



The Changing Face of Colorado's School-Based Health Centers

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Clinic Coordinator Wanda Marshall, RN, works with a patient at the school-based health center at Place Bridge Academy in Denver. BRIAN CLARK/CHI

In 2015, roughly 35,000 Colorado children received primary and preventive health care services in an unlikely setting — a school.

Colorado's 61 school-based health centers (SBHCs) operate on the philosophy that access to primary care is improved when it is provided in a familiar setting where kids spend much of their time.

The model is catching on. The number of SBHCs in Colorado — and the number of Colorado children using them — is at an all-time high.

Moreover, SBHCs continue to represent a consistent source of primary care for Colorado's most vulnerable and lowest-income children.

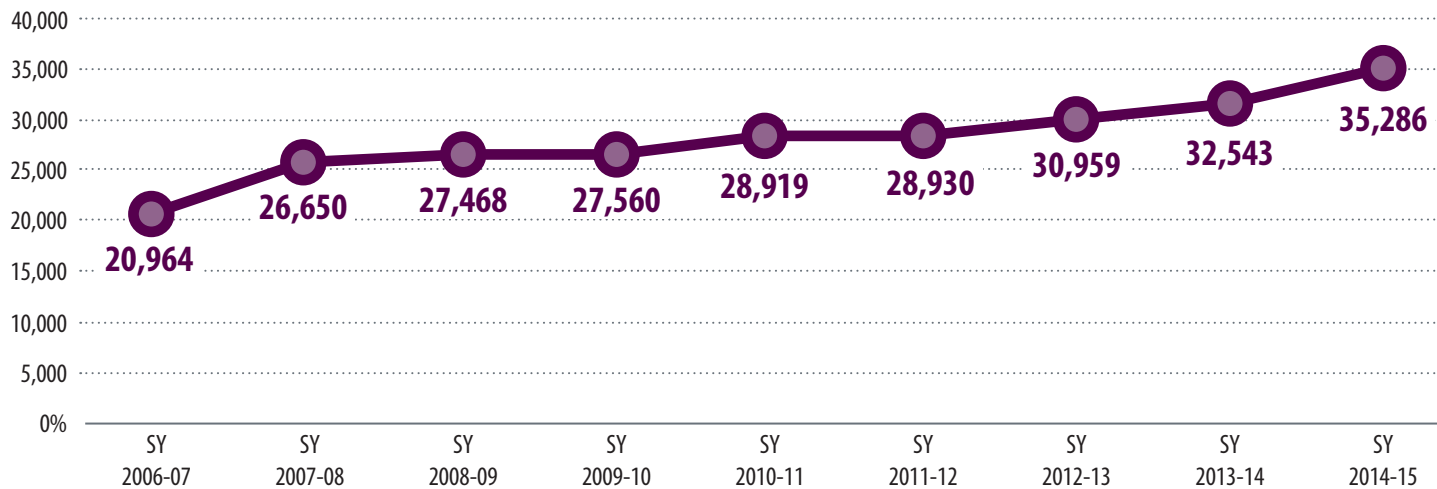
Yet these health care centers are changing in some important ways:

- The percentage of SBHCs now offering behavioral, oral and reproductive health services — in addition to primary care — is the highest it's been, and continues to grow each year.

- A greater percentage of SBHC users are covered by Medicaid, reflecting Colorado's eligibility expansion under the Affordable Care Act (ACA).
- And SBHCs are changing how they deliver care, with more services offered in an integrated way during a single visit, rather than multiple visits for different services.

Colorado's legislature has taken notice of the benefits of SBHCs. In 2013, the General Assembly voted to invest \$5.3 million annually to fund new centers where needed and keep existing SBHCs up to par.

Figure 1. SBHC Users, Colorado School Years 2006-2015



Despite their current success, SBHCs started small in Colorado. The first – Kids First Health Care in Adams County School District 14 – opened in Commerce City in 1978.

Backed with both public and private funding, the number of SBHCs has grown since then, with 56 in the 2014-15 school year, according to the latest survey by the Colorado Health Institute and the Colorado Association for School-Based Health Care (CASBHC). Five more have opened since the survey, climbing to a total of 61 SBHCs.

