

**Child and Adolescent Health Centers Program (CAHC)
Clinical Services Overview**
Content Relevant to: CAHC Clinical and Alternative Clinical Models

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CHILD AND ADOLESCENT HEALTH CENTER PROGRAM

Clinical Services Overview

Introduction

Welcome to the Child and Adolescent Health Center (CAHC) Program! We are excited to have you as an integral part of our ever-growing program, which is positively impacting the medical and mental health of school-aged youth (ages 5 to 21) across the state of Michigan. The Michigan Department of Health and Human Services (MDHHS) and the Michigan Department of Education (MDE) embrace the notion that "healthy kids learn better". MDHHS and MDE collaborated to establish the CAHC Program with the aim of increasing access to health care for Michigan's children, teens, and young adults.

This document provides a brief overview of the CAHC Program's key components with a clinical provider point-of-view. All materials related to this CAHC Clinical Services Overview are located on the CAHC website (<http://www.michigan.gov/cahc>). In addition to this document and our website, learning and training opportunities for clinicians occur throughout the year.

CAHC Models and School-Based Services

The CAHC Program operates different model types throughout the state to promote the health of children, adolescents, and their families by providing important primary, preventative, and early intervention health care services. All models aim to achieve the best possible physical, intellectual, and emotional health of children and adolescents by providing services that are high quality, accessible, and acceptable to youth.

The CAHC Program has three main models of service delivery: Clinical, School Wellness, and Expanding, Enhancing Emotional Health (E3).

- **Clinical Model** sites, sometimes referred to as CAHCs, operate year-round either five days/week (full clinical; minimum 30 hours of primary care provider clinical time/week) or three days per week (alternative clinical; minimum 24 hours of primary care provider clinical time/week). The majority of full clinical sites are in school buildings, called School-Based Health Centers (SBHCs), while others are in freestanding sites near one or several schools within a geographic area and referred to as School-Linked Health Centers (SLHCs). All clinical model sites provide comprehensive primary health care by a licensed provider (DO, MD, NP, PA). These sites also provide behavioral health care by a licensed mental health provider. Full time (or full time equivalent) mental health counseling and/or services must be provided five days/week for the full clinical model and 24 hours/week over at least three days/week for the alternative clinical model.
- **School Wellness Model (SWP)** sites pair a Registered Nurse (RN) with a licensed mental health provider to provide clinical services, referrals, and health education. The SWP model includes health assessments, care management, and health education services provided by the RN (under the guidance of a licensed physician), as well as full-time behavioral health care by the mental health provider. SWPs are in school buildings and operate during the school year.
- **Enhancing, Expanding Emotional Health (E3)** model provides full-time behavioral health services in school buildings by a licensed mental health provider.

To learn more about CAHC services and to see a [Health Centers Map](#) of the sites around Michigan, go to our website under the [CAHC Overview](#) tab under "Interested in learning more about our program?"

Your MDHHS CAHC Team

Your MDHHS CAHC team consists of site consultants and specialist consultants (clinical, mental health, and school nursing), as well as the CAHC program coordinator, program manager, and division director. The CAHC team receives input from MDHHS epidemiologist and topic area specialists who provide education and support services for collaborative services (e.g., telehealth, motivational interviewing, HIV training/testing/referrals, etc.).

Site Consultants

Site consultants, sometimes referred to as CAHC administrative consultants, are the first point-of-contact for all site needs regarding our program. Each site is assigned one site consultant who will keep you updated on important program information, discuss successes and challenges for your site, and review quarterly reports and budgets. They provide feedback to your site on a quarterly basis. Overall, think of your site consultant as your site's main CAHC administrative guide for your health center's staff and fiduciary.

Clinical Consultants

Your CAHC clinical consultant team is comprised of advanced practice providers (APPs) and a medical director. Clinical consultants provide feedback to the CAHC team, sites, and clinicians on clinical program requirements and best practice aspects for standards of care (SOC) important to the child and adolescent population. They keep apprised of health care federal and state requirements and monitor changes in Michigan law that may impact practice. Clinical support services also include onsite technical assistance visits, general questions about program and clinical requirements, and professional development. Programmatically, clinical consultants function as clinical reviewers for reports and site reviews. Along with MDHHS epidemiologist and the CAHC team, clinical consultants monitor program data to provide resources and education to health center providers. They foster collaboration with other MDHHS divisions for continuity of services. Overall, the clinical consultants work closely with your assigned site consultant in assisting health centers meet program requirements and support the clinical health center team succeed at your CAHC site.

