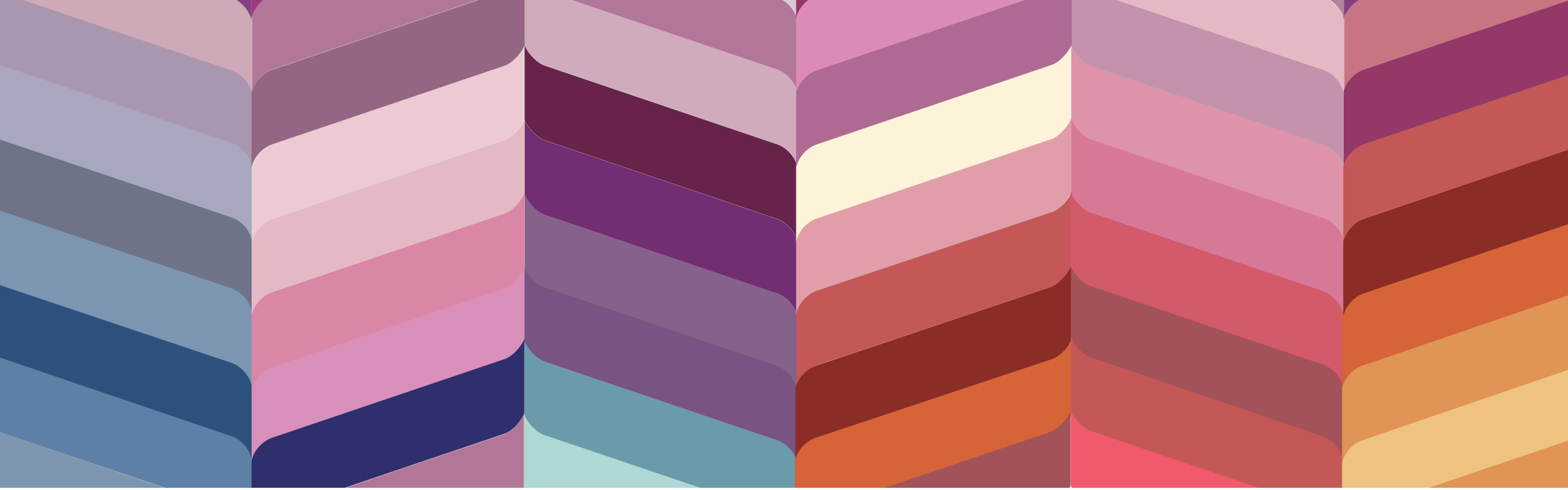
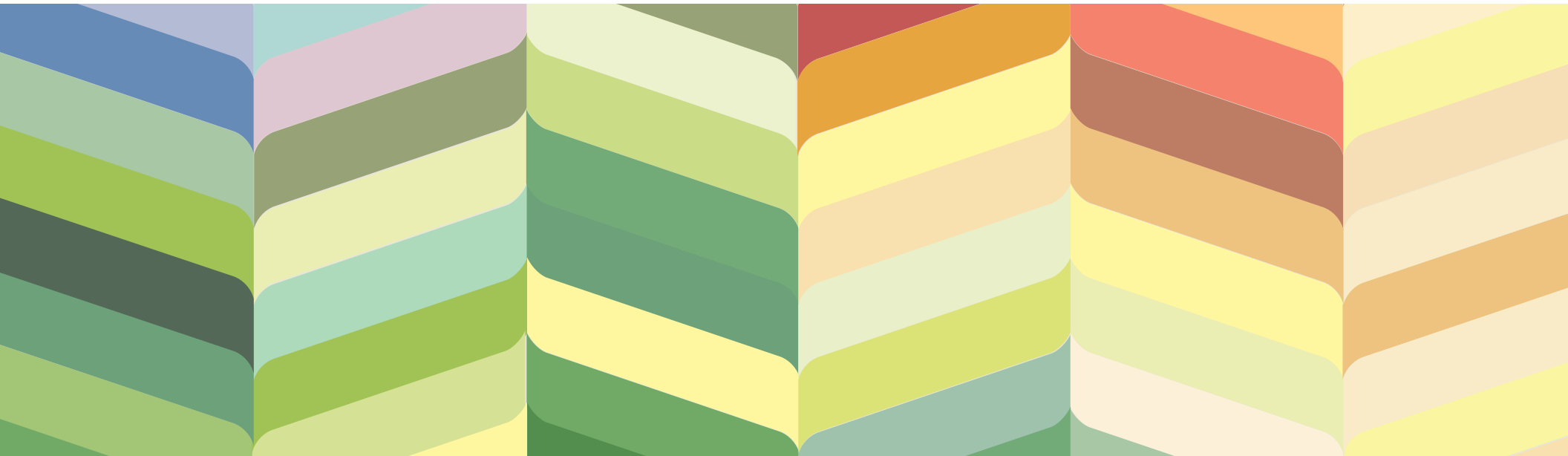


