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The Evolving Role of School-Based Health Centers in Colorado

Results of the 2012-13 Survey

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Table of Contents

4	Introduction
5	What is a SBHC?
6	The Findings
6	<i>Who the SBHC serve</i>
9	<i>SBHC Services</i>
12	<i>How are SBHCs Funded?</i>
13	Conclusion
14	Appendix



Introduction

More of Colorado's most vulnerable children are getting health care at school.

Fifty-one school-based health centers (SBHCs) provided care to 32,000 people, mostly children, during the 2012-13 school year, up more than 50 percent during the past six years, according to the latest annual survey conducted by the Colorado Health Institute.

By the 2014-15 school year, the number of SBHCs in Colorado has reached a record 56.

The first SBHC opened in Colorado in 1978. Since then, support from Colorado lawmakers, the federal government and the state's health foundations has helped SBHCs expand and multiply. And with a recent infusion of funds from the legislature, school-based health is poised for more growth.

The Colorado Health Institute has fielded annual surveys of SBHCs since 2006 in collaboration with the Colorado Association for School-Based Health Care (CASBHC). This report is based on a survey taken in October 2013 in which 51 of the 54 SBHCs in operation during the 2012-13 school year responded.

Overview

The growing number of SBHCs across the state has resulted in more children receiving care in this setting, reaching nearly 32,000 in the 2012-13 school year. The average number of visits at each clinic increased as well.

Most visits are for primary care, but SBHCs provided many other services, including oral and behavioral health care, immunizations and health education.

The data demonstrate that SBHCs are reaching their target populations. Most SBHC users are uninsured or publicly insured through Medicaid or Child Health Plan *Plus* (CHP+), and the majority are Hispanic.

Change is on the horizon for Colorado's SBHCs.

With legislative approval of \$5.3 million in funding for fiscal year 2013-14, an increase of \$4.3 million from the prior year, it is expected that Colorado will see the creation of new SBHCs in areas of high need and the expansion of some existing SBHCs.

Recent policy shifts may impact SBHCs as well. The growing number of insured children may spur SBHCs to reevaluate their target populations, devoting more attention to reaching insured children who face challenges accessing care.

In particular, the growing number of privately insured children may encourage more SBHCs to bill commercial insurance. This could be challenging for some SBHCs, particularly health centers that are not affiliated with a larger medical system with experience in efficient billing practices.



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Clinic Coordinator Wanda Marshall, RN, checks the grip of a patient during a recent visit at the school-based health center at Place Bridge Academy in Denver.

What is a School-Based Health Center?

SBHCs are an important component of Colorado's health care safety net. They are located inside a school or on school grounds and are staffed by providers from a variety of disciplines. The health centers are designed to serve students with limited access to care, often because they are low-income, uninsured or live in isolated areas.

Each SBHC is unique and offers different services, which may include:

- Well-child and well-adolescent exams
- Immunizations
- Illness and injury treatment
- Chronic conditions management
- Mental health assessment and treatment
- Prevention programs, including smoking cessation
- Violence, pregnancy and substance use counseling
- Nutrition counseling
- Dental exams and sealants

What About School Nurses?

The roles of school nurses and SBHC staff members are distinct but complementary.

School nurses are primarily responsible for managing the day-to-day health needs of the student body. They screen for health conditions that can challenge a student's ability to learn, such as vision or hearing problems, and also triage injuries or illnesses that arise during the school day. They can administer medications and perform procedures that have been ordered by a physician, but unlike the providers in a SBHC, school nurses are not able to prescribe medication or order tests and procedures.

