
REGION VIII COLORADO
APPLICATION FOR
AFFORDABLE CARE ACT (ACA) MATERNAL, INFANT AND
EARLY CHILDHOOD HOME VISITING PROGRAM



Colorado Department
of Public Health
and Environment

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PROJECT NARRATIVE

A. Inventory

Available data to assess each of the indicators described in Part A of section 511 (b)(1) of the Patient Protection and Affordable Care Act (PPACA) and in the “Full Needs Assessment Guidance” section of this funding opportunity announcement include sources located at the Colorado Department of Public Health and Environment (CDPHE) and other external agencies. Data sources available at CDPHE include vital statistics (birth and death certificates), Colorado child fatality review committee data (infant deaths due to abuse and neglect), and the population-based Pregnancy Risk Assessment Monitoring System (PRAMS) data. Data sources from external agencies include child maltreatment data from the Colorado Department of Human Services (CDHS), youth and adult arrests for drugs, violence, and property damage from the Colorado Bureau of Investigation, high school dropout information from the Colorado Department of Education, and economic indicators from the United States Census Bureau.

B. Gaps

Information gaps that may be identified during the needs assessment process include: 1) data gaps, 2) program gaps, and 3) capacity gaps regarding substance abuse.

- 1) **Data Gaps:** Data for many of the population-based data sources identified in Part A are available at the county level; however, due to the rural nature of Colorado (20 of 64 counties are defined as frontier with fewer than six persons per square mile), data must be aggregated over multiple years to ensure accuracy. Even with data aggregation, it is still possible that data for some rural counties will need to be suppressed. For example, each year approximately 2,000 new mothers are surveyed as part of PRAMS. In rural counties with low birth rates there may not be enough responses to the PRAMS survey and even with data aggregation over a five-year period, data may be need to be suppressed to protect and maintain confidentiality.
- 2) **Program Gaps:** Completing the inventory of existing programs as outlined in Part B of the statute may prove to be labor intensive as the information is not currently collected in a centralized manner. Staff will need to identify a strategy for collecting information from all home visiting programs in the state, beyond those identified in the Program Narrative. Once the inventory is completed, CDPHE staff, with input from the Early Childhood Home Visiting Stakeholders Group, will work to align the population-based data from Part A with program capacity outlined in Part B.
- 3) **Capacity Gaps:** Information regarding substance abuse counseling and treatment will need to be obtained from the CDHS, Division of Behavioral Health. Assistance may be required from CDHS staff in analyzing and understanding data on substance abuse and the need for substance abuse treatment and counseling services for individuals and families. It should be noted that the availability, accuracy, comprehensiveness, and general quality of data from this source is unknown. Stakeholder input will also be solicited to inform capacity gaps.

C. Capacity

CDPHE has the capacity to locate, gather and assemble information and data required for the needs assessment. The Prevention Services Division (PSD) at CDPHE, which houses all Maternal and Child Health (MCH) related programs, created a centralized Epidemiology, Planning and Evaluation (EPE) Branch in 2007 to provide consistent data analysis, planning and evaluation services for all PSD programs. This Branch works collaboratively with the Health Statistics Section at CDPHE in compiling data for analysis. EPE recently completed the required FFY2011-2015 MCH Needs Assessment for the state, detailing pertinent quantitative data in the 2011 MCH Health Status Report.

Although EPE will provide leadership in collecting and analyzing data for the needs assessment, an interdisciplinary group of program experts from CDPHE and other state agencies will be employed to interpret and align data results with program capacity. Experts include individuals from MCH in the fields of prenatal, early childhood, and child abuse and neglect along with Behavioral Health Division staff from the CDHS. Since all required data for completing the needs assessment is not available at CDPHE, issues surrounding external data source quality and delivery may arise. Epidemiologists from the EPE will be responsible for ensuring data availability and data quality and will provide technical assistance for assessing program capacity.

