



Detroit-Wayne County Strategic Plan for New CHC Funding



FQHC Council of Southeastern Michigan

Herbert C. Smitherman, Jr., MD, MPH, FACP
President and CEO,
Health Centers Detroit (HCD)

Paul Propson
Executive Director,
Covenant Community Care, Inc.

FQHC Council of Southeastern Michigan Report
May 11, 2010



FQHC Council of Southeastern Michigan

FQHC Council of Southeastern Michigan:

FQHC Leadership which has come together on behalf of our community with a Plan to expand Primary Care Capacity in Detroit Wayne County:

- Linda Atkins: CEO, Western Wayne Family Health Center
- Wayne Bradley: President & CEO, DCHC
- Joseph Ferguson: Executive Director, Advantage Health Centers
- Ricardo Guzman: CEO, CHASS
- Anthony King: CEO & Exec. Dir, The Wellness Plan
- Paul Propson: Executive Director, Covenant Community Care
- Herbert C. Smitherman, MD: President & CEO, HCD

Top 10 Unemployment Rates by State, March 2010: Michigan the Highest in the Nation

Rank	State	Unemployment Rate: March 2010
U.S.		9.7%
1	Michigan	14.1%
2	Nevada	13.4%
3	Rhode Island	12.6%
4	California	12.6%
5	Florida	12.3%
6	South Carolina	12.2%
7	District of Columbus	11.6%
8	Illinois	11.5%
9	Mississippi	11.5%
10	North Carolina	11.1%

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Michigan: The One State Depression with 28% of all U.S. Job Losses

Net U.S. Job's Lost-FY2005-09:

1.85 million jobs (Michigan lost 519,000 jobs)

Michigan's 519,000 jobs lost represent 28% of the nation's job losses during the Recession.

State of Michigan's pop represents 3.3% of U.S. population

Wayne County with about 1% of the total U.S. population: has lost 123,000 jobs or 6.6% of U.S. Job Losses

Source: U.S. Bureau of Labor Statistics 2010, Employment status of the civilian Noninstitutional population 16 years and over by sex 1970s to date, County Employment and Wages Table, Regional and state employment and unemployment Table

Detroit: Unemployment Rate

City	Unemployment Rate
Detroit	28.9%
Detroit (including those who have ceased looking for work)	44.8%

Source: US Bureau Labor Statistics FY2009





Detroit Health Policy Stats:

- Health status indicators in Detroit 40% worse than rest of state or nation
- 60% primary care physicians have left the city of Detroit over the past two decades; Detroit-69% Higher Preventable hosp rate than rest of State
- 60% of city designated by federal Gov. as medically underserved and/or a health professional shortage area
- Detroit population: 900,000; 33% of pop Medicaid 22% of pop uninsured
- 200,000 people in Detroit uninsured, with a primary care capacity to serve 48,000. 152,000 current uninsured without primary care access



FQHC/Community Health Centers Trust Fund: \$11 Billion

Operations: \$9.5 Billion (with over half of these \$\$ allocated after year one)

Community Health Center Operations Funding, 2011-2015				
FISCAL YEAR	Trust Fund +	Discretionary Funding (est.)	Total Annual Funding (est.)	Total Annual Increase
FY 2011	\$1 Billion	\$2.19 Billion	\$3.19 Billion	\$1 billion
FY 2012	\$1.2 Billion	\$2.19 Billion	\$3.39 Billion	\$200 million
FY 2013	\$1.5 Billion	\$2.19 Billion	\$3.69 Billion	\$300 million
FY 2014	\$2.2 Billion	\$2.19 Billion	\$4.39 Billion	\$700 million
FY 2015	\$3.6 Billion	\$2.19 Billion	\$5.79 Billion	\$1.4 billion

Construction and Renovation:
\$1.5 Billion



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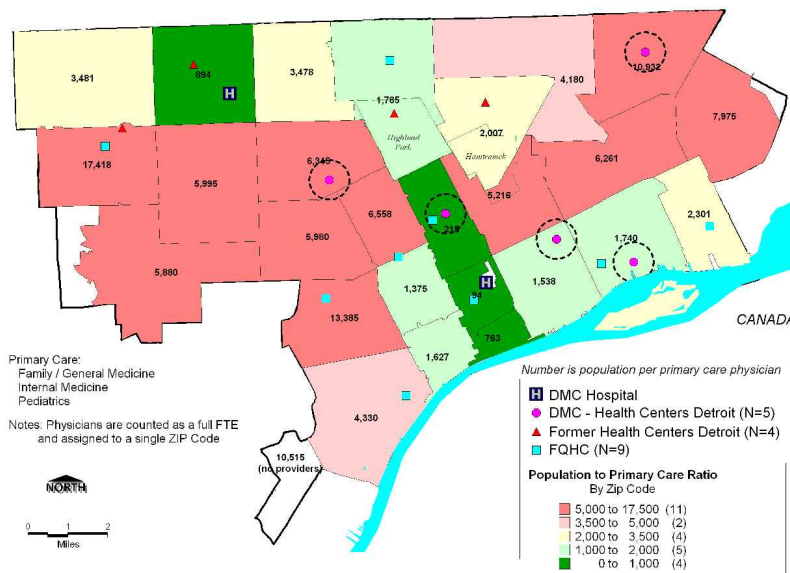


Current FY2010 CHC Funding: Detroit and Detroit-Wayne County

City/County	Total CHC Funding
Detroit	\$7,982,862
Detroit-Wayne County	\$9,330,370



