



Policy, Planning and Legislative Services Administration

Fiscal Year 2019

Presentation to the Appropriations Subcommittee on Health & Human Services

Matt Lori, Senior Deputy Director, Policy, Planning and Legislative Services Administration

Farah A. Hanley, Senior Deputy Director, Financial Operations Administration



Policy, Planning and Legislative Affairs

Overview

- **Policy Division**, Meghan Vanderstelt, Division Director
- **Office of Planning**, Elizabeth Nagel, Division Director
- **Michigan Rehabilitation Services**, Suzanne Howell, Bureau Director
- **Bureau of Community Services**, Paula Kaiser Van Dam, Bureau Director
- **Legislative Affairs and Constituent Services**, Karla Ruest, Division Director



Presentation Agenda

- Section 298
- Michigan Inpatient Psychiatric Admissions Discussion
- Integrated Service Delivery
- Actions to Address the Opioid Crisis
- Health Disparities and Minority Health
- State Innovation Model
- Pathways to Potential
- Healthcare Workforce
- Michigan State Loan Repayment Program
- Certificate of Need
- Michigan Rehabilitation Services
- Bureau of Community Services: Housing and Homeless Services, Victim Services, Community Action Agencies
- Legislative Affairs and Constituent Services Division



Section 298 Initiative

Four Components

- Development and Implementation of the Pilots
- Development and Implementation of the Demonstration Project
- Development and Implementation of the Evaluation Process
- Analysis and Implementation of the Policy Recommendations



Section 298 Initiative

Progress to Date

- MDHHS selected the Michigan Public Health Institute (MPHI) as the project facilitator and project manager
- MDHHS selected the Institute for Healthcare Policy and Innovation (IHPI) at the University of Michigan as the project evaluator
- MDHHS provided updates to all three councils
- MDHHS convened a series of meetings with current system representatives to solicit input on the development of the pilots
- MDHHS submitted the November Report, which identifies barriers to implementation and possible solutions



Section 298 Initiative

Progress to Date

- MDHHS published a concept paper to inform ongoing discussions about the development of the pilots
- MDHHS developed and issued a “Request for Information,” which will be used to select the pilot sites
- MDHHS is working with IHPI to develop the evaluation plan
- MDHHS is working with the Total Health Collaborative to develop the model for the demonstration project
- MDHHS analyzed the policy recommendations from the workgroup report and is now developing action plans for implementation



Michigan Inpatient Psychiatric Admissions Discussion

Short-Term Recommendations for the Legislature

- Health care providers have increasingly struggled to secure inpatient services for individuals who are in psychiatric crisis
- MDHHS launched the Michigan Inpatient Psychiatric Admissions Discussion (MIPAD) to respond to this crisis
- MDHHS convened a workgroup to investigate barriers to inpatient psychiatric services and produce short-term recommendations
- The workgroup ultimately submitted 42 recommendations to the department for review and potential implementation
- MDHHS has also analyzed the recommendations and is planning to implement 19 recommendations over the next year



Michigan Inpatient Psychiatric Admissions Discussion

Short-Term Recommendations for the Legislature

- Develop and implement a psychiatric bed registry
- Incentivize the development of inpatient psychiatric units
 - Increase the availability of inpatient psychiatric beds for children and youth
- Expand access to Therapeutic Treatment Foster Care Homes
- Promote the use of tele-psychiatry in emergency departments
- Expand the state loan repayment program
- Address reimbursement issues for limited license professionals



Integrated Service Delivery

Brief Overview

Integrated Service Delivery (ISD) is a comprehensive, multi-year transformative initiative in Michigan to better integrate health and human services resources in an effort to improve resident outcomes.

ISD Strategy Includes Multiple Key Components

- Coordinating User Engagement and Testing
- Developing Community Organization Partnerships
 - Over 300 organizations have become MI Bridges community partners to support residents statewide
- Providing Community Partner Training
 - MDHHS is on track to train over 1,000 community partner staff and volunteers by the end of March
- Supporting MDHHS Internal Readiness and Staff Training
- Building Awareness in Communities



Actions to Address the Opioid Crisis

- Coordination point on prescription drug and opioid abuse efforts for:
 - All MDHHS administrations
 - Other state agencies
 - External stakeholders
- Efforts include:
 - Launched statewide awareness campaign
 - Launched rural health access grants
 - Ensure all Prescription Drug and Opioid Abuse Task Force recommendations are complete or in progress



