

# Michigan Department of Health and Human Services

Fiscal Years 2023 - 2027

## MISSION

MDHHS provides services and administers programs to improve the health, safety, and prosperity of the residents of the state of Michigan.

## VISION

Deliver health and opportunity to all Michiganders, reducing intergenerational poverty and promoting health equity.

## VALUES

- Human Dignity: Show empathy, kindness, and respect for those we serve and for one another
- Opportunity: Offer all residents, regardless of background, tools to realize their potential
- Perseverance: Meet needs and solve problems with innovation and grit
- Ease: Simplify everything we do as much as possible

### FOUNDATIONS

### KEY GOALS

### KEY STRATEGIES

	Public health investment	Racial equity	Address food and nutrition, housing, and other social determinants of health (SDoH)	Improve the behavioral health service system for children and families	Improve maternal-infant health and reduce outcome disparities
	<ul style="list-style-type: none"> <li>• Strengthen local public health infrastructure and integration with state-wide responses</li> <li>• Identify gaps in local and state public health response to develop mitigation strategies</li> <li>• Develop communication strategies to strengthen relationships with stakeholders and promote public health services</li> <li>• Increase investment in chronic disease prevention through interventions that improve access to healthy food, physical activity, and reduce root causes of COVID-19 morbidity and mortality</li> <li>• Assess short and long-term budgetary consequences of COVID-19 and its community-level impact</li> <li>• Utilize existing evidence-based local health department programs that interact with clients to address the social determinants of health and other factors that exacerbate COVID-19 impacts</li> <li>• Continue ongoing protection of essential workers and marginalized populations by maintaining essential benefits and addressing the mental health consequences of the COVID-19 pandemic</li> <li>• Develop and implement workforce retention and development plan</li> </ul>	<ul style="list-style-type: none"> <li>• Normalize Racial Diversity, Equity, and Inclusion (DEI) work across state government</li> <li>• Achieve a diverse workforce to best serve a diverse population</li> <li>• Adopt a department-wide Equity Impact Assessment process to embed equity considerations in the decision-making process across the department</li> <li>• Increase and standardize gender identity as well as Race, Ethnicity, Abilities, Language, and Disability (REALD) data collection across the department</li> <li>• Provide support to increase the capacity of our agency and our community partners to advance racial equity diversity and inclusion</li> <li>• Increase the number of companies we work with that are run by members of historically marginalized communities.</li> <li>• Address racial wealth inequities and work with underserved populations on financial literacy</li> <li>• Integrate racial equity into department leadership, operations, programs, policies, and practices</li> <li>• Develop a communication plan (internal/external) that fosters DEI accountability and transparent reporting of accomplishments, challenges, and opportunities</li> <li>• Provide support, technical assistance, and consultation for up to 10 work areas within MDHHS to establish goals and implement actions that reduce racial and ethnic disparities</li> <li>• Assess the ability of various areas within MDHHS to adequately respond to COVID-19 and identify ongoing infrastructure needs to reduce racial and ethnic disparate outcomes due to crises or natural disasters</li> <li>• Through Social Determinants of Health (SDoH) strategy, develop and implement strategies that support health equity by addressing barriers to social and health services for our most vulnerable populations</li> <li>• Reduce the overrepresentation of children of color in the child welfare system</li> <li>• Utilize data to drive strategic direction</li> </ul>	<ul style="list-style-type: none"> <li>• Adopt a department-wide Health in All Policies approach to embed health considerations in the decision-making process across the department</li> <li>• Align efforts by partnering with state agencies and other stakeholder groups on existing SDoH initiatives and collaborate for greater impact in communities</li> <li>• Collaborate with the Department of Labor and Economic Opportunity and the Michigan State Housing Development Authority to ensure strategic priorities on housing are aligned</li> <li>• Support priorities that are community directed and address upstream social determinants of health issues</li> <li>• Integrate and utilize data from across the department to draw insights on inequity and better target interventions</li> <li>• Assess health and human services programs using a health equity lens to remove systemic barriers, reduce disparities, and improve health outcomes</li> <li>• Strengthen home visiting programs' ability to screen, provide closed loop referrals, and enroll individuals in food assistance programs and lead services</li> </ul>	<ul style="list-style-type: none"> <li>• Improve behavioral health service system access through the expansion of key existing services</li> <li>• Assess capacity to expand coverage of new service types</li> <li>• Support continuous quality improvement through information technology system enhancements, system investments, and staff capacity development</li> </ul>	<ul style="list-style-type: none"> <li>• Promote intended pregnancies</li> <li>• Address challenges associated with perinatal substance abuse and mental health</li> <li>• Identify and decrease barriers of early entry into prenatal care to boost overall access to prenatal care</li> <li>• Promote infants safely sleeping through a range of programmatic efforts and improved community messaging</li> <li>• Promote available lead services including blood lead testing, home environmental investigation, and lead abatement to pregnant and nursing individuals</li> <li>• Increase breastfeeding initiation, duration, and exclusivity as protective factors for maternal and infant vitality and as the gold standard for infant nutrition</li> <li>• Implement safety bundles in hospitals to improve care, prevent severe maternal morbidity (complications during labor and delivery), and maternal deaths</li> <li>• Provide health care access for Medicaid eligible pregnant individuals in the postpartum period</li> <li>• Restore traditional birth and infant feeding ways among Indigenous and Black families and communities</li> </ul>

