Jackson Community Health Innovation Region
Building Capacity to Transform Care: Year One Highlights

The State Innovation Model (SIM)

The State has organized the work of implementing its SIM initiative under three main umbrellas: Population Health, Care Delivery, and Technology. The Population Health component has at its foundation Community Health Innovation Regions (CHIRs) which are intended to build community capacity to drive improvements in population health. A CHIR is a broad partnership of community organizations, local government agencies, business entities, health care providers, payers, and community members that come together to identify and implement strategies that address community priorities. The state has selected five regions of the state in which to test the CHIR model.

Jackson's Collaborative Network membership is comprised of almost 400 people representing about 125 agencies working on systems change in the Jackson region

Jackson CHIR

Jackson Community Health Innovation Region is a partnership of health and human service agencies addressing health, education and financial stability across Jackson County, Michigan. Henry Ford Allegiance Health serves as the backbone organization for health improvement efforts, providing leadership and facilitating the development of a common agenda, shared measurement, mutually-reinforcing activities, and continuous communication.

52.8%
of ED visits by Medicaid beneficiaries in Jackson are preventable

Source: 2015-16 Medicaid Warehouse Data

Jackson County Health Rankings

Clinical Care	24th	out of 83 Michigan Counties
Health Outcomes	55th	
Health Behaviors	70th	
Social/Economic Factors	45th	

Source: 2017 County Health Rankings

CHIR Early Successes: **Building Community Capacity**

The Jackson CHIR focused on **building community capacity** to reduce drivers of emergency department utilization by identifying risk, **effectively coordinating care through closed loop referral processes**, and assessing the impact. Some important early wins include:

- Developing shared tools, processes, and **measurement system** to consistently assess how community needs are being met
- Establishing a firm foundation for the development of an **integrated system of care** across health and social service providers
- Cultivating **new and enhanced partnerships** across Primary Care physicians and mental health providers
- Engaging more than 400 individuals from across **250 agencies** in CHIR activities, including workgroups and action teams
- Developing a **community consultant model** to engage the broader population

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Early Success Spotlight

Establishing a Firm Foundation for the Development of an **Integrated System of Care**

What was the challenge?

An assessment of health and social service agency workflows in Jackson County revealed numerous service inefficiencies and duplications. With no standardized screening process or closed loop referral system in place, staff could not track services provided to individuals and cross-sector providers could not communicate effectively with each other.

How did the CHIR address this challenge?

To develop an integrated system of care, a Clinical Community Linkages (CCL) workgroup was created to steward engagement of existing network action teams and organizations across the community in co-design of a shared screening, referral and navigation system to link clinical and community services.

The Clinical Community Liaison completed over 70 interviews of clinical and social service leaders and front-line staff to identify intervention methods, approaches, and strategies that might be adopted to fit Jackson's needs. The findings informed the strategy to integrate the **Social Determinants of Health screening tool and closed-loop referrals** into social service and clinical provider settings.

As a result, what changed?

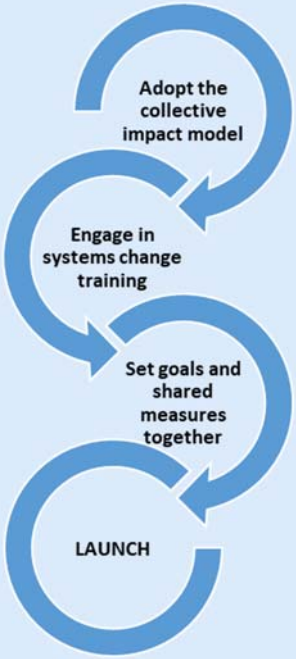
The growing collaboration clarified language across sectors, creating common definitions in support of aligned actions. Social service agencies, leaders and staff co-designed new ways of working together to reduce duplication of efforts and minimize the timeframe needed to link clients to services. The commitment to adopt common tools and workflow processes helped generate cohesion between participating agencies. Participants seem enthusiastic and hopeful in a way that were not apparent prior to the project.

What lessons were learned?

- Develop a mechanism that allows smaller agencies to participate and/or be involved to avoid feelings of exclusion.
- Ensure ownership and accountability by participating agencies and organizations in all decisions and action plans development
- Start small, and let agency staff positively react, see the value, and then bring to scale.
- High intensity cross-sector engagement requires trust and time.

*"As a community, we have **embraced the possible** through clinical-community linkages work."*
- CCL workgroup member

Elements of a Successful CHIR Process



- CCL workgroup member

"Just yesterday two long-standing agencies involved in the pilot to develop the social service navigation system realized that they each had services available that could mutually benefit their respective clients."
- Hub partner

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Early Success Spotlight

Developing Shared Tools, Processes, and **Measurement System** to Consistently Meet the Health Needs of the Community

What was the challenge?

Although shared community health assessment processes were quite robust, efforts were siloed within sectors and heavily focused on evaluating "health" without adequately integrating social determinants and equity as equally important outcomes to inform strategy development and ultimately improve the well-being of our residents.

How did the CHIR address this challenge?

Jackson County's existing collective impact network prioritized the development of a cross-sector **shared measurement system** (SMS) to support efforts to collect, analyze and report data in new ways to help understand community conditions. An ad-hoc committee was formed with representatives from the Health Improvement Organization, the Cradle to Career Education Network, and the Financial Stability Network to focus on identifying and designing the components of a SMS. The group has a high level of engagement with agendas and workspaces designed to support group interaction. Group members analyzed information and made recommendations in meeting work sessions.

As a result, what has changed?

The design of a SMS is underway. Early accomplishments include the design of a set of indicators to better understand resident's current well-being in areas related to health, education, and financial stability. Data on these indicators will be gathered from a sampling of residents during the last quarter of the calendar year using a phone survey. These data will be analyzed by backbone staff and the SMS workgroup. This is one component of the system that will help to identify community conditions, track and measure the impact of interventions and document how the overall system is functioning. Access to better, more real time data will help inform decision-making, thus improving the care/supports provided.

What lessons were learned?

- Go slow to keep group members actively engaged in complex work.
- Provide information at a level that is understandable to diverse stakeholders.
- Provide opportunities throughout the process for group members to articulate their needs.
- Maintain an open, transparent process to ensure what is developed addresses the needs of all involved.

"The development of a Shared Measurement System is critical to the success of our collective impact efforts because it will further reinforce our community's commitment to working together to improve the lives of Jackson County residents and provide us with the data that is needed, in ways that are useful, as we do this work together"

- BBO Member

Shared Measurement System Design Elements

- Redefine population outcomes as a combination of health, education, and financial stability indicators
- Benchmark performance against other communities
- Prioritize community issues
- Initiate strategic planning to address issues through collaborative system change activities
- Monitor impact of system changes on community experience and outcomes
- Create a system for engaging community organizations and residents in evaluation and planning

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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 community priorities. In addition to members of the steering committee, the backbone organization, and work groups, the chart below highlights the breadth of Jackson CHIR's partnerships. See the insert for the full list of partner organizations.