

# Welcome!



Tuesday, October 3 2:30 pm

## Michigan Premier Public Health Conference



COMMUNITY *connections*



NORTHERN MICHIGAN  
COMMUNITY  
HEALTH  
INNOVATION  
REGION

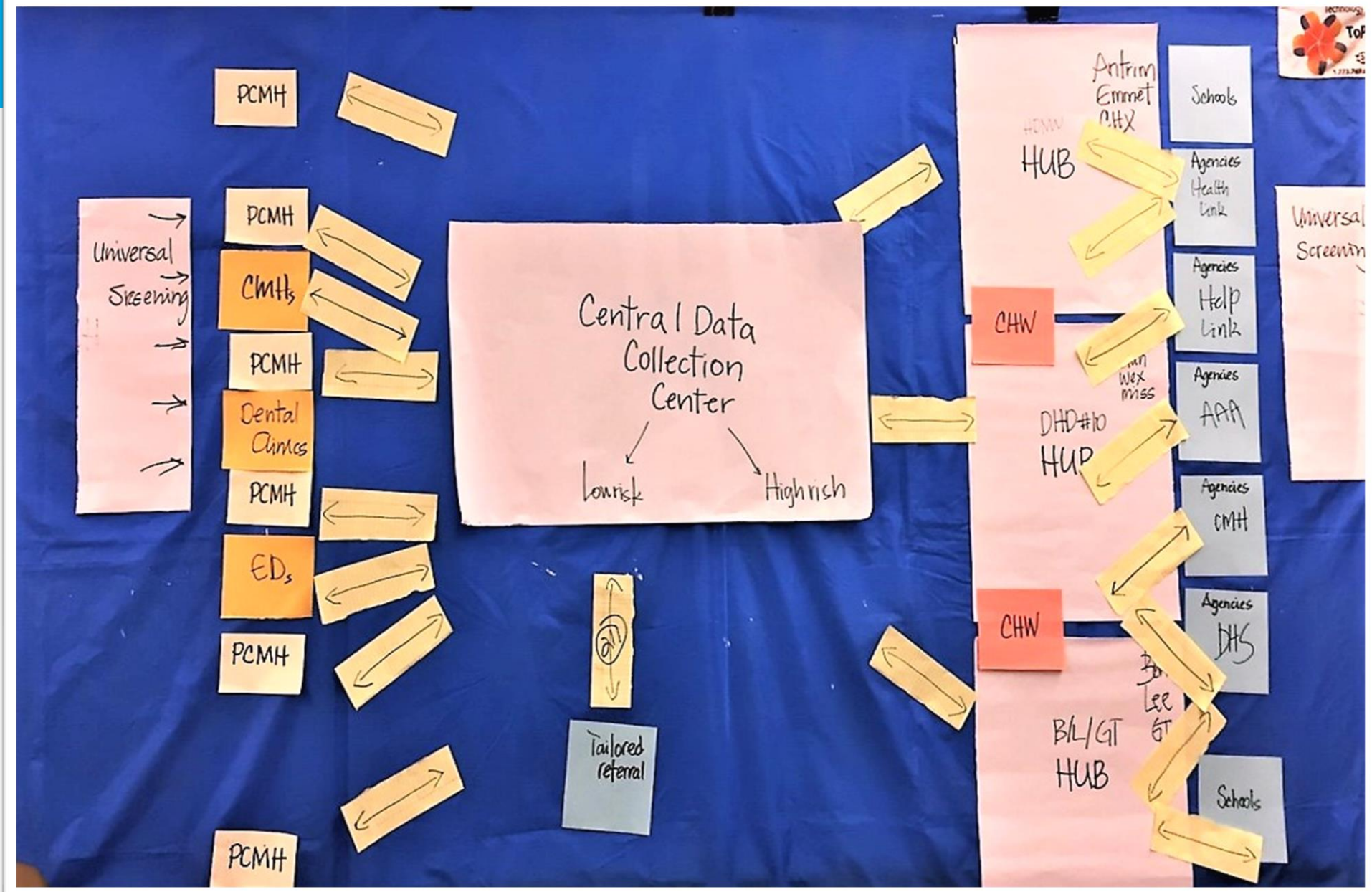
### Mission and Vision

- ✓ NMCHIR Mission: Improving population health, increasing health equity, and reducing unnecessary medical costs through partnerships and system change
- ✓ NMCHIR/CCL Vision: Healthy People in Equitable Communities, which includes A “Universally Accessible Comprehensive CHW Navigation System”

