

CHILD AND ADOLESCENT HEALTH CENTERS

2012–2013 DASHBOARD REPORT

Measuring Quality, Effectiveness and Outcomes





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

CHILD AND ADOLESCENT HEALTH CENTERS PROVIDE:

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

The 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.

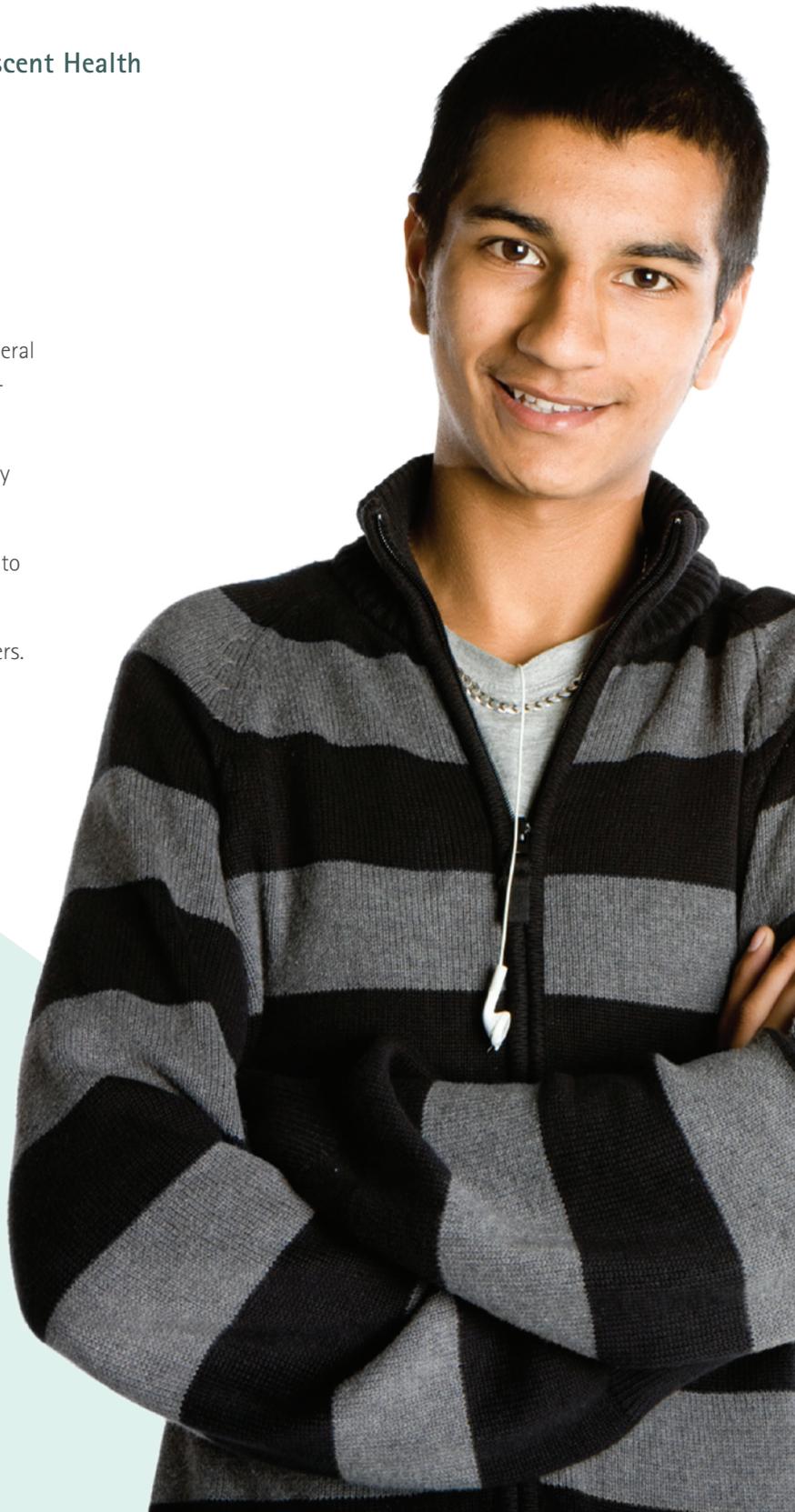
This "Dashboard Report" is a compilation of key information summarizing the current status of the Child and Adolescent Health Center Program. The Dashboard reporting technique is used to monitor and improve quality in our state-funded CAHCs .

ECONOMIC STRENGTH

School-Based/School-Linked Child and Adolescent Health Centers are a wise investment!

