



REGION 5 PROGRAM IMPROVEMENT ADVISORY COMMITTEE (PIAC)

MARCH 2, 2019 MEETING MINUTES

Name	Organization	Present
AJ Diamontopoulos	Denver Regional Council of Governments	X
Allison Romero	Mile High Behavioral Health Care	X
Ana Visozo	Servicios de La Raza	
Angi Wold	Addiction Research & Treatment Services	X
Betsy Holman	Dentaquest	X
Damian Rosenberg	Personal Assistance Services of Colorado	X
Dede De Percin	Mile High Health Alliance	X
Greg Tung	Colorado School of Public Health	
Jacque Stanton	Denver Public Schools, Community Association of Black Social Workers	X
Jeremy Sax	Denver Health	X
Roop Wazir	International Rescue Committee, Health Program Coordinator	X
Paula Gallegos	Health First Colorado member caregiver	X
Judy Shlay	Denver Public Health	X
Katie Broeren	Health First Colorado	X
Karen Weber	Caritas Clinic, SCL Health	
Laurie Gaynor	Health First Colorado	X
Pamela Bynog	Health First Colorado	
Patricia Kennedy	Health First Colorado	
Sable Alexander	Mile High Healthcare, Health First Colorado	
Scott Utash	Advocacy Denver	X
Sherry Landrum	Health First Colorado	X
Stacey Weisberg	Jewish Family Services	
Sue Williamson	Colorado Children's Healthcare Access Program	X
Thain Bell	Denver District Attorney Office	

COA Staff Attendees
Cassidy Smith, Senior Program Director, Region 5
Julia Mecklenburg, Community Engagement Liaison
Kellen Roth, Director of Member Affairs
Kelly Marshall, Director of Community and External Relations
Molly Markert, Senior Community Engagement Liaison
Nancy Viera, External Relations Coordinator
Rene Gonzalez, Senior Community Engagement Liaison
Rob Bremer, Vice President of Integration
Ana Brown-Cohen, Manager of Health Programs
Kirstin LeGrice, Evaluation Coordinator
Ryan Larson, Behavioral Health Program Specialist

Guests/Members of the Public
Ben Harris, Health Care Policy & Financing Department
Terri Hurst, Colorado Criminal Justice Reform Coalition
Jim Felbush, Porter Hospital

Chanell Reed	Executive Director, Families Forward Resource Center	X
Mary Sanders	Health First Colorado	X

Agenda Item	Meeting Minutes
<p>Welcome to Meeting #7, Introductions, Committee Business</p>	<p>Judy Shlay welcomed everyone to the seventh meeting of the Region 5 Program Improvement Advisory Committee (PIAC). The group took part in an introduction exercise led by Molly Markert and shared their favorite girl scout cookies</p> <p>Committee Business:</p> <p><i>Approval of minutes:</i> The December meeting minutes were presented for approval. Katie moved to approve the minutes; Laurie seconded.</p> <p>The December meeting minutes were approved unanimously.</p>
<p>Community Innovation Pool Steering Committee R5 PIAC Representative</p>	<p>Kelly Marshall thanked all who attended the extra meeting for the Community Innovation Pool (CIP) in January. For those who were unable to make that meeting, please watch the RAE U on CIP. Kelly explained that the CIP Steering committee is being formed with representatives from all stakeholder groups, PIACs, Governing Council, and MAC, with one rep from R5 PIAC. COA sought interest for candidates from R5 PIAC members. Judy Shlay was the sole interest for R5 PIAC and was therefore appointed as the R5 PIAC representative for the CIP Steering committee. Judy reported that she is always seeking grants and is excited to be on the other side. She is looking forward to lifting up work across the Denver Metro area to benefit our members. Kelly reported that Katie who sits both on the R5 PIAC and the MAC will represent from MAC on this steering committee. Katie stated that she has always been in pursuit of grants and it is nice to be on the other side and she is really looking forward to this. Kelly also explained that Sue who sits on both the R5 PIAC and Governing Council will represent the Governing Council on the steering committee. Sue stated that this is a wonderful opportunity to be creative and innovative and ensure diverse representation of ideas and groups. Kelly stated that she is proud to report that there will be 3 MAC reps who are experts from lived experience. Kelly reported that the State PIAC has asked that COA present on incentive sharing.</p>

