



Policy, Planning & Legislative Affairs Administration

Fiscal Year 2018

Presentation to Appropriations Subcommittee
on Health & Human Services

Matt Lori, Senior Deputy Director, Policy, Planning & Legislative Affairs Administration
Farah A. Hanley, Senior Deputy Director, Financial Operations Administration



Our Guiding Principles

Mission

The Michigan Department of Health and Human Services provides opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient.



Vision

Develop and encourage measurable health, safety and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.



Mission

To ensure that MDHHS policy development, implementation, and legislative priorities are aligned with the department's strategic goals.



Action on Flint Declaration of Emergency

- Obtained a Health Professional Shortage Area designation from the federal government allowing us to expand the State Loan Repayment program (SLRP) in Flint to encourage more pediatric providers to practice in that area
 - In 2016, SLRP targeted strengthening the primary care workforce in Genesee County by awarding loan repayment to 11 primary care providers in Flint, MI
 - In 2017, SLRP will continue to focus on retaining Genesee County providers, and will begin a focus on recruiting Inpatient Child/Adolescent Psychiatrists, which are in a critically short supply in Michigan
- Nurse Professional Fund is providing nurses, nurse practitioners, and nursing students to provide clinical services and public education in Flint. This efforts targets:
 - Latino Community
 - Deaf and hard of hearing



Policy, Planning & Legislative Affairs

Overview

- Policy
- Planning
- Michigan Rehabilitation Services
- Bureau of Community Services
- Legislative Affairs & Constituent Services



Policy

Overview

- State Innovation Model (SIM)
- Health Information Technology
- Health Disparities
- Integrated Service Delivery
- Other Policy Initiatives, including:
 - Human Trafficking Health Advisory Board
 - Prescription Drug and Opioid Abuse Task Force Implementation
 - Mental Health and Wellness Commission Implementation
 - People Group
 - NGA Super Utilizers Policy Academy Participant



State Innovation Model

Background

- \$70 million Michigan State Innovation Model (SIM) began February 2015
- Develop and test state-led, multi-payer healthcare payment and service delivery models to improve health outcomes, increase quality of care, and reduce costs
- Rolling out multiple initiatives to support patient-centered healthcare that coordinates with community organizations to address social determinants of health



State Innovation Model

Patient Centered Medical Home

Launched January 1, 2017 statewide

- Nearly 360 primary care practices
- Over 2,100 primary care providers
- Over 350,000 Medicaid beneficiaries
- Sustain and expand foundation developed through the Michigan Primary Care Transformation (MiPCT) demonstration
- Enhancements:
 - Transitions of care
 - Managing cost
 - Creating clinical-community linkages to address social and other wellness factors



State Innovation Model

Health Information Exchange

Implement the Relationship and Attribution Management Platform (RAMP)

- Includes the following information sharing use cases:
 - Health provider directory (HPD), registering providers in the information exchange network
 - Active care relationship service (ACRS), attributing patient records with registered providers
 - Common key service (CKS), consolidating patient records under a common patient identifier
 - Quality measure information (QMI), standardizing quality measures and reporting process across payers
- Forms information sharing and exchange foundation to build care coordination and value-based payment efforts in the future



State Innovation Model

Community Health Innovation Regions

- Piloting development of local, multi-sector infrastructure to improve population health
 - Governance to include healthcare payers and providers along with public health, mental health, and other community groups
 - Consolidate disparate community needs assessment and improvement planning efforts into single effort
 - Operationalize clinical-community linkage partnerships and processes to inform ongoing and upstream decision making to address social determinants of health and health inequities
- State Program Guidance released in November 2016



State Innovation Model

- Five regions developing and submitting local operational plans in April:
 - Muskegon
 - Jackson
 - Washtenaw/Livingston
 - Genesee
- Northwest Lower Michigan



