PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	X	Rob Bremer, Vice President of Integration
x	Allison Sedlacek, Parent of Health First Colorado Member	X	Julia Mecklenburg, Community Engagement Liaison
	Brian Park, Health First Colorado	x	Kellen Roth, Director of Member Affairs
x	Carol Meredith, The Arc Arapahoe & Douglas	X	Kelly Marshall, Director of Community and External Relations
x	Carol Tumaylle, Colorado Department of Human Services, Office of Refugee Services	X	Kristin Le Grice, Evaluation Coordinator
	Bipin Kumar, Himalaya Family Clinic	X	Ryan Larson, Behavioral Health Program Specialist
	Dana Held, Health First Colorado	X	Molly Markert, Senior Community Engagement Liaison
	Daniel Darting, Signal Behavioral Health Network	X	Nancy Viera, External Relations Coordinator
x	Ellie Burbee, Kids in Need of Dentistry	X	Rene Gonzalez, Senior Community Engagement Liaison
x	Katherine Neville, Health First Colorado	x	Ana Brown-Cohen, Manager of Health Program
x	Gina Brackett, Parent to Parent		
	Harry Budisidharta, Asian Pacific Development Center		
	John Douglas, Tri County Health Department	**Member of the Public**	
x	Maribel Sandoval, Personal Assistance Services of Colorado	X	Tyler, Centura
x	Nancy Jackson, Arapahoe County Commissioner	X	Collette
x	Marc Ogonosky, Health First Colorado		
	Patty Ann Maher, Elbert County Collaborative Management Program		
	Tabatha Hansen, Health First Colorado		
	Tara Miller, Juvenile Assessment Center		
x	Terri Hurst, Colorado Criminal Justice Reform Coalition		
x	Suman Morarka, Retired Provider		
x	Shera Matthews, Doctor's Care		

x	Wendy Nading, Health Alliances

Welcome to Meeting #5, Introductions, Committee Business	Molly Markert called the meeting to order at 4:08 PM. The group took part in an introduction exercise led by Molly Markert and shared their favorite girl scout cookies. **Committee Business:** *Approval of minutes:* Addison presented the December meeting minutes for approval. Marc moved for minutes to be approved and Ellie seconded. December meeting minutes were approved unanimously.

Annual Population Management Plan – Strategic Plan **(Slides 20-38)**	Kelly Marshall presented Colorado Access' Annual Population Management Plan – Strategic Plan. Kelly explained that part of PIAC responsibilities is to review deliverables. She reviewed the ACC Population Management Framework. Kelly provided an overview of the population pyramid which represents risk stratification among members of Colorado Access. Kelly pointed out that the middle of the pyramid are members with chronic conditions while the top of the pyramid are members who have multiple chronic issues. Often times these chronic conditions are co-occurring behavioral and physical health. Kelly explained that reports correspond to each level of the pyramid and there are other reports that roll up to a "mothership" of reports, which is the Population Management Strategic Plan. This report provides a preview of the other reports. The Population Management Strategic Plan is due 7/1/2020 and then annually after that. Kelly reported that COA's work with the PIAC will focus on the Prevention and Member Engagement Report and Condition Management Report. She explained that these reports have the greatest opportunity for community engagement and feedback Kirstin LeGrice, Evaluation Coordinator at Colorado Access, reviewed the population pyramid in more depth. She explained that 97% of the population Colorado Access serves could be impacted by the reports (bottom 2 sections of pyramid). Within the Population Management Strategic Plan there are 8 conditions, 3 of which fall within comorbidity. Kirstin reported that COA can address behavioral health while addressing physical health needs. For example, while addressing diabetes, hypertension can be addressed as well. Kirstin reviewed Top Chronic Conditions for R3. Within children with asthma, comorbidities may include behavioral health conditions. COPD can be misdiagnosed or undiagnosed. Kirstin speculated that a lot more people have COPD then are diagnosed. Kirstin explained that Federal law prevents sharing of SUD data to encourage people to seek treatment. While SUD is a leading cause, COA does not have much more leading data on our members.

