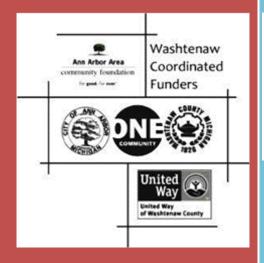
Coordinated Health and Nutrition Safety Net Funding:

Needs Assessment, Vision, Strategies and
Outcomes

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Coordinated Health Funding Background

In 2010, several major funders (the Washtenaw County Office of Community and Economic Development, the Ann Arbor Area Community Foundation, and the United Way of Washtenaw County) collaborated to create a "Coordinated Funding" paradigm to deliver a targeted approach for advancing community-wide strategies in six priority areas:

- 1. Hunger Relief
- 2. Housing and Homelessness
- 3. Early Childhood
- 4. School-Aged Youth
- 5. Safety Net Health Care and Nutrition
- 6. Aging

The Coordinated Funders designated a "lead agency" within each priority area to help convene and organize the work of the individual agencies that receive Coordinated Funding grants; the Washtenaw Health Plan (WHP) was identified as the lead for Safety Net Health Care and Nutrition priority area.

In August 2011, WHP invited all organizations receiving grants in this priority area, as well as additional safety net groups involved in health care and nutrition, to participate in a year-long process designed to achieve the group's primary charge as identified by the Coordinated Funders. The group was charged with generating two documents relative to the Safety Net Health Care and Nutrition area:

- A Needs Assessment, which is intended to serve as an inventory of current activities and known unmet needs, and
- A Community Outcomes and Shared Strategies document that builds on the foundational work of the Needs Assessment to propose a path forward for how best to collectively address those needs.

Over the course of one year, culminating in August 2012, the group – referring to themselves as the "Coordinated Health Funding" group – met approximately monthly for 90 minutes to generate and refine the content for these documents. The product of that work is attached to this report, and will be presented to the Coordinated Funders in fulfillment of the Coordinated Funders' initial charge. The Washtenaw Health Plan would like to thank the participating agencies –listed on the following page – who contributed their time, energy, and best thinking to this process.

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Executive Summary

The Coordinated Health Funding Needs Assessment examines six subtopics within the Safety Net Health and Nutrition priority area: Physical Health, Oral Health, Mental Health, Substance Use, and Benefits Advocacy. Within each subtopic, we summarize existing services, identify key population groups, and analyze areas representing ongoing challenges. The Strategies and Outcomes section is a direct outcome of the discussions around services, population groups, and challenges.¹

Participating Agencies

Ann Arbor Center for Independent Living Ann Arbor Meals on Wheels Ann Arbor Women's Group Catholic Social Services **Community Alliance Community Dental Center** The Corner Health Center Dawn Farm **HIV/AIDS** Resource Center Home of New Vision Hope Clinic **Jewish Family Services** Packard Health Planned Parenthood of Mid-South Michigan Regional Alliance for Healthy Schools Shelter Association of Washtenaw County Washtenaw Association for Community Advocacy Women's Center of Southeast Michigan Washtenaw Health Plan Ypsilanti Meals on Wheels

the Coordinated Health Funding group's efforts.

Staff support provided to the WHP by Kerry Sheldon, Alexander Resources Consulting

¹ The Washtenaw Health Initiative (WHI) was created in 2011, and is described on their website (washtenawhealthinitiative.org) as "a voluntary, county-wide collaboration of local leaders focused on how to make healthcare more accessible and improve care coordination for the low-income, uninsured, and Medicaid populations in Washtenaw County by identifying and, where possible, addressing gaps." The Coordinated Health Funding group took care to keep well apprised of the work developing through the WHI, recognizing the alignment between both organizations' missions. Where relevant, this document will reference the WHI's work, which complements and supports key outcomes of

Coordinated Health Funding Needs Assessment

Vision

To provide adequate access to safety net health care services for all Washtenaw County residents.

To ensure adequate capacity of safety net health care services in Washtenaw County.

Health care services include physical health, oral health, mental health, treatment of substance use disorders, and nutrition, as well as the benefits advocacy required to assure access to these services.

SUMMARY VISION STATEMENT - PHYSICAL HEALTH:

All citizens in Washtenaw County receive robust primary care that addresses both physical and mental health needs in an integrated way, with patient care coordinated seamlessly and ethically among providers.