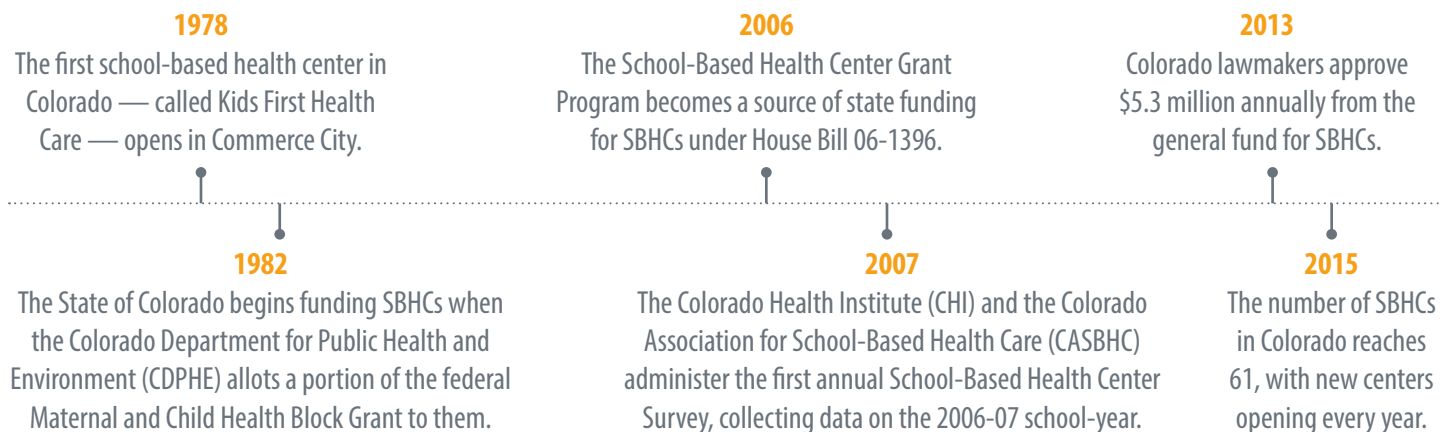
Today, the number of Colorado kids using services at Colorado’s SBHCs has grown to more than 35,000 (See Figure 1).

The growth of Colorado’s SBHCs is reflective of trends nationally. The number of SBHCs in the U.S. increased 20 percent between the 2010-11 and 2013-14 school years.¹ In Colorado, the number of SBHCs grew by 17.4 percent over the same period.

SBHCs continue to evolve, according to the survey, which the Colorado Health Institute has administered since the 2006-07 school year. The most recent survey reflects data from 55 of the 56 SBHCs that were open during the 2014-15 school year.

The survey findings summarized in this report track the evolution of Colorado’s SBHCs. The analysis examines the impact of ACA implementation, how SBHCs and their users compare with national averages and how Colorado’s SBHCs meet the needs of patients.

A Brief Timeline of Colorado’s SBHCs





The Florence Crittenton SBHC – A One-Stop Shop for Teen Moms

Florence Crittenton Services started in 1893 as a home for single mothers, but later developed into an opportunity for young mothers to raise their children while staying on track to graduate from high school. To keep mothers in class during the day, the Denver-based nonprofit provides early childhood education for children ages six weeks to five years old on the same campus. Florence Crittenton also offers diapers, baby clothes, and other basic needs for free as incentives for young mothers to attend school regularly and keep up with their schoolwork.

Florence Crittenton and its school-based health center have become a “one-stop shop” for teen moms in Denver, says Isabel Belliard, the organization’s marketing and public relations manager. In addition to academics, an array of social-emotional support programs are available to offer a holistic, two-generation approach to empowering teen mothers and their children.

The Alethia E. Morgan, M.D. Health Center opened in fall 2015. It is named for an OB-GYN physician who has served on the board of Florence Crittenton Services since 2011. The health center is a partnership of Florence Crittenton Services, Denver Public Schools and Denver Health. It is the first SBHC to be located on the Florence Crittenton campus and is the first SBHC in Colorado to offer obstetrics in addition to pediatrics, basic primary care and behavioral health care.



