MI-CHAP:
Year One Evaluation Report

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Prepared for
Michigan Association of United Ways
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Submitted by
Public Sector Consultants Inc.
Lansing, Michigan
www.pscinc.com

Contents

Introduction

In February 2015, the Michigan Association of United Ways (MAUW) received a two-year grant from the Michigan Health Endowment Fund (MHEF) to implement the Michigan Children's Health Access Program (MI-CHAP). The MI-CHAP initiative is intended to build on the successes of the CHAP in Kent County, which demonstrated improvements in health outcomes for children on Medicaid, and the Michigan 2-1-1 system (also referred to as "2-1-1"), which provides families with quick and easy access to information about health and human services in their community.

MAUW is using the MHEF grant to support CHAPs in eight communities across the state. In the first year of the initiative, funding supported expansion of existing CHAPs in two communities; implementation of new CHAPs in three communities; and planning for implementation in three communities, with the goal of implementing CHAPs during the second year of the initiative. MI-CHAP sites form relationships with primary care providers and work directly with families on Medicaid to help strengthen their connections with these and other health care providers. MI-CHAP sites in the following counties and regions have received MAUW funding:

Genesee County	Macomb County
Ingham County	Northwest Michigan (Antrim, Emmett, Charlevoix, and Otsego Counties)
Kalamazoo County	Saginaw County
Kent County (existing CHAP)	Wayne County (existing CHAP)

MAUW is also using a portion of the MHEF funds to help Michigan 2-1-1 develop a system for identifying callers who are eligible for CHAP services and connecting them directly to a local CHAP site or with a virtual CHAP (V-CHAP) specialist. V-CHAP specialists, a new Michigan 2-1-1 component created as part of the MI-CHAP initiative, help connect callers to primary care providers and provide education and referral to community resources. MAUW has also provided funding to the Upper Peninsula Commission for Area Progress to implement an enhanced V-CHAP program, called UP-CHAP that provides a blend of traditional CHAP services and V-CHAP services.

Along with several specific objectives, MAUW established the following four goals for the project:

1. Improve the health of Medicaid-enrolled children in MI-CHAP.
2. Improve the quality of and access to medical homes in MI-CHAP communities.
3. Lower the total cost of care by reducing emergency department (ED) visits and inpatient hospital admissions among children on Medicaid.
4. Innovate efficiencies and scalability by delivering components of the CHAP model statewide through a new virtual strategy.

MAUW contracted with Public Sector Consultants (PSC) to conduct an evaluation of the MI-CHAP initiative. PSC worked with the MI-CHAP Leadership Team—composed of representatives of MAUW, Health Net of West Michigan (HNWM), and Michigan 2-1-1—to develop and finalize an evaluation framework (Appendix A) that lays out the initiative's goals, objectives, evaluation questions, and data sources and measures.

For this first-year evaluation report, PSC reviewed and analyzed information from three sources: documentation provided by the MI-CHAP initiative; interviews with CHAP program directors; and a survey of the MI-CHAP Leadership Team. The data collected reflect the early stages of development of the initiative. PSC's analysis shows how these initial activities are beginning to produce results, including the development of partnerships with community organizations, establishment of agreements with primary care providers, and increasing numbers of clients served. The analysis also identifies the challenges that have surfaced as sites across the state have worked individually and collectively to establish a system of services and supports for Medicaid-eligible children and their families. Key findings from the analysis are presented in this report, along with summaries of the documentation review, interviews, and survey results.

The newly established CHAPs had been operational and providing services for five months (or less) at the time PSC was gathering data for this report. Thus, the number of health care providers engaged and the number of clients served were both limited, resulting in an inadequate pool of participants for some evaluation activities. The MI-CHAP Leadership Team agreed to postpone focus groups with parents and surveys of primary care providers until the CHAP sites have been in operation longer and a larger sample can be constructed. The small number of clients served during the first year of the initiative also limited the amount of quantitative data available for outcome analyses. Furthermore, while sites have begun to collect data on the clients served and types of services provided, agreements and mechanisms have not yet been established for secure, electronic transmittal of client data to MAUW.

During MI-CHAP's second year, PSC will conduct focus groups with parents of children served by CHAP, survey primary care providers that have entered into agreements with CHAP sites, and interview 2-1-1 and V-CHAP staff and steering committee members regarding their roles in the initiative. PSC will also work with the CHAP sites and MAUW to develop a process and put protections in place that will allow the sites to share client identifiers with MAUW. If the process is put in place as expected, MAUW intends to enter a data use agreement with the Michigan Department of Health and Human Services (MDHHS) no later than summer 2016 to obtain health care utilization data for PSC analysis. PSC will prepare a program evaluation report at the end of year two that includes analyses of each of these data sources along with program documentation provided by the CHAP director and local CHAP sites.

Key Findings

The key evaluation findings presented below are based on review and analyses of information from documentation provided by the MI-CHAP initiative, interviews with CHAP program directors, and a survey of the MI-CHAP Leadership Team. Summaries of findings from each of these sources are provided in following sections of this report.

SUCCESSES

The MI-CHAP initiative has made significant progress over the first year of program funding. CHAP sites have been expanded, established, and developed. Sites have established partnerships with community-based organizations and others to ensure that CHAPs become an integral part of the system of services and supports for Medicaid-eligible children and their families. CHAP sites have developed agreements with primary care practices, health plans, and other health care providers to provide services to their patients. A screening and referral process for CHAP services has been developed and integrated into existing 2-1-1 call center operations. CHAP sites have successfully served hundreds of clients and worked with parents to help them engage in their children's health and well-being. In partnership with MAUW and local health departments, sites have leveraged funding to support the aspects of CHAP services that provide Medicaid outreach and enrollment. And an infrastructure for supporting program operations and planning for program sustainability has been established.

CHAP Site Startup and Expansion

A four-county region in Northwest Michigan and Genesee and Macomb Counties established new CHAP sites; all three began receiving referrals and delivering services in the first year of program funding. To prepare for service implementation in early 2016, significant planning and infrastructure development also took place during the first year of program funding at CHAP sites in Ingham, Saginaw, and Kalamazoo Counties. The foundation for a modified CHAP is in place in the Upper Peninsula. The existing CHAP sites in Kent and Wayne Counties have used MAUW funding to enhance and expand service delivery. Program directors at CHAP sites across the state are excited to work with this model to effectively address children's health needs.

Community Partnerships

The MI-CHAP initiative is designed to deliver and connect families with services that will support them in improving and maintaining their children's health. To do so, CHAP sites must develop close working relationships with a variety of service providers and community-based organizations. Program directors report that community stakeholders are excited about the CHAP model and are eager to partner with CHAP sites. Through the creation of advisory committees and direct communication with community-based organizations, CHAPs have successfully engaged multiple stakeholders, including health care providers, to plan for and support implementation of their CHAP sites. These stakeholders have identified community needs, provided connections to referral sources, supported planning and implementation efforts, and, in some cases, agreed to put in place referral agreements. Program directors report that these partnerships are crucial for success and have allowed them to create networks of service providers with whom they can contract to provide services to CHAP clients.

Practice Engagement

By the end of the first year of program funding, 27 new business associate agreements or memoranda of understanding (MOUs) had either been put in place or were in process with health care providers who will refer clients for CHAP services. Program directors report that primary care practices are generally

enthusiastic about the type of support CHAP sites can provide to patients. Involving health plans in the CHAP planning stages helped some sites quickly identify clinics with high volumes of Medicaid patients with which they could work to establish referral agreements.

