



Transforming Adolescent Health Care Delivery in the State of Michigan

A Review of Seven Grant-Funded Demonstration Projects Transforming Care for Medically Underserved Children and Adolescents | *Michigan Departments of Community Health and Education*

Provision of accessible and appropriate medical and mental health care for underserved children and youth remains a critical gap-in-care in the US healthcare system. The Michigan Departments of Community Health and Education have undertaken a critical initiative to address this disparity in care, funding a three year multi-million dollar project to partner with organizations proposing innovative and transformative approaches in the delivery of health care to these populations.

Underserved adolescent populations have unique needs – including health and behavior risks, environmental challenges, and mental health issues. Access to early prevention and intervention services has been shown to mitigate risks typically experienced in adolescence and adulthood. To address these multi-faceted needs, four key priorities were identified as areas of focus, and funded organizations were asked to address one or more of these areas in their transformational approach to health care delivery:

1. Improving access to primary healthcare (may include physical and behavioral health) including integration with Patient Centered Medical Homes
2. Improving clinical health outcomes
3. Decreasing health disparities by reducing the burden of chronic disease
4. Integration of primary care & public health (primary prevention)

In addition, preference was given to organizations who:

- Employed a holistic, or “whole teen” approach
- Applied a sustainable, replicable framework for practice change
- Utilized information technology to engage youth, improve provision of care, and/or save time and cost

In order to ensure that care and services are developmentally appropriate, organizations were asked to focus on transformational models of healthcare delivery with a primary focus of either younger children (5-11) or adolescents (12-21) in geographic areas where health care services require enhancement or do not currently exist. Meaningful parental and youth engagement were also a requirement for the projects.

From this criteria, seven leading organizations were selected across the state of Michigan, including:

- *Cherry Street Health Services*
- *Community Health Center of Branch County*
- *Health Department of Northwest Michigan*
- *Henry Ford Health System*
- *Starfish Family Services*
- *University of Michigan, Adolescent Health Initiative*
- *Western Michigan University Children’s Trauma Assessment Center*

From initiatives designed to develop, implement and test the broad utility of new health care delivery models – to unique applications of technology to improve individual care and population management – each of these transformational demonstration projects have one common focus:

The identification of needs, and integration of comprehensive and holistic care – designed especially for unique populations of underserved adolescents.

This paper provides an overview of the seven funded transformational projects. Annual updates will be published to share the challenges, successes and best practices to be gained from these transformational models.

For purposes of review, the projects were categorized into three overarching categories:

1. Transforming Care by Improving Youth Expertise and Focus
2. Transforming Care by Increasing Access
3. Transforming Care by Improving Mental Health

Transforming Care by Improving Youth Experience and Enhancing Site Expertise

When youth are asked how they experience health care, they cite a number of gaps and concerns, including health care providers not spending enough time to get to know them; confidentiality protections not being ensured; a focus on their problems rather than on their strengths; unappealing office space with little relevant information or support; and minimal opportunity for engaging with providers or giving feedback. As a result, many youth simply drop out of the health system, foregoing the care they need. These transformational models are designed to address and mitigate this critical gap-in-care.

Creating the Ideal Adolescent-Centered Medical Home for Underserved Youth | *Cherry Street Health Services, Kent County MI*

Project Objective: Cherry Street Health Services, a Federally-Qualified Health Center (FQHC), seeks to develop a child and adolescent-centered medical home model that integrates an interdisciplinary team of care providers, age-specific evidence-based care guidelines, new care pathways/workflow and innovative technologies to successfully:

- Integrate behavioral and physical health care
- Improve clinical outcomes
- Decrease disparities in chronic disease

Overview: This project seeks to adapt successful patient-centered medical home (PCMH) models, including the Durham Clinic Adult Model and Wagner’s Chronic Care Model, for underserved pediatric and adolescent populations. Additionally, this project is participating in a national initiative to operationalize an adolescent focused PCMH model created by leading adolescent experts to improve adolescent health. Utilizing a team approach, primary care physicians, health coaches, and clinical staff will work together to develop a holistic, integrated, and specialized approach to pediatric and adolescent care that is effective within an FQHC setting – and one that could be expanded into traditional pediatric

and primary care settings. Integration of behavioral and mental health is a key component of a successful care model – and will be a primary focus of this initiative.

The project will seek to engage the unique needs of pediatric and adolescent patients with the implementation of age-appropriate assessments, bilingual/bicultural care delivery, and use of technology for education and communication (including Facebook, email, iPads and text messaging). Care pathways that detail the integrated workflow, referral and follow-up process will be developed for key chronic conditions contributing most to the burden of disease within underserved youth populations, including: obesity, asthma, ADHD and mental health issues. Innovative technologies will be leveraged to support these pathways including the Abriiz Asthma App, SpiroPerfect, and Fit Kids App.

Pilot Process and Area Served: The project will be piloted within a Cherry Street Health Services FQHC Pediatric Office in Year 1 with the goal of expanding the program into additional Cherry Street offices in Years 2 and 3.

