

## Future Local MCH Funding Presentation and Discussion: Part II February 2012

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**COLORADO MATERNAL AND  
CHILD HEALTH (MCH) PROGRAM**  
**PREVENTION SERVICES DIVISION**



Colorado Department  
of Public Health  
and Environment

### Webinar Overview

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- Funding sources
- Reasons for changes
- Stakeholder engagement process
- New funding model components

### Webinar Overview

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- Funding model results
- Administration, Support, and Contract Expectations
  - Agencies receiving <\$50,000 annually
  - Agencies receiving >\$50,000 annually
- Ongoing efforts and next steps

### Source and Amount of MCH Funding

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MCH: Title V Federal Block Grant, MCH Bureau (MCHB) at the U.S. Health Resources and Services Administration, U.S. DHHS.

- Colorado for FY12 will receive \$7,178,335 .
- Total MCH block grant dollars to LPHAs in FY12 for prenatal, child, adolescent programs and services = \$2,117,988
- Total MCH block grant dollars to LPHAs in FY12 for HCP programs and services = \$1,393,522

### Source and Amount of HCP Funding

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HCP: Colorado State General Fund

- CDPHE will receive \$2,526,083 in FY12 for serving CSHCN
- Total HCP General Fund dollars to LPHAs in FY12 for HCP = \$1,815,262

**Total to LPHAs for FY12 for HCP = \$3,208,784**

**GRAND TOTAL to LPHAs for FY12 for MCH/HCP programs and services=\$5,326,772**

### Purpose of MCH/HCP Block Grant Funding

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- State and local MCH is accountable to MCHB at U.S. DHHS for Title V funding.
- Required by funding to address 18 national and 10 state performance measures, and 6 national outcome measures.
- State performance measures linked to nine MCH priorities and overlapping CDPHE winnable battles



### Purpose of HCP State General Fund

Colorado Revised Statute 25-1.5-101: To operate and maintain a program for children with disabilities to provide and expedite provision of health care services to children who have congenital birth defects or who are the victims of burns or trauma or children who have acquired disabilities;



### Reasons for Change

- Need to align local MCH funding with the restructuring of local public health agencies in Colorado, as a result of 2008 Public Health Act;
- Critical assessment of HCP program in 2010-11 – need to align funding with new care coordination model and local systems-building.



### Reasons for Change

- Need to align local MCH funding with:
  - Nine new MCH priorities
  - CDPHE Winnable Battles
  - Community priorities



### Stakeholder Engagement

- October webinars: 112 LPHA staff participated; 20 staff responded to the follow-up survey.
- Six regional meetings: 65 local public health staff participated representing 33 out of the 55 LPHAs in CO.



### Stakeholder Engagement

- Two LPHA workgroups (8-12 participants each) met from December/January through February to provide input regarding program operations and contract expectations.
- Many individual meetings and conversations along the way!



### New Funding Model Basics

- All 55 LPHAs will receive funding according to the same formula for MCH/HCP funding.
- MCH/HCP funding will be distributed using the funding formula of **MCH population x poverty** -- the same formula federal Maternal and Child Health Bureau uses to allocate states' MCH and HCP funding.

### New Funding Model Basics

- Agencies receive notification one year prior to implementation of funding changes.
- A three-year mitigation plan will be implemented to support agencies through the transition from **FY13 - FY16**.
- Funding for specialty clinics will be allocated to clinic host sites in addition to the funding formula.

### Results

- The same amount of funding is being allocated to LPHAs, yet distributed differently.
- 43 out of the 55 LPHAs throughout Colorado will receive an increase in MCH/HCP funding.
- 2 agencies will receive less than 2% decrease in funding. These agencies are Denver and Jefferson County who receive significant funding levels.
- 10 agencies will receive significant decreases in funding.

### Results

- HCP Regional Offices will no longer be funded for FY13. Funding being redistributed across all counties with MCH funding formula.
- State HCP nursing consultants will provide TA/consultation and training for LPHA.



### Regional Partnerships

- LPHAs are encouraged to work together regionally.
- State MCH/HCP and OPP will support regional partnerships as requested.
- Partnership examples may include service provision, shared community health assessment, or combined funding.

### Questions?



### LPHAs Receiving Less Than \$50,000 Annually

ADMINISTRATION AND CONTRACT EXPECTATIONS

### Administration

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- Administered by the Office of Planning and Partnership (OPP);
- Distributed through LPHAs' per capita contracts;
- A scope of work specific to MCH and HCP work and funding will be included in the per capita contract.

### Overlap of Contracts – July 1 – Sept. 30

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- LPHAs still accountable for FY12 HCP and MCH contracts; Will receive FY12 funding as planned through Sept. 30, 2012;
- MCH/HCP SOW will be built into per capita contract beginning July 1, but agency will begin new SOW identified in OPP contract October 1;
- New funding levels will begin October 1<sup>st</sup> and continue through June 30<sup>th</sup> (9 months of FY13 funding);



### Support

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- The state MCH/HCP Programs will partner with OPP to provide technical assistance and consultation related to MCH/HCP.
- LPHAs will receive support from OPP Nursing Consultants
- Program expertise also available from MCH state staff including HCP Nurse Consultants and the MCH Implementation Teams;
- MCH Conference to learn about state and national MCH/HCP, MCH data, and local evidence-based strategies.

