



Healthy Harbors



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Healthy Harbors Introduction and Overview



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Accountable Care Collaborative

- Healthy Harbors (HH) serves **high-risk children and families** who have been impacted by child protection concerns. Most HH clients are on Medicaid and are ACC-enrolled.
- A **partnership was formed with Larimer County Dept. of Human Services (DHS)**; DHS continues to be a primary referral source for HH.
- HH is **fully integrated** with the UCHealth 'MACC' (Medicaid Accountable Care Collaborative) program and team, which exclusively serves RCCO members who are considered high-risk, high-complexity, and/or high-utilization clients
- Healthy Harbors is **well-integrated** with primary care medical homes at:
 - Family Medicine Center (FMC, part of UCHealth, residency program)
 - Associates in Family Medicine (AFM, large independent group of providers)
 - Salud Family Health Center in Ft. Collins
 - CHMG (Colorado Health Medical Group, also part of UCHealth)



MACC & HH Common Interventions:

Connection to / establishment with a **Primary Care Medical Home (PCMH)**

Comprehensive **intake assessment** and **care plan development**

Provider communication, support, and collaboration

Chronic disease management, education, support

Medications support, education, problem solving

Reduction of inappropriate or excessive ED utilization

Behavioral health: linkage to services and direct provision of treatment

Community resource brokerage and referral

Transitional care support (ED visits, hospital admissions)

A Care Coordinator's many roles: crisis intervention; problem solving; advocacy; community-resource expert; cross-system navigator; clinician; educator; coach



Why Healthy Harbors?

Healthy Harbors care coordinators are able to provide **ongoing, intensive, community-based support** to connect high-risk children and their families or guardians to relevant appropriate resources

HH CC's act as a primary resource to families/guardians to **overcome barriers to accessing appropriate care** in the right setting, while ensuring consistent connection to a Primary Care Medical Home and compliance for well-child check standards of care

Many children enrolled in the HH program exhibit **significant behavioral issues**; hands-on linkage to behavioral health providers and treatment is critical

HH is able to **stay involved** with its pediatric clients on an ongoing basis until a child, family, or placement is deemed relatively 'stable'

What Makes Healthy Harbors Unique?



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DEFINED, TARGETED POPULATION: HH is intentionally designed to support children who have DHS involvement with the knowledge that child welfare concerns are often associated with adverse health consequences.

INTENSITY OF SERVICE: HH provides *intensive*, community-based care coordination support and engages some of the highest-risk / highest-complexity children and families in our community.

INTER-AGENCY COLLABORATION: HH works closely with key community agencies, including DHS, SummitStone, Matthew's House, and others. HH staff attend collaborative meetings at these agencies, including DHS family unity meetings.

PRIMARY CARE CLINIC INTEGRATION: HH staff are employed by and housed under UHealth, with full integration at UHealth clinics (FMC, CHMG) and non-UHealth clinics (AFM, Salud). Integration includes access to electronic medical records systems, badges, internal email addresses, and close working relationships with providers and behavioral health staff.

STANDARDIZED PROCESSES and INTERVENTIONS: Intake assessments, care plan development, interval case reviews, transitional care support, and documentation processes are standardized across UHealth Care Coordination programs. Internal clinical staffing resources on this team (such as an RN or LCSW) may be consulted on any case as needed.

HH Program Development and Key Components



Establishing **community partnerships** and PCMH integration is vital

Creating a diverse **Advisory Committee** for strategic planning and program oversight is highly recommended

Clinic integration may be challenging (information sharing, access to electronic medical records for other systems, etc.), but is well worth the effort

Funding is always a consideration; tracking outcomes to show program trends, benefits, and outcomes is advised

Consider developing an **educational component** within the program (i.e., residency program at FMC: what can young physicians-in-training learn from Healthy Harbors or a similar care coordination program?)

We are working with individuals and families who are often in crisis and who are sometimes distrustful of “the system” or case managers. Building relationships requires patience and persistence.

Healthy Harbors Program Evaluation

Outcomes: Emergency Dept. (ED) Utilization



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ED UTILIZATION: Youth who were enrolled in Healthy Harbors have *significantly fewer ED visits* (M = 1.12) compared to non-HH youth (M = 2.28)

ED UTILIZATION for Youth in FOSTER PLACEMENTS: Foster youth enrolled in HH have lower ED utilization (M = 0.37) compared to non-HH youth (M = 1.19)

statistical significance: $p = 0.00$

Healthy Harbors is effective in this outcome

Healthy Harbors Program Eval. Outcomes: Well-Child Check (WCC) Compliance Rates



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HH youth attended a higher number of WCC appointments (M = 1.51) compared to non-HH youth (M = 1.15)

HH clients in foster placements attended a higher number of WCC's (M = 1.69) compared to non-HH clients in foster placements (M= 1.19)

HH clients age 3 years and older: HH youth have **significantly higher rate of WCC compliance (78%)** compared to non-HH youth (46%)

statistical significance: $p = .001$

Healthy Harbors is effective in this outcome

Healthy Harbors Program Eval. Outcomes: Total Cost of Care (per Medicaid claims data)



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HH youth living at home had a slightly lower cost of care (M = \$5318) compared to non-HH youth (M=\$5353)

HH clients in foster placements had a higher cost of care compared to non-HH youth*

**included a HH outlier patient with costs exceeding \$445,000 over 15 months; excluding this outlier, HH clients had slightly lower cost of care, but results were not statistically significant*

Healthy Harbors: Contacts



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