



HEALTH FIRST COLORADO
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)
 JUNE 6, 2022 MEETING MINUTES

	Organization		COA Staff Attendees
	AJ Diamontopoulos, Denver Regional Council of Governments	x	Beth Coleman
	Ana Visozo, Servicios de La Raza	x	Bobby King
	Angi Wold, Addiction Research & Treatment Services	x	Celia Myers
x	Anthony Moreno, Health First Colorado	x	Eileen Barker
	Ashleigh Phillips, Centura Health	x	Eileen Forlenza
	Candy Wolfe, Creative Treatment Options	x	Jo Glaviano
x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	x	Julia Mecklenburg
	Chanell Reed, Families Forward Resource Center	x	Kellen Roth
	Courtney Phillips, HCPF	x	Kelly Marshall
	Damian Rosenberg, Personal Assistance Services of Colorado	x	Marissa Kaesemeyer
x	Dede De Percin, Mile High Health Alliance, STATE PIAC R5	x	Molly Markert
	Greg Tung, Colorado School of Public Health	x	Nancy Viera
x	Jacquie Stanton, Denver Public Schools, Community Association of Black Social Workers	x	Rob Bremer
	Jeremy Sax, Denver Health		
	Jessica Courtney, Mile High Behavioral Health		
x	Jim Garcia, Tepeyac Health		
x	Judy Shlay, Public Health Institute at Denver Health		
x	Katie Broeren, Health First Colorado		
x	Kraig Burleson, Inner City Health Center		
x	Matthew Pfeifer, HCPF		
x	Mike Sykes, Denver Public Schools		
	Pamela Bynog, Health First Colorado		Guests
x	Paula Gallegos, Health First Colorado		Callie Kerr, HCPF
	Patricia Kennedy, Health First Colorado		Nina Marinello, SCL Health
	Sable Alexander, Mile High Healthcare, Health First Colorado		Vicente Cardona, Mile High Health Alliance
x	Sarony Young, DentaQuest		Wendy Nading, Tri County Health Department
x	Sherri Landrum, Children's Medical Center		
	Stacey Weisberg, Jewish Family Services		
	Sue Williamson, Colorado Children's Healthcare Access Program		
	Thain Bell, Denver District Attorney Office		
	Tiffany Grays, Black Family Advisory Council, DPS		
x	Tria Phuong, International Rescue Committee		
x	Ty Smith, Health First Colorado		

Agenda Item	Meeting Minutes
Welcome, Introductions & Committee Business	<p><i>Approval of March Minutes:</i> March meeting Minutes are presented for approval. The March meeting Minutes were approved unanimously.</p> <p>Member Advisory Committee (MAC) Update Anthony Moreno</p> <ul style="list-style-type: none"> - Internal presentations: Member survey committee, vaccine mailers, end of PHE, marketing, community engagement, population health, compliance, CEO introduction - MAC has chosen one of two unique member outreaches: <ul style="list-style-type: none"> o Messaging around crisis services in the COA catchment areas o Working with provider team to promote DentaQuest benefits and encourage members to utilize the benefits - Looking for new MAC members!
Meeting Format / Logistics	<p>Nancy Viera</p> <ul style="list-style-type: none"> • Discussion on preference of meeting format: virtual, hybrid model <p>Questions & Discussion</p> <p>Chat: Ty: I like Hybrid it gives the option to see old friends while if you cant make it in person you can still attend</p> <p>Chat: Carolyn: Virtual works well for me because after the meeting I have to get on another computer in the other room for work.</p> <p>Chat: Mike: Hybrid works for me</p> <p>Chat: Dede: I think hybrid makes sense, but we'd have to have a good count ahead of time so we don't waste food.</p> <p>Chat: Sarony: Virtual is still the best for me, too. But, hybrid is also great. DentaQuest employees are still prohibited from participating in in-person events.</p> <p>Q: Chat: With Hybrid can I still be on Zoom?</p> <p>A: Chat: Julia: Yes, Zoom would still be offered for hybrid meetings</p> <p>Chat: Nina: I like virtual</p> <p>Dede: Host meeting as different organizations</p> <p>Chat: Dede: We'd be happy to host sometime at Colorado's Health Capitol, our relatively new co-location space.</p> <p>Chat: Rob: COA is committed to always having a remote video option to participate. That limits where we can hold meetings. St Joe's, for example does not have videoconferencing tech.</p>
Behavioral Health Progress	<p>Eileen Barker</p> <ul style="list-style-type: none"> • 47 initiatives total for both regions, 42 are live • Focus Areas: Child/Adolescent, SUD, Workforce Shortage, Safety Net Services, Capacity/Growth/Sustainability, Special Populations • Expansion Plan Examples: <ul style="list-style-type: none"> o Designed and implemented with Denver Health a specialized SUD program for high service utilizers o Supported positions with Servicios De La Raza to better support those coming out of prison environments o Funding arrangements to better support children in need of bed based and outpatient intensive services

