

# Coordinated Funding Safety Net Health, Nutrition and Hunger Relief Needs Assessment



## Washtenaw Coordinated Funders



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# **Coordinated Funding Safety Net Health, Nutrition and Hunger Relief Needs Assessment**

In 2010, several major funders in Washtenaw County began collaborating to create a “Coordinated Funding” paradigm to deliver a targeted approach for advancing community-wide strategies in several priority areas. For Safety Net Health Care, Nutrition, and Hunger Relief, the Sector Leader is the Washtenaw Health Plan. As sector leader, the Washtenaw Health Plan (WHP) is the lead agency to help convene and organize the work of the individual agencies that receive Coordinated Funding grants within this priority area.

Beginning in August 2011, the WHP invited all organizations receiving grants in this priority area, as well as additional safety net groups involved in health care and nutrition, to join a sector group which meets regularly. In 2012, the first Needs Assessment was created. The 2017 Needs Assessment is updated to reflect the many changes that have happened since 2012.

The most obvious--and foundational--change has been the implementation of the Affordable Care Act (ACA), which has been implemented over the past five years. The ACA has allowed thousands of people in Washtenaw County to get health care and has allowed free access to preventive care and prenatal care. Health systems have seen the amount of uncompensated care that they need to cover drop tremendously, in some cases allowing them to invest in new preventive care and community programs. This Needs Assessment is being written at a time where the future of the ACA is somewhat cloudy--whether it is repealed, replaced, or changed in small or big ways--will have huge implications for local funding and programs.

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 Disorders, Nutrition and Hunger Relief, and Benefits Advocacy. Within each subtopic, we summarize existing services, identify key population groups, and analyze areas representing ongoing challenges. This Needs Assessment does not discuss strategies for Hunger Relief, which is addressed separately by Food Gatherers in their [Food Security Plan](#) and 2016-2025 Strategic Plan. The needs assessment, overall, is a direct outcome of the discussions around services, population groups, and challenges held within the sector.

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## ***Vision***

- *To provide adequate access to safety net health care services, nutrition, and hunger relief for all Washtenaw County residents.*
- *To ensure adequate capacity of safety net health care services, nutrition, and hunger relief 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. The visions here were originally written for the 2012 needs assessment, and have been updated to reflect new knowledge and realities.***

### **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.

### **Summary vision statement – Physical Health:**

All residents in Washtenaw County receive robust care that addresses both physical and mental/behavioral 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 shall have access to high-quality dental care and oral health education in order to maintain optimal oral health.

### **Summary vision statement – Mental Health:**

All Washtenaw County residents have ready access to (1)affordable, culturally competent mental health services, whether in a primary care medical home or in a mental-health organization, appropriate to their level of need, as well as (2) information on available resources appropriate to their situation.

### **Summary vision statement – Substance Use And Substance Use Disorders:**

All Washtenaw County residents have ready access to (1) affordable, culturally competent substance use disorder and harm reduction services, whether in a primary care medical home or in a substance use disorder organization, appropriate to their level of need, as well as (2)information on available resources appropriate to their situation.

### **Summary vision statement – Nutrition And Hunger Relief:**

All residents of Washtenaw County have ready access to (1) affordable, nutritious food and (2) nutrition-related programs, both of which are provided in a safe, dignified, and culturally competent manner. No residents of Washtenaw County are hungry.

## ***Key Changes: 2012 to 2017***

Over the past 5 years, much has changed systemically. These changes have had profound effects on safety net health and nutrition. The biggest change has been the implementation of the Affordable Care Act.

### ***Public Benefits Advocacy***

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) Supplemental Nutrition Assistance Program (SNAP, or Food Assistance Program/Bridge card/Food Stamps), 9) free and reduced-price school lunch and breakfast, 10) WIC (Women Infants and Children), 11) public and/or low-income housing, 12) transportation services (A-Ride, Fare Deal), 13) free cell phones, and other benefits that may be available. Each of these programs enrolls many county residents, but many eligible residents are unaware of their eligibility for these programs.

