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Dear Legislators,

Community Health Centers provide access to cost-effective, high quality primary and preventive care to Coloradans in your district and across the state. I hope this quick guide to Colorado’s 15 Community Health Centers, which includes important details, statistics and contact information, is a useful reference during the 2012 legislative session and beyond.

Thank you for your commitment to ensuring access to health care and your continued support of Community Health Centers.

My best for a fruitful 2012 Legislative Session,

Annette Kowal
CEO
Colorado Community Health Network

The Colorado Community Health Network (CCHN) represents Colorado’s 15 Community Health Centers (CHCs) that together are the backbone of the primary health care safety-net in Colorado. Since its inception in 1982, CCHN has made significant strides in ensuring that Colorado’s low-income residents have access to affordable, efficient, high quality primary health care.

CCHN is committed to:
- Educating policy makers and stakeholders about the unique needs of CHCs and their patients,
- Providing resources to ensure that CHCs are strong organizations, and
- Supporting CHCs in maintaining the highest quality care.
About CHCs

**Colorado’s 15 Community Health Centers** (CHCs) serve as the health care home for more than 500,000 Coloradans – one in 10 people in the state. Patients are seen at a total of 131 clinic sites. Health Centers provide services that include:

- Primary and preventive health care for all ages
- Dental health care
- Mental and behavioral health care
- Referral to care for specialty treatment
- Case management
- Disease management

Ninety-four percent of patients seen at CHCs live at or below 200 percent of the Federal Poverty Level ($44,100 per year for a family of four in 2010). Ninety-one percent of CHC patients are either uninsured or enrolled in health care programs such as Medicaid, Medicare or Child Health Plan *Plus* (CHP+).
CHCs are also called Federally Qualified Health Centers (FQHCs) and receive this federal designation because they are governed by five core principles:

- Serve all patients regardless of ability to pay for services
- Are located in high-need areas
- Provide comprehensive primary health care
- Are governed by community boards – at least 51 percent of board members must be patients
- Operate as nonprofits or public agencies with a mission to provide health care to low-income, working families

CHCs provide a health care home to low-income working individuals and families. CHCs also employ more than 3,300 individuals throughout rural, urban, and frontier areas of the state — and for every job at a CHC, another job in the community is created at companies providing the CHCs with services, equipment and supplies, and at the stores and restaurants where CHC employees spend their wages.

Although CHCs receive federal funding, typically federal grants comprise only 16 percent of CHC budgets. On the other hand, state funding historically makes up approximately 60 percent of CHC budgets. This funding includes:

- Medicaid - 32 percent of revenue
- Grants and Contracts - 25 percent of revenue, including the Primary Care Fund, disease prevention and treatment grants, and the Colorado Indigent Care Program

Although the majority of patients cared for at Colorado CHCs have family incomes below 200 percent of the Federal Poverty Level, most wish to pay what they can for their health care. Eight percent of CHC revenues come from patient copayments for services, based on a sliding fee scale that keeps care affordable.
Cost Savings and Quality Care

Studies have demonstrated that investment in CHCs results in cost-effective access to quality care. A recent study conducted by the Department of Health Care Policy and Financing (HCPF) found that Medicaid patients receiving care at CHCs, when compared to those receiving care at another provider, have:

- One-third fewer hospital admissions.
- One-third fewer readmissions to the hospital within 90 days after discharge.
- One-third fewer preventable hospital admissions for both acute and chronic preventable conditions.

Though CHC patient populations are traditionally underserved and deemed at-risk for health problems, CHCs meet or exceed national practice standards for chronic condition treatment. The coordination of care, use of evidence-based practices, behavior change coaching, and partnerships with other local health care organizations yields sizable savings in health expenditures — $1,262 per patient according to a national study.

In 2011, CHCs began applying this cost-effective, case management approach to HCPF’s Accountable Care Collaborative pilot program. Under the program, a Regional Care Coordination Organization (RCCO), one for each of the seven pre-determined regions, works with local organizations to improve health outcomes of Medicaid clients and save money. Each RCCO is responsible for care-coordination among providers, community organizations, and government services. Within each RCCO, primary care providers offer a medical home for clients and work with the RCCO to coordinate care and manage client needs across specialties and along the continuum of care.

