



## Child and Adolescent Health Centers

2013-2014 DASHBOARD REPORT

MEASURING QUALITY, EFFECTIVENESS AND OUTCOMES

## A Message from the Directors

The Michigan Departments of Health and Human Services and Education are pleased to share the 2013-2014 Child & Adolescent Health Center (CAHC) Program Dashboard. This program is one of several collaboratively managed between the two departments, as CAHCs have demonstrated their ability to improve the educational environment of schools while also improving health outcomes for medically underserved school-age children and youth. The departments recognize the value and impact this program has in the areas of Economic Strength and School Climate, Health and Education.

Evaluation of Michigan CAHCs has shown that the presence of CAHCs in schools has benefits for the entire school population including engaging in lower risk-taking behavior, fewer threats to achievement and fewer negative peer influences. Clients of CAHCs show improved health and health behavior over time compared to nonusers, including benefits such as greater satisfaction with health, greater self-esteem, more family involvement and active social problem-solving skills.

CAHCs have further demonstrated their value and impact in the areas of Economic Strength and School Climate, Health and Education, with achievements such as:

- Leveraging close to \$14 million annually from other funding sources, such as local grants, foundations and revenue from third-party payors, to support and expand service delivery.
- Providing evidence-based interventions in clinical and school settings resulting in:
  - Improvement in key clinical measures of asthma control
  - Increased physical activity and better nutritional choices
  - Decreased aggressive behavior
  - Increased skills in conflict management, coping and problem-solving
  - Increased confidence in refusal and negotiation skills
  - Decreased substance abuse with increased intention to abstain from substance use
  - Increased intention to avoid sexual risk-taking

Additionally, inside this report, you will find a Report Card which summarizes the current status and recent improvements in key clinical performance measures, as well as a summary of steps to assure quality in various aspects of clinical care and health education provision.

Children who are healthier physically and emotionally learn better. The Departments of Health and Human Services and Education are proud to recognize the contributions of the CAHC Program to improving the health and well-being of those among Michigan's most vulnerable children and youth populations and, in turn, paving the way for better possible educational and life outcomes.

- Nick Lyon, Director, Michigan Department of Health and Human Services  
- Michael P Flanagan, State Superintendent



Child and Adolescent Health Centers promote the health of children, adolescents and their families by providing important primary, preventative and early intervention health care services.

### CHILD AND ADOLESCENT HEALTH CENTERS PROVIDE:

- Primary Health Care
- Treatment of Acute Illness
- Co-management of Chronic Illness
- Mental Health Care
- Comprehensive Risk Assessments
- Health Education and Risk Reduction
- Immunizations
- Vision and Hearing Screening
- Oral Health Services or Referrals
- Referrals for Specialty Care
- Medicaid Outreach and Enrollment

Our services aim to achieve the best possible physical, intellectual and emotional status of children and adolescents. This is made possible by providing services that are high-quality, accessible and acceptable to youth.

This Dashboard Report is a compilation of key information summarizing the current status of the Child and Adolescent Health Center Program. The Dashboard reporting technique is used to monitor and improve quality in our state-funded CAHCs.

For more information on the CAHC Program, visit our website at [michigan.gov/cahc](http://michigan.gov/cahc)