Health Disparities Reduction and Minority Health

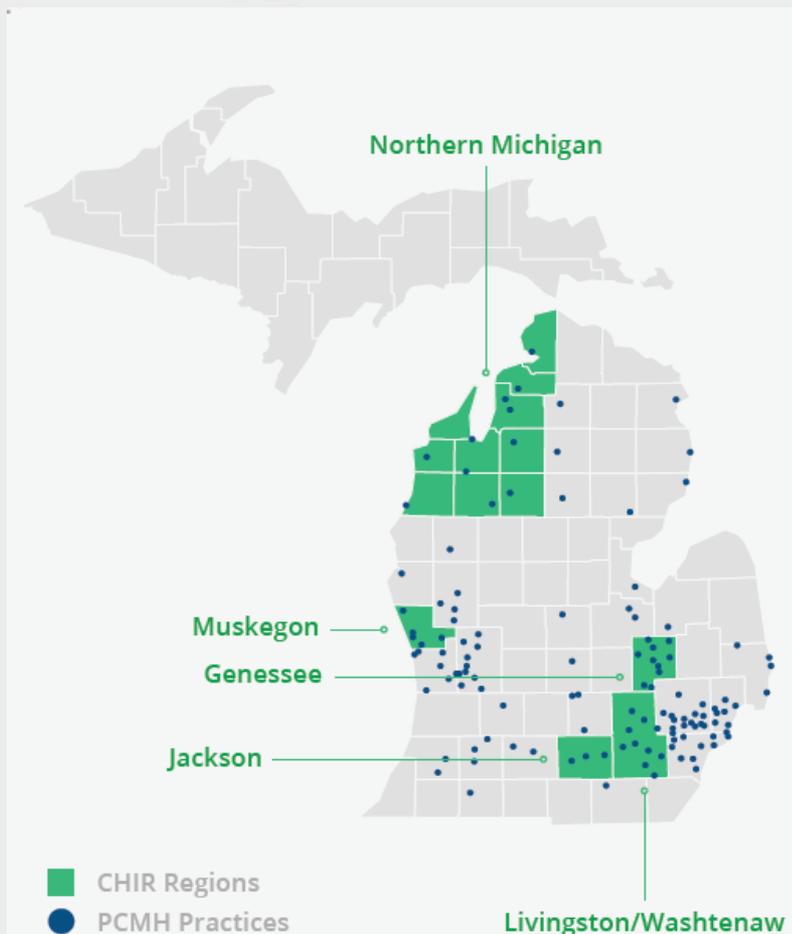
- MDHHS lead on health disparities among racial and ethnic minority and tribal populations
- MDHHS lead for Public Act 653, including the annual legislative report
- Activities focus on improving:
 - Race/ethnicity data
 - Awareness about health disparities
 - Government strategies to address health disparities
 - Access to quality healthcare
 - Capacity for communities to address health disparities
- Worked with three Michigan tribes to conduct tribal health surveys (2017)
- Worked with health centers in Southeastern Michigan to improve HMP client access to care (2017)
- Approximately 65% pre-health literacy education vs. approximately 92% post-education.



State Innovation Model

Community Health Innovation Regions (CHIR)

- A CHIR is a broad partnership of community organizations, local government agencies, businesses, healthcare providers, payers, and community members that come together to align and implement strategies to support population health.
- One of the primary goals of the CHIR initiative is to address the upstream causes of poor health outcomes, non-medical factors that impact health. These social determinants of health may include factors such as housing and food insecurity.





State Innovation Model

Patient Centered Medical Home Initiative

Launched statewide on January 1, 2017; entering second full operational year

Goals:

- Champion models of care which engage patients using comprehensive, whole person-oriented, coordinated, accessible and high-quality services centered on an individual's health and social well-being
- Support and create clear accountability for quantifiable improvements in the process and quality of care, as well as health outcome performance measures
- Create opportunities for Michigan primary care providers to participate in increasingly higher level Alternative Payment Methodologies

REGION	PRACTICES	PROVIDERS	BENEFICIARIES
Jackson	11	52	17,241
Livingston/Washtenaw	40	378	39,024
Muskegon	24	135	28,875
Genesee	62	152	39,452
Northern *	22	175	30,562
Total SIM Region	159	892	155,154
TOTAL Non-SIM Region	165	1,246	174,865
TOTAL **	324	2,138	330,019

* Antrim, Emmet, Wexford, Kalkaska, Leelanau, Missaukee, Benzie, Charlevoix, Manistee, Grand Traverse

** Beneficiary count based on December 2017 data



Pathways to Potential

- Targets five outcome areas: attendance, education, health, safety and self-sufficiency
- MDHHS “Success Coaches” are stationed in 252 schools in 34 counties to connect students and families with available state and local resources
- In 2017...
 - 124,246 total student and family interventions
 - 48,915 of interventions were related to student attendance
 - 25,606 basic needs met for student or family (clothing, hygiene, supplies, etc.)
 - 14,185 referrals to services for the student or family
 - 61 schools decreased chronic absenteeism by 10% or more
 - 40 schools plan to be added in 2018





