



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **COLORADO**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

### 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 FY2025 Application / FY2023 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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State Youth Leader
No Contact Information Provided

State Hotline: (800) 688-7777

### Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$7,630,605
State MCH Funds	\$5,722,954
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

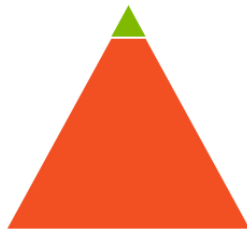
FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,072,783	\$0
Public Health Services and Systems	\$6,557,822	\$0

FY 2023 Expenditures  
Federal



FY 2023 Expenditures  
Non-Federal



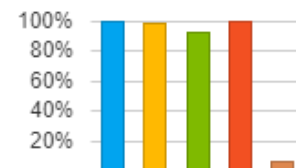
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$1,740,243
Infants < 1 Year	99.2%	\$368,864
Children 1 through 21 Years	92.7%	\$5,282,163
CSHCN (Subset of all infants and children)	100.0%	\$2,668,753
Others *	5.9%	\$2,808,032

FY 2023 Expenditures  
Total: \$12,868,055



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Increase prosocial connection</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY                             <ul style="list-style-type: none"> <li>○ ESM BLY.1: Percent of youth who identify as transgender who have a trusted adult to go to for help with a serious problem</li> <li>○ ESM BLY.2: Percent of youth of color who have a trusted adult to go to for help with a serious problem</li> </ul> </li> </ul>	<p>Adolescent Health</p>
<p>Create safe and connected built environments</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 1: Percent of children ages 0-17 years who live in a supportive neighborhood</li> </ul>	<p>Cross-Cutting/Systems Building</p>
<p>Improve access to supports</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS                             <ul style="list-style-type: none"> <li>○ ESM DS.1: Percent of children referred to early intervention who do not complete an evaluation</li> </ul> </li> <li>● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH                             <ul style="list-style-type: none"> <li>○ ESM MH.1: Percent of children with special health care needs ages 0-17 years who receive family-centered care</li> </ul> </li> </ul>	<p>Child Health, Children with Special Health Care Needs</p>
<p>Increase social emotional well-being</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● Percent of women who smoke during pregnancy (Smoking - Pregnancy, Formerly NPM 14.1) - SMK-Pregnancy                             <ul style="list-style-type: none"> <li>○ ESM SMK-Pregnancy.1: Percent of pregnant people insured by Medicaid who smoke during the last three months of pregnancy</li> </ul> </li> <li>● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who</li> </ul>	<p>Women/Maternal Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Percent of women of reproductive age (18-44 years) who report good mental health</li> </ul>	
<p>Promote positive child and youth development</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF                             <ul style="list-style-type: none"> <li>○ ESM BF.1: Percent of births insured by Medicaid at Baby-Friendly hospitals</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Increase economic mobility</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 5: Percent of children in poverty according to the supplemental poverty measure</li> </ul>	Cross-Cutting/Systems Building
<p>Reduce racial inequities</p> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 3: Number of points for racial equity related policy, practices and systems changes implemented at the program, division and department level</li> </ul>	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### Colorado's MCH Program

Colorado's MCH program is administered by the Colorado Department of Public Health and Environment (CDPHE). MCH collaborates with programs across CDPHE, other state agencies and statewide organizations, local public health agencies and community partners to implement strategies that have a population impact on Colorado's statewide MCH priorities.

#### 2021-2025 MCH Priorities

The [MCH Framework](#) for the current five-year block grant cycle is based on the statewide MCH needs assessment and prioritization process that was completed in 2020 that resulted in the following seven prioritized needs:

- Create safe and connected built environments
- Increase prosocial connection
- Promote positive child and youth development
- Improve access to supports
- Increase social emotional wellbeing
- Reduce racial inequities
- Increase economic mobility

#### MCH Priority Implementation

Evidence-informed strategy measures and associated objectives are outlined in logic models and action plans for each priority and are posted on [www.MCHColorado.org](http://www.MCHColorado.org). The logic models and action plans, used to guide Colorado's state and local MCH work, are a combination of best and promising practices, along with emerging practices to drive innovation. MCH funds are leveraged with state resources, as well as aligned with other federally-funded programs and initiatives, to support priority implementation efforts. MCH funds are also used to build the capacity of the state and local MCH workforce in the areas of racial equity, community inclusion and moving upstream. Interim progress toward the performance measures is tracked through quarterly performance management reporting and evaluation summaries are produced each year to monitor impact on each priority. A summary for each MCH priority and associated performance measure is included below.



