

Excerpt



Colorado Help Me Grow Leadership Team

Colorado's Help Me Grow Project Leadership has been provided by:

- Assuring Better Child Health and Development Project – Eileen Bennett, State Project Coordinator
- Early Childhood Comprehensive Systems Grant/Colorado Lt. Governor's Office – Jodi Hardin, Director Early Childhood Systems Initiatives
- The Colorado Department of Health Care Policy and Financing – Gina Robinson, Program Administrator

Colorado Help Me Grow Core Team

Leadership Team members invited a group of stakeholders to be involved in developing a Help Me Grow Colorado project. Colorado's Help Me Grow Core Team is comprised of over 20 interagency partners who have administrative responsibility for the various resource, referral, and linkage mechanisms already in place to provide services and supports to children throughout the state.

The HMG Core Team met with the national replication team in the fall of 2009 to develop an understanding of the successes and structures in Connecticut as well as to begin to understand the related existing structures in Colorado. Meetings have continued through summer 2011.

The list of "Core Team" members has evolved over time to include interested and committed community members representing state agencies such as:

- Colorado Department of Education
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Human Services, Division for Developmental Disabilities
- Colorado Department of Public Health and Environment, Preventive Services Division

Private agencies represented on the Core Team include:

- Colorado 211 (Mile High United Way and United Way of Larimer County)
- Colorado Children's Campaign
- Colorado Children's Healthcare Access Program
- CREA Results
- Denver Health/Westside Family Health Center
- Early Childhood Councils Leadership Alliance
- Families First
- Family Resource Center Association
- Family Voices Colorado
- Kaiser Permanente Colorado
- MAXIMUS, Health Colorado, Family Health Line
- Qualistar Colorado
- University of Colorado Denver, JFK Partners
- University of Colorado Denver, School of Medicine

The project was presented to the Early Childhood Leadership Commission on June 27, 2011.

Colorado Needs Assessment Data

State and community stakeholders across Colorado embrace the overarching and unifying vision within the *Early Childhood Colorado Framework* to promote cross-sector efforts to ensure that

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Colorado's roughly 700,000 children from zero to nine are valued, healthy, and thriving.² As interagency partners begin to strategize how to address a key outcome within the *Framework* – “Increased availability and family use of high quality parenting/child development information, services and supports” – they recognized that Colorado had many resources and networks in place to identify and assist with connecting young children and their families to supports and services, but had not yet integrated them into a coordinated and effective system. The opportunity to participate in the HMG Replication Project provides the platform for interagency partners to identify new opportunities for integration and efficiencies.

Many children in Colorado are either at risk for poverty, abuse or neglect or have other critical needs. As reported by the annual social and economic supplement of the 2010 Current Population Survey calculated from the 2009 American community Survey in Colorado, 36% of children live in low-income families (compared to 42% nationally), defined as income below 200% of the federal poverty level. Of these children, 23% are white, 53% are black, and 63% are Hispanic.³

Approximately 26,000 Colorado children receive federal assistance through the Temporary Aid to Needy Families program, while 202,000 participate in the free and reduced lunch program. Roughly 12,000 children are abused and/or neglected and almost 8,000 are in the foster care system.⁴

Having health insurance, a medical home, or consistent early learning or educational services does not guarantee access to all needed supports and services; 25% of all children in Colorado who have access to medical care still find it difficult to get a referral to the services they need as reported by the National Survey of Children Health in 2007. Even if children are identified as having a need, many find it difficult to obtain the services and supports they need. This is true whether or not the child has a special health care need. When asked if children with special health care needs have any unmet needs, 12.5% had one unmet need for physical medical services and 7.5% had delayed or not received care for medical, dental or mental health or other services in the past 12 months.

National surveys show that 12.5% of Colorado's children have special health care needs.⁵ This equates to approximately 150,000 children at increased risk for a chronic physical, development, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children the same age. Once a need is identified it is important to connect that child and family to the services they need; 37.8% of children in Colorado two to 17 years of age have two or more emotional, behavioral, or developmental conditions (ADD/ADHD, anxiety, depression, ODD/conduct disorder, autism spectrum disorders, developmental delay, and Tourette Syndrome).⁶

² <http://dola.colorado.gov/dlg/demog/2010censusdata.html>, accessed August 14, 2011.

³ (http://www.nccp.org/profiles/CO_profile_6.html), accessed August 14, 2011.

⁴ Compiled from the most up-to-date data available as of January 2011. www.childrendefense.org/cits, accessed August 14, 2011.

⁵ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

⁶ <http://www.nschdata.org/Content/Default.aspx>, accessed August 14, 2011.

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CO HMG Data Collection

A survey was conducted in August 2009 to determine characteristics of existing call centers in Colorado that aim to help families or health care providers get information around children's health and/or development. Nine call centers were originally identified and two others were added later for individual interviews, for a total of eleven call centers identified in the state (there are likely others). A wide range of organizations and agencies including private companies, non-profit organizations, state and local jurisdiction and national organizations operate the call centers in Colorado.