Healthcare Workforce

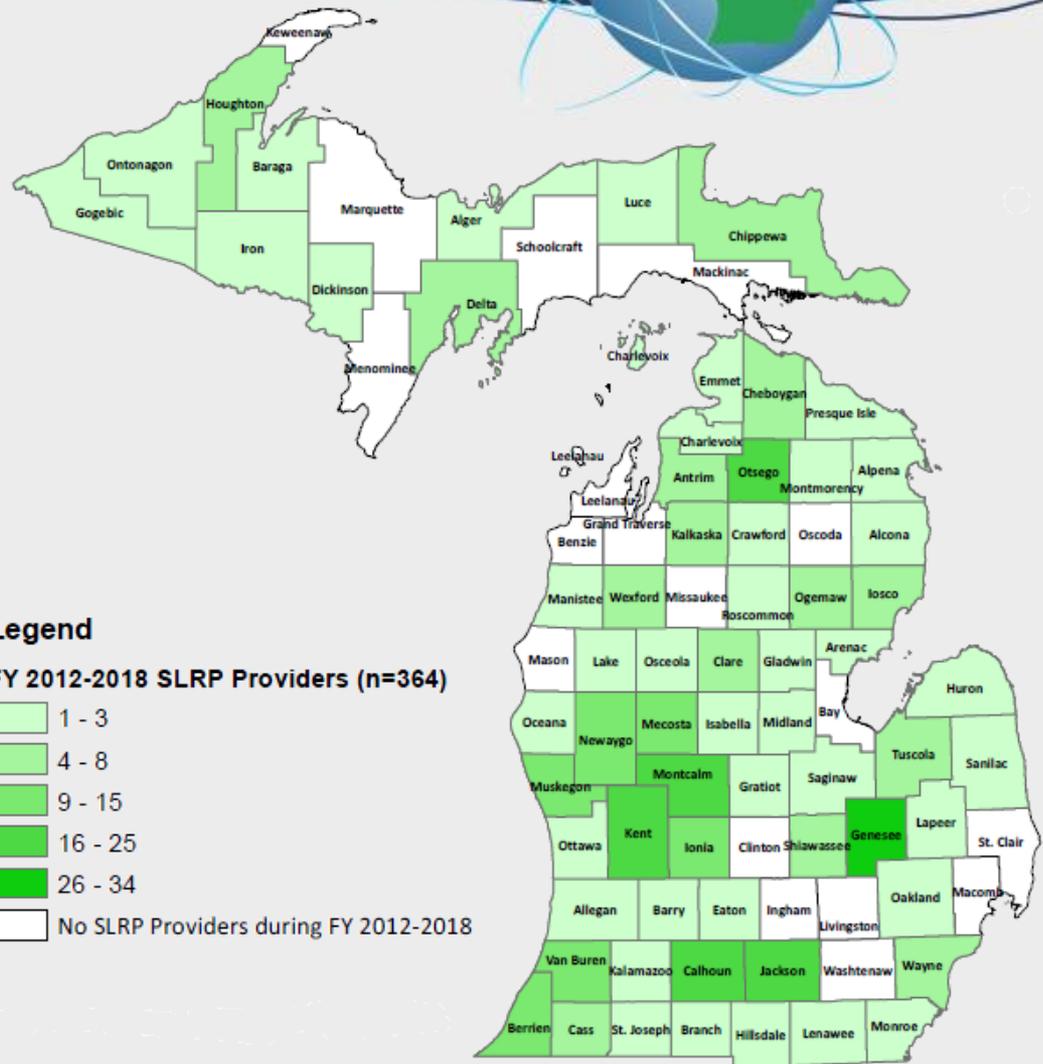
- Health Professional Shortage Area Designations
 - Approximately 280 Health Professional Shortage Areas assessed annually throughout the state
- Recruitment and Retention
 - 389 MI providers awarded educational debt relief through state and federal programs (totaled every other year, 375 in 2015)
 - 35 International Medical Graduates serving in Michigan through visa waivers (30 in 2016, 30 in 2015)
- Nursing Education, Training and Practice. Implemented two new programs – initial outcomes:
 - 330 nurses provided online transition to practice training in communication and/or safety
 - 8 community health or primary care nursing, clinical placements sites developed, pilot tested and evaluated

Michigan State Loan Repayment Program

This program provides recruitment and retention incentives for primary care providers to practice in underserved areas of MI.

Since 1991, the program has placed 929 providers. This map shows the most recent six years of placements.

In 2017 and 2018, a total of 34 providers were recruited or retained in Genesee county with \$1.12 million in education debt repayment to bolster the primary care provider supply in Flint, MI.





