Data Brief ■ No. 1 ■ February 2022

# School-Based Health Centers

## Delaware School Profile 2019-2020

This data brief provides an overview of the health care visits of enrolled school children in Delaware's School-Based Health Centers (SBHCs). Over the past three decades, the Delaware Department of Health and Social Services, Division of Public Health (DPH) has focused on advancing best practices and ensuring the delivery of high quality, person-centered care through 39 SBHCs operated by six medical sponsors. The SBHCs are located in 32 public, non-charter high schools and seven middle schools affiliated with high schools. SBHC services offered may include comprehensive health assessments; diagnosis and treatment of minor, acute, and chronic medical conditions; nutrition consultation and education; referrals to and follow-up for specialty care; oral and vision health services; mental health and substance use disorder assessments; crisis intervention and counseling; and referrals to community support programs.

### Overview

In Delaware SBHCs exist statewide (Figure 1). They are operated under statutory regulations 18 Del. C. §3365 and 3517G and defined as "a health care clinic located in or near a school facility that is organized through school and health provider relationships that provides services…"[1] Evidence from SBHCs indicates educational benefits such as fewer school suspensions, higher grade point averages (GPAs), high school completion, and improved healthcare utilization for recommended immunizations and other preventive services.[2] Specific to health outcomes, SBHCs have shown to reduce symptoms of asthma and asthma-related incidents, reduced emergency department (ED) visits and hospital utilization for all conditions, and had a small effect on self-reported health and mental health status.[2]

## Importance

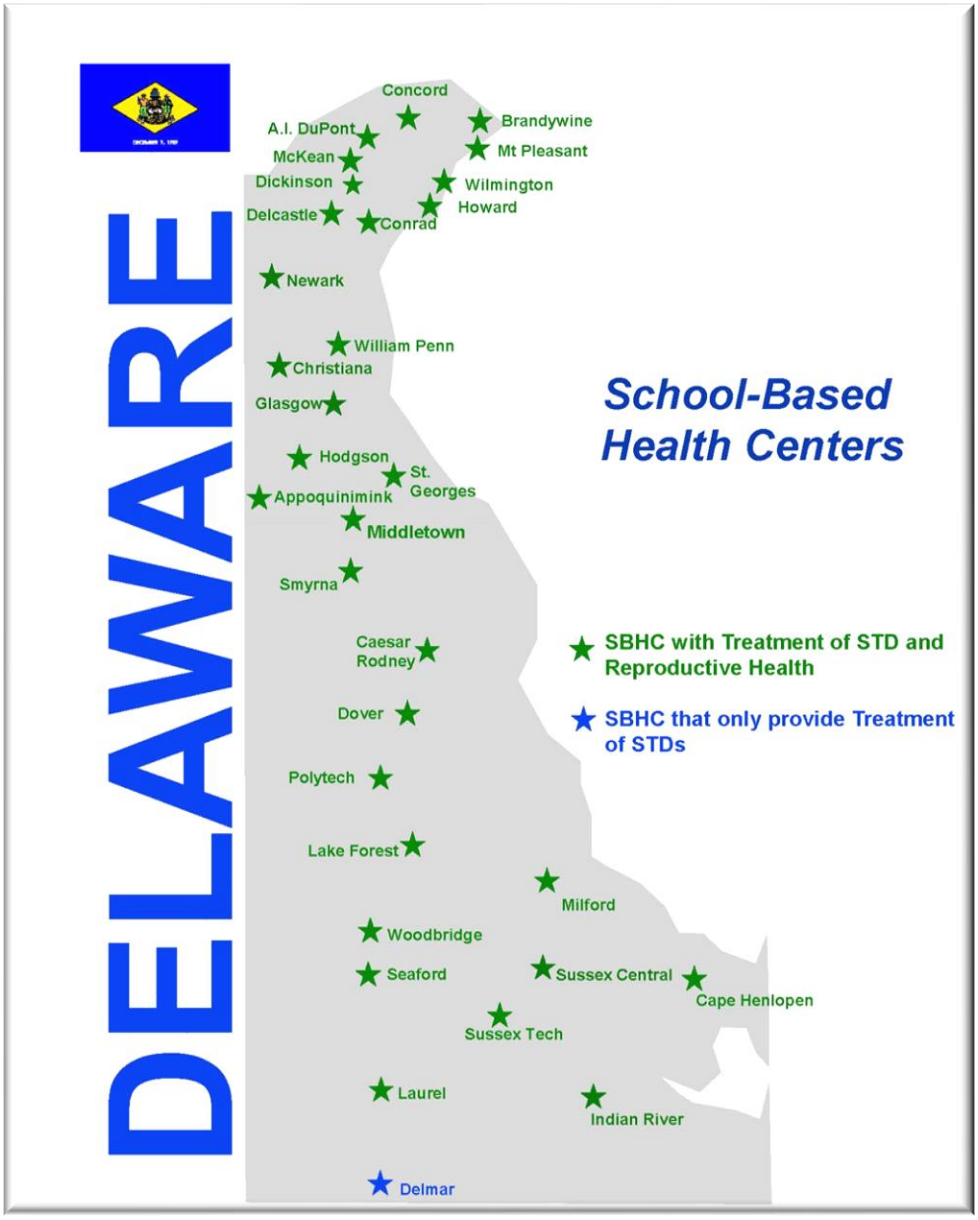
School-based health centers provide health services to students located within schools or at off-site locations. Critical health services are made available to children who, for a variety of reasons, may not otherwise access the health care system.

## Key findings

- During 2019-2020 a total of 10,728 students were enrolled in Delaware SBHCs. Two medical providers served over 70% of the enrolled students in Delaware: Christiana Care had 57%, followed by Bayhealth (includes Kent and Milford campus) with 21.5%.
- These students had 33,904 unique healthcare encounters with an average of four visits. The average age of the student enrolled in the SBHC was 16 years.
- Percentage of students enrolled in SBHCs varied from a high of 41% to a low of 12%.
- The top five performance measures included: 1) depression screening (67.2%); 2) BMI, nutrition, and physical activity screening (60.9%); 3) annual risk assessment (49.6%); 4) mental health assessment (46.4%); and 5) well-child visit that includes sports physicals (40.9%).

Some evidence also suggests reduced healthcare costs with estimated annual benefit per SBHC between $15,028 and $912,878 and Medicaid savings ranged from $30 to $960 per visit.[3] Evidence also suggests that SBHCs reduce barriers to accessing mental health services.[4] Hussaini et al.[5] assessed the impact of SBHCs on National Performance Measures (NPMs) among Medicaid-insured youth in Delaware. The study found that among Medicaid-insured youth (13 to18 years of age), SBHC-enrolled youth had greater health care utilization as compared to non-enrolled SBHC youth. Healthcare utilization was measured as well-child visits, annual risk assessment, BMI screening, nutrition counseling, physical activity counseling, sexually transmitted infections (STIs), chlamydia screening, and mental health visits.