Photos courtesy of Alethia E. Morgan, M.D. Health Center

Belliard says the SBHC is a huge contributor to decreased absences. Moms are able to get appointments with the SBHC quickly, usually the same day they are requested, and don’t need to take time away from school to travel to appointments. It can take a month or more to get appointments at local clinics for simple needs like immunizations for babies. This can also be expensive, and some moms end up going to the emergency room for a service that could be provided by a SBHC. Thanks to the Alethia E. Morgan, M.D. Health Center, 100 percent of children in Florence Crittenton’s Early Childhood Education Center are up-to-date with immunizations and developmental checkups.

How Did the Affordable Care Act Impact Colorado's SBHCs?

Colorado is one of only four states that went “all-in” with the ACA. The state opted to expand Medicaid and create a state-based insurance marketplace. It opened an insurance cooperative and won a State Innovation Model (SIM) award.

The Medicaid expansion, in particular, is changing Colorado's insurance landscape. The statewide uninsured rate dropped to 6.7 percent in 2015 from 14.3 percent in 2013, according to the Colorado Health Access Survey.² Among children, the uninsured rate dropped to 2.5 percent, largely due to increased Medicaid enrollment (See Figure 2).

These changes were dramatic, and Colorado's SBHCs continue to feel the impact of the ACA in some interesting ways.

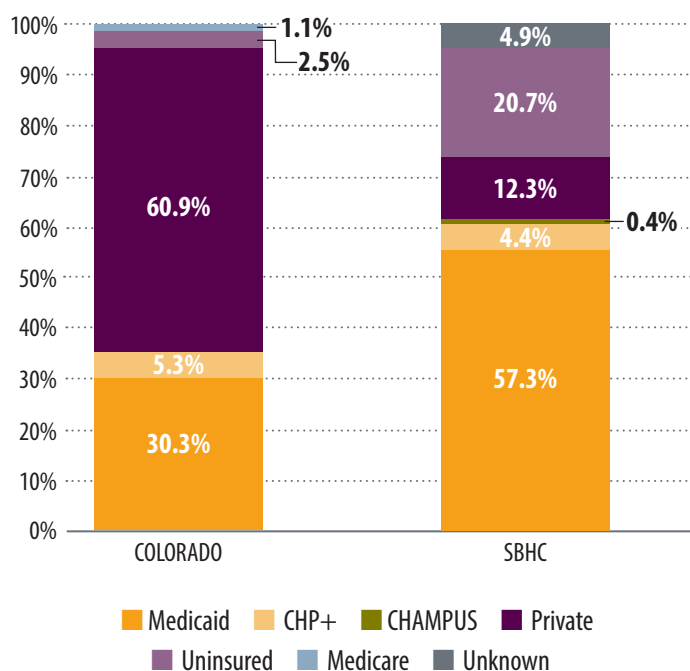
For example, the growth rate of SBHC users covered by Medicaid was greater than the growth rate of Medicaid coverage among Colorado's kids. The number of SBHC users covered by Medicaid increased 38 percent between 2013 and 2015, 14 percentage points higher than the 24 percent increase in Medicaid coverage among children.

SBHCs also experienced a jump in revenue from Medicaid users. Total revenue from Medicaid reimbursements grew from 32 percent of all revenue in the 2012-13 school year to 36 percent in the 2014-15 school year. This increase equated about \$2.7 million. (See Figure 4).

While the number of uninsured Colorado children fell 65 percent between 2013 and 2015, dropping by about 61,000 children, SBHCs' uninsured population stayed about the same. Among SBHCs, the number of users who were uninsured remained relatively stable at about 7,300 students (See Figures 3 and 4).

Statewide, private insurance among children under the age of 19 decreased from 64 to 61 percent, according to the Colorado Health Access Survey. This reflects an overall decline in job-based insurance across all ages.³ SBHC revenue from privately insured users also dropped from 4.2 percent of total revenue to 2.4 percent — about \$449,000. (See Figures 3 and 4).

