HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

COLORADO

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 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
Rachel Hutson Children, Youth and Families Branch Chief rachel.hutson@state.co.us (303) 692-2365	Jennie Munthali CYSHCN Section Manager jennie.munthali@state.co.us (303) 692-2435	Lisa Franklin Family Leader lfranklinp2p@abilityconnectioncolorado.org (303) 204-0337

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	$7,403,844
State MCH Funds	$5,552,883
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

FY 2018 Expenditures

Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$1,478,828	$4,584,079
Public Health Services and Systems	$5,925,016	$968,804

FY 2018 Expenditures Federal

FY 2018 Expenditures Non-Federal

Percentage Served by Title V

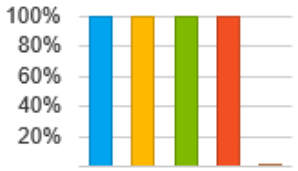
Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	$977,992
Infants < 1 Year	100.0%	$987,030
Children 1 through 21 Years	100.0%	$6,462,422
CSHCN (Subset of all Children)	100.0%	$3,725,551
Others *	1.0%	$107,069

*Others– Women and men, over age 21.

FY 2018 Expenditures

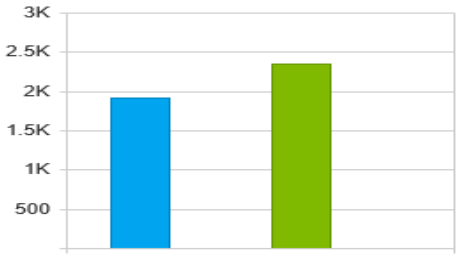
Total: $12,260,064

FY 2018 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,913
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	2,348
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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	Adolescent Health
NPM 8	Physical Activity	Child Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Women/Maternal Health, Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 2	Low-Risk Cesarean Delivery	ESM 2.2	Number of Colorado birthing hospitals with NTSV c-section rates exceeding the HP 2020 and Colorado-specific target of 23.9% implementing at least one strategy from the CMQCC toolkit
NPM 4	Breastfeeding	ESM 4.1	Number of delivering hospitals in Colorado that are certified as Baby-Friendly
NPM 6	Developmental Screening	ESM 6.1	Number of LPHAs, community and/or health care partners in Colorado that have implemented ABCD quality standards that support early childhood screening, referral and treatment services for developmental needs
NPM 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.2	Number of schools through collaborative state funding implementing Sources of Strength
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.2	Number of licensed child care facilities (centers and preschools) assessed for a Level 3-5 that attained the Colorado Shines activity point
NPM 9	Bullying	ESM 9.3	Number of schools through collaborative state funding implementing Sources of Strength
NPM 11	Medical Home	ESM 11.2	Number of practices offering pediatric behavioral health services through telehealth/teleconsultation
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Percent of women who report that a doctor, nurse, or other health care worker talked with them about how smoking during pregnancy could affect their baby
NPM 14.1	Smoking Pregnancy	ESM 14.1.2	Percent of women who report that a doctor, nurse, or other health care worker advised them during pregnancy and postpartum about the harms of their child's exposure to secondhand smoke
NPM 14.2	Smoking Household	ESM 14.2.1	Percent of children whose parents report that their child's' health care provider talked to them about their child's exposure to secondhand smoke

