



INTRODUCING THE CHILD AND ADOLESCENT HEALTH CENTER DASHBOARD

Measuring Quality,
Effectiveness and Outcomes
in Michigan's CAHC's



Economic Strength



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.

These centers provide:

- Primary Health Care
- Preventive Care
- Comprehensive Health Assessment
- Vision and Hearing Screening
- Medication
- Immunization
- Treatment of Acute Illness
- Co-management of Chronic Illness
- Health Education
- Mental Health Care
- Oral Health Services or Referral
- Medicaid Outreach and Enrollment
- Referral for Specialty Care

The MDCH/MDE Child and Adolescent Health Center Program Services are 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.

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 will be used to monitor and improve quality in our State-funded CAHCs .



MICHIGAN STATISTICS

- Fourth largest school based health center program in the nation!
- Only state to draw down Federal Medicaid match dollars for school based health centers.
- Receives \$2 in matching federal funds for every \$1 in State funding.
- In addition to federal match, the program leverages close to \$12 million dollars annually in local, state, and federal funds and grants.
- Generates an additional \$4.3 million through billing, fees, and collections.
- 70 health centers (61 clinical and 9 school wellness programs).

NOTE: This Dashboard focuses only on clinical health centers.

SUPPORTING COST-EFFECTIVENESS RESEARCH

Research has demonstrated that use of school-based health centers by children with asthma is associated with fewer hospitalizations and fewer visits to emergency rooms, both of which reduce unnecessary health care costs.

A series of studies funded by the Health Foundation of Greater Cincinnati (A Prescription for Success) documented that school-based health centers:

- generate a \$2 return on investment for each \$1 spent on operating costs (including but not limited to healthcare savings due to decreased hospitalizations, ER visits and otherwise lost family productivity, work-time and transportation)
- increase access to services at no significant additional cost to the healthcare system
- save money on care for children in rural areas
- encourage the use of more appropriate healthcare services

Further research by the authors of "A Prescription for Success" estimated that school-based health centers save Medicaid approximately \$35 per student per year.



Value for Public Health

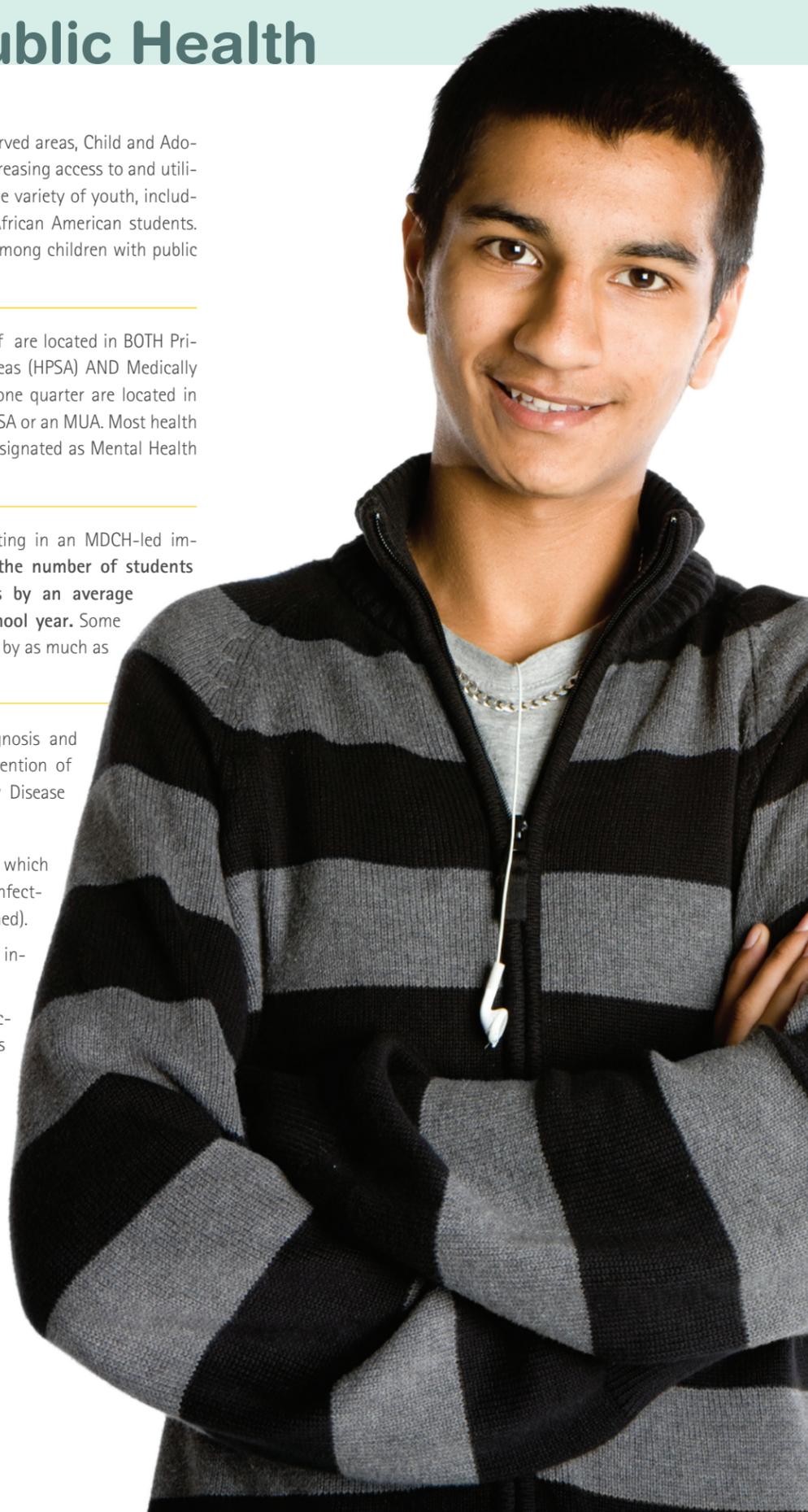
Historically established in medically underserved areas, Child and Adolescent health centers have succeeded in increasing access to and utilization of primary care services among a wide variety of youth, including low-income, urban, rural, female and African American students. Utilization rates have been especially high among children with public insurance or no insurance.

