



HEALTH FIRST COLORADO  
 REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)  
 MARCH 11, 2024 MEETING MINUTES

	Organization	COA Staff Attendees
	Ana Vizoso, Servicios de La Raza	Ayana Session
	Anthony Moreno, Health First Colorado	Becky Selig
x	Ashleigh Phillips, Centura Health	Bobby King
	Candy Wolfe, Creative Treatment Options	Casey Thomas
	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center	Eileen Forlenza
x	Damian Rosenberg, Personal Assistance Services of Colorado	Jo Glaviano
	Helen Pattou, International Rescue Committee	Joy Twesigye
x	Jacque Stanton, State of Colorado Dept of Local Affairs	Julia Mecklenburg
x	Jeremy Sax, Denver Health	Kelly Shanahan
	Jessica Jensen, DentaQuest	Leah Pryor-Lease
x	Jim Garcia, Tepeyac Community Health Center	Liz Owens
x	Judy Shlay, Public Health Institute at Denver Health	Marla Mangeot
	Kraig Burleson, Inner City Health Center	Molly Markert
	Matthew Pfeifer, HCPF	Nancy Viera
	Nina Marinello, Intermountain Healthcare	
	Pamela Bynog, Health First Colorado-ON LEAVE	<b>Guests</b>
x	Paula Gallegos, Health First Colorado	Princess Mack, Health First Colorado
	Sherri Landrum, Children's Medical Center	
x	Ty Smith, Consumer, Health First Colorado	

Agenda Item	Meeting Minutes
<b>Welcome, Introductions &amp; Committee Business (slides 4-10)</b>	<p><b>Approval of December Minutes.</b>          Motion: Jim Garcia, Second: Judy Shlay. The Minutes are approved unanimously.</p> <p><b>Member Advisory Committee (MAC) Update</b>  <b>Kelly Shanahan</b></p> <ul style="list-style-type: none"> <li>• December, January, February Agenda Items:           <ul style="list-style-type: none"> <li>○ Quality improvement reports, future plans and goals</li> <li>○ Enhanced Clinical Partners model</li> <li>○ Review of member materials (Regions and Stages newsletters, Early and Periodic Screening, Diagnostic Testing (EPSDT) messaging)</li> <li>○ Consumer Assessment of Healthcare Providers (CAHPS) survey data</li> <li>○ MSU Diverse workforce pipeline initiative</li> <li>○ COA's Member experience 'Statement of Intent'</li> <li>○ Caring Heart Award</li> <li>○ COA Gift card policy</li> <li>○ COA Staffing transitions</li> </ul> </li> <li>• Caring Heart Award</li> </ul>

	<ul style="list-style-type: none"> <li>○ Now accepting nominations through May for award</li> <li>○ For Health First Colorado member who demonstrates passion, volunteer work, service to community, charitable activities, advocates for change</li> </ul> <p><b>Questions &amp; Discussion</b></p> <p>Q: How do I nominate someone if I don't know if they're a Health First member?</p> <p>A: Find a tactful way to ask if they are a member</p> <p>Q: Is there a flyer or some way to promote the award?</p> <p>A: We can email you the information</p> <p>Q: When is the award nomination due? Do you send it to all COA members?</p> <p>A: Nominations due in May, working on increasing promotion; we don't send it to the membership, but will promote it on social media, in newsletter</p> <p>Recommend the MSU workforce update for future PIAC topic</p> <p><b>State PIAC Update</b></p> <p>Please review slide and links</p>
<p><b>ACC Phase III (slides 11-21)</b></p>	<p><b>Liz Owens, Marla Mangeot</b></p> <ul style="list-style-type: none"> <li>• Volunteers from both regional PIACs have been meeting regularly as a work group to discuss new changes and recommendations</li> <li>• Once Request for Proposal (RFP) received, will have 60 days to complete bid, around the end of July, will know bid winner in fall, go live July 2025</li> <li>• Department preference is that we win one region, though can bid on more than one region</li> <li>• Review 14 sections of the bid</li> <li>• COA looking at relationships across organization and feedback from key folks, focus on leveraging relationships</li> <li>• Sign-on approach to letters of support, drafts in progress, will be sent out once RFP is released</li> <li>• Requesting quotes to represent partnerships with documented success</li> <li>• Outreach list developed with key partners targeted for each section of the bid</li> </ul> <p><b>Questions &amp; Discussion</b></p> <p>Q: Will there be peer or consumer voice in bids when it comes to the regions? What opportunity is there to give feedback that members be included in bid decisions?</p> <p>A: In our bid, we will highlight voices of members, providers, community organizations; we are also requesting letters of support</p> <p>Encouraged to give feedback at State PIAC meeting around including members in bid decision process</p> <p>HCPF <a href="#">Feedback Form</a> is closed, but can still be viewed</p> <p>Additional link: <a href="#">Responses to Phase II Questions</a></p> <p>Recommend looking at recipients of the Community Giving Program for partner outreach</p> <p>Recommendation from work group on how to structure the two required PIACs: Break PIAC into two groups: child/youth and adults</p> <p>Recommendation from work group: Host one combined PIAC meeting, with breakout groups in second part of meeting; same with the MAC</p>