Health Information Technology

- Support the Health Information Technology Commission created by PA 137-06
- Coordinate MDHHS activities with the State Designated Entity for Health Information Exchange and the Trusted Data Sharing Organizations in Michigan
- Offer recommendations on strategic alignment and direction on policy issues related to health IT and secure data exchange
- Coordinate and align HIT and data sharing efforts with statewide transformation initiatives
- Align federal health IT priorities with MDHHS health IT policy to ensure the right data for the right person is at the right point of care



Health Disparities Reduction and Minority Health Section

- Established in 1988 to provide a persistent and continuing focus on eliminating health disparities among Michigan's populations of color
- Designated MDHHS lead for PA 653 related activities, including the annual legislative report
- Initiates programs and policies to eliminate health disparities. Priority strategies include:
 - Improve race/ethnicity data collection and data systems
 - Strengthen government capacity to develop effective programs and partnerships
 - Improve social determinants through public education and evidence-based interventions
 - Ensure equitable access to quality healthcare
 - Strengthen community engagement, capacity, and empowerment



Integrated Service Delivery

Brief Overview

- Integrated Service Delivery (ISD) is an enterprise strategy to bring together a diverse set of benefits and services in a holistic, customer-focused experience aimed at impacting health, safety and self-sufficiency outcomes



Integrated Service Delivery BJ(3)

ISD Strategy Includes Multiple Key Components

- Integrated Service Delivery Portal- An online experience guiding residents through a process which assesses their needs, connects them with supports that meet those needs, and develops goals to improve stability over time
- Universal Caseload Management- A casework system which assigns tasks to groups of staff members working on a specific part of the casework process, allowing casework to be shared across teams and offices and improving efficiency
- Contact Center- A streamlined customer contact point which better manages incoming phone calls and other contact types, offers self-service options over the phone and routes customer contacts to the most appropriate team to help
- Supporting Services- A multitude of system and information integration strategies including both technological infrastructure and data sharing arrangements which support the three main components of ISD (above)

Slide 15

BJ(3)

Split this slide from the previous one in order to cut down on the amount of text per slide

Breems, Jonathan (DHHS), 2/2/2017



Prescription Drug and Opioid Task Force Implementation

- Coordination point on prescription drug and opioid abuse efforts for:
 - All MDHHS administrations
 - Other state agencies
 - External stakeholders
- Efforts include:
 - Program improvements
 - Grant activities
 - Public awareness campaign



Planning & Program Development

Overview

- Healthcare Workforce
- Certificate of Need
- Pathways to Potential
- Central Grants Management



Healthcare Workforce

- **Increasing the Healthcare Workforce**
 - Provides state loan repayment for primary care providers located in underserved areas of Michigan
 - Supports the recruitment and retention of international medical graduates
- **Ensuring Access to Services Meets Demand**
 - Supports the development of community health centers
 - Provides federal funds to Michigan's free clinics
- **Creating Health Planning Tools**
 - Designation and re-designation of healthcare shortage areas



Healthcare Workforce

609

Health Professionals currently receiving federal or state loan repayment or other benefits for serving in health professional shortage areas as supported by MDHHS

86

International medical graduates able to serve MI citizens through the J1 Visa waiver as recommended by MDHHS

