COLORADO DEPARTMENT OF HEALTH CARE POLICY & FINANCING

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John W. Hickenlooper, Governor • Susan E. Birch MBA, BSN, RN, Executive Director

April 23, 2012

Betty Boyd, Chair
Senate Health and Human Services Committee
200 E. Colfax Avenue
Denver, CO 80203

Dear Senator Boyd:

Enclosed, please find the legislative report to the Senate Health and Human Services Committee regarding Medical Homes for Children.

Section 25.5-1-123, C.R.S. requires the Department to submit a report on January 30, 2008 and every January 30 thereafter on the progress made toward maximizing the number of children with a medical home who are enrolled in the State Medical Assistance Program (Medicaid) or the Children's Basic Health Plan (CBHP).

The report is being submitted after the January 30, 2012 deadline because the Department experienced a delay obtaining needed information in order to complete the report. Questions regarding this report can be addressed to Carrie Cortiglio, Legislative Liaison, at Carrie.Cortiglio@state.co.us or 303-503-1425.

Sincerely,

Susan E. Birch MBA, BSN, RN
Executive Director

Enclosure(s)

Medical Homes for Children 2011 Report

Cc:

Senator Linda Newell, Vice-Chair, Health and Human Services Committee
Senator Irene Aguilar, Health and Human Services Committee
Senator Morgan Carroll, Health and Human Services Committee
Senator Joyce Foster, Health and Human Services Committee
Senator Kevin Lundberg, Health and Human Services Committee
Senator Shawn Mitchell, Health and Human Services Committee
Senator Ellen Roberts, Health and Human Services Committee
Senator Jean White, Health and Human Services Committee
Elizabeth Burger, Health and Human Services Staff
Lorez Meinhold, Policy Director, Health, Human Services and Education, Governor's Office of Policy and Research
Susan E. Birch, MBA, BSN, RN, Executive Director
John Bartholomew, Financial & Administrative Services Office Director
Suzanne Brennan, Medical and CHP+ Program Administration Office Director
Antoinette Taranto, Acting Client and Community Relations Office Director
Carrie Cortiglio, Legislative Liaison
Joanne Zahora, Public Information Officer

COLORADO DEPARTMENT OF HEALTH CARE POLICY AND FINANCING

REPORT TO THE HEALTH AND HUMAN SERVICES COMMITTEES

25.5-1-123, C.R.S.

SB 07-130 MEDICAL HOMES FOR CHILDREN

April 2012

Overview

This report is presented to the Health and Human Services Subcommittee of the Colorado General Assembly in response to Senate Bill 07-130 (SB 07-130), Medical Homes for Children. SB 07-130 requires the Department of Health Care Policy and Financing (the Department) to report annually on the progress made toward maximizing the number of children with a medical home who are enrolled in the State Medical Assistance Program (Medicaid) or the Children's Basic Health Plan (CHP+).

In a medical home, the child or youth, his or her family, primary care physician, and other health professionals develop a trusting partnership based on mutual responsibility and respect for each other's expertise. Together, families, health care professionals and community service providers identify and access all medical and non-medical services needed to help the child and family.

SB 07-130 specifically requires that a medical home include the following components:

- Health maintenance and preventive care
- Anticipatory guidance and health education
- Acute and chronic illness care
- Coordination of medications, specialists, and therapies
- Provider participation in hospital care
- 24 hour telephone care

Partners

To meet the goals of SB 07-130, the Department, the Colorado Department of Public Health and Environment, providers, advocates and other community stakeholders are participating in the Colorado Medical Home Initiative (CMHI) so that every child enrolled in Medicaid and CHP+ receive access to health care in a medical home. The following represents the activities of the CMHI as well as the Department and progress made to date.

While the Department is primarily responsible for implementing SB07-130, the Colorado Department of Public Health and Environment is also recognized as a national leader in the Medical Home Model, especially as it relates to children with special health care needs. CDPHE has accomplished the following in 2011:

Consistent Messaging – Work is underway to integrate the state's two main medical home websites into one site. The anticipated launch date for the consolidated site is scheduled for mid-2012. The site will feature two searchable databases that will facilitate information acquisition by various stakeholders in Colorado, from policy professionals and physicians to families, patients, and advocacy organizations. Streamlined messaging for the CMHI effort is also a key feature of the new site.

