CASBHC has partnered with eight of its members to enroll thousands of kids in health care plans. The partnership has also discovered the best way to reach eligible but not enrolled (EBNE) children: by launching the outreach and assistance process for families when EBNE children are at the clinic, seeking health care services.

This finding emerged after four years of implementing a project to expand the number of hard-to-reach children and youth enrolled in public health care coverage. This project, which CASBHC conducted in two phases, was funded by the federal Children's Health Insurance Program Reauthorization Act (CHIPRA). Through both phases of this project, CASBHC helped its school-based health center (SBHC) partners sign up 8,423 (unduplicated) kids to low-cost and free health insurance programs.

“I am so proud of the energetic team that helped sign up thousands of kids in need of health insurance,” said CASBHC Executive Director Debbie Costin. “Our results show that school-based health centers are effective locations for reaching low-income children and youth who are eligible but not enrolled.”

CASBHC began this work in 2009 as a two-year demonstration to find the best ways to engage these populations and to increase coverage among the approximately 80,000 EBNE children in Colorado (Colorado Health Institute, 2014). Because the demonstration project was successful, CASBHC was one of 12 organizations nationwide that received a second CHIPRA grant to expand the scope of the project.

During the expansion, CASBHC partnered with SBHCs across Colorado to evaluate different ways of signing these kids up for CHP+ and Medicaid. CASBHC’s partners tested three methods of outreach and enrollment. In the first, staff conducted targeted outreach using a list of students enrolled in the National School Lunch Program whose school registration forms indicated that they did not have health insurance of any kind.

In the second method, SBHC staff used “teachable moments”: When students appeared at the SBHC for services (with or without their parents), staff would explain the importance of having health insurance and provide assistance in

Continued on Page 2
Enrollment Success, continued

enrolling on-site.

The third method drew on building intentional relationships with school and community referral sources such as school nurses, social workers, coaches and community-based public and non-profit organizations.

CASBHC’s most successful partner, Manuela Cibrian, enrolled a stunning 221% of her target number of students using a combination of these methods. Cibrian, an eligibility/outreach technician at the Weld County Department of Human Services, worked part-time at the Kid’s Care Clinic at Centennial Elementary School in Evans, Colorado for the duration of this project.

“I believe that partnerships were one of my great advantages,” Cibrian said. Her partners included CASBHC, Weld County Department of Health and Human Services, the school district, Sunrise Community Health, and community organizations.

Her partnership with the county was especially helpful in racking up her enrollment numbers. Because she is a Weld County employee, she had access to the Colorado Benefits Management System (CBMS). This allowed her to troubleshoot for clients in the SBHC instantly. CBMS also gave her instant access to information about other safety net services, including the Supplemental Nutrition Assistance Program and Temporary Assistance for Needy Families programs.

Because of this access, as well as her location at the convenient and trusted SBHC, the Greeley community generated significant word-of-mouth referrals to Cibrian.

“I had many clients saying ‘Oh, no, this is too good to be true!’ Cibrian joked, describing the ways she became a resource for health insurance, food assistance, and a wide variety of other services.

Cibrian would check each patient’s eligibility and coverage status before arrival at the SBHC for an appointment. Also, the provider would refer uninsured patients to Cibrian’s on-site office. Word of mouth and community referrals increased the number of families who would make and follow through on appointments with Cibrian.

Other successful CASBHC partners used similar strategies, using technology to assess patient coverage before appointments and assisting families with enrollment during visits.

Costin says that she couldn’t be happier about the results of this project.

“In spite of many organizations working tirelessly across the state to get kids enrolled, there are populations that remain uninsured,” she said. “This project aimed to get kids enrolled at a trusted place where they go every day. And it worked.”

CASBHC plans to present these findings in detail in an evaluation report that will be available on its website in approximately three months.

Do you have news to share? Has your clinic recently received a grant? Have you been recognized for your great work? Do you have a provider that deserves to be recognized or a new program that is showing successful results?

We want to hear about it!

Help us profile your work! If you have a news tidbit or a story to share, e-mail Elizabeth Freudenthal, freudenthal@casbhc.org.

And connect with us so you can keep up with CASBHC’s latest in the children’s health community.

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REMEMBERING LINDA JUSZCZAK

With deep sorrow, CASBHC mourns the loss of Linda Juszczak, the president of the School-Based Health Alliance, our national organization. As president, Linda oversaw the first federal appropriation for SBHC funding. She established dozens of partnerships with corporations, philanthropies, and government agencies. And she has published extensively, adding depth and breadth to the scholarship of school-based health care.

THANK YOU JO!

On behalf of our members, CASBHC thanks Jo English for six years of service to the children of Colorado as coordinator of the school-based health center program at the Colorado Department of Public Health and Environment. Her knowledge, commitment, and skill have helped Colorado’s SBHCs thrive. We wish her the very best in her next endeavor!
CASBHC has teamed up with our colleagues at CDPHE to bring you the latest news from the department. Each quarterly newsletter will include an update on CDPHE's SBHC Program and, when available, updates from other state agencies that may impact or be of interest to SBHCs.

CDPHE School-Based Health Care Program Updates

In fiscal year 2013-14 the SBHC state appropriation increased to $5,260,817. This was a 429% increase from the previous year. Charged with the administration of the SBHC Program and the state dollars attached to it, CDPHE staff convened with key stakeholders to discuss an appropriate investment of additional SBHC funds and the strategic direction of the program going forward. The following outlines some of the work that has come from this process.