18

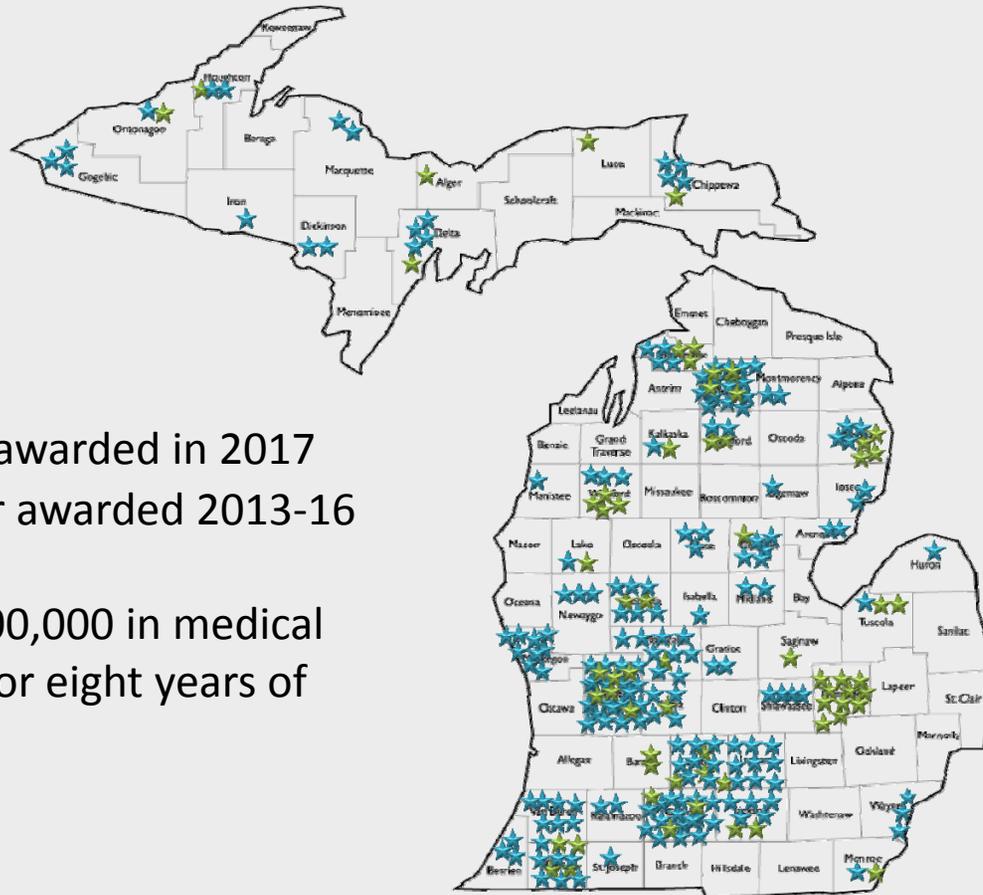
Federally Qualified Health Centers and Community Health Centers, rural health clinics, school based clinics new or expanded this year with support from MDHHS

42

Free clinics, providing care to residents that have no means to pay, that receive support from MDHHS

Healthcare Workforce

Focus: State Loan Repayment Program (SLRP) placements FY13-17



- ★ 65 MSLRP Provider awarded in 2017
- ★ 188 MSLRP Provider awarded 2013-16
- Repays up to \$200,000 in medical education debt for eight years of service



