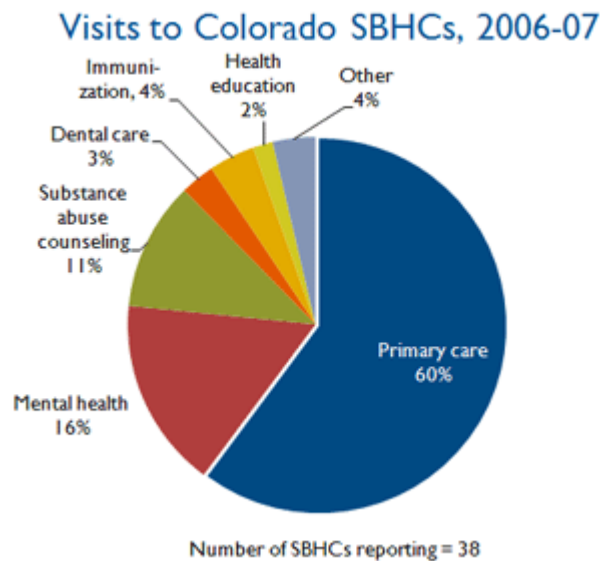


## FOCUS ON THE FACTS



Source: CHI analysis of data from 2008 CASBHC and CHI Survey of School-Based Health Centers ([slide 9](#)).

## A CONVERSATION WITH...



### ...Carl Clark, MD, CEO, Mental Health Center of Denver

*Dr. Carl Clark is a board-certified psychiatrist and CEO of the Mental Health Center of Denver, a private charitable organization that operates seven outpatient clinics for adults around Denver as well as two clinics for children and families, and manages 23 residences for people recovering from mental illness. He also is among local mental health care leaders working to create a mental health triage system that would provide 24/7 access to crisis and psychiatric services for individuals in the Denver area who end up in the emergency room or in jail because of a mental illness.*

**Q: What is the Metro Denver Crisis Triage Project and how was it developed?**

**Clark:** The Metro Denver Triage Project is an alternative for individuals suffering from a serious mental illness. It will be a resource that provides emergency interventions including, assessment, stabilization and referral/linkages to other appropriate services. Currently, individuals suffering from a mental illness who are creating a disturbance in the community are taken by police to either an emergency room or to jail; both are overcrowded and most often inappropriate places for the care that is needed at the time. Several groups began discussions of this problem and the effects these inappropriate placements were having in the Metro Denver community. Through the leadership of [Mental Health America of Colorado](#), a group comprising police, government officials, hospital staff, consumers and others was brought together a year ago to discuss the creation of a triage center that would focus on serious mental health issues.

**Q: How is the project funded?**

**Clark:** Grant funding has enabled us to look at other triage centers across the country to understand how they operate within their communities and in collaboration with other systems. Recently we received a Robert Wood Johnson grant in addition to funding received from local hospitals, The Colorado Health Foundation and the Anschutz Foundation. This project has received strong public support as affected parties see its importance. Colorado's First Lady Jeannie L. Ritter is on our steering committee as well as representatives from local hospitals, mental health and substance abuse providers, advocates, public policy, criminal justice and emergency medical service providers.

**Q: Where will the triage center be located?**

**Clark:** Access is an important issue, especially when coordinating among seven counties. Our goal is to establish three triage centers that will be strategically located to provide equal access to each of the counties. We are

currently looking for a location for the first center and hope “preparedness will meet opportunity” as we move to make this project a reality.

**Q: Why is this triage center unique? How does it add to the health care safety net in the Denver area?**

**Clark:** The center we are trying to create is very unique in that it operates among seven counties that surround Denver to capture individuals who migrate between county boundaries; no one has attempted to cover as much ground as we hope to do. From the moment individuals experience a mental health crisis to the time an intervention is initiated should be as short as possible, which is a far cry from what happens today. It is our goal that the triage center will be able to initiate treatment as early as possible.

We expect to serve a large number of uninsured individuals, a group that is disproportionately represented in local hospital emergency departments. Additionally, people with health insurance often do not have adequate mental health coverage which results in still larger numbers of people who are underinsured. The triage center will fill this rather significant gap in care in our community.

**Q: What are the next steps?**

**Clark:** We are focused on securing ongoing funding and narrowing in on a location for the first site. This has not been a linear process since it is on the *cutting edge*. As a result, we continue to learn a lot as we go.

For more information, contact Carl Clark, MD, at 303.504.6500 or [ContactMHCD@MHCD.org](mailto:ContactMHCD@MHCD.org), or Heather Cameron, Mental Health America of Colorado, at 720.208.2227 or [hcameron@mhacolorado.org](mailto:hcameron@mhacolorado.org).

## CHI SPOTLIGHT

**New board members**

CHI is pleased to announce that two new members were elected to the CHI Board of Trustees in June for an initial two-and-one-half year term.



**Arthur J. Davidson, MD, MSPH**, is director of public health informatics at Denver Health and principal investigator of Colorado's AHRQ-funded State and Regional Demonstration Project. Intimately involved with efforts to develop a regional health information organization in Colorado (CORHIO), he has advocated for local/state health department collaboration on informatics initiatives and Internet-enabled health data access. Since Colorado organizations began early health information exchange partnership efforts in 2004, he has provided technical and clinical leadership in this endeavor.