Colorado Medical Home Coalition – The Colorado Medical Home Coalition (CMHC) is one of two key working groups that make up the Colorado Medical Home Initiative (CMHI), a statewide effort to promote a medical home approach to health care. The purpose of the Coalition—made up

of a group of Colorado leaders engaged in planning and oversight for the CMHI effort—is to unite partners and align efforts to strategically promote a medical home approach statewide. The Coalition's vision is to ensure that all Coloradans have access to and experience a patient/family-centered medical home. Overall CMHI objectives include working to build and implement sustainable systems that support quality health care for all children and youth in Colorado, reinforcing the medical home approach as a core concept of quality health care, promoting care-coordination partnerships between families and providers, and encouraging a team approach among all health care providers.

In addition to the CMHC, the other key working group is the Colorado Medical Home Community Forum, a bimonthly meeting of Colorado stakeholders representing various agencies, families, medical facilities, organizations, and policymakers from all over Colorado. Anyone interested in participating in or learning more about the CMHI or what "medical home" means in Colorado is encouraged to attend a Community Forum meeting (open to the public). More information can be found at ColoradoMedicalHome.com.

The Department and the Departments of Public Health and Environment (CDPHE) and provide shared leadership for the CMHI.

The Department has numerous partners implementing Medical Homes for Children in Colorado including Colorado Medical Society, ClinicNet, Colorado Community Health Network, Family Voices Colorado, American Academy of Pediatrics – Colorado Chapter, American Academy of Family Physicians – Colorado Chapter, and Colorado Children's Healthcare Access Program.

Colorado Children's Healthcare Access Program (CCHAP)

The Department continues to work collaboratively with the Colorado Children's Healthcare Access Program (CCHAP). CCHAP is a non-profit organization whose mission is to provide support services for children, families, and private primary care practices to enable and encourage the practices to devote at least 10% of the practice to establishing a medical home for Medicaid and CHP+ children. The long-term goal is to develop a model that will increase the Early and Periodic Screening Diagnosis and Treatment (EPSDT) participation rates in Colorado by enhancing support systems and facilitate a coordinated and integrated system of care.

CCHAP	2010	2011
Number of Private Practices working with CCHAP	182	223
Number of Providers in the practices	604	751
Percent of all Private Pediatric Practices*	94%	97%
Percent of all Private Family Medicine Practices*	33%	37%
Number of Counties where CCHAP Providers are located	32	38
Number of practices completing the Medical Home Index	74	221
Number of practices conducting quality improvement projects with CCHAP	36	212

*The number of practices has also increased year to year in both modalities

Other Certified Medical Home Providers

Running alongside the CCHAP program, and with the strong partnership of Family Voices Colorado, the Department has also certified many non-private providers and practices including all Kaiser Permanente clinics, all Denver Health and Hospitals clinics, and all Rocky Mountain Youth clinics. Other medical homes include the philanthropically supported clinics of Inner City Health Center, Doctor's Care, Clinica Colorado and Clinica Tepeyac. There are also 19 mental health centers and one school based health center certified as a medical home in Colorado. The satisfaction with the services offered by these providers is outlined below.

Medical Home Evaluation for Colorado

The Department chose to evaluate the services and satisfaction of the medical home providers in Colorado. The evaluation looked at the services from the pre medical home period (2005) to 2010.

SERVICES

The population analyzed was comprised of all children under the age of 21 with at least one ambulatory/outpatient visit during the calendar year. Three cohorts were identified: pre-medical home, medical home, and non-medical home. The pre-medical home (MH) and medical home cohorts were identified by extracting clients associated with medical home providers for any outpatient or physician service. If the client's billing provider was granted medical home status and received the associated medical home reimbursement change during the calendar year, the client was grouped in the pre-medical home cohort for services before the date on which the provider received a medical home reimbursement rate increase. For services after the date in which the provider received a medical home reimbursement increase, the client was grouped in the medical home cohort. Clients that did not receive a service from a medical home provider during the calendar year were grouped in the non-medical home cohort. Clients who are receiving services from a provider who has been certified as a medical home but IS NOT receiving an increase in reimbursement may be in the non-medical home cohort along with clients who are receiving services from providers who are not certified as medical homes such as the Federally Qualified Health Centers.

