



CAHC Continuation of Funding (COF) Structure Content Relevant to: Clinical and Alternative Clinical Models

In order to systematically and objectively assess multiple aspects of performance among Child and Adolescent Health Centers (CAHC's), a CAHC Continuation of Funding structure was implemented on October 1, 2017. In lieu of a cyclical competitive Request for Proposal process, this structure serves as a mechanism to provide continued funding support for state-funded CAHCs as appropriate. This allows for continuity of care, while at the same time assuring CAHC program dollars are being used to fund strong and effective health centers that provide high quality care to Michigan's most vulnerable children and adolescents.

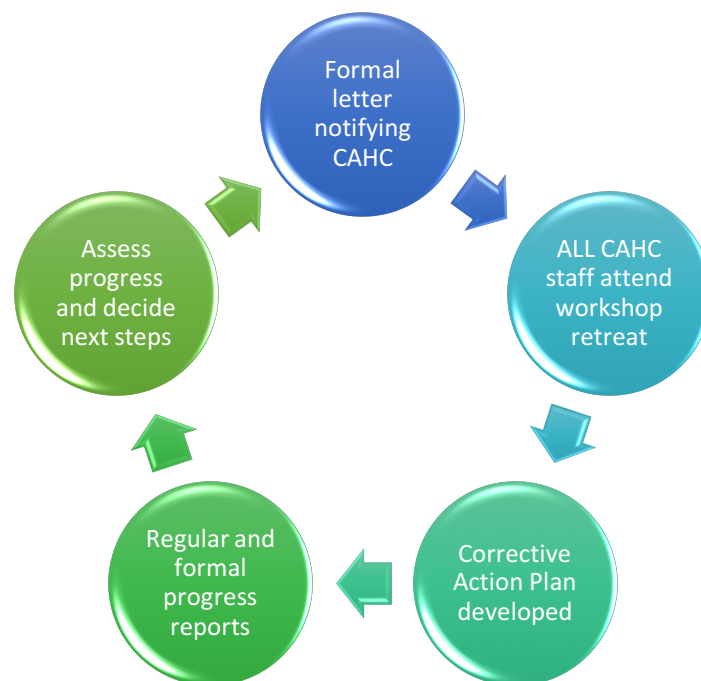
At the end of each fiscal year, the CAHC Program staff compile a dataset for each CAHC that includes the number of unduplicated users, number of visits with primary care and mental health providers, and a report card score (see Scoring Explanation, below). Centers are then ranked according to summary scores across these three areas.

Centers that fall in the lowest 10% of all health centers for the three scored areas will undergo additional and formal review by the CAHC Team for data trends, as well as other factors that reflect and/or may contribute to overall performance. These factors include, but are not limited to: provider vacancies, site review performance, financial controls, overall strength and completion of Goal Attainment Scaling (GAS) work plan, location/environment issues (e.g., school enrollment and percentage of school enrollees served by the center, potential school closure, accessibility of location, etc.) and overall operations (administrative support, communications, barriers to care, overall program management). This review provides a more comprehensive picture of challenges each of these health centers face, as well as strengths and opportunities for improvement.

These same centers will be formally notified by the CAHC Program Manager (via letter) of the **required participation of ALL health center staff in a workshop retreat coordinated by the CAHC Team**. The purpose of the workshop is to coordinate a planned approach of intensive technical assistance from the CAHC Team along with internal sponsoring agency and health center efforts, as the health center works to improve its overall program ranking. During the workshop, the health center staff will work with the CAHC Team to develop a corrective

action plan with a goal of improving health center performance in identified areas. The corrective action plan is likely to require one or more of the following: a CQI project, Productivity Study, additional staff training/shadowing, a rewrite of the GAS, and/or other intensive technical assistance supports. Plan progress will be regularly monitored by the assigned CAHC Consultant as needed (e.g., weekly, monthly), with formal progress reports due quarterly (e.g., with regular quarterly reports). A formal assessment of progress will be conducted and a decision made regarding next steps for the CAHC e.g., continue with or revise corrective action plan, a change in model, or termination of funding.

