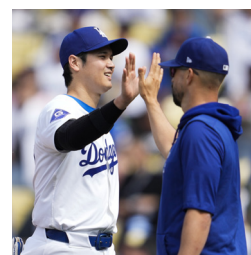




EDUCATION Home visits help bolster students' learning The West » A2



D-DAY Exercise held to start week of anniversary World » A7



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FOREIGN POLICY

Summits to show Western resolve?

From D-Day gathering to NATO conference, allied nations have a chance to show unity

By Mark Landler The New York Times

LONDON» Western leaders are embarking this week on an extraordinary stretch of summitry, which could give them a chance to project unity to adversaries who increasingly view the West as something to be defied, disregarded or even repudiated.

But as they gather on the wind-swept bluffs of Normandy for the 80th anniversary of D-Day on Thursday, and five weeks later in Washington for a NATO summit, the leaders will be tested across a range of divisive issues: wars in Ukraine and the Gaza Strip, the rise of China and, perhaps most daunting, the future of the United States.

On one level, D-Day and NATO are inspiring bookends: the first, a nostalgic commemoration of the Allied victory over Nazi tyranny; the second, a 75th birthday party for the alliance that grew out of the ashes of World War II. In between, there is a Ukraine peace conference in Switzerland and a Group of 7 leaders' summit in Italy.

Yet beneath the pride and pomp, there will be nagging doubts, not least about the direction of U.S. politics. President Joe Biden will travel to France and Italy (he is expected to skip the Switzerland forum), but he is squeezing in the diplomacy amid an election-year battle against former President Donald Trump.

SUMMITS » PAGE 6

HEALTH IN COLORADO

Uninsured numbers rising



PHOTOS BY HYOUNG CHANG — THE DENVER POST

Certified physician assistant Sue Covington, right, examines a patient at Doctors Care clinic in Littleton on Thursday.

Patients removed from Medicaid after COVID emergency ended struggling to find coverage

By Meg Wingenter mwingenter@denverpost.com

Health clinics in Colorado are seeing more uninsured patients than they have since the Affordable Care Act took effect a decade ago, and some of their leaders believe the state needs to prepare for a future where more people lack coverage.

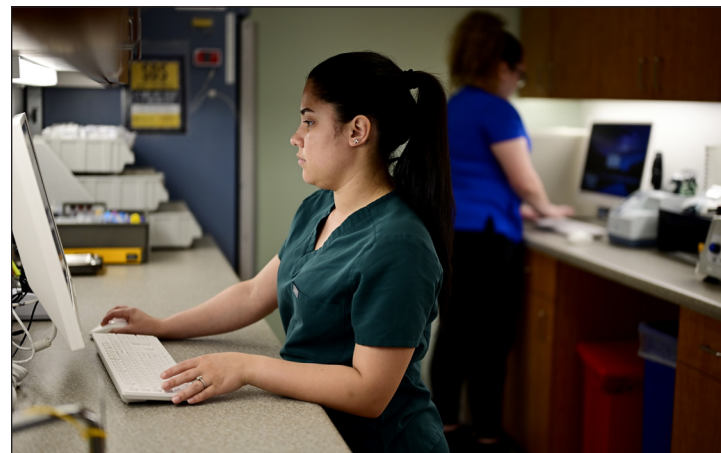
Colorado, like most states, has largely completed the process of ending Medicaid coverage for people who are no longer eligible. During the COVID-19 public health emergency, states suspended the process of making recipients prove they still had

incomes low enough to qualify.

The majority of the half-million people who lost their Medicaid coverage in Colorado didn't return the paperwork or otherwise failed to complete the process. So far, the state doesn't have any data on whether those people have found other insurance.

After the ACA was enacted in 2010, states and the federal government assumed the uninsured rate would continue to fall, and that's generally what happened, said Phyllis Albritton, managing consultant for the Colorado Safety Net Collaborative, which

UNINSURED » PAGE 5



Medical assistant Ashely Arce works at Doctors Care clinic in Littleton on Thursday.

PANDEMIC-ERA SETBACKS IN EDUCATION

Most students recovering, but millions making up little ground



JACQUELYN MARTIN — THE ASSOCIATED PRESS

Fifth grade students attend a math lesson with teacher Jana Lamontagne during class at Mount Vernon Community School, in Alexandria, Va., on May 1.

