

**Thursday, September 10, 2015**  
**1:00-4:00 pm**  
**University of Colorado Denver**  
**1380 Lawrence Street, Terrace Room, Denver, CO 80204**

Meeting Objectives:

- Action Item: Approve the meeting minutes from July 9, 2015
  - Action Item: Provide an update on the Awareness and Engagement for Colorado Parents and Caregivers effort and approve the steering committee co-chairs
  - Action Item: Present the Early Childhood Mental Health Strategic Plan developed by the Office of Early Childhood and vote to approve an ECLC endorsement of the plan
  - Hear from the early childhood community during public comment
  - Provide an overview on the Colorado Opportunity Project and updates from the Office of Early Childhood
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- 1:00 – 1:05**    Welcome (*Barb Grogan*)
- 1:05 – 1:10**    Business Meeting (*Barb Grogan*)
- Approval of minutes from July 9, 2015 – call the vote
- 1:10-1:30**    ECLC Committee Structure (*Anna Jo Haynes and Sheryl Shushan*)
- 1:30-1:50**    Awareness and Engagement for Colorado Parents and Caregivers: an early childhood communication collaborative (*Elsa Holguin*)
- 1:50-2:25**    Early Childhood Mental Health Strategic Plan (*Jordana Ash*)
- 2:25-2:50**    Public Comment (*Barb Grogan*)
- 2:50-3:35**    Colorado Opportunity Project (*Murielle Romine*)
- 3:35-3:50**    OEC Updates (*Brian Conly*)
- 3:50-4:00**    Co-Chairs' Final Thoughts and Adjourn (*Anna Jo Haynes*)
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The next ECLC meeting will be held on **Thursday, November 12 from 9-12am at HCPF: 303 East 17th Avenue, 11th floor Conference Room, Denver 80203**

**Chalkbeat Colorado article on the release of the Framework:** [co.chalkbeat.org](http://co.chalkbeat.org)

OVER

## Video: Birth to 3: What's new in early childhood learning? | Watch Colorado State of Mind Online | Rocky Mountain PBS Video

Just 21 percent of all Colorado 4-year-olds are enrolled in preschool, and only 7 percent of 3-year-olds. Yet learning in those early years is crucial to success in school. RMPBS CEO Doug Price talks with Colorado Lt-Gov Joe Garcia and Happy Haynes of Denver Public Schools about the state of early childhood education. Plus, RMPBS introduces "Family Friend and Neighbor" communications. Watch online: Birth to 3: What's new in early childhood learning? from Colorado State of Mind. On demand, streaming video from Rocky Mountain PBS: <http://video.rmpbs.org/video/2365551473/>



## **Meeting Minutes**

Thursday, July 9, 2015

1:00 pm – 4:00 pm

University of Denver, Morgridge College of Education  
1999 E Evans Ave, Katherine A. Ruffatto Hall, Denver, CO 80208

### *Commissioners in Attendance:*

Co-chair Anna Jo Haynes, Anne Anderson, Letty Bass, Charlotte Brantley, Doug Clements, Melissa Colman, Lindsay Dolce, Sheila Groneman, Elsa Holguin, Dee Martinez, Tom Massey, Anna Robinson, Mary Anne Snyder, Susan Steele, and Karen Trierweiler.

### *Commissioners Excused:*

Andres Chaparro, Charlotte Ciancio, Lt. Governor Garcia, Richard Garcia, Barb Grogan, Pat Hamill, Cindy Schulz, and Amy Wineland

#### *I. Welcome and Business Meeting*

Commission Co-chair Haynes called the meeting to order and welcomed guests. Sponsors Doug Clements and Marsico Institute of Early Learning and Literacy were thanked for providing the meeting space, snacks, and parking.

#### *Approval of Minutes*

Commissioners reviewed the minutes from the May 14, 2015 meeting. The Commission approved the minutes (opposed: 0, abstained: 0).

The meeting objectives were reviewed. The ECLC Co-Chair thanked members who were re-appointed to a second third-year term: Lt. Governor Garcia (Lindsay Dolce will serve as his delegate during his absences- no other delegate will be permitted) Elsa Holguin, Charlotte Brantley, Anna Robinson and Anna Jo Haynes.

The ECLC Co-Chair congratulated the work of Bill Jaeger when he spoke about legislation at the Early Childhood School Readiness Legislative Commission (ECSRLC). They did not bring forth any priorities nor did we as the ECSRLC. The Commission may now figure out how best to assist them. It was a good session and the ECSRLC will likely return to the ECLC in August or early September to discuss bill recommendations. If anything from the committees requires legislation, please tell the ECLC as soon as possible.

Sheryl Shushan will be out of office from July 17th through August 3rd. Commission Co-Chair Haynes will gather details on recommendations in her absence.

The ECLC Executive Committee plans to discuss the ECLC committee structure; this will be an agenda item at an ECLC meeting in the fall.

#### *II. Early Childhood Colorado Framework*

Commissioner Bass and Trierweiler spoke about the Framework committee, the work involved, and presented the final version of the Framework for approval by the ECLC. A big thank you was given to all those involved. The ECLC framework was given to the group prior to the meeting and copies provided at the ECLC meeting. Some examples of edits include: graphic enhancements, removal of the State of CO logo to underscore public/private views. It is linked to the historical document and the website ECLC.org was added; the content enhancements provide more community focus. Stakeholder feedback was taken into account. Unintended pregnancy was changed to be more generally acceptable and resiliency was added.