METRIC NO.	METRIC	FY14	TREND FY13 TO FY14	FY13
<b>SERVICES TO FAMILIES AND CHILDREN</b>				
2	Unduplicated number of youth age 21 and underserved	30,369	↔	30,297
2	Number of physical exams provided (n=61)	12,838	↔	12,210
2	Number of immunizations provided	26,987	↑	25,841
2/1	Percent positive pregnancy tests (median percent positive) (n=58)	6%	↔	9%
2/1	Percent positive chlamydia tests (median percent positive) (n=59)	12%	↔	13%
1	Number enrolled in Medicaid	1,374	↓	1,809
<b>PREVENTION AND DISEASE CONTROL (ALL VALUES REPRESENT THE MEDIAN PERCENTAGE)</b>				
3	Percent of clients with a documented comprehensive physical exam (n=61)	53%	↔	49%
3	Percent of clients with an up-to-date risk assessment (n=59)	76%	↑	63%
3	Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A, and the Flu (n=57)	81%	↔	79%
3	Percent of clients with diagnosis of asthma who have an individualized care plan (action plan) which includes annual medication monitoring (n=59)	70%	↔	71%
3	Percent of clients with a BMI at or above 85th percentile who had evidence of counseling for nutrition and physical activity (n=57)	83%	↑	65%
3	Percent of clients who smoke/use tobacco who were assisted with cessation (n=52)	85%	↔	89%
3	Percent of clients who were screened for depression (n=58)	79%	↑	64%
3	Percent of positive chlamydia treated on-site at CAHC (n=53)	100%	↔	100%
<b>ADMINISTRATION AND REGULATION</b>				
2	Percent of centers that reached 90% or more of Projected Performance Output Measure*	54%	↔	56%
3	Percent of centers that achieved a median score of "0" or higher on final GAS report in all four work plan areas**	79%	↑	63%
3	Percent of centers that received an "A" or "B" grade at site review (n=13)	100% (n=9)	↔	100% (n=13)
3	Percent of centers that reached 90% or better threshold on Asthma Chart Review during site review	100% (n=7)	↑	50% (n=6)
2	Average number of days for MDCH to process a site review report (n=N/A)	23.5	↓	49

### THRESHOLDS

Within the statewide and each individual CAHC Report Card, Prevention and Disease Control quality measures are monitored in an ongoing effort to demonstrate the quality of primary care provided to clients.

In the Michigan CAHC Report Card on page 4, you will see that in the Prevention and Disease Control section (middle section) there are eight measures of quality care. The font color of each percentage in the "FY14 Measure" column indicates whether or not health centers, on a statewide basis, have achieved the desired threshold for each quality measure. **Bold red font** indicates the percentage falls below the desired threshold while black font indicates the threshold has been met or exceeded.

The percentages shown in the Report Card represent the median percentage achieved across the CAHCs. For example, half of Michigan's health centers report that 76% or more of their clients have an up-to-date risk assessment, while half report that less than 76% of their clients are current with a risk assessment. This percentage is shown in red font because the threshold (goal) for this measure is 90%, and therefore has not been realized on a program-wide basis. While many individual CAHCs have met or exceeded this threshold, there is still work to be done in achieving this goal in all health centers.

While MDHHS encourages our CAHCs to strive to reach a 100% threshold for some quality measures, we recognize that this is difficult to do in busy centers, especially where high volumes of certain conditions (i.e., asthma) may exist. For this reason, the median percentage shown may not be flagged in red font even though the absolute desired threshold of 100% has not yet been reached.

THRESHOLDS FOR PREVENTION AND DISEASE CONTROL QUALITY MEASURES		
METRIC	FY14 MEASURE	THRESHOLD
Percent of clients with a documented comprehensive physical exam	53%	Reasonable percentage
Percent of clients with an up-to-date risk assessment	76%	90%
Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A, and the Flu	81%	70%
Percent of clients with diagnosis of asthma who have an individualized care plan (action plan) which includes annual medication monitoring	70%	As close to 100% as possible, but may be difficult for centers with a high number of cases
Percent of clients with BMI at or above 85th percentile who had evidence of counseling for nutrition and physical activity	83%	As close to 100% as possible, but may be difficult for centers with a high number of cases
Percent of clients who smoke/use tobacco who were assisted with cessation	85%	75%
Percent of clients who were screened for depression	79%	90%
Percent of positive chlamydia treated on-site at CAHC	100%	90%

### REPORT CARD KEY

Metric Key: 1 EFFECTIVENESS | 2 EFFICIENCY | 3 QUALITY

### MEASURES AND TRENDS KEY

"FY14" and "FY13" columns: "Trend FY13 to FY14" column:

**Bold red font** indicates a measurement that is below the desired threshold.

↑ / ↓ Movement in a desired direction, which may be upward or downward depending on the metric.

↔ Relatively stable measure from the previous year and/or metric met threshold in both fiscal years.

↓ Movement in a direction which may not necessarily be negative e.g., there may be fewer uninsured clients (due to previous Medicaid enrollment efforts and/or coverage under the ACA) which may be why fewer clients were enrolled in Medicaid than the previous year.

