



MICHIGAN'S Child & Adolescent Health Centers



**Division of Family & Community Health
Adolescent & School Health Unit**



Healthy children make better learners!

Bringing health care to schools for student success.





Goals and Core Values

Program Goal:

To help support student success by achieving the best possible physical, intellectual and emotional status of children and adolescents by providing services that are high quality, accessible and acceptable.

Core Values:

- Broad-based community support.
- Need-driven services!
- Parents and youth engaged as key partners.
- Quality services that are youth-centered.



What are CAHCs?

Child and Adolescent Health Center = CAHC

- ✓ Provide quality primary health care and psychosocial services on, or near, school property (also known as school based/linked health centers).
- ✓ They are organized through school, community, and health provider relationships.
- ✓ They are staffed by quality health care professionals, including physicians, nurse practitioners, nurses, and mental health providers
- ✓ Must be open a minimum of 5 days a week, 30 hours per week.
- ✓ They reduce barriers to learning and help students succeed in school.



Program History

- **1986** - Adolescent Health Advisory Committee established; Committee issues report calling for a minimum of 100 state funded centers.
- **1987** - \$1.25 million appropriated for teen health centers and planning grants. The first RFP was issued – 10 centers and 6 planning grants were funded.
- **2001** - State funds 31 Teen Health Centers throughout Michigan.
- **2001** - Executive Order cuts eliminated funding for the program at MDCH.



Program History, cont.

- **2002** - \$3.74 million in funding restored in School Aid Budget through active involvement of parents, school personnel and students. The program is collaboratively managed by MDE & MDCH.
- **2004** – CMS approved Medicaid Match, which doubles funding for the program.
- **2004** – RFP was issued to expand the program including issuing planning grants to start up new clinical centers.
- **2005** - Target population expanded to include elementary age children. Program renamed the **Child & Adolescent Health Center Program.**



Funding of CAHCs

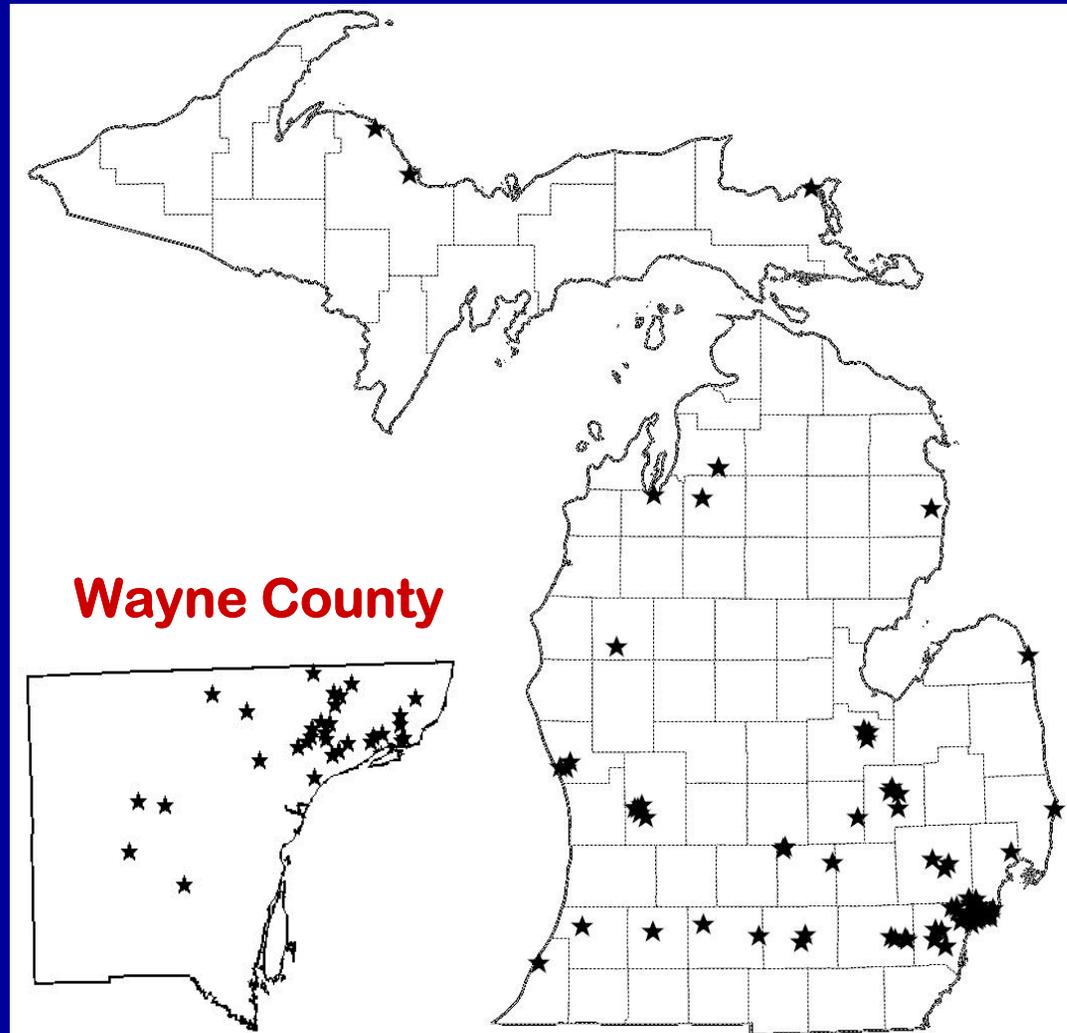
- Funding located within the K-12 Budget (31a) at MDE and within Medicaid at MDCH.
- General Funds in the amount of \$4.9 million are matched and draw down another \$7 million in federal dollars – 1st in the Nation
- All centers and programs must provide a 30% match – Many communities provide more and effectively leverage state dollars
- Clinical centers **must bill 3rd party payers.**