CHCs are playing an active role in the ACC pilots statewide:

- Providing primary and preventative care services, while working with RCCO partners to provide a complete continuum of care to patients.
- Acting as leaders through active participation in the RCCO governance/advisory committee in several regions; forming a new RCCO entity in partnership with other providers in one region; in another, by working with the community to transform an existing partnership organization into the RCCO.
Access for All Colorado

Colorado’s Health Centers have a plan to double current capacity in the next five years. This plan is supported by the Patient Protection and Affordable Care Act (PPACA), in combination with support from patients, state and local agencies, and foundation funding.

The Access for All Colorado (AAC) plan to double CHC capacity will:

- Help meet the health care needs of the uninsured now.
- Provide access to the thousands of Coloradans that will gain coverage under the Medicaid expansions in 2012 and 2014 and the state health insurance exchanges beginning in 2014.
- Ensure that Health Centers continue to care for individuals that are expected to remain uninsured after health care reform.

Most of the PPACA funding will be available only through nationally competitive grants and must be used to expand hours, services, and sites to serve new patients. The funding comes with strict clinic growth requirements and cannot replace state funding. State funding remains critical to CHCs’ ability to provide care.
Since 1970, Clinica Family Health Services, Inc., (Clinica) has provided primary health care to low-income, uninsured people living in southern Boulder, Broomfield and western Adams counties. Clinica believes that everyone should have access to basic health care, no matter their ability to pay. Clinica provides care to young and old, men and women, people with jobs and those without. Clinica offers patients the full spectrum of primary care, behavioral health care, chronic disease management, health education, preventive care and dental care to help people stay well.

In 2010, Clinica provided 181,665 visits to 38,450 patients. Ninety-seven percent of these patients lived at or below 200 percent of the Federal Poverty Level and 46 percent were uninsured. Additionally, 46 percent are below the age of 18, and 23 percent are five years old or younger. Clinica provides medical, dental and mental health services.

Clinica Family Health Services, Inc. clinic locations: Boulder, Lafayette, Federal Heights, Thornton, and unincorporated Adams County
The mission of the Colorado Coalition for the Homeless (CCH) is to work collaboratively toward the prevention of homelessness and the creation of lasting solutions for homeless and at-risk families, children, and individuals throughout Colorado. CCH advocates for and provides a continuum of housing and a variety of services to improve the health, well-being and stability of those it serves. Since its founding 25 years ago, the organization has earned state and national recognition for its integrated health care, housing and service programs. In an effort to assist individuals and families, CCH offers a comprehensive approach that addresses the causes of homelessness as well as the consequences.

In 2010, CCH provided 139,774 visits to 13,674 patients. Nearly 100 percent of these patients lived at or below 200 percent of the Federal Poverty Level and 80 percent were uninsured. CCH provides medical, dental and mental health services, as well as assisting individuals with issues surrounding homelessness.

Colorado Coalition for the Homeless clinic locations:  
Eight metro Denver area locations: Denver, including the Five Points, Lowry, Lower Downtown, and West Colfax neighborhoods; Aurora and Lakewood. In addition, the Coalition's Mobile Health Outreach Program serves a variety of locations in the metro area.
Founded in 1966, Denver Health’s Community Health Services (DCHS) network includes eight community health centers, two urgent care centers, 13 school-based health centers and a women’s mobile clinic. DCHS serves one-third of Denver’s children and 25 percent of Denver County’s population.

In addition to providing primary care, DCHS also provides preventive and community services vital to Denver including immunizations, Head Start, dental and mental health care, community outreach and insurance enrollment.

In 2010, DCHS provided 383,912 visits to 117,058 patients. Ninety-six percent of these patients lived at or below 200 percent of the Federal Poverty Level and 32 percent were uninsured.

Denver Health’s Community Health Services clinic locations: Denver Health’s Medical Campus, Eastside, LaCasa, Lowry, Montbello, Park Hill, Westside, Westwood, and 13 school-based health centers.
Counties served: Dolores, Montezuma and San Miguel

Congressional Districts: 3
State Senate Districts: 6
State House Districts: 58

The Dolores County Health Association/Dove Creek Community Health Clinic opened its doors on West 495 Street in 1975 with the belief that health care should be accessible to all and neither lack of insurance nor low-income status should prevent access.

