MEMORANDUM

JOINT BUDGET COMMITTEE

TO	Joint Budget Committee Members
FROM	Megan Davisson, JBC Staff (303-866-2062)
DATE	March 17, 2017
SUBJECT	Tabled and Comeback Items for the Department of Public Health and Environment

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TABLED - IMMUNIZATION PERSONAL SERVICES AND IMMUNIZATION OPERATING COSTS

The Committee tabled the Immunization Personal Services and Immunization Operating Costs line items pending additional information from the Department. The discussion is broken down into two parts:

(1) Additional Information
(2) Staff line item recommendations

The recommendations have not changed from the original recommendations made during the February 14, 2017 figure setting presentation.

(1) NEW INFORMATION

OVERVIEW

Pursuant to Section 25-4-2403, C.R.S., the Department operates the Colorado Immunization Information System (CIIS), a confidential, secure, web application that consolidates immunization records for Coloradans of all ages. No other comprehensive system like this exists in Colorado. Anyone can opt out of having their immunization information in CIIS at any time. Since its inception, CIIS has had no security breaches or data losses. As of February 2017, CIIS has documented 58,139,499 immunizations for 5,271,910 patients. In 2016, healthcare providers and local public health agencies (LPHAs) recorded 3,348,789 doses of administered vaccines.

IMPACTS OF A FUNDING REDUCTION

If the General Fund appropriations for the Immunization Program were reduced, CIIS would no longer be able to operate. CIIS currently has 11.0 FTE (plus one vacancy) and operates on a modest state budget as well as one-time federal funds that expire September 29, 2017 and primarily support federally mandated registry enhancements.

1 How many providers use the CIIS? What percent of all providers use the CIIS?

- 2,467 clinics and 8,082 schools and childcares, representing 4,992 users, participate in CIIS.
- 942 hospitals and clinics report data electronically to CIIS.

The Department was unable to get a count of comparable information on the number of providers statewide, because most counts are of individual providers such as physicians and mental health counselors, while the immunization program uses the term "providers" to refer to clinics and practices that offer immunizations.

2 What would providers do if there is no funding for the CIIS?

A reduction or cut in funding for CIIS would have a deep impact in Colorado as there is no other comprehensive immunization system like CIIS. The 2,467 provider offices using CIIS would no longer have access to accurately forecasted immunizations per the Advisory Committee on Immunization Practices (ACIP) schedule and patients' immunization histories and age. Providers will no longer benefit from access to a patient's immunization history entered into CIIS by another provider, leading to over immunization and wasted time and money. The 579 provider offices that participate in the Vaccines for Children (VFC) program will no longer be able to order or manage their VFC vaccine through CIIS and will have to revert back to faxing/emailing vaccine orders and monthly vaccine inventory counts. 43 out of 53 LPHAs don't have an EHR and use CIIS to manage patient immunization records. Those LPHAs without an EHR will go back to managing tens of thousands of paper records.

3 Are there options other than state funds to support the CIIS?

No, CIIS does not have a source of ongoing funding beyond state general fund. CIIS currently operates on a modest state budget as well as one-time federal funds that expire September 29, 2017. These one-time federal funds primarily support federally mandated registry enhancements.

4 Do providers who use the CIIS receive EHR incentives – if so, who pays the incentives and how much are they?

The Department is under the impression that some providers who use CIIS receive EHR incentive payments; however, this information has not been formally requested of the providers by CDPHE because it is outside the scope of the CIIS system. The Department tracks how many providers register with CDPHE regarding their intent for the Meaningful Use immunization registry reporting objective. As of February 2017, the department has received 337 unique registrations of intent for Stage 2 Meaningful Use.

HCPF administers Colorado's Medicaid EHR incentive program. The Medicare EHR incentive program is administered at the federal level by CMS.

5 Is there a statutory requirement for the CIIS to exist?

Per Section 25-4-2403, C.R.S., (2) To enable the gathering of epidemiological information and investigation and control of communicable diseases, the Department of Public Health and Environment may establish a comprehensive immunization tracking system with immunization information gathered by state and local health officials from the following sources: practitioners, clinics; schools; parents, legal guardians, or persons authorized to consent to immunization pursuant to section 25-4-1704; individuals; Managed care organizations or health insurance plans in which an individual is enrolled as a member or insured, if such managed care organization or health insurer reimburses or otherwise financially provides coverage for immunizations; Hospitals; the Department of Health Care Policy and Financing with respect to individuals who are eligible for coverage under the "Colorado Medical Assistance Act", articles 4, 5, and 6 of title 25.5, C.R.S.

IMPACTS OF A FUNDING REDUCTION

Immediate impacts beginning July 1, 2017:

- Laying off 8.0 FTE who perform the following duties:
- Support healthcare providers, LPHAs, schools and childcares through training, outreach and technical assistance.
- Support the public by providing copies of their certificates of immunization for school entry, childcare enrollment, sports, camp enrollment and employment requirements.
- Support schools/childcares in ensuring students are in compliance with school-required vaccines.
- Maintain data quality in CIIS through analyzing the completeness, accuracy and timeliness of data reported to the registry.
- Cease maintenance and support of the immunization registry. CIIS will no longer have a vendor contract to receive baseline upgrades, system patches nor vendor support if the system breaks.
- Discontinue development of new electronic data interfaces for healthcare providers, hospitals and LPHAs. This includes implementing interfaces through the Colorado Regional Health Information Organization (CORHIO). Without establishing new electronic data exchanges, CIIS would not receive data from providers not currently connected to the registry.

Longer-term impacts beginning October 1, 2017 (due to ceased maintenance/support and federal grant loss)

- Reduced forecasting capabilities for needed vaccines. This could lead to patients receiving incorrect vaccines or not receiving vaccines altogether. CIIS recommends vaccines based on the Advisory Committee on Immunization Practices (ACIP) schedule and a patient's age and known vaccination history. The ACIP schedule changes annually; CIIS will no longer have vendor support to update the forecasting algorithm.
- Reduced efficiency and support for ordering for the Vaccines for Children (VFC) program. VFC is a federally-funded program designed to reduce the cost and access barriers for receiving immunizations. The Colorado VFC Program utilizes CIIS to electronically manage the approximately 5,000 orders received for VFC vaccine annually and to ensure dose-level accountability of those vaccines, as required by CDC. In 2016, 1,031,014 doses of vaccine worth approximately $45,000,000 were ordered by 579 clinics across Colorado for the 740,000 (54%) children 18 and younger who are eligible for the program. If CIIS were no longer in operation, those clinics would revert back to ordering VFC vaccine and submitting monthly vaccine inventory counts, as required by CDC, via fax or email, which will result in an increased burden on providers. The VFC Program would need to hand-enter orders and monthly inventory counts directly into CDC's vaccine management system instead of transmitting the orders electronically from CIIS. This will increase VFC Program staff workload and the likelihood for data entry errors and result in delays for VFC providers to receive their vaccine.
- Loss of accurate, accessible patient immunization histories. Providers and LPHAs will no longer benefit from access to a patient's immunization history entered by another provider. This will lead to over-immunization of some patients, wasting money and time on the part of providers and patients.
- Reduced support for the investigation and control of vaccine preventable disease outbreaks. In the current mumps outbreak, 34 cases have been reported. Most cases do not remember their vaccine history.

- Discontinue support for Electronic Health Record (EHR) Meaningful Use attestation process. Submitting data to a state immunization registry is one of the objectives that must be met to receive payments from the Medicaid and Medicare Meaningful Use EHR Incentive Program, unless an exclusion is granted. Healthcare providers and hospitals need acknowledgement letters from state health departments confirming they have met one or more public health objectives and CIIS will no longer have staff to support creation of these letters.
- Some LPHAs will no longer have an electronic health records (EHR) system to manage patient immunizations. While 10 LPHAs have an EHR to manage their patient's health information, the remaining 44 do not. For vaccines, those LPHAs without an EHR utilize CIIS to manage their patients' immunization histories and to provide current immunization records. If CIIS were no longer in operation, those LPHAs without an EHR would have to go back to manually managing paper immunization records.

