The Health Safety Net Coalition's Recommended Investments

What Is the Health Safety Net Coalition?

The Michigan Health Safety Net Coalition (the Coalition) is a group of well-established, publicly funded health and human service providers, including the Community Mental Health Association of Michigan, the Area Agencies on Aging Association of Michigan, and the Michigan Primary Care Association. Together, these associations represent payers and providers in primary care, behavioral health, and social services for the aging population. Coalition partners prevent or treat illness and promote the health and wellness of individuals and communities. These partners are united by their common interests in the future of Michigan's health infrastructure and how Michigan can most effectively make budgetary and policy decisions to solve long-term systemic challenges of its most vulnerable residents and those who serve them.

Area Agencies on Aging Association of Michigan

CMHA Community Mental Health Association of Michigan

mpca The Voice of Community Health Centers

Who Does It Serve?

The healthcare providers that comprise the Coalition are the primary, behavioral, and aging services of first resort for low-income households statewide. These are often patients with the most complex health needs, including Medicare and Medicaid beneficiaries living in poverty. The Coalition does not turn away anyone, regardless of ability to pay and even if they have no payer. Ninety-five percent of those it serves live in poverty—but all Michiganders have access to these critical services. The need for the Coalition's services is growing, especially among Michigan's older adults.

Addressing Systemic Challenges with Transformative Funding

The Coalition and those it serves rely heavily on Michigan's public health and human services infrastructure—all of the components that ensure high-quality services can be delivered—workers, physical space, IT, and administration. The demand for these critical public health and human services has outgrown the current infrastructure and has not kept pace in resource generation as other private systems. ARPA creates an opportunity for transformation that safety net patients and providers deserve. The below are the priorities of the Coalition based on its expertise, lived experience, and visioning for the future of public healthcare and social services in Michigan.

Key Healthcare Issues

- Workforce
- Financing
- Physical infrastructure
- Information technology

WORKFORCE

Even before the coronavirus (COVID-19) pandemic, there was a known healthcare workforce shortage that was already anticipated to reach crisis levels in the next decade. The pandemic has accelerated the shortage, with some of the current workforce leaving the industry and fewer people choosing to launch careers in healthcare. ARPA dollars can fund several solutions to address the worker shortage, including the following:

- Increase funding to the state's public healthcare system to allow for competitive wages and benefits for direct support professionals—the people who provide daily supports in the homes and communities of people with disabilities—and clinical support staff. Currently COVID-19 relief funds are being used to fill the gap between the wages needed to retain staff before and during a pandemic. There is no reason to anticipate wages will decrease when the pandemic abates.
- Establish a MI Care Unit to coordinate direct care workforce development across state departments and care settings to efficiently monitor the state's investment in these programs and to ensure strategic alignment.
- Create regional caregiver resource centers to serve as a hub for caregiver training, education, crisis counseling, recruitment, and development of regional caregiver registries.
- Incentivize individuals serving in a Federally Qualified Health Center (FQHC) through training opportunities and loan repayment benefits. Michigan's health centers serve more than 725,000 patients annually in both rural and urban communities. According to MPCA, in 2018, they served an estimated 230,000 racial or ethnic minorities, 215,000 children, and 50,000 people experiencing homelessness.
- Remove financial barriers to education by offering loan repayment programs and job and skill training specifically for early career safety net providers and their private provider partners, especially in underserved Michigan communities. This will help attract new talent and upskill and retain current employees.

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FINANCING

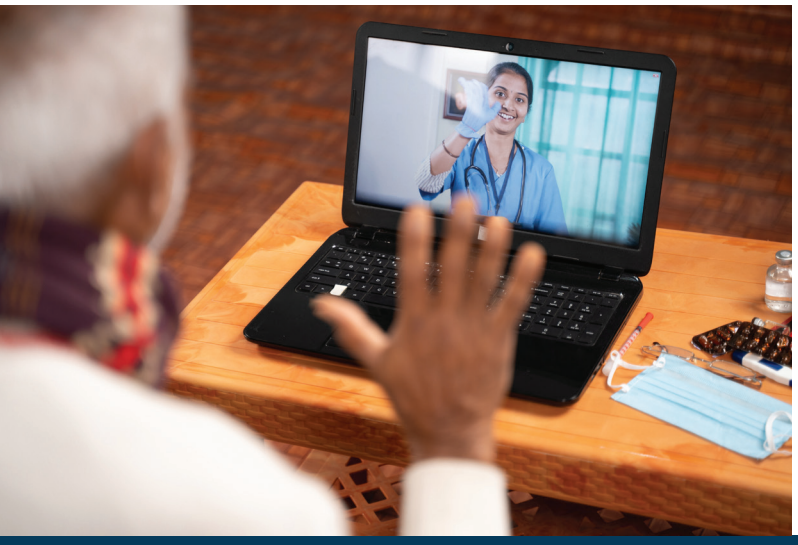
Like most other healthcare providers, health centers have seen decreased revenue during the COVID-19 pandemic due to a decrease in traditional face-to-face patient visits. They have quickly pivoted to ensure high-quality medical, dental, and behavioral healthcare services in nontraditional clinician visits, all developing telehealth and telemedicine options for their patients and community members. These are the best ways to reform healthcare rates and payment models to ensure the most vulnerable residents will have high-quality healthcare well into the future.