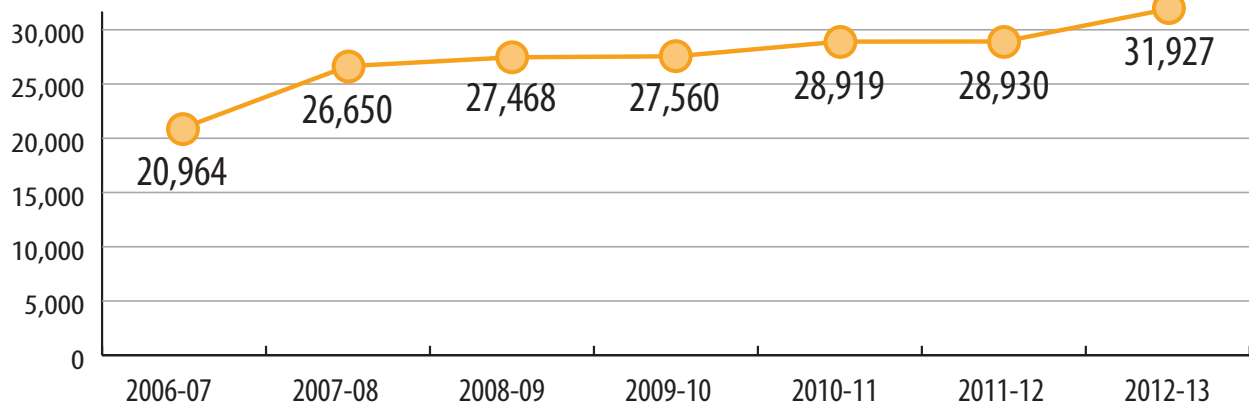
SBHC providers offer a range of primary care, mental health care and oral health care. They conduct screenings, lab tests and other assessments to diagnose and treat acute and chronic conditions. They provide preventive services such as well-child exams, sports physicals and immunizations. Most SBHCs have staff members who enroll students in public insurance such as Medicaid and CHP+. SBHCs are able to bill public and private insurance in order to receive reimbursement.

The Findings

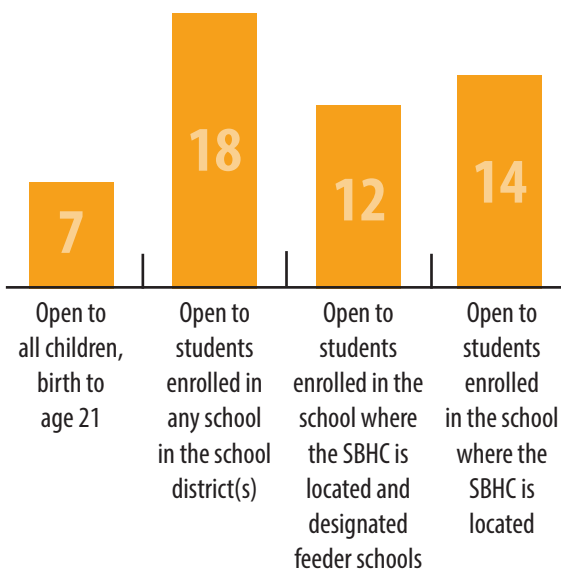
Who the SBHCs Serve

Nearly 32,000 Coloradans received care in an SBHC during the 2012-13 school year, more than ever before (see Graph 1). The number of SBHC users has increased more than 50 percent from 20,964 users in 2006-07, reflecting growth in health center locations. The average number of users per clinic also has increased during this time period, from 552 to 626 per year, though there was a wide range — from a low of 76 to a high of 1,573 in 2012-13.

Graph 1. Number of SBHC Users



Graph 2. Number of SBHCs Serving Specific Populations, SY 2012-13



SBHCs primarily cater to students, though most centers also serve a broader population. More than half of SBHCs (30) serve students enrolled in either designated feeder schools or any school in the district (see Graph 2). Seven SBHCs are open to anyone, from birth to age 21. Fourteen SBHCs serve only students enrolled in the school where the center is located.

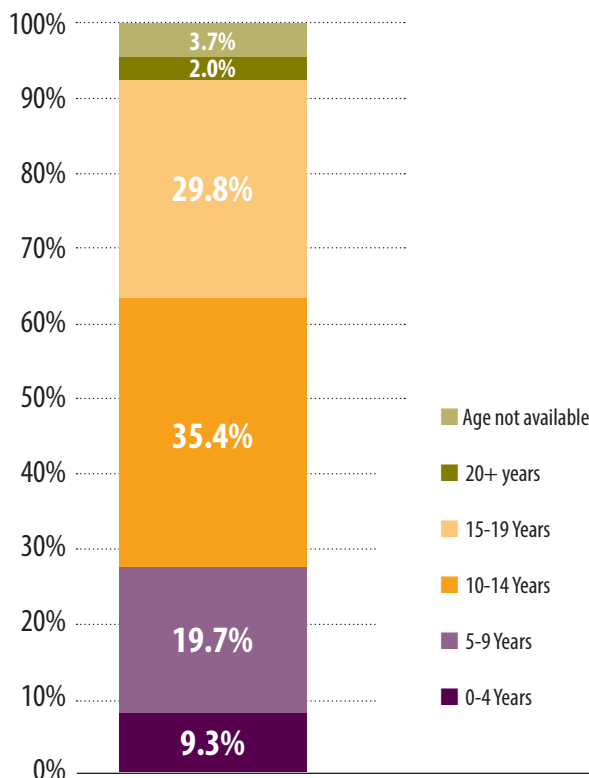
Nearly 85 percent of SBHC users were between the ages of five and 19 (see Graph 3). More than one of three users was between 10 and 14, while nearly 30 percent were between 15 and 19. Some health centers have extended their reach, adding services for babies to pre-schoolers. More than nine percent of users were below the age of four in 2012-13. At the other end of the age scale, about two percent of SBHC users were aged 20 or older, including some school staff.

