



## Child and Adolescent Health Centers

2018-2019 DASHBOARD REPORT

MEASURING QUALITY, EFFECTIVENESS AND OUTCOMES



## What we do

The Child and Adolescent Health Center (CAHC) program promotes the health of children, adolescents and families by providing important primary, preventive and early intervention health care services. The Michigan Department of Health and Human Services and Michigan Department of Education CAHC program services are aimed at achieving 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 Child and Adolescent Health Center consists of three models of delivery:

- Clinical Child and Adolescent Health Centers
- School Wellness Programs
- Expanding, Enhancing Emotional Health (E3) models

## Who we help

School-based CAHCs, School Wellness Programs (SWPs) and Expanding, Enhancing Emotional Health (E3) models provide services to **children and youth ages 5-21**.

Clinical school-linked CAHCs are community-based sites located near schools that serve the **child and adolescent population**.

Clinical school-based CAHCs are located on school property and serve the **infants and young children of adolescents**.

## Programs we provide

### Clinical Child and Adolescent Health Centers

82 clinical and alternative clinical centers across Michigan provide developmentally appropriate services to children and youth, including:

- Primary health care
- Mental health counseling
- Preventive care including immunizations
- Vision and hearing screenings
- Treatment of acute illness
- Co-management of chronic illness
- Referral for specialty care
- Health education
- Medical outreach and enrollment

### Expanding, Enhancing Emotional Health (E3) sites

Provide mental health care in individual and group settings. Services fall within the current, recognized scope of mental health practice in Michigan and meet the current, recognized standards of care for children and/or adolescents. They include:

- On-site, comprehensive mental health services (mild to moderate severity of need)
- Referrals, tracking and follow-up

### School Wellness Programs (SWPs)

There are 14 SWPs in Michigan that provide developmentally appropriate services to eligible children and youth, including:

- School nursing services
- Mental health
- Health promotion/disease prevention
- Medicaid outreach and enrollment
- Access to Medicaid preventive services
- Professional development for school staff



# A closer look at 2019

MICHIGAN CAHC FY19 REPORT CARD		FY19	FY18
Services to Children and Adolescents			
Number of unduplicated clients aged 21 and under	36,929	36,025	
Number of physical exams provided (n=77)	17,418	16,531	
Number of immunizations provided (n=77)	27,366	26,066	
Median percent of pregnancy tests that were positive (n=74)	2%	5%	
Median percent of chlamydia tests that were positive (n=75)	10%	7%	
Number of uninsured clients enrolled in Medicaid by the health center	749	809	
Administration and Regulation			
CAHCs reaching 90% or more of Projected Performance Output Measure (PPOM=number of unduplicated users that centers project to reach) (n=72)	74%	78%	
Received an “A” or “B” grade at site review (n=8 in FY19; n=11 in FY18)	100%	82%	
Prevention and Disease Control Quality Measures			
Metric (all values represent the median across CAHCs)	FY19	FY18	Threshold
Percent of clients with an up-to-date, documented comprehensive physical exam, regardless of where exam was provided (n=68)	74%	71%	Reasonable percentage
Percent of clients with an up-to-date risk assessment (n=68)	95%	93%	90%
Percent of clients with complete immunizations for age on date of service, using ACIP recommendations (n=65)	50%	51%	60%
Percent of clients with a diagnosis of asthma who have individualized care plan** (n=68)	96%	96%	100% <sup>†</sup>
Percent of clients with a BMI >85th percentile who have evidence of nutrition and physical activity counseling (n=68)	98%	97%	100% <sup>†</sup>
Percent of clients who are current tobacco users who are assisted with cessation (n=54)	100%	100%	75%
Percent of clients with an up-to-date depression screen (ages 10-21 years) (n=68)	95%	95%	90%
Percent of positive chlamydia test who are treated on-site	100%	100%	90%

n = number of CAHCs reporting in FY 2019 (n=78 if not otherwise indicated), \*\* Action Plan, which includes annual medication monitoring  
† As close to 100% as possible, however this may be difficult to achieve with a higher number of cases, **Red bold font** indicates a measurement below the desired threshold

## Measuring the effectiveness of CAHCs

A key component to measuring value of the CAHCs is the use of a core set of standardized measures to demonstrate effectiveness, efficiency and quality in child and adolescent health care across the state’s diverse clinical health centers. Program-wide data collection enables CAHCs to demonstrate quality as well as compliance with national standards. Statewide results are presented on the Michigan CAHC Report Card (see page at left).

Not all centers had data to report for some metrics (e.g., elementary centers did not conduct pregnancy or chlamydia tests; no clients reported smoking, etc.). Some centers could not report data due to challenges with electronic medical records or other reasons. Centers that were not open for the full year and/or had transition that impacted ability to collect data were not included in reporting metrics, primarily in the Prevention and Disease Control section.

