

Center for Health and Research Transformation

2019 ANNUAL REPORT

Improving the health of people and communities

CHRT

Reflecting on the Year

AT CHRT, 2019 WAS A YEAR OF IMPACT, GROWTH, AND STRATEGY.

We engaged in a year-long strategic planning process, during which our staff reflected on the health policy and practice challenges we have addressed over the last several years and the impact we've had, and wish to have, in a range of areas including affordable care, healthy aging, integration, and behavioral health.

Staff also reflected on their personal and professional dreams for the future, and their ambitions for the health of people and communities. Then, through a series of creative visioning exercises—some imaginative, others grounded in our practice and culture—CHRT staff contributed to a new mission and new strategic goals that will lead our development over the next five years.

Our updated mission—to inspire and enable evidence-informed policies and practices that improve the health of people and communities—continues to hold non-partisan, objective analysis at the core of our practice, but places a special emphasis on influencing and supporting policies and practices that will improve the health of people and communities.

To achieve this mission, we established three goals.

1

The first is to continue to serve as a key source for evidence-based, non-partisan information on health policy issues and trends. This is something we have worked to achieve since our launch in 2007.

2

Our second goal builds on the work we do to help community health collaborations improve population health and magnify their impact. This is something we have done since 2010, when we worked with local partners to launch a regional health initiative—the Washtenaw Health Initiative—designed to improve care for low-income, uninsured, and underinsured populations. In this report, you'll find descriptions of a few of the community health collaborations we support, as well as the Washtenaw Health Initiative annual report.

3

And our third goal is to improve health and social welfare on a broader level by working to demonstrate the impact of programs that are designed to improve outcomes, integration, and sustainability. You'll find descriptions of our work in this area woven throughout the report.



Thank you—to our staff, our volunteers,
our funders, and our partners—for your
commitment to improving the health of
people and communities, and for your
ongoing interest in our work.

MARIANNE UDOW-PHILLIPS
Founding Executive Director
Center for Health and Research Transformation

THOMAS L. SIMMER, MD
Board Chair
Center for Health and Research Transformation



Impact

Affordable care

Ten years ago, when the Affordable Care Act was signed into law, CHRT published a series of briefs designed to help Michigan's health care system and policymakers navigate reform. Simultaneously, CHRT began preparing to study the impact of health care reform on the state of Michigan and the people who live here.

That year, we published a 92-page report on the state of health care coverage in Michigan to share important baseline data about uninsurance, uncompensated care, costs, and more. And we launched our statewide biennial Cover Michigan Survey to track consumer experiences in the years before and after reform.

The next year, we expanded on this work with the Michigan Physician Survey, which collects data from the state's primary care providers. This survey data quickly revealed that the state's primary care doctors were ready to take on many more patients—a fact that informed the state's decision to expand Medicaid through the Healthy Michigan Plan.

In the intervening years, and in 2019, CHRT has tracked dozens of trends to reveal the impact of health care reform efforts on the state of Michigan and to inform policymakers about critical health challenges and opportunities. These findings have reached and informed decision leaders across the state and country, and have been covered in hundreds of publications.

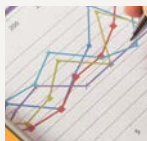
PUBLICATIONS



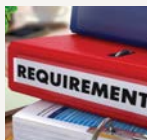
Access to health care in Michigan — Michiganders with incomes under \$50,000 per year were more likely to report difficulty accessing dental care, and to report forgoing both medical and mental health care.



From building on the ACA to Medicare for All — Democratic lawmakers in Congress have made a variety of proposals to strengthen or reform the U.S. health care system. These proposals range from building on the ACA to Medicare for all.



The Affordable Care Act Health Insurance Marketplace — Our analysis finds that premiums in Michigan's ACA Health Insurance Marketplace have stabilized, with increases for 2019 far lower than they have been in recent years.



Projected impacts of Medicaid work requirements — As of January 2019, 14 states have submitted proposals to the federal government requesting permission to establish work requirements in their Medicaid programs.

PROJECTS



Rapidly improving Healthy Michigan plan work requirements reporting protocols
Michigan Department of Health and Human Services

Healthy aging

Several years ago, CHRT was asked to support the senior services work group of the Washtenaw Health Initiative, a group of local leaders committed to improving health and health equity for Washtenaw County's low-income, uninsured, and under-insured residents. We conducted key informant interviews with senior center and health system leaders, mapped the services that they offered, did a literature review to identify the information seniors had about those services, then conducted a root cause analysis, surveys, and additional interviews to find the services that were still needed.