SBHCs in Colorado are reaching many minority students. Hispanics make up 37 percent of the child population in Colorado but they represented nearly 60 percent of SBHC users (see Graph 4). Non-Hispanic blacks were also disproportionately represented among SBHC users.

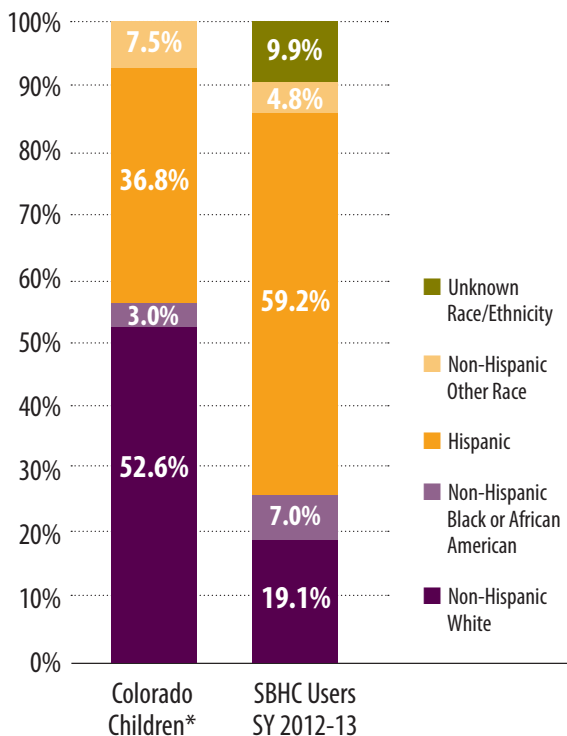
Nearly two of three students who received care in a SBHC were publicly insured by Medicaid, CHP+ or another government plan in 2012-13 (see Graph 5). This is up from 38.5 percent reported in the 2006-07 survey.

About one of four (24.0 percent) users was uninsured or self-pay in 2012-13. Uninsured and publicly insured students were disproportionate SBHC users compared with the child population: about 85 percent of SBHC users were uninsured or publicly insured compared with only one-third of the general child population.

Graph 3. Age of SBHC Users, SY 2012-13

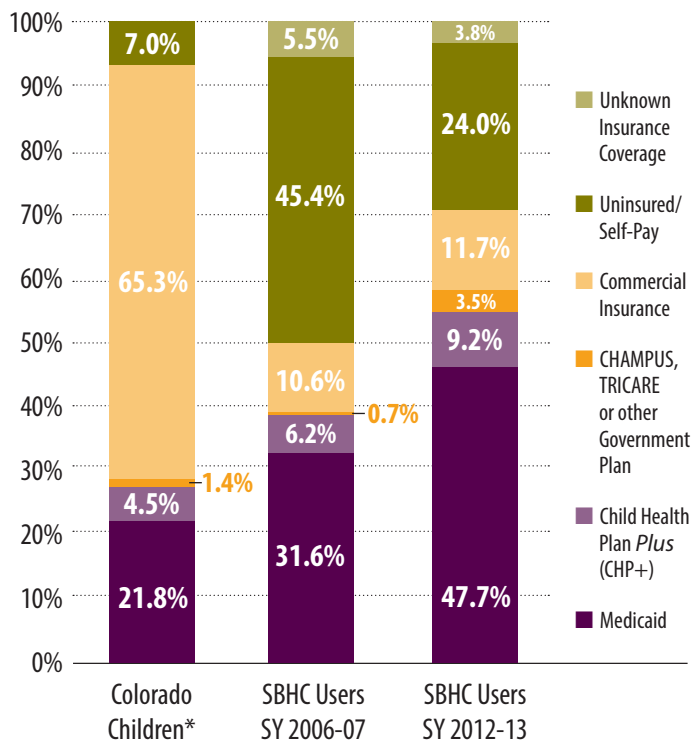


Graph 4. Race/Ethnicity of SBHC Users, SY 2012-13



* Colorado Health Access Survey (2013)

Graph 5. Insurance Type of SBHC Users, SY 2012-13





A patient prepares to receive a shot from Medical Assistant Desiree Rivera at Place Bridge Academy in Denver.