State Performance Measures

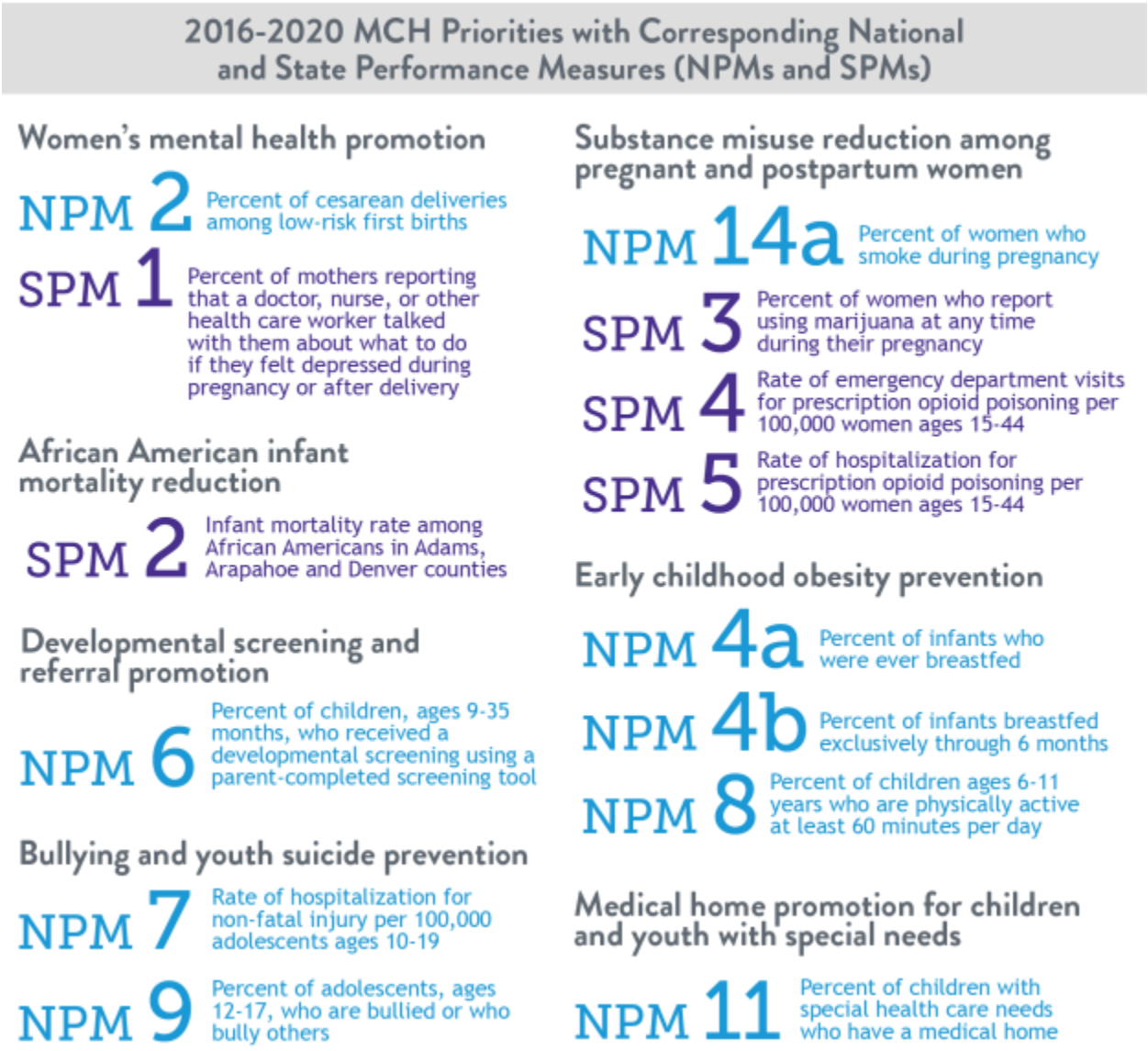
SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of mothers that report a doctor, nurse or other health care worker talked with them about what to do if they felt depressed during pregnancy or after delivery	Women/Maternal Health
SPM 2	Infant mortality rate among African Americans in Denver, Adams and Arapahoe counties	Perinatal/Infant Health
SPM 3	Percent of women who report using marijuana at any time during their pregnancy	Women/Maternal Health
SPM 4	Rate of prescription opioid-related emergency department visits per 100,000 females ages 15-44 in Colorado	Women/Maternal Health
SPM 5	Rate of prescription opioid-related hospitalizations per 100,000 females ages 15-44 in Colorado	Women/Maternal Health

Executive Summary

Program Overview

Colorado's MCH Program
Colorado's MCH program is housed in the Colorado Department of Public Health and Environment (CDPHE), which is one of 19 Colorado state agencies comprising the executive branch under the direction of Governor Jared Polis.

