



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

COLORADO

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Colorado

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$7,548,087
State MCH Funds	\$5,661,066
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

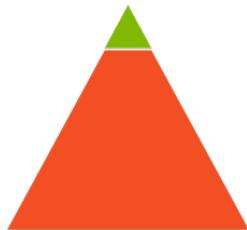
FY 2024 Expenditures



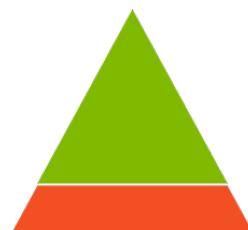
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,449,280	\$4,437,473
Public Health Services and Systems	\$6,098,807	\$1,223,593

FY 2024 Expenditures
Federal



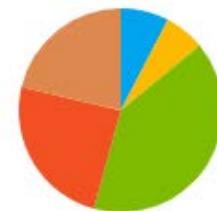
FY 2024 Expenditures
Non-Federal



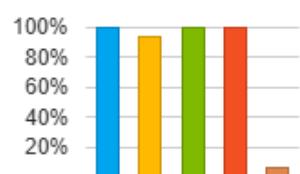
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$973,305
Infants < 1 Year	93.6%	\$813,041
Children 1 through 21 Years	100.0%	\$5,124,077
CSHCN (Subset of all infants and children)	100.0%	\$3,109,331
Others *	5.9%	\$2,715,631

FY 2024 Expenditures
Total: \$12,735,385



FY 2024 Percentage Served



*Others— Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Built Environment SPMs ● SPM 1: Percent of children ages 6 to 17 who are physically active at least 60 minutes per day	Continued	Cross-Cutting/Systems Building
Social Connectedness NPMs ● Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance - ADM ○ ESM ADM.1: Number of policy, practice, systems, or environmental changes implemented to support youth mental health in schools	Revised	Adolescent Health
Coordinated Intake and Referral Systems (CIRS) NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percent of children with special health care needs ages 0-17 years who receive family-centered care	Revised	Child Health, Children with Special Health Care Needs
Perinatal Wellbeing NPMs ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV ○ ESM PPV.1: Percent of postpartum women who felt uncomfortable talking to any healthcare worker about their emotions during pregnancy or since their new baby was born	Revised	Women/Maternal Health
Economic Mobility	Continued	Cross-Cutting/Systems Building

SPMs		
• SPM 2: Percent of children in poverty according to the supplemental poverty measure		
Nutrition Security	Revised	Child Health
NPMs		
• Percent of children, ages 0 through 11, whose households were food sufficient in the past year - FS <ul style="list-style-type: none"> ○ ESM FS.1: Percent of early childhood education professionals who integrate gardening, nutrition education, or local food procurement into their programming ○ ESM FS.2: Percent of children, ages 6 months through 5 years, who are reported by a parent to have been breastfed or fed breast milk exclusively for 6 months 		
Housing	New	Perinatal/Infant Health
NPMs		
• Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth - HI-Pregnancy <ul style="list-style-type: none"> ○ ESM HI-Pregnancy.1: Number of multi-sector partners engaged in developing and advancing housing stability policies 		

Executive Summary

Program Overview

Program Overview

Colorado's Maternal and Child Health (MCH) program continues to serve as a strategic leader, connector, and collaborator to improve the health and wellbeing of women, infants, children, adolescents, and children and youth with special health care needs (CYSHCN) across the state. The program aims to advance policy and systems change by establishing collaborative opportunities, and fostering shared understanding of needs, strengths and resources across the state that impact the MCH population. Seven MCH priorities were selected for the next five-year cycle based on the statewide needs assessment. The MCH program has developed logic models and a state action plan for each of the seven priorities, with state implementation to begin in October 2025. The MCH program also funds all local public health agencies in the state to implement complementary local activities that support the MCH population.

Role of Stakeholders in Selecting Final 2025-2030 Priorities

Stakeholder engagement was the cornerstone of the needs assessment and prioritization processes that were conducted throughout 2024. Families and caregivers, youth, state and local MCH staff, state agency partners, the Community Advisory Board and the Youth Partnership for Health were involved. Their input shaped data interpretation, guided strategy development, and affirmed the final priorities. Participants also reviewed naming conventions and helped refine language to ensure priorities were both technically accurate and relevant to community needs. This approach reinforced Colorado's commitment to shared decision-making and collective accountability in setting the direction for the next five-year MCH block grant cycle.

2026-2030 MCH Priorities and Performance Measures

Each priority reflects the findings from the needs assessment process and are responsive to Colorado's state and local context. Colorado identified at least one priority for each of the five MCH population domains. Programmatic impact on the priorities will be monitored through the associated state (SPMs) or national performance measure (NPMs), as well as through evidence-informed strategy measures (ESMs). In addition to the priorities and measures, three themes emerged from the needs assessment process. The themes serve as a new way to organize implementation efforts by grouping together the priorities with the greatest opportunity for collective impact and to foster strategic cross-team collaboration.