- Support the implementation of Michigan's Certified Community Behavioral Health Centers (CCBHC) in the initial pilot sites and then scale up statewide. This designation for the state's CMH centers and their provider network partners will bring federal dollars to Michigan to expand access to all Michiganders, rather than only those who are enrolled in Medicaid.
- Convert healthcare centers from fee-for-service prospective payment system to an FQHC alternative payment model. This will allow providers the flexibility to employ a more team-based model of care; support new and more convenient ways for patients to access care; encourage further investment in patient outreach, engagement, and coordination; and boost the implementation of evidence-based strategies that reimbursement models do not support today.
- Support reimbursement of community health worker (CHW) services through both the fee-for-service Medicaid program and Medicaid health plans to create a more sustainable financing for CHW services across the healthcare system, particularly given the importance of CHWs in understanding and working to address individuals' social determinants of health.
- Change policies related to first episode psychosis coverage so that CMH can serve these individuals—often adolescents—at the onset of schizophrenia rather than later in life when certain severity criteria are met. This will lead to both better health outcomes and lower costs over time.
- Support efforts to address issues with plans believing they have sufficient provider capacity when Medicaid patients are having difficulty finding a provider that is accepting new patients.
- Restore state general fund cuts made in 2015 that allowed Michiganders without any form of insurance to still receive services from CMH centers.
- Ensure older adults and people with disabilities who are not Medicaid beneficiaries can access home and community-based services (HCBS) through the Older Americans Act—this helps address most older adults' desire to age in place rather than transition to skilled nursing or other long-term care facility.
- Utilize Medicaid match incentives for HCBS to expand HCBS coverages available in Michigan. Increasing rates will incentivize transition services, address waiting lists for gaining network services, and rebalance state and federal expenditures to meet the growing demand for home- and community-based services.

PHYSICAL INFRASTRUCTURE

With increased demand for medical and behavioral services, it follows that the health safety net physical infrastructure also requires investment. These recommendations will address the unmet needs of Michigan's most vulnerable residents through building or adapting facilities and safety net capacity to improve and expand services.

- Incentivize private spending through a grant program aimed at increasing the number of long-term pediatric psychiatric inpatient hospitals or centers. The decades-long decline of pediatric psychiatric inpatient beds in the state has reached crisis levels; community-based hospitals are interested in providing this service but need support to do so.
- Create crisis, respite, and moderate-term residential options for children and adolescents who need a higher level of care than in-home care, but less intense than inpatient. CMH providers are seeing a significant increase in children being dropped off at emergency departments by foster parents who are unable to handle a child's behavioral challenges.
- Build on the crisis response components already in place by funding more crisis stabilization units in communities across the state as part of the state's effort to build a comprehensive mental health crisis response system.
- Expand in-home services provided through the Medicaid MIChoice program and home and community-based services for individuals not eligible for Medicaid.



INFORMATION TECHNOLOGY

The pandemic has drawn attention to the reliance on technology for healthcare delivery while simultaneously exacerbating that reliance. To make the most of the opportunity offered by ARPA funding, the Coalition believes the following activities would make a long-term, positive impact on its patients and providers.

- Provide financing to the state's CMH system and the providers in the CMH networks to build out their IT capacity—electronic health records (EHRs), telehealth capacity, and mobile connection capacity. It is important to know that behavioral health provider systems were excluded from the funding available to all other health care providers through the 2009 Health Information Technology for Economic and Clinical Health Act, which incentivized hospitals and other healthcare providers to make the switch to EHRs.
- Improve interoperability between health safety net and other EHR systems. Integrating the health safety net data with information collected by health plans can produce a more complete picture of a patient's health and could direct primary care and other clinicians to adjust treatment in cost-effective ways.
- Standardize SDoH definitions and measures statewide. Screening tools and access to community resources are inconsistent across providers and plans. The current model of health plans choosing their own method and definitions related to SDoH is not serving plan participants. Safety Net programs should be empowered to be leaders in identifying and addressing SDoH.
- Expand broadband access to older adults, persons with disabilities, and other disadvantaged populations. Broadband access has been critical throughout the pandemic to ensure people can continue receiving high-quality medical treatment through telemedicine appointments, online health education, tools that combat social isolation, and family and friends. The benefits of broadband access are apparent and can be used to address future needs as Michigan's population ages and is even more tech savvy. This is also an equity issue as a lack of access can hold people back from critical medical or behavioral care.
- Ensure the telehealth modalities that showed such promise in improving access and client and patient engagement during the pandemic become a permanent part of the healthcare landscape via permanent Medicaid policy and insurance regulation changes.

Need More Information?

To reach a Health Safety Net Coalition partner who can support these requests with additional research and examples, please contact:

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