Karen Trierweiler moved to approve the EC Framework. The co-chair seconded the motion. The Commission unanimously approved the framework (opposed: 0, abstained: 0.)

The ECLC stated that the framework is a beautiful piece of work, and conveys what is best for children and families in Colorado. Knowledge on how to use the framework is important: it is a living document. The process to draft the framework was exemplary and visible changes were made based on feedback. It is more comprehensive with health and education and social emotional health (the last version focused heavily on primarily education.) This is a commendable feat and it is a great opportunity to take this nationally.

The ECLC thanked Letty Bass for her leadership and Sheryl Shushan as well; they in turn, thanked everyone as well. Management of the process by Sheryl was important, and involved 3 consultants working together with Sheryl's assistance.

The release and reception are waiting on the Governor's office and schedule. It may be larger than anticipated- calls are coming from different parts of the nation and the White House. The release will most likely occur in late August. This allows for more information to be put on the website and to put together a dissemination plan.

Sheryl Shushan discussed an embargoed release requested from the ECLC. A handout was provided. Organizations are eager to apply it to grant writing and strategic planning. Concerns were expressed that an embargoed release may cause a loss of momentum in the release of the framework. It was argued that it might help build momentum if those who use it attest to the benefits it provides. The majority of the ECLC approved the parameters of the embargoed release.

The website will be coming soon, along with detailed information about it. The OEC website has information about its approval but there has not been a public release yet. The only electronic release has been to the ECLC by Sheryl. Please maintain confidentiality of the document. Potential phase 2 information was reviewed. A discussion on next steps for the framework will occur in November.

The ECLC co-chair spoke about Executive Committee and its discussion of ECLC committees. This discussion will be brought to the ECLC. People expressed some concerns so in depth discussion will be held. At last meeting, the Executive Committee discussed parent engagement and awareness.

### *III. Parent Awareness and Engagement in Colorado*

Commissioner Holguin gave a report on a Collaborative Communication Strategy for Parental Awareness and Engagement in Colorado. The ECLC was asked to lead a collaborative strategy and appoint a steering committee.

ECLC has had national feedback from national foundations. No other state is doing anything like this. National funding for this may be available and more sustainable. The Governor's office identified parent awareness as something that needs work.

The ECLC agrees there are many pieces around parent family and community engagement. There is much discussion around "what and how", but not on "why"? Commissioner Groneman discussed the Family Engagement Action team. There is need for common language around family engagement.

Commissioner Holguin motioned to accept the recommendation for the ECLC to lead the effort to create the communication strategy and appoint a steering committee to implement it. Commissioner Brantley seconded the motion. The Commission unanimously approved (opposed: 0, abstained: 0).

#### *IV. Prenatal to Age Three Subcommittee*

Commissioner Trierweiler and Marie Hueston provided an update from the Prenatal to Age Three sub-committee and discussed the sub-committee's priorities. The sub-committee will explore payment mechanisms that align services in dyadic care. The ECLC asked if they span across sister agencies (HCPF, CDHS and CDPHE) and how to implement it. Recommendations are needed to develop program alignment with sister agencies (HCPF, CDHS and CDPHE) and ECLC. ECLC may determine to review cross program outcome priorities and these priorities may dovetail very nicely with the phase 2 process.

The ECLC requested more information about the CO Project. The CO project will be added to the agenda for the next ECLC meeting.

#### *V. Transforming the Workforce*

Nancie Linville and Doug Clements presented and discussed information on Colorado's professional development system and national research on Transforming the Workforce. The Professional Development, Advisory Group which is a subcommittee of the ECLC Program Quality and Alignment is working to update the Colorado Early Learning Professional Development System Plan developed in 2010.

The seven goals of Colorado's Early Learning Professional Development System Plan are:

- Adopt performance-based competencies
- Enhance recruitment and retention
- Ongoing career and skill development
- Finance through public and existing funds
- Data Collection and analysis of early learning professionals
- Create accountability mechanisms
- Early Childhood Leadership Commission oversight.

The tentative timeline for updating Colorado's Early Learning PD System Plan is as follows:

- July 20, 2015 – Summer Kick-Off
- September 15, 2015 – EC PD Advisory Draft Update Presentation
- December 15, 2015 – EC PD Advisory Final Approval
- Early 2016 – PQAC & ECLC Presentations & Approvals

#### *VI. Office of Early Childhood Updates*

Mary Anne Snyder gave a presentation and updates on the Office of Early Childhood (OEC) . OEC recently took a staff retreat. The CCDF Road Trip with CDHS leadership is coming up soon. Mary Anne will have quarterly regional town hall meetings. CDHS Leadership is asking all Office Directors if the right people are being served at the right time.

*VII. Public Comment*

Commission Haynes opened the floor for comments.

Diana Romero Campbell from Mile High United Way appreciated the PDIS presentation. The Collaborative Communication strategy sounds great within the ECLC, as the focus on parents and caregivers is very important. It speaks to the presentation at the last ECLC with consultants and aligns with what we see and know. She loves the idea of the strategy moving forward. She suggested that it is strong on goals and strategy and is focused on parents; the ECLC would benefit from pulling out more to make it a broader conversation (referring to the back side of strategy document.) Parent and Caregiver Awareness would then be more inclusive.