Mental Health Consultants

Your mental health consultant team is made up of licensed master's prepared mental health providers. Mental health consultants provide guidance to the CAHC team, sites, and practitioners on mental health program requirements and best practice standards of care (SOC) important to the child and adolescent population. They provide feedback to the team on important mental health aspects of adolescent care that may impact the Minimum Program Requirements (MPRs), keep apprised of federal and state requirements on the practice of mental healthcare, and monitor changes in Michigan law that may impact mental health practice. They provide resources and education to health center mental health providers, and work on any special projects that concern mental health (e.g., trauma screening and mental health emergency response plan). Programmatically, mental health consultants function as the mental health reviewer for reports and site reviews. Your site consultant may ask the mental health consultant to assist the health center with mental health processes or with questions arising about mental health care. Overall, the mental health consultants work closely with your assigned site consultant and clinical consultants in assisting health centers meet program requirements and support health center workers at CAHC sites.

Communication

Most communication with your MDHHS CAHC team is accomplished through email and other interactive platforms. The MDHHS CAHC team uses listservs (via GovDelivery) to communicate important information to program fiduciaries, providers, and program sites. Basecamp is also utilized as a platform to share information for special projects.

As a new staff member, as well as when other new staff are hired at your health center, you can add yourselves to any of the appropriate listserv(s), as well as delete outdated information here: [CAHC Subscribe/Unsubscribe](#)

The listserv options are as follows:

- State-funded (administrative program information to all program staff and fiduciaries)
- Clinicians (medical providers; medical directors, physicians, NPs, PAs, RNs, MAs)
- School Wellness Program (SWP staff)
- Mental Health (mental health providers and behavioral health)
- Expanding, Enhancing, Emotional Health (E3)

Core Values

CAHC Core Values

CAHCs fill the need for primary care and mental health care for children and youth, especially for clients needing access to quality health care. CAHCs are located in areas of greatest need in an attempt to address social determinants of health including access to primary care services, insurance status, socio-economic status, and various other demographic determinants that effect health status of children and adolescents. CAHCs have a unique opportunity and location to increase access to primary care physical and mental health services in these populations, thereby reducing risk and assisting in prevention of chronic disease and injury. Regardless of the model type, all CAHCs and providers are expected to uphold a core set of values and principles for service delivery. These values include:

- Youth as key partners
- Parents/caregivers as key partners
- Partnerships with schools
- Broad-based community support
- Needs-driven services
- Quality, comprehensive, and youth accessible services
- Youth empowerment to become educated health care consumers
- Evidence-based health education
- Integrated care among CAHC providers
- Collaborative care with PCPs and community providers
- Linkage to resources beyond the scope of the CAHC Program

Clinical Core Values

The main purpose of the clinical and alternative clinical sites is to provide **comprehensive, primary care** services for youth ages 5-21 years within the context of their family, social/emotional, cultural, physical, and educational environment. These services also include health education, delivery of health programming and support services targeted to needs identified for the community. CAHCs are uniquely positioned to act as a health home for students, as well as to collaborate with existing primary care providers, specialists, social service agencies, behavioral health agencies, community programs and organizations to ensure continuity of care.

Examples of services provided at CAHCs:

- Primary Health Care
- Preventive Care
- Mental Health Care
- Comprehensive Health Assessment
- Vision and Hearing Screening
- Medication
- Immunization
- Acute Illness Treatment
- Co-Management of Chronic Illness
- Health Education
- Medicaid Outreach and Enrollment
- Integrated Care
- Referral for Specialty Care
- Confidential Services allowed under Michigan Law

Roles of CAHC Clinical Providers

As a new provider to a CAHC site, you will provide care in either a school-based or school-linked health center (see descriptions above). In either setting, there are unique opportunities to work alongside a team to utilize best practices in planning your care and interventions to help form long-term relationships with patients and families.