The Dove Creek Community Health Clinic, the only health care facility in Dolores County, offers primary health care, oral health services, and integrated behavioral health services all from a single site.

In 2010, Dove Creek Community Health Clinic provided 5,574 visits to 1,557 patients. Seventy-six percent of these patients lived at or below 200 percent of the Federal Poverty Level and 45 percent were uninsured. Dove Creek Community Health Clinic provides medical, dental and mental health services.

Dove Creek Community Health Clinic location:
Dove Creek
(719) 336-0261
www.highplainschc.net

Counties served: Prowers, Baca, Bent, Cheyenne, Kiowa, Kit Carson, and Otero

Congressional Districts: 4
State Senate Districts: 1
State House Districts: 64

After many years of dedicated work by Prowers County citizens, High Plains Community Health Center (High Plains) opened its doors in 1995. The central goal is to provide access to medical and dental care for this rural county located on the eastern plains of Colorado. Nearly half of the people in Prowers County (population 12,551) live in families with incomes below 200 percent of the Federal Poverty Level. These are mostly hard working families that the local economy can only support with slightly above minimum wage jobs. The three scourges of a poor economy, rising health insurance premiums and inclement weather including drought, blizzards and tornadoes, have intensified the struggles of all people in this agricultural-dependent county. High Plains’ mission centers around providing accessible primary health care to all, and particularly those who are unserved or underserved.

In 2010, High Plains provided 28,476 visits to 7,587 patients. Seventy-nine percent of these patients lived at or below 200 percent of the Federal Poverty Level and 36 percent were uninsured. High Plains Community Health Center provides medical, dental and mental health services.

High Plains Community Health Center clinic locations:
Five Lamar sites and a migrant farmworker site in Granada
Metro Community Provider Network (MCPN) was established in 1989 in response to the primary health care needs of the medically indigent population in suburban Denver. Populations that face significant difficulties accessing care remain MCPN's primary clientele. In addition to providing health care, MCPN offers transportation and translation services to break down the barriers that limit access to care. With a service area the size of the state of Delaware (2,500 sq. mi.), and one of the largest population bases (1.2 million) of any CHC in Colorado, MCPN strives to address the needs of one of the largest groups of underserved individuals in the state, approximately 20.7 percent of its service area’s total population.

In 2010, MCPN provided 148,062 visits to 37,758 patients. Ninety-seven percent of these patients lived at or below 200 percent of the Federal Poverty Level and 60 percent were uninsured. Metro Community Provider Network provides medical, dental and mental health services.

Metro Community Provider Network clinic locations: Arvada, Aurora, Edgewater, Englewood, and Lakewood
Counties served: Garfield, Boulder, Clear Creek, Eagle, Gilpin, Pitkin and Rio Blanco

Congressional Districts: 2, 3
State Senate Districts: 5, 8, 16
State House Districts: 13, 57, 61

Founded in 1978, Mountain Family Health Centers (MFHC) are in Glenwood Springs, Rifle, Basalt, and Black Hawk. Each center is as unique as the town in which it is located, but both share the same mission: to provide high quality primary health care in the communities cared for, with special consideration for the medically underserved and uninsured.

In addition to direct medical services, MFHC provides dental and behavioral services, as well as extensive community outreach with an emphasis on wellness, prevention and early screening. MFHC utilizes advanced Health Information Technology to improve the quality of care delivered to patients.

In 2010, MFHC provided 28,404 visits to 9,828 patients. Eighty-four percent of these patients lived at or below 200 percent of the Federal Poverty Level and 47 percent were uninsured.

Mountain Family Health Centers clinic locations: Basalt, Black Hawk, Glenwood Springs, and Rifle
In 2005, the Northwest Colorado Visiting Nurse Association took over a small community clinic and grew it into a Community Health Center, which became a designated FQHC in August of 2008. Community Health Center - Moffat County (CHC Moffat) serves clients from the northwest corner of the State of Colorado, primarily from Moffat and Routt counties.

CHC Moffat is currently piloting behavioral health and primary care integration, and works in very close cooperation with chronic disease management and Aging Well programs. CHC Moffat is proud of its achievements and looks forward to continuing to build capacity in order to serve the growing community of northwest Colorado.