SUMMARY VISION STATEMENT - ORAL HEALTH:

Every citizen in Washtenaw County retains all of his/her original teeth throughout life – mainly due to easy, affordable access to high-quality dental care and oral health education.

SUMMARY VISION STATEMENT - MENTAL HEALTH:

All Washtenaw County citizens, including the homebound and/or those with mild-to-moderate needs, have ready access to (1) information on available resources appropriate to their situation, as well as (2) affordable, culturally competent mental health services, whether in a primary care medical home or in a mental-health organization.

SUMMARY VISION STATEMENT - SUBSTANCE USE DISORDERS:

All Washtenaw County citizens, including the homebound and/or those with mild-to-moderate needs, have ready access to (1) information on available resources appropriate to their situation, as well as (2) affordable, culturally competent substance use disorder services, whether in a primary care medical home or in a substance use disorder organization.

SUMMARY VISION STATEMENT - NUTRITION:

All citizens of Washtenaw County have ready access to (1) affordable, nutritious food and (2) nutrition counseling, both which are provided in a safe, dignified, and culturally competent manner.

SUMMARY VISION STATEMENT – BENEFITS ADVOCACY:

Every eligible person in Washtenaw County is literate about their benefits and empowered to access them swiftly and with minimal bureaucratic hassle, using the assistance of many competent staff resources deployed throughout the community, with safety net agencies acting as key access points.

Physical Health Summary Assessment

Summary

The physical health area refers to the provision of primary, specialty, and hospital services, as well as ancillary services that relate to physical health. The groups that are part of the Coordinated Health Funding and work in the area of physical health are focused on a) the delivery of primary care services and/or b) the delivery of ancillary health services.

Description of Services

The Corner Health Center, Hope Medical Clinic, Packard Health, Planned Parenthood, the Regional Alliance for Healthy Schools, and the Shelter Association Medical Clinic all provide primary care services. These services range from urgent care to prenatal care, and include preventive care, OB/GYN services, and ongoing care for chronic diseases. In addition to the safety net clinics that are part of the Coordinated Health Funding, both health systems run safety net clinics that serve the under- and un-insured, and the public health department has an adult health clinic that provides a limited range of services (primarily STD testing, immunizations, and pregnancy tests). A limited number of clinics use an integrated health care model that addresses both physical and mental health.

Two of the clinics (Hope and the Shelter) operate on a free clinic model. The other clinics have a mixed model, billing for insurance, and offering a fee-for-service sliding scale. In some cases the scale only slides down to 50% of full-price fees, and in other cases the scale slides down to \$0 for all or some services.

A constant challenge is ensuring a payor mix that allows the primary care clinics to remain solvent; having too high of a percentage of uninsured patients threatens solvency.

There are numerous aspects of physical health beyond primary care and some of these lack funding. These include preventive health services; specialty care access; rehabilitation and long-term care; in-home supports and services; skilled nursing; physical therapy; patient advocates to attend appointments; certain procedures, such as abortions; prescription assistance; aftercare following hospitalizations; care management; and wraparound social services for vulnerable populations.

Additional physical health services that are provided by groups involved in coordinated health funding include: preventive health services, including health screenings, disease surveillance and referral/treatment (e.g., sexually transmitted infection, oral cancer); health education; medication adherence education; occupational therapy assessments; care management related to physical health issues (transportation, prescription co-pays, specialty care referrals); patient partners (accompaniment for provider visits). Several other groups do work that requires referral to primary care providers for evaluation and treatment—for example, medical forms for potential disability claims. The WHP enrolls low-income county residents for enrollment into health clinics, but enrollment is also limited by funding. Currently this means new enrollees need to have a health condition that requires ongoing health care. The Washtenaw Health Initiative currently has small groups focused on addressing

the related issues of primary care capacity, care management and coordination, and integrating mental health services into a primary care framework.

Populations

Vulnerable Populations that were identified as not being sufficiently served include:

- Adults over the age of 18 who are uninsured or under-insured.
- Low-income adults who do not yet qualify for Medicare
- Low/moderate income adults (125%-400% poverty level)
 Undocumented persons and documented recent immigrants

Challenges

The majority of the clinics identified capacity for serving the un- and under-insured as an issue.

An identified need is treatment of mild-moderate mental health issues in the primary care setting. The lack of coordination between the mental and physical health sectors was also a concern. Both of these concerns will also be addressed in the mental health section.