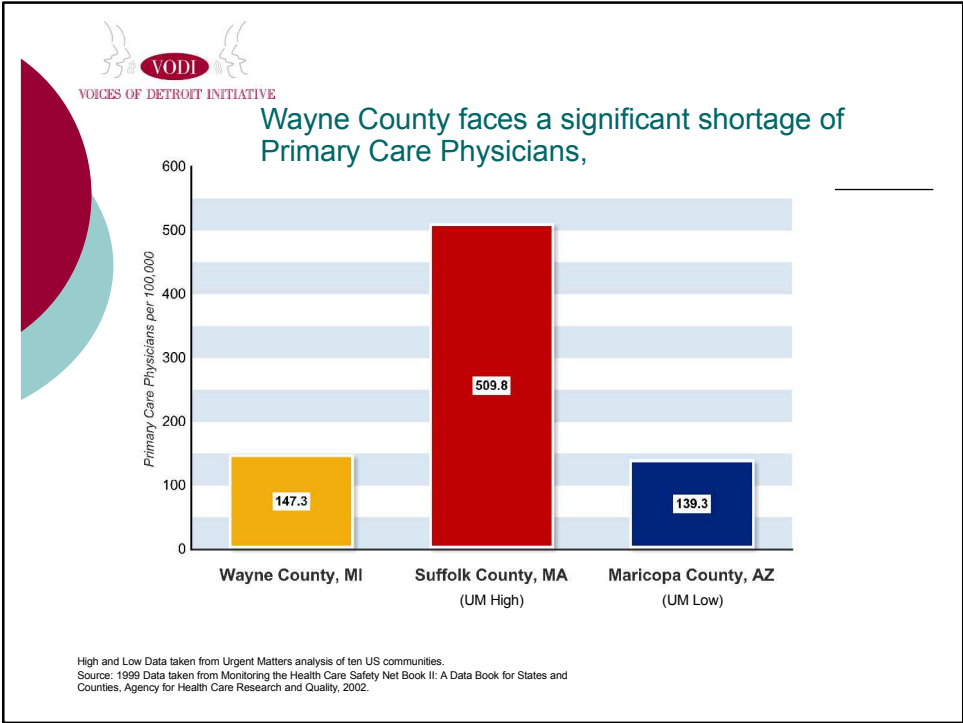
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Population To Primary Care Ratio
By Zip Code



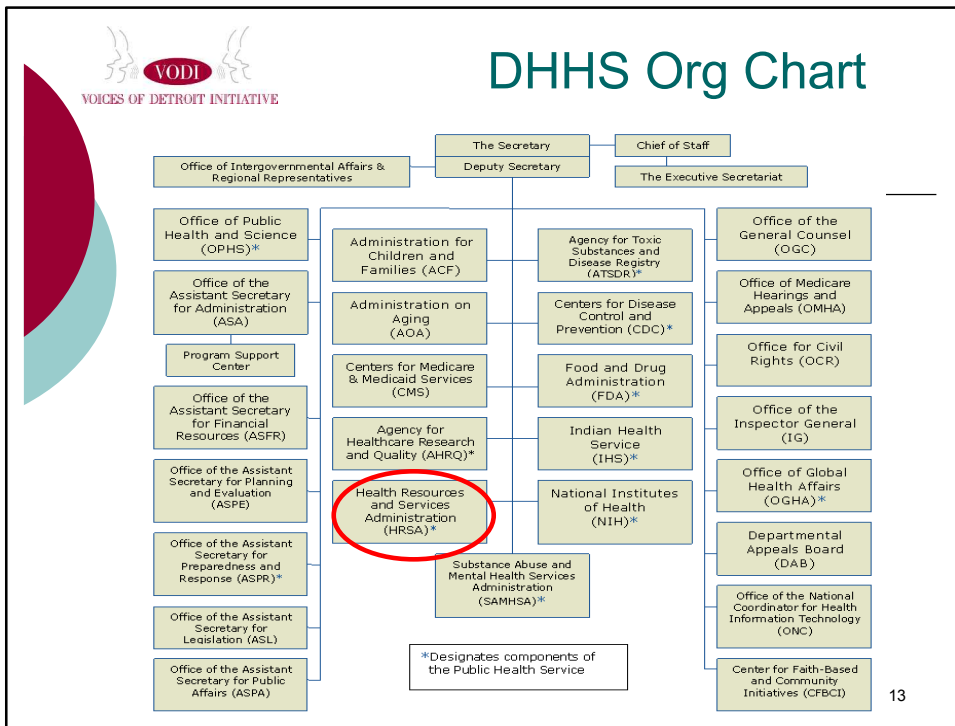
SOURCE: Soliscent.com The Market Planner Plus (accessed 10/07/2003).
Original Data: American Medical Association (AMA) Physician Masterfile (2/2003).
Map prepared by:
DMC-WSU Community Health Institutes



FQHC Council of Southeastern Michigan

Making Our Case to HRSA:

June 7th, 2010 Meeting in Rockville Maryland:
 10 person Delegation includes: 7 FQHCs/
 Health Authority/VODI/MPCA/WSU



VOICES OF DETROIT INITIATIVE

U.S. Department of Health and Human Services

HRSA U.S. Department of Health and Human Services
Health Resources and Services Administration

HRSA: Bureaus & Offices

Bureaus

Bureau of Clinician Recruitment and Service
BCRS helps underserved communities and facilities experiencing critical shortages of health care providers recruit and retain clinicians through scholarship and educational loan repayment opportunities in exchange for service.

Bureau of Health Professions
BHP increases access to health care by developing, distributing and retaining a diverse, culturally competent health workforce.

Bureau of Primary Health Care
BPHC funds Health Centers in communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low income, uninsured, or living where health care is scarce. Health centers provide care on a sliding fee scale and see patients without regard for their ability to pay.

Healthcare Systems Bureau
HSB protects the public health and promotes practices that improve personal health, including organ, bone marrow and cord blood donation.

HIV/AIDS Bureau
HAB administers The Ryan White HIV/AIDS Program, the largest Federal program focused exclusively on HIV/AIDS care. The program is for those who do not have sufficient health care coverage or financial resources for coping with HIV disease.

Maternal and Child Health Bureau
MCHB administers the Maternal and Child Health Block Grant to States and discretionary grants that ensure that the Nation's women, infants, children, adolescents, and their families, including fathers and children with special health care needs, have access to quality health care.

Offices

Office of Rural Health Policy
ORHP promotes better health care service in rural America. The Office works both within government at federal, state and local levels, and with the private sector -- with associations, foundations, providers and community leaders -- to seek solutions to rural health care problems.

Office of Regional Operations
ORO provides leadership and technical assistance through HRSA's ten regional offices.

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Large Cities (500,000 or more population)
Ranked by Percent of Persons Living Below the
Federal Poverty Rate (<100% FPL)

City, State	% People Below Poverty Level
1. Detroit, MI	32.5%
2. El Paso, TX	26.4%
3. Milwaukee, WI	26.2%
4. Philadelphia, PA	25.1%
5. Memphis, TN	23.5%
5. Atlanta, GA	23.2%
7. Dallas, TX	22.1%
8. Houston, TX	21.3%
9. Chicago, IL	21.2%
10. Columbus, OH	20.7%

U.S. Census Bureau, 2006

Detroit has the highest percentage of people living in poverty of all large U.S. cities.



