

## Avalon Housing Shares Results of 5-Year Permanent Supportive Housing Research



*Avalon Housing Director Aubrey Patino greets attendees while NYU evaluators look on*

For the last five years, the Washtenaw Health Initiative supported [Avalon Housing](#) in the development and implementation of the Frequent Users Systems Engagement (FUSE) program. Funded by the Corporation for Supportive Housing (CSH), FUSE demonstrated how supportive housing can address challenges facing the highest-need and highest-cost patients who are experiencing homelessness. FUSE was implemented in four sites across the United States; in addition to Washtenaw County, FUSE was also implemented across the state of Connecticut, and in the cities of Los Angeles and San Francisco, California. The success of the FUSE program in Washtenaw County was due to the great work of non-profit housing and service providers and integrated health centers across Washtenaw County. The FUSE partners included Catholic Social Services, Avalon Housing, Michigan Medicine, St. Joseph Mercy Health System, Packard

## WHI News

### February WHI Stakeholders Meeting Focuses on Social Service Resources

The all-member WHI Stakeholders meeting on Monday, February 26 featured representatives from Huron Valley Physicians Association, Integrated Health Associates (IHA), and Michigan Medicine, who shared data from system-wide screenings for social determinants of health needs. Needs by screening domain are shown in the fact sheet below; domains include food and housing security, child and elder care, social isolation, financial strain, transportation, literacy, utilities, and unemployment. At IHA, social isolation, food security, and childcare were the areas of highest need. At Michigan Medicine, the highest needs were unemployment, financial strain, and food security.



[Download the fact sheet](#)

Phillip Bergquist from the Michigan Department of Health and Human Services also updated the group about a new on-line portal social service resources, including state benefits. In the past, state residents used the Mi Bridges platform only to apply for state benefits. Today, the platform has been revamped to allow residents to search for services by geography, store and revise documents, and track benefit information and reapplication dates. Another important addition to the platform for community organizations is that they can use it to track referrals they have made. The new Mi Bridges platform has been pilot tested since the fall of 2017, and will roll out state-wide in the next six weeks. Visit the [Mi Bridges Partners webpage](#) to learn how to sign up as a community partner.

Finally, Hassan Hammoud from the United Way for Southeastern Michigan, shared updates to the [2-1-1 call center that serves Washtenaw County](#). Hammoud shared data about referral requests

Health, and the Ann Arbor Housing Commission, among others.

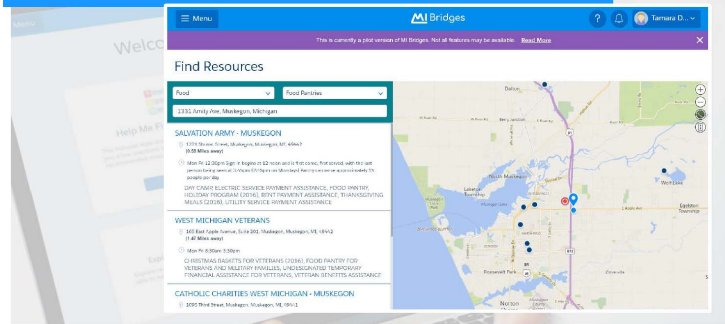
On February 16, 2018 [the FUSE team shared key findings](#) from a [national evaluation](#) at St. Joseph Mercy's Education Center. Leaders from Avalon Housing, Corporation for Supportive Housing, and New York University co-presented the findings, and several members from the WHI attended the meeting. A highlight of the event was hearing from a client in the FUSE program, Carol T. You can view the video from the event [via Facebook live stream](#).

The results from FUSE demonstrate new and significant contributions to supportive housing's potential and impact for high-utilizer populations. In Washtenaw County, the treatment group showed a statistically significant increase in outpatient visits, suggesting that participants were more appropriately using health care services. Although most participants continued to experience complex medical needs at the end of the study period, in surveys of participants housed for a year or more, they perceived better overall health status for themselves. Due to these local results, Michigan's Department of Health and Human Services added staffing to its State Innovation Model team to spread the model across all participating SIM regions, using a similar data-matching process to what was used in Washtenaw County.

## Quick Links



Online exploration for community supports with key resource details and location-based services



received in the fourth quarter of 2017 and recent updates intended to better address requests. Although 2-1-1 still receives most requests via phone, interactions via the online database, the chatting system, and emails have increased over time. WHI members met in small groups to discuss the ways they currently use 2-1-2, and the need to spread the word about 2-1-1 as a resource for local residents, including through WHI member organizations.

Resources from the meeting are [available on the WHI website: data from the local social determinants needs screenings; Mi Bridges Platform slides](#); and, [slides with local 2-1-1 data](#).

## Other News

### New Tax Law Repeals Penalty for Individual Mandate

The Tax Cuts and Jobs Act was signed into law on December 22, 2017 and has many implications for health care. Under the Affordable Care Act, the individual mandate requires that all U.S. citizens either have health insurance or pay a tax penalty. The new law repeals the penalty for not having insurance, beginning in 2019. Many people, including many who are healthy, may no longer choose to purchase health insurance, leaving those who need health insurance to pay higher rates for their coverage or go uninsured.

