	Region 3		Region 5
x	Alisia Moreno, International Rescue Committee		Ana Vizoso, Servicios de La Raza
	Angela Wilson, Adams County Government	x	Anthony Moreno, Health First Colorado
	Antonia Casler, Creative Treatment Options	x	Ashleigh Phillips, Centura Health
x	Ashleigh Phillips, Centura Health		Candy Wolfe, Creative Treatment Options
x	Ashley Scollard, Douglas County Health Department	x	Carolyn Hall, RM Crisis Centers, CHARG Drop-In Center
	Bipin Kumar, Himalaya Family Clinic		Damian Rosenberg, Personal Assistance Serv of Colorado
x	Bob Conkey, Health First Colorado	x	Heather Schenkel, DentaQuest
	Carol Tumaylle, Refugee Health Advocate	x	Helen Pattou, International Rescue Committee
	Christina Redwine-Stimson, Aurora Interfaith	x	Jacquie Stanton, State of Colorado Dept of Local Affairs
	Daniel Darting, Signal Behavioral Health Network	x	Jeremy Sax, Denver Health
	Elizabeth Snow, Health First Colorado	x	Jim Garcia, Tepeyac Community Health Center
	Emilie Van Haecke, City of Englewood Police Dept	x	Judy Shlay, Public Health Institute at Denver Health
x	Jamie Rodriguez, Adams County Health Department		Kraig Burleson, Inner City Health Center
	Jessica Courtney, Mile High Behavioral Health		Matthew Pfeifer, HCPF
	Jessica Prosser, City of Aurora, Housing & Comm Services		Nina Marinello, Intermountain Healthcare
	Kadi Kouyate, Migrant Response		Pamela Bynog, Health First Colorado-ON LEAVE
x	Laura Ciancone, Douglas County Public Health		Paula Gallegos, Health First Colorado
	Laura Larson, Douglas County Public Health Department	x	Rachelle Bachran, Caregiver
x	Marc Ogonosky, Health First Colorado	x	Ty Smith, Consumer, Health First Colorado
	Matthew Pfeifer, HCPF		
x	Meredith Velasquez, Juvenile Assessment Center		
	Mike Marsico, Behavioral Health Provider		
	Nancy Greene, DentaQuest		
	Patty Ann Fontenot, Elbert Cnty Collaborative Mgmt Prgrm		
x	Princess Mack, Health First Colorado		
x	Wendy Nading, Tri County Health Department		
x	Whitney Gustin Connor, Kids First Health Care		
			Guests
	COA Staff		Amanda Kelly-Dorris, HCA HealthOne
	Ayana Session		Cathi Redmond, HCA HealthOne
	Becky Selig		Connie Zachrich, AdventHealth
	Bridget Anshus		Elizabeth Spoering, HCA HealthOne Presbyterian St. Luke
	Casey Thomas		Julia Spratt, National Jewish Health
	Claire Peters		Katie Koblenz, Intermountain Health
	Jamie Zajac		Kellee Beckworth, UCHealth
	Jeannine Draut		Nur Akkurt, HCA HealthOne
	Jo Glaviano		Rebecca Hildebrand, Boulder Community Health
	Julia Mecklenburg		Stacy Thoutt, HCA HealthOne
	Leah Pryor-Lease		Stephanie Brinks, Common Spirit
			Susan Goldenstein, Children's Hospital Colorado

Agenda Items	

Welcome, Introductions	

Member Advisory Council Update	Anthony Moreno, Region 5 Co-Chair
	• Sept – Nov Agenda Items
	    o COA's ACC 3.0 bid submission
	    o Review of Member letters re: Division of Insurance
	    o Feedback on Health Strategy visual
	    o Cover all Coloradans
	    o MAC evolution and calendar adjustments
	    o Member User Testing
	• October Meeting: In-person celebration for Caring Heart Award Winners

State PIAC Update	Ty Smith, Health First Colorado
	• September
	    o ACC Phase III evaluation plan
	    o Reviewed independent provider network survey results
	    o Received updates from PIAC subcommittees
	    o Planned upcoming PIAC meetings
	    o Informed participants about an upcoming meeting for stakeholders about member correspondence
	• October
	    o Shared ACC Phase III updates and opportunities for feedback
	    o Presentation from Executive Director, Kim Bimestefer
	    o Wrap up outstanding items from the PEAK discussion at the May PIAC meeting
	    o PEAK Presentation

