Child-Youth Focused Member Advisory Council (MAC) Minutes –DE-IDENTIFIED

Date: June 3rd, 2026
Time: 11:30 a.m. – 1:00 p.m.
Location: Virtual
Facilitator and recorder: Cristina Bejarano

Shared Resources for Meeting

- Slides
- Charter, Minutes, Action Item Tracker, Feedback Form

Meeting purpose:

- Receive an Overview of Population Health and Care Coordination Program and provide consultation.
- MAC Business: Co-create meeting structure, update charter, address questions/comments relevant to Action Item Tracker.

Next meeting: August 5

Meeting Attendees

MAC members and Colorado Access Staff: Caroline Quick, Claire Peters, Cristina Bejarano, Jamie Zajac, Kelly Shanahan, Rebecca Thorsness.

Recap

The Child-Youth Member Advisory Committee (MAC) meeting focused on presentations from Colorado Access's Population Health and Care Coordination departments, followed by MAC business updates. Caroline Quick provided an overview of the Population health assessment, highlighting key findings about member health conditions, social needs, and disparities in healthcare access, while Jamie Zajac explained Care Coordination services and processes. The MAC welcomed two new members, updated the Charter to include meeting attendance requirements and member engagement. Facilitator introduced a new member voice registry to involve more members in surveys, and focus groups, and committees.

Action Items

Item	Owner	Status	CLEF	Due Date
Distribute draft minutes, meeting follow-up, and presenters' contact information.	Cristina Bejarano	In progress	No	6/8/2026
Carolyn asked members to provide feedback on Population Health Assessment. Responses will be added to internal CLEF and are described in minutes.	Carolyn Quick	In progress	Yes	6/30/2026
Members said their care coordination experience is inconsistent, including difficulty reaching someone or receiving a call back. Some are also confused by the multiple Colorado Access phone numbers	Jamie Zajac	In progress	Yes	6/30/2026

and may not know about the direct Care Coordination line. Jamie will review the care coordination process and start follow up process to with affected members to identify service gaps.				
Update the charter to reflect changes approved during the meeting.	Cristina Bejarano	Done	No	6/10/2026
Share recruitment information in the follow-up, along with poll to vote on the name of the member voice registry. This registry will be used to invite members to participate in surveys, focus groups, and committees.	Cristina Bejarano	Done	No	6/08/2026
MAC members were asked to complete the post-meeting survey.	MAC members	1 member completed	No	5/28/2026
MAC members: Consider and suggest new member candidates, especially to address missing perspectives (e.g., children/youth, disability) and replace inactive or departing members.	MAC members	Ongoing	No	Ongoing

Agenda and Notes

Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
Connection and Agenda Setting	*Connect and Inform* Attendees had an opportunity to share about what brings them peace.
Population Health Overview by Carolyn Quick, Senior Population Health Consultant	*Inform and Consult* Carolyn grounded the conversation on the purpose of Population Health Team efforts. They have three main goals: to understand the health care and social health needs of Colorado Access Members, to develop and support programs that meet the needs of our members, and to lead health equity efforts to ensure all members are as healthy as they can be. She explained the methodology, key findings, and actions based on the 2025 assessment, including plans for the 2026 assessment and initiatives like Healthy Colorado for All. Learnings from the health assessment helped them identify top needs such as housing, food access, and transportation. Their clinical priorities, identify subpopulations who may need more support, track improvement over time, and share/get feedback from key partners. The two clinical priorities developed after that learning: transitions of care and co-occurring conditions support supporting the desire to provide holistic care. Their work connects with Colorado Access programs, and it's connected to the 7-year Healthy Colorado for All plan and aims to address the members' needs. They are currently working on their 2026 Population Health Assessment and invited members to share their feedback on the information presented.

	Following are the answers about what subpopulations COA should be sure to focus on in 2026 assessment? And what health outcomes are most important to them? • School-aged children with IEPs (or a similar metric) – developmental screenings happen at schools sometimes more than at provider clinics (missed wellness visits). • Children who meet criteria for multiple disability categories. • Children borderline in multiple disability categories but not formally qualifying. • Children separated from parents or outside the home (e.g. immigrant children of deported parent(s), foster care). • Prioritize studying impact of HRSNs. • For qualitative data, talk directly with children and youth (not only through parents and caregivers). Additional feedback from MAC members included reaching out directly to youth and kids.
Care Coordination Overview by Jamie Zajac, Senior Director of Care Coordination	*Inform and Consult* • Members were asked to complete a survey about their experiences with care coordination services. The original feedback received from members was that calling into COA is hit or miss in terms of getting an answer, getting a call back. There are often too many numbers to call into COA or direct CC line not widely known (and it should be). • For children with complex care needs who have multiple care coordinators from other systems, adding a COA coordinator feels like one professional too many unless there is clear added value. Jamie, representing care coordination, thanked participants for their feedback and offered to follow up with individuals who had negative experiences to discuss improvements. Jamie presented an overview of the organization's care coordination services. She explained that Colorado Access operates two types of care coordination models: an internal health plan-led team with 62 frontline staff across seven teams, and 15 care coordination partner entities across 88 sites in the Denver metro area. Jamie outlined how members are identified for care coordination through various methods including clinical registries, hospital data feeds, and referrals from community partners, with outreach typically occurring within two business days of receiving a referral.

	She detailed the scope of care coordination services, emphasizing assessment of member needs, development of care plans, connection to resources and additional support, and coordinating with care team. The timeliness of the care coordination services is based on member needs as frequency varies depending on urgency, goals, and the member's situation. In summary, they provide support for clinical, medical, administrative, housing, financial, provider, and program needs. Jamie provided her email: Jamie.zajac@coaccess.com, and the phone number for Care Coordination: 866-833-5717
MAC Business	*Collaborate* Co-create the meeting structure, update the charter, and address questions or comments related to the Action Item Tracker. This section was rushed due to difficulties with interpretation at the beginning of the meeting and time constrains meeting the needs of the other two presentations. The group agreed to update the MAC charter to change the meeting time and include attendance requirements. Members received the QR code to help recruit new members and increase engagement. MAC members were thanked for her contribution to registry design.
Session Reflection	*Collaborate* One response was submitted in the post-meeting poll. The feedback submitted confirmed that there is too much information presented at once to grasp all the information.