Child Adolescent
HEALTH CENTER PROGRAM

Child and Adolescent Health Centers

2014-2015 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 2015 Child and Adolescent Health Center (CAHC) Program Dashboard. This is one of several collaboratively managed programs 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.

Inside, you will find the annual Michigan CAHC Report Card which summarizes the current status and recent improvements in key clinical performance measures. Additionally, this issue highlights the successes the program has achieved over the past four years since implementing a system to continuously monitor and improve quality metrics among state-funded CAHCs.

Children who are healthier, both physically and emotionally, learn better. The Michigan 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, and 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

n=61 centers reporting in FY15 unless otherwise noted.

MICHIGAN CAHC FY15 REPORT CARD	FY14	TREND FY14 TO FY15	FY15
Unduplicated number of youth age 21 and underserved	30,369	↔	30,434
Number of physical exams provided	12,838	↔	13,489
Number of immunizations provided	26,987	↔	26,337
Percent positive pregnancy tests (median percent positive) (n=57)	6%	↔	7%
Percent positive chlamydia tests (median percent positive) (n=58)	12%	↔	11%
Number enrolled in Medicaid	1,374	↓	858
Percent of clients with a documented comprehensive physical exam	53%	↑	66%
Percent of clients with an up-to-date risk assessment	86%	↔	87%
Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A and the flu	81%	↔	79%
Percent of clients with diagnosis of asthma who have an individualized care plan (action plan) which includes annual medication monitoring	70%	↑	79%
Percent of clients with a BMI at or above 85th percentile who had evidence of counseling for nutrition and physical activity	83%	↑	90%
Percent of clients who smoke/use tobacco who were assisted with cessation	85%	↔	85%
Percent of clients with an up-to-date depression screen	79%	↑	86%
Percent of positive chlamydia treated on-site at CAHC	100%	↔	100%
Percent of centers that reached 90% or more of Projected Performance Output Measure*	54%	↑	65%
Percent of centers that achieved a median score of "0" or higher on final GAS report in all four work plan areas**	79%	↓	56%
Percent of centers that received an "A" or "B" grade at site review	100% (n=9)	↔	100% (n=21)
Percent of centers that reached 90% or better threshold on Asthma Chart Review during site review	100% (n=7)	↔	100% (n=3)
Average number of days for MDHHS to process a site review report	23.5	↔	25

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 "FY15 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 87% or more of their clients have an up-to-date risk assessment, while half report that less than 87% 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.

REPORT CARD KEY

MEASURES AND TRENDS KEY

"FY14" and "FY15" columns:

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

"Trend FY14 to FY15" column:

↑ / ↓	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.
↓	**Movement in an undesired 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.