D. Coordination of the Needs Assessment

The structure of the PSD at CDPHE and the established partnerships that exist both internally and externally to the division will facilitate the coordination of the needs assessment for the proposed Maternal, Infant and Early Childhood Home Visiting Program with other completed assessments. The Center for Healthy Families and Communities, one of two Centers within PSD, houses the MCH program. Scott Bates, the Director for Title II of the Child Abuse Prevention and Treatment Act (CAPTA), sits within the Center's Injury, Suicide and Violence Prevention (ISVP) unit. The Center Director, Karen Trierweiler, serves as the state's MCH Director and provides supervision for the ISVP. As noted earlier, the MCH Program has access to the services of the division's EPE Branch, who will contribute their expertise and support throughout the needs assessment and planning processes. Bearing overall responsibility for both the MCH and the early childhood home visitation needs assessments provides the CDPHE with the opportunity to ensure alignment of these two efforts.

In addition, a close working relationship currently exists between the Center's programs and the Head Start State Collaboration Director, Elizabeth Groginsky, who is housed at the Lieutenant Governor's office with the state's MCH Early Childhood Systems Specialist (ECCS). Ms. Groginsky also co-chairs the state's newly authorized Early Childhood Leadership Commission (ECLC) and works in collaboration with the MCH Director, who represents CDPHE on the Commission. Given the co-location of many key staff and the working relationships that already exist between state partners, including the state's Medicaid agency, the CDPHE does not anticipate any difficulty in ensuring coordination of the home visiting needs assessment with the assessments currently conducted by MCH, Head Start and Title II of CAPTA. (Note: The state does not typically formalize these working relationships in a Memorandum of Agreement or Letter of Commitment.)

As noted earlier, potential barriers to coordination include possible data quality issues that could result from using multiple data sources (both externally and internally) to complete the needs assessment. Examples include issues with data availability, e.g., analyzing data for different years; differences in data collection, e.g., data may not be collected in the same way at each agency which can affect validity and reliability; and data definitions, e.g., definitions for specific data components collected external to CDPHE may be unknown. The short turnaround time for completion of the needs assessment may impact the state's ability to aggregate multiple data sources into a single assessment, thus hindering the identification of communities of need.

E. Approach to Needs Assessment

a. Data Collection

Data for the needs assessment will be collected from multiple sources, as described in Part A, B, and C of the Program Narrative section. Child fatality review committee data, vital statistics, and population-based data are maintained and located at CDPHE. All external data required for the needs assessment will be obtained by the EPE Branch at CDPHE. Methods for conducting an inventory of existing early childhood home visiting programs will be developed in consultation with the Early Childhood Home Visiting Stakeholders Group.

b. Stakeholder Collaboration

Upon passage of the PPACA, Governor Bill W. Ritter, Jr., issued Executive Order 2010-006, creating the Cabinet-level Interagency Health Reform Implementation Board to provide governance, rules and regulations, and administrative infrastructure to facilitate planning and implementation of the PPACA in Colorado. Specific work groups have been developed as needed to assist in realizing the Board's mission. The Early Childhood Home Visitation Stakeholders Group was convened shortly after the creation of the Board, under the direction of the Governor's Director of Health Reform Implementation and Senior Health Policy Analyst, Lorez Meinhold, to provide direction and input for the development of the Maternal, Infant and Early Childhood Home Visiting Program.

The group includes representation from the Colorado Parent and Child Foundation, the Colorado Home Visitation Coalition, the Nurse-Family Partnership National Service Office, Invest in Kids, the CDPHE MCH Program, the Child Welfare Division at the CDHS, the Head Start State Collaboration Director and co-chair of the state's ECLC, the state's ECCS, and representatives from the state's Medicaid agency, the Rose Community Foundation and the National Conference of State Legislatures. A representative from the CDHS Office of Behavioral Health, responsible for the state's substance abuse services, will also be invited to join the group during planning for Steps 2 and 3 of the grant application process.