By Collin Binkley The Associated Press

ALEXANDRIA, VA. » On one side of the classroom, students circled teacher Maria Fletcher and practiced vowel sounds. In another corner, children read together from a book. Scattered elsewhere, students sat at laptop computers and got reading help from online tutors.

For the third graders at Mount Vernon Community School in Virginia, it was an ordinary school day. But educators were racing to get students learning more, faster, and to overcome setbacks that have persisted since schools closed for the COVID-19 pandemic four years ago.

America's schools have started to make progress toward getting

students back on track. But improvement has been slow and uneven across geography and economic status, with millions of students — often those from marginalized groups — making up little or no ground.

Nationally, students made up one-third of their pandemic losses in math during the past school year and one-quarter of the losses in reading, according to the Education Recovery Scorecard, an analysis of state and national test scores by researchers at Harvard and Stanford.

But in nine states, including Virginia, reading scores continued to fall during the 2022-23 school year after previous decreases during the pandemic.

Clouding the recovery is a looming financial crisis. States

have used some money from the historic \$190 billion in federal pandemic relief to help students catch up, but that money runs out later this year.

"The recovery is not finished, and it won't be finished without state action," said Thomas Kane, a Harvard economist behind the scorecard. "States need to start planning for what they're going to do when the federal money runs out in September. And I think few states have actually started that discussion."

Virginia lawmakers approved an extra \$418 million last year to accelerate recovery. Massachusetts officials set aside \$3.2 million to provide math tutoring for fourth and eighth grade students who are behind grade level, along

EDUCATION » PAGE 6

Advertisement for Applewood Plumbing Heating & Electric, celebrating 50 years since 1973. Includes phone number 303-328-3089 and website ApplewoodFixIt.com. A coupon for \$50 off any service is also featured.

Uninsured

FROM PAGE 1

represents clinics that primarily serve uninsured people and don't receive federal funding.

That led governments and nonprofits to put fewer resources toward serving the uninsured and to focus more on things like meeting patients' economic and social needs, she said.

"The grand policy scheme has been, everyone is going to have coverage, so we don't have to worry about the uninsured," Albritton said. "We need to accept that there are going to be uninsured people in Colorado."

Despite public perceptions that everyone can get affordable coverage through the individual marketplace, people often find they can't pay their out-of-pocket costs if they get sick or hurt, said Dr. Bebe Kleinman, CEO of Doctors Care in Littleton, which treats uninsured people and those covered by Medicaid.

She estimated about 20% of her clinic's patients don't have insurance — the highest rate since the major provisions of the ACA took effect in 2014.

"It's been a strange ride from where I thought I was going to shut this place down" because the number of uninsured people was supposed to fall so dramatically under the ACA, Kleinman said.

An analysis of the employer-based insurance market nationwide found the average worker had a deductible of \$1,735 for single-person coverage, with people employed by smaller companies generally paying higher deductibles. In contrast, about half of all Americans couldn't immediately pay a \$500 medical bill, and roughly one in five reported they couldn't pay one even with a payment plan or the ability to borrow money from family, according to the nonprofit group KFF.

Some of the newly uninsured patients may still qualify for Medicaid coverage, but filled out the paperwork wrong or couldn't find help in a language they understood, Kleinman said. Others are former Medicaid recipients who now earn too much, or new immigrants who don't know how to purchase insurance, even if they're eligible and could afford it, she said.

"It becomes so overwhelming that you stay uninsured," she said.

Other low-income clin-



Medical assistant student Helda McCauley, center, translates for certified physician assistant Sue Covington, right, to communicate with a patient at Doctors Care clinic in Littleton on Thursday.

HYOUNG CHANG — THE DENVER POST



Denver Health paramedic field trainer Keri Reiner, left, and paramedic Aiden Beatty, right, help a dog bite victim in north Denver on April 3.

ANDY CROSS — THE DENVER POST

ics that don't receive federal funding are also seeing a higher percentage of uninsured patients than they were before the ACA, when about 15% of the population didn't have coverage, Albritton said. Clinics that do receive that funding, known as federally qualified health centers, also have reported budget struggles as some of their patients fall off Medicaid and become uninsured.

The uninsured rate in Colorado had hovered around 6.5% between the passage of the ACA and the COVID-19 pandemic, before hitting a low of 4.6% in 2023 due to the pandemic freeze on Medicaid disenrollments.

