



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **COLORADO**

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

### 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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ( <https://mchb.tvisdata.hrsa.gov> )

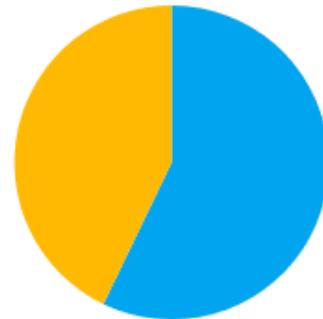
#### State Contacts

| MCH Director                  | CSHCN Director            | State Family or Youth Leader               |
|-------------------------------|---------------------------|--|
| Karen Trieweiler              | Rachel Hutson             | Eileen Forlenza                            |
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#### Funding by Source

| Source             | FY 2014 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$7,430,330          |
| State MCH Funds    | \$5,572,748          |
| Local MCH Funds    | \$0                  |
| Other Funds        | \$0                  |
| Program Income     | \$0                  |

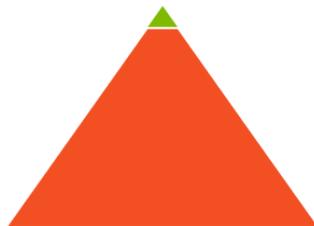
FY 2014 Expenditures



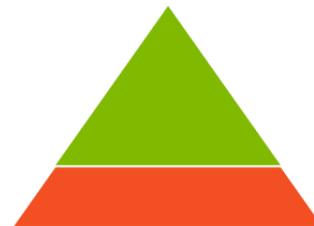
#### Funding by Service Level

| Service Level                      | Federal     | Non-Federal |
|------------------------------------|-------------|-------------|
| Direct Services                    | \$0         | \$0         |
| Enabling Services                  | \$705,037   | \$4,036,003 |
| Public Health Services and Systems | \$6,725,293 | \$1,536,745 |

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



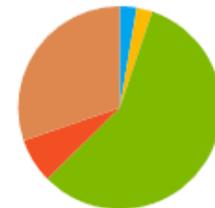
### Total Reach of Title V in Serving MCH Populations

| Populations Served  | Individuals Served | FY 2014 Expenditures | %     |
|---------------------|--------------------|----------------------|-------|
| Pregnant Women      | 64,081             | \$346,532            | 2.7%  |
| Infants < 1 Year    | 60,617             | \$327,799            | 2.5%  |
| Children 1-22 Years | 1,381,290          | \$7,469,629          | 57.4% |
| CSHCN               | 171,148            | \$925,521            | 7.1%  |
| Others *            | 727,405            | \$3,933,596          | 30.3% |
| Total               | 2,404,541          | \$13,003,077         | 100%  |

FY 2014 Expenditures



FY 2014 Individuals Served



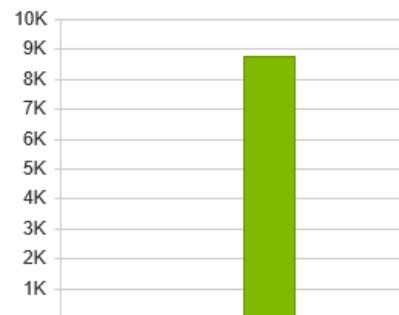
\*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

### Selected National Performance Measures

| Measure # | Measure Short Name         | Population Domain                       |
|-----------|----------------------------|---|
| NPM 2     | Low-Risk Cesarean Delivery | Women/Maternal Health                   |
| NPM 4     | Breastfeeding              | Perinatal/Infant Health                 |
| NPM 6     | Developmental Screening    | Child Health                            |
| NPM 7     | Injury Hospitalization     | Child Health, Adolescent Health         |
| NPM 8     | Physical Activity          | Child Health, Adolescent Health         |
| NPM 9     | Bullying                   | Adolescent Health                       |
| NPM 11    | Medical Home               | Children with Special Health Care Needs |
| NPM 14    | Smoking                    | Cross-Cutting/Life Course               |

### Communication Reach

| Communication Method             | Amount |
|----------------------------------|--------|
| State Title V Website Hits:      | 0      |
| State Title V Social Media Hits: | 0      |
| State MCH Toll-Free Calls:       | 8,779  |
| Other Toll-Free Calls:           | 0      |



## Executive Summary

### Geography and Demographics

Colorado is the eighth largest state in the nation, located in the Rocky Mountain region of the western U.S. The Continental Divide runs from north to south through west central Colorado, dividing the state into the more mountainous western slope and the eastern plains. Eighty-seven percent of the state's population lives in 16 urban counties along the Front Range of the Rocky Mountains; the remainder residing in rural (25) and frontier (23) counties within the state.