- COA Expanding Provider Network
 - Behavioral Health Organizational Provider Endorsement (BHOPE)
 - New endorsement process for organizationally credentialed providers to utilize pre-licensed staff/interns to render services to COA members
- SUD Residential Coverage: As of 1/1/21, Medicaid benefits expanded to cover inpatient and residential levels of SUD treatment
 - SUD Providers interested in contracting with COA complete a clinical application that demonstrates several commitments to quality treatment
 - 25 have completed this application process, 16 have been approved
 - Practice Support: Provided application support for 3 large SUD providers whose policies did not pass quality review
 - Center of Excellence: Value based incentives: quality bonus between \$50k-\$85k and per diem increase of 10%
- BH Provider Network Growth Strategy: Goal: Ensure we have a diverse and inclusive provider network with the capacity to provide quality services to meet our members' behavioral health needs
 - Increase capacity with existing BH providers: 26% fee schedule increase that will infuse at least \$12M into the network at current utilization
- Recruitment in collab with COA DEI team; attend community meetings to promote health equity, direct outreach to diverse providers

Questions & Discussion

Q: Ty: Are you doing anything with alternative treatments? Difficult to find peer related opportunities.

A: Eileen: Yes, looking at quality of life, particularly for high utilizers, if we can invest in non traditional systems and supports, we see better outcomes; some issues are just from loneliness, so need to think outside of traditional support

Eileen: Would love to talk more with you about the challenges you're facing, will be helpful to communicate information to providers and include in discussion; we have invested dollars in peer support; helping providers hire for peer support and open more positions

Chat: Ty: My dream job is opening a peer run respite it would be so helpful and save the state so much money

Q: Michael: When talking about beds for children, what work is being done around being proactive instead of reactive, helping before they need beds? How are we investing in ways to be proactive?

A: Eileen: There's a lot of outpatient intensive services, so children need long term residential care, there are changes in the child welfare system; focusing on continuum of care to provider services to children at home, provide respite, support providers so they can give support needed to keep out of beds when possible

Q: Michael: When talking about "mental health," how are we defining that?

A: Eileen: Including everything around mental health, a spectrum from one end to the other

Michael: When I see behavioral health and inner city, that's scary to me, how are you helping black and brown people, what does that look like?

Eileen: We're talking about a broad spectrum of care that helps all ages that we can serve

Jacquie: What are we doing to specifically expand services for black and brown community?

Chat: Ty: A lot of my community hates the usage of Mental illness we try to use mental health or life impacted states what do you think of that Michael?

Eileen: Arms of the expansive plans are health equity, improving clinical outcomes, cost and value

Chat: Sherri: Here lately a lot of adolescents are needing help are we doing anything for them especially referrals

Chat: Dede: There's also a fair amount of work regarding youth mental health beyond/outside of the Medicaid population through Caring for Denver.
<https://caring4denver.org/work/youth/>

Chat: Rob: All the questions are great! Our work specific to health equity and the diversity of our network related to behavioral health would be a fantastic future discussion.

Q: Chat: Anthony: Eileen what is the patient/provider ratio across the board?

A: Chat: Eileen: Great question Anthony. We can get that information in detail for you. There is a report done quarterly around these numbers. We are way under the required ratio. However, we also want to look at quality of providers and make sure we have the needed types of providers for our members. We want to work to better meet the requested needs. For example, can members get the type of counselor or demographic of counselor they want? We want to improve there as well in availability. Great questions and I'm sure Molly and Nancy can get you those exact ratios for our regions.

Chat: Anthony: Thank you. I would like to see the number. I view the staffing as a MP/AP product curve. So, economically, how is the problem best solved.

Chat: Bobby: The Office of DE&I would welcome the opportunity to come back and present our initiatives regarding increasing BIPOC providers and BH Providers specifically.

Chat: Carolyn: Thank you for opening up the services for residential and IP!! So helpful for the prevention of relapse for individuals that know they need more help in staying in recovery!!