The roles of a CAHC clinical provider are similar across the clinical model types. The primary role is to provide evidenced-based primary care prevention and treatment to youth in the specific school(s) (school-based), nearby school(s) (school-linked), and surrounding community depending on your fiduciary's agreement(s). Preventative health education for students and families is also a crucial role for a CAHC clinical provider. Secondary roles will vary from site to site and may include the following:

- School-wide health promotion including campaigns and classroom presentations
- Education/training for school staff about health issues
- Provision of immediate support services (i.e., snacks, clothing, menstruation kits, etc.)
- Community health education promotion

CAHC clinical providers DO NOT fulfill the following roles for schools:

- Emergency responders to school emergencies
- Isolation room monitors (i.e., epidemic and/or pandemic outbreaks)
- Required school reporting for immunizations and outbreaks
- Sexual health educators for the school population (unless special circumstances apply)
- Drug screeners for school partners
- Behavioral interventionists responding to classroom behavior concerns
- Disciplinarians or administrators
- Providers for school employees (in almost all cases) or adults in the school and/or community
- District required school nurse functions
- Members of the individualized education program (IEP) teams

Key factors for successful CAHC clinical services include clarifying role expectations and collaborating with school staff to determine how to coordinate service delivery. This is especially important for new providers and new sites. However, periodically reviewing roles and referral processes is a valuable tool for ensuring that school staff clearly understand what to expect from and how to access CAHC clinical providers.

Minimum Program Requirements

Minimum Program Requirements (MPRs) are the foundation of guidelines for the CAHC Program. They incorporate core values to promote standards of care for child and adolescent health services. Each CAHC model (clinical, SWP, and behavioral health services) has a unique set of MPRs and must adhere to these requirements, per their contract. **Clinical providers should be familiar with all the minimum program requirements for their specific model.**

The [Clinical MPRs PDF](#) can be found on our website under tab [Program Resources](#) and scroll down to the “Minimum Program Requirements” section.

Policies and Procedures

All CAHC models have policies and procedures (P&Ps) that ensure compliance with MPRs, as well as state and federal laws. P&Ps cover a variety of administrative, medical, and mental health issues. Your fiduciary will have these P&Ps and should provide them during your orientation. Your health center’s P&Ps should be health center specific to the work done in your CAHC or have a separate section reflecting work done by health center providers.

For review of **required** and **best practice** P&Ps, review the resources titled “Required P&P Checklist” and “Best Practice P&P Checklist” on our website under [Program Requirement Resources](#). If you have any questions regarding specific P&Ps required or recommended by the CAHC Program, feel free to contact your CAHC site consultant or clinical consultant.

Reporting Requirements & Program Quality Measures

Each funded site in the CAHC Program submits a quarterly report. The reports provide valuable information to state consultants and administrators about the following:

- Unduplicated user demographics
- Number and types of visits
- Visits by provider type
- Physical health and mental health quality measures
- Financial status reports

Program quality measures are metrics that help evaluate and monitor ongoing efforts of providing services to clients in our health centers. A key component to measuring value of the CAHCs is the use of a core set of standardized measures to demonstrate effectiveness in CAHCs across the state's diverse clinical health centers. Program-wide data collection enables us to demonstrate quality, as well as compliance with national standards. It is important for your entire health center staff, as well as your administrators, billers, and IT department, to be aware of all reporting requirements because multiple staff play a part in service delivery and reporting. The involvement of the whole team ensures data retrieved from the EHR is accurate and specific to each measure.

Quality indicator topics include:

- Up-to-date comprehensive physical exams
- ACIP-recommended immunizations for age
- Up-to-date risk assessment (or anticipatory guidance for elementary-aged children)
- Documented asthma action plans which include annual medication monitoring for clients w/asthma diagnosis
- Evidence of both nutrition and physical activity counseling for clients w/BMI $\geq 85\%$
- Evidence of cessation counseling for clients w/ current tobacco use (includes electronic vapor products)
- Up-to-date depression screening for clients ages 10-21 years
- Documented, appropriate follow-up care for clients age 12 years+ w/depression
- Percent of positive chlamydia tests treated onsite at the health center

For a full list of quality measures with definitions, refer to the document [Quarterly Reporting Elements Definitions](#) found under [Program Resources](#). For further instruction about reporting, review the "CRT in 10 Minutes or Less" Webinar Series (found under [Program Resources](#)). If you have any questions or would like to review any of the resources, you can request to go over them with your site consultant.