Colorado ranks as the 22nd most populous state in the U.S. (5,439,290 in 2015), demonstrating one of the fastest population growth rates in the nation, increasing by seven percent between 2010 and 2015. The MCH target population comprises forty-three percent of the total number (1,088,755 women ages 15-44, 1,426,303 children and youth ages 0-19 and an estimated 174,700 children and youth with special health care needs ages 0-17). Estimates from the American Community Survey (2013) of the U.S. Census Bureau show that 69.1 percent of Coloradans identify as White, non-Hispanic and 21 percent note Hispanic ethnicity. Other non-Hispanic groups include Black/African Americans (3.7 percent), Asian and Native Hawaiian/Pacific Islanders (2.9 percent), American Indians and Alaska Natives (0.5 percent) and people reporting another race or more than one race (2.4 percent). Colorado is home to two federally recognized tribal nations, the Ute Mountain Ute and the Southern Ute with a membership totaling 3,468.

The number of births for 2014 totaled 65,808, less than the recent high of 68,602 in 2009. While declines in the birth rate in recent years have been attributed to the economic recession, reductions in fertility among women under age 25, from 2009 through 2014, underscore the impact of the Colorado Family Planning Initiative's efforts to increase utilization of long-acting reversible contraception.

Colorado demonstrates an income advantage given that in 2013 the median household income totaled \$58,823, higher than the national median of \$52,250. Income, however, varies significantly by county with Douglas County in metro Denver demonstrating a median income more than triple that of Costilla County in the San Luis Valley close to the New Mexico border. In 2012, approximately 13 percent of the state's population noted an income below 100 percent of the federal poverty line (FPL) with another 30 percent below 200 percent FPL. Seventeen percent of Colorado's children live with families whose incomes fall below 100 percent of FPL. Colorado's population is highly educated with over one-third of adults over age 25 having a college or advanced degree; the percentage varying by race and ethnicity. Despite this fact, the percentage of youth graduating from high school remains somewhat low at 77.3 percent in 2014, an increase, however, from 72.4 in 2010.

Based on data from 2013 pre-ACA, 84 percent of Coloradans under age 65 were reported to have health insurance.

As of April 2015, 510,788 children were enrolled in Medicaid (a nine percent increase from the previous year) and another 52,120 in the Child Health Plan Plus (CHP+). Medicaid enrollment of all individuals rose to 1,221,991, up 21 percent from April 2014. Between 2013 and 2014, the uninsured population decreased from 17 to 11 percent. In 2011, Colorado Medicaid implemented an Accountable Care Collaborative (ACC) approach to support value-based care for all populations. Fifty-eight percent of Colorado Medicaid clients were enrolled in the ACC model of care as of June 2014, a 74 percent increase from the previous year.

### Colorado's MCH Program

The Colorado MCH program strives to optimize the health and well-being of the maternal and child health population by employing primary prevention and early intervention public health strategies, envisioning a state with "Healthy People, Healthy Families and Thriving Communities." The majority of Colorado's efforts to improve MCH are focused at the public health and systems level of the pyramid, with the exception of enabling services provided to the Children and Youth with Special Health Care Needs (CYSHCN) population.

Both the MCH and CYSHCN components are housed in the Prevention Services Division (PSD) of the Colorado Department of Public Health and Environment (CDPHE). CDPHE is one of 19 Colorado state agencies comprising the executive branch under the direction of Governor John Hickenlooper.

