

Creating a ClearPath for Atlanta's Homeless

Senate Study Committee on Homelessness
November 7, 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

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

Governing Council

17 members

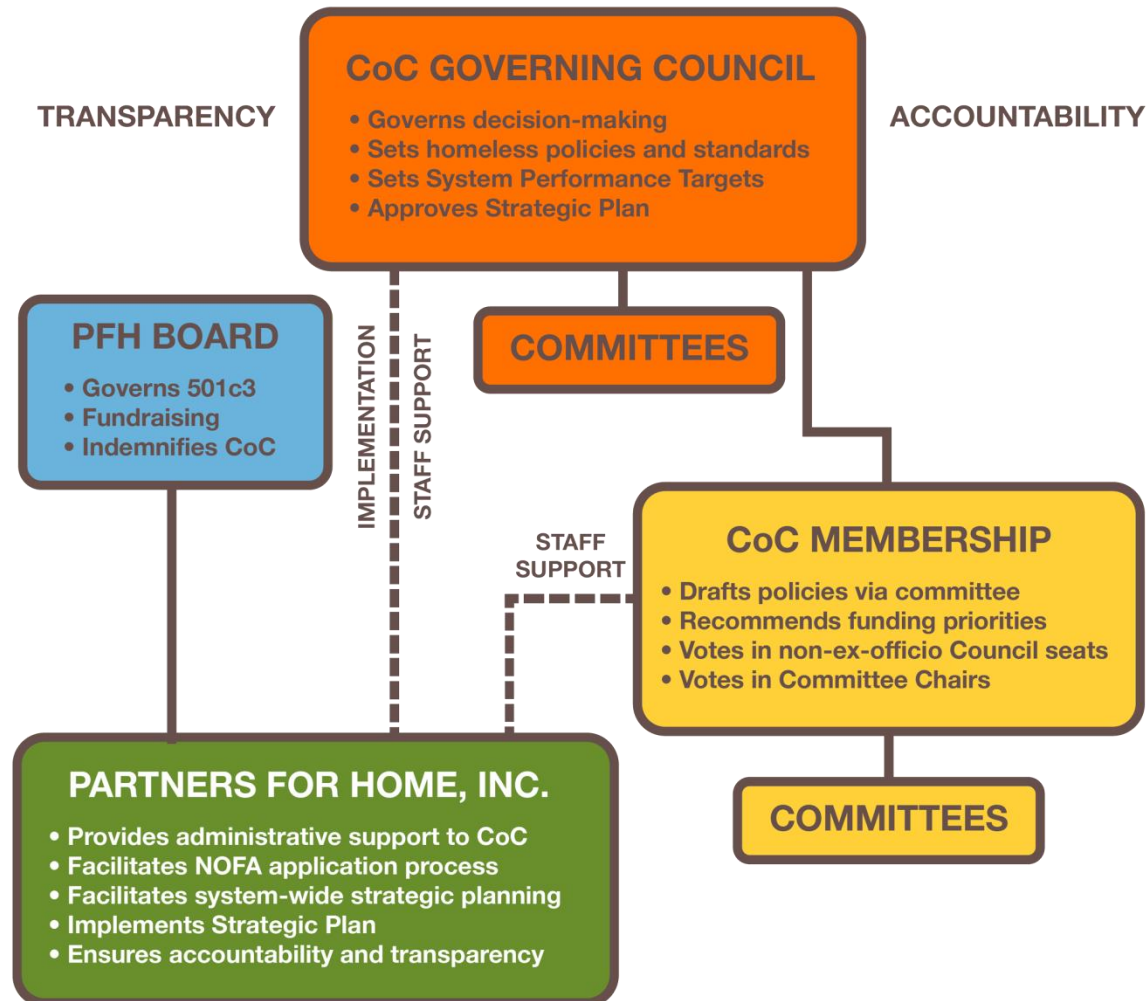
CoC Membership

70+ organizations
including 17 HUD
funded

Partners for HOME, Inc.