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# COLLABORATIVE PLANNING

Back in 2016....Build a more integrated, effective health system through collaboration between clinical care and public health



# OUR COLLABORATIVE APPROACHES

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## Learning Community

*Supporting deep learning through dialogue, exploration, & co-creation.*



## Community Connections

*Connecting adults, children, and families to community resources.*



## MiThrive

*Bringing together cross-sector partners & residents to conduct a CHA & CHIP.*



## Behavioral Health Initiative

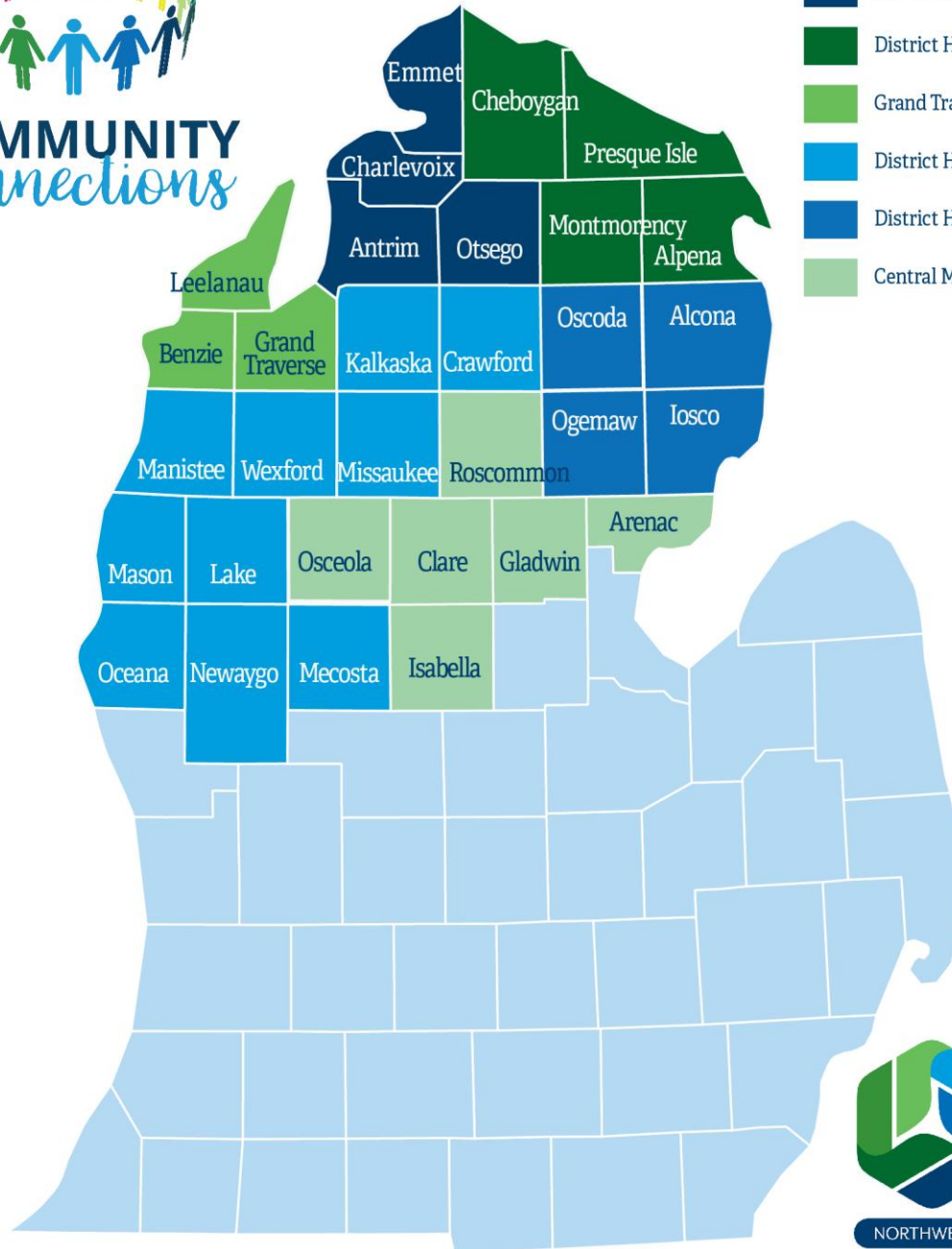
*Strengthening behavioral health systems & promoting wellbeing and resiliency.*





