



Michigan Child and Adolescent Health Center FY19 Report Card

SERVICES TO CHILDREN AND ADOLESCENTS		
METRIC	FY 2019	FY 2018
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 uninsured clients enrolled in Medicaid by the health center	749	809
ADMINISTRATION & 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)	FY 2019	FY 2018	Threshold
Percent of clients with:			
An up-to-date, documented comprehensive physical exam, regardless of where exam provided (n=68)	74%	71%	Reasonable Percentage
An up-to-date risk assessment (n=68)	95%	93%	90%
Complete immunizations for age on date of service, using ACIP recommendations (n=65)	50%	51%	60%
A diagnosis of asthma who have individualized care plan** (n=68)	96%	96%	100%†
A BMI ≥85th percentile who have evidence of nutrition and physical activity counseling (n=68)	98%	97%	100%†
Current tobacco use who are assisted with cessation (n=54)	100%	100%	75%
An up-to-date depression screen (ages 10-21 years) (n=68)	95%	95%	90%
A positive chlamydia test who are treated onsite (n=62)	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

CHILD & ADOLESCENT HEALTH CENTER

FY19 REPORT CARD

Child and Adolescent Health Centers (CAHCs) promote 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.

SERVICES PROVIDED INCLUDE:

- Primary Health Care
- Mental Health Counseling
- Preventive Care including Immunizations
- Vision and Hearing Screening
- Treatment of Acute Illness
- Co-management of Chronic Illness
- Referral for Specialty Care
- Health Education
- Medicaid Outreach and Enrollment

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 opposite page).

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.

YOU SHOULD ALSO KNOW:



A new **mental health quality measure** has been developed and is now being tracked by all state-funded CAHCs. Centers will report

the percentage of youth ages 12 and up with a diagnosis of depression who receive treatment at the CAHC and who have documented, appropriate follow-up.

Elements of appropriate follow-up include:

- psycho-social assessment completed by third visit (includes suicide risk assessment and safety plan)
- treatment plan developed by third visit
- treatment plan reviewed every 90 days
- screener re-administered at appropriate interval to determine change in score