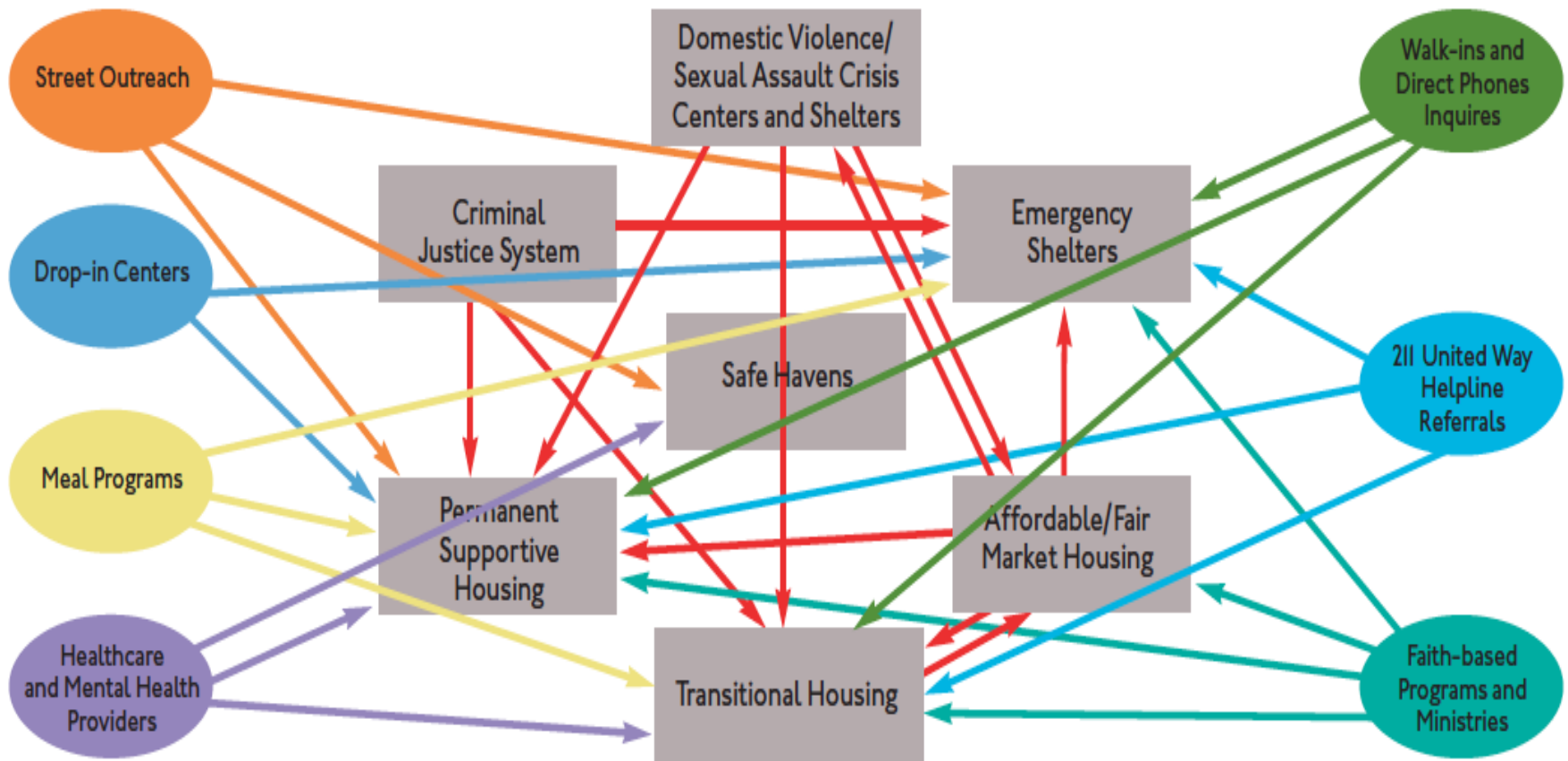
Independent
501c Agency

Agency Organization