In Colorado, the existing call centers provide information and referrals to families, children with or without special health care needs, health care providers, child care providers, those who need health insurance, women and case workers. Depending on the call centers the following issues are addressed:

- Information about parent resources (listserv, other organizations, mentors)
- Educational support services
- Monetary support services
- Health insurance options
- Community resources for specific diseases or issues (mental health, behavioral health, dental health)
- Training for families
- Providers currently taking Medicaid
- Child care

Most of the call centers provide information in English and Spanish, and several use language line services to provide any needed language. For most call centers, calls are taken during regular business hours and if received outside of regular business hours the call is returned. Resources and information provided to callers are documented through internal office processes and mostly rely on the knowledge and expertise of the person answering the phone. Internal documentation of community resources is updated regularly, but the lag time could be anywhere between weekly and annually.

All call centers provide services at the state level even if they have regional or county offices. While federal or state law mandates the provision of specific services or programs to serve specific populations for two of the agencies/organizations, there isn't anything that specifies these goals have to be achieved through a call center; thus there is flexibility in meeting these needs.

Funding includes both sustainable and non-sustainable sources.

Colorado Help Me Grow Progress to Date

Core Team meetings resulted in the following conclusions:

- **March 15, 2009** – Core Team agreed to incorporate families, providers and programs into the Help Me Grow foundation.

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- **October 15, 2010** – The Core Team agreed to develop a proposal to build Help Me Grow Colorado, including an action plan or operational definition. Also agreed that Help Me Grow wouldn't be limited to a "call center" – but could include statewide resources, referral and outreach systems through networks, alliances and collaboratives.
- **March 24, 2011** – Core Team refined mission/vision and discussed current resource map of services while reviewing a potential future state that would benefit Colorado families.
- **April 25, 2011** – The Core Team agreed to propose a program to serve all children under 21, including prenatal. They determined that the two most important things that must happen for success include having all partners at the table and respecting the characteristics, standards, and services of each individual agency.
- **June 6, 2011** – Core Team discussed specific language for a proposal to state officials to support HMG CO, and determined that the recommendation should include current needs assessment and technical assessment data. The proposal should also request support for a dedicated project manager to systematically move the project towards implementation, complete a full business systems and cost analysis, develop a long-term technology plan and develop a multi-year, sustainable budget.
- **August 24, 2011** – Core Team discussed refinement/acceptance of recommendation.

Meeting minutes are included as Attachment C.

Colorado Help Me Grow Mission and Vision

The Core Team spent several months articulating the following vision and mission statements:

Vision
All Colorado families can quickly and easily connect to resources that best meet their child's health, educational and developmental needs.

Mission
Help Me Grow will create an integrated identification, resource, and referral system for families, providers, and programs that will:

- *Support access to health, educational and developmental resources*
- *Improve efficiencies*
- *Leverage existing resources*
- *Identify and address gaps for a coordinated system*

Current Children's Resources in Colorado (Resource Map)

The organizations listed in Table 1 represent the wide variety of organizations in Colorado that provide part of the assistance that is currently available.

Table 1: Existing Colorado Children’s Resources Call Center

Contact Center Name	Serving	Logistics
Colorado 2-1-1	Families Health care providers All	Statewide (6 centers in CO) English, Spanish, any Available 24/7
Department of Health Care Policy and Financing Customer Service	Clients People who need insurance	Statewide English, Spanish, any (language line available) Normal business hours
Early Intervention Colorado Division for Developmental Disabilities, CDHS	Children birth through two years of age who have special developmental needs and their families	Statewide English, Spanish Normal business hours
Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)	Medicaid enrolled children ages 20 and under and all pregnant women	Statewide English, Spanish Normal business hours
Families First – Family Support Line and Consejos Para Familias	Families Professionals Public	Statewide English, Spanish 10 to 10 daily
Family Health Line Colorado Department of Public Health and Environment	Families Children up to 18 Women	Statewide English, Spanish Normal business hours
Family Resource Center Association	Low income families	Local (23 in CO) English, Spanish, other based on need Normal business hours
Health Care Program for Children with Special Needs Colorado Department of Public Health and Environment	Children birth to 21	Statewide English, Spanish Normal business hours
Parent to Parent of Colorado	Families	Statewide Toll-free English Available to leave message 24/7 3 part time staff
Provider Resource Helpline CCHAP and Family Voices	Health care providers	Statewide Toll-free English, Spanish, any Normal business hours
Qualistar Colorado Child Care Resource and Referral	Families looking for childcare	Statewide Toll-free English Normal business hours

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Recommendation

The Colorado Help Me Grow Core Team respectfully recommends that Help Me Grow be implemented in Colorado. Key to the success of this initiative is identifying a home for project management and development that is considered neutral and exemplifies interagency collaboration. The newly recommended CDHS structure complete with its Office of Early Childhood, to be advised by a governor-appointed public-private advisory board, will fulfill these requirements. While the department is under consideration and until its approval, concurrent critical steps include:

1) Establish a contact center

The “Contact Center” (larger scope than a “Call Center”) will accept calls, texts, emails, and tweets, and will direct families where to receive walk up service as well. Contacts will be both inbound and outbound. HMG CO will be proactive in reaching out to clients.