Certifying “Champions” to Improve Adolescent Care at Pediatric and Family Medicine Practices | University of Michigan Adolescent Health Initiative, Washtenaw County MI

Project Objective: This initiative seeks to improve the existing health care system in which most adolescents receive medical services: pediatric and family medicine offices. Physicians within these primary care offices will be trained and certified as “Adolescent Champions” and will lead the organizational, cultural, and service delivery changes necessary for each practice to improve adolescent care.

Overview: This model includes the development of both a curriculum for training and certifying the Adolescent Champions, and a toolkit to support their post-training work in transforming clinical care within their primary care settings. The Adolescent Champion Certification Framework includes twenty hours of adolescent health continuing education, including topics such as: effective interviewing techniques, confidentiality, working with LGBT youth, culturally-appropriate care, and implementing organizational change. The curriculum will also include a unique module developed and led by youth themselves.

Once-trained, the Adolescent Champions will initiate the care transformation process with an *Adolescent-Friendly Environment Assessment*. This AHI-developed survey tool is designed to capture a baseline understanding of knowledge of adolescent health within the practice and to identify potential gaps in current care delivery for adolescents. Using the findings from this assessment, Adolescent Champions will implement appropriate changes to policies, procedures, and work flow and will facilitate trainings for clinic staff using materials and resources provided as part of the AHI toolkit (covering topics such as confidentiality and minor consent, standards of care, and parent engagement).

Pilot Process and Area Served: The project will be piloted in Year 1 within two pediatric and two family practice offices within the University of Michigan Health System (UMHS) and will expand into additional practices within the UMHS primary health care centers in Year 2 – with a goal of expanding the program beyond the University of Michigan in Year 3.

Transforming Care by Increasing Access

Both urban and rural areas present unique challenges to accessing quality medical and mental health care. In addition, underserved youth face a further set of barriers and challenges. Financial barriers impact not only payment for care but ability to reach care (e.g., transportation) and access recommended treatments. Lack of knowledge or understanding of the health care system (or “system factors”) and treatment options on the part of youth and/or their caregiver can also significantly impact access, as well as barriers resulting from cultural differences, language, and health literacy. The following transformational projects were designed to address these challenges utilizing an innovative approach to both technology and human resources.

Increasing Access to Care in Schools through Mobile Health Units, Technology and Dedicated Onsite Nursing | *Children’s Health Project of Detroit, Henry Ford Health System, Wayne County MI*

Project Objective: This project proposes to utilize existing mobile primary care units in conjunction with placement of a full-time registered nurse at school sites to significantly improve access to care and subsequent outcomes.

Overview: This project will expand on the success of the existing mobile health units provided through the Children’s Health Project of Detroit by placing an onsite nurse within the school building to act as a point of coordination and continuity of care. The placement of a full-time, dedicated nurse within a school setting is designed to reach beyond simple scheduling management and allow the nurse to become a part of the school family. The nurse will attend school meetings and maintain a visible profile to build a rapport with students, promote trust, and increase willingness to seek treatment. The nurse will facilitate parent and youth health advisory boards to assist in developing healthier school policies and culture.

In addition the dedicated nurse will increase integration of service and continuity of care by managing referrals, tracking care and providing (between mobile visits) health education and care management. Transportation to the mobile units will be available to students when necessary on days the mobile units are at another school. Standing orders will be utilized to allow the RNs to provide minor illness and injury care on days without onsite access to the mobile health unit. Technology (iPhones) will be utilized to provide immediate access to the patient chart, as well as communication between the RN and the mobile unit care team (physician and nurse practitioner), and the patient with video, and photo capability.

Pilot Process and Area Served: This project will be piloted with three registered nurses being placed in 3 elementary/middle and high schools within the City of Detroit.

Increasing Access to Care in Rural Schools through Technology and Innovative Staff Design | *Community Health Center of Branch County, Branch County MI*

Project Objective: This project proposes to leverage technology (telemedicine and Electronic Health Record systems) in concert with an alternative staff design to deliver enhanced care to students in rural schools.

Overview: This project will deliver a combination of live care – with a registered nurse providing on-site services across multiple rural schools, and telemedicine link with a nurse practitioner who will provide and coordinate care between the onsite nurse and physicians at a local community pediatric practice. State-of-the art tele-health equipment will be employed to link the onsite nurse and students with the nurse practitioner in the pediatric office. An EHR system will also be used to enhance collaboration, work flow and data collection.

This initiative will provide care to students who were previously unable to access services. In addition, this project will demonstrate a model with an expanded scope of RN-provided services. By combining this alternative staffing model with the latest in tele-health technology, this project seeks to develop a successful and affordable model of mobile-health delivery that can be successfully replicated across underserved, remote communities.

Pilot Process and Area Served: This project will be piloted with two registered nurses being placed in 2 middle/high schools within Branch County – with a goal of expanding the program to an additional school in Year 2. This project will involve collaboration between the community hospital, school district, pediatric practice and health department.

