	Region 3		Region 5
	Alisia Moreno, International Rescue Committee		Ana Vizoso, Servicios de La Raza
	Angela Wilson, Adams County Government	x	Anthony Moreno, Health First Colorado
x	Antonia Casler, Creative Treatment Options		Ashleigh Phillips, Centura Health
x	Ashleigh Phillips, Centura Health		Candy Wolfe, Creative Treatment Options
	Bipin Kumar, Himalaya Family Clinic		Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center
x	Bob Conkey, Health First Colorado		Damian Rosenberg, Personal Assistance Serv of Colorado
x	Carol Tumaylle, Refugee Health Advocate	x	Heather Schenkel, DentaQuest
x	Christina Redwine-Stimson, Aurora Interfaith		Helen Pattou, International Rescue Committee
x	Daniel Darting, Signal Behavioral Health Network	x	Jacquie Stanton, State of Colorado Dept of Local Affairs
x	Elizabeth Snow, Health First Colorado		Jeremy Sax, Denver Health
	Jamie Rodriguez, Adams County Health Department	x	Jim Garcia, Tepeyac Community Health Center
	Jennifer Fierberg, UCHealth Co-Responder Program	x	Judy Shlay, Public Health Institute at Denver Health
	Jessica Courtney, Mile High Behavioral Health		Kraig Burleson, Inner City Health Center
	Jessica Prosser, City of Aurora, Housing & Comm Services		Matthew Pfeifer, HCPF
	Kadi Kouyate, Migrant Response	x	Nina Marinello, Intermountain Healthcare
x	Laura Ciancone, Douglas County Public Health		Pamela Bynog, Health First Colorado-ON LEAVE
	Laura Larson, Douglas County Public Health Department		Paula Gallegos, Health First Colorado
	Luke Wheeland, ARC of Arapahoe, Douglas	x	Rachelle Bachran, Caregiver
x	Marc Ogonosky, Health First Colorado		Sherri Landrum, Children's Medical Center
	Matthew Pfeifer, HCPF	x	Ty Smith, Consumer, Health First Colorado
x	Meredith Velasquez, Juvenile Assessment Center		
	Mike Marsico, Behavioral Health Provider		
	Natalie Archuletta, DentaQuest		
x	Patty Ann Fontenot, Elbert Cnty Collaborative Mgmt Prgrm		
x	Princess Mack, Health First Colorado		
	Scott Adams, The Medical Center of Aurora		
	Wendy Nading, Tri County Health Department		
x	Whitney Gustin Connor, Kids First Health Care		
	COA Staff		**Guests**
	Anne Taylor		Ashley Scollard, Douglas County Public Health
	Ayana Session		Dannette Smith, Commissioner, Beh Health Administration
	Becky Selig		Dawn Matera Bassett, Metropolitan State University
	David Aragon		
	Jeannine Draut		
	Jo Glaviano		
	Julia Mecklenburg		
	Kathryn Burch		
	Leah Pryor-Lease		
	Wivine Ngongo		

Agenda Items	
Welcome, Introductions	

Member Advisory Council Update	Marc Ogonosky, Region 3 Co-Chair
	• March – August Agenda Items
	  ○ Non-emergent Medical Transportation (NEMT) model (conversation with HCPF)
	  ○ COA's ACC 3.0 bid
	  ○ Review of member materials
	  ○ Regions and Stages newsletters
	  ○ Member code of conduct and communication plan letter
	  ○ Health literacy and member user testing
	  ○ Member satisfaction survey results
	  ○ Caring Heart Award: 3 Medicaid and 2 CHP+ awardees, celebration will be held in person for October MAC meeting.

State PIAC Updates	Bob Conkey
	• June: No meeting
	• July:
	  ○ Reviewed data related to the end of continuous coverage
	  ○ Heard from Regional Accountable Entities (RAEs) about their work to support practices and members through the end of continuous coverage
	  ○ Discussed how Department is supporting eligibility and renewal for members who receive long-term services and supports (LTSS)
	  ○ Updates from PIAC subcommittees
	  ○ LTSS Eligibility Presentation
	• August:
	  ○ Addressed administrative PIAC items
	  ○ Continued discussion of data review at PIAC
	  ○ Reviewed how stakeholder feedback has been used in ACC Phase III planning
	  ○ Heard updates from PIAC subcommittees
	  ○ Reviewed progress on the Department's Health Equity Plan
	  ○ Heard about an upcoming feedback opportunity on member correspondence

Workforce Development	Dannette Smith, Commissioner, Behavioral Health Administration (BHA)
	• Vision for the Behavioral Health Administration:
	  ○ A Behavioral Health Foundation based on good policy, good procedure, good technology, good data so organization can sustain itself
	  ○ An effective infrastructure so staff are doing the best job to the best of their abilities
	  ○ BHA to be seen as an entrepreneur and pioneer of behavioral health by connecting the innovative work that's happening throughout the state
	  ○ Sustainability based on strong foundation, good staff, innovation, pioneer in behavioral health
	• The vehicle for providing behavioral health will be through 4 Behavioral Health Administrative Service Organizations (BHASOs), which are responsible for building a network of providers, and creating a regional system for hospitals, jails, step-up and step-down programs
	• Having discussions with Commissioner of Insurance about premiums and insurance coverage of behavioral health services since cost is often out-of-pocket
	• BHA received American Rescue Plan Act dollars, much of which goes to colleges and universities for improving and increasing behavioral health programs and training, expanding peer support programs, workforce expansion for pre-licensure and stipends, recruitment and retention; need to improve the pipeline from communities to education and training to behavioral health jobs
	• We have a shortage of clinicians who can do basic screenings; balance between folks who have lived experience, peer support, and clinical experience; how do we get folks out of the clinics and into the community