The state will ensure effective and efficient collaboration by utilizing the existing stakeholder group to provide input and direction for the needs assessment, particularly in determining the nature and capacity of existing early childhood home visitation programs in the state. These key stakeholders will also be asked to tap their constituencies for additional feedback and assistance in completing both the needs assessment and state plan. In addition, both CDPHE and CDHS have relationships with local public health and social service providers, representatives of which will be included in a broader stakeholder process. A series of focused meetings of the

stakeholder group, with professional facilitation, will be established once the state receives guidance for Step 2 and 3 of the application process.

In addition, needs assessment results and the proposed state plan will also be presented to the state's newly codified ECLC. The ECLC is charged with identifying and addressing barriers to the coordination and alignment of federal and state early childhood policies and procedures that impact the health and well being of this population. The ECLC will ensure and advance a comprehensive service delivery system for children birth to eight using data to improve decision-making, alignment, and coordination among federally-funded and state-funded programs targeted at young children and their families. The Department of Health and Human Services grant that supports the Commission requires a statewide needs assessment focused on early childhood supports and services. The ECLC's needs assessment will incorporate information gleaned from Step 2 of this grant application process.

c. Coordination Process

As noted earlier, the state has or will acquire access to the needs assessment data referenced in Part D of the program narrative section. The state will rely on the stakeholder group, particularly the local public health and social services provider network, to identify assessments that exist at the community level.

d. Support

As outlined in Section D, all required parties work collaboratively in a number of MCH investment areas. Given these existing relationships, the involvement of the four parties in the stakeholder process and the support indicated in the attached letters, the state does not anticipate any difficulty in ensuring support for the needs assessment component of the project.

F. Technical Assistance

The state does not anticipate any significant technical assistance needs related to the needs assessment, with the exception of some assistance in determining a methodology for defining communities of need. Technical assistance in the areas of data and information systems, quality assurance, sustainability, fiscal leveraging and evaluation would assist the state in future program implementation and management.

G. Intent to Apply

i. Administration

The state intends to apply for a grant to implement the Maternal, Infant and Early Childhood Home Visiting Program. It is likely that the Governor will designate either CDPHE or CDHS as the lead agency for the program. The Governor's senior health policy analyst, along with the Early Childhood Home Visiting Stakeholders Group, agreed to utilize the state planning process to submit a lead agency recommendation to the Interagency Health Reform Implementation Board. Upon receipt of the group's recommendation, the Board will make the final decision for inclusion in the Step 3 application.

Extensive capacity exists within CDPHE to implement, manage and evaluate the home visiting program. CDPHE has successfully administered the MCH Block Grant since its inception with federal partners consistently recognizing Colorado's MCH expertise during the grant review

process. Given the state's accomplishments, a number of CDPHE MCH staff has been invited to serve on national boards. The MCH Director, along with the director of the state's Family Leadership Initiative, serves on the Board of Directors of the Association of Maternal and Child Health Programs (AMCHP). In addition, the state's Director of Adolescent Initiatives functions as the President of the National Network of State Adolescent Health Coordinators. As noted earlier, the division's EPE Branch can provide data analysis and evaluation support for the program and any external evaluators.

The MCH Program has a history of close collaboration with key early childhood partners, in large part due to the Early Childhood Comprehensive Systems Grant and through the MCH director's appointment to the ECLC. This project provides an opportunity to further these collaborative relationships with a common goal of enhancing home visitation services and supports for young children and families throughout Colorado.

As noted earlier, the department houses Colorado's Title II CAPTA Director, who has worked closely with the MCH program in addressing issues around the prevention of child abuse and neglect. The CAPTA director has maintained an excellent working relationship with the Administration for Children and Families and CDHS, who are partners for CAPTA Title II activities. Previous collaboration with the CDHS also includes MCH involvement with the state's director of substance abuse services on the Behavioral Health Task Force. CDPHE, then, demonstrates a history of collaboration with the four key partners required to participate in the needs assessment and planning process for the program. In addition, active involvement of the stakeholders group further supports the department's capacity to administer the project.