Continuous Quality Improvement

All CAHC model types are required to develop and implement a continuous quality improvement (CQI) plan. The purpose of CQI is to identify opportunities to improve the quality of medical and mental health services, as well as to implement improvement processes and monitor their impact. Your site consultant and clinical consultants can work with you to develop your yearly CQI plan, as well as provide feedback at the end of the year. The CQI plan includes at a minimum:

- Practice and record reviews conducted at least semi-annually by an appropriate peer or other staff to determine conformity with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted.
- Conducting a client satisfaction survey at a minimum annually. This may be for the program as a whole or specific to the clinical or mental health provider.
- Completing a needs assessment process at a minimum of every three years to determine the health needs of the population served.
- Identification of a CQI coordinator and regular CQI meetings that include staff of all disciplines. The meetings include discussion of reviews, client satisfaction survey results, and any identified clinical issues.

More information about CQI is available under [Program Resources](#).
([CQI and Peer Review Resource](#) and [Sample Sizes for Surveys Used in Needs Assessments](#))

Focus Areas, EBIs, and Clinical Interventions

Focus Area

A Focus Area is a designated category of common health concerns in child and adolescent health population. Each health center is required to choose at least one Focus Area and complete an Evidence-Based Intervention (EBI) or Clinical Intervention annually. Each year, the CAHC team will provide the focus areas in your site's annual continuation application.

For a list of Focus Areas, see Attachment 2 of the [Clinical MPRs PDF](#), which can be found on our website under [Program Resources](#).

Evidenced-Based Intervention (EBI)

EBIs are practices or programs shown through evaluation to be effective in impacting health outcomes and/or risk behaviors among the population to which the program is delivered. Generally, these programs have been replicated in multiple populations or settings with similar effects. The results of the evaluations are typically published in peer-reviewed journals, reviewed by independent scientific review panels, and are recognized by nationally respected organizations and/or government agencies. EBIs range from clinical interventions to facilitating evidence-based health education curricula and can either be on a population level or a target risk group within the population served.

Clinical Intervention (CI)

A Clinical Intervention is an alternative to selecting an EBI. They are health center generated evidence-based and/or evidence-informed interventions based on needs assessment data that have a clinical or mental health focus. They are often-times carried out in the health center, as opposed to the classroom, and must be reviewed and approved by a Clinical or Mental Health Consultant. If selecting a clinical or mental health CI, all current standards of practice for care and treatment surrounding the topic are assumed part of clinical or mental health services provided via CAHC MPR #2. Therefore, the clinical intervention must include above and beyond components defined as in **addition** to or **far beyond what is required** for clinical individual practice (i.e., higher level of care). It is a creative way to impact the individual broadly (peers, family, school, community, systems) and/or can impact the greater population (e.g., grades, sex, sexual orientation, area of concern/diagnosis, etc.).

Focus Area Work Plan

The Focus Area Work Plan identifies your health center's goals and objectives for the year for your selected EBI or Clinical Intervention in the selected Focus Area. This work plan helps track progress on achievement of both major objectives and implementation of EBIs or CIs. The work plan can help keep you on track with evaluation and with determining if staff, financials, new strategies/interventions should be initiated, or if resources need to be reallocated. This plan is submitted annually with the Non-Competitive Application Process (NCAP), which is the annual process for continued/renewed funding.

Crisis and Emergency Response Plans

The CAHC Program mandates medical emergency response plans for clinical health centers and school wellness programs, as well as recommends mental health crisis response and communication plans for behavioral health providers in all models. The plans should clearly delineate the site's and school's responsibilities for responding to medical and mental health emergencies. Schools maintain primary responsibility for the physical health, mental health, and safety of their students. The CAHC Program's role is to assist school personnel as appropriate. The CAHC Program should not be utilized as the primary provider of emergency medical or mental health services, although they may assist in assessing and stabilizing students in crisis. They may assume a higher degree of responsibility for students who are enrolled as patients in their program.

In addition, sites are encouraged to consider participating in the school's emergency response plan for school-wide crises. Resources are available on the CAHC website that provide guidance and best practice recommendations for meeting these requirements and recommendations.