For both treatment of mild-moderate mental health issues, and treatment of pain, additional training of providers is sometimes a key need.

Some of the challenges that are outside of our control include the high cost of medication co-pays; limitations on sharing information across systems because of HIPAA regulations; and limited access to primary care for uninsured residents who are between 200% and 400% of the poverty level.

Other concerns raised and that may be within our control include lack of cultural competency among providers; patient difficulty with transportation; lack of community awareness of health issues and the benefits of prevention; language barriers; and a lack of knowledge in the community regarding where to go for help.

Others noted there are only a few places for people to go for services, and among the handful of safety-net providers, many are already at maximum capacity. Although prescription supports are available, they can be complicated to navigate. Related to this, there is a knowledge management issue: some places have knowledgeable staff about navigating patient assistance programs, but others do not.

The implementation of the Affordable Care Act creates both great opportunities and great challenges for primary care clinics, particularly for those clinics serving the low-income and un/under-insured communities.

Oral Health Summary Assessment

Summary

Low-income residents of Washtenaw County have limited access to dental care. This is particularly true for adult residents—access to oral health care for children appears to be just barely adequate. This is true despite the fact that Washtenaw County has one of only two dental schools in the state, as well as one of the highest ratios of dentists to population in the state.

Description of Services

A number of private dentists accept children's Medicaid, as does the UM Dental School and Community Dental Clinic (an arm of the dental school). The Washtenaw Children's Dental Clinic and Hope Clinic both serve children who are not Medicaid-eligible. There are programs for children's preventive care, including fluoride varnish through Head Start and the Great Start Readiness Program.

Services for low-income adults are much more limited. Medicaid is accepted by the UM Dental School, and Hope Clinic is able to serve a very limited number of adults each year who are not Medicaid-eligible. Since 2000, Medicaid for adult dental procedures has been removed (and later restored) from the Medicaid covered benefits list at least twice.

There are a few other, very limited programs. For instance, the Regional Alliance for Healthy Schools works with Mobile Dentists. Washtenaw Community College provides cleanings to community college students on a limited basis. Through the United Way and the Washtenaw Health Plan, an emergency dental fund has been established with Barrier Busters. Community Alliance is developing a special quarterly program for people with developmental disabilities. In addition, the HIV/AIDS Resource Center works with the Michigan Dental Program, and the groups who work with seniors have access to a limited pool of funds called the Senior Crisis Intervention Program, that can offer support for dental work under certain circumstances.

Most of the organizations involved with coordinated health funding are only able to do referrals to other organizations for oral health care, and their options for referrals are limited by organizational capacity. The Washtenaw County Oral Health Task Force operates as a way to communicate between and among social service agencies and dentists, and meets quarterly.

Limited support for the programs described above is provided by United Way funding, Michigan Dental Assistance Program, Donated Dental, Washtenaw Health Plan, private donations, private dentists, and UM medical school donation fund.

Populations

Populations currently able to access some level of safety net oral health services include children and teens, homeless (limited), emergency needs (limited), and individuals who are HIV+.

Vulnerable populations not being reached:

- Adults without dental coverage
- Adults with Medicaid
- Site-specific populations: e.g., Chidester, Parkridge
- Seniors with and without insurance
- Undocumented and/or recent immigrants

Challenges

Although many private dentists identify the dental school, Hope Clinic, and Community Dental as their primary referrals for low-income individuals, individuals with past-unpaid bills at the dental school are generally not able to access either the dental school's or Community Dental's services until the bills are addressed. Further, the Dental School's primary mission is dental education; in some cases, the needs of the low-income community do not align with the dental school's primary mission. Community Dental Clinic has limited grant funds to see non-Medicaid-eligible adults. Hope Clinic has recently expanded its facility but has limited funds to fully capitalize on the increased capacity, and also is in need of more volunteer dental professionals. Similarly, Community Dental Clinic could increase its outreach work with additional funding.

A key challenge is the availability of services for both preventive and emergency dental care for the lower-income population. In addition, oral health providers may need training on working with adults and children with developmental disabilities, the elderly, and individuals who have had past substance use disorder issues.