Of Michigan's 61 clinical health centers, half are located in BOTH Primary Care Health Professional Shortage Areas (HPSA) AND Medically Underserved Areas (MUA); and more than one quarter are located in areas designated as either a Primary Care HPSA or an MUA. Most health centers are located in areas that are also designated as Mental Health and/or Dental Health HPSA's.

Newly established health centers participating in an MDCH-led immunization improvement study **increased the number of students with completed immunization schedules by an average of 23.6% over the course of a single school year.** Some health centers increased immunization rates by as much as 70% at participating schools.

Chlamydia screening allows for early diagnosis and treatment of the infection as well as prevention of complications such as Pelvic Inflammatory Disease (PID), a leading cause of infertility.

- In a FY09-10 chlamydia screening project which included 12 CAHCs, 16.5% of clients were infected with chlamydia (512 out of 3094 screened).
- Onsite treatment was provided to 99% of infected clients.
- The rate of asymptomatic chlamydia infection uncovered through this project was alarming—57% of females and 75% of males were found to be asymptomatic and likely would not otherwise have been identified or treated.
- The CAHC screening project represents a savings of \$101,370 versus the cost of treating PID. This conservative savings estimate does not take into account costs saved for potential infertility treatment.



School Climate, Health & Education

IMPACT ON SCHOOL CLIMATE AND HEALTH

The connection between student health status and academic performance is well-established—**children who are healthier learn better.**

The findings from the Michigan Evaluation of School-Based Health (MESH), a three-year outcome study conducted by Michigan State University, indicate that health centers are associated with a wide range of health benefits. Compared to non-users, **users of health center services reported significantly better health outcomes and behaviors.** The presence of health centers in schools was associated with health benefits for the entire student population, such as:

- greater satisfaction with health
- engaging in more physical activity
- eating more healthy foods
- greater family involvement
- more active social problem-solving skills
- less physical discomfort
- less emotional discomfort
- higher self-esteem
- engaging in fewer individual risks
- fewer threats to achievement
- fewer negative peer influences

The MESH study also found significant differences in absences related to the presence of health centers in schools. The excused absences of students at established health center sites showed a greater decrease over time compared to students at implementation sites. This finding suggests that SBHCs were able to have a **positive impact on school-wide excused absences** (e.g., for illness) once the centers were well established in the school.

