PIAC Members		Colorado Access Staff	
x	Addison McGill, HealthOne Behavioral Services	x	Eileen Barker
x	Bipin Kumar, Himalaya Family Clinic	x	Gretchen McGinnis
x	Carol Meredith, The Arc Arapahoe & Douglas	x	Jay Shore
x	Carol Tumaylle, Office of Refugee Resettlement/Refugee Health Division	x	Jo Glaviano
	Dana Held, Health First Colorado	x	Julia Mecklenburg
x	Daniel Darting, Signal Behavioral Health Network	x	Kellen Roth
	Ellie Burbee, Kids in Need of Dentistry	x	Kelly Marshall
	Gina Brackett, Parent to Parent	x	Kirstin Le Grice
	Harry Budisidharta, Asian Pacific Development Center	x	Marty Janssen
x	Katie Barr, Rocky Mountain Crisis Partners	x	Molly Markert
	John Douglas, Tri County Health Department	x	Nancy Viera
x	Joseph Prezioso, Health First Colorado	x	Rene Gonzalez
x	Maribel Sandoval, Personal Assistance Services of CO	x	Rob Bremer
x	Marc Ogonosky, Health First Colorado		
x	Maria Zubia, Kids First Healthcare		
x	Nancy Jackson, Arapahoe County Commissioner		
	Patty Ann Maher, Elbert County Collaborative Management Program		
	Suman Morarka, Retired Provider		Ashlie Brown, Colorado Health Institute
	Tara Miller, Juvenile Assessment Center		Kirsti Klaverkamp, Colorado Health Institute
x	Terri Hurst, Colorado Criminal Justice Reform Coalition		Anthony Moreno, Health First Colorado
x	Wendy Nading, Health Alliances		Kelly Phillips-Henry, Aurora Mental Health Center
			Alix Hopkins, Tri County Health Department
			Kathie Snell, Aurora Mental Health Center
			Lisa Valdez, Kids in Ned of Dentistry

Agenda Items	
Welcome, Introductions & Committee Business (Slides 5-8)	*Approval of December Minutes*: Addison presented the December meeting minutes for approval. The December meeting minutes were approved unanimously. Marc Ogonosky: Update of Member Advisory Committee (MAC) - CO Office of Employment First: Presented to MAC; COEF helps members who want to work but do not want to affect their Health First Colorado benefits - Vaccine Hesitancy: MAC participated in focus group re: messaging strategies to encourage Health First Colorado members to get vaccinated; provided COA Care Management training around motivational interviewing when interacting with members about vaccine - Non-Emergency Medical Transportation: MAC participates in the Person-Centered Transportation Coalition; encourage others to get involved to improve transportation needs for our members - MAC Recruitment: New messaging to recruit members will be available soon; encourage Health First Colorado members, family members, or caregivers to get involved with MAC -

	Questions & Discussion Addison: I assume that the MAC recruitment work is being done virtually Kellen: Yes, all being done virtually; waiting for marketing's approval; as soon as it's all done, we'll send it out to you all Maria: Is there certain qualifications or certain need you're looking to fill as a MAC member; we work with many parents of children with Medicaid Molly: Absolutely eligible to join; its Health First members, caregivers, and family members
Social Health Information Exchange (Slides 9-29)	Kirsti Klaverkamp, Ashlie Brown, Colorado Health Institute • Metro Denver Partnership for Health (MDPH) Goal: Improved health in metro Denver through regional collaboration of health systems, local health agencies, county human services, regional accountable entities • Overall focus areas: Social Health Information Exchange (S-HIE), Behavioral health, Community assessment, planning, and implementation; and COVID-19 • Identified need for improvement from unidirectional approach to health care and provider referrals; focus on whole person care / care continuum to meet all health needs including social determinants of health (food, transportation, housing, etc.) • S-HIE Guiding Principles: Built by and for broad coalition of partners from multiple sectors; connect projects and programs, while accommodating evolving partnerships; leverage existing and complementary work • Steering Committee split into three groups: o Governance Group: Establish vision, governance structure, funding pathways; develop use cases for S-HIE and proposed governance structure agreed upon by all partners o User Group: Identify user needs, obtain feedback from organization across sectors; establish shared values, language, and value proposition o Technical Implementation Group: Navigate and adopt existing technology and efforts to make scalable, efficient; document policies, costs, legal compliance for successful implementation **Questions & Discussion** Chat: Kelly: The S-HIE project was chosen for a Community Innovation Pool award last year! Q: Maria: All platforms have their own referral processes; these systems are only as good as they are maintained and updated; how can we bring them together and know they are consistently updated and accurate? A: Kirsti: We see it as an ecosystem or network; use technology to connect the different systems; we don't have the roadmap yet, but we know the technology exists to connect the systems; regarding updating resources, it's been explored, don't have an answer right now, but the policies and practices will be part of the Technical Implementation Group Ashlie: Many of these systems are members of the group we work with (Kaiser, CORHIO, Mile High United Way 211); they are part of the discussion around consistent updating Q: Anthony: What seems to be the biggest problem in integrating all these systems together? A: Kirsti: Multiple answers: we're all working on different schedules, paces, funding streams while continuing own work in their organizations; finding best partners to build connections, finding appropriate stakeholders; largest challenge is finding sustainable funding Ashlie: That's why COA funding has been so important; a lot of funding is being put into the platforms, but we need to find funding for collaboration