Notably, the Washtenaw Health Initiative's (WHI's) Oral Health Task Force identified several areas/levels of care that need to be addressed:

- 1. Emergency services for people who would otherwise go to the emergency room to treat abscesses, broken teeth, etc.
- 2. Ongoing preventive and restorative care (cleanings, etc.)
- 3. Complex needs—people who have not had dental care for a long time; people with chronic diseases; oral surgery
- 4. Dental appliances—complete dentures, partial dentures, orthodontics

The WHI also has two emerging initiatives in the area of oral health care:

- 1. An emergency services program where people are diverted from the emergency room to Community Dental Clinic
- 2. A reduced fee dental initiative where select dentists accept low-income patients and provide a dental home for them, while being paid a reduced fee by the patients.

The Reduced Fee Dental Initiative program is being implemented on a limited basis as a pilot, and the emergency services program is under development. While this news is encouraging, it must be noted that even

after implementation, these projects would only begin to meet the needs of the populations requiring oral health care services.

Other areas that have been identified as areas of need:

- 1. Identification of labs to provide reduced rates for dentures and other dental devices
- 2. Recruitment of more Medicaid providers, both for children and adults
- 3. Provision of transportation, care management, and other wraparound services that will ensure people keep their appointments and support the dentists
- 4. Availability of ongoing financial support for existing facilities
- 5. Delivery of additional education around oral health

Of Note: Although it is outside of the scope of this needs assessment, it was noted by several individuals that similar issues exist for people with vision/hearing needs: limited funding and difficulty accessing glasses and hearing aids.

Mental Health Summary Assessment

Summary

Poor mental health is strongly associated with increased risks of poor physical health, reduced income, and increased risk of substance use disorder. Depression and anxiety, among other mental health issues, are frequently identified in primary care providers' offices, but many primary care providers feel unprepared to treat these issues. Washtenaw Community Health Organization (WCHO), Washtenaw County's community health designee, works through Community Support and Treatment Services (CSTS) to serve Washtenaw County's population. Their services primarily serve those with severe/persistent mental illness. In addition, they coordinate crisis/suicide prevention programs associated with the Emergency Rooms, and with Psychiatric Emergency Services. Several nonprofit organizations serve people with less severe mental illness, but in general, demand outstrips resources, particularly for lower-income individuals.

Description of Services

An array of mental health services, including both assessment and treatment, are provided by Catholic Social Services, Jewish Family Services, and the Women's Center. Home of New Vision provides mental health services in tandem with substance use disorder recovery services; Dawn Farm provides referrals as needed. The Shelter Association, PORT, the Regional Alliance for Health Schools and the HIV/AIDS Resource Center include mental health services for their populations. Packard Health and the Corner Health Center work with CSTS to provide integrated (physical and mental health) services in the primary care setting. In some cases, the VA Hospital may treat veterans. There are also many private practice clinicians in the county, although those are primarily available to insured and affluent consumers. There are two sliding-fee scale clinics at Eastern Michigan University. CSTS is beginning to do "reverse co-location" and offer physical health services to individuals who are part of the CSTS mental health system.

Populations

The primary population being reached is severely mentally ill individuals, many of whom have been hospitalized. Youth, those who are homebound, the homeless, some veterans, and lower-income individuals with mild/moderate mental illness have difficulty getting their needs met. In addition, another unmet need is individuals with mild/moderate dementia.

Challenges

Funding in the community primarily comes through the Washtenaw Community Health Organization/Community Support and Treatment Services, which has limited funds to work with those who are not severely mentally ill. There are limited options for treatment in the community for people with mild/moderate mental illness. Currently, the integrated health clinic model is only available at a few primary care clinics. Even for those with insurance that covers mental health, the lack of a state-wide mental health parity law means that even insured individuals may have difficulty paying for care. There are limited programs focused on prevention and early intervention, and many individuals (particularly with mild/moderate mental

health issues) refuse treatment for a wide variety of reasons. Other individuals may find it difficult to obtain a proper diagnosis; and situational mental health issues (e.g., grief after the death of a loved one) can be different from chronic health issues.

Another challenge is that mental illness may co-occur with substance use disorders or physical illness. In addition, some mental health medications may increase the likelihood of physical health diseases (for example, diabetes). Similarly, some physical health medications may increase the likelihood of mental health problems (for example, Hepatitis C treatment). Community education to reduce stigma, and efforts to intervene early (before a mental health crisis) are limited in scope in Washtenaw County. The lack of 24-hour support for mental health crises that fall below the level of the need for psychiatric ER services has also been identified as a need.