Since the ACA was implemented, over 17,000 people have enrolled in the HMP and many more people have been assisted to get Marketplace plans. Safety net organizations have helped thousands of people access health insurance and have improved health literacy. Threats to the ACA may undo years of work or change the system in significant ways.

SNAP benefits have had three major changes over the last few years. In the fall of 2013, the boost to SNAP from the 2009 American Recovery and Reinvestment Act expired, and all households experienced a decrease in benefits. Additionally, starting in the fall of 2014, benefits were reduced statewide for people who did not pay utility costs separately, and were enrolled in the Low-Income Home Energy Assistance Program (LIHEAP). This has been restored for the FY2017 state budget, and may change again in the FY2018 state budget. At the beginning of 2017, able-bodied adults without dependents in Washtenaw County will only get three months of SNAP benefits in the 3 years beginning January 1, 2017, and ending December 31, 2019 if they do not meet the work requirement (80 hrs/month).

### ***Physical Health***

In 2014, with the implementation of the Affordable Care Act, many more adults qualified for the Healthy Michigan Plan (HMP, the Medicaid expansion); employer insurance; or Marketplace plans. Over 17,000 people have HMP and over 13,000 people have Marketplace plans. In addition, due to the individual mandate, thousands more individuals have now taken employer insurance. The Washtenaw Health Plan enrollment is currently close to 1700 individuals, down from approximately 8000 in 2012. The changes from the Affordable Care Act have been far-reaching. Many fewer uninsured patients are seen now. Through the ACA, preventive care is generally free.

Within Washtenaw County, Packard Health became a new Federally Qualified Health Center in 2015. As an FQHC, they have been able to expand into Ypsilanti and take over coordination of the homeless shelter clinics.

### ***Oral Health***

The Affordable Care Act has had a significant impact on oral health care as well. With the Medicaid expansion, 17,000 people on the Medicaid expansion (Healthy Michigan Plan) now have dental coverage, which is reimbursed (through the Healthy Michigan Plan) at a higher rate than Fee-For-Service Medicaid. The Washtenaw County Dental Clinic, which opened in February 2015, is focused on serving the Medicaid and uninsured populations and offers a new outlet for coverage.

### ***Mental Health***

The Affordable Care Act has had a significant impact on mental health care as well. Mental health services are part of the “essential benefits” package under the Affordable Care Act, as is prescription coverage, including mental health medications. This benefits package is limited, and in some cases access to mental health practitioners can be difficult. Several local nonprofits have expanded their mental health services to begin taking Medicaid patients, including those funded through the Healthy Michigan Plan.

Funding for treatment of people with severe mental illness has historically been primarily through Community Mental Health. In the past few years, CMH has had a financial crisis that has caused CMH to only see those with Medicaid. For example, individuals who were initially identified as disabled based on a mental health issue, and who now have Medicare, cannot access CMH. State General Fund dollars meant to serve the community to address mental health issues are very limited. This change in practice has had effects on the entire mental health system in the county.

### ***Substance Use Disorders***

As with the other areas, the Affordable Care Act has had a significant impact on the treatment of substance use disorders. Treatment for substance abuse is part of the “essential benefits” package under the ACA, and some important medications for treatment of substance use disorders are also on the insurance formularies.

### ***Nutrition and Hunger Relief***

Much of the focus of nutrition and hunger relief work over the past several years has been on increasing points of access to healthy food. This includes accessing farmers markets, ensuring that food assistance programs such as Meals on Wheels reach all corners of the county, increasing healthy food options in schools and institutional settings, getting healthier options into corner stores, and increasing the amount of fresh fruits and vegetables distributed through the emergency network of food pantries. Much of this work has been successful through coordinating the work of Washtenaw County Office of Community and Economic Development and Washtenaw County Public Health, and local non-profits (e.g. Ann Arbor and Ypsilanti Meals on Wheels, Growing Hope, Food Gatherers). Increasingly, direct nutrition education is being embedded into the work that organizations are doing, and is being coordinated with work to prevent chronic health conditions.