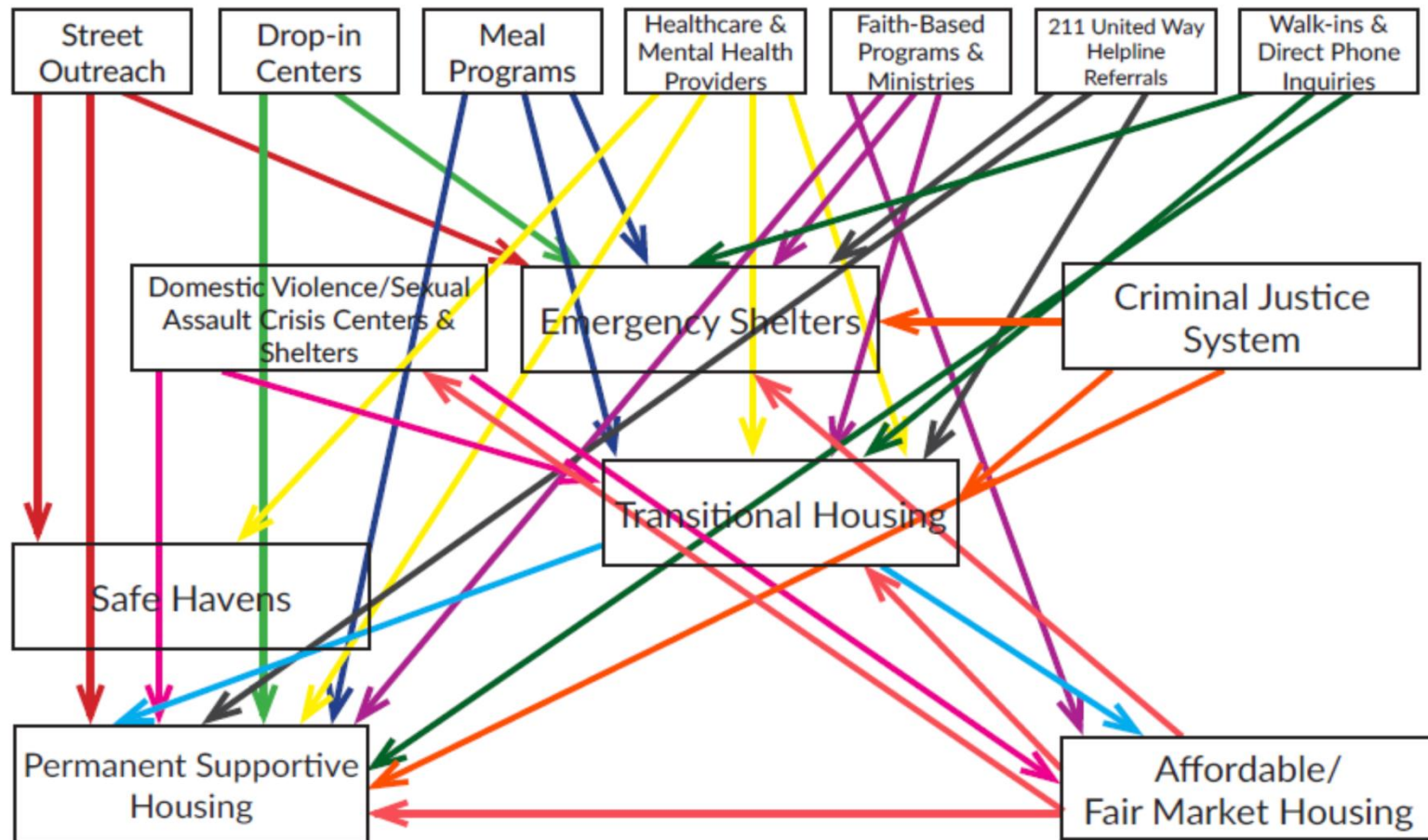
Previous Ecosystem

the way a homeless person accessed services previously:



Funding Was Equally Inefficient

the way a homeless person accessed services previously:



Evolution to a Coordinated System



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

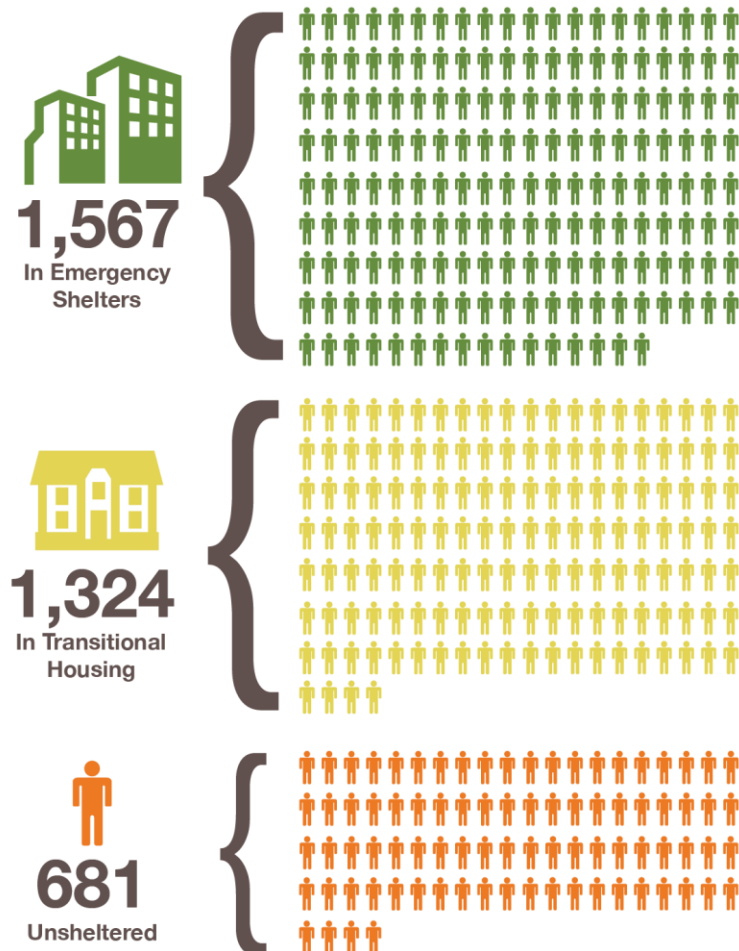
Vision: A collective network of providers aligning coordinated efforts and resources to maximize impact

THE STATISTICS

Homelessness in Atlanta Today

PARTNERS FOR
HOME

(See Key Terms Glossary on next slide)