2) Create a single point of access (“no wrong door”)

Optimize current resources by having a single contact center for families to access for any needs relating to children’s health, development, and education will mean less confusion for the public. Although HMG CO may partner with and share separate lines through separate agencies, callers will simply be helped by the best agency for their needs, location, and demographics.

3) Provide tiers or levels of care

The HMG CO Core Team recognizes that for some clients, having access to websites or other internet information will meet their needs, and for other clients, there is a need for personal contact and care coordination -- walking clients through the process and staying with them until their needs are resolved. This will require “warm transfer” of calls to other agencies, or having a care manager or coordinator make calls on behalf of the client.

In addition, the contact protocol will ask screeners to pose questions about all of the family’s potential needs, for example, if anyone has a disability, is the parent able to drive, can they get to service, and additional barriers. HMG CO will also follow-up and track if clients received the services they called for and additional services offered.

4) Use most efficient technology infrastructure

Based on an initial meeting with a technology provider, it is clear that the HMG CO staff does not have to be co-located and can, in fact, be in individual offices in various geographical areas of Colorado. Beyond this basic understanding of technology solutions, Help Me Grow Colorado clearly needs a contractor with telephony and web expertise to map out the next steps toward implementation that will create the best long-term solution for the state. We assume this solution will include Interactive Voice Response (IVR) to allow initial routing of calls and an internet-based referral database

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for both case coordinator and public use. Such databases are currently in use or under development by several HMG CO partners, including the National Technical Assistance Team. A showcase of these databases was held on August 15, 2011. Meeting notes are included as Attachment D. This information will be a starting point for the Precentralization Current State Assessment described under “Next Steps.”

5) Utilize regional experts

While HMG CO intends to create a statewide referral database and contact center, the intention is that it will be used by regional experts as well as Denver-based staff. Because the database will be internet-based, local EPSDT or other staff can access it to assist families with finding resources. At the same time, callers from remote areas of the state can receive assistance even if there is no local expert. Local experts will be critical in keeping local resources up to date in the database.

Resources Needed

State agencies that have existing budgets to support children’s contact centers should provide resource supports, including fiscal where able, in addition to private funding to finalize the planning for Help Me Grow and see it become a sustainable service. These agencies should determine minimum standards for a Help Me Grow Colorado Contact Center and contract with one of Colorado’s HMG partners to provide contact center functions.

Initially, however, Colorado’s HMG Core Team requests start up costs to cover an additional year of planning:

- 1) Funding for a project manager - \$60,000 per year plus benefits for a total of \$75,000
 - 2) Funding for technology consultation - \$50,000
 - 3) Funding for cost analysis - \$25,000
 - 4) Administrative costs - \$10,000
- Total: \$160,000

To date, funds have already been committed by at least one state agency.

The total request to move from conceptualization to having an implementation plan for HMG CO is \$160,000, through June 2012.

For the long term, annual budgets from Connecticut and other replication states range from \$421,081 (South Carolina 2012) to \$754,171 (Connecticut FY 2010) and \$755,406 (Orange County FY 2010). Populations for these states are provided as a comparison to Colorado’s 2010 population of 5,029,196.

Detailed budgets for HMG replication states are included as Attachment E.

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Table 2 – HMG State Budgets

<i>State</i>	<i>Connecticut</i>	<i>South Carolina</i>	<i>Utah</i>	<i>Orange County, Calif</i>
Population 2010	3,574,097	4,625,364	2,763,885	3,010,232
Year	<u>SFY 2010</u>	<u>2012</u>	<u>2012</u>	<u>SFY 2011</u>
Salaries		\$281,061	\$193,450	\$478,118
Training		\$6,600	\$6,000	\$0
Media		\$14,000	\$23,900	\$22,000
Office Space		\$17,000	\$7,290	\$38,752
Other		<u>\$102,420</u>	<u>\$59,730</u>	<u>\$216,536</u>
TOTAL	\$754,170	\$421,081	\$290,370	\$755,406

Next Steps

If HMG Colorado receives approval to move forward, the next steps include:

1. Determine the agencies that wish to be considered as initial partners and create memoranda of understanding.
2. Secure a dedicated project manager.
3. Hire an expert contractor to perform a Precentralization Current State Assessment, to review the technology currently in use by existing call centers as well as tools under development by the CT National Replication team, and determine if there are existing databases upon which to build HMG CO.
 - a. Information and Referral Database
 - b. Call Tracking Database
 - c. Telephony
 - d. Website Development
4. Develop a technology integration/upgrade plan.
5. Develop a Communication Plan that identifies additional partner agencies and others who can inform the development work for Colorado Help Me Grow and then promote it after implementation.
6. Research and plan for the use of regional coordinators and other local experts.
7. Consider evaluation needs for both short term and long term performance monitoring and quality assurance.
8. Plan for a bi annual update to Colorado’s resource map to add agencies / organizations to the existing infrastructure to strengthen and broaden the scope as appropriate.

Acknowledgement

Colorado’s Help Me Grow Core Team extends its sincere appreciation to all of our colleagues at the National Replication Center and affiliated states for generously sharing information and ideas.