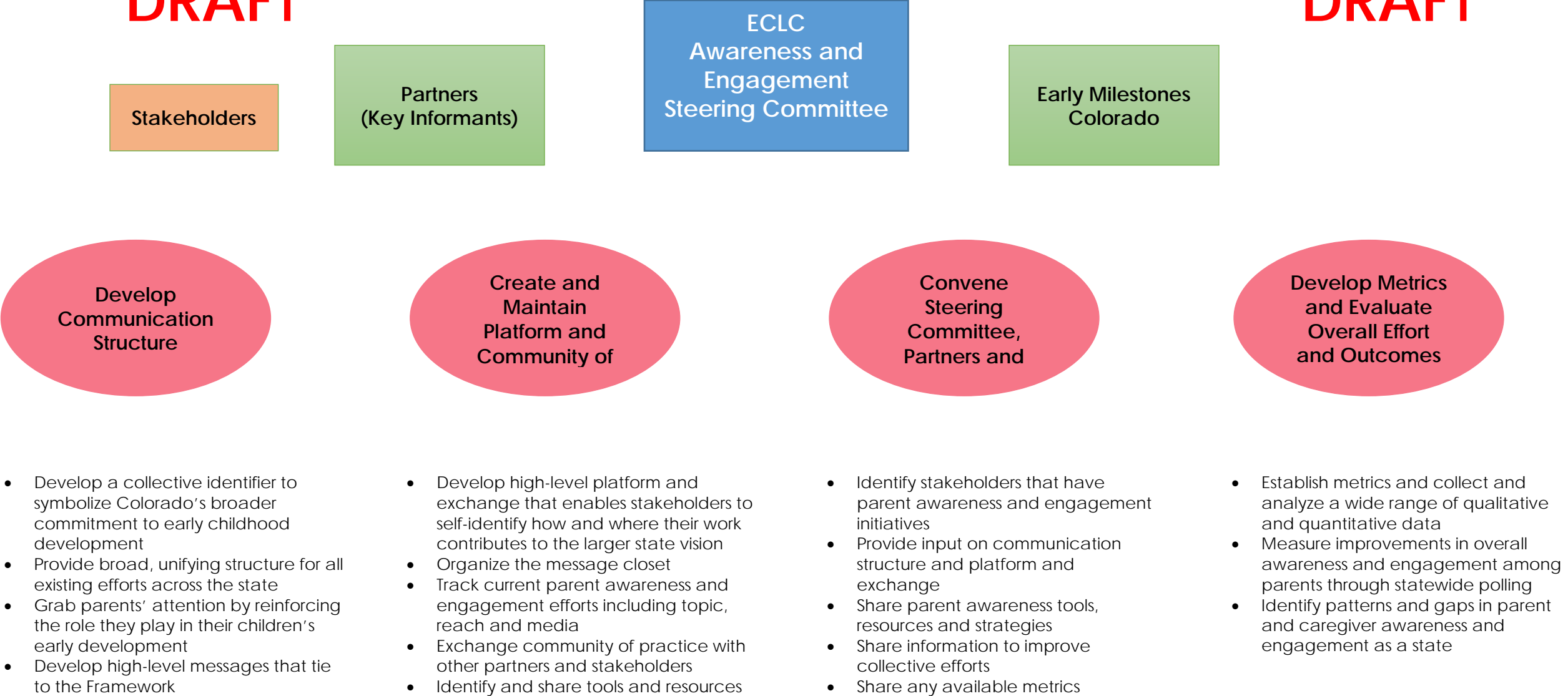
*VIII. Co-Chairs' Final Thoughts*

The agenda was completed. No other comments were made. The meeting adjourned at 3:44 p.m.

Awareness and Engagement for Colorado Parents and Caregivers  
An Early Childhood Communication Collaborative

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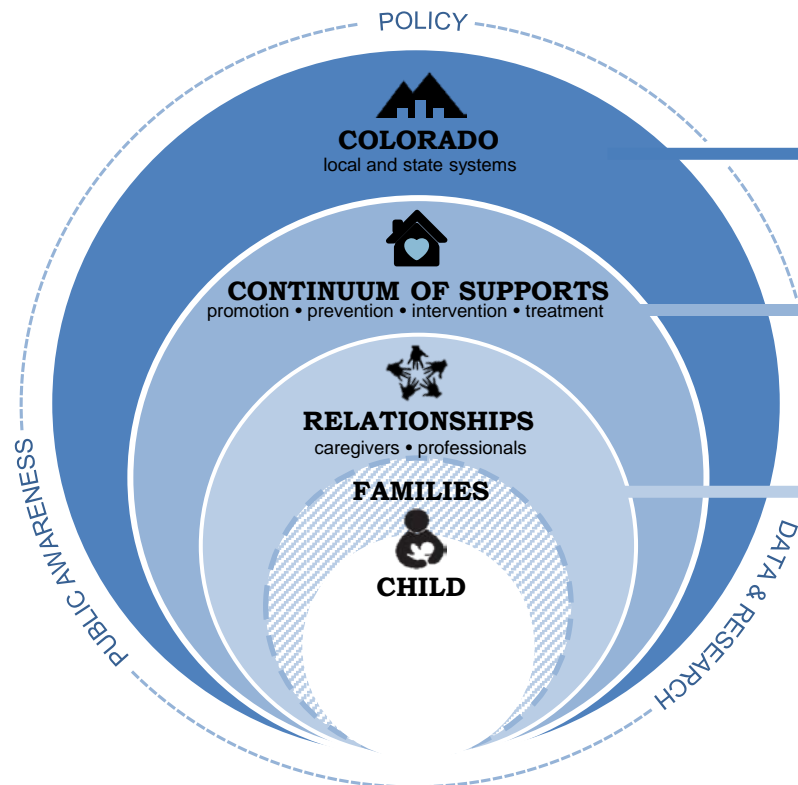