Virtual CHAP

MAUW established Virtual CHAP (V-CHAP) as a mechanism for delivering a limited set of services to people who are eligible for CHAP, but live in a county or region where there is not a local CHAP site. V-CHAP specialists, housed at five 2-1-1 agencies across the state, work with clients over the phone to connect them to primary care providers and provide education and referrals to community resources. MAUW also established an enhanced V-CHAP in the Upper Peninsula (referred to as UP-CHAP). UP-CHAP will engage medical homes to refer patients for services and provide of transportation services in addition to delivering typical V-CHAP services.

Michigan 2-1-1 Screening and Referral Process

MI-CHAP was integrated into the Michigan 2-1-1 system through the development of a special screening and referral protocol and online system. The MI-CHAP screening and referral protocol allows 2-1-1 call center operators to identify families who are eligible for CHAP services and then generate referrals to CHAP sites, or to V-CHAP specialists when a CHAP site is not available in the family's county of residence. The 2-1-1 screening and referral process was piloted during a brief period in January 2016, during which 28 callers were screened for eligibility for CHAP services, and 5 were referred to the Wayne County CHAP.

According to leadership team members, one of the most positive aspects of the initiative's planning and implementation work has been the collaborative effort by Michigan 2-1-1 and CHAP partners, including the development of the V-CHAP service delivery model. Members highlighted the development of the Michigan 2-1-1 data system that supports the screening and referral protocol as one of the most significant accomplishments of the initiative over the past year.

Client and Parent Engagement

The new CHAP sites (Genesee, Macomb, and Northwest Michigan) served 264 unduplicated clients from July 2015 through January 2016. With expanded capacity from MAUW funding, the sites that had already been established in Kent and Wayne Counties served 1,559 and 1,858 children, respectively.

Leveraged Funding

Agreements for Medicaid matching funds have been developed for all CHAP sites and Michigan 2-1-1. These agreements allow the sites and Michigan 2-1-1 to receive Medicaid funds for activities performed to inform eligible or potentially eligible individuals about Medicaid and how to access it.

Governance/Leadership Infrastructure

MAUW has established a governance and leadership structure to support ongoing program operations and plan for sustainability of the MI-CHAP initiative. Leadership team members reported that, over the first year of program funding, their team, the statewide steering committee, cross-functional workgroup, and local CHAP advisory committees have built a solid foundation for the system. During the first year of program funding, HNWM and MAUW have provided technical assistance and program management support for all CHAP sites. According to program directors, the support provided by each of these entities has helped sites move through each implementation step.

CHALLENGES

The MI-CHAP initiative has also experienced several challenges over the first year of program funding. Program startup and service rollout took longer than anticipated. Despite their interest in CHAP services, health care providers proved difficult to formally engage in the MI-CHAP initiative. During planning and implementation, some sites encountered issues that were unique to their community. Problems emerged during development of the Michigan 2-1-1 screening and referral process for CHAP services, due to complexities and requirements of the database for tracking caller information. Finally, evaluation activities have been delayed by the need to resolve legal questions about the data that sites can share with MAUW and how that information should be shared.

Program Startup

While two of the three newly established CHAPs that had planned to begin delivering services in the first program year were able to begin serving clients as scheduled in July 2015, all three experienced difficulties in the startup phase. Program directors reported delays in initiating contracts and funding from MAUW, hiring staff, establishing agreements with health care providers, and receiving client referrals.

Leadership team members said that challenges for CHAP sites varied depending on the type of organizational structure in which the CHAP is housed. They noted that while sites that are housed within a larger organization have experienced some problems figuring out how the CHAP fits into that larger structure, sites that have had to develop an organization from the ground up have had to sort through a host of other issues—such as obtaining a 501(c)3 designation and naming a board of directors.

Practice Engagement

Establishing signed agreements with health care providers for patient referral for CHAP services required more effort and took longer than anticipated. As a result, some new CHAP sites received limited numbers of referrals from health care providers during the first year of funding. Program directors report that while primary care practices are interested and willing to work with the CHAP sites, building relationships with primary care providers and other health care organizations has taken more time than expected. Some reported that it can take months of persistent follow-up through phone calls and meetings to get a signed agreement. They also noted that after a business associate agreement is signed, CHAP staff have had to continue to follow up with providers to ensure they actually refer patients for CHAP services.

Community and Client Characteristics

While the goal of developing CHAP services is shared by all eight regions, community characteristics vary, which has made the work required to establish a CHAP and the difficulties encountered unique to each community. Depending on the community, program directors noted challenges related to infrastructure, geography, access to and availability of health care and other service providers, or populations with complex health issues.

Similarly, program directors report that the level of service needed by each client can vary significantly; those with intensive needs require a large amount of staff time and resources. In some cases, this variation has made it difficult to determine appropriate caseloads and staffing.

Michigan 2-1-1 Screening and Referral Process

The development and implementation of the Michigan 2-1-1 screening and referral system for MI-CHAP services was more complex than initially understood. According to the MI-CHAP Leadership Team, the screening and referral process took far longer than anticipated to complete. The team said challenges were primarily related to developing the data system that would support the protocol and integrating that system

into the existing 2-1-1 data system so that it would work seamlessly for operators. They also indicated that the delay left V-CHAP specialists waiting to provide services.

Evaluation and Data Sharing

One of the most challenging aspects of MI-CHAP implementation has been determining how CHAP sites will share client data with MAUW to support evaluation, while protecting client privacy and meeting requirements under the Health Insurance Portability and Accountability Act (HIPAA).

MAUW and CHAP sites are consulting with legal counsel and working together to put the appropriate legal agreements and data protections in place to allow sites to share the necessary information. Longer than anticipated program implementation timelines also have delayed evaluation activities by limiting the availability of outcome data.

Review of MI-CHAP Documentation

Information collected by MAUW during the first year of the grant period consists of monthly quantitative reports and triannual narrative reports submitted by CHAP sites. MAUW supplements these reports with information provided by the CHAPs during site visits, phone calls, e-mail correspondence, and regular meetings with program directors and staff. The MI-CHAP director updates the leadership team monthly regarding the progress each site is making in engagement of primary care practices and clients served, and the activities CHAP sites are undertaking to build their programs, establish agreements, and increase referrals. The MI-CHAP director also updates the team on the development and implementation of the Michigan 2-1-1 V-CHAP. The following synthesis of the information from these reports and updates demonstrates the progress and difficulties of MI-CHAP's first year.

CHAP SITE STARTUP AND EXPANSION

All three new CHAP sites began receiving referrals and delivering services in the first year of program funding. The CHAPs in Genesee and Northwest Michigan began delivering services in July; Macomb CHAP began service delivery in October. Each of these sites hired staff, including program directors, case managers, community health workers, and intake specialists; put in place data collection and management systems; established agreements with primary care and other health care providers; established local advisory committees; and, in some cases, developed promotional materials about the CHAP.

Significant planning and infrastructure development took place during the first year of program funding at CHAP sites in Ingham, Saginaw, and Kalamazoo Counties to prepare for service implementation in early 2016. According to reports submitted to MAUW, these sites have hired program directors and other staff, including case managers, community health workers, and intake specialists; established local advisory committees; implemented or developed tools and processes for client data collection and management; and developed processes and protocols for CHAP service delivery.

The existing CHAP sites in Kent and Wayne Counties have used funding from MAUW to expand and/or enhance service delivery since they received their first payments in May and June 2015, respectively. Both sites have hired additional staff and established agreements with additional health care providers.

COMMUNITY PARTNERSHIPS

The MI-CHAP initiative is designed to deliver and connect families with services that will support them in improving and maintaining their children's health. MAUW and HNWM have provided technical assistance and encouragement to developing CHAPs to support them in the development of close, working relationships with a variety of service providers and community-based organizations.

