

Future Local MCH Funding Presentation and Discussion October 2011



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



Colorado Department
of Public Health
and Environment

Overview of Webinar



- Source and amount of MCH/HCP funding
- Purpose of MCH/HCP funding
- Current funding expectations
- Reasons for change
- Efforts to date
- Key changes
- Next Steps
- Key questions



Source and Amount of MCH Funding



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 annually.
- 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



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

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

MCH Mission & Vision



- **Vision: Healthy People, Healthy Families, Thriving Communities**
- **Mission: To optimize the health and well-being of the MCH population by employing primary prevention and early intervention public health strategies.**



HCP Vision & Mission



- **Vision: All Colorado children with special health care needs will be valued, integrated and thriving.**
- **Mission: To ensure that children with special health care needs have the opportunity to grow, learn and develop to their highest individual potential.**



Purpose of MCH/HCP Block Grant Funding



- 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



C.R.S 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;

Current Local Funding Model - MCH

- Two-tiered approach based on previous local LHA structure (organized health depts., county nursing services)
- County nursing service agencies will receive \$46,837 total to work on MCH issues in FY12 (at discretion of agency) through OPP per capita contracts.
- Health depts. will receive \$2,071,151 in formula funding for FY12;
 - Formula uses DOLA population data and ACS poverty data;
 - Formula is currently population of children/adolescents (0-18) and women of reproductive age (15-44) x poverty (<200% FPL) of the same population (double-weighted)

Current Local Funding Expectations - MCH

- Participates in intensive planning, consultation/TA/monitoring, and annual reporting processes
- Required to address one of the target populations: prenatal / child /adolescent
- Encouraged to focus on national/state perf. measures or national outcome measures
- LHA determines which population and which priorities based on needs assessment process/funding available.

Current Local Funding Expectations - MCH



- Determines type of strategy based on priorities identified, community fit, staff capacity/expertise, MCH funding levels;
- Determines cost of work;
- Strategies should be evidence-based or based on best/promising practices.
- Determines evaluation plan;

Current Local Funding Model - HCP



- Applies formula funding to all 64 counties and provides funding to 55 LPHA agencies;
- Formula based on population 0-17 and children 0-17 below 150% poverty data
 - 2000 Census Data used for formula starting in 2003
- LHD will receive \$3,025,437 for FY12 and former CNS will receive \$183,347 for FY12.
- Provides \$40,000 as a base for all regional offices (both single county regional offices and those who serve counties outside of the home county as a multi-county region).

Current Local Funding Model - HCP



- Provides \$5874 per county outside of home county for regional office responsibilities.
- Provides \$250 per specialty clinic facilitated.
- Population identified as birth-21 (all CSCHN)

Current Local Funding Expectations - HCP



- **Must implement the following services:**
 - Care coordination
 - Local systems-building
- Some counties/regions coordinate specialty clinics
- Some agencies act as a multi-county regional office



PAUSE



QUESTIONS/COMMENTS



Reasons for Change



- Need to align local MCH funding with the nine new MCH priorities as well as the overlapping CDPHE winnable battles;
- Need to align local MCH funding with the restructuring of local public health agencies in Colorado as a result of the public health act of 2008;



Reasons for Change



- Local agencies are using the public health approach to work more at the population-based level versus at the direct-service, client-based level as in years past.
- Critical assessment of HCP program in 2010-11 shows that funding levels need to be aligned with new focus areas of care coordination and systems-building.



Colorado MCH Needs Assessment



- Occurred in 2010 for 2011-2015
- Purpose to identify 7-10 specific priorities that could be measurably impacted in five years using public health strategies
- Conceptual framework
 - MCH population – Integrated CSHCN
 - Life course model
 - Social determinants of health

Needs Assessment Process



- **Phase I – Collection of quantitative/ qualitative data to identify potential MCH priorities.**
 - Expert Panel Process
 - Health Status Report
www.cdphe.state.co.us/ps/mch/healthStatus.html
- **Phase II – Stakeholder surveys.**
- **Phase III – Final prioritization, including identification of new priorities and State Performance Measures.**

MCH Priorities 2011-2015



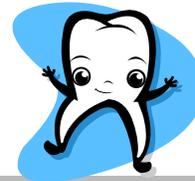
- **Promote preconception health among women and men of reproductive age with a focus on intended pregnancy and healthy weight.**
- **Promote screening, referral and support for pregnancy-related depression.**
- **Improve developmental and social emotional screening and referral rates for all children ages birth to 5.**



MCH Priorities 2011-2015



- Prevent obesity among all children ages birth to 5.
- Prevent development of dental caries in all children ages birth to 5.
- Reduce barriers to a medical home approach by facilitating collaboration between systems and families.