Resources and Partners: OEC, State Agencies, Foundations, Nonprofits, Business and Private Donors

## ▶ VISION

all children and families are **valued**, socially and emotionally **healthy**, and their relationships are **thriving**

## Colorado's Early Childhood Mental Health Strategic Plan: An Innovative Portfolio of Solutions



## ▶ STRATEGIC PLAN PRIORITIES

A long-term sustainable financing approach exists for Colorado's early childhood mental health system.

Coordination and alignment exists across systems that promotes and extends collaboration and integration.

Colorado's early childhood workforce has the capacity and expertise defined through knowledge, skills, experiences, and the support necessary to promote child and family mental health and well-being.

## ▶ RESULTS



Young children develop to their fullest social–emotional potential; form close and secure interpersonal relationships; and are ready to explore the environment and learn.



Adults are knowledgeable about early childhood mental health and development and have the skills and mental well-being necessary to engage in responsive, supportive relationships with and on behalf of young children.



The continuum of supports and services including promotion, prevention, intervention, and treatment promotes early childhood mental health by building safe and healthy relationships and environments.



Local and state systems and the people of Colorado recognize the importance of early relationships and prioritize and support early childhood mental health in young children and families.



# Alignment of Goals to Other State Initiatives



## A long-term sustainable financing approach exists for Colorado's early childhood mental health system

- Decision makers and stakeholders have access to timely data that informs policy and funding investment opportunities for early childhood mental health
- State policies regarding payer reform, parity, and reimbursement for services address early childhood mental health needs across the continuum
- Appropriate tools that allow providers and families to understand and respond to the needs of young children in their caregiving contexts are available and reimbursable



## Coordination and alignment exists across systems that promotes and extends collaboration and integration

- Early childhood mental health consultation is available in every region of the state and is accessible to a wide range of professionals who work with children and families in a variety of settings
- A universal and coordinated screening to surveillance system is supported across sectors
- Physical and behavioral health services are integrated within primary care settings to support early childhood mental health and well-being
- Best practices and effective clinical diagnosis, intervention, and treatment are expanded for those needing services at this level
- Barriers to access, utilization, and expected outcomes across the continuum of supports (i.e., promotion, prevention, intervention, and treatment) are identified and reduced



## Colorado's early childhood workforce has the capacity and expertise defined through knowledge, skills, experiences, and the support necessary to promote child and family mental health and well-being

- Post-secondary education experiences across disciplines incorporate social–emotional development and mental health awareness into curricula
  - Professional development opportunities target social–emotional development and mental health awareness
  - Supports and resources are provided to promote the mental health and well-being of those who work with children and families
- The Infant Mental Health Endorsement is used to inform consumers, employers, and institutions about competency in the early childhood workforce

● = Colorado Opportunity Project

● = Colorado Shines

● = ECCS Toxic Stress

● = First 1000 Days

● = Help Me Grow

● = Project LAUNCH

● = LAUNCH Together

● = SIM

● = Two-Generation Work

# Children's Mental Health in Colorado: Policy Challenges & Opportunities



Colorado Children's Campaign  
Children's Hospital Colorado  
CCHAP

# Why Children's Mental Health?

- Mental health is a cornerstone of child well-being and there is a strong link between a child's mental health and his or her school readiness, academic success and long term health and life outcomes
- Nationally less than half of children's social-emotional, developmental or mental health problems experienced are detected before they enter school
- Without early identification and intervention, children will continue to arrive at school only to struggle

# Why Children's Mental Health?

- Minority communities specifically are more likely to have unmet mental health needs and are overrepresented among vulnerable populations that experience higher rates of mental illness
- There are 1.2 million children in Colorado with a rapidly increasing minority population
- Our growing and changing child population requires consideration of new strategies that take into account economic and cultural factors that influence if, how, where and when families access and use mental health services

# Why Children's Mental Health?

- 27% of Colorado's parents have concerns about the emotions, concentration, or behavior of their children
  - 46% of these parents describe these concerns as moderate or severe
  - **But only 37% of these parents accessed mental health care of any kind**
- 20% of middle school students and 15 percent of high school students in Colorado in 2013 reported they had seriously considered attempting suicide (2nd leading cause of death for youth 10 to 24)
- 20% of children under 18 have been exposed to 2 or more ACES
- Screenings that flag concerns result in only half of families being referred for in-depth evaluation and **less than 11% of children who fail an initial screening actually receive mental health services**

# Key Questions We Sought to Address

1. Where are the policy gaps in supporting the healthy development of all children and families?
2. How can redefining our approach to the mental health of children in our state close some of these gaps?