- Second largest state-funded school-based health center program in the nation!
- 70 health centers (62 clinical health centers and 8 School Wellness Programs).*
- Michigan is the only state in the nation to draw down federal "Medicaid Match" dollars to support school-based/school-linked Child and Adolescent Health Centers (CAHCs).
- Receives more than \$3 in matching federal funds for every \$1 in state funding.
- In addition to federal match, the program leverages close to \$14 million dollars annually in other funds and grants.

* NOTE: This Dashboard focused only on clinical health centers.



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 DIAGNOSES

The most frequent primary care diagnoses among the clinical health centers were routine well child visits and general physical exams (e.g., sports, camp, and employment exams).

WELL CHILD AND GENERAL PHYSICAL EXAMS:

65% THE MOST FREQUENT PRIMARY DIAGNOSIS (40 OF 62 CENTERS)

92% AMONG TOP FIVE MOST FREQUENT PRIMARY DIAGNOSIS (57 OF 62 CENTERS)

MOST FREQUENT MEDICAL PROBLEM DIAGNOSES

The most frequent medical problem diagnosis across health centers was headache followed by overweight/obesity. 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.

MOST FREQUENT MEDICAL PROBLEM DIAGNOSES:

1 31% HEADACHE (19 OF 62 CENTERS)

2 21% OVERWEIGHT/OBESITY (13 OF 62 CENTERS)

MOST FREQUENT MENTAL HEALTH PROBLEM DIAGNOSES

The most frequent mental health problem diagnosis across the health centers was adjustment disorders followed by depressive disorders.

MOST FREQUENT MENTAL HEALTH PROBLEM DIAGNOSES, AMONGST THE 56 CAHCs THAT REPORTED THEM:

1 39% ADJUSTMENT DISORDERS (22 OF 56 CENTERS)

2 21% DEPRESSIVE DISORDERS (12 OF 56 CENTERS)



TRENDS TO WATCH



UNHEALTHY WEIGHT 33% of clients

- Body Mass Index (BMI) is a measurement used to indicate whether a person is under or over a healthy weight in relation to their height. Young people who are overweight have a greater risk of being overweight as adults, and an associated higher risk of chronic disease.
- Of the nearly 10,000 youth with an unhealthy BMI, 55% were counseled by CAHCs on physical activity, nutrition and screen time.



SMOKING OR TOBACCO USE 7.5% of clients

- Of the nearly 3,000 youth who reported smoking or other current tobacco use, 63% were counseled on cessation.



ITEMS WITH THIS ICON INDICATE THAT IT IS OUR GOAL TO INCREASE THESE PERCENTAGES TO BE AS CLOSE AS POSSIBLE TO 100%.



ASTHMA 9.8% of clients



- An asthma action plan helps youth, their parents, and those in the school know how to manage asthma flares including asthma emergencies. Of clients with asthma seen at CAHCs, 52% had documentation of an asthma action plan developed at a health center.
- Spirometry testing is considered the "gold standard" of asthma diagnosis and assessment. Often, this test is not available to youth with asthma. Thirty-two health centers received spirometry training this year, resulting in 463 tests provided to their clients with asthma.

GOOD NEWS!

A comparison of risk assessment data between 2011 and 2013 among health centers shows significant improvements in certain risk behaviors including:

- ↑ **27%** INCREASE IN EXERCISE
- ↓ **14%** DECREASE IN FEELINGS OF ANGER
- ↓ **14%** DECREASE IN DISTRACTED DRIVING (ALCOHOL/DRUG USE OR TEXTING)

SCHOOL CLIMATE, HEALTH AND EDUCATION

Along with our school partners, the CAHCs provided health education programs designed to impact students' physical and emotional health. Highlights from just some of these programs are shared here.

NUTRITION AND PHYSICAL ACTIVITY

CAHCs provided classroom evidence-based nutrition and physical activity education programs designed to impact physical activity and nutritional choices to more than 1,000 youth. An additional 300 youth met in small group evidence-based programs during and after school. Evaluations showed:

- ↑ An increase in nutritional choices including fast food selection
- ↑ An increase in physical activity

ASTHMA

For youth, a key part of effectively managing asthma is learning about this chronic disease. Increased knowledge, along with understanding and practice of self-care measures, helps insure fewer asthma flares and better school attendance. CAHC clients with asthma who participated in evidence-based asthma education programs showed improvement in key clinical measures of asthma control.