	Kelly reviewed the Population Management Strategy handout. The purpose of this handout was to demonstrate how some of these conditions overlap and align with Medicaid priorities. **Questions, Discussion & Feedback:** Addison: Why is behavioral health not called out on its own? At state of the state it was reported that Colorado should fund behavioral health costs to decrease other healthcare costs. Answer: Kelly reviewed the "Big Ten" slide and noted that behavioral health was not one of the top conditions for costs. Nancy stated that behavioral health is underfunded so would not show up as a high cost driver. Answer: Ana- I agree behavioral health is a huge issue that we can address in this work. Some of how we're structuring work is related to PAC and other reducing cost measures. Asthma, COPD, Diabetes are priority areas for us. We want to hear from you about your priority areas and we need feedback and from you regarding programming and interventions Nancy: Two of these, Asthma and COPD, are breathing issues. CO has a high altitude and pretty bad pollution. I'm wondering if those things contribute? I'm wondering if recommendations to address pollution would help these conditions? Answer: Rob – Pollution is a big priority to tackle. When we look at asthma most effective treatment is going into the home and addressing health concerns inside the home. Social determinants address some of this and that's a different body of work. We need to work with other departments to address these areas outside of the healthcare system Carol: One factor could be antipsychotic medications that cause weight gain and lead to diabetes. Wendy: Can you provide an example of what would it mean if we said I would prioritize Asthma in Commerce City due to air pollution. What would it mean for COA? How would COA address this? Answer: We would look at it from the lens of working with the provider network. Also, the Health Equity lens for the Community Engagement team. Is there a particular community we would want to target for specific interventions? How we would work with our community partners in those areas. Our comfort spot is the medical neighborhood. How do we engage with our Community based organizations and LPHA to do more preventative work?

	The group was asked to individually address two questions. Which of the conditions that Kirstin reviewed would be their top priority to address? The second question asked about demographics, neighborhoods, locations where COA should be focusing for interventions. The group addressed the two questions and provided their top priorities: ○ Wendy ▪ Mental Health and SUD ▪ Lowest Income accompanied by SDOH measures ○ Allison ▪ SUD / Depression Anxiety ○ Shera ▪ COPD • Comorbidities - Smoking/vaping and obesity ▪ Rural Areas ○ Carol T ▪ Diabetes ▪ People with BH (comorbidities) both children and adults ○ Colette ▪ Diabetes and COPD • Ppl w/Diabetes have a higher incident of depression ▪ Rural areas • Mental health needs in our rural communities are extraordinary ○ Nancy ▪ Asthma • Kids are included. Helping young people can help put some guard rales around depression and anxiety. Prevention goes along with it ▪ North Aurora • Geographic heat map ○ Suman ▪ SUD/Chronic Pain

	• Asthma • Control factors in the home ▪ Arapahoe County o Carol M ▪ COPD ▪ Demographic population most impacted by COPD • Geographic heat map (could we bring this to the next PIAC meeting) o Addison ▪ SUD • Nicotine use could fall under this to address COPD ▪ Adams/Arapahoe County • Access Points (i.e. ED) o Marc ▪ SUD • Vaping ▪ Adams/Arapahoe County o Katherine ▪ Anxiety/Depression (BH) • BH isn't taken seriously and there aren't a lot of resources ▪ Asthma/COPD ▪ Middle aged to older adults o Maribel ▪ Diabetes • Direct correlation to anxiety/depression ▪ A heat map would be good to identify subgroups ▪ Hispanics are pretty high up on the list • Education would benefit this population

	▪ I didn't see asthma on the list but it's on the big 10 o Ellie ▪ Diabetes • Growing concern in pediatric population • Preventable ▪ SUD ▪ Adams County – Commerce City o Terri ▪ SUD ▪ Justice involved population • I'd like to see a heat map • I'd like to see jail data o Gina ▪ COPD • Heart disease is #1 killer. If we can help prevent that we can help a lot of people ▪ Behavioral health • In North Aurora there are no behavioral health providers. The schools are underfunded and not a lot of providers are available. ▪ Arapahoe/Adams County • Lower income • 40+ yrs old Kelly thanked the group for their input. She stated we will use this data from you all to guide our work. We will also look at heat maps. You all are data points as well since you all have a pulse on the community and work with different populations. Your lived experience is an important qualitative data point. We haven't figured out how to keep you informed. The report is due on 7/1/20. We are committed to keeping you updated. It may be through a survey, webinar, virtual, in person. We will keep you informed and keep you updated.
Importance of Health Care for Justice	Terri Hurst with Colorado Criminal Justice Reform Coalition (CCJRC) presented the Importance of Health Care for Justice Involved People. Terri encouraged all PIAC members to reach out to her anytime with questions. CCJRC has been around since 1999. They do