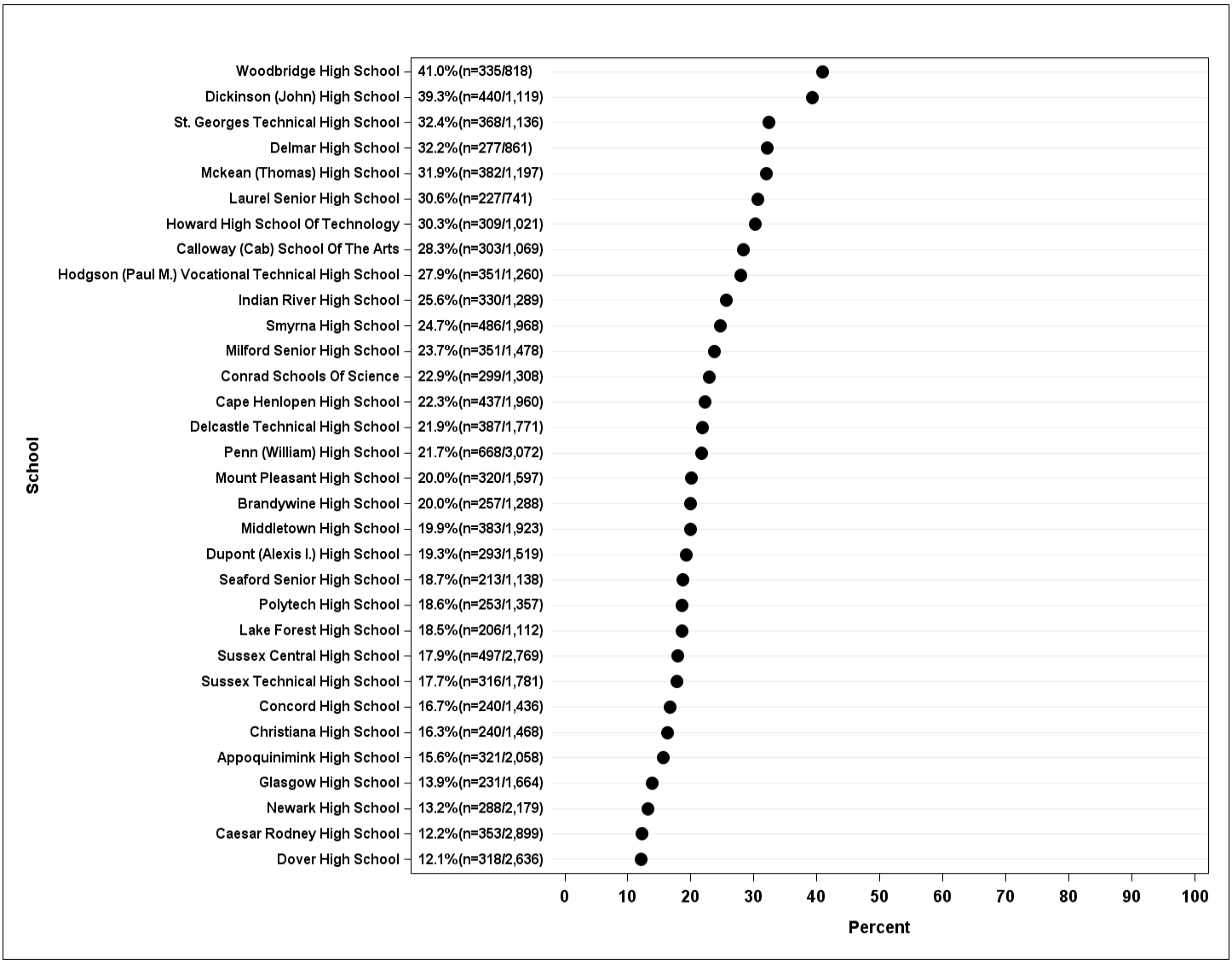
**Figure 1. Thirty-two School-Based Health Centers, Delaware, 2019**




Source: Delaware Division of Public Health, Family Health Systems, 2019

Figure 2 displays the percentage of students enrolled in each of Delaware's SBHCs during state fiscal year (SFY) beginning July 1, 2019, ending June 30, 2020. Enrollment in the SBHC is voluntary and based on parental/guardian consent. During SFY 2019-2020, one in five Delaware students (10,728/50,892) were enrolled in Delaware SBHCs, despite considerable variation in the percentage of students enrolled. Six medical providers served a total of 10,728 students. Christiana Care served 57% (6,129/10,728), followed by Bayhealth (includes Kent and Milford campus) with 21.5% (2,302/10,728), followed by Beebe with approximately 12% of the students (1,264/10,728), followed by Nanticoke, which served 6.7% (717/10,728) and La Red Health Center serving about 3% (316/10,728).

Figure 2. Percentage of students enrolled in Delaware School-Based Health Centers, 2019-2020

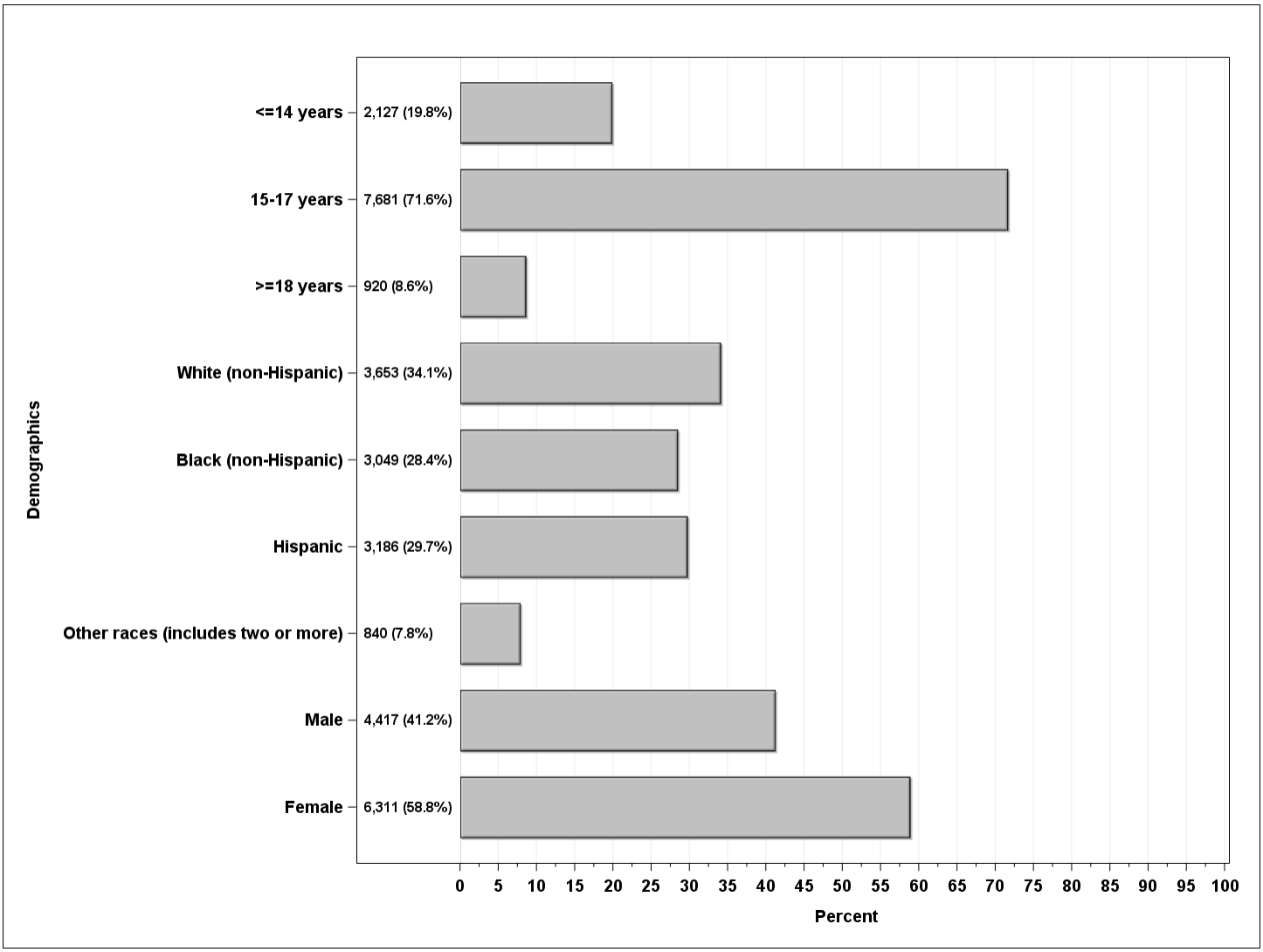



Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

**School-based health center enrollment and healthcare utilization**

During SFY 2019-2020, 10,728 students were enrolled in Delaware SBHCs. These students had 33,904 unique healthcare encounters during 2019-2020 with an average of four visits (*M* = 3.6; standard deviation [*SD*] = 4.2). The average age of the student enrolled in a SBHC was 16 years (*SD* = 1.7 years). Figure 3 displays the demographic characteristics of all enrolled students in the Delaware SBHCs. Over 70% of the students were between 15 to 17 years of age, about 34% were white (non-Hispanic), 29.7% were Hispanic, 28.4% were black (non-Hispanic), and 7.8% were non-Hispanic and reported another race that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races. The percentage of female students enrolled was higher (58.8%) as compared to male students (41.2%).