COA Post Election Policy Update	Bridget Anshus, Health Policy Analyst, Colorado Access
	• Republicans have Presidency, Senate, and House
	• CO Delegation: Most incumbents stayed the same except for Districts 4, 5, and 8
	• Looking ahead to next 4 years:
	• Biden Administration
	    o Regulatory: Trying to do as much as possible prior to January 20, including approving 1115 Waivers, such as Colorado's Health Related Social Needs (HRSN) waiver
	    o Legislative: Funding package that includes tax credits and health funding
	• Federal Health Policy Changes we'll be monitoring: Medicaid, CHP, ACA
	• Upcoming State Legislative Session Priorities:
	    o Navigating the budget
	    o Responding to ballot measures that passed, such as Amendment 79 and Prop 130
	    o Defining the RAE's role in HRSN
	
	Questions & Discussion
	Q: Chat: I know it's early to tell, but do you anticipate any changes with Medicaid for Refugees / Immigrants?
	A: What we saw during the campaign is the new admin wants to take action on immigration which impacts Medicaid and Cover All Coloradans; anticipating normal programming until told otherwise; we are working to be as informed and flexible as possible

COA Health Strategy Update	Claire Peters, Director of Population Health, Colorado Access Jeanine Draut, Manager of Health Literacy, Colorado Access

	• Review and feedback on Health Strategy Visual • *What is this graphic telling you about COA and how we help members?* **Questions & Discussion** Chat: Providing different approaches to care. Chat: It shows that Preventative health is prioritized, but CO Access is also available for emergency situations I see physical stuff, but not a good representation of invisible disabilities such as mental health, neurodivergent, treatment Chat: I see a priority on urgent/emergent care, but not prevention/early intervention (PCP, SDOH, etc). Chat: It shows me that health care needs lots of collaborative partners and may also require a journey and isn't necessarily a direct path. Chat: Unless you had prompted me that this is about how COA helps/serves members, I wouldn't know that's what this graphic was about. Chat: A Community support system team for total care to help connect people to all their total needs. Chat: For me, it signifies that COA and its team members are embedded at all levels of our community -- serving as a connector to resources. Many of our patients say they have a hard time finding help from COA, even when we provide the number, they don't feel their questions are being answered about things like attribution and eligibility Chat: It tells us that COA takes a multi-pronged approach to care. However, it doesn't include specific examples/ interventions. For example, what does teamwork in care mean? Chat: If I were a member, I don't know that this would tell me much. I don't know where I would turn to get help. For immigrants and refugees, transportation is still a huge challenge, this visual doesn't show Medicaid provided transportation Chat: It seems to me like an overall vision for community health- not sure what action I would take as an individual from this. Doesn't show how COA is connected to members; we want people to be able to access healthcare wherever they are in the community, especially for behavioral healthcare Chat: I agree, it feels broad and not as helpful without context. I appreciate the comments around opening up to behavioral health and social health factors. Chat: I think it suggests Co Access emphasizes a community-oriented approach to healthcare, but not necessarily how you might access it. Add bubbles under each heading with more information, add arrows connecting pieces; graphics might be too hard to digest because of the connections, road isn't showing the connection clearly Chat: We have instructions on how to book rides with Transdev in multiple languages, is there a way we can add them on Transdev website? Always confusing for members to know where HCPF and COA are in the larger picture; how to demonstrate the regional organization's functions versus where HCPF falls Don't think that one visual can explain all the pieces, not enough COA presence on the document Should also include that COA helps with language assistance Chat: As discussed in our MAC presentation, this doesn't really show connections or how the "themes" interact (or CoA's role in each area). Chat: This visual appears more suited to policy people (legislators, etc.). Members are more interested in how to access care (practical applications of CO Access's work) and likely less interested in high-level organizational strategy. Is it possible to get consumers or peers to submit their ideas of what COA does in a visual format, use one of those; if it's made for members, should be made by members
Hospital Transformation Program	Susan Goldenstein, Children's Hospital Kellee Beckworth, UCHealth

	• Hospital Transformation Program (HTP): State program through HCPF, all hospitals participate, focused on quality care and meeting certain metrics
	• Focus Areas: Reducing Hosp Readmissions, Addressing Social Needs, Behavioral Health, Population Health, Operational Inefficiencies
	• Today's focus: Social Needs Screening and Health Equity
	• Social Needs Intervention:
	  o Ask patient about needs (food, housing, transportation, utilities, violence)
	  o Notify RAE of patient needs
	  o Offer resources to meet needs
	