Large Cities (500,000 or more population)
Ranked by Percent of Children Living Below the
Federal Poverty Rate (<100% FPL)

City, State	% Children Below Poverty Level
1. Detroit, MI	44.30%
2. Atlanta, GA	40.10%
3. Milwaukee, WI	38.50%
4. El Paso, TX	37.50%
5. Memphis, TN	35.90%
6. Philadelphia, PA	35.30%
7. Dallas, TX	34.10%
8. Washington, DC	32.60%
9. Houston, TX	32.10%
10. Chicago, IL	31.40%

U.S. Census Bureau, 2006

Nearly half of all children in Detroit live in poverty.



Large Cities (500,000 or more population)
Ranked by Highest Community Health
Center Funding

City, State	HRSA CHC Funding	Population in Poverty	CHC Funds/Person in Poverty
1. New York, NY	\$ 62,917,438	1,555,650	\$ 41
2. Chicago, IL	\$ 43,859,582	590,594	\$ 74
3. Los Angeles, CA	\$ 25,652,394	724,625	\$ 35
4. San Francisco, CA	\$ 21,391,145	88,987	\$240
5. Philadelphia, PA	\$ 17,944,560	351,717	\$ 51
6. Denver, CO	\$ 16,017,826	111,958	\$143
7. Seattle, WA	\$ 15,673,670	74,818	\$209
8. Baltimore, MD	\$ 15,310,171	124,836	\$123
9. San Antonio, TX	\$ 13,258,770	249,991	\$ 53
19. Detroit, MI	\$ 7,982,862	301,893	\$ 27

Source: HRSA Website, Census.gov

With 301,893 people living in poverty, Detroit health centers receive only \$27 per person in poverty to provide community health center services.



Large Cities (500,000 or more population)
Ranked by Highest CHC Funding per Person
Living in Poverty (<100% FPL)

City, State	CHC Funds/Person in Poverty	Per Capita Income
1. San Francisco, CA	\$ 240	\$46,015
2. Seattle, WA	\$ 209	\$41,923
3. Denver, CO	\$ 143	\$29,873
4. Baltimore, MD	\$ 123	\$22,656
5. Nashville, TN	\$ 108	\$27,169
6. Atlanta, GA	\$ 106	\$35,557
7. Portland, OR	\$ 101	\$29,672
8. Albuquerque, NM	\$ 95	\$25,871
9. San Jose, CA	\$ 89	\$33,859
26. Detroit, MI	\$ 27	\$15,255

Source: HRSA Website, Census.gov

Many cities with much higher per capita income receive much more funding per person living in poverty – as much as \$240 per person – almost 10 times more than Detroit.

FQHC Funding in FY2006 For Midwest Cities < 200% FPL

City	Funding per Low Income Resident
Chicago, IL	\$27.02
Detroit, MI	\$11.10
Cleveland, OH	\$29.18
Minneapolis, MN	\$27.56
Indianapolis, IN	\$37.32
Cincinnati, OH	\$24.74
St. Paul, MN	\$46.41

Source: MDCH 2006


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34 Largest U.S. Cities Ranked by % Poverty, % Children in Poverty & CHC Funding/PIP

Rankings by % Pop Living in Poverty for U.S. Cities with Population > 500,000														
Place	State	% Population Living in Poverty		% Children in Poverty		CHC Funding		Total Population		Population Living in Poverty		CHC Funds/Person in Poverty		
		%	Rank	%	Rank	\$	Rank	#	Rank	#	Rank	\$/Person	Rank	
1	Detroit	Michigan	32.50%	1	44.30%	1	\$ 7,982,862	19	912,062	11	301893	6	\$ -27	26
2	El Paso	Texas	26.40%	2	37.50%	4	\$ 7,910,471	21	613,190	22	161882	11	\$ 49	19
3	Milwaukee	Wisconsin	26.20%	3	38.50%	3	\$ 6,983,087	23	604,477	23	158373	12	\$ 44	21
4	Philadelphia	Pennsylvania	25.10%	4	35.30%	6	\$ 17,944,560	5	1,540,341	6	386676	5	\$ 46	20
5	Memphis	Tennessee	23.50%	5	35.90%	5	\$ 5,570,071	28	669,651	19	157368	13	\$ 35	22
6	Atlanta	Georgia	23.20%	6	40.10%	2	\$ 13,178,493	10	537,958	33	124806	17	\$ 106	6
7	Dallas	Texas	22.10%	7	34.10%	7	\$ 6,444,466	26	1,279,910	8	282860	7	\$ 23	27
8	Houston	Texas	21.30%	8	32.10%	9	\$ 9,342,808	15	2,242,193	4	477587	4	\$ 20	29
9	Chicago	Illinois	21.20%	9	31.40%	10	\$ 43,859,582	1	2,853,114	3	604860	3	\$ 73	12
10	Columbus	Ohio	20.70%	10	28.80%	12	\$ 3,389,325	29	754,885	16	156261	14	\$ 22	28
11	Denver	Colorado	20.00%	11	29.40%	11	\$ 16,017,826	6	598,707	24	119741	20	\$ 134	3
12	Tucson	Arizona	19.90%	12	26.80%	18	\$ 6,765,198	25	541,811	32	107820	24	\$ 63	16
13	Boston	Massachusetts	19.80%	13	27.30%	16	\$ 9,673,995	14	620,535	21	122866	19	\$ 79	11
14	Washington	DC	19.60%	14	32.60%	8	\$ 9,854,932	13	591,833	27	115999	22	\$ 85	10
15	Baltimore	Maryland	19.50%	15	27.50%	14	\$ 15,310,171	8	636,919	20	124199	18	\$ 123	4
16	New York	New York	19.20%	16	28.20%	13	\$ 62,917,438	2	8,363,710	1	1935650	1	\$ 41	30
17	Los Angeles	California	19.00%	17	27.50%	15	\$ 25,652,394	3	3,833,985	2	728459	2	\$ 35	23
18	San Antonio	Texas	18.10%	18	28.70%	19	\$ 13,258,770	9	1,351,305	7	244586	9	\$ 54	18
19	Austin	Texas	17.70%	19	25.20%	22	\$ 2,112,441	31	757,688	15	134111	15	\$ 16	31
20	Phoenix	Arizona	17.20%	20	24.10%	23	\$ 7,923,664	20	1,567,024	5	269683	8	\$ 29	24
21	Oklahoma City	Oklahoma	17.10%	21	26.00%	20	\$ 5,853,245	27	551,789	31	94356	29	\$ 62	17
22	Louisville	Kentucky	17.00%	22	25.70%	21	\$ 6,817,057	24	557,224	30	94728	28	\$ 72	13
23	Nashville	Tennessee	16.70%	23	26.50%	17	\$ 10,717,438	12	8,363,462	26	99609	25	\$ 108	5
24	Fort Worth	Texas	16.60%	24	22.50%	25	\$ 637,000	33	703,073	17	116710	21	\$ 5	33
25	Indianapolis	Indiana	16.30%	25	24.10%	24	\$ 9,170,985	16	798,382	14	130136	16	\$ 70	14
26	Portland	Oregon	16.20%	26	20.40%	27	\$ 9,117,593	17	557,706	29	90348	30	\$ 101	7
27	Albuquerque	New Mexico	14.60%	27	22.30%	26	\$ 7,260,266	22	621,989	34	76212	32	\$ 95	8
28	Jacksonville	Florida	14.00%	28	19.10%	28	\$ 3,112,389	30	807,815	13	113094	23	\$ 28	25
29	San Diego	California	13.90%	29	17.30%	29	\$ 10,962,073	11	1,279,229	9	171490	10	\$ 64	15
30	Seattle	Washington	12.50%	30	16.10%	31	\$ 15,673,670	7	598,341	25	94818	33	\$ 209	2
31	Charlotte	North Carolina	12.40%	31	16.50%	30	\$ 870,350	32	687,656	18	85245	31	\$ 10	32
32	San Francisco	California	12.10%	32	13.70%	33	\$ 21,391,145	4	808,976	12	97886	26	\$ 219	1
33	Las Vegas	Nevada	11.20%	33	14.40%	32	\$ -	34	598,383	28	62539	24	\$ -	34
34	San Jose	California	10.30%	34	12.10%	34	\$ 8,662,232	18	948,279	10	97673	27	\$ 89	9