↔ Relatively stable measure from the previous year but metric is below desired threshold in both fiscal years.

Not all centers had data to report for some metrics, especially in the Prevention and Disease Control section (e.g., elementary centers did not conduct pregnancy or chlamydia tests, no clients reported smoking, etc.). Some centers could not report data because data was not collected due to lack of use of proper codes, challenges with transition to electronic medical records or other reasons.

\*Projected Performance Output Measure (PPOM) = number of unduplicated clients each health center projects to reach each year.

\*\*Goal Attainment Scaling (GAS) = a tool for tracking and recording the achievement and completion of health center work plan objectives and activities. Median scores are used for demonstrating achievement on the GAS as there are varied numbers of criterion in each area, and where some extreme values within an area may otherwise skew the data.

## Trends to Watch

The multifaceted approach to quality improvement within the CAHC program has led to dramatic improvements in core performance measures. With increased focus on achieving core performance measure thresholds, CAHCs have taken steps to improve the quality of care provided, which in turn has led to improved health outcomes for clients.

### CAHCs HAVE INCREASINGLY:

- ↑ Implemented evidence-based clinical interventions to improve client outcomes
- ↑ Redesigned clinic flow and clinical processes to improve the care experience
- ↑ Better integrated the work of all providers through team approaches to care
- ↑ Improved coding to better track services provided and to increase reimbursement, with a goal of greater financial sustainability
- ↑ Implemented Continuous Quality Improvement (CQI) initiatives, including initiatives aimed specifically at improving core performance measures
- ↑ Taken advantage of professional development opportunities, including training and technical assistance from MDHHS



## In the past two years, we have seen a...

**14%↑ INCREASE**  
in clients who received  
**COMPREHENSIVE  
PHYSICAL EXAMS**

**16%↑ INCREASE**  
in clients who received  
**IMMUNIZATIONS**

Preventative services have always been a cornerstone of the care provided by CAHCs. Services such as comprehensive physical exams and immunizations improve health through prevention of illness and disease, and by early identification and management of health issues. Comprehensive physical exams, accomplished through well-child visits, provide opportunity for health education, for learning about and participating in self-care, and for developing relationships with providers.

**28%↑ INCREASE**  
in clients with a high BMI who  
**RECEIVED  
COUNSELING**  
**FOR NUTRITION &  
PHYSICAL ACTIVITY**

Body Mass Index (BMI) is a measurement used to determine healthy weight in relation to height. Young people who are overweight have a greater risk of being overweight as adults and of developing chronic disease. However, overweight and obese youth can suffer consequences in real time. Restricted physical activity, painful knees and back, bullying, decreased self-esteem and often depression are real-time consequences of weight issues. Counseling young people on nutrition and physical activity, and helping them set goals for improvement, are the first steps toward better outcomes.

**23%↑ INCREASE**  
in clients with an  
**UP-TO-DATE  
RISK ASSESSMENT**

Adolescents who engage in certain risk behaviors (like alcohol use) are more likely to engage in other risk behaviors (like sexual activity). A brief risk assessment, administered during a clinical visit, can identify key risk behaviors and open the door to interventions that help youth change the pattern of behavior and lower risk of future consequences.

**25%↑ INCREASE IN CLIENTS  
screened for depression**

Symptoms of depression among adolescents are often related to the stresses and challenges of transitioning from childhood to adulthood. Depression can impact every aspect of life, from academic success to physical health, and is sometimes associated with increased risk for suicide. Early identification of depression is crucial in reducing prevalence of depression and for implementing timely and effective interventions to manage symptoms and reduce negative outcomes. Increased attention to integrated care, with primary care and mental health providers working closely together in the same setting, enables CAHCs to achieve the best outcomes for clients in a timelier manner – without fragmenting care.

## Value for Public Health

The CAHCs fill the need for primary care and mental health care for children and youth, especially for at-risk children and youth who need access to quality health care.



### MOST FREQUENT PRIMARY CARE DIAGNOSIS

The most frequent primary care diagnosis among the clinical health centers was routine well-child visits/general physical exams, which includes sports, camp, and employment exams.