The MESH study also showed that, over time, the **rate of excused absences** (e.g., for illness) **decreased more among health center users** than among those who did not use health center services.

IMPACT ON HEALTH AND EDUCATION

Recent research confirms not only that poor health affects educational achievement, but that SBHCs can provide a solution:

- High school SBHC users in a 2000 study had a **50% decrease in absenteeism** and **25% decrease in tardiness** two months after receiving school-based mental health counseling.
- African-American male SBHC users were **three times more likely to stay in school** than their peers who did not use a SBHC (McCord, 1993).
- SBHC users of mental health services **increased their grade point averages** over time compared to nonusers, according to a 2007 study.
- Students, teachers, and parents who have a SBHC rated academic expectations, school engagement, and safety and respect significantly higher than in schools without a SBHC (Strolin-Goltzman, 2010).
- A study in New York observed that students not enrolled in a SBHC lost three times as much seat time as students enrolled in a SBHC (VanCrua, 2010).

A study by the Health Foundation of Greater Cincinnati supports the findings that students who used health centers experienced significant improvements in health-related quality of life compared to students in schools without health centers.



Quality of Care

Steps to Improve and Monitor Quality

WHAT WE DO NOW

The Michigan Department of Community Health & the Michigan Department of Education are responsible for monitoring & oversight of the CAHC program—and we take this charge seriously!

- MDCH conducts site reviews of each state-funded health center every three to five years.
- Each CAHC is required to conduct and show evidence of a continuous quality improvement process which includes peer review and client satisfaction components for primary care and mental health services.
- Every health center must provide approved, evidence-based educational interventions with measurable outcomes in addition to primary care services in an effort to impact areas of high risk for children and youth including alcohol/tobacco and other drug use; physical activity and nutrition; teen pregnancy and sexually transmitted diseases and document outcomes from these interventions.
- Providers and staff are routinely required to attend professional development training opportunities to update and improve clinical and administrative skills.

WHERE WE ARE HEADED

MDCH is currently developing a process to consistently measure quality of care across health centers, including:

- Establishment and expansion of common effectiveness, efficiency and quality indicators (metrics).
- Development of a health center performance grading system using a tiered approach based on site review performance.
- Implementation of a new, standardized system of monitoring progress on processes and outcomes known as "Goal Attainment Scaling."



Introducing our CAHC Dashboard!

Michigan CAHC Report Card Sample

METRIC NO.	METRIC	MOST RECENT MEASURE
SERVICES TO FAMILIES AND CHILDREN IN CENTERS: CY 2010		
2	Unduplicated number of youth served	35,010
2	Number of physical exams provided	14,177
2	Number enrolled in Medicaid/MI-Child/Healthy Kids	2102
PREVENTION AND DISEASE CONTROL: CY 2010		
2	Number of immunizations provided	13,442
3	Number/Percent of clients with complete immunizations for age (Using ACIP recommendations, except for HPV)	*
3	Percent of clients who had risk assessment counseling	*
3	Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) which includes annual medication monitoring.	*
3	Percent of clients with a BMI at or above 85th percentile who had evidence of counseling for nutrition, physical activity and screen time	*
1	Percent of clients who smoke	*
3	Percent of clients who smoke that were assisted with cessation	*
3	Percent of clients who were screened for depression	*
2/1	Number of pregnancy tests provided/Percent positive	6205, 13.28%
2/1	Number of chlamydia tests provided/Percent positive	7963, 16.83%
3	Percent of positive chlamydia treated onsite at CAHC (based on IPP data)	99%
ADMINISTRATION AND REGULATION (FY11-12 UNLESS OTHERWISE NOTED)		
2	Percent of centers that submit all required reports on time	*
2	Percent of centers that reach 90% or more of projected performance output measure (PPOM)**	61%
3	Percent of centers that average "O" or higher on GAS reporting***	*
3	Percent of centers that receive an "A" or "B" grade at site review	*
3	Percent of (clinical) centers that achieve a 90% or better threshold on Asthma Chart Review during site review	*
2	Average number of days to process a site review report—MDCH	*
2	Site Reviews performed once every five years, or more often as indicated by outcome of site review—MDCH	Yes

