



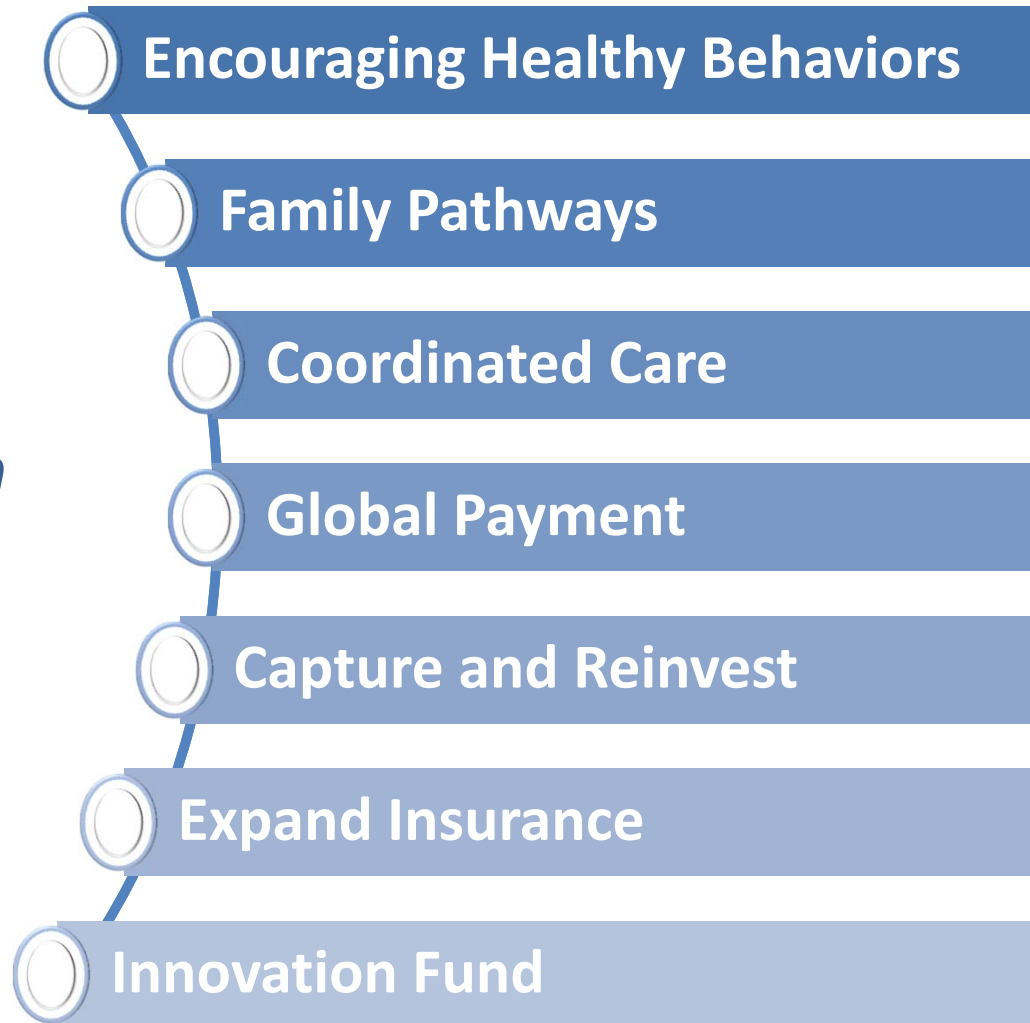
# ARCHI Quarterly Breakfast

March 15, 2017



Mike Carnathan  
Manager of Research and Analytics  
Atlanta Regional Commission

*Atlanta  
Transformation  
Scenario*



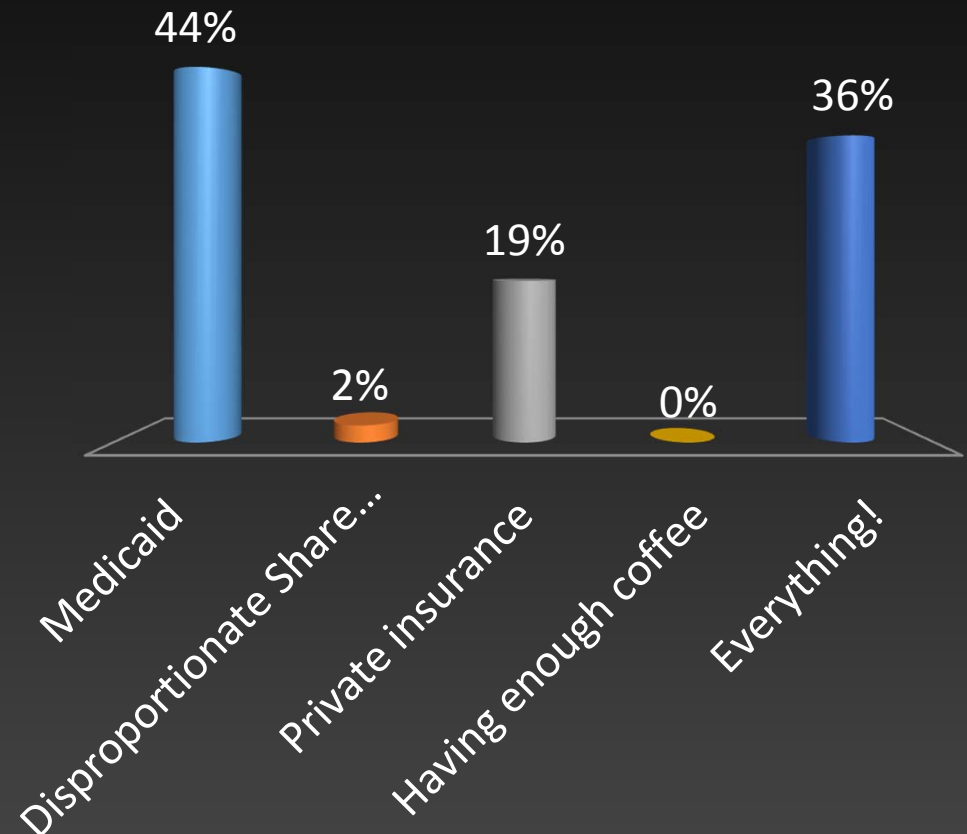


# Health Reform Update ARCHI Breakfast March 15, 2017



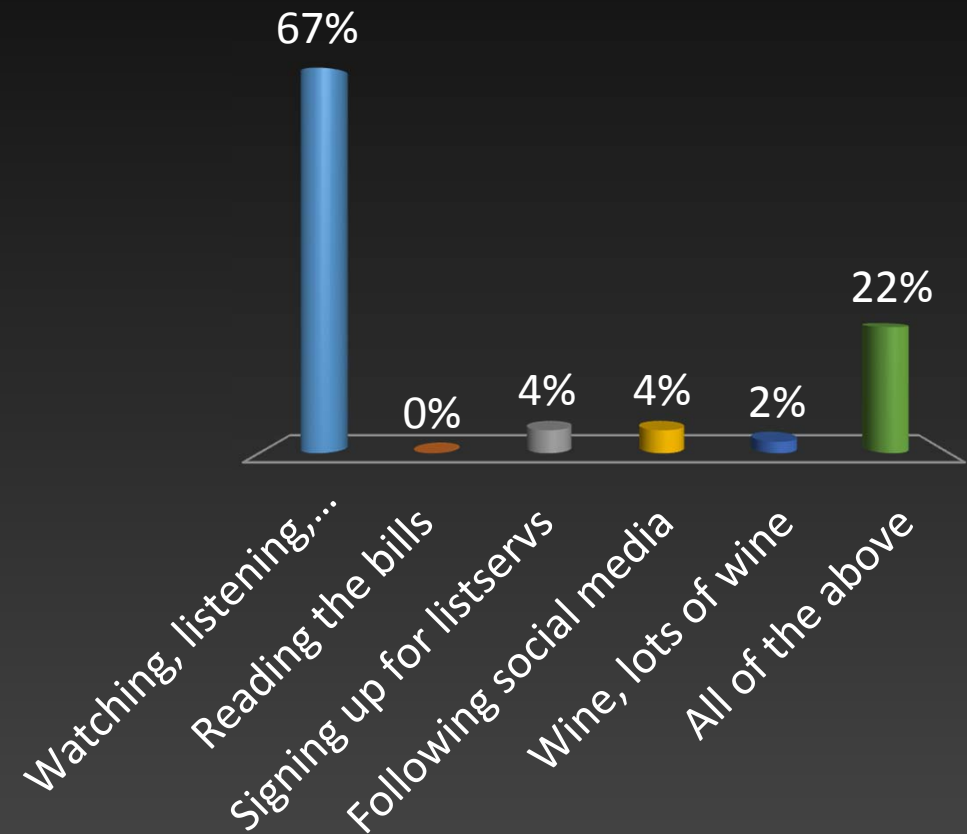
# I am currently most worried about...

- 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?

