Health Programs Administered by the Colorado Department of Health Care Policy and Financing

The following list of programs corresponds with the health program areas reviewed by the Washington State Institute for Public Policy and are included in the Results First model. This list does not reflect all programs administered by the Colorado Department of Health Care Policy and Financing. Program areas included are as follows:
-Emergency Department Visits
-Hospital Readmissions
-Maternal Health
-Obesity
-Patient-Centered Medical Homes
-Type 2 Diabetes

For evidence-based and evidence-informed/promising programs, the "Source(s) of Evidence" column lists where program research can be accessed (i.e. Washington State Institute for Public Policy or What Works for Health). The Washington State Institute for Public Policy's website address is: http://www.wsipp.wa.gov/BenefitCost. The What Works for Health website address is: http://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies.

Projected benefits reflect an estimate of the monetary benefits that may accrue as a result of one person participating in the program. These projections are included to provide a general estimate of how beneficial an evidence-based program may be to the participant, taxpayer, and society, overall. Program benefits are monetized over the lifetime of the participant, starting at the age the participant receives the program. For example, if a participant begins a program at age 16, benefits of the program are estimated from age 16 onward (till end of life). Benefits of health programs may include future health care cost avoidance, benefits associated with a participant earning higher wagers over their lifetime, and benefits associated with reduced mortality rates. *This is true for most programs, however, some programs do not generate lifetime benefits. In these cases, benefits will appear low because research demonstrates that the program does not have lasting impacts beyond a certain age. These programs are still evidence-based and effective.*

For additional information regarding this program inventory, please refer to the Research and Evidence-Based Policy Initiatives team's Colorado Results First Health Findings report, which can be accessed at the following link: https://sites.google.com/state.co.us/rfpfs/colorado-results-first/reports.

Commonly Used Acronyms and Abbreviations

ACC Accountable Care Collaborative
HCPF Colorado Department of Health Care Policy and Financing
HMO Health Maintenance Organizations
PCMP Primary Care Medical Provider
RCCO Regional Care Collaborative Organization (Soon to be Regional Accountable Entities (RAEs))

Program Name	Description	Population(s) Served	Frequency/ Duration	Level of Research	Source(s) of Evidence	Evidence of program favorably impacting outcome(s)?	Evidence of program having neutral or no impact on outcome(s)?	Evidence of program unfavorably impacting outcome(s)?	Projected Benefits	Provider(s)
Health Care System Efficiency: Patient-Centered Medical Homes										
Accountable Care Collaborative (ACC)	The ACC is the core of Colorado's Medicaid. It promotes improved health for members by delivering care in an increasingly seamless way, making it easier for members and providers to navigate the health care system and to make smarter use of every dollar spent. It is the primary vehicle for delivering health care to over one million people and, in just six years, has shown real progress in creating a health care delivery program that improves health outcomes, better coordinates care, and reins in cost. The four primary goals of the ACC program are: ensure access to a focal point of care or medical home for all members; coordinate medical and non-medical care and services; improve member and provider experiences in the Colorado Medicaid system; and provide the necessary data to support these goals, to analyze progress, and to move the program forward. The program is built to accomplish these goals using three core components: seven RCCOs, each accountable for the program in a different part of the state; PCMPs, who function as medical homes for members; and Data and Analytics, which provide the Department, RCCOs and PCMPs with actionable information on individual members and the ACC population as a whole.	All Health First Colorado members, with a few exceptions	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Patient-Centered Medical Homes In Physician-Led Practices Without Explicit Utilization Or Cost Incentives (General Population)	**Yes** Outcome: -Decreases Emergency Department Visits	**Yes** Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	**No**	$71	Each RCCO contracts with a network of providers. For provider information, please search the RCCOs websites: • RCCO 1: http://www.rmhpcommunity.org/ • RCCOs 2, 3, and 5: http://www.coaccess.com/regional-care-collaborative-organization • RCCO 4: http://www.ichpcolorado.com/ • RCCO 6: http://www.cchacares.com/ • RCCO 7: http://www.mycommunitycare.org/