Colorado's Medicaid unwinding following the end of the public health emergency mostly wrapped up in April, though some people with disabilities have additional time to show they are still eligible. People who

lost coverage can regain it through an expedited process if they renew within 90 days, so some could return to Medicaid this summer. Those who've gone past the 90-day deadline can still reenroll, but the process is more cumbersome.

As of March, enrollment in Medicaid was down by about 514,000 people from May 2023, or about 29%. At the same time, marketplace enrollment increased by just under 16,000 people, and enrollment in the Child Health Plan Plus was up by more than 38,000. Data isn't yet available about how many people joined employer-sponsored health plans or became uninsured.

Steps the state could take to help

The state could help offset the increased cost of caring for uninsured people somewhat by finding a

more stable revenue source for its primary care fund, which currently gets most of its money from tobacco taxes, Albritton said. As fewer people smoke, that means less money is available to divide among safety net clinics based on the number of appointments they provide to uninsured people, she said.

Health policy wasn't a focus of this year's legislative session, though lawmakers did pass a one-time appropriation to aid Denver Health, the state's only urban safety net hospital.

Legislators also appropriated funding for county and state agencies to staff up, so they can help people renew their Medicaid coverage or find an alternative source of insurance, said Rep. Shannon Bird, a Westminster Democrat and chair of the Joint Budget Committee.

The state already has taken additional steps, such as automating enrollment for eligible children in Child Health Plan Plus, which has a higher maximum income than Medicaid; trying to make reenrollment as easy as possible; and working with partners to guide people toward insurance options, she said.

Most people probably have an affordable coverage option available, but they may not know what it is or how to enroll in it, Bird said. The budget committee will keep an eye on the problem while meeting between legislative sessions and take steps if it determines agencies need more

resources to help people navigate their insurance options, she said.

"My hope is that all of the good work the Department (of Health Care Policy and Financing) is doing will help reverse this trend, and help people who haven't found an insurance home," she said.

No one knows yet whether the number of uninsured patients will continue to increase, hold steady or decrease as people learn they lost coverage. Denver Health, which sees a disproportionate percentage of uninsured patients, reported that the increase in patients without coverage has started to level off this spring.

"We have seen a plateau in the increase in uninsured patients, which suggests that most patients who faced disenrollment due to the (public health emergency) unwind have been disenrolled," an unidentified Denver Health spokesperson said in an email.

The last data from other hospitals is from December. The Colorado Hospital Association reported that about 10% of people presenting to emergency rooms that month didn't have insurance, compared to an average of about 7% from 2019 through mid-2023.

"The current situation isn't viable"

Mental health providers also have taken a financial hit.

Kiara Kuenzler, president and CEO of Jefferson

Center for Mental Health, estimated their uninsured patient population grew about 60%, blowing a more than \$7 million hole in their budget for the fiscal year that ends June 30. The center won't start turning uninsured people away, but with reserves running short, managers will have no choice but to cut back on some services for everyone if nothing changes, she said.

"We just can't say if or how or when cuts will happen, but the current situation isn't viable," Kuenzler said.

In the region that includes Jefferson County, the entity that administers Medicaid projected enrollment would drop by about 16%, or 33,000 people. Instead, it's down by about 74,000 people, or 37%, Kuenzler said. Some federal and state money helps pay for care to uninsured people, but the funding hasn't risen nearly as fast as that group's needs for behavioral health services, she said.

Statewide, community mental health centers face a combined gap of at least \$24 million between the funding available for care to the uninsured and the cost of providing that care, said Kara Johnson-Hufford, CEO of the Colorado Behavioral Healthcare Council.

The Colorado Behavioral Health Administration found about \$1 million in leftover funding to help, but still leaves a significant budget hole, she said.

The state is rolling out a new Medicaid payment model for community mental health centers that will pay something toward their care to uninsured people, said Cristen Bates, deputy Medicaid director at the Colorado Department of Health Care Policy and Financing. The department also is continuing to work with providers to get their qualifying patients reenrolled, she said.

"Keeping Coloradans covered and getting people covered is a huge priority," she said.

The Behavioral Health Administration also is working on some additional one-time funding to help tide over providers in "pockets" of the state where an above-average number of people left Medicaid, said Erin Wester, deputy commissioner of systems and programs.

In the near future, the number of people enrolled should start to stabilize, she said.

"We are all working together to try to come up with a solution," Wester said.

Visits

FROM PAGE 2

support person — in Valencia's case, Ocampo — who visits their home every week, showing them how to engage their children with fun, developmentally appropriate activities.