CDPHE has also participated in an innovative partnership, over the last ten years, with the University of Colorado at Denver and its subcontractors to implement the Nurse-Family Partnership model of home visitation throughout Colorado. Another state grant program, The Tony Grampas Youth Services Program (TGYS), under the oversight of the MCH Director, provides funding for a variety of early childhood home visitation programs such as Parents as Teachers, Home Instruction for Parents of Preschool Youngsters, Family Visitor, Baby Bear Hugs and Family Advocacy, Care, Education and Support, which are described in Section G, viii. Public and private capacity already exists to support home visitation, thus facilitating efficient administration of the new federal program.

CDHS also has experience relevant to the administration of the Maternal, Infant and Early Childhood Home Visiting Program in Colorado. For years, CDHS has administered multi-million dollar grants from the Administration for Children and Families and other federal sources in collaboration with their own in-house data and evaluation team. As noted earlier, CDHS also works in concert with many local partners willing to assist with the development of the required needs assessment.

ii. Populations to Be Served

The goal of the needs assessment is to identify communities of need based on 1) the indicators proposed in the legislation and 2) program capacity to serve these identified communities, including substance abuse counseling and treatment capacity. Once communities of need are identified, input from MCH experts and the stakeholder group will be solicited to assist in the

development of a method to identify high-risk populations, as outlined in the statute. A summary of the needs assessment and the decision-making process will be available to inform the public of how these determinations were made.

iii. Model Selection

In collaboration with the stakeholder group, the state will utilize the guidance provided in the PPACA legislation along with the criteria for assessing evidence of the effectiveness of home visiting models developed by the Department of Health and Human Services in determining which models to select for implementation. The Program Assessment Rating Tool (PART), a rating rubric constructed in 2007 by the U.S. Office of Management and Budget, utilized by ACF may also provide guidance in determining the evidence base of models that would be effective in meeting identified needs. The chosen program models should address the needs of high-risk populations as identified in the state’s needs assessment process. In addition, the capacity of communities to implement the various models with fidelity, in order to assure that statutory outcomes and benchmarks are achieved, must also be considered, along with the number of families who can ultimately be served given the costs of the different interventions.

Following this analysis, recommendations will be submitted to the Interagency Health Reform Implementation Board for a final decision on the models for implementation.

iv. Assurances

The state provides assurances that:	
1	Priority will be given to serving low-income eligible families and eligible families in at-risk communities, in adherence with the completed statewide needs assessment.
2	The state will obtain and submit documentation or other appropriate evidence from the organization or entity that developed the service delivery model or models used to verify that the program is implemented and services are delivered according to the model’s specifications.
3	The state will establish procedures to ensure that the participation of each eligible family is voluntary and that services are provided to an eligible family in accordance with the individual assessment for that family.
4	The state will submit annual reports to the Secretary regarding the program and activities carried out by the program.
5	The state will participate in and cooperate with data and information collection necessary for the evaluation required under section 511(g)(2) and other research and evaluation activities carried out under section 511(h)(3).
6	The state does have one of the 17 ACF funded projects in the Evidence-Based Home Visiting cluster, and the new funds will be used to support that current grantee.

v. & vi. Consistency

CDPHE hereby agrees that the populations to be served and the service delivery model will be consistent with the completed statewide needs assessment and that the service delivery model or models will be consistent with the evidence-based criteria established pursuant to section 511(d)(3)(A) of the PPACA and forthcoming HHS guidance.

vii. Benchmarks

As noted earlier, program models for implementation will ultimately be chosen based on the likelihood that participants will be able to meet the benchmarks specified in section 511(d) (1) (A) of the Act. EPE staff, in collaboration with MCH program representatives, will determine

how to measure the chosen benchmarks in accordance with guidance provided for Step 3 of the grant application process. Once service delivery models are identified, an evidence-based evaluation tool, which aligns with existing home visitation data reporting structures, will be developed and implemented to measure participant outcomes. Participant outcome measures will be aggregated and analyzed by a third-party external evaluator to assess whether each funded program model has been successful at meeting the three-year benchmarks outlined in section 511(d)(1A) of the Act.

viii. Other Existing State Programs

Colorado has a rich history of early childhood home visiting programming and has had an active cross-program collaborative for over twenty years. The Colorado Home Visitation Coalition currently includes seven participating models representing 76 individual programs. Three models: Home Instruction for Parents of Preschool Youngsters (HIPPY), Parents as Teachers (PAT), and the Nurse Family Partnership (NFP), are evidence-based national models with nearly statewide reach. The remaining program models are unique to Colorado and include Colorado Bright Beginnings, which is statewide, and Baby Bear Hugs, Family Visitor Programs and Family Advocacy, Care, Education and Support (FACES), which serve specific geographic regions. Additional home visiting efforts, including Early Head Start and Head Start, will be identified during the needs assessment process.