Source: HRSA Website, Census.gov



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20 Largest U.S. Counties Ranked by % Poverty Rates

Rank by Pop	County	State	Population	County Seat or Courthouse			
7	Kings County	New York	2,567,098	Brooklyn			
13	Wayne County	Michigan	1,925,848	Detroit	393,147	20.4%	2
9	Dallas County	Texas	2,451,730	Dallas			
20	New York County	New York	1,629,054	Manhattan			
19	Bexar County	Texas	1,651,448	San Antonio			
8	Miami-Dade County	Florida	2,500,625	Miami			
1	Los Angeles County	California	9,848,011	Los Angeles			
3	Harris County	Texas	4,070,989	Houston			
2	Cook County	Illinois	5,287,037	Chicago			
12	San Bernardino County	California	2,017,673	San Bernardino			
4	Maricopa County	Arizona	4,023,132	Phoenix			
11	Riverside County	California	2,125,440	Riverside			
10	Queens County	New York	2,306,712	Kew Gardens, Queens			
5	San Diego County	California	3,053,793	San Diego			
18	Broward County	Florida	1,766,476	Fort Lauderdale			
16	Tarrant County	Texas	1,789,900	Fort Worth			
15	Clark County	Nevada	1,902,834	Las Vegas			
6	Orange County	California	3,026,786	Santa Ana			
14	King County	Washington	1,916,441	Seattle			
17	Santa Clara County	California	1,784,642	San Jose			

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Why Does the City with America's Highest Poverty Rate Receive Less Than its Share of Community Health Center Funding?

The total U.S. population: 300 Million

The total U.S. population living below FPL: 39,108,422.

The population of Detroit-Wayne County living below FPL: 393,147.

Therefore, approximately 1% of all persons living below the federal poverty level in the U.S. live in Wayne County

Source: US Census bureau 2008



Why Does the City with America's Highest Poverty Rate Receive Less Than its Share of Community Health Center Funding?

However Detroit Wayne County receives 0.45% (< \$10 million) of total HRSA Health Center Funding

In Summary: Det-Wayne has 1% of all persons living in poverty, but only 0.45% of HRSA Health center Funding

Goal: more equitable relationship between U.S. community need and CHC funding

Our objective is that Detroit Wayne County with 1% of all persons living in poverty would secure 1% of total HRSA Health Center Funding.....



Why Does the City with America's Highest Poverty Rate Receive Less Than its Share of Community Health Center Funding?

The HRSA Community Health Center program currently awards more than \$2.19 billion annually to health centers around the country.

If 1% of the \$2 billion in annual health center funding came to Wayne County, our total community health center funding from HRSA would be more than \$20 million.

Relative to the rest of the country, Detroit and Wayne County receives approx. \$10 million less each year for community health center services to the poor than one would expect based on the population of persons living in poverty.



Why Does the City with America's Highest Poverty Rate Receive Less Than its Share of Community Health Center Funding?



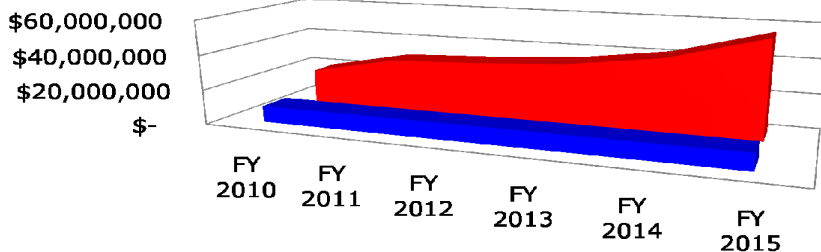
Based on historic data on health centers \$20 million in annual funding would allow Detroit and Wayne County community health centers to serve:

170,000 additional people in 2011 than they do today.

It would allow these health centers to hire 1,100 additional employees.



Current Detroit/Wayne HRSA CHC Funding v. Goal



	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
■ Current Detroit/Wayne CHC Funding	\$9,330,000	\$9,330,000	\$9,330,000	\$9,330,000	\$9,330,000	\$9,330,000
■ GOAL: 1% of All HRSA CHC Funding	\$20,000,000	\$30,000,000	\$32,000,000	\$35,000,000	\$42,000,000	\$56,000,000

Detroit/Wayne Community Health Centers currently receive less than half of 1% of all HRSA funding for Health Centers. It is too late to change the 2010 funding deficit. But if our goal is met to receive 1% of all HRSA funding beginning in 2011 and through all 5 years of HRSA funding growth Detroit and Wayne County will receive an additional \$146 million in operating funds and \$15 million in capital funds. This slide compares our current funding with no growth vs. 1% of all HRSA CHC funding.



With Equity Total 5-year (2010-2015) CHC Funding for Det-Wayne County

Base	5 x \$ 9,330,370 =	\$ 46.7 Million
Base Adjustment	5 x \$10,669,630 =	\$ 53.4 Million
New Funding	The balance of new annual funding =	\$101.0 Million
Capital	1% of \$1.5 Billion =	\$ 15.0 Million
Total		\$216.1 Million
Total New Funding Det-Wayne County		\$169.4 Million



FQHC Council of Southeastern Michigan



HRSA: Mission & Goals

The Health Resources and Services Administration (HRSA), an agency of the U.S. Department of Health and Human Services, is **the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.**

Health Resources and Services Administration (HRSA): Health Care for People in need; reaching the underserved.