Children Under 21 with at Least One Developmental Screening per Year

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	0.1%	0.7%	7.1%	15.0%	15.7%	16.4%
MH Cohort	-	-	42.2%	43.3%	22.6%	32.1%
Non-MH Cohort	0.2%	0.2%	0.3%	1.6%	1.4%	1.6%

Children Under 21 with at Least One Immunization per Year

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	36.3%	37.4%	42.7%	36.9%	29.0%	20.1%
MH Cohort	-	-	68.6%	63.2%	44.9%	50.2%
Non-MH Cohort	18.8%	15.2%	17.0%	15.4%	12.3%	13.1%

Children Under 21 with at Least One Well Child Visit per Year

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	44.2%	46.2%	49.4%	50.2%	38.9%	33.9%
MH Cohort	-	-	64.7%	66.1%	49.1%	63.1%
Non-MH Cohort	20.5%	16.2%	16.1%	15.4%	12.6%	12.1%

The medical home cohort consistently has a higher percent of children receiving at least one service of interest across the five year period. All cohorts had a decrease in the percentage of individuals receiving at least one service in what appears to be an increasing trend in individuals in 2009 receiving at least one service of interest. Tests of significance were not performed.

Individuals with at least One Emergency Department Visit, 2005-2010

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	40.1%	34.3%	39.6%	39.5%	43.6%	45.2%
MH Cohort	-	-	34.2%	24.0%	23.7%	30.3%
Non-MH Cohort	38.7%	39.4%	40.8%	41.7%	47.1%	42.5%

Range of Emergency Room Visits per Year, 2005-2010

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	1-38	1-45	1-49	1-59	1-46	1-32
MH Cohort	-	-	1-12	1-12	1-15	1-22
Non-MH Cohort	1-51	1-46	1-49	1-59	1-46	1-54

The medical home cohort consistently has a lower percent of individuals receiving at least one emergency department visit across the five year period. The medical home cohort also has the smallest range of emergency department visits per year of all the cohorts. Tests of significance were not performed.

Total Cost of Pharmacy Claims / Year, 2005-2010

Year and Cohort	Total Pharmacy Costs	Average / Individual
2005		
Pre MH Cohort	$2,459,752	$299
MH Cohort	-	
Non MH Cohort	$2,684,711	$175
2006		
Pre MH Cohort	$2,656,280	$262
MH Cohort	-	
Non MH Cohort	$2,766,418	$161
2007		
Pre MH Cohort	$7,504,306	$415
MH Cohort	$55,962	$254
Non MH Cohort	$6,488,132	$262
2008		
Pre MH Cohort	$13,888,704	$743

MH Cohort	$392,856	$458
Non MH Cohort	$11,178,728	$458
2009		
Pre MH Cohort	$11,207,639	$562
MH Cohort	$905,603	$260
Non MH Cohort	$9,522,588	$353
2010		
Pre MH Cohort	$6,415,876	$401
MH Cohort	$2,751,977	$251
Non MH Cohort	$7,112,014	$275

The medical home cohort is consistently the cohort with the lowest average pharmacy cost per individual. All groups increase average cost per individual from 2007 to 2008 and decrease from 2008 to 2009.The non medical home cohort is similar to the medical home cohort in years 2007 through 2010. Tests of significance were not performed.

Average Cost of Pharmacy Claims for Children in a Certified Medical Home/Year, 2005-2010

	2005	2006	2007	2008	2009	2010
Pre MH Cohort	$299	$262	$415	$743	$562	$401
MH Cohort	-	-	$254	$458	$260	$251
Non-MH Cohort	$175	$161	$262	$458	$353	$275

The medical home cohort is consistently the cohort with the lowest average pharmacy cost per individual. All groups show increased average cost per individual from 2007 to 2008 and decrease from 2008 to 2009.The non medical home cohort is similar to the medical home cohort in years 2007 through 2010. Tests of significance were not performed. It was initially proposed that the cost of pharmacy would increase if children were screened and treated for concerns appropriately and timely. However, it has been shown that the costs of pharmacy decline for children in a medical home.