Budget

	PERSONNEL (SALARY AND POTS)	OPERATING	NOTES
FY2015-2016 (actual)			
State	$544,368	$175,120	Support 7.0 CIIS FTE and registry costs.
Federal	$787,075	$1,791,894	Personnel reflects CIIS staff and other Immunization Branch staff.
FY2016-2017 (estimated)			
State	$632,971	$219,345	Supports 7.9 CIIS FTE and registry costs. None of the operating funds supported the development of the online exemption form.
Federal	$423,884	$1,157,955	Personnel reflects 4.1 FTE in CIIS. These are one-time grants set to expire September 29, 2017. No new grants are currently being offered.

(2) STAFF LINE ITEM RECOMMENDATIONS

LINE ITEM DETAIL - DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY DIVISION

(A) ADMINISTRATION, GENERAL DISEASE CONTROL AND SURVEILLANCE

IMMUNIZATION PERSONAL SERVICES

This line item funds the personnel expenses of the Immunization Program.

STATUTORY AUTHORITY: Sections 25-4-901 through 909, and 25-4-1701 through 1711, C.R.S.

REQUEST: The Department requests an appropriation of $4,075,604 total funds, of which $1,289,604 is General Fund and 25.3 FTE. The request does not include any changes from the FY 2016-17 appropriation.

RECOMMENDATION: Staff recommends the Department's request for an appropriation of $4,075,604 total funds, of which $1,289,604 is General Fund, and 25.3 FTE. The recommendation is calculated in accordance with Committee policy.

IMMUNIZATION OPERATING EXPENSES

This line item funds the operating expenses of the Immunization Program.

STATUTORY AUTHORITY: Sections 24-22-117 (1) (l) (b), 25-4-901 through 909, and 25-4-1701 through 1711, C.R.S.

REQUEST: The Department requests an appropriation of $51,433,054 total funds, of which $937,468 is General Fund and $403,930 is General Fund Exempt. The request includes the following change from the FY 2016-17 appropriation:

- A reduction of $28,660 General Fund Exempt to account for the Department's Amendment 35 revenue forecast.

RECOMMENDATION: Staff recommends an appropriation of $51,119,269 total funds, of which $937,468 is General Fund and $440,340 is General Fund Exempt. The recommendation includes the following differences from the request:

- An increase of $7,750 General Fund Exempt for the Amendment 35 revenue adjustment;
- A reduction of $350,195 cash funds based on the FY 2017-18 Tobacco Master Settlement Agreement revenue projection and available fund balance of the Colorado Immunization Fund;

The recommendation is based on an adjustment to the amount of Tobacco Master Settlement Agreement money that is projected to be available for these operating expenses. The following is a brief discussion for how the recommendation on Tobacco Master Settlement Agreement money is calculated.

The amount of Tobacco Master Settlement Agreement money available for immunization operating expenses is dependent on the amount of funds transferred to HCPF for cervical cancer vaccinations and the amount of funds used for indirect cost assessment. Starting in FY 2007-08 a portion of the

money that the Colorado Immunization Fund receives each year have been appropriated to the Department of Health Care Policy and Financing (HCPF) rather than to this Department (CDPHE), for cervical cancer vaccinations (also known as human papillomavirus vaccinations or HPV vaccinations) for Children's Basic Health Plan participants. This diversion was established in the appropriation clause of H.B. 07-1301 Cervical Cancer Immunizations, but is not required by statute. During the FY 2012-13 figure setting staff learned that the transfer was not based on a calculation of the actual costs. In response to the issue, the Committee approved the staff recommendation to make the transfer to HCPF equal to 19.5 percent of the Tobacco Master Settlement Agreement revenue allocated to immunizations, based on the intent of the General Assembly in H.B. 07-1301.

Based on the Committee approved Tobacco Master Settlement allocation to the Colorado Immunization Fund, the following table outlines how much will be diverted to HCPF and how much remains for Immunization Operating Expenses.

TOBACCO MASTER SETTLEMENT REVENUES FOR IMMUNIZATION PROGRAM	
	CASH FUNDS
FY17-18 Tobacco Master Settlement Agreement allocated to the Colorado Immunization Fund	$2,009,458
Recommended diversion to HCPF - 19.5% of FY 15-16 revenue	(381,797)
Indirect Costs	(34,520)
Uncommitted Colorado Immunization Fund balance	98,320
Total Funds for Immunization Operating Expenses	**$1,691,461**

The recommendation for this line item is calculated in accordance with Committee policy and outlined in the following table.

DISEASE CONTROL AND ENVIRONMENTAL EPIDEMIOLOGY DIVISION, ADMINISTRATION, GENERAL DISEASE CONTROL AND SURVEILLANCE, IMMUNIZATION OPERATING EXPENSES					
	TOTAL FUNDS	GENERAL FUND/1	CASH FUNDS	FEDERAL FUNDS	FTE
FY 2016-17 APPROPRIATION					
HB 16-1405 (Long Bill)	$50,280,772	$1,370,058	$860,714	$48,050,000	0.0
HB 16-1408 (Cash Fund Allocation for Health-related Programs)	$1,180,942	$0	$1,180,942	$0	0.0
TOTAL	**$51,461,714**	**$1,370,058**	**$2,041,656**	**$48,050,000**	**0.0**
FY 2017-18 RECOMMENDED APPROPRIATION					
FY 2016-17 Appropriation	$51,461,714	$1,370,058	$2,041,656	$48,050,000	0.0
Amendment 35 tobacco tax revenue adjustment	7,750	7,750	0	0	0.0
Tobacco Master Settlement Agreement revenue adjustment	(350,195)	0	(350,195)	0	0.0
TOTAL	**$51,119,269**	**$1,377,808**	**$1,691,461**	**$48,050,000**	**0.0**
INCREASE/(DECREASE)	**($342,445)**	**$7,750**	**($350,195)**	**$0**	**0.0**
Percentage Change	(0.7%)	0.6%	(17.2%)	0.0%	0.0%
FY 2017-18 EXECUTIVE REQUEST	**$51,433,054**	**$1,341,398**	**$2,041,656**	**$48,050,000**	**0.0**
Request Above/(Below) Recommendation	$313,785	($36,410)	$350,195	$0	0.0

1 Includes General Fund Exempt. The Amendment 35 revenue adjustment is all General Fund Exempt.

TABLED - SCHOOL-BASED HEALTH CENTERS

The Committee tabled the School Based Health Centers line items pending additional information from the Department. The discussion is broken down into two parts:

(1) Additional Information
(2) Staff line item recommendations

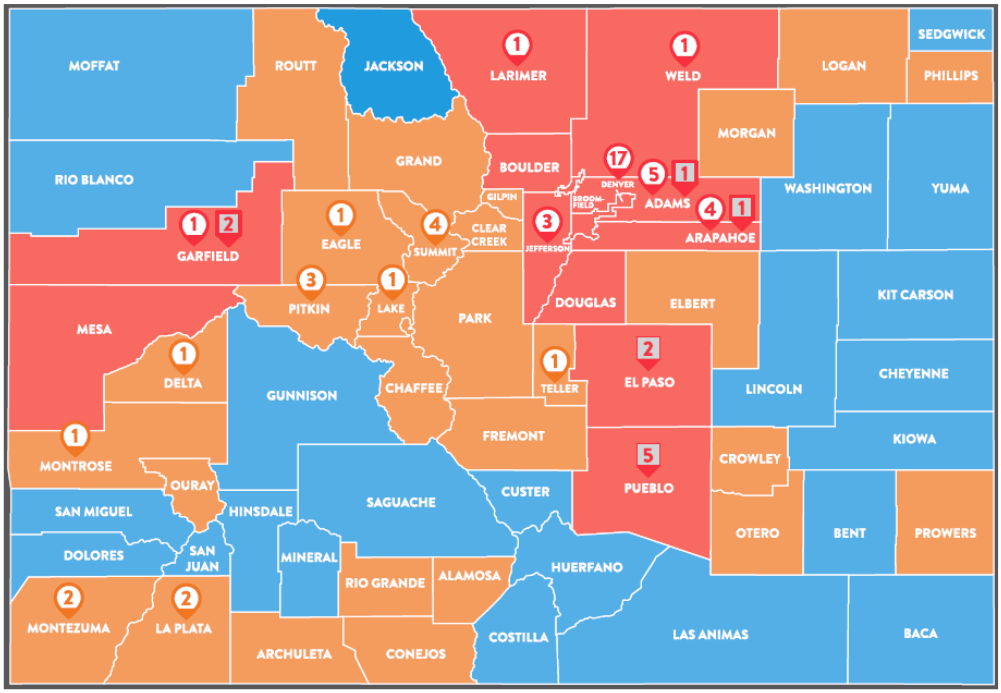
The recommendations have not changed from the original recommendations made during the February 14, 2017 figure setting presentation.

(1) ADDITIONAL INFORMATION

SCHOOL-BASED HEALTH CENTERS

There are a total of 59 School-based Health Center (SBHC) sites in Colorado. Forty-eight SBHCs receive funding through the CDPHE School-Based Health Center program. Sixteen are located in rural counties, and 32 are located in urban counties. CDPHE recently received a SBHC Program planning application from one frontier community in Dolores County.

SCHOOL-BASED HEALTH CENTERS (SBHCs) BY RURAL, URBAN AND FRONTIER COUNTIES, 2016 - 2017



KEY:

CDPHE FUNDED	0 FRONTIER COUNTY SBHCs	16 RURAL COUNTY SBHCs	32 URBAN COUNTY SBHCs	48 TOTAL SBHCs
NON-CDPHE FUNDED	0 FRONTIER COUNTY SBHCs	0 FRONTIER COUNTY SBHCs	11 URBAN COUNTY SBHCs	11 TOTAL SBHCs

The program works closely with the Colorado Association of School Based Health Centers on statewide outreach to schools and communities and conducts broad outreach to promote Request for Applications for program funding. Anyone is eligible to apply for a planning phase grant to explore the possibility of a new SBHC or to expand existing SBHCs, but thus far frontier communities have not applied, primarily due to the lack of providers and population base needed to make a SBHC sustainable.

SERVICES PROVIDED

A variety of services are required to be offered on-site. These services include: well child-adolescent exams, sports physicals, triage of medical emergencies, medical case management of chronic conditions, care coordination, physical/sexual abuse identification and reporting, resource support for comprehensive health education, oral health assessments, substance abuse screening, crisis intervention, and more. Included as an appendix to this document is the menu of services.

Other services may be provided on-site or by referral. These optional services include: well-child care of children and/or sibling of a SBHC user, STI counseling, prenatal care, preventive oral health, psychiatric evaluation and treatment, substance abuse counseling/ treatment services, substance abuse prevention, family and community health education, and more.

POPULATIONS SERVED BY SCHOOL-BASED HEALTH CENTERS

Pursuant to the SBHC Program statute, SBHC sites prioritize care for low-income children and youth, defined as ages birth to <21 years. The SBHC Program statutes also permits care for low-income people in the broader community; however, service to the broader community is dependent on support from the local school board, school district, and host school because there are implications to community members using a SBHC located on or in school property, particularly during school hours. It is also contingent upon availability of space, funding, resources, and local health care professionals, including primary care, behavioral, and oral health care providers because SBHCs are required to implement an integrated model of care. Included as an appendix is the list of CDPHE grantees, location by county, number of users by site, and service to the broader community.

HOW DO CENTERS EXPAND THE ACCESS TO CARE?

Many families still face barriers to healthcare access. Lack of insurance coverage, transportation, time off work, and childcare keep many low-income families from seeking healthcare. Many community clinics have limited capacity to serve nearby residents. As the number and quality of SBHCs grow, they can help alleviate these barriers.

IMPORTANCE OF SCHOOL BASED HEALTH CENTERS

Research completed nationally shows SBHCs improve access to care, health outcomes, and education. Research also shows that students are more likely to do well and stay in school when their healthcare needs are met. SBHCs help children and youth have better health outcomes related to conditions like asthma, and reduce emergency room visits and hospitalizations, which reduces health care costs. The Community Preventive Services Task Force recommends SBHCs in low-income communities to help increase

(2) SCHOOL-BASED HEALTH CENTERS LINE ITEM RECOMMENDATION

SCHOOL-BASED HEALTH CENTERS

This line item funds grants to school-based health centers (SBHCs) and the associated department administrative costs. House Bill 06-1396 created the School-Based Health Centers Grant Program to provide state support of school-based health centers. SBHCs provide medical and behavioral care to school child during the school day, and are run by the school districts in cooperation with other health service providers such as hospitals, medical providers, and community health centers.

STATUTORY AUTHORITY: Sections 25-20.5-501 through 503, C.R.S.

REQUEST: The Department requests an appropriation of $5,000,000 General Fund and 2.4 FTE. The request does not include any changes from the FY 2016-17 appropriation.

RECOMMENDATION: Staff recommends the Department's request for an appropriation of $5,000,000 General Fund and 2.3 FTE. The appropriation was reduced in FY 2016-17 based on the recent actual expenditures of the line item and provided a small buffer so that School-Based Health Centers are properly funded once they are fully operational. Funding for School-Based Health Centers was increase to the current level in FY 2013-14. The recommendation is calculated in accordance with Committee policy.

WATER QUALITY IMPORVMENET FUND

The Committee requested a Staff Comeback related to Options for the water quality Improvement Fund

REQUEST: The Department did not request a change to the Water Quality Improvement Fund.

RECOMMENDATION: Staff recommends the Committee sponsor legislation capping the balance of the Water Quality Improvement Fund at $1.5 million and require any revenue above that amount be credited to the General Fund. Staff also recommends for FY 2017-18 the legislation:

- Transfer $1,575,436 from the Water Quality Improvement Fund to the General Fund, and
- Appropriate $732,804 for Water Quality Improvement Projects.

This recommendation would increase FY 2017-18 General Fund revenue by $1,575,436. The increase would be ongoing in future years.

ANALYSIS: The Water Quality Improvement Fund is used to provide grants for storm water projects, to assist with planning, design, construction, or repair of domestic wastewater treatment works, or for the non-federal match for nonpoint source projects[1]. Revenue for the Water Quality Improvement Fund is from penalties collected for water quality violations. The Water Quality Improvement Fund is projected to have a FY 2015-16 excess uncommitted reserve of $2,082,414 and a FY 2016-17 excess uncommitted reserve of $2,423,156. The following table summarizes the Water Quality Improvement Fund's excess uncommitted reserves and allowable excess uncommitted reserve for the past four years.

WATER QUALITY IMPROVEMENT FUND

	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Beginning Fund Balance	$694,014	$1,805,441	$3,420,461	$3,164,004	$3,839,401
Revenue	1,411,048	1,862,672	1,207,282	1,186,861	1,236,861
Expenditures	(299,621)	(247,652)	(255,732)	(511,464)	(767,196)
HB 16-1413 Transfer	n/a	n/a	(1,208,007)	n/a	n/a
Ending Fund Balance	**$1,805,441**	**$3,420,461**	**$3,164,004**	**$3,839,401**	**$4,309,066**
Uncommitted Reserve	1,793,737	3,395,399	3,145,621	3,821,018	4,240,683
16.5% Allowable Reserve	49,437	40,863	241,517	84,395	126,587
Funds in Excess of Allowable Reserve	1,744,300	3,354,536	2,904,104	3,736,623	4,114,096

The Department has not spent more than $770,000 from the Water Quality Improvement Fund over the last three years and does not have a request for FY 2017-18 to increase spending authority. While the intent of the fund is to provide a funding source for grants to communities impacted by water quality violations, the expenditures from the fund indicate the demand for these grants is not as large.