#### Create Safe and Connected Built Environments

##### State Performance Measure 3: Percent of children ages 0-17 years who live in a supportive neighborhood.

Daily experiences such as feeling safe, taking a walk, visiting a park, having healthy food nearby, and being part of social networks are critical to physical, mental, and social well-being. Thoughtful planning and design of a community's buildings, streets, sidewalks, transportation networks, parks, and homes can make it easier for children, youth, and families to engage, connect with others, and access resources in their communities. Safe and accessible built environments increase opportunities for physical activity by being able to walk, bike, or wheelchair roll to everyday destinations and decrease violence by creating safer environments for people to meet and connect. The MCH program funds built environment staff to build cross-sector partnerships and increase capacity for implementing place-based policy strategies that promote equity, community safety, and activity-friendly routes.



#### Increase Prosocial Connection

##### National Performance Measure 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others.

Data and research has shown that youth who have a trusted adult are less likely to experience bullying, as well as other health outcomes like suicide and substance use. Research also shows that if prevention efforts are focused on those who are most disproportionately impacted, it will also improve the outcomes for other youth. Evidence-based strategies supported through Colorado's MCH program include integrating a positive youth development approach into youth-serving programs throughout the state and supporting model policies and practices, such as Gender Sexuality Alliances, which increase trusted adults in young people's lives and enhances school climate and connectedness. The MCH program also supports the implementation of best practice youth violence prevention programs in schools.



**Promote Positive Child and Youth Development**

**National Performance Measure 4: a) Percent of infants who are ever breastfed and b) Percent of infants breastfed exclusively through 6 month**

Families experiencing low socioeconomic status have greater breastfeeding disparities, are more likely to experience barriers to breastfeeding, and thus have lower breastfeeding rates. The MCH program is focused on increasing the number of Baby-Friendly designated hospitals that serve high proportions of Medicaid paid births to decrease the breastfeeding disparities. Research shows as the number of evidence-based Baby-Friendly Hospital Initiative's *Ten Steps to Successful Breastfeeding* practices increase in a hospital, breastfeeding rates increase as well ([Bookhart et al., 2023](#)). This is especially true for families enrolled in Medicaid or have no health insurance, as well as among families participating in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), where significant increases in breastfeeding initiation and long term success is shown when Baby-Friendly policies were in place at a hospital.



**Improve Access to Supports**

**National Performance Measure 11: Percent of children with and without special health care needs having a medical home**

A core component of a medical home is timely access to specialty care, including behavioral health. In Colorado, only 15 out of 64 counties have a child psychiatrist, which creates a barrier for identifying, diagnosing and connecting children with complex behavioral health needs with services and supports. One of the recommendations included in the MCH-funded policy agenda, [The ABC's of Health Equity for Children and Youth with Special Health Care Needs: A Policy Agenda for Colorado](#), centers on strengthening the capacity of the primary care provider network through telehealth and e-consultation. To advance this policy recommendation and strengthen access to behavioral health consultation and expertise statewide, MCH partners with the Pediatric Mental Health Institute and the Department of Psychiatry at the University of Colorado to implement the Colorado Pediatric Psychiatry Consultation and Access Program. The program offers pediatric primary care providers a phone, email or telehealth consultation with a child psychiatrist to support diagnosis or treatment. Enrolled practices can also receive continuing education opportunities tailored to their community, free screening tools and educational materials.

**National Performance Measure 6: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool**

While Colorado remains in the top tier amongst states for developmental screening rates, barriers in the process to access evaluation and intervention services after screening still remain. In 2023, approximately 32% of Early Intervention Colorado referrals were closed before completing the process. Barriers between child and family-serving systems in Colorado make it difficult to access and share data to know when children are screened, referred and, ultimately, whether they are able to access needed services. This results in children and families not receiving appropriate and timely support, and providers being unable to help coordinate care. To address this challenge, the MCH program is supporting a developmental screening and e-referral pilot project to improve communication and coordination among providers, early intervention partners, and families.



**Increase Social Emotional Wellbeing**

**State Performance Measure 4: Percent of women of reproductive age (18-44 years) who report good mental health**

As outlined in [Postpartum Behavioral Health in Colorado](#), depression and anxiety continue to be the most common conditions that people experience before and after pregnancy. To improve the awareness and knowledge of pregnancy-related depression among pregnant and postpartum women and to improve women's perceptions and attitudes toward seeking support, Colorado's MCH program supports provider education and a statewide public awareness campaign. MCH also coordinates the state's Maternal Mortality Review Committee. Based on Colorado's most recent review committee data, suicide and unintentional overdose continue to be leading causes of maternal mortality. The MCH program is an active partner in the [Colorado Perinatal Care Quality Collaborative](#), which supports the implementation of the [Alliance for Innovation on Maternal Health \(AIM\) care for pregnant people with substance use disorders patient safety bundle](#) with hospitals that deliver 47% of Colorado births.