Child Health Plan Plus (CHP+)	CHP+ is public low-cost health insurance for kids and pregnant women whose families earn too much to qualify for Medicaid, but not enough to pay for private insurance. CHP+ has played an important role in providing insurance coverage and access to health care for children and pregnant women since 1997. Children without health insurance coverage are less likely than insured children to have a regular health care provider and to receive care when they need it. They are also more likely to begin receiving treatment after their condition has worsened, putting them at greater risk of hospitalization. Having health insurance can protect families from financial devastation when a child experiences a serious or chronic illness and can help children remain healthy, active and in school. Members have the option of joining a HMO within their counties. This includes a PCMP and access to a network of health services.	Children age 18 and younger and pregnant women age 19 and older whose household income is too high to qualify for Health First Colorado, but under 260% of the federal poverty level	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Patient-Centered Medical Homes In Physician-Led Practices Without Explicit Utilization Or Cost Incentives (General Population)	**Yes** Outcome: -Decreases Emergency Department Visits	**Yes** Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	**No**	$71	CHP+ works with HMOs to provide medical care. Each HMO has their own network of providers. For a list of providers, please visit https://www.colorado.gov/hcpf/find-doctor and select "Find Providers by Health Plan."
Comprehensive Primary Care Plus (CPC+)	CPC+ is a national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. CPC+ includes two primary care practice tracks with incrementally advanced care delivery requirements and payment options to meet the diverse needs of primary care practices in the United States. To support the delivery of comprehensive primary care, CPC+ pays providers a non-visit-based care management fee, a per-beneficiary-per-month (PBPM) payment. Additionally, CPC+ will prospectively pay and retrospectively reconcile a performance-based incentive based on how well the practice performs on patient experience measures, clinical quality measures, and utilization measures that drive total cost of care. CPC+ also pays providers under the Medicare Physician Fee Schedule in two ways: (1) certain providers will bill and receive payment from Medicare fee for service as usual, and (2) certain providers will bill as usual, but their fee for service payment is reduced to account for the care management fee shifting a portion of Medicare fee for service payments into Comprehensive Primary Care Payments (CPCP); the amount is paid in a lump sum on a quarterly basis absent a claim. Given CPC+'s expectations that practices utilizing the latter payment schedule will increase the comprehensiveness of care delivered, the CPCP amounts will be larger than the fee for service payment amounts they are intended to replace.	Anyone who visits a CPC+ provider	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Patient-Centered Medical Homes In Physician-Led Practices With Utilization Or Cost Incentives (General Population)	**Yes** Outcome: -Decreases Emergency Department Visits	**Yes** Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	**No**	$117	Health centers that meet Qualified Provider criteria. For a list of providers, please see: https://data.cms.gov/Special-Programs-Initiatives-Speed-Adoption-of-Bes/Comprehensive-Primary-Care-Plus/eevd-hiep

Health Care System Efficiency: Patient-Centered Medical Homes Continued										
Enhanced Primary Care Medical Provider (ePCMP)	The ACC offers additional payment to PCMPs that meet certain enhanced standards as a patient-centered medical home. A PCMP that meets at least five of the nine factors qualifies as an enhanced Primary Care Medical Provider (ePCMP). The enhanced factors are based on the medical home standards from National Committee on Quality Assurance, recommendations from the RCCOs and other stakeholders, and Colorado Senate Bill 07-130, which defined the criteria for medical homes for children. These nine factors include: extended hours, timely clinical advice, data use and population health, behavioral health integration, behavioral health screening, patient registry, specialty care follow-up, consistent Medicaid provider, and patient-centered care plans. ePCMPs receive a payment of $0.50 per member per month, in addition to their standard ACC payment of $3.00 per member per month. The additional payment is distributed once annually as a lump-sum payment. PCMPs and ePCMPs also receive fee-for-service reimbursement for billable services rendered to ACC members.	PCMPs and Health First Colorado Members in the ACC	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Patient-Centered Medical Homes In Physician-Led Practices With Utilization Or Cost Incentives (General Population)	**Yes** Outcome: -Decreases Emergency Department Visits	**Yes** Outcomes: -Health Care Costs -Hospitalization -Specialist Visits	**No**	$117	Any PCMP in the ACC who meets at least five out of the nine factors can be certified as an ePCMP.
