



children's

action

agenda

2008

I'm not big on litmus tests but I will have one litmus test for every bill that comes to my desk, one challenge for you: How does this create a better future for our children and our children's children?"

—Governor Bill Ritter, *The Colorado Promise*

Dear Partners in creating a better future for our children,

We are pleased to present you with the *Children's Action Agenda*, a legislative agenda prepared by a coalition of children's organizations and advocates. We hope this agenda will provide a guiding framework for the 2008 Colorado State legislative session to benefit Colorado's children.

This initiative was born out of the realization that we do not currently have a comprehensive litmus test for introducing or measuring policies that serve future generations of Coloradans. When it comes to education, Colorado spends \$1034.00 less per pupil annually than the national average.¹ Nearly one in six — 180,000 children — are without health care coverage. We currently have the second highest estimated prevalence of asthma in the nation. And despite having the 5th highest rate of per capita income in the US, we have the 8th highest rate of children living in poverty. As partners, we have a powerful opportunity to create a better world for the children of Colorado.

The comprehensive agenda consists of five categories: poverty, health care, environment, education, and at-risk (abuse/neglect, juvenile justice, mental illness). During the development process, we have taken great care to support the excellent work already being done by commissions and policy developers around the state. We have also tried to ambitiously and courageously carry forward a vision for a children and a future built with integrity and intention.

The Children's Action Agenda is not a formal organization; we are simply a coalition of children's workers and support agencies. You — legislators, pastors, business leaders, parents, and citizens — are invited to become part of this partnership. Real change will come only from collaboration and collectively putting our best ideas forward. You can support the Children's Action Agenda by signing on as a supporter and then spreading the message far and wide. It is our single shared objective that Colorado's children are the big winners in the 2008 legislative session. Please join us!

In spirited partnership,

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¹Education Week, "Quality Counts at 10", January 5, 2006

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I call it the Colorado Promise – the promise of creating a better Colorado for our children and our grandchildren. The promise of a brighter tomorrow, a new direction.

—Governor Bill Ritter, The Colorado Promise

p o v e r t y

Poverty is well documented to be the single greatest threat to children’s well-being¹. The risks associated with poverty impact a family’s most basic needs, including ability to access affordable housing, health care, education, food, clothing, transportation and other fundamental needs.

Poverty: Where We Are Now

Colorado has the 9th highest rate of children living in poverty in the US,² despite the 5th highest rate of per capita income nationally.³

There are approximately 3,643 homeless children and youth in Colorado on any given day⁴. Children and youth account for 1/3 of Colorado’s homeless population.

A report cited in the New York Times in 2007 stated that, “children who grow up poor cost the economy \$500 billion a year because they are less productive, earn less money, commit more crimes, and have more health related expenses.”⁵

Each year, about 42% of homeless youth transferred schools at least once. Of these, 51% transferred two or more times. With each change of schools, it is estimated that a student is set back academically by an average of four to six months. Three quarters of older homeless youths drop out of school.⁶

Goals: Where We Need to Go

1. Increase access to safe, stable and affordable housing.
2. Promote self-sufficiency by helping families keep more of what they earn.
3. Expand access to safe, quality and affordable child care for low-income working parents.

Increase access to safe, stable and affordable housing.

- ◆ 43% of Denver's homeless are women and children.⁷ Just over 40% of people living in homeless shelters are under age 5.⁸
- ◆ In 2005, the fair market rent for a two-bedroom apartment in Colorado was \$832 per month. The wage necessary to afford this two-bedroom apartment was \$16.01 per hour, working a 40-hour week.⁹ Minimum wage in Colorado is currently \$6.85 per hour.¹⁰

Legislative Recommendation 1A: Make housing more affordable for low income families. Policy makers should explore creative public/private initiatives to expand the supply of affordable housing. Inclusionary zoning ordinances have proven to cultivate economic integration and reduce the burden of poverty. This would allow families with higher but inadequate incomes to access safe and stable housing.

Montgomery County, Maryland's program is the USA's oldest and largest, since 1975 has produced over 11,000 affordable homes integrated into middle class sub-divisions. Two-thirds are sold or rented to working class families; the other third are acquired by the county public housing authority. As a result, Montgomery County, the USA's 13th wealthiest county and global center of biomedical and genetic industries, is also one of the most racially and economically integrated communities, boasting a top-quality school system."¹¹

Promote self-sufficiency by helping families keep more of what they earn.

- ◆ In 2006, 1 in 5 low income families in Colorado skipped meals because they did not have enough money to buy food. 40% of low income Coloradans worried about having enough money to buy food.¹²

Legislative Recommendation 2A: Adopt the Self-Sufficiency Standard as the measure used to address issues of poverty in the policy making arena, as it more accurately addresses issues of the working poor in Colorado. In the past, federal, state, and local policy makers have relied upon the Federal Poverty Level (FPL) as the standard for measuring and addressing issues of poverty, including access to services such as food assistance and free and reduced lunch. Current research not only concludes that the FPL measure is outdated and inaccurate.

According to the *Colorado Fiscal Policy Institute*,¹³ the primary differences between the Self-Sufficiency Standard and the Federal Poverty Level measures include the following:

- The Standard is based on all major budget items faced by working adults: housing, childcare, food, health care, transportation and taxes. In contrast, the FPL is based on only one item: a 1960s food budget, updated only for inflation.



- The Standard uses current assumption that all adults work to support their families, and thus allows for work-related expenses. The FPL is based on a demographic model of a two-parent family with a stay-at-home wife.
- The standard varies geographically and is calculated on a county-specific basis. The FPL is the same regardless of where one lives in the continental US.
- The Standard reflects different costs by the age of children. This is particularly important due to childcare costs as well as varying food and health care costs. The FPL does not vary depending on the age of the child.

Replacing the FPL with the self-sufficiency standard is more accurate and effective and is an essential tool for the necessary changes required to help Colorado's most vulnerable children and families.

Legislative Recommendation 2B: Restore the state Earned Income Tax Credit to help low-income working families to help themselves. The Earned Income Tax Credit (EITC) is a federal tax credit that allows low-income families to keep more of what they make. Workers who qualify can get back some or all of the federal withholding they pay throughout the year. They may also get additional cash back from the IRS, because the EITC is a refundable credit. The amount is based on how much people work and number of qualifying children.

Families use their EITC refunds to pay off debt, invest in education, finance work transportation, and secure decent housing. According to national exit interviews and a local study done in the City and County of Denver, the most frequent uses of EITC refunds is school clothing, school supplies for children, paying bills, and car repairs. Economists estimate that EITC refunds will be re-spent 3-5 or more times within the community, thus stimulating the local economy.

Colorado's state EITC has a design flaw which makes the refunds available only during years when Colorado has TABOR refunds. Referendum C eliminated TABOR refunds until 2010-2011, and during that time, no state EITC is available. Recent revenue projections predict that the state will not have enough revenue above the TABOR limit to fund EITC until at least 2013.

The Colorado EITC has not been available since 2001. Recalling the EITC can produce an economic ripple 3-5 times the size of the credit. Colorado communities are losing an estimated \$200 million per year, every year the Colorado EITC is suspended.

Legislative Recommendation 2C: Explore the implementation of Children's Saving Accounts (also called Birth Savings Accounts) in partnership with foundations and corporate partners, to encourage savings and asset building, promote financial literacy, and expand access to opportunities for children born into low income families.

Children's Savings Accounts (CSAs) can be state or federally funded and administered long term asset-building accounts established for children at birth and allowed to grow over their lifetime. Accounts are opened with an initial deposit (usually \$500 to \$1,000) and built through contributions from family, friends, and the children themselves. Accounts are augmented by savings matches and other incentives. Savings in CSAs are restricted for financing higher education, starting a small business, buying a home, or funding retirement. Accounts gain meaning as young accountholders and their families engage in age-appropriate financial education.¹⁴ Child Savings Accounts will not solve poverty, but will create a longer-term investment in access to opportunity.

"We have learned from research and practice that possessing even a few thousand dollars in assets gives people an economic place to stand. Holding assets connects people to the economy, raises their economic expectations, and allows them to shape their futures. If assets are important to adults, they are even more powerful earlier in life when aspirations, knowledge, and savings are growing. There is an increasing body of academic research about the importance of saving in promoting educational attainment and breaking the cycle of poverty. Anecdotal evidence suggests that a lack of hope is a factor in many of the poor choices made by young people. With nest eggs, all children will be able to look toward a future in which they can invest in themselves."

~ Center for Economic Development, Washington, DC www.cfed.org

The Initiative on Financial Security of the Aspen Institute (Aspen, CO) and their national partners have embarked on a 10-year national policy, practice, and research endeavor to develop, test, inform and promote matched savings accounts for children and youth (or CSAs) accompanied by financial education. This endeavor seeks to set the stage for universal, progressive American policy for asset building among children, youth, and families. Varying forms of CSAs are available to either all children or children meeting income eligibility in several countries including Canada, the United Kingdom, and currently, the US. Congress is again considering national implementation of the accounts.¹⁵ Several states including California, Illinois, Kentucky and Maine have efforts underway to initiate various forms of CSAs at the state level.¹⁶ Colorado's implementation of CSAs would not only benefit the long-term financial security of Colorado's children, but would also contribute to the national effort to address reducing and ending cycles of poverty.

Expand access to safe, quality and affordable child care for low-income working parents.

- ◆ In 2006, to be eligible for subsidized child care in Colorado, a family of three could make no more than \$28,560, which is equivalent to 48% of the state's median income.

Legislative Recommendation 3A: Increase eligibility and adopt fee and enrollment policies that are more supportive to working families. Adopt policies that support continuity of child care for families that have changeable lives (such as during a job loss through documented job search period).¹⁷

Studies in risk and resilience demonstrate that risk is greatly mitigated by the presence of protective factors. The risks to young children living in poverty can be greatly reduced by the following two factors, working in tandem: 1) parents or caregivers are able to engage in full-time employment; and 2) families have access to quality, affordable child care and early learning programs.

Legislative Recommendation 3B: Increase provider reimbursements and adopt policies that support qualified programs and providers in expanding services for low-income children and families.

- ◆ By helping participants improve parenting skills, increase earnings, reduce dependency on welfare, and avert costs related to crime, Nurse-Family Partnership returns \$4 to society for every dollar invested, (according to a 1997 Rand Corporation study) and pays for itself by the time the children are 4 years old.¹⁸

Quality programs that serve low-income families with infants and toddlers, such as Invest in Kids, Early Head Start and the Nurse-Family Partnership have been shown to improve parenting skills and/or children's cognitive and emotional development.



Leona's Story / Kathy Poirer, Director of Children & Family Services, The Gathering Place



Leona came to The Gathering Place - one in a long line of shelters, three years ago. I can still picture this tall striking woman hand in hand between her two children, her belly round with the promise of another. She had kind Irish eyes, and was sturdy as if sheer will would keep her and her children upright. She arrived from the Lambuth shelter, one of the two shelters that accepts homeless families.

When she married, Leona was young. She was in love then and she still is. From the beginning, she and her husband both worked and lived in an apartment. She is a traditional woman, and when her first two children were born in her mid twenties, she stopped working to care for them. Not long after her son Imhreas was born, her husband was permanently injured at his job site. Quite suddenly, they found themselves unemployable and without a home. Most of Colorado's available shelters house either men - or women and children. While homeless, Leona and her husband would have to split up in order to be accepted into a shelter.

During this trying time, Leona's goal was to find a stable home, a job, and childcare where she knew her children would be safe. A bright and resourceful woman, she would dress her children and regularly make her way to social services. There she was able to find food assistance and temporary aid, learning that there would still be no housing available for homeless families. She was then left to face our all too common barrier, that the normal stay within our shelters is thirty days. Leona had her family on every list imaginable, but there were simply no low-income homes available. As a result, she was forced to pack up her children and move to a different shelter in a new county - yet again. Provided that there was an opening, she would be required to go through an entirely new process and replicate her information on different forms to receive food and emergency assistance.