FAMILY SATISFACTION

The Family Satisfaction Survey is a way for families to give feedback to their providers about the care they receive from their chosen medical home. Twenty three hundred and seventy (2370) family members completed a Family Voices Family Satisfaction Survey from 203 practices around Colorado between May 12, 2009 and November 30, 2011. Frequencies of answers to the ten questions regarding the family's medical home experience are in the table below and the highest frequency of responses is highlighted in bold.

Frequency of Family Satisfaction Survey Answers, Colorado, 2009-2011

Medical Home Family Satisfaction Survey Question	Always	Most of the Time	Sometimes	Never	Total Surveys
	# of Surveys				
1. Provider creates a medical home for child.	**1,715**	552	78	20	2,365
2. Provider values you and your child's family.	**1,872**	401	80	15	2,368
3. Feel like you are linked to available supports.	**1,688**	506	120	28	2,342
4. Feel calls are returned within a reasonable amount of time.	**1,659**	523	147	25	2,354
5. Provider meets your cultural differences.	**1,945**	283	47	20	2,295
6. Provider is concerned with your child's well being.	**2,038**	254	63	14	2,369
7. Feel your concerns are heard.	**1,888**	358	98	21	2,365
8. Get referrals to specialist and other providers.	**1,844**	336	89	42	2,311
9. Difficulty getting appointments.	66	74	457	**1,769**	2,366
10. Difficulty getting to appointments.	47	46	299	**1,972**	2,364

Three hundred and eighty eight (388) families participating in the survey reported having a child with special health care needs (17.7% of the survey respondents).

A family centered medical home is not a building, house hospital or home health care service, but a comprehensive approach to providing care. In a family centered medical home, the team works in partnership with the child and the child's family to assure that all of the medical and non medical needs of the child are met. Through these partnerships, the family can access health care and public and private community services that are important for the overall health and well being of the family. The original medical home is from the late 1960's and is known as the Early and Periodic Screening Diagnosis and Treatment program.

Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program

Medicaid's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit is comprehensively designed to promote children's healthy development. EPSDT includes outreach, comprehensive well-child visits (referred to as EPSDT screens), treatment and case management. Per 1967 federal regulations, the EPSDT Program is required to be a comprehensive, coordinated, family centered system of care. The CMS guidance goes further go on to state that the program "should help families use health resources, including their own talents and knowledge effectively

and efficiently."[1] The Department is showing an increase in the EPSDT well child screening rates reported to The Centers for Medicare and Medicaid Services on April 1 of each year based on the Federal Fiscal Year (FFY) of October 1, through September 30th of each year. Due to the efforts in Medical Homes for Children Program, Colorado reported the EPSDT Screening, Referral and Treatment rates as follows:

CMS EPSDT 416 Report	FFY 06/07	FFY 08/09	FFY 09/10	FFY 10/11*
Screening Ratio	69%	71%	73%	73%
Total Eligibles Referred for Corrective Treatment	188,135	201,581	193,062	139,966
Total Eligibles Receiving Dental Services	121,642	132,097	187,776	188,320

*CMS changed format for 416 Report beginning FFY 2010/11. Counts are only for those with at least 90 days of eligibility and this has lowered some of the screening and referral rates for Colorado.

In recent years states have recognized that it is important to identify and treat developmental delays early in a child's life. EPSDT screens are designed to identify any physical, developmental, oral or mental health condition a child may have, as well as provide parents (and adolescents) with information to help them promote the child's optimal development. To assist EPSDT and the Medical Homes for Children program in outreach and training related to developmental screening, the Department has partnered with The Assuring Better Childhood Development Program in Colorado since 2006.

Assuring Better Childhood Development Program (ABCD) and Early Intervention Colorado

Colorado participated in the National Academy for State Health Policy's ABCD Screening Academy as a "Setting the Stage for Success" grantee, a project designed to replicate the North Carolina ABCD Project model which integrated structured developmental screening into well-child care visits. Specifically, the ABCD Screening Academy project in Colorado improved child development services by:

- Incorporating screening requirements into Colorado's Medical Home initiative, and by targeting "improving state policy" as a critical area of attention in the ABCD team work plan.
- Completing multiple ABCD community trainings on structured screening in all eight pilot communities, increasing the use of an objective, validated developmental screening tools at well child visits by providers outside of pilot sites, and partnering with Kaiser Permanente and Denver Health to ensure that all of their offices implemented the use of the Ages and Stages Questionnaire (ASQ) by all pediatricians and family practitioners.
- Sustaining and spreading structured screening by applying for funding to continue to gather groups of providers for informational workshops and trainings on the importance of health care screening during well child care.