MCH Themes, Priorities and Measures for 2026-2030

Theme	Priority	Measure
Prosocial Connection	Built Environment	Child Physical Activity
	Social Connectedness	Trusted Adult (Adolescent Domain)
Integrated Systems of Care	Coordinated Intake and Referral Systems (CIRS)	Medical Home/Referrals (CYSHCN Domain)
	Perinatal Wellbeing	Postpartum Care (Maternal Domain)
Essential Needs	Economic Mobility	Children in Poverty
	Housing	Housing Instability (Perinatal/Infant Domain)
	Nutrition Security	Food Sufficiency (Child Domain)



Built Environment

Colorado developed SPM 1 (Percent of children 6-17 that get 60 minutes of physical activity per day) to measure the impact on the built environment priority. This measure indicates whether children ages 6-17 are getting the recommended levels of 60 minutes of physical activity per day. Access to safe places to walk, bike, and recreate is essential for consistent engagement in physical activity. Colorado selected this priority because some communities in the state have less access to safe places to walk, bike, and recreate. Coloradans with less education and lower incomes consistently report less access to these physical activity resources (CDPHE 2022-2030 Chronic Disease State Plan). People living in rural communities in Colorado are also much less likely to live close to parks, limiting opportunities for regular physical activity (CDPHE 2022-2030 Chronic Disease State Plan). Children and youth who live in safe and connected built environments have increased opportunities to engage in the recommended amount of physical activity. The state action plan for the built environment priority centers on strategies that increase access to safe and connected built environments.



Social Connectedness

Colorado selected NPM 16 (Percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance) to measure progress on this priority because youth-adult connectedness is a protective factor for positive youth development and is foundational to adolescent health and well-being. Colorado developed ESM 16 (The number of policy, practice, systems, or environmental changes implemented to support youth mental health in school policies, practice, systems and/or environmental changes) because evidence indicates that these types of changes foster connectedness among youth and trusted adults. These measures reflect the strategies to promote healthy school climates that are outlined in the state social connectedness action plan.



Coordinated Intake and Referral Systems

Colorado selected NPM 17.4 (Percent of children with and without special health care needs, ages 0 through 17, who receive needed referrals) because it reflects the challenges expressed by families in accessing needed services that were shared during the MCH Listening Tour and needs assessment process. Colorado developed ESM 17.4 (Percent of children referred to early intervention who completed an evaluation) to measure progress on the developmental screening and e-referral strategies outlined in the state action plan for this priority. Additional strategies related to this priority include a focus on supporting youth and families during the transition from youth to adult systems of support, including and beyond adult health care services.



Perinatal Wellbeing

Colorado selected NPM 1A (Percent of women who attended a postpartum checkup within 12 weeks after giving birth) and NPM 1B (Percent of women who attended a postpartum checkup and received recommended care components) for this priority. Based on the findings from the Maternal Health Listening Tour, Colorado will focus on the behavioral health screening and referral activities of the postpartum checkup. Mental health and substance use are leading contributing factors to maternal mortality in Colorado based on maternal mortality review committee data and input from the listening tour. Colorado developed ESM 1 (Percent of people who felt uncomfortable talking to any healthcare worker about their emotions during pregnancy or since their new baby was born) to reflect the importance of pregnant and postpartum women feeling supported by their healthcare providers to talk about their emotions, which helps providers understand their needs and connect them with additional supports as needed. These strategies in the state action plan for this priority are strengthening access to and coordination of services during pregnancy and postpartum. This includes services related to behavioral health and additional supports, such as care coordination, home visiting, doulas, lactation supports, and peers.



Housing

Colorado selected NPM 8.1 (Percent of women with a recent live birth who experienced housing instability in the 12 months before a recent live birth) to measure progress on addressing the shortage of Colorado's healthy and affordable housing. This NPM was selected because pregnancy is a vulnerable period for women of childbearing age, making this an important indicator of how Colorado is addressing basic needs for this population. Colorado selected ESM 8 (Number of multi-sector partners engaged in developing and advancing housing stability policies) because housing instability is a complex and multifaceted challenge that will require collaboration and partnership across multiple sectors to make an impact.



Economic Mobility

Colorado developed SPM 2 (Percent of children in poverty according to the supplemental poverty measure) to track progress related to the economic mobility of the MCH population. To address child poverty, in 2024, Colorado lawmakers passed House Bill 24-1311, known as the Family Affordability Tax Credit. This legislation aims to provide refundable tax credits to up to 45% of Colorado families and is projected to cut child poverty in half. The Colorado tax code is one of the most supportive for children and families in the nation; however, the lack of awareness of tax credits and access to free filing are barriers to claiming these credits. The economic mobility state action plan strategies are focused on reducing barriers to tax filing for low and moderate-income families, which is one of the most powerful economic mobility

interventions available. An additional strategy in the action plan is centered on uptake of the paid Family and Medical Leave Insurance (FAMLI) program that launched in 2020. Fewer than half of people who are eligible for this benefit have accessed it, indicating a need to build greater awareness about the program.