Health Care System Efficiency: Strategies to Reduce Hospital Readmission and/or Avoidable Emergency Department/Room Visits										
Ascending to Health Respite Care	Ascending to Health Respite Care works to identify homeless individuals who are at risk and provides care coordination and access to community resources with the goal of reducing emergency department visits and hospital readmissions.	Health First Colorado Members in El Paso County who are homeless and at risk	Ongoing	Research-Informed/ Needs Additional Research						PCMPs in El Paso County
Care Coordination for Refugees	A community care coordinator provides case management and care coordination for refugees in El Paso County to assist Lutheran Family Services in providing assistance to refugees and assist local refugee populations to better navigate the Colorado health care system. Goals are to reduce emergency department visits and hospital readmissions.	Refugees in El Paso County	Varies	Evidence-Informed/ Promising Practice	**What Works for Health** Search For: Community Health Workers Designation: Some Evidence	**Some Evidence** Expected Outcomes: -Increases Patient Knowledge -Increases Access to Care -Increases Healthy Behaviors -Increases Preventive Care				Lutheran Family Services in Colorado Springs
Client Over Utilization Program (COUP)	COUP is a statewide surveillance and utilization control program that safeguards against unnecessary or inappropriate use of care or services. Health First Colorado members receive a notification letter detailing which RCCO region they reside in, and the primary care medical practice to which they are assigned, before consideration of lock-in to a specific PCMP and pharmacy.	High Utilizers of Emergency Department and Pharmacy Services	Varies	Research-Informed/ Needs Additional Research						eQHealth Solutions manages the program for HCPF.
Colorado Children's Healthcare Access Program (CCHAP)	CCHAP provides practice transformation services to health care providers, including education, quality improvement, coaching, care coordination, training, and assistance understanding medical home principles to reduce emergency department visits and hospital readmissions. The overall goal is to support PCMPs in the embodiment of medical home principles, the expansion of PCMPs' medical home capabilities, and improved PCMP performance on targeted key performance indicators.	Health First Colorado members in El Paso, Teller, Elbert and Park Counties. Pediatric PCMPs in RCCOs 2, 3, and 5	Ongoing	Research-Informed/ Needs Additional Research						PCMPs in RCCO 7 (Elbert, El Paso, Park and Teller counties). Pediatric PCMPs in RCCOs 2, 3, and 5 (Adams, Arapahoe, Cheyenne, Denver, Douglas, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma counties).
Community Assistance Referral Education Services (CARES)	CARES is a mobile integrated health program that involves direct Colorado Springs Fire Department interaction with members of the Colorado Springs community before they need to call 9-1-1. The program identifies high utilizers of the emergency health system and redirects them to more appropriate care that leads to better patient outcomes. This is achieved by providing injury and illness prevention, chronic disease management education, low-acuity medical response, proper medical facility navigation, and follow-up with hospital and emergency department discharge plans.	Health First Colorado members in El Paso County	Ongoing	Research-Informed/ Needs Additional Research						Colorado Springs Fire Department in conjunction with PCMPs in El Paso County
Community-Based Care Managers	Community-based care managers are located within both clinical and non-clinical settings. The goals in clinical settings are to avoid hospital admissions and readmissions; the goal in non-clinical settings is to connect members with care coordination services including outreach, health-risk screening, referrals for ongoing care management, connection to primary and specialty care, PCMP attribution, and referrals to community resources. Colorado Access has partnered with Denver Health, University of Colorado Hospital, Denver Housing Authority, and Volunteers of America to provide care coordination services in various settings.	Health First Colorado Members in RCCOs, 3, and 5	Varies	Research-Informed/ Needs Additional Research						Denver Health, UCH, Denver Housing Authority, Mercy Housing, Volunteers of America, HCPF, and RCCOs 2, 3, and 5 (Adams, Arapahoe, Cheyenne, Denver, Douglas, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma counties).