With those findings, work group members were able to secure grants to offer new services—identified through CHRT's research—that the community would require as the nation's anticipated age wave came to Washtenaw County. And CHRT is now helping these grantees evaluate their programs and plan for the sustainability of the most effective ones.

Today, CHRT is doing similar work for the state. Michigan's senior service system is difficult for seniors and their caregivers to navigate. There are waiver programs that are being used to experiment with different approaches; dozens of provider contracts that specify hundreds of regional service options and costs; and larger programs that only cover certain regions of the state. CHRT is helping state leaders evaluate all of these programs and put together a long term strategy to improve them.

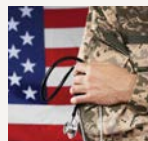
PROJECTS



Reducing hospitalizations among MI Choice Medicaid long term services and supports participants
Area Agency on Aging 1-B



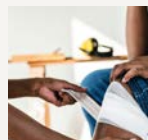
Michigan Medicaid managed long-term services and supports: Phase IV
Michigan Department of Health and Human Services



Ready to serve? Assessing the capacity of Michigan health providers to care for older veterans
Michigan Health Endowment Fund



Promoting healthy aging for people with long-term physical disabilities
National Institute on Disability, Independent Living, and Rehabilitation Research



Scan of family caregiver programs in Michigan
Michigan Health Endowment Fund



Data design and strategic planning support for the Washtenaw County Vital Seniors Initiative
Ann Arbor Area Community Foundation

A man with a beard and glasses, wearing a maroon sweater, is seated on the left, looking towards a woman on the right. The woman has blonde, wavy hair and is wearing a blue long-sleeved shirt. They are in a meeting room with framed artwork on the wall and patterned chairs. A laptop is open on the table in front of them. A teal semi-transparent box is overlaid on the lower left, containing a quote and a circular inset photo of Robyn Rontal.

“These healthy aging projects are indicative of a lot of the work CHRT does. It’s not just completing an interesting study for a client. It’s working collaboratively with clients to collect the hard and soft data they need to make informed decisions or implement changes that will improve outcomes for the community.”

— Robyn Rontal, director of policy analytics



“Integration begins with the common desire to improve experiences and outcomes for individuals and families. The lessons we are learning serve as a roadmap for future efforts to bust down organizational silos and create person-centered systems.”

— Melissa Riba, Research and Evaluation Director

Integration

Many organizations are talking about their integration work these days, but true integration is incredibly difficult to achieve. It's more than consolidating offices or administrative tasks. It's more than collaborating on programs. True integration addresses the culture of organizations, the data systems, the funding streams, and more.

In 2016, the Kresge Foundation came to CHRT to ask for help with visioning and planning around the integration of health and human services. They wanted CHRT to look at a series of grants they had made from their health and human services portfolios so they could reflect on the impact of those internally. Then they asked CHRT to help them develop an integration strategy and continuum.

The health and human services integration continuum CHRT developed helps organizations see how integrated they are. And a thought model we developed helps organizations figure out what they need to do to advance their integration work.

Now we're working with the Kresge Foundation and national integration leaders to advance this work because Kresge believes, and we believe, that the structure of our systems—with siloed agencies, governance teams, funding streams, and data systems—were designed for the convenience of administrators, not people.

IMPACT

Supported the incoming gubernatorial administration to coordinate the smooth transition of staff and to inform future health and human services policy priorities.

Helped the Kresge Foundation launch a new learning community for health and human services integration leaders across the country.

Worked with the Detroit Health Department to design a new fellowship program for DHD staff on health and human services integration, program evaluation, community coalition-building, and communicating for policy change.

Implemented integration of primary and behavioral health care at Michigan-based community mental health agencies and federally qualified health centers.

KRESGE FOUNDATION INTEGRATION LEARNING COMMUNITY:

Alameda County Public Health Department, California

Arlington County Human Services Department, Virginia

Hennepin County, Minnesota

Montgomery County Health and Human Services Department, Maryland

Solano County Health and Social Services Department, California

PUBLICATIONS



Realizing the Value of Community Health Workers – New Opportunities for Sustainable Financing
New England Journal of Medicine



MORE AT CHRT.ORG

Behavioral health

Some of CHRT's earliest research indicated that mental health and substance use disorders were a top health need in Michigan—one that was not being adequately served. Building on the expertise of directors who had leadership experience in the area, CHRT began to focus its work on mental health and substance use disorders, often in partnership with local and regional community mental health agencies.