The Water Quality Improvement Fund has provided grant funding for water quality improvement projects that are critical to protecting public health and water quality. In addition, the fund also

[1] Nonpoint source pollution is caused by rainfall or snowmelt moving over and through the ground. As the runoff moves, it picks up and carries away natural and human-made pollutants, finally depositing them into lakes, rivers, wetlands, coastal waters and ground waters. Nonpoint source projects address nonpoint source pollution.

provides training opportunities to provide education of best stormwater management practices. The department believes it is necessary and appropriate to initiate a dialogue with stakeholders prior to any changes to this fund. Recent projects include financial support for wastewater treatment plant upgrades to address the following:

- Effluent quality;
- Advanced stormwater treatment to protect waterways;
- Upgrades to aging infrastructure such as wastewater collection lines; and
- Streambank restoration projects to reduce sedimentation which can impact aquatic life.

The Water Quality Improvement Fund was created by HB06-1337 (and amended by HB 11-1026). The purpose of the fund is to improve water quality in Colorado by providing grant funds for water quality improvement projects using civil penalties collected by the Water Quality Control Division from water quality violations. Beginning in 2006, all civil penalties collected for violations of the water quality program requirements are deposited into this fund. Funds are used for the following purposes:

- Category 1: Stormwater management and best practices training.
- Category 2: Projects that improve water quality in the community or water body which has been impacted by a water quality violation.
- Category 3: Projects that plan, design, construct or repair stormwater projects and wastewater facilities identified in the current fiscal year Water Pollution Control Revolving Fund Intended Use Plan and
- Category 4: The non-federal financial match for the current fiscal year's nonpoint source projects as approved by the Water Quality Control Commission.

The Water Quality Control Commission promulgates regulations necessary to administer the grants. Entities eligible to receive funding under the program include: governmental agencies, publicly owned water systems, private, not-for-profit public water systems, not-for-profit watershed groups, not-for-profit stormwater administrators and training providers, and private landowners impacted by water quality violations. Entities that pay a Colorado Water Quality Control Act civil penalty are prohibited from receiving a grant from the fund for a period of five years from the date of payment of the penalty.

NUMBER	OPTION	FY 2017-18 GENERAL FUND IMPACT
1	Repeal the Water Quality Improvement Fund and credit all fines to the General Fund. Within this option General Fund could be appropriated for the current projects funded by the Water Quality Improvement Fund.	$3.2 million
2	Cap the Water Quality Improvement Fund and transfer anything above the cap to the General Fund	If cap is $1.5 million, then General Fund would receive $1.7 million
3	Cap the Water Quality Improvement Fund and transfer anything above the cap to the Small Communities Water and Waste Water Fund	$0
4	Make no statutory changes to the Water Quality Improvement Fund and increase the appropriation.	$0
5	Do nothing.	$0

Department would prefer to maintain the status quo regarding the Fund. Staff recommends the Committee sponsor legislation capping the balance of the Water Quality Improvement Fund at $1.5 million and require any revenue above that amount be credited to the General Fund. Staff also recommends for FY 2017-18 the legislation:

- Transfer $1,575,436 from the Water Quality Improvement Fund to the General Fund, and
- Appropriate $732,804 for Water Quality Improvement Projects.

Staff makes this recommendation for two primary reasons. First the Department indicated in early discussions about the Fund that a balance of $1.5 million would be sufficient for these grants, therefore staff is recommending the Fund be allowed to retain a balance of $1.5 million. Second increasing the appropriation so that the Department can expend $1.5 million will ensure the funds are able to be granted for projects. Additionally, by increasing the appropriation the General Assembly will be able to measure the annual demand for these types of grants.

ADDITIONAL INFORMATION ON HEALTH KIDS COLROADO SURVEY

The Committee voted 3-3 to not fund the Healthy Kids Colorado Survey. The Committee requested additional information on the impact of this decision.

ADDITIONAL INFORMATION

The Healthy Kids Colorado Survey (HKCS) serves as the state's version of the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Survey (YRBS). This allows Colorado to compare results with other states and with national results. Collecting the information in one survey allows statisticians to look at relationships across multiple health behaviors: for example, associations between school performance and marijuana use, or between marijuana use and other substance use. Policy makers can then develop policies based on that information to protect the health and safety of Colorado's youth. The intent is to continue this collaboration in order to have one, unified approach implemented on a long-term basis. This improves the value of health data provided to schools, communities, youth, parents, and public health agencies.

The HKCS collects youth health data related to numerous topics such as marijuana use, other drugs, alcohol, tobacco, physical activity, nutrition, safety and other risk/protective factors in order to develop interventions and supports to keep Colorado's youth healthy and safe.

Local public health agencies, state partners, school districts, parents and students use data from HKCS to inform their communities on how to support growing the healthiest youth in the country. The results of the survey are intended to help with such things as: inform the creation of programming to support students' academic success, provide direction for schools and communities to address health issues, inform parents on relevant topic areas that enhance parent-child conversations about their health and well-being and secure program funding for schools, community organizations, and local and state government agencies. For example, Celebrating Healthy Communities Coalition in La Plata County utilizes HKCS to help schools use their data to determine which issues confront their students and to work with parents to create appropriate messaging and parent tips to talk to their youth about substance abuse.

CONSEQUENCES OF NO SURVEY IN 2017

Without this funding stream, the Healthy Kids Colorado Survey would still be administered in schools and aligned with the Centers for Disease Control and Prevention's Youth Risk Behavior Survey. However, it would greatly impact many communities and schools by limiting the availability of localized data they rely on to determine the prevalence and trends of youth health outcomes locally, prioritize health-based intervention or program areas, evaluate health-based interventions and programs, and demonstrate a need when applying for funding.

<u>Decrease the Sample Size</u>

Without this funding stream, the Healthy Kids Colorado Survey would be forced to minimize the sample size of the survey from a sample of 25,000 middle and high school students to less than 2,000 high school only students.

- This smaller sample size would make it nearly impossible to look at the health of subgroups of students such as by age, grade, or race/ethnicity.

  - For example, currently it is possible to look at regular marijuana use by each individual grade level (6th-12th). With a small statewide sample, the survey would only be able to look at marijuana use of high school students as a whole.
- The survey would no longer be able to sample middle schools.
- This limits the analysis of protective factors which is essential to helping the Department support young people to make healthy decisions or avoid risky health behaviors.

Statewide Report Only

Without this funding stream, the Healthy Kids Colorado Survey would only generate statewide results, as the smaller numbers would likely trigger suppression criteria for any localized analysis.

- It would eliminate the capacity to generate data reports and summary tables for schools and school districts. Currently, schools and districts rely on their local data and reports to address the specific health and wellness need of their student body at either the building level or the district level.
- It would eliminate the capacity to generate regional reports (based on CDPHE's 21 Health Statistics Regions). Currently, the sample is based on surveying a representative number of students in each region. Statewide results would be heavily influenced by the metro area as the sample is based on school enrollment numbers and the random sample would select schools in larger districts. These regional reports help school districts set policies to protect young people and promote health behaviors.

Administered in Sampled Schools Only

Without this funding stream, the Healthy Kids Colorado Survey would be available to only those schools that were selected in the sample.

- It would eliminate the opportunity for schools not selected in the sample to participate at no cost to the school.
- Currently, many schools not selected in the state sample choose to administer the survey anyway because they rely on their school-level data and reports to address the specific health and wellness need of their student body.