# Guiding Principles for Positive Change

1. Recognize the need for whole family care
2. Emphasize health promotion, prevention, early identification and intervention
3. Employ evidence-based approaches to mitigate the effects of adverse experiences and environments that impact the well-being of children, including toxic stress
4. Capitalize on opportunities to strengthen and maximize the impact of community resources, specifically those in child care and school settings
5. Establish appropriate metrics for the care of children that take into account long-term benefits of prevention and early intervention

# Obstacles and Opportunities

## ■ Access and Delivery Methods

- Stigma makes it more difficult for families to access mental health services
- An individual-focused, disease treatment approach to health care delivery does not work for children
- Existing infrastructure is inadequate to support robust screening and diagnosis
- Coordination of care across primary care providers and mental health providers is not adequately supported
- Additional resources are needed to help children in crisis or with severe mental health needs



# Obstacles and Opportunities

## ■ Financing

- Fee-for-service health care financing models pay health care providers for rendering specific services for diagnosed conditions
- This system does not work well for providing preventive services to children who may have not yet have a diagnosable condition

## ■ Workforce and System Capacity

- Workforce and system capacity is currently inadequate to provide needed services
- Practice change and workforce development are difficult, requiring incentives or supports
- Mental health professionals working in primary care settings need specific training and education to be successful in these medical settings

# Policy Options and Recommendations

1. Advance integration of mental health services and supports in health care and educational settings through delivery system changes, payment reform and practice transformation
2. Develop and fund infrastructure to support a statewide screening, referral and care coordination model
3. Invest in workforce capacity development to
  - Increase the number of qualified mental health professionals
  - Expand professional development and training opportunities

# Policy Options and Recommendations

4. Develop a comprehensive statewide navigation system to connect caregivers, families and children to referral and mental health resources, including supports for crisis situations
5. Support innovative practices, programs and approaches, scaling those that are making a demonstrable difference and find ways to embed them into the core work of public agencies serving children

# Next Steps

- August: Release of collaborative Children's Mental Health white paper
- August – October: Community outreach meetings
- November 13: Fall convening for children's mental health stakeholders at Clayton Early Learning

# Contacts

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# *Colorado Opportunity Project*

Aligning Government Investments to  
Support Economic Opportunity

Department of Health Care Policy & Financing

September 10<sup>th</sup> 2015  
- Happy B Day  
Cooper !



**COLORADO**

Department of Health Care  
Policy & Financing

# *Our Mission*

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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# COLORADO OPPORTUNITY PROJECT

Creating a path to middle class for all Coloradans



LIVE. LEARN. WORK. PLAY.

Opportunities for life success happen where we live, work and play.

FAMILY PLANNING

HEALTHY COMMUNITIES

HOME VISITING

MATH PROGRAMS

BEHAVIORAL HEALTH

JOB TRAINING

We're removing barriers for Coloradans to advance up the economic ladder at every life stage.

Good health and a strong education moves folks down the path to self-sufficiency...

...making Colorado the healthiest state in the nation - with the healthiest economy too.

...breaking the cycle of poverty...



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Department of Public  
Health & Environment



COLORADO  
Department of Human Services



COLORADO  
Department of  
Labor and Employment

For more information about the Colorado Opportunity Project, contact  
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# *Health*

- Health happens where people live, work and play.
- Life circumstances such as income, educational attainment, race/ethnicity and neighborhood have powerful influences on health and opportunity.
- The Colorado Opportunity Project represents a powerful shift to align resources and investments to optimize health and opportunity.



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# Colorado Opportunity Project

*Identifying evidence-based & promising programs that help clients reach the important milestones to life success*

Life cycle model from family formation to adulthood with life stages and benchmarks of success for each life stage.



# *Colorado Opportunity Project*

- Aligning and leveraging resources
- Evidence based program
- Creating opportunity for self-sufficiency
- Shared goals/data metrics



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# *Evidence Based Programs*

- There is a national and state movement to more comprehensively measuring the effectiveness of programs.
- To maximize impact and investments it is important to identify and replicate best practices.
- There are opportunities for many “promising programs” to build evidence to support their program, initiative, benefit, service, etc.



# *Evidence Based Indicators*

- *Predictive* – of success in following life stages
- *Intuitive* – make sense to policy makers and users
- *Available* – can be captured in existing datasets
- *Feasible* – work at a practical and political level



# Colorado Opportunity Project

*Creates a shared understanding of what opportunity looks like in Colorado driven by common performance indicators & evidence based interventions.*

## INDICATORS (measures) include:



- ▶ Intended Pregnancies
- ▶ Emotional Well-being of Parents
- ▶ Access to Affordable Food
- ▶ School Readiness & High School Graduation
- ▶ Family Income
- ▶ Grade Level Advancement

## INTERVENTIONS (programs) may include:



- ▶ Family Planning Nurse Home Visiting Programs
- ▶ Early & Periodic Screening Diagnosis & Treatment
- ▶ Healthy Communities
- ▶ Early Literacy and Math Programs
- ▶ Workforce Development & Job Training



# *Colorado Opportunity Project*



## **Family Formation (positive circumstances at birth)**

A planned pregnancy, born at healthy birth weight, to a dual parent household without maternal depression.