HRSA is a \$7 Billion Agency that **delivers healthcare to over 24 million medically underserved and unserved people.**

Comprising six bureaus and 13 offices, since 1943 the agencies that were HRSA precursors have worked to **improve the health of needy people.**

Mission

HRSA provides national leadership, program resources and services needed to **improve access** to culturally competent, quality health care.

Goals

As the Nation's access agency, **HRSA focuses on uninsured, underserved, and special needs populations** in its goals and program activities:

Goal 1: Improve Access to Health Care.

Goal 2: Improve Health Outcomes.

Goal 3: Improve the Quality of Health Care.

Goal 4: Eliminate Health Disparities.

Goal 5: Improve the Public Health and Health Care Systems.

Goal 6: Enhance the Ability of the Health Care System to Respond to Public Health Emergencies.

Goal 7: Achieve Excellence in Management Practices

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HRSA: 2002 High Poverty County Presidential Initiative:

Goal- Significantly increase access to Primary Care Services in the Nation's Most Needy Counties

The Health Center Program: The President's Health Center Initiative

Increasing Access to Health Care in the Nation's Most Needy Communities

Launched in 2002, the President's Health Center Initiative aimed to significantly increase access to primary health care services.

In just five years, the Initiative's goal has been achieved: new or expanded Health Center sites in 1,200 communities.

Through this Initiative, investments in the Health Center Program have nearly doubled — growing from a little more than \$1 billion in FY2000 to the nearly \$2 billion it is today — and Health Centers have experienced an unprecedented period of sustained expansion and quality improvement. Data from 2007 point to how successful this effort has been in increasing the numbers of people served and expanding services across the board.



See Larger Map

- Health Centers cared for more than 16 million patients in 2007, an increase of more than 5.8 million over 2001.
- A total of 2.8 million patients received dental services in 2007, more than twice as many as in 2001.
- A total of 617,000 patients received mental health care in 2007, more than three times as many as in 2001.

High Poverty Counties

The President's Health Center Initiative also sparked the High Poverty County Presidential Initiative, which is extending the benefits of health center care to the hardest-to-serve, poorest areas of the country. The first grants under this new initiative were announced in August 2007. Some are grants to existing centers to expand satellites into neighboring poor counties and others are to entirely new grantees.

- 80 High Poverty Grants plus 25 Planning Grants will establish new access points in low-income counties.
- Health center sites will exist in more low-income counties than ever before.
- Some 300,000 people in some of the poorest communities in the country will gain access to primary health care, many for the first time.

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Proposed HRSA Criteria for New Access Points:

The 25 High Poverty US Cities Presidential Initiative

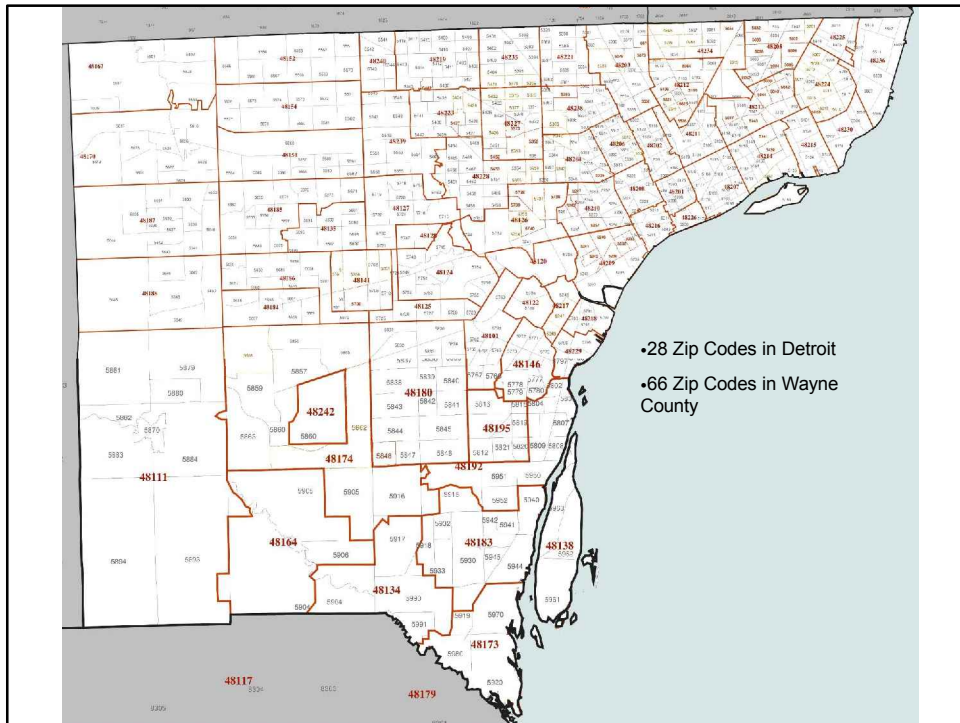
1. HRSA will accept new access point applications in high poverty Cities
Eligibility for New Access Points is limited to the 25 eligible highest poverty cities in the US
2. Start with 34 poorest Cities with Pop > 500,000
 - % Population Living in Poverty (PIP)
 - % Children in Poverty
3. Minus those whose CHC funding/PIP already ranked in the top 10 of poorest cities (ending up with 25 cities)
4. Those left, funding weighted by % PIP
5. HRSA would set aside \$200 Million of initial \$1.0 Billion in 2010 op funding/\$150 Million capital for this Initiative/NHSC \$
6. Goal is to get funding to Highest Poverty Cities, esp Cities with high concentrated poverty



FQHC Council of Southeastern Michigan

Status of Our Local Plan

Improving Access to Quality Health Care:
Expanding Federally Qualified Health Center services
In the Greater Detroit Area
January 2009





FQHC Council of Southeastern Michigan

Criteria used to identify zip codes of Need

High need (baseline data + poverty, uninsured, and Medicaid)

MUA/MUP

Existing FQHC

FQHC site proposed by Workgroup

Possible service expansion

Poverty below 200% FPL (% and count)

Medicaid beneficiaries (% and count)

Uninsured population (% and count)