6 Provide information on why the Medical Marijuana Registry requires 18.6 FTE.

The Medical Marijuana Registry reduced FTE in FY 2013-14 from 25.9 FTE to 24.3 FTE and again in FY 2015-16 from 24.3 FTE to 18.6 FTE due to successful process improvement initiatives. The registry is transitioning to an online system to further improve program operations and customer service, however, the registry is continuing to accept paper forms as a result of stakeholder feedback.

The Medical Marijuana Registry processed approximately 110,700 pieces of mail in calendar year 2016, with an average of 9,225 pieces of mail received per month. Since the online system went live, the registry has received 10,003 pieces of mail from January 1 to February 13.

Adequate staffing is required to approve, add, delete, and/or modify registry records. Online applications do not require data entry but do require staff time to review the documentation submitted electronically to ensure that the applicant meets registration requirements (identify, residency, custody for minor patients, etc.) In addition, FTE are required to manage the daily operations of the program; operate and maintain the registry IT systems; run and analyze registry

statistics; communicate with registry stakeholders; identify fraudulent activity; conduct research for and testify in court cases; track and maintain financial records; and more.

The Registry will continue to monitor staffing requirements as the use of the online system increases and mail volumes decrease to determine future FTE savings, however, at this time, the current FTE allocation is required to maintain program operations.

HKCS data is a required component of a multitude of federal and state funding streams to generate grant performance measures, conduct gap analyses, and evaluate program impacts. This includes grants from the CDC and the Substance Abuse and Mental Health Services Administration (SAMHSA) each of which provide millions of dollars in state programming directly to CDPHE and other state agencies on an annual basis.

There will be an additional burden on the Colorado Youth System (CO9to25) as current outcome indicators for the Youth Development Plan (HB13-1239) are collected through HKCS. State statute requires the CO9to25 to use existing youth health surveillance data to measure outcomes. Without HKCS, there is no other youth health surveillance system in Colorado and additional funding would be required to develop necessary data.

Further, CDPHE uses the results to report on state youth health indicators, demonstrate what is needed to improve young people's health, support grant applications and identify priority youth populations in most need of resources to improve their health.

Without HKCS, many communities and schools would lose the localized youth health data they rely on to determine the prevalence and trends of youth health outcomes locally, prioritize health-based intervention or program areas, and evaluate health-based interventions and programs. Many communities in Colorado use HKCS data to support applications for funding streams that require youth health data. Communities in Colorado, such as La Plata and Eagle Counties, would lose access to data that supports over $2.7 million in grant funding in grant applications and reports.

ITEMS FOR WHICH THE COMMITTEE REQUESTED ADDITIONAL INFORMATION – NO ACTION IS REQUIRED

R4 RURAL LANDFILLS

The Committee requested additional information on the fee increase that would be required to fund R4 Rural Landfills with cash funds only.

BACKGROUND: The following is the request and recommendation on R4 Rural Landfills. The Committee accepted staff recommendation.

> *REQUEST:* The Department requests $250,000 cash funds from the Solid Waste Cash Fund to assist fifteen local governments with addressing twenty-two inadequate landfills. The request also includes roll forward authority for FY 2018-19 in the event the work is not completed in FY 2017-18.
>
> *RECOMMENDATION*: Staff recommends an appropriation of $1,595,000 total funds, of which $1,345,000 is General Fund and $250,000 is cash funds from the Solid Waste Management Fund. Staff also recommends a roll forward footnote be included for this amount so that the funding is available in the event the work is not completed by the end of FY 2017-18.

R4 RURAL LANDFILLS			
	TOTAL FUNDS	GENERAL FUND	CASH FUNDS
Request	$250,000	$0	$250,000
Recommendation	1,595,000	1,345,000	250,000
Difference (Rec.-Request)	1,345,000	1,345,000	0

In order to fully fund the $1,595,000 increase with cash funds, a fee increase of approximately $.05/cubic yard to the existing $.13/cubic yard Solid Waste Program fee would be needed. However, a fee increase would require thorough stakeholder involvement and approval from the Solid and Hazardous Waste Commission.

This type of an increase, and the beneficiaries of the increase, would receive close scrutiny from the other fee payers and stakeholders due to the expectation that the 40 biggest landfills will be paying more than 95% of the fee increase, which would benefit only the 20 smallest landfills.

PAINT STEWARDSHIP PROGRAM

The Committee requested additional information on the Paint Stewardship Program.

Per C.R.S. 25-17-404, the paint stewardship organization (PaintCare, Inc.) collects $0.35 on pints and quarts, $0.75 on 1-gallon containers, and $1.60 on 5-gallon containers.

Who administers the Program?
The Solid Waste Program receives approximately $120,000 annually for oversight of the program. Per statute, PaintCare, Inc. collects the fee, runs the program and passes a portion to the Department to oversee the program. The appropriation and 1.0 FTE for this program is located within the (6) Hazardous Materials and Waste Management Division, (C) Solid Waste Control Program.

Where is the revenue shown in either the Long Bill or the Revenue Forecast?
The revenue from the Paint Stewardship Program does not appear in the budget. This is due to the fact that the enabling statute, found at C.R.S. 25-17- 401, et seq, routes the fee revenue directly to the paint stewardship organization, which in Colorado is PaintCare, Inc. The next annual report from PaintCare, Inc. is due out in April of 2017. Additional information, including the April 2016 report from PaintCare, Inc. can be found at: https://www.colorado.gov/pacific/cdphe/paint-stewardship

ILLEGAL DUMPING CLEANUP EFFORTS

The Committee requested additional information on the Department's efforts to clean up illegal dumps.

Issues with illegal dumping of trash are typically handled at the local level. For waste tires, there are currently 44 illegal waste tire piles throughout Colorado which still require clean-up. The Division is currently working to identify potentially responsible parties to fund clean-up efforts at those locations before waste tire clean-up funds are utilized.

Through feedback received from complaints, the Division determines where issues exist with illegal dumping of trash and other wastes. If the illegal dump site is high risk to people or surface water or groundwater, then CDPHE will begin enforcement proceedings against the perpetrator and/or landowner to get the site appropriately cleaned up. If the site is lower risk, then the Division will refer the site to the local government for follow-through.

7

How many illegal waste dumps are there?

The Division does not have an exact number of illegal waste dumps in Colorado; however, at the latest update, the Division was aware of approximately 10 - 15 illegal waste dumps in Colorado. Again, through the complaint/feedback process, the Division becomes aware of new illegal waste dumps each month.

How are illegal dumps cleaned up?

CDPHE will initiate enforcement proceedings against the perpetrator to encourage the perpetrator of illegal dumping to clean it up. If the Division does not know who that is, or if they are not economically viable, then the Division will enlist the efforts of the landowner to clean up the site. Perpetrators or landowners must remove illegally disposed waste or take it to an appropriate landfill. Additionally, if local conditions allow, the waste may be buried on-site. Any on-site burial will require that the Division place an environmental use restriction/covenant on the property so that future owners know what and where waste is buried.

Is there any state funding dedicated to the clean-up of illegal dumps?

The Department has no funding source for the cleanup of abandoned illegal waste dumps.

MOST RECENT REPORT FROM THE COLORADO COMMISSION ON AFFORDABLE HEALTH CARE

The following link is attached to the most recent report submitted to the General Assembly.

https://www.colorado.gov/pacific/sites/default/files/Cost%20Commission%20November%202016%20report%20-%20Final.pdf

STATE IMPLEMENTATION PLAN

The Committee requested information on whether there is anything in the State Implementation Plan for Air Quality that relates to CO2.

The regional haze SIP revision does not regulate CO2 emissions; but actions taken to reduce nitrogen oxides (NOx) in accordance with the SIP will also result in CO2 reductions. The ozone SIP revision does not regulate CO2 but might have incidental impacts on CO2 emissions. There are no provisions in the SIP that regulate CO2 emissions.

EMERGENCY DISASTER PLANS

The Committee requested information on how facilities accessed by individuals with disabilities with emergency disaster plans communicate and coordinate with local and state agencies.