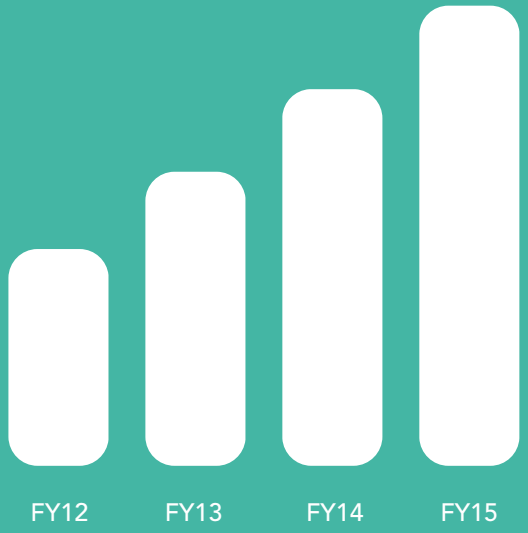
*Projected Performance Output Measure (PPOM) = number of unduplicated clients each health center projects to reach each year.

**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.

THRESHOLDS FOR PREVENTION AND DISEASE CONTROL QUALITY MEASURES		
METRIC	FY15 MEASURE	THRESHOLD
Percent of clients with a documented comprehensive physical exam	66%	Reasonable percentage
Percent of clients with an up-to-date risk assessment	**87%**	90%
Percent of clients with complete immunizations for age, using ACIP recommendations, except for HPV, Hepatitis A and the flu	79%	70%
Percent of clients with diagnosis of asthma who have an individualized care plan (action plan) which includes annual medication monitoring	79%	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	90%	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 with an up-to-date depression screen	**86%**	90%
Percent of positive chlamydia treated on-site at CAHC	100%	90%

Since MDHHS first began using quality as a measurement in CAHCs four years ago, there has been a noticeable increase in performance. MDHHS has offered more frequent and intensive training and technical assistance, in areas measured by quality, to increase provider understanding and comfort level. Nationally, there has been an increased emphasis on measuring quality in health care, resulting in initiatives and incentive programs that have supported these efforts. Providers have also become more familiar with the capabilities of their electronic health records systems and are working closely with their IT departments to track data. The synergy of these factors has led to an increase in performance across the board.

In the past four years, we have seen a...

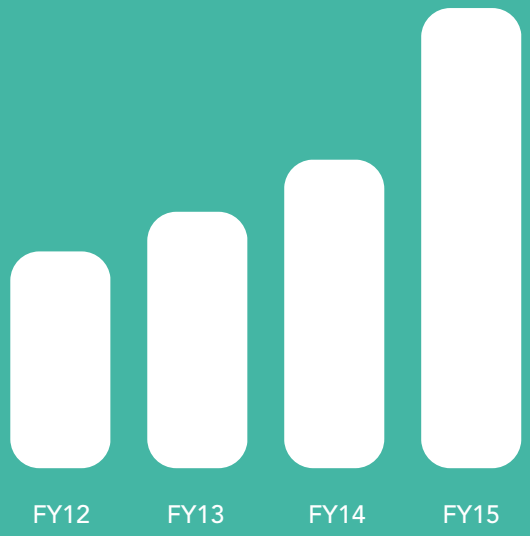


34% increase in clients with an up-to-date risk assessment

A brief risk assessment, administered during a clinical visit, can identify key risk behaviors and open the door to interventions that help youth change behavior and lower risk of future consequences. Through the provision of provider training including online learning modules, CAHC providers have improved their understanding of risk assessment and risk reduction counseling using Motivational Interviewing techniques, leading to a dramatic improvement in the proportion of clients who have received these important services.