Certificate of Need

- The Certificate of Need Commission establishes and revises standards for 15 types of health care services and equipment including hospital beds and nursing home beds
- Certificate of Need approval is needed to initiate, replace or relocate any one of the covered services or equipment
- Goal is to balance cost, quality and access of Michigan’s healthcare services

	2017	2016	2015
Facilities Surveyed for Compliance with Program Requirements	1056	1095	1103
Letters of Intent Received	341	320	323
Applications Filed	275	320	323
Decisions Issued within Statutory Timelines	100%	100%	100%
Number of CON Standards Updated out of 15	4	7	8



Michigan Rehabilitation Services

Overview

- MRS partners with individuals and employers to achieve employment outcomes and independence for individuals with disabilities
- Serves applicants seeking employment by providing individual counseling based on individual experience, abilities, functional limitation, and the essential functions of a specific job
- Services business customers in providing expertise and resources to help locate, match, and accommodate employees with disabilities



Michigan Rehabilitation Services

MRS Performance Data FY17

Performance Measures	Federal Standards	MRS Performance
Number Employment Outcomes	Michigan Benchmark = 7,140	6,596
Percent Employed	≥55.8%	57.4%
Employed Competitively	≥72.6%	94.8%
Significantly Disabled	≥62.4%	79.9%
Earnings Ratio	≥0.52	0.7
Self-Support	≥53.0%	59.1%
Minority Ratio	≥0.80	0.85



Bureau of Community Services

Housing and Homeless Services

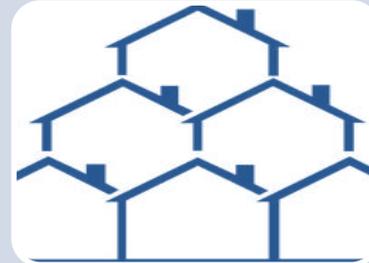
FY17 Outcomes



Provided
767,080 bed
nights of
emergency
shelter or motel



Assisted 30,713
people with
housing
assistance



Delivered
permanent
housing to
13,344 people



Victim Services

Crime Victims Services Programs

Crime Victim Compensation

Last resort for unpaid medical bills, loss of earnings, burial costs, counseling needs

Funding: \$2,936,254

The Sexual Assault Forensic Exam Program, also known as S.A.F.E. Response, allows sexual assault victims to receive a forensic exam at no cost.

SAFE Funding: \$891,688

Crime Victim Assistance

Federal pass-through dollars to local public and non-profit agencies engaging in direct services to victims of crime through a competitive grant process

Funding: \$30,562,483

Crime Victim Rights and Assessment Revenue

Restricted funding to support Crime Victims Rights Activities

\$8.3 million to fund victim advocates in Prosecutor's Offices and Juvenile Courts

\$637,713 to support mandatory notification rights of crime victims including the MI-VINE

Provides advocate training to better assist victims



Victim Services

Michigan Domestic and Sexual Violence Prevention and Treatment Board

Contracts, Partnerships & Funding

\$20.73 m funding for local domestic/sexual violence and child advocacy services awarded in almost 180 contracts

Manage funds from 17 different Federal/State funding sources

Statewide partnerships with the Attorney General, Michigan Commission on Law Enforcement Standards, Prosecuting Attorney's Association of Michigan and the Michigan Coalition to End Domestic/Sexual Violence

Expanded culturally specific programming to include 8 additional projects.

Client Services Provided FY 17

275,926 Emergency Shelter Nights
273,399 FY16

9,409 Adults/Children were provided Emergency Shelter
9,949 FY16

2,075 Adults/Children received SANE services
2,139 FY16

8,231 Children received forensic interviews
8,411 FY16

71,761 Domestic violence and 9,837 sexual assault crisis calls
84,289/10,198 FY16

31,534 Adults/Children were provided non-residential domestic and/or sexual violence services
23,614 FY16

Key Initiatives in 2017

Merged with the Crime Victims Services Program

Michigan First Lady Sue Snyder's Let's End Campus Sexual Assault Summit

Publication of Campus Sexual Assault Handbook

Partner with MSP and the PAAM on MSP's statewide Sexual Assault Kit project

Expanded culturally specific programming to include 8 additional projects

Continued the MiTEAM Domestic Violence Enhancement (DVE) project.

Community Action Agencies (CAAs)



Summary of services and a sample of the populations served by Michigan CAAs included:

168,377 low-income individuals

**201,834 in FY16*



49,139
children

**53,223 in FY16*



7,109
deliverable
fuel assistance

**6,724 in FY16*



1,758
weatherized
units

**1,573 in FY16*



50,759
seniors

**56,727 in FY16*





Legislative and Constituent Services

Provides services for a total of 164 Legislative offices

- 110 State House Offices
- 38 State Senate Offices
- 16 Congressional Offices

In 2017, Legislative and Constituent Services resolved over **5,600** constituent cases

Directly involved in or closely monitoring a total of 537 Legislative bills

- 347 State House Bills
- 190 State Senate Bills



MDHHS Contact Info and Website

Legislative Liaison: Karla Ruest

Phone: (517) 373-1629

Website: <http://www.michigan.gov/mdhhs>