Because behavioral health access gaps were complicated to untangle, CHRT began to research the history of behavioral health service financing; behavioral health integration; and behavioral health workforce challenges. Later, CHRT began working as a thought partner with agencies attempting to improve financing, integration, and workforce development protocols.

In 2019, we continued to advance this work. We conducted new research to learn how workforce shortages are being addressed in rural areas. We facilitated new collaborations between Wayne County's community mental health agency and key Medicaid insurers. And we supported dozens of new diversion, prevention, and anti-stigma programs for the Washtenaw County community mental health agency.

PROJECTS



Promoting the integration of primary and behavioral health care in underserved Michigan communities

Michigan Department of Health and Human Services



Implementing strategic approaches to community mental health and criminal justice diversion

Washtenaw County Community Mental Health,
Washtenaw County Sheriff's Office



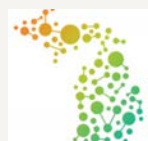
Implementing an electronic alcohol screening and brief intervention program in maternal health clinics

U.S. Centers for Disease Control, Henry Ford Health System,
Wayne State University



Coordinating a community-wide opioid response

Community Mental Health Partnership of Southeast Michigan



Mapping gaps and redundancies in behavioral health care for community mental health and Medicaid clients

Washtenaw County Community Mental Health; Michigan
Medicaid insurer



Exploring behavioral health care integration models for workforce planning

U.S. Department of Health and Human Services Health
Resources and Services Administration; University of Michigan
Behavioral Health Workforce Research Center



Analyzing Michigan's community mental health history, evolution, policy, and financing

The Ethel and James Flinn Foundation





Growth

More collective action

In the fall of 2017, Washtenaw County residents voted two to one in favor of a generous millage—an added tax for homeowners—to support the county’s public safety and mental health needs in concert. On January 1, 2019, those dollars began to fund new and expanded programs that aim to do two things:

- divert individuals with behavioral health needs from the criminal justice system whenever possible and
- significantly expand access to behavioral health education, prevention, and treatment services across the county.

CHRT provides backbone support to these efforts by working with the community mental health agency, the sheriff’s office, and community partners to understand unmet community needs, research evidence-based interventions, develop strategies to improve outcomes, write grant proposals to support the work, measure the effect of the programs, continuously improve them, and communicate progress to county constituents.

This work—which combines research, administrative support, and communications—is an extension of CHRT’s role as a backbone organization to collective action efforts.

DIVERSION GOALS

Reduce the number of county inmates with mental health and substance use disorders

Reduce the recidivism rate for inmates with mental health and substance use disorders

Reduce the average length of stay for inmates with mental health and substance use disorders

2X
Increase
in crisis
referrals

5 Law enforcement
agencies trained in
crisis response

637 Additional
people served

“Many of our county’s 911 crisis calls are fueled or exacerbated by mental health and substance use concerns. This year, the sheriff’s office has been able to reach out to Washtenaw County Community Mental Health to join our deputy sheriffs in response to managing mental health crises in our community.”

— Jerry Clayton, Washtenaw County Sheriff

A new fellowship

In January, the ninth cohort of CHRT Health Policy Fellows began a four-month curriculum designed to build bridges between Michigan's health researchers and policymakers. The curriculum included the history of health care in America, the impact of the Affordable Care Act in Michigan, value-based insurance design, collaborative quality initiatives, health care costs, and more. The fellows then worked collaboratively on projects designed to translate new research findings for use by policymakers and practitioners.

Building on the success of the Health Policy Fellowship, CHRT worked with the Detroit Health Department to launch a new fellowship program for department staff members. In 2019, with funding from Poverty Solutions at the University of Michigan and the DMC Foundation, 37 Detroit Health Department staffers completed the 14-week certificate program in public health policy, health and human services integration, program evaluation, community coalition-building, and more.

While many public health agency training programs focus on specific concerns—the effects of lead exposure, the importance of trauma-informed care, etc.—CHRT was asked to develop a program that would help DHD personnel build knowledge in systems thinking, data analytics, public policy, and communications. The fellowship also focused on breaking down intragency silos and encouraged collaboration among a diverse public health workforce.