The PSD consists of seven branches:

- Children, Youth and Families (CYFB) (housing most MCH programming, including the CYSHCN Systems Integration grant and family and youth engagement, along with newborn hearing screening)
- Health Services and Connections (Title X Family Planning, Breast and Cervical Cancer Screening and School-Based Health Center programs)
- Nutrition Services (WIC and Child and Adult Care Food Programs)
- Violence/Injury Prevention and Mental Health Promotion (Injury Prevention, Child Fatality Review, Suicide Prevention, Sexual Violence and Prescription Drug and Marijuana education programming, and the CDC-funded Essentials for Childhood grant)
- Health Promotion and Chronic Disease Prevention and Fiscal and Communications.

While the newborn hearing program is located in PSD, as noted above, the newborn metabolic screening program is housed in the Laboratory Division with the statutorily mandated Critical Congenital Heart Disease (CCHD) program administered by the state's birth defects registry, in the Center for Health and Environmental Data Division. The Immunization program is located in the Disease Control and Environmental Epidemiology Division at CDPHE.

Colorado collaborates consistently with several other key state agency partners on MCH issues. The Department of Health Care Policy and Financing (HCPF) houses Colorado's Medicaid and CHP+ programs and the Prenatal Plus maternity care coordination program along with the Accountable Care Collaborative structure and the State Innovation Model project. The Colorado Department of Human Services (CDHS) includes a variety of MCH-related programming. In 2013, a new Office of Early Childhood was created at CDHS which houses the Maternal, Infant and Early Childhood Home Visiting Program (MIECHV), Early Intervention, Child Maltreatment, Race to the Top Early Childhood Leadership Grant, Project Launch, and other programs. The Children, Youth and Families Division at CDHS administers activities around the youth state plan as well as collaborating on MCH's youth systems building priority, CO 9-25. While the substance use and behavioral health treatment programs are located at CDHS, CDPHE complements these efforts with prevention programming located in the Violence/Injury Prevention and Mental Health Promotion Branch of PSD. MCH staff partners with the Colorado Department of Education's Health and Wellness and Dropout Prevention Units. Finally, Colorado receives both a federal Healthy Start and Early Childhood Systems grant, administered by two non-profit partners.

Each of Colorado's 54 local public health agencies (LPHAs) are allocated MCH block grant funding via a formula to serve the MCH and CYSHCN populations in alignment with state MCH priorities. Each LPHA is governed locally; the state has a contractual agreement for MCH service provision but no formal organizational alignment or oversight over local jurisdictions.

Colorado completed a comprehensive needs assessment process to identify priorities for the 2016-2020 MCH Block Grant cycle. The overall health of the MCH population in Colorado is relatively strong compared to relevant Healthy People (HP) 2020 targets, as indicated in the HP2020 Comparison Data table (see Appendix R at <http://goo.gl/yXNQBF>.) As described earlier, many Colorado residents are well-educated with higher socioeconomic status. However, health equity issues do exist, particularly among people of color and Coloradans with low incomes and/or lower educational attainment. Health disparities are highlighted in each of the MCH Issue Briefs reviewed as a part of the comprehensive needs assessment process.

Colorado chose the following 7 priorities for 2016-2020.

1. Women's mental health, including pregnancy-related depression
2. Reducing disparities in infant mortality among the Black/African-American population
3. Early childhood obesity prevention
4. Developmental screening and referral systems building
5. Bullying and suicide prevention utilizing a youth systems building approach
6. Medical home for children and youth with special health care needs
7. Substance use/abuse among the MCH population: prescription drugs, marijuana and tobacco

### **FY15 Progress**

Colorado completed a mid-course review in 2014 to assess progress in "moving the needle" relative to the 2010-2015 MCH priorities and associated national and state performance measures. Priorities from the following domains demonstrated progress: Women/Maternal Health (pregnancy-related depression); Perinatal/Infant Health (early childhood obesity prevention); Child Health (developmental screening); and Adolescent Health (youth systems building).

