PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	x	Marty Janssen, Senior Program Director
	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 Engagement
x	Carol Tumaylle, Colorado Department of Human Services, Office of Refugee Services	x	Molly Markert, Senior Community Engagement Liaison
	Bipin Kumar, Himalaya Family Clinic	x	Nancy Viera, External Relations Coordinator
	Dana Held, Health First Colorado	x	Rene Gonzalez, Senior Community Engagement Liaison
x	Daniel Darting, Signal Behavioral Health Network	x	Aleasha Sykes, Manager of Care Management
x	Ellie Burbee, Kids in Need of Dentistry	x	Johanna Glaviano, Recording Secretary
	Katherine Neville, Health First Colorado	x	Shawnette Gillespie, Member Engagement
x	Gina Brackett, Parent to Parent		
	Harry Budisidharta, Asian Pacific Development Center		
	John Douglas, Tri County Health Department		
x	Maribel Sandoval, Personal Assistance Services of Colorado		
	Nancy Jackson, Arapahoe County Commissioner		**Other Guests**
	Marc Ogonosky, Health First Colorado	x	Dawn Fetzko, Colorado Primary Care Clinic
	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		
	Suman Morarka, Retired Provider		
x	Shera Matthews, Doctor's Care, State PIAC Rep		
x	Wendy Nading, Health Alliances		
x	Joseph Prezioso, Health First Colorado		
x	Maria Zubia, Kids First Healthcare		

Agenda Item	Meeting Minutes
Welcome & Introductions, Committee Business	Addison McGill called the meeting to order at 4:04 pm. **Committee Business:** *Approval of June Meeting Minutes:* Addison presented the June meeting minutes for approval. June meeting minutes were approved unanimously.

Meeting Frequency Survey & MAC Update (Slide 5)	Nancy Viera • In August, sent out a survey to gauge interest and feedback about meeting frequency and content • About 30 responses; majority agree on meeting four times a year; would like PIACs to meet together once or twice a year • General satisfaction with current frequency and length of meetings • Will send separate survey regarding meeting content, timing, agenda; want to ensure we're maximizing time • In December, will be mandatory for presenters to stay after meetings for further discussion and questions • Use RAE-U to push content prior to the meeting and prioritize meeting content Molly Markert: Update of Member Advisory Committee (MAC) - The MAC has reviewed and obtained clarification of the grievance process - Participated in the Community Innovation Pool - Discussed improvements in communication to members - Discussed communication to members about reduction in dental benefit; dental benefit change takes place in Jan, 2021; recommend getting dental work done prior to benefit decrease - Provided input in Population Health monthly email to members - Discussion regarding NEMT/IntelliRide **Questions & Discussion** ***Nancy to provide Dawn with RAE-U enrollment information***
Community Innovation Pool (Slides 7-21)	Kelly Marshall, Rene Gonzalez • Slides and information sent prior to meeting for review to focus on questions and discussion during meeting • Innovation defined as alternative problem solving, incremental or totally new build, worth trying and failing • Two focus areas: Health inequities and social needs exacerbated by COVID and Telehealth; 3 tiers of funding • 69 applications received from 50 organizations **Questions & Discussion** Joseph: The team did an awesome job, was overwhelming at first, but done well in the end Ellie: Agree, it was a huge lift and a lot of hours Dawn: I applied, but didn't receive grant; was disappointed that many of the grant recipients were large conglomerates; if you're looking at serving communities, shouldn't there be a balance of smaller organizations; if recognizing community innovation, should go to smaller community organizations and clinics that are doing significant amount of work