MCH Priorities 2011-2015



- Promote sexual health among all youth ages 15-19.
- Improve motor vehicle safety among all youth ages 15-19.
- Build a system of coordinated and integrated services, opportunities and supports for all youth ages 9-24.



MCH/HCP Priority Overlap



- Improve developmental and social emotional screening and referral rates for all children ages birth to 5.
- Reduce barriers to a medical home approach by facilitating collaboration between systems and families.
- Build a system of coordinated and integrated services, opportunities and supports for all youth ages 9-24.

Overlapping CDPHE Winnable Battles

- **Unintended pregnancy**
- **Obesity prevention**
- Oral health
- Injury prevention
- Mental Health
- Substance Abuse Prevention



Shift from Direct/Enabling Services to Population-based/Infrastructure-level services

- 1996 GPRA – Need to demonstrate effectiveness of federal funds
- Federal development of national performance and outcome measures and requirement for state performance measures.
- Nat'l, state perf. measures are population-based.
- Need to use population-based/infrastructure-level strategies to impact population-based measures.
- Promotion of the MCH pyramid at the federal level.

MCH Pyramid



Looking Back on HCP Funding Distribution



- Evolution of HCP funding over time – Documented but complicated and often times inconsistent
- 2003-04: Transition from paid services to care coordination / specialty clinic facilitation
- “Windfall” added funding to regional offices and small nursing service agencies



Looking Back on HCP Funding



- 2010: Added more funding to agency allocations
- Special requests or projects over the years
- Funding formula or allocation was last run in 2005 before HCP program had its current focus of cc and local systems-building.

PAUSE



QUESTIONS/COMMENTS



Efforts to Date



- Began work in Winter of 2011
- Researched other states' funding formulas;
- MCH work group: MCH Director, MCH Program Manager, Children and Youth Branch Director, Women's Health Unit Director, HCP Program Director, 3 MCH Generalist Consultants, OPP Staff Member



Efforts to Date



- Identified guiding principles to funding changes and defined the local MCH scope of work;
- Worked closely with the HCP program to determine how we can better align our work and funding streams;
- Developed between 6 to 8 funding scenarios to understand the results and impacts on local agencies;

Efforts to Date



- Routinely met with OPP in order to share the progress of the MCH team and to solicit their input;
- Participated in the OPP local per capita funding formula work group in order to align the MCH funding work;
- Communicated with CDPHE leadership about proposed changes and local feedback process;

Other states' MCH Block Grant Funding Approaches

- Kansas
- Texas
- Florida
- Washington
- Oregon

MCH Guiding Principles

- The CDPHE MCH Program is responsible for serving the entire MCH population of Colorado including women of reproductive age, children, youth, children and youth with special health care needs, and families.



MCH Guiding Principles



- With MCH funds, Colorado is required to address the national and state performance measures and national outcome measures. MCH Program priorities, determined by an intensive five-year needs assessment process, informed the development of the state performance measures.



MCH Guiding Principles



- The most cost effective way for local public health to serve the MCH population of Colorado and impact the national and state performance measures with limited, and most likely decreasing, funding is to employ the public health approach in developing/identifying, implementing, and evaluating primarily evidence-based population-based and infrastructure-level strategies/programs.

MCH Guiding Principles



- Local health agency professionals trained in the public health approach will be the most effective in doing population-based MCH work.
- With appropriately trained staff, local public health agencies are poised to serve the MCH population due to their expertise and relationships in local communities, capacity in public health practice, and ongoing partnership with state MCH.

Guiding Principles



- MCH Program utilizes the life course model, social determinants of health, and health equity principles as guiding frameworks to inform state and local policies and programs.
- Agencies will define their scope of work to correspond with their funding level. Agencies will not be asked to do the same amount of work for more or less funds.