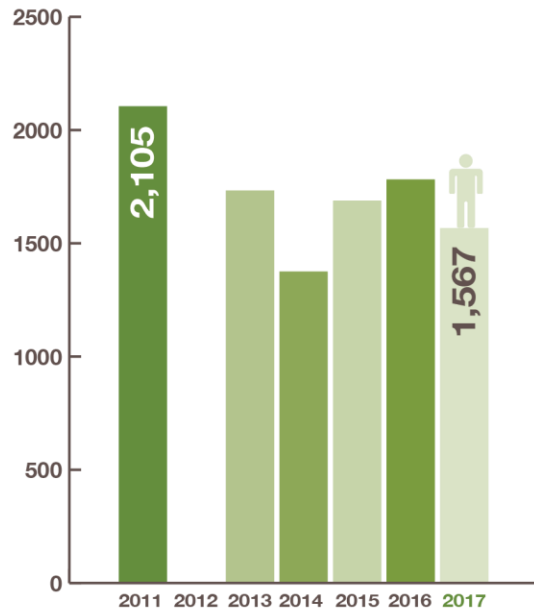


3,572

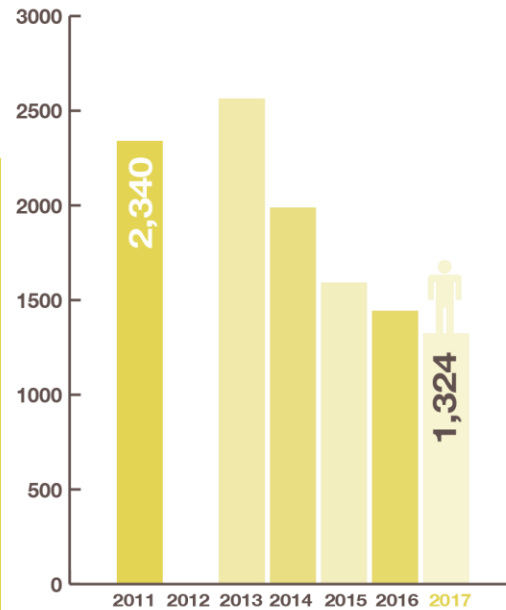
TOTAL INCLUDED IN THE COUNT
Statistics from Atlanta 2017 Point in Time Count



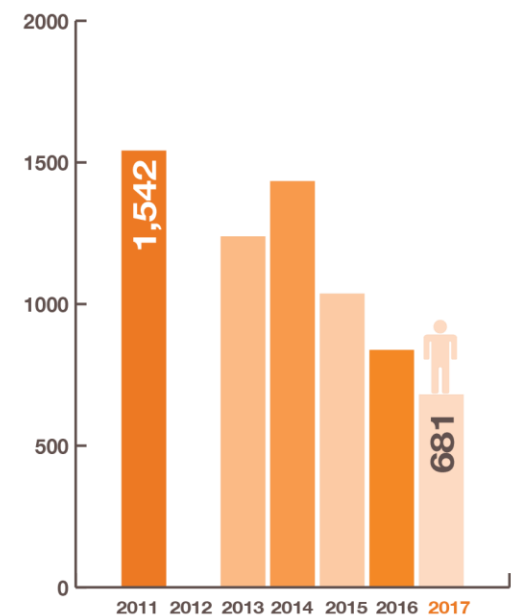
Substantial progress in decreasing homelessness in recent years



SHELTERED



TRANSITIONAL



UNSHELTERED

More than 1,859 City of Atlanta homeless veterans have been placed in permanent housing since 2015.

ClearPath Strategic Plan Key Goals



Achieved by the new system design and collective impact model

Goal: Rare, brief and nonrecurring	Approach	Timeline
End Veteran Homelessness	Refine coordination and targeting	2017 – Done!
End Chronic Homelessness	Add permanent supportive housing units and bridge to Medicaid service funding	2019
End Youth Homelessness	Spectrum of youth-focused interventions (Rapid Rehousing, Transitional, Host Homes)	2020
End Family Homelessness	Access to affordable units and employment	2020
Leverage, align and strategically allocate resources	Emphasis on maximizing sustainability, e.g., mainstream funding	Ongoing

Anticipated Homeless Opportunity Bond Outcomes



Funds will be maximized by matching an additional \$25 million in private dollars and will leverage \$66 million in public resources for a total investment of greater than \$115M

Goals	Outcomes
End Veteran Homelessness	<ul style="list-style-type: none">• 147 Veterans will be permanently housed• 147 Veterans will be connected to employment, education and support services
End Chronic Homelessness	<ul style="list-style-type: none">• 500 disabled individuals permanently housed• Significant cost savings to emergency services including EMS, APD, City and County jail, emergency rooms
End Youth Homelessness	<ul style="list-style-type: none">• 450 young adults (ages 18-24) removed from street and placed in safe, permanent housing• Reduction of risky behavior• Connection to employment, education and support services
End Family Homelessness	<ul style="list-style-type: none">• 300 heads of household will obtain employment• 300 families will be permanently housed and paying rent• Savings to emergency shelter and crisis systems