HEALTH POLICY FELLOWS

Kristen Hammock
Anne Kittendorf
Elham Mahmoudi
Grant Meade

Dawn Opel
Amy Barton Pai
Mark Peterson
Timothy A. Peterson

PJ Petitpren
Jonathan Shiflett
Aarica Smith
Jared Welehodsky

DHD FELLOWS

Spring 2019

Janae Ashford
Antoinette Bell
Lisa Clark Jones
Jabolli Cook
Brittani Cross
Alia Ellison
Tamika Estes

G. Bomani Gray
Kara Green
Maxine Guy
Briana Hil
Lateef D. Hudson
Paul Jones
Stephanie McCalister

Jacquelyn McFadden
Kyndal Moss
Clarence Peebles
Angela Ware
Nikita Womack

Fall 2019

Veronica Benjamin
Inger Blair
Karen Glenn
Undrea Goodwin
Ameenah Green
Paris Hutchinson

Elgena Lyles
Joan Morris Buchanan
Ifeakandu Okoye
Jessica Pettas
Angel Reed
Marlene Rodriguez

Natalie Sommerville
Jeremy Thomas
Joseph Twomey
Shanay Watson-Whittaker
Austin Williams
Peter Williams



“Backbone work is accomplished working among multiple organizations in a community, rather than between two entities. The vantage point and capacity of a backbone organization helps local organizations that individually deal with housing, or food insecurity, or complex health challenges to talk to each other, collaborate, and work more efficiently together for the good of the community.”

– Nancy Baum, director of health policy



“It isn’t, unfortunately, just about, ‘We do good things for people.’ If you want to be sustained over the long term, you have to show value to those who can provide sustainable funding streams.”

– Marianne Udow-Phillips, founding executive director

Long-term sustainability

America's health insurers and payers are increasingly interested in improving health and addressing health disparities by supporting community-based programs that reduce the need for costly medical care. For several years now, CHRT has worked to build the evidence for prevention and early-intervention programs that do just this.

In the enclosed annual report for the Washtenaw Health Initiative, you'll read about a community-wide care coordination program—which CHRT supports—for individuals with complex health and social needs. CHRT analyzed results from the three-year program through a range of studies, including a randomized-controlled trial, to understand the impact of medical, behavioral, and social service care coordinators working together to provide true, client-centered services for individuals at high risk of hospitalization.

In 2019, CHRT began to provide similar sustainability planning services to a number of community-based organizations that serve seniors. We educated organization leaders about Medicare policies that allow insurers to fund non-medical interventions aimed at improving the health of seniors. We introduced them to regional insurance and health system contacts. And we worked with them to both identify evidence-based pilot opportunities and build a business case for pitching these pilots to payers.

PATHS TO SUSTAINABILITY

VITAL SENIORS GRANTEEES PROVIDE FOOD, CARE COORDINATION, TRANSPORTATION, HEALTH CARE, AND OTHER CRITICAL SERVICES TO WASHTENAW COUNTY SENIORS.



The Center for Health and Research Transformation and the Washtenaw Health Initiative support grantees through research, analytics, sustainability coaching, cross-sector leadership, pilot program development assistance, and more.

THE END GAME



A comprehensive array of easily accessible senior services.



High levels of collaboration between service providers across the county.



New and extra supports, leading to improved outcomes, for the county's most vulnerable seniors.



And a path to the long-term sustainability of critical programs and services.



Strategy

MISSION: To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

CHRT's new mission continues to hold non-partisan, objective analysis at the core of our practice, but focuses on fostering policies and practices that improve the health of the people and communities we hold dear.

To achieve this mission, we established three goals.

The first is to continue to serve as a key source for evidence-based, non-partisan information on health policy issues and trends. This is something we have worked to achieve since our launch in 2007.

The second builds on the work we do to help community health collaborations—like the Washtenaw County Public Safety and Mental Health Preservation Millage—improve population health and magnify their impact.

This is something we have done since 2010, when we worked with local partners to launch the Washtenaw Health Initiative, a regional health initiative designed to improve care for low-income, uninsured, and underinsured populations.

The third is to improve health and social welfare on a broader level by implementing new programs then carefully evaluating them. This work helps us demonstrate the impact of programs with the goal of improving outcomes, integration, and sustainability.

Goal #1. Be, and be known as, a primary source for evidence-based, non-partisan information on key health policy issues and trends.

Goal #2. Help community-based health collaborations improve population health and magnify their impact.