Performance Measures/Metrics Adapted from: *Foundation for Michigan's Reinvention*

- 1 EFFECTIVENESS MEASURE
- 2 EFFICIENCY MEASURE
- 3 QUALITY MEASURE

***CAHC's will begin collecting data on quality indicators as of Jan 1, 2012.**

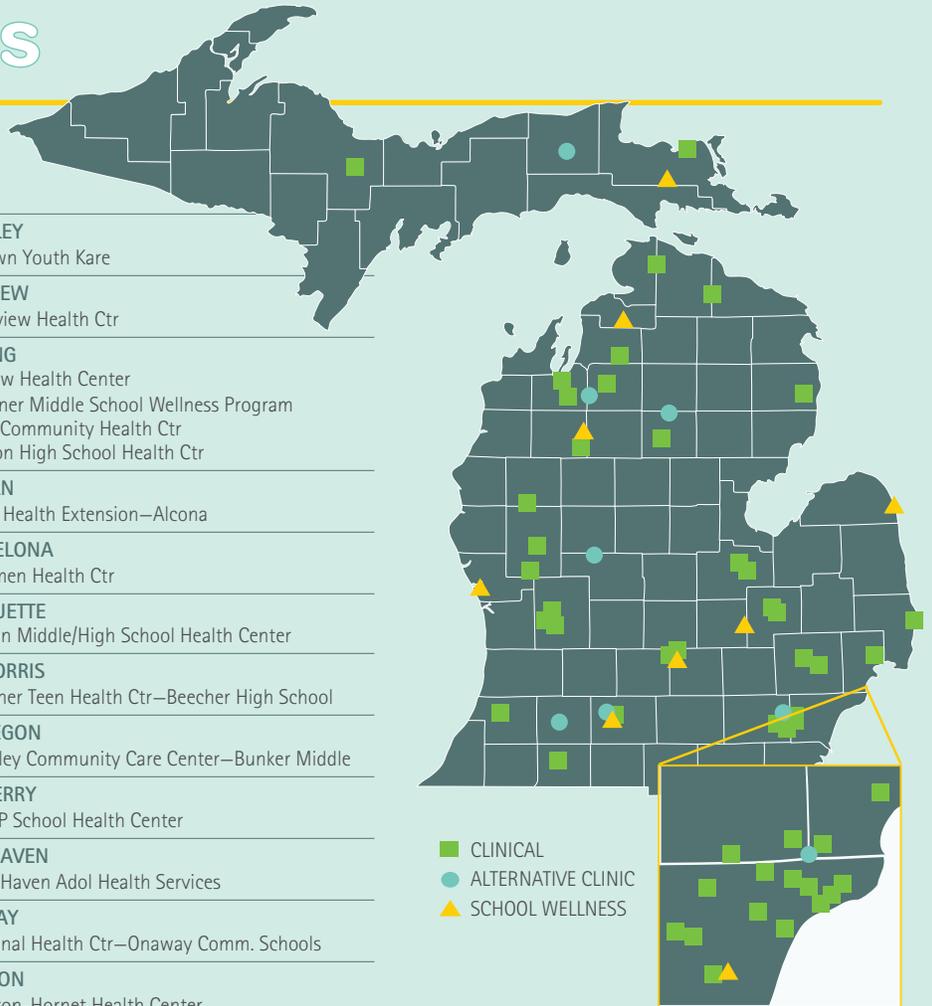
****Projected Performance Output Measure (PPOM)=** number of unduplicated clients each health center projects to reach each year. Due to state budget cuts which resulted in a reduction of funding to health centers in 2010, health centers closed for six weeks during the summer which may have impacted their ability to reach their PPOM for the year.

****Goal Attainment Scaling (GAS)=** Goal Attainment Scaling (GAS) is a tool for tracking and recording the achievement and completion of health center work plan objectives and activities. GAS was piloted among seven health centers in FY2011 with full implementation for all health centers in FY12.