	Kelly: I think you're right, there are many large organizations, but there is a mix of smaller and medium organizations in there too; was some debate about taking into account the actual organization or focusing primarily on the innovative idea; since was open to any organization, we didn't use size of org as criteria; with future opportunities, we're looking at ways provide technical support to smaller organizations or those that need it Joseph: I appreciate your comment, we explicitly discussed that in the application review, we would not hold it against an applicant that didn't have support, I think many larger organizations have the ability to complete application within small turnaround time; in future, goal is to get better mix and more smaller organizations to apply Daniel: Signal has been in position of various RFP offerings and projects; helpful in future to connect smaller organizations with resources and other organizations who can help with turnaround time of application Joseph: The original email blast about the grant, how did people get on that list? Kelly: Went to entire provider listserv, non clinical list, and asked alliances and other community partners to spread the word Joseph: Dawn, what was your thought about the application process? Dawn: We weren't on the first listserv, but heard from another partner; thought the grant was very self explanatory; appreciated that 501c3 was not a requirement
Elections (Slide 6)	Molly Markert • COA oversees Regions 3 and 4 Governing Councils, PIACs, and Member Advisory Council • HCPF has State Member Experience Advisory Council (MEAC), State PIAC with three subcommittees • Need to elect representative from both PIACs to represent on State's PIACR, • Wendy Nading volunteered to be on State PIAC • Thank you, Shera, for your work and representation on the State PIAC • Daniel Darting also on state PIAC; Maria is interviewing for state PIAC
HCPF / Budget / Future states / Impacts (Slides 22-29)	Marty Janssen • At beginning of pandemic, state predicted 500k new members; prediction was overestimated, enrollment not as high as predicted • Less than 1% of new enrollment are individuals who have never had Medicaid before • State survey found that large percentage of people said they will go without insurance instead of signing up for Medicaid • Public health emergency or federal maintenance of effort (MOE) ends 12/31/2020; once ends, estimate approximately 300k will be disenrolled, but don't know what actual numbers will be **Questions & Discussion** Joseph: Great video; 300k will lose Medicaid coverage when emergency is over, why such a high number? Marty: I don't know if that's the actual number; back in March, state looked at number of businesses closing and those filing for unemployment, so it was an estimate on state's part, using predictive models; predicted large influx of members, but we didn't seen that large of an influx; many folks who lost jobs have decided not to apply for Medicaid and will go without insurance; we know that 300k is most likely much higher than what will actually happen; based on initial 500k but not what is happening Chat: Maria: Many immigrant families opted to not apply for fear of public charge

	Joseph: Wouldn't it be helpful for community organizations to have Medicaid enrollment information to hand out to potential members? Marty: That's a very good point; we've found that majority of new members are folks who had Medicaid previously; believe it's because those on Medicaid understand process better, more comfortable, those who are undocumented are not comfortable filling out government paperwork, stigma of applying for government programs; all equates to many opting to go without insurance than go through application process; state is discussing ways to communicate better to community Chat Q: Carol M: For a future agenda, could we hear about the transition of health communities (EPSDT) to the RAEs? Chat A: Addison: Great suggestion, Carol! We will add this to the list of potential future topics. Thank you! Chat: Kelly: Thanks, Carol M. Yes, we can definitely put that on a future agenda or get you that info through RAE-U or something in writing Chat Q: Carol T: I wonder what opportunities exist for the innovation grantees to add that "Medicaid is available" kind of messaging to their patients/clients? Chat: Kelly: Carol T, that's a great idea. We haven't yet thought about how to partner with our CIP awardees on things like this. We'll think though that some more for sure. Chat: Molly: Speaking on behalf of my son, his unemployment put him just over the financial limit. He had the option to apply for MCaid when he updated his weekly unemployment Dawn: I agree with everything Joseph said; folks who found themselves needing government benefits for the first time were really at a loss of what to Chat: Maria: I had been doing well calling it public health insurance until the revision of public charge. Unemployment should have been included in this conversation and they could have assisted in giving this information out. Chat: Maribel: Very good point, Maria. Public charge creates so much fear. Chat: Maria: They say 90 days but you need to qualify with our income for each of those dates of service Chat: Dawn: great idea about calling it public health insurance! Addison: We do help folks who come in apply for Medicaid, especially those in crisis; like the idea of calling it public health insurance
Year 3 Strategies and Planning	Kelly Marshall • ~20 metrics with specific numerators and denominators with dollars attached • Metrics in 3 categories: Physical Health, Behavioral Health, Performance Pool • Nature of work includes COA Function, Single Provider Contribution, System Collaboration • COA function: requires COA specific actions to affect change • Single Provider Contribution: Requires individual providers to do specific work in their sphere; Physical Health-Adult, Physical Health-Pediatrics, Behavioral Health: what are ways that you can affect change, what is working • System Collaboration: Requires stakeholders working together to affect change; medical neighborhood groups with specific clinical priorities; based on ability to influence the clinical priory through coordination and aligned efforts • Looking at data to see where dollars need to be invested and benefit of gathering like cohorts; focus on peer learning and exchange **Questions & Discussion** Wendy: On last slide re: maternity, is that considered a condition? I'm unclear as to what governor's office has identified

