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About the Initiative

In 2015, the Centers for Medicare and Medicaid Services (CMS) awarded the State of Michigan \$70 million over 4 years to test and implement an innovative model for delivering and paying for health care in the state. A major focus area has been strengthening connections among providers of clinical care and community-based organizations that address social determinants of health through the creation of Community Health Innovation Region (CHIRs).

Contact Us

Questions can be sent to:
MDHHS-CHIR@michigan.gov

Links

[SIM Initiative Website](#)

[SIM Population Health Webpage](#)

[SIM Care Delivery Webpage](#)

Welcome to the July edition of the SIM Community Health Innovation (CHIR) Newsletter. The newsletter provides updates on SIM activities and highlights regional CHIR work and successes. It also provides resources to inform the continued development and implementation of CHIR work.

Upcoming Action Items

CHIRs

- ❑ **Monthly Status Report** - CHIRs are to submit their status report by **July 13**. Please use the status report template and upload to your "CHIR Reporting/Status Reports" folder.
- ❑ **EGrAMS QPR**- CHIRs are to upload their Quarterly EGrAMS Progress Reports by **July 30**.

State SIM CHIR Team

- ❑ **Review LOP**- SIM CHIR Team has begun review of CHIR Local Operational Plans and new funding requests.

Program News and Updates

CHIR Mailbox

At the request of the State, the SIM CHIR Team is migrating its Listserve. The CHIR Mailbox can now be reached at the following address: MDHHS-CHIR@michigan.gov.

CHIR Technical Assistance Summary

During the March CHIR Technical Assistance Call, Josh Williams shared details about a universal HUB that is being piloted in Jackson. Rather than a physical location, the HUB is an electronic system that allows community agencies and partners to establish connections with screeners, while creating a user-friendly, dashboard. Using a "no wrong door", the HUB allows all participating community agencies and practices to assess need and create linkages to the appropriate community resources. Additionally, users may assess themselves with a brief questionnaire. Users can choose to answer questions that are most important to them based upon their own perceived priorities and needs, allowing clients the opportunity a user friendly mechanism for independently navigating the social service and healthcare systems.

The second portion of the TA call was led by Sheryl Weir, from the Health Disparity Reduction and Minority Health department at MDHHS, who shared health equity resources that CHIRs can utilize. Some of the resources included: a Health Equity Toolkit, a Michigan Equity Practice Guide, and an online Health Equity Training. The links for these resources were shared in the presentation and can be found in the Resources folder on SharePoint.

CHIR Spotlight

Muskegon ABLe Change

The Muskegon CHIR hosted their first two days of ABLe Change Training on April 25th and 26th. Sixty-six local partners representing 43 cross-sector organizations and initiatives engaged in the training to expand their local collaborative capacity to bring about a more equitable, healthy community in Muskegon. Over the course of these first two days training participants:

- developed a shared vision of local conditions (e.g., affordable housing, healthy food access, high quality education, service coordination, etc.) necessary to bring about an equitable, healthy community in Muskegon
- explored data on who in the county is experiencing the greatest inequities related to this shared vision
- identified critical perspectives (including local residents) to engage in their change efforts
- explored system root causes for why local inequities are happening

Training participants formed five design teams to continue learning about the root causes of local inequities over the summer. They will use this information to design powerful strategies to bring about a more equitable, healthy community during their next ABLe Change training in September, 2018.

Jackson Community Living Room



The Community Living Room-Reed Manor opened for guests on March 5, 2018 and marked the culmination of nine months of planning and collaboration. The Living Room-Reed Manor is open for guests from 10:00am to 7:00pm on Monday through Saturday. On average, 23 guests visit the living room each day. Some come for a cup of coffee or to play games and socialize, others come for help with specific needs. Several guests volunteer by making coffee and popcorn or manning the resource table. Two onsite Community Resource Specialists provide assistance with scheduling appointments, coordinating services for medical care, and facilitating referrals for social service resources. Community Resource Specialists work closely with Community Health Workers from the Center for Family Health to overcome the barriers to accessing health care. In addition, Community Paramedics are available in the community living room from 5:00-7:00pm daily for evaluation, education and coordination of care for guests. One challenge has been to educate guests on the role of the community paramedics as a complement, not a substitute for primary care.