Figure 2. Health Insurance Coverage Among Colorado Children Under Age 19 and SBHC Users, 2015



Source: 2013 and 2015 Colorado Health Access Survey

These trends could partly be due to the ACA. While the ACA didn't target children, some still gained coverage due to what is known as the “welcome mat” effect — parents who became newly eligible for Medicaid enrolled their uninsured children, who had already been eligible, at the same time.

Why was there growth in SBHC Medicaid users but little decrease in the number of uninsured children using the centers? SBHCs continue to serve kids who may be ineligible for Medicaid due to a lack of documentation as well as those who are eligible but not enrolled in the program.

Colorado's SBHCs — and Their Users — are Unique Compared With the U.S.

The use of SBHCs is increasing in Colorado and across the U.S. Are Colorado's SBHCs — and their users — unique compared with the rest of the country? Whenever possible, examining common data between

Figure 3. Insurance Rates Among Children Under Age 19 in Colorado, 2013 and 2015

	2013		2015	
	Number	Percentage	Number	Percentage
Medicaid ⁴	328,003	24.3%	407,215	30.3%
CHP+	59,423	4.4%	71,908	5.3%
Private Insurance (Employer-Sponsored and Individual Market)	859,688	63.6%	818,877	60.9%
Uninsured	94,416	7.0%	33,206	2.5%
Medicare	9,799	0.7%	14,467	1.1%
Total	1,351,329	100.0%	1,345,673	100.0%

Source: 2013 and 2015 Colorado Health Access Survey

Figure 4. Insurance Rates and Revenue Sources, Colorado SBHCs, 2012-13 and 2014-15 School Years

	2012-13 School Year		2014-15 School Year	
	Number	Percentage	Number	Percentage
Insurance				
INSURANCE TYPE	Number	Percentage	Number	Percentage
Medicaid	14,646	47.3%	20,205	57.3%
CHP+	2,896	9.4%	1,557	4.4%
CHAMPUS	1,128	3.6%	136	0.4%
Commercial Insurance	3,736	12.1%	4,354	12.3%
Uninsured/Self-Pay	7,345	23.7%	7,320	20.7%
Unknown	1,208	3.9%	1,714	4.9%
Total	30,959	100.0%	35,286	100.0%
Revenue				
SOURCE	Number	Percentage	Number	Percentage
Federal Government	\$1,945,856	15.7%	\$3,856,505	20.5%
State Government	\$1,527,993	12.3%	\$4,450,726	23.6%
Local Government	\$83,500	0.7%	\$97,105	0.5%
Private Grants/Donations	\$3,591,642	28.9%	\$2,627,598	14.0%
Patient-Related Revenue	\$5,275,455	42.5%	\$7,796,083	41.4%
Medicaid	\$3,988,640	32.1%	\$6,724,505	35.7%
CHP+	\$534,598	4.3%	\$280,755	1.5%
CHAMPUS	\$1,626	0.0%	\$11,493	0.1%
Private Insurance	\$517,047	4.2%	\$448,989	2.4%
Self-Pay	\$149,609	1.2%	\$105,879	0.6%
Other Patient Revenue	\$83,932	0.7%	\$224,460	1.2%
Total	\$12,424,447	100.0%	\$18,828,018	100.0%

the Colorado survey and the national School-Based Health Alliance⁵ census offers some clues.

Race and Ethnicity

SBHCs in Colorado serve a higher percentage of Hispanic users and fewer African American users than the national averages (Figure 5). This is largely due to Colorado’s different demographic makeup compared with other states.

In the past, the majority of SBHC users were Hispanic. However, this year marks a significant drop in the percentage and number of Hispanic users at SBHCs in Colorado. SBHCs served 19,020 Hispanic users in the 2013-14 school year — about 58 percent of all users. This decreased to 16,567 Hispanic users the next year, comprising 47 percent of all users.

This decrease in Hispanic SBHC users was offset by an increase among non-Hispanic white SBHC users from 7,731 to 11,435 over the same period — a jump of roughly eight percentage points to 32 percent of all SBHC users.

The reasons for the decrease among Hispanic SBHC users are unclear. The increase in non-Hispanic white users could reflect the fact that whites continue to move to Colorado in greater numbers than other racial and ethnic groups.⁶

Setting

About 70 percent of SBHCs in Colorado are located in urban or suburban areas, compared with 65.4 percent nationwide. Roughly 30 percent of Colorado’s SBHCs are located in rural areas, compared with about 35 percent in the nation.