[1] CMS State Medicaid Manual, Part V

By teaming with the ABCD Program, which has recently been housed within the Department of Public Health and Environment, the Department has been able to increase standardized developmental screenings for children covered by Medicaid as follows:

4th Quarter of State Fiscal Year	Total Number of Screens Billed in Quarter
2006	675
2007	3,625
2008	8,892
2009	12,337
2010	15,693

ABCD also met its goals for provider participation for 2011 to Increase to 50% of the Primary Care Physicians in Colorado who are routinely implementing standardized developmental screening. The goal has been further broken down by pediatric and family medicine providers.

2011 Milestone 1a (1): Increase the number of pediatric practices using a standardized developmental screening tool.

Baseline: 54% (94/175 pediatric practices).
Tracking/Calculation Method: ABCD Access Database
2011 Target: 67%
2011 Result: Completed.

2011 Milestone 1a (2): Increase the number of practices with the potential to see children (pediatric and family practices) using a standardized developmental screening tool.

Baseline: 14% (128/919 pediatric and family practices).
Tracking/Calculation Method: ABCD Access Database
2011 Target: 19%
2011 Result: Completed.

ABCD remains highly focused on its mission: "To encourage the use of standardized development screening tools in health care settings across Colorado to facilitate early identification and referral." ABCD continues to reach out to pediatric and family practices across the state to provide technical assistance on the implementation of a standardized developmental screening tool as well as strong referral protocols. ABCD continues to help facilitate stronger relationships between health care providers and local community referral and resource teams.

These screenings decreased inappropriate follow up with specialists and increased the appropriate referrals to Early Intervention (EI) Colorado services[2]. These increases include:

October 1 to March 31	Percent of Referrals to EI Colorado from PCP
2007	21%
2008	29%
2009	40%
2010	42%

Every practice that is certified as a medical home in Colorado receives information related to the ABCD program. One of the most utilized quality improvement projects in Colorado for children is around developmental screening, utilization of nationally recognized tools, and increasing appropriate screening and referrals. Between November 1, of 2008 and October 31, 2011, there was a 60% increase in the number of PCP referrals to EI Colorado.

Colorado Partnerships for Children's Oral Health (CoPCOH)

Because SB 07-130 includes mental health and oral health as a part of the child's medical home, CCHAP, EPSDT and Medical Homes for Children partnered with Colorado Partnerships for Children's Oral Health starting July 2011. The goals of the program are:

- To increase the number of dentists in Colorado who provide care to children insured by Medicaid;
- To increase the number of dentists in Colorado who provide preventive care to infants and toddlers;
- To increase parent/caregiver understanding of the importance of early preventive oral care for their children and the need to establish a dental home by the age of one; and,
- To improve Colorado health policies to promote the prevention or oral disease in children, especially for those most at risk.

CoPCOH was developed through broad stakeholder input and is funded by grants and in-kind contributions totaling over $2.25 million from: Caring for Colorado, The Colorado Health Foundation, The Colorado Trust, Delta Dental Foundation of Colorado, Kaiser Permanente and the Rose Community Foundation. The Department has given 30% of the EPSDT Program Administrator FTE as well as 50% FTE of the physician recruitment specialist paid for under the Medical Homes for Children funding to this program.

- CoPCOH is developing a website for dentists that will include a variety of information and supports to encourage them to participate as a Medicaid provider. This will include an interactive business calculator that will show dentists how much additional revenue they could expect by adding Medicaid clients to their practice base.

[2] Stacey Kennedy, Public Awareness and Plan of Correction Coordinator, Early Intervention Colorado, CDHS, Division for Developmental Disabilities Data Source: Community Contract Management System Database (CCMSweb), Division for Developmental Disabilities, Colorado Department of Human Services

- Cavity Free at Three has developed a dental module that will teach dental practices, which do not see young children, how to do so.

- CCHAP has developed a module to provide practice based coaching for pediatric and family practice settings across the state to continue to promote and teach Cavity Free at Three in the medical setting.