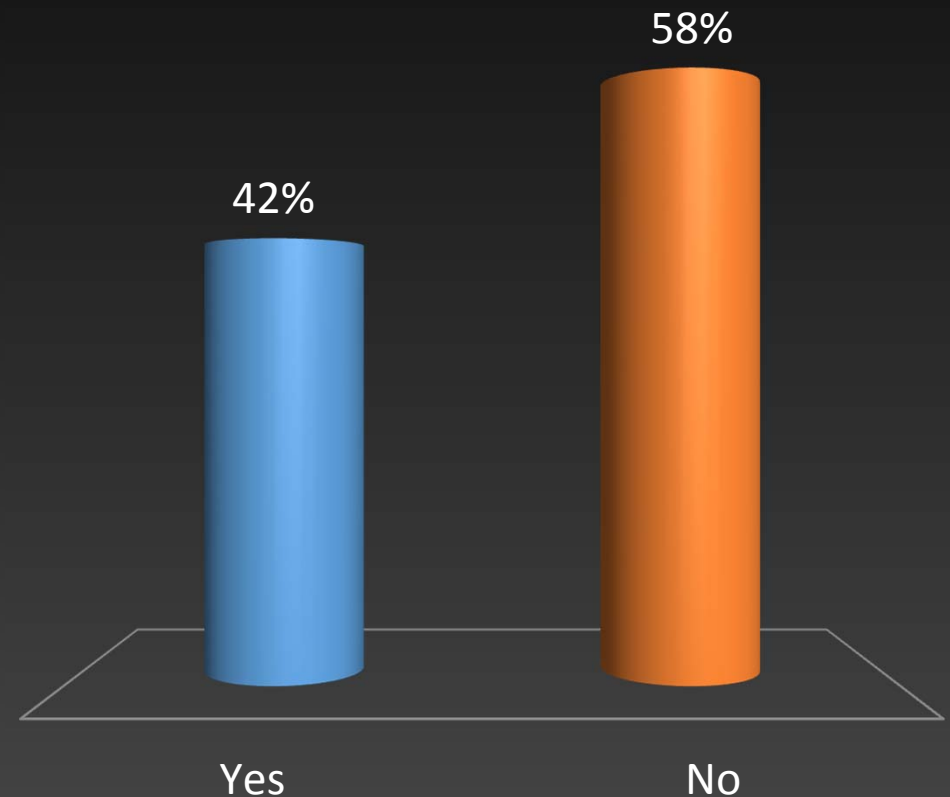
- A. Watching, listening, reading the news
- B. Reading the bills
- C. Signing up for listservs
- D. Following social media
- E. Wine, lots of wine
- F. All of the above



# Do you know the difference between a block grant and a per capita cap?

A. Yes

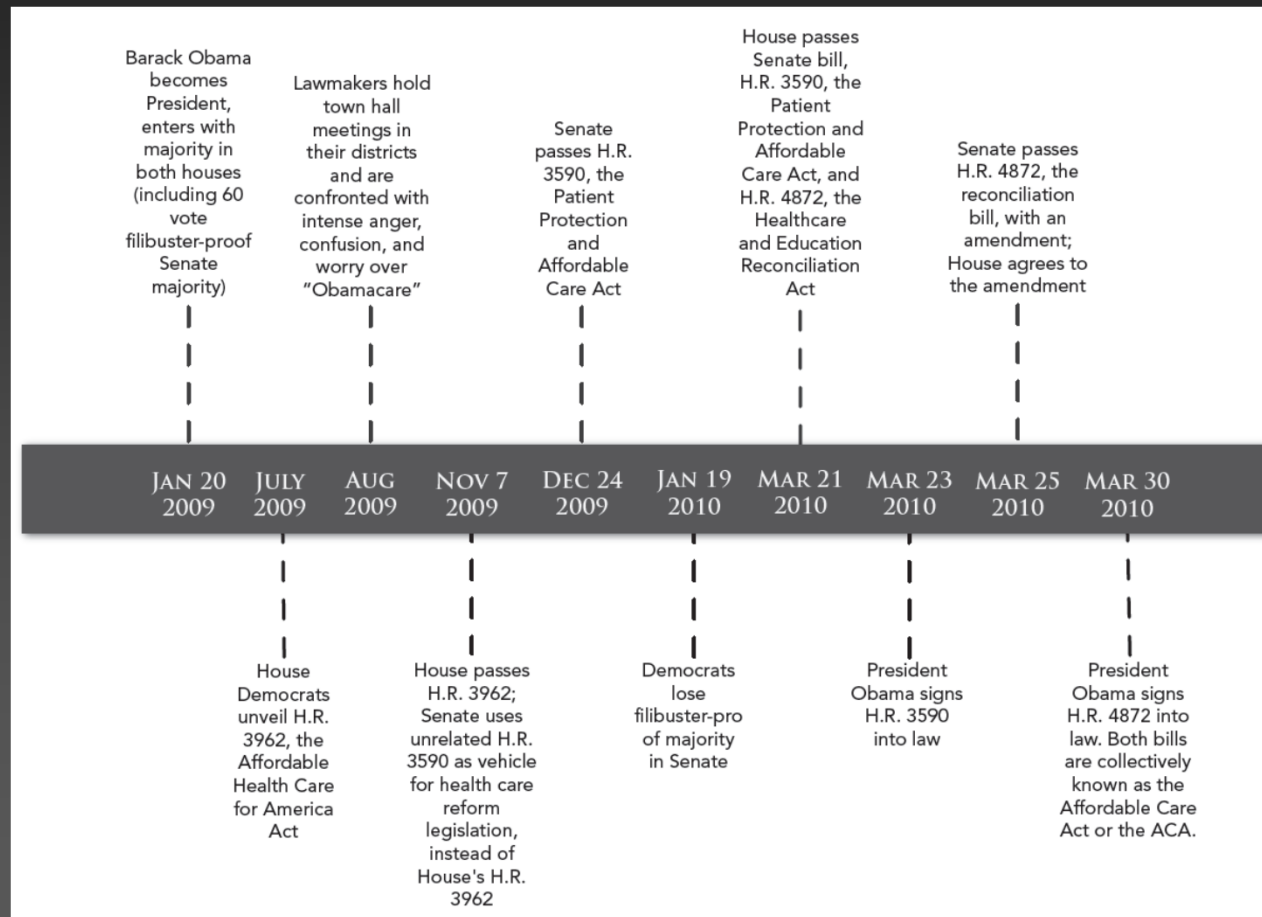
B. No



# 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



# 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

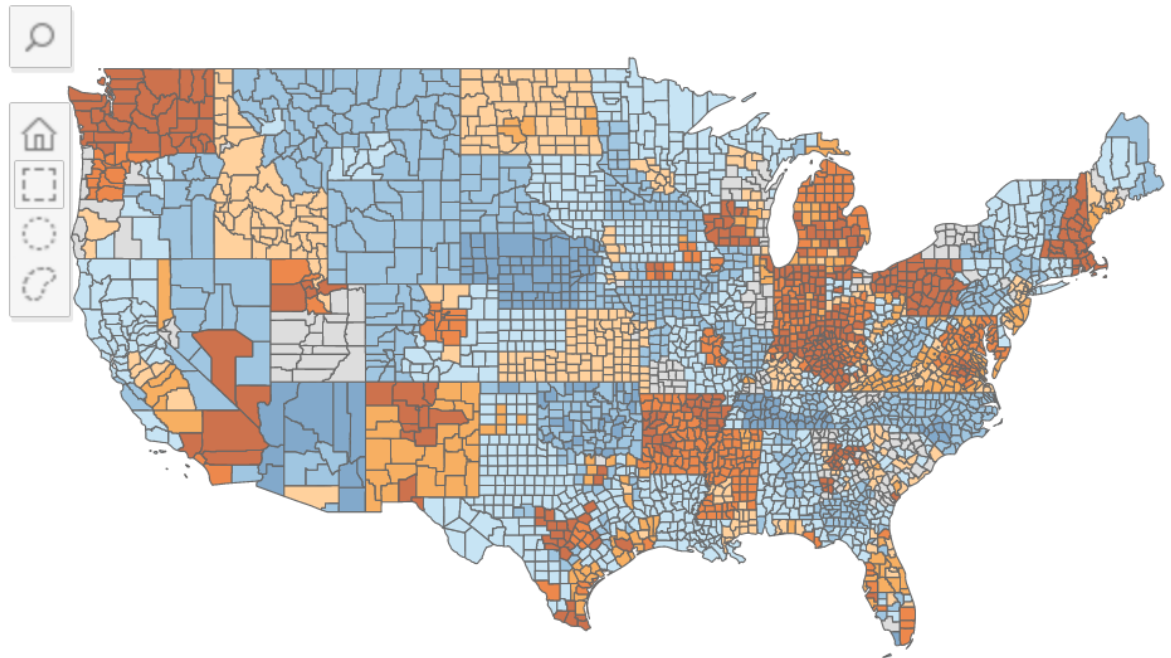
**Income**

**Age**

**Optional**

### 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



<http://kff.org/interactive/tax-credits-under-the-affordable-care-act-vs-replacement-proposal-interactive-map/>

# 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*



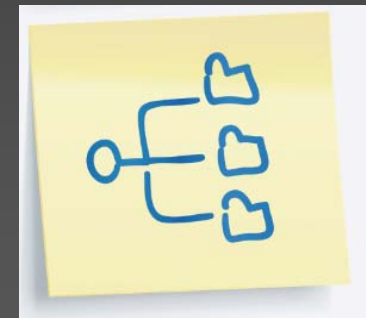
*Strategically plan  
under uncertainty*