• DATA COLLECTION: With the significant increase in SBHC funding comes a heightened expectation by legislators for CDPHE to report on the use, outcomes and benefits of the funding. To that end, CDPHE is exploring the creation of a new system that will provide better data collection and reporting in order for the SBHC Program to meet its reporting obligations. In an effort to solicit feedback and gather ideas on this topic, CDPHE conducted a survey relative to the data system and is analyzing the results.

• RFA FOR FY14-15: CDPHE has now received applications for its FY14-15 Request for Applications for funds beginning July 1, 2014. The agency is now busy reviewing applications through April 14. CDPHE will notify applications of the award decisions on Wednesday, April 16.

• FY14-15 FUNDING FOR EXISTING SBHC CONTRACTORS: Current SBHC Program contractors are in a three year contract cycle and will not be expected to submit a new application for continuation. However, they will need to submit a revised budget. SBHC program staff will conduct a webinar on creating a FY15 Contract Renewal Budget on Monday, April 28.

Oral Health Screening Reimbursement

Colorado Medicaid will now reimburse trained SBHC primary care providers for oral health screenings for patients ranging in age from 5 to 21 years. Previously, Medicaid has reimbursed for this service only for patients under age 5. Physicians, nurse practitioners (NPs), and physician assistants are eligible for reimbursement. Other trained SBHC personnel can provide the screening and bill using the Medicaid provider number of a supervising physician or NP.

Code D0190 should be used and HCPF will reimburse $14.82. D0190 is defined as “a screening, including state or federally mandated screenings, to determine an individual’s need to be seen by a dentist for diagnosis.” If SBHC staff is not trained in oral health screenings, contact CASBHC Director of Clinical Programs Deidre Callanan at callanan@casbhc.org to arrange for training.

Oral Health Policy Update

As of this date of publication, Colorado’s budget for the state fiscal year 2014-15, which is being considered by the legislature, includes funding to reimburse primary care providers for applying fluoride varnish up to three times per year to Medicaid-enrolled children 5 years of age and older. The CASBHC Chronicle will provide updates on this and other legislative accomplishments in the next issue.
The Colorado Children's Campaign has released its 2014 *Kids Count in Colorado!* report. Colorado continues to make strides in improving children's wellness, according to the report. Enrollment in the Supplemental Nutrition Assistance Program, CHP+, Medicaid and other similar programs has improved. That means that the numbers of food insecure households and eligible but not insured kids have gone down.

The report offers detailed information about children’s health and wellness, and it gives specific data about each county. Get more information and download the report for free [here](#).

**Kids on Medicaid and CHP+ to get 12 Months of Continuous Coverage**

Great news for school-based health center patients and staff! Patients under 19 covered by CHP+ or Medicaid will now receive 12 months of continuous coverage, even if their families’ income or size changes.

Families do not need to do anything to receive this coverage.

A full year of insurance will solve the common problem of children going in and out of coverage, depending on their parents’ rapid changes in job status. The Department of Health Care Policy and Financing (HCPF) expects over 535,000 children to benefit from this change in policy.

HCPF Executive Director Susan E. Birch said that this coverage will significantly improve children's health in Colorado. “Twelve months of continuous coverage for Medicaid and CHP+ children will foster continuity of care, provide consistent access to preventive services and shift towards greater use of primary care medical homes,” she said. “Continuous coverage also helps to facilitate relationship development between health care providers, children and parents.”

**Colorado gets a C on kids’ Health**

The Colorado Health Foundation released its Colorado Health Report Card in March. Colorado kids were rated average: a “C” grade and ranked 24.8th healthiest in the country.

Colorado kids are up from 2012’s D+ ranking, giving public health officials something to celebrate.

Key rankings of interest to the SBHC community:

- 5.3% of Colorado kids have a medical home: 35th in the country
- 22.4% received comprehensive oral health care: 29th in the country
- 10.9% of children are obese: 5th in the country
- 7.3% are not covered by public or private insurance: 37th in the country
2014 CONFERENCE UPDATE

Registration is open for the CASBHC conference May 1-2 at the DoubleTree by Hilton in Aurora.

Register by April 15 for an early bird discount.

An even larger discount is available to CASBHC members. Discounted rooms are also available for the conference and through the weekend for anyone who wants to take advantage of a lovely spring in Denver.

The keynote speaker is Colorado Department of Public Health and Environment Executive Director and Chief Medical Officer Dr. Larry Wolk. He will speak about the future of the SBHC model in an era of payment reform, technological progress, and delivery model shifts.

We will also welcome Dr. Tista Ghosh, the director of disease control and environmental epidemiology. Dr. Ghosh will speak about the ways marijuana legalization will affect Colorado’s school children.

Breakout sessions include rebranding for SBHCs, treating concussion and self-injury, approaching Attention Deficit and Hyperactivity Disorder medication, treating obesity, and many, many more.

CASBHC is still accepting nominees for our 2014 Inspiration Awards. Please see our website for the nominating categories, guidelines and form.

We want to help honor the people who inspire you!

WELCOME NEW CASBHC STAFF!

CASBHC welcomes its new director of engagement, Elizabeth Freudenthal. Freudenthal most recently worked in development and communications for Growing Home, a Westminster nonprofit helping children and their parents break the cycle of poverty.

Prior to that, she earned a PhD researching mental illness in literature and teaching courses in multimedia communications. Freudenthal was also a market researcher and a journalist before transitioning to the nonprofit sector. She is thrilled to use this new position to help increase children's wellness in Colorado.