Eventually, Leona found work and opportunities to volunteer her skills - though her efforts have provided only a median wage and caused her to lose eligibility for basic assistance and Medicare coverage for her children. In spite of her resourcefulness and efforts, she's been unable to find any employment capable of covering the expense of quality daycare for her now three children - while still providing a sufficient income to cover market rates for an apartment.

This woman's entire wish has been to care for her children. In all of my experience, I have never seen a more attentive mother than Leona. I can recall watching her reading to her older children while holding a newborn, and still managing a smile. Between the traps of constant moving, the varying system demands, and the lack of any possible sustainable wage, she has always fought to keep her children safe despite her own escalating fears that this course might never end.

Frankly, her struggle caused me a great deal of anger. To see her determination again and again reaching for a system of imposed obstacles, though even I began to lose hope. If Leona, a fully dedicated mother and wife...with a sound mind and impenetrable resolve to offer her family a future, could not navigate our system or pull her head above water and save her little children - then what chance will there be for any other struggling mother or her children?

From August 2006 - July 2007, children made 3,985 visits to The Gathering Place. Some children played all day and ate three meals with us, before going back to the overnight shelter where they are staying. Others came for a few hours while their mothers studied toward a GED, washed laundry, or looked for jobs in the computer lab. These women, like Leona, still devote themselves and struggle to find a way to care for their children and themselves. We have the means, most certainly. We can develop a truly useful system to preserve and support these families. In the end - we are each responsible for the fate and future of our children, those powerless and trusting beings who rely on our guidance and vision to serve their ultimate potential.

- ¹Child Poverty. National Center for Children in Poverty, <www.nccp.org>.
- ²Child Poverty Rates, <www.unitedhealthfoundations.org>.
- ³Personal Income Per Capita (2000). US Census Bureau. www.census.gov/statab/ranks29.html
- ⁴The Colorado Statewide Homeless Count. Point in Time Survey Report, February 2007. <www.colorado.gov/cich/August_Report/Executive_Summary_FINAL_2_27_07.pdf>
- ⁵"Childhood Poverty is Found to Portend High Adult Costs," Erik Eckholm, The New York Times, January 25, 2007.
- ⁶Best Practices in Homeless Education: Housing Agency and School District Collaborations to Serve Homeless and Highly Mobile Students, National Center for Homeless Education, 2007, <www.serve.org/nche>.
- ⁷<www.DenversRoadHome.org>.
- ⁸McKinney-Vento, Who Is Homeless? 2001- Law Into Practice. National Center for Homeless Education. www.serve.org/nche
- ⁹Colorado's Children 2007, Child Welfare League of America, <www.cwla.org>.
- ¹⁰Colorado Department of Labor and Employment, <<http://www.coworkforce.com/lab/MinimumWageFactSheet.pdf>>.
- ¹¹David, Rusk, Denver Divided: Sprawl, Race, and Poverty in Greater Denver.
- ¹²Hunger in Our Neighborhood. Colorado State University, <www.fshn.caahs.coloradostate.edu>.
- ¹³Overlooked and Undercounted: Struggling to Make Ends Meet in Colorado, Colorado Fiscal Policy Institute, <http://www.cclponline.org/ccs/documents/CCLPBooklet_FINAL.pdf>.
- ¹⁴State Policy Resource Center for Children's Savings Accounts. Center for Economic Development. <<http://www.cfed.org/focus.m?parentid=31&siteid=2166&id=2167>>.
- ¹⁵Loke, V. & Sherraden, M., 2006, Building Assets from Birth: A Comparison of the Policies and Proposals on Child Savings Accounts in Singapore, the United Kingdom, Canada, Korea, and the United States. Center for Social Development, Washington University School of Social Work.
- ¹⁶The Case for Child Accounts, 2007, The Initiative on Financial Security, The Aspen Institute, Aspen, CO.
- ¹⁷Pearson, J., Venohr, J., 2007, Utilization of the Child Care Assistance Program in Denver. Center for Policy Research, Denver, Colorado.
- ¹⁸Invest In Kids, 2007 <www.iik.org>.

Public safety—now we have to be smarter than ever. Our social compact and our responsibility as government leaders to keep people safe, demands it. And so does our budget.

—Governor Bill Ritter, The Colorado Promise

a t r i s k

Children At-Risk: Where We Are Now

- ◆ Colorado counties received 67,000 reports of child abuse or neglect last year. Less than 1/3 of those reports resulted in treatment or other intervention services.¹
- ◆ Children who experience child abuse and neglect are 59% more likely to be arrested as a juvenile, 28% more likely to be arrested as an adult, and 30% more likely to commit violent crime.²
- ◆ About 23,000 Colorado children experienced out-of-home placement and/or received state child welfare services in Fiscal Year 2006.³



Goals: Where We Need to Go

1. Effectively **treat, reduce and prevent** child abuse and neglect.
2. Effectively **treat and prevent** mental illness.
3. **Decrease** youth incarcerations and detentions.

Effectively treat, reduce and prevent child abuse and neglect.

Colorado has one Department of Human Services for each of its 64 counties. These departments are funded by a combination of federal, state and county dollars. The county departments handle all reports of abuse and neglect, and are responsible for determining courses of action in the best interest of the child. If caseworkers determine that the child is not safe in the home or that others are not safe because of the child, the child may be placed in out-of-home placement. Placements provide various levels of treatment, therapy and care models.

- ◆ 35 children died as the direct result of child abuse and/or neglect in Colorado in 2004.⁴
- ◆ A 2007 report from the Pew Foundation and the Jim Casey Youth Opportunities Initiative documents the challenges former foster youth face once living independently, including the following statistics:
 - 1 in 4 will be incarcerated within two years of leaving foster care;
 - 1 in 5 will become homeless;
 - Approximately 58% will have a high school degree by age 19 (compared with 87% of a national comparison group of non-foster youth); and
 - Fewer than 3 percent will receive a college degree (compared with 28% of the general population).⁵
- ◆ In May 2007, the State Audit on Colorado's foster care system found that 84 % of children in foster care did not receive the expected monthly face-to-face visit from their county caseworker.⁶
- ◆ In 2006, the federal government cut 30 billion Medicaid dollars nationally, resulting in major cuts in Colorado's residential treatment services.⁷ This changed the funding structure for these services in Colorado, resulting in a reduction of residential placements. The children who would normally qualify for residential treatment are now being placed in foster care, which is technically a lower level of care. Foster families are not trained to handle children with higher levels of risk and need, thus children are moved through multiple placements more frequently.
- ◆ According to a 2007 report from the University of Maryland regarding payments to foster care providers, Colorado would need to increase payments to foster families by 76% to 100% in order to meet the minimum cost of raising a child.⁸

Legislative Recommendation 1A: Mandate a maximum number of caseloads that county caseworkers are allowed to carry (in accordance with industry standards, such as those supported by the National Association of Social Workers or Child Welfare League of America) and monitor caseloads to ensure compliance in order to ensure that caseworkers have adequate time and resources to examine cases regularly and appropriately.

- ◆ The Child Welfare League of America recommends a caseload ratio of 12 to 15 children per caseworker, and the Council on Accreditation recommends that caseloads not exceed 18 children per caseworker. However, a national survey found that caseloads for individual child welfare social workers range from 10 to 110, with workers handling on average 24 to 31 children, each double the recommended number.⁹



Legislative Recommendation 1B: Treatment plans need to be coordinated with the CFSR (Child and Family Services Review) mandates and FSP (Family Service Plan) so that the goals are congruent for all working with children and youth in out-of-home care.

Legislative Recommendation 1C: Develop state-wide protocols for intake, assessments, and treatment plans for children who are victims of abuse and/or neglect. Also, mandate standardized definitions for what constitutes investigation, abuse and or neglect, intervention, in-home services, and removal from home, as each of these decisions and actions are currently inconsistent and have much variance from county to county.

Legislative Recommendation 1D: Establish guidelines to monitor and reduce the number of moves for children in placement.

- ◆ Of the 23,000 children who experienced an out-of-home placement and/or received child welfare treatment services in Colorado in Fiscal Year 2006¹⁰, almost 40% of those children have had three or more placements (moves) which can adversely affect a child's mental health, their ability to attach, and their overall development.
- ◆ Colorado will have a federal review (Child and Family Services Review) in early 2008, and is poised to be out of compliance in several measures including number of moves in out-of-home-placement. If the number of moves for children is not significantly decreased, Colorado could be fined an estimated \$2.2 million in sanctions for non-compliance.¹¹

Legislative Recommendation 1E: Establish guidelines for judges and child welfare workers regarding the preservation and protection of sibling sets in cases of out-of-home placement.

- ◆ Several states have adopted legislation that addresses the preservation of sibling sets in out-of-home placement. For example:
 - Maine requires courts to order sibling visitation when appropriate.
 - New Hampshire allows foster homes to exceed the maximum number of children in order to accommodate sibling groups.
 - Wisconsin requires child welfare agencies to consider placing a child in an adoptive placement with the adoptive parent of the child's sibling.
 - California added half-siblings to the provision authorizing disclosure of the names and addresses of an adoptee and his or her siblings to one another.
 - New York requires courts to coordinate the schedule of permanency hearings for a child with the hearing schedule of the child's sibling or half-sibling.¹²

Legislative Recommendation 1F: Identify all of the data systems currently being used to track high-risk children and youth, and develop a centralized data collection system to streamline information and promote more efficient use of resources and successful outcomes for children. Providers such as judges, caseworkers and medical care-givers should be networked to provide the best care.

- ◆ The National Conference of State Legislatures supports financial and programmatic flexibility for state agencies to provide interagency training, budgeting, planning and integration of data systems in order to produce more successful outcomes for children and families.¹³

Legislative Recommendation 1G: Analyze Colorado's current rates of reimbursement for foster care providers and residential treatment providers in light of current costs of child-rearing and mental health treatment, and compare Colorado's rates to those being provided in other states. Using those findings, determine a timeline and strategy for increasing rates as needed to ensure quality care and safety for children in out of home placements.

- ◆ A 2007 study from the University of Maryland¹⁴ reported that recommended payments to foster parents (averaged out on a national basis) were \$629 for 2-year-olds, \$721 for 9-year-olds and \$790 for 16-year-olds. Currently, the average actual monthly base rates offered by states are \$488 for 2-year-olds, \$509 for 9-year-olds and \$568 for 16-year-olds. The survey analyzed regional living expenses and calculated on a state-by-state basis the minimum cost of adequately raising a foster child. Only Arizona and the District of Columbia pay foster parents more than this minimum amount, according to the survey.
- ◆ Colorado would need to increase its payments 76 % to 100 % to meet the minimum cost of raising a child, the report said.

Legislative Recommendation 1H: Increase opportunities for successful transition from foster care to independent living for youth aging out of the foster care system by ensuring youth have access to their vital records after emancipation, extending the availability of foster care to youth up to age 21, and expanding availability of trained advocates such as GALs (Guardians Ad Litem) and CASAs (Court Appointed Special Advocates) to assist the youth in systems navigation and self-advocacy.

Effectively treat and prevent mental illness.

At risk children with a mental health diagnosis often receive treatment and care through multiple state systems, including Department of Human Services (and its departments including Child Welfare, Youth Corrections, Mental Health, and child care); Department of Health Care Policy and Financing (Medicaid); State Judicial Services; and Department of Education. Each state system is bound by regulations concerning the sharing of information, and relies on separate funding streams and data management systems yet communication and collaboration are ineffective. The current system results in compartmentalization, duplication and inefficient services and spending. In many cases, mental health services are fragmented, if even available to children and youth. The result is that children's serious mental health needs go untreated, and are left for schools to identify and address. Left untreated, children with mental illness typically eventually engage in criminal behaviors, or behaviors that threaten their own safety or that of those around them.