## Expanding mental health services across Michigan

E3 programs and mental health services continue to expand in schools and regions across the state to support mental health in children and youth.

**8 of the 10** Michigan counties with the highest number of youth suicides (ages 10-24 years) have schools with E3 school sites.

**50** new mental health sites in Michigan schools were identified and funded in 47 school districts by June 2019, potentially impacting over 32,000 youth each year.

**100%** of the E3 sites are in high socio-economic need schools, with free and reduced lunch rates of 50% or greater.

**100%** of the E3 sites have mental health providers in place and are providing services to students.

The counties with E3 sites were home to more than **2/3 of youth suicides** (ages 10-24 years) that occurred from 2008-2017.

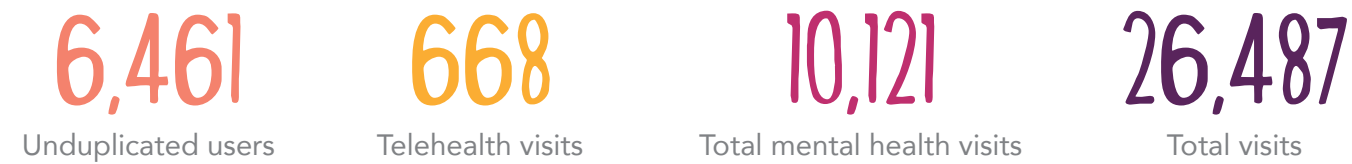
The average youth suicide rate in counties with E3 sites is 10.3 per 100,000 person-years, **13% higher** than the state average of 9.1 per 100,000 person-years.





# School Wellness Programs (SWPs) by the numbers

From October 2018 through September 2019, School Wellness Programs reached:

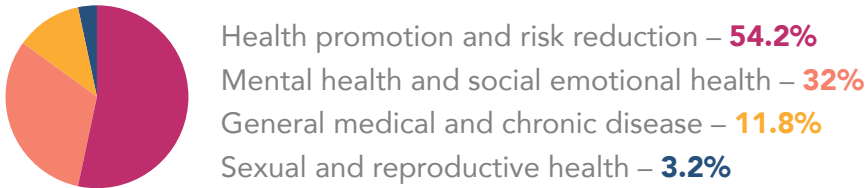


## Medicaid outreach

In fiscal year 2019, 111,146 materials containing information about the Medicaid program were distributed by SWP sites. Outreach activities included informing eligible or potentially eligible individuals about Medicaid, explaining how to access Medicaid services, and describing the services covered under a Medicaid program.

## Health education

SWP staff provide health education in group and classroom settings. This helps build relationships with teachers, administrators and students in the school and promotes SWP services. In fiscal year 2019, SWP sites reached 22,288 participants with group health education sessions in:



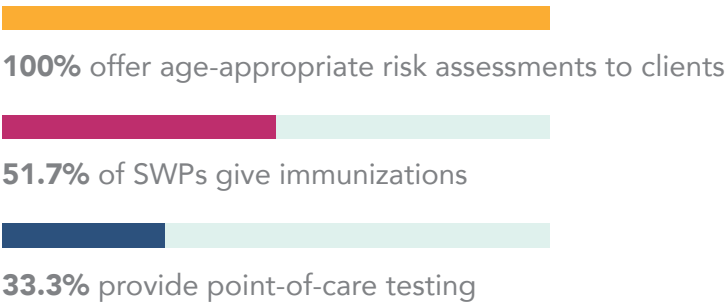
## Chronic disease case management plans

Ensuring that clients with chronic care conditions have case management plans in place is vitally important in caring for students while in school. It's also a useful tool to assist SWP staff in teaching clients how to live with conditions.

50% of SWPs had case management plans in place for 90% of patients.

## Additional services provided by SWPs

SWPs offer a variety of specialty services:



## Value for public health

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.



## Mental health codes

The most frequently reported mental health diagnoses codes fall into the broader categories of trauma and stress-related disorders (such as adjustment disorders and post-traumatic stress syndrome); followed by depression and anxiety.

## Primary diagnosis codes

The most frequently reported primary diagnoses codes fell into the categories of: preventive services (such as well-child exams and immunizations), depression and weight management (such as diagnoses of overweight and obesity, and weight management counseling).

It is important to recognize that when all primary diagnoses are combined, they represent the second largest set of frequently reported codes behind preventive services. This is a testament to both the growing need of mental health services among young people, and their ability to access care for those needs in school-based health care settings.

Note: These codes are reported by clinical models only.

## Medical problem codes

The most frequently reported medical problem diagnoses codes fell into the categories of: minor acute conditions (ranging from pharyngitis and strep throat to rash and headache), and chronic conditions (such as asthma, allergies and diabetes).

Note: These codes are reported by clinical models only.

