

Proposal: Decreasing inappropriate emergency department utilization rates and supporting non-emergency 911 calls via Mid-Michigan Community Health Access Program (CHAP)

Funding Request: \$1,000,000

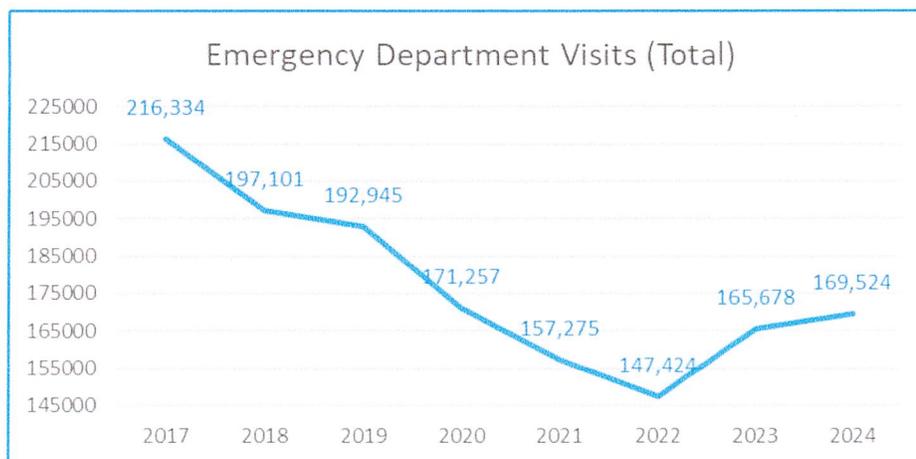
Proposed Project Dates: January 1, 2026 – December 31, 2027

Project Contact: Jim Ananich, President & CEO, Greater Flint Health Coalition, Inc.

Background: As part of a statewide initiative from 2016-2022, the Greater Flint Health Coalition leveraged its role as a neutral convener and backbone organization to implement the Genesee Community Health Innovation Region (CHIR), a broad partnership of community organizations, health care systems, local government agencies, business entities, health care providers, payers, and community members that came together to identify and implement strategies to improve the well-being of Genesee County residents and reduce medical costs through collaboration and systems changes.

Following the completion of the CHIR project, a claims analysis conducted by MDHHS as part of the evaluation showed lower utilization and costs for emergency department visits and inpatient visits with the Genesee CHIR project. Genesee CHIR had the greatest savings amount with clients showing the largest decrease in Emergency department visits, with a 35% decrease in visits after enrollment in the Genesee CHIR. Genesee CHIR clients also experienced the greatest decrease in inpatient hospitalizations with a 56% decrease post-enrollment in the Genesee CHIR. Estimated savings attributed to the Genesee CHIR amounted to **\$12,597,769.40**.

Since 2022, the end of the CHIR project Emergency Department (ED) Utilization is steadily on the rise. Reinforcing the importance of interventions to support residents that have needs that cannot be fulfilled within an emergency department.



Data collected for Genesee County's Three Hospitals via GFHC's Data Review Scorecard (2025)

Though federal and state funding for the CHIR is gone, the primary component, Mid-Michigan Community Health Access Program (CHAP) is in existence. CHAP is a medical home improvement program that works with community and clinical partners to support an individual's referral needs or social determinants of health (SDOH) needs. This program is prepared to activate its work specific to ED utilization. In addition to ED efforts, CHAP is also committed to working closely with 911 in an effort to connect residents with SDOH needs to appropriate resources. In turn, decreasing strain on current EMS providers. As part of this effort, an ongoing project evaluation will occur to document cost savings.

What Mid-Michigan CHAP Assists With

				
<p>Medical Home Connectivity</p> <ul style="list-style-type: none"> • At Risk of Dismissal • Frequent No Shows • Appointment Scheduling, Follow Up and Reminders • Interpreter Services • Access to PCP, Specialists, Prescriptions, Dental, and Home Care • Concern for Well Being • Behavioral Health • Children's Elevated Blood Lead Levels • Immunizations 	<p>Social Determinants of Health Needs</p> <ul style="list-style-type: none"> • Transportation • Housing • Utilities • Clean Water • Food • Health Literacy • Lack of Affordable Healthcare • Child Care • Safety • Depression • Education/Job Training • Alcohol/Substance Abuse 	<p>Emergency Department Utilization</p> <ul style="list-style-type: none"> • High ED Use • Inappropriate ED Use • Preventable ED Use • ED Visit Follow Up • ED Dental Visits 	<p>HEDIS Activities</p> <ul style="list-style-type: none"> • Well Child Visits • Immunizations • Lead Testing and More 	<p>System Navigation & Connection</p> <ul style="list-style-type: none"> • Navigation Help with MDHHS • Lead Testing and More • Concern for Well Being • Health Education • Healthy Heart Ambassador Program

Purpose: The proposed project will work with local health systems, health information exchange entities, and Medicaid health plans to identify high and inappropriate Emergency Department Utilizers. Once identified, the intervention detailed below will be implemented, with the expected outcome of decreased ED use, resolved SDOH needs, and improved health outcomes. Specific to 911 efforts, any non-emergency residents would be connected to a Community Health Worker to support their non-emergency/SDOH needs.

Scope of Work: Mid-Michigan CHAP will utilize its team of Nurses, Social Workers, and Community Health Workers to engage residents that are identified via Inappropriate ED utilization lists. Residents will be screened for SDOH needs and connected to appropriate resources. Additionally, residents will receive connection to their medical homes and support navigating various health services. It is expected that CHAP will serve an estimated 500 residents a month. Quarterly reports will be submitted that provide an overview of residents served, common SDOH needs, and overall project activities.

Project Timeline:

Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Execute programmatic agreements between appropriate parties	X											
Provide 911 with SDOH call support via CHAP Community Health Worker		X	X	X	X	X	X	X	X	X	X	X
Acquire ED utilizer list of Health Plans		X	X	X	X	X	X	X	X	X	X	X
CHAP Staff work ED utilizer list		X	X	X	X	X	X	X	X	X	X	X
Submit Quarterly Outcomes report to County				X			X			X		

Budget:

Line Item	Description	Amount
Staff	Staff – 2.0 FTE Project Managers; 2.0 FTE Nurse Case Managers; 7.25 FTE Community Health Workers. Project managers will oversee all program activities to ensure deliverable are being met. Nurse Case Managers and Community Health Workers will provide one-on-one support to identified residents to ensure medical and non-medical needs are met.	\$666,625
Fringe (25%)	Fringe benefits for personnel are calculated at a composite fringe benefit rate of 25%. The composite rate is determined by a three-year annualized rate analysis and will be billed at a direct rate; it includes payroll taxes (FICA, Medicare, social security, unemployment), employee medical, dental, and vision insurance, disability insurance, 403(b) retirement plan, etc.	\$166,656
Travel	Supports mileage for program staff to conduct outreach and home visits. Approximately ~1,300 miles a month amongst staff at \$0.70 per mile.	\$11,700
Supplies	General office supplies including ink and paper. Approximately \$225 per month.	\$2,710

Other	Educational pamphlets (\$600), outreach and meeting expenses (\$3,600), referral platform licenses (\$7,200), Supportive services for clients (\$50,000)	\$61,370
Subtotal		\$909,091
Indirect Rate	10% De Minimis Rate	\$90,909
Total		\$1,000,000