Governing Counsel looking at what translates across PIAC and MAC, also consider the new health equity advisory committee and where it makes sense to break off, what are natural points of separation, how to increase alignment across groups

Haven't heard anyone talk about older adult population, voices don't seem welcome at all-encompassing discussions; if considering subset groups, would benefit COA to have family voice, youth, and older adult because need to include all voices, otherwise you're not getting feedback of everyone, only specific populations, and not the true needs of individuals

Concerned that this shift is forcing us to look at needs in other communities, but missing others; if we don't come up with an equitable way to bring in all voices, concerned how this will impact services offered

Q: Has there been conversation about how COA plans to recruit the lived experience voice?  
A: Yes, COA is mapping relationships outside of current RAE region and around the state, we know there will be need for specialized recruitment, keeping current roles diverse with good representation; intend to keep balance of members and providers and CBOs

Separating PIAC by behavioral health and physical health does not work because focus should be on whole body health

Challenge in shifting focus to health equity is the lack of providers, we have no African American physical health providers, almost feels like this approach is meant to overwhelm us so that we can't make progress; separation of PIAC groups will be challenging  
We can address this with the health equity committee; what voices do we need to hear, how can we incorporate a broader strategy

The Family Voice Council is 100% lived experience, includes diverse perspectives from all of Colorado, sounds like there isn't lived experience represented here, would love to have Family Voice Council representative at PIAC to talk about compass model  
[Family Voice Compass model](#)

When addressing administrative and cultural equity, how are we embracing youth and elderly perspective, veteran perspective, so many areas and opportunities to embrace the variety of perspectives

Q: Chat: Can you tell me who to contact that handles contracting with new behavioral health providers that accept Medicaid and would like to contract with Colorado Access?  
A: Provider.Contracting@coaccess.com

The reason we're considering that PIAC break into children and adult groups is that, in the bid, children/youth is a top priority, which has not been seen before

Colorado is often in the lead in bringing community voice to the table versus other states; we do have models to look at, we've talked with national leaders about this work

Bringing lived experience is a huge priority; COA has a contract with Family Voices of Colorado (families with kids with special healthcare needs), and CCDC, we're also looking at other cultural liaisons to help guide this process

	<p>As a youth advocate, feels like hot topic right now; the high end utilizer reports that 20% of folks using 80% of resources which comes from youth population; just having a committee to talk about things isn't effective, so many other areas that are neglected, communities lacking representation, it's more effective to bring new and missing voices to the table instead of what's already happening, incredible amount of systems change needed to effect change</p> <p>Push HCPF to go towards innovative waivers</p>
<p><b>Community Giving Program (CGP) (slides 22-28)</b></p>	<p><b>Casey Thomas</b></p> <ul style="list-style-type: none"> <li>• COA allocates portion of Performance Pool revenue to network providers and community-based organizations serving the health-related needs of members &amp; communities.</li> <li>• CGP focuses on individual, family, and community level interventions, whereas Foundation focuses on larger systemic interventions</li> <li>• 2020-2023 Invested ~\$19M</li> <li>• Shifting to quarterly review process to decide on funding requests</li> <li>• All funding should align with COA 3 Strategic Goals: <ul style="list-style-type: none"> <li>○ Member/Person Centered Organization</li> <li>○ Promote Social Justice</li> <li>○ Health Plan Excellence</li> </ul> </li> </ul> <p><b>Questions &amp; Discussion</b></p> <p>Q: Is there still funding support for members specifically?  A: Yes, there is an individual member fund as an additional way of support</p> <p>Q: If someone wants to apply for funding, what is the process?  A: Please contact Casey for initial conversation, application is by invitation to ensure initiatives align with funding priorities and to account for capacity, but open to talking to anyone about it, it's a more flexible funding opportunity than other philanthropic funders; next deadline to submit application is in June</p> <p>Chat: It's so great when someone else in the community tells our story in terms of our investments</p>
<p><b>Public &amp; Additional Comments</b></p>	<p>None</p>
	<p>Meeting adjourned at 5:50pm.</p>