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### FOUNDATIONS

### KEY GOALS

Public health investment

Racial equity

Address food and nutrition, housing, and other social determinants of health

Improve the behavioral health service system for children and families

Improve maternal-infant health and reduce outcome disparities

### CORE OPERATING PROCESSES

- Evaluate all funding sources for opportunities for innovation, inefficiencies, or reallocation
- Assure COVID 19 response activities are appropriately documented and organized
- Write rules to mandate Chronic Disease Reporting (examples ALS and Stroke)
- Assure sickle cell disease newly funded activities are appropriated to accomplish their intended purpose

- Implement the Equity Impact Assessment tool
- Work with partners and stakeholders to identify inequities within policies, practices, and systems
- Increase the collection and accuracy of racial identity data by training staff to have conversations with customers about racial identity
- Implement a new, validated Structured Decision-Making tool to be used in Centralized Intake to support more accurate and equitable decision making
- Ensure MDHHS employment opportunities are posted on diverse platforms to recruit underrepresented populations
- Require at least one member on all interview team be trained in diversity hiring

- Provide public assistance benefits in a timely and efficient fashion to eligible residents of the state of Michigan
- Simplify processes for clients/customers
- Conduct outreach to inform residents about potential resources to strengthen families
- Enhance outreach in a manner that is sensitive to culture and language preference
- Expand use of automated referrals and adjunctive eligibility
- Create and disseminate a standardized SDoH screening tool and closed loop referral system

- Work with key stakeholders (PIHPs, families and youth, advocates, MHPs) to address gaps in policy or capacity
- Establish Children's Behavioral Health Data Task Group

- Invest in local public health capacity
- Communicate key public health messages that have been created in partnership with and informed by the public
- Authentically collaborate with maternal, infant, and family health stakeholders (hospitals, Regional Perinatal Quality Collaboratives) and safety net providers (ERs, shelters) to address gaps in policy or capacity
- Train and monitor Family Planning Programs around the provision of client-centered contraceptive care
- Implement supportive substance use identification and recovery programming, such as Rooming In, for substance exposed infants and the High-Tech High Touch screening and support linkage model
- Identify and deliver safe sleep resources including halo sacks, cribs, and bassinets to communities most at risk of sleep-related deaths
- Implement an extension of full Medicaid eligibility coverage for pregnant individuals from 60 days to 12 months postpartum, including dental coverage and behavioral health services

### KEY MEASURES

- Public health spending regarding COVID 19 response and recovery
- Number of funding streams tied to COVID 19 efforts
- Number of new funding opportunities secured for COVID 19 recovery
- Average employee turnover percentage
- Employee engagement
- Burden of chronic disease and disparities (percent of population diagnosed with obesity, hypertension, diabetes, cancer, etc.)
- Public health spending on chronic disease, injury, and violence prevention

- Number of positive responses to employee engagement DEI questions
- Number of discriminatory harassment complaints
- Improved Employee performance
- Diversity of MDHHS staff, contractors, and suppliers relative to the Michigan population
- Reduction in the rate of disproportionality of children of color in out of home care

- Percent of individuals receiving more than one benefit program from MDHHS
- Number of Michiganders receiving services that support key SDoH including culturally responsive health care access and safe, affordable housing, especially among communities experiencing inequities
- Churn rate for benefits programs including FAP, FIP, CDC, SER, and Medicaid (% of recipients who fall off for admin reasons and reapply in 3 months)
- Average number of days to eligibility determination for FAP.
- Number of individuals 60 and older who participate in Older American Act funded nutrition programs
- Improve access to safety net services for low-income households at risk of heat, electric, or water shut-off