As part of the model, CHAP sites must establish advisory committees. Every CHAP site, including those that will begin delivering services in the second year of the initiative, has established such a committee. The role of these advisory committees is to discuss strategic direction for the CHAP agency and other high-level issues. Members include representatives of a wide variety of sectors, including health care, early childhood education and care, human services, and philanthropy, as well as clients.

PRACTICE ENGAGEMENT

CHAP sites are developing relationships with primary care providers and other health care providers to establish a pipeline for client referrals. By the end of the first year of program funding, 27 new business associate agreements or memoranda of understanding had either been put in place or were in process with health care providers who will refer clients for CHAP services. The number of these agreements ranged

from one to seven per site. Some CHAP sites are establishing relationships with Medicaid health plans in their service areas to help them engage additional primary care practices.

VIRTUAL CHAP

MAUW established Virtual CHAP (V-CHAP) as a mechanism for delivering a limited set of services to people who are eligible for CHAP, but live in a county or region where there is not a local CHAP site. V-CHAP specialists, housed at five 2-1-1 agencies across the state, work with clients over the phone to connect them to primary care providers and provide education and referrals to community resources. The local 2-1-1 agencies where V-CHAP specialists are located were responsible for recruiting and hiring the specialists, all of whom were hired by the end of September 2015.

MAUW and Michigan 2-1-1 formed a cross functional workgroup composed of local CHAP site staff and 2-1-1 staff to develop a scope of work and protocols for V-CHAP service delivery. MAUW then provided a two-day training for V-CHAP specialists in late September and an additional day of training in October 2015.

MAUW also established an enhanced V-CHAP in the Upper Peninsula (referred to as UP-CHAP). The directors of MI-CHAP and UP-CHAP worked together to create a scope of work, which includes engaging medical homes to refer patients for services and provision of transportation services in addition to typical V-CHAP services. The UP-CHAP will receive 2-1-1 and primary care referrals. The site hired a full-time staff person to run the program and participate in training related to V-CHAP services and practice engagement. UP-CHAP is establishing referral agreements with the Upper Peninsula Health Plan, a local federally qualified health center (FQHC), and medical homes in the region. The UP-CHAP will begin serving clients in early 2016.

MICHIGAN 2-1-1 SCREENING AND REFERRAL PROCESS

MI-CHAP was integrated into the Michigan 2-1-1 system through the development of a special screening and referral protocol and online system. The development and implementation of the 2-1-1 screening and referral system for MI-CHAP services was completed at the end (rather than the middle) of the first year of funding. The MI-CHAP screening and referral protocol allows 2-1-1 call center operators to identify families who are eligible for CHAP services and to generate referrals to CHAP sites or to V-CHAP specialists when a CHAP site is not available in the family's county of residence. Michigan 2-1-1 conducted a pilot test of the 2-1-1 screening and referral process in southeast Michigan from January 20 through January 31, 2016. During that time, 28 callers were screened for CHAP service eligibility, and 5 were referred to Wayne County CHAP. After the pilot test, MAUW staff trained 2-1-1 staff in several locations across the state to ensure appropriate conducting and recording of the screening process. Now that the system has become fully operational, any issues that arise are being addressed through communication between the MI-CHAP director and local 2-1-1 leadership.

CLIENT AND PARENT ENGAGEMENT

The new CHAP sites (Genesee, Macomb, and Northwest Michigan) served 264 unduplicated clients in the first year of program funding (through January 31, 2016). With expanded capacity from MAUW funding, the site that had already been established in Wayne County served 1,858 children during the first year of program funding—913 more than it had served in the previous 12 months. Kent CHAP served 1,559 children during the first year of program funding; data are not available to identify whether this is an increase over the number of children served in the previous year. For sites that have begun to deliver CHAP services, most referrals come from primary care providers, but some sites have received referrals from community-based organizations with whom they have developed agreements, and Wayne CHAP received five referrals from 2-1-1 during the pilot screening and referral process in January.

LEVERAGED FUNDING

Agreements for Medicaid matching funds have been developed for all CHAP sites and Michigan 2-1-1. These agreements allow the sites and Michigan 2-1-1 to receive Medicaid funds for activities performed to inform eligible or potentially eligible individuals about Medicaid and how to access Medicaid programs. Since the funds have to be channeled through local health departments, most CHAP sites have entered into agreements with the local health departments in their respective regions to obtain the matching funds. As the fiduciary for local CHAPs, MAUW established an agreement with the Ingham County Health Department to secure matching funds for the UP-CHAP and Ingham CHAP, as well as for Michigan 2-1-1.

GOVERNANCE/LEADERSHIP INFRASTRUCTURE

The MAUW has established a governance and leadership structure, as described below, to support ongoing program operations and plan for sustainability of the MI-CHAP initiative.

MAUW began by hiring a director for the MI-CHAP initiative in May 2015. Recruitment for this position took longer than anticipated.

MAUW established a statewide steering committee to provide guidance and long-term vision for the MI-CHAP initiative. The committee is charged with supporting the long-term sustainability of the initiative through the development of public/private partnerships, promotion of policies that support integration of MI-CHAP with health care providers and payers, and identification of opportunities to improve the model as it grows. At the local level, CHAP advisory committees are supporting the work of individual CHAP sites, as described elsewhere.

The MI-CHAP Leadership Team comprises lead staff from MAUW, HNWM, Michigan 2-1-1, and PSC. MAUW convenes the team monthly to review progress made by CHAP sites and identify solutions to overarching issues and challenges. The group also provides input into the steering committee meeting agendas.

A cross-functional workgroup emerged from the need to have representatives of Michigan 2-1-1 and CHAP agencies collaborate to design V-CHAP services and the 2-1-1 screening and referral process.

During the first year of program funding, HNWM and MAUW led monthly technical assistance and program management calls to provide training and education on topics such as practice engagement and HEDIS measures, and also offer an opportunity for CHAP staff to discuss challenges and identify solutions. HNWM is finalizing revisions to a toolkit it developed to guide the implementation new CHAP sites; the toolkit contains guidance for working with pediatric and family practices to improve service delivery and access. The revised toolkit will be available in the spring of 2016.

EVALUATION AND DATA SHARING

MAUW and program sites have not yet agreed on how client data will be shared to support evaluation. MAUW intended to use client information from CHAP sites to obtain health care utilization data from the MDHHS Medicaid Data Warehouse. MDHHS staff have indicated a willingness to enter into a data use agreement with MAUW.

CHAP sites, however, raised concerns about client privacy and protections required under the Health Insurance Portability and Accountability Act (HIPAA). They are reluctant to share client identifiers with MAUW without assurance that they are legally allowed to do so and that MAUW has sufficient data protections in place. MAUW and CHAP sites are consulting with legal counsel and working together to put the appropriate legal agreements and data protections in place to allow sites to share the necessary

information. Longer than anticipated program implementation timelines and slow uptake of services at the new CHAP sites also have delayed evaluation activities by limiting the availability of quantitative outcome data for program evaluation.

Interviews with MI-CHAP Program Directors

PSC conducted interviews with the program directors of each of the local CHAP sites. Interviews took place between December 2015 and February 2016. Although the interview questions differed depending on whether the site was in a planning or an implementation stage, the goal of the interviews was to learn more about the successes and challenges the local sites experienced during the first program year. PSC asked program directors about the preparations made to establish a CHAP site and the staffing models used; community supports and barriers; how sites are working with local health care providers; delivery of services; parent engagement; strategies for promoting CHAP services; and the helpfulness of technical assistance and support provided by the MAUW program team. A copy of each interview guide is included in Appendix B. Information gained through these interviews is summarized below.

