MDHHS Report on the Status of Merger

(FY2017 Appropriation Act - Public Act 268 of 2016)

September 30, 2017

Sec. 233. By March 31 and September 30 of the current fiscal year, the department shall report to the senate and house appropriations subcommittees on the department budget, the senate and house fiscal agencies, the senate and house policy offices, and state budget office on the status of the merger, executed according to Executive Order No. 2015-4, of the department of community health and the department of human services to create the department of health and human services. The report must indicate changes from the prior report and shall include, but not be limited to, all of the following information:

(a) The impact on client service delivery or access to services, including the restructuring or consolidation of services.

(b) Any cost increases or reductions that resulted from rent or building occupancy changes.

(c) Facilities in use, including any office closures or consolidations, or new office locations, including hoteling stations.

(d) Current status of FTE positions, including the number of FTE positions that were eliminated or added due to duplication of efforts.

(e) Any other efficiencies, costs, or savings associated with the merger.

Merger Status – Report

The Michigan Department of Health and Human Services (MDHHS) was created by Executive Order 2015-4 effective April 10, 2015. The reason for the merger of the former departments of Community Health and Human Services was to more effectively and efficiently assure the protection and strengthening of Michigan's families by aligning family and health-related services and administrative functions in state government.

Impact on Client Service Delivery and Access to Services

In the past, the Departments of Community Health and Human Services managed hundreds of unique programs that customers interacted with in a multitude of ways. Through the merger, MDHHS is examining every program to determine how we can deliver services that better achieve positive health and self-sufficiency outcomes for our customers. The combined MDHHS is charged with reforming how we interface with our customers through service delivery and technology innovation which better focuses on customers' needs.

Integrated Service Delivery Update

The Integrated Service Delivery Program Vision is to foster person-centered, holistic relationships with Michigan citizens that efficiently provide targeted programs and services to empower customers in reaching their self-sufficiency goals.

Universal Caseload System Begins Rollout Early Next Year

A key element of Integrated Service Delivery – MDHHS's effort to better integrate programs and improve outcomes for customers – is underway with design and development activities.

The Universal Caseload system will provide the ability to distribute casework among offices and business service delivery areas using a task-based case management processes. With this system, specialists will no longer "own" cases, but instead focus on working on a specific part of the case, sharing with team members the tasks involved in a case.

Universal Caseload will be implemented next year at the same time as new call center technology. This technology provides one phone number for clients to call. The phone number includes an Interactive Voice Response, which can provide case/benefit information and route the caller to the most appropriate local team to answer their question. Monthly statewide calls are taking place with many staff members outlining how Universal Caseload will work within local offices. As offices are identified for rollout, additional assistance will be provided to help office and staff prepare for the changes ahead.

Roll Out Schedule

UCL will roll out to local offices in phases, with the pilot happening in January 2018 within Gratiot and Shiawassee counties. The next Go Live is scheduled for April 2018 for the following counties: Alcona-IoscoOgemaw-Roscommon; Arenac-Bay; Clinton-Eaton; Jackson; Mecosta-Osceola; and Missaukee-Wexford. As planning is finalized, additional Go Live dates and the full schedule of offices will be provided.

MI Bridges Self-Service Portal

As a part of the Integrated Service Delivery effort, the MI Bridges self-service portal is receiving an upgrade. Using enhanced technology and coordination of resources, the new MI Bridges will offer new features, allowing existing customers and Michigan residents to do much more than apply for benefits or manage their case. New features include allowing MI Bridges to interface with Michigan 2-1-1 to connect customers to community resources, in addition to state assistance programs. Moreover, a customer will be able to complete a needs survey to find state programs or local resources that may be helpful, and refer themselves to a community agency through MI Bridges. MI Bridges will also receive a new user-friendly look and be mobile friendly, allowing customers to more easily use MI Bridges from their smartphone or tablet.

Roll Out Schedule

It will be piloted in September 2017 in Muskegon County, and is expected to become available statewide in January 2018. MDHHS is working closely with the Muskegon field office and community partners to prepare for the pilot. Key features available in the pilot will include:

> • Help Me Find Resources: Michigan residents can select a topic they would like help with, such as food, transportation or utilities assistance. MI Bridges will ask a short series of questions and recommend programs/services available statewide or in their community to meet their needs.

> • Find Resources on My Own: Residents will be able to use MI Bridges to freely search for and explore resources in their local community.

> • View Benefits: Customers with existing cases can view helpful benefit information by program. They will be able to find answers to their benefits questions in MI Bridges 24 hours a day, with such information available as renewal date, benefit amount and the date when benefits will be available on their Bridge card.

> • View Letters (Correspondence): Customers can view letters sent from MDHHS for the previous 12 months. Under the new system, they will be easily able to find and print copies of notices from their account in MI Bridges.

Cross-Agency Collaboration

Collaboration across Health and Human Services has been a major benefit of the merger. Some concrete examples of this collaboration in this reporting period include:

- **Strategic Alignment Team**

  o The team has now expanded to serve as a forum to discuss MDHHS health equity/social justice goals across all department areas. MDHHS' Health Disparities Reduction Minority Health Section has been the lead coordination point and a smaller workgroup has been formed. There are also plans to coordinate with the MDHHS Diversity Workgroup on an upcoming health equity report.