Figure 6. Host School of Colorado and U.S. SBHCs, 2013-14 School Year

SBHC location	CO SBHCs		National Average
High schools	22	40.0%	23.4%
Middle schools	14	25.5%	8.8%
Elementary schools	12	21.8%	15.3%
Not Located on school grounds	1	1.8%	n/a
Multiple school levels (E-12, K - 8)	4	7.3%	27.9%
Non-traditional grade level	2	3.6%	24.6%
Total	55	100.0%	100.0%

Figure 5. Race/Ethnicity of Colorado and National SBHC Users, 2013-14 and 2014-15 School Years

Race/Ethnicity*	National SBHC Census 2013-14	CO SBHCs 2013-14		CO SBHCs 2014-15	
	Percentage	Number	Percentage	Number	Percentage
Hispanic of any race	30.6%	19,020	58.4%	16,567	47.0%
American Indian or Alaska Native	1.9%	533	1.6%	522	1.5%
Asian	3.9%	738	2.3%	814	2.3%
Black or African American	25.7%	2,492	7.7%	2,693	7.6%
White	31.7%	7,731	23.8%	11,435	32.4%
Native Hawaiian or Other Pacific Islander	n/a	61	0.2%	119	0.3%
Two or more races	3.0%	86	0.3%	1,163	3.3%
Unknown	n/a	1,882	5.8%	1,973	5.6%
Total	96.8%	32,543	100.0%	35,286	100.0%

* Hispanic ethnicity is of any race. All other racial groups listed in Figure 5 are non-Hispanic to avoid double counting.

At first glance, it appears that more of Colorado's SBHCs are located in high schools — 40 percent compared with 23.4 percent nationally. However, an additional 27.9 percent of SBHCs nationwide are located in schools with multiple levels — such as K-12 — compared with 7.3 percent in Colorado (See Figure 6).

Eligibility for Services

Most SBHCs in the U.S. not only serve children enrolled at the host school, but also serve people outside of the school as well, including family members or any student in the same school district. Yet SBHCs in Colorado are more geared toward children. About 60 percent of SBHCs nationwide serve adults and personnel of the school compared with 29 percent of Colorado's SBHCs.

How Colorado's SBHCs Continue to Meet the Health Needs of Their Users

The 2014-15 survey yielded a surprising finding: a drop in the total number of visits to Colorado SBHCs. This observation is counterintuitive given the increase in the number of users (See Figure 7). What is happening here?

This finding likely reflects the changing fields of primary care and pediatrics. Jessica Dunbar, executive director of Rocky Mountain Youth Clinics (RMYC) — which serves as medical sponsor for nine SBHCs — offered some insight. She explained that SBHCs are increasingly offering more behavioral, reproductive and oral health care services on top of the primary care services that have served as the foundation of SBHC care. Because of this, users can receive several types of health care services in a single visit instead of making multiple trips.

"Compared to RMYC's [traditional pediatric] clinics, the SBHC visit time is a lot longer," Dunbar says. "A typical visit averages about 20 minutes at a main clinic and at least 30 minutes at the SBHCs. This rises to 40 minutes in a primary care clinic for more complex patients compared with 60 minutes at a SBHC visit."

Motivational interviewing and health education are contributing to the trend, she says. "Medical providers are supporting behavior change all the time. For example, our medical providers are trained to use interviewing techniques to identify why a patient isn't



BRIAN CLARK/CHI

Figure 7. Number of Visits at Colorado's SBHCs, 2006-15 School Years

School Year	Visits	
	Number of Visits	Number of SBHCs Reporting
2006-07	67,030	38
2007-08	80,341	44
2008-09	82,294	43
2009-10	84,223	45
2010-11	97,714	45
2011-12	92,329	49
2012-13	103,878	51
2013-14	114,818	53
2014-15	110,582	55

taking needed medications and then work through barriers to help them stay on track."