For additional information, request the following from your CAHC site consultant:
2019 Individual Student Crisis & Emergency Response Plan Guidance
2019 Response to School Wide Crises Best Practice Guidance

Site Review Process and Tools

A site review is a formal review of a site by the MDHHS CAHC state consultants. Site reviews are generally conducted in person by a team of reviewers that includes a site consultant, clinical consultant, and mental health consultant. At times, site reviews may be conducted virtually via video conferencing or other secure online methods. MDHHS consultants conduct site reviews for each CAHC site on a five-year, three-year, or one-year cycle based on a “score” and tier placement from findings.

The purpose of the review is to:

- Assure the agency is meeting or exceeding the MPRs, contract requirements, and providing quality services
- Provide a tier placement that guides subsequent timing of review and technical assistance
- Assist the agency in administering the program to the highest standards
- Review and respond to agency concerns and questions

Each model type has a site review tool that guides the agency in preparing for the site review. The site review tool also assists the reviewers conducting the site review. Each item in the site review tool is assigned a point value. The total score is used to determine tier placement and the frequency of future site reviews. The total score may also be used to determine future funding allocations.

The site review process includes:

- Sending policies and other documents to the reviewers prior to the site visit
- An entrance interview with MDHHS reviewers and agency staff to provide an overview of the site review process
- A tour of the site, including thorough review of all clinic spaces
- Document reviews, chart reviews, and observations of clinic flow
- Interviews with each clinician and team members
- An exit interview to discuss findings
- A written report of findings, required actions, and suggestions for improvement sent after the review
- A written response to the report providing evidence that required actions are completed

Criteria for the clinical component of the site review are generally the same across all the clinical models. The clinical section of the tool includes the following sub-sections:

- Clinical organization (licensing, credentialing, and Medical Director role)
- Continuous quality improvement
- Clinical standards of care for school-based and school-linked health services
- Process for clinical visits (rights and responsibilities, confidentiality, communication, etc.)
- Clinic environment (OSHA, CLIA, DEQ, and emergency response)

The [Site Review Tool PDF](#) can be found on our website under [Program Resources](#). Additional site review guidance and power point presentations for each model can be found on the CAHC website under the specific program model sections.

Networking/Professional Development Opportunities

The CAHC Program provides several opportunities for information sharing, professional development, and networking. Some of the opportunities are available consistently and some are available intermittently. The opportunities include:

- **Annual Meeting**
Each year (usually in the fall) the CAHC Program hosts a meeting for all funded programs. Each site must send at least one person and are encouraged to send as many as possible. The meeting is often co-sponsored with another youth-serving organization and is a time to learn important program updates from state leaders and consultants. It also includes professional development opportunities relevant to school-based and school-linked health and mental health work.
- **Networking**
Periodically meetings are held for specific program models or providers. You will receive information about these opportunities through the email listservs. For example, monthly Clinical Lunch & Learns provide opportunities for clinicians to call in and share ideas with one another, as well as ask questions to the field and/or to the MDHHS CAHC team.
- **Professional Development**
 - Each year, risk assessment training (also known as motivational interviewing training) is offered by Possibilities for Change, LLC. This one-time training is required for all new clinical providers that conduct comprehensive risk assessments with students.
 - A one-time CAHC Program offered minor-consented services training is required for all new clinical providers. NOTE: This is formally known as the CAHC program HIV training. If providers previously completed our program's HIV training, they have met this qualification but are welcome to join as space allows.
 - Grand Rounds with your CAHC Clinical Consultants and CAHC Program Medical Director is offered annually. Grand Rounds is a review of a particular medical topics in the school-based health setting and populations they serve. Every year, the clinicians are surveyed prior to the event to determine the topics.
 - Periodically, the CAHC Program provides other professional opportunities. Some of the trainings provide guidance regarding program requirements and processes. Other trainings provide information about clinical topics and interventions. They are offered either in person or via webinar and announced via the email listservs.

Resources & Forms

The CAHC website (www.michigan.gov/cahc) includes many resources useful to providers and administrators of CAHC programs. Be sure to familiarize yourself with the website and its content.

Resources that are especially relevant for CAHC Clinical Providers are included under the [Program Resources](#) (Laws and Regulars, Return to Services Guidance Documents, and Toolkits).