Figure 3. Number and percentage of students enrolled by demographic characteristics in Delaware School-Based Health Centers, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

Table 1 provides an overview of the Delaware SBHC students enrolled stratified by medical providers. The demographic characteristics of the students served by the medical providers varied with regard to age, race and ethnicity, and student's sex. For instance, although all medical providers had a large proportion of students in the 15 to 17 age-group, one in three students served by Nanticoke were 14 years or younger. With regards to race and ethnicity, majority of the students served by Bayhealth were Hispanic (88.6%), while Beebe (61.6%), La Red (50.3%), and Nanticoke (42.0%) had a higher proportion of White (non-Hispanic) students and Christiana Care had a slightly higher proportion of Black (non-Hispanic) students.

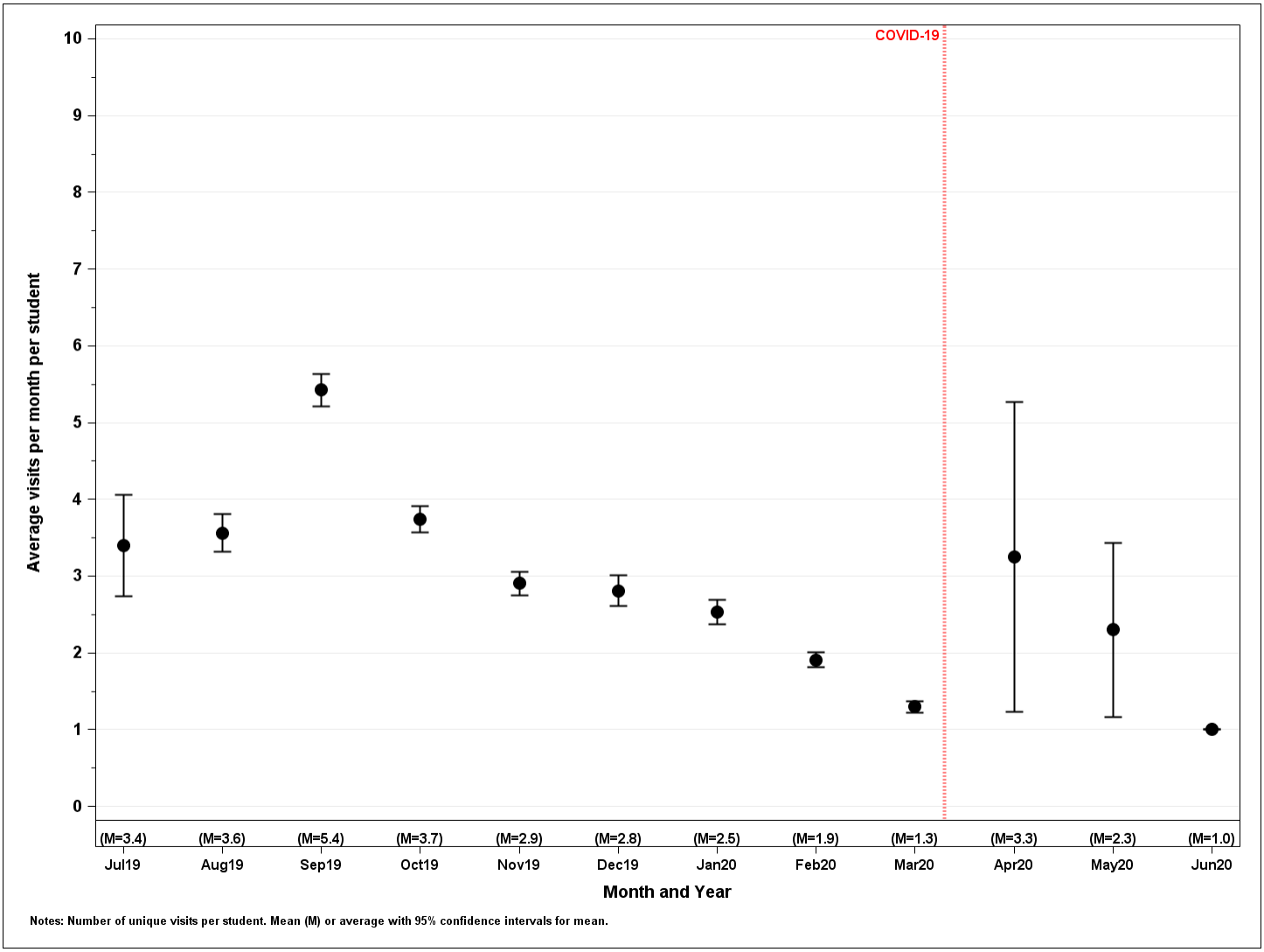
Table 1. Number and percentage of students enrolled by demographic characteristics in Delaware's School-Based Health Centers stratified by medical providers, in 2019-2020

| Demographic characteristics | Medical Provider | | | | |
|---|---|---|---|---|---|
| | Bayhealth (N = 2,302) | Beebe (N = 1,264) | Christiana Care (N = 6,129) | La Red (N = 316) | Nanticoke (N = 717) |
| **Age (in years)** | **N (%)** | **N (%)** | **N (%)** | **N (%)** | **N (%)** |
| <=14 | 423 (18.4%) | 187 (14.8%) | 1,226 (20.0%) | 64 (20.3%) | 227 (31.7%) |
| 15-17 | 1,682 (73.1%) | 956 (75.6%) | 4,365 (71.2%) | 239 (75.6%) | 439 (61.2%) |
| >=18 | 197 (8.6%) | 121 (9.6%) | 538 (8.8%) | 13 (4.1%) | 51 (7.1%) |
| **Race and ethnicity** | | | | | |
| White (non-Hispanic) | 101 (4.4%) | 779 (61.6%) | 2,313 (37.7%) | 159 (50.3%) | 301 (42.0%) |
| Black (non-Hispanic) | 119 (5.2%) | 217 (17.2%) | 2,433 (39.7%) | 66 (20.9%) | 214 (29.8%) |
| Hispanic | 2,050 (89.1%) | 220 (17.4%) | 815 (13.3%) | 44 (13.9%) | 57 (7.9%) |
| Other races (includes two or more) | 32 (1.4%) | 48 (3.8%) | 568 (9.3%) | 47 (14.9%) | 145 (20.2%) |
| **Sex** | | | | | |
| Male | 859 (37.3%) | 576 (45.6%) | 2,542 (41.5%) | 97 (30.7%) | 343 (47.8%) |
| Female | 1,443 (62.7%) | 688 (54.4%) | 3,587 (58.5%) | 219 (69.3%) | 374 (52.2%) |

Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

As noted previously, 10,728 students had 33,904 unique healthcare encounters during SFY 2019-2020 with an average of four visits (M = 3.6; SD = 4.2). Figure 4 displays the average visits per month per student during 2019-2020 with 95% confidence intervals (CI) for the mean. It is evident that there is considerable month-to-month variation in average number of visits. Following the first case of COVID-19 on March 11th of 2020, the total number of students who sought care from 2,038 students in February, 2020 to 653 students in March 2020, and 13 students in April.