CHAP PREPARATIONS

All program directors briefly described the preparations taken to establish their CHAPs. Most of the program directors reported that engaging key stakeholders—including health care systems, hospitals, providers, and health plans—was crucial to preparing their community for the CHAP. In several communities, stakeholders conducted a community needs assessment, including gathering data, to identify what health issues the CHAP should focus on. In two regions, community leaders raised money, which allowed CHAP staff to begin planning for implementation prior to receiving funding from MAUW. In one CHAP region, stakeholders identified community needs through a health department client survey that asked about access to health care services and emergency department use, as well as by comparing chronic disease rates in their county to those in other counties. In another region, stakeholders worked together to map out available community resources, and local health plans identified practices with a high volume of Medicaid clients.

Three program directors reported that their communities initially became interested in developing a local CHAP after hearing about Kent County's CHAP during a presentation made by Maureen Kirkwood, executive director of HNWM (Kent County CHAP), prior to MI-CHAP funding becoming available. Her presentation sparked significant interest in the CHAP model and encouraged the directors to engage others in their communities in implementing a CHAP site.

Only directors of sites in the planning phase were directly asked about the staffing model they plan to use. The planned staffing models vary slightly from site to site, but all of them have included a program director, program manager, social worker, and at least one community health worker. Two of the sites have a nurse (one acts as a case manager), and one has a bachelor's level social worker (also a case manager) and a behavioral health consultant. One site has intake staff and another receives administrative support through the organization in which the CHAP is housed. The hiring of these positions commenced before the interviews took place.

COMMUNITY CHARACTERISTICS

The eight CHAP sites are located throughout Michigan in communities with different demographic characteristics and resources. Some CHAPs are in predominantly urban and suburban areas, some are rural, and others have a mix of these areas. While all regions have some children living in poverty, in three regions, 30 percent or more of children are living at or below the federal poverty level, which can contribute to significant health challenges. The program directors described the supports that exist in their communities to help make the CHAPs successful and the difficulties they have encountered.

CHAP Community Supports

Overwhelmingly, sites in the planning stages and those who have implemented a CHAP reported that existing community support is a significant boost to establishing the CHAP site. They shared that significant community support comes from health and human service organizations that see a need for the CHAP model. In at least two regions, the partners that helped implement a CHAP site comprised various health and human service organizations. One program director added that the community has an existing workgroup focused on health data, and this group contributed greatly to developing the CHAP.

Another supportive factor identified by three program directors is the existing infrastructure at their CHAP sites. Two of these sites are housed in organizations that have Michigan Pathways to Better Health (MPBH) grants. The MPBH grants help Medicaid and/or Medicare beneficiaries with two or more chronic conditions and health and social service needs (such as primary care, housing, food, and transportation) access services through the use of community health workers. This work, although directed at adults, pairs well with the work CHAPs are doing with families and children. Two of these sites—including one with MPBH funding—are also housed in local health departments. These umbrella organizations provide staffing support, access to potential clients, access to potential referral sources, and relationships with many key players needed to support the CHAP.

CHAP Community Barriers

As the services, supports, and populations vary by community, so to do the barriers that program directors identified. In one region, the CHAP program director identified a lack of transportation infrastructure in the community, no afterhours care other than the emergency department, and a limited array of specialty providers—including pediatricians—as major barriers to the CHAP's success. Another director reported that there are two competing hospitals in the region, which impedes community collaboration on health issues. Additionally, this CHAP's parent organization has a struggling relationship with a local FQHC, which serves a large number of Medicaid clients and would be an ideal partner and CHAP referral source. The program director at this site hopes to rebuild the relationship with the FQHC and engage it in the CHAP in the future.

Lastly, one director reported that the sheer size of the community, both in terms of the magnitude of need for CHAP services and the number of community partners to involve, is a challenge. It has been difficult for the small CHAP team to successfully engage everyone necessary to make an impact.

PRIMARY CARE PRACTICE ENGAGEMENT

CHAP sites must reach out to primary care providers to let them know about the availability of their services and, if the practice is interested, put business associate agreements in place regarding the types of services the site will provide to the provider's patients. Once the providers have an agreement in place with a CHAP site, they can identify Medicaid patients in their practices who would benefit from services and refer them to the CHAP. The program directors from the implementation and planning sites shared their approaches to engaging providers and instituting business associate agreements.

The CHAP model also includes working directly with primary care practices to improve service delivery for parents and children. Only Kent County's CHAP site is established well enough to work with practices on improvements to service delivery. The program director at this site shared the strategies used to do this work.

Developing Agreements

In general, the program directors said that it has *not* been difficult to interest primary care providers in CHAP services because providers see the need for services; however, it has been difficult to move providers beyond interest to signing a business associate agreement.

Program directors and their staff started by engaging the practices that they already had connections with through other projects and groups. In two sites, a few providers were involved in planning the CHAP and conducting the needs assessment. One region used a physician who was already invested in CHAP to speak, as a peer, to other physicians about CHAP and encourage them to sign up.

After gaining the provider's interest, CHAP staff would have an onboarding meeting. During this meeting, the CHAP staff answered questions, explained the practice's role, and gave providers business associate agreements to review and sign. One director reported that the CHAP staff held introductory lunches with a few practices where they shared information about the CHAP model and how they were thinking of implementing it in their community. Onboarding meetings followed. However, this site found that it was more effective to have the introductory meeting over the phone, which cut costs, and then hold an in-person onboarding meeting.

Even though the practices see the need for CHAP services and are interested its offerings, it can take months of persistent follow-up phone calls and meetings to get the signed paperwork returned. One director said they have staff collocated at two practices, so they have established relationships at those locations, but it was still taking a long time to get CHAP agreements in place. A few directors explained that if an individual practice is willing to enter a business associate agreement, but it is part of a larger health system, the CHAP paperwork can be delayed even longer because it has to go through the health system review process. At the time of the interview, the planning sites had no signed agreements in place with any health care providers, but all of them had identified several practices they were working with to obtain agreements. While implementation sites were not asked about the number of agreements they had in place, review of program documentation shows that 27 new agreements were either in place or in progress across all of these sites, ranging from one to seven agreements per site.

CHAP sites that had worked with health plans during their planning stage identified which practices had a large volume of Medicaid clients and then reached out to those practices to establish agreements. One program director reported that her site did not use this approach, but, in hindsight, she wished it had.

Improving Physician Service Delivery

Most of the program directors indicated they are not yet ready to help primary care practices improve service delivery, as this will require more relationship building between the CHAPs and the practices. Only the Kent County site, which implemented its CHAP several years prior to receiving funding from MAUW, is currently doing so. The program director stated that CHAP staff work with each practice on a case-by-case basis and address whatever needs that practice has. CHAP staff advocate for specific practice improvement efforts, such as holding late and weekend clinic hours, but it is difficult to know if their efforts have led to changes or if the improvements are a result of natural progression.

A couple of program directors in implementation sites have identified challenges they plan to work on with practices in the future. One director reported that parents are not discussing medical concerns or questions they have about their child's care with their physicians. Examples given included parents not asking questions about how to administer their child's asthma medication correctly, and parents not telling the provider about their inability to obtain necessary medications. Another director reported that practices want to hear about the outcome of CHAP's work with the referred families, but there is not yet a systematic communication loop in place to ensure this happens. One site's program director added that access to care

is a big issue in her community, even among families who are *not* on Medicaid, which she hopes to address with practices in the future.

CHAP SERVICE DELIVERY

The program directors of sites that were providing services at the time of the interviews described their progress on service delivery to date, including the challenges they are experiencing and how those challenges have been addressed. All of the planning sites, which were not yet delivering services, began doing so in February 2016.

