PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services		Bobby Park
	Andy Wallick		Eileen Barker
	Bipin Kumar, Himalaya Family Clinic		Eileen Forlenza
			Jo Glaviano
x	Carol Meredith, The Arc Arapahoe & Douglas		Julia Mecklenburg
x	Carol Tumaylle, Office of Refugee Resettlement/Refugee Health Division		Kellen Roth
	Dana Held, Health First Colorado		Kelly Marshall
x	Daniel Darting, Signal Behavioral Health Network		Molly Markert
x	Ellie Burbee, Kids in Need of Dentistry		Nancy Viera
	Gina Brackett, Parent to Parent		Rene Gonzalez
	Harry Budisidharta, Asian Pacific Development Center		Rob Bremer
	Ingrid Kolstoe, Parent, Health First Colorado		
	John Douglas, Tri County Health Department		
x	Joseph Prezioso, Health First Colorado		
x	Maribel Sandoval, Personal Assistance Services of CO		
x	Marc Ogonosky, Health First Colorado		
x	Maria Zubia, Kids First Healthcare		
x	Nancy Archuletta, DentaQuest		
x	Nancy Jackson, Arapahoe County Commissioner		
	Patty Ann Maher, Elbert County Collaborative Management Program		
	Suman Morarka, Retired Provider		
	Tara Miller, Juvenile Assessment Center		
x	Wendy Nading, Tri County Health Department		

Agenda Items	
Welcome, Introductions & Committee Business (Slides 1-7)	*Approval of May Minutes*: Addison presented the May meeting minutes for approval. Move: Marc, Second: Nancy; The May meeting minutes were approved unanimously. Marc Ogonosky: Update of Member Advisory Committee (MAC) - HCPF presented for feedback regarding Behavioral Health in Colorado: Putting People First, a Blueprint for reform. - DPHE presented on CO Diabetes Prevention and Management program, including the National Diabetes Prevention Program and the Diabetes Self-Management and Education Support Program. - Informed about the new 2021 Community Innovation Pool process and outline. - Welcomed two new MAC members in April. - Still recruiting for new members and would like to add members from diverse backgrounds. Please continue to pass out MAC requirement flyer. Please connect with Molly for connections. **Questions & Discussion** Chat: Joseph: We should all try to spread the word on these diabetes programs that are not well known Q: Bobby: How do we get access to the recruitment flyers? Kellen: I can send those over, as can Molly

Health Equity Update (Slides 8-9)	Rene Gonzalez, Colorado Access • Introduce Robert "Bobby" King, Vice President of Diversity, Equity and Inclusion (VP of DEI), at Colorado Access • Next meeting Health Equity meeting: June 21st; will include introduction of Bobby King, behavioral health investment strategy, COVID vaccination strategy, and the Community Innovation Pool (CIP) • Used soccer tournament to promote vaccination, including COVICDCheck Colorado, UCHealth, Denver Mayor's office, etc.
	COVID Vaccination Strategy Kelly Marshall, Colorado Access • All RAEs required to execute detailed plans to distribute vaccines while reducing disparities for members of color and for members who are homebound • Completed 100% of outreach to homebound members; continuing to work on outreach to members of color • Anticipated FEMA funding for R3 & R5 vaccine outreach programming and activities; 75% must be passed to providers and community partners; COA received payment, 100% has been passed on to primary care providers • Goal is to build a more permanent partnership outreach structure for current and future public health work • Targeted outreach: Member-Level Outreach: Care Mgmt to call members on COVID vaccine outreach lists, including homebound members and members of color • Population Level Outreach: Text campaign, Go Live • Community & Vaccine Partners: Working with public health agencies to align messaging **Questions & Discussion** Q: Chat: Joseph: What is driving the variance between R3 and R5? A: Isn't one answer, seeing more disparity with members of color in Region 5 than in Region 3, particularly with AA community, but gap is not as dramatic as overall gap of Medicaid to general population; state is working on Medicaid population, proving to be large gap; re: why, surveys showing many different reasons why folks are not getting vaccinated – cultural response, access – starting to pivot to working with key providers and community groups Q: Chat: Wendy: have you looked at CIIS race and ethnicity data compared to HCPF data? TCHD data (pulled from CIIS) shows our Latino population has the lowest rates across all race/ethnicity categories. How is data discrepancy presenting? A: Yes, we have; we get CIIS data from HCPF weekly; will look into that and get back to you; I don't think we're investing lots of dollars towards black community, we're rolling out in certain zip codes Chat: Wendy: Sharing link that shows race/ethnicity data for Adams, Arapahoe, and Douglas County. https://www.tchd.org/893/COVID-19-Vaccine-Data
Behavioral Health Systems Investment (Slides 10-13)	Eileen Barker, Colorado Access • HCPF increased the RAEs funding for upcoming fiscal year beginning in July 2021. • The intention of the State is the expansion of behavioral health services to better support Medicaid members across Colorado. This is the result of recognized gaps in services and anticipated increased need due to COVID-19