- What are the requirements for facilities which serve individuals with disabilities to have an emergency disaster plan?

A new Centers for Medicare and Medicaid (CMS) emergency preparedness regulation became effective as of November 16, 2016 and requires Medicare- and Medicaid-participating facilities to meet specific requirements with regard to emergency management planning. Facilities are required to address the unique needs of their at-risk populations who may need additional assistance in functional areas such as maintaining independence, communication, transportation, supervision and medical care.

In the Division's role as the CMS state agency, the Division will begin inspecting health facilities with regard to compliance with these regulations after November 16, 2017. In addition, the Division of Homeland Security and Emergency Management, in the Department of Public Safety, requires local jurisdictions to include access and functional needs population notification, evacuation and sheltering requirements in local plans.

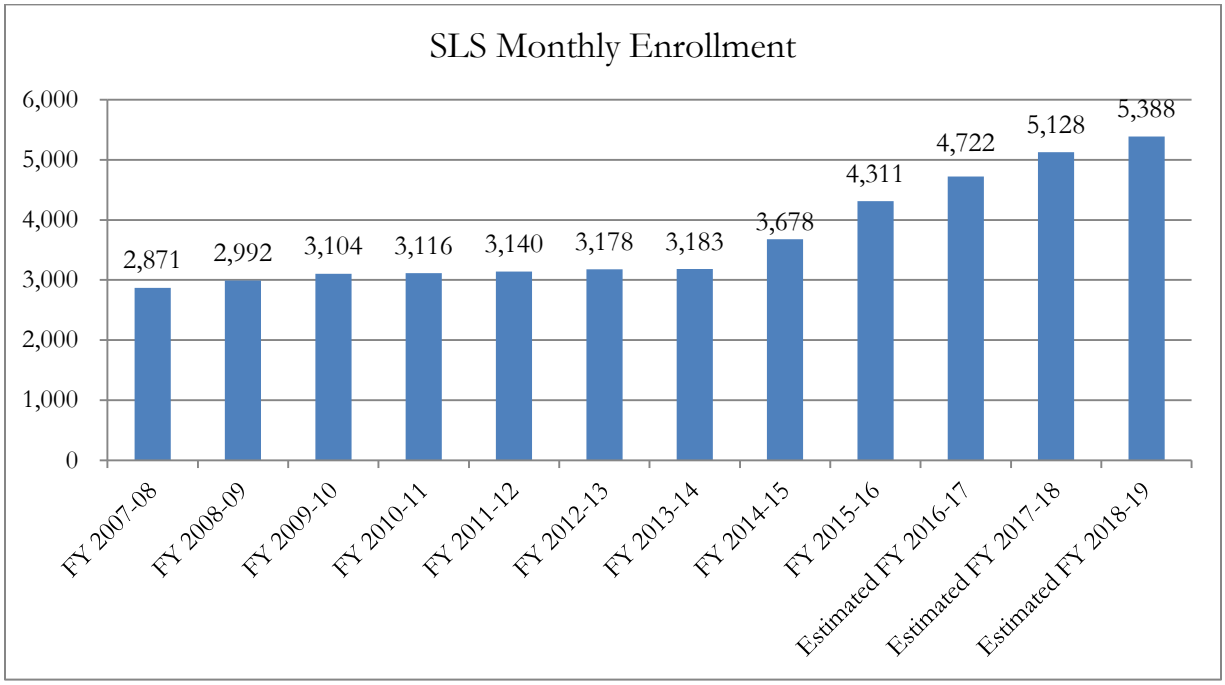
- How are these plans communicated to local emergency responders?

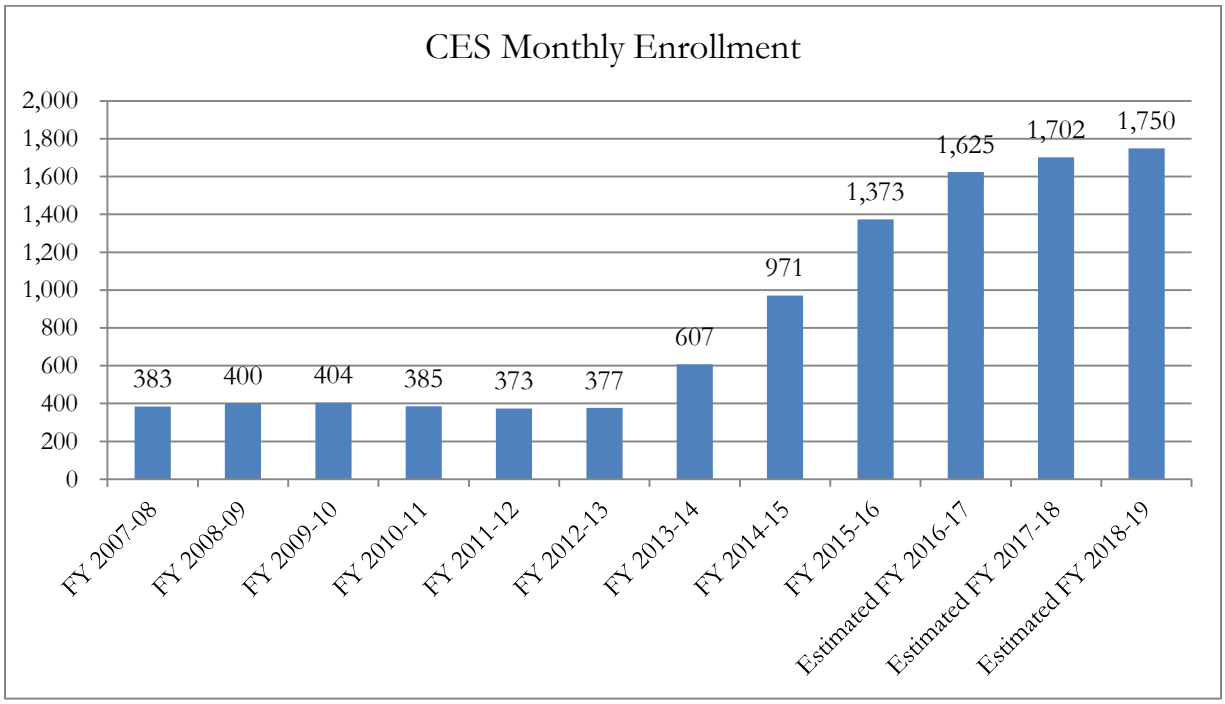
In meeting the requirements of this regulation, health facilities are required to coordinate and communicate with local, state, federal and tribal agencies and must address a number of specific areas of emergency planning. The CMS rule requires facilities to engage and collaborate with their local healthcare coalitions to achieve greater organizational and community effectiveness and financial sustainability through a more inclusive preparedness community.

- What differences/issues exist in terms of a specific facility plan and how local emergency responders are trained to respond?