Co-pay Vouchers	Vouchers are provided to members that are in need of financial assistance to pay primary care copays with the goal of reducing unnecessary emergency room utilization.	In-need and/or low income members in RCCO 4	Ongoing	Evidence-Informed/ Promising Practice	**What Works for Health** Search For: Patient Financial Incentives for Preventive Care Designation: Scientifically Supported	**Some Evidence** Expected Outcomes: -Increases preventative care				HCPF
Criminal Justice System Resource Navigation	The program helps criminal-justice-involved individuals with medical or nonmedical needs and makes referrals to the Department of Human Services or local public health programs to reduce emergency department visits and hospital readmissions. Also, the program aims to increase literacy to determine non-medical needs and attribution to those eligible for Health First Colorado.	Criminal-justice-involved individuals in El Paso County's criminal justice system	Varies	Research-Informed/ Needs Additional Research						RCCO 7, which serves the following counties: Elbert, El Paso, Park and Teller.
Detox Center Patient Navigations	Detox Center Patient Navigations provides detox center patients with resources, such as transportation to primary care medical practices, dental information, and transformation activities. The program aims to reduce emergency department visits and reduce hospital readmissions and to identify and help risk populations.	Individuals entering the El Paso County detox facility	Ongoing	Research-Informed/ Needs Additional Research						PCMPs in RCCO 7 (Elbert, El Paso, Park and Teller counties).
Dispatch Health	Dispatch health provides emergency healthcare services in the homes or offices of Health First Colorado members. Services help divert Health First Colorado members away from the emergency department.	Health First Colorado members in RCCOs 3, 5, and 6	Varies	Research-Informed/ Needs Additional Research						Dispatch Health, which serves Health First Colorado members in RCCOs 3, 5, and 6 (Adams, Arapahoe, Boulder, Broomfield, Clear Creek, Denver, Douglas, Gilpin, and Jefferson counties).
Emergency Department Diversion Program	Emergency Department Diversion Program educates Health First Colorado members on the use of patient-centered medical homes for non-emergent care and helps members choose a medical home. The program also works with surgery patients to educate them about the reasons for emergency department use with the goal of reducing emergency department visits.	Health First Colorado members presenting to UCH Memorial or Penrose St Francis ED	Ongoing	Research-Informed/ Needs Additional Research						RCCO 7 (Elbert, El Paso, Park and Teller counties), including Peak Vista Community Health Centers, UCHealth Memorial Hospital, and Penrose St. Francis Health Services.

Health Care System Efficiency: Strategies to Reduce Hospital Readmission and/or Avoidable Emergency Department/Room Visits Continued										
Emergency Room Utilization	As a targeted approach to decrease emergency room services, hospital staff use daily emergency room feeds to identify patients who frequently use emergency room services for outreach and placement into programs to better address their needs.	Health First Colorado members in RCCO 4	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Interventions to Reduce Unnecessary Emergency Department Visits: Intensive Case Management for Frequent ED Users	**Yes** Outcomes: -Decreases Emergency Department Visits -Decreases Hospitalization	**No**	**No**	$6,431	RCCO 4, which serves the following counties: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache.