Logic models provided an important "road map" for the development of strategies for successful implementation of Colorado's chosen initiatives. Deliberate adherence to the action plan and timeline established for each priority coupled with real-time course corrections appears to be associated with progress in achieving medium-term outcomes outlined in the logic model. Achievement of these short- and medium-range outcomes should indicate a high likelihood of success in reaching terminal measures over time if the same approach is consistently employed. In addition, cohesive, quality advisory groups and partnerships positively contributed to moving the work forward. Successful priorities have also garnered additional resources or funding from other agencies/organizations based on the efficacy of their efforts. Leadership by staff who were skilled in population health and program planning, implementation and evaluation was also critical for success.

Conversely, where progress was lacking, logic models, chosen strategies, action plans, financial resources and staff capacity were re-assessed and course corrections initiated. The full mid-course review report is attached.

As noted earlier, as a result of this work, Colorado's MCH Program has launched a performance management initiative to improve the state's overall impact on the performance measures (NPMs/SPMs/NOMs). Increased performance monitoring, via collection and review of key data on a monthly basis, will identify opportunities for quality improvement to assure MCH impact.

Accomplishments and challenges are outlined below by domain for Colorado's current continuing priorities, NPMS and SPMs. Progress on priorities that are not continuing along with other NPMs/NOMs is discussed in the full application. Of note, the nationally recognized Colorado Family Planning Initiative provided more than 36,000 IUDs or implants to low-income women at 69 Title X family planning clinics across Colorado over the past seven years. Between 2009 and 2014, the rates for both teen births and abortions dropped 48 percent. During the first three years, an estimated \$79 million in Medicaid costs were averted. Supportive activities were implemented via the Youth Sexual Health/ Youth Systems Building priorities, as detailed in the application.

### **Domain: Women/Maternal Health**

#### **Pregnancy-related depression (PRD)**

**SPM 3:** *Percent of mothers reporting that a doctor, nurse, or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery.* For 2014, 78.9 percent of mothers reported that a doctor, nurse, or other health care

worker talked with them about what to do if they felt depressed during pregnancy or after delivery. (2014 target: 78 percent; target met.) Assuring consistent referral to services and treatment continues to be a challenge.

**Domain: Perinatal/Infant Health**

**Early childhood obesity prevention (ECOP)**

**NPM 11:** *The percent of mothers who breastfeed their infants at 6 months of age.*

For 2014, 55.2 percent of mothers breastfed their infants at six months of age. (2014 target: 58.0 percent; target not met). A lack of funding to fully implement a multi-sector approach to this issue is an ongoing challenge.

**Domain: Child Health**

**Early childhood obesity prevention**

**NPM 14:** *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.* The indicator for 2014 was 21.9 percent (2014 target: 21.8 percent; statistically significant one percentage point decrease from 22.9 percent (2012) to 21.9 percent).

**Developmental screening and referral systems building**

**SPM 4:** *Percent of parents asked by a health care provider to fill out a questionnaire about development, communication, or social behavior of their child ages 1 through 5.* The indicator for 2014 showed that 67.1 percent of parents were asked to fill out a developmental questionnaire. (2014 target: 56.0 percent; target met.)

**SPM 5:** *Percent of Early Intervention Colorado referrals coming from targeted screening sources*

The indicator for 2014 showed 46.3 percent of Early Intervention referrals were from primary care providers. (2014 target: 48.0 percent; target not met). With the expansion of electronic health records and increased reliance on embedded developmental screening tools, which are not standardized, referrals appear to be dropping.

**Domain: Adolescent Health**

**Youth systems building**

**SPM 10:** *The percentage of group members that invest the right amount of time in the collaborative effort to build a youth system of services & supports.* The annual indicator for 2014 was 76.0 percent (2014 target: 80.0 percent; target not met). NPMs related to bullying and suicide prevention will be utilized to evaluate progress in FY16, including youth systems building as a strategy vs outcome.

**Domain: Child and Youth with Special Health Care Needs (CYSHCN)**

**Medical home**

**NPM 3:** *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.* The annual indicator for 2014 was 43.7 percent (2014 target: 46.0 percent; data unavailable for 2014). Efforts to better coordinate care coordination for CYSHCN across systems continue. LPHA staff requires considerable technical assistance in implementing systems building and policy development interventions to advance the medical homes.

**Domain: Cross-cutting/Life Course**

None of Colorado's current MCH priorities/NPMs/ SPMs address this domain