## ***Key Challenges: 2017 and Beyond***

The biggest challenge at the current time is the prospect of repeal and/or replacement of the Affordable Care Act, which could completely change the landscape. If the Affordable Care Act is repealed, thousands of county residents will be without health insurance. The roles of the safety net clinics will become even more important, and the health systems' charity care programs will be stretched to their maximum. This is not fully addressed below--what is addressed below assumes the continuation of the ACA in a form that is similar to today's ACA.

### ***Public Benefits Advocacy***

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. In this context, there is a significant need for ongoing training.

Over the past three years, thousands of people have newly-gained health insurance. Those who remain uninsured are likely to have a complicating factor: be self-employed; have low literacy; have a language barrier; be under 30. Other people who are uninsured are likely between 150% and 300% of the poverty level, where the cost of insurance may be a real barrier. Continued efforts and outreach for Medicaid enrollment are important, but the effort required to reach and enroll the uninsured may be higher.

For individuals transitioning--due to disability or age--from Healthy Michigan Plan Medicaid to Medicare, education and navigation assistance is frequently needed.

SNAP benefits may be increasingly difficult for individuals to maintain, particularly for adults without children who struggle to meet the newly reinstated work requirement. In addition, the fact that SNAP benefit redeterminations happen every six months means that many people "fall off" the rolls, and "churning" is a serious concern.

Changes in immigration-related law and enforcement (for example, new executive orders or executive policies of the federal government) may make immigrant parents unwilling to access benefits for their citizen children, who are entitled to all benefits of citizens.

### ***Physical Health***

The implementation of the Affordable Care Act creates challenges for primary care clinics. For instance, thousands more individuals have health care, but getting in to see PCPs can be slightly more difficult. Patients who previously did not have health care may need more health care in the beginning.

Other issues include: 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.

In many cases, the new insurances are high-deductible plans, and in other cases the high cost of medication co-pays may be a problem. For individuals with disabilities who need home health aides, the cost of the home health aides (and the limited reimbursals from DHHS) can be a significant problem.

### ***Oral Health***

There are multiple challenges to the oral health system. On the one hand, many individuals who now have health insurance through employers or the marketplace still do not have dental coverage. This is also true for seniors with Medicare. On the other hand, many people who are new to Medicaid do not know that they can access dental care as part of their Medicaid benefit. In addition, many dental insurance plans do not provide full coverage, and Medicaid only covers a limited set of benefits. Accessing dentures or root canals and crowns, for instance, can be very difficult.

While accessing dental care for those on Medicaid has become easier, for those with fee--for--service Medicaid (people with disabilities, seniors, adults in very low-income families) there are only a couple of locations to access dental services.

### ***Mental Health***

Over the past few years, Washtenaw County has seen a steady increase in suicide completions, especially among young people aged 15-24. The use of psychiatric emergency services at Michigan Medicine (the only psychiatric emergency room in the county) has continued to increase, and children visiting PES approach 2,000/year. Community Mental Health in the county has had financial and service limitations that mean those without Medicaid--even if they meet other requirements of CMH--are not able to be treated by CMH. Despite the fact that under the ACA, mental health services are an essential health benefit, in many cases for those with private insurance there are waiting lists to get in to see mental health providers who are on managed care plan lists.

### ***Substance Use Disorders***

Opioid-related deaths continue to increase--the number of 2016 deaths was 20% higher than the number of 2015 deaths, and the number of deaths has doubled since 2011, going from 29 deaths to 59 deaths. The number of unintentional opioid-related overdoses admitted to local emergency rooms increased by 154% from 2011, from 66 admissions to 168 admissions. If not for the improvements in Naloxone access, the number of fatalities would likely be higher. Under the ACA, substance use disorder treatment is an essential health benefit, and many people in the county are now able to access substance use disorder treatment. However, the opioid epidemic continues to challenge this progress.