- ◆ The Colorado Division of Mental Health reports that the level of severity of those reported for mental health services has generally increased from FY 2001 to FY 2004. Youth (defined as all children and adolescents combined) with serious emotional disturbances (SED) increased as a percentage of all reported served from 64.76 % in FY 2001 to 74.20 % in FY 2004.¹⁵
- ◆ Suicide is the 2nd leading cause of death among youth in Colorado,¹⁶ and approximately 95% of people who die by suicide have a psychological disorder at the time of death.¹⁷
- ◆ Nearly 84% of children and youth currently detained by the Division of Youth Corrections have been previously suspended or expelled from school, and more than half of those detained have been diagnosed with a mental illness.

Legislative Recommendation 2A: Expand state and county interagency collaboration to reduce service fragmentation, increase efficiency and streamline services to provide a comprehensive continuum of care.

- ◆ The National Conference of State Legislatures (NCSL) recommends that states expand interagency collaboration to include public/private partnerships in order to more efficiently and effectively integrate and coordinate services for children and families.¹⁸ NCSL also strongly opposes efforts to limit state flexibility in the distribution of funds used for child mental health and child welfare services and treatment.

Legislative Recommendation 2B: Mandate the provision of mental health evaluations for students who are repeatedly suspended or expelled from education programs. Establish guidelines for compliance with recommended interventions, prior to re-enrollment.

- ◆ The **Cherry Creek School District** has developed a prevention focused model to address the needs of at risk children. Area evaluation and treatment programs may apply for inclusion and referrals, based on areas of specialization and affordability. Schools within the district may then work cooperatively with providers, while establishing requirements for children who return from suspensions or expulsions.



Decrease youth incarcerations and detentions.

Colorado operates under a decentralized system, serving youth through both state and locally administered programs. The Colorado legislature created the Division of Criminal Justice (DCJ) in order to “improve all areas of the administration of criminal justice in Colorado, both immediately and in the long term, regardless of whether the direct responsibility for action lies at the state level or with the many units of local government.” (24-33.5-501 C.R.S. 1973 as amended).

The Colorado General Assembly has recognized the need for increased collaboration and communication on behalf of youth with mental illness and co-occurring disorders in the juvenile justice system. In 2004, legislation provided for the creation of a task force to determine the most “effective and collaborative” means of serving these youth (C.R.S. 18-1.9-104 (2) a (III)). Recommendations of the task force are included here.

Colorado’s Juvenile Justice and Delinquency Prevention Council has established the following priorities for 2006-2008:

1. Disproportionate Minority Contact
 2. Mental Health Services
 3. Compliance Monitoring
 4. American Indian Programs
 5. Gender Specific Services
 6. Substance Abuse Services
 7. Juvenile Justice System Improvement
- ◆ On an average day, 1,838 juveniles are incarcerated or detained in Colorado facilities.
 - ◆ Nearly 71% of the juveniles detained by the Colorado Department of Youth Corrections are ages 16 and under, and more than 24% are under the age of 15.
 - ◆ The National Center for Mental Health and Juvenile Justice estimates that as many as 65% of youth in the juvenile justice system have a diagnosable mental illness, and 20% have serious mental illness – as compared to 9 – 13% of youth in the general population.
 - ◆ In Colorado’s Division of Youth Corrections, approximately 40% of committed youths have been diagnosed with moderate or high mental health needs.
 - ◆ The most common violations resulting in youth detention involve drug/alcohol or property violations (32.5%). “Juvenile specific offenses (truancy, curfew, runaway),” and miscellaneous (disturbing the peace, obstruction) account for 30.6% of those detained. Warrants and probation / parole violations account for 26.8%.
 - ◆ The average age when a detained youth in Colorado was first involved with the law is 10. Their first experience of being suspended or expelled is 11. Their first use of alcohol/substances and their initial experience in carrying a weapon is 12.

Legislative Recommendation 3A: Provide opportunities for restorative justice and rehabilitation. Utilize the information and recommendations developed through HB02-1263 to expand the statute which provides coverage for substance abuse treatment (C.R.S. 10-16-104.7) to include all mental health services for youth involved in the criminal justice system. The expanded statute should include a mandate that health benefit plans that provide services for mental health coverage should continue to provide coverage, regardless of whether the condition occurs as a result of a contact with the criminal or juvenile justice systems.

Legislative Recommendation 3B: Develop protocols to ensure that juvenile offenders are afforded the least restrictive alternatives in sentencing and placement. Extend the 2005/06 appropriation to DCJ which re-established Juvenile Diversion programs for the support, evaluation, training, and treatment of juvenile offenders. Incorporate incentives for evaluation and treatment programs which address the specific diagnostic needs of youth involved in the justice system.

Legislative Recommendation 3C: Establish a collaborative system that addresses the specific needs (i.e. mental health evaluation and treatment, educational, vocational, residential, etc.) of youth involved in the juvenile justice system. Enact the current funding and coordination recommendations of the Juvenile Justice and Delinquency Prevention Council; 2006 – 2008 plan, relative to mental health and substance abuse services, specific populations, monitoring, and juvenile justice system.

Chandler's Story / J. Tod Parker, LCSW, PsyD



Chandler Grafner was four years old when he entered our system. He was seven when he left. In that short time, the realities of his life were investigated by three separate county human services agencies. In that time, concerns were raised by family members, neighbors, teachers, school officials, police officers, court appointed advocates, and of course...Chandler himself. In that time, a host of caseworkers and court officials charged with ensuring his safety failed to inquire, failed to listen, and then failed to act. In that time, he became just another statistic.

Chandler was living with his mother when the Department of Human Services first investigated a report that the four year old had expressed that he was afraid of his mother's boyfriend. The report was deemed "unfounded."

In September of 2005, his mother was charged with Child Abuse and placed on probation, after the child and another boy were found walking along a busy avenue without adult supervision.

In April of 2006, Chandler and his younger brother were removed from the home when police officers determined that there was clear evidence that they were being neglected.

Initially placed with their maternal grandmother, the boys were later removed because the relative had no drivers license, "may have" allowed the mother to visit her children and had a roommate with an undisclosed criminal record.

In May of 2006, following a Dependency and Neglect action, the court awarded custody of Chandler to his mother's ex-boyfriend and his new partner. The motion was granted in spite of statements made by Chandler that "Daddy Jon is going to hurt me." The ex-boyfriend was ordered to comply with numerous requirements including obtaining mental health counseling for Chandler and his brother, which he never fulfilled.

On January 11, 2007, the ex-boyfriend was granted permanent custody, and the DHS case was closed. Six days later, Chandler's school reported to Denver DHS that the boy had bruises on his ear and neck. After informing his teacher and a police officer that the injuries were sustained by his new guardian "slapping" and "smacking" him, Chandler later changed his story to mimic the guardian's explanation. The report was dismissed.

On April 18th, nineteen days before his death, school officials made a second report that Chandler had been absent for five weeks. This report was also dismissed, though it was later determined that the child was being held from school to avoid the potential discovery of abuse.

On May 4, Chandler was locked in a closet as punishment for taking food from the kitchen. He died two days later from cardiac arrest caused by starvation and dehydration. He weighed 34 pounds, and subsequent records detailed more than 25 cuts and bruises found on his emaciated body.

Are we prepared to accept responsibility for the well being of our children at risk? In response to Chandler's case a DHS spokeswoman is quoted, "we feel like there was really good case work done in this...we did not see any red flags that would have led us to believe that this child would not be healthy and not in a safe environment." Are we prepared to accept that? As an advocate of the system's children, I can tell you that Chandler's case is far from uncommon. Colorado counties received 67,000 reports of child abuse or neglect in 2006. Less than 1/3 of those reports resulted in treatment or other intervention services. So I'm asking. Are we now, finally prepared to defend them? Are YOU, citizens and leaders, willing to dedicate yourself to finding answers, adopting changes, and enacting legislation that will allow these children to live and realize their potential - and ultimately, our own future?

¹“Report of the State Auditor: Foster Care Services Department of Human Services Performance Audit” Office of the State Auditor, State of Colorado, May 2007.

²Child Help. <<http://www.childhelp.org/resources/learning-center/statistics>>.

³“Report of the State Auditor: Foster Care Services Department of Human Services Performance Audit.”

⁴Child Welfare League of America. Colorado’s Children 2007. www.cwla.org/advocacy/statefactsheets/2007/colorado.htm

⁵“Time for Reform: Aging Out and On Their Own,” 2007, May, The Pew Charitable Trusts’ Kids Are Waiting Campaign and the Jim Casey Youth Opportunities Initiative, <www.pewtrusts.org>.

⁶“Report of the State Auditor: Foster Care Services Department of Human Services Performance Audit.”

⁷Staff Briefing on The Department of Human Services, 2006, Joint Budget Committee, Colorado General Assembly.

⁸University of Maryland, Hitting the M.A.R.C.: Establishing Foster Care Minimum Adequate Rates for Children. (2007, October).

University of Maryland, Children’s Rights and National Foster Parent Association. University of Maryland School of Social Work. www.ssw.umaryland.edu/fostercare/index.htm

⁹Alliance for Children and Families, American Public Human Services Association, Child Welfare League of America. (2001), “The child welfare workforce challenge: results from a preliminary study,” presented at Finding Better Ways, 2001, Dallas, Texas.

¹⁰“Report of the State Auditor: Foster Care Services Department of Human Services Performance Audit.”

¹¹Staff Briefing on The Department of Human Services, 2006, Joint Budget Committee, Colorado General Assembly.

¹²National Conference of State Legislatures, September 2007., 2007-2008 Policies for the Jurisdiction of the Human Services and Welfare Committee, <www.ncsl.org/statefed/HUMAN.HTM#childwelfare>.

¹³National Conference of State Legislatures.

¹⁴University of Maryland, Hitting the M.A.R.C.: Establishing Foster Care Minimum Adequate Rates for Children. (2007, October).

University of Maryland, Children’s Rights and National Foster Parent Association. University of Maryland School of Social Work. www.ssw.umaryland.edu/fostercare/index.htm

¹⁵“An Analysis of Recent Trends in Colorado’s Public Mental Health System,” Division of Mental Health, Colorado Department of Human Services, February 2005.

¹⁶Colorado Department of Public Health and Environment.

¹⁷“About Suicide,” The Children’s Hospital, Denver, CO, June 2005.

¹⁸National Conference of State Legislatures.

We're going to realize these opportunities by partnering with teachers, school boards, parents, and students. We're going to listen to our teachers. We're going to give them the tools they need to succeed. We're going to put their good ideas to work creating rigorous and relevant study programs.

—Governor Bill Ritter, The Colorado Promise

e d u c a t i o n

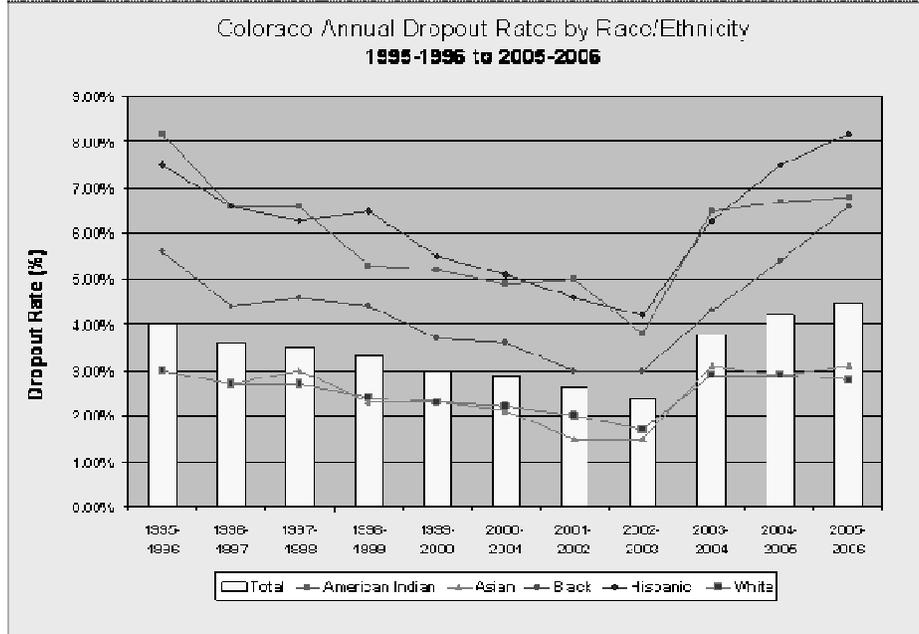
Education: Where We Are Now

15,500 Colorado students who started as freshman in 2001 had not graduated four years later. Only half of Denver Public School students are graduating on time.¹

High school dropouts earn an average of \$9,245 less than high school graduates annually.² The estimated cost of lost earning potential to the Colorado economy is \$3.4 billion dollars each year.³

Colorado's dropout rates continue to increase.