In 2010, CHC Moffat provided 10,926 visits to 2,776 patients. Ninety-two percent of these patients lived at or below 200 percent of the Federal Poverty Level and 74 percent were uninsured. Community Health Center - Moffat County provides medical, dental and mental health services.

Community Health Center - Moffat County clinic location: Craig
Peak Vista Community Health Centers (Peak Vista) provides a patient centered medical home model in the Pikes Peak region of Colorado through a network of 19 health centers. Founded in 1971, Peak Vista provides high quality integrated primary medical, dental and behavioral health care, plus pharmacy, laboratory, and enrollment services. Women, children, seniors, working families and the homeless receive care supported by system-wide electronic medical records and hundreds of community partnerships. Peak Vista is driven by the commitment to treat people with dignity and respect and a belief that helping patients improve their lives will result in improved health status and wellness.

In 2010, Peak Vista provided 240,572 visits to 58,717 patients. Ninety-six percent of these patients lived at or below 200 percent of the Federal Poverty Level and 40 percent were uninsured.

Peak Vista Community Health Centers clinic locations:
Colorado Springs, Divide, Fountain, Cripple Creek, and two mobile centers serving all of the Pikes Peak Region
Plains Medical Center, Inc. (PMC) was established as a Community Health Center in 2003. PMC currently serves more than 5,000 square miles along the I-70 corridor in eastern Colorado.

Patients rely on PMC for medical, dental and behavioral health services because of the organization’s ability to overcome the unique geographic and socioeconomic barriers facing each of its diverse communities. At PMC, patients receive an integrated electronic medical and dental record to ensure that the care they receive is coordinated, consistent and high quality. Furthermore, PMC is dedicated to a culture of collaboration and quality improvement in an effort to more effectively manage disease and reduce the burdens of duplicate and unnecessary services on its patients and payers.

In 2010, PMC provided 38,695 visits to 9,469 patients. Fifty-four percent of these patients lived at or below 200 percent of the Federal Poverty Level and 29 percent were uninsured.

Plains Medical Center clinic locations:
Limon, Strasburg, and Flagler
Pueblo Community Health Center, Inc. (PCHC) began in 1983 with the mission of providing primary health care to those in need. Nearly three decades later, 14 percent of Pueblo residents receive their care every year at PCHC. In 2009, PCHC opened a new medical clinic to accommodate the ever-growing need for high quality, affordable health care. PCHC currently has 12 locations in Pueblo and Huerfano Counties, including four school-based wellness centers that help keep children in school and parents at work.

PCHC works closely with both local hospitals, St. Mary-Corwin and Parkview, as well as the public health department, Spanish Peaks Mental Health Center and Health Access Pueblo to provide an integrated continuum of care. Additionally, PCHC works to increase the meaningful use of health information technology (HIT) and has initiated meetings with key health care providers in Pueblo, Custer and Huerfano counties on the subject.

In 2010, PCHC provided 103,936 medical, dental and mental health visits to 22,037 patients. Ninety-seven percent of these patients lived at or below 200 percent of the Federal Poverty Level and 38 percent were uninsured.

Pueblo Community Health Center, Inc. clinic locations: Pueblo, Avondale, and Walsenburg
Plan de Salud del Valle, Inc., also called Salud Family Health Centers (Salud), was founded in 1970 in response to critical health needs of the migrant farmworker population in the Fort Lupton area. Forty-one years later, Salud has evolved into an extensive primary health care delivery system with nine community, migrant, teen, children and women’s health clinics in northeastern and north central Colorado, as well as a mobile unit that provides health outreach services throughout the service area.

Salud maintains a firm commitment to provide quality primary medical and dental care to all community members and does not turn patients away based on a patient’s insurance coverage or ability to pay. All services are delivered in a culturally sensitive and linguistically appropriate manner ensuring patient satisfaction and compliance, with an emphasis on prevention and early intervention. Salud has developed collaborations with other area health services providers to insure a strong referral system.

In 2010, Salud provided 274,522 visits to 72,570 patients. Ninety-eight percent of these patients lived at or below 200 percent of the Federal Poverty Level and 46 percent were uninsured. Salud Family Health Centers provides medical, dental and mental health services.