Health Engagement Team (HET)	HETs use Community Health Workers to facilitate better coordinated health care and reduce high emergency department utilization. Community Health Workers receive extensive training, but are not required to have a medical or social work credential. Their initial contact with Health First Colorado members/patients takes place in primary care providers' offices during regular appointments. Patients are offered care coordination/navigation of services and, if willing, the Community Health Worker assesses needs related to medical, behavioral health and/or social determinants to establish goals and support the patient in achieving them. Community Health Workers are issued vehicles to support their patients getting to medical appointments, court dates, and/or other necessary appointments.	High utilizers of emergency departments and Health First Colorado members with complex health needs in RCCO 1	Varies	Evidence-Informed/ Promising Practice	**What Works for Health** Search For: Community Health Workers Designation: Some Evidence	**Some Evidence** Expected Outcomes: -Increases Patient Knowledge -Increases Access to Care -Increases Healthy Behaviors -Increases Preventive Care				Whole Health, LLC (A subsidiary of Mind Springs Health) within RCCO 1 (Archuleta, Delta, Delores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit counties).
Home Health Telehealth	This program allows for the monitoring of a Health First Colorado member's health status remotely via equipment, which transmits data from the member's home to the member's home health agency. Home health agencies are reimbursed for initial setup and every time they receive a transmission. Members must have congestive heart failure, chronic obstructive pulmonary disease, asthma, diabetes, or other diagnoses or conditions deemed appropriate by HCPF.	Telehealth is available to all Home Health recipients who have a condition listed in the description column	Varies	Evidence-Informed/ Promising Practice	**What Works for Health** Search For: Telemedicine Designation: Scientifically Supported	**Some Evidence** Expected Outcomes: -Increases Access to Care				All licensed Home Health agencies may opt to provide the service
Hospital Co-Location Program	Registered nurse care coordinators are co-located in hospitals to assist with care transitions to reduce readmissions, connect Health First Colorado members to medical homes and reduce inappropriate emergency department utilization. Care coordinators are located on inpatient units within each hospital and work closely with hospital case managers on each member's discharge needs. This includes a focus on post-discharge follow-up appointments, barriers to discharge, and assessing psych-social needs. Care coordinators schedule post-discharge follow-up visits, as needed, with the member at their home or in the community and attend appointments with the member at follow-up primary care provider (PCP) and specialists, as needed. Care Coordinators also assist members with disease education, medication reconciliation, connecting to community resources and coordination of post-discharge services (e.g. home health, home and community-base services, etc.). Care coordinators also ensure collaboration amongst the member's entire healthcare team including: PCP, specialists, behavioral health, home health, community partners and case managers.	Health First Colorado members in RCCO 6, who are transitioning back into the community	Varies	Evidence-Based	**Washington State Institute for Public Policy** Search For: Transitional Care Programs to Prevent Hospital Readmissions: All programs, General Patient Populations	**No**	**Yes** Outcome: -Hospital Readmissions	**No**	$362	Three Hospitals Within RCCO 6 (St. Anthony's Hospital, Lutheran Medical Center, and Longmont United Hospital)
Hospital Liaison	Care coordinators assist Health First Colorado members when discharging from inpatient facilities. The Colorado Community Health Alliance (CCHA) developed a Transitions of Care Program, which utilizes a modified Eric Coleman model, to ensure a collaborative and assessment-driven discharge process from inpatient settings for Health First Colorado members. Hospital outreach is targeted based on daily data feeds obtained from Centura Health and local hospital care managers that flag Health First Colorado members who have been recently hospitalized. Care coordinators work closely with hospital and community-based case managers on each member's discharge needs with a focus on post-discharge follow-up appointments, barriers to discharge, and assessing psychological and social needs. Care coordinators also assist members with disease education, medication reconciliation, connecting to community resources and coordination of post-discharge services (e.g. home health, home and community-based services, etc.).	Health First Colorado members admitted to an inpatient hospital in RCCO 6	Varies	Evidence-Based	**Washington State Institute for Public Policy** Search For: Transitional Care Programs to Prevent Hospital Readmissions: All programs, General Patient Populations	**No**	**Yes** Outcome: -Hospital Readmissions	**No**	$362	RCCO 6, which serves the following counties: Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson.