Colorado Department of Education Dropout Rates – Historical Overview



Goals: Where We Need to Go

1. Improve the quality of Colorado's schools and the opportunities for children.
2. Ensure efficient and effective accountability systems that serve children.
3. Provide adequate and equitable investments in education and Colorado's future.
4. Strengthen Colorado's assessment and evaluation process.
5. Direct resources intelligently and target the needs of high-risk children.

Improve the quality of Colorado's schools and the opportunities for children.

Understanding Colorado's children:

- Total Colorado public school enrollment for 2006: 794,026
- 263,759 students qualified for free and reduced lunch (34%)⁵
- 7,592 homeless students in Colorado⁶
- 78,756 identified special education students⁷
- 99,819 English second language learners⁸
- 53,940 Identified as Gifted and Talented⁹

For Colorado to provide schools of learning, we must first recognize that every child is unique and has unlimited capacity. No single model provides the answer for every child and no system-wide overhaul is the answer for every school. The one-size-fits-all model in education has failed to address the unique challenges and strengths of our 178 urban, rural, and suburban Colorado school districts and the children they are designed to serve.

Executive Recommendation 1A: Expand school options and differentiate to meet the needs of individual students. Differentiating schools and classroom instruction by implementing a variety of schools throughout Colorado is a proven successful way to begin transforming Colorado's drop-outs into college graduates. The model of differentiation offers parents and students an array of options to best suit their ability, learning style, talents, interests and future goals while promoting leadership, supporting teachers, empowering students and involving parents.¹⁰ Differentiation is a simple acknowledgment that the world is changing and our educational system needs to develop the flexibility and the agility to cultivate readers, writers, problem-solvers, collaborators, critical thinkers, and communicators through varied settings and philosophies.



Some examples of successful Colorado magnet schools include: Montessori, experiential learning, bilingual, performing arts, gifted and

talented, British primary, and vocational high schools. Additional magnet options may include schools for mathematics and engineering, science and technology, vocational education, leadership, foreign language, visual arts, Waldorf, and so forth. Magnet schools, such as The Denver School for Performing Arts, previously at Cole Middle school, have been successful at promoting racial and socio-economic integration and cultivating the individual abilities and opportunities of each child.

Colorado's Mapleton school district was the first in the nation to adopt a district-wide model of differentiating schools. Mapleton's model of innovation and leadership can be duplicated throughout Colorado, beginning with the schools serving the most at-risk students. Adequate support and resources are essential for transforming schools into individualized learning communities that promote human development and a powerful citizenry, as well as an accomplished workforce. Expanding the model of differentiation in schools and classrooms does not require more legislation. It does, however, require civic collaboration, financial capacity, institutional will, and leadership.

Ensure efficient and effective accountability systems.

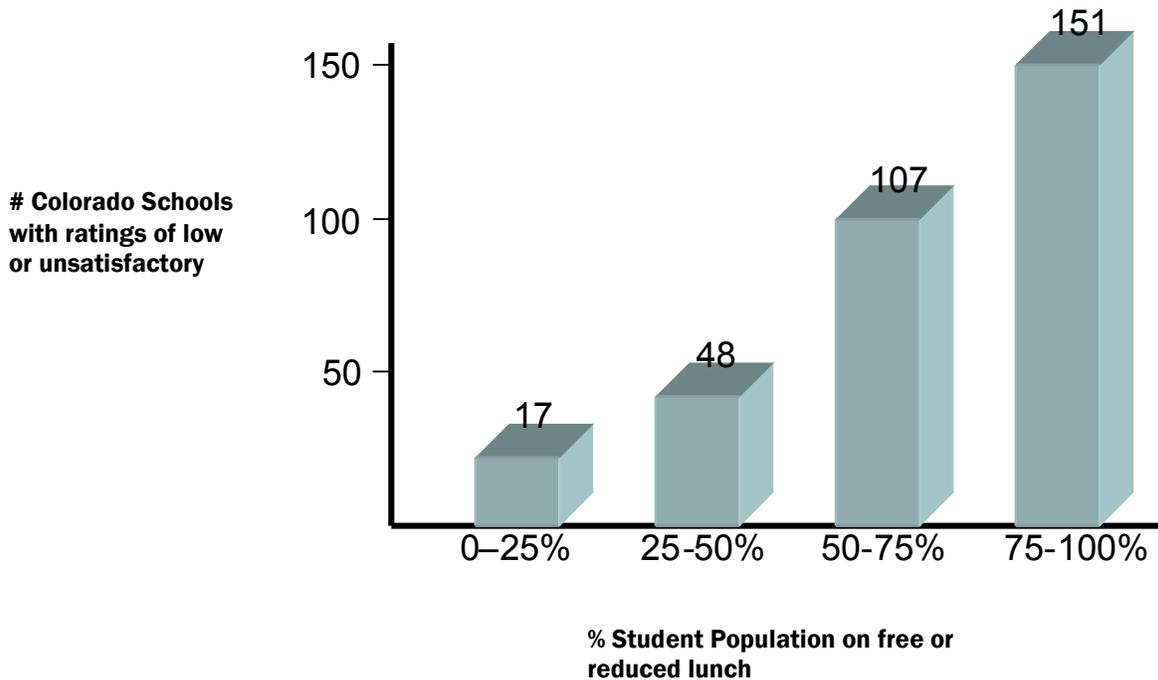
Timeline of school reform and implementation of overlapping accountability systems:

- 1999 Accreditation Accountability Act signed by Governor Romer
- 2000 School Accountability Reports, SB 186, signed by Governor Owens
- 2002 No Child Left Behind Act signed by President Bush

Five Costly and Conflicting Accountability Systems

1. *Federal No Child Left Behind (NCLB) – requires all children to be 100% proficient on state tests by 2014.*
2. *State School Accountability Reports (SARs) – evaluate schools based on students' responses to the Colorado Student Assessment Program (CSAP).*
3. *Colorado Department of Education – regulates the school Accrediting Act, licenses teachers, and enforces state and federal mandates.*
4. *Local school boards – ensures accountability through the election process.*
5. *On-site managers—superintendent, principal, school accountability teams, parents and students.*

Correlation Between Ratings and Free Lunch (2006)¹¹



- The 2006 school accountability ratings labeled 352 schools “Low,” and 21 “Unsatisfactory.”¹²
- Under the guidelines of No Child Left Behind, 467 schools did not meet Adequate Yearly Progress (AYP) (39% of Colorado’s districts). As a result of conflicting rating systems, many of the low and unsatisfactory rated schools are different than the schools not meeting AYP.
- There is no state-wide cost analysis that identifies the cost for complying for the No Child Left Behind Act; a Federal Registry Notice in October 2007 estimates the national burden for meeting the NCLB reporting requirements at \$135,000,000¹³ not including the costs of any testing.

Two Conflicting Measurement Tools¹⁴

State Highlights 2006

COLORADO

STATE ACHIEVEMENT REPORT CARD 2006			
Percent of students scoring at or above proficient			
Assessments		NAEP (2005)	State's Assessment (2004-05)
Mathematics	Grade 4	39%	90%
	Grade 8	32%	75%
Reading	Grade 4	37%	86%
	Grade 8	32%	86%

- Conflicting results on state and national standardized tests tell us more about the measurement tool than the children they are attempting to measure. The Colorado Student Assessment Program (CSAP) and the National Assessment of Educational Progress (NAEP) have shown significantly different results for student achievement in Colorado.
- Over the past six years, Colorado has spent more than \$300 million dollars – more than \$50 million annually¹⁵ – to distribute and administer CSAP with little improvement in test scores and negative student outcomes.
- Although Colorado uses CSAP data to make critical decisions and judgments, CSAP and McGraw Hill, test developer and grader, have never been independently audited or evaluated for validity or reliability.

Three redundant and conflicting reports:

1. School Accountability Reports (SARs)
2. Annual Reports (Required by NCLB and Colorado’s Accreditation Policies)
3. School Improvement Plans (developed by each individual school)

- The unfortunate aspect of competing accountability systems and duplicative reports is that parents and communities are now bombarded with conflicting information. In a study of three districts, 23 schools were given conflicting ratings on school reports.¹⁶
- 88% of superintendents say “keeping up with all the local, state and federal mandates handed down to the schools takes up way too much time.”¹⁷ Littleton Public Schools (LPS) reports a 608% increase in reporting (69 required reports in 2000, compared to 489 reports required in 2006). The cost alone for simply sorting and mailing the CSAP tests in LPS is \$16,000.¹⁸

Competing accountability systems have proven to be costly and ineffective. Conflicts in test scores, government rating systems, and redundant reports have not brought clarity or transparency to public schools. The results of Colorado’s “accountability reforms” have yielded poor results – an increase in drop-out rates and incarcerations, fewer college graduates, and less of our tax dollars directed towards opportunity and prevention.

Legislative Recommendation 2A: Streamline accountability systems by removing the former SB 186 (School Accountability Reports). All four other accountability systems would be retained including NCLB, district accreditation, individual school improvement plans, teachers licensing and on-site yearly evaluations. Repealing SB186 has no impact on the amount of CSAP testing currently being required by NCLB. A repeal of SB 186 will, however, eliminate one of the reports and eliminate Colorado’s discredited process of grading schools on the sole basis of standardized test scores. NCLB will continue to use test scores as the value of school quality. This legislative recommendation will produce millions of dollars that can be returned to the state and individual school districts. The savings can be more effectively utilized to access federal grant dollars, doubling Colorado’s investments in quality pre-school and educational services.

Provide adequate and equitable investments in Colorado’s children.

