PIAC Members		Colorado Access Staff	
X	Addison McGill, HealthOne Behavioral Services	X	Rob Bremer, Vice President of Integration
	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		Kristin Le Grice, Evaluation Coordinator
X	Bipin Kumar, Himalaya Family Clinic		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
	Katherine Neville, Health First Colorado		Ana Brown-Cohen, Manager of Health Program
X	Gina Brackett, Parent to Parent	X	Johanna Glaviano, Recording Secretary
	Harry Budisidharta, Asian Pacific Development Center	X	George Roupas, Senior Manager of Telehealth Programs
	John Douglas, Tri County Health Department	X	Marty Janssen, Senior Program Director
X	Maribel Sandoval, Personal Assistance Services of Colorado		
X	Nancy Jackson, Arapahoe County Commissioner		**Other Guests**
X	Marc Ogonosky, Health First Colorado		
X	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		
	Wendy Nading, Health Alliances		

Welcome to Meeting #5, Introductions, Committee Business	Addison McGill called the meeting to order at 4:05pm. Kelly Marshall gave a quick overview of Zoom chat functions. **Committee Business:** *Approval of March Meeting Minutes:* Addison presented the March meeting minutes for approval. Gina moved for minutes to be approved and Ellie seconded. March meeting minutes were approved unanimously.

Self Care is First Care	Addison McGill, Director of Business of Business Development at Aurora Medical Center and Region 3 PIAC Chair presented "A Brief Guide to Self-Care" with accompanying slides. • Challenging times even for the healthiest of people; uncertainty can seem overwhelming; naming your feelings can engage a higher level of thinking; encourage all to remain grounded on values • Resilience: the process of adapting and the ability to recover; resilient people see problems as opportunities to overcome and learn • Resilience helps you recognize healthy versus unhealthy coping skills, and helps in avoiding burnout • Whole person wellness focuses on the 6 key areas of life: spirit, work, emotions, mind, relationships, body • Self-Care Tips: meditation, movement, food journal, sleep, checking in with others **Questions & Discussion** Rob: There is such a thing as Zoom fatigue Addison: Virtual meeting make it more difficult to read body language; learning curve for the new ways we communicate Kelly: Good reminder to be more mindful of helpful coping skills, especially when children are looking to you for support Addison: Like being on an airplane, put on your own mask before helping others; more likely to be there for others if you take care of yourself Nancy: I take time in morning to meditate, yoga, so I have time for myself and for my kiddo Addison: Someone had mentioned a gratitude journal – identify a few things each day that you're thankful for Gina: Back to basics of time spent with the family, walks, fly kites, board games, puzzles
State PIAC Representation Update (Slide 6)	Kelly stated that Shera Matthews has been the liaison to state PIAC for the region since the beginning, a 2 year position with option for 3rd year. ***Will send out information for anyone interested in nominating themselves for the position and hold the election in September.*** State PIAC also has other open seats for stakeholder positions for those interested. ***Kelly will send out communication from State PIAC with opportunities.*** Shera stated that the committee work is three-fold: state PIAC monthly meeting, regional PIAC quarterly, and serving on sub-committee. It is an important position and honor to represent region, but it is a lot of work. Would like more stakeholders involved who are Medicaid recipients. We need patients and families of patients to voice the needs of the region via these committees. Shera states she will continue until someone else steps in.