Colorado's MCH program 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 based impact on Colorado's statewide MCH priorities. The 2016-2020 priorities were selected based on issues identified through the comprehensive MCH statewide needs assessment process conducted in 2015. National and/or state performance measures serve as long-term goals for each priority.



MCH Priority Implementation
Interim progress toward the performance measures is tracked through quarterly performance management reporting. 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. The logic models and action plans, used to guide Colorado's state and local MCH work, are based on best and promising practices. 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 health equity, community engagement, performance management, quality improvement and evaluation. A summary of progress for each MCH priority is included below.

Women's Mental Health Promotion

Low Risk Cesarean Reduction
Research suggests that some women are at increased risk for postnatal depression following a Cesarean. In 2017, an analysis of low-risk first birth cesarean rates among Colorado birthing hospitals was completed in partnership with the Colorado Perinatal Care Quality Collaborative. National data were also analyzed to determine a Colorado-specific target rate of 22-24%. Based on this work, 19 of Colorado's 56 birthing hospitals were identified as having a high rate of low-risk first birth cesareans and were invited to participate in a quality improvement initiative to implement evidence-based strategies from the California Maternal Quality Care Collaborative toolkit. To date, six hospitals are participating; three of the six with rates ≥23.9%. In its first year, the initiative achieved a 9% reduction in the low risk first birth cesarean rate in the six pilot hospitals compared to baseline.

Pregnancy-Related Depression Screening and Referral Promotion
Depression is the most common complication of pregnancy, affecting nearly one in ten Colorado mothers. The pregnant and postpartum period is a critical time to identify and address maternal mental health concerns, for both mother and child. However, even when women are screened and referred for treatment, many women do not seek out needed mental health treatment. Research suggests that stigma associated with mental health is a primary reason women do not seek treatment. To improve the awareness and knowledge of pregnancy-related depression among pregnant and postpartum women, as well as improve women's perceptions and attitudes toward seeking help, Colorado's MCH program developed a statewide public awareness campaign. The campaign, developed in English and subsequently transcreated into Spanish, encourages women and their support networks to seek help via the Colorado-specific landing page of Postpartum Support International's website. The campaign has resulted in over 117,000 webpage views since inception. MCH also staffs and provides infrastructure for the state's Maternal Mortality Review Committee. The first report on maternal mortality in Colorado was published in October 2017, analyzing 145 maternal deaths from 2008 to 2013, which showed that deaths due to behavioral health conditions have been increasing. To have more robust information available on maternal overdose deaths, the Maternal Mortality Review data is now linked with Colorado Prescription Drug Monitoring Program Data. During the 2019 session, Colorado passed legislation which will provide state funding that will be leveraged with MCH dollars to enhance maternal mortality review and prevention efforts.

Substance Misuse Reduction Among Pregnant and Postpartum Women

Tobacco
The percent of women who report smoking during pregnancy has been steadily dropping from 8.4% in 2009 to 6.1% in 2017. Colorado MCH funds the CDPHE Tobacco Prevention Program to support smoking cessation and promotion of smoke-free environments. Implementation strategies focus on the Colorado Quitline, provider education, and the BABY and ME Tobacco Free™ program, with sites in every county of the state. A large scale evaluation found that the program was associated with lower risk of preterm birth and neonatal intensive care unit admission compared to reference populations. This corresponds to a return on investment of between $2.79 and $7.73 for each dollar spent on BABY & ME- Tobacco Free programming and an individual cost savings of between $2,182 and $6,040 for birth related medical costs.