An additional challenge involves accessing mental health medications. In some cases, providers are unwilling to prescribe medications; in other cases, patients are unwilling to take mental health medications; and in still other cases, cost of the medications is a barrier. For most mental health medications, consistency and adherence to a medication regime is particularly important.

State General Fund dollars meant to serve the community to address mental health issues are very limited. Other challenges include provider turnover, particularly at clinics that rely on student interns, and the fact that there is no local crisis line (although there is Psychiatric Emergency Services).

A key issue is the need for training of primary care providers on helping patients with mild-moderate mental health issues, particularly for treatment within the context of the primary care provider's office.

Substance Use Disorder Summary Assessment

Summary

The substance use disorder area refers to the provision of services to assist in the recovery of individuals struggling with addiction to alcohol and drugs, including but not limited to cocaine, crack, heroin, methamphetamines, marijuana, and prescription medications. Every year, thousands of county residents are treated in the emergency rooms or are hospitalized for problems directly related to substance use disorders. Many more visit emergency rooms and primary care providers in search of prescription pain medications. For many of the latter group, a substance use disorder may have initially originated from a problem with chronic pain. In addition, substance use disorders are often found in tandem with mental health needs, and/or with difficulties securing stable housing.

Description of Services

Dawn Farm and Home of New Vision provide direct services and support, including detox services, longer-term residential recovery programs, transitional housing, and non-residential programs. The Engagement Center is an attempt to divert individuals with substance use disorder problems from the emergency rooms. The Engagement Center is not a detox facility, but rather a sobering facility accredited under Crisis Recovery.

In addition to direct client services, an array of supporting structures and resources are provided in the area of substance use disorders. For low-income county residents, treatment of substance use disorders comes through two non-profits, Dawn Farm and Home of New Vision. County residents are assigned to one or the other organization based on their month of birth. Many referrals to these organizations are a direct result of the intervention of case managers in other non-profit organizations, including many of the groups that are part of the Coordinated Health Funding. In addition, there are many 12-step groups that operate in the county, and the Alano Club provides a social space for those in recovery. The Ann Arbor Women's Group is working to support women in recovery, and some of the other nonprofits offer programs that are specifically geared to individuals who are in recovery but are simultaneously addressing additional issues. The HIV/AIDS Resource Center (HARC) does work on harm reduction strategies.

Populations

Current addicts or people with substance use disorders who are persistent in seeking treatment are reached. In addition, recovering individuals can find a strong network of twelve-step groups if that approach suits their needs.

Individuals who abuse prescription medications, including seniors, are underreported. People who are actively abusing substances, but who are not ready to enter detox/recovery, and undocumented individuals can find it difficult to access treatment. People with co-occurring disorders (mental or physical illness plus substance use disorders) have significant challenges in obtaining appropriate treatment. Certain subpopulations—including veterans, the homeless, and survivors of domestic violence, for example—have a higher risk of substance use disorders and may need specific attention.

Challenges

There are limited options for treatment in the community, particularly for longer residential stays (beyond detox). There are few options for people who are actively using, and this likely contributes to higher utilization of the county's emergency rooms. There are limited options for support for family/spouses/friends of addicts or those in recovery. There are waiting lists for many recovery programs, and individuals seeking recovery resources are prioritized based on a set of criteria (for instance, pregnant women move to the top of the list). Under the Recovery Oriented System of Care (ROSC), support services are provided immediately while on a waiting list for a bed in treatment. These services may include case management, specialty groups, and/or peer support services. The WHI is developing a recommendation around the development of a county-wide protocol for substance use disorders.

Additional challenges include lack of insurance, high/unaffordable co-pays, and stigma. State funding for treatment of substance use disorders is limited and often unable to meet demand. In some cases, lack of knowledge — or lack of cultural competency — among both primary care providers and social service providers may play a role in not addressing substance use disorders. Criminal offenses related to drug charges may preclude certain housing options for individuals in recovery.

Harm reduction is another challenge. Providers vary in the way they address various issues associated with substance use disorders (including: the potential for overdose, pregnancy, infectious disease transmission (e.g., HIV and Hepatitis C), and other harm reduction issues), while still leaving open the pathways for directly addressing substance use disorders. Different groups have different philosophies regarding the importance of harm reduction education for individuals who are actively using substances. Substance use disorders can complicate the way an individual's needs around housing, adequate food, and other concerns are addressed as well, prompting ongoing discussions around the need for a "wet" shelter (shelter for those who are actively using).