Involved People (Slides 2-19)	a lot of work at the capital around reform. CCJRC advocates for moving money from around the state to break the cycle of incarceration. CCJRC role is policy advocacy that dabbles in direct services work. Terri explained that the majority of justice involved people have the right to vote. Her organization works on myth busting around voting rights. When CO decided to expand Medicaid it impacted the justice involved population. Unless you are jailed or incarcerated, you are eligible for Medicaid. Terri reported that the criminal justice system has become the "holding system" for people with behavioral health needs. We have funneled a lot of money there for behavioral health. Terri reported that these people should be receiving care in the community rather then in the prison system. Terri stated that RAE 3 has three different judicial districts. Each district has their own parole officers, attorneys, and judges. Terri explained that most people are in jail for less than 1 year. Under the State Department of Corrections (DOC), Colorado has mandatory parole for all people involved in the justice system. Terri stated that the DOC has stepped up and started working with HCPF. She reported that they are doing a good job with enrolling many folks in Medicaid when they are coming out of prison. Terri explained that Community Corrections Facilities are for people transitioning out, folks who need treatment, or other needs. The DOC assesses all people. Terri explained that the female population is off the charts based on these assessments. She stated, "We are failing folks." Medicaid is a game changer. People prior to Medicaid expansion did not have access to any healthcare. Terri explained that if someone is incarcerated, they are not eligible for Medicaid. There is an exception for folks who need more than 24-hour inpatient care under the incarcerated benefit. Ryan Larson, Behavioral Health Program Specialist with Colorado Access presented on how COA is working with the justice involved population. Ryan reported COA receives a DOC list every month. They determine the RAE for these folks by last encounter data as the most accurate data. Ryan explained that when we look at attribution statistics it goes off of the last encounter. They are attributed to last provider they saw. Ryan reported that this can be difficult as the majority of these folks aren't attributed because they haven't seen a doctor. Ryan stated that homeless folks are released back into homeless data. He explained that the majority of people who recidivate do so because of drug charges. Jails and prisons are becoming a dumping ground for folks with co-occurring behavioral health needs. Ryan reported that while they are incarcerated, nothing is happening with these folks with behavioral health needs. He explained the importance of bringing regular providers to the table and having them be more receptive. Ryan stated, "I have had a mental health provider tell me they would never work with this population." People who were in the justice involved system are stigmatized for having a mental health diagnosis and coming out of jail. Ryan stated that someone who has a SUD is the only diagnosis where they can be blamed for having this diagnosis. This system has failed them. Ryan reported that COA has created a pilot program to support folks coming out of the prison system with their healthcare needs. This program is based off of DOC list that COA receives monthly from HCPF and Re-entry Orientations. He reported that COA Care management team reached out to these folks to verify information, however COA does not hear back from 85% of them. Ryan explained that the Re-entry Orientations that DOC holds for recently released folks are not effective. He reported that these meetings are held on Fridays when most orgs aren't open until Mondays. He stated that at these orientations, participants are handed a bunch of paperwork and told

	to "go." Ryan explained that COA's pilot program started in January. Since then, COA has seen 23 individuals. Ryan stated that if it wasn't for this pilot program, we would never have had contact with these folks. The pilot program consists of enrollment and care management teams and other resources. They go on Wednesdays due to this day being the mandatory report day. Ryan stated this is a one stop shop for resources. They can get enrolled in services right then and there. The goal is for the enrollment team to go from parole site to parole site to help get folks into services. Ryan presented the sequential intercepts model. He reported that COA would like to be involved in all intercepts of this model. Currently, COA is being reactive towards people getting out of jail. COA's goal is to be more preventative and stop people from getting into jail based off a behavioral health issues. Arapahoe County is doing a lot with diversion programming. **Questions, Discussion & Feedback:** Nancy – National Association of Counties and sheriffs are lobbying counties hard so folks don't lose their Medicaid while they're incarcerated. We are working really hard to overturn this. Ryan: Arapahoe and Douglas counties do a great job of enrolling people into Medicaid. I'm unsure about Adams County. Addison – How are they conducting screenings and why are females in higher need? Terri: You go through a battery of tests when you are in DOC. This is what they do to parse out which prison people go to and what treatment they need. At one point DOC was using a female specific assessment. This gives us a baseline. Some may say females are more open to sharing. Females in the justice system have had severe trauma. Women who are incarcerated have lived through a lot. Nancy – I would like to add that Arapahoe County jail and all of this is true of county level issues. We have fewer funds than the state. We can't do as many things as we'd like to. We don't have the resources. If we put resources into the jail we could keep people at lower level of incarceration and keep people out of jail. Not only is it better for the person but would save us an enormous amount of money. We could do all this great stuff with more money. Imagine if you have a behavioral health issue and you're locked in jail. It is the worst place to be if you have a behavioral health diagnosis. This is something I really care about. We need to get these folks out of jail, prison, and get them help. Rob – The City of Aurora is working on a ballot initiative. Nancy – That is not directly related to this. It is a .25 cent sales tax that will go to a foundation and people can apply for grants for projects. Our problem is that the Arapahoe County jail is not in the city of Aurora. Rob – In the Caring for Denver grant, 10% of those funds are earmarked for alternatives to Jail.

