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To: Board of Commissioners

Through: Verna McDaniel, Deputy County Administrator

From: Ellen Clement, Public Health Officer

Date: January 13, 2009

Subject: Women, Infants and Children/Maternal and Infant Health Program (WIC/MIHP)—Program Integration Update

Background

On September 4, 2008 a Public Health Department presentation to the Board of Commissioner Working Session was given to provide an overview of a strategic program integration involving two of the major programs serving women and infants (link to BOC agenda and powerpoint: http://www.ewashtenaw.org/government/boc/agenda/ws/year_2008/2008-09-04ws).

Key points were as follows:

- WIC and MIHP, while not mandated, are critical public health programs supporting healthy births and healthy infants;
- Federal funding is insufficient to cover program and indirect costs of WIC and MIHP;
- A proven model exists for integrating services that will be more cost effective and serve more women and infants.

Progress to Date

The pilot involving two staff has been underway since October 1, 2008 and is going well. State migration to a new MIWIC computer system is scheduled for the first week of February with staff training at the end of January. Towner renovation (painting and carpeting) of the WIC clinic was completed over the holidays with clinics closed for that purpose. These events clear the way for a full implementation of the integration beginning March 1, 2009.

New Challenges

During December 2008 we learned that the UMHS Social Work Department was eliminating services to their clients at the Planned Parenthood OB Clinic and they were looking to the County to pick up these clients for service. Program staff at Public Health determined that the 25 existing cases and 20 new cases

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at PP since then would be a challenge on top of the integration and other program changes but that we would be able to take them on. This would involve utilizing some on call temporary staff and prioritizing cases and visits by level of risk, with some clients getting fewer than the allowable visits.

Early 2009 we learned that yet another larger change was underway at UMHS Social Work Department. They had also decided to eliminate the delivery of services to infants that is part of the MIHP services. This involves almost 200 current infant cases and is clearly a much bigger challenge. We are currently developing strategies to determine what we can do to help assure services to this population but hope to do as much as is feasible.

Additional Actions Taken

Upon learning of UM's decisions Public Health immediately notified state Department of Community Health MIHP managers of the provider situation in Washtenaw County and has requested their support as we sort out the best strategies to meet this new community need for service. State managers have identified some planned program policy changes that may exacerbate our local situation if implemented—providers would not be able to participate in MIHP unless they serve both infants and mothers. This would effectively eliminate all other local MIHP providers, leaving Public Health to figure out how to serve residents needing MIHP services. We will continue to work closely with them so as to prepare for and plan around this policy change. It appears that the state will be cautious in implementing this MIHP policy change as it could cause a statewide crisis precipitating huge access to service problems.

Besides the work with UMHS and Planned Parenthood staff transitioning existing cases and meeting as much of the need as possible, Public Health has initiated discussions with UMHS Women and Children leadership to see what UMHS can do to assist Public Health. We are hopeful that now that they are aware of the community impact they will find ways of assisting Public Health in the short and/or long term.

Overall Impact

The net result of this situation is that Public Health plans to implement a more cost effective and efficient program model will be severely challenged by this situation. We currently serve 827 cases during the most recent year, delivering 3,206 visits to them. Our new model will allow us to provide between 35 and 50 additional visits per week by adding "in office" visits to the in home visits. We will need to expend additional funds to secure staff to assist in meeting the service needs for these new clients at a time when we had hoped to be moving towards reducing costs. While the new services are reimbursable through Medicaid even our most optimistic model requires some local funding as home visiting services are very expensive to deliver and Medicaid reimbursement levels do not cover our full cost. We feel strongly that the maternal and infant population served by MIHP is a very high priority for Public Health and the County. I appreciate your support for prevention and services that target children at birth to ensure the best outcomes possible over their life-course.