Certificate of Need

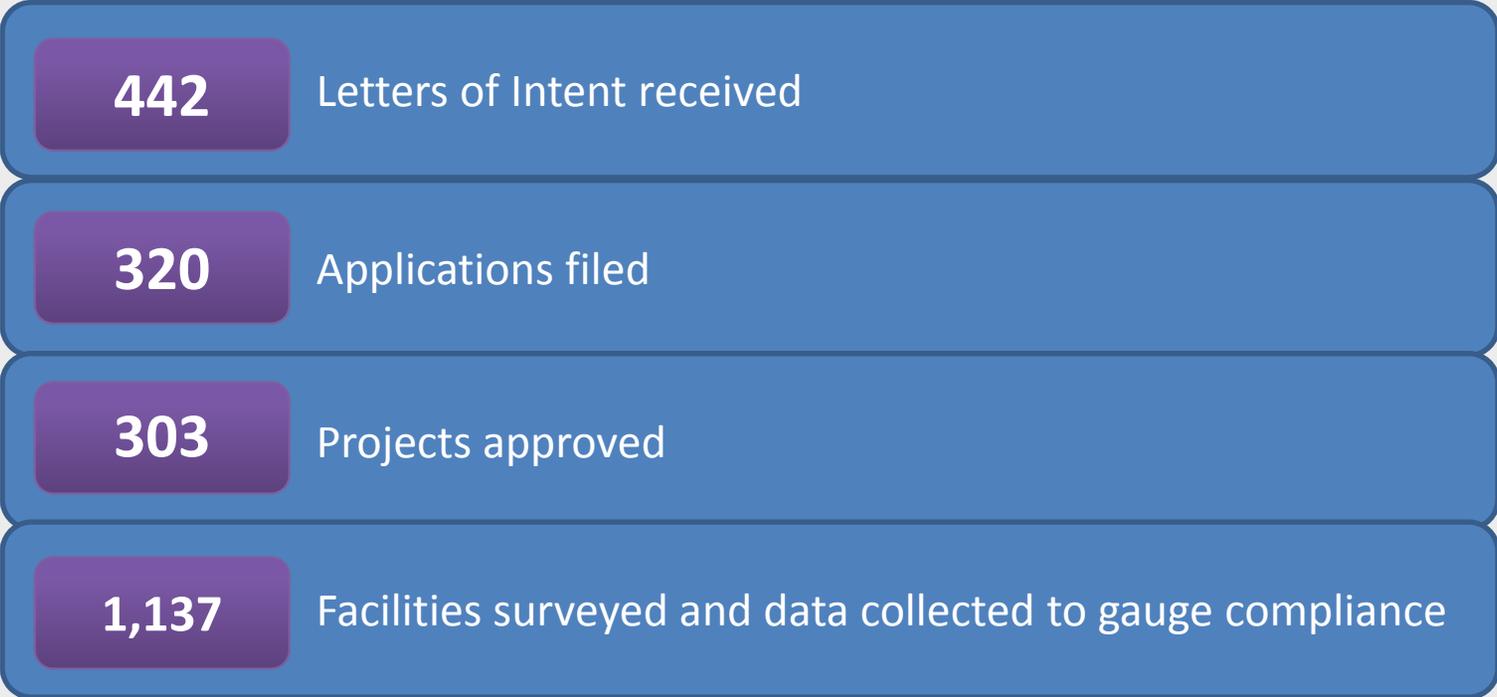
Promotes the availability and accessibility of quality health care services

- The Certificate of Need Commission establishes standards for 15 types of health care services and equipment including hospital beds & nursing home beds
- Certificate of Need approval is needed to initiate, replace or relocate any one of the covered services or equipment
- Strives to balance cost, quality and access of Michigan's healthcare services



Michigan Certificate of Need

Quick Statistics FY16





Pathways to Potential

- Pathways to Potential targets five outcome areas: attendance, education, health, safety & self-sufficiency
- Provides centrally located services with a network of supports and community coordinated services to create a positive impact on students and families
- Success Coaches placed in a school to meet with students and families to identify and remove barriers & to connect to a network of available services
- Pathways to Potential started in 2012 with 124 schools participating. Currently, Pathways to Potential has expanded to 259 schools in 34 counties
- At the end of the 2014-2015 school year, there was a reduction in chronic absenteeism of 37.23% in the 219 Pathways schools



Pathways to Potential

Quick Statistics FY16

- 168,780** Barriers to academic success identified by Pathways to Potential Success Coaches
- 86,952** Referrals, resources or follow-up initiated by Pathways to Potential Success Coaches
- 73,930** Interactions Pathways to Potential Success Coaches had with or on behalf of students in Michigan
- 26,228** Interactions where the primary purpose was to address attendance issues



Pathways to Potential

Strategic Goals for 2017

- Maintain a continuous decrease in chronic absenteeism by 10% since the school begins participation
- Measure and monitor the overall success of program through student engagement
- Expand to more rural areas
- Partner with districts and the Michigan Department of Education to create and collect more meaningful metrics
- Increase connections with community partners to provide services and donations



Central Grants Management

Goal: Ensure all grant funds are coordinated to meet the Department's mission.