	Nancy – If we could make a loophole for people who live in Aurora but are incarcerated in Arapahoe County Jail, it would be relevant. Addison – Are folks in jail getting medication for their Behavioral Health diagnosis? Nancy – It is rudimentary but yes they are. We have providers who serve these people. It is not a mental health center. Some of them are not in for very long. We don't have room or funds for a robust transition program. They are led out onto the street and this is insufficient and wrong. We don't have the money or room in our jail for treatment. Gina – Are there any facilities that provide medications for when people are released from jail? What is available to them? Ryan – There are step down programs. The biggest issue is there are certain medications which can't be delivered within the jail. Like for psychotropics, they'll use the generic kind. A huge red flag is folks who are being released with only a certain amount of meds. For example, someone is given a 30-day supply of meds, but the wait time to see a provider is 6-8 weeks. Terri – Adams and Douglas County may not be releasing folks with enough meds Suman – Why are there so few people that have been through the pilot program? Ryan – This is primarily a communication factor with us being in the parole office. HCPF suggested we get out of the parole office. Folks don't want to talk to us. Folks also feel they don't need to talk to us. The first day we went we had 7 folks, but it has tapered off since then. As long as we're having 1 per visit then it's worth it. Addison – What gaps are you seeing that we as members of the PIAC could help with? Ryan - I came from Nebraska and one of the barriers is they had the stakeholders at the table but not the resources. We had to circumnavigate the system to get these resources. In Denver we have stakeholders and resources. We are all doing great things but not communicating. Addressing the communication gap and figuring out how we can work collaboratively is important in developing a streamlined course of action for folks with behavioral health needs. Shera – Where does funding come from for CCJRC? Terri - Grant funding and donations. We don't accept any money from state or federal government. Carol – What is the definition of "academic" on the assessment slide? Terri – I will dig into that report and let you know.

Community Innovation Pool Steering Committee R3 PIAC Representative	Kelly reported to the PIAC that we don't need to have an election for the Community Innovation Pool (CIP) Steering Committee R3 PIAC representative. Kelly reminded the group that COA held a joint PIAC meeting with PIAC 5 at the end of January. Many of you participated. We focused on the monetary side of Pay for Performance measures. How do the dollars we earn get distributed? A certain portion of that goes to the CIP for mini grants to fund innovative approaches. We are in the midst of launching that. Representatives from stakeholder bodies are on the steering committee. These committee members will represent PIAC, MAC, Governing Council, and COA. We want to have a thoughtful process for how this money goes out the door and gets reinvested in the community. Ellie Burbee from KIND Dentistry is going to be on this committee. We have public health, pediatric, oral health and consumers with lived experience. Someone from COA will also sit on this committee, but we have not picked this person yet.
Emerging Issues	Addison asked the PIAC members what are pertinent issues for them that they would like to have addressed at PIAC. Carol T – With all the current virus dialogue, I've noticed that folks need to pay attention to languages other than Spanish and English, and at least think of mechanisms to outreach to other language. How does COA provide services to non – English speaking members. Carol stated she did not need this to be brought up as a topic at a future PIAC meeting but wanted to encourage COA and PIAC to think about it and how it makes sense. Nancy – I'd like to learn more about telemedicine. We talked about using it in the jail in some circumstances. Ellie – I second that Julia – It also sounds like you all would be interested in Geo-mapping and heat maps? Several PIAC members agreed. Wendy – With statewide Behavioral Health taskforce and access to care rising to the top of community member input, I would like to understand more about provider capacity and networks that exist in R3. Kelly will follow up with Wendy. Gina – There's a lot of parents that are getting denied for children with complex medical needs. They are getting denied for benefits like certified medical assistance. Many of them who have been approved before are getting denied. I'm interested in the data. Around CNA services, how many parents are being denied and why. It's been a huge issue with a lot of parents of children that have complex issues Maribel – I can talk to you offline about that

Public Comment	Tyler – I'm representing Centura and would like to be here on a regular basis. Part of our role is the community engagement partnership piece and possibly leveraging this group for the interventions we have through Hospital Transformation Project (HTP). I'll be reporting back to that group. You will always see one of us here. Kelly – The HTP will likely be a big agenda item in June.
Action Items/Responsible Party	Kelly will look at asthma stats statewide Terri will look into the definition of "academic" as it pertains to assessments Kelly will follow up with Wendy regarding her request about provider capacity and networks for Behavioral Health in R3
Next Meeting:	Wednesday, June 10, 2020 at Colorado Access, 11100 East Bethany Drive.