CAHCs in Michigan

- 87 centers & programs throughout the state in urban, rural, and suburban communities
- Provide primary care and prevention services, including mental health
- Located in or within close proximity to elementary, middle and high schools
- Serve nearly 200,000 youth
- Sponsoring agencies include: hospitals, local health departments, non-profits, FQHCs, and schools.

Map of Michigan's CAHCs





Models of Care

- **CAHCs/School-Based Health Centers** – Centers operating on school property.
 - **School-Linked Health Centers** – Community based centers with strong ties to neighboring schools. School-linked centers must serve the adolescent population.
 - **Non-Clinical Programs** – Provide health education or limited health care services to students (peer education, school nursing, etc.)
-

Schools and communities decide what model of care to apply for based on the NEEDS of their STUDENT population.



School Aged Children: Center of Care

Services involve **students/young people** as responsible participants in their health care, encourage the role of parents and other family members, and are accessible, confidential, culturally sensitive, and developmentally appropriate.





Heart and Soul

- The relationship between the child and adolescent and the team of providers is the **HEART** of the program along with easy access.



**CAHCs are available
year round and are open
5 days a week with 24/7
coverage.**



Clinical Centers

Centers must provide a range of services based on a needs assessment of the community/target populations and approved by the advisory committee.

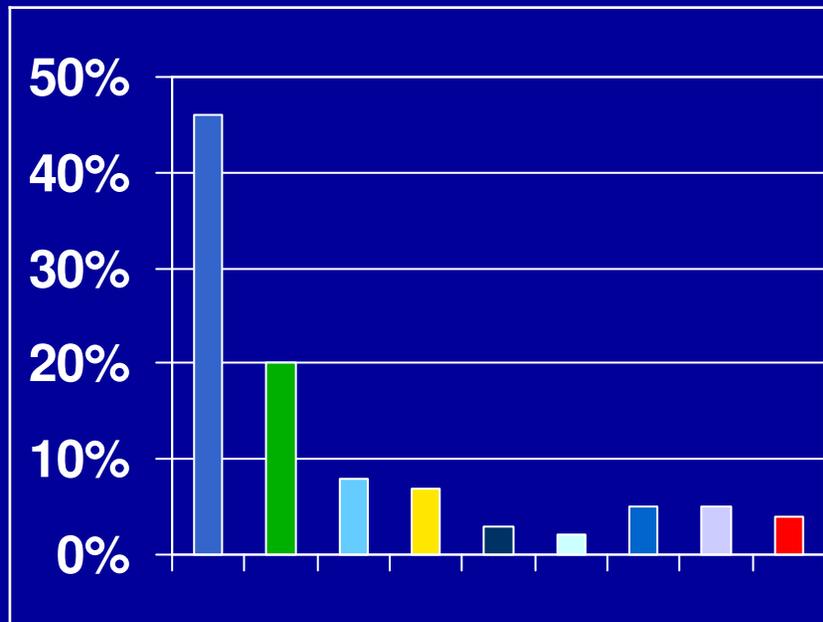
Minimum Services:

- ▶ Preventive Services and Health History
- ▶ Physical Exams, including EPSDT/well-child exams
- ▶ Primary care for common and acute illnesses
- ▶ Chronic disease management
- ▶ Immunizations
- ▶ STD Diagnosis & Treatment
- ▶ HIV Counseling & Testing
- ▶ Medicaid outreach & enrollment
- ▶ Health education
- ▶ Mental health counseling
- ▶ Referral for specialty care
- ▶ Support Services, including case management and follow up



Services Provided

- All services are provided by trained professionals such as physicians, nurse practitioners, mental health workers, nurses and all work within a multidiscipline team.
- Services provided by percentage:



Courtesy of the Michigan Department of Community Health, 2006







Access to Primary Care Services

- ✓ More than 75% of the children and youth served by the CAHCs are on Medicaid or are uninsured.
- ✓ Many of the CAHCs serve as the primary care provider and those that are not of record serve as defector primary care provider



CAHC's Making a Difference

With individualized and ongoing support of the CAHC Team, this young person lost more than 100 lbs.



Source: Health Place 101 - Stone School, University of Michigan

- ✓ One-on-One Care
- ✓ Broad Array of Services and Supports
- ✓ Work with Multiple Systems
- ✓ Quality Health Care where children and adolescent go every day
- ✓ Support Resources for School Systems
- ✓ Coordinated Care



Education & Health Partnership

- CAHCs are about schools and communities working together for student success.
- CAHCs provide access to health care and support services that schools need.
- They allow teachers to do what they do best, teach!
- Schools are challenged to increase test scores and have higher demands for academic performance at a time when children and youth are facing more personal challenges.

Working Together to Improve Academic Achievement

*It is difficult for students to be successful
in school if they are:*

Depressed

Sick

Tired

Using alcohol or drugs

Being bullied

Hungry

Stressed

Abused

Educational Outcomes

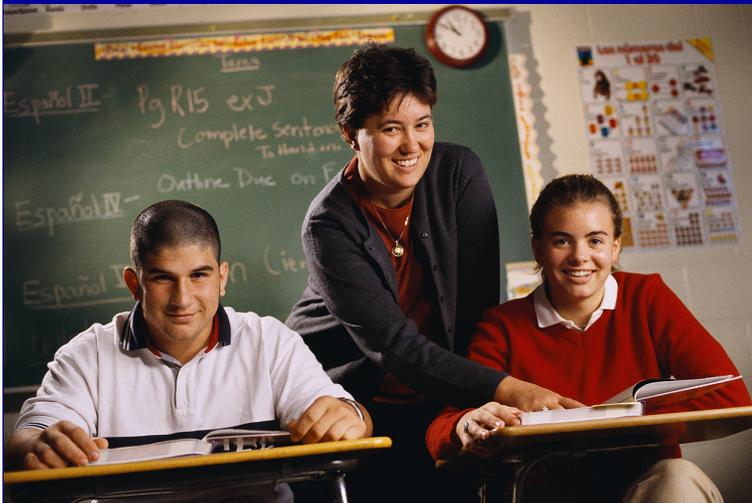
Schools with school-based health centers report:

Increase in school attendance

Decrease in dropouts and suspensions

Fewer teen pregnancies

Higher graduation rates



*Sources: McCord, Klein, Foy, and Fothergill,
1993; Walters, 1996*



Making a difference...

“The Health Centers are safe places to go. I always know that if I need to talk the staff will listen. They have helped me become the healthy person that I am today by teaching and helping me find the resources I need. The staff is really great!”

- Carol, 17 years old

“This clinic is the best thing that ever happened. It sure keeps moms from going to get their children for those little aches and pains.”

- Parent of CAHC User