- How do we create an opportunity for them to see the value of their skills and doing it in the most difficult communities (child welfare, justice system, jails); want to get people interested and graduated in the field; if you start as a peer support person, encourage you to get your associates, bachelors, and master's degrees

Questions & Discussion
Q: Can you explain what the BHA is and how it connects to Medicaid members?
A: The BHA was created 2 years ago through a task force based on the need to better coordinate behavioral health services throughout the state.
Chat: There sounds like some focus on transformative and restorative approaches to BH without using those words directly
Q: I'm a provider through Colorado Access and spend a lot of time trying to get residential services for children; often, we have to send them out of state. What mechanisms are in place to address this?
A: None at this time, which is why this is a priority; the rate has to be changed based on the needs; need to rethink how we create residential programs and credentialing to meet the needs of these children
Q: Chat: There are more Community Based Organizations (CBOs) and grassroots than ever that are focusing on community BH and culturally receptive and equity focused approaches. How will your strategies capitalize on the community-based resources already available?
A: The main way is through sub-contracting with CBOs that are doing the work
Q: Chat: What roles will peers play in the BHA and what ratio?
A: Peers will play a very active role; we also have to consider how certifications come into play and if certifications are required and with what roles
Q: Chat: why do I need a high-level education to do the job? With my lived experience I'm more qualified than most professionals.
A: At Denver Health, a certain number of years of experience counts towards formal education and job training
A: Nothing beats pairing lived experience with formal educational training
Concerned that we don't have mechanisms to help those with lived experience pay and complete formal education
COVID showed us how innovative we can be and how much bureaucracy there is around vital programs and processes
There is work happening around health information exchange, connected to jail to community substance use and treatment; electronically try to connect people; we need clinicians who can take care of these people, but we also need the infrastructure; not just one-on-one, but information to connect folks to proper services

David Aragon, Senior DEI Consultant, Colorado Access
Dawn Matera Bassett, Grants Director, Metropolitan State University

- Guiding question: How can industry partners, state agencies, colleges and universities more effectively partner with Behavioral Health pathway programs to successfully prepare students to become behavioral health professionals?
- Initiative: Preparing future health professionals with degree completion, internship support, licensure, and the Navigate Your Health Career Fair Day event to serve our diverse member population
- $1.2 Million investment; 3-year partnership
- In first 2 years: funding 60 MSU students, 10 Community College of Aurora students

Questions & Discussion
Q: Are you including representation from Afro Latinas in the communities?
A: Yes, we are. We're looking across the spectrum of Spanish speaking individuals.
Q: Any plans to bring graduates into Sobre Mesa? Once they are in the workforce, it can be hard and having support is essential.

	A: Yes, we're bringing in students from our cohort and those who have graduated. Q: What opportunities do you see for counties to support this work? A: Let's talk about it because we're interested in collaborative partnerships with our counties Q: Are any other RAEs involved in a similar project? A: As far as I know, Colorado Access is innovative in this space, but there might be other partnerships at colleges/universities that we don't know about
Behavioral Health Work Group Recruit	Jacquie Stanton, Region 5 Co-Chair • If you are interested in joining a Behavioral Health ~~Work Group~~Subcommittee to dive deeper into the metric focused on foster care youth~~focus on the metrics and data~~, please contact Becky Selig, Becky.Selig@coloradoaccess.com.
Population Health	Leah Pryor-Lease, Director of Community and External Relations, Colorado Access • COA recently welcomed Claire Peters, the new Director of Population Health; she and the team have set out to draft a new Health Strategy of CO Access • Scope: Design a health strategy plan that builds upon existing work and departmental strategic plans, not a new organizational strategic plan, but outline roles, responsibilities, and needs • Timeline: Interviews will begin with key informants to gather information and feedback on the emerging strategy, which they hope to complete in September/October • Interviews will be led by Integrated Health and Population Health team members and focused on current and future state for health strategy, including strengths, weaknesses, opportunities, and threats • To ensure we have engagement and insight from partners, we're asking for PIAC participation in these interviews to get external perspectives to develop the most effective strategy possible. Need representation from the PIAC membership so having members, providers, and CBO partners is key. Once the volunteers are identified, we will circulate a doodle to find time for the virtual meeting. • Any questions, please contact Leah.Pryor-Lease@coloradoaccess.com **Questions & Discussion** Chat: Population health from COA's pop health perspective is a focus on meeting our membership and their communities where they're at through an understanding of their health-related social needs (HRSN) and tailored approaches to address them. Through membership-based programs, those focused on providers and those focused on communities Chat: In addition to interviewing our community partners, we're currently doing internal interviews to build an infrastructure in COA that allows us to make the most impact on several different health areas (i.e. housing and food security) - through data-backed and community informed population health programming
Next Meeting	Monday, December 9, 2024