**National Performance Measure 14a: Percent of women who smoke during pregnancy**

People who smoke during pregnancy are more likely to experience a fetal death or deliver a low birth weight baby. The MCH program partners with the state's tobacco prevention, education and cessation program to implement evidence-based strategies in every county in Colorado to reduce the number of pregnant people who smoke, such as the community-based Baby and Me Tobacco Free Program and the QuitLine Pregnancy Protocol Program. Quit rates for QuitLine average 37% vs. 4-7% for unaided quit attempts. Those who access the Quitline are up to seven times more successful than people who try to quit unaided. A study of the Colorado Baby and Me Tobacco Free Program found program participants saw a 24% to 28% reduction in the risk of preterm



birth and a 24% to 55% reduction in the risk of neonatal intensive care unit admissions.



**Reduce Racial Inequities**

**State Performance Measure 2: Number of points for racial equity related policy, practices and systems changes implemented at the program, division and department level**

Colorado’s MCH program integrates strategies and activities to advance racial equity across each of the priorities. In addition, the program tracks changes to state and local policies and practices and assesses the potential impacts those systemic and institutional changes may have across staff and programs that serve the MCH population. While reducing racial inequities is a priority unto itself, strategies to impact racial inequities are integrated across the action plans for all seven statewide MCH priorities.



**Increase Economic Mobility**

**State Performance Measure 5: Percent of children in poverty according to the supplemental poverty measure**

The connection between economic status and health is well-established, and poverty can have serious effects on children’s long-term health. Colorado is an increasingly expensive place to live, and many Colorado families have trouble meeting critical needs. Expanded tax credits support economic mobility and are associated with reduced child and household poverty, increased food security, and fewer adverse childhood events. MCH coordinates a tax outreach campaign, created a [partner toolkit](#) and provides statewide resources and information to help Coloradans access federal and state tax credits through [Get Ahead Colorado](#). MCH supported the development of this interactive [dashboard](#) describing earned income tax credit filing rates and poverty measures by county and by the Census Bureau’s public use microdata areas to help partners and grantees identify opportunities for tax credit outreach work.

**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 completed in 2020. 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 Prosocial and Community Connectedness Specialist 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 for the prosocial connection priority and coordinates these activities with other CDPHE violence prevention programs. The position also provides technical assistance to local public health agencies, schools, and school districts to implement local action plans for the prosocial connection 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 access to supports state action plan to advance Colorado’s social-health information exchange infrastructure. 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. Braiding these funds will also help take the pilot project to scale in the future, expanding to additional health systems throughout the state.



## MCH Success Story

As the cost of living continues to rise in Colorado, one clear action to immediately improve the economic status of Colorado families is to reduce barriers to claiming all the tax credits to which they are entitled. One in four eligible Coloradans does not claim the Earned Income Tax Credit (EITC), which can be up to \$6,935. Expanded tax credits support economic mobility and are associated with reduced child and household poverty, increased food security, and fewer adverse childhood events.

The [Get Ahead Colorado /Hacia Adelante Colorado](#) media campaign launched in January 2022 and continues to provide partners and families with updated, vetted, Colorado-specific tax information, outreach materials, and media presence. In addition to the website and media campaign, the [partner toolkit](#) consists of outreach materials in multiple languages.

Get Ahead Colorado campaign efforts resulted in a number of earned media opportunities and additional paid media appearances. In 2023, the campaign increased its reach, generating 4.9 million digital impressions, 11.5 million radio impressions, 884,000 text messages to eligible potential filers, and over 90,000 site visits, reflecting a 115% year-over-year increase in website traffic to the English and Spanish campaign websites. In 2024, there were 337,176 unique visits to the campaign website, a 274% increase.

In 2022, through a contract with a non-profit focused on refugee services, [11 videos in 11 languages](#) were created to promote tax filing and tax credit claims. In a new partnership with Rocky Mountain PBS, Get Ahead Colorado messaging was included in multiple PBS Kids newsletters reaching 8,595 recipients, as well as spots on local radio stations. In a partnership with [Bright By Text](#), the program sent multiple text messages to an audience of roughly 14,000-15,000 caregivers of children 0-18, receiving above average click through rates of up to 16 percent. A 2023-24 contract to support six 2-1-1 call centers around the state resulted in trained phone support given to 10,181 callers regarding tax credit and free filing information, a 60% increase over the year before.

The Economic Mobility Program contracted with ten organizations that coordinate and/or directly operate 53 Volunteer Income Tax Assistance (VITA) sites across Colorado during the 2022 and 2023 tax seasons. In late 2022, the program [renewed](#) its innovative economic mobility MOU with AmeriCorps and the Governor's Office. Over \$24 million in tax refunds have been claimed for Coloradans by MCH-sponsored AmeriCorps teams since November 2021. Additionally, the Program supported tailored tax outreach to immigrant, newcomer and refugee communities through a community-inclusive grant process to eight community-based organizations working in 17 languages.

The Economic Mobility Team supported the creation of Colorado-specific data products, such as this [dashboard](#) to monitor progress and impact throughout program implementation.

## 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 2023.

[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 HssRSA awarded grants where you may filter by Maternal and Child Health.