# Community Connections Service Area

Local Public Health Model of Care

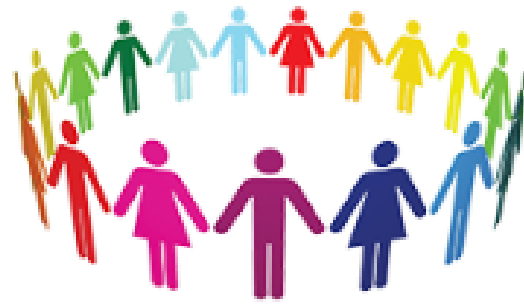


- Northwest HUB
- District Health Department #4 HUB
- Grand Traverse Region HUB
- District Health Department #10 HUB
- District Health Department #2 HUB
- Central Michigan District Health Department HUB



# Six Local Health Department HUBs Community Connections CHW Staffing

HUB	CHWs	Coordination/Supervision
Northwest HUB	4 CHWs ( 3.40 FTE)	2
Grand Traverse HUB	6 CHWs (5.15 FTE)	2
District Health Dept 10 HUB	13 CHWs (13 FTE)	3
District Health Dept 4 HUB	3 CHWs (3.0 FTE)	2
Central MI HUB	6 CHWs (4.8 FTE)	2
District Health Dept 2 HUB	2 CHWs (2.0 FTE)	2
HUB director/supervisor	1.0 FTE	2
<b>Total</b>	<b>34 CHWs</b>	<b>15 Coordinators/Supervisors</b>