- A 2001-2002 Adequacy Study by Children’s Voices concluded that the state spent between \$568 and \$841 million less than would have been required for school districts to bring all students up to required standards. The adequacy study has now been updated to reflect increased requirements under No Child Left Behind and increased costs. Taking those factors into account, the study concluded that current funding is at least \$630 million per year below what would be necessary to allow schools to meet current standards.¹⁹
- Educational investments directly correlate with Gross Domestic Product. Education yields a greater return on taxpayer investments than any other government expenditure.²⁰
- One quarter of Colorado school buildings are functionally inadequate.²¹
- Nearly a third of elementary schools and one out of every five middle and high schools are too small.²²
- One-third of high schools have inadequate science facilities, and one-third are technologically inadequate.²³
- The total backlog of school construction and maintenance needs are estimated at between \$5.7 and \$10 billion. Most Colorado school districts aren’t able to raise the money needed to address their school capital construction needs.²⁴

The consequence of Colorado's inequity - a return to racial and economic segregation

- Race continues to play a significant role in education. In a comprehensive study called *Denver Divided: Sprawl, Race, and Poverty in Greater Denver*, David Rusk reported of 39 schools that were 90-100% minority, all 39 had a majority of low-income pupils. The odds are four-to-one that a pupil in schools with a predominant minority student population will also be attending schools where the majority of students are low-income. At the other end of the scale, none of the 172 schools that were 80% or more Anglo had majorities of low-income pupils.²⁵
- National studies have consistently determined that low-income students perform significantly better among middle income and wealthy students than in schools where over half of the students are low-income. Yet, a study by David Aske, economics professor, of the University of Northern Colorado revealed the following conclusions:²⁶
 - ◆ 87% of whites were enrolled in the top 10% of performing schools
 - ◆ Only 7% of whites were enrolled in the bottom 10% of performing schools
 - ◆ 5% of students participating in free and reduced lunch are enrolled in the top 10% of performing schools
 - ◆ 81% of students participating in free and reduced lunch are enrolled in the bottom 10% of performing schools

Discrepancies in achievement are a direct reflection of inequities in resources and opportunity for Colorado's poor and minority children. Social inequities have become institutionalized in our educational system. The lack of commitment to Colorado's most vulnerable children is costing us morally and economically. Our challenge is to break the policies and practices that break the children. In their recommendations to the P20 council, the Denver Area School Superintendents' Council attested that "Within these recommendations exists a positive presumption that adequate funding does not currently exist in support of Colorado's children...Unless Colorado adequately supports and provides alignment throughout the full continuum of services outlined in the Colorado Promise, the good ideas discussed will not come to fruition. In the final analysis, quality does cost money."²⁷

Executive Recommendation 3A: Develop Capital Construction Partnerships. The business community has asserted its role in public education without asserting an investment in system improvements. As part of a "New Schools Initiative," business teams would assume responsibility for the capital construction improvement needs of a school or small district, selected according to the ranking system developed by the Donnell-Kay Foundation and the findings from the School Facility Assessment Report. Coordinated through area chambers of commerce and championed by Governor Ritter, this type of collaboration with Colorado business leaders provides the opportunity to generate the \$5.7 - \$10 billion estimated costs of school facility improvements without further compromising Colorado's children.

Legislative Recommendation 3B: Develop revenue sources in conjunction with new building developments to sustain the capital construction needs of community schools. Builders and developers should work with state leaders on a collective agreement that ensures adequate investments in the educational infrastructure required to sustain new housing developments and expansion. The revenues generated should be applied on a statewide basis, administered in a way that resolves funding inequities, and applied to the schools with the most critical needs. Colorado business neighbors Arizona, New Mexico, and Wyoming all provide substantial state funding for their states' school buildings.²⁸



Legislative Recommendation 3C: Resolve inequities in school funding and discrepancies in student achievement. While Colorado students have equity in access and expectations, they are yet to experience equity in opportunity. Variances in mill levy overrides and property taxes have created vast inequities in school resources and opportunities for children. Colorado scores below average on resource equity funding.²⁹ Advantaged children attend the wealthiest schools while the most economically disadvantaged children continue to attend the poorest schools.³⁰ A commitment to closing the achievement gap must begin by closing the opportunity gap. This includes compensation and packages to attract qualified, experienced educators to schools serving a high proportion of underserved children and to supporting teachers and school leaders with the tools and resources to promote children's intellectual, social and emotional development. The Connecticut legislature is tying equitable school funding to accountability. The detailed model is available at http://www.hartfordinfo.org/issues/wsd/EducationFunding/CCJEF_Feb_21_07.pdf.

Executive Recommendation 5C: A comprehensive strategic plan for school districts to improve economic and racial integration. Today's schools are as segregated as they were in 1968. To move forward, Colorado must be prepared to implement inter-district cooperation in a bottom-up fashion. Boulder Valley Schools Re 1 has already embarked on a plan to de-stratify and institute socio-economic balance in every school.³¹ District administrators, especially those in large districts, should establish a network to share information and lessons learned. Each district should be held accountable for developing long-term strategies to end segregation.

Strengthen Colorado's assessment and evaluation process.

- ◆ In 2006, The Think Tank Review Project evaluated 13 think tank reports. "Only two could be considered to have minimally passed expert muster."³² Curriculum has narrowed under the constraint of high-stakes testing, and school electives have been cut.³³
- ◆ Assessments are an integral part of every educational format and essential to the teacher tool kit. Assessments at the classroom level are instructional. CSAP and national standardized tests (NAEP) monitor and compare but are not learning tools. We must begin to recognize the distinction between assessing for teaching and learning purposes and testing to monitor and compare.
- ◆ In the 2006 Phi Delta Kappa/Gallup Poll, two out of three respondents say that the use of a single state test cannot provide a fair picture of whether or not a school needs improvement.³⁴
- ◆ Using the free lunch indicator alone, University of Denver researcher Lisa Piscopo was able to predict student performance on CSAP with 81% accuracy, proving once again that income is the greatest indicator of achievement.³⁵

While an improvement over earlier standardized tests, CSAP is not designed to measure teacher quality or school success and is therefore not an effective tool for those purposes. High-stakes testing unfairly punishes and sanctions teachers and children in impoverished communities. Furthermore, linear, single-solution, and shallow standards of achievement reinforce the lowest levels of learning and compromise our shared educational goals for a powerful citizenry, a prepared work force, and advanced individual development

Legislative Recommendation 4A: Expand the indicators of student learning, teacher quality, and school success. Decades of research have shown that standardized tests do not reflect the thinking and abilities our children will need most to adapt and succeed in a future that is uncertain. It is a tragedy that standardized tests, and children's adherence to the lowest common denominator, now represents greatness. Conversations 2007 and the P20 councils have recently developed new goals for Colorado's schools, including: "Meet the individual needs of children, create life-long learners, and prepare children for the global world and technology." These goals align more closely with the priorities of parents and citizens. As long as test scores are the single indicator of success, these values will not be reflected in our schools, classrooms, or future adults.



Legislative Recommendation 4B: Meet the minimum requirements for testing and reporting as mandated under No Child Left Behind. Colorado currently exceeds NCLB testing requirements. The savings of this legislative recommendation is more than \$10 million and can be directed at early intervention and doubled through federal grant programs. The Denver Area School Superintendents' Council (DASSC) has recommended the following CSAP replacements to the P20 council: EXPLORE test for grade 8, the PLAN test for grade 10, and the ACT for grade 11. The Children's Action Agenda supports the assessment decisions of each district and their citizen elected school board.

Executive Recommendation 4C: Create a school accountability oversight board. The General Assembly should consider establishing a non-partisan permanent board devoted to oversight of accountability related to state expenditures in education. Members would also include non-legislators with expertise in education as well as parents and students. Local school boards should be given the opportunities to "show and tell" the challenges they face daily and the progress they are making in addressing those challenges. Designating "up close and personal" days for legislators, Colorado Department of Education (CDE), and municipal officials to visit schools, observe classes, talk with practitioners, students and parents. Public forums where parents and students were invited to share their experiences could strengthen mutual understanding, reinforce accountability, improve assessment, and ground local and state policymaking in the everyday reality of schooling across the state. The oversight board would be charged with collecting information, synthesizing the board findings, and making recommendations to the state legislature, the CDE and the Governor.

Direct resources intelligently and target the needs of high-risk children.

- ◆ Colorado's dropout rate is steadily increasing. 2004-2005 saw a dropout rate of 4.2%. This was a 0.4 percentage point increase from the 2003-2004 school year (3.8%) and a 1.8 percentage point increase from the 2002-2003 school year (2.4%).³⁶
- ◆ 15% of Colorado's children live in poverty. ³⁷
- ◆ 44% of Hispanic students graduate from high school on time.³⁸
- ◆ 56% of African-American students graduate high school on time.³⁹
- ◆ 15% - 40% of identified gifted students are "at-risk" for school failure or significant under-achievement.⁴⁰
- ◆ The Colorado Preschool and Kindergarten Program estimated 7,931 eligible students not served in 2006-2007 because of the lack of funding.⁴¹

Targeting resources simply means recognizing where the needs are and directing resources accordingly. Gifted and talented children are especially neglected in a system that strives only for "proficiency." Children with learning disabilities have never received the full services federally mandated and we continue to assess their development with the wrong measurement tools. Schools need to strengthen the mechanisms for recognizing and responding to children who lack family support, resources, and are susceptible to physical, sexual, and emotional trauma. Misplacements, inadequate services, and insufficient resources are costly failures on the part of government priorities and incur significant losses in state revenues as a result of unemployment, incarceration, and remediation services. It's time again for Colorado to provide the services and the support system to adequately develop at-risk children and prepare them with the life-skills that will contribute to their independence and to Colorado's success.



Executive Recommendation 5A: Expand intervention and prevention programs and build community partnerships. Programs that raise awareness, build community, and respond to the specific needs of children are the answer to closing the achievement gap, improving Colorado's high school graduation rates, and reducing youth incarcerations. Research shows that both the school environment and the social and economic conditions confronting students outside of school impact student achievement.⁴² While program recommendations should not be prescriptive, Governor Ritter and the Colorado Department of Education should work with districts to remove barriers, identify resources, and develop partnerships to target services for children in need. In addition, cooperative efforts with libraries, recreation facilities, businesses, and faith-based groups have increased access to quality after-school programs and should be further expanded and closely monitored.

Legislative Recommendation 5B: Offer matching grants to cities, counties and districts for evidence-based prevention and intervention programs. Many cities and counties have already begun to recognize the long-term benefits of supporting children's development, especially those who are at the greatest risk. The city of Littleton, for example, has implemented six child-centered evidence based programs. Life Skills Training, Functional Family Therapy, Bully Proofing, Incredible Years, and Nurse Family Partnerships reach thousands of children every year. The six initiatives cost about \$100,000 and are paid for by the city's general fund.

Legislative Recommendation 5C: Provide high quality and developmentally appropriate pre-school for 4-year-old children of low-income families. To thrive, children need nurturing families and quality early learning experiences. Programs that target families with infants and toddlers, such as Head Start, have been shown to improve children's cognitive development as well as increase positive parenting skills. Access to high-quality preschool for 4-year-olds and optional full-day kindergarten is critical, provided that preschool programs are based on well-established knowledge of how children learn and how to lay a foundation for lifelong learning.

Appropriate early education emphasizes experiential, hands-on activities, open-ended creative play, and caring human relationships.⁴³

Preschool education must not follow the same path that has led kindergartens toward intense academic instruction with little or no time for child-initiated learning.⁴⁴ Well intentioned but misguided policies and programs may actually put children at increased risk of school failure by denying them positive early learning experiences.

Senate Bill 06-199 created 2,000 new preschool slots for the '07-'08 academic year. The Children's Action Agenda applauds those efforts and supports the Bell Policy Institute's recommendations specified in Memo No. 3 to increase quality, affordable preschool and optional full-day kindergarten, provided they follow quality early education guidelines developed through credible organizations such as the criteria established by the National Association for the Education of Young Children.⁴⁵



Chase's Story / Cher Russell, Greeley, CO



My son attends school in northern Colorado, currently encumbered by Academic Watch. Since the implementation of the new literacy curriculum last year (per guidelines of No Child Left Behind), I have witnessed the destructive impact of new policies in our classrooms. Most notably, the programs implemented by the district are strictly geared toward those who are at or below grade level. "Unfortunately," many students, including my son do not fall into that category.

Under the new program guidelines, the entire curriculum is scripted, rote and repetitious. Students are not allowed to think for themselves. Teachers are forced to rush through the class materials, sometimes setting timers to limit any mindful deliberation on the studies at hand.

Students are required to learn through memorization while any creative thinking, abstract reasoning or experiential application of the material is strongly discouraged.

What is the result? Students who excelled in reading and writing at the end of the second grade, are now falling behind. Literacy classes have degenerated into a monotonous two hour repose, where the same stories are read three or four times. (For some children – whose reading level is deemed unacceptable – an additional 30 minutes or more of Literacy is added at the expense of Science or Social Studies.)