FQHC Council of Southeastern Michigan

Identified zip codes of High Need

High need without an FQHC

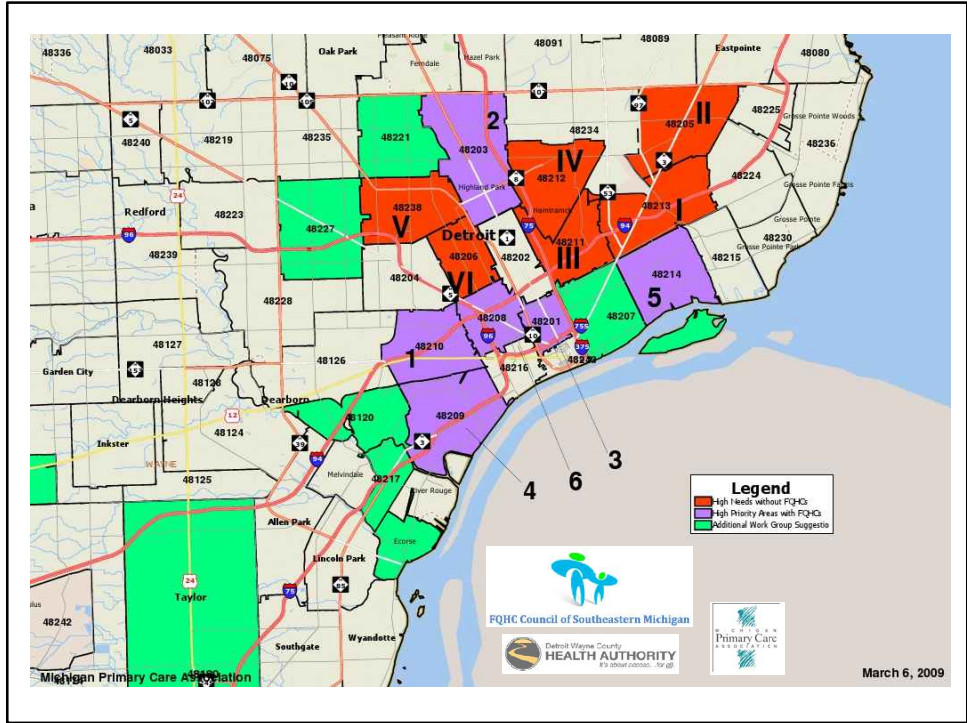
48205, 48206, 48211, 48212, 48213,
48238


High need with an FQHC

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48214

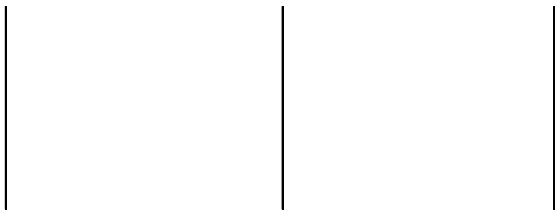
Additional Workgroup
recommendations

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48227, 48229

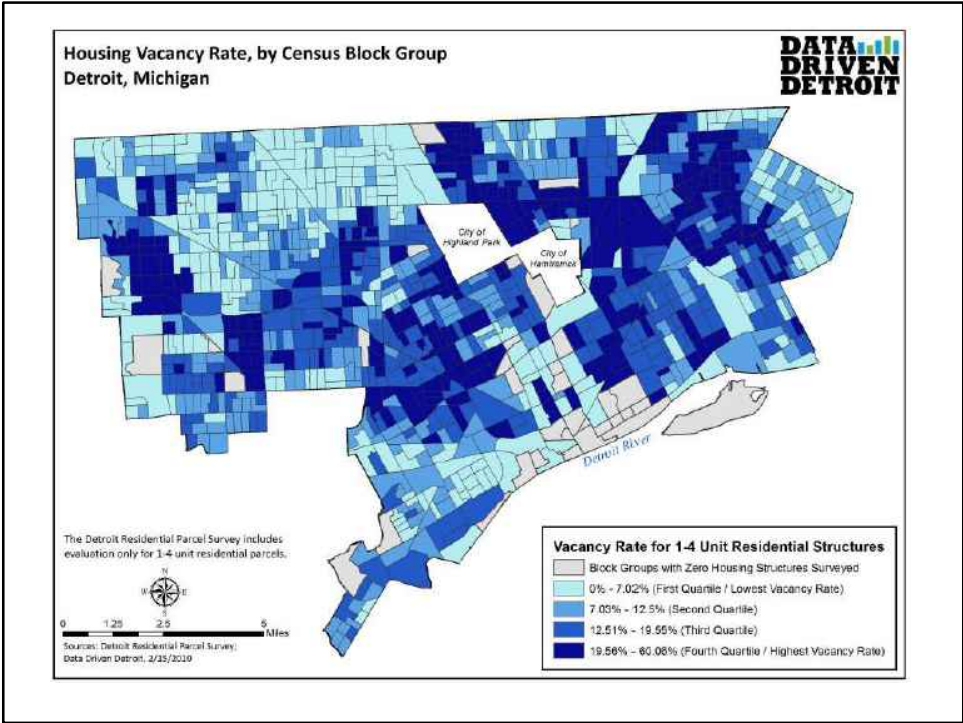



Detroit Wayne County HEALTH AUTHORITY
It's about access...for all!

Priority ZIP Codes



Source: Prepared by: Gary J. Petroni, Director
 Center for Population Health/SEMHA



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Next Steps

FQHC Council: Steps for New Access Points in Wayne County; April 28th, 2010 meeting

Steps:

Review methodology of historical “new access point” plan done by FQHCs, Health Authority and MPCA Jan. 2009

Attempt to delineate HRSA/BPHC application timeline for 2010 submission for new funding of new access point/expansion programs/expanded medical capacity grants.

Connecting Medicaid with FQHCs is the first step

- Increase Medicaid volume in Det-Wayne County FQHCs
- State needs to count all appropriate FQHC Medicaid encounters on a timely basis submitted for CBR reimbursement
- Process pending Medicaid applications

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FQHC Council: Steps for New Access Points in Wayne County; April 28th, 2010 meeting

Steps:

Approach Regional HRSA office (Steve Laslo) for advice/support of our comprehensive approach: Pitch our idea to Steve first

Approach National HRSA office (Jim Macrae) and evaluate their willingness to accept a comprehensive approach and package of new access points/expansion programs/expanded medical capacity applications from Detroit-Wayne County.

Develop comprehensive DWC “New Access Point” plan

- Base grant adjustments
- Convert FLA to full grantees
- New Capital grant funding
- Medicaid connection with FQHCs
- VODI (Voices of Detroit Initiative) ED Diversion and Medical Home assignment for the uninsured.