- Interventions at this life stage may include home visiting programs for pregnant women and postpartum families, and programs that connect parents to employment opportunities and child care.



## **Early Childhood (ages 0 – 5)**

School readiness, healthy social emotional skills and the families access to affordable, nutritious food

- Interventions at this life stage may include early literacy and prevention programs, medical homes and consistent well-child checks, and programs to help children with physical, emotional or intellectual risks.





# *Colorado Opportunity Project*



## **Middle Childhood (ages 6 – 11)**

Math/Reading Skills and healthy social emotional skills.

- Interventions at this life stage may include tutoring and literacy support for children, parenting support programs, and job training and job opportunity for parents.



## **Adolescence (ages 12 – 17)**

Graduates from high school on time, has developed healthy social emotional skills and has not been convicted of a crime, nor become a teen parent.

- Interventions at this life stage may include behavioral health screening, substance abuse disorder prevention and treatment, pregnancy prevention programs, and mentoring programs for those at-risk for dropping out of school.





# *Colorado Opportunity Project*



## **Transition to Adulthood (ages 18 – 29)**

Currently sustainably employed having attended post-secondary education and has good physical/mental health.

- Interventions at this life stage may include math and writing remediation programs at high school and community colleges, job training and opportunity programs, and transition to new health care coverage for those who had been covered by Medicaid.



## **Adulthood (ages 30 – 40)**

Employment status, has good physical /mental health and is a middle class household (300% FPL)

- Interventions at this life stage may include access to health care, medical homes, and opportunities for adult education and career development.



# *Colorado Opportunity Project*



**Older Adulthood (ages 41 - 64)**  
To be determined...



**Older Adulthood (65 and Older)**  
To be determined...

# Colorado Opportunity Project Framework

		PROGRAMS
Family Formation (conception-birth)	Rate of low birth weight	
	% FPL/Family Income	
	Maternal Depression	
	Single or Dual parent household	
	Unintended vs Intended pregnancy	
Early Childhood (0-5)	% of parents with concerns about child's social emotional development	
	% of families relying on low cost food	
	Children ages 1-5 whose family read to them less than 3 days a week - School Readiness	
Middle Childhood (5-12)	Math test scores	
	Reading test scores	
	% of parents with concerns about child's social emotional development	

# Colorado Opportunity Project Framework

		PROGRAMS
Adolescence (12-19)	High School Graduation status (on time)	
	Juvenile property and crime data	
	Become a teen parent?	
	% sad/hopeless , % suicidal, % depressed	
Transition to Adulthood (19-29)	Employment status	
	% FPL/Family Income	
	Attended post secondary education/training	
	Average days of poor physical/mental health	
Adulthood (29-40)	Average days of poor physical/mental health	
	% FPL/Family Income	
	Employment status	

# Project Updates

- [Opportunity Website](#) went live on May 8
- [Program Solicitation](#) : received 80 interventions submitted for consideration in the framework
- Opportunity Liaisons (6) distributed Statewide, July 1<sup>st</sup> implementation date



# Opportunity Liaison

- **Establishing partnerships** with the community partners that deliver selected life stage interventions as well as care coordinators, case managers and other entities responsible for helping clients access service and resources.
- Providing **education and guidance** to community partners regarding the Project



# Opportunity Liaison

- Serving as **community resource** for the Project
- Creating an overall **work-plan** for the Project
- Identifying existing community interventions
- Developing a process for **onboarding clients** with the appropriate package of interventions

# Next Steps

Continue to reach out to partners around Colorado

Work with evidence based policy groups to review recommended interventions and create a process for vetting/categorizing the interventions

Create regional work plans with Opportunity Liaisons

Develop payment reform strategies to support the work and leverage resources



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# Next Steps

Finalize the Family Formation life stage interventions

Create the regional work plans

Continue to reach out to partners around Colorado

Work with Federal and State counterparts to develop payment reform strategies to support the work and leverage resources (braided and blended funding strategies)



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# *Contact Information*

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*Thank You!*



## The Colorado Opportunity Project

**Project Goal:** To deliver evidence-based initiatives that provide the opportunity for all Coloradans to reach middle class<sup>1</sup> by middle age.

Below are the Colorado Opportunity Project “indicators”<sup>2</sup>, or milestones, that help Coloradans stay on the path towards self-sufficiency and economic success.

### LIFE STAGE



#### FAMILY FORMATION (positive birth circumstances)

*Planned pregnancy, born at healthy birth weight, to dual parent household without maternal depression*



#### EARLY CHILDHOOD (ages 0 – 5)

*School readiness, healthy social emotional skills & family access to affordable, nutritious food*



#### MIDDLE CHILDHOOD (ages 6 – 11)

*Math/Reading skills & healthy social emotional skills*

### OPPORTUNITY INDICATORS

✓ rate of low birth weight

✓ family income

✓ maternal depression

✓ single- or dual-parent household

✓ unintended pregnancy

✓ % of parents concerned about child’s emotions, concentration, behavior, or ability to get along with others (ages 0 - 8)

✓ % of families relying on low cost food

✓ children whose family members read to them less than 3 days/week

✓ standardized test: math scores

✓ standardized test: reading scores

✓ % of parents concerned about child’s emotions, concentration, behavior, or ability to get along with others (ages 9 - 14)

<sup>1</sup> Middle class = having a family income of 300% Federal Poverty Level (FPL) or higher at age 40

<sup>2</sup> Indicators in the Colorado Opportunity project framework have been vetted and finalized by the Department of Public Health and Environment, Human Services and Health Care Policy and Financing with the support of the Brookings institution and are based on available statewide data and quality measures



## The Colorado Opportunity Project

**Project Goal:** To deliver evidence-based initiatives that provide the opportunity for all Coloradans to reach middle class<sup>1</sup> by middle age.