Parents in our district have approached their children's teachers, their principals and the school board president, all to no avail. Measures to allow more challenging material have been denied. There will be no individualized focus or allowances – there must be no divergence from the curriculum. Our school board president has acknowledged that the current program, "is not for all children, but it is reaching the ones who need it the most." Such mindless resignation is not acceptable.

Teachers and principals are informing parents that children must restrict their behavior and learning style to the curriculum. It is unfortunate for the district that our children can't be mass produced into the lowest common denominator.

It is not the children who must change, but the system which stifles their educational opportunities and learning experiences. It is *impossible* to believe that limiting our instruction to a single approach will work for every child. As a result of grading schools on the basis of test scores, we are failing to cultivate the talents of children.

I now have my son on every waiting list I can find, to ensure that he receives an education outside of this District. I want my child to have the opportunity to reach his potential. I want him to be challenged, and to experience a range of learning methods and ideas. I want him to realize the satisfaction of making a personal investment in his education, and I want a curriculum that honors the whole child – emotionally, socially, physically, and intellectually.

I would like to think things will change and our district will consider meaningful educational opportunities for all children. In the meantime, thousands of children like my son are paying the price for a failed paradigm and misguided policies

- ¹Jeremy Meyer, "Colorado's grad rates drop into new realm," *Denver Post*, September 6, 2007.
- ²Bob Herbert, "Educations Collateral Damage," *The New York Times*, July 21, 2005.
- ³Donnell-Kay Foundation, <<http://www.coloradosmallschools.org/resources/cssiresearch.html>>.
- ⁴Colorado Department of Education Dropout Rates – Historical Overview, (Colorado Department of Education (CDE)), http://www.cde.state.co.us/cdereval/download/spreadsheet/2006-2007EOY/Drops/A-DistDropoutbyREG_and_%20IPST.xls.
- ⁵A State At Risk: Strengthening Colorado's Commitment to the Educational Success of all its children, (Colorado Children's Campaign), February 2007.
- ⁶A State At Risk
- ⁷CDE, <<http://www.cde.state.co.us/cdereval/download/spreadsheet/2006PM/District/06IPST.xls>>.
- ⁸CDE, <<http://www.cde.state.co.us/cdereval/download/spreadsheet/2006PM/District/06IPST.xls>>.
- ⁹CDE, <<http://www.cde.state.co.us/cdereval/download/spreadsheet/2006PM/District/06IPST.xls>>. The dollars over and above the PPOR average out to about \$120-\$130 per student per year. This information has been presented to the State Advisory Committee for Gifted and Talented Student Education (advisory to the State Board of Ed).
- ¹⁰Educating the Gifted and Talented, Varied Content Promotes Learning, March 17, 2006, <http://sfireblue.blogspot.com/2006/03/varied-content-promotes-learning.html>.
- ¹¹Data gathered through CDE, available at: <http://www.cde.state.co.us/FedPrograms/AYP/results.asp>.
- ¹²Slight discrepancy from chart due to new schools or name changes of schools, data available at: <<http://www.cde.state.co.us/FedPrograms/AYP/results.asp>>.
- ¹³The National Conference of State Legislators (NCSL), presentation to the Colorado Legislatures Joint Education Committee, February 15, 2007.
- ¹⁴"Quality Counts at 10," Education Week, January 5, 2006.
- ¹⁵Teachers' salary spent on CSAP alone:
 (# days on CSAP / days per year) * (Teacher salary) * [# teachers doing CSAP] =
 [(5 days / 200 days) * (\$43,319)] * [44,975*(8/13)] = \$30 million
 Fixed costs of CSAP = \$15 million
 Annual cost = \$45 million
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Health care is one of the biggest issues facing the people of Colorado – 180,000 children lack health insurance – it’s morally unacceptable and it’s economically unacceptable.

—Governor Bill Ritter, The Colorado Promise

health care

Health Care: Where We Are Now

Nearly 1 in 6 Colorado children are uninsured and have unmet healthcare needs. Without adequate access to preventive care and health services, underserved children are more likely to track into serious adult health disparities. Investments made in health prevention and intervention will produce dollar savings, reduce deaths due to disease, increase the quality of life, and lead to better allocation of public resources. The bottom line is that Coloradans want healthy kids. It’s not just the right thing to do – it makes sense socially and financially. It’s time for our government institutions, health care programs, schools, and recreation departments to develop the capacity for children’s health and well being.

- ◆ A survey conducted by the American Academy of Pediatricians and the Colorado Medical Society found that Coloradans will vote for improvement in health, education and safety of children. Additionally, 73 percent believe that every child in Colorado should be covered by a government supported health care program if private health costs are not available.¹

**This section includes concepts from and supports the recommendations put forth by "All Colorado Kids Covered: A Roadmap to Coverage by 2010" produced by the 2010 All Colorado Kids Covered Work Group and "Fulfilling the Promise: Opportunities and Strategies for Insuring Colorado's Kids" by the Colorado Children's Campaign.*

Goals: Where We Need to Go

1. **Raise the number of insured children in Colorado.**
2. **Improve the quality of children's health care.**
3. **Increase the efficiency and sustainability of children's health services.**
4. **Reduce preventable health disparities that disproportionately affect ethnic and minority populations.**

Governor Ritter and Colorado legislators proved in the 2007 legislative session that improving the quality of children's health care was a top priority. The state of Colorado is now poised to address children's comprehensive health care needs and make uninsured children in the state an immediate priority. We applaud the passage of the following legislation:

- Senate Bill 07-211, sponsored by Senator Bob Hagedorn and Representative Anne McGihon, establishes an advisory committee to develop a comprehensive health care reform plan for children in Colorado and immediately seeks to increase the number of children receiving health coverage and improve the quality of health care available to children.²
- Senate Bill 07-130, sponsored by Senator Betty Boyd and Representative Morgan Carroll declares that a medical home is important, defines a medical home for children, requires the Colorado Department of Health Care Policy and Financing (HCFP) to maximize number of kids enrolled in a medical home, and report back to the legislature on the progress.³

Raise the number of insured children in Colorado.

- ◆ In Colorado, in 2006, estimates show that nearly one in six, or 180,000 total children, are without health care coverage.
- ◆ Poor children are three times as likely as children who are not poor to have used hospitals as their usual source of care.⁴
- ◆ Two-thirds of uninsured children are eligible for public health care programs, but are not enrolled.
- ◆ The estimated cost of covering all children currently eligible but not enrolled in Medicaid and the Children's Health Plan Plus (CHP+) is approximately \$142 million, or about one-eighth of the over \$1.1 billion the Colorado Health and Hospital Association reported in uncompensated care (bad debt and charity care) for 2003.⁵
- ◆ Colorado accrued a reserve of \$106 million from the federal CHP+ allotment by the end of the fiscal year 2005-2006.⁶

Legislative Recommendation 1A: Raise the Medicaid eligibility threshold for kids ages 6-18 from 100 percent to 133 percent of the federal poverty level (FPL) thereby creating a consistent standard of eligibility for all children.⁷ Raising this income eligibility level would transfer 6,800 children from CHP+ to Medicaid. This move would result in a total cost savings for CHP+ of \$9.9 million, of which Colorado would realize \$3.5 million in savings with the remainder going to the federal government.⁸

Legislative Recommendation 1B: Expand the CHP+ parameters for eligibility to 300% of poverty level in order to provide insurance coverage to those children whose families are unable to purchase insurance through their employer or by other means. This change in policy would reduce Metro Denver child uninsured rates from nearly 16 percent to under 3 percent.⁹ The Children's Agenda also supports ensuring the proven enrollment of at least 90% of eligible children living below 250% of the FPL as a step toward achieving the aforementioned recommendation.

Executive Recommendation 1C: Increase outreach activities and innovative methods of enrollment. The Colorado Benefits Management System (CBMS) must be either improved or replaced with an effective enrollment and management program. Online E-application¹⁰ systems can then be used more effectively to streamline the enrollment process and reduce logistical barriers. New gateways, including existing community programs such as, schools, emergency and community health centers, homeless shelters, recreation centers and libraries should be expanded for enrollment, parent education, and care coordination. Finally, targeted culturally-appropriate marketing could continue to reach out to underserved populations and promote cost savings associated with prevention and early intervention.¹¹

Legislative Recommendation 1D: Provide families with a “Buy-In” option to CHP+ on a sliding scale basis. The median household income in the United States is \$46,326.¹² A family of four earning greater than \$40,000 per year currently are denied access to CHP+. With fewer employers providing health insurance and increasing costs of private insurance, working families have limited access to affordable health care. Seven other states operate State Children’s Health Insurance Program (SCHIP) Buy-In Programs: Connecticut, Florida, Maine, North Carolina, New Hampshire, New York and Pennsylvania. In a buy-in program, families with incomes in excess of SCHIP eligibility limits are allowed to purchase insurance coverage for their children through the state’s SCHIP program. Families pay for a significant portion, or all of the cost incurred.¹³

Improve the Quality of children’s health care.

- ◆ Only 11 of 47 rural counties are served by an organized public health department that includes comprehensive health department services.¹⁴
- ◆ According to the Colorado Children’s Healthcare Access Program (CCHAP), only 20 percent of private pediatricians and family physicians accept Medicaid or CHP+ patients due to poor physician reimbursement rates and difficulties with system issues.¹⁵
- ◆ In 2000, Colorado reported 25 percent of children were “lost” from the CHP+/Medicaid systems during the renewal time because their parents failed to respond to re-enrollment efforts.¹⁶
- ◆ 17 percent of children were denied for failure to comply with re-determination procedures.¹⁷

Legislative Recommendation 2A: Increase the reimbursement rate for physicians and primary care providers. The Children’s Action Agenda and its supporters champion the recommendations developed through SB07-211 and the 208 Commission revising the statute to increase reimbursement rates to physicians for health services provided to children enrolled in the Medicaid program.

Legislative Recommendation 2B: Increase Medicaid and CHP+ retention rates through automatic renewal or a program of continuous eligibility. According to a study by the Commonwealth Fund, ensuring that every child below 200 percent of FPL maintained insurance for an entire year would amount to a reduction of over 48,000 uninsured kids in Colorado.¹⁸

Increase the Efficiency and Sustainability of children’s health services.

- ◆ Cost-shifting associated with uninsured children is estimated to be about \$79 million in 2005, including \$50 million paid by business and \$29 million paid by government.¹⁹
- ◆ Children in Denver and across Colorado are more likely to suffer from certain serious but preventable outcomes when compared with the national average.²⁰
- ◆ Of the amount spent on health care each year, estimates are that up to one-third is wasted through fragmented, inefficient care.²¹
- ◆ Currently, The Children’s Hospital (TCH) operates the only day treatment program able to meet the complex needs of children with developmental disabilities with co-morbid mental illness as well as children with neuro-psychological disorders. The Neuro-Psychiatric Day Program at TCH is only able to serve 6-8 children in their day program due to current funding limitations. The current waiting list of 15 children places these children at risk of long-term consequences due to lack of treatment. The out-patient psychiatric treatment clinic at TCH, which is uniquely qualified to meet the out-patient needs of these children, is currently not taking any new patients due to funding constraints.
- ◆ It has been estimated that 40% to 70% of individuals with developmental disabilities have diagnosable psychiatric disorders.²²

- ◆ A comprehensive, coordinated approach to the complex treatment needs of these children is supported by, if not required by, the federal policy and requirements known as EPSDT. Medicaid-eligible children under age 21 are entitled to receive Early and Periodic Screening, Diagnostic and Treatment services (EPSDT). See 42 U.S.C. §§ 1396a(a)(10)(A), 1396a(a)(43), 1396d(a)(4)(B), and 1396d(r).