THE CONNECTION BETWEEN STUDENT HEALTH STATUS AND ACADEMIC PERFORMANCE IS WELL-ESTABLISHED. CHILDREN WHO ARE HEALTHIER PHYSICALLY AND EMOTIONALLY LEARN BETTER.



MENTAL HEALTH AND SUBSTANCE ABUSE PREVENTION

Several health centers report great success with the implementation of Lifeskills, an evidence-based substance abuse and violence prevention program. Results show that youth who participated in this program had:

- ↑ Increased intention to abstain from substance use
- ↓ Decreased substance use
- ↑ Improved anti-drug attitudes
- ↓ Decreased aggressive behavior
- ↑ Increased skills in conflict management, coping and problem-solving

TEEN PREGNANCY AND STI/HIV PREVENTION

The negative impact of teen pregnancy on academic success is well-known. STIs cause both physical and emotional concerns for youth. Prevention of both of these health issues was addressed through delivery of eight evidence-based, culturally-appropriate and locally-approved classroom and small group programs by 16 different health centers. Participants showed:

- ↑ Changed attitudes and intentions to avoid sexual risk-taking
- ↑ Increased confidence in refusal and negotiation skills
- ↑ Increased confidence to choose abstinence
- ↑ Increased ability to identify risks of STIs

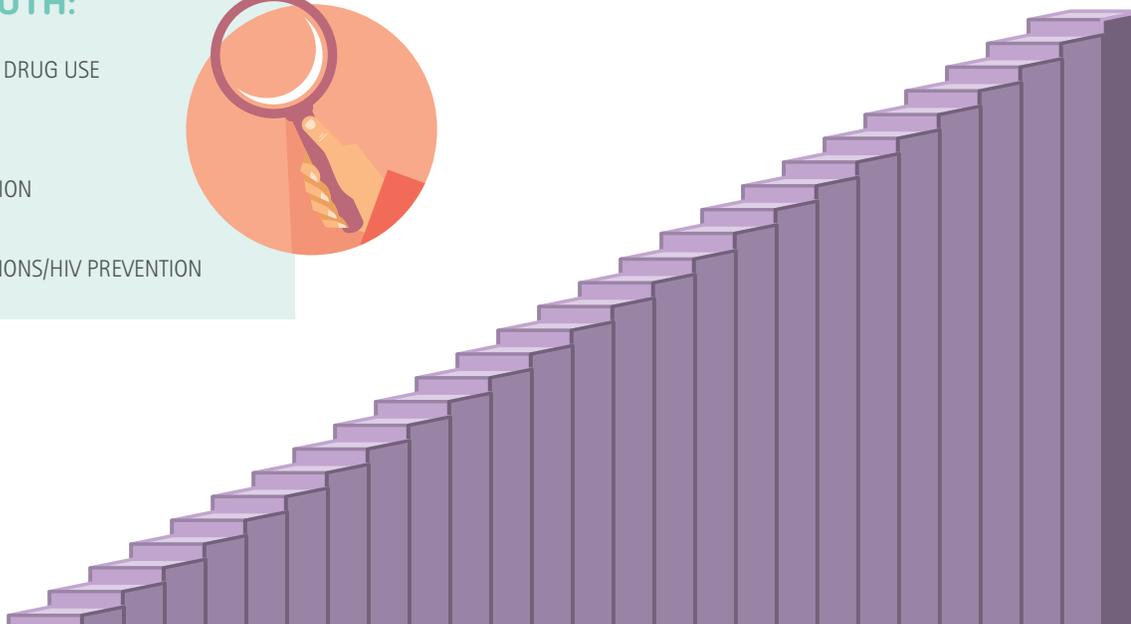
CAHC DASHBOARD INDICATOR: QUALITY OF CARE

STEPS TO MONITOR AND IMPROVE QUALITY

- A key component of the Dashboard approach to measuring value and performance is the use of a core set of **standardized measures (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. Statewide results are shown in the Michigan CAHC Report Card on page 8.
- MDCH 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.
- MDCH 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.