Dr. Davidson also directs the Denver Center for Public Health Preparedness, one of the original Advance Practice Centers funded by the Centers for Disease Control and Prevention. He is a family physician, health services researcher and associate professor in the Departments of Preventive Medicine/Biometrics and Family Medicine, University of Colorado Denver.

Dr. Davidson has a master's of science in public health from the University of Colorado Health Sciences Center and received his medical degree from Albert Einstein College of Medicine.



**Thomas Williams, JD**, is president and CEO of Williams Group LLC and Williams Realty Group LLC. He also serves as managing partner of BMW (Barry, Minor, Williams) Realty Group LLC.

Prior to forming his current ventures, Mr. Williams served as president, CEO and majority owner of Mile High Properties LLC and as vice president and general manager of TIAA-CREF's Western operations. In his 24 years with TIAA-CREF, he held a variety of major positions, joining the Denver operation in 1998, where he was responsible for the management and general oversight of all aspects of the western region's multi-billion dollar sales, budgeting, service and administrative operations.

Mr. Williams has been involved as a volunteer board member in a number of community organizations including the Rocky Mountain Region of the Institute of International Education, Children's Hospital, the Boettcher Foundation and the Denver Urban Renewal Authority.



A graduate of Johnson C. Smith University with a BA in economics, he holds a juris doctor degree from Rutgers University School of Law.

### **"Faces of the Safety Net": Metro Community Provider Network (MCPN)**

MCPN runs 16 clinics that provide a "doughnut" of health care around the city of Denver, including all of Jefferson and Arapahoe counties and a portion of Adams and Park counties. See how an [MCPN](#) operates.

### **Recent presentations**

CHI staff recently presented at two separate community meetings on Colorado's health care safety net and issues surrounding the state's primary care workforce. The presentations can be found on the CHI Web site.

#### ["Primary Care Workforce Data"](#)

The PowerPoint includes a series of CHI-created state maps pinpointing the locations of hospitals, clinics and physicians; the percent of the state's population without health insurance; mental, dental and primary care shortage areas; and more.

#### ["Monitoring the Health of Colorado's Safety Net System"](#)

This PowerPoint presentation discusses CHI's Safety Net Indicators and Monitoring System and includes graphs on state poverty levels, insurance status, vulnerable populations and examples of CHI maps of local safety net service areas and poverty profiles.

### **DID YOU KNOW...[\(previous\)](#)**

*updated weekly*

#### **[Adults with high blood pressure](#)** (html)



Compared to Colorado and surrounding states, Oklahoma has the highest percentage of adults, both male and

female, who report having high blood pressure (32.4% and 30.6%, respectively). Males consistently have higher rates than females.

### **"Did you know...?"**

You can find dozens of "quick facts" about key Colorado health care issues on the CHI Web site.

Each week, CHI posts brief statistics about Colorado in a graph, map or table for you to save, print and download—or simply drop into a conversation.

The graphs appear under the title "Did you know..." on the home pages of the main [CHI Web site](#) as well as the [workforce](#) and

[safety net](#) sites.

1. Click on the thumbnail to open a larger graphic complete with source information and notes.
2. Print or right-click the graphic to save it to your desktop and use later.

New graphs are added each Monday; older graphs go to an archives page, accessed by clicking "previous" next to the title "Did you know...."

## HOT ISSUES

### **School-based health centers**

Analysis of data from a CHI survey of all school-based health centers (SBHCs) in Colorado found that more than 190,000 students had access to an SBHC in 2006-07 and 21,000 students took advantage of center services. The survey was done in partnership with the Colorado Association for School-Based Health Care as part of CHI's Safety Net Indicator and Monitoring System.

The Web-based survey was administered in January 2008 with 100 percent of SBHCs responding – 15 programs representing the 38 sites that were open for the 2006-07 school year. Initial analysis focused on access to a school-based health center, utilization of services, revenue (cash and in-kind) and physical size of SBHCs. CASBHC plans to release results from further analyses of SBHC staffing, services and characteristics of users later this summer.

Nearly half (45%) of students who visited a SBHC in 2006-07 were uninsured or self-pay, according to data from the 32 SBHCs who responded to a question about the health insurance status of students visiting their clinic. Another 32 percent of students were on Medicaid; 11 percent had private insurance.

Primary health care was the main reason for visits, accounting for 60 percent of the visits, followed by mental health (16%) and substance abuse counseling (11%).

In regard to revenue, the average cash revenue per clinic was \$179,098; in addition, each SBHC received an estimated average of \$69,000 of in-kind support—the largest source of revenue (27%). About one-quarter of the SBHC revenue came from private sources, followed by 22 percent from patients, 13 percent federal funds and 11 percent state funds.

For more: [Examining the role of school-based health care in Colorado's safety net: Access, utilization, and revenue](#) (1.03 MB ppt)

Also see [Web Watch](#) below.