Future Performance Trend Indicators:

- PERFORMANCE IMPROVING/ MOVING IN DESIRED DIRECTION
- PERFORMANCE STABLE
- PERFORMANCE DECLINING/MOVING AWAY FROM GOAL

State-Funded Child & Adolescent Health Centers



- CLINICAL
- ALTERNATIVE CLINICAL
- ▲ SCHOOL WELLNESS

70 TOTAL CENTERS

- 53 CLINICAL CENTERS
- 8 ALTERNATIVE CLINICAL
- ▲ 9 SCHOOL WELLNESS PROGRAMS

ANN ARBOR

- Scarlett Middle School

BALDWIN

- Baldwin Teen Health Ctr
- Grant Middle School Health Ctr

BANGOR

- Bangor Mid and High School Teen Health Ctr

BATTLE CREEK

- Battle Creek High School Student Health Ctr
- ▲ Dudley Elementary and Northwestern Middle
- Springfield Mid School—Healing Hands Health Ctr

BOYNE CITY

- ▲ Boyne City Elementary and Middle Schools

CADILLAC

- ▲ Mesick and Manton High Schools
- Wexford Adolescent Wellness Ctr

CLINTON TOWNSHIP

- Clintondale Health Center

DEARBORN

- ACCESS Teen Health Ctr

DETROIT

- Central High School
- Marcus Garvey Academy Health Center
- Mumford High School Health Center
- Nolan Prep School of Excellence SBHC
- Healthy Teens Community Care Ctr
- Detroit Edison Public School Academy
- Henry Ford HS Health Ctr
- Southwestern HS Health Ctr
- Youthville Health Center

DURAND

- ▲ Durand School Wellness Program

FERNDALE

- Hazel Park SBHC—Jardon-Webb Complex

FLINT

- Northwestern Wellness Ctr—Northwestern HS

GRAND RAPIDS

- Union High School Health Ctr
- Creston High School—Creston Health Ctr
- Ottawa Hills High School Health Ctr

HARBOR BEACH

- ▲ Harbor Beach Comm Schools—Adol Health Ctr

HOUGHTON LAKE

- SBHC at Houghton Lake HS

INKSTER

- Inkster Teen Health Ctr—Inkster High School

KALAMAZOO

- Edison School Based Health Ctr

KALKASKA

- Forest Area Community Schools Health Ctr
- Kalkaska Memorial Hospital—Teen Health Corner

KINGSLEY

- K Town Youth Kare

LAKEVIEW

- Lakeview Health Ctr

LANSING

- Willow Health Center
- ▲ Gardner Middle School Wellness Program
- Otto Community Health Ctr
- Sexton High School Health Ctr

LINCOLN

- Tiger Health Extension—Alcona

MANCELONA

- Ironmen Health Ctr

MARQUETTE

- Gwinn Middle/High School Health Center

MT. MORRIS

- Beecher Teen Health Ctr—Beecher High School

MUSKEGON

- ▲ Hackley Community Care Center—Bunker Middle

NEWBERRY

- CAMP School Health Center

NEW HAVEN

- New Haven Adol Health Services

ONAWAY

- Cardinal Health Ctr—Onaway Comm. Schools

PELLSTON

- Pellston-Hornet Health Center

PONTIAC

- Pontiac Middle School SBHC
- Pontiac Northern Teen Health Ctr

PORT HURON

- Teen Health Ctr—Port Huron High

REDFORD

- Health Center at Pierce Middle School

ROSCOMMON

- SBHC at Roscommon MS

SAGINAW

- Arthur Hill High School Health Ctr
- Saginaw High SBHC

SAULT STE MARIE

- ▲ Rudyard Area Schools School Wellness Ctr
- Sault Area High School—SHACC

TAYLOR

- Taylor Teen Health Center
- Taylor School Wellness Program

TRAVERSE CITY

- Youth Health & Wellness Center

WATERFORD

- Waterford Alt. High Teen Health Ctr

THREE RIVERS

- Branch-Hillsdale Health Center

WHITE CLOUD

- White Cloud Health Ctr

WARREN

- Fitzgerald Health Ctr

WESTLAND

- Lincoln Jefferson Barnes Healthcare Ctr

YPSILANTI

- Lincoln High School
- Willow Run Middle/High School
- Ypsilanti High School Health Center
- Ypsilanti Middle School Health Center
- The Corner

FOR MORE INFORMATION:

MDCH Child and Adolescent Health Center Program at www.michigan.gov/cahc

MDE Coordinated School Health & Safety Programs Unit at www.michigan.gov/cshsp