	Questions & Discussion
	Q: Is this for behavioral or physical health?
	A: We're looking at social needs in general, so it could be anything.
	Missing resources like social support networks and warm lines that are available to anyone
	Chat: The Colorado Support Line is a great social connection where people can work on their needs. You are never alone and Peer Support is now 24 hours.
	In serving refugees and immigrants, we see a lack of health education; patients who miss multiple appointments get dropped instead of the provider helping to solve the reason why they are missing appointments; patients receive letters in the mail thinking they are bills though they have Medicaid coverage, which causes a lot of anxiety
	Q: Chat: Curious if interpersonal violence is a category of need assessed or been considered?
	A: Yes. This is a required domain for hospitals to assess! we do ask about interpersonal violence, but it rarely rises to the top three
	At Children's Hospital we have 5 domains that we're screening for, but social connectedness is not built in built into HTP structure, but can take that back to HCPF
	All non nonprofit hospitals have to do a community health needs assessment every three years, social connectedness has been elevated in these surveys
	Chat: These findings align with the member survey we did earlier this year. Food, transportation, and housing needs -- in that order.
	Chat: I believe the LPHA Community Health Assessments in our regions have identified social isolation as a top need for the communities they serve
	Q: Re: Personal safety: I'm on the Maternal Mortality Review Committee, if someone identifies as not personally safe, what mechanisms do you have if someone expresses that to you? What resources do you provide?
	A: At Common Spirit, a case manager will speak with patient; when talking about someone giving birth, we do our best to ensure that the individual committing the violence is not present, talk to the patient alone; we provide the resources that we can and allow the patient to choose what is best for them
	Chat: At our agency, we recently surveyed our community members in Arapahoe County through outreach at a local library and food was the number one need assessed. We are also supporting a number of families in apartment complexes in Aurora where eviction is displacing whole communities.
	Q: Are there best practices for healthcare systems around personal violence?
	A: Don't know of best practices, but we met as a group to expand the way we ask this question – it was limited to just a partner, we've expanded the question to ask if there is anyone doing this, make the question more open; we are working on what data sharing looks like and if/when its appropriate to for a RAE to know this information
	A: Regarding data sharing, hospitals are not required to share that data and we do not send domestic violence information to the RAEs because of its sensitivity; it's important to let patients know where the information is and is not going
	Denver Health has the Rose Andom Center, which provides improved access and resources for victims of domestic violence; we also have prenatal and postpartum classes that provide parent support as another space for individuals to feel safe
	Encourage PIAC to advocate that domains include and address social needs supports, social isolation

	Q: Chat: Are hospital/clinic staff trained on how to handle a case that's reporting a critical need if one comes up during their visit? A: There is variation hospital to hospital, can be nursing, care/case managers/coordinators A: At Children's inpatient it can be a screener, and then health navigator will follow up; with outpatient, it's part of the check-in process on an ipad, then a health navigator will follow up with the patient; with depressions screenings, a social worker will respond A: Yes and no. At CommonSpirit we train everyone on policy/procedure. Much of how we respond to interpersonal violence is dictated by law. A: At CommonSpirit it is nursing who asks the questions verbally. We use a paper form if the electronic health record is down. Case management follows up with any patient who has a positive screen. Q: With the information you're gathering, is there follow through with patient to see if they took advantage of resources or not? A: There are no requirements at this time, but some referral platforms can pull that data, so asking Community Based Organizations (CBOs) to help close the loop by inputting information to our referral platforms, but that data is only as good as the information that's added, administrative burden for that is high, but it's definitely on the horizon A: One challenge: if we get ahold of members, offer resource, connect them, then they don't answer when we attempt to follow up, there's not much else we can do; can be a lot for CBOs to enter that data, we do our best to do a follow up call for a resource, but not aways successful A: With our organization and transportation, the way we know that a transportation resource is helping is that they don't ask for transportation help again Q: Chat: Do we know if LEP patients were offered interpretation to complete the screening? Or were any screenings not completed due to language barriers? A: Don't know if there are screenings not completed due to language barriers, but we always ask patient their preferred language and have interpretation available Chat: We try to have social work involved asking the questions for all our HTP patient populations, as they are more likely to have needs Chat: I know at least one refugee family that got rent assistance from Children's hospital, that was amazing! *Question for HTP Partners: How is the social needs screening data actionable?* Children's Hospital: Top needs are food and housing; the data we collect helps drive partnerships with food and housing partners, and drives our efforts and the types of programs we provide: Partnership with Energy Outreach for help with utility bills, medical legal partnerships to help with landlord eviction issues, Aurora Housing Authority and Aurora@Home for housing issues, we also have a funder who helps with evictions of families with children who are medically complex *Question for HTP Partners: How are you seeing social needs impacting readmissions?* Denver Health: Through our disparities analyses on readmissions, we included demographic variables, like race, language, sex, age, housing status; housing was the most significant variable and drives much of our work; partner with Denver Housing Authority, who helped house someone who was unhoused and had medical needs, patient was able to receive necessary services and attend all of her appointments, patient has since moved into apartment with appropriate supports HCA Health: A recent patient survey asked, "which resources do you lack or not have access to?" Top three categories aligned with our screening results – food, housing, transportation; asked what patients think the hospital should be doing when screens are identified, results show about 2/3 of respondents prefer the hospital directly collaborate with their care team; over half of respondents want a list of community resources available; there is a ripple effect of different measure across the program; partnership with COA where they receive our social needs data and follow up appointment data which aims to reduce readmission from multiple angles; want the patients to have the options for care and follow up that works best for them