Jefferson County Hotspotting Alliance (JCHA)	The Jefferson County Hotspotting Alliance consists of Jefferson County for Mental Health, Jefferson County Public Health, Metro Community Provider Network, Lutheran Medical Center, St. Anthony's Hospital, Centura Health, and Colorado Community Health Alliance. The goal of the Alliance is to reduce emergency department utilization by creating effective and efficient workflows for shared members and providing care coordination for high-utilizers of the emergency department. The leadership of the organizations meet monthly to discuss opportunities for partnership and alignment to reduce duplication of services and ensure members are receiving the right care in the right setting at the right time. The Alliance is currently examining other opportunities to prevent unnecessary emergency department utilization with a focus on preventive services and social determinants of health.	High utilizers of emergency departments in Jefferson County	Varies	Evidence-Based	**Washington State Institute for Public Policy** Search For: Interventions to Reduce Unnecessary Emergency Department Visits: Intensive Case Management for Frequent ED Users	**Yes** Outcomes: -Decreases Emergency Department Visits -Decreases Hospitalization	**No**	**No**	$6,431	RCCO 6 (Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson counties) and Community Partners
Medical Home Connection Pilot	The Colorado Access Regional Manager works directly with the North Colorado Medical Center (Banner Health) to distribute information to emergency room utilizers about the benefits of having a primary care provider, help unattributed members select a PCMP, and to educate members on seeking appropriate care to decrease emergency department utilization.	Health First Colorado members in RCCO 2	Ongoing	Evidence-Based	**Washington State Institute for Public Policy** Search For: Interventions to Reduce Unnecessary Emergency Department Visits: General Education on Appropriate ED Use	**No**	**Yes** Outcome: -Emergency Department Visits	**No**	$14	RCCO 2, which serves the following counties: Cheyenne, Kit Carson, Lincoln, Logan, Morgan, Phillips, Sedgwick, Washington, Weld, and Yuma.
MyDigital MD	The program provides web and phone resource to connect all Rocky Mountain Health Plan members to physicians outside of clinic setting with the goal of reducing emergency department visits. Provides ACC members access to an emergency department doctor over a computer or smartphone any day from 8 AM to 12 AM, and in real time, to avoid delays in care, improve access, and reduce costs from avoidable emergency department visits.	Health First Colorado members in RCCO 1	Ongoing	Evidence-Informed/ Promising Practice	**What Works for Health** Search For: Telemedicine Designation: Scientifically Supported	**Some Evidence** Expected Outcomes: -Increases Access to Care				RCCO 1 , which serves the following counties: Archuleta, Delta, Delores, Eagle, Garfield, Grand, Gunnison, Hinsdale, Jackson, La Plata, Larimer, Mesa, Moffat, Montezuma, Montrose, Ouray, Pitkin, Rio Blanco, Routt, San Juan, San Miguel, and Summit.
Nurse Advice Line (NAL)	The Nurse Advice Line provides Health First Colorado members free around-the-clock access to medical information and advice over the phone in both English and Spanish.	All Health First Colorado members	Varies	Research-Informed/ Needs Additional Research						HCPF utilization management vendor
Parole and Prison Facilities	The program provides in-person education sessions to offenders in prison who are close to release (within 1 to 2 weeks or 90 to 120 days) on how to navigate Health First Colorado and connects offenders to healthcare providers and/or community resources with the goal of reducing emergency department visits and potential preventable admissions.	Newly released offenders or offenders who are close to release in RCCO 7	Ongoing	Research-Informed/ Needs Additional Research						RCCO 7 (Elbert, El Paso, Park and Teller counties), including Cheyenne Mountain Re-Entry Center and Denver Women's Correctional Facility.