Representatives from Jackson report several lessons learned from the last nine months. First, community residents are eager for social connection and support to address their health and social needs. As such, they initially underestimated the resources required to address these needs and will expand the number of Community Resource Specialists in the future. They have become more purposeful in seeking donations of supplies and other supports and anticipate that the community living room model will look slightly different in each new location as we expand in Jackson County. An action team has begun working on-site at the location for the next community living room in Jackson County, which expected to open by mid-September.

Crain's Business Notable Women in Health Care

The SIM Team would like to congratulate Carrie Rheingans, project manager at the Center for Healthcare Research and Transformation (CHRT) in the Livingston/Washtenaw CHIR, for being recognized in Crain's Detroit Business's inaugural list of Notable Women in Health Care. Carrie has been an integral part of the CHIR work and we are very thankful for her involvement in the program. For more information on this award, please visit the listing at [Crain's Detroit](#).

Bright Spots

Chicago West Side Residents and Hospitals Aim to Close 16-Year Life Expectancy Gap

Residents of Chicago's West Side have a life expectancy of 69 years, which is 16 years less than other Chicago neighborhoods, located only six miles away. The West Side United Group, a coalition of healthcare institutions and professionals, was formed to focus on addressing the social determinants of health in the West Side communities. More than 480,000 individuals living in the West Side neighborhoods have experienced chronic disease at much higher rates than the national average. In order to address these issues, the West Side United Group decided to focus on improving four areas: 1) health and health care, 2) neighborhood and physical environment, 3) economic vitality, and 4) education. In order to do this, West Side ConnectED, a program that screens patients, connects them to providers, and hires community health workers, was expanded to address the health and health care focus area. The Impact Investing Fund, which invests a minimum of \$2.5 million in housing and healthy food access, was organized to try to decrease the number of people who shop at gas stations for their food by increasing the number of stores with healthy food options instead. In order to address economic vitality, the health systems that make up West Side United, plans to hire more West Side residents as part of the nearly 6,000 people hired each year. Lastly, the group hopes to connect West Side students with educational experiences by adding more paid high school summer internships and college apprenticeships in the health institutions. The article can be read in its entirety on the Non Profit Quarterly website.

Resources

"Addressing Social Determinants of Health through Medicaid Affordable Care Organizations" The Center for Health Care Strategy (CHCS) presented a webinar to discuss some of the early lessons learned from innovations being implemented in various states' Accountable Care Organization (ACO) programs. The goal of these innovations is to encourage providers within their networks to address the social determinants of health. ACOs are entities designated to be held accountable for the financial and quality outcomes of a defined population. ACOs were originally developed under the Affordable Care Act in 2010 to move the U.S health care system toward the goals of the Triple Aim. CHCS is a non-profit policy center dedicated to improving the health of low-income Americans with a particular focus on Medicaid beneficiaries, agencies, and health plans. The Commonwealth Fund has supported CHCS to develop a national initiative designed to help states plan and launch Medicaid ACO programs. Currently, 12 states have active Medicaid ACO programs, and 10 states are pursuing or exploring Medicaid ACO programs. These Medicaid ACO programs offer several key leverage points for addressing disparities and social determinants of health, including: 1) Partnership Requirements, 2) Care Management Requirements, 3) Scope of Service, 4) Quality Metrics, and 5) Financial Incentives. Some examples of innovations within the ACO include transitioning away from fee-for-service, establishing increased financial incentives, and shifting Medicaid expenditures from high-cost institutional settings to community-based settings. For a more in-depth look at these programs, please view the [webinar](#) or review the slide deck on SharePoint.

For More Information

www.michigan.gov/SIM | MDHHS-CHIR@michigan.gov