Dunbar says that the same goes for working with patients to establish goals around healthy eating and exercise. "It takes time and trusted relationships to have these important conversations that ultimately lead to better health outcomes."

Overall, the number of Colorado SBHCs offering behavioral, reproductive and oral health care continues to grow.

Behavioral Health

Behavioral health services have been consistently offered at SBHCs since the 2006-07 school year. The percentage of SBHCs providing these services continues to grow in Colorado, reflecting a systemwide trend of a greater emphasis on behavioral health.

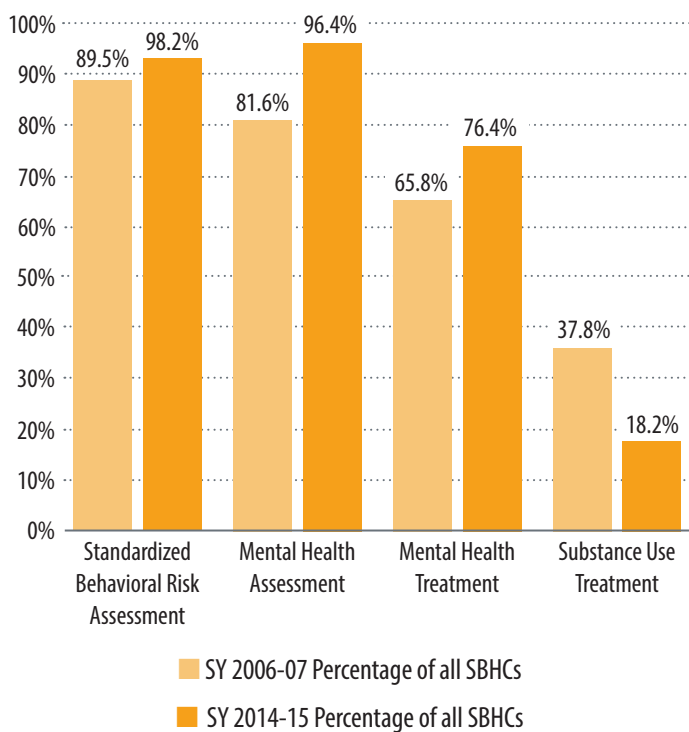
For example, in the 2006-07 school year, 89 percent offered behavioral health risk assessments and 82 percent offered mental health assessments. Now almost all SBHCs offer basic behavioral risk assessments or mental health assessments (See Figure 8).

Substance use treatment is one exception to this trend. Only 18 percent of Colorado's SBHCs offer substance use treatment, down from 38 percent in 2006-07. The Colorado Health Institute will further explore this decline in the future.

What do we mean by behavioral health services offered at SBHCs?

- **Standardized behavioral risk assessment** - A tool for assessing risk behaviors of children and youth. This does not include treatment.
- **Mental health assessment** – The process of gathering information about a person to make a diagnosis of a mental health disorder but not treat the patient.
- **Mental health treatment** – A service provided by a licensed behavioral health provider—such as a psychologist, clinical social worker or licensed social worker— for mental health disorders.
- **Substance use treatment** – Refers to a service provided by a licensed behavioral health provider to treat a person with a substance use disorder.

Figure 8. Behavioral Health Services Offered at Colorado's SBHCs, School Years 2006-07 and 2014-15