- Builds upon a process improvement initiative
- Streamlines Department approvals and internal communication
- Assists programs in finding new funding sources
- Acts as a liaison between all areas of the Department to link similar programs together



Michigan Rehabilitation Services

Overview

- MRS partners with individuals and employers to achieve employment outcomes and independence for individuals with disabilities
- Serves applicants seeking employment by providing individual counseling based on individual experience, abilities, functional limitation, and the essential functions of a specific job
- Services business customers in providing expertise and resources to help locate, match, and accommodate employees with disabilities



Michigan Rehabilitation Services

MRS performance data FY15

Performance Measures	Federal Standards	MRS Performance
Number Employment Outcomes	Michigan Benchmark = 6,695	6,821
Percent Employed	≥55.8%	59.6%
Employed Competitively	≥72.6%	94.8%
Significantly Disabled	≥62.4%	81.2%
Earnings Ratio	≥0.52	0.6
Self-Support	≥53.0%	70.4%
Minority Ratio	≥0.80	0.84



Bureau of Community Services BJ(4)

Overview

- Housing and Homeless Services
- Crime Victims Services Programs
- Michigan Domestic and Sexual Violence Prevention and Treatment Board
- Community Action Agencies (CAAs)

Slide 30

BJ(4

Added this slide so the Bureau of Community Services so it is structured like the other areas in our administration with an overview slide first before getting into details.

Breems, Jonathan (DHHS), 2/2/2017



Housing and Homeless Services

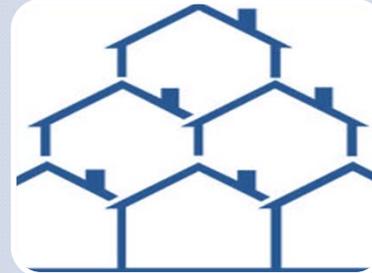
FY16 Outcomes



Provided
827,056 bed
nights of
emergency
shelter or
motel



Assisted
35,463
people with
housing
assistance



Delivered
permanent
housing to
10,564
people



Crime Victims Services Programs

Crime Victim Compensation

Last resort for unpaid medical bills, loss of earnings, burial costs, counseling needs

The Sexual Assault Forensic Exam Program, also known as S.A.F.E. Response, allows sexual assault victims to receive a forensic exam at no cost.

Crime Victim Assistance

Federal pass-through dollars to local public and non-profit agencies engaging in direct services to victims of crime through a competitive grant process

Crime Victim Rights and Assessment Revenue

Restricted funding to support Crime Victims Rights Activities

Funds Prosecuting Attorneys and Juvenile Courts

Supports mandatory notification rights of crime victims including the Michigan Crime Victims Notification Network

Provides advocate training to better assist victims



Michigan Domestic and Sexual Violence Prevention and Treatment Board

Contracts, Partnerships & Funding

\$19.03 m Funding for local domestic/sexual violence and child advocacy services awarded in almost 180 contracts

Manage funds from 17 different Federal/State funding sources

Statewide partnerships with the Attorney General, Michigan Commission on Law Enforcement Standards, Prosecuting Attorney's Association of Michigan and the Michigan Coalition to End Domestic/Sexual Violence

Client Services Provided in FY 2016

273,399 Emergency Shelter Nights

9,949 Adults/Children were provided Emergency Shelter

2,139 Adults/Children received SANE services

8,411 Children received forensic interviews

84,289 Domestic violence and 10,198 sexual assault crisis calls

23,614 Adults/Children were provided non-residential counseling

Key Initiatives in 2016

Michigan Sexual Assault Evidence Kit Tracking and Reporting Commission

MiTEAM DV/Enhancement Safe and Together Model Training

Staff support for:

- + Campus Sexual Assault and Title IX
- + Detroit Sexual Assault Kit Summit
- + Multiple OVW Trainings
- + First Lady of Michigan's Campus Sexual Assault Summit



Community Action Agencies (CAAs)

Summary of services and a sample of the populations served by Michigan CAAs included:



201,864 low-income individuals

53,223
children



6,724
deliverable fuel
assistance



1,573
weatherized
units



56,727
seniors



2015 Community Services Block Grant Annual Report, Weatherization Program Year 15, and Michigan Energy Assistance Program FY2016
MDHHS Bureau of Community Action & Economic Opportunity



MDHHS Contact Info and Useful Links

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>