One of the biggest service delivery challenges involves receiving referrals from primary care practices. After the business associate agreement is signed, CHAP staff must follow up with providers to ensure they refer patients for CHAP services. In some practices, the CHAP staff must communicate with multiple people at the practice, such as the office managers and those at the front desk, because these employees are responsible for managing the referrals. Some sites have struggled to receive *appropriate* referrals, meaning they receive referrals for people who do not meet program criteria, such as adults or those with private insurance.

One director said that although the referrals were slow at first, as soon as providers saw the CHAP's success with referred families, they were encouraged to do more. Other sites have worked to add more practices with whom they have agreements, which has increased the number of referrals. Program directors are also hoping that referrals will increase as the CHAP becomes better known in the community.

The level of service needed for each referred client can vary significantly, according to the program directors. Although some clients only need transportation assistance or a referral to a specialist clinic, others have more significant needs. In some cases, home environment assessments and repairs have to be made in order to address health issue(s). Two program directors at different CHAPs indicated that all of their referrals are for children and families with complex, intensive service needs that require a great amount of staff time and resources. One of these directors said the intensity of the referrals might decrease over the next few years, as the families with the most significant needs are addressed. The other director, however, does not expect that to happen.

A couple program directors cited other concerns regarding service delivery. One director reported needs that the CHAP staff became aware of only after beginning to deliver services, such as the prevalence of homelessness and unaddressed mental health conditions in elementary and middle-school-aged children. This site has engaged the local community mental health agency and the intermediate school district to help coordinate services to address these concerns. Another program director identified CHAP staffing challenges as a barrier to successfully delivering services, but said staff changes have since been made, which should address this concern.

PARENT ENGAGEMENT

The program directors of CHAPs that have begun delivering services were asked how they are engaging parents in their children's health and well-being. Program directors at all implementation sites report doing this in some way. Three of the sites' program directors said they are providing and discussing educational materials concerning relevant health issues with families when they meet. One of these program directors said the CHAP staff tries to "meet the parents where they are" by only sharing information they think the parents are able to accept and communicating that information in a way that is accessible. Another director stressed the importance of partnering with the family to help them address their child(ren)'s health needs instead of lecturing them about what they should or should not be doing.

In addition to educating parents, two sites have parents on their boards of directors, one site connects those who want to be more involved with community organizations that interest them, and another site surveyed parents to learn about their previous health care experiences. Several sites are developing parent groups to give the CHAP staff regular input about the challenges parents encounter within the health care system and ways to promote CHAP to families. The program directors at these sites emphasized they want the work of the parent groups to be meaningful, so they are taking the time to thoughtfully structure them. One director reported her CHAP site had a valuable parent group in the past, but they are currently focusing their attention on improving the CHAP's service delivery and connecting families to needed services; they will start a parent group again in the future.

CHAP PROMOTION

Sites are actively promoting CHAP within their communities. Most of the promotion is focused on physician practices, social services agencies, and the education community. These groups are the most likely to refer clients or work closely with the CHAP when delivering services. There is little effort to promote the CHAP to the public because the expectation is that clients will be referred for CHAP services from other entities—especially primary care practices.

All sites are promoting their CHAPs within their referral network and in organizations where they have an active presence. For promotional purposes, CHAP staff are meeting with Great Start Collaboratives, Head Start programs, human services coordinating entities, health coalitions, and others. One program director said the CHAP staff participate in 30 different groups within the community and another shared that their CHAP staff work with a community network of over 80 different organizations to whom they disseminate information. Two implementation sites are using the organizations where they are housed, such as health departments and human services agencies, to promote CHAP. One site has a brochure that details what CHAP does and includes information on all of the organizations housed at its same location. Two sites, one in the planning stage and one in the implementation stage, developed press releases (which, at the time of the interviews, had not yet been disseminated). One director at a planning site intends to display more information on the CHAP's website, and another planning site hired a public relations firm to help develop CHAP marketing strategies, which included the creation of a mascot.

It is unclear how effective these promotion activities have been, especially for the planning sites. The program directors report that word-of-mouth advertising and community reputation may be the strongest forms of promotion.

TECHNICAL ASSISTANCE

The CHAP program directors were asked to rate the technical assistance provided by HNWM, which houses the Kent County CHAP, and the support provided by MAUW on a scale of one to five, where a score of one is poor and five is excellent. They explained why they gave their rating and suggested technical assistance and support they thought would be helpful in the coming year.

Health Net of West Michigan

Since HNWM has several years' experience developing and delivering CHAP services, MAUW contracted HNWM to provide technical assistance and consultation to the rest of the MI-CHAP sites to support implementation and ensure fidelity to the model across Michigan. As a part of the technical assistance, HNWM shared the data management system it created with the sites that wanted to use it; sites were allowed to use a different system if they preferred.

Overall, program directors are happy with the support they are receiving from HNWM; the organization received an average rating of 4.5 out of five from the six program directors that answered this question.

Sites reported that the toolkit developed by HNWM, as well as Basecamp (a cloud-based website where MI-CHAP initiative files are stored for review and use by program sites), monthly technical assistance calls, and trainings have all been useful and well done. One of the directors explained that without HNWM's assistance and access to all of the work they have already done, it would have taken twice as long to implement the CHAP. Several directors said that overall, HNWM is helpful when contacted with specific questions, and the individual associates they talk with are open and friendly. Although several directors indicated that HNWM is timely in its responses, one did report that it could take over a week for HNWM to respond to a request.

Program directors made recommendations for additional technical assistance that would be helpful in the coming year. One director requested a repository where CHAP materials, such as marketing materials or press releases, could be shared among sites. This would be in addition to the materials that are available in the toolkit and on Basecamp, and it would be open to the local CHAPs to add their materials as examples. Another director recommended the CHAPs, MAUW, and HNWM work together to define specific terms—such as clients, cases, and services—so they use a common language and track information in the same way.

One site needs assistance in developing appropriate caseload sizes for the different roles at its CHAP. One director requested training opportunities in health equity and how this topic relates to the CHAP's work. Another director requested HNWM check in with new sites more often to help them identify and address challenges. Additionally, one director said that even though her CHAP has a data management system in place, they could use some assistance to better understand how the different pieces of the CHAP data are related.

Michigan Association of United Ways

The program directors are very satisfied with the support and communication received from MAUW, which received an average rating of 4.8 out of five from the six sites that provided a rating. The program directors all positively described the support they received from MAUW—specifically the support received from Laura Kilfoyle, MAUW's MI-CHAP director. They said Laura communicates clearly and is responsive to questions, well organized, great to work with, and ready to help the sites whenever needed. They said the monthly calls Laura convenes are well run and useful. One director added that she appreciates the opportunity that regional CHAP sites are given to add items to the agenda for the monthly call.

Program directors made recommendations on how MAUW could best help them in the coming year. Half of the sites need additional assistance with local CHAP sustainability. Some directors requested more support in working with the Medicaid health plans, which often have a statewide presence, to support CHAP's future. They suggested that MAUW could orient health plans about the MI-CHAP initiative and CHAP services, form master agreements with health plans that might allow the plans to share relevant Medicaid data, and help connect the individual CHAP sites to the health plans' key contacts. One director requested that MAUW conduct a large-scale fundraising effort that brings together influential organizations and people who can make significant monetary donations to support the ongoing operations of local sites. Another director suggested MAUW provide technical assistance on how to bill Medicaid for CHAP services.

Unrelated to sustainability, a director requested that MAUW organize a statewide orientation and training for all new CHAP staff. This would connect different staff to statewide happenings and offer them a networking opportunity with other CHAP teams.

