The Michigan Health Safety Net Coalition

About Us
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, aging, and social services that are working to 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 to its most vulnerable residents and those who treat or serve them.

The Coalition is a key community and public health asset offering an array of affordable, high-quality services that no one else provides to residents no one else will serve. These services run the gamut from physical healthcare to meal delivery services for older adults, and from communicable disease prevention to in-home mental healthcare and other home- and community-based services. While much of healthcare is designed to care for the sick, the Coalition lays the groundwork for prevention for its patients and clients, especially older adults.

The Coalition's services strengthen every community in the state and mitigate future costs to health systems, including the Medicaid program, the criminal justice system, housing service providers, and schools, to name a few. The Coalition serves people from all walks of life at thousands of locations across Michigan and every resident knows someone whose quality of life is better because of these essential safety net services and supports.

The Coalition serves Michiganders with a wide variety of healthcare needs regardless of ability to pay—even if they have no payer.

Populations Served by the Coalition
Children, adolescents, and adults, including older adults, and veterans, experiencing:
- Acute, chronic, or terminal illnesses
- Developmental disabilities
- Housing insecurity
- Mental illness
- Mobility challenges requiring home-based services and supports
- Physical disabilities
- Substance use disorders
Serving Anyone and Everyone

Michigan Health Safety Net Coalition members are not providers of last resort. On the contrary, they are often the provider of first resort—particularly in rural and urban communities where primary care is lacking. Coalition providers are the bedrock of healthcare in our state, supported by federal, state, and local governments as well as private funders and health insurance reimbursement. The Coalition serves Michiganders with a wide variety of healthcare needs regardless of ability to pay and even if they have no payer. Of those served by community mental health clinics, 95 percent live in poverty, as do 88 percent of those served by community health centers—though all Michiganders have access to our services. The need for the Coalition’s services is only growing, especially for Michigan’s older adults.

The Coalition is not a group that chooses its patients—in fact, many of its providers are prohibited from doing so by law. Coalition partners have long embraced hard-to-serve clients with high care costs who have been rejected by other systems—regardless of their ability to pay and the complex nature of their needs, or who may require lifelong care. Coalition providers are also required to provide more high-value wraparound services. These are individually designed sets of services and supports for people, often children, with severe and multiple needs, and can often be complex to implement, because they often include coordinating services for people who are served by multiple agencies.

Coalition members are held accountable for health outcomes and the effectiveness of their services, and as a result have been addressing social determinants of health for decades. In many cases, the costs of additional services and supports are a consequence of systems and providers who aren’t accountable for health outcomes in the way Coalition members are. When someone becomes homeless, is jailed, or is in danger of out-of-home placement, Michigan Health Safety Net Coalition members care for them. Patients get sicker (and their care costlier) when their service needs aren’t addressed.

Not Only Providers, but Also Conveners

While other providers and payers are not located in (or accountable to) the communities they serve and can leave when economic or other factors no longer contribute to their bottom line, only Michigan Health Safety Net Coalition members are place-based and stay tied and committed to that community no matter what. Patients and community members have a formal, mandated role in governing coalition member organizations. For example, community health centers are required by federal law to have most of their board members be patients of the health center and representative of the patients the health center serves. Coalition members are staunch advocates for local control of healthcare and are also the only providers in the state of Michigan able to leverage local, state, federal, and sometimes county resources.

The Coalition’s providers and payers lead or influence nearly every local community effort designed to meet health and human service needs, including homeless and housing coalitions, preschool initiatives, criminal justice advancement efforts, economic development forums, prenatal coalitions, and end-of-life dialogues. The population the Coalition serves intersects with many programs and policies aimed at improving quality of life in communities across the state.

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### Michigan Health Safety Net Coalition by the Numbers

<table>
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<tr>
<th></th>
<th>Area Agencies on Aging Association (AAA) of Michigan¹</th>
<th>Community Mental Health (CMH) Association of Michigan²</th>
<th>Michigan Primary Care Association</th>
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</thead>
<tbody>
<tr>
<td><strong>Year founded</strong></td>
<td>1975</td>
<td>1964</td>
<td>1980</td>
</tr>
<tr>
<td><strong>Members</strong></td>
<td>16 AAAs and over 1,300 service partners</td>
<td>150 member organizations: 46 CMH centers (serving as providers and payers), 100 private providers, and ten public specialty behavioral health plans (Medicaid payers)</td>
<td>40 community health center organizations, operating more than 370 locations across the state</td>
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<tr>
<td><strong>Employees</strong></td>
<td>Unavailable</td>
<td>100,000</td>
<td>6,100</td>
</tr>
<tr>
<td><strong>People served³</strong></td>
<td>120,000+</td>
<td>320,000</td>
<td>714,000</td>
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<tr>
<td><strong>Local dollars leveraged</strong></td>
<td>$85.0 million</td>
<td>$80.6 million</td>
<td>Health centers save Michigan’s Medicaid program $52.6 million annually</td>
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¹Area Agencies on Aging Association of Michigan. n.d. “Members.” AAAA of MI. [https://4ami.org/members](https://4ami.org/members)
³Over 1.2 million people in total are served by Coalition members.
Advocates and Knowledge Holders

Coalition members act cooperatively to build both operating funds and social capital in their communities, creating interconnected networks of local relationships that result in greater services than any one entity could provide alone. These relationships and the skills associated with addressing social determinants of health take time to build. Private providers like health plans and hospitals might build relationships if they have contracts or make charitable donations to communities out of their profits but have little incentive to invest in long-term relationships and skill-building. Coalition members have served Medicaid beneficiaries and those close to Medicaid cut-offs for decades. The value of this longstanding practice was demonstrated when Michigan moved to managed care in 2014. Integrated care organizations contacted Coalition providers to learn the identity of local contractors and how to engage them.

A Critical Partner to the State of Michigan

The Michigan Health Safety Net Coalition is a critical partner with Michigan’s public health and human services infrastructure and the Department of Health and Human Services. The following are a few examples of Coalition members’ strong performance, nimbleness, affordable service, and commitment to all residents, especially vulnerable Michiganders.

1:32
For what it costs the State of Michigan to treat one person in a state psychiatric hospital, Community Mental Health Association members serve 32 people.

14 PERCENT AND 17 PERCENT
Patients served by Michigan’s community health centers receive quality coordinated care services that lead to higher rates of control for diabetes (by 14 percent) and hypertension (by 17 percent) compared to the national average.

$2.09 VS. $3.06
Preventative, integrated care offered by Michigan health centers makes it easier to catch problems early—when they’re easier and less expensive to treat. Michigan health centers’ per patient cost is $2.09 per day, while the national average is $3.06 per day.

94 PERCENT
Michigan’s public prepaid inpatient health plans (PIHPs), responsible for managing Medicaid services related to behavioral health and developmental disabilities, spend only 6 percent of their costs on overhead. The nationwide medical loss ratio (percentage of dollars spent on actual care) is required to be 85 percent, while in Michigan it’s 94 percent.

$80 VS. $210
Area Agencies on Aging are agents for the Medicaid MI Choice program. The average cost of supporting a nursing home–eligible person in their own home through MI Choice is $80 per day. The average cost of a nursing facility is approximately $210 per day.

Ways to Learn More

The Michigan Health Safety Net Coalition invites you to learn more about the valuable services and supports we provide to Michigan residents. To arrange a visit to a Coalition provider or to get additional resources please contact:

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Dennis Litos, Interim CEO
Michigan Primary Care Association
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2MPCA, “Heath Centers Deliver Value.”