Focused Technical Assistance Cycle for Lowest Performing Centers



Centers that fall in the second lowest 10% of all health centers for the three scored areas will be offered optional enhanced technical assistance, focused on improving health center performance in identified areas. Centers that opt for enhanced technical assistance will work with the CAHC Team to identify up to three critical issues for focused action. A CQI project focusing on at least one critical issue will be required. Formal check-in will occur quarterly (or more often as needed).

Continuation of Funding Scoring Explanation

Unduplicated User Number

Clinical and Alternative Clinical centers are awarded points based on a scaled system which awards up to a maximum of 4 points as follows:

Full Clinical

Number of Unduplicated Users	Points
500 +	4 points
450-499	3 points
400-449	2 points
350-399	1 point
349 and below	0 points

Alternative Clinical

Number of Unduplicated Users	Points
200 +	4 points
150-199	3 points
100-149	2 points
50-99	1 point
49 and below	0 points

Number of Visits (with Primary Care and Mental Health Providers)

The visit score is determined by multiplying the number of unduplicated users seen by the health center during the fiscal year by two. If the combined visit number with the two primary providers (primary clinical and mental health provider) is at least double the number of unduplicated users, 4 points are awarded. If the number of visits do not meet this benchmark, no points are awarded.

For example, a center with 600 unduplicated users needs a minimum of 1200 *combined* visits ($600 \times 2 = 1200$) with the primary clinical provider AND mental health provider in order to receive 4 points. If less than 1200 combined visits are provided, no points are awarded.

Report Card

Report Cards are scored by assigning a quantifiable value to each of the quality metrics listed in the Prevention and Disease Control section of the Report Card, and for the Projected Performance Output Measure/PPOM (in the Administration & Regulation section).

Each measure receives the same point value (1 point). One point is awarded for each quality metric where the health center met or exceeded the statewide median for that measure during the fiscal year. This takes into account measures that do not have set thresholds (for example, percentage of clients with up-to-date, comprehensive physicals). Scores are relative to all CAHCs in any given year, therefore a health center is not penalized when all or many centers may be struggling to meet an established threshold.

One point is awarded if the health center reached 90% or more of its PPOM during the fiscal year.

Point “credits” are awarded for quality metrics where no cases are reported (e.g., if a health center has no clients who report tobacco use, no clients can be counseled on cessation; therefore, the health center is credited one point for this measure).

Note: the number of quality metrics is subject to change in a given year based on the number of quality measures which are tracked. In FY17, 9 points were possible on the Report Card (8 quality metrics and the PPOM).

CAHC Continuation of Funding Technical Assistance Cycles

Lowest 10% of All CAHCs (Combined User, Visit & Report Card Scores)

Focused Technical Assistance (Required)

- Formal letter from the CAHC Program Manager issued to CAHC
 - Workshop retreat with CAHC Team - ALL health center staff required to attend
 - Corrective Action Plan (developed at workshop retreat)
 - *Plan likely to include one or more of the following:*
CQI Project, Productivity Study, additional staff training/shadowing, rewrite of Goal Attainment Scaling (GAS) work plan
 - Progress monitored by CAHC Consultant as needed (e.g., weekly, monthly)
 - Formal progress report on quarterly basis (with quarterly reports)
 - Assessment of progress and decision on next steps (e.g., continue with or revise corrective action plan, model change or termination of funding)
-

Second Lowest 10% of All CAHCs (Combined User, Visit & Report Card Scores)

Enhanced Technical Assistance (Optional)

- Formal letter from the CAHC Program Manager issued to CAHC
 - CAHC works w/ CAHC Team to identify up to three critical issues for focused action
 - CQI project(s) focusing on at least one critical issue
 - Formal check-in on quarterly basis (with quarterly reports); more often if needed
-