<p>Importance of Health Care for Justice Involved People</p>	<p>Terri Hurst from Colorado Criminal Justice Reform Coalition (CCJRC) presented the Importance of Health Care for Justice Involved People. Judy reported she is excited about this presentation and this is important work. Terri explained that CCJRC works through campaigns, legislative work, and sentence reforms. CCJRC serves as a resource, not direct provider. CCJRC currently has a campaign, Voting with Conviction. The majority of people have a right to vote, and recently there was a bill passed for folks on parole to vote. This impacts 11,000 people. Terri passed around The Go Guide, which contains re-entry information. The impact of the criminal justice system is very broad in Colorado. Conditions are exacerbated after release. Care coordination can be life or death for those coming out of prison. The treatment people with behavioral health needs get is not the best. It is not the ideal place for people to get treatment. Terri explained that the Judicial system is regional. There are 22 judicial systems statewide. Districts vary regarding staff and being open to working with outside systems. Currently there are 56 county jails. COA has 5 county jails within its regions. Denver has a city and a county jail. County jail usually has people there a little bit longer. The vast majority of city jail is people who have not been convicted. Terri explained that Community Corrections Facilities is where treatment services are provided. There are currently 11 community connection facilities in our regions. Terri reported that each person entering the justice system is assessed. The reports from these assessments demonstrate that Colorado is failing women significantly who have behavioral health needs.</p> <p>Ryan Larson, Behavioral Health Program Specialist with Colorado Access presented on how COA is working with the justice involved population. Many people recidivate due to mental illness, not due to criminal conduct. COA conduct outreach based off of DOC/HCPF list that we receive monthly. When people on an incarcerated benefits plan go to get meds outside the prison they often get denied. 75% released are covered by Medicaid. Re-entry orientation is conducted with people who are just released from prison. Presenter talks about resources and how to decrease recidivism. Ryan explained that they are 1 hour long with lots of papers. Ryan attends these orientations and gives info on what COA provides. The COA Care Management team reported zero referrals from re-entry orientations. Therefore, COA created a mobilized enrollment program piloted in Englewood. Representatives from COA's Access Management Enrollment Services (AMES) and Care Management team go on a Wednesday since it is a mandatory report date for everyone on parole. These reps meet with folks face to face to get them enrolled on the spot. Members can access services right away. COA partnered with Families Forward and Bayaud for this pilot program. One of the goals of this pilot program is to eliminate barriers. The pilot began on 1/8/2020. In 6 weeks this program has reached 16 members. In addition to getting folks enrolled in Medicaid, reps of this pilot program have helped people change their address to receive enrollment packets, get in touch with transportation, and change PCPs. Ryan reported that they are going to add medication management so people can get this service on the spot. Ryan presented the Sequential Intercept Model. He reported that we are currently getting people on the way out and help get them immediately into service to prevent recidivism. Ryan would like to focus more on the other intercepts through partnerships. Ryan reported that COA is currently in</p>
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process to figure out how to replicate this pilot program in Denver. The goal is to have a team by this summer at Denver parole site.

Discussion, Feedback & Questions:

Katie- How does CCRJC interact with people in jail?

Answer: CCRJC works most closely with state agencies through advocacy system. They provide training to probation officers. Terri's focus is healthcare campaign. Terri works with supervisor/jail administrator to get connected with Ryan and other RAEs.

Mary- If someone is in jail are they receiving Medicaid?

Answer: If someone requires 24 hour inpatient care then they receive Medicaid. Everyone else does not receive Medicaid while they are incarcerated.

Katie – When people leave jail, who signs them up for Medicaid?

Answer: They have people in the jails who help those leaving jail sign up for Medicaid using "PEAK". It is awesome that Denver City and County Jails are offering these dedicated staff.

Judy- What is parole vs probation?

Answer: Parole is for people released from prison. They must meet with an officer following their release. Probation has less rules.

Katie – Jails change meds based on what they have. Meds can get screwed up and impact recidivism rates.