**58%**

The most frequent primary diagnosis (36 of 62 centers)



### MOST FREQUENT MEDICAL PROBLEM DIAGNOSES

The most frequent medical problem diagnosis across health centers was headache followed by overweight/obesity and asthma. Youth sometimes present to health centers with headaches that have an underlying cause, including vision problems, not eating, stress or other emotional issues. Headache is often a “gateway diagnosis” to receiving more comprehensive care.

**21%**

Headache (13 of 62 centers)

**19%**

Overweight/obesity (12 of 62 centers)

**17%**

Asthma (11 of 62 centers)



### MOST FREQUENT MENTAL HEALTH PROBLEM DIAGNOSES

The most frequent mental health problem diagnoses across the 60 CAHCs that provided mental health services were adjustment disorders followed by depressive disorders.

**35%**

Adjustment disorders (21 of 60 centers)

**18%**

Depressive disorders (11 of 60 centers)



## Quality of Care

### STEPS TO MONITOR AND IMPROVE QUALITY

The Dashboard uses a core set of **standardized measurements (metrics) to demonstrate effectiveness, efficiency and quality** across 62 diverse health centers. Mandated measures, specific to children and adolescents, have been incorporated into Medicaid, SCHIP and Affordable Care Act language tied to reimbursement. Most of these same metrics are also included in several Patient-Centered Medical Home certification processes. Program-wide data collection enables CAHCs to demonstrate effectiveness and compliance with these national standards. To see statewide results, check out the Michigan CAHC Report Card on pages 4-5.

MDHHS conducts site reviews of each state-funded health center every three to five years. Frequency of reviews is determined by a tiered grading system based on performance determined during the site review.

CAHCs must provide evidence-based interventions with measurable outcomes in an effort to impact areas of high risk for children and youth.

MDHHS uses a standardized system of monitoring CAHC progress on processes and outcomes in primary care, behavioral health interventions, health education and Medicaid outreach activities known as “Goal Attainment Scaling.”

Each CAHC is required to show evidence of a Continuous Quality Improvement process which includes peer review and client satisfaction components for primary care and mental health services.

Providers and staff are routinely required to attend professional development training opportunities to update and improve clinical and administrative skills.

Our focus areas of high risk for children and youth include:

- Alcohol/tobacco and other drug use
- Chronic disease
- Mental health
- Nutrition and physical activity
- Teen pregnancy prevention
- Sexually transmitted infections/HIV prevention

# Child and Adolescent Health Center Program Sites

## CLINICAL SITES

ACCESS Teen Health Center (Wayne)  
 Arthur Hill SBHC (Saginaw)  
 Baldwin Teen Health Center (Lake)  
 Bangor Teen Health Center (Van Buren)  
 BCHS Student Health Center (Calhoun)  
 Beecher Teen Health Center (Genesee)  
 Benton Harbor Student Health Care Center (Berrien)  
 Cardinal Health Center (Presque Isle)  
 Cedar Springs High School (Kent)  
 Central/Durfee SBHC (Wayne)  
 Cheboygan Health Center (Cheboygan)  
 Children's Village Health Center (Oakland)  
 Clintondale SBHC (Macomb)  
 Corner Health Center (Washtenaw)  
 Creston High School Health Center (Kent)  
 Denby SBHC (Wayne)  
 DEPSA Pioneer Health Center (Wayne)  
 East English Village Preparatory Academy (Wayne)  
 Eastern High School Health Center (Ingham)  
 Fitzgerald Health Center (Macomb)  
 Gaylord High School Health Center (Otsego)  
 Grant Middle School Health Center (Newaygo)  
 Gwinn Adolescent Health Center (Marquette)  
 Healthy Teens Community Care Center (Wayne)  
 Henry Ford HS Health Center (Wayne)  
 Hornet Health Center (Emmet)  
 Houghton Lake HS Health Center (Roscommon)  
 Ironmen Health Center (Antrim)  
 Ishpeming Health Center (Marquette)  
 K-Town Youth Care (Grand Traverse)  
 Lakeview Adolescent Health Center (Calhoun)  
 Lakeview Youth Clinic (Montcalm)  
 Lincoln High School Health Center (Washtenaw)  
 Marcus Garvey Academy (Wayne)  
 Mumford HS Health Center (Wayne)  
 Northwestern Wellness Center (Genesee)  
 Oakridge Health Center (Muskegon)  
 Oakwood Adams CAHC (Wayne)  
 Osborn Health Center (Wayne)  
 Ottawa Hills High School Health Center (Kent)