*Stay abreast of new  
information that emerges*



*Create new partnerships*

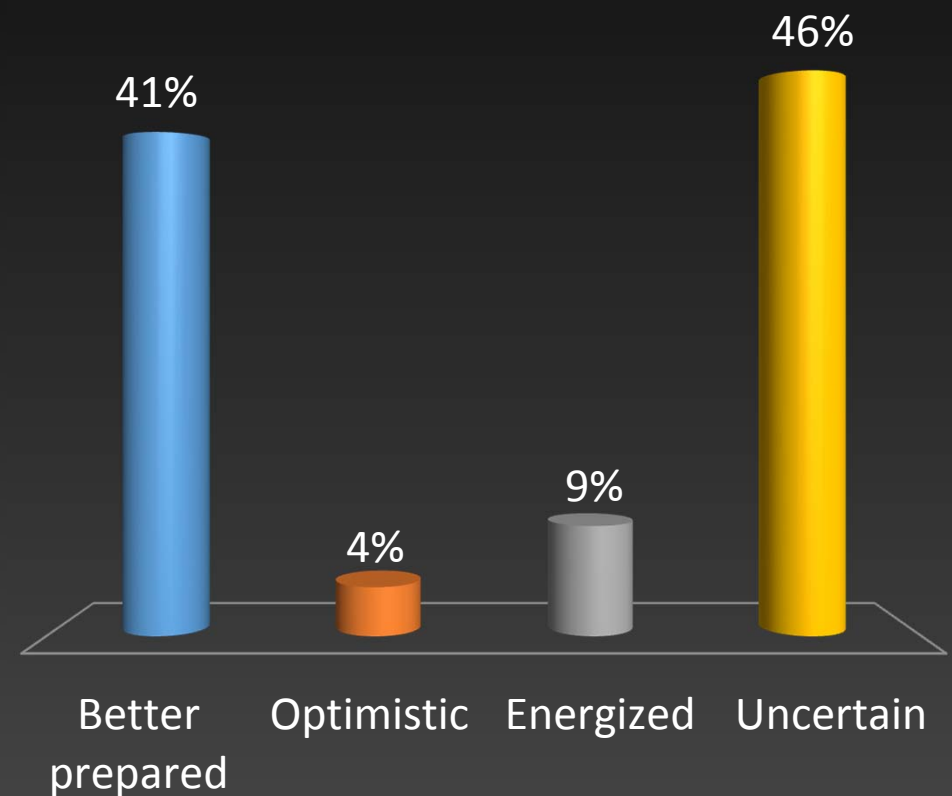


*Build capacity: workforce,  
information technology,  
and care coordination*

# Table Exercise

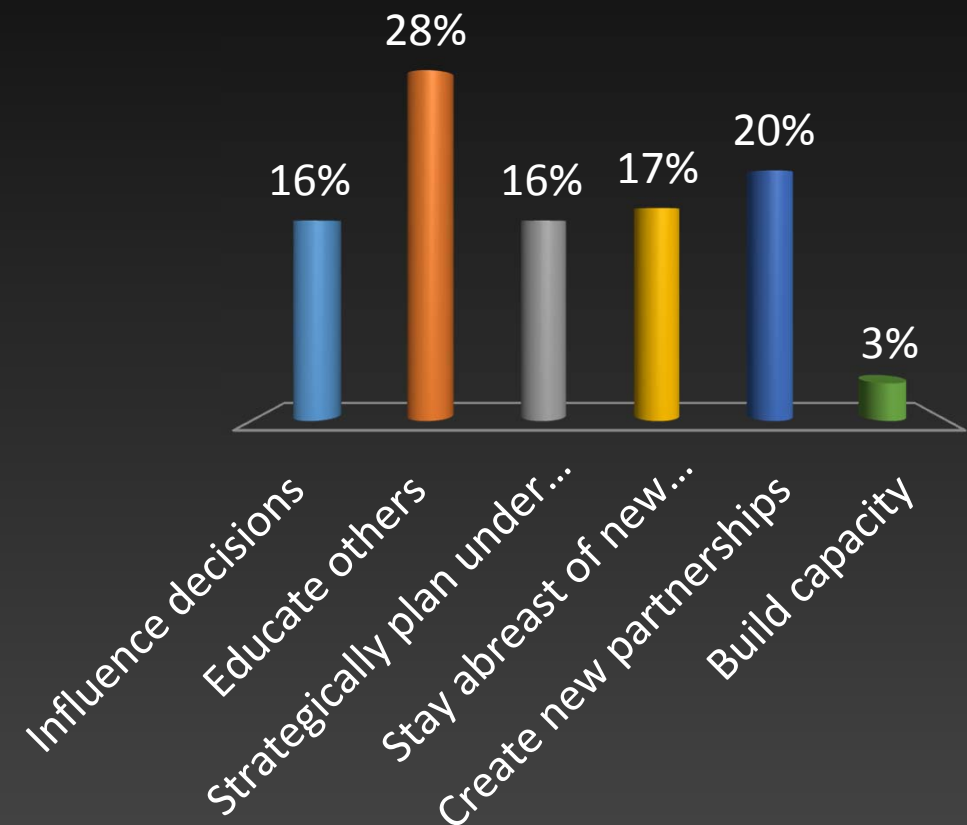
# How do you feel about health reform now?

- A. Better prepared
- B. Optimistic
- C. Energized
- D. 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!

- Bill Rencher, JD, MPH
  - [wrencher1@gsu.edu](mailto:wrencher1@gsu.edu)
- Melissa Haberlen, JD, MPH
  - [mhaberlen2@gsu.edu](mailto:mhaberlen2@gsu.edu)

# 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?

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

**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*

**Governing Council**

17 members

**CoC Membership**

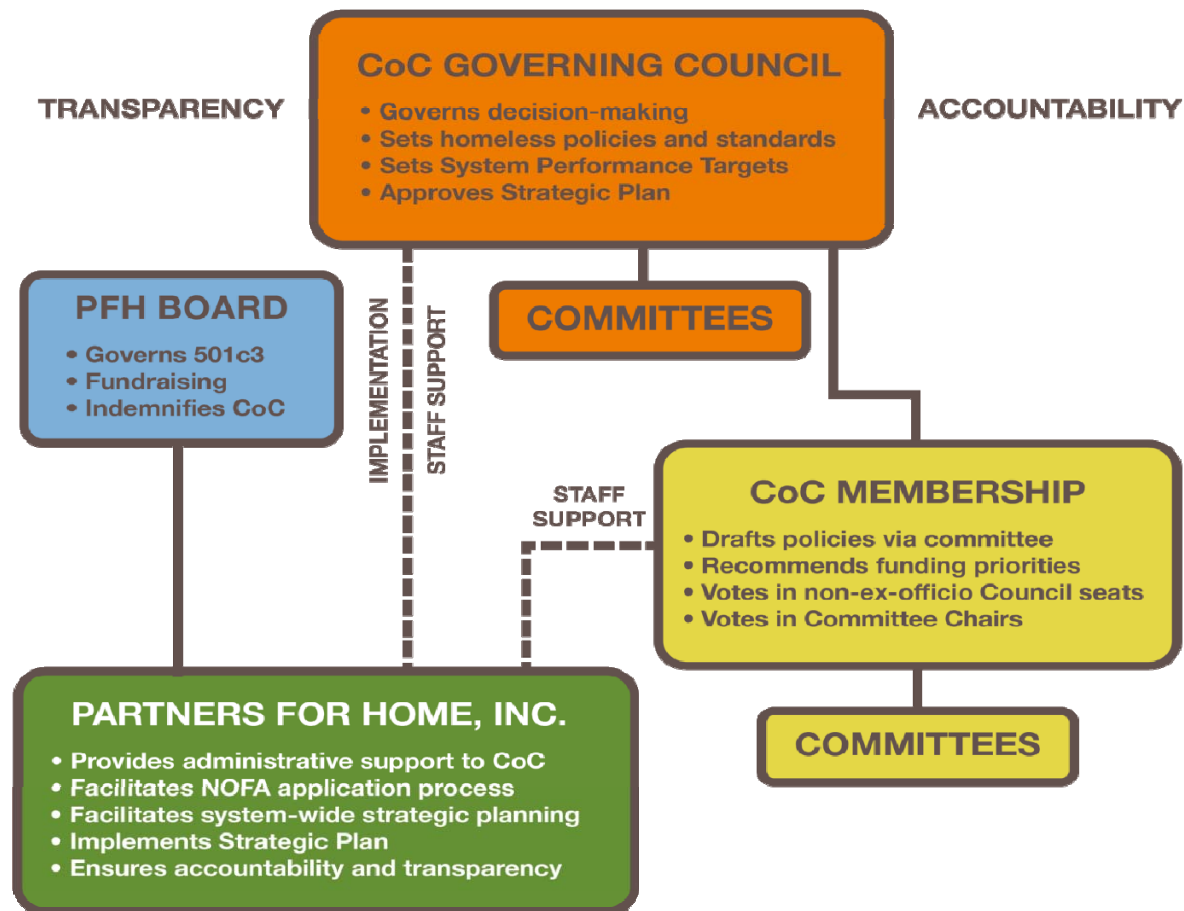
70+ organizations including 17 HUD funded