- To be determined

- Infant mortality rate (overall/disaggregated by race and ethnicity)
- Preterm birth percentage (overall/disaggregated by race and ethnicity)
- Number of sleep-related deaths
- Sudden Unexpected Infant Death (SUID) rate (overall/disaggregated by race and ethnicity)
- Low birth weight percentage (overall/disaggregated by race and ethnicity)
- Maternal morbidity and mortality rates (overall/disaggregated by race and ethnicity)
- Number of individuals served by evidence-based home visiting programs
- Number of infants permitted to "room in" at birthing hospitals utilizing the Rooming In model
- Number of individuals screened with HT2
- Number of clients served by the Family Planning Program (FPAR) Breastfeeding rates
- Number of program enrolled individuals receiving expanded postpartum Medicaid coverage
- Percent of program enrolled individuals attending a postpartum visit with their health care provider

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## FOUNDATIONS

## KEY GOALS

Reduce lead exposure for children

Reduce child maltreatment and improve rate of permanency within 12 months

Fully implement the Families First Preservation Services Act (FFPSA) state plan

Expand and simplify safety net access

Reduce opioid and drug-related deaths

Ensure all administrations are managing to outcomes, investing in evidence-based solutions, and ensuring program accuracy in benefit issuances

## KEY STRATEGIES

- Review feasibility of utilizing the Lead Prevention Fund Pay for Success (PFS) and alternative funding models to reduce lead hazards
- Strengthen compliance monitoring and enforcement of lead environmental regulations in homes
- Strengthen collaboration between health and human services programs to better link citizens to lead services
- Build local workforce capacity to safely and effectively abate lead hazards
- Increase the identification of lead hazards in homes for primary prevention through partnership with the Michigan State Housing Development Authority and other state departments
- Improve the availability of data for local communities to respond to lead exposure risk factors
- Increase identification of children exposed to lead and linkage to recommended services, including resources to aid families with the trauma associated with living in communities with lead exposures
- Review the public health code and state rules to identify and implement improvements that reduce lead exposures through drinking water and other environmental sources

- Reduce the rate of maltreatment of children in foster care through rigorous continuous quality improvement reviews
- Work in partnership with State Court Administration Office and local courts to address rates of permanency in 12 months
- Decrease the percent of children in Congregate Care settings through the utilization of current community-based supports and new community-based settings made available under the Families First Prevention Services Act

- Create a pathway to prevention and community-based services to be used when CSA involvement is not necessary or warranted
- Create a resource that mandatory reporters and community partners can access to assist families or direct families to community resources that will meet their needs

- Increase cross-enrollment in public assistance programs for eligible beneficiaries
- Determine program eligibility in one day by simplifying and streamlining verification process for assets and income when determining eligibility for benefits programs
- Improve and simplify the eligibility redetermination form
- Reduce average days to eligibility determination and redetermination for the Family Independence Program (FIP) and Food Assistance Program (FAP)
- Increase number of State Emergency Relief (SER) households receiving Michigan Energy Assistance Program (MEAP) dollars
- Assess housing stability across safety net systems
- Increase access to friendly reassurance and friendly caller programs for homebound seniors aged 60 and older

- Prevent misuse of opioids using primary prevention strategies, promoting appropriate use of prescription opioids, and educating the public of the risks of opioids
- Promote screening, care coordination, and improved use of data to improve early identification of an opioid use disorder (OUD)
- Increase access to quality medication assisted treatment (MAT) by removing barriers to treatment, expanding training for providers on MAT, and offering incentives and support for providers to appropriately use medication to treat OUD
- Increase access to naloxone and other harm reduction strategies
- Enhance data sharing, data integration, coordination of care, and MAT for justice-system involved patients
- Improve services for pregnant women and new mothers by increasing provider trainings, increasing screenings for substance use, reducing out of home placements for child welfare, and increasing access to treatment services
- Reduce inequities in substance use treatment access and disparities in outcomes and mortality for Black, Indigenous, and People of Color (BIPOC) communities
- Promote recovery and increase support for recovery services
- Promote syringe service programs and other harm reduction programs to link to treatment, reduce overdose, and reduce infectious disease impacts of drug use
- Utilize High Risk Medicaid Unit within OIG to determine Opioid abuse by Medicaid Beneficiaries
- Improve timeliness and quality of data