PAWS CAHC (St. Joseph)  
 Pontiac Middle School SBHC (Oakland)  
 Pontiac High School THC (Oakland)  
 River Rouge Adolescent Health Center (Wayne)  
 Romulus Adolescent Health Center (Wayne)  
 Saginaw High SBHC (Saginaw)  
 Sault Area High School SHACC (Chippewa)  
 Scarlett Middle School (Washtenaw)  
 Sexton Health Center (Ingham)  
 Shelby Adolescent Health Center (Oceana)  
 South Redford SBHC (Wayne)  
 Taylor Teen Health Center (Wayne)  
 Teen Health Center (St. Clair)  
 Teen Health Corner (Kalkaska)  
 Tiger Health Extension (Alcona)  
 Union High School Health Center (Kent)  
 Warren Mott Health Center (Macomb)  
 Waterford Teen Health Center (Oakland)  
 Westwood Teen Health Center (Wayne)  
 Wexford Adolescent Wellness Center (Wexford)  
 White Cloud Health Center (Newaygo)  
 Willow Health Center (Ingham)  
 Youth Health & Wellness Center (Grand Traverse)  
 Youthville Health Center (Wayne)  
 Ypsilanti Community High School (Washtenaw)  
 Ypsilanti Community Middle School (Washtenaw)

## LIMITED CLINICAL SITES

Belding Area Health Center (Ionia)  
 Edison School Based Health Center (Kalamazoo)  
 Forest Area Community Schools (Kalkaska)  
 Grayling Adolescent Health Center (Crawford)  
 Lincoln Middle School (Washtenaw)  
 Mt. Clemens Health Center (Macomb)  
 Nolan Prep. School of Excellence SBHC (Wayne)  
 Ranger Wellness Center (Cass)  
 Roscommon MS Health Center (Roscommon)  
 Springfield MS Healing Hands Health Center (Calhoun)  
 Sturgis Health Center (St. Joseph)  
 The C.A.M.P (Luce)

## SCHOOL WELLNESS PROGRAMS

Boyne City Elementary (Charlevoix)  
 Boyne City Middle School (Charlevoix)  
 Dudley STEM School (Calhoun)  
 Durand School Wellness Center (Shiawassee)  
 Harbor Beach Comm. Schools Adol. Hlth. Ctr. (Huron)  
 Manton Adolescent Wellness Center (Wexford)  
 Mesick Adolescent Wellness Center (Wexford)  
 Muskegon Middle School (Muskegon)  
 Northwestern Middle School (Calhoun)  
 Rudyard Area Schools Wellness Ctr. (Chippewa)  
 Taylor School Wellness Program (Wayne)

## CLINICAL HUB SITES

King High School Health Center (Wayne)  
 Muskegon High School Teen Health Center (Muskegon)  
 Western International High School Health Center (Wayne)

## SCHOOL WELLNESS PROGRAM NETWORK SITES

Earhart Elementary/Middle SWP (Wayne)  
 Marquette Elementary SWP (Muskegon)  
 Maybury SWP (Wayne)  
 Munger Elementary School Wellness Program (Wayne)  
 Muskegon Heights Academy SWP (Muskegon)  
 University Prep School Wellness Program (Wayne)

## BEHAVIORAL HEALTH NETWORK SITES

Bunche Elementary Behavioral Health (Wayne)  
 Covenant House Acad. Behavioral Health (Muskegon)  
 Detroit Academy Behavioral Health (Wayne)  
 Nelson Elementary Behavioral Health (Muskegon)

*The MDHHS/MDE Child and Adolescent Health Center Program is aimed at achieving the best possible physical, intellectual, and emotional status of children and adolescents by providing services that are high-quality, accessible and acceptable to youth.*

For questions about the CAHC Program, please contact Taggart Doll, CAHC Program Coordinator, at 517-335-9720 or via email at [dollt@michigan.gov](mailto:dollt@michigan.gov).

# Child and Adolescent Health Centers FY 2015 State-Funded Sites