Below are the Colorado Opportunity Project “indicators”<sup>2</sup>, or milestones, that help Coloradans stay on the path towards self-sufficiency and economic success.

### LIFE STAGE



#### ADOLESCENCE

(ages 12 – 17)

*Graduates from high school on time, develops healthy social emotional skills, not convicted of a crime, nor become a teen parent*



#### TRANSITION TO ADULTHOOD

(ages 18 – 29)

*Currently sustainably employed having attended post-secondary education & has good physical/mental health*



#### ADULTHOOD

(ages 30 – 40)

*Employment status, has good physical /mental health & middle class household (300% FPL<sup>1</sup>)*

### OPPORTUNITY INDICATORS

- ✓ high school graduation status
- ✓ violent arrest & property arrest rates
- ✓ teen parent status
- ✓ % of students (6<sup>th</sup> - 12<sup>th</sup> grade) who report ever feeling sad/hopeless or have considered suicide
- ✓ % of young adults (ages 18 - 25) who are currently depressed

- ✓ employed status of population (ages 16 - 19, by race and gender)
- ✓ % FPL/family income
- ✓ attending post-secondary training/education
- ✓ avg. # of days poor physical/mental health prevented usual activities, like self-care, work, or recreation

- ✓ avg. # of days poor physical/mental health prevented usual activities, like self-care, work, or recreation
- ✓ % of FPL/family income at age 29
- ✓ employment status of population (by education level, ages 25+)

<sup>1</sup> Middle class = having a family income of 300% Federal Poverty Level (FPL) or higher at age 40

<sup>2</sup> Selected indicators based on available statewide data and quality measures; older adult measures to be added



# The Colorado Opportunity Project

FACT SHEET | 2015

## What is the Colorado Opportunity Project?

The **Colorado Opportunity Project** supports low-income Coloradans with economic opportunities for upward mobility, and a pathway to the middle class that ends their reliance on safety net programs. State agencies are aligning their efforts to deliver evidenced-based programs to Coloradans to help move them up the economic ladder and towards self-sufficiency. The alignment of government programs eliminates fragmentation among state agencies, reducing duplication of services and making more efficient use of taxpayer dollars all while providing new economic opportunities to low-income Coloradans.

In 2013, 13% of all Coloradans lived in poverty<sup>1</sup>. The impacts of poverty are significant. Those in poverty are more likely to have complex health conditions, and treating these conditions is expensive. Providing child care and food assistance is expensive. Housing Coloradans in the criminal justice system is expensive. **The Project uses high-quality, cost-effective, evidence-based programs already available in Colorado and improves them with better coordination and well-defined goals and measures, saving taxpayer resources and moving citizens out of poverty and towards independence.**

The Colorado Opportunity Project is a collaboration of the Colorado Departments of Health Care Policy and Financing (HCPF), Public Health and Environment (CDPHE), and Human Services (DHS). Key agency initiatives, including 10 Winnable Battles, Two-Generation, and the Accountable Care Collaborative, as well as the Cross-Agency Collaborative on Quality Measurement, are tied together to deliver the Colorado Opportunity Project framework. Representatives from the Departments serve on the **Colorado Opportunity Project Steering Committee** charged with developing the Project framework.

*Inequalities in opportunity continue to increase in the United States, creating disparities in test scores, college enrollment rates and family formation patterns.*



*Percentage of Coloradoans living in poverty<sup>2</sup>:*

**13%**



<sup>1</sup> 2013 American Community Survey (a report by the U.S. Census Bureau)

<sup>2</sup> Colorado Children's Campaign, 2014 Kids Count Data Book



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## How will the Project Work?

The Project creates a shared understanding of what opportunity looks like in Colorado, and aims to coordinate the efforts of HCPF, CDPHE, DHS, and community partners to align initiatives and support economic opportunity for Coloradans in a streamlined and efficient way. To do this, the Project will:

- **Create common performance indicators (measures):** The Colorado Opportunity Project establishes a common set of indicators to define opportunity in Colorado, so government agencies and private initiatives work toward the same goals with the same understanding of what needs to be done. The indicators include common milestones that are important to success in life, like being born at a healthy weight, being prepared for school and graduating from high school.

### INDICATORS (measures) may include:



- ▶ Intended Pregnancies
- ▶ Emotional Well-being of Parents
- ▶ Access to Affordable Food
- ▶ School Readiness & High School Graduation
- ▶ Family Income
- ▶ Grade Level Advancement

- **Identify evidenced-based interventions (programs) that work:** The Colorado Opportunity Project Steering Committee will work with stakeholders across Colorado to identify evidence-based programs that help Coloradoans reach the important milestones toward self sufficiency and high opportunity.