**Partners for HOME, Inc.**

Independent 501c Agency



# AGENCY ORGANIZATION



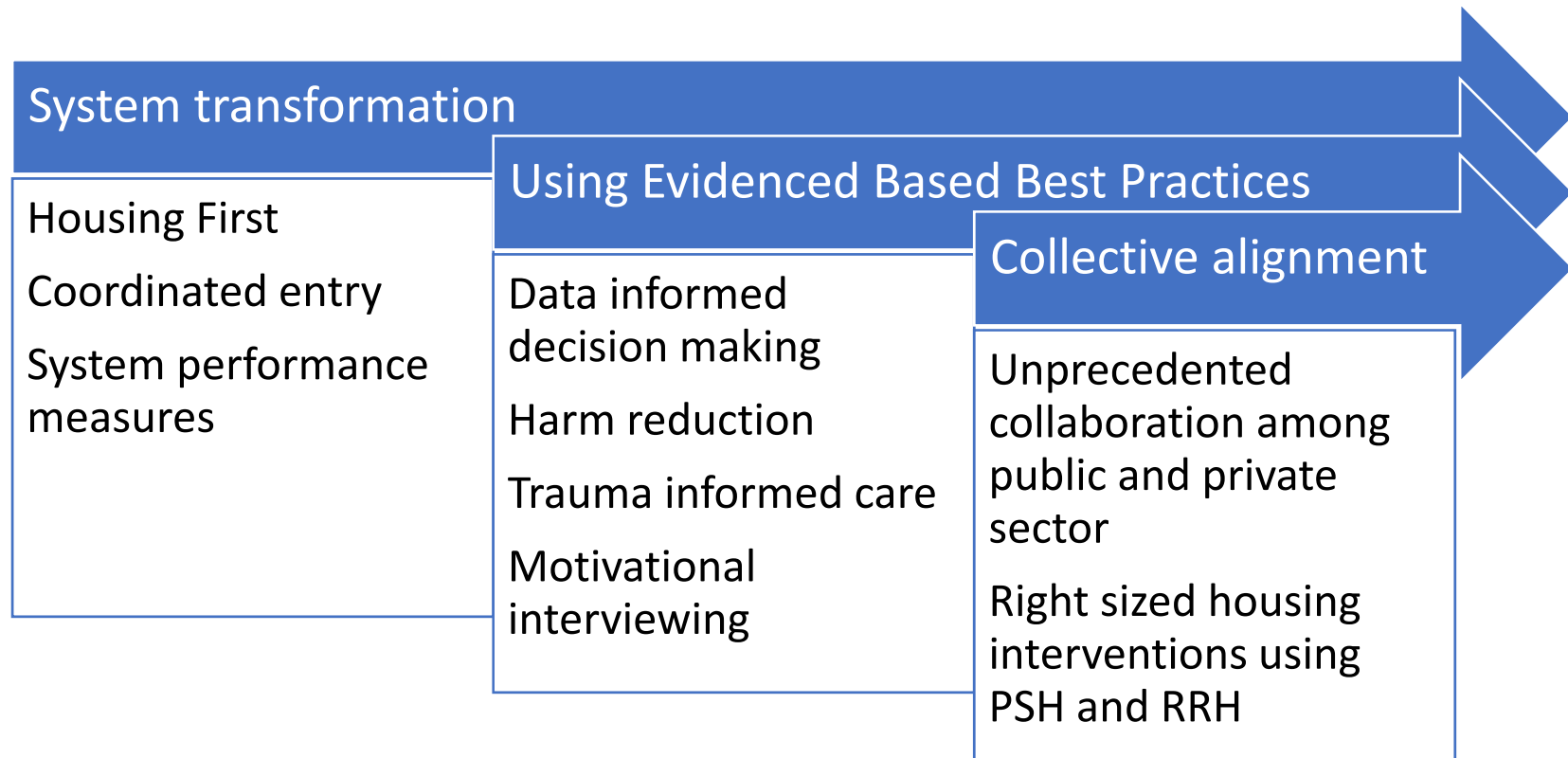
# Unprecedented federal strategic leadership, partnership and alignment

## 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

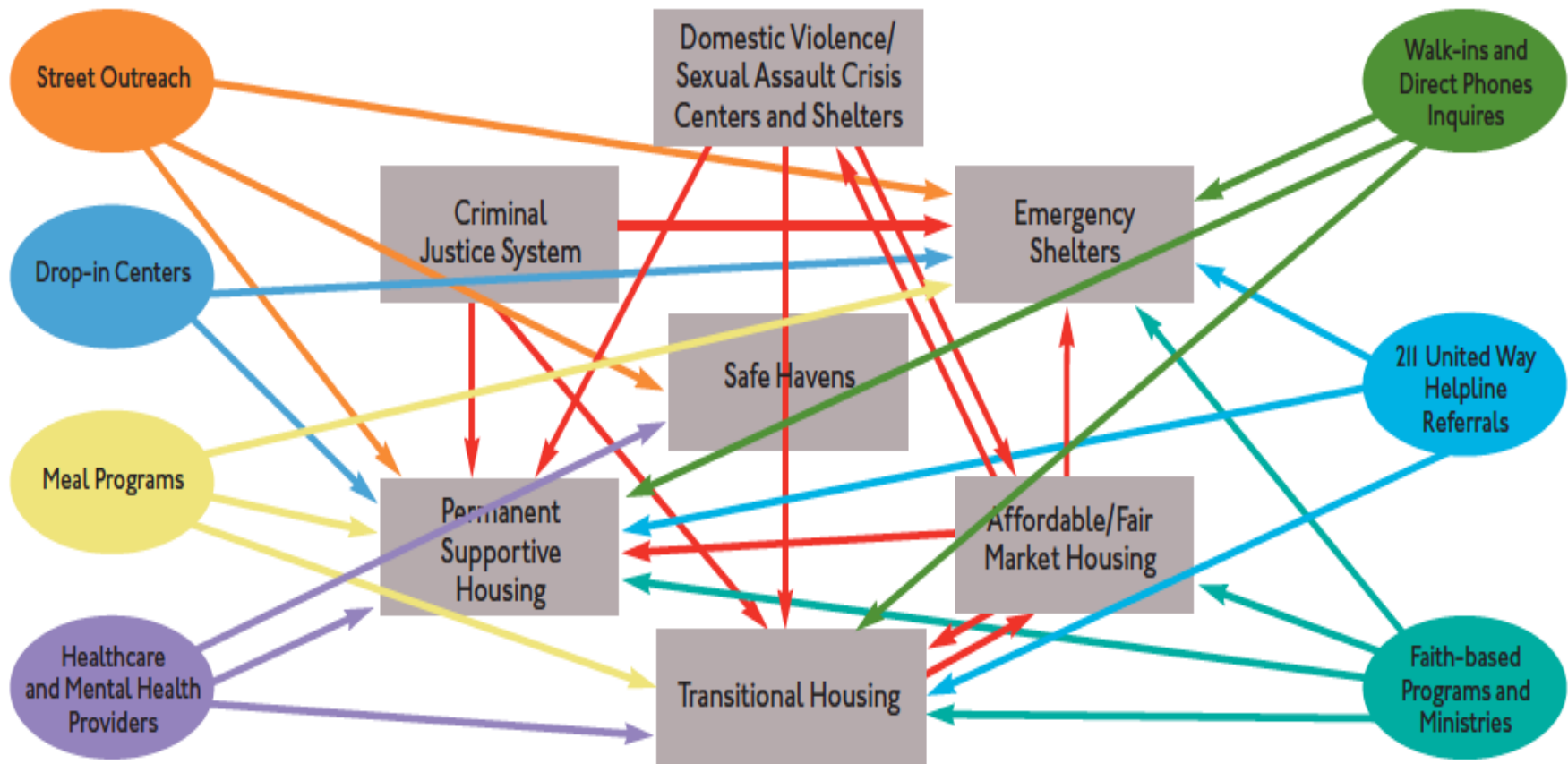
*\*HUD/USICH defined through predetermined benchmarks and criteria*

# Vision for creating a Clear Path for Atlanta's homeless



Slide/material adapted from Houston's, *A Way Home*

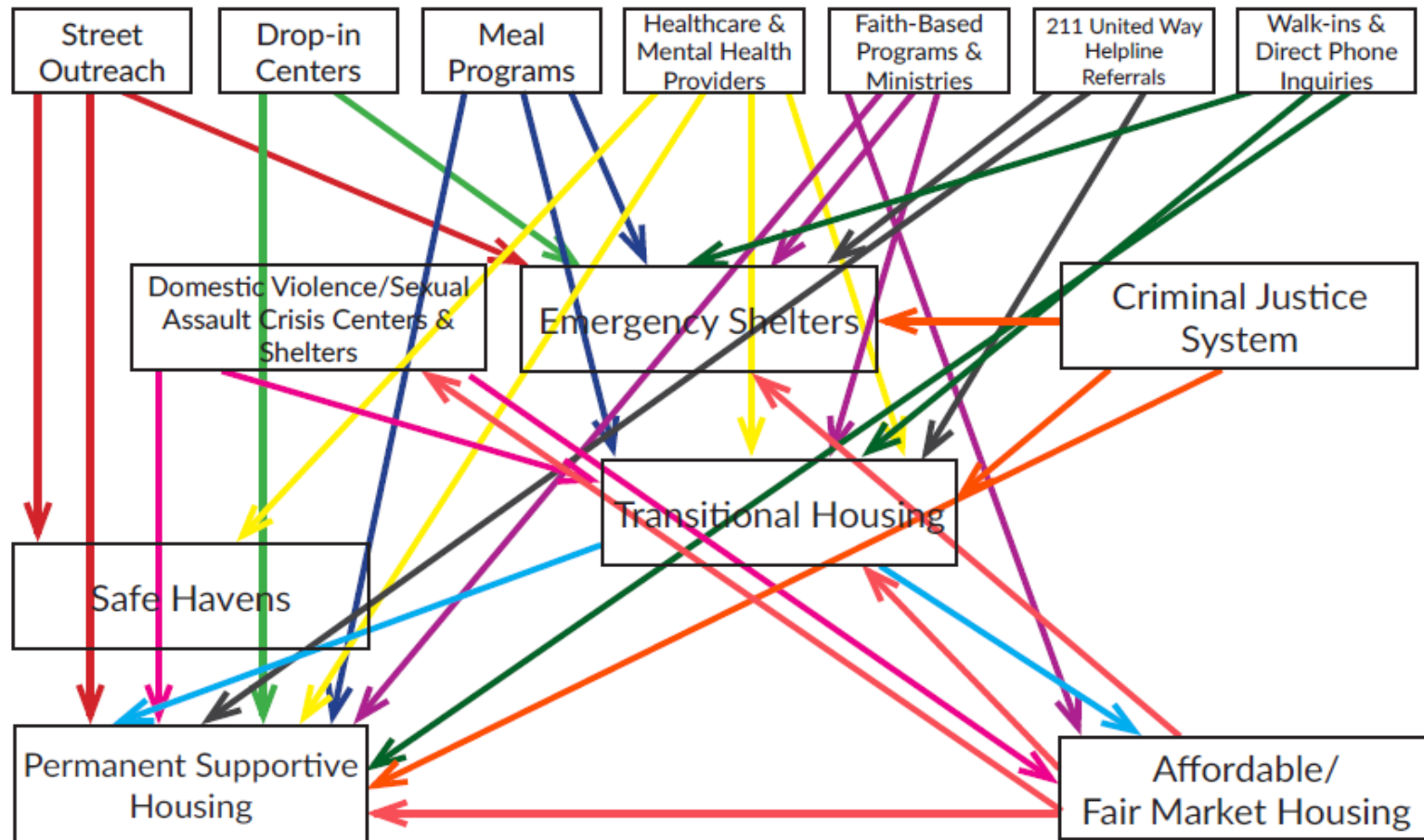
# Current Ecosystem – the way a homeless person could access services previously:



Slide from Houston's, A Way Home

# 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



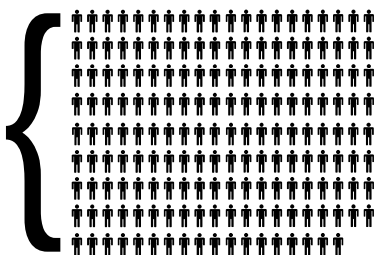
# 4,063

## TOTAL INCLUDED IN THE COUNT

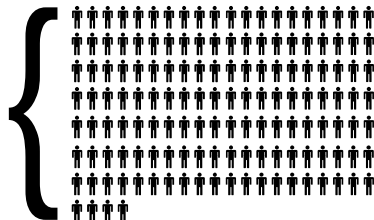
Statistics from Atlanta 2016 Point in Time Count (1/26/2016)



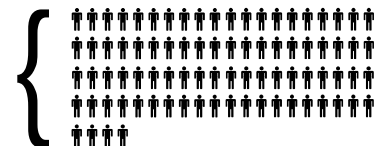
**1,782**  
In Emergency  
Shelters



**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.

**↓ -26%**

DECREASE IN TOTAL COUNT FROM 2013

**↓ -6%**

DECREASE IN TOTAL COUNT FROM 2015



**-61%**

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).\*



**-52%**

Decrease in unsheltered  
homeless since 2013.\*

\*Note change in census methodology in  
2016 versus sampling methodology in  
2013.

# 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

Goal: Rare, brief and nonrecurring	Timeline
End Veteran Homelessness by	2017
End Chronic Homelessness by	2019
End Youth Homelessness by	2020
End Family Homelessness by	2020
Leverage, align and strategically allocate resources	Ongoing

Disrupt the system

Realign and leverage  
resources

**Guiding  
Principles**

Performance driven

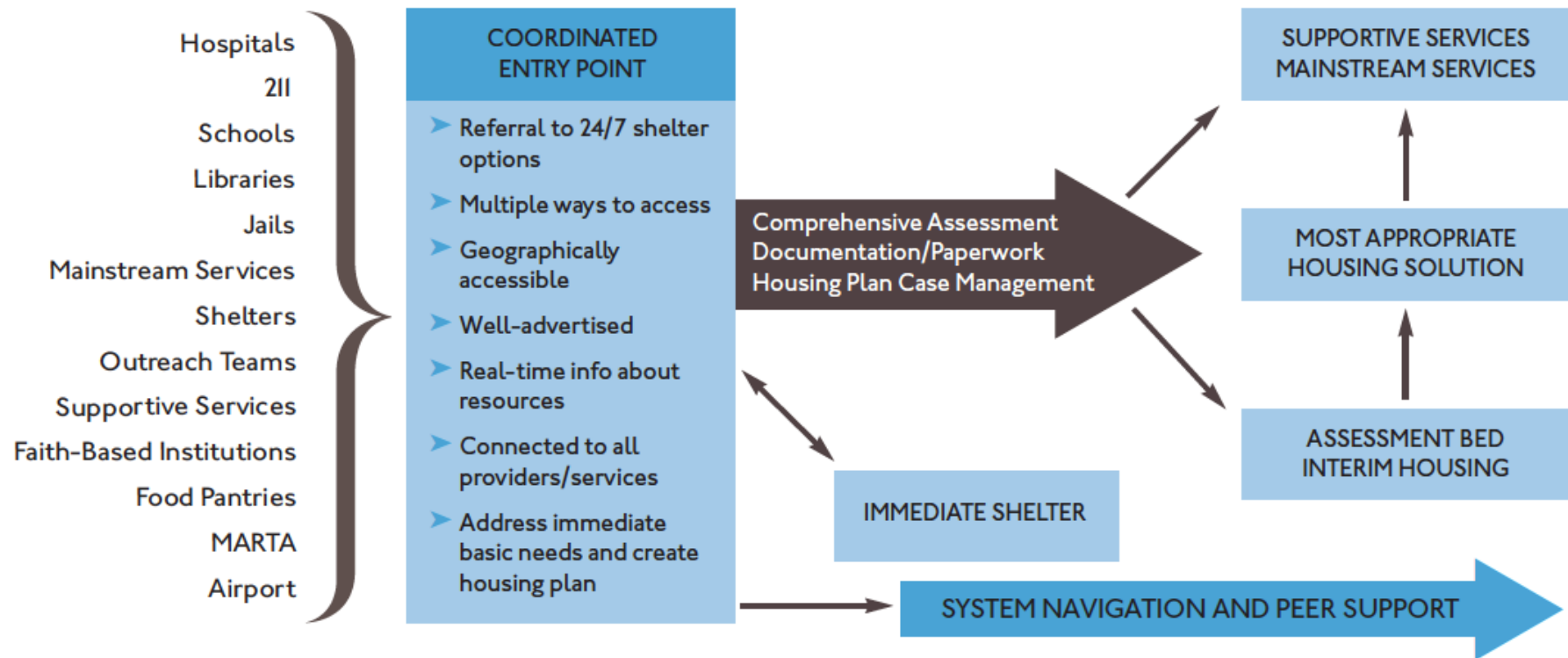
Create right-sized  
solutions

# 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



# 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 ...*

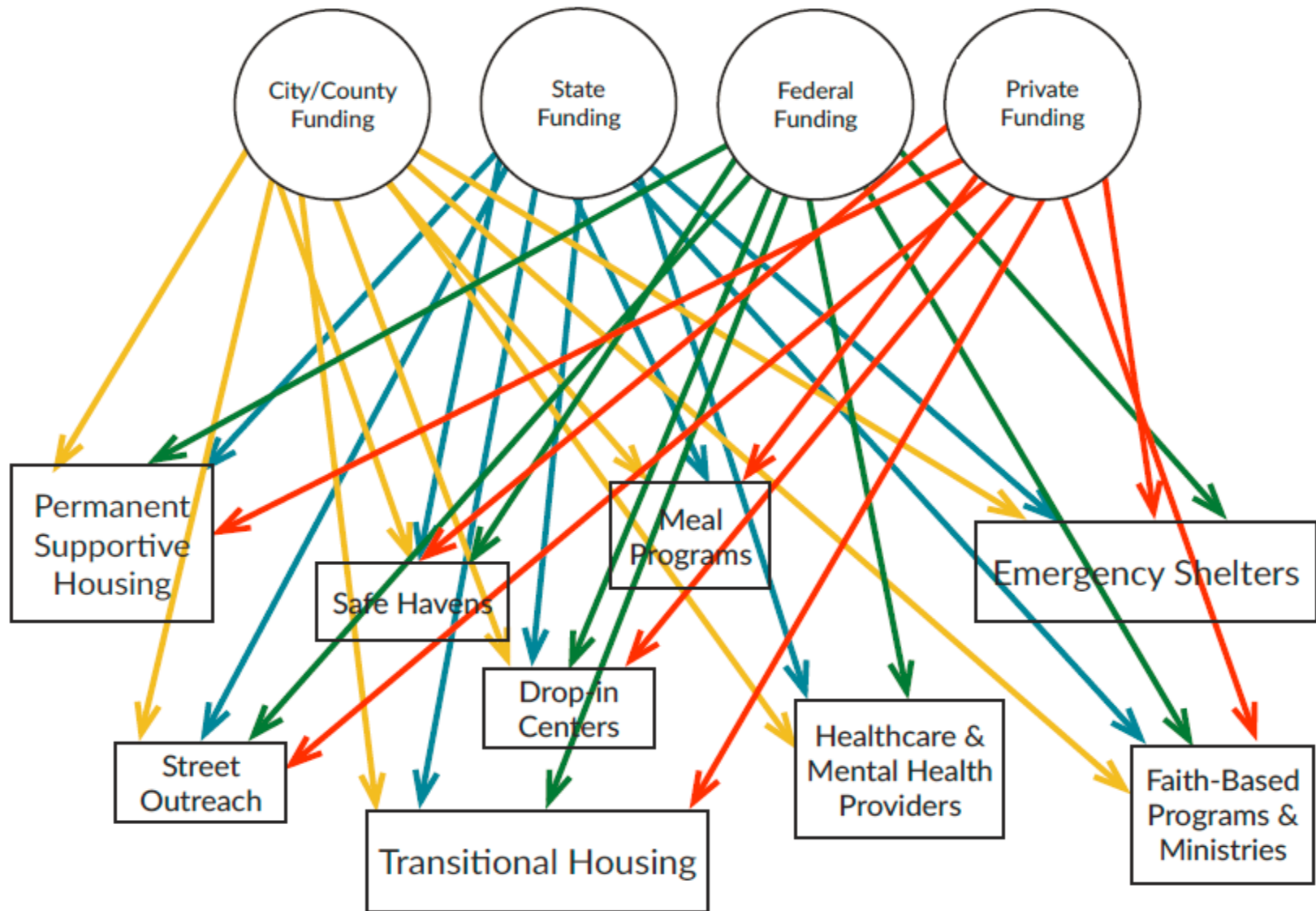
- **Shifts** for some agencies in the services provided – no longer have to be *everything for everybody*
- **Alignment** with best practices and coordinated entry
- **Prioritization** for key populations
- **System wide** business rules and accountability for client outcomes