35% increase in clients with a high BMI who received counseling for nutrition and physical activity

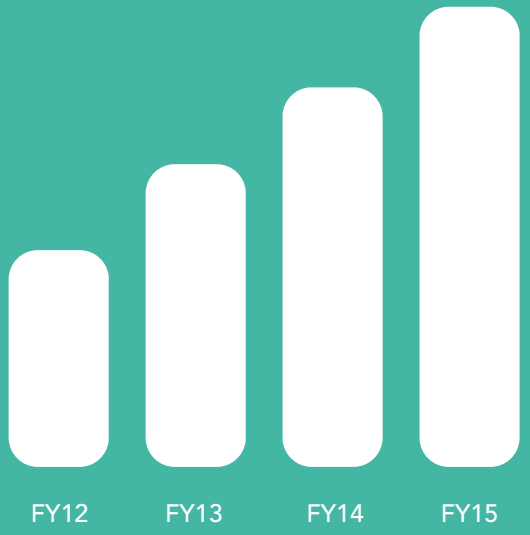
Body Mass Index (BMI) is a measurement used to determine healthy weight in relation to height. Young people who are overweight have a greater risk of being overweight as adults and developing chronic diseases. Restricted physical activity, painful knees and back, bullying, decreased self-esteem and, 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 futures. CAHCs continue to increase their focus on individual counseling, in addition to group interventions, to improve eating and exercise habits among young people, as this remains a major issue among CAHC clients with 31% of clients having an unhealthy weight in FY15.



27% increase in clients who received comprehensive physical exams

14% increase in clients who received immunizations

Preventative services are 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.



32% increase in clients screened for depression

Depression is increasingly common in adolescents. Symptoms of depression 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, enable CAHCs to achieve the best outcomes for clients in a timelier manner, without fragmenting care.

Additional Successes

9%↑ INCREASE IN CLIENTS WITH ASTHMA WHO HAVE AN INDIVIDUAL CARE PLAN

An individual asthma care plan helps youth, their parents, and those in the school manage asthma flare-ups including asthma emergencies. In addition to developing asthma care plans and co-managing asthma care with primary care providers (or managing asthma care for those who don't have a primary care provider), half of state-funded CAHCs now offer spirometry testing. This testing is considered the gold standard of asthma diagnosis and assessment, but yet is not often available to youth with asthma. Results of this testing assist CAHC providers in developing the best possible care plan for young people with asthma.

MAINTAINED 85% RATE IN CLIENTS WHO SMOKE/USE TOBACCO WHO WERE ASSISTED WITH CESSATION

While a small percentage (6%) of CAHC clients report current smoking or other tobacco use, early tobacco use causes both short- and long-term consequences in young people. Youth who smoke regularly are more likely to continue to smoke into adulthood, increasing their risk of developing chronic diseases later in life including heart disease, stroke and cancer. CAHCs offer support in the form of individual cessation counseling in addition to group interventions. Substance abuse prevention education is also offered in an effort to eliminate smoking and tobacco use among young people.

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 DIAGNOSIS

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

46%

The most frequent primary diagnosis (28 of 61 centers)

MOST FREQUENT MEDICAL PROBLEM DIAGNOSES

The most frequent medical problem diagnosis across health centers was asthma followed by acute respiratory infection and headache. 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%
Asthma (13 of 61 centers)

13%
Acute Respiratory Infection (8 of 61 centers)

11%
Headache (17 of 61 centers)

MOST FREQUENT MENTAL HEALTH PROBLEM DIAGNOSES

The most frequent mental health problem diagnoses across the 61 CAHCs that provided mental health services were adjustment disorders followed by depressive disorders.

33%
Adjustment Disorders (20 of 61 centers)

20%
Depressive Disorders (12 of 61 centers)

Sharing Our Stories

While there is much to be said about the number of young people served, the number of services provided, and the improvement in quality performance metrics that show the CAHC program provides quality care, numbers really are only part of the picture.

The CAHC program served over 30,000 clients in FY15; and behind each one of those "numbers" is a child or adolescent who has a story. While CAHCs are open to any student in the school or community in which they are located, they frequently serve the most vulnerable, at-risk youth who are often lacking resources, support or both. CAHCs provide direct services and collaborate with schools and a mix of local providers and organizations to help young people get the care and services they need. CAHC providers spend quality time with their clients so they don't just provide a "routine" office visit; they also assess risk, educate on healthier behavior, listen to their clients' stories, and go above and beyond routine care to help change those stories for the better. This "above and beyond" care comes from provider-client relationships that are forged by spending time with clients in a youth-friendly health care environment, and is the heart and soul of the CAHC program.