	• Colorado Access seeking input to determine where new investments need to be made in our regions • Expansions need to focus on meeting the needs of our Medicaid members directly • State has three areas of proposed investment focus: Children's Mental Health, Substance Use Disorder (SUD), Safety Net Services **Questions & Discussion** Chat: Wendy: https://www.childrenscolorado.org/about/news/2021/may-2021/youth-mental-health-state-of-emergency/?utm_source=AAP&utm_medium=media&utm_campaign=PMHI Breakout Groups Where are the gaps? Joseph: Is there a parallel system for children around BH crisis care? A: Eileen: Not really; there are more protections and regulations in children's system of care than for adults; critical difference is that children are attached to a family, how involved is the family, how much influence do they have, are they an advocate; the 2019 Families First Prevention Act for children to receive BH services at home instead of in residential treatment; families don't want children in residential treatment center; there are also more protections regarding abuse and neglect Daniel: Emphasis around reform; dramatic overutilization of residential services for children in need of reform; any walk in centers are supposed to assist children in crisis; more complex, rarely utilized; not ideal environment for children; helpful to have dedicated place for children; often times, regulatory layers make it prohibitive to help kids; New types of services needed? Carol: What I hear re: refugees and non English speaking is need for interpretation; care coordinators and navigation is so important Q: Chat: Joseph: Does COA have care coordinators trained to help families and children with BH needs? Ellie: Gap we see is for care coord, we do bh screenings, biggest program is school programs for treatment and prevention; we do bh screening at the same time; KIND doesn't get reimbursed for care coord, whereas primary and bh providers do; find ourselves as first point of contact with children for those with multiple needs; dental is most chronic disease and critical to have care coord support Can COA care coord fulfill that gap? Ellie: We can do bh as long as parent has signed parental consent; it's a matter of reducing a barrier; we've explored with COA but we can't seek reimbursement Chat: Maribel: Do schools have access to providers helping families with BH services? Rene; We have partnerships with telehealth providers Eileen: SBHC are critical link related to bh services; not all schools have SBHCs; many times the services provided is by school nurse or other providers who are stretched thin; oftentimes, bh folks are first to be cut; Chat: Kellen: Yes, we do have a specific team that is devoted to BH supports. Many care coord and care mgrs. have backgrounds supporting families and kiddos who have BH needs. Q: Maribel: What happens during summer breaks, esp with limited access to resources, parents are working, etc. How do they reach out? What struggles do families face in seeking bh services? Time and logistics; fitting in around work schedules Transportation Language Cultural aspects, made more complicated by bh diagnoses Prioritization of issues