CONCLUSION

At the end of the interviews, program directors offered their final comments on the most significant challenges in implementing the CHAP and what they are most looking forward to. CHAP directors reiterated how frustratingly slow the whole process is to get the CHAP up and running because of how many different pieces, people, and systems are involved. Communities are immensely complex, each with different resources available and missing. Program directors said it can take a long time to establish the necessary relationships, especially with the health plans.

Despite the frustrations and challenges associated with program startup, the directors and their staff are excited to be a part of a program that helps people address children's health and health inequity. They also say that primary care practices are interested and willing to sign on to working with CHAP sites. Program directors report that they see the connections that families are making with health care and community service providers and the positive effects of relationships built between the CHAP sites and primary care providers, health plans, and other stakeholders. Directors noted that engaging key stakeholders within the health care community has been critical to the successful implementation of a local CHAP. These stakeholders can help identify community needs and provide referrals to the CHAP. Engaging key stakeholders during the planning process also allows the CHAPs to create a network of service providers with whom they can contract to provide services to CHAP clients (for example, transportation and language interpretation services). And involving health plans early on in the planning stages of the CHAP helps sites quickly identify clinics with high volumes of Medicaid patients.

Program directors are looking forward to expanding their CHAPs by working with more practices throughout their respective regions, or by broadening their population focus to include those with health issues other than those first identified as major challenges for their community. Directors are supported in this expansion through the assistance and commitment of their community organizations and by the technical assistance and support provided by HNWM and MAUW.

Survey of MI-CHAP Leadership Team

The MI-CHAP Leadership Team comprises MAUW's CEO, MAUW's director of policy and partnerships, the MI-CHAP director, the executive director of Michigan 2-1-1, the executive director of HNWM, and the PSC evaluation team. In a brief online survey, MI-CHAP Leadership Team members were asked to identify the greatest challenges and successes of MI-CHAP's inaugural year, and what they look forward to in the second year. PSC staff did not participate in the survey. Findings from the survey are provided below, and a copy of the survey instrument is included in Appendix C.

MI-CHAP INITIATIVE CHALLENGES AND SUCCESSES

Leadership team members identified two issues as the most challenging aspects of MI-CHAP implementation: (1) setting up a data system to support the integration of MI-CHAP into the Michigan 2-1-1 system and (2) identifying how CHAP client data will be shared with MAUW for evaluation purposes.

Designing and implementing the data system that supports Michigan 2-1-1 operators in screening and referring callers for CHAP and V-CHAP services was particularly challenging. One team member said it required connecting systems in ways that had not been done before by the entities involved: "This was the first time [the existing 2-1-1 data platform] used an application program interface (API) to allow real-time data sharing with another software platform. We probably needed to allow for a longer development timeline from the beginning." Another noted that challenges "caused significant delays in implementation and left V-CHAP staff waiting to provide services."

To evaluate MI-CHAP's impact on health outcomes and use of health care services, MAUW has explored obtaining data on health care services utilized by MI-CHAP clients from the Medicaid data warehouse through a data use agreement between MAUW and MDHHS. This process will require program sites to send limited personal health information about clients to MAUW to share with MDHHS. Program sites have expressed concerns about sharing information for fear of violating client confidentiality or the Health Insurance Portability and Accountability Act (HIPAA) rules. Identifying a process to share this information securely and with the appropriate HIPAA protections has proven quite challenging; program directors and leadership team members are continuing to work together to find a solution.

Two leadership team members pointed out that hiring a MI-CHAP director took longer than anticipated; one indicated that this led to delays in implementing the Michigan 2-1-1 screening and referral process. Both, however, said that finding the right director has contributed to the success of the initiative, including the development of the 2-1-1 screening and referral process.

Two team members noted that some of the challenges experienced during the first program year stem from challenges related to system building. As one member stated, "It is difficult to get separate entities to begin viewing themselves as something larger for the benefit of all." They said that as the entities involved in the initiative continue to work together over time and build trust, these types of challenges should diminish.

According to leadership team members, one of the most positive aspects of the planning and implementation work for the MI-CHAP initiative has been the connections made between Michigan 2-1-1 and CHAP services, including the development of the V-CHAP service delivery model. Despite its challenges, one team member identified the Michigan 2-1-1 MI-CHAP screening and referral data system as one of the most positive accomplishments of the project over the past year. Others said they have been very pleased with the partnership that has been established between Michigan 2-1-1 and MI-CHAP and are excited to implement the V-CHAP model over the coming year. The effort spent developing and solidifying partnerships among all MI-CHAP stakeholders was also identified as a positive aspect of the initiative over

the first year. Leadership team members stated they were happy to see a system begin to come together from startup to delivery, and to see awareness and utilization of the program grow.

CHAP SITE CHALLENGES AND SUCCESSES

Leadership team members were asked to identify the primary challenges or barriers faced by implementation sites, as well as any notable successes. The challenges mentioned by team members were delays in the implementation of contracts and between MAUW and CHAP sites, which led to delays in funding for the sites; difficulty with hiring program managers/directors; delays in getting agreements with primary care providers signed, leading to the lack of a solid pipeline of referrals; and challenges with data collection and entry. While sites that are housed within a larger organization have experienced some challenges with figuring out how the CHAP fits into the larger structure, sites that have had to develop an organization from the ground up have had to sort through a host of other issues, such as obtaining a 501(c)3 nonprofit designation and naming a board of directors.

On the positive side, leadership team members noted that CHAPs have successfully expanded in Kent and Wayne Counties, and implementation of service delivery began on schedule in Genesee County and Northwest Michigan. Additionally, each site successfully established an agreement for Medicaid matching funds during the first program year, which will contribute to the sustainability of the initiative. According to leadership team members, the partnerships that have been built during the first program year between MAUW and the CHAP sites and within and among CHAP teams provide a solid foundation for the work going forward. Some leadership team members pointed to the success of a strong foundation of stakeholders who embraced the vision of CHAP before funding became available. These stakeholders were ready to take advantage of the opportunity to establish the program in their communities and to support implementation.

MICHIGAN 2-1-1 CHALLENGES AND SUCCESSES

Leadership team members were also asked to comment on the primary challenges and successes related to establishing the Michigan 2-1-1 role in the MI-CHAP initiative during the first year of program funding. All of the team members said the process of developing and implementing a screening tool for 2-1-1 operators to identify CHAP-eligible callers presented the greatest challenge. They recounted the amount of time and effort it took to develop a screening and referral process and get the data collection software to work as needed. One said that hiring and training 2-1-1 staff to support the MI-CHAP initiative took more time than anticipated.

According to one team member, however, the level of effort required to enable Michigan 2-1-1 to support the MI-CHAP initiative has revealed a "willingness of 2-1-1 agencies to work together and share resources on a very large project that requires more closely aligning business practices and sharing calls across 2-1-1 service regions." Others said that the ability to build on the 2-1-1 system rather than developing a new system entirely has been positive, and that work has led to the development of new abilities within the 2-1-1 system. They also expressed appreciation for the collaborative approach that MAUW used to develop the screening protocol and data collection system through a cross-functional workgroup that brought together CHAP providers and 2-1-1 staff.

CONCLUSION

Leadership team members believe that, despite longer than anticipated timelines, the work of implementing this large-scale project in several regions across the state and in the 2-1-1 system has gone very well. Some commented that, given the scale of the project and the necessity of bringing together so many partners, the delays may have been unavoidable. They said that over the first year, a solid foundation and structure for system building has been put in place with a statewide steering committee, leadership team, and cross-functional workgroup, 2-1-1 operational teams, and local CHAP advisory committees. Team members also

noted that the work of the MI-CHAP initiative aligns very well with statewide health initiatives that are seeking to connect health care providers with community resources that will help address patient needs that they are not well-equipped to handle.