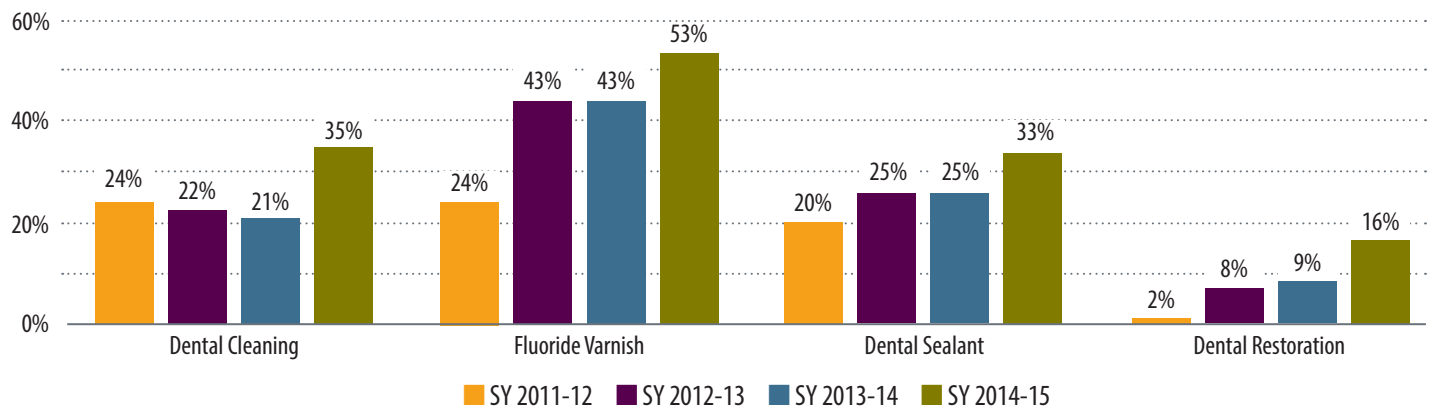
Reproductive Health

The availability of birth control varies widely by school districts across Colorado. Some school districts allow SBHCs to dispense birth control on-site and others do not.

However, most SBHCs in Colorado provide some of the more common types of birth control. Around 79 percent of SBHCs offer access to hormonal methods, including the patch and prescriptions for birth control pills. Fewer SBHCs offer emergency contraception or implantable devices. About 59 percent of SBHCs offer emergency contraception, and even fewer – 35.8 percent – offer implantable devices. (See Figure 9.)

In general, fewer SBHCs in Colorado provide contraception than the national average. About 97 percent of SBHCs in the U.S. offer condoms or diaphragms compared with 70 percent of SBHCs in Colorado. And 58.5 percent of Colorado's SBHCs offer emergency contraception compared with 73.3 percent nationally.

Figure 10. Oral Health Services Offered at Colorado SBHCs, School Years 2011-15



Oral Health

Colorado SBHCs lead the pack in offering oral health services. There has been greater expansion in oral health services than any other services (See Figure 10). Compared with national averages, the availability of oral health services is better on several fronts:

- More than 30 percent of Colorado's SBHCs provide sealants compared with a national average of 9.7. Dental sealants provide a barrier to help prevent cavities. Without them, teeth may be more likely to decay.
- 93 percent of Colorado's SBHCs offer dental hygiene education compared with 88.7 percent of SBHCs nationwide.
- Nationwide, 66 percent of SBHCs offer dental screenings and 69 percent offer risk assessments. In Colorado, 89 percent of SBHCs offer both.

Conclusion

Children are a particularly vulnerable population and early access to health care can promote health throughout the lifespan. Colorado's SBHCs continue to serve the most vulnerable Colorado children.

Policymakers, foundations and local communities continue to invest in the SBHC model. The objective is to provide greater access to care for hard-to-reach communities of vulnerable children.

Like other parts of the health care system, SBHCs

in Colorado continue to move toward integrating different kinds of care. More SBHCs are offering primary, behavioral, reproductive and oral health care in the same place and, increasingly, are providing multiple services during the same visit when needed. These changes demonstrate the importance of monitoring the changing dynamics of school-based health care in Colorado and the nation.

Endnotes

- ¹ School-Based Health Alliance, 2013-14 Digital Census Report. <http://censusreport.sbh4all.org/#comprehensivecare>
- ² Colorado Health Institute analysis of the 2013 and 2015 Colorado Health Access Survey. <http://bit.ly/17i4Tgf>
- ³ Colorado Health Institute analysis of the 2013 and 2015 Colorado Health Access Survey. <http://coloradohealthinstitute.org/data-repository/category/colorado-health-access-survey>
- ⁴ Medicaid and CHP+ coverage figures are estimates from the Colorado Health Access Survey, and differ from official caseload estimates published by the Colorado Department of Health Care Policy and Financing.
- ⁵ School-Based Health Alliance, 2013-14 Digital Census Report. <http://censusreport.sbh4all.org/#comprehensivecare>
- ⁶ U.S. Census Bureau (2014). American Community Survey 5-Year Estimates.

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