## WHO'S WHO



*In each issue of CHI HealthTalk, we introduce you to an individual who is making a difference in health and health care in Colorado.*

**Deborah Costin** is executive director of the Colorado Association for School-Based Health Care (CASBHC), a 12-year-old nonprofit organization whose mission is "keeping children healthy, in school and ready to learn." In 1996, Deborah was instrumental in establishing CASBHC and led that group until late 2001 before returning in March 2007 as executive director. CASBHC is based on the belief that healthy children learn better and that preventive and primary care should be available in schools.

Deborah has spent the past 25 years working on health care access and financing issues. Beginning in 1978, she worked for eight years with Blue Cross and Blue Shield of Colorado developing new insurance products and provider reimbursement policies. For the next six years, she was director of finance for the University of Colorado Hospital. Following that, she became the first executive director of the Colorado Community Managed Care Network, an association of community health centers that joined three hospitals to form Colorado Access – an HMO for Medicaid beneficiaries.

In March 1995, Deborah established her own consulting practice, managing projects related to strategic planning, program development, practice management, quality improvement and advocacy. Her special interests included improving access for underserved populations and strengthening the financial sustainability of community-based health care providers.

Deborah was introduced and become devoted to the SBHC model in 1996 when she was hired to work on a grant with the Colorado Departments of Health Care Policy and Financing (HCPF) and Public Health and Environment (CDPHE). She also assisted the National Assembly on School-Based Health Care in developing its principles, goals and performance evaluation standards, and completed the first-ever national school-based health center finance

study.

Deborah received a BA from Oberlin College in government and Latin American studies and an MA from the University of Denver Graduate School of International Studies.

“In 1996 when I worked on the HCPF/CDPHE grant, I became convinced that school-based health centers are the right model to deliver health care to children who lack access because of low income, lack of health insurance or geographic isolation,” Costin says. “I believe primary physical and mental health care should be available where the children are—in school—and this model meets that goal. Also, school-based health centers provide children with the tools they need to make healthy choices now and in the future. Often, SBHCs are the only source of care for children, even those covered by Medicaid or CHP+. Colorado now has 43 SBHCs that provided 67,000 visits to 21,000 students during the last school year. That’s a good start, but we Coloradans have a long way to go to ensure that every child receives the care necessary to optimize health and well-being.”

For more:

[CASBHC Web site](#)

For more information on school-based health centers, see [Web Watch](#) below.

## INSIDE COLORADO

### **Pharmacy graduates**

The Western Interstate Commission on Higher Education (WICHE) examined factors driving demand for pharmacists in the West, career options and projected increases in pharmacy students in its new brief, [A Closer Look at Healthcare Workforce Needs in the West: Pharmacy](#). Colorado expected to produce 123 graduates with a doctorate degree in pharmacy in 2007 out of the 1,817 expected to graduate in the 15 states represented by WICHE.

### **Colorado’s growing income disparities**

The incomes of Colorado’s wealthiest families grew almost twice as fast as those of families in the bottom one-fifth of earners over the past two decades. The gaps were larger between high-income

earners and low- and middle-income families now than in previous decades, according to the [report](#) from the Center on Budget and Policy Priorities and the Economic Policy Institute.

#### **Poor rankings for children's health care**

Colorado ranks close to the bottom (48th) among states in ensuring that children have access to health care, the Commonwealth Fund reports in its 2008 state scorecard on [U.S. Variations in Child Health System Performance](#). The state also scored in the bottom quartile in equity (42nd). Its highest score was in "potential to lead healthy lives" (5th).

### **UPCOMING EVENTS**

#### **[2008 Public Health in Colorado Conference](#)**

September 15-17, 2008

Beaver Run Resort

#### **[12th Annual Conference of the Colorado](#) Coalition for the Medically Underserved**

September 26, 2008

Red Lion Hotel, Denver Southeast

### **BEYOND OUR BORDERS**

#### **Health care cost burden in the U.S.**

One in four adults is having trouble paying for health care costs because of the economic downturn, according to results from the Kaiser Family Foundation's [June Health Tracking poll](#). Health care was third in the list of seven financial problems surveyed, following paying for gasoline (43%) and getting a well-paying job or raise (27%). Nearly half of those surveyed say they are most worried about increases in out-of-pocket costs for health care and insurance.

#### **Health care cost burden from a global perspective**

Among 89 countries surveyed by the World Health Organization (WHO), an average of 2.3 percent of households—150 million people worldwide—experienced financial catastrophe due to health care costs and more than 100 million people were impoverished because they largely pay for health care with out-of-pocket dollars according to WHO's [World Health Statistics 2008](#). The report presents the most recent health statistics for WHO's 193 member states.

## WEB WATCH

### School-based health centers

- [Colorado Association for School-Based Health Care](#)
- [Colorado Department of Public Health and Environment](#)
- [National Assembly on School-Based Health Care](#)
- [Robert Wood Johnson Foundation](#)
- [The Center for Health and Health Care in Schools](#)
- [Centers for Disease Control and Prevention](#) (findings from School Health Policies and Programs Study)

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