In the second year of the initiative, leadership team members say they are excited to support sites as they focus on serving clients, rather than the challenges associated with program startup. They anticipate seeing the numbers of children served by local CHAP sites and V-CHAP specialists grow, and they are looking forward to continuing to build a system of services and supports for children and families across the state.

In hindsight, one leadership team member said that the two-year timeline established for implementing the initiative was unrealistic, but the project remains a worthy endeavor: "While the potential for impact through MI-CHAP is great, MI-CHAP is an ambitious undertaking and will take time."

MI-CHAP: Year Two

With all eight sites plus the modified CHAP up and running as of February 2016, many of the initial startup challenges are in the rearview mirror. Sites have been and will continue to be able to learn from each other through monthly technical assistance calls with HNWM and the MI-CHAP director, as well as through quarterly program director meetings.

CHAP sites are likely to see growth in client numbers as they develop agreements with additional health care providers and successfully work with clients referred to them by the practices with which they already have agreements. With the Michigan 2-1-1 screening and referral process now fully functional and rolling out across the state, some sites will begin to receive these referrals, which will increase their caseloads. The Michigan 2-1-1 screening and referral process will also lead to greater numbers of families and children with Medicaid gaining connections to primary care providers with V-CHAP assistance.

As they become more well established and develop closer connections with primary care practices, CHAP sites will begin to work directly with the practices to improve the quality of and access to care for patients, including CHAP clients. HNWM is finalizing revisions to the toolkit it developed to guide the implementation of new CHAP sites; the toolkit contains guidance for working with pediatric and family practices to improve service delivery and access. The revised toolkit will be available in the spring of 2016.

The MI-CHAP Steering Committee, which began meeting in late 2015, will continue to meet on a bimonthly basis to identify and consider policy- and system-level changes that are needed to support the long-term sustainability of MI-CHAP. This group of health care policy leaders will focus on the development of public-private partnerships, promotion of policies that support integration of MI-CHAP with health care providers and payers, and identification of opportunities to improve the model as it expands.

PSC will continue to work with CHAP sites and MAUW to develop a process and put in place protections that will allow the sites to share client identifiers with MAUW, thereby paving the way for MAUW to obtain data on health care services from MDHHS. If the process is put in place as expected, MAUW intends to enter a data use agreement with MDHHS in early summer 2016. MDHHS will use client identifiers—including names, dates of birth, and Medicaid ID numbers—to pull data on health care utilization for the population served, and then provide information to MAUW for analysis by PSC in fall 2016. MAUW is working closely with CHAP sites to assess whether the sites will need to modify existing agreements with health care providers and systems to allow them to share the necessary data with MAUW.

In late summer and early fall 2016, PSC will carry out evaluation activities that were not possible at the end of the first year of program funding. Beginning in August, PSC will conduct focus groups with parents of children served by CHAP, survey primary care providers that have entered agreements with CHAP sites, interview 2-1-1 and V-CHAP staff regarding their roles in the initiative, and interview steering committee members. Each of these components of the program evaluation will be designed to learn how stakeholders perceive the value and usefulness of MI-CHAP and identify how the program and services can improve.

Appendix A: MI-CHAP Evaluation Framework

Goals and Objectives	Evaluation Questions	Data Sources and Measures

GOAL 1: Improve the health of Medicaid-enrolled children in MI-CHAP.
• Improve by 25 percent the score of asthma clients on the Pediatric Asthma Caregiver's Quality of Life Questionnaire (PACQLQ)
• Reduce by 30 percent school days missed due to asthma among MI-CHAP asthma clients
 	
GOAL 2: Improve the quality of and access to medical homes in MI-CHAP communities.
• Increase by 15 percent the number of Medicaid children aged 3-6 assigned to CHAP practices who are up to date on their well-child visits
• Increase by 10 percent the number of Medicaid children ages 0-2 assigned to CHAP practices who are up to date on their immunizations
• Increase by 25 percent the number of CHAP practices who meet the HEDIS target for Medicaid children assigned to their practice who have been tested for lead
	1. To what extent does CHAP improve health outcomes (asthma, immunizations) for children on Medicaid?
	2. To what extent does CHAP improve school attendance among participating children with asthma?
	3. To what extent does CHAP improve access to care and medical homes for children on Medicaid?
	4. How do health care providers and community partners work together to address CHAP goals?
	5. How were opportunities created and challenges overcome?
	6. How are providers engaged in CHAP (peer discussions, others)?
	7. How are parents engaged and involved in their children's health and well-being through CHAP? How did this involvement contribute to improvements in health and well-being?
		CHAP team CRM/database:
		• Direct services provided by CHAP team, including number and type
		• Client demographics
		
		Asthma data (CRM/CHAP database/asthma provider):
		• Asthma services delivered, including number and type
		• Changes in client asthma outcomes (PACQLQ/Juniper scores, missed work and school days, tobacco smoke exposure in the home, Asthma Control Test scores)
		• Number of asthma clients with asthma action plans
		
		Focus groups with parents:
		• How they learned about CHAP services
		• Perceived value of CHAP services
		• Comfort/confidence in using the health care system
		• Level of engagement in children's health
		
		Survey of health care providers/practices:
		• Changes in accessibility
		• Whether and how CHAP has supported patient care
		• Changes in patient no-show rates, HEDIS measures
		• Integration with other providers and community partners
		• Participation in/usefulness of CHAP provider meetings
		
		Interviews with CHAP team directors:
		• Strategies for communicating about CHAP
		• Strategies for engaging providers in CHAP
		• Strategies for engaging parents and involving them in their children's health and well-being
		• Challenges encountered and strategies used to overcome them
		
		MDHHS Data Warehouse:
		• Encounter data for MI-CHAP clients:
		  ○ Well-child visits
		  ○ Immunizations
		  ○ Lead tests

GOAL 3: Lower the total cost of care by reducing ED visits and inpatient hospital admissions among children on Medicaid.
• Reduce by 50 percent inpatient admissions due to asthma among MI-CHAP asthma clients
• Reduce by 35 percent ED admissions among MI-CHAP clients
• Reduce by 40 percent preventable inpatient hospital admissions among MI-CHAP clients
	1. How does CHAP affect health care costs?	**MDHHS Data Warehouse:**
		• Encounter data for MI-CHAP clients:
		  ○ Hospital inpatient admissions
		  ○ ED visits
		  ○ Preventable inpatient hospital admissions
		PSC calculations:
		• Cost benefit analysis
		• Savings related to good health

GOAL 4: Innovate efficiencies and scalability by delivering components of the CHAP model statewide through a new virtual strategy.
• Screen 115,000 families with children with Medicaid for health care navigation needs and link them with community resources to address social conditions affecting their health
• Refer 38,000 families with children to a medical home (follow up with 7,600 to find out whether services were utilized)
	1. How do 2-1-1, state and local CHAP staff, volunteers, and the technical assistance provider (HNWM) contribute to the expansion and success of the program?
	2. How were opportunities created and challenges overcome?
		2-1-1 MI-CHAP/Riverstar database:
		• Number of callers *screened* for CHAP services
		• Number of callers *referred* to a CHAP team
		• Number of callers *referred* for other health-related services (primary care provider, Medicaid enrollment support, Medicaid health plan)
		• Data from follow-up with one in five CHAP-related referrals
		  ○ Whether child/parent accessed/received services
		  ○ Barriers to receiving services
		  ○ Potential solutions identified and/or executed
		Interviews with 2-1-1:
		• Successes and challenges related to MI-CHAP screening and referral

Appendix B: Interview Guides for Local CHAP Directors

INTERVIEW GUIDE FOR LOCAL CHAP DIRECTORS AT PLANNING SITES

Introduction

The Michigan Association of United Ways (MAUW) has a two-year grant from the Michigan Health Endowment Fund (MHEF) to implement the Michigan Children's Health Access Program (MI-CHAP). In its first year of funding, MAUW has provided funding to four regions to set up local CHAP teams that are establishing relationships with primary care providers and working directly with families to help strengthen their connections with these and other health care providers in their regions. MAUW has also been working with the Michigan 2-1-1 organization to establish a connection between 2-1-1 and CHAP services. Public Sector Consultants (PSC) has been hired by MAUW to conduct an evaluation of MI-CHAP.