GUIDING PRINCIPLES

Guiding Principle 1

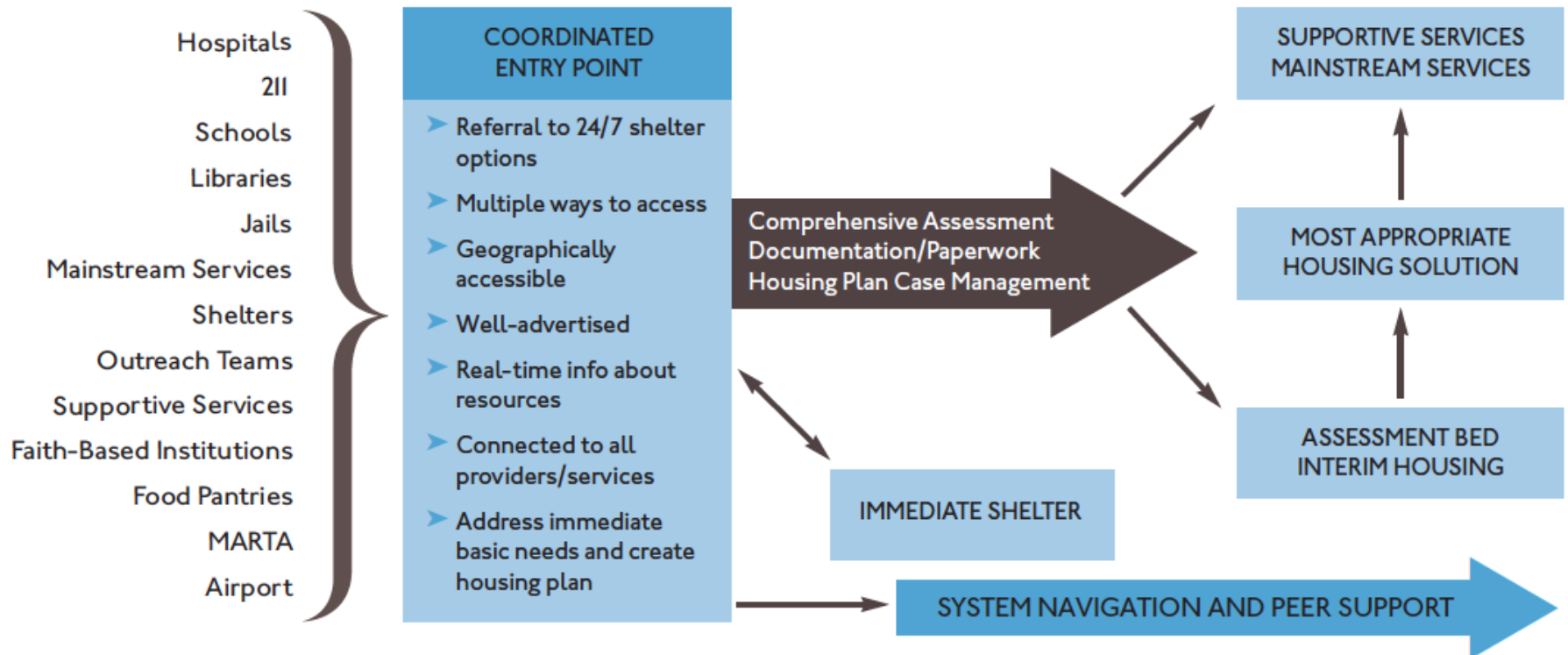
Disrupt and Refine the System

Move the system from an independent – agency approach
to an integrated – partner approach

- **Implement** Coordinated Entry
- **Fill** gaps
- **Address** racial disparities