Transforming Care by Improving Mental Health

There is growing evidence that a significant percentage of youth experience poor social-emotional health, often resulting in challenging behaviors. Children and adolescents lacking in social, emotional and behavioral health are at high risk for experiencing a number of short-and long-term problems. If left untreated, these same youth are more likely to experience adolescent delinquency, gang involvement, incarceration, and substance abuse. The following projects seek to integrate the provision of medical and behavioral health care – with a goal of improving effectiveness of care and overall outcomes and quality of life for underserved youth.

Integrating Primary Physical and Behavioral Health Care at School Based Health Centers | *Health Department of Northwest Michigan*

Project Objective: This project proposes to re-engineer service delivery at two School Based Health Centers (SBHCs) by transitioning the existing co-located provision of primary care and behavioral health services at the SBHCs into a fully integrated model of clinical care and by implementing a Pathways Community HUB to improve linkages with community resources.

Overview: This project will employ a multi-pronged approach to integrate physical and behavioral health care, increase access to behavioral health services and improve behavioral health outcomes. Information technology will be used for communicating with students and providing health education/messaging with the goal of empowering youth to take a more active role in their health. In addition, Electronic Health Records (EHR) will be used to provide timely access to health information, improve care coordination with primary care providers, and encourage adoption of “meaningful use” standards.

A successfully implemented Pathways Community HUB model will improve linkages and collaboration with patient centered medical homes and community resources; improve the system by which at-risk

adolescents within a community are identified and connected to appropriate health care and social services; and improve data collection/access to data and outcomes reporting – which will be utilized to identify population needs and further improve care delivery. Enhanced quality, efficiency and coordination of services are the ultimate goals of this project.

Pilot Process and Area Served: This project will be implemented at SBHCs at the Hornet Health Center in Pellston (Emmet County) MI, and Ironmen Health Center in Mancelona (Antrim County) MI, in collaboration with primary care providers, community agencies and the Health Department of Northwest Michigan.

Creating a Resource Center to Support Primary Care Providers in Integrating Care | *Starfish Family Services*

Project Objective: This initiative seeks to create an Office of Integrated Health Care to assist pediatric, family medicine and school-based health centers who have an interest in integrating physical and behavioral care – but lack the necessary resources and/or the expertise.

Overview: The Office of Integrated Health Care will provide each qualifying primary care office with a Behavioral Health Consultant who will provide direct services to patients. They will also act as a subject matter expert, leading the provider office in implementing an integrated care approach. The Behavioral Health Consultants will follow the “Integrated Health Care Implementation Model” developed at Starfish. A concept paper can be found at this link: http://www.integration.samhsa.gov/integrated-care-models/2012_Wayne_County_Peds_Four_Quad_Integration_Concept_Paper.pdf. This model provides the information and resources needed to transform a non-integrated practice. Topics covered include: how to implement screenings, how to adjust workflow, physical health/behavioral health culture, job descriptions, presentations, brochures and educational materials for both the practice staff as well as the Behavioral Health Consultants.

Pilot Process and Area Served: The project will be piloted with primary care offices and school-based health centers (SBHCs) primarily in Wayne County, MI. The project will be piloted in Year 1 within two SBHCs and two primary care offices and will expand into additional practices in Years 2 and 3.

Improving School-performance With a Trauma Identification and Treatment Model | *Western Michigan University Children’s Trauma Assessment Center*

Project Objective: A high percentage of at-risk students struggling with affect regulation issues or classroom behavior issues suffer from significant traumatic stress that impacts not only their school performance but also their overall health. This project seeks to develop successful primary care and school-based models for trauma screening and subsequent treatment for identified students.

Overview: This project will employ a variety of evidence-based care tools and techniques – as well as an innovative collaboration between academic leaders and community clinicians. Students will be screened for traumatic stress using an adapted comprehensive trauma assessment based on the tool in use, and

developed, by the Western Michigan University Children's Trauma Assessment Center. Treatment for identified students will occur through individual therapy and Traumatic Affect Regulation Group Education and Therapy – or "TARGET" Groups. These groups meet weekly for a course of 10 weeks for 40-45 minutes to provide students and teaching staff with strategies to improve affect regulation across settings – while dealing with the traumatic events in their lives.

The TARGET methodology is being piloted with a small group (45-50) of high-risk middle and high school students in concert with oversight and training from clinical and mental health professionals. Future expansion of the project will include additional sites for the screening and TARGET process, professional development training for teachers within high-risk school districts, and development of a Youth Advisory Council to gather qualitative feedback and raise peer awareness.

Pilot Process and Area Served: The project will be initiated in Van Buren County, MI, in partnership with Bangor (school-based) Health Center, and the Behavioral Education Center (a restrictive special education school operated by the Van Buren School District). Expansion of the project in Years 2 and 3 will include work within additional Van Buren County district schools and with community primary care physicians (in partnership with the Van Buren / Cass District Health Department).

For more information about the MDCH Transformational Health Care Delivery Project or any of the grantees, contact Dr. Jennifer Salerno: salernoj@michigan.gov