- Conduct a review of departmental spending to identify areas of opportunity for improved evidence-based investment and policymaking
- Build an evidence-based and/or data lens into the budget process, as well as into grants and contracting
- Direct broad funds to highest ROI programs and populations in the context of outcomes the department is seeking to achieve
- Direct specific discretionary funds towards programs that demonstrate evidence, ROI, and align with strategic priorities
- Develop robust performance management tools and processes across all administrations
- Identify fraud, waste, and abuse in agency programs to maintain integrity and accountability

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### FOUNDATIONS

### KEY GOALS

### CORE OPERATING PROCESSES

### KEY MEASURES

KEY GOALS	Reduce lead exposure for children	Reduce child maltreatment and improve rate of permanency within 12 months	Fully implement the Families First Preservation Services Act (FFPSA) state plan	Expand and simplify safety net access	Reduce opioid and drug-related deaths	Ensure all administrations are managing to outcomes, investing in evidence-based solutions, and ensuring program accuracy in benefit issuances
CORE OPERATING PROCESSES	<ul style="list-style-type: none"> <li>• Test innovative financing models</li> <li>• Build local capacity to respond to public health challenges</li> <li>• Work with other agencies on cross-cutting challenges (e.g., regulation / enforcement)</li> <li>• Build a centralized intake model to ensure families receive appropriate link to lead services</li> <li>• Implement lead online learning module for home visitors</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize and facilitate family team meetings (FTMs) with board engagement to reduce Maltreatment in Care</li> <li>• Continue state-wide ChildStat</li> </ul>	<ul style="list-style-type: none"> <li>• Collaborate with key stakeholders, families with lived experience, tribal governments, and community partners</li> <li>• Train mandatory reporters and community partners about new resources and identifying families who are candidates for these resources</li> </ul>	<ul style="list-style-type: none"> <li>• Provide public assistance benefits in a timely and efficient fashion to eligible residents of the state of Michigan</li> <li>• Simplify processes for clients/customers</li> <li>• Conduct outreach to inform residents about their benefits</li> <li>• Ensure accuracy in the delivery of benefits</li> </ul>	<ul style="list-style-type: none"> <li>• Use the programmatic tools of the Department to increase access to care</li> <li>• Strengthen and leverage data to make decisions</li> <li>• Communicate on key public health issues with members of the public</li> <li>• Facilitate data sharing to create a more coordinated and collaborative system</li> </ul>	<ul style="list-style-type: none"> <li>• Manage organizational performance</li> <li>• Strengthen and leverage data and evidence to make decisions</li> <li>• Fund and implement routine oversampling to identify trends and disparities within geographical, racial, and ethnic groups, including intersectional data (i.e., disability and race)</li> </ul>
KEY MEASURES	<ul style="list-style-type: none"> <li>• Number of children with elevated blood lead levels</li> <li>• Percent of children under age six who received a blood lead test who had an elevated blood lead level</li> <li>• Number of providers screening for lead</li> <li>• Number of homes receiving environmental investigations</li> <li>• Number of homes with identified lead in dust, paint, soil, and water hazards</li> <li>• Estimated number of housing units with lead hazards remediated or abated</li> </ul>	<ul style="list-style-type: none"> <li>• Rate of permanency in 12 months</li> <li>• Rate of maltreatment in care</li> <li>• Rate of adoptions within 12 months of permanent wardship</li> </ul>	<ul style="list-style-type: none"> <li>• Number of referrals to community-based services in unsubstantiated CPS investigations</li> <li>• Number of unassigned Centralized Intake calls</li> <li>• Number of subsequent Centralized Intake calls made on a family after a referral is made to a prevention or community-based service within 12 months of the first Centralized Intake</li> </ul>	<ul style="list-style-type: none"> <li>• Percent of children ages 5 and under who are cross-enrolled in WIC, Medicaid, SNAP, and SER</li> <li>• Churn rate for benefits programs (FAP, FIP, CDC, SER, Medicaid), or the % of recipients who fall off for administrative reasons and reapply in 3 months</li> <li>• Average number of days to eligibility determination and redetermination for FIP and FAP</li> <li>• Number of SER households receiving MEAP self-sufficiency dollars</li> </ul>	<ul style="list-style-type: none"> <li>• Number of fatal opioid overdoses annually</li> <li>• Number of nonfatal overdoses annually</li> <li>• Number of opioid prescriptions written annually</li> <li>• Number of total fatal overdoses annually</li> </ul>	<ul style="list-style-type: none"> <li>• Number of administrations employing performance management tools</li> <li>• Money directed specifically toward evidence-based solutions</li> </ul>