Expected Outcomes:

- Identify and prioritize concrete opportunities for new and collaborative Commitments to Action within subtopics.
- Introduce assets and capabilities of Working Group participants.

Framing Questions:

- What are concrete and actionable strategies for effectively integrating community-based organizations and health providers to promote improved population health outcomes within communities?
- What are bold ideas that fully utilize the unique assets and expertise of the assembled participants?
- Within the table, what are promising opportunities for collaborative Commitments?

Proposed Agenda

- Introductions and framing remarks
- Small group crowdsourcing exercise and discussion: Identifying opportunities
- Large group report back
- Summary and priorities for Session 2
SESSION 2
DESIGNING TACTICAL SOLUTIONS

June 13
3:30 PM – 5:30 PM
International 4

Expected Outcomes:

- Within table topics and building on Session 1 ideas and themes, identify and develop concrete action ideas to leverage the assembled assets.
- Test the feasibility of potential strategies and “reality check” proposed solutions against market dynamics, capacity, and funding and financing needs.
- Begin design process of proposed solutions by identifying resources required, necessary stakeholders, and near-term challenges to overcome.
- Prepare concepts to pitch to Working Group for further discussion.

Framing Questions:

- How will proposed solutions overcome regulatory or industry dynamics that prevent this approach from occurring in today’s market?
- How can this group strategically leverage the assembled assets and capabilities to advance suggested solutions?
- What are the onramp opportunities for partners to join and support this actionable idea?

Proposed Agenda

- Commitment to Action announcements
- Small group discussion: Designing solutions
- Large group report back and discussion
- Summary and priorities for Session 3
Expected Outcomes:

- Refine the key elements of proposed solutions identified in the previous sessions.
- Develop an action plan for the next three months, identify and outline concrete next steps, and delegate responsibilities to continue momentum beyond CGI America.
- Share major tools, approaches, and best practices that emerged from table-level discussions and would be useful to other Commitment to Action ideas.

Framing Questions:

- What immediate next steps are required to take these ideas from concept to reality? What resource and capacity commitments are participants willing to make (or consider making) to advance proposed Commitment to Action ideas?
- Who will manage and shepherd this initiative in the near-term? And in the long-term?
- Who are the necessary stakeholders required for successful implementation?

Proposed Agenda

- Commitment to Action announcements
- Small group discussion: Commitment workshops
- Full group discussion
- Concluding remarks
Addressing Social Determinants of Health via Medicaid, 2016

Commitment by: Center for Health Care Strategies
Partners: Non Profit Finance Fund; Manatt Health Solutions

In 2016, the Center for Health Care Strategies (CHCS) committed to working with eight Medicaid agencies and health plans to more effectively promote cross-sector partnerships in an effort to address social determinants of health (SDOH), improve health outcomes, and reduce resource inefficiencies. Specifically, CHCS will work with interested Medicaid agencies and health plans to: (1) elucidate the specific policy and program levers that can be used most efficiently to promote cross-sector provider partnerships; (2) experiment with and apply specific policy/program approaches; and (3) build state-level agency collaboration necessary to create more effective alignment at the state policy and financing level. Ultimately, this effort will foster effective, cross-sector partnerships to address SDOH by helping participating organizations better align and establish the right financial, programmatic, and state policies required to encourage, facilitate, and incentivize such collaboration.

Greater Portland Addiction Collaborative, 2016

Commitment by: Mercy Hospital
Partners: Portland Police Department, The Milestone Foundation, Catholic Charities, Community Housing of Maine, Portland Community Recovery Center

In 2016, Mercy Hospital and several nonprofit and public sector partners, committed to create and launch the Greater Portland Addiction Collaborative. Through this effort, its members aim to contribute to the long-term health and wellbeing of the Greater Portland community through an integrated and comprehensive treatment model specifically focused on uninsured persons battling heroin or opioid addiction. Under this new approach, the potential improvement in clinical outcomes, financial and operational performance of several organizations will drive resource allocation, continuous improvement, and delivery redesign that will result in fewer overdoses and untimely deaths. By implementing a new Coordination Team and data sharing, expanding access to detoxification service and beds, hiring additional nurses and counselors and adding new sober living facilities, this Commitment will impact more than 1,200 lives over the next three years.