Marijuana
The percent of women who report using marijuana at any time during their pregnancy has increased from 5.7% in 2014 to 7.2% in 2017. Colorado MCH partners with CDPHE's Marijuana Education Program to impact marijuana use amongst women of reproductive age. Since October 2017, a media campaign has been implemented to educate pregnant and breastfeeding women about the use of retail marijuana. Over the life of the campaign, there were more than 30 million media impressions via a variety of Colorado media channels throughout the state. Evaluation results from this campaign showed statistically significant increases in understanding of the health effects of marijuana on children among English-speaking women of reproductive age in the survey sample. Eighty-eight percent of women of reproductive age reported a perceived risk from using marijuana during breastfeeding. In August 2018, CDPHE launched a new marijuana education campaign that focuses on young moms, ages 15-19, which is the population that reported the lowest perception of risk of daily or near daily use of marijuana during pregnancy. Since July 2018 the campaign has garnered more than 7 million paid media impressions.

Opioid
While the rate of emergency department visits for prescription opioid poisoning per 100,00 women ages 15-44 rose from 20.6 in 2016 to 25.7 in 2017, the rate of hospitalizations has gone down slightly from 13.3 in 2016 to 12.7 in 2017. In order to impact this issue, MCH and the Opioid Overdose Prevention Program collaborate with state and local members of the Colorado Consortium for Prescription Drug Abuse Prevention, housed at the University of Colorado Denver School of Pharmacy. Public awareness, safe disposal, provider education, and public health surveillance strategies are being implemented to address this priority.

Reduction of Infant Mortality among the African American Population

The majority of MCH-funded infant mortality prevention work in Colorado is implemented by Denver Public Health and Tri-County Health Department, as the the agencies that serve the three counties with both the highest rates of African American residents and the highest rates of African American infant mortality in the state. The aggregated infant mortality rate in Denver, Adams and Arapahoe counties has been steadily declining from 12.3 in 2014 to 8.2 in 2017. Epidemiologists from both local public health agencies recently completed an analysis of African American infant mortality and the change in rates over time in these counties. This project included a geographic analysis showing that African American births are shifting from Denver into Aurora, which may be a contributing factor to the decrease in African American infant mortality rates in Denver and increases in Adams and Arapahoe counties. Efforts to address infant mortality have focused on the promotion of Colorado's Preterm Birth Reduction Strategies, such as a 17P consumer-oriented campaign to increase awareness of the risks of prematurity, and the effective use of 17P as a preventive treatment among women of reproductive age in the Denver metro area. Strategies have also included the advancement of family-friendly employment policies, including paid family leave.

Early Childhood Obesity Prevention

Breastfeeding Promotion

Breastfeeding initiation rates in Colorado remain at an all-time high of 90.9% in 2015. Much of this positive trend is attributed to the increase in hospitals achieving the Baby-Friendly designation. According to 2016 birth certificate data, breastfeeding initiation rates amongst Baby-Friendly hospitals in Colorado was 94.1% vs 90.7% in other hospitals. In 2018, approximately 43% of all live births in Colorado occurred at one of the 16 Baby-Friendly designated hospitals. To recruit and retain hospitals as Baby-Friendly, MCH-funded staff coordinate the statewide Baby-Friendly Collaborative. Members of the Collaborative share strategies for how to engage hospital leadership in Baby-Friendly, educate about the Hospital Quality Incentive Payment Program within Colorado Medicaid and use incentives to implement changes that advance their hospital towards Baby-Friendly designation. Rates of exclusive breastfeeding through six months of age continue to be significantly lower than initiation rates. They have also been quite variable, with a low of 21.2% in 2010, a high of 30.3% in 2012, and the most recent rate of 22.4% in 2015. To support continued breastfeeding, MCH-funded staff, in partnership with the Breastfeeding in Child Care Advisory Committee and the Colorado Department of Human Services, developed an interactive online training module for child care professionals to align with the recently developed Breastfeeding in Child Care Toolkits. These tools were created to address knowledge gaps and to positively influence the behaviors, attitudes and practices of child care providers to support breastfeeding.