- **MDHHS Diversity Committee**

  o A Diversity Committee has been formed to promote and foster a culture that values diversity, inclusion, and equity throughout the Michigan Department of Health and Human Services and the diverse communities it serves.

  o Prior to the merger, both departments had developed and were implementing their own diversity plans. In order to re-evaluate and combine those documents into a new comprehensive plan, a committee was formed with representation from all administrations within the department. This dedicated team worked diligently over the course of six months to develop a unified proposal that clearly demonstrates the department's continued commitment to diversity, inclusion, and equity. The proposal is now under final review.

- **Response to Opioid Epidemic**

  o MDHHS as a merged entity has been able to work in a coordinated fashion in response to the opioid epidemic with other Departments and Agencies (Michigan State Police, Licensing and Regulatory Affairs, Health Departments, Poison Control), with an integration of programming across Behavioral Health, Human Services, Medicaid, and Injury programs) with multiple stakeholders (Non- Governmental Organizations, courts, local agencies, etc.).

  o Population Health's Division of Chronic Disease and Injury Control has obtained a Michigan Data-Driven Prescription Drug Overdose Prevention Initiative grant from the CDC. The purpose of the Michigan Data-Driven Prescription Drug Overdose Prevention Initiative is to advance comprehensive state-level interventions by:
    1) Establishing a broad, multi-sector group of key stakeholders
    2) Developing a strategic plan to prevent prescription drug and opioid overdose and abuse
    3) Constructing a framework for data sharing
    4) Creating data tools and resources to describe the epidemic from a variety of sources
    5) Building the capacity of communities and counties to better assess and respond to the problem at the local level

  o Children's Services Administration is participating in the Opioid Policy Academy led by the MDHHS Recovery Oriented Systems of Care unit to implement the federal provisions of the Comprehensive Addiction and Recovery Act requiring cross-system implementation of Infant Plans of Safe Care for infants born affected by substances.

- **Mental Health Services**

- The department is working to build a continuum of care that includes services and supports to meet the mental health needs of children and youth in their communities whenever possible.
- The Division of Mental Health Services to Children and Families within the Children's Services Agency has provided their mental health expertise to assist child welfare staff when making policy, program, and contractual decisions across the child welfare service continuum.
- The Division of Mental Health Services, the Foster Care Program Office, and the Medical Services Unit are working collaboratively to strengthen resources and relationships which leads to improved outcomes for children.
- Efforts have been made to scale up Mobile Crisis response teams, a Medicaid eligible service, to respond to children in crisis and avoid escalation and negative outcomes.
- A cross-system Leadership Forum is planned for November 2017 bringing together Leadership from Community Mental Health Service Providers and Child Welfare County Directors to discuss way to collaborate more effectively to meet the needs of children who encounter the child welfare system.
- Improved parenting skills training for families with children in foster care to enable reunification. Child welfare policy office worked with the Division of Mental Health Services to Children and Families to expand a pilot program, called Parenting Through Change – Reunification, to families with severely emotionally disabled children who are in foster care to achieve reunification by teaching evidence-based parenting techniques.

- **Trauma Response**

  - Following the merger, and with the support of Governor Snyder, MDHHS was selected as one of three states to participate in the Defending Childhood State Policy Initiative, focusing on development of a cross-systems plan to enhance screening, assessment, and treatment of children and families who have experienced trauma. Efforts that occurred during and following the initiative include:
    1. Trauma policy development and implementation for the Medical Services Administration and Behavioral Health and Developmental Disabilities Administration.
    2. Phased implementation of trauma screening within all child welfare cases across the state.
    3. Development of secondary trauma training and local office culture and climate assessment contract for child welfare offices statewide.

Office Relocations and Consolidations

The department continues to monitor its lease portfolio to maximize efficiencies through consolidation and co-location with community partners and other MDHHS offices. We continue to review lease agreements and space needs for multiple county offices to consider these

opportunities. The department is continuing to move forward with several consolidation efforts for our central office locations, therefore, reducing the cost.

Current Status of FTE Positions

Pre-Merger FTE Count (pay period ending March 28, 2015)

Department of Community Health:	3,136
Department of Human Services:	<u>10,874</u>
Combined Total:	14,010

MDHHS Post-Merger FTE Count (pay period ending March 11, 2017)

Department of Health and Human Services 14,167

Difference from Pre-Merger FTE Count: 157

Some positions in the department were created and some were eliminated as part of the merged agency to streamline services and support the Integrated Service Delivery initiative. MDHHS is integrating and implementing a massive amount of merger-related administrative processes and policies, in addition to planning for and beginning to implement a major change in the department's service delivery model, all with existing staff resources.

Other Efficiencies, Costs, or Savings Associated with the Merger

Examples of potential savings in the long run may include:

- o Reduced inpatient hospitalization stays;
- o Reduced foster care days of care as the focus on prevention increases;
- o Rent or lease cost reductions;
- o Information technology and project cost savings resulting from leveraging resources, avoiding duplication of effort, and leveraging of fund sources.

Overall it is too soon to report specific costs or savings associated with the merger. Much of the move towards Integrated Service Delivery and other service delivery-related efficiencies is still in the planning stages.