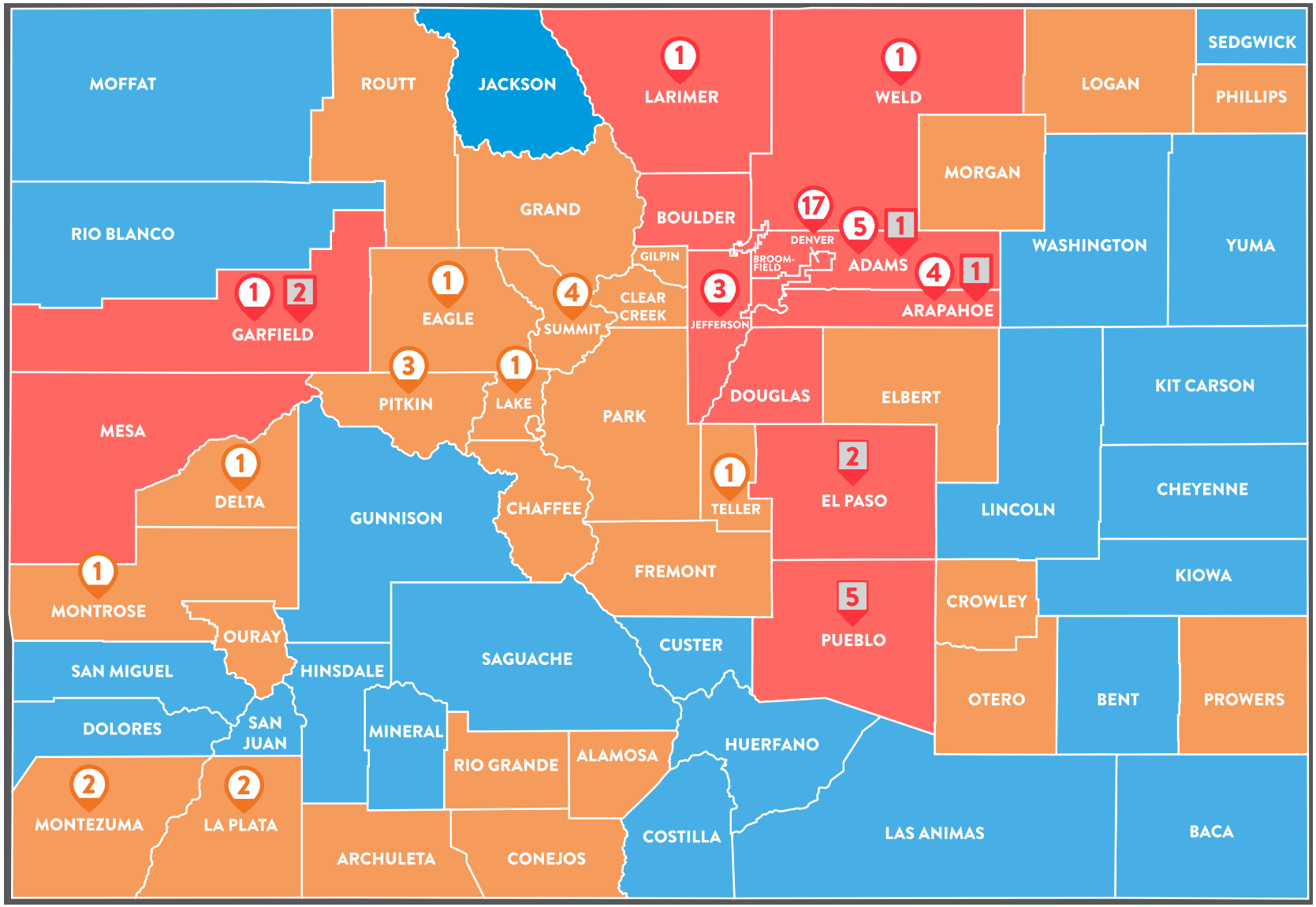
During disasters or emergencies, the Health Facilities and Emergency Medical Services Division tracks the status of health care providers and their clients, patients, residents and participants to ensure their health and safety. The Division also encourages providers to collaborate with their local emergency managers when developing their plans. Additionally, health care facilities are routinely included in local emergency disaster planning efforts within their communities as a part of Colorado's "All Hazards" approach to emergency management and planning. Local first response agencies are routinely aware of licensed health care facilities within their areas of responsibility and work with them as appropriate in these planning and exercising efforts.

GROWTH CHARTS FOR THE SLS AND CES





SCHOOL-BASED HEALTH CENTERS (SBHCs) BY RURAL, URBAN AND FRONTIER COUNTIES, 2016 - 2017



KEY:

CDPHE FUNDED	0 FRONTIER COUNTY SBHCs	16 RURAL COUNTY SBHCs	32 URBAN COUNTY SBHCs	48 TOTAL SBHCs
NON-CDPHE FUNDED	0 FRONTIER COUNTY SBHCs	0 FRONTIER COUNTY SBHCs	11 URBAN COUNTY SBHCs	11 TOTAL SBHCs

School-Based Health Center (SBHC) Program
Menu of Services

Required on-site services
Patient enrollment in SBHC site.
Comprehensive health assessments/well child-adolescent exams (per EPSDT): Medical/oral health/psychosocial history; nutritional assessment; developmental/behavioral assessment; review of systems; physical exam, including height, weight, and body mass index (BMI); vision screening; age appropriate anticipatory guidance/health education.
Sports physicals.
Standardized, age appropriate risk assessments (Guidelines for Adolescent Preventive Services [GAPS] as recommended by Bright Futures and/or other nationally recognized tools).
Immunizations and use of Colorado Immunization Information System (registry).
Triage of medical emergencies.
Initial management of emergencies (emergency kit) – Basic Life Support (BLS) certified provider onsite.
Diagnosis (evaluation)/treatment of non-urgent problems, acute illness/problems, minor injuries, and chronic problems.
Medical case management of chronic conditions in conjunction with the specialist and/or primary care physician (PCP).
Reproductive Health Education.
Care coordination between SBHC staff, including communication with primary care provider (PCP).
Arrange 24 hours per day/7-days- a- week coverage (coverage does not necessarily have to be provided entirely by SBHC providers).
Physical/sexual abuse identification and reporting.
Consultation/coordination with school staff, parent/guardian, teachers and students.
Coordination of referrals for outside services, including offsite laboratory, X-rays and other services not available at the SBHC.
Coordination of referrals to medical specialty services and follow-up on referrals.
Resource support for comprehensive health education.
Oral health assessment: visual inspection of teeth and gums, identification of observable problems, dental health education/oral hygiene instructions, referral as indicated.
Capacity to write prescriptions for: non-urgent problems, acute illness and injury, and chronic problems.

Required on-site services *(continued)*

Administer over-the-counter (OTC) medications.
Clinical Laboratory Improvement Amendments (CLIA) waived Laboratory testing, including rapid strep, Hgb/HCT, urine dipstick/reagent, glucose, pregnancy testing.
Specimen collection and mechanism to transport to CLIA lab.
Mental health screening (for depression, anxiety, mood disorder, etc.).
Comprehensive assessment: Use of a variety of assessment tools typically by a behavioral health provider to arrive at a diagnosis.
Individual, family, and group counseling; case management; crisis intervention.
Coordinate community behavioral health referral.
Substance abuse screening.
Medicaid/CHP+/health exchange/private insurer outreach and application assistance.
School-wide wellness, health promotion services based on population-based assessments.

Services that can be provided on-site or by referral

Well-child care of children and/or siblings of a SBHC user.
Reproductive health exam, if indicated.
Family planning services, including prescription or dispensing of contraceptives, condom availability/distribution.
Pregnancy counseling/options.
STI testing, diagnosis & treatment.
HIV testing & counseling.
HIV/AIDS treatment.
Prenatal care.
Individual or school-wide preventive oral health: teeth cleaning, dental sealants, fluoride treatment, prescription for fluoride supplements.
Individual or school-wide oral health restorative care.
Provider Performed Microscopy Procedures (PPMP).
Psychiatric evaluation and treatment.
Substance abuse assessment
Substance abuse counseling/treatment services
Medicaid/CHP+/health exchange/private insurer enrollment

Optional services that can be offered onsite
Telemedicine.
Family and community health education.
Classroom-based health education.
Administer prescription medications.
Dispense medications.
Classroom-based suicide prevention education.
Telepsychiatry.
Psychiatric consultation (provider to provider).
Substance abuse prevention.
Violence prevention (conflict resolution, anger management).
Social service assessment, referral, and follow-up for needs such as basic needs, legal services, public assistance, child-care services, case management, & transportation arrangements.
Individual and small group targeted education (e.g., weight management, nutrition education and counseling, oral health, asthma management, smoking cessation, etc.).