Health Care System Efficiency: Strategies to Reduce Hospital Readmission and/or Avoidable Emergency Department/Room Visits Continued										
South Metro 911 Pilot	This program is a collaboration with South Metro Fire Rescue District, Dispatch Health, and Colorado Access, with the goal of decreasing emergency department utilization and unnecessary use of emergency services while improving care coordination. The South Metro Fire Rescue District identifies and refers Colorado Access RCCO members to Dispatch Health for non-emergent services. Dispatch Health connects RCCO members to Colorado Access care managers to get connected to a PCMP and other needed care.	Health First Colorado Members in RCCO 3	Ongoing	Research-Informed/ Needs Additional Research						RCCO 3, which serves the following counties: Adams, Arapahoe, and Douglas.
Southeast Colorado Transitions Consortium	A community-based care transition program comprised of hospitals, hospice, home health, behavioral health organizations, primary care medical practices, fire departments, and other stakeholders, who meet to work on identifying causes of readmissions, including community services gaps and to increase member community tenure, and ultimately decrease emergency department utilization, as well as hospital readmissions. The Consortium also works to staff difficult patient cases to identify gaps in their care with the goal of reducing emergency room use and readmissions.	Health First Colorado members in RCCO 4	Ongoing	Research-Informed/ Needs Additional Research						RCCO 4, which serves the following counties: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache.
Transition of Care with Jail Population	Through care coordination, the program provides timely medical follow-up for members who have been released from jail and fall into Simple Chronic, Complex Chronic, or Critical categories, to improve follow-up rates of members released from jail and prevent emergency room utilization.	Health First Colorado members who have been released from jail in Pueblo	Ongoing	Research-Informed/ Needs Additional Research						RCCO 4, which serves the following counties: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache.
Treat Not Transport	This is a collaboration with Colorado Access, Colorado Connect, and the Westminster Fire Department to divert avoidable emergency department admissions through collaboration with the local fire department. The goals are to identify a target population, complete in-home assessments, and connect members to necessary community resources in order to avoid unnecessary emergency department use.	Health First Colorado members in RCCO 3	Ongoing	Research-Informed/ Needs Additional Research						RCCO 3, which serves the following counties: Adams, Arapahoe, and Douglas.
Westminster Parole and Co-Location Care Coordination Pilot	A social worker is co-located in the Westminster parole office to connect justice-involved Health First Colorado members to primary care physicians, educate them about their Health First Colorado benefits, provide care coordination services to those with high physical and behavioral health needs, and to reduce potential emergency department utilization.	Justice-Involved Health First Colorado members in RCCO 6	Ongoing	Research-Informed/ Needs Additional Research						RCCO 6, which serves the following counties: Boulder, Broomfield, Clear Creek, Gilpin, and Jefferson.
Maternal and Infant Health Programs										
Community Infant Program (CIP)	CIP is a maternal health program that provides smoking cessation during pregnancy, prenatal care, and home visiting, in addition to working to prevent excessive gestational weight gain. CIP also provides intensive in-home treatment for infants who are at risk of abuse, neglect or failure to thrive and their caretakers.	High-risk parents with infants	Visits vary in intensity and length based on need. Visits can range from weekly to bi-monthly and services are provided prenatally through age 3.	Evidence-Based	**Washington State Institute for Public Policy** Search For: Other Prenatal Home Visiting Programs	**Yes** Primary Participant (Mother) Outcome: -Decreases Preterm Birth (<37 weeks) Secondary Participant (Infant) Outcomes: -Decreases Infant Mortality -Decreases Preterm Birth (<37 weeks)	**Yes** Primary Participant (Mother) Outcomes: -Adequate Prenatal Care -Cesarean Sections -Low Birthweight Births -Small for Gestational Age -Very Low Birthweight (<1500g) Secondary Participant (Infant) Outcomes: -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Small for Gestational Age -Very Low Birthweight (<1500g)	**No**	$11,787	Mental Health Partners (Boulder County)
