Youth Focused PIAC Meeting Minutes

Date: June 9, 2026
Time: 4:00pm – 6:00pm
Location: Hybrid
Facilitator and recorder: Becky Selig
Presentation Slides:
Next meeting: September 8, 2026 (Hybrid)

Meeting Attendees

Name	Affiliation	Present
Carolyn Anello	Project Worthmore	
Courtney Lawlor	Mile High Behavioral Healthcare	v
Devin Myers	Entrust Health	v
Erin Denovan	Health First Colorado Caregiver	
Judy Shlay	Public Health Institute at Denver Health	
Kirsten Anderson	Aurora Mental Health & Recovery	v
Kristin Soderberg	Health First Colorado Caregiver	v
Lanae Dailey	Children's Hospital Colorado	v
Lori Spurgeon	Health First Colorado Caregiver	v
Megan Bowser	Health First Colorado Caregiver; Executive Director for Family Voices Colorado	v
Michelle Roy	Wellpower	v
Mordy Cukier	Kiwi Kids ABA	
Nikki Brooker	You Are Not Alone (YANA)	v
Wendy Nading	Arapahoe County Public Health	x
Whitney Gustin Connor	Kids First Colorado	v

(x) - In Person attendee; (v) – Virtual attendee; (partial) – Only partially attended the meeting

Other Guests:
Colorado Access Staff: Becky Selig, Dave Aragon, Lauren Brassfield, Carrie Jones, Robert Franklin, Jessica Smith, Claire Peters, Cristina Bejarano, Kelly Shanahan, Shawnette Gillespie, Jaime Moreno

Quick Recap

The Children and Youth PAC meeting focused on reviewing Colorado Access priorities for children and youth, including the population health assessment and the health neighborhood framework. Participants discussed key

pediatric needs such as behavioral health, asthma, obesity, disabilities, health-related social needs, and access to community resources. The group provided feedback on improving data collection, incorporating lived experience and community input, strengthening care coordination, and making children and youth more visible in health neighborhood work. Discussion also highlighted the importance of trusted community partnerships, culturally responsive outreach, school-based supports, housing stability, and alternatives to technology-only engagement.

Agenda and Notes

Time	Activity/Discussion Item	Participation Spectrum and Purpose of Agenda Item
4:00	**Welcome, Intros**	*Connect*
4:20	**Population Health Assessment**: **Feedback, Findings and Future Planning** Claire Peters, Director of Population Health, Colorado Access	*Consult* Reviewed how the population health assessment uses member data to identify pediatric needs, disparities, priority populations, and opportunities for clinical and community partnership strategies. • The assessment highlighted anxiety, depression, asthma, obesity, and substance use disorder as key pediatric needs, with co-occurring behavioral health conditions common among youth with asthma or obesity. • Colorado Access is adopting the Children with Disabilities Algorithm (CWDA) to better identify children with disabilities through diagnosis codes, expanding the identified population beyond waiver eligibility alone. • Members who were screened most often identified housing, food, and transportation needs; Colorado Access is preparing to launch Find Help to support referrals, care coordination, and community resource connections. • The assessment will inform Healthy Colorado for All, Colorado Access' health equity plan, and help refine pediatric health strategies. Questions (and Answers) • Q: Who provided the top condition responses: parents, youth, or another source? A: The analysis was based on claims data, specifically diagnosis codes, rather than survey responses from parents or youth. • Q: What is the distinction between psychological and intellectual disabilities in the disability algorithm?

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		A: Claire noted that she would need to review the underlying data and provide the distinction back to the group. • Q: How will the assessment capture children with multiple disability categories or overlapping disability and social needs? A: The team acknowledged the importance of intersectionality and the need to examine members who fall into multiple disability categories or who also experience social needs such as housing instability. Feedback received: • Analyze intersectionality across disability categories and between disability status and social determinants of health. • Explore social isolation among families as an under-recognized factor affecting mental health. • Consider a standardized or recommended pediatric-focused health-related social needs screener so data can be collected consistently across organizations. • Round out claims data with community needs assessments, surveys, focus groups, and input from students, parents, school staff, and community members. • Continue to treat mental health as a major community priority, consistent with community needs assessments from nonprofit hospitals and other partners. • Account for health literacy, stigma, and cultural beliefs when interpreting diagnoses, screening results, and engagement with care. • Examine care gaps among young adults ages 19 to 21 who are transitioning from pediatric to adult care, including diabetes and high blood pressure management and use of EPSDT benefits
5:10	**Health Neighborhood Collaboration** Becky Selig, Senior Community Engagement Liaison, Colorado Access Dave Aragon, Principal Community Engagement Consultant, Colorado Access	• Examples included partnerships with school-based health centers, public health, Family Connects, VCCI, Family Voices Colorado, disability and culturally responsive community partners, food access organizations, and Colorado Legal Services. Described the Health Neighborhood framework in ACC contracts: promote member well-being (physical, behavioral, social), create

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		diverse networks, and leverage RAEs' community relationships to produce local impact. • Reviewed high-level components/buckets (examples discussed): cross-RAE & community collaboration; statewide/advisory alignment; specialty care & access; public health integration; health-related social needs & equity; housing insecurity/permanent supportive housing. • Explained that Health Neighborhood reporting is a key deliverable; HCPF uses it to monitor activity and impact across regions. Colorado Access team shared regional examples and invited PIAC members to identify topics of interest for deeper future presentations: • Cross-RAE/community collaboration: supports coordination across RAEs and community partners through advisory committees, shared learning, and alignment with statewide initiatives. • Statewide/advisory alignment: participation in Colorado Social Health Information Exchange (COSHIE). • Specialty care & access: highlighted opportunities to improve connections to specialty care, including partnerships with providers and community organizations that support children, youth, and families navigating complex needs. • Public health integration: collaboration with public health partners, including school-based health centers, Family Connects, Arapahoe County Public Health, and Adams County Health Department initiatives. • HRSN & equity: efforts to connect members to food, transportation, housing, and other community resources, including Find Help implementation and food access partnerships. • Housing supports: shared examples of housing-related support, including referrals to Colorado Legal Services for members with housing legal needs and broader efforts to support housing stability. Questions (and Answers) • Q: How is the health neighborhood model specific to children and youth, since some examples appeared adult-focused? A: Staff acknowledged that some slides were generic and based on recent reporting, not the full scope of work.

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		They noted that children and youth-specific work includes the Children and Youth PIAC and MAC, Children's Hospital participation in hospital transformation work, school-based health center partnerships, foster care workflows, maternal and child health work, and targeted community partnerships. • Q: Could Colorado Access share more about school-based work and other child-centered community collaborations? A: Staff agreed that school-based health centers and school district partnerships should be more visible in the health neighborhood framing and could be added to future discussions. Feedback Received • Discuss care coordination for children with disabilities and families managing multiple specialty providers, appointments, documentation, and follow-up needs. • Consider inviting staff working on school-based partnerships and foster care workflows to present at a future meeting. • Recognize WIC capacity limitations and consider what Colorado Access and community partners can do when families cannot access WIC despite food insecurity. • Clarify how Find Help will be used by care teams and community partners, including how it will work for families with limited access to computers or limited comfort with technology. • Balance virtual and web-based tools with in-person, trusted, community-based engagement. Participants emphasized that many families respond better to live people, trusted organizations, and one-on-one support than automated calls, websites, or online tools. • Consider funding or partnering with trusted community-based organizations to conduct outreach, education, and navigation because they already have relationships, events, and trust with families.
5:50	Questions and Wrap-Up	
6:00pm	Adjourn	