Member Advisory Council Update (Slide 7)	Marc Ogonosky gave an update on the Member Advisory Council (MAC). • COA COVID-19 response has been astronomical, especially regarding telehealth • Community Innovation Pool • Changes and challenges with non-emergency medical transport (NEMT) including required service provider form for level of service • Criminal Justice and Rapid Release Program still going • Consumer Advancing Consumer Participating grant which will be coming up in the next month • Transition of COA Single Entry Point to Rocky Mountain Human Services • Continuing the weekly MAC check in calls with members **Questions & Discussion** Addison: I understand it's typically physicians signing off on NEMT level of service form; are doctor's able to process those forms, is it difficult for members to see doctors to sign off on form? Marc: Very difficult to get; required form due to incidents of fraud (using services other than what it's for); must be signed by doctor or social worker; will not provide service to appointment if form is not signed Bipin: Hard for provider to determine what patient needs when filling out form if they aren't seeing the patient first or when assessing patient over the phone Marc: I am in support of the form, it helps in tracking accountability Shera: NEMT is an ongoing subject matter of the Provider Community Experience sub-committee; happy to connect Marc with sub committee to discuss issues; welcome to join upcoming meeting ***Molly to connect Shera and Marc offline***
COVID19 & Telehealth (Slides 8-23)	George Roupas presented about Covid-19 and Telehealth. • Telehealth is a collection of methods for delivering and enhancing healthcare, and improving health outcomes. Telehealth methods include: live videoconferencing, remote patient monitoring, electronic consultations, and mobile health. • "Telemedicine" used when delivering actual clinical care, whereas "telehealth" is general use of above methods • Policy changes to telehealth during covid19: expanded definition to include reimbursements when using telephone and live chat; authorized Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services to bill for telemedicine visits; added physical therapy, occupational therapy, home health, hospice, and pediatric behavioral therapy services as eligible services • Tremendous surge in telehealth in April; policy changes are key driver in determining the future of telehealth; expecting guidance from state soon • COA distributed a flyer to members about telehealth and how to ask provider about telehealth option • Provider Network feedback: dramatic drop in no-show rates; members appreciate convenience; clinics able to expand hours; challenges include difficulty billing well visits, challenge integrating telehealth with electronic health record • Predict many telehealth expansions will be rolled back, but some may stay **Questions & Discussion** Kelly: A lot of interest in what telehealth looks like going forward, especially after expansion expires; fear that rolling back telephone only option will be a huge loss for those who only use, or only comfortable using, telephone

	Bipin: Most clinics were able to adapt quickly to changes; how do we distinguish between scheduled virtual telehealth calls that become telephonic because patient does not have video capability? George: Giving care telephonically falls under telehealth and can be reimbursed; most likely roll back telephonic reimbursement Chat Q: Nancy: If Telehealth would be rolled back post pandemic, what would the reasons be? George: Some services not best done by phone, like intakes; there will be change telephone option for reimbursement with telemedicine rollbacks Bipin: How to determine what service we are billing for, i.e. providing information over the phone versus other methods; how do doctors determine differences in billing for telephone calls for information exchange versus telemedicine George: If you can normally bill for telephonic conversation, then you can bill for telehealth; depends on what information is being exchanged Shera: Providers had to differentiate between giving information over the phone and scheduling calls versus having an actual telemedicine; go back to defining elements of decision making and evaluation Kelly: Bipin, may get in to technical support with your clinicians in terms of what is billable and what's not; ***will connect with Bipin offline for support*** Carol T: Will there be efforts to touch base with members on what works and what doesn't in terms of telehealth? What works for providers and members are different, where do they intersect? Kelly: There will be an effort on collecting qualitative and quantitative feedback from providers, members; might be something to bring up with state PIAC; potential to partner with CHI for data collection Marty: COA developing member survey about feedback and telehealth feedback; rollbacks are both state and federal directives Chat Q: Kelly: Marty, will the member survey being created by COA's Quality team go out to all members? Marty: We'll be working out the specifics of distribution, etc., over the next week or so. We'll certainly try to be as inclusive as possible. Bipin: Patients love telehealth Carol: Happy to be a resource to get Spanish and other non-English speaking members' input Chat Q: Shera: From a HIPAA perspective are there issues related to telephonic visits compared to tele-video? George: Because current definition of telehealth has expanded to telephonic, it is HIPAA compliant and under the same guidance as in-person appointment; changes will be determined by state and feds; concern for those who don't have access to virtual / video telehealth options George then presented about the Virtual Care Collaboration and Integration (VCCI) Program • Created in 2017 by COA in partnership with AccessCare • Goal is to increase access behavioral health and advance integrated care; team-based care program designed to support primary care providers with managing behavioral health in primary care setting • Receives direct referrals from primary care providers for members in need of behavioral health services; uses telehealth collaborative consultations and direct patient care; services include psychiatric evals, diagnostic assessments, medication management and more • Recently expanded to in-home telehealth option • Recently introduced Direct Care Program which allows COA Care Managers to refer members with services provided to members in their homes via telehealth