BRIAN CLARK/CHI

Supporting LGBT Health

For the first time, the Colorado Health Institute in the 2012-13 survey asked SBHCs to report any efforts to make their health centers, and their schools, friendlier to lesbian, gay, bisexual or transgendered students. Nearly all said their assessments do not presume heterosexuality. The results reflect recent local and statewide efforts to train and support SBHC staff on ways to make their centers inclusive and supportive of health among all students.

Most common Measures Adopted to Make SBHCs LGBT-Friendly, SY 2012-13

Health history and risk assessment forms that do not presume heterosexuality of patients

94.1%

Screening of sexual minority youth for depression, suicidality and other mood disorders

92.2%

Contraception, including emergency contraception, offered on-site or by referral to sexually active girls regardless of stated sexual orientation

82.4%

Screening of sexual minority youth for substance abuse

82.4%

SBHC Services

All Colorado SBHCs provide primary care, behavioral health services and health education. Many also provide dental health services. SBHC staff members maintain close relationships with providers in the community, so they can make referrals for care that aren't offered by the SBHC.

• Primary Care











Delivering accessible and affordable primary care is a fundamental goal of SBHCs. The data show that within the primary care category, nearly all SBHCs offer comprehensive health assessments, sports physicals and treatment of acute and chronic illness (see Table 1). Most SBHCs also deliver immunizations, nutrition counseling and screenings for vision, hearing and scoliosis. Only half of SBHCs (53 percent) dispense medications to be taken home.



BRIAN CLARK/CHI

A young patient waits for a checkup at Place Bridge Academy.

Table 1. SBHCs Offering Primary Care On-Site, SY 2012-13

Services Offered On-Site	Number of SBHCs	Percentage of SBHCs
 Immunizations	45	88%
 Screenings (vision, hearing, scoliosis)	43	84%
 Comprehensive health assessments	50	98%
 Treatment of acute illness	51	100%
 Nutrition counseling	41	80%
 Treatment of chronic illness	50	98%
 Sports physicals	51	100%
 Lab tests	41	80%
 Prescriptions for medications	50	98%
 Medications dispensed to be taken home	27	53%

• **Behavioral Health Care**

The majority of SBHCs provide mental health assessments and treatment as well as standardized behavioral health risk assessments. Fewer than one of five offer substance use disorder treatment on-site (see Table 2). The legalization of recreational marijuana in Colorado has sparked renewed attention to youth substance use prevention and treatment and is creating new funding streams for this type of care, which may affect the delivery of substance use treatment in SBHCs.

Table 2. SBHCs Offering Behavioral Health Care On-Site, SY 2012-13

Services Offered On-Site	Number of SBHCs	Percentage of SBHCs
Mental health assessment	44	86%
Mental health treatment	38	75%
Substance abuse treatment	9	18%
Standardized behavioral risk assessment	51	100%

• **Dental Health Care**

About four percent of SBHC visits were for dental health care. Every SBHC provides dental hygiene education, and about two of three also provide screenings and risk assessments (see Table 3). Though not all health centers provide dental care on-site, many offer referrals. In the case of cleanings, 22 percent provide them on-site; the remaining 78 percent make referrals. An increasing focus on children’s dental homes¹ in Colorado may lead to more SBHCs providing these types of services on-site.

Table 3. SBHCs Offering Dental Health Care On-Site, SY 2012-13

Services Offered On-Site	Number of SBHCs	Percentage of SBHCs
Dental hygiene education	51	100%
Dental screening/ risk assessment	34	67%
Dental cleaning	11	22%
Fluoride varnish	22	43%
Dental sealants	13	25%
Dental restoration	4	8%



¹A dental home is the ongoing relationship between a dentist and a patient, inclusive of all aspects of oral health care.