	Lack of knowledge about the signs of bh distress/issues Chat: Rob: We do have BH clinicians integrated into all DPS HS and middle schools. Some but less broad coverage in APS and other region 3 schools. Summer break is an issue. Kids are required to seek care at the care provider's home (e.g. the mental health center). Chat: Carol: A gap, then, is probably mostly in schools where there isn't a BH clinical presence What would you like to see in place? Carol: Anything from adult world that we need to transition for children? What are some best practices that can be applied to children's bh services? Joseph: Great reluctance to take child to ER, is there something in between for a crisis, help in home, less traumatic option for children RE: many SBHC are underfunded; schools with the highest need don't have SBHCs; some partner with safety net clinics are incredibly valuable and impactful Maribel: For those without SBHC, maybe come up with system so parents know where to go during summer break, clear roadmap on how to get resources Rob: Not all school districts have been open to establishing SBHCs Difficult process to have a SBHC Families resistant to getting communication from anything that feels like social services, even though ss are prevention and supportive based; there is connotation; schools can feel more safe and neutral v ss; Carol: care coordination is important; biggest problem is layering care coord on top of care coord; for user, you have too many care coord; systems of care are complex; adding another care coord doesn't fix that, but the more we can do it in places where kids and families are, espe trying to reduce stigma of mental health, the better off we'll be; opportunities to bring in providers as a preventative measure Julia's Group Providers overwhelmed, not enough providers, lack of culturally relevant providers; workforce pipeline; using more promotora model around BH; Latinx may prefer more group setting than 1:1 Exploring ways to promote work upstream and outside of box Not enough residential providers Not enough providers accepting insurance Need better models so that providers accepting insurance for seamless access Prevention and early intervention Joseph: Can COA support Families First Prevention Act? Eileen: Yes, would love to see more in CO; what wil lit take for more providers to provide in-home services, increase rates, accepting insurance; Wendy: We know from stakeholder input, did this issue come up? Have we asked providers what it would take to accept insurance Recently read an article; what's an issue is the complexity in dealing with the program, the billing, etc. Nancy J: Do not recall that this question was considered; Chat: Maribel: What does prevention and early Intervention look like from the family's perspectives? A: Great question and one that needs to be asked more of families; asking them what they need; good to ask experienced families who have been though it; I wish I would have known Addison: Hearing that some schools don't want BH in the SBHC because they'll have to treat it; how do we incentive them to stay with COA;

	Chat: Joseph: Medicaid is a hassle for doctors. That's hurting patients. A new study challenges the conventional wisdom of why many doctors refuse to take Medicaid patients. https://www.vox.com/2021/6/7/22522479/medicaid-health-insurance-doctors-billing-research Chat: Wendy: One area that comes up frequently at state PIAC is reimbursement for peer support. TCHD has also identified this area as part of our mental health and suicide prevention framework. Chat: Eileen: EMPOWER is a family run advocacy organization that supports families/kids navigating the behavioral health system Chat: Rob: This is helpful Joseph. I hear of bh providers who don't accept any insurance, let alone Medicaid that pays less and has more regulatory burden. This is especially the case in psychiatry. Q: Chat: Maribel: Can the RAEs work with school based clinics to ensure families are informed and know where to go I say we do that already; those already contracted with COA we have monthly check ins, they're aware of COA resources, including bh professionals; CDPHE Q: Joseph: Will CIP focus on this area? Kelly: Three focus areas are SUD, work force pipeline, and high risk maternity; adjacent opportunities to connect to this area
Public Comment	Marc: Help us recruit more member for the PIAC, Terri Hurst no longer on PIAC; connect with Molly if interested Q: Chat: Nancy: Term limits for board members? A: We had a system of one, two, and three year terms with an option to renew once, but with COVID and other life disruptions and career changes we put terms on hold as Kelly said. Q: Chat: Nancy: Do you have a list of when our terms are up? A: Chat: Molly: We'll work on getting the terms list updated Rene: COA starting to share narratives of the work we do; want to hear from folks on our external groups who want to share their experience; if interested, please email Nancy; will also reach out to folks in next coming weeks
	Meeting adjourned at 6:00 pm.