# COMMUNITY *connections*

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## A FREE PROGRAM

Connecting adults,  
children, and families to  
community resources



## ADDRESSING SOCIAL DETERMINANTS OF HEALTH

Like food, housing,  
transportation, physical  
and mental health



## THROUGH MULTIPLE CHANNELS

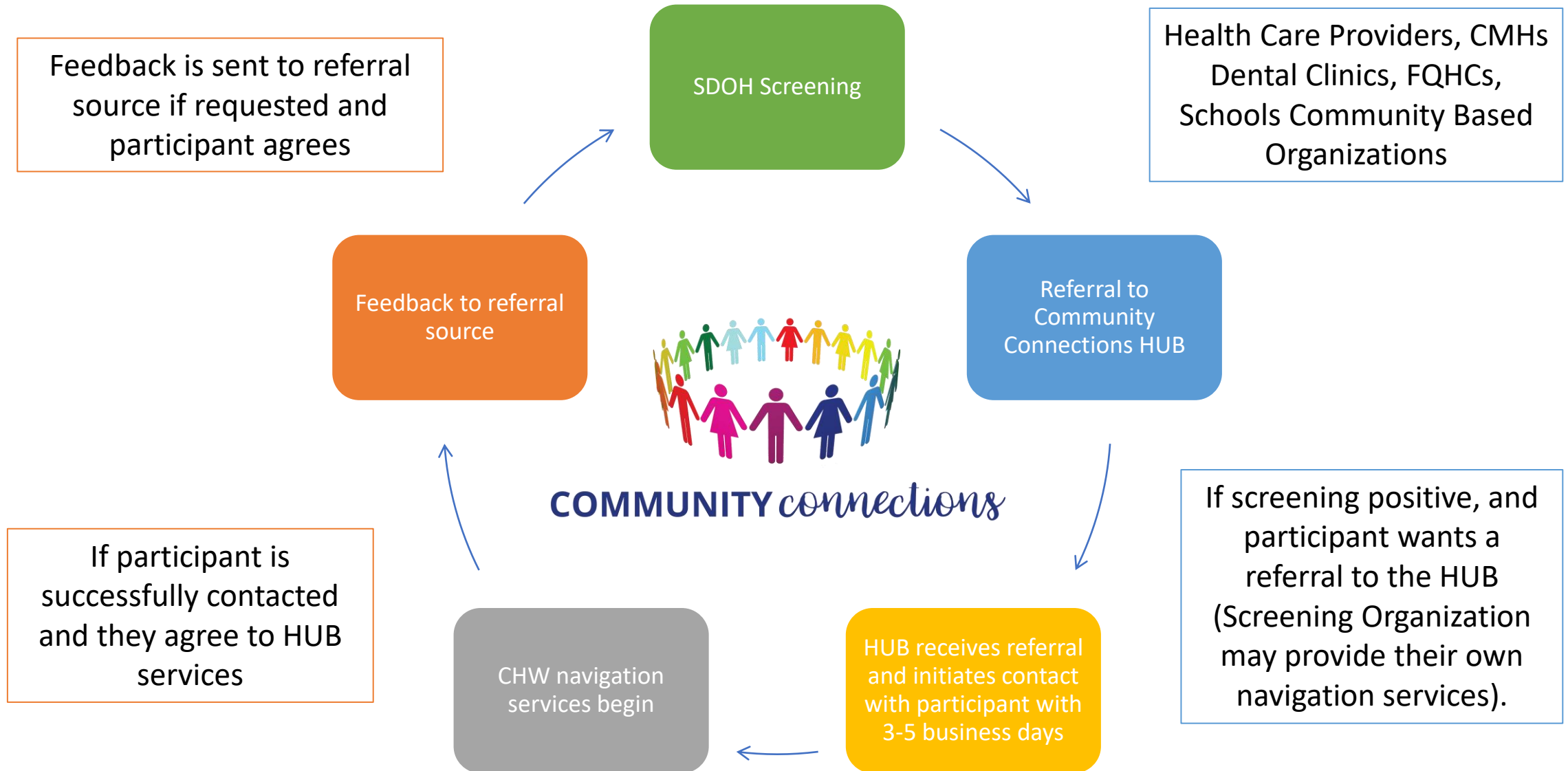
Phone calls, home visits,  
and office visits



## BY PROFESSIONALS

Community Health  
Workers, Registered  
Nurses, or Social Workers

# COMMUNITY CONNECTIONS SCREENING & NAVIGATION PROCESS



# EVIDENCE BASED PATHWAYS COMMUNITY HUB MODEL

- Adult Learning
- Behavioral Health
- Developmental screening and referral
- Education
- Employment
- Family Planning
- Health Insurance
- Housing
- Immunization Screening/Referral
- Lead
- Medical Home
- Medical Referral
- Medication Assessment/Management
- Pregnancy/Postpartum
- Tobacco Cessation
- Social Services:
  - Childcare
  - Clothing
  - Family Crisis
  - Financial Assistance
  - Food Security
  - Household Items
  - Legal Service
  - Translation
  - Transportation
  - Utilities
  - And more....