• **Reproductive Health Care**

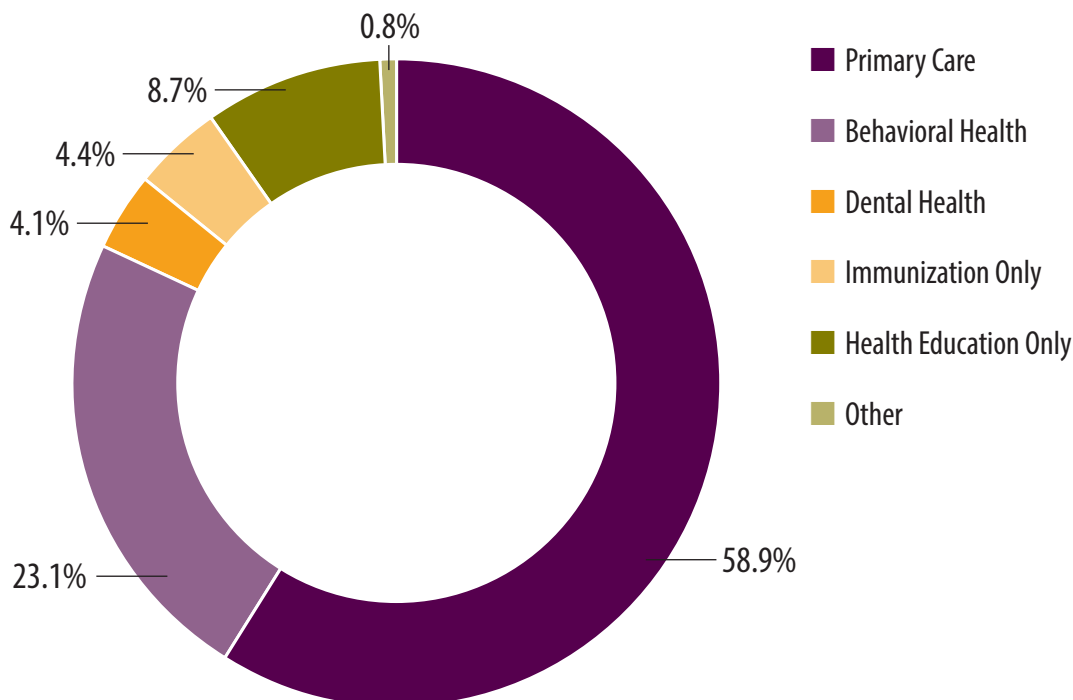
The majority of SBHCs offer an array of reproductive and sexual health services. About nine of 10 provide on-site pregnancy testing, HPV immunizations and sexual risk assessments and counseling (see Table 4). Many also test for common sexually transmitted diseases. All SBHCs provide health education, which often includes reproductive issues, as well as the importance of healthy eating and active living.

Table 4. SBHCs Offering Reproductive Health Care On-Site, SY 2012-13

Services Offered On-Site	Number of SBHCs	Percentage of SBHCs
Pregnancy testing	47	92%
HIV testing	39	76%
HPV immunization	46	90%
Chlamydia and gonorrhea testing	43	84%
Sexual risk assessment and counseling	46	90%

Graph 6. Types of Visits to SBHCs, SY 2012-13

More than 100,000 visits were recorded by SBHCs during the 2012-13 school year. Primary care was the service used most often, accounting for nearly 60 percent of visits. Behavioral health services came in second at 23.1 percent, followed by health education at 8.7 percent.



How Are SBHCs Funded?