As the first program year draws to a close, PSC is conducting interviews and surveys with a variety of program stakeholders to learn more about the successes and challenges they have experienced in planning and implementation. Your participation in this interview will help PSC and MAUW gain a better understanding of how the program has unfolded for local CHAP teams in the planning phase, including the preparations your site has made to establish a CHAP program, the staffing model your site will use, how your site is working with local health care providers, your strategies for promoting CHAP services, community supports and barriers, and the helpfulness of technical assistance and support from the MAUW program team.

Questions

1. What preparations has your organization completed to establish a CHAP program?
    a. Probe for: identifying community needs, gaining buy-in from agency leadership, staffing decisions, establishing agreements with primary care practices, data collection infrastructure, Medicaid match funding agreements
2. Describe the staffing model your CHAP team will use. How many people will be on staff and in what roles?
3. Has your organization established any agreements with primary care practices for delivering CHAP services to patients yet?
    a. If yes:
        i. How did you reach out and engage providers?
        ii. What helped you establish these relationships and agreements?
        iii. What challenges did you face in setting up the agreements? How did you overcome them?
    b. If no:
        i. Have you reached out to any practices to put the process in motion?
        ii. What challenges are you running into as you work to establish these agreements? How are you working to overcome them?
        iii. What successes have you experienced?
4. When do you expect to begin providing CHAP services? Does this meet your originally anticipated start date (i.e., have you had to adjust your timeline during the planning year)?
5. Has your organization begun sharing information about CHAP services with people and organizations in the local community?

a. If yes:
    i. What strategies are you using to share information about CHAP—with potential clients and with agencies that might refer clients?
    ii. What's working well to share information?
    iii. What has been less successful?
b. If no:
    i. What strategies do you intend to use to share information about CHAP with potential clients and with agencies that might refer clients?

6. What is in place in your community that supports the establishment of a CHAP team and delivery of CHAP services? What challenges or barriers to CHAP service delivery exist in the community?

7. On a scale of one to five, how would you rate the technical assistance (TA) provided by Health Net of West Michigan? (One is poor; five is excellent.) Why did you rate the TA as you did?

    a. What types of TA would be most useful in the coming year?

8. On a scale of one to five, how would you rate the support and communication you have received from the Michigan Association of United Ways? (One is poor; five is excellent.) Why did you give the rating you did?

    a. What type of support from MAUW would be most useful in the coming year?

9. Does your organization have the infrastructure and systems it needs in place to collect data on CHAP clients and services provided? What challenges do you anticipate related to data collection? Do you need additional support in this area?

10. What has been the most challenging aspect of planning to implement a CHAP team?

11. What has been the most positive aspect of the planning process? What do you look forward to doing with your CHAP team in the coming year?

12. Is there anything else you would like to share about the MI-CHAP planning process?

INTERVIEW GUIDE FOR LOCAL CHAP DIRECTORS AT IMPLEMENTATION SITES

Introduction

The Michigan Association of United Ways (MAUW) has a two-year grant from the Michigan Health Endowment Fund (MHEF) to implement the Michigan Children's Health Access Program (MI-CHAP). In its first year of funding, MAUW has provided funding to four regions to set up local CHAP teams that are establishing relationships with primary care providers and working directly with families to help strengthen their connections with these and other health care providers in their regions. MAUW has also been working with the Michigan 2-1-1 organization to establish a connection between 2-1-1 and CHAP services. Public Sector Consultants (PSC) has been hired by MAUW to conduct an evaluation of MI-CHAP.

As the first program year draws to a close, PSC is conducting interviews and surveys with a variety of program stakeholders to learn more about the successes and challenges they have experienced in planning and implementation. Your participation in this interview will help PSC and MAUW gain a better understanding of how the program has unfolded for local CHAP teams, including the preparations your site has made to establish a CHAP program, the staffing model being used by your site, how your site is working with local health care providers, your strategies for promoting CHAP services, community supports and barriers, successes and challenges related to service delivery, the helpfulness of technical assistance and support from the MAUW program team, and data collection.

Questions

1. What preparations did your organization complete to establish a CHAP program?

    a. Probe for: identifying community needs, gaining buy-in from agency leadership, staffing decisions, establishing agreements with primary care practices, data collection infrastructure, Medicaid match funding

2. How did you reach out and engage primary care practices to establish agreements for delivering CHAP services to patients?

    a. What challenges did you face in setting up agreements with the practices? How did you overcome them?

3. How has your CHAP team worked directly with physicians or other providers in the primary care practices to identify ways to improve service delivery to families in the practice (e.g., to improve accessibility, coordination of care, or cultural effectiveness and sensitivity)? Do you think your efforts have had an impact? Why or why not?

4. How well is service delivery going? What has been most challenging? How have problems been addressed?

5. How has your CHAP team engaged parents to involve them in their children's health and well-being?

6. Have you received any client referrals from 2-1-1? How well has this worked? Is there anything that can be done to improve that referral process?

7. How is your agency promoting or marketing CHAP services in the local community? What strategies are you using to share information about CHAP—with potential clients and with agencies that might refer clients?

a. What's working well to share information?
b. What has been less successful?

8. What is in place in your community that has supported the establishment of a CHAP team and delivery of CHAP services? What challenges or barriers to CHAP service delivery exist in the community?

9. On a scale of one to five, how would you rate the technical assistance (TA) provided by Health Net of West Michigan? (One is poor; five is excellent.) Why did you rate the TA as you did?

    a. What types of TA would be most useful in the coming year?

10. On a scale of one to five, how would you rate the support and communication you have received from the Michigan Association of United Ways? (One is poor; five is excellent.) Why did you give the rating you did?

    a. What type of support from MAUW would be most useful in the coming year?

11. How well have you been able to collect data on CHAP clients and services provided? What challenges have you faced related to data collection? Do you need additional support in this area?

12. What has been the most challenging aspect of implementation? What advice would you give to sites that are working to implement CHAP teams next year?

13. What has been the most positive aspect of the planning and implementation work? What do you look forward to doing with your CHAP team in the coming year?

14. Is there anything else you would like to share about MI-CHAP planning and implementation?

Appendix C: MI-CHAP Leadership Team Survey Instrument

INTRODUCTION

MI-CHAP Leadership Team members are being asked to participate in a brief survey as part of PSC's evaluation of the MI-CHAP project. Responses to this survey will help PSC better understand how Leadership Team members view the challenges and successes experienced in the first year of program implementation.

QUESTIONS

1. What has been the most challenging aspect of MI-CHAP implementation for the project as a whole? Looking back, is there anything that could have been done differently that might have prevented or avoided this challenge?

2. What has been the most positive aspect of the planning and implementation work for MI-CHAP implementation? What do you look forward to seeing happen with the project during year two?

3. Thinking of the sites that have implemented CHAP teams in the past year, what have been the primary challenges or barriers to successful implementation faced by sites? What notable successes have you witnessed? What do you think led or contributed to those successes?

4. Thinking of the 2-1-1 role in MI-CHAP, what have been the primary challenges or barriers to implementing the screening and referral process? What has been the most positive aspect of implementing the 2-1-1 role?

5. Is there anything else you would like to share about the MI-CHAP implementation process?