*Pathway Community HUB Institute*  
[www.pchi-hub.com](http://www.pchi-hub.com)



# Community Connections Referral Mechanisms

- One paper referral form for the 31 counties
  - Secure Fax or Email; Snail Mail
- Web Based Portal
- Self referral
- Directly from provider EMR through Cerner
- Community Connections website:
  - <https://northernmichiganchir.org/community-connections/community-connections-referrals/>



# Community Connections Referrals and Data

<https://northernmichiganchir.org/community-connections/community-connections-data/>

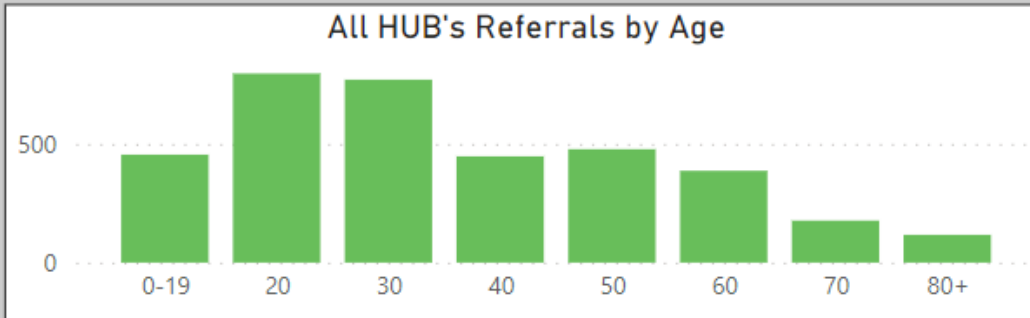


Data from January 1st, 2022 to December 31st, 2022

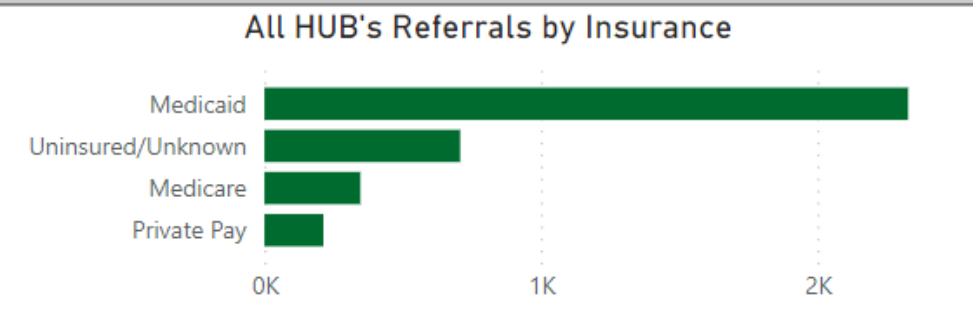
All HUB's Total Referrals

3620

All HUB's Referrals by Age



All HUB's Referrals by Insurance



Data by Referral Source; Pathways met, and Pathways not met and why....

# POWERFUL IMPACT

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**COST SAVINGS** \$3M in Medicaid Health Plan savings Jan 2016 - Jan 2021 by reducing ER visits by 23.5% and inpatient stays by 25.5% <sup>1</sup>



**EFFECTIVE COLLABORATION** Unprecedented levels of cross-sector collaboration and increased recognition among local leaders of the role of social determinants of health in influencing health and other outcomes <sup>2</sup>



**INCREASED SELF-EFFICACY** 80% of clients who participated in the NMCHIR's Community Connections CHW Program reported being able to help themselves in the future <sup>3</sup>



**COORDINATED SYSTEM** Transformation of individual lives and the creation of more responsive & effective organizations and a more accessible, coordinated, service system <sup>4</sup>



**EXPENSE REDUCTION** \$1.21 in averted medical costs for every \$1 of navigation services provided <sup>5</sup>



**STRONG ROI** Partnerships have provided \$500K of base funding bringing in an additional \$1M to local communities & reimbursement contracts

Sources: 1) MDHHS Analysis 2) 2022 MPHI Analysis 3) 2019 Customer Service Satisfaction Survey by UofM 4) 2019 Collective Impact Evaluation by MSU 5) 2021 MDHHS 2021 Report

# WE'RE LISTENING

We asked clients about their experience with the Community Connections program. Here are the results from client surveys taken from August 2022 - July 2023:



**95%**

**NEEDS WERE MET OR EXCEEDED:**

We're continuing to navigate resources with our clients. 95% have reported having their needs fairly met to exceedingly met by Community Connections!