According to the [Congressional Budget Office](#), an estimated 13 million Americans will not have health insurance by 2027 as a result of this new law, and health insurance premiums for insured individuals are estimated to increase about 10% per year. CHRT published a brief summarizing the health care-related impacts of the new tax law:



- [WHI Website](#)
- [WHI Member Portal](#)
- [Center for Healthcare Research & Transformation](#)

## Upcoming Member Meetings & Other Events

### March

- 6** - WHI Advance Care Planning (1-2:30, CHRT)
- 12** - WHI MMOE Work Group (10-11:30, United Way)
- 13** - WHI Steering Committee (10-11:30, CHRT)
- 20** - WHI Opioid Project (11-12:30, CHRT)
- 20** - WHI SIM Work Group (2-3:30, CHRT)
- 22** - WHI Senior Services (3:30-5, CHRT)

### April

- 3** - WHI Advance Care Planning (1-2:30, CHRT)
- 6** - SIM ASC/PCMH Subcommittee (8:30-9:30, CHRT)
- 9** - WHI MMOE Work Group (10-11:30, United Way)
- 10** - WHI Steering Committee (10-11:30, CHRT)
- 11** - SIM Health Plan Meeting (10-11, CHRT)
- 12** - UNITE (1-2:30, CHRT)
- 17** - WHI Opioid Project (11-12:30, 705 Zeeb Rd)
- 17** - WHI SIM Work Group (2-2:30, CHRT)
- 26** - WHI Senior Services (3:30-5, CHRT)

CENTER FOR HEALTHCARE RESEARCH & TRANSFORMATION			
Health Care Provisions in the Tax Cuts and Jobs Act			January 2018
Editor's Note: CHRT updated this fact sheet Jan. 12, 2018 to include more recent Medicare funding numbers, updated information on PHS/G and reflect that the conference report is now law.			
The Tax Cuts and Jobs Act passed the U.S. House of Representatives on November 13, 2017, and an amended version passed the U.S. Senate on December 2, 2017. Congress reconciled the differences between the two bills, and it was signed into law on December 22, 2017 (Public Law No. 115-97). While the purpose of the law is to reduce tax rates for businesses and individuals, it includes several major health care policy changes. These provisions are described below.			
Descriptions	Individual Mandate	Medical Expense Deductions	Orphan Drug Tax Credit
Changes in the Tax Cuts and Jobs Act	Public Law No. 115-97 repeals the tax penalty for those who choose not to enroll in health insurance.	Public Law No. 115-97 repeals the 30% of income cap on the deduction and lowers the threshold from 7.5% to 7.5% of income for tax years 2017 and 2018.	Public Law No. 115-97 limits the tax credit amount for qualified expenses.
Estimated Policy Impact of the Law	CBO estimates 1.3 million fewer individuals will have health insurance over 10 years. Health insurance premiums for ACA Marketplace plans will increase an additional 80% per year.	In tax years 2017 and 2018, more taxpayers and/or more expenses will be eligible for the deduction than under current law.	The current tax credit rate is not from 30% to 25% of qualified clinical testing expenses.
By the Numbers	6,605,488 Americans paid the tax penalty in the 2015 tax year. 188,189 Michiganders paid the tax penalty in the 2015 tax year.	8.8 million Americans took the deduction in the 2015 tax year. 295,143 Michiganders took the deduction in the 2014 tax year.	Approximately 7,000 new drugs entered the market.

Download the fact sheet

## New Legislation Signed in Michigan to Fight Opioid Epidemic



Lt. Gov. Calley signs Public Acts 246-255

Michigan lawmakers are taking an active role in fighting the opioid epidemic. Since Gov. Snyder was out of state, Lt. Gov. Brian Calley signed legislation in December 2017 that aims to fight the current epidemic and prevent further addiction in Michigan. These new bills were recommendations of the Prescription Drug and Opioid Abuse Task Force, which was chaired by Lt. Gov. Calley, and focus on education, prevention, and early detection of opioid abuse. For more information on Public Acts 246 - 255, see the [news release from Gov. Snyder's office](#) or [search for a specific Act on the Michigan Legislature website](#).

## Join Our Mailing List

## Share Your Story

Share your story ideas for the WHI newsletter with Carrie at (734) 998-7567 or [crheinga@umich.edu](mailto:crheinga@umich.edu)

## About the Washtenaw Health Initiative

The [Washtenaw Health Initiative](#) is a voluntary, county-wide collaboration focused on how to improve access to coordinated care for the low-income, uninsured, and Medicaid populations. The effort includes representatives from the Michigan Medicine, Saint Joseph Mercy Health System, VA Ann Arbor Healthcare System, health plans, county government, community services, physicians, and safety net providers.

[Washtenaw Health Initiative](#)  
(734) 998-7567



*Try it FREE today.*

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