



All Kids Covered Initiative Meeting Notes April 1, 2016

Children's Mental Health Policy Summit Toolkit – Sarah Barnes and Erin Miller, Colorado Children's Campaign

- Background: All Kids Covered (AKC) had a small amount of funding last year from the Packard Foundation, Rose Community Foundation, and the Caring for Colorado Foundation, and this year from the Colorado Trust, to bring together people from children's health and children's healthy development.
- In November 2015, AKC joined forces with Civic Canopy, Clayton Early Learning, and the Colorado Children's Hospital to host a Children's Mental Health Policy Summit. The Summit had great attendance with over 120 people engaging in conversation about policy barriers, challenges, and potential solutions. The outcomes of that meeting are several immediate and long term policy opportunities.
- To summarize the learnings from the summit, AKC developed a toolkit, the [Children's Mental Health Policy Summit: Overview of Proceedings and Next Steps](#). The toolkit includes:
 - Summaries of the state initiatives that presented at the summit
 - Descriptions of identified policy obstacles and challenges
 - Need for more integrated care
 - Need for more mental health for kids and families in homes and early childhood settings
 - More mental health supports for caregivers
 - Need for infrastructure to track kids' screenings and referrals
 - Potential solutions
 - Payment reform – including being able to pay for more preventive services, outcome, value, etc.
 - Need for more integrated and coordinated care, including better access to services and how to navigate them
 - Public awareness for parents, families, caregivers, policy makers, etc.
 - Workforce development and caregiver training and support
 - Immediate opportunities:
 - Advocate for children's mental health in Phase II of the Accountable Care Collaborative (ACC). As a result, AKC put out [talking points on children's priorities in the ACC](#) and is working to bring a pediatric focus in integrated care through the State Innovation Model work.
 - Long term opportunities:
 - Creating a centralized infrastructure for screening and services to track that a child has been screened, when the screening occurred, if they were referred to an intervention, and if the intervention is working.

- Creating a statewide resource network and directory to access what kinds of services are available to refer kids and families to.
- The toolkit will continue to be updated.
- AKC would like to hear from you about the opportunities that you see to connect the conversations between coverage and connecting kids to high quality health care, with an emphasis on the healthiest start possible. Contact Sarah Barnes or Erin Miller.

Q: Who attended the summit? Was it a good balance of attendees?

A: Yes it was a decent balance with diverse representation from the state including community based organizations, non-profits, etc.

Q: When talking about payment reform, is this mostly focused on the Medicaid world?

A: So far, yes. This may be a reflection of the people who were there, and where the policy levers are.

Discussion about the Future of the AKC Coalition – AKC Leadership Team

- The AKC Leadership Team is interested in making the AKC coalition and coalition meetings as valuable and meaningful as possible for participants. As a result, the leadership team sent a survey to coalition members in March to ask some questions about their participation. See the summary [here](#).
- The leadership team led the meeting attendees in a discussion to learn more about what coalition members want out of the future of AKC meetings. Group discussion topics included:
 - There is a need to identify intention an ideal outcome of the meetings – are they for problem identification, education, or to drive policy?
 - One of the strengths of AKC is the diversity of attendance at meetings to talk about policy, enrollment, etc. Attendees are from a wide range of organizations including advocacy organizations, outreach and enrollment professionals, health plans, hospitals, school based health centers, etc. This gives the group a concentrated voice to develop recommendations.
 - The benefit of having outreach and enrollment professionals at the table is that problems on the ground can be brought to the AKC table, to be discussed, and the group has the opportunity to come up with potential solutions and action plans together.
 - Attendees vary in their need for discussion of legislation and policy.
 - There is a need to differentiate the goals of AKC which has the opportunity to work on legislative policy and from [Colorado Covering Kids and Families](#) (CKF) which mostly works more on operationalizing policy and provides a coalition for outreach and enrollment professionals to share best practices and identify issues.
 - It can be hard for coalition members to determine who from each organization should attend which meeting.
 - The meetings need a clear definition and identity. Attendees need to get something out of the meeting to bring back to their teams. Standing agenda items may help.
 - Some members of the coalition do not attend because their organizations do not focus just on kids, but they stay abreast of discussions through reading meeting notes.
 - All kids still aren't covered so the work of AKC is not done.

- Potential topics that AKC should dig into:
 - Children’s Health Insurance Program (CHIP)
 - Child Health Plan *Plus* (CHP+) operations – why are so many kids losing coverage?
 - Continuous eligibility and enrollment – there are reports that children are getting disconnected from their Primary Care Medical Provider which is creating barriers for clients.
 - What are the policy changes we need to make to actually get all kids covered? Can we start talking about coverage for children who are undocumented?
 - Continuity of care – when children lose their coverage, do they know about special enrollment periods, and how to connect to the marketplace?
 - There are high rates of eligible but not enrolled for advanced premium tax credits and for CHP+ households. What is the root of this?
 - Continuous eligibility for longer than 12 months
- The leadership team will use this feedback in a strategic planning session to help structure the AKC coalition goals and meetings.

General Partner Updates

- There were two orbital bills moving with the long bill:
 - 1407 has to do with Medicaid demonstration projects, addresses Rocky Mountain Health Care Prime inside the ACC. HCPF would like to expand to other demonstration projects with other HMOs. This bill passed in the House this morning and is now heading to the Senate. The demonstration includes children.
 - 1408 talks about maintaining the Medicaid primary care provider rates as much as possible. It provides about \$20 million to the CHP+ trust fund to increase access in primary care. The bill was amended March 31.
- ACC – There is now an extended timeline with new contracts not starting until 2018. The timeline has been delayed for the draft Request for Proposals (RFP). It will be released in August or September of this year to give HCPF more time to collect feedback on the RFP.

Next meeting: Friday June 3, 2016
(May meeting is cancelled)