### INTERVENTIONS (programs) may include:



- ▶ Family Planning Nurse Home Visiting Programs
- ▶ Early & Periodic Screening Diagnosis & Treatment
- ▶ Healthy Communities
- ▶ Early Literacy and Math Programs
- ▶ Workforce Development & Job Training

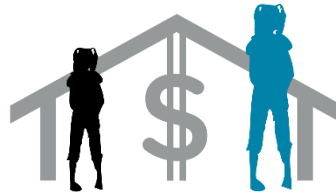


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- **Collaborate across government agencies, and partner with the private sector and community partners:** The Colorado Opportunity Project creates a framework to align government, private sector, and community-based efforts to foster health and educational attainment and remove barriers for Coloradans to move up the economic ladder at every life stage. This efficient use of resources will make taxpayer dollars and private funds go farther to address poverty and health inequalities and make Colorado the healthiest state in the nation—with the healthiest economy, too.

*Research tells us that children living in poverty are more likely to **start school at a disadvantage**, be in **poor health**, and live in **poverty as an adult**.<sup>1</sup>*



**Colorado ranks  
22<sup>nd</sup> in overall  
child well-being<sup>1</sup>**

## Project Framework

The Colorado Opportunity Project Framework is a model for creating a pathway to the middle class at every critical point in the life cycle. The model includes **indicators** that tell us whether people are getting closer to economic independence, or losing ground. “Interventions,” or **programs**, are applied at each life stage in a cost effective manner to provide opportunities for people to reach these important milestones and climb the economic ladder.

Below are the indicators and interventions the Colorado Opportunity Project is using to track Colorado’s progress in addressing success at every life stage and provide opportunity to improve economic status. The framework paints a picture of the factors that lead to poverty, the impact of poverty on health and well-being, and the interventions that create opportunities for prosperity and a clear pathway to personal responsibility and transitioning up and out of safety net programs.

<sup>1</sup> 2014 Colorado Children’s Campaign, Kids Count Data Book

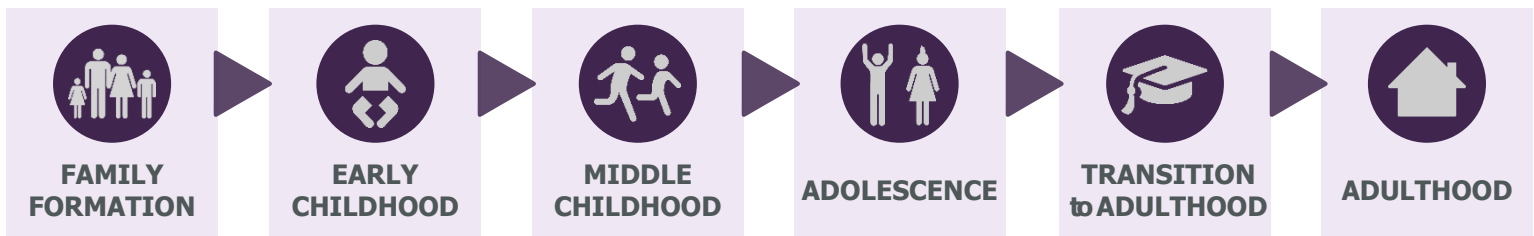




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## Project Framework



### **Family Formation (positive circumstances at birth)**

A planned pregnancy, born at healthy birth weight, to a dual parent household without maternal depression.

- Interventions at this life stage may include home visiting programs for pregnant women and postpartum families, and programs that connect parents to employment opportunities and child care.



### **Early Childhood (ages 0 – 5)**

School readiness, healthy social emotional skills and the families access to affordable, nutritious food

- Interventions at this life stage may include early literacy and prevention programs, medical homes and consistent well-child checks, and programs to help children with physical, emotional or intellectual risks.



### **Middle Childhood (ages 6 – 11)**

Math/Reading Skills and healthy social emotional skills.

- Interventions at this life stage may include tutoring and literacy support for children, parenting support programs, and job training and job opportunity for parents.



### **Adolescence (ages 12 – 17)**

Graduates from high school on time, has developed healthy social emotional skills and has not been convicted of a crime, nor become a teen parent.

- Interventions at this life stage may include behavioral health screening, substance abuse disorder prevention and treatment, pregnancy prevention programs, and mentoring programs for those at-risk for dropping out of school.



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## Transition to Adulthood (ages 18 – 29)

Currently sustainably employed having attended post-secondary education and has good physical/mental health.

- Interventions at this life stage may include math and writing remediation programs at high school and community colleges, job training and opportunity programs, and transition to new health care coverage for those who had been covered by Medicaid.



## Adulthood (ages 30 – 40)

Employment status, has good physical /mental health and is a middle class household (300% FPL<sup>1</sup>)

- Interventions at this life stage may include access to health care, medical homes, and opportunities for adult education and career development.



## Older Adulthood (ages 40-64) & Older Adulthood (ages 65+)

Indicators and Interventions to be determined

## Who Can I Contact for More Information?

For more information about the Colorado Opportunity Project, contact the project manager:

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<sup>1</sup> FPL = Federal Poverty Level