	Q: Nancy: This is a great model; do the arrows go one way from doctors and out, or do they go in every direction? Will you eventually involve the courts, sheriff's office, so that all information is shared? A: Kirsti: Information sharing and referrals go in every direction; the goal is to address core domains, then expand to other providers including sheriff, courts systems; using a phased in approach; the Steering Committee will address privacy, consent, and compliance Wendy: Seeing different federal levers, one is CMS's call to action around SDOH, challenging to understand HCPF's response and how Medicaid work aligns with SDOH; federal legislation being introduced around S-HIE work, want to encourage HCPF make sure all the work is aligned Q: Joseph: Are you connected with HCPF; the state PIAC behavioral health strategic goals include connecting members to care coordinator to address SDOHs; California has a Medicaid waiver program with funding to address these issues, is that an option? A: Kirsti: Yes, we are keeping tabs on HCPF and the Office of eHealth Innovation to make sure that we're not missing or duplicating what's out there Ashlie: We're working with HCPF and OoEHI on this issue and exploring ways to keep things aligned; waiver program would be a game changes and a great thought; we continue to identify funding opportunities that recognize the importance of SDOH work Chat: Wendy: https://aligningforhealth.org/lincact/ Carol: We must ensure that it's not a round robin, meaning you call a resource, are then sent to another place, and continually passed around Kirsti: We hear that as a critical piece of this process; our goal is to address that issue with a more coordinated ecosystem Chat: Maria: Maybe you can look into how PEAK started and eventually became a major part of the process. We need peer/community navigators to help facilitate. Chat: Carol: Agree with Maria that resource navigation is needed to find/access the resources. Chat: Joseph: This is why the RAE Care Coordination should coordinate this effort Chat: Ashlie: If we can reduce the number of people that someone has to call, that will save time and money for our providers too.
Breakout Groups	• Future of Telehealth: Jay Shore, Gretchen McInnis • Substance Use Disorder Benefit: Kelly Phillips-Henry, Dan Darting, Kathie Snell **SUD Questions & Discussion** • Effective January 1st, inpatient, residential, and withdrawal management services are fully covered under Health First Colorado • Oftentimes co-morbidity with substance use • We've seen an increase in overdose rates • Colorado not well funded with these services • From provider viewpoint, how do you build a system to meet the full need? • Challenging time for a major change in residential bed-based level of care, including reduced capacities during pandemic, access to residential treatment Q: Joseph: Sounds like there will be a supply and demand issue; if members find out about this service and reach out for help, what's the plan to manage member expectations? Given that this is Medicaid benefit, why is this a funding issue? A: HCPF looked at available residential beds, budgeted that a percentage would be filled, and based the funding on that amount; HCPF needs baseline during first year to get sense of how many are utilizing this benefit, what utilization management will look like; we suspect there will be more beds that open over time, but we didn't know rates until a few

