

Links

[SIM Public Site](#)

[Population Health Site](#)

[CHIR SharePoint Site](#)

[PCMH Public Site](#)

For questions or
feedback contact
us at:

CHIR@mail.mihealth.org

ACTION ITEMS

CHIRs

- Monthly Status Report-** CHIRs are advised to begin preparing for the first status report, due **Oct. 13th**
- CHIR Summit-** prepare materials for Summit Presentations

State SIM CHIR Team

- Logic Models-** MPHI will finalize by September 15 for CHIR Approval
- Evaluation Common Outcomes-** MSU will finalize by September 30

News

- **PCMH Initiative Key Dates-**the PCMH team would like to again remind CHIRs of the dates for their three Annual summits. They are scheduled for the following dates, registration information forthcoming.
 - Grand Rapids 10/10/17
 - Ann Arbor 10/17/17
 - Crystal Mountain 10/24/17
- **SIM CHIR Team Addition-** Norm Hess recently joined the state SIM team as the CHIR Coordinator. A native of Michigan, Norm began his career in public health as a community health assessment specialist at the Branch-Hillsdale-St. Joseph Community Health Agency. He and his family lived out of state for several years until returning to live in the Lansing area in 2011. He has spent the past 15 years working for the March of Dimes Foundation, first at the Greater Kansas Chapter and then at the national headquarters located in White Plains, New York. In his most recent role with the March of Dimes, Norm served as the Director of the Healthy Babies are Worth the Wait program - a prematurity prevention initiative currently active in 36 sites in 12 states around the country. The program focuses on decreasing preterm birth by improving health care delivery and increasing access to prevention services, through collaborations among health departments, hospitals, community organizations, and other stakeholders. Norm is looking forward to working with the CHIR team at the state and local levels to help improve the health and well-being of individuals and families in his home state.
- **CHIR Annual Summit- (NORM)**
- **Coaching Update-** The coaching team would like to thank the CHIRs for their participation in the interactive logic model sessions. Each group had great dialogue that provided clarity to CHIR work and described the best path to help support CHIRs moving forward. Next Steps/Action Items:
 - CHIRs are in the process of finalizing their logic model
 - CHIRs will be working with the MSU evaluation team to refine KPIs
 - CHIRs will be requested to complete a coaching action plan with the CHIRs respective coach to determine coaching needs and support. CHIRs will be receiving a communication soon.

As your CHIR continues to move forward, please remember that the coaching team is here to support your work in any way that we can. Feel free to reach out to your respective coach with any questions or requests for assistance.

- **CHIR Spotlight-** Each month, the newsletter will feature one innovation or best-practice that a CHIR has in place or is developing. It is the goal of the CHIR Spotlight section of the newsletter to promote information sharing among the CHIRs, and highlight innovations that other CHIRs may be interested in learning more about.

This month's spotlight is on a Washtenaw-area multi-agency consent release process. The Washtenaw CHIR has the benefit of an innovative collaborative of agencies called the Barrier Busters. Barrier Busters is a group of over 90 social service provider agencies committed to increasing communication and coordination between its member agencies. Read more [here](#).

Through the leadership of the Barrier Busters group, Washtenaw regional social service providers have developed a shared consent release form and process that allows patients to release their consent for information sharing among social service providers. This type of shared consent release protocol is a new and innovative way to ensure that care can be coordinated across the continuum of providers that serve high-needs patients. This shared consent release was piloted in the spring of 2017, and is currently being updated to its next version. The Barrier Busters' shared consent release can be used alone or in conjunction with the MDHHS Behavioral Health Standard Consent Form (DCH-3927), which improves care coordination among behavioral health and substance use disorder providers.

If you are interested in further information regarding the shared consent release process developed in Washtenaw, please let the State SIM team know for possible cohort call discussion. The shared consent release and a "Things to Consider" document can be found here on SharePoint as a resources.

- **MSU- (LISA)**

Resources

- **Bright Spot-** The SIM Team would like to begin highlighting national "Bright Spots" that can inform work being done throughout the CHIR. This month's "Bright Spot" focuses on interventions that reduce the need for emergency department utilization among high-utilizers. These initiatives generally emphasize the role of clinical personnel, but it is intended that ASCs will partner with other CHIR members to think creatively about opportunities to leverage resources from outside the health system. One particular intervention completed in Oregon, Yamhill Community Care Organization's (YCCO) Community HUB program, focused on individuals who were high-utilizers of the emergency department. The program had 3 goals: reduce inappropriate emergency department use, improve connections to primary care and community resources, and encourage patient engagement and self-management.

The program educated providers and hospitals about the services available, managed and developed the program, and identified the potential high-utilizer patients through claims data and eventually through referrals from primary care and emergency department providers. Results from the program showed a decrease in ED utilization by 17% from 2011 to 2013 among all coordinated care organization patients. Based on a performance report, YCCO decreased emergency department utilization from 77.7% in 2011 to 58.9% in 2013. Lessons learned provided by program staff highlighted face to face patient engagement as a key component to the program, as well as program flexibility and using both data and referrals to identify high-need patients.

Read more about this work at the following [link](#). Additional ED utilization resources may be found here on SharePoint.

- **Visualizing Health Policy: The Costs and Outcomes of Mental Health and Substance Use Disorders in the US-** This [Visualizing Health Policy infographic](#) looks at costs and outcomes of mental health and substance use disorders in the United States (U.S.). Nearly 18 percent of adults reported having a mental, behavioral, or emotional disorder in 2015, including more than 1 in 5 women. Furthermore, nearly 3 percent of people aged 12 years or older reported addiction to or misuse of an illicit drug in 2015, including more than 7 percent of people aged 18 to 25 years. However, 1 in 5 people say they or a family member had to forego needed mental health services because they couldn't afford the cost, their insurance wouldn't cover it, they were afraid or embarrassed, or they didn't know where to go. Mental illness treatment accounted for \$89 billion, or 5 percent, of total medical services spending in 2013, behind checkups/prevention and circulatory disorders. Mental health and substance use disorders together were the leading cause of disease burden in 2015, surpassing cancer and cardiovascular disease, among others. Relative to countries of similar size and wealth, the U.S. has had higher rates of death from unintentional poisonings, the majority of which were due to drug overdoses. In 2013 the age-standardized rate of death from unintentional poisonings per 100,000 population was 12.4 in the U.S. compared with 2.5 on average in comparable countries.

UPCOMING MEETING INFORMATION

Events

- **Sept. 29, 2017 8:00am-4:00pm: CHIR Annual Summit**

All CHIR Calls

- **Sept. 6, 2017 1:30-2:00pm: CHIR Backbone Organization Cohort Status Call**
- **Sept. 18, 2017 2:00-3:00pm: CHIR Backbone Organization Cohort Collaboration Call**
- **Sept. 26, 2017 9:00-10:30pm: CHIR TA Call**

Individual CHIR Calls

- **Sept. 8, 2017 10:00-11:00am: Jackson**
 - **Sept. 11, 2017 1:30-2:30pm: Muskegon**
 - **Sept. 11, 2017 3:30-4:30pm: Washtenaw/Livingston**
 - **Sept. 19, 2017 2:30-3:30pm: Northern**
 - **Sept. 21, 2017 1:00-2:00pm: Genesee**
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