Physical Activity Promotion

Development of basic motor skills of children in early learning settings is linked to later levels of physical activity. To set the trajectory for healthy weight in school age children, MCH-funded staff promote policies, systems and environments that early learning settings, primary care, public health providers, community partners, parents and caregivers can implement to support young children in establishing healthy habits in both home and early learning environments. MCH-funded staff work with child care facilities to support attainment of an activity point on their child care quality rating assessment. Data from the Colorado Department of Human Services indicates that the number of facilities that receive the rating point for physical activity has increased since 2015. In December 2015, 41 of 142 facilities (28.9%) that had a quality rating assessment received the point; in December 2016, 172 of 407 (42.2%); and in December 2017, 276 of 667 (41.4%), indicating a positive trend in facilities implementing the recommended and best practices for physical activity in child care facilities.

Developmental Screening and Referral Promotion

While screening rates in Colorado are among the top three in the United States and are higher than the national average (49.9% v. 31.1%, respectively), early intervention data show that in 2016, 3.14% of Colorado children ages 0-3 received early intervention services through Part C of the Individuals with Disabilities Education Act, which was similar to the national average. Together, these data demonstrate potential missed opportunities for early intervention services. An MCH-supported interagency council was created to address policy barriers, with a current focus on overcoming data gaps in the process from screening to the delivery of services. In addition, local public health agencies are working with their partners to strengthen community-based screening and referral processes. To date, over 90 partners have implemented quality standards that support early childhood screening, referral and treatment services for developmental needs.

Bullying and Youth Suicide Prevention

According to research, different types of violence are interconnected and often share the same root causes and an effective strategy to prevent multiple forms of violence is to use a shared risk and protective factor approach. This recognizes the overlapping causes of violence, as well as the factors that protect against the experience of violence. Strategies funded by MCH to prevent bullying and youth suicide include building school connectedness, community connectedness, and economic stability for youth. Current local efforts to support this priority are focused on implementation of Sources of Strength, a best practice bullying and suicide prevention curriculum. To date, 77 schools statewide are implementing Sources of Strength.

Medical Home Promotion for Children and Youth with Special Health Care Needs

Having a medical home is fundamental to delivering high-quality and cost-effective health care. In 2017, 46.2% percent of Colorado children and youth with special needs have a medical home, which was slightly lower than 51% of children and youth without special needs for this reporting year. The National Survey of Children's Health uses five components to assess whether a child/youth has a medical home: (1) has a personal doctor or nurse, (2) has a usual source of sick care, (3) receives family centered care, (4) has no problems getting needed referrals and (5) receives effective care coordination when needed.

How Federal Title V Funds Support State MCH Efforts

Colorado MCH leverages a wide range of partnerships to implement strategies that impact national and state performance measures associated with the state's MCH priorities. Each year, Colorado receives approximately $7.4 million through the federal Title V block grant and designates $5.6 million in state general funds for the maintenance of effort and match requirements. Colorado's MCH federal block grant funds and the state dollars 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 (see Section V. Supporting Document - 1). In addition, MCH funds are allocated via funding formula to the state's 54 local public health agencies to support MCH implementation efforts in their communities.

MCH Success Story

An illustration of the federal-state Title V partnership in action is through the medical home priority. To implement the strategies in the medical home action plan, Colorado's MCH program braids MCH block grant funds with state general funds to support the policy and system change strategies focused on the following three areas:

- Improved communication and collaboration across statewide programs that deliver care coordination for children and youth;
- Increased access to pediatric specialty care, including behavioral health;
- Improved access to information and resources for children and youth.

To advance communication and collaboration across programs that deliver care coordination for children and youth, the children and youth with special health care needs team partnered with local public health agencies and Medicaid's Regional Accountable Entities to facilitate the development and implementation of data sharing agreements. As a result, the percent of children and youth who were receiving MCH-funded care coordination through Colorado's network of local public health agencies were more likely to have an interagency shared plan of care, rising from 36.8% in 2016 to 90% in 2018. Shared plans of care are a nationally recognized best practice in coordinating care for children and youth with special health care needs, who typically need access to services across multiple systems and organizations.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

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.