The following anecdotal stories are examples of what CAHC providers encounter on a daily basis. Fictitious names have been used and some details have been omitted to protect the confidentiality of the young people whose stories are shared here.

"Mercedes" had been suffering with uncontrolled asthma and had been visiting the health center for a few years. The status of Mercedes' asthma had been documented in her medical record, including noncompliance with medication and denial regarding the severity of her condition, despite losing a parent to an asthma attack some years ago. She had been referred to a specialist many times but never followed through with the appointment.

By last winter, Mercedes had visited the health center three times with asthma exacerbations and other symptoms. She came to the health center one morning complaining of shortness of breath and wheezing. The provider administered a breathing treatment and the two talked about Mercedes' medication regimen. Mercedes admitted she was not taking her medication regularly, as prescribed, because she felt she "was fine." Over the course of a few weeks, Mercedes visited the health center again with similar symptoms and continued to decline referrals to a specialist. The third time she came to the health center, she was in acute distress and was very anxious. The provider evaluated Mercedes and determined she may have pneumonia. The provider administered another breathing treatment and talked with Mercedes the entire time to help calm her. However, the breathing treatment did not help and Mercedes was advised to go to the emergency room.

Two weeks later, Mercedes returned to the health center to inform the provider that she had been admitted to the hospital with severe pneumonia. Mercedes was very thankful to the health center staff for urging her to go to the emergency room and for all they had done for her. One month later, Mercedes stopped by to tell the provider that she had finally seen an asthma specialist and had not had any asthma symptoms in weeks. Mercedes also said she couldn't remember a time in her life when she was without asthma symptoms. Months later, Mercedes still has not been seen for an asthma-related concern and continues to check in with the health center staff to let them know she is in good health.

"Sara" was referred to the health center after a school safety officer encouraged her to seek guidance for her depression, anxiety and anger issues. Sara began going to the health center weekly, opening up at each visit about concerns over peer relationships, rumors spreading at school and her mother's health. These concerns wore on her over the course of the school year and she began struggling academically and socially. Sara had contemplated suicide.

The health center's social worker made a safety plan with Sara and discussed options for care including medication intervention, day programs and hospitalization. Therapy offered a source of support for Sara; a safe place where she could talk about the stressors in her life.

One month after Sara began counseling, she came to the health center in tears, hysterical and in obvious distress. She was now seriously considering suicide. The social worker listened and supported her, and encouraged Sara to call her mother to share what was happening. Sara resisted because she felt her mother wouldn't understand. However, with the social worker's help, a phone call was made to Sara's mother who showed concern, thoughtfulness and love for her daughter. The health center referred Sara for a psychiatric evaluation, but Sara's mother had no means of transportation.

The social worker went to the school office and, with the help of the principal, found funds that were used for cab fare to get Sara and her mother to an appointment for psychiatric evaluation. Later in the week, Sara visited the health center to let them know the evaluation was a positive experience and she was getting medication to help improve her functioning and mood. She also felt her mother listened to her and understood, after all. The social worker thanked Sara for trusting her and encouraged her to reach out if she needed anything more.

"Hasan" was referred to a health counselor at the health center because of behavioral issues he was exhibiting at school. The therapist conducted a classroom observation and created a behavioral plan to assist Hasan throughout the day. If Hasan needed "cool-down" time during the day, he visited the health center. After sessions at the health center, Hasan was able to return to class.

After working with Hasan, a staff member noticed that in addition to Hasan's behavior he was also experiencing academic challenges. Hasan was referred for further assistance outside of the health center and was eventually placed on a half-day schedule because it was difficult for him to focus in the afternoon.