Legislative Recommendation 3A: Implement and sustain statewide interoperable health information exchange through a non-profit organization that improves the health infrastructure and children’s services through the application of technology. Following CORHIO’s plan for a statewide system for electronic health information exchange used to promote and protect Colorado’s health and continuously improve the quality, cost-effectiveness and accessibility of health care services.²³ Amendment 35, approved by voters in 2004, imposed a significant tax increase on tobacco product sales. These new revenues provided an estimated \$175 million, of which 19 percent goes to safety net clinics each year. Because applications required the inclusion of extensive data, safety net providers that lacked the technology to quickly collect and analyze vast quantities of information were largely unable to qualify for Amendment 35 funds.²⁴

Legislative Recommendation 3B: Streamline application methods and simplify enrollment requirements. Utilize the information developed by SB07-211 and the recommendations of the 2010 Commission to create standardized forms and uniform application procedures to be implemented on a state-wide basis. A single state program to function as a delivery system for both programs will improve enrollment, management, and retention for children enrolled in public health programs. A centralized system would ensure families and children a common benefit package and comprehensive provider networks.²⁵

Legislative Recommendation 3C: To provide comprehensive health care for children with complex needs: Require Health Care Policy & Financing (the state Medicaid agency) to develop a comprehensive plan that coordinates physical health, mental health, and dental care and is specifically designed to meet the needs of children with developmental disabilities who have co-morbid mental illnesses and children with neuro-psychological disorders (such as Autism and Tourette’s Syndrome). Children with complex needs require immediate access to health care teams equipped to diagnose and treat the combination of developmental, physical and mental illness associated with their disorders, regardless of the cause and whatever the symptom. To be effective for children with complex needs, services must be integrated and coordinated across disciplines and systems. This new comprehensive complex children’s health care plan must be developed with participation from community experts, family members, mental health consumers and advocates. Results of such coordination will facilitate access and reduce redundancies in services, improve total health care for children, and create greater efficiencies for both families and health care professionals.

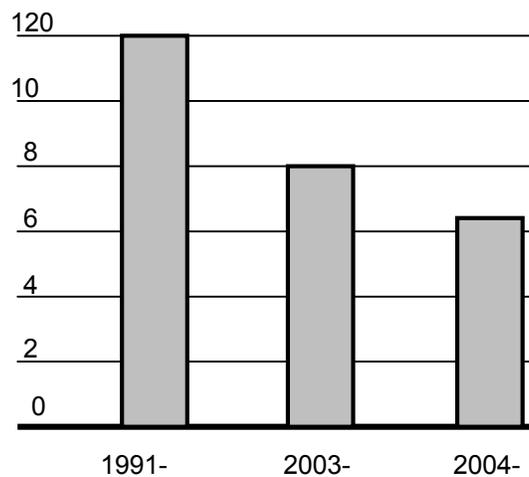
In the interim, all current Behavioral Health Organizations should be required to provide or arrange for the provision of appropriate Medicaid covered services to this population, and would be authorized to bill Medicaid on a fee-for-service basis for services it or its sub-contractors provide that are not covered by their current Medicaid contract. BHOs would be required to contract with and refer appropriate patients to The Children’s Hospital for comprehensive services. Children’s Hospital is currently the sole provider of coordinated mental and physical health services for children with complex and multiple needs, including children with developmental disabilities and/or neuro-psychological disorders.

Reduce Preventable Health Disparities that disproportionately affect ethnic and minority populations.

- ◆ According to CDC statistics, of children born in the US in 2000, the following are likely to develop diabetes at some point in their lives:²⁶
- ◆ 31% of white girls and 27% of white boys
- ◆ 49% of African American girls and 40% of African American boys
- ◆ 53% of Hispanic girls and 45% of Hispanic boys.
- ◆ There are substantial racial differences in the prevalence of overweight children and adolescents associated with health insurance status.²⁷ 60% of overweight youth have one risk factor for coronary

heart disease, 25% have 2 or more risk factors. Short term consequences include hypertension, Type 2 Diabetes, and psychological effects, while long term implications involve an increased risk for some cancers, cardiovascular disease (CVD), and adult obesity.²⁸

- ◆ In Colorado 14.8% of Hispanic children ages 2-14 are overweight.²⁹
- ◆ In Colorado 80.8% of students do not eat the recommended five or more servings of fruits and vegetables per day.³⁰
- ◆ It is estimated that increasing vegetable and fruit consumption may reduce cancer incidence by 6% to 28% and cardiovascular mortality by 6% to 22%³⁰ and may be associated with reduced adult cancer risk.³¹
- ◆ “Lowered sucrose, synthetic food/color/texture, and 2 preservatives (BHA and HFT) over 4 years in 803 public schools was followed by a 15.7% increase in mean academic percentile rating...”³²
- ◆ There is a direct correlation between physical activity, brain activity, and general health. Studies suggest that school recess has been shortened on average by forty percent over the past decade.³³



RECESS IN DENVER PUBLIC SCHOOLS

Legislative Recommendation 4A: Increase state funding for reimbursable school meals to 21 cents -- Colorado currently spends 4 cents. This would enable Colorado to supplement the actual costs of operating a school breakfast and lunch program. Nutritional guidelines for school lunches and breakfasts should be re-determined at this time.

Legislative Recommendation 4B: Match Federal Financial Participation dollars from the US Department of Agriculture's Food Stamp Program with state contributions to create innovative partnerships among community-based organizations and school districts. This recommendation is modeled on the California Nutrition Network for Healthy, Active Families (Network), www.dhs.ca.gov, which assists local public entities to enhance their nutrition education programs and promote physical activity and a healthy lifestyle for low-income parents and children. A three-year CATCH study demonstrated that improved diet and physical activity initiated in the elementary school years promoted behavioral changes that persisted to early adolescence.³⁴ Eliminating health disparities decreases significant costs associated with treating diseases that minority and ethnic groups experience at a higher rate than Caucasians.

- ◆ **Executive Recommendation 4C: Revise Colorado’s education standards to reflect the importance of recess and physical activity. Standards of play and exercise should be enforced through district accreditation contracts. Studies spanning four decades have established incontrovertibly that creative play is a catalyst for social, emotional, moral, motoric, perceptual, intellectual, linguistic, and neurological development.³⁵ The National Association of State Boards of Education recommends 150 minutes per week of PE for elementary students and 225 minutes per week for middle and high school students.³⁶ Protecting children’s play time costs nothing, and supports the physical and mental health of our children.**

Brady's Story / Robin Bolduc, Boulder, CO



Our son, Brady, was involved with Child Protective Services prior to his birth and continuing until our family adopted him in March 2007. At the time Brady was placed with us in 2005, he had multiple placements due to his escalating behavior - with his mother who is developmentally disabled and mentally ill, his aunt, and several foster homes. He was diagnosed with mild developmental disabilities and PTSD and provided weekly (sporadic) play therapy with a student intern. Upon entering our home, we noticed that Brady consistently made "odd" noises. He had been punished for his constant noises (barking) and inability to focus for more than a few seconds. We immediately requested an evaluation at Children's Hospital Special Care Clinic where he was diagnosed with Tourette's Syndrome, Intermittent Explosive Disorder, OCD, PTSD, and mild-moderate developmental disabilities as well as several medical conditions including severe reflux, esophageal strictures, scoliosis, hearing loss, malformation of his mouth, dental problems, just to name a few. He was put on medication, we addressed his physical needs, we discontinued services through our BHO and his behavior began to stabilize.

During a weekend in early 2007, Brady became extremely violent in our home and I called the MHC of Boulder/Broomfield crisis line. I was advised that they did not treat children with developmental disabilities - at this time, Brady was punching, kicking, taking pictures off the wall and throwing them, threatening me with a knife, and digging scissors in his mouth in order to pull out his teeth. MHC suggested that I take him to our local community hospital and have an evaluation done to determine whether Brady's behavior was due to his developmental disabilities or mental illness. I asked who would evaluate him and make that determination since no one from MHC had seen him in several years and since Children's Hospital had determined that his behavior was a result of multiple issues which were part of a whole package. My experience with my other foster children has been that mental needs are considered developmental disability related and care is refused. Instead, we opted to have Brady taken to Children's Hospital via ambulance. When Children's called MHC, they were told that they would not authorize a hospitalization since they held no contract with Children's. They offered no alternative - but left open the possibility of Fort Logan (which does not have a hospital to address his medical needs and has never seen him before). We were able to "stabilize" (tranquelize) Brady to allow me to address his issues during weekday business hours. It was from sheer determination, an in depth understanding of the system, and my contacts in the field that we were eventually able to develop a single contract for Brady at Children's Hospital in the Neuro-Psych day treatment program.

During his stay at Children's, our family was trained in a behavior program that greatly reduced his outbursts. Several medical conditions (including an abscessed tooth) were also identified and treated. Brady was stabilized both mentally and physically. Today, Brady is a happy, pleasant little guy. I can't even remember the last time that he had a meltdown. Brady continues to be seen at the Children's outpatient clinic.

The difficulty in treating children with multiple diagnoses is accessing both physical and mental health care needs at the same time. I have to call each clinic individually to get an appointment, and fill out paperwork with the same information for many of the clinics including: Special Care Clinic, Dental Clinic, Rehab, GI, Neurology, Nutrition, Metabolic Disorder, Clef Palate, Audiology, and Orthopedic. Billing policies disallow payment for physical and mental health services given in the same day. There is a shortage of mental health providers uniquely qualified to meet the needs of children with complex and multiple needs, including low-incidence disabilities such as Autism, Tourette's Syndrome, and other neuro-psychological disorders. As a result, there are too few programs and facilities, and children in crisis are being placed inappropriately, or too often denied any placement at all. Neglecting the children who are at the greatest risk has ramifications for teachers, doctors, families, case-workers and the future of these children. We simply can't afford to continue to do nothing and neither can they.

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- ⁴ Colorado Children's Campaign, Fulfilling the Promise: Opportunities and Strategies for Insuring Colorado's Kids, p. 3 citing US Department of Health and Human Services, Centers for Disease Control and Prevention, Summary Health Statistics for US Children: National Health Interview Survey, 2005, <http://www.cdc.gov/nchs/data/series/sr_10/sr10_231.pdf>.
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- ⁶ Colorado Children's Campaign, Fulfilling the Promise, p. 6.
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- ⁸ Colorado Children's Campaign, Fulfilling the Promise, p. 14.
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- ¹⁷ Colorado Children's Campaign, Fulfilling the Promise, p. 12.
- ¹⁸ Colorado Children's Campaign, Fulfilling the Promise, p. 12.
- ¹⁹ Colorado Children's Campaign, Fulfilling the Promise, p. 9.
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We owe it to future generations of Coloradans – generations of Coloradans we will never meet – to protect our natural resources, our water supplies, and our crisp mountain air.

