MiCC | MI Community Care
WASHTENAW HEALTH INITIATIVE

Our mission.

1. To provide holistic, coordinated, patient centered care to people with complex needs, meeting them where they are and helping them achieve their health and personal goals;
2. To support regional health, mental health, and social services providers by improving their capacity and effectiveness; and
3. To enhance the local and state care delivery system.

How we help people with complex needs.

Since the fall of 2017, MiCC has benefited hundreds of some of our region's most vulnerable individuals—those with multiple chronic conditions and social needs, through care coordination and thousands though our systems change initiatives.

Each MiCC participant is assigned a lead care coordinator at one of the program's participating organizations—local medical providers, public behavioral health agencies, and social service organizations. Leads help participants achieve health and personal goals by coordinating with MiCC care coordinators with the required expertise.

In addition, MiCC's community health workers (CHWs) provide one-on-one support to individuals, offering a variety of services and expertise including deep knowledge of local resources, language support, assistance with provider visits and benefits applications, among many others.

The program assists with a wide range of goals including:

- Health insurance
- Safe, affordable housing
- Groceries and home-delivered meals
- Medication management
- Mental health and substance use treatment support
- Help with medical bills and debt
- Medical translation
- Transportation to appointments

Among care coordination program participants who completed a six-month reassessment of needs, the percentage with self-reported medical issues declined from 58 percent to 35 percent.More than three-quarters of MiCC participants are insured through Medicaid, Medicare, or both; more than one-third are Black or African American.

How we help partner organizations.

For partner organizations, MiCC removes barriers to communication and coordination of care. Benefits include:

- Improved efficiency.
- Mutual accountability.
- Problem solving partnerships.
- Shared consents.
- Shared needs assessments.
- Shared IT platform.

For individuals, these initiatives foster warm handoffs to community care agencies, create patient-centered care plans, and enhance care management. For organizations, they improve capacity, accountability, and procedures. In one survey of key cross-sector representatives, 41 percent reported initiating or making improvements to their own policies, procedures, or practices as a result of their participation in MiCC.

How we help the community.

The third part of the MiCC mission is systems change work. Partners have worked together to effectively advance:

- Improvements to the substance use treatment system
- Improvements to the homelessness prevention system
- Improvements to MiCC data and tech procedures
- Real time responses to the COVID-19 pandemic
- New partnerships with community paramedics
- Expanded access to community health workers

Through these initiatives, MI Community Care takes a preventive approach by investing significant time and effort into improving the Livingston and Washtenaw County region's health, mental health, and social service systems.

Our vision for the future.

The MiCC program is ready for improvements and expansion–both locally to better serve rural areas and urban "hot spots" and regionally as a scalable template and roadmap for other communities across Michigan.

Our vision began by bringing agencies from across two counties together. Through our learning network we have brought together three other regions from across the state and plan to engage even more social services and health agencies in the future to align with the state's social determinant of health and health information technology strategies.

Other expansion goals include increasing the number of CHWs and more tightly connecting CHWs to health care providers, advancing data sharing and analytic capacity, expanding care coordination in geographic "hot spots" by engaging grassroots organizations and positioning MiCC as a referral hub, and exploring new ways to lead and amplify programs to address health-related social needs.