Figure 4. Average number of monthly visits per students enrolled in Delaware School-Based Health Centers, 2019-2020

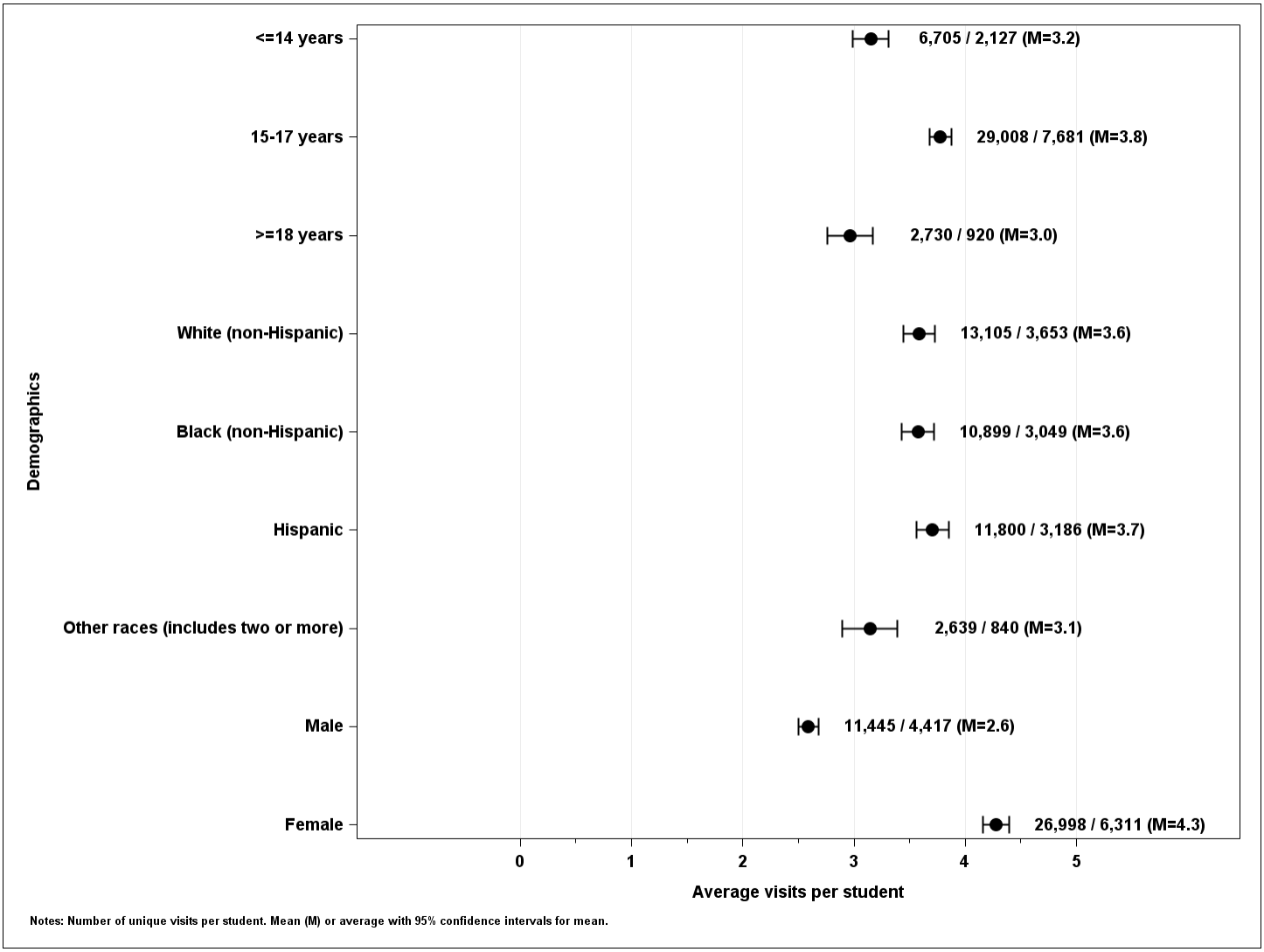



Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020
Note: Delaware's COVID-19 Stay-At-Home Order began March 24, 2020 at 8:00 a.m. and ended on May 31, 2020.

Figure 5 displays the average number of visits stratified by student age, race and ethnicity, and sex with 95% confidence intervals (CI) for the mean. The average number of visits was highest among students 15-17 years of age (M = 3.8) as compared to students <=14 years (M = 3.2), and students 18

or older (M= 3.0). Average number of visits was highest among females (M = 4.3) as compared to males (M = 2.6) and lowest among non-Hispanic other races (M = 3.1) that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races.

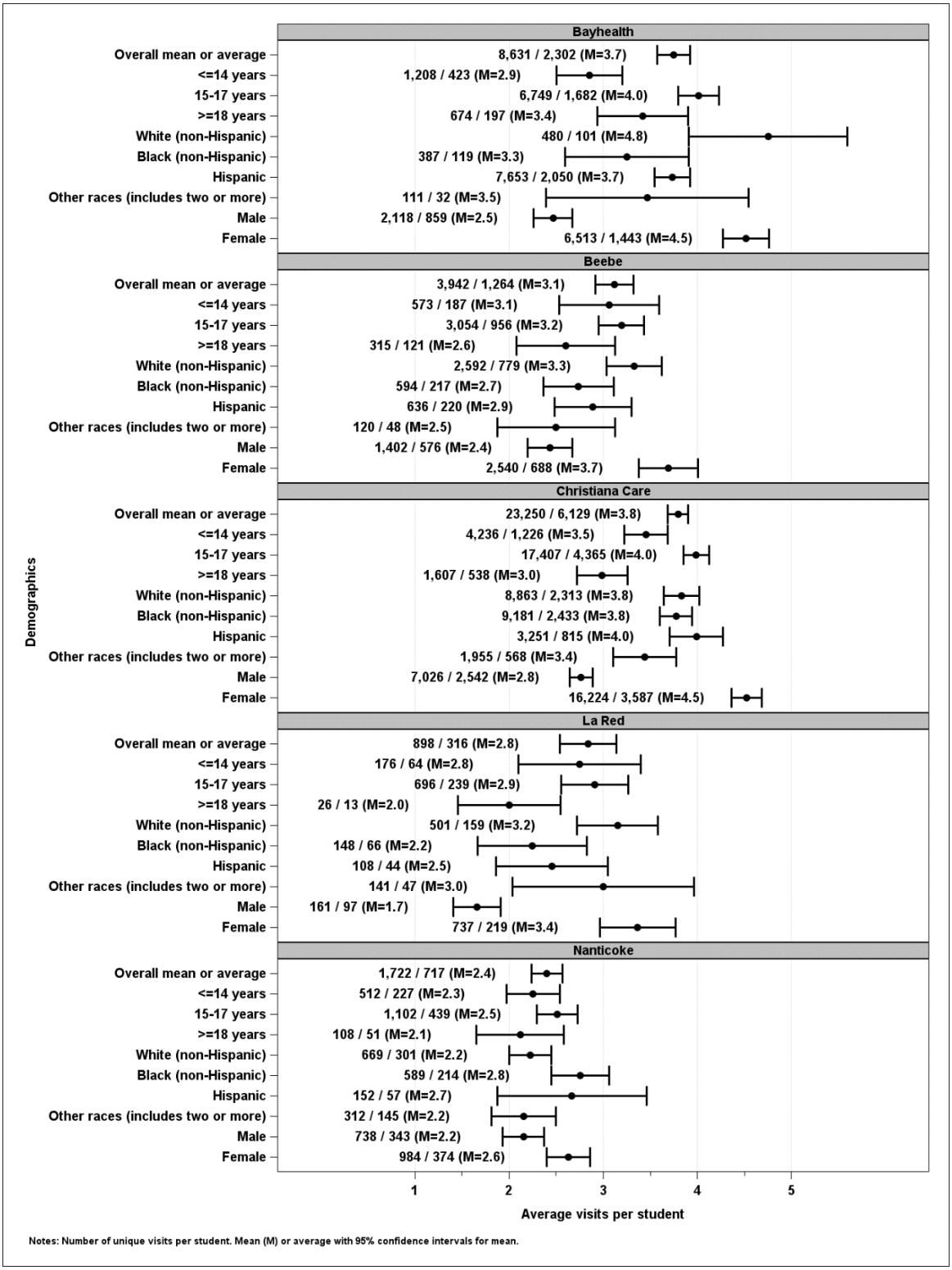
Figure 5. Average number of visits for students enrolled in Delaware School-Based Health Centers, stratified by student's age, race and ethnicity, and sex, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