- The physician recruitment position has assisted 5 practices complete the Medicaid application and have added 8 dentists to the Medicaid program.

- CoPCOH has proposed to fund an independent review of Colorado's Medicaid dental benefit to find possible cost savings and efficiencies, with the goal being to re-direct those savings into enhanced preventative care.

Early Childhood Framework

Colorado has also included the need for medial homes within the Early Childhood Framework. By including this work in the framework documents, the medical home approach is disseminated at the local level through grant-funded projects aimed at children eligible for early childhood services. (Attachment A)

Children's Basic Health Plan (CBHP) Medical Home Implementation

CHP+ participating health plans are the foundation for medical home implementation for CHP+ clients. Participating plans include Colorado Access, Denver Health, Kaiser Permanente, Rocky Mountain Health Plans and Colorado Choice.

The health plans continue to train and support providers in medical home principles, and to encourage members to schedule appointments with medical home providers. The health plans track which members have not received annual well visits and the necessary preventive visits, and notices reminding members to schedule these appointments. The health plans encourage providers to accommodate same-day appointments to increase access to the medical home provider.

Electronic medical records have been identified as an essential element to medical home success. All health plans have been focused on the development and expansion of their electronic medical records in order to better serve their members.

To promote patient-centered and whole-person care, providers are offering cultural competency training to employees. Many practices have also begun to focus on their staff hiring with priority given to applicants who are sensitive to cultural identity, language skills, and community of origin, and who have a desire to work with low income populations who have been medically underserved. Each health plan is using some form of the "secret shopper" method to determine if providers are fulfilling medical home standards.

All participating CHP+ plans are providing incentive payments to primary care physicians and obstetric providers that are seeing members for specific annual well visits. Nearly 16,500 of these visits were provided during FY2010-11.

- The CHP+ is showing increases in adolescent screening rates. In 2006, the screening rates were at a baseline of 21%, in 2009 the screening rates were 41% and for 2011 they have increased to 43%.
- The CHP+ has also decreased those children who have not received a screening in the first year of life from 4% to 2%.
- The CHP+ is also showing increased immunization rates for Combo 2 vaccines. Combo 2 rates have increased from 71% to 79% from 2009 to 2011.

Accountable Care Collaborative Program as a Medical Home

While not under the funding or structure of SB 07-130 it should be noted that an integral feature of the Department's Accountable Care Collaborative (ACC) Program that was implemented in May 2011 is the provision of a medical home for Medicaid adults and children. This program complements the SB 07-130 program and provides some additional supports and resources to children and providers who participate in both programs. The Regional Care Collaborative Organizations (RCCO) of the ACC program provide enhanced case management and care coordination services to clients. The Statewide Data and Analytics Contractor of the ACC program provides data analytics and access to client specific health data that further supports and enhances providers' ability to care for these clients.

Of the over 30,000 children enrolled in the ACC program, a large portion are children who are not currently enrolled in the SB 07-130 Medical Homes for Children Program. In this way the ACC, while a separate initiative, complements SB 07-130 and advances the state's goal of maximizing the number of children enrolled in the Medicaid who have a medical home.

Conclusion

No matter the terminology describing the medical home approach - Family Medical Home, Health Care Home, Primary Care Medical Home or Patient Centered Medical Home - the concept keeps the family and patient at the core.

The Department is encouraged by the potential savings to the state and by the increase in family-centered care to children who are eligible for a medical home. The apparent improved health care outcomes for a child linked to a medical home also demonstrate the potential for a fully implemented medical home model. The Department anticipates fully implementing all of the components of SB 07-130 resulting in more efficient operations, increased provider retention, improved access to health care services, and better quality outcomes for those served under Medicaid and CHP+. The Department believes that a Medical Home results in effective clinical care. The use of public health program coverage, the use of primary health services, and the follow up for medically necessary services and other non-medical services in the community results in healthy child development and bodes well for the future of Colorado.

Early Childhood Colorado Framework

A COLLECTIVE VISION ON BEHALF OF COLORADO'S YOUNG CHILDREN AND THEIR FAMILIES.