# 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:

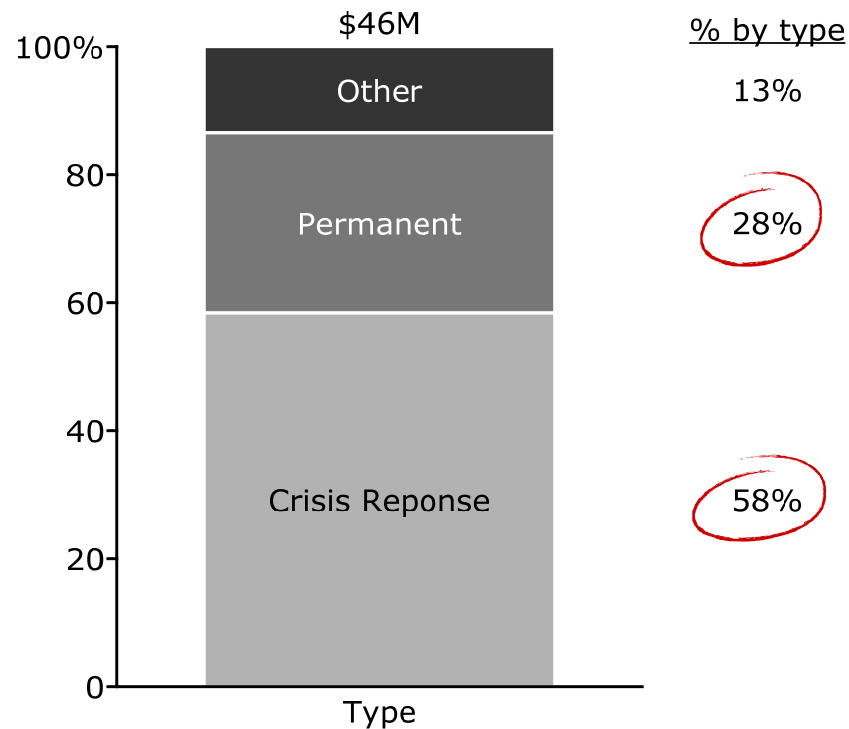


Slide from Houston's, A Way Home

# Current investment

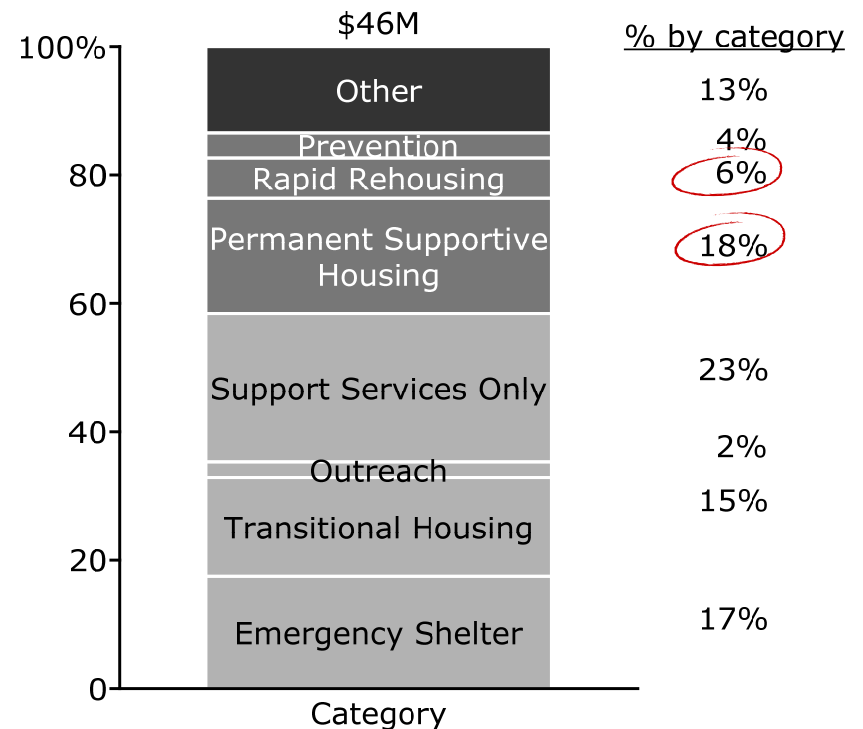
**ONLY ~30% OF FUNDING IS SPENT ON PERMANENT SOLUTIONS AND...**

Agency funding by type (\$M)



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

Agency funding by type (\$M)



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

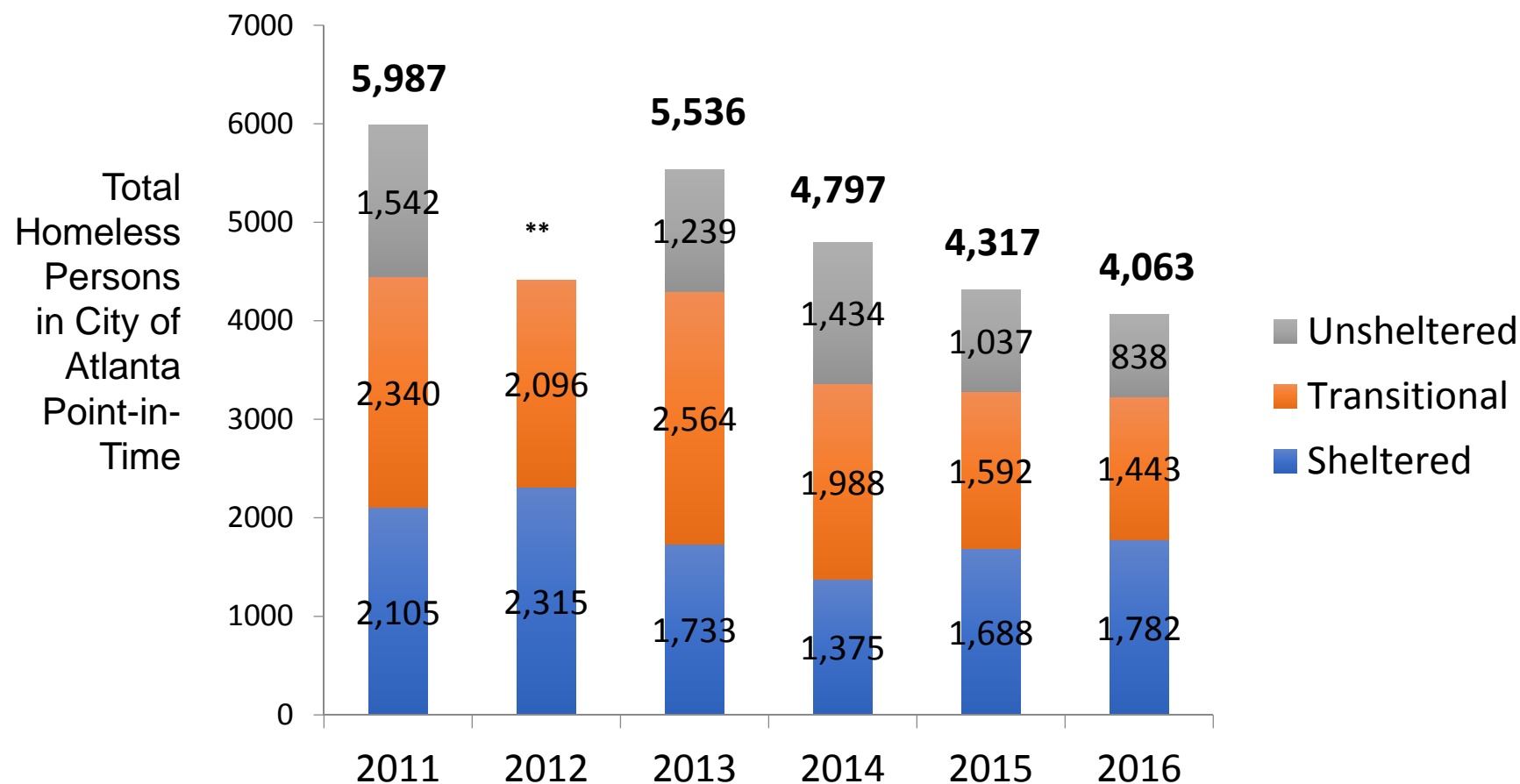
# Guiding Principle 4 - Create a Performance-driven System