FOCUS AREAS OF HIGH RISK FOR CHILDREN AND YOUTH:

- ALCOHOL/TOBACCO AND OTHER DRUG USE
- CHRONIC DISEASE
- MENTAL HEALTH
- PHYSICAL ACTIVITY AND NUTRITION
- TEEN PREGNANCY PREVENTION
- SEXUALLY TRANSMITTED INFECTIONS/HIV PREVENTION



CAHC DASHBOARD INDICATOR: QUALITY OF CARE

FY2013 MICHIGAN CAHC REPORT CARD

METRIC NO.	METRIC	FY13 MEASURE	TREND FY12 TO FY13	FY12 MEASURE
SERVICES TO FAMILIES AND CHILDREN				
2	Unduplicated number of youth age 21 and under served	30,297	↔	30,224
2	Number of physical exams provided (n=61)	12,210	↑	11,591
2	Number of immunizations provided	25,841	↑	22,819
2/1	Number of positive pregnancy tests provided (median percent positive) <i>"Trend" refers to trend in percent positive (n=59)</i>	521/5986 (9%)	↔	8% positive
2/1	Number of positive chlamydia tests/number of tests provided (median percent positive) <i>"Trend" refers to trend in percent positive (n=59)</i>	1084/8068 (13%)	↔	12% positive
1	Number enrolled in Medicaid	1809	↓	2014
PREVENTION AND DISEASE CONTROL (ALL VALUES REPRESENT THE MEDIAN PERCENTAGE)				
3	Percent of clients with a documented comprehensive physical exam (n=58)	49%	↑	39%
3	Percent of clients with an up-to-date risk assessment (n=58)	63%	↑	53%
3	Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A, and Flu (n=54)	79%	↑	65%
3	Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) which includes annual medication monitoring (n=54)	71%	↔	70%
3	Percent of clients with a BMI at or above 85 th percentile who had evidence of counseling for nutrition, physical activity, and screen time (n=55)	65%	↑	55%
3	Percent of clients who smoke/use tobacco that were assisted with cessation (n=54)	89%	↔	84%
3	Percent of clients who were screened for depression (n=55)	64%	↑	54%
3	Percent of positive chlamydia treated on site at CAHC (n=50)	100%	↔	100%
ADMINISTRATION AND REGULATION				
2	Percent of centers that submitted all required reports on time	77%	↔	75%
2	Percent of centers that reached 90% or more of Projected Performance Output Measure*	56%	↓	64%
3	Percent of centers that achieved a median score of "0" or higher on final GAS report in all four work plan areas**	63%	↑	55%
3	Percent of centers that achieved a median score of "0" or higher on final GAS report in three of four work plan areas**	23%	↔	25%
3	Percent of centers that achieved a median score of "0" or higher on final GAS report in two of four work plan areas**	5%	↓	12%
3	Percent of centers that received an "A" or "B" grade at site review (n=13)	100%	↑	91% (n=11)
3	Percent of centers that reached 90% or better threshold on Asthma Chart Review during site review (n=2)	50%	↑	0% (n=6)
2	Average number of days for MDCH to process a site review report (n=N/A)	49	↑	43

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 the left, 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 "FY13 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 well 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 63% or more of their clients have an up-to-date risk assessment, while half report that less than 63% 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 we encourage 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.

REPORT CARD KEY

n=62 centers reporting unless otherwise noted

Metric Key: 1 EFFECTIVENESS | 2 EFFICIENCY | 3 QUALITY

Measures and Trends Key:	 Movement in a desired direction
	 No movement of more than 5%
	 Downward movement, but may be due to greater insurance or Medicaid coverage among youth
	 Movement in an undesirable direction

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. Four centers were not open for the full year and/or had transition that impacted ability to collect data, and therefore these centers were not included in reporting metrics in the Prevention and Disease Control Section.

***Projected Performance Output Measure:** Number of unduplicated clients each health center projects to reach each year.

****Goal Attainment Scoring (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 extreme values within an area may otherwise skew the data.

THRESHOLDS FOR PREVENTION AND DISEASE CONTROL QUALITY MEASURES		
METRIC	FY13 MEASURE	THRESHOLD
Percent of clients with a documented comprehensive physical exam	49%	Reasonable Percentage
Percent of clients with an up-to-date risk assessment	63%	90%
Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A, and Flu	79%	70%
Percent of clients with diagnosis of asthma that have an individualized care plan (action plan) which includes annual medication monitoring	71%	As close to 100% as possible, but may be difficult for centers with a high number of cases
Percent of clients with a BMI at or above 85 th percentile who had evidence of counseling for nutrition, physical activity, and screen time	65%	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 that were assisted with cessation	89%	75%
Percent of clients who were screened for depression	64%	90%
Percent of positive chlamydia treated on site at CAHC	100%	90%

CAHC DASHBOARD INDICATOR: QUALITY OF CARE

2014 IN FOCUS

RISK ASSESSMENT

Risk assessment is required in every CAHC in order to improve early identification of risky behaviors and to provide youth with evidence based counseling and referrals, with the ultimate goal of eliminating or reducing risk. While risk behavior is prevalent among teens as a group, differences in risk can be stratified by age (tweens or younger teens vs. older teens), gender, race/ethnicity, insurance coverage and other factors. In 2014, MDCH will focus on helping health centers improve the proportion of clients who complete a risk assessment, as well as the identification of and attention to reducing risk disparities that exist among client populations.