Figure 6 displays the average number of visits with 95% confidence intervals (CI) for the mean by medical provider stratified by student's age, race and ethnicity, and sex in Delaware's SBHCs. There is considerable variation in the average number of visits by medical provider. For instance, Christiana Care, which is the largest healthcare provider in Delaware and has more than 50% of the student population enrolled in SBHC, on average had highest visits (M = 3.8), followed by Bayhealth (M = 3.7), Beebe (M = 3.1), La Red Health Center (M = 2.8), and Nanticoke (M = 2.4).

Figure 6. Average number of visits for students enrolled in Delaware School-Based Health Centers, by medical provider stratified by student's age, race and ethnicity, and sex, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

The average number of visits also varied between medical providers and their student population (i.e., student's age, race and ethnicity, and student's sex). For instance, the average number of visits among 15 to 17 years at Bayhealth and Christiana Care was four visits as compared to three visits at Beebe and La Red, while it was slightly over two visits at Nanticoke. With regards to race and ethnicity, average number of visits for White (non-Hispanic) students was highest at Bayhealth, Beebe, and La Red as compared to Black (non-Hispanic), Hispanic, and other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races. Average number of visits was for Black (non-Hispanic) and other races was highest at Nanticoke and average number of visits for White (non-Hispanic), Black (non-Hispanic) and Hispanic students at Christiana Care was about four visits. With the exception of La Red, in general, average visits for other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races was lowest at Bayhealth, Beebe, Christiana Care, and Nanticoke. Irrespective of the medical provider, female students on average had highest number of visits.

**School-based health center performance measures**

SBHC performance measures were assessed using International Classification of Diseases Ninth and Tenth Revision Clinical Modification (ICD-9-CM and ICD-10-CM) and Current Procedural Terminology (CPT) codes available in the SBHC claims data provided by the medical sponsors. The performance measures includes the recommended National Performance Measures (NPMs) by National School-Based Health Alliance (NSBHA). In addition, psychotherapy, telehealth visits, and immunization or vaccine administration were also included as a performance measures. Table 2 displays the ICD-10-CM, ICD-9-CM equivalent, and CPT codes.

Table 2. National School-Based Health Alliance's National Performance Measure indicators and corresponding International Classification of Diseases, 9th and 10th revision, Clinical Modification (ICD-9-CM/ICD-10-CM) and Current Procedural Terminology (CPT) codes

| National Performance Measure (NPM)* | Codes | | |
|---|---|---|---|
| | CPT | ICD-9-CM | ICD-10-CM |
| 1. **Well child visits (NPM1)** | 99381, 99382, 99383, 99384, 99385, 99391†, 99392†, 99393†, 99394†, 99395† | V20.2, V70.0, V70.3†, V70.5, V70.6, V70.8, V70.9 | Z00.00, Z00.01, Z00.121, Z00.129, Z00.05, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5†, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9 |
| 2. **Annual risk assessment (NPM2)** | 99420, 96127 | V82.9, V79.8 | Z13.9, Z13.4 |
| 3. **Body mass index (BMI), nutrition, and physical activity screening (NPM3)** | 97802, 97803, 97804, 99401, 99402, 99403 | V85.51, V85.52, V85.53, V85.54, V65.3, V65.41 | Z68.51, Z68.52, Z68.53, Z68.54, Z71.3, Z71.82, Z71.89 |

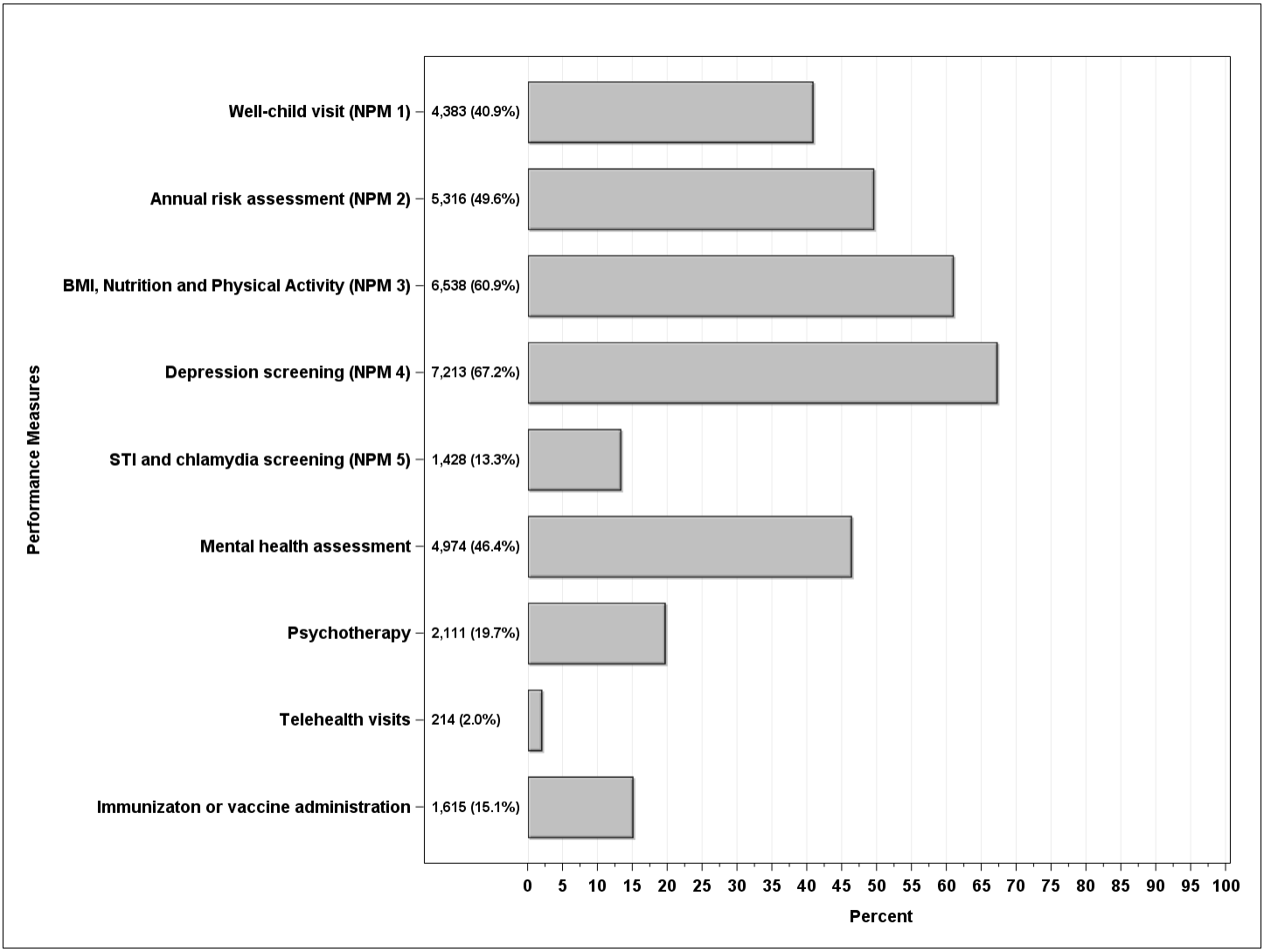
Table contd/.;