A key issue is the training of primary care providers, dentists, and other medical personnel so they are comfortable and competent with substance use disorder interventions, including educating providers on alternative pain management strategies to reduce prescription drug abuse.

Note: No Coordinated Health funding has been dedicated to directly addressing substance use disorders. Home of New Vision receives coordinated funding from the housing stream of funding.

Nutrition Summary Assessment

Summary

Food insecurity is widespread in Washtenaw County and can lead to and/or exacerbate health issues. Many of the Coordinated Health Funding groups have identified food insecurity and nutritional issues as critical to the physical and mental health stability of their clients.

The Nutrition area of the Coordinated Funding Health Safety Net group encompasses several areas. Food Gatherers and several Coordinated Health-funded organizations work to meet ongoing and emergency food needs through Meals on Wheels, congregate meal sites, and food pantries. Other services provided by Coordinated Health-funded groups include nutrition/dietary counseling and/or food provision to specific populations with particular needs (e.g., pregnant women, people with chronic diseases like diabetes, homeless residents). Assisting people with accessing food stamp benefits, WIC, free and reduced price lunch is addressed under Benefits Advocacy. Ancillary services include gardening and cooking classes.

Description of Services

A patchwork of programs works to meet the needs of individuals in the county. Nutrition services offered in this county include the Temporary Emergency Food Assistance Program (TEFAP), run by Food Gatherers; Summer Food for Youth, coordinated by the county's Office of Community and Economic Development (OCED); and the Senior Nutrition Program, which supports both home-delivered meals and congregate meal sites around the county.

In addition, the Washtenaw County Public Health Department provides WIC (Women Infants and Children) coverage to pregnant and breastfeeding women and their children up to age 5; and schools provide free and reduced price meals for students. Many of the social service agencies have food pantries, as well as congregate meals served at several locations throughout the county—both for seniors, and for people who are homeless or otherwise food-insecure. Many of the funds for these programs are provided through federal or state funding sources that are managed through local government (e.g., OCED, Public Health, public schools) or through local nonprofits (e.g., Food Gatherers). In addition, food stamps are an important part of the food safety net. (The discussion of accessing food stamps, WIC, and free and reduced price lunch appears in the public benefits advocacy section).

Many of the organizations that are part of the Coordinated Health Funding group also have food pantries. For the most part, these food pantries are coordinated through Food Gatherers.

Several agencies provide nutritional counseling for their specific populations, including pregnant and parenting women, obese teens, people with diabetes, people with HIV/AIDS, etc. Some of the agencies feel that this activity is something they would like to add or expand if funds permitted. Although nutrition is not classically part of primary care, some of our primary care clinics do have a nutrition component. One significant and widely-held frustration comes, in some cases, from trying to identify sources of food for clients that meet those specific nutritional needs (protein, fiber, low-sodium, food suitable for people with dentures/tooth loss etc.).

This concern is shared by agencies that coordinate food resources and rescue in the county, including Food Gatherers and OCED. In addition to WIC, the Public Health Department is coordinating Prescription for Health, which pairs health clinics and farmers' markets in an effort to get people to buy fresh, local fruits and vegetables to improve their health status.

Several agencies provide gardening opportunities and/or cooking classes that promote healthy nutrition, and this can be considered as an additional benefit but not as core nutrition services.

Populations

Vulnerable populations that were identified as not being fully reached:

- Young adults/teens
- Homebound individuals
- Medically fragile individuals
- Mentally challenged/disabled individuals
- School-age children (particularly in summer months)
- Socially/geographically isolated individuals
- Those with multiple medical problems
- Seniors

Challenges

Nearly every agency surveyed identified emergency food supplies as a critical unmet need. Identifying ways for agencies involved in coordinated health funding to access food resources for their clientele is an important goal. In addition, several agencies identified needs related to providing emergency food supplies that more closely meet the needs of their specific populations (for instance, providing low-sodium, low-sugar, and low-fat foods).

Food Gatherers, the Coordinated Funding lead agency for the Hunger Relief priority area, recently updated their strategic plan, and this needs assessment expects to align with the content of that document. One of the goals of their strategic plan is that all food pantries be open to individuals at least eight hours/week.

For home-delivered and congregate meal programs, some geographic areas are well-covered, and other geographic areas are not well-served. This is an issue that is currently being reviewed by the Office of Community and Economic Development, Washtenaw County, and some of the Coordinated Health-funded groups.