	Kelly: Of the list of conditions, maternity is one that overlaps with governor's wildly important goals (WIGs) Chat Q: Joseph: Does complex care have a definition? A: Kelly: Yes, from state HCPF perspective, they have us looking at folks with costs more than $25,000 in the last 12 months Marty: Complex care definition is very claims and cost based, but when talking to health systems and providers, their definitions differ; have to find way to align those factors
COA Health Equity Proposal (Slides 30-40)	Rene Gonzalez • Conversation started with Charlotte Hill Ridge who emailed the CEO about social justice and COA's response • Forming external Health Equity Committee (HEC); will be liaison with internal work being done at COA • Committee goal: Support and empower communities of color to reduce health disparities; develop 2021 agenda with meaningful member and partner input; foster multi-sector collaboration and make health equity a shared vision and value both internally and externally; want HEC to reflect all communities • Creating exploratory task force, a pre-phase committee to explore topics, identify areas of need, obtain community integration, propose ideas for 2021 work; open invite to PIACs, MACs, etc. • Build inclusive and robust health equity agenda, including: o Qualitative data from community input, discussion, and feedback from task force o Quantitative data from COA evaluation and research on race/ethnicity, chronic diseases, and COVID19, etc. • Task force is a finite group, 5-6 meetings from now to end of 2020; develop priority areas for agenda • Please contact Rene or Nancy if interested in participating • State PIAC Priority Areas: Equity Framework, Equity Resources, Equity Accountability; looking at high impact areas of work; • Conversation around State PIAC as advisory group, very mixed feelings about potential of group to influence, can only focus on equity in programs, not operational changes **Questions & Discussion** Kelly: There wasn't a consensus about doing the work within State PIAC; fatigue from folks who've been doing this work for a long time Chat Q: Maria: what is CO Access definition of equity? Equity work these days must be authentic or it doesn't mean much Daniel: Was a robust conversation with state; don't want to give lip service; also need safe enough place to move forward and make changes, have critical conversations; appropriate to be concerned about engagement and understanding of racial equality; intention to move forward in the most thoughtful and productive way possible Wendy: Agree, important meeting to have, still commitment to do something, just need to be thoughtful about what that something is; prior to the State PIAC meeting, we were provided with health equity task, the PIAC representative challenged us in a good way, said it felt like an academic and default response; examples of framework and tool kits are what we often default to; space to challenge and reflect on meaningful work; PIAC can reflect on importance of new membership representing more lived experiences; commitment to bringing diverse perspective will help work; postponed slating of new membership because of this reason, needing more diverse perspective, or else how can health equity work be done?

	Gina: This is huge right now; there are things that can be done; start to partner with community organizations currently doing the work; the governor declared racism as a public health crisis in Colorado; do have to be thoughtful and intentional in how we move forward; make sure voices are heard and that there is an outcome Rene: Gina, you could be a potential member of this group; Aleasha, Shawnette, Nancy are part of the group supporting this task force; please let us know if you want to be a part of this Gina: Yes, I'll do it, I am interested in participating Dawn: Incredibly important topics that has risen to forefront which is where it needs to be; the State PIAC slide is very academic; who defines the silos that we're going to put these racial groups in; why do we need to classify race; we are excluding faith based organizations, we don't want a group that checks the box and calls it done; there are many excluded from conversations when just focusing on race Aleasha: When I first talked to Rene about this, we made the point that we need to meet people where we are, not just say it, but do it; thinking of very diverse group of people; more than just exciting work, it's my life and my grandchildren's life; I am excited about this; we have a group within COA working on this; it's not the easiest work for everyone; it's time to change the narrative Chat: Maribel: Many families here in our communities have no access to computers at home/internet nor the soft skills to access online forms to get their basic needs Chat: Maria: There is so much work in this area that needs to be done Chat: Carol M: I am happy to be a voice of people with disabilities if that is needed. Thanks for bringing this up Nancy: One thing to take away from this conversation, this is the time to give the spotlight to people of color; this is the time to focus on those who don't have opportunity to speak up Maria: When doing equity work, it cant be one and done; has to be embedded in what you do; from hiring to the services you provide; take caution that individuals invited to the conversation aren't tokenized, but are thoughtfully invited; that's typically what happens to data; tend to gentrify language to get point across, especially when advocating for my family in order to get point across; created an inclusiveness committee within my organization Joseph: Great passion on this topic. Needs to be turned into meaningful action. Outcomes versus process. Chat: Nancy: And make sure we are intersectional and intentional with our work Rene will continue to update group on committee and task force progress and how group can support.
Public Comment	No public comment.
	Meeting Adjourned at 6:09 pm.