# State HCP Care Coordination (CC) Logic Model

State HCP provides funding and infrastructure (partnerships, collaboration, assessment, planning and evaluation) to support a medical home approach through community based care coordination services for CYSHCN. The aim of HCP Care Coordination is to assess the needs of the child/youth and his/her family, empower and support the family in meeting these needs and to improve the coordination of needed care.

## Inputs

- **Best Practices from MCHB, AMCHP and other sources**
- **State Staff**:
  - MCH
  - HCP
  - CYB
  - EPE
  - Informatics
- **Statewide Partners**:
  - Local HCP Staff
  - HCPF/ACCDHS/El Colorado
  - CDH/Child Find
  - Colorado Family Voices
  - Colorado CC Coalition
  - Communities of Practice
- **Funding**:
  - MCHB Title V Funding (Federal)
  - General Fund (State)

## Activities

- **Research and review**
  - Current care coordination literature
  - Clinical expertise
  - Programs in other states
  - Colorado CYSHCN data

- **Continuously assess**
  - Gaps between needs and existing services, and duplication of services for specific CYSHCN target population(s) in Colorado

- **Identify and monitor**
  - HCP CC contract requirements

- **Define HCP CC model, components & implementation expectations**

- **Support MCH Generalists and local HCP staff in CC implementation**

- **Provide web-based trainings on topics specific to the CYSHCN population**

- **Provide local HCP staff with in-person and web-based training on CC components and CYSHCN Data System**

- **Conduct annual analysis of CYSHCN Data System**

- **Revise and maintain CYSHCN Data System and data collection forms**

- **Develop HCP CC evaluation plan**

## Outputs

- **Identification of evidence-based practices and target populations for CC**

- **Identification of statewide systems strategies to address gaps and duplication**

- **HCP Policies & Guidelines Contract monitoring plan**

- **HCP CC training materials**

## Short-Term Outcomes

1. **Support for Local Care Coordinators**
   - Increased knowledge on the functions and responsibilities of CC
2. **Increased ability to meet contract requirements**
3. **Increased consistency of implementation of the core components of HCP Care Coordination**
   - Intake Interview
   - Assessment
   - Action Plan
   - Six-month review
   - Discharge plan

## Medium-Term Outcomes

1. **Data, Planning, and Evaluation**
   - Decision making is based on data and evidence based practice
2. **State HCP manages a data system that is user-friendly and provides reliable data for state and local planning and evaluation**
3. **Improved capacity for program evaluation**

## Long-Term Outcomes

Local HCP Offices throughout Colorado have the resources they need to provide care coordination to their CYSHCN target population(s) effectively and efficiently without gaps or duplication.