The HIPPY program is unique for its two-generation approach. Through regular home visits and monthly group meetings, parents learn how to promote early literacy and social-emotional skills from staff who went through the program themselves and often share the same language and background as the families they serve.

The program is primarily implemented in low-income neighborhoods, as well as through school districts and organizations reaching immigrant and refugee families, says Miriam Westheimer, chief program officer for HIPPY International, which operates in 15 countries and 20 U.S. states.

In the U.S., two dozen home visiting models have received a stamp of approval — and with it, access to funding — from the federal government's Maternal, Infant and Early Childhood Home Visiting program. While some emphasize preparing toddlers for school, others send social workers or registered nurses who focus on maternal and child health.

An estimated 17 million families nationwide stand to benefit from the type of



Valencia holds the first-year program portfolio of her daughter, Celeste, in her living room in Pueblo.

PHOTOS BY ERIC LARS BAKKE — THE ASSOCIATED PRESS

voluntary, evidence-based home visiting services that Valencia receives. Yet in 2022, only about 270,000 did.

"That is purely because of resources," said Dr. Michael Warren, of the Maternal and Child Health Bureau, which oversees the MIECHV program. "If more resources exist, more families can be served."

Fortunately, he says, reinforcers are on the way.

The federal investment in the MIECHV program is set to double from \$400 million to \$800 million annually, by 2027. Beginning this year, the federal government will match \$3 for every \$1 in non-federal money spent on home visiting programs, up to a cer-

tain amount.

Now in her second year of the HIPPY program, Valencia is a more confident parent. She says the structured curriculum she follows, paired with Ocampo's support, have helped her prepare her daughter to thrive in preschool.

"As parents, it's hard to balance everything — work, kids, house," says Ocampo, noting that many families in her caseload face language barriers and economic challenges such as food insecurity. "But you want to give the best to (your kids)."

Home visiting gives parents the tools to do it, she says.

Visitors supply books and materials for parents

to carry out activities, as well as diapers and wipes and referrals to food pantries, public assistance programs, early intervention services and mental health professionals. They also explain the developmental importance of talking, reading and singing with young children, asking them questions, and praising them.

They communicate a simple but potent message to parents: Everything they need to help their children flourish is probably already at home. A math lesson can be found among a bag of beans or a pocketful of loose change. Kids can practice literacy skills by searching for items around the house that start with a particular letter.

"Not only does it help the child, it helps the parents," says Avis Stallworth-Ellis, the HIPPY coordinator for Montgomery Public Schools in Alabama, which uses federal money to offer home visiting programs. "It gives them a different way to think."

The most valuable outcome, families and home visitors say, is the bond forged between parent and child.

"It's good for them and good for you," says Ocampo. "They're thinking you are playing, but they're really learning."

Parents also become better advocates for themselves and their children, and research has shown that kids are better prepared for school.

Last fall, when Valencia's daughter started preschool, the teacher told her that Celeste was more advanced than many of her classmates — evidence, Valencia says, of the cognitive and social-emotional skills they've worked on during daily activities.

Although Celeste is now enrolled in an early education program, Valencia has continued with the home visiting. "It's a complement" to preschool, says Valencia, who recently became a HIPPY home visitor herself.

While home visiting is not intended to be a replacement for other early learning experiences, it can help to establish a strong foundation, especially for the many families who find early education programs inaccessible or unafford-

able.

Throughout Pueblo, a city of 112,000, kindergarten teachers have noted students who receive home visiting services have longer attention spans, follow instructions better and have more developed motor skills, according to Maria Chavez Contreras, home visiting program manager at the community-based organization that hosts HIPPY in Pueblo.

"When they get to school, it's nothing new for them," says Chavez Contreras. "They're carrying it over from home."

Fatema Zamani, a Denver-based home visitor, says she hears from parents in her caseload — all recent arrivals from Afghanistan, where Zamani emigrated from in 2016 — about how impressed their children's kindergarten teachers are.

Her own daughter, 4-year-old Kaenat, is in the HIPPY program and can recite her alphabet, count, and identify shapes and colors. "She is ready for preschool," Zamani says.

She can tell the parents she works with are more confident, more curious — including those who started out reticent because they cannot read.

They've since spread the word. Zamani says she now has a long wait list.

This article was co-published with EdSurge. EdSurge is a nonprofit newsroom that covers education through original journalism and research.