| National Performance Measure (NPM)[a] | Codes | | |
|---|---|---|---|
| | **CPT** | **ICD-9-CM** | **ICD-10-CM** |
| **4. Depression screening (NPM4)** | 99420§, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99245, 3725F§ G8431§ (positive screen), G8510§ (negative screen), G0444 | V79.0 | Z13.31, Z13.89 |
| **5. Sexually transmitted infections (STI) and chlamydia screening (NPM5)** | | V73.98, V73.88 | Z11.3, Z11.8 |
| **6. Mental health assessment and visits that include screening and assessment for developmental, emotional, and behavioral issues¶** | 96127 | 309.0, 309.1, 309.24, 309.28, 296.20, 296.32, 300.02, 309.4. | F43.20, F41.9, F90.0, F90.1, F90.2, F90.9, R41.840, F91.1, F91.2, F91.3, F91.9, F32.9, R45.3, R45.4, F94.2, R45.86, R45.87, F63.81, R45.4, F42.0, R45.89, F43.10, F94.1, F43.8, F43.9, F93.8, F93.9, F94.8, F94.9, F98.8, F98.9 |
| **7. Psychotherapy** | 90832, 90833, 90834, 90836, 90837, 90838, 90839, 90840, 90845, 90846, 90847, 90848, 90849, 90853 | | |
| **8. Telehealth visits** | 99441, 99442, 99443, 99367, 99358, 99359, 98966, 98967, 98968 | | |
| **9. Immunization or vaccine administration** | 90460, 90461, 90471, 90472, 90473, 90473, 90474 | | Z23 |

*Measures 1-7 are National Performance Measures from School-Based Health Alliance for SBHCs version as revised on 01/2017.
†Sports physicals
§Original codes for depression screening as proposed by National School-Based Health Alliance
¶American Academy of Pediatrics coding fact sheet for treating trauma available at: https://downloads.aap.org/AAP/PDF/Trauma_Coding_Fact_Sheet.pdf. Accessed February 22, 2022

Figure 7 displays the proportion of students enrolled in Delaware SBHCs who achieve each NPMs and other health measures. The top five performance measures included: 1) depression screening (67.2%); 2) BMI, nutrition, and physical activity screening (60.9%); 3) annual risk assessment (49.6%); 4) mental health assessment (46.4%); and 5) well-child visit that includes sports physicals (40.9%). One in five (19.7%) enrolled students in SBHC received psychotherapy services, over 15% received immunizations, and over 13% received screening services for STIs.

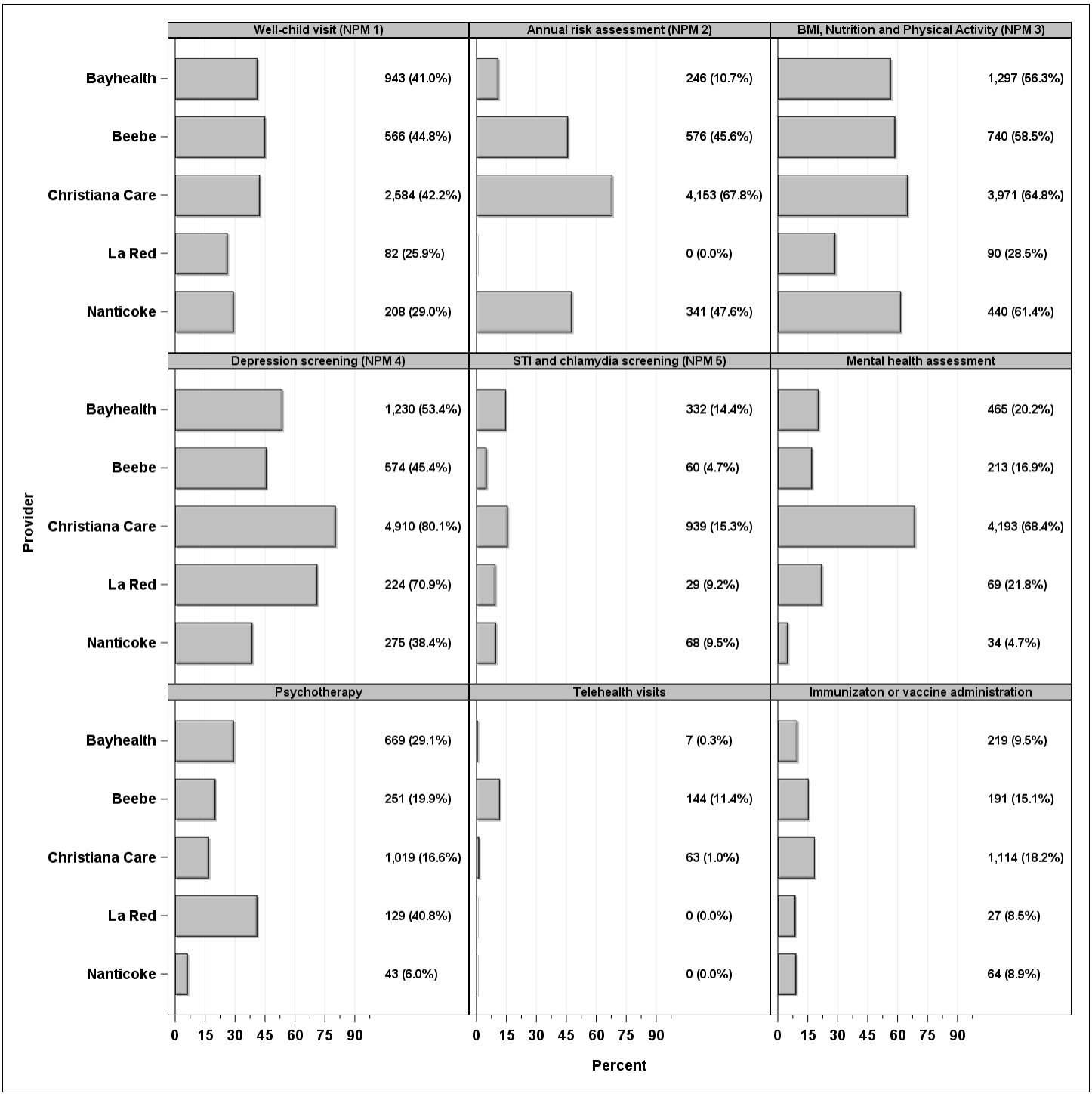
Figure 7. National Performance Measures and other health measures among students enrolled in Delaware School-Based Health Centers, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

Figure 8 displays the achievement of NPMs and health measures by medical providers and there was considerable variation in performance measures by provider. The variation in provison of services could be attributed to a variety of reasons including but not limited to student needs, insurance capitation, documentation or coding, provider availability etcetera.