	• VCCI recently partnered with The Delores Project to provide behavioral health services to residents on site • Psychiatrists are aging out; 59% are 55 or older; small number of graduates choosing psychiatry as focus; telehealth will be great answer to crisis in the dearth of psychiatrists **Questions & Discussion** Maribel: If telehealth is to improve health outcomes, any data on health outcomes, or too early to tell? George: We are data gathering stage; should have data soon within year which will help show improvements in health, and will continue to evaluation
Community Innovation Pool Update (Slides 24-27)	Rene Gonzalez presented about the Community Innovation Pool (CIP) • Collecting applications now through June 22nd; team is fielding lots of questions; received 2 fully completed apps; will review applications starting in late June • Training CIP committee for health equity in telehealth next week with George Roupas and external partners **Questions & Discussion** Kelly: Short application window, went live June 1, deadline is June 22nd; sent to provider network and community listserv totaling about 4000 email addresses Bipin: I'm planning to send an application, but I've never written a grant, is there a template to use, especially with the budget piece? Kelly: We don't have a process for that right now and want to make sure there's no conflict of interest; can contact CIP@coaccess.com for questions and information
Colorado Behavioral Health Task Force	Nancy Jackson, Adam's County Commissioner, provided an update on the Colorado Behavioral Health Task Force. • Task Force and sub-committees working diligently to have recommendations ready by July; don't have any recommendations at the moment • There are three sub committees: Safety Net, Children's, and Long-Term Competency • Looking at continuum of care for high needs people; what are essential / core services that individuals need access to throughout the state • Telehealth will be key ingredient, although broadband is an issue in many parts of state, as is distance, especially in rural counties • Sub-committees come up with recommendations and submit to main task force, main task force puts in form for legislature • Lieutenant Governor & Director of Human Services, Michelle Barnes, and other high level officers are attending meetings; looking for 3 or 4 top level recommendations • Facing budget constraints which will have an impact • Many special diagnoses that need to be included so they have needed services; trying to be as inclusive and thoughtful as possible about recommendations **Questions & Discussion** Kelly: How was this put together? Nancy: Governor's idea; meeting since last fall Kelly: How has coronavirus influenced the conversation you're having? Has it created a greater sense of urgency? Nancy: Meeting virtually; have seen increase in anxiety, depression, substance use, other behavioral health challenges; current situation increases salience of issues; increases awareness of different levels of need across the state, especially in smaller and rural communities Nancy: One recommendation has to do with work force and shortage of providers (therapists, social workers, etc.)

Behavioral Health in Light of COVID-19 (Slides 28-29)	Facilitated discussion regarding behavioral health and the expected increase in need. - *What are you hearing and seeing?* - *Where should we be looking for signs of a crisis?* - *What is the role of the RAE?* Gina: COVID has huge impact on behavioral health; conducting trainings during pandemic about parenting which have helped a lot; readjustment for many parents with working, teaching children; impact on children too; with recent social and political issues, many African-Americans are experiencing secondary trauma Terry: Seeing a lot of trauma from news and events; many people relapsing; difficult to get needed support right now; one benefit is that criminal justice system is not making people do urinalysis which doesn't seem to be detrimental at this time, brings up issue of oversurveillance; will need to be variety of healing modalities Addison: Adolescent population and all the changes including social life, school, stressed parents; usually quieter time of year, but with current situation, health centers are at capacity with intakes and need; seeing a lot more acuity with adults - more symptoms equal higher acuity requiring more resources to meet the needs; increase in primary substance use department Carol T: I don't see clients or patients, but from what I'm hearing, feel demand is also going to increase; what is needed in terms of capacity and more providers to meet demand; more outreach needed proactively to community? Addison: Before covid, we knew that bed capacity wasn't enough and now need is greater; integration of telehealth, more focus on reaching out and self-care Carol M: Now seeing people start to shut down; people are overwhelmed, but afraid to get help because of fear of getting infected, concerned about surge for hospitalizations and out of home placements Addison: We know that certain populations are more vulnerable than others; any idea of what role RAE could play? Carol M: As people start to emotionally close up, it needs to be more than case management; it will take more persistence from the providers and agencies to reach out, not just a phone call and leaving a message; have to look at new ways of supporting those who are shut down or completely overwhelmed and not able to reach out Maribel: At PASCO we work with individuals with different disabilities with family caregivers; think about needs and resources they need and have; have heard that children with autism are showing different behaviors now due to changes in routine and environment Nancy: How difficult it is for providers to obtain funding to serve clients; the more flexible the funding, the easier for providers to serve the community; RAE could help providers simplify the process Maribel: Anyone have data about what they're hearing in school districts or children experiencing different disabilities? Addison: Mental health related House Bill including data, not sure of details Rene: Heard from Patty Ann, collaborative management program in Elbert County that students are experiencing high rates of disengagement, stress, and behavior issues Maribel: Parents have a lot on their plates; trying to work and keep kids busy and engaged; it's a lot to juggle
	Meeting Adjourned at 6:00 pm.