EARLY CHILDHOOD COLORADO PROVIDES A FRAMEWORK THAT:

- Recognizes the needs of the whole child and family.
- Communicates the vision for comprehensive early childhood work.
- Focuses on specific measurable outcomes.
- Guides, organizes, and focuses the actions and accountability of public and private stakeholders.

THIS WORK IS GUIDED BY THE FOLLOWING PRINCIPLES:

- Be child-focused and family-centered.
- Recognize and respond to variations in cultures, languages, and abilities.
- Use data to inform decisions.
- Build on strengths of communities and families.
- Focus on children from birth to age 8.
- Promote partnerships.
- Act at state, local, and statewide levels.

GOALS

- Children have high quality early learning supports and environments and comprehensive health care.
- Families have meaningful community and parenting supports.
- Early childhood professionals have the knowledge, skills, and supports to work effectively with and on behalf of families and children.

all children are valued, healthy, and thriving

outcomes

	EARLY LEARNING	FAMILY SUPPORT AND PARENT EDUCATION	SOCIAL, EMOTIONAL, AND MENTAL HEALTH	HEALTH
ACCESS OUTCOMES	• Increased availability of formal education and professional development opportunities for early childhood professionals related to early learning standards. • Increased access to high quality early learning, birth through third grade.	• Increased availability and family use of high quality parenting/child development information, services, and supports. • Increased parent engagement and leadership at program, community, and policy levels.	• Increased availability and use of high quality social, emotional, and mental health training and support. • Increased number of supportive and nurturing environments that promote children's healthy social and emotional development.	• Increased access to preventive oral and medical health care. • Increased number of children covered by consistent health insurance.
QUALITY OUTCOMES	• Increased number of children meeting developmental milestones to promote school readiness. • Increased number of programs that are accredited and/or quality rated. • Increased number of schools that have leadership and educational environments that support young children's success. • Increased availability of community resources and support networks for early childhood practitioners, professionals, and programs.	• Increased number of children who live in safe, stable, and supportive families. • Improved family and community knowledge and skills to support children's health and development. • Increased family ability to identify and select high quality early childhood services and supports.	• Increased number of environments, including early learning settings, providing early identification and mental health consultation. • Improved knowledge and practice of nurturing behaviors among families and early childhood professionals.	• Increased number of children who receive a Medical Home approach. • Increased number of children who are fully immunized. • Increased knowledge of the importance of health and wellness (including nutrition, physical activity, medical, oral, and mental health).
EQUITY OUTCOMES	• Increased number of children with special needs who receive consistent early learning services and supports. • Decreased gaps in school readiness and academic achievement between populations of children.	• Increased availability and use of family literacy services and supports. • Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency. • Increased coordination of services and supports for families and children who are at-risk or have special needs.	• Increased number of mental health services for children with persistent, serious challenging behaviors. • Decreased number of out-of-home placements of children.	• Increased percentage of primary care physicians and dentists who accept Medicaid and Child Health Plan Plus. • Increased percentage of women giving birth with timely, appropriate prenatal care. • Decreased number of underinsured children.

STRATEGIES FOR ACTION

- Develop and support use of early learning standards by families, programs, and professionals.
- Evaluate and recognize high quality programs with a comprehensive rating and reimbursement system.
- Develop, promote, and support high quality professional development and formal education for adults who work with young children.
- Monitor children's learning and development through screening and on-going assessments.
- Improve financial sustainability and governing efficiency of early learning programs and infrastructure.

- Strengthen coordinated efforts of public and private stakeholders to meet the needs of children and families.
- Strengthen and support family leadership through effective training models.
- Provide tools and information to families to strengthen their own engagement and involvement in their children's lives.
- Provide information to families to facilitate connection to services and supports.

- Promote caregivers' knowledge of the social, emotional, and mental health of young children.
- Provide early childhood professionals with effective practices that promote children's social-emotional development and mental health.
- Strengthen and support community-based mental health services that identify and serve young children.

- Enroll more children in health insurance programs.
- Promote and support use of standards for a Medical Home approach (including medical, oral, and mental health, as well as developmental, vision, and hearing screening and services).
- Strengthen coordinated efforts of public and private stakeholders to support health and wellness.

FOUNDATIONS

- Build and Support Partnerships
- Fund and Invest
- Change Policy
- Build Public Engagement
- Share Accountability
- Generate Education and Leadership Opportunities