HEALTH FIRST COLORADO
REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
JUNE 7, 2021 MEETING MINUTES

	Organization
	AJ Diamontopoulos, Denver Regional Council of Governments
	Ana Visozo, Servicios de La Raza
x	Angi Wold, Addiction Research & Treatment Services
x	Anthony Moreno, Health First Colorado
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center
x	Chanell Reed, Families Forward Resource Center
x	Damian Rosenberg, Personal Assistance Services of Colorado
x	Dede De Percin, Mile High Health Alliance, STATE PIAC R5
	Greg Tung, Colorado School of Public Health
x	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers
	Jeremy Sax, Denver Health
	Jennifer Yeaw, Denver Human Services
	Jim Garcia, Clinica Tepeyac
x	Judy Shlay, Denver Public Health
x	Katie Broeren, Health First Colorado
x	Kraig Burleson, Inner City Health Center
x	Laurie Gaynor, Health First Colorado
	Matt Pfeifer, Dept of Health Care Policy and Finance
x	Mike Marsico, Mile High Behavioral Health Care
	Monica Buhlig
	Pamela Bynog, Health First Colorado
x	Paula Gallegos, Health First Colorado
	Patricia Kennedy, Health First Colorado
	Sable Alexander, Mile High Healthcare, Health First Colorado
x	Sarony Young, Dentaquest
	Scott Utash, Advocacy Denver
x	Sherri Landrum, Children's Medical Center
	Stacey Weisberg, Jewish Family Services
x	Sue Williamson, Colorado Children's Healthcare Access Program
	Thain Bell, Denver District Attorney Office
x	Tria Phuong, Refugee Program Coordinator, International Rescue Committee

	COA Staff Attendees
	Bobby King
	Eileen Barker
	Eileen Forlenza
	Janet Milliman
	Julia Mecklenburg
	Kellen Roth
	Kelly Marshall
	Marty Janssen
	Molly Markert
	Nancy Viera
	Rene Gonzalez
	Rob Bremer

Guests/Members of the Public	

Agenda Item	Meeting Minutes
Welcome, Introductions & Committee Business (Slides 1-7)	*Approval of May Minutes*: Judy presented the May meeting minutes for approval. The May meeting minutes were approved unanimously. Laurie Gaynor: 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.
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. **Questions & Discussion** Q: Sarony: You have full support of DentaQuest to partner and help promote oral health; would love to participate or provide program materials for any upcoming events A: Thank you, will follow up, as we do have upcoming soccer leagues, which would be another opportunity
	COVID Vaccination Strategy for Members of Color 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 • 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: Dede: Flu, COVID, Census = need for permanent, funding network of community leaders A: Judy: COVID highlighted inequities in communities, will use these efforts to build an infrastructure to address long standing issues and assist with future health issues; improve public health with a regional approach Dede: There are so many things including a potential resurgence of COVID, food and housing shortages; also consider that we may see more pandemics in the future Chat: Paula: I agree that this community asset should be permanent Chat: Rene: Crisis planning and response is a theme that emerged from the health equity task force as well Q: Chat: Chanell: What are the zip codes in Region 5 that you want to outreach to regarding the COVID vaccines? A: Kelly: Will send the R5 zip codes of initial focus in a follow up email Q: Chat: Dede: Have you seen much change in the population you are trying to reach since the beginning of the pandemic? A: The state wanted us to start with homebound folks who are most often medically fragile; we're finishing up that stage and pivoting to members of color with chronic conditions Q: Anthony: What are the reasons why people are not getting vaccinated? A: Judy: There are many reasons, depends on the community; historic distrust of the medical community, widespread misinformation, lack of convenience in obtaining the vaccine, digital divide, folks don't want side effects causing them to call out of work, fear of a government provided vaccine Anthony: I consult for a company that provides aging in place and end of life care; we polled folks and almost 70% do not have the vaccine; reasons include access, being homebound, don't have transportation, providers can't provide vaccines in the home, politicking behind it, distrustful of vaccine, don't want to get sick from the vaccine Chat: Dede: Republicans ae one of the most vaccine resistant groups; Frank Luntz held a focus group to determine messages that can move them. https://debeaumont.org/news/2021/focus-group-vaccines-republicans/ Chat: Molly: We don't mean "bound to the home" but "People with limited mobility."
Behavioral Health Systems Investments- Children's Mental Health (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 **Breakout Groups** **Where are the gaps in our service system?** **Are there new types of services needed for children and families?** **What struggles do families face in seeking BH services?** **What would you like to see in place for children and family BH services in Colorado?**