Q: Dede: How many of these offer services for alcohol addiction?

A: Our contracted providers all provide treatment for all substance use disorders (whether it's detox, residential, intensive outpatient, or outpatient...depending on the substance and the medical necessity of the services). Including alcohol and meth. We have a few MAT (medication-assisted treatment) providers who primarily serve people with opioid use disorders, but we have levels of care for any type of SUD. :)

Chat: Carolyn: The biggest substance relapses that I have witnessed is with alcohol and meth users.

Q: Chat: Celia how often are the Center of Excellence awards (amount paid) reviewed? As in are the awards proportionate to the providers costs?

A: Celia: Based on provider volume, number of unique members served, quality bonus awarded once then per diem bonus

Q: Has anyone checked with provider to ensure that it's meeting their costs?

A: Celia: Yes, when designing Center of Excellence program, we consulted with providers and asked for their feedback, been very well received

A lot of providers see the application process as a big barrier to become Medicaid providers

Q: Ty: Does the fee increase help the people who are working as peers or dose a lot of it go to administration?

A: Eileen: Fee increase goes to provider network, we can't dictate how they use those funds; we hope they use the reimbursement to provide more services

Chat: Bobby: Beth is coving our approach at the strategic and operational program level. As stated the Office of DEI is a key internal partner. We are on the same page. The offer remains to continue the conversation. Thanks Beth!!!

Chat: Carolyn: What I have learned from Peer Specialist in some centers are hindered because Clinical providers will not always sign off on or are slow to sign off on Peer Specialist Medicaid documentation for billing, and most often the state wants to know why the Peer Specialist are not doing their part when they are and are most often unsupported. This has caused the state to see peer services through an ill lens. Peer Specialist find this frustrating. Just bringing light to a problem Peer Specialist are having.

<p>End of Public Health Emergency (PHE)</p>	<p>Wendy Nading, Tri-County Health Department</p> <ul style="list-style-type: none"> • Overview of changes impacting people currently enrolled in Medicaid • Medicaid Annual Renewals Project: <ul style="list-style-type: none"> ○ Prior to March 2022: Select member received renewal paperwork, members did not have to take action if no reportable changes ○ Beginning March 2022: Members receive paperwork in the mail, need to read it and must take action regardless of whether there are reportable changes • Historically, 15% of mail sent by HCPF is returned, 1 in 4 cannot be reached; increase in renewal packet page count • What one thing will you commit to doing to help with updating addresses for your community? <p>Questions & Discussion</p> <p>Chat: Paula: The renewal was not expected and renewing online at Colorado Peak versus the paper copy is very different... thus confusing.</p> <p>Q: Chat: Sherri: So are you saying no one will get the packet on the PEAK website and all will be mailed out? Or will they still be able to update on their account</p> <p>A: Wendy: You can do renewal process on PEAK application; we want to speak with members about that experience, especially reviewing the application on a mobile device</p> <p>Paula: What's on Peak does not align with what is on paper, it's very confusing; I don't know how people without support will do this</p> <p>Judy: Looking for new state PIAC rep for region 5</p> <p>Q: Can COA reach out and help people with the enrollment process?</p> <p>Q: Chat: Carolyn: Paperwork can be anxiety provoking to people. Are there advocates that can help people through out the state that can help people to go over the forms?</p> <p>Chat: Jacquie: I'm going to work with CBHC to get the word out. (CO Black Health Collaborative)</p> <p>Carolyn: I can encourage folks to reach out to COA, to their provers, case manager, etc. for support and help with the process</p> <p>Dede: Concerned about howe we reach the people we don't know how to reach?</p> <p>Chat: Sherri: We are very diligent about updating addresses but how do we know they are updating with the system</p> <p>Sarony: We'll put this information in our provider newsletter; what about people who aren't accessing healthcare; what about showing up in retail situations to catch folks</p> <p>Dede: Another challenge, there's no funding to do this type of outreach, so it's a barrier</p>
<p>Additional Comments & Discussion</p>	<p>Colorado Statewide Independent Living Council (SILC) will facilitate a 5-day Youth Leadership Forum, August 1-5, 2022: https://coloradosilc.org/colorado-youth-leadership-forum/</p> <p>FREE training for Working Individuals with Disabilities (18+) to be subject-matter experts about their own lives and experiences with work, June 25th-26th, 2022: https://forms.gle/cCgjgEzx7zczwVy6</p> <p>Access to reproductive health is limited, could Medicaid coverage be reinstated</p>