Gaps	
Ending Homelessness	Stabilization
Housing stock	MH/SA
Low barrier shelter	Service revenue
Outreach, coordinated entry	Employment
	Education
	Transportation
	Child care

Coordinated Entry System Map



Guiding Principle 2

Create The Right-Sized Solutions

Modify and tailor housing entry and support criteria by population

- **Expand supportive** housing and refine integrated service delivery model utilizing Medicaid expansion for chronically homeless
- **Rapid** rehousing to scale for non-chronic singles and families. Sustain with TANF, ESG, CoC.
- **Retool** transitional housing for youth, domestic abuse, and substance abuse populations
- **Affordable** housing preservation and development aligned/supported with sound public policy

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**
- Chronic homelessness—an individual who has a disabling condition AND has been homeless for the last 12 months or had 4 episodes in last 3 years = 12 month

Homestretch: Public/private partnership investing \$50MM to the goals of ClearPath, which leverage \$66MM in public resources for a total investment of over \$115 MM, which will result in:

Veterans

- 83 total; House 83 Veterans by 2017
- Refine coordination and targeting

Chronic

- 346 chronically homeless in PIT
- 500 new PSH units over next 3 years; 1000 new placements for disabled individuals = significant cost savings
- Secure service dollars through Medicaid

Families

- 163 families in PIT
- Create 300 new RRH interventions over 3 yrs, leverage TANF to match; includes employment and services
- 300 families placed in permanent housing = goal met!

Youth

- 217 young adults
- Spectrum of youth focused interventions including 360 rapid rehousing interventions, 30 independent living units, and 30 host homes

Guiding Principle 3

Realign and Leverage Resources

Create an unprecedented public-private partnership

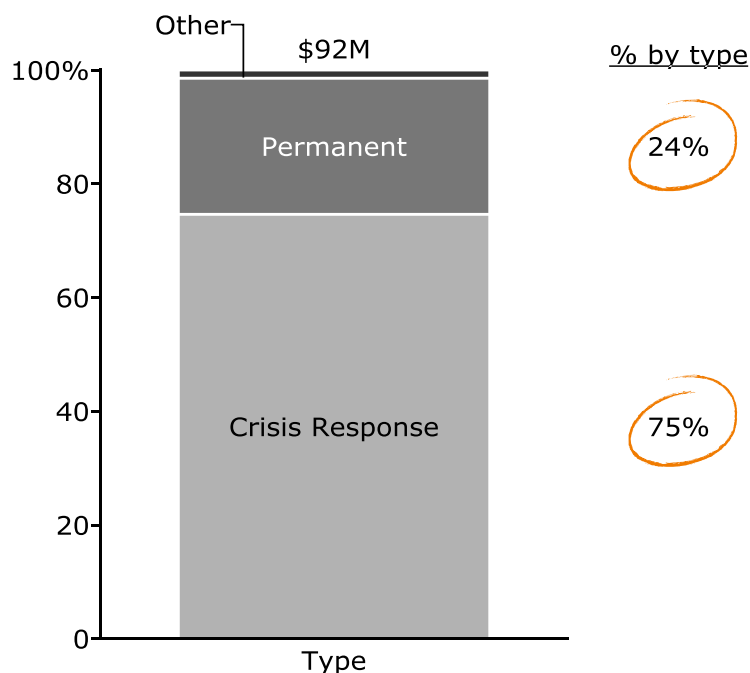
- **Transparent alignment** with city and state entitlement dollars across CoC system
- **Fiscal scan and gaps analysis** for accountability, needs-based redistribution and unmet needs rank list
- **Align funding decisions** of private sector grants with Collective Impact Model criteria