	Question for HTP Partners: How are you serving patients with disabilities with culturally competent care? Intermountain Health: We selected the measure focused on understanding care needs and implementing interventions for patients with disabilities; implemented intake screening to learn if patient has a disability and how we can holistically support them; influences care during hospital stay, as well as their discharge care plan, we also have auxiliary aids, services, and devices to accommodate; all patient complete language assessment at intake to determine if interpretation is needed **Continued Questions & Discussion** What's challenging is the increase in screening and awareness of social needs, but lack of funding; the WIC program is flat funding, with unprecedented demand; there's heightened work and understanding around food insecurity, but the funding isn't keep up; we have the longest wait we've had and are unable to serve the community Chat: You have to call at 7:30 am every day to try your luck for sooner appointments with WIC Chat: What would be helpful would be for hospitals to set the person up with the needs vs discharging people to the street. Q: Chat: For the hospital partners: Curious about your SDOH screening process- do you all use the same screening tool/process or a different one? I feel like I knew this at one point but can't remember. A: They are very similar Jamie, but not identical. They are built into the Electronic Health Record systems, which varies by hospital. We all screen for the same five domains: Housing, Food, Transportation, Utilities, and Interpersonal Violence. Please contact Katie.Koblenz@imail.org with additional feedback, questions

COA SDOH Updates	Jamie Zajac, Director of Care Management, Colorado Access
	Julia Mecklenburg, Senior Community Engagement Liaison, Colorado Access
	• Review of Population Health Approach
	• HCPF Required SDOH Categories:
	    ○ Housing stability, food insecurity, transportation, utility help, interpersonal safety
	• COA uses the CORE 5+ PRAPARE Screening Tool, plus additional questions around WIC, SNAP, and tax credits to determine other available benefits
	• Data shows alignment with hospitals – food, housing, transportation
	• 41% of members who completed CHP+ Prenatal Health Risk assessment were unaware that a free breast pump is included in benefits
	• COA has 3 internal committees: Housing, Food, Resource Linkages
	• Food SDoH Subcommittee: improve health and wellbeing of members by addressing food insecurity and promoting access to food
	    ○ Examples: Support SNAP and WIC enrollment process, enhance healthy food access, promote cooking classes, expand access to culturally relevant food
	    ○ Project: Partnership with COA, Denver Health, Project Angel Heart, Food Bank of the Rockies (FBotR) to enroll 250 members from Denver Health into 12 weeks of medically tailored meals from Project Angel Heart, followed by 24 weeks of health food boxes by FBotR
	
	Questions & Discussion
	Q: A lot of people don't like being handed lists; they call the first resource which is unsuccessful so they don't want to continue; what about warm handoffs, helping connect patients directly to a resource?
	A: We do often offer to help outreach resources with a member and provide warm handoffs, though it does depend on the member's situation and choice; we are increasing our data sharing agreements with partners as well
	Communities need to come together, including hospitals, RAEs, independent living centers, other entities and present a statement of need since the challenges are all aligned – food, housing, transport

	Chat: DRCOG is doing a couple of different transportation surveys- it might be good to involve them to see what the capacity to expand their work into different communities might be. Please contact Julia on how COA can help address food insecurity: Julia.mecklenburg@coaccess.com
Wrap-Up, Survey	
Next Meeting	Monday, March 10, 2025