

### **Community Health Innovation Region**

A Community Health Innovation Region (CHIR) is a unique model for improving the wellbeing of a region and reducing unnecessary medical costs through collaboration and systems change. CHIRs engage a broad group of stakeholders to identify and address factors that affect residents' health, such as housing, transportation, and food insecurity, as well as access to high-quality medical care. The CHIR model creates a neutral space for partners to unite around a common vision, aligning their objectives and services to meet the needs of the community. The result is a community that is purposeful in its response to residents' needs, creating conditions that meaningfully support an individual's ability to have a higher, more productive quality of life. The State has selected five regions in which to test the CHIR model.



### **Jackson CHIR**

Jackson Community Health Innovation Region is set up as a distributed network that is a partnership of health and human service agencies addressing health, education, and financial stability across Jackson County. The Jackson CHIR has an established collective impact structure that is guided by common network values that include: Equity, Authentic Engagement, and Continuous Learning. Henry Ford Allegiance Health serves as the fiduciary for the CHIR and provides backbone infrastructure and support to the Health Improvement Organization Coordinating Council, the multi-disciplinary leadership team responsible for governance of the Jackson CHIR's project.

### **Jackson County Health Rankings**

CHIRS across the state are focused on improving the social determinants of health (SDOHs).



Jackson County's adult obesity rate has risen from 27% to 34% since 2004.

The percentage of children living in poverty has risen from 14% to 20% since 2002.

Clinical Care 24<sup>th</sup>
Health Outcomes 52<sup>nd</sup>
Health Behaviors 70<sup>th</sup>
Social/Economic Factors 42<sup>nd</sup>

out of

83

Michigan
Counties

Source: 2018 County Health Rankings Data

### CHIR Successes: Implementing Innovative Approaches to Improve Health

The Jackson CHIR focused on **building and implementing innovative approaches** to address emergency department utilization and **establishing the infrastructure and collective capacity** needed for health transformation. Important wins in the last two years include:

Building community and transforming lives with a Community Living Room.

**Expanding walk-in services** to address varying social and health needs in a timely manner.

Integrating systems of care across social service and health service providers.

Engaging cross-sector agencies to develop and utilize the Jackson Care Hub for screening, referral, and care coordination.





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Michigan's State Innovation Model Project: www.michigan.gov/CHIR



Bright Spot

### **Building community and transforming lives** with a **Community Living Room**.

#### **CHIR Success!**

The Jackson CHIR has developed a transformative way to address social isolation, build community, engage local partners, and provide critical social and health services where residents need them most at the Community Living Room. The Community Living Room is staffed by resource specialists who work to connect residents to needed services.

### What was the challenge facing Jackson?

Residents living in low-income neighborhoods faced barriers to accessing health and social services. Social determinants of health (SDOHs) such as housing instability, socioeconomic status, food access, and transportation were contributing to poor health outcomes for Jackson residents and the traditional approaches to service delivery were failing to meet residents' needs. In addition, social isolation was identified as a factor impacting wellbeing and physical health outcomes.

### How did the Jackson CHIR address this challenge?

The Jackson CHIR transformed an under-utilized space in a Jackson Housing Commission property into a Community Living Room. This space brings the community together and provides connection to social and health resources in a warm and welcoming environment. This space provides services such as community health worker outreach and assistance, community paramedics, housing support, transportation services, and community meals., Community Living Room guests plan and facilitate games, snacks and events such as 'vinyl Fridays', to share music from their record collections.

### What has the impact been?

Following 3,000 visits since March of 2018, the Community Living Room has become a space for the community to connect with each other and access services. Frequent guests are now supporting the day-to-day operation and are actively involved in running the space. The Community Living Room has become a lifeline to many who were isolated or struggling to access needed services. Using a community-based approach to social and health service delivery, the Community Living Room has created the space, support, and connection to resources to address people's needs outside of the Emergency Department.

### What are the important next steps?

- Continue creative programing and participant capacity building.
- Expand the Community Living Room to additional locations.
- Engage community stakeholders to commit ongoing support for the community resource specialists and the work that they do.

### **Promoting Well-Being**



"Having the community paramedics has been tremendous

because we're in an area where people have been neglected...they don't have access to get to their healthcare providers."

- Social Services Provider

"They don't have the funds or the resources to go to different activities and intermingle...so this living room helps people meet each other."

