



	<p><b>Action Items/Responsible Party</b> Jessica Sanchez to send Claudine information about the contacts for the FQHCs</p>
<b>New Business</b>	
<p>Agenda Item #2 Regional Governance Council and Subcommittee Framework</p>	<p><b>Notes</b> Kelly Marshall presenting. Discussion regarding the MAC role within the regional PIAC, particularly regarding reviewing member materials and feedback. Zim advocated consumer expertise throughout all levels of governance of the organization. Kelly emphasized how important member feedback is in this process. Lara asked why PIAC isn't in existence with COA already, Lindsay explained that QPAC currently serves as this aspect of current PIAC requirements. Lara followed up asking how different RAE regions would operate their PIAC's. Alexis clarified that COA does want to have PIAC committees reflect their communities and there will be differences between regions, although much of the way the committees are structured is prescribed by the State.</p>
	<p><b>Recommendations</b> none</p>
	<p><b>Action Items/Responsible Party</b> none</p>
<p>Agenda Item #3 Introduction to RAE Quality Metrics</p>	<p><b>Notes</b> Lindsay Cowee presenting. Jennifer and Lara clarified how PCMP's will be informed of the quality measures and how. Zim clarified if the providers are aware of the measures, Jennifer confirmed they typically are. Alexis clarified that the measures are pretty firm from the state, and likely won't be changing. Questions were asked on clarification issues for specific measures, Lindsay clarified. Resources for further and more detailed follow up for all these measures was offered. Lara expressed concerns about social determinants of health being reflected in the KPI's, Lindsay explained that there is a measure for population health which would tie in with that.</p>
	<p><b>Recommendations</b> none</p>
	<p><b>Action Items/Responsible Party</b> none</p>
<b>Next Meeting: NONE</b>	

\*Arapahoe House closure discussed, brought up by Lara. Alexis clarified that COA put together an action committee to talk about making up for the gap. COA has a robust provider network, which turned out well, although there were challenges with residential services. Most patients had a seamless transition to a different SUD provider.