Figure 8. National Performance Measures and other health measures among students enrolled in Delaware School-Based Health Centers by medical provider, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

Well-child visits (NPM 1) were highest at Beebe (44.8%) followed by Christiana Care (42.2%) and Bayhealth (41.0%), Nanticoke (29.0%) and La Red (25.9%). With regards to annual risk assessment

(NPM 2) Christiana Care had the highest percentage of students (67.8%) assessed for risk while La Red had none. With regards to BMI, nutrition, and physical activity screening (NPM 3), Christiana Care (68.4%), followed by Nanticoke (61.4%), Beebe (58.5%), and Bayhealth (56.3%) had the highest percentage of students screened, while La Red had the lowest (28.5%). Depression screening (NPM 4) was highest at Christiana Care (80.1%) followed by La Red (70.9%), Bayhealth (53.4%), Beebe (45.4%), while Nanticoke had the lowest (38.4%). Screening for STIs and chlamydia (NPM 5) varied considerably with a low of 4.7% (Beebe) to a high of 15.3% (Christiana Care). There were large differences in mental health assessment with Christiana Care assessing 68.4% of their students while Nanticoke assessing 4.7% of its enrolled students. However, the assessment did not necessarily translate into services such as psychotherapy, which were were highest at La Red with 40.8%, followed by Bayhealth (29.1%), Beebe (19.9%), Christiana Care (16.6%) and lowest at Nanticoke (6.0%). There was considerable variation in immunization or vaccine administration among medical providers with Christiana Care (18.2%) and Beebe (15.1%) at the top followed by Bayhealth (9.5%), Nanticoke (8.9%), and La Red (8.5%).

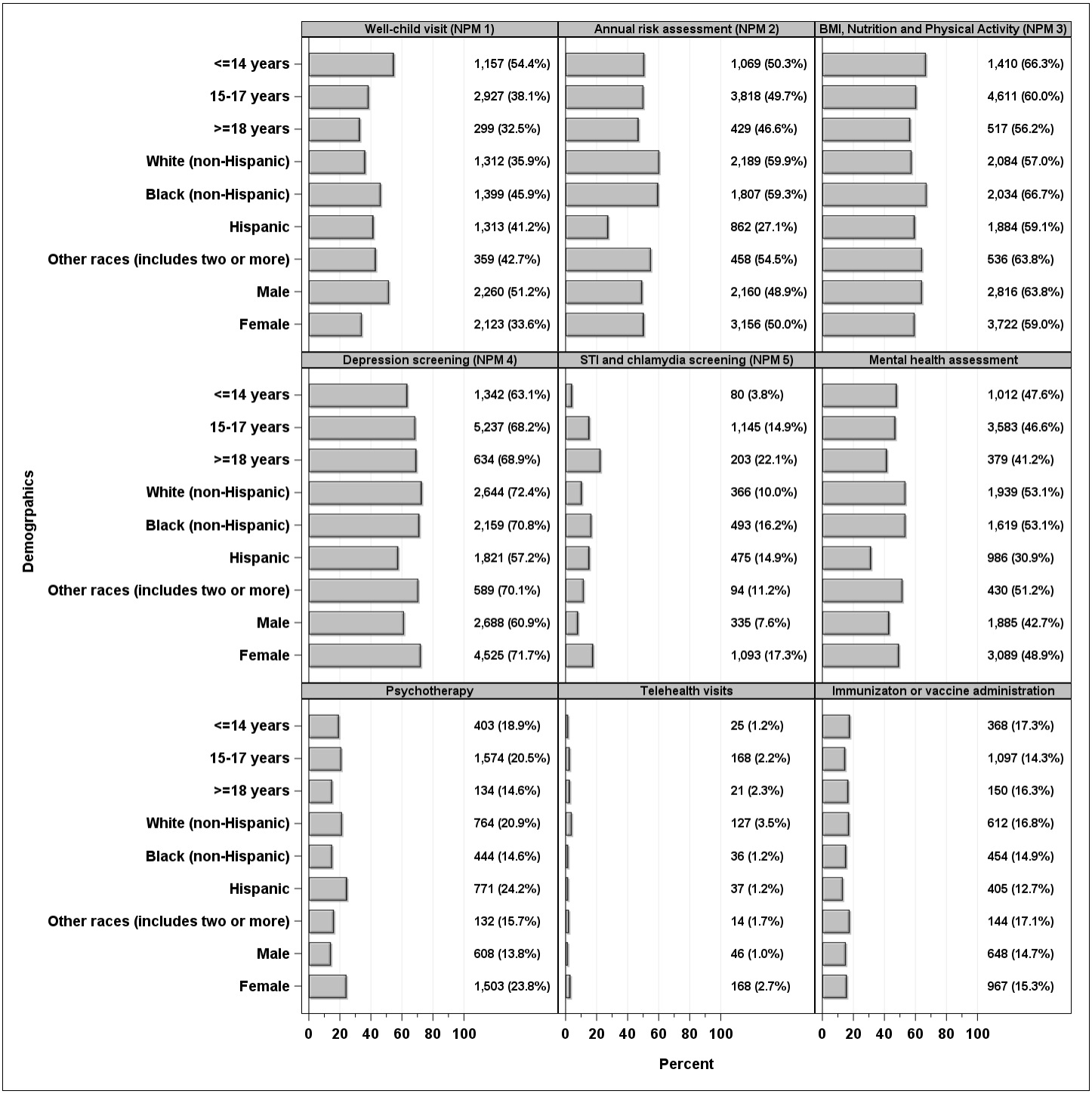
Figure 9 displays the NPMs and health measures stratified by age, race and ethnicity, and sex of the student. Well-child visits varied by student's age and students 14 or younger had highest percentage (54.4%) of visits as compared to 15 to17 year-olds (38.1%), and 18 years or older (32.5%). In general, the percentage of visits decreased with increases in age with the exception of depression screening, STIs and chlamydia screening, and psychotherapy. For instance, with regards to depression screening, 68.9% of the students age 18 or older were screened, followed by 68.2% of students ages15 to17 years and 63.1% of students 14 or younger. Similarly, STIs and chlamydia screening was highest among students 18 years or older (22.1%) followed by 15-17 years (14.9%). One in five students (20.5%) 15 to17 year-olds received psychotherapy compared to 18.9% of students 14 or younger, and 14.6% of students 18 years or older.

Well-child visits were highest among Black (non-Hispanic) students (45.9%), followed by other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races (42.7%); Hispanic students (41.2%); and White (non-Hispanic) students (35.9%). Annual risk assessment was lowest among Hispanic students (27.1%) as compared to White (non-Hispanic) students (59.9%), Black (non-Hispanic) students (59.3%), and other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islanders, and two or more races (54.5%).

The percentage of students who received screening for BMI, nutrition, and physical activity was highest among Black (non-Hispanic) students (66.7%) followed but other races (63.8%), Hispanic (59.1%), and White (non-Hispanic) students (57.0%). Depression screening was highest among White (non-Hispanic students (72.0%), followed by Black (non-Hispanic) students (70.8%), other races (70.1%), and lowest among Hispanic students (57.2%). The pattern was similar for mental health assessment and psychotherapy with the exception that the percentage of students who received psychotherapy was highest among Hispanic students (24.2%), followed by White (non-Hispanic) students (20.9%), students of other races (15.7%), and lowest among Black (non-Hispanic) students (14.6%).