- Social Services Provider



"Some of these residents have limited mobility and some do not

have any transportation. We are transporting them to get the things they need."

- Community Partner

#### **Transforming Lives**

"The Resource Specialists are 100% integral to the success of the [Community Living Room]. Without them, it would just be a space to sit in and it would not address the systemic issues like loneliness and people then accessing the ER when not necessary."

- Community Partner





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**Integrating systems of care** across social service and health service providers.

#### **CHIR Success!**

The Jackson CHIR **developed and implemented an integrated system of care** allowing for more efficient coordination of services and the promotion of social wellness and health through the Jackson Care Hub, which uses an IT infrastructure to connect resource providers and the residents they serve.

### What was the challenge facing Jackson?

Inefficient coordination and service duplication has negatively impacted the system of care in Jackson County. In addition, the lack of standardized screening processes created problems with tracking services provided to individuals. As a result, residents were experiencing poor service coordination and health outcomes.

### How did the CHIR address this challenge?

The CHIR brought together front-line community and medical service staff, IT professionals, and community agency leaders to develop a shared technology platform (Jackson Care Hub) that allows for screening and assessment at social and health service organizations across the CHIR. The Care Hub consists of IT infrastructure connecting community agencies to each other and, in the near future, to shared community electronic health records; as well as a screening, assessment, and referral tool using Central Michigan's 2-1-1- database.

The Care Hub users walk individuals through a four-step, non-linear workflow:

Identify	Proactively find people in need of services through screening.
Assess	Evaluate needs using a dynamic, whole-person approach.
Assist	Provide support and referrals to services based on assessment.
Follow-Up	Confirm people are receiving needed services by working with the individual and the agencies involved in their care.

### What has the impact been?

The Care Hub has created a more consistent method to identify social and health needs, connect residents to resources, and allow organizations to track the services provided. This integrated system of care model can be adapted and used in other communities across the state, meaning that many more individuals could benefit from this work in the future.

### What are the important next steps?

- Include more health care practices in the referral and connection services.
- Develop summary reports to better communicate community-level health data back to providers throughout the county.

### **Connecting to Services**



"The moment the individual leaves that office, they can walk out with referrals to

many different avenues of the social determinants of health."

- Health System Staff

### **Designing for Change**





Agencies participating in the co-design of IT infrastructure.

### Participating in Change

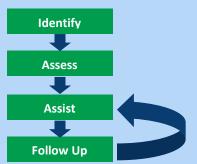
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Health care practices participating in the screening process.



Central Michigan's 2-1-1 referrals from navigators during pilot testing.

### Integrating Systems of Care







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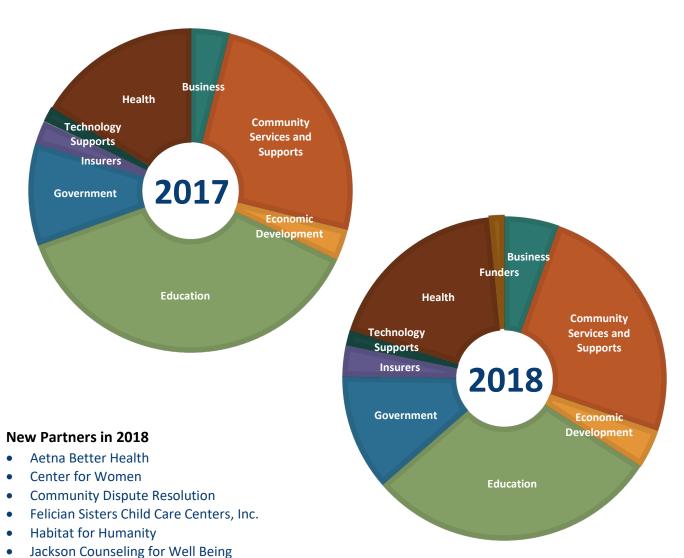
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### **Jackson CHIR Partners**

The Jackson CHIR has engaged more than 125 community organizations, local government agencies, health care providers, insurers, and community organization to come together to identify and implement strategies that address population health. In addition to members of the steering committee, the backbone organization, and work groups, the graphics below highlight the breadth of Jackson CHIR's partnerships. **The CHIR counts 129 organizations as partners in the work in 2018.** 





Michigan Rehabilitation Services

**Training and Treatment Innovations** 

Seventh Day Adventist Community Services

Michigan Works SE Salvation Army

Volunteers of America



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