid a filibuster:
  • Can only make changes to money portions of a current bill or law
  • Requires a simple majority for passage
  • Cannot be used to fully repeal the ACA
American Health Care Act

• Market Reforms
  • Repeals individual and employer mandates, but requires continuous coverage to avoid a 30% surcharge
  • Replaces premium tax credits with a universal health care tax credit
  • Maintains protections for pre-existing conditions
  • Expands use of Health Savings Accounts
  • 5:1 premium age ratio

• Medicaid
  • Sunsets Medicaid expansion in 2020
  • Per-capita caps on federal spending
  • Restores pre-ACA DSH payments

• State innovation grants

• Financing: Repeals most of the ACA’s taxes
CBO Report

• Reduce deficit by $337 billion by 2026
• 14 million additional uninsured in 2018
• 24 million additional uninsured by 2026, largely due to changes in Medicaid financing and eligibility
• 52 million uninsured Americans in 2026 compared to 28 million under the ACA
• Higher premiums in next two years; by 2026 average premiums will be 10% lower than under current law
• Higher premiums for older adults; lower premiums for younger adults
• No change in market stability
ACA vs. AHCA

Tax Credits Under the Affordable Care Act vs American Health Care Act, in 2020

Income: $30,000
Age: 40 year old
Optional: Highlight State

Percent Change from ACA to House Tax Credit:
- 50% - 75% smaller under House plan
- 25% - 50% smaller under House plan
- 5% - 25% smaller under House plan
- within 5%
- 5% - 25% larger under House plan
- 25% - 50% larger under House plan
- 50% - 75% larger under House plan
- >75% larger under House plan

ACA vs. AHCA

• Fulton County resident making $30,000 / year
  • 27 years old: ACA: $680; AHCA: $2,000 (+193%)
  • 40 years old: ACA: $1,380; AHCA: $3,000 (+117%)
  • 60 years old: ACA: $5,710; AHCA: $4,000 (-30%)

• Dougherty County resident making $30,000 / year
  • 27 years old: ACA: $3,510; AHCA: $2,000 (-43%)
  • 40 years old: ACA: $4,830; AHCA: $3,000 (-38%)
  • 60 years old: ACA: $13,040; AHCA: $4,000 (-69%)
Reaction to the AHCA

• Support
  • President Trump, House Speaker Paul Ryan, House leadership
  • Senate majority leader Mitch McConnell and Senate leadership
  • Chamber of Commerce

• Oppose
  • AMA, ANA, AHA, AARP, AHIP (partly)
  • Republican governors in expansion states
  • Tea Party Republicans in Congress
Adaptive Actions

- Influence decisions
- Educate others
- Strategically plan under uncertainty
- Stay abreast of new information that emerges
- Create new partnerships
- Build capacity: workforce, information technology, and care coordination

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Table Exercise
How do you feel about health reform now?

A. Better prepared
B. Optimistic
C. Energized
D. Uncertain

41% Better prepared
4% Optimistic
9% Energized
46% Uncertain
Which adaptive actions will you focus on?

A. Influence decisions
B. Educate others
C. Strategically plan under uncertainty
D. Stay abreast of new information
E. Create new partnerships
F. Build capacity
Thank you!

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Creating a Clear Path for Atlanta’s Homeless

Cathryn Marchman, LCSW, Esq., Executive Director
ARCHI Quarterly Breakfast, March 15, 2017
What is a Continuum of Care?

A CoC is designed to promote communitywide commitment to the goal of ending homelessness

*US Housing and Urban Development term of art*

Note: Georgia has 9 Continua of Care

Atlanta’s CoC was established in 2013 by Mayor Reed, authorized by the City Council, and consists of 3 entities:

- **Governing Council**: 17 members
- **CoC Membership**: 70+ organizations including 17 HUD funded

- **Partners for HOME, Inc.**
  - Independent 501c Agency

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Note: Georgia has 9 Continua of Care
Unprecedented federal strategic leadership, partnership and alignment

2016 HUD funding priorities

• Strategic Resource Allocation
• *Housing First* Approach
• Systemic Response to Homelessness: *Coordinated Entry* and performance driven system
• End Chronic Homelessness*
• End Veteran Homelessness*
• End Family Homelessness
• End Youth Homelessness

*HUD/USICH defined through predetermined benchmarks and criteria
Vision for creating a **Clear Path for Atlanta’s homeless**

**System transformation**
- Housing First
- Coordinated entry
- System performance measures

**Using Evidenced Based Best Practices**
- Data informed decision making
- Harm reduction
- Trauma informed care
- Motivational interviewing

**Collective alignment**
- Unprecedented collaboration among public and private sector
- Right sized housing interventions using PSH and RRH

Slide/material adapted from Houston’s, *A Way Home*
Current Ecosystem – the way a homeless person could access services previously:
Funding is equally inefficient
The way a homeless individual could access services previously:

Slide from Houston’s, A Way Home
Evolution to a **Coordinated System**

**Present:** Diverse group of independent providers using lots of methods to achieve various goals

**Vision:** A collective network of providers aligning coordinated efforts and resources to maximize impact

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Slide/material adapted from Houston’s, A Way Home
Total Included in the Count
Statistics from Atlanta 2016 Point in Time Count (1/26/2016)

- 4,063 Total
- 1,782 in Emergency Shelters
- 1,443 in Transitional Housing
- 838 Unsheltered

- 21% Of persons identified were unsheltered.
- 13% Of persons identified were chronically homeless.
- 12% Of persons identified reported having a substance-abuse disorder.