School-Based Health Center (SBHC) Program

Fiscal Year 2016-17 Grant Award List

Planning-to-Operations Sites

Lead Agency Name	Proposed SBHC Location	Grade Levels Served	Award Amount
Adams Arapahoe School District #28J (1 site)	Gateway High School	9th – 12th grade	$25,000
Boulder Valley School District (1 site)	Arapahoe Ridge High School	9th – 12th grade	$24,985
Kids First Health Care (1 site)	Multi-school campus (serving: Thornton Middle School, Thornton High School, and Bollman Technical Education Center)	6th – 12th grade	$25,000
Total Planning-to-Operations Grantees: 3	**Total proposed SBHC sites: 3**	**Total Amount:**	**$74,985**

Operational SBHC Sites

Lead Agency Name	SBHC Name	School Location	Grade Levels Served	Award Amount
Aurora, Joint District No.28 of the Counties of Adams and Arapahoe (Aurora Public Schools) (3 sites)	Crawford Kids Clinic	Crawford Elementary School	PreK – 12th grade (birth to 12th grade)	$342,607
	Laredo Kids Clinic	Laredo Child Development Center	PreK – 12th grade (birth to 12th grade)	
	Trojan Wellness Center	Aurora Central High School	10th – 12th grade	
Catholic Health Initiatives Colorado dba Centura Health Penrose St. Francis Health Services (1 site)	Cripple Creek – Victor Mountain Health Center	Cresson Elementary School	PreK – 12th grade (birth to 12th grade)	$66,874

Operational SBHC Sites (continued)

Lead Agency Name	SBHC Name	School Location	Grade Levels Served	FY2016-17 Award
Delta County School District 50J (1 site)	A KidZ Clinic	Delta Middle School	PreK – 12th grade (birth to 12th grade)	$132,600
Denver Health and Hospital Authority (17 sites)	Denver Health School-Based Health Center at Abraham Lincoln Campus	Abraham Lincoln High School	9th – 12th grade	$1,269,051
	Denver Health School-Based Health Center at Bruce Randolph Campus	Bruce Randolph School	6th – 12th grade	
	Denver Health School-Based Health Center at Evie Dennis Campus	Green Valley Ranch - Evie Dennis School	PreK – 12th grade (birth to 12th grade)	
	Denver Health School-Based Health Center at Florence Crittenton Campus	Florence Crittenton High School	9th – 12th grade	
	Denver Health School-Based Health Center at John F. Kennedy Campus	John F. Kennedy High School	9th – 12th grade	
	Denver Health School-Based Health Center at Kepner Campus	Kepner Middle School	PreK – 8th grade	
	Denver Health School-Based Health Center at Kunsmiller Creative Arts Academy Campus	Kunsmiller Creative Arts Academy	Kindergarten – 12th grade	
	Denver Health School-Based Health Center at Lake Campus	Lake Middle School	PreK – 12th grade	
	Denver Health School-Based Health Center at Manual Campus	Manual High School	PreK – 12th grade	
	Denver Health School-Based Health College Campus Center at Martin Luther King, Jr. Campus	Martin Luther King, Jr. Early College Middle School	6th – 12th grade	
	Denver Health School-Based Health Center at Montbello Campus	Montbello High School	6th – 12th grade	
	Denver Health School-Based Health Center at North Campus	North High School	Kindergarten – 12th grade	
	Denver Health School-Based Health Center at Place Bridge Academy Campus	Place Bridge Academy	PreK – 12th grade (birth to 12th grade)	
	Denver Health School-Based Health Center at Rachel B. Noel Campus	Rachel B. Noel School	PreK – 12th grade	
	Denver Health School-Based Health Center at South Campus	South High School	9th – 12th grade	

Operational SBHC Sites (continued)

Lead Agency Name	SBHC Name	School Location	Grade Levels Served	FY2016-17 Award
Denver Health and Hospital Authority (17 sites)	Denver Health School-Based Health Center at Thomas Jefferson High School	Thomas Jefferson High School	Kindergarten – 12th grade	
	Denver Health School-Based Health Center at West Campus	West High School	6th – 12th grade	
Kids First Health Care (5 sites)	Kids First Health Care at Adams City High School	Adams City High School	9th – 12th grade	$348,840
	Kids First Health Care at Adams City Middle School	Adams City Middle School	6th - 8th grade	
	Kids First Health Care at Commerce City	Adams County School District 14 - Commerce City	PreK – 12th grade (birth to 21 yrs old)	
	Kids First Health Care at Gregory Hill Early Childhood Center	Gregory Hill Early Childhood Center	PreK – 12th grade (birth to 21 yrs old)	
	Kids First Health Care at Kearney Middle School	Kearney Middle School	6th – 8th grade	
Metro Community Provider Network, Inc. (3 sites)	Alameda High School Kids & Teen Center	Alameda High School	PreK – 12th grade (birth to 21 yrs old)	$340,669
	Jefferson High School Kids & Teen Center	Jefferson High School	PreK – 12th grade (birth to 21 yrs old)	
	Stein Kids and Teen Clinic	Stein Elementary School	PreK – 12th grade (birth to 21 yrs old)	
Montrose County School District RE 1J (1 site)	Northside Child Health Center	Northside Elementary School	PreK – 12th grade (birth to 21 yrs old)	$101,400
Mountain Family Health Centers (1 site)	Mountain Family Health Centers Avon School-Based Health Center	Avon Elementary School	PreK – 12th grade (birth to 21 yrs old)	$170,000
Poudre School District (1 site)	Health and Wellness Center at Centennial High School	Centennial High School	6th - 12th grade	$123,277

Operational SBHC Sites (continued)

Lead Agency Name	SBHC Name	School Location	Grade Levels Served	FY2016-17 Award
Rocky Mountain Youth Clinics (4 sites)	Roaring Fork School Health Centers @ Basalt Elementary School	Basalt Elementary School	PreK – 4th grade (birth to 4th grade)	$369,898
	Roaring Fork School Health Centers @ Basalt Middle School	Basalt Middle School	5th – 8th grade	
	Roaring Fork School Health Centers @ Basalt High School	Basalt High School	9th – 12th grade	
	Roaring Fork School Health Centers @ Roaring Fork High School	Roaring Fork High School	PreK – 12th grade	
Southwest Colorado Mental Health Center DBA Axis Health System (2 sites)	Durango High School Based Health Center	Durango High School	PreK – 12th grade (birth to <21)	$272,988
	Florida Mesa Elementary School-Based Health Center	Florida Mesa Elementary School	PreK – 12th grade (birth to 12th grade)	
Southwest Health System, Inc. (1 site)	Southwest School-Based Health Center	Montezuma-Cortez High School	PreK – 12th grade (birth to 12th grade)	$135,077
Southwest Open School (1 site)	Southwest Open School-Based Health Center	Southwest Open School (High School)	PreK – 12th grade	$86,135
Summit Community Care Clinic (5 sites)	Dillon Valley Elementary School – School-Based Health Center	Dillon Valley Elementary School	PreK – 5th grade	$308,100
	Lake County School Based Health Center	Lake County High School	PreK – 12th grade	
	Silverthorne Elementary School - School-Based Health Center	Silverthorne Elementary School	PreK – 5th grade	
	Summit Middle School Based Health - School-Based Health Center	Summit Middle School	6th – 8th grade	
	Summit High School – School-Based Health Center	Summit High School	9th – 12th grade	

Operational SBHC Sites (continued)

Lead Agency Name	SBHC Name	School Location	Grade Levels Served	FY2016-17 Award
Sunrise Community Health (1 site)	Kids Care Clinic	Centennial Elementary School	PreK – 5th grade	$49,495
University of Colorado Denver dba Sheridan Health Services (1 site)	Sheridan Health Services School-Based Health Center	Sheridan Middle School	PreK – 12th grade (birth to <21)	$207,864
Total Grantees: 16	**Total SBHC Sites: 48**	**Total Schools: 48**	**Total Awards: $4,324,875**	

Fiscal Year 2016-2017 Funding Totals

Total Number Grantees: 19	**Total Funding Award Amounts: $4,400,860**