In total, the Coalition's programs currently reach over 20,000 children across sixty-four counties in Colorado. Only the NFP has a designated line item of funding in the Colorado State budget. The other models are funded through a variety of government and foundation grants; many programs operate with multiple (5-15) fluctuating funding sources.

The Coalition has categorized Colorado's home visiting models as utilizing a promotion, prevention or intervention approach based on the nature, intensity and target population served.

Promotion

Colorado Bright Beginning, which began in 1995, provides families with one program visit for each of their child's first three years of life. There are 14 regional affiliates in all 64 Colorado counties serving 17,000 children annually.

Prevention

The Nurse Family Partnership (NFP) is an evidence-based nurse home visitation program for first-time, low-income mothers from pregnancy through the child's second birthday that has served over 11,700 mothers in 52 of Colorado's 64 counties since 2000. Approximately 2,600 families are served annually. NFP services have shown to help improve financial self-sufficiency, strengthen communities and improve family life course.

Home Instruction for Parents of Preschool Youngsters (HIPPY) is an evidence-based parent involvement and school readiness program that helps parents prepare their three, four, and five-year old children for success in school and beyond. Parents receive weekly home visits over the course of a typical school year with family participation in monthly group meetings. There are currently 6 HIPPY sites in 8 counties serving 796 children annually. HIPPY began in Colorado in 1989.

Parents as Teachers (PAT) is an evidence-based parent education and family support program that provides parents with information, support and encouragement to promote optimal early childhood development. The model includes personal home visits conducted at least monthly, monthly group meetings, annual health and developmental screenings, and a community resource and referral network. The program serves families from the prenatal period to kindergarten. There are currently 35 sites in 36 counties serving 2,689 children annually. PAT began in Colorado in 1989.

Since 1989, Baby Bear Hugs has provided support, parent education, and referral to community resources through ongoing visits that vary from weekly to monthly depending on the needs of the family. Services begin prenatally and continue through the child's 3rd birthday. There is one program serving 465 families in 9 counties.

Since 1983, Family Visitor Programs have provided home-based education, advocacy, and support services that strengthen families, foster the optimum development of children, and prevent child abuse and neglect. Services begin prenatally through age one, with extended services for teens and high-need families. There is one program serving 428 families in 3 counties.

Colorado's Early Head Start and Head Start programs successfully use a spectrum of home visitation programs including PAT, HIPPPY and NFP. Home visitors support families in connecting to health, parenting and special education services.

Intervention

Since 1974, Family Advocacy, Care, Education and Support (FACES) has worked to prevent child abuse and neglect by increasing family protective factors and minimizing risk factors for child maltreatment. Services include therapeutic counseling, parenting education, advocacy and child-focused interventions via weekly or bi-weekly visits for an average of 8 months. There is one program serving 428 families in 6 counties.

The Denver At-Home Intervention Services Initiative (DAISI), administered by the State Court Administrator's Office within Colorado's Judicial Branch, has implemented the SafeCare home visiting model to provide evidence-based home visitation services geared to the clinical and social needs of substance using, justice system-involved men and women (and their children, from birth to age 5), who may be at risk for future maltreatment and social services intervention for abuse or neglect. Funds from The Administration for Children and Families have been used to support home visitation activities, on-going project evaluation and participation in a national cross-site evaluation. During the current grant year, the project has served 40 high-risk, low-income families. In addition to implementing the SafeCare model, DAISI staff has been involved in increasing retention among clients referred to NFP programs.