PROACTIVE REMINDERS

The use of proactive reminders for preventive services, such as physical exams and immunizations, is an approach to ensuring children receive these important services. Many Patient-Centered Medical Home certification processes require the use of such proactive reminders. MDCH will share strategies and tools that will help CAHCs effectively and efficiently remind families of the need for these services, reducing the number of youth who fall through the cracks.

CONTINUOUS QUALITY IMPROVEMENT

Continuous Quality Improvement is already an important part of health center practice. With the support of MDCH staff, several health centers have volunteered to participate in additional CQI projects that address the unique needs of adolescent males. MDCH gratefully acknowledges these health centers for their efforts to increase the number of adolescent males who use health center services, who are fully immunized against HPV (Human Papilloma Virus), and who are working to close the loop on referrals for youth who are considering or have attempted suicide.

EXPANDED ACCESS TO MENTAL HEALTH SERVICES

In January, the State of Michigan Mental Health and Wellness Commission issued a report outlining key recommendations to improve outcomes for those living with poor mental health. Among the key recommendations included in this report was to expand the reach of CAHCs in order to improve access to services and treatment as early as possible. As a result of this recommendation, MDCH now requires each CAHC to provide a minimum half-time mental health provider. MDCH will also explore the potential to expand both primary care and mental health services to high need and underserved areas.



CHILD AND ADOLESCENT HEALTH CENTERS

ANN ARBOR

- RAHS at Scarlett Middle School

BALDWIN

- Baldwin Teen Health Center

BANGOR

- Bangor Health Center

BATTLE CREEK

- Battle Creek Central Student Health Center
- ▲ Dudley Elementary and Northwestern Middle
- Healing Hands Health Center

BENTON HARBOR

- Benton Harbor Student Health Center

BOYNE CITY

- ▲ Boyne City Elementary and Middle Schools

CADILLAC

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

CLINTON TOWNSHIP

- Clintondale SBHC

DEARBORN

- ACCESS Teen Health Center

DETROIT

- SJHC at Central Collegiate Academy
- SJHC at Denby High School
- SJHC at East English Village Preparatory Academy
- Napoleon B. Jordan Center for Health
- Mumford Health Center
- Nolan Prep School of Excellence SBHC
- Healthy Teens Community Care Center
- DEPSA Pioneer Health Center
- Ford HS Health Center
- Western Teen Health Center
- Youthville Health Center

DURAND

- ▲ Durand Middle School

FIFE LAKE

- Forest Teen Health Corner

FLINT

- Northwestern Wellness Center

GRAND RAPIDS

- Union High School Health Center
- Creston High School Health Center
- Ottawa Hills High School Health Center

GRANT

- Grant Teen Health Center

HARBOR BEACH

- ▲ Harbor Beach Community Schools

HOUGHTON LAKE

- Houghton Lake HS Health Center

INKSTER

- Westwood Teen Health Center

KALAMAZOO

- Edison School Based Health Center

KALKASKA

- Teen Health Corner

KINGSLEY

- K Town Youth Kare

LAKEVIEW

- Lakeview Youth Clinic

LANSING

- Willow Health Center
- Eastern High School Health Center
- Sexton High School Health Center