Guiding Principles



- The MCH Program is committed to a fair and consistent distribution of MCH funds across Colorado.



- Agencies receiving \$50,000 or more will be expected to participate in MCH program planning, consultation, monitoring and reporting processes.

Per Capita FF Workgroup Guiding Principles



- Adopted the following for the MCH funding work in addition to MCH guiding principles:
 - Mitigate the immediate impact of any excessive change it generates
 - Be easily explained and implemented
 - Foster shared services and regional approaches

Hypothetical Funding Formula Approaches



- Population thresholds – Too arbitrary, dramatic swings in funding levels for many agencies;
- Straight population formula – Dramatic swings and doesn't reflect guiding frameworks such as SDOH;
- Population x poverty – Simple, aligned with fed. formula and program philosophy, minimal swings in funding levels for most agencies, aligns with SDOH;

Hypothetical Funding Formula Approaches

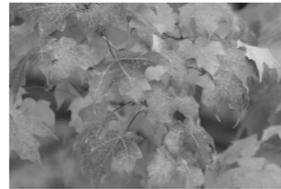


- Population x poverty (2x) – Current approach, simple, stable funding but reflective of direct health care service delivery;
- Population x poverty x % English language learners (SDOH) – Complex, reflects SDOH, moderate impact on funding levels;

Change #1



- **Currently LPHAs receive two separate MCH allocations in one contract: one for serving the child, adolescent and prenatal population and one for the children with special health care needs population.**
- **Moving forward, agencies will receive one allocation for MCH services.**



Change #1



- **Rationale: The nine new MCH priorities integrates the children with special health care needs population with the other child and adolescent populations. Priorities cross population-groups.**
- **Providing one amount to local health agencies will give agencies more flexibility to determine how to best address the entire MCH population in their community and make the greatest impact on the MCH priorities and overlapping CDPHE winnable battles.**

Change #2



- The MCH funding formula will be applied consistently to all 55 local public health agencies throughout Colorado.
- Rationale: With the restructure of LPHAs, applying the funds across all 55 agencies creates a more equitable distribution that is reflective of the current public health infrastructure in the state.
- Working together regionally is encouraged.

Change #3



- The MCH funding formula will be revised to remove the double weight of poverty.
- This formula will now align with the federal block grant funding formula (MCH population x poverty);

Change #3



- **Rationale:** The double weight on poverty historically employed when funding was used for direct services.
- When compared with other hypothetical funding formulas, this slightly revised formula has the least amount of impact on agencies' future funding levels.

PAUSE



QUESTIONS/COMMENTS



Key Questions for Local Partners



- What should the expectations and scope of work be for agencies receiving below \$20,000 and for those receiving between \$20,000-\$50,000 (MCH priorities, LPHA community health assessment and planning, regional work, etc)?
- How do agencies think these smaller dollars amounts should be administered (annually, through a formula versus through a combined, competitive pot; through MCH or OPP, etc.?)
- For agencies receiving over \$50,000, many questions exist related to program requirements and operations.

Next Steps



- Follow up survey to solicit comments/feedback on 3 key changes.
- Presenting at CALPHO on Oct. 21st to solicit comments/feedback.
- November: Regional discussion sessions –
Will present future funding levels to consider and will solicit feedback on key questions;



Next Steps Continued



- **December – February: LPHA work group to inform state staff on MCH programmatic issues – Taking changes from concept to reality;**
- **December – An additional HPAC meeting will be held to discuss changes;**



Anticipated Benefits to Local Partners



Our thoughts:

- **More flexibility in using funds across MCH program areas.**
- **Equitable allocation of MCH funds across the state.**
- **Correction of HCP funding levels.**

Anticipated Benefits to Local Partners



Your thoughts?

Anticipated Challenges for Local Agencies



Our thoughts:

- There are many more questions than answers at this point which we need your help to define. This is a messy process which can be difficult for future planning.
- Funding levels will change for most agencies which will impact the staffing and scope (what it is and how much of it you can do) of MCH work.

Anticipated Challenges for Local Agencies



Your thoughts?

QUESTIONS / CONCERNS



PLEASE CONTACT US!
We want to hear from you!



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QUESTIONS / CONCERNS



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