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FQHC Council of Southeastern Michigan

FQHC Council: Steps for New Access Points in Wayne County; April 28th, 2010 meeting

Steps:

Meet with Jim Macrae of HRSA in D.C.

Face-to-face meeting with full MI congressional delegation to present plan and solicit their assistance/participation.

Identify Congressional champion

Example of the ask to HRSA:

25 Poorest & Largest US Cities: The High Poverty Cities

Presidential Initiative: \$200 Million

DWC: \$20 million Op Funding to bring us up to parity (0.45% of CHC funding and 1% of all US poverty)/\$15 million capital

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FQHC Council of Southeastern Michigan

Detroit-Wayne County

May 11, 2010 County-Wide Meeting of all Health Care organizations:

Given the Short Timeframe Between CHC RFP and Grant Awards, what we Need Today is Community

Sign Off & Support for our Unified Comprehensive Plan for Primary Care

Capacity Expansion:

THIS WAS DONE






VOICES OF DETROIT INITIATIVE
 VODI
 Wayne County Health Authority
 Wayne State University School of Medicine
 MCH
 Wayne County
 FQHC Council of Southeastern Michigan

May 11, 2010: Our Community
Came Together & Voted Yes to
Support a Unified Plan and work
Together to Get it to HRSA and
Implement it!!



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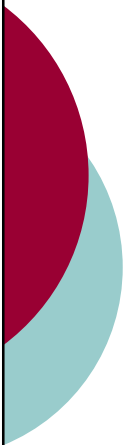




VOICES OF DETROIT INITIATIVE
 VODI
 FQHC Council of Southeastern Michigan

Why Does the City with America's
Highest Poverty Rate Receive Less Than
its Share of Community Health Center
Funding?

Next steps:

- Community Discussion of a process and criteria for new access site designations
 - Identify existing FQHC organizations interests in new access points, medical capacity expansion and service expansion, FQHC Council Meeting May 26th, 2010
 - Meeting with Jim Macrae on June 7th, 2-4 pm at HRSA's Rockville, Maryland Office.
 - Community-wide meeting for identifying newly interested FQHC applicants within the community
 - Health Authority Hosted meeting June 18th, 2010
 - Discuss a "Wave of Applications over time" Approach
 - FQHC Grant Application Course, NACHC/MPCA, June 23-25, 2010.



June 23-25, 2010
MGM Grand Detroit • Detroit, Michigan

Developing Effective Federally Qualified Health Center Programs & Applications

Designed for organizations and communities considering starting a Federally Qualified Health Center (FQHC), interested in FQHC 'Look-Alike' designation, applying for Section 330 Funding as a new grantee or for continuation funding.

This two and a half day intensive workshop of the National Association of Community Health Centers will provide an overview of the FQHC program and the benefits of becoming one. Participants will learn how to:

- Assess different types of FQHCs
- Develop comprehensive needs assessments
- Apply strategic thinking
- Develop a service delivery model and organizational structure
- Develop governance, operating, financial, and clinical systems
- Develop performance measures, goals, and objectives for health and business plans
- Develop successful collaborations
- Develop financial budgets

TRAINING LOCATION

MGM Grand Detroit
1777 Third Street
Detroit, MI 48226
1.877.888.2121 (reservations)



Rate: \$169 per night single/double occupancy

Rooms will be available at the discounted rate until June 15. After this date, reservations will be accepted at a space and rate availability basis only. When making your hotel reservation ask for the Michigan Primary Care Association meeting.

In addition to the training sessions listed in the tentative agenda, sidebar consultations are available with all speakers during the training. Please feel free to make arrangements throughout. Follow-up Q & A by phone and email is also available.

A comprehensive handbook and resource CD are provided to training participants along with samples of many of the documents discussed during the training.

This training is partially supported by the Cooperative Agreement from the Health Resources and Services Administration/Bureau of Primary Health Care.

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Health Care Reform A Reason to Hope









POTENTIAL COMPONENTS OF A \$20 MILLION PLAN TO MAKE COMMUNITY HEALTH CENTERS AVAILABLE TO ALL RESIDENTS OF DETROIT AND WAYNE COUNTY


1. Expansion funding for all existing community health center sites.
2. New health center funding for existing federally qualified health center look-alikes.
3. Connect Medicaid to FQHCs
4. Expansion of services at existing community health centers to include dental, mental health and pharmacy services.
5. Capital funding for infrastructure needs of community health centers.
6. Funding for new health center sites in underserved parts of the city.
7. Funding for new health center sites in community mental health centers, schools or other community based organizations.

VOICES OF DETROIT INITIATIVE
 FQHC Council of Southeastern Michigan

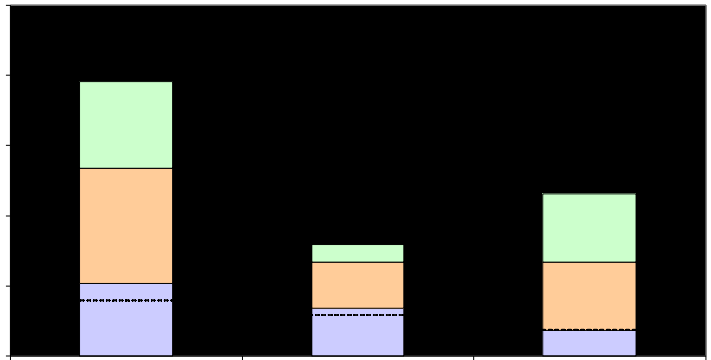
Impact of HCR on Coverage Expansion and therefore New Primary Care Needs For Detroit Wayne County



VOICES OF DETROIT INITIATIVE

Poverty

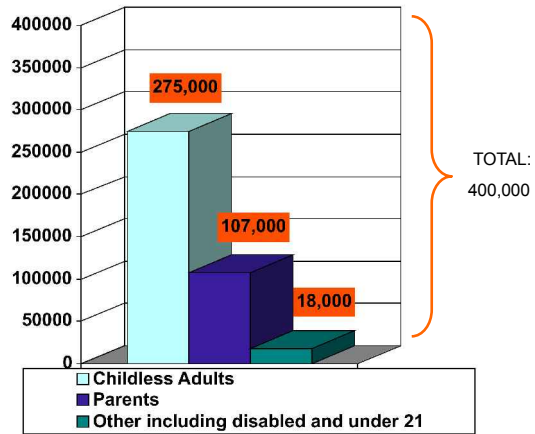


The chart displays three stacked bars against a black background. Each bar consists of three segments: a bottom purple segment, a middle orange segment, and a top green segment. The first bar on the left is the tallest, reaching approximately 80% on the y-axis. The second bar in the middle is the shortest, reaching approximately 40%. The third bar on the right is of intermediate height, reaching approximately 60%. A dashed horizontal line is visible at the 40% mark, aligning with the top of the second bar.