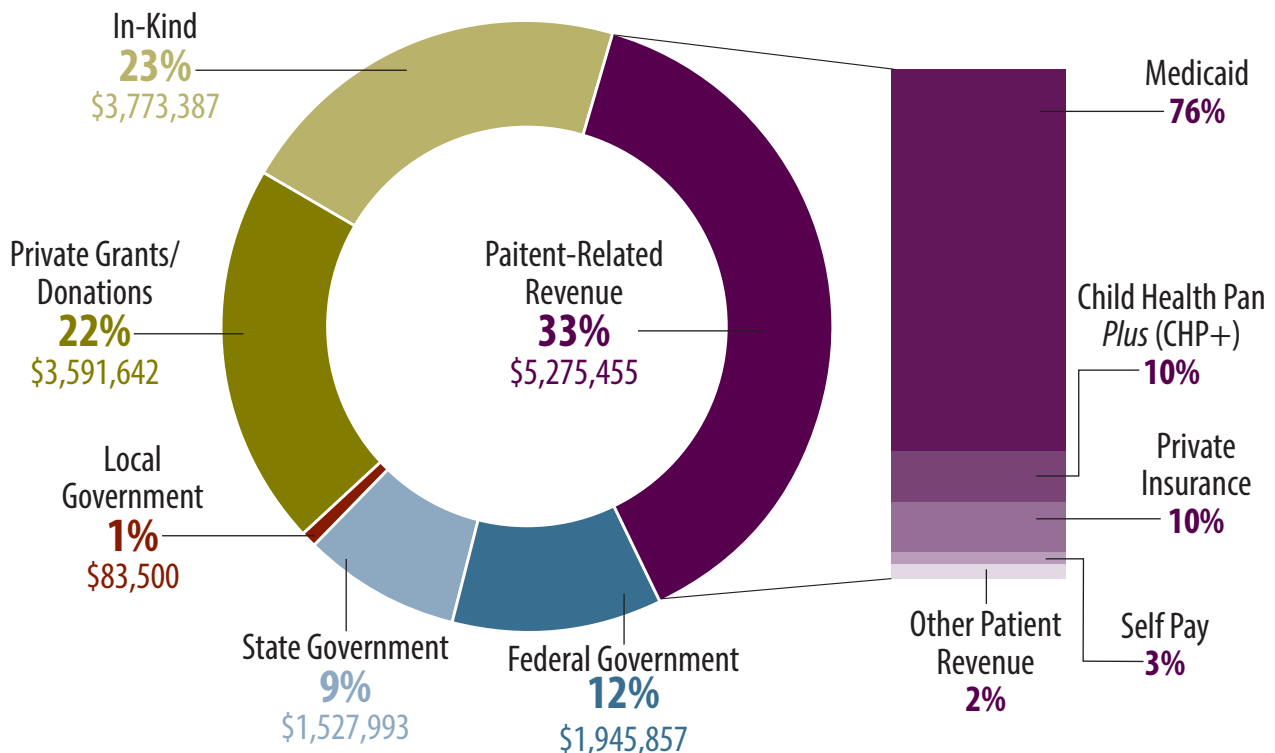
Multiple funding sources and an ongoing commitment to effective billing practices are important for the sustainability of SBHCs. In Colorado, SBHCs have maintained a diversified funding stream. The majority (73 percent) of SBHCs have four or more sources of revenue.

Across the state, SBHCs earned 42 percent of their revenue from fees paid by patients and reimbursement from insurers. During the 2012-13 school year, the majority (76 percent) of insurance funds came from Medicaid. Many SBHCs are considering ways to improve billing practices to ensure they are compensated for the care they provide to insured children. This can also help offset the cost of providing care to the uninsured.

In-kind contributions made up nearly one quarter (23 percent) of revenue at SBHCs. These contributions include donations, staff time, facilities, services and technology. On average, the value of in-kind contributions to each SBHC was about \$74,000 for the 2012-13 school year. In total, SBHCs received about \$3.8 million from in-kind contributions.

In recent years, state government has contributed about 10 percent of all SBHC revenue. This changed in fiscal year 2013-14 after the legislature allocated nearly \$5.3 million to SBHCs — a five-fold increase from the previous year. This may impact the funding structure of SBHCs as well as their reach across Colorado.