Decrease in total count from 2013
- 26%

Decrease in total count from 2015
- 6%

Decrease in chronically homeless since 2013;
1,378 total in 2013 to 538 total in 2016.*
- 61%

Decrease in the number of homeless Veterans in our community since 2013.
(983 to 381).*
- 61%

Decrease in unsheltered homeless since 2013.*
*Note change in census methodology in 2016 versus sampling methodology in 2013.
- 52%
Atlanta’s strategic planning work to date
Key Stakeholder Representation

• **Co-chairs:** Protip Biswas, United Way and AJ Robinson, Central Atlanta Progress

• **Provider representatives:** ACSS, Ga Works, Hope Atlanta, Nicholas House, PCCI, Mercy Care, Quest, AUM, Salvation Army, First Presbyterian, Caring Works, Ga Law Center, Living Room, Covenant House, Grady Hospital, Gateway 24/7

• **Lived experience:** current and formerly homeless individuals

• **Public sector:** DBHDD, DCA, AHA, HUD, HHS/ACF

• **Faith community:** St. Luke’s, Church of the Common Ground

• **Private sector:** Regional Commission, Fuqua Foundation

• **City:** APD, Public defender’s office, Mayor’s office, Constituent Services, Invest Atlanta

• **Corporate:** Parking Company of America, Carter USA
Work To Date

• April 2016: Kick off with Mayor Reed

• Committee meetings led by expert consultants:
  • Leveraging existing resources
  • Coordinated Entry and system mapping
  • Systems change using Housing First and funding innovations
  • Creating the plan, identifying big goals, objectives and measures
  • Chronic, youth, families and Veterans
**Big Goals:** achieved by new system design and collective impact model

<table>
<thead>
<tr>
<th>Goal: Rare, brief and nonrecurring</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>End Veteran Homelessness by</td>
<td>2017</td>
</tr>
<tr>
<td>End Chronic Homelessness by</td>
<td>2019</td>
</tr>
<tr>
<td>End Youth Homelessness by</td>
<td>2020</td>
</tr>
<tr>
<td>End Family Homelessness by</td>
<td>2020</td>
</tr>
<tr>
<td>Leverage, align and strategically allocate resources</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Disrupt the system

Realign and leverage resources

Guiding Principles

Performance driven

Create right-sized solutions
Guiding Principle 1 - Disrupt the System

Move system from an independent-agency approach to an integrated-partner approach by:

• **Implementing** the Coordinated Entry Program

• **Identifying** and fill in gaps

• **Addressing** racial disparities
Coordinated Entry System Map

**COORDINATED ENTRY POINT**
- Referral to 24/7 shelter options
- Multiple ways to access
- Geographically accessible
- Well-advertised
- Real-time info about resources
- Connected to all providers/services
- Address immediate basic needs and create housing plan

**COMPASS**
- Comprehensive Assessment
- Documentation/Paperwork
- Housing Plan Case Management

**IMMEDIATE SHELTER**

**SUPPORTIVE SERVICES MAINSTREAM SERVICES**

**MOST APPROPRIATE HOUSING SOLUTION**

**ASSESSMENT BED INTERIM HOUSING**

**SYSTEM NAVIGATION AND PEER SUPPORT**

**PARTNERS FOR HOME**
Gaps and Shortages

Ending Homelessness

• Housing stock
• Emergency shelter/bridge housing
• Housing navigators and coordinated entry

Stabilization

• Mental health/substance abuse
• Service revenue
• Employment
• Education
• Transportation
• Childcare
Guiding Principle 2 - Create Right-size Solutions

Modify and tailor housing entry and support criteria by population

- **Expand supportive** housing and refine integrated service delivery model utilizing Medicaid expansion

- **Affordable** housing preservation and development aligned/supported with policy

- **Rapid** rehousing to scale for non-chronic singles and families. Sustain with TANF, ESG, CoC.

- **Retool** transitional housing for youth, domestic abuse, substance populations
Effective Housing Interventions by Population

Using Housing First as our foundation…

- **Emergency shelter** – short term bridge housing for all
- **Transitional housing** – long term temporary housing (6-24 months) with intensive services. Ideally suited for domestic violence, youth, and substance abuse
- **Rapid rehousing** – short or medium term, flexible financial assistance and services to quickly re-house and stabilize individuals and families
- **Permanent supportive housing** – evidence based housing intervention that combines non-time-limited housing assistance with intensive wrap-around supportive services. Ideal for chronically homeless.
Agency & Provider Changes Required To Get There …

• **Shifts** for some agencies in the services provided – no longer have to be *everything for everybody*

• **Alignment** with best practices and coordinated entry

• **Prioritization** for key populations

• **System wide** business rules and accountability for client outcomes
Guiding Principle 3 - Realign and Leverage Resources

Create an unprecedented public-private partnership

- Transparent alignment with city and state entitlement dollars across CoC system
- Fiscal scan and gaps analysis for accountability, needs-based redistribution and unmet needs rank list
- Align funding decisions of private sector grants with Collective Impact Model criteria
Funding for these services was not efficient either:

Slide from Houston’s, A Way Home
Current investment

ONLY ~30% OF FUNDING IS SPENT ON PERMANENT SOLUTIONS AND...