## ***Nutrition and Hunger Relief***

As more basic needs have been met, and as coordination has increased, the need for even more coordination becomes apparent. Although some programs--such as summer food programs--are making progress in reaching higher density low-income parts of the county, other less-populous areas still need some attention.

SNAP benefit funding for people whose utilities are included in their rent has been restored for FY 17 in the state budget, and some people will see small increases in their benefit amounts, but this will require annual advocacy work to ensure it is included in the state budget every year.

There are many policies at the federal level that will potentially affect local nutrition and hunger relief programs, such as the 2018 Farm Bill (reauthorizes funding and makes updates to SNAP), and the federal budget process (where annually appropriate programs like Meals on Wheels receive funding).

While the hunger relief network has increased in capacity, it will be a challenge for it to absorb any significant increase in demand if federal programs are removed or weakened.

## Visions and Strategies

The goal of the strategies section of this 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 Michigan Medicine (MM) and St. Joseph Mercy Health System (SJMHS) health systems, Community Mental Health, and Washtenaw County Public Health—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 Washtenaw Health Initiative and Food Gatherers. These outcomes and strategies have been updated from the last needs assessment.

### *Benefits Advocacy*

#### **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.

### **Strategies**

Potential strategies for achieving this vision include...

- Increased training of staff at social service agencies around the county on various benefits programs, and education as programs change
- 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
- Do outreach to specific, targeted populations (e.g., self-employed, college students)

### *Physical Health*

#### **Summary vision statement – Physical Health:**

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

## **Strategies**

Potential strategies for achieving this vision include...

- Increase/sustain the resources/funding to enable safety net providers to provide a necessary range of services;
- 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.
- Advocacy regarding support for enhanced Medicaid reimbursement for case/care management

## ***Oral Health***

### **Summary vision statement – Oral Health:**

Every citizen in Washtenaw County shall have access to high-quality dental care and oral health education in order to maintain optimal oral health.

## **Strategies**

Potential strategies for achieving this vision include...

- Ensure there are enough oral health “slots” for the uninsured/underinsured, 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;
- Increase oral health literacy so residents recognize the value of getting oral health care throughout the lifespan;
- Support the coordination of care across medical and dental offices;
- Encourage private dentists to take Medicaid plans.
- Advocacy around increasing the reimbursal rate for fee for service Medicaid, and including additional services, such as treatment for periodontal disease.

## ***Mental Health***

### **Summary vision statement – Mental Health:**

All Washtenaw County residents have ready access to (1)affordable, culturally competent mental health services, whether in a primary care medical home or in a mental-health organization, appropriate to their level of need, as well as (2) information on available resources appropriate to their situation.

## **Strategies**

Potential strategies for achieving this vision include...

- 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;
- Advocate for appropriate treatment for people with Medicare or private insurance with severe mental health issues.

## ***Substance Abuse***

### **Summary vision statement – Substance Use And Substance Use Disorders:**

All Washtenaw County residents have ready access to (1) affordable, culturally competent substance use disorder and harm reduction services, whether in a primary care medical home or in a substance use disorder organization, appropriate to their level of need, as well as (2) information on available resources appropriate to their situation.

## **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;
- Support harm reduction efforts;
- 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 and Hunger Relief***

### **Summary vision statement – Nutrition And Hunger Relief:**

All residents of Washtenaw County have ready access to (1) affordable, nutritious food and (2) nutrition-related programs, both of which are provided in a safe, dignified, and culturally competent manner. No residents of Washtenaw County are hungry.

## **Strategies**

Potential strategies for achieving this vision include...

- 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, while supporting 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 highest-risk, 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).