Graph 7. Cash Revenue at SBHCs by Source, SY 2012-13





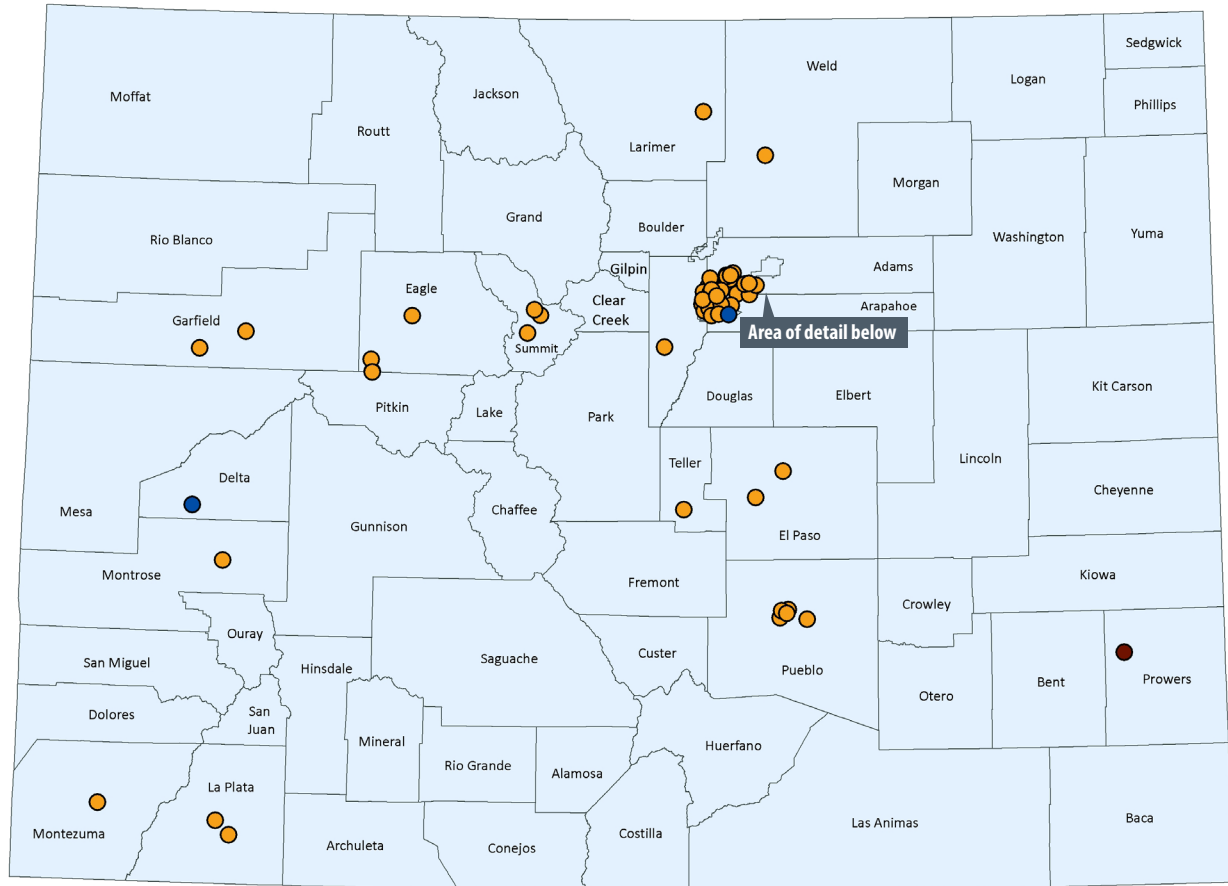
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Conclusion

SBHCs represent a unique and growing model for providing access to health care services for many of Colorado's most vulnerable children. An unprecedented bump in general fund allocation to SBHCs presents opportunities for capacity-building among existing health centers and provides funds to open new health centers in high-need communities. But an ever-changing health care landscape in Colorado also poses challenges for the state's SBHCs. Navigating these changes and adapting accordingly will be essential for the success and sustainability of the state's school-based health centers.

Appendix

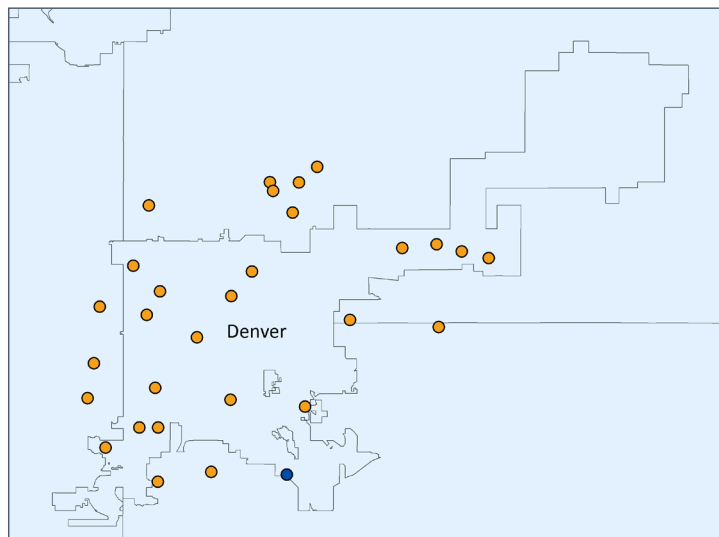
School-Based Health Centers in Colorado, 2012-14



Area of detail

SBHC Status Since 2012-13

- Closed
- New
- Open





The Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. The Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and The Colorado Health Foundation.

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