Prenatal Plus	Prenatal Plus provides high-risk pregnant women enrolled in Health First Colorado with a specialized team of providers. The team, comprised of a care coordinator, registered dietitian, and mental health professional, works as a multi-disciplinary team to provide interventions based on individual patient needs. The team provides office and/or home visits during the pregnancy and two months after the baby is born. The program aims to reduce Neonatal Intensive Care Unit admissions, excessive maternal weight gain, cesarean section rates, and premature delivery.	High-risk pregnant women enrolled in Health First Colorado. Risk is based on physical and psychosocial health factors, including tobacco use	The program is delivered through four different packages ranging in intensity: 1-4 visits after 28 weeks; 5-9 visits after 28 weeks; 10 visits prior to 28 weeks; 11+ visits prior to 28 weeks.	Evidence-Based	**Washington State Institute for Public Policy** Search For: Other Prenatal Home Visiting Programs	**Yes** Primary Participant (Mother) Outcome: -Decreases Preterm Birth (<37 weeks) Secondary Participant (Infant) Outcomes: -Decreases Infant Mortality -Decreases Preterm Birth (<37 weeks)	**Yes** Primary Participant (Mother) Outcomes: -Adequate Prenatal Care -Cesarean Sections -Low Birthweight Births -Small for Gestational Age -Very Low Birthweight (<1500g) Secondary Participant (Infant) Outcomes: -Low Birthweight Births -Neonatal Intensive Care Unit Admission -Small for Gestational Age -Very Low Birthweight (<1500g)	**No**	$11,787	A variety of locations including, but not limited to, obstetric clinics, Departments of Health and Human Services, and Health First Colorado member homes.
Tobacco Cessation Initiative (TCI)	The goal of the TCI is to increase the recognition of tobacco use as a persistent problem and to increase cessation among people with behavioral health challenges, including pregnant women, mothers and families. Classes around managing stress of motherhood and empowering women to take control of their health are available specifically to new and expecting moms. Classes integrate whole-body health and include yoga and effective coping skills.	Pregnant women, mothers, and families	Class modules are offered weekly over the course of six weeks and individual peer coaching sessions are arranged with individuals weekly.	Evidence-Based	**Washington State Institute for Public Policy** Search For: Smoking Cessation Programs for Pregnant Women: Intensive Behavioral Interventions	**Yes** Primary Participant (Mother) Outcome: -Decreases Smoking During Late Pregnancy	**Yes** Primary Participant (Mother) Outcomes: -Low Birthweight Births -Regular Smoking Secondary Participant (Infant) Outcome: -Low Birthweight Births	**No**	$2,253	Jefferson Center for Mental Health
Obesity Prevention and Intervention Programs										
DIMENSIONS: Well Body Program	The DIMENSIONS: Well Body Program is intended for healthcare providers and peers. This program offers multiple trainings intended to teach the necessary skills to promote physical health and well-being. Innovative trainings provide instruction on effective community education, wellness services for individuals and groups, and ways to promote positive change through motivational engagement and other behavior change strategies.	Adults with preventable health conditions related to obesity or high body mass index	1 hour sessions are provided weekly over the course of 12 weeks.	Research-Informed/ Needs Additional Research						The University of Colorado Anschutz Medical Campus trains healthcare and behavioral health providers.

Type 2 Diabetes Prevention and Intervention Programs										
Children with Diabetes	Children with Diabetes provides data to care coordinators so they can ensure that all diabetic children (20 and younger) receive recommended and necessary periodic screenings. Goals of the program include ensuring that all diabetic children achieve the American Diabetes Association and American Pediatrics Association guidelines for periodic screening and diagnostic interventions.	Individuals 20 years old or younger in RCCO 4	Ongoing	Research-Informed/ Needs Additional Research						Integrated Community Health Partners (RCCO 4), which serves the following counties: Alamosa, Baca, Bent, Chaffee, Conejos, Costilla, Crowley, Custer, Fremont, Huerfano, Kiowa, Lake, Las Animas, Mineral, Otero, Prowers, Pueblo, Rio Grande, and Saguache.