Public Benefits Advocacy Summary Assessment

Summary

Public benefits are a significant part of the safety net. In this summary, public benefits refer to support provided—indirectly or directly—from federal, state, and county government to low-income county residents. These benefits include: 1) Medicaid, 2) Healthy Kids/MIChild, 3) Washtenaw Health Plan, 4) Supplemental Security Income (SSI), 5) Social Security Disability Insurance (SSDI), 6) state cash assistance (SDA, TANF, etc.), 7) state emergency relief, 8) food assistance (Bridge card/Food Stamps), 9) free and reduced price lunch, 10) WIC (Women Infants and Children), 11) public and/or low-income housing, 12) transportation services (A-Ride, Fare Deal), and 13) free cell phones. Each of these programs enrolls many county residents, but many eligible residents are unaware of their eligibility for these programs.

Description of Services

Nearly every organization that is part of Coordinated Health Funding provides some public benefits advocacy. Some organizations focus on one or two benefits programs (for example, Plan First, food assistance, SSI/SSDI applications), while others provide assistance for most of the programs for which people might be eligible. The level of support for program applications is highly variable among the programs. Support varies from providing referrals, to identifying program eligibility to completing applications for the relevant programs.

The Washtenaw Health Plan is co-locating two DHS workers and is also coordinating some other Medicaid outreach pilot programs as a result of the Washtenaw Health Initiative Medicaid Outreach committee.

Food benefits and cash assistance programs can be seen as ancillary services to health-related benefits. However, given that good nutrition and adequate income are critical to maintaining health, programs like WIC, food stamps, and SSI/SSDI should be seen as integral to maintenance of a healthy county population. Similarly, the stability that permanent housing confers—and the work that several of these nonprofits do to secure permanent housing for clients—makes a difference in health outcomes.

Populations

Nearly the entire low-income population of Washtenaw County is eligible for at least a few of these benefits, yet many sub-populations are inadequately reached. For instance, the percentage of 10-18 year olds covered by Medicaid is significantly less than the percentage of children under age 10 who are covered by Medicaid, and the Washtenaw Health Initiative estimates that close to 3,000 people in this county are eligible for, but not enrolled in, Medicaid. Examples of other populations that are inadequately reached include:

- Those with disabilities (physical, mental, emotional)
- The elderly
- Children not connected to the system
- Undocumented persons

- Homebound persons
- Persons who are insecurely housed
- Recent immigrants

Challenges

The challenges in public benefits advocacy are myriad. Each program has their own eligibility rules and many people do not know they are eligible for these programs. Categorical eligibility rules are complex, vary between programs, and change relatively frequently; some staff have more knowledge and skills in navigating these systems than others. Some program applications are available online (Plan First, MIChild/Healthy Kids, food assistance) but in some cases applicants may be better served by filling out the paper applications. Many individuals are not connected to service agencies that could help them with applications.

In fact, there is inconsistency among providers regarding how much and what types of benefits advocacy they do. There is also a wide range of skills and knowledge among the various organizations, whether the topic is Medicaid enrollment, food stamps enrollment, accessing WIC, or completing SOAR applications. Additional challenges include transportation; language barriers; availability of and access to computers for applications; literacy challenges; stigma associated with public benefits. In addition, some of the public benefits programs are limited in the number of people they can serve due to their budget. Some applicants are inappropriately denied benefits and need assistance filing appeals and/or engaging in direct advocacy with an agency. Finally, there is little recognition of the millions of dollars of economic benefit brought into the county economy directly through programs like food stamps, cash assistance, WIC, and SSI/SSDI.

Last, but certainly not least, the Affordable Care Act has many implications for the next five years, particularly if the Medicaid expansion occurs in Michigan. Even if not, the implementation of the health care exchanges, and other ACA rules (such as coverage for those under age 26) will significantly change the benefits landscape in Washtenaw County.

Safety Net Health Strategies and Outcomes

The goal of this Strategies and Outcomes document is to articulate some of the ways in which coordinated health funding groups might address the needs identified through the Coordinated Health Funding Needs Assessment. In many cases, other groups—such as the University of Michigan Health System (UMHS) and St. Joseph Mercy Health System (SJMHS) health systems, WCHO/CSTS, Food Gatherers, and/or the Washtenaw Health Initiative (WHI)—may be working toward the same, or related, outcomes. It is also true, however, that many of the non-profits involved in Coordinated Health Funding work with specific, targeted populations in a way that the institutional health systems may not. Where possible, work of the Coordinated Health-funded groups should be aligned with groups like the WHI and Food Gatherers.