### Contract Expectations Agencies Receiving \$1500-\$15,000 Annually

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- Must choose from the following options:
  - MCH priorities by implementing part or all of a state-developed local action plan related to an MCH priority;
  - HCP Model of Care Coordination with data entry in CYSHCN Data System;
  - Community health assessment process and public health improvement planning process;

### Contract Expectations Agencies Receiving \$15,001-\$50,000 Annually

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- **Required:**  
HCP Care Coordination Model including data entry into CYSHCN Data System
- In addition, agencies may choose from the following:
  - MCH priorities by implementing part or all of a state-developed local action plan related to an MCH priority;
  - Community health assessment process and public health improvement planning process;

### Questions?

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## LPHAs Receiving More Than \$50,000 Annually

### ADMINISTRATION AND CONTRACT EXPECTATIONS

## Administration and Support

- Administered by the state MCH Program in partnership with the HCP Program;
- Agencies will participate in the MCH planning, implementation and reporting process;
- Support provided by MCH Generalist Consultants;

## Support

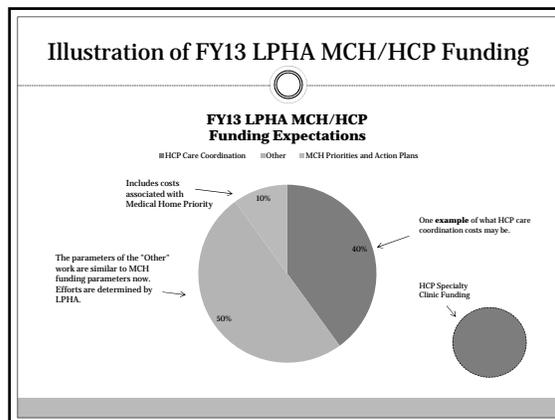
- Program expertise is also available from state staff including: HCP Nurse Consultants; the PSD Epidemiology, Planning and Evaluation Branch; and the MCH Implementation Teams.
- Will develop one-year plans (with longer term goals/obj.) for the next three years as agencies' MCH/HCP funding levels transition;
- Required to attend MCH conference on March 7, 8, and 9<sup>th</sup> to learn about local action plans, contract expectations, and much more!

## Contract Expectations

- Required to implement the HCP Care Coordination Model including data entry in the CYSHCN Data System;
- Required to implement the local action plan related to the medical home priority
- LPHAs determine percent of funding allocated to HCP care coordination and medical home priority meet these requirements.

## Contract Expectations

- Percent of total MCH/HCP funds must focus on implementing MCH-priority action plans, including the medical home priority.
- **FY13 - At least 10% of total MCH/HCP funds**
- **FY14 - At least 20% of total MCH/HCP funds**
- **FY15 and FY16 - At least 30% of total MCH/HCP**
- These percentages will be reassessed prior to the start of each fiscal year.



## Questions?



## HCP Program Updates

**SPECIALTY CLINICS AND LOCAL SYSTEMS DEVELOPMENT**



### HCP Specialty Clinics

#### **Pediatrics**

- Continued support for HCP Specialty Clinics
- Partnership with Children's Hospital Colorado and the University of Colorado School of Medicine
- Current 105 HCP specialty clinics
- Planning to meet or exceed this number of specialty clinics in FY13



#### **Orthopedics**

### Specialty Clinics

- An additional funding amount (\$125,000) outside of the MCH funding formula will be used to support regional specialty clinic host sites.
- Representatives from regional clinic host sites will participate in a LEAN event to identify consistent, efficient and effective clinic processes.



### Local Systems Development

#### **Medical Home Priority**

- HCP local systems development is included in the MCH Medical Home Priority.
- The state MCH Medical Home Priority Implementation Team has developed a local action plan to assist local agencies.
- HCP Care Coordination with individual families helps to inform assessment of local systems.

### CRCSN Notifications

- The benefit of using CRCSN notifications is being reassessed.
- LPHA received a CRCSN survey this week.
- State HCP currently has a contract for a CRCSN pilot with Family Voices. Data will be reviewed in March/April, 2012.
- Final decision by April, 2012

**Stay tuned.....**

## Conclusion

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ONGOING EFFORTS AND NEXT STEPS

## Ongoing Efforts

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- Coordination with OPP on contract administration logistics;
- Coordinate and partner with OPP to provide TA/consultation to LPHAs starting FY13;
- Specialty Clinic LEAN event
- CRSCN notification process assessment

## Next Steps

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- MCH March Conference (All LPHAs)
- MCH planning and contracting processes
- HCP Policy Advisory Committee (H-PAC) will continue to meet and help inform HCP program decisions
- The LPHA MCH work group will continue to meet as needed. (frequency TBD).

## Questions?

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## MCH QUESTIONS

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## MCH Generalists

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## HCP QUESTIONS

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## Thank You