Early Childhood Education Pay for Success Toolkit, 2015

Commitment by: The Urban Institute
Partners: Third Sector Capital; Social Finance; Salt Lake County; Institute for Child Success; AARP; Reinvestment Fund; Enterprise Community Partners; Nonprofit Finance Fund; Bank of America Merrill Lynch

In 2015, the Urban Institute, along with its partners, committed to develop a toolkit to make future Pay For Success (PFS) deals around early childhood more standardized and transparent for government, providers, and investors. The toolkit will be a guide for stakeholders (especially state and local government officials) to use research and evidence to answer questions likely to arise when exploring a PFS project. The toolkit will be developed with the ‘end users’ in mind and will be as practical as possible, while still grounded in the best available research. This Commitment concept was conceived at the 2015 CGI America meeting and brings together PFS stakeholders from a variety of perspectives to
develop a toolkit that reflects the needs of the field. This is the first concerted effort to develop a practical toolkit for communities who want to use PFS to scale up an evidence-based early childhood intervention.

**First Ever U.S. Maternal & Child Health Pay for Success Project, 2015**

**Commitment by:** Nurse-Family Partnership  
**Partners:** Social Finance US; State of New York

In 2015, Nurse Family Partnership, along with New York State and Social Finance, committed to implement a Pay for Success (PFS) project to scale NFP’s infrastructure to serve more low-income, first-time moms in areas of high need. This transaction will be the first maternal and child health PFS project in the nation. Through this expansion, NFP will seek to serve 2,200 low-income moms and babies in New York. It will provide over 41,000 health visits to the moms and babies by trained nurses directly in the home and create approximately 37 jobs, the majority of which will be filled by women. Through ongoing home visits from registered nurses, low-income, first-time moms receive the care and support they need to have a healthy pregnancy, provide responsible and competent care for their children, and become more economically self-sufficient.

**Aligning Health Strategies with Community Development, 2015**

**Commitment by:** Center on Social Innovation and Finance  
**Partners:** IFF; New Hampshire Community Loan Fund; MacArthur Foundation; The Annie E. Casey Foundation

In 2015, the Center on Social Innovation and Finance at the University of New Hampshire, and its partners committed to accelerate the alignment of health improvement strategies and community development investments in neighborhoods where health inequities are concentrated. Hospital leaders, public health administrators, CDFIs and other local stakeholder organizations will participate in a series of at three regional-level convenings to build shared knowledge across sectors, select specific communities of focus and identify priority content areas for collaborative work. The participants will seek to create formal agreements to implement one or more models of aligned investments of resources where poverty and health inequities are concentrated. These agreements will influence how new investments will be made into projects that leverage new capital and increase the well-being of communities.

**Catalyzing Investment in Pay for Success, 2014**

**Commitment by:** Nonprofit Finance Fund

In 2014, Nonprofit Finance Fund (NFF) committed to bring subordinated debt investment capital to the market to support and catalyze Pay for the Success transactions. By reducing the investors’ potential loss, NFF’s subordinated investment will help entice commercial, return-motivated lenders to participate in PFS deals and increase the amount and access to capital of strong provider organizations across the country. Over the next year, NFF commits to investing up to $1.1 million in one to three PFS transaction and aims to leverage eight times this amount from philanthropic and other subordinated debt investors. NFF will explore various sectors for this investment, including health, youth and families, and/or homeless services space.

**Denver’s Supportive Housing Social Impact Bond, 2014**

**Commitment by:** City & County of Denver  
**Partners:** Corporation for Supportive Housing; Social Impact Solutions; Enterprise Community Partners;
In 2014, the City and County of Denver and its local partners committed to fully developing a Social Impact Bond to finance an evidence-based supportive housing initiative for at least 200 chronically homeless individuals who also struggle with mental health and substance abuse challenges. The initiative, one of the first of its type in the country, will likely make use of a combined housing approach; using an existing scattered-site housing units in the short-term and building new permanent supportive housing units for the long-term. Both housing models will include either mobile or onsite units that will provide intensive case management that will focus on physical health, behavioral health, substance abuse, and daily needs. Over the next year, the City and its partners will work together to develop the program model, the housing financing needed to build new, permanent supportive housing units, and develop a market-ready structure for the Social Impact Bond.

**Social Innovation Fund Pay for Success Grant Competition, 2014**

**Commitment by:** Social Innovation Fund; The White House; Corporation for National and Community Service

In 2014, The Social Innovation Fund, Corporation for National and Community Service, and the White House Office of Social Innovation and Civic Participation committed to establish its first ever Pay for Success (PFS) Competition and distribute up to $11.2 million in federal grants to nonprofit organizations and state and local governments to pursue PFS projects. The PFS Competition intends to encourage the implementation of PFS projects in order to enhance the reach and impact of innovative community-based solutions in low-income communities. The SIF Pay for Success Competition seeks to advance and evaluate emerging models that align payment for social services with verified social outcomes. In line with SIF’s primary focus, the PFS Competition will target activities in youth development, economic opportunity, and healthy futures.
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