Key Outcomes and Strategies

Physical Health

Outcomes

Washtenaw County residents access health care services to address both preventive issues and ongoing health care needs.

Strategies

- Increase/sustain the resources/funding to enable safety net providers to become medical homes²
- Ensure there are enough primary care "slots" for uninsured/underinsured, including addressing the need for more providers where appropriate
- Support outreach, where appropriate, for both preventive care and ongoing services.
- Support interventions related to chronic health care conditions, including patient education, and access to medical supports such as prescription medications and durable medical equipment.
- Support case management/care navigation strategies that help patients more effectively access both medical and social service needs.

² A patient-centered medical home provides comprehensive, patient-centered, coordinated access to care and the concept is incorporated into the Affordable Care Act. See, for example the Agency for Healthcare Research and Quality definition: http://pcmh.ahrq.gov/portal/server.pt/community/pcmh home/1483/what is pcmh

Oral Health

Outcomes

Washtenaw County residents access oral health services to address both preventive issues and ongoing oral health needs.

Strategies

Potential strategies for achieving this vision include...

- Ensure there are enough oral health "slots" for the uninsured/underinsured³, including addressing the need for more providers where appropriate
- Support the resources/funding to enable safety net dental providers to provide both preventive and emergent care.
- Support ongoing oral health education in primary care settings and schools, including preschools

Mental Health

Outcomes

Washtenaw County residents link to mental health services and receive mental health services through an appropriate venue for their level of need.

Strategies

- Ensure there are enough mental health "slots" for the uninsured/underinsured, including addressing the need for more providers where appropriate
- Support education of advocates and of potential clients so people do not have to work so hard to identify
 available resources that are appropriate to their situation
- Expand access and treatment to better reach those with mild-moderate mental illness

³ In this case, uninsured/uninsured is meant to include those without insurance, as well as those with access to Medicaid, which is taken by very few oral health providers.

Substance Abuse

Outcomes

Washtenaw County residents link to substance abuse services and receive substance abuse services through an appropriate venue for their level of need.

Strategies

Potential strategies for achieving this vision include...

- Work to streamline the referral process and accessibility so people do not have to work so hard to identify
 available resources that are appropriate to their situation
- Increase access to substance abuse services so there is no waiting list for people who are ready for treatment and/or detox, including addressing the need for more providers where appropriate
- Expand access and treatment to better reach those with mild-moderate substance abuse problems

Nutrition

Outcomes

Washtenaw County residents of all ages regularly access and consume adequate, nutritious, and dietappropriate foods.

Strategies

- Working in concert with the Food Gatherers' strategic plan, support emergency food pantries at agencies that have the capacity to keep them open according to Food Gatherers' guidelines; support other agencies in developing adequate referral processes.
- Working with key partners, work to ensure that all who are needy in the county are able to procure food that a) meets their nutritional/dietary needs, even if on a specific diet (e.g., low-sodium, gluten-free); b) is accessible in terms of the needed type of delivery (e.g., home-bound, congregate meal, food pantry, SNAP benefits) and c) is accessible in terms of location/specific needs (e.g., on a bus line, safe access for domestic violence survivors).
- Work to ensure there are enough services to provide adequate and nutritious food for those at highestrisk, including children and teens during the summer months, and home-bound individuals of all ages.
- Support nutrition education targeted at individuals with chronic diseases, as well as individuals who are at-risk for developing chronic diseases (e.g., obese teenagers).

Benefits Advocacy

Outcomes

Washtenaw County residents enroll and re-enroll in public health insurance programs (e.g., Medicaid, Medicare, WHP), food assistance programs (e.g., SNAP, WIC), and disability assistance programs (e.g., SSI, SSDI) with minimal difficulty.

Strategies

- Support outreach strategies that allow agencies with expertise in benefits advocacy to educate one another about available services
- Support outreach to clients to enable access to all benefits for which they are eligible.
- Support benefits literacy: in the process of assisting consumers to access benefits, incorporating an
 educational component so consumers become literate about their benefits; doing so empowers and
 engages them in their own self-sufficiency and health
- Plan for implementation of the expansion of Medicaid and other benefits via the Affordable Care Act