It was later learned that Hasan came from a broken family that had a history of abuse. Hasan's father fought and won custody of him. With help from the health center, Hasan's father completed an application for Medicaid to cover the costs of health services for his family. The staff assisted Hasan's father with his resume and helped him find job referrals. As a result, Hasan's father received permanent employment and was able to better support Hasan in and out of school.

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)
Brightmoor Health Center (Wayne)
Cardinal Health Center (Presque Isle)
Cedar Springs High School (Kent)
Central/Durfee SBHC (Wayne)
Cheboygan Health Care 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 Clinic (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 Teen 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 School 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 Teen 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)
Home Health Center (Emmet)
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 Clinic (Wayne)

SCHOOL WELLNESS PROGRAM NETWORK SITES

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

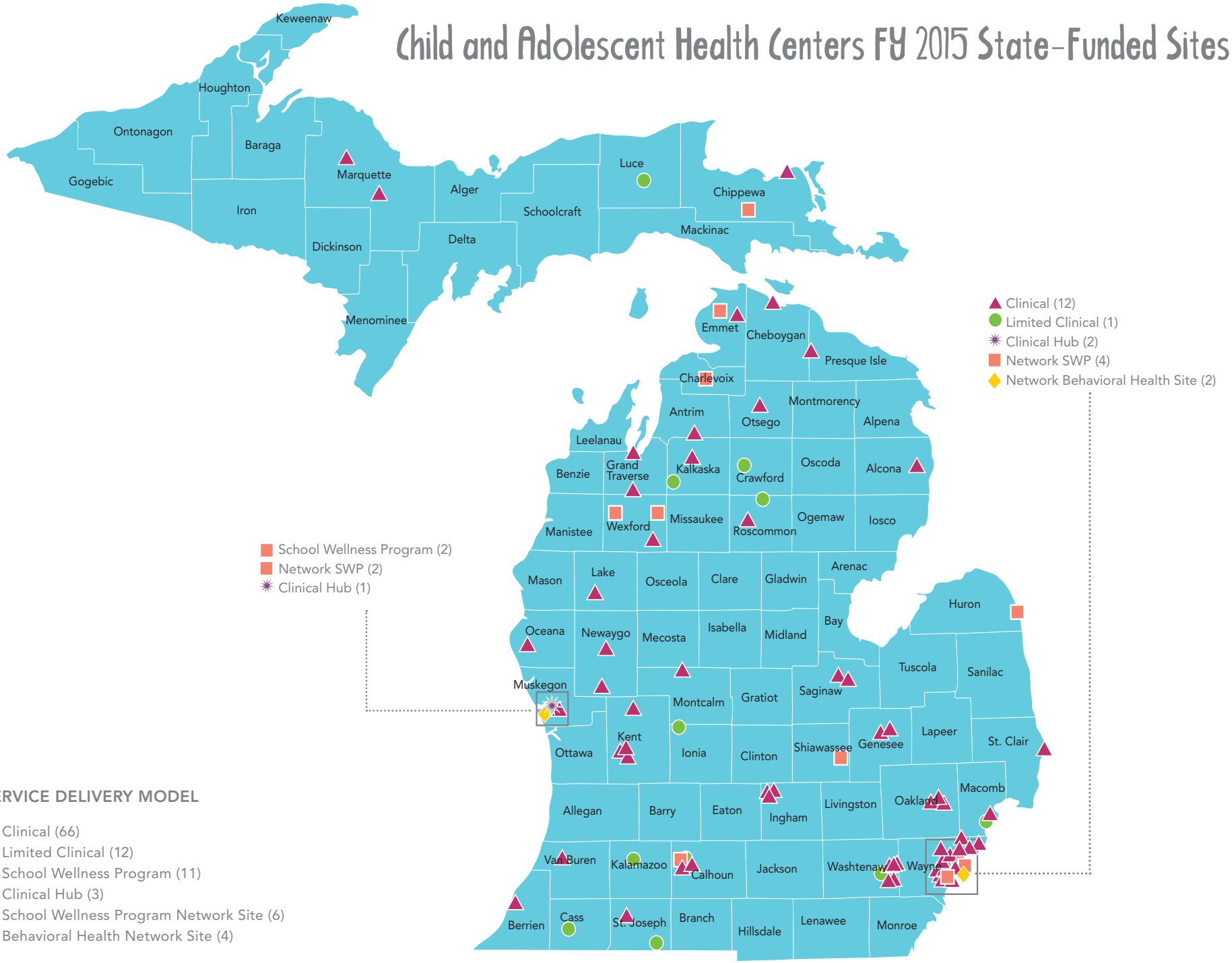
BEHAVIORAL HEALTH NETWORK SITES

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

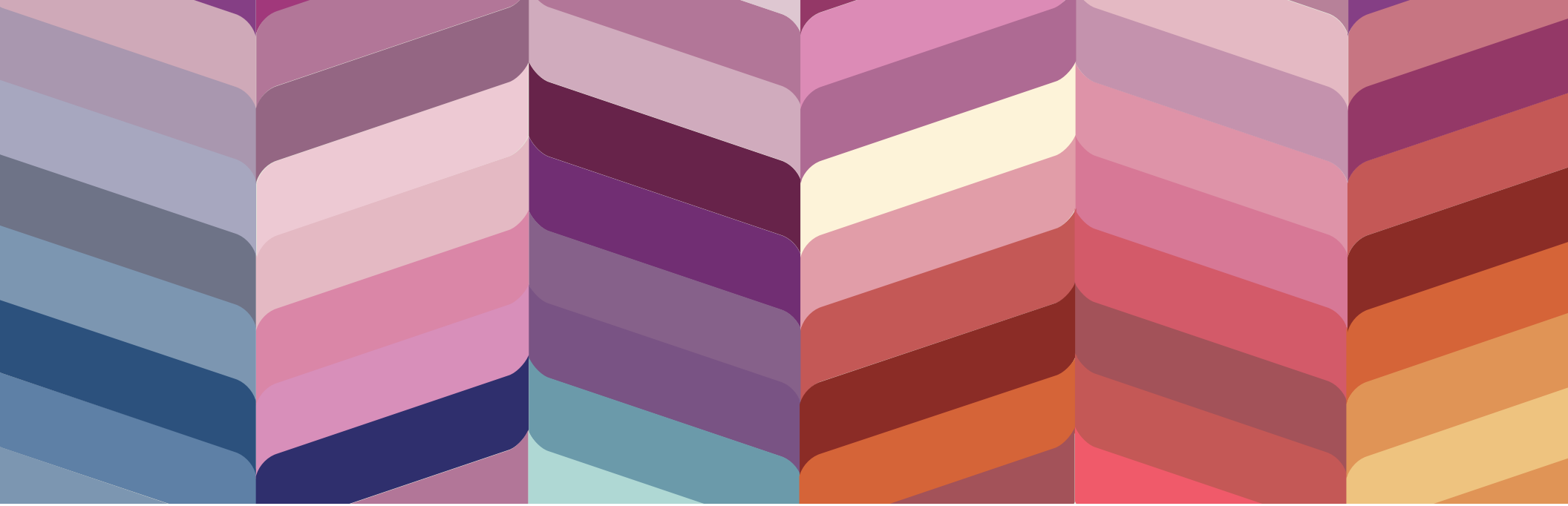
For questions about the CAHC Program,
please contact Taggert Doll, CAHC Program Coordinator,
at 517-335-9720 or via email at dollt@michigan.gov.

Child and Adolescent Health Centers FY 2015 State-Funded Sites



SERVICE DELIVERY MODEL

- Clinical (66)
- Limited Clinical (12)
- School Wellness Program (11)
- Clinical Hub (3)
- School Wellness Program Network Site (6)
- Behavioral Health Network Site (4)



MDHHS
Michigan Department of Health & Human Services
RICK SNYDER, GOVERNOR | NICK LYON, DIRECTOR

MICHIGAN Department of Education