LINCOLN

- Tiger Health Extension

MANCELONA

- Ironmen Health Center

MARQUETTE

- Gwinn Adolescent Health Center

MT. MORRIS

- Beecher Teen Health Center

MUSKEGON

- ▲ Bunker Middle School

NEWBERRY

- CAMP School Health Center

ONAWAY

- Cardinal Health Center

PELLSTON

- Hornet Health Center

PONTIAC

- Pontiac Middle School SBHC
- Pontiac Teen Health Center

PORT HURON

- Teen Health Center

REDFORD

- South Redford SBHC

ROSCOMMON

- Roscommon MS Health Center

RUDYARD

- ▲ Rudyard Area Schools

SAGINAW

- Arthur Hill High School SBHC
- Saginaw High School SBHC

SAULT STE MARIE

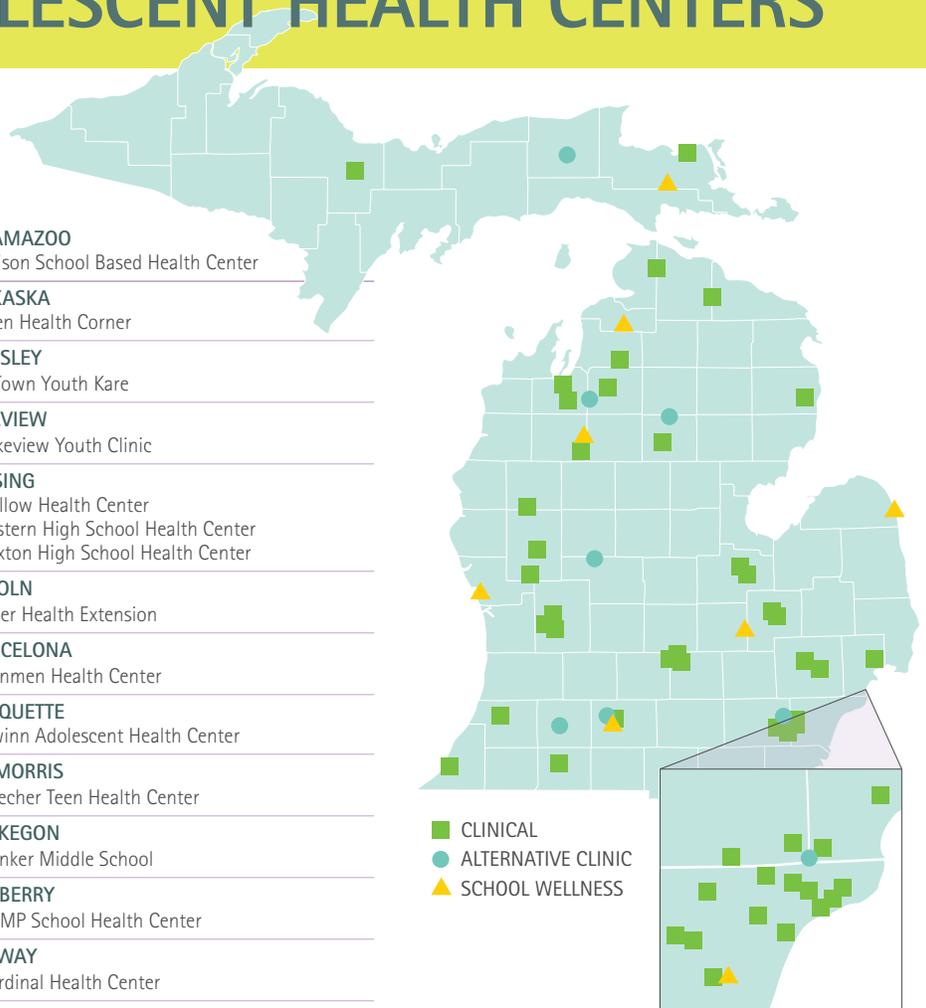
- Sault Health Adolescent Care Center

TAYLOR

- Taylor Teen Health Center
- ▲ Taylor School Wellness Program

THREE RIVERS

- PAWS CAHC



FY14 CAHCS: 72 TOTAL CENTERS

- 56 CLINICAL CENTERS
- 8 ALTERNATIVE CLINICAL
- ▲ 8 SCHOOL WELLNESS PROGRAMS

TRAVERSE CITY

- Youth Health & Wellness Center

WARREN

- Fitzgerald Health Center

WATERFORD

- Waterford Teen Health Center

WESTLAND

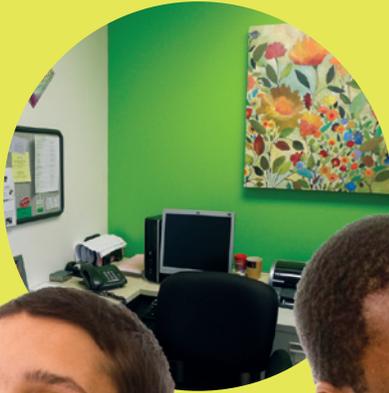
- Adams Center

WHITE CLOUD

- White Cloud Teen Health Center

YPSILANTI

- RAHS at Lincoln High School
- RAHS at Ypsilanti Consolidated Middle School
- RAHS at Ypsilanti Consolidated High School
- RAHS at Lincoln Middle School
- Corner Health Center



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