Nutrition Security

Colorado selected NPM 12 (Percent of children, ages 0 through 11, whose households were food sufficient in the past year) for this priority because food sufficiency, i.e. access to healthy foods, is an important measure to monitor the state's progress towards nutrition security. Colorado leverages the early childhood system to expand access to healthy foods and will monitor progress through ESM 12.1 (Percent of early childhood education professionals who integrate gardening, nutrition education, or local food procurement). Colorado also selected ESM 12.2 (Percent of infants breastfed exclusively through 6 months) to monitor breastfeeding strategies outlined in the state action plan for this priority.

How Federal Title V Funds Complement State-Supported MCH Efforts

Colorado's MCH program has and will continue to align resources to meet the needs of the MCH population, as identified through the statewide MCH needs assessment and prioritization process conducted throughout 2024 and 2025. Strategies and activities outlined in the state action plans for each priority are used to identify resource needs and scope annual budgets to support implementation.

Progress towards MCH measures and outcomes for each priority is not achievable without the federal Title V MCH block grant award. Colorado MCH uses the block grant to leverage a wide range of partnerships and resources to implement strategies that impact national and state performance measures associated with the state's MCH priorities. Each year, Colorado receives approximately \$7.6 million through the federal Title V MCH block grant and designates about \$5.7 million in state General Funds to meet the maintenance of effort and match requirements. Colorado's MCH funds and the state match allocations that are designated for maintenance of effort are distributed across the Colorado Department of Public Health and Environment's organizational structure to maximize alignment and coordination of MCH implementation efforts. In addition, MCH funds are allocated via funding formula to the state's 56 local public health agencies to support MCH implementation of local strategies to impact the MCH priorities.

The use of Title V MCH block grant funding to support the strategy lead for the social connectedness priority within Colorado's Office of Youth Suicide is one example of how the MCH award is leveraged with other partners and resources. The MCH-funded position leads the implementation of strategies outlined in the MCH state action plan to support healthy school environments that foster connectedness and cohesion amongst students, teachers and other staff. The position also provides technical assistance to local public health agencies, schools, and school districts to implement local action plans for the MCH priority. Additional state funding supports implementation of best practice programs in nearly 250 schools throughout the state with contracts monitored by the MCH-funded position.

Colorado also leverages state General Funds with Title V MCH block grant dollars to support implementation of strategies outlined in the state action plan for the coordinated intake and referral systems priority. State and federal MCH dollars are currently funding a developmental screening and e-referral pilot project to create electronic pathways between health systems, one of the state's Health Information Exchanges and Early Intervention Colorado's data platform to support closed loop e-referrals for children who are referred for developmental evaluations. Braiding these funds will continue to help take the pilot project to scale, expanding to additional health systems throughout the state.

MCH Success Story

Since 2019, the MCH block grant has supported staff time to administer the Pediatric Mental Health Care Access grant through a contract with the Pediatric Mental Health Institute and the Department of Psychiatry at the University of Colorado. Colorado's program is called the Colorado Pediatric Psychiatry Consultation and Access Program (CoPPCAP). The goals of the program are to increase the timely detection, assessment, treatment, and referral of children and youth with behavioral health disorders in pediatric primary care settings, with a focus on rural and underserved areas. The program offers pediatric or family primary care providers a phone or email consultation with a child psychiatrist within 45 minutes of a request. Providers can also receive one face-to-face consultation, either in person or through telehealth, to support diagnosis or treatment. Enrolled practices can also receive continuing education opportunities tailored to their community, free screening tools, and educational materials.

Since CoPPCAP was launched, the project has enrolled 101 pediatric and family practices and 1,119 practitioners, representing more than 707,000 covered lives, and provided 3,683 consultations. In the most recent 6-month survey, 82.8% of responding enrolled providers (101/122 respondents) answered that the program has been "Very Helpful" in addressing their needs. Thirty

ECHO education series have been completed with over 500 participants and received high satisfaction ratings. Specialist consultation topics with primary care providers have included: medication initiation, medication change and/or ongoing medication management, general medical education therapy referrals, care coordination support, assisting with a diagnosis or interpretation of screening results, requests for community resources, and patient support specific to anxiety, depression, attention deficit hyperactivity disorder, and autism spectrum disorder.

A staff person from the CYSHCN team serves as a liaison between the CoPPCAP enrollment efforts and CDPHE's School-Based Health Center program. The School-Based Health Center program aligns behavioral health efforts across the two programs, as more than 30,000 children and youth in Colorado receive primary physical and behavioral health care through school-based health centers. CoPPCAP has enrolled 20 school-based health centers and recognizes the value of enrolling more to create a more cohesive system of behavioral health support for children and to strengthen the workforce's capacity to identify and manage behavioral health conditions in primary care settings. Through this partnership, CoPPCAP provides technical guidance in the form of care guides, recommended screening tools, and learning sessions to ensure the screening of children for behavioral health conditions at the earliest points in their development. Parents/caregivers participate in the learning sessions with providers, which helps providers understand the family/caregiver perspective and offers a supportive space to explore improvements in care.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Colorado

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2024.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.