Current Investment

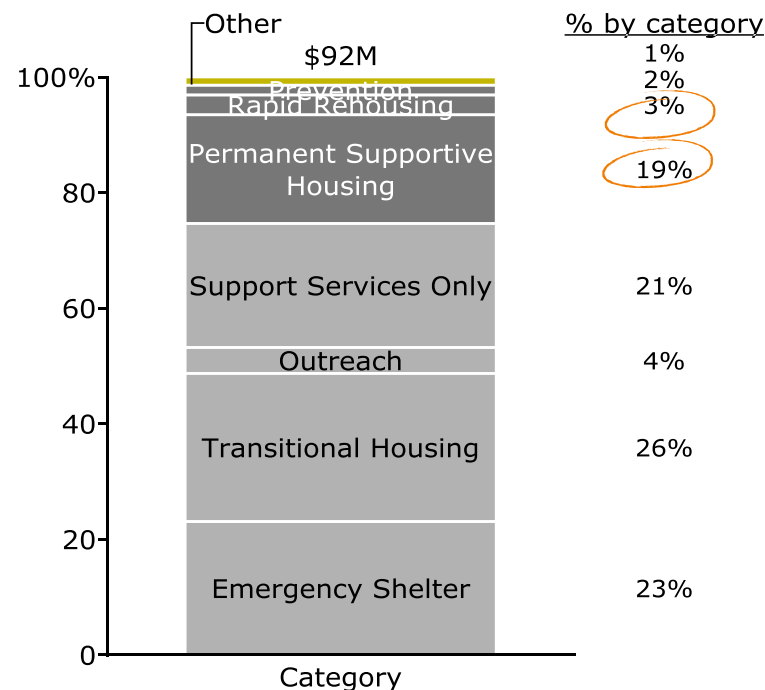
**ONLY ~25% OF FUNDING IS SPENT ON
PERMANENT SOLUTIONS AND...**

**...ONLY ~20% AND ~5% ARE SPENT ON
PERMANENT SUPPORTIVE HOUSING
AND RAPID RE-HOUSING**

Agency funding by category (\$M)



Agency funding by type (\$M)



HUD Changes Prompt New Opportunities to Seek and Leverage Public & Private Resources

- **Homestretch:** \$25M public match to private funds = \$50M opportunity
- **SAMHSA** CABHI Grant \$2.4M for 3 years
- **City and State** entitlement funds: ESG, CDBG, HOPWA
- Temporary assistance for needy families (**TANF**): shelter and RRH
- 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

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

Key
opportunities
to align

- Continued support for GHVP
- Innovative Funding Approaches Creating Sustainable Revenue Streams

Permanent Supportive Housing = permanent, housing subsidy, + services

- Most cost effective intervention for most costly consumers
- Study after study have shown*:
 - Up to 82% reduction in public costs for probation, emergency dept., sheriff's dept., jail days, public benefits, emergency shelter, inpatient care
 - Cost savings realized per person per year: \$7100-\$38,046

Why Medicaid Waiver?

- < 30% of individuals in permanent supportive housing (PSH) are insured
- HUD pays operating, not services; philanthropy pays capital
- PSH cannot be sustained without ongoing revenue
- Insufficient capacity with current indigent providers, e.g., ACT, ICM
- Waiver can be designed to pay for services that keep people in housing, e.g., pre-tenancy services, move-in support, tenancy support + MH/SA
- The return on investment: \$40,000 on the streets vs. \$19,600 in housing
- Road already paved: Houston, Louisiana, Washington, Massachusetts
- Homestretch funds are finite and will only jumpstart services

Innovative funding approaches



- **Airbnb tax:** Chicago and Los Angeles; already generated \$2.8MM in Chicago in first 12 months –supports family homelessness
- **Miami Restaurant tax:** 1% on restaurants with revenue >\$400K; generates \$7MM/yr
- **WA Family Fund:** \$2MM general fund matched by Gates foundation = \$5MM annually
- **Utah Homeless Trust:** legislated optional donation on individual tax return form (limited return)
- **State Housing Trust Funds:** generate additional money from sustaining sources e.g. IL real estate transfer fee (\$4.6MM/yr), SC doc recording tax

Thank you!

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