	weeks before benefit went live; critical piece is also workforce, as we have a national and statewide workforce shortage Eileen: We know there aren't enough beds; more providers are coming on board and hopeful that it will expand; if a bed's not available, then utilization management gets care mgmt. involved to work directly with member, get help they need or the next best option Maria: The telehealth and SUD benefit topics go hand in hand with S-HIE work in connecting to all needed resources; interesting to figure out way to address the root of the problem, these are folks you don't want lost in the system, can cause self medication; needs to be an easier way to designate one person to oversee individual care and remove silos Joseph: Important for care management to help with benefit roll out and connecting to care Addison: Often there's a small window of time that a person will accept treatment, so we need to make sure services are available for that person when they are ready **Themes: Substance Use Disorder Benefit** Covid has impacted the service level for substance use Larger supply and demand issue How are we handling member expectations Benefit roll out was challenging for providers, continues to be work in progress **Telehealth Questions & Discussion** Bipin: Some people who really need the help are very poor and don't have access to use telehealth which is increasingly difficult in a digital world; need government programs that provide cell phones Carol: Regarding those with co-occurring disabilities and mental health disorders; access to the right provider really makes a difference when you have complex issues, for example, needing a sign language interpreter Chat: Julia: Dr. Kumar, Medicaid recipients qualify for free cell phones: https://www.assurancewireless.com/ Chat: Kathie: In addition to cell phone resources, I would add that Aurora Mental Health and many other behavioral health providers do offer remote services including for initial contact. Feel free to reach out if you have questions. kathiesnell@aumhc.org **Themes: Future of Telehealth** Impact of COVID on telehealth and its push into mainstream State still determining what to make permanent with end of Public Health Emergency Digital natives (those familiar with digital access) v. those for whom telehealth is not an appropriate solution and/or digital divide in accessing wifi, equipment, etc.
COVID-19 Vaccine Rollout Update	Alix Hopkins, Tri County Health Department • Multi-pronged approach is most appropriate • Approaches: Community Vaccination Events, Priority Population Specific (i.e. incarcerated, unhoused), Healthcare based clinics; pharmacies; increase provider capacity, Vaccine Navigation • Find vaccine information: TCHD: https://www.tchd.org/866/COVID-19-Vaccine; data: https://data.tchd.org/covid19_resources/; equity: https://www.coloradovaccineequity.org/; grant: https://caringforcolorado.org/together-we-protect/ • Challenges: ensuring equitable access, supply and demand, building vaccine confidence, understanding reasons for putting off vaccination • Best Practices: partnerships, financial support for partners, increased comfort engaging in vaccine conversations

	• Partner Ask: know your *why* for getting vaccinated, become comfortable talking about the vaccine and know where to find resources, connect community organizations to information and funding opportunities **Questions & Discussion** Chat: Joseph: https://covid19.colorado.gov/vaccine Chat: Joseph: If a member calls COA for help to get a vaccine what will they be told? A: Rob: Generally point them to primary care provider; no great connection point at this time for vaccines due to supply and changing vaccine availability; motivational interviewing and education from care manager to members Kellen: Care mgmt. staff has gone through motivational interviewing; no great connection point for a member, but can help navigate through information and resources Kelly: We're having many internal discussions around vaccine access for the members who need it and how we can respond best; state wants RAEs to have support role Joseph: Colorado government site shows what phase member is in, which would be helpful; UCHealth pushed out a questionnaire to track when phase comes up; question is both when am I eligible for vaccine, where can I get one Chat: Carol: Translated COVID-19 materials library is excellent: https://nrcrim.umn.edu/health-education/translated-materials-library Q: Rob: State is focusing on the equity gap in vaccine distribution; what types of conversations have you heard about this? A: Wendy: Would be helpful to see what HCPF policies are Molly: A vaccine site can't say no to anyone who shows up for vaccine Alix: CDPHE is setting aside 10 to 15% of weekly vaccine state allocation for equity pop up sites for community based organizations to hold, which are often closed registration sites Chat: Rene: Free transportation to COVID-19 vaccine appointments for health first Colorado members, eligible for free transport to and from vaccine appointments through the HCPF non-emergency medical transport program; members should schedule a ride at least two business days before their appointment and can book a ride online or by calling IntelliRide at 855-489-4999 or 303-398-2155 Chat: Joseph: NEMT will even take you to drive-thru vaccine sites Q: Wendy: What do you advise for those serving priority populations A: Alix: Comes back to registration piece; there are providers focused on own clients and population first then open up to broader population Rene: Mile High Flee Market had a vaccination site; some hesitancy about the J&J vaccine in certain religious communities Q: Bipin: When is Colorado opening up vaccinations to folks 18 and up? A: Alix: General public availability should open in late spring, May
Public Comment	Reminder that May will be PIAC special combined meeting regarding Hospital Transformation Program; will include RAE-U
	Meeting adjourned 5:58p