Agency funding by type ($M)

- Permanent: 28%
- Crisis Response: 58%
- Other: 13%

$46M

...ONLY ~15% AND ~5% ARE SPENT ON PERMANENT SUPPORTIVE HOUSING AND RAPID RE-HOUSING

Agency funding by type ($M)

- Permanent Supportive Housing: 18%
- Support Services Only: 23%
- Outreach: 2%
- Transitional Housing: 15%
- Emergency Shelter: 17%
- Prevention: 4%
- Rapid Rehousing: 6%
- Other: 13%

$46M

Note: Given ~100 agencies, only ~50% of agencies captured
Source: 2017 Service Provider Survey (N = 47)
HUD changes prompt new opportunities to seek and leverage public & private resources

- Homestretch

- **SAMHSA** CABHI Grant $2.4M for 3 years

- **City and State** entitlement funds: ESG, CDBG, HOPWA

- Temporary assistance for needy families (**TANF**): shelter and rapid rehousing

- Potential **Medicaid** expansion or waiver

- Partnership with **State and local agencies**, i.e. DBHDD, DCA, AHA, DHS
Guiding Principle 4 - Create a Performance-driven System

Standardize uniform outcomes

• **Use** Evidence-based practices for decision making

• **Adopt** Housing First philosophy across system

• **Monitor** HMIS practices and data quality

• **Establish** a system performance baseline and use data to project goals and timelines
Data at a glance: HUD Homeless Count 2011-2016

Source: HUD website; 2011 figures disaggregated by Pathways

**PIT count not conducted this year**
## Performance Data: a snapshot

<table>
<thead>
<tr>
<th>2016 HUD Performance Measure</th>
<th>2016 Atlanta CoC Performance</th>
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<tbody>
<tr>
<td>Percentage of exited participants with increased income at time of exit (all CoC funded projects)</td>
<td>43%</td>
</tr>
<tr>
<td>Percentage of participants exiting emergency shelter to homelessness/emergency shelter</td>
<td>85%</td>
</tr>
<tr>
<td>Percent of participants exiting transitional shelter to homelessness</td>
<td>52%</td>
</tr>
<tr>
<td>Percentage of PSH participants who either remained in PSH or exited to permanent destinations</td>
<td>91%</td>
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</table>
Executing the Plan…a work in progress

HOMESTRETCH

Continuum of Care Governance Council

Planning and Implementation Bodies

**System**
- Standing Committees:
  - HMIS
  - Coordinated Entry
  - RRH

**Chronically**
- Oversight: TBD
- Work Groups: TBD

**Veterans**
- Shared geography
- List meeting
- Sustainability workgroup

**Families**
- RRH Committee

**Youth**
- Youth Committee

*Slide/material adapted from Houston’s, A Way Home
Next Steps

• Finalize community stakeholder input

• Draft plan and present to committee

• Present to Governing Council for approval

• Adoption by City Council: xxx, 2017
Opportunities for Alignment

Consider using 2017 Strategic Plan as a framework for engagement, decisions and long-range planning initiatives

• **Use Partners for HOME to:**
  • Consider how your organization can fill necessary gaps not perceived gaps
  • Assess alignment of grant writing/awards with evidence based best practices
  • Evaluate grants for compliance for participation in Coordinated Entry
  • Request performance outcome data
  • HMIS participation
  • Support key policy initiatives
Conclusion

- How will we know if and when we “succeeded?”
- How can I keep informed and involved?
- Who is on the CoC Governing Council and what do they do?
- Who is on the Strategic Plan Committee and when will the SP be available?

Questions? Concerns? Reactions?
Questions, reactions, concerns?
Alignment Framework

**Engage**
- Partners connect and begin to work together

**Enhance Impact**
- Alter services and programs to grow shared impact

**Joint Measures/Integrated Strategy**
- Partners agree to define and measure success in the same way. Shared strategies reflected in agency plans/goals

**Invest Together**
- Funds are pooled and invested together

**Engage**
**Enhance Impact**
**Joint Measures/Integrated Strategy**
**Invest Together**
ARCHI Partner Audit

Shannon Sale
Senior Vice President, Planning and Business Development
Grady Health System
ARCHI Partner Audit

- 18 breakfasts with growing participation
- Approximately 550 individual participants
- 70+ organizations have signed an ARCHI membership agreement
- 43% of signed members are health/healthcare organizations
JOIN THE MOVEMENT!
UPCOMING QUARTERLY BREAKFASTS

June 21st
September 13th
December 6th