	Kelly's Group: - Q: What services are available for children in unsafe situations, beyond help with just immediate family? Juvenile who needs outside help, youth with suicidal ideation who need support that don't include family, confidentiality - A: All departments of human services have to work with a case manager; if no criminal background, child 12+ can ask for own representation or advocate, many organizations that support that work; also the 2Gen approach provides services to both the children and the family Workforce shortage Licensure requirement for LCSW is a challenge, difficulty of 2000 hour requirement Lack of MH providers who speak languages other than English Lack of provider training around children, there is more adult focused training Enhance specialized training around populations they're serving Stigma around mental health providers and services, especially in immigrant and refugee communities Low acuity brief interventions in primary care setting; short term BH services benefit is underutilized; open up / expand codes to help increase visits, for different levels of acuity; more flexibility in accessing this benefit could help increase services for children Increase reimbursement rates Rene's Group: Equitable representation among providers; limited number of providers of color, especially those who accept Medicaid; how can COA support providers of color Pops with limited / no access to providers of color, providers who understand their culture Provider training around those with developmental disabilities, working with parents, school based centers for MH access Lack of childcare to support folks accessing services Lack of follow up care for children once they've been discharged from hospital due to MH issue, i.e. suicidal ideation Eileen's Group: **What are the gaps?** CH: 15 year olds can get BH care without their parents, but kids don't know that. We need to educate them about their resources. Connect with schools more to reach kids. CR: Kids are busy in school; use Community Based Orgs. CBO's do a lot of BH work but call it coaching or mentoring or youth services. Dede: Families are overloaded, too many emergent and critical needs going on to seek out solutions for in the future Anthony—What is vital is Follow Through and Follow up. His daughter tells him her friends are having to wait 2-3 months out for a first appointment, so get discouraged. Needs to be a service between triage/identifying a need and counselling therapy. Dede—continuity of care is an issue. Churn on and off benefits after the PHE and the housing eviction moratorium end with the end of the pandemic. Following and finding people will be a challenge. **What new types of services?** CR: more coaching: children want to find themselves, not needing therapy but exposure to interests and options. May be music, art, sports—doesn't have to be therapy but has to be love and hugs and safe spaces and mentored by outside adults to offer exposure to possibilities.

	Every child doesn't need a licensed therapist. CBO's can fill needs. Dede: churches and faith based can be options Chanell: not all churches have youth as a priority. Need a village, including recreation, mentoring, coaching, outside therapy. All: Build sense of connectedness. Anthony—security, certainty, and consistency make for happy kids. Adults need to keep it simple. Katie—Huge sense of social isolation, no respite care has been available. Not enough residential care period. Anthony: Discord at home and single parent battles with non-custodial parent leaves kid with no consensus. Sherri—Need for daycare. Need for employment that pays living wages. Care management to support families. CH—One central navigator to manage details and appointments for families. Someone to DO it, not tell the family what to do. No one ever was harmed by an overabundance of support or help at a time of great need; therapists call that enabling but those in need call it help Anthony: On-line everything is a "both and" because it is a resource for some, and a challenge for others. You have to meet people where they are at as far as technology goes.
Additional Discussion & Updates	Chat: Dede: It occurs to me that we haven't mentioned generational trauma Q: Katie: Will we address the SUD benefit? How is COA educating providers on the increased benefit? What does the outlook look like, IOP, hospitals, sober houses, how are you reaching those groups? There's a misconception that treatment costs too much money Eileen: We've done a lot of work with providers to train them about the available services; implemented quality standards to review providers individually, one on one meetings with providers to clear up confusion and information around the benefit, authorization process Chat: Janet: Our group also had discussion around the complexities of diagnosing a person in 30 minutes, particularly with children (who may not give you the whole story the first time around) Chat: Dede: Are there learnings from HCPF's recently released mental health parity report that can inform this? Eileen: Looks at specific criteria that RAEs have to follow along lines of compliance; not as helpful to this conversation Jacquie: With HCPF statement, does it specifically address DEI? Concepts of working with families with intellectual and developmental disabilities? Our policies don't allow us to do the kind of work that needs to be done. We need wrap around services, providers of color, providers who are linguistically diverse, availability of childcare; goes beyond generational trauma when policies don't allow us to react quickly with necessary services and support; we need COA to Chat: Molly: Can someone describe what "wraparound" means in this context? Chat: Anthony: A linear process is one in which something changes or progresses straight from one stage to another and has a starting point and an ending point. This type of process is essential in the delivery of any service, product, or delivery that has some embedded accountability. Even in a "Wrap around" there is a linear progression. Through this process we can measure and quantify the process and make corrections if necessary. I agree that policy and procedure often bog down or derail progress entirely. It would be more holistic and enlightening to review, rework, eliminate, or invent new procedures and policy rather

	than rework an entire system. Colorado has one of the better systems in the country, but to evolve, and better serve the ever-changing demographic policies and procedures must be reviewed to make sure they are in line with current needs. The linear system as it exists is not euro centric or any type of centric and, as a person of color, I take exception to that unfounded correlation and assertion. Colorado's delivery of Medicaid services, support, and planning is far beyond many of our regional peers, we just need some fine tuning and clear the chaf. A: Jacquie: Childcare, transportation, support for the family once individual is diagnosed, coordination of services Chat: Chanell: Wraparound services include addressing all the social determinants of health and access to healthcare Jacquie: The Eurocentric process doesn't work for everyone or every population that we serve; need to be open to different processes Dede: Health sector is capable of rapid systemic change, but how do we figure out how to make change happen without a worldwide pandemic Chat: Eileen: There is also a whole person approach to supporting families called High Fidelity WrapAround offered to youth/families who are systems involved. The High Fidelity WrapAround program, which offers wraparound services is very family centric and is typically anchored in local DHS. Chat: Chanell: Family Resource Center uses evidence-based national model to identify family strengthening and standards of quality in family development. There are four family resource centers located in region 5 and 32 located in the state of Colorado. Rene: I'll be reaching out for testimonials about the work done in the PIAC; please email Nancy if you'd like to give feedback, quotes
	Meeting adjourned at 5:57 pm.