Salud Family Health Centers clinic locations:
Sunrise Community Health (Sunrise) began in 1973 as a migrant health clinic. Today, the family medicine, pediatric, prenatal, dental and school-based health centers are health care homes for more than 28,000 people in northeastern Colorado. Sunrise is a recognized leader in advanced Health Information Technology (HIT), safety net collaborations, and professional health education.

Sunrise co-founded the North Colorado Health Alliance, a community collaboration focusing on the low-income, un- and underinsured people within its service area. Partners include community health, public health, hospital, behavioral health, specialists, local foundations, education, county commissioners, and county social services. Projects focus on integrated service expansion, shared HIT infrastructure, workforce development, and system accountability and efficiencies.

In 2010, Sunrise supported the health of 27,781 patients with 13,263 clinic visits. Ninety-eight percent lived at or below 200 percent of the Federal Poverty Level and 44 percent were uninsured. Sunrise offers medical, dental and behavioral health services as well as laboratory, radiology, pharmacy and patient education services to people regardless of their ability to pay.

Sunrise Community Health clinic locations:
Greeley, Evans, and Loveland
Uncompahgre Medical Center (UMC) has been serving the frontier region of southwest Colorado for more than 32 years in a primary service area of 2,000 square miles. UMC is a single-site CHC that offers medical, dental and behavioral health services under one roof. The diversity of care offered is of great significance, as the nearest hospital and population center is 90 minutes away. UMC is committed to eliminating financial and geographic barriers to care while constantly refining the health care delivery model to manage costs, assure high-quality care and encourage a healthy community.

UMC has a small, dedicated, high-performing staff that is aware of their contribution to the region and prepared for the changing future of health care. UMC partners with other community health centers, rural health centers, regional hospitals, state agencies, county agencies and private foundations that are aligned with the UMC mission.

In 2010, UMC provided 8,324 visits to 2,460 patients. Forty-eight percent of these patients lived at or below 200 percent of the Federal Poverty Level and 30 percent were uninsured.

Uncompahgre Medical Center clinic location: Norwood
Valley-Wide Health Systems, Inc.

(719) 589-5161
www.vwhs.org

Counties served: Counties in the San Luis and Arkansas River Valleys and southwest Colorado

Congressional Districts: 3, 4, 5
State Senate Districts: 1, 2, 5, 6, 7
State House Districts: 55, 58, 59, 60, 62, 63, 64

Valley-Wide Health Systems, Inc. (Valley-Wide) is committed to providing safe and effective health care services in a respectful and inclusive manner with special consideration for medically underserved populations.

In 2010, Valley-Wide provided 147,840 visits to 36,353 patients. Eighty-eight percent of these patients lived at or below 200 percent of the Federal Poverty Level and 35 percent were uninsured. Valley-Wide provides medical and dental health services, including physical therapy and adult day care services, and works with community partners to deliver mental health services.

Valley-Wide Health Systems, Inc. clinic locations:
Alamosa, Antonito, Center, La Jara, Monte Vista, San Luis, Moffat, Cañon City, La Junta, Las Animas, Rocky Ford and Mancos. Valley-Wide Health Systems, Inc., also arranges for the provision of health care services to farmworkers in Burlington, Cheyenne Wells, Grand Junction, Montrose, Olathe and Palisade.

President and CEO
Gigi Darricades
Find out more about CCHN and Colorado’s Community Health Centers by visiting www.cchn.org, following us on Facebook at “coloradocommunityhealthcenters” and Twitter @CoCHCs, or contacting:

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Data sources:
- Colorado's Community Health Centers Uniform Data System provided to the U.S. Department of Health and Human Services, Bureau of Primary Health Care, 2011, based on 2010 data.
- Jennifer Rothkopf et al., "Medicaid Patients Seen At Federally Qualified Health Centers Use Hospital Services Less Than Those Seen By Private Providers." Health Affairs 30:7 (July 2011).

Colorado’s Community, Migrant, School Based & Homeless Health Centers

(D) = Dental Services Available  (S) = School-Based Health Center, limited services  (F) = Farmworker Site, limited services  (M) = Mobile Health Care Unit

Thirty-four counties have Community Health Center sites, and patients from a total of 57 counties are cared for at Community Health Centers.