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



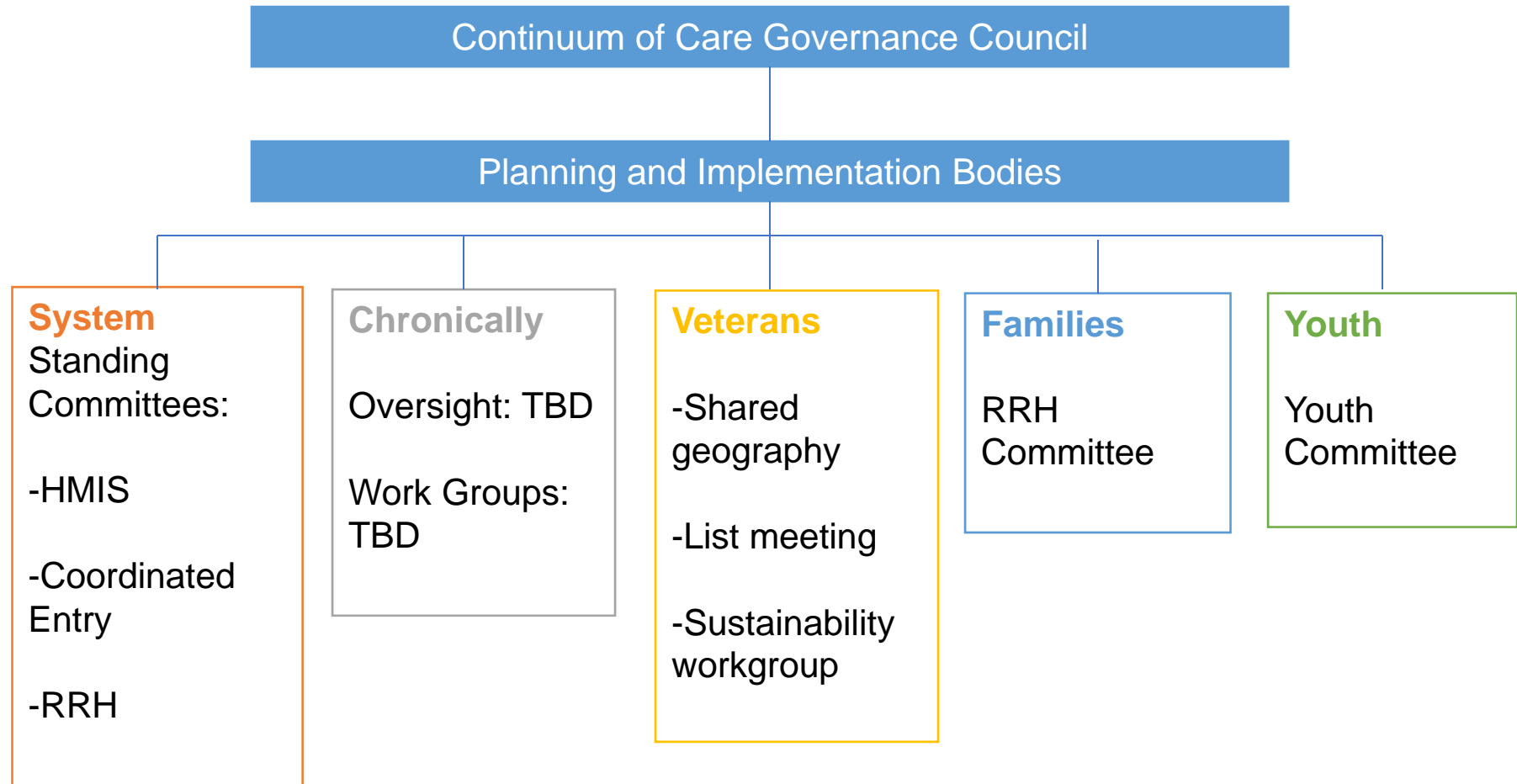
\*\*PIT count not conducted this year

## Performance Data: *a snapshot*

2016 HUD Performance Measure	2016 Atlanta CoC Performance
<b>Percentage of exited participants with increased income at time of exit (all CoC funded projects)</b>	43%
<b>Percentage of participants exiting emergency shelter to homelessness/emergency shelter</b>	85%
<b>Percent of participants exiting transitional shelter to homelessness</b>	52%
<b>Percentage of PSH participants who either remained in PSH or exited to permanent destinations</b>	91%

# Executing the Plan...a work in progress

## HOMESTRETCH



\*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?

**Questions? Concerns? Reactions?**

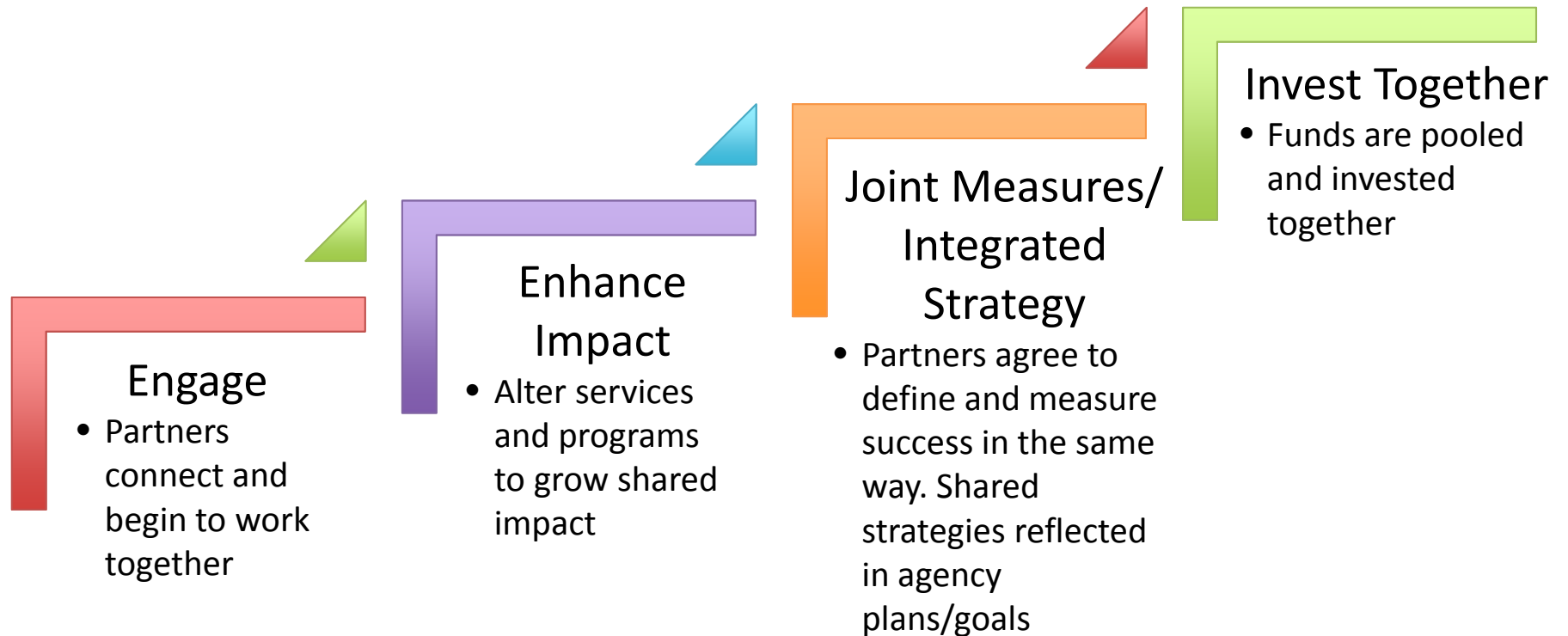
Who is on the CoC Governing Council and what do they do?

Who is on the Strategic Plan Committee and when will the SP be available?

Questions, reactions, concerns?

---

# Alignment Framework





## ARCHI Partner Audit

Shannon Sale

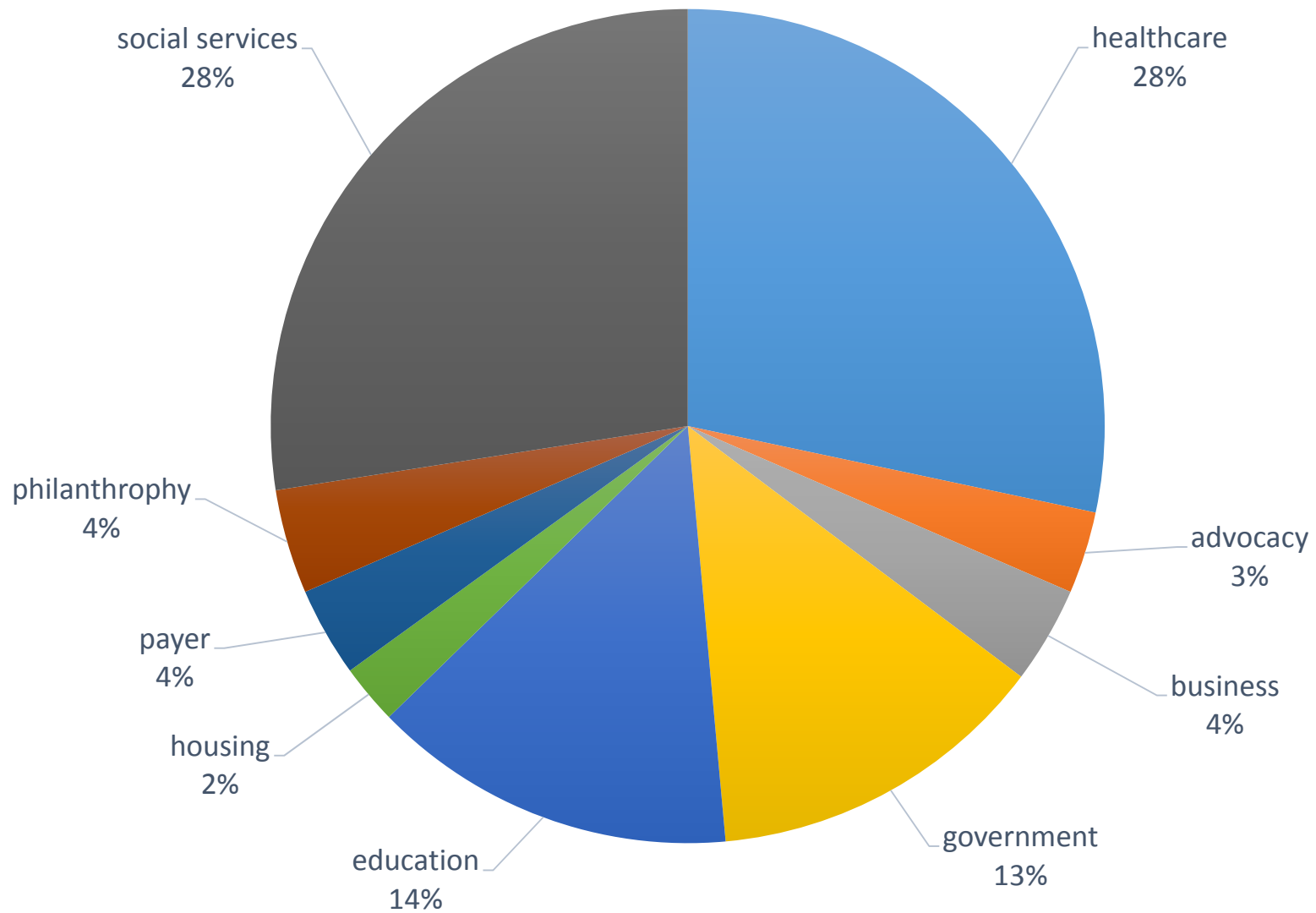
Senior Vice President, Planning and Business Development  
Grady Health System