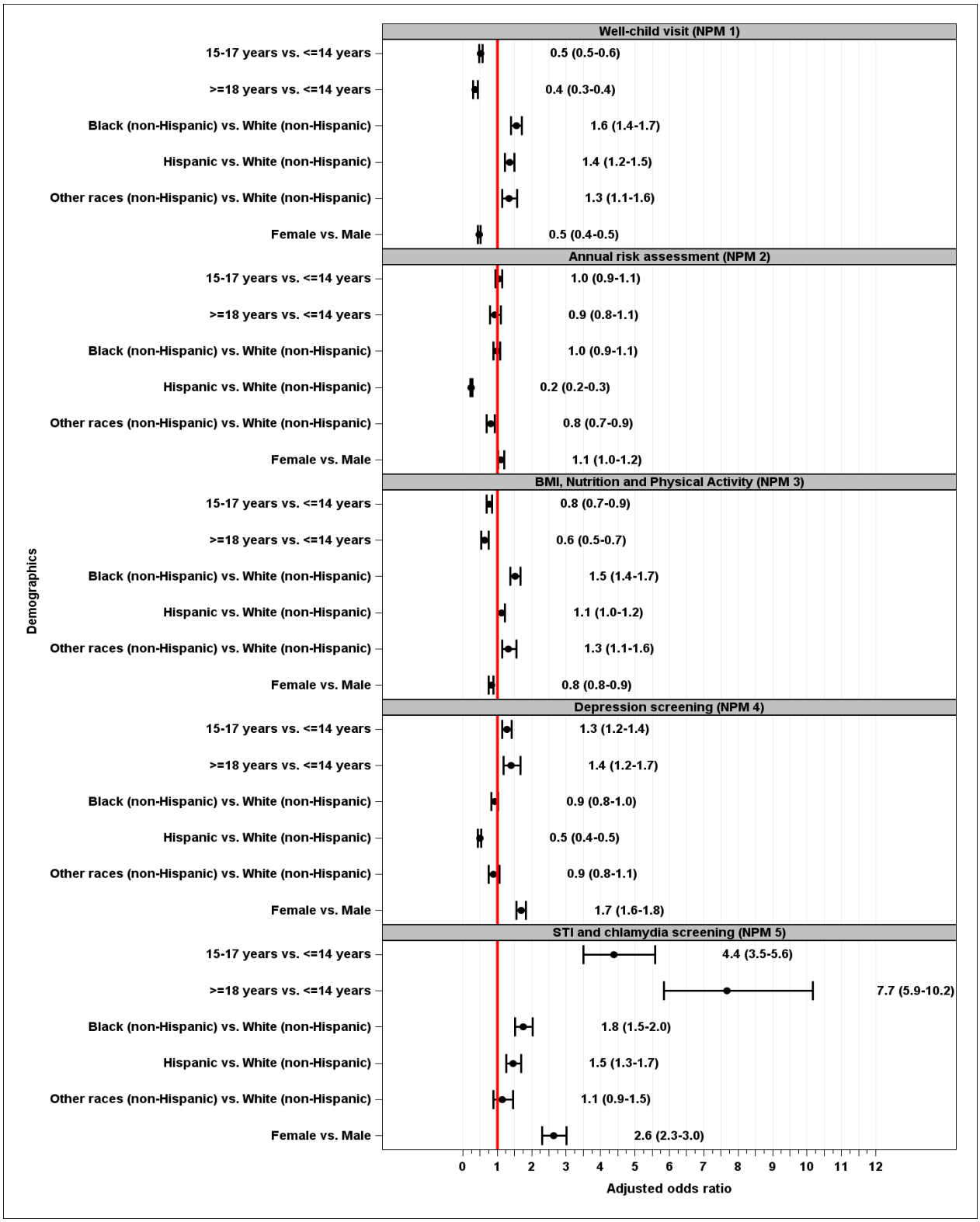
In general, with the exception of well-child visits, BMI, nutrition, and physical activity screening, females had highest percentage of visits for all other performance measures.

Figure 9. National Performance Measures and other health measures among students enrolled in Delaware School-Based Health Centers stratified student's age, race and ethnicity, and sex, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020

Figure 10. Adjusted* odds ratios with 95% confidence intervals for National Performance Measures among students enrolled in Delaware School-Based Health Centers, 2019-2020




Source: Delaware Department of Health and Social Services, Division of Public Health, Family Health Systems, 2019-2020
*Adjusted for student's age, race and ethnicity, and sex.

Figure 10 displays the adjusted odds ratios (AOR) for the five NPMs: 1) well-child visits including sports physicals; 2) annual risk assessment; 3) BMI, nutrition, and physical activity screening; 4) depression screening (revised measure); and 5) STIs and chlamydia screening. Except for annual risk assessment, student's age was associated with all NPMs. *Ceteris paribus* (i.e., assuming other variables remain constant, or unchanged), students 15-17 years of age (AOR = 0.5; 95%CI: 0.5-0.6) and students >=18 years of age (AOR = 0.4; 95%CI: 0.3-0.4) had significantly lower odds of receiving a well-child visit as compared to students <=14 years. Students 15-17 years of age (AOR = 0.8; 95%CI: 0.7-0.9) and students >=18 years of age (AOR = 0.6; 95%CI: 0.5-0.7) had significantly lower odds of receiving BMI, nutrition, and physical activity screening as compared to students <=14 years. Students 15-17 years (AOR = 1.3; 95%CI: 1.2-1.5) and students >=18 years (AOR = 1.4; 95%CI: 1.2-1.7) had significantly greater odds of receiving depression screening as compared to students <=14 years. Further, students 15-17 years (AOR = 4.4; 95%CI: 3.5-5.6) and students >=18 years (AOR = 7.7; 95%CI: 5.9-10.2) had significantly greater odds of STIs and chlamydia screening as compared to <=14 years.

Student's race and ethnicity was also associated with NPMs. Black (non-Hispanic) students (AOR = 1.6; 95%CI: 1.4-1.7), Hispanic students (AOR = 1.4; 95%CI: 1.2-1.5) and other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islander, and two or more races had greater odds of receiving a well-child visit (AOR = 1.3; 95%CI: 1.1-1.6) as compared to White (non-Hispanic). Hispanic students had significantly lower odds of receiving an annual risk assessment (AOR = 0.2; 95%CI: 0.2-0.3) as compared to White (non-Hispanic) students. Black (non-Hispanic) students (AOR = 1.5; 95%CI: 1.4-1.7) and other races (AOR = 1.3; 95%CI: 1.1-1.5) had significantly greater odds of receiving BMI, nutrition, and physical activity screening as compared to White (non-Hispanic) students. With regards to depression screening Hispanic students had significantly lower odds of being screened for depression (AOR = 0.5; 95%CI: 0.4-0.5) as compared to White (non-Hispanic) students. Although Black (non-Hispanic) and other races that include American Indian/Alaska Native, Asians, Native Hawaiian/Pacific Islander, and two or more races had lower odds of receiving depression screening as compared to White (non-Hispanic) students the difference was not statistically significant. Finally, Black (non-Hispanic) students (AOR = 1.8; 95%CI: 1.5-2.0) and Hispanic students (AOR = 1.5; 95%CI: 1.3-1.7) had greater odds of receiving STIs and chlamydia screening as compared to White (non-Hispanic) students.

Female students had greater odds of receiving depression screening (AOR = 1.7; 95%CI: 1.6-1.8) as compared to male students. Female students also had greater odds (AOR = 2.6; 95%CI: 2.3-3.0) of receiving STI and chlamydia screening as compared to male students.

**Conclusion**

In conclusion, during state fiscal year 2020 (i.e., July 1, 2019, to June 30, 2020) 10,728 students were enrolled in Delaware SBHCs. These students had 33,904 unique healthcare encounters with an average of four visits during SFY 2019-2020. There was considerable variation in enrollment of students in Delaware SBHCs by school, by medical provider, student's age, race and ethnicity, and sex. Healthcare utilization also varied by medical provider, student's age, race and ethnicity, and student's sex, consistent with a previous state report on Delaware SBHCs.[6] Depression screening,

BMI, nutrition, and physical activity screening, and annual risk assessment were the top three services utilized by Delaware SBHC students. Following the first case of COVID-19 on March 11th of 2020, the total number of students seeking care reduced significantly.

One recommendation from the Community Preventive Services Task Force (CPSTF) is to have SBHCs in low-income communities[7] to improve the health of low-income and racial and ethnic minority students, through several pathways.[2] As shown in this brief, race and ethnic minorities had higher utilization in all NPMs except depression screening. Although the percentage of telehealth visits was low, there was some evidence that Delaware SBHCs provided healthcare through this medium.

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