Goal #3. Build the evidence base for local and state programs that can be replicated and scaled to improve health and social welfare.

Strategic Plan

2020-2025

MISSION: To inspire and enable evidence-informed policies and practices that improve the health of people and communities.

GOALS & STRATEGIES



GOAL 1

Be, and be known as, a primary source for evidence-based, non-partisan information on key health policy issues and trends

STRATEGIES:

1. Provide clients with objective, clinically relevant analyses and actionable recommendations
2. Provide trusted, timely analysis and survey research to the public, policymakers and other stakeholders
3. Building on the success of the CHRT Policy Fellowship, develop and implement a variety of high quality learning opportunities in health and human services policy
4. Build and leverage relationships between community members and decision leaders across multiple sectors



GOAL 2

Help community-based health collaborations improve population health and magnify their impact

STRATEGIES:

1. Support capacity and engagement of multi-stakeholder collaborations
2. Promote the benefit and impact of community-based collaborations
3. Help local and regional communities develop new multi-stakeholder health collaborations



GOAL 3

Build the evidence base for local and state programs that can be replicated and scaled to improve health and social welfare

STRATEGIES:

1. Engage in demonstration projects that have the potential for significant impact
2. Provide high quality program evaluation services to help clients demonstrate impact
3. Test a variety of service and systems integration approaches to improve health and social welfare

VISION: Facilitating community health improvements. Impacting state and national policy.



The background features a series of overlapping, semi-transparent circles in various shades of cream and light beige. A single, solid lime green circle is positioned in the upper right quadrant, standing out from the others. A horizontal, semi-transparent brown band spans the width of the image, serving as a backdrop for the text.

Partners

Board of directors



Thomas L. Simmer (Chair)
Senior Vice President for Health Care
Value and Provider Affiliation and
Chief Medical Officer
Blue Cross Blue Shield of Michigan



Rob Casalou
Regional President and
Chief Executive Officer
St. Joseph Mercy Health System



Lynda Rossi
Executive Vice President, Strategy,
Government, and Public Affairs
Blue Cross Blue Shield of Michigan



Tony Denton (Vice Chair)
Senior Vice President and
Chief Operating Officer
University of Michigan
Health System – Michigan Medicine



Todd Van Tol
Senior Vice President,
Health Care Value
Blue Cross Blue Shield of Michigan



Terence Thomas
Co-Founder
Thomas Group Consulting, Inc.



John Ayanian
Director, Institute for Healthcare
Policy and Innovation (IHPI)
University of Michigan

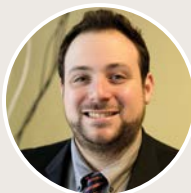


Fran Parker
Executive Director
United Auto Workers Retiree
Medical Benefits Trust



Brent Williams
Medical Director, Complex Care
Management Program
Michigan Medicine

Staff



Ryan Bartholomew
Health Policy Analyst



Matt Hill
Substance Use Disorder
Program Manager



Jaque King
Lead Healthcare Analyst



Nancy Baum
Health Policy Director



Deidre N. Hurse
Lead Analyst, Systems Integration
and Health Equity



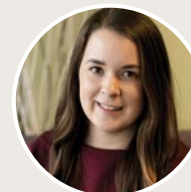
Joe Koss
Business and Finance Analyst



Cristin Cole
Healthcare Analyst



Samantha Iovan
Senior Analyst



Erica Matti
Healthcare Analyst



Jenna Combs
Administrative Assistant



Elizabeth Jahn
Business and Finance Director



Mary McCardwell
Senior Grants-Contracts
Research Administrator



Kirsten Cormier
Administrative
Specialist Associate



Patrick Kelly
Senior Analyst



Gregory Powers
Senior Analyst



Melissa Riba
Research and Evaluation Director



Deana Smith
Senior Health Analyst



John Tsirigotis
Healthcare Analyst



Robyn Rontal
Policy Analytics Director



Erin Spanier
Communications Manager



Marianne Udow-Phillips
Founding Executive Director



Andrew Smentkowski
Business Development Director



Karin Teske
Senior Analyst

Funders and clients

Ann Arbor Area Community Foundation
Area Agency on Aging 1-B
Blue Cross Blue Shield of Michigan
Centers for Disease Control and Prevention
Community Foundation for Southeast Michigan
Community Mental Health Partnership of Southeast Michigan
Detroit Health Department
Detroit Wayne Integrated Health Network
Donaghue Foundation
Ethel and James Flinn Foundation
Health Policy Matters