**98%**

**TREATED WITH RESPECT:**

Every client's needs are unique and require special attention. 63 out of 64 clients reported having been treated with respect by Community Connections!



**87%**

**CLIENT CONFIDENCE:**

We're delighted when clients are empowered with the tools and confidence to find resources within their communities. In fact, 87% are fairly to extremely confident finding resources on their own after working with Community Connections!



**80%**

**CLIENTS REPORT MONTHLY CHECK-INS:**

80% of participants in our client surveys reported having check-ins once a month or more, while 20% didn't and we're working on that!



It is our top priority to ensure that we connect with 100% of our clients monthly- if not more often!



# POWERFUL IMPACT



**COMMUNITY** *connections*

[www.northernmichiganchir.org](http://www.northernmichiganchir.org)

**Return on Investment:  
MDHHS Medicaid  
Claims Data Evaluation  
for  
the Northern Michigan  
Community Health  
Innovation Region  
(CHIR)**

*Released June 2021*

MDHHS compared Medicaid Claims data for those who participated in Community Connections and had Medicaid Insurance.

Between 2016 – 2020:

- 23.5% overall decrease in Emergency Department visits
- 26.6% overall decrease in Inpatient visits
- 18% overall decrease in Per Member Per Month costs for the Medicaid Health Plans

# CCL Steering Committee Purpose



“Steer” the work of the 31 county Community Connections Program



Promote high quality CHW roles by sharing professional developments and training opportunities



Work to assure a robust SDOH screening system in the region.



Work to assure a seamless & aligned CHW services in the region



# Medicaid Health Plan Partnerships

## 5 Medicaid Health Plans



- SDOHs
- Dental Visits
- ED Use
- COVID Vaccines
- Well Child Visits
- Immunizations
- Pregnancy
- Lead
- Goal: To build a more integrated health system through collaboration between clinical care, community and public health

# New Partnerships



- Community Health Workers (CHWs) in **School**  
Local elementary schools
- Community Health Workers in the **Hospital** Emergency Dept
- Community Health Workers at **Work**  
Great start- child care for workers  
Business grant to support new employees  
Others in discussion, hospital HR and tourism leaders

# Partnership Community Information Exchange (CIE) Efforts:

- Partnership with the Northern Michigan Care Partners

## Goal:

- Exporting SDOH Data out of Munson Cerner Millennium
- Direct import into our Web Based Portal or Community Connections EHR.
- Referral feedback back to Cerner

- Partnership with Advanced Health Technology Solutions/BCBSM

## Goal:

- Matching SDOH need data with Admission/Discharge/Treatment (ADT) data to enhance inpatient care experience
- ADT data is shared with providers who can then query for pathway services, get enriched ADT information and enhance their treatment/care coordination.
- Designing our Pathway Technology documentation system to interface with other partners such as hospitals and MiHIN. (MHEF grant)

# Sustainability



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**Funding partnerships** with Physician Organizations, Area Agency on Aging, Delta Dental, Community Based Organizations

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**Grants** (Federal, State & Local)

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**Medicaid** Health Plans/Fee for Service Medicaid

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**Medicaid Outreach:** Local Health Department Funding Mechanism

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**Advocacy Efforts:** Legislator Education, Michigan Association of Local Public Health

# Scaling up HUBs in your Community: Understanding your partners

Who is your  
CCL/CHW  
Network partners?

Physicians and  
Physician  
Organizations

Other CHW  
programs in your  
region

Partners in CHAI  
work

# Scaling up HUBs in your Community



Determining the model of care



Staffing: CHWs (Supported by who? RN/SW/Coordinator/Supervisor)



Equipment (LapTop; Cell Phone)



Data Collection and Documentation; Sharing the data with your CHAI



# THANK YOU!

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