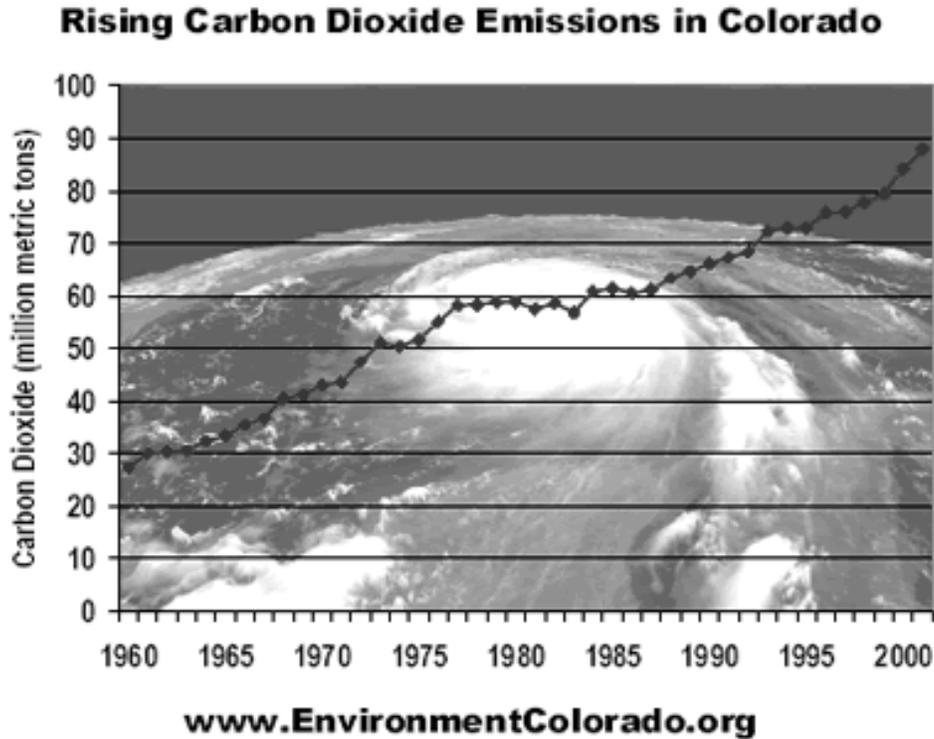
—Governor Bill Ritter, The Colorado Promise

e n v i r o n m e n t

Environment: Where We Are Now

- ◆ In Colorado, the cumulative lifetime risk of cancer is one in two for males and two and five for females.¹
- ◆ Between 1997 and 2002 Colorado lost 1.26 million acres of agricultural land, averaging 690 acres per day. Colorado is third in the nation, behind Texas and New Mexico, for overall agricultural land lost in the past five years.²
- ◆ Asthma rates among children under age four have skyrocketed 160% between 1980 and 1996.³
- ◆ Colorado currently has the second highest estimated prevalence of asthma in the nation.⁴
- ◆ Carbon dioxide emissions in Colorado continue to increase contributing to pollution and poor health.⁵

**This section includes concepts from and supports the recommendations put forth by the Colorado Climate Action Network. We are also excited to see that Governor Ritter has put forth similar goals in the Colorado Climate Action Plan.*



Goals: Where We Need to Go

1. **Clean energy:** generate electricity from clean renewable resources.
2. **Clean cars:** reduce carbon emissions from cars by adopting emission standards.
3. **Clean buildings:** create incentives to promote sustainable homes, schools and other buildings.
4. **Clean, green education:** implement an environmental education plan.

Governor Ritter and Colorado legislators proved in the 2007 legislative session that protecting our environment is a top priority. The state of Colorado is now poised to lead the rest of the nation in seriously addressing climate change and keeping our promise to future generations of Coloradans. We applaud the passage of the following legislation:

- House Bill 07-1281, doubled Colorado's renewable energy standard to 20% by 2020. Voters already approved a constitutional amendment, Amendment 37, in 2004, which raised the standard to 10%.
- House Bill 07-1132, a landmark bill to protect Colorado water quality.
- House Bill 07-1087 establishes a "Wind for Schools" grant program.

Clean energy: generate electricity from clean renewable resources.

- ◆ Global warming is happening with tailpipe and smokestack emissions largely to blame. Carbon emissions in Colorado have increased 34% since 1990.⁶
- ◆ Coal-fired power plants are the single largest source of mercury pollution in the US, responsible for 33% of the total mercury emissions nationwide.⁷
- ◆ State health regulators have found unsafe levels of mercury in fish at five lakes in Colorado. These lakes previously had undetectable levels of mercury, and now there are a total of fourteen lakes in Colorado with unsafe levels of mercury. The bulk of these lakes are near a cluster of coal burning power plants in southwest Colorado.⁸



The best available science indicates that greenhouse gas emissions must be reduced 80% below current levels by 2050 to stabilize greenhouse gas concentrations in the atmosphere and avoid the worst impacts of global warming (www.ucsusa.org/global_warming/science/emissionstarget.html). As the world's largest emitter, this translates into an important opportunity to personally, publicly and politically adapt our lifestyles for our children and our world. In order to meet the reduction goals that scientists say are necessary, the Colorado Children's Agenda includes the following 5 goals adapted from the work of the member groups of the Colorado Climate Action Network. By adapting these goals, Colorado will move toward an interim benchmark of cutting carbon dioxide pollution levels to 1990 levels by 2020.

Legislative Recommendation 1A: Create energy-efficiency programs that save money and reduce electricity use statewide 10% by 2020.

Legislative Recommendation 1B: Require new coal-fired power plants to cut their global warming pollution in half through advanced technologies. Continue to monitor impact of coal-burning power by continuing to measure mercury levels of rivers and lakes, as the most mercury-sensitive groups are pregnant and nursing women and young children. Mercury can harm the developing nervous system, crimping thinking and learning abilities.

Clean cars: reduce carbon emissions from cars by adopting emissions standards.

- ◆ Coloradoans drove 47 million miles in 2005, reflecting a 114% increase since 1980.⁹
- ◆ According to the U.S. Environmental Protection Agency, the number of vehicle miles driven from 1990 to 2004, amounted to 36% of CO₂ emissions in Colorado.
- ◆ The economic burden of asthma has been estimated at \$14 billion in 2002.¹⁰
- ◆ Reducing air pollution reduces asthma attacks. By reducing daily peak ozone levels by 28%, Medicare and private health management companies (commonly called HMOs) both saw their claims for the acute asthma care of children (such as emergency room visits, oxygen, etc) drop by 40% and 19% fewer children hospitalized for asthma.¹¹

Executive Recommendation 2A: Adopt a Clean Cars Program that will cut global warming pollution nearly 30% from new cars.

Executive Recommendation 2B: Increase consumer choice and encourage sales of cars that go further on a gallon of gas. Twelve states have already adopted the program that regulates tail pipe emissions of green house gases. The program will reduce air pollution and will reduce gasoline consumption.

Legislative Recommendation 2C: Reduce the carbon content of transportation fuels 10% by 2020 through incentives for low carbon bio-fuels and electric vehicles.

Clean buildings: Create incentives to promote sustainable homes, schools and other buildings.

- ◆ The average school facility in Colorado was built in 1967 of concrete masonry as a single floor building. Additionally, facilities managers reported that just under half of the facilities (49%) had air conditioning and about 23% of facilities had at least one temporary structure.¹²

Executive Recommendation 3A: Work in partnership with the private sector to retrofit school buildings and use as models to Colorado communities. Establish a companion bill to HB 07-1087 establishing a “Solar for Schools” grant program.

Legislative Recommendation 3B: Create incentives to promote construction of new high-performance homes and commercial buildings that use 50% less energy than today’s, and promote widespread energy retrofitting of existing buildings.

Clean, green education: implement a statewide plan and establish a grants program to fund projects.

- ◆ According to the Intergovernmental Panel on Climate Change, there is “high confidence” the West faces significant reductions in snowpack, larger and more frequent wildfires, and more intense heat waves.¹³

If we choose not to take immediate action to reverse climate change, our children and grandchildren will bare the consequences as well as the costs.

Executive Recommendation 4A: Implement an environmental education plan modeled after California’s Education and Environment Initiative. The Education and the Environment Initiative (EEI) was signed into law in 2003 Assembly Bill 1548¹⁴ and more recently Assembly Bill 1721.¹⁵ It mandates a broad-ranging strategy to bring education about the environment into California’s K-12 schools. Specifically, this law requires the State to:

- Develop Environmental Principles and Concepts (EP&C) to complement the State’s academic content standards;
- Incorporate the EP&C into the State Board of Education’s criteria for adopted instructional materials in science, history/social science, English/language arts and mathematics;
- Design, develop and disseminate a K-12 standards-based curriculum to teach these EP&C to California’s K-12 students;
- Align state agency programs with the EP&C; and,
- Establish an interagency partnership to implement the EEI.

Executive Recommendation 4B: Establish a “Clean Education” grants program and seek matching contributions through federal grant programs. Promoting environmental education and projects will result in long-term educational benefits for all Coloradans. Programs should promote environmental educational materials and hands-on environmental projects including implementing “Garden to Table” programs, establishing outdoor classrooms that replicate Colorado ecosystems and creating and maintaining zero-waste schools.



- ¹ Finch, Jack, M.S. *Cancer in Colorado 1998-2003: Incidence, Mortality, and Survival*. P. 7.
- ² Environment Colorado, *Losing Ground; Colorado's Vanishing Agricultural Landscape* April 13, 2006
- ³ Environmental Defense, <www.environmentaldefense.org>.
- ⁴ US Environmental Protection Agency, <www.epa.gov>.
- ⁵ Environment Colorado, *The Carbon Boom: National and State Trends in Carbon Dioxide Emissions Since 1960*, June 22, 2006
[The_Carbon_boom_2006.pdf](#)
- ⁶ US Environmental Protection Agency.
- ⁷ Environment Colorado, <www.environmentcolorado.org>.
- ⁸ Hartman, Todd, "Fish advisory revives fight on coal-fired plants," *Rocky Mountain News*, January 26, 2007.
- ⁹ Environment Colorado.
- ¹⁰ Environmental Defense.
- ¹¹ Friedman, MS., Teague, G., et al, "Impact of Changes in Transportation and Commuting Behaviors During the 1996 Summer Olympic Games in Atlanta on Air Quality and Childhood Asthma," *Journal of the American Medical Association*. 2001 Feb, p. 285:897-905.
- ¹² *School Facility Assessments, State of Colorado*, (Donnell-Kay Foundation), April 2005.
- ¹³ Intergovernmental Panel on Climate Change, www.ipccinfo.com/west.php
- ¹⁴ Pavley, *Statutes of 2003*.
- ¹⁴ Pavley, *Statutes of 2005*.

The voters have entrusted us to serve them well. Not to be placeholders, but to be leaders. Not to tinker around the edges, but to find real solutions to real problems. Not to advance narrow agendas, but to be ambitious and courageous.

—Governor Bill Ritter, The Colorado Promise

Before us is an unprecedented opportunity to answer the silent cries of children. These are not the wishes for new bicycles or Nintendo games, rather these are visions for children's basic needs for food, shelter, safety, protection, as well as the opportunity to learn and grow healthy and strong in the Colorado air. The recommendations put forward by the Children's Action Agenda provide the solutions to the most serious challenges facing Colorado's children. Some of the recommendations cost money, while others save money. Some require a significant change in policy, while others require small changes from leadership. All of these recommendations, however, provide sound solutions to improve the systems already in place. Now is the time to act. Here lie the opportunities to provide a lasting foundation for our children and our future.

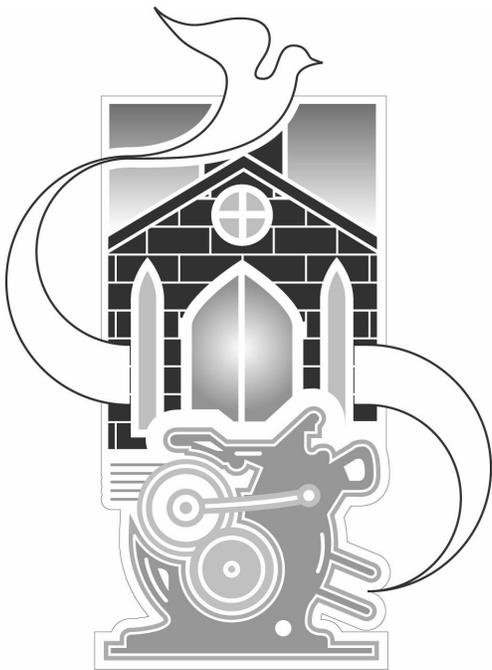
We're fighting for actual children — real, breathing, powerless, trusting, ever-learning, hopeful children — not agendas, numbers, affiliations, power, or semantics. If you do not see your organization's name on the current list of supporters, call and ask them why. Share this agenda with your school board members, city officials, community leaders, chamber of commerce members, department heads, government representatives, and Governor Bill Ritter. Please join with us in advancing these recommendations, improving the services and sustaining the infrastructure that will protect and serve Colorado's children. If we act too late, today's children will have outgrown their childhoods — and these basic opportunities for success.

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