

## Children's Services March

Excused:

Attendees: Jeannette, Sheila, Rashonda, Sister Michael Dolores, Beth, Andrew, Bill, Bill Campbell, Chris AMI, Carol Korgan, Taylor, Cheryl, Tom, Barbara DeLoian, Sheeba, Anita, Elizabeth, Carol Meredith, Shannon Zimmerman

Letters from Jeannette - Department is doing a project improvement with well child in Children's Hospital Child Health Clinic and Denver Health in outpatient clinic. Increase awareness of parents to well child checks. Results have not shifted that much - survey parents asks to why they are not getting to appointments, etc. Please pass out letters to parents. School based health and RCCO will be giving the same message to the parents. Will also survey parents to see if they got the message.

Consistent messaging to improve well child checks for 3-9 year olds are target but letters can go to any age. Why we are not getting the checks completed is a mystery.

Bill Campbell - health is implied on the handout, but in terms of why they should take the child there are things missing - don't see health in bolded list. Mentioned behavior and what is normal for the age, but what about development? It is not mentioned. He likes idea to get message out to parents to bring kids in for well child checks and more than immunizations.

Bill - Is there room to revise? It will start Jeannette can take suggestions on an updated copy. Reading level is 9.1 and should be 6th grade or lower.

HCP Nurses - also same concerns about reading level - needs to be lower.

Why not use the Bright Futures materials? Nurses chose this instead for Children's and Denver Health specifically because they felt this was the issues they are seeing with the parents and children in their care.

There is a nice mix of topics and maybe should be divided by ages. Might want to look at different options like Bright Futures did in their work.

Beth - what age group are where the well care starts dropping off? This is being focused on 3-9 year olds because this is the RCCO KPI for this year so it ties in together.

Barbara offered to help with the Bright Futures review of items if the grad student RNs wanted help. Sheeba at Access also offered to help with adult eye catching branding, etc. If this moves forward into a larger program. Jeannette has already talked to

Access leadership and this is not meant to replace anything they already have - there is another discussion on Tuesday with Leadership.

Cheryl - are there any program like this that these types of messages already go out through the schools.

Rashonda - who is the contact at Denver health? No one has reached out to her but she will reach out to them to see what she can do. Why can't they send this out to the HC eligibles too? She will work with Jeff directly about this.

Anita - not stressing this anywhere else - we need to promote health and wellness. This also makes the assumption that people get their information from reading a piece of paper and we need to look at other ways of disseminating information.

Sheeba - are they tracking who they handed the paper too and then if they make a well child visit appointment at these two clinics.

PCAT - focus groups and sub groups for PCAT. The tool is completed and we thought that we would be starting the benefit a lot quicker. We are not - so Jeannette is sunseting the smaller work group until the benefit it started and we have data to look at - there has been a pilot that has been started that will be continued with the waiver service population. We don't have enough data to continue so we will wait and see if we can get some additional examples and see if there needs to be changes. Those will come back through the workgroup when and if they happen. Jeannette won't be involved much in the program now and questions or concerns should go to Elizabeth. Taren has also taken another job within the Department so Elizabeth will be taking the trainings with the parents and Taren will complete the trainings for the folks at the agencies. This group will review those trainings when they are completed - it may go to a smaller group by email or in another format.

Carol Meredith - what are you going to do about not being able to get data? There is apples to oranges between the population and the waiver population so there is a problem with data that way. We are not really sure what we can learn from an individual process. We don't have enough results to even make sense of what we are looking at.

Elizabeth - general personal care update - CMS asked to remove protective oversight. She was able to get some clarification on this - it was one of the 18 tasks - even listed as a task made it too close to waiver service so it was asked to be removed. it is allowed ensuring client completes the task safely and appropriately. Includes hands on and cuing. So there are now 17 tasks. Any oversight not tied to a task will need to be a waiver service. State plan personal care services are available - contact Elizabeth - 303.866-6814

Carol - Med and Kids/Children Disability update: They still trying to understand home care allowance and eligibility issues. Still have questions for DiDD manager but Barb Ramsey sent in a Q&A document. Wonderful progress of getting kids off waiting list. Waiver legislation is still pending but they are hopeful.

Dennis Roy is working on CHCBS rules and re-write. Stakeholder input to [dennisroy@state.co.us](mailto:dennisroy@state.co.us).

Meg C from the Catalyst Center will be here March 25th to help with federal 1915i options.

Numbers for the waivers were given out.