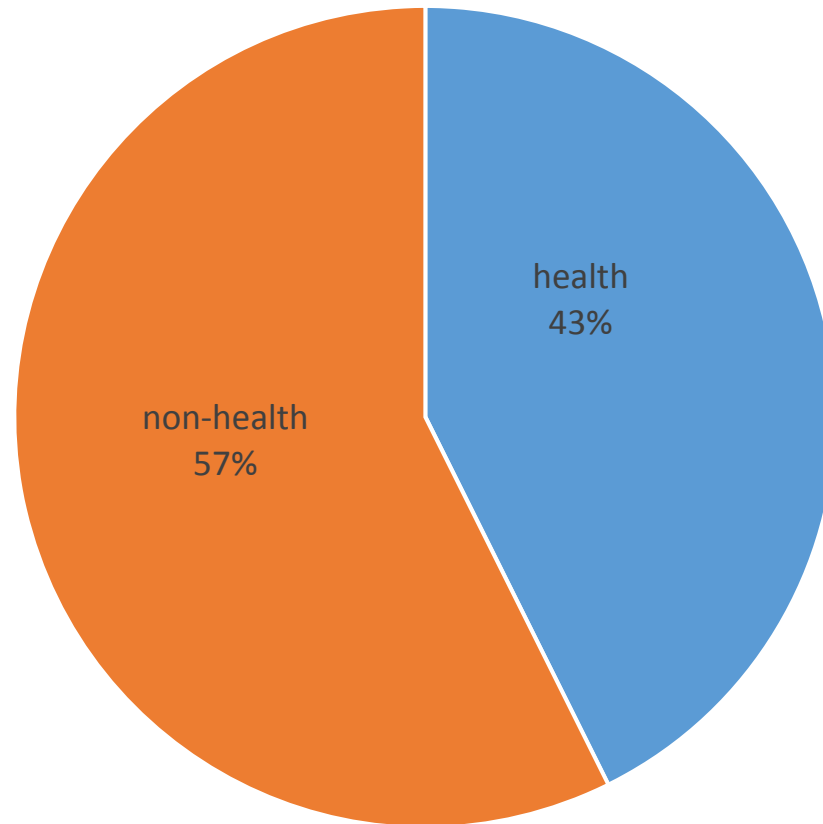
## ARCHI Partner Audit

- 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

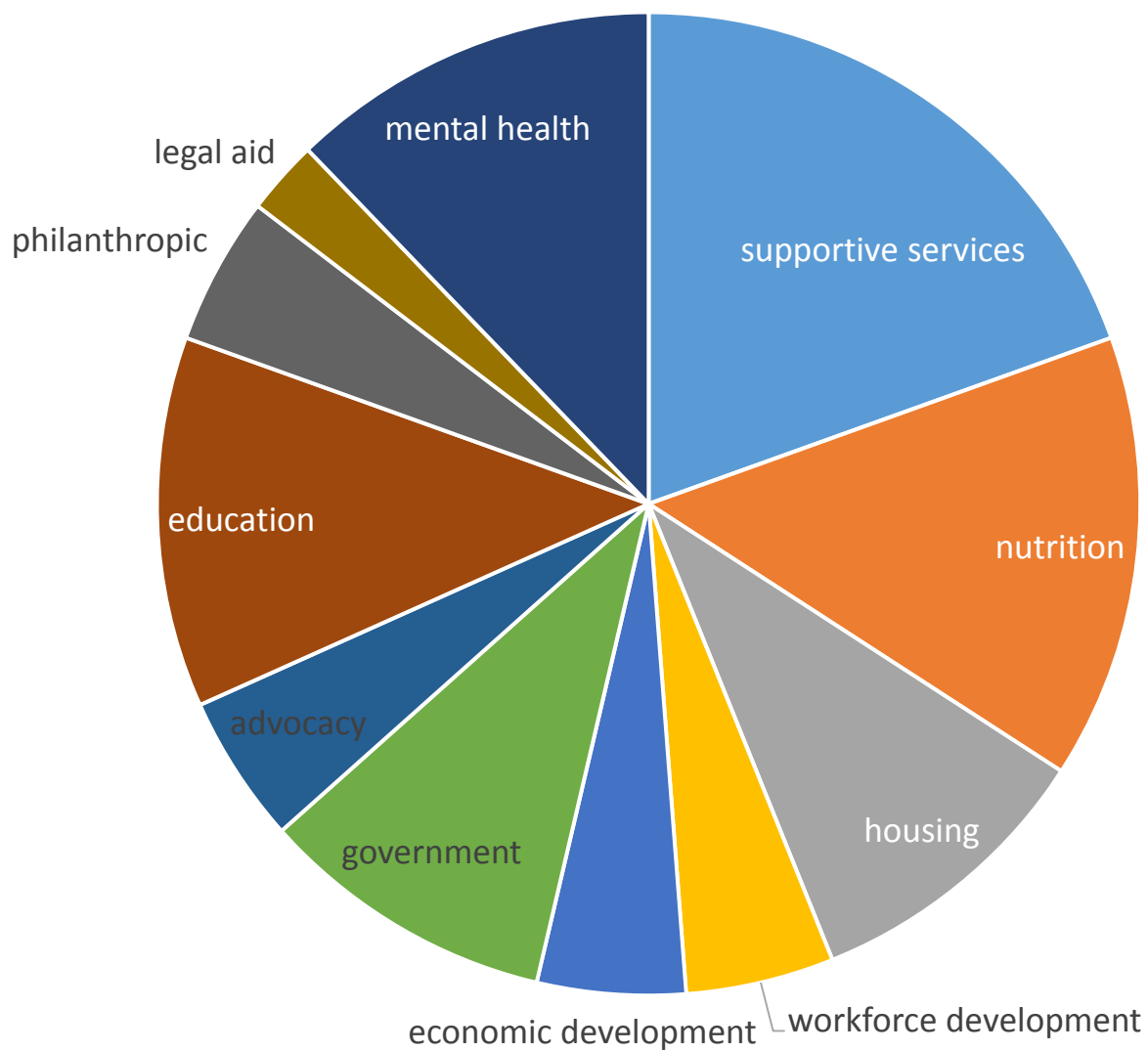
# ARCHI Participants, by Sector



# ARCHI Signed Members (Jan 2017)



# Non-health ARCHI Members





Alliant GMCF  
 American Cancer Society  
 Atlanta Community Food Bank  
 Atlanta Neighborhood Development Partnership  
 (ANDP)  
 Atlanta Regional Commission  
 Atlanta Volunteer Lawyers Foundation  
 Charitable Connections  
 ChildKind  
 CHRIS Kids, Inc.  
 Civic League of Atlanta  
 Clayton State University  
 Clayton State University- School of Nursing  
 Club E. Atlanta  
 Community Foundation for Greater Atlanta, Inc.  
 Community Health interfaith Partners  
 Community of College Park  
 Concerned Black Clergy  
 DeKalb County Board of Health  
 DeKalb County Government  
 Diabetes Community Action Coalition, Inc.  
 Emory Fuqua Center for Late Life Depression  
 Emory Healthcare  
 Emory University - Urban Health Program-Dept  
 of Peds  
 Emory Urban Health Initiative  
 Enterprise Community Partners  
 Friends of Refugees

Fulton County Government  
 Fuqua Center/Emory Univ.  
 Georgia Alliance for Health Literacy  
 Georgia Dept of Public Health  
 Georgia Health Policy Center  
 Georgia State University  
 Georgia Center for Nonprofits  
 Georgia Institute of Technology  
 Get Georgia Reading-the Annie E. Casey  
 Foundation  
 Global Dialogues  
 Grady Health System  
 Health Equity Advocacy & Resource Center  
 Hillside  
 Historic Westside Gardens Atl, Inc  
 Insure Georgia  
 Kaiser Permanente of Georgia  
 Legacy Community Housing, GreenSHADES  
 Foundation  
 Live Living International Foundation  
 Marcus Autism Center/Children's Healthcare of  
 Atlanta/Emory Dept of Peds  
 Metro Atlanta Urban Farm  
 Metropolitan Counseling  
 Muni Cares, Inc.  
 Odyssey Family Counseling Center  
 One Talent Inc.  
 Open Hand Atlanta

Partnership for Southern Equity  
 Perkins & Will  
 Piedmont Healthcare  
 RiteAid Pharmacy  
 Saint Joseph's Health System  
 Saving Our Sons & Sisters International  
 South Fulton Human Services Coalition  
 Southside Medical Center  
 TechBridge  
 The Arthur M. Blank Family Foundation  
 The Carter Center  
 The Common Market Georgia  
 Truly Living Well  
 United Way of Greater Atlanta  
 Veterans Empowerment Organization  
 Voices of Georgia's Children  
 WellStar  
 West End Medical Center Inc.  
 Cathie Berger  
 Gordon Meredith  
 Paul Stange  
 Gwen Smith  
 Erica Edmond  
 Evonne Yancey

**JOIN THE MOVEMENT!**



# UPCOMING QUARTERLY BREAKFASTS

June 21<sup>st</sup>

September 13<sup>th</sup>

December 6<sup>th</sup>