The Kresge Foundation
Local Initiatives Support Corporation
Learning Health 4 Michigan
Michigan Department of Health and Human Services
Michigan Health and Hospital Association
Michigan Health Endowment Fund
Michigan Medicine
Michigan State Medical Society Foundation
National Council on Aging
National Academies of Sciences, Engineering, and Medicine
National Institute of Disability, Independent Living, and Rehabilitation Research

Public Sector Consultants
Ralph C. Wilson Jr. Foundation
Shelter Association of Washtenaw County
Starfish Family Services
Trinity Health
U.S. Substance Abuse and Mental Health Services Administration
University of Michigan Behavioral Health Workforce Research Center
Washtenaw County Community Mental Health
Washtenaw County Sheriff's Office

A 3D bar chart with a grid of bars. The bars are arranged in a grid that is 5 units wide and 5 units high. The bars are colored in a checkerboard pattern of yellow and white. The yellow bars are located at (1,1), (1,3), (1,5), (3,1), (3,3), (3,5), (5,1), (5,3), and (5,5) assuming the bottom-left bar is (0,0). The white bars are located at (0,0), (0,1), (0,2), (0,3), (0,4), (1,0), (1,2), (1,4), (2,0), (2,1), (2,2), (2,3), (2,4), (3,0), (3,2), (3,4), (4,0), (4,1), (4,2), (4,3), (4,4), and (5,0). The bars have a 3D effect with shadows and highlights.

Financial Position

Audited statement of financial position

December 31, 2019

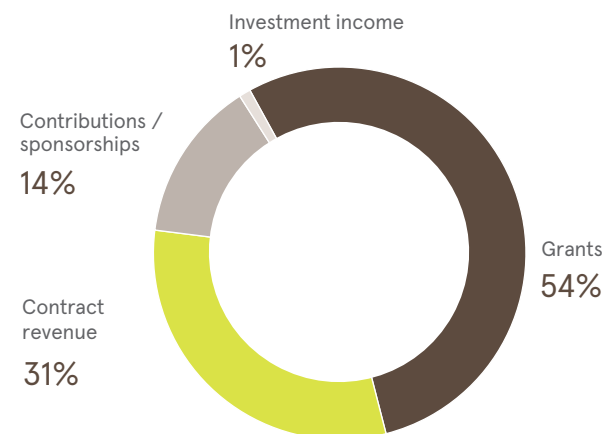
ASSETS	
CURRENT ASSETS	
Cash and cash equivalents	\$1,813,610
Contracts receivable	\$713,085
Prepaid expenses and other	\$11,216
Total current assets	\$2,537,911
Property and equipment, net	40,633
Total assets	\$2,578,544

LIABILITIES AND NET ASSETS	
CURRENT LIABILITIES	
Accounts payable	\$364,379
Accrued liabilities and other	\$131,463
Deferred revenue	\$43,020
Refundable advance	\$192,267
Total liabilities	\$731,129
NET ASSETS	
Unrestricted	\$1,680,564
Temporarily restricted	\$166,751
Total net assets	\$1,847,315
Total liabilities and net assets	\$2,578,444

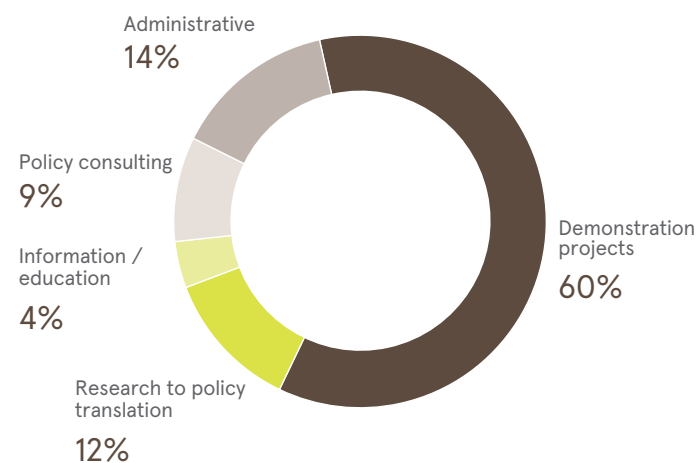
Sources of funds and expenditures

12 months ended December 31, 2019 (audited)

SOURCES OF FUNDS



EXPENDITURES





CHRT

CHRT.ORG

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