Estimated Enrollment of Newly Eligible Beneficiaries, Michigan

Health Reform Bill expands mandatory Medicaid coverage to all individuals under age 65 up to 133% of the FPL (\$29,327 for a family of four).



Source: Michigan Department of Community Health.



Medicaid Eligibility: 164.5K/400K (41%) Detroit Wayne County

(41%)

(30%)



Health Care Reform: Uninsured Access Impact on Michigan

In MI 1.0 Million of the 1.3 Million people currently uninsured projected to be covered with passage of HCR.

260K/300K uninsured in County covered;

170K/200K uninsured in the City of Detroit covered

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FQHC Council of Southeastern Michigan

Access in DWC Overwhelmed starting 2014 without significant improvement in Primary Care Capacity

Currently DWC with significant primary care deficits

Starting 2014:

Approx 400,000 additional Medicaid and Newly Insured in Detroit Wayne County(DWC) which would overwhelm an already small Primary Care Capacity if no significant changes are not made

Would require 200 to 270 New Primary care Providers to meet this demand

Large High Poverty Cities with low Primary Care Capacity
Need to Ramp Up Now to meet new demand, however need the resources to do so.

Need to Nationally align Coverage with primary care Capacity

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VOICES OF DETROIT INITIATIVE

VODI Outcome

Ten Year History of VODI Enrollment

Number of VODI Clients Enrolled in VODI (uninsured) Program or Medicaid /ABW 1999-2009

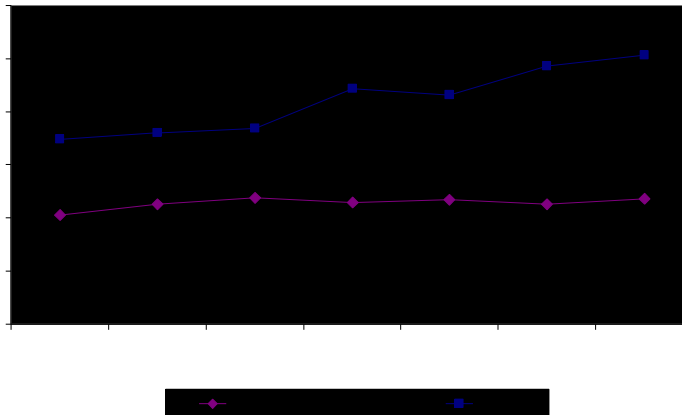
	Enrollment Year												Sub-Total 1999- 2004
	1999		2000		2001		2002		2003		2004		
	#	%	#	%	#	%	#	%	#	%	#	%	
PlusCare/ABW Medicaid application filed	0	0.0	1,177	47.9	3,603	58.9	378	5.0	106	2.3	1,271	27.1	6,535
VODI enrolled	16	100.0	1,279	52.1	2,510	41.1	7,107	95.0	4,514	97.7	3,412	72.9	18,838
Total	16	100.0	2,456	100.0	6,113	100.0	7,485	100.0	4,620	100.0	4,583	100.0	25,373
Running total	16		2,472		8,585		16,070		20,690		25,273		25,373

	2005		2006		2007		2008		2 Quarters 2009		Sub-total 2005- 2009	Total 1999- 2009
	#	%	#	%	#	%	#	%	#	%	#	#
	PlusCare/ABW Medicaid application filed	1,963	42.5	3,713	46.4	98	2.7	6,929	63.6	13,444	78.5	26,147
VODI enrolled	2,651	57.5	4,297	53.6	5,427	97.3	3,961	36.4	3,672	21.5	20,008	38,846
Total	4,614	100	8,010	100	5,575	100	10,890	100	17,116	100	46,205	71,578
Running Total	29,987		37,997		43,572		54,462		71,578			71,578
Est. Number of Uninsured Det/Wayne												300,000 53



VOICES OF DETROIT INITIATIVE

Lack of Health Care Coverage





FQHC Council of Southeastern Michigan

Detroit-Wayne County (DWC) Primary Care Initiative: NAP Plan and HRSA Approach

Collaboratively develop a DWC “New Access Point (NAP)/
Expansion Services/Med Capacity” Plan and an Approach for
HRSA

Discuss NAP/Expansion Services Plan and National HRSA Approach
with Regional HRSA Office for feedback

Present Approach and Plan to Wayne County community and obtain
community wide support, May 11, 2010.

Develop process for including new interested FQHC applicants

Engage our Foundation Community for infrastructure support

Engage our MI Congressional Delegation in this Effort

Continue to present plan to Regional and State-wide stakeholders

Meeting with HRSA in D.C.

Present our Comprehensive DWC NAP/Expansion Services Plan

and a More Equitable National Funding Approach based on community
need

Recommend: 25 Poorest Cities Initiative



FQHC Council of Southeastern Michigan

The Ask for HRSA:

Establish: The 2010 High Poverty Cities Presidential
Initiative: **For Community Health Center (CHC) Funding**

HRSA would set aside FY2011 Funding from the CHC Trust
fund for the 20 poorest cities to apply for, to bring more
equity between U.S. community need and CHC funding:

**\$200 Million of initial \$1.0 Billion in 2010 Operating
funding for this initiative**

\$150 Million in capital for this Initiative

NHSC funding for Workforce capacity expansion

Allow 25 poorest Cities to Submit a Comprehensive NAP/
Expansion of Services/Exp. Med. Capacity Plan for funding
consideration





New Health Care Reform Law: Mental & Behavioral Health Funding

Integrating Physical Health & Behavioral Health/SA

Sec. 5405: Primary care extension program:

\$120,000,000 for FY 2011-2012

“such sums as may be necessary” for FY 2013-2014

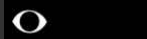
Sec. 5604: Co-locating primary and specialty care in community-based mental health settings:

\$50,000,000 for FY 2010

“such sums as may be necessary” for FY 2011-2014



The Detroit story is changing





Detroit-Wayne County:

FQHC Council of Southeastern Michigan
 Started four years ago: May 19th, 2006
 Came Together and Working Together solving local access problems

As a Community we came together around a:
 Coordinated, Collaborative and Comprehensive plan for New Access Points, Medical Cap expansion and New Service Expansion
 With Community/City/County/State-Wide support for our Local Plan and HRSA Recommendation

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FQHC Council of Southeastern Michigan

**It is About
 Collaboration,
 And Mobilizing Community
 Partnerships**

THE END