Answer: The Corrections Transition Clinics should be helping with this. COA will be offering an onsite resident physician to do well check and med management through the pilot program.

Mary – Housing is key, how is COA interacting with folks who are struggling?

Answer: We work with our partners who are in housing organizations to support these members.

Dede-What kind of impact has that had on recidivism?

	<p>Answer: Eight community corrections programs are currently run by private companies. Denver bought one and will convert it to a program that supports women. Private prison is closing on 3/7/2020 in CO Springs. Prisons are at capacity. Things were a bit chaotic.</p> <p>Dede- Caring for Denver first goal is justice involved, what will that look like? Answer: Housing, peer support, transportation and employment. These people need a lot of wrap around support.</p> <p>Damian- Are there cities doing this well? Answer: Miami’s program called Stepping up. Tailored to keeping people with behavioral health needs out of jail. This program has been around for 19 years. They are creating a 55-million-dollar super complex so that when people get released, they can immediately be signed up for all resources they need. Chicago is another example.</p> <p>Katie-Boston is doing well with peer model. Jefferson and Aurora mental health are using that model.</p> <p>Dede- HCPF has increased income verification has that impacted people staying enrolled on Medicaid? Answer: Ryan, in my position I don’t see those numbers as I’m not working in that field. Terri, we’re hearing a lot of justice involved folks, there was a myth that people would automatically receive Medicaid. Also there is a cliff effect for those who get a job and loose Medicaid but can’t afford private insurance.</p> <p>Judy – In 6 months, Ryan and Terri can return to review how pilot is going.</p>
<p>Annual Population Management Plan – Strategic Plan</p>	<p>Kelly Marshall presented the Annual Population Management Plan-Strategic Plan. Kelly explained that the PIAC is now 7 meetings in. We are getting a nice balance of bringing forward things that PIAC members have asked for and things that COA needs to bring to this group where we need feedback. Kelly reported that the Population Management Plan is a new report. The state agency has been tweaking deliverables. These deliverables represent substantive strategy. Most of this plan is dictated but it is important for some of the plan to get regional input. Kelly reminded the group that Ben Harris from HCPF spoke a bit about this population pyramid at previous meetings. Really complex members are at the top of the pyramid. There are both medical and social things going on with these members. Members in the middle tier have chronic conditions of some kind but are managing conditions. Bottom is broader population management and get into preventative services. For each section of the pyramid there is a different report, all of them are new. There are other kinds of reports as well. Population Management Strategic Plan is an overview of all the reports. Kelly made the analogy of the Population Management Strategic</p>

Plan being whole puzzle versus pieces of the puzzle, which are the other reports. The annual plan is due the beginning of July. The next PIAC meeting is in June. The plan will be almost fully baked by then, therefore now is a good time to give us more directional feedback. COA is currently figuring out a mechanism for PIAC to give additional feedback between now and June.

Kirsten LeGrice, Evaluation Coordinator at Colorado Access, reviewed the population pyramid in more depth. She explained that COA is looking for feedback on the Condition Management report and Prevention and Member Engagement report. Kirstin explained that CDC reports that millions of Americans have undiagnosed COPD. The law prevents COA from accessing SUD data so we do not have this data for members available.

Kelly reviewed the Population Management Strategy handout. The purpose of this handout was to demonstrate how some of these conditions overlap and align with Medicaid priorities.

Discussion, Feedback & Questions:

Mary – My thought with how to get feedback is a survey which is customized to members based on their medical conditions.

Dede- In Colorado marijuana is now legal and mushrooms have been decriminalized in Denver, are these included in the “illicit drugs” stat?

Answer: Illicit drugs does include marijuana and mushrooms

Dede-There is a bigger problem than opioid, alcohol abuse continues to rise.

Answer: Alcohol abuse is included in these numbers

The group was asked to individually address two questions. Which of the conditions that Kirstin reviewed would be their top priority to address? The second question asked about demographics, neighborhoods, locations where COA should be focusing for interventions. The group addressed the two questions and provided their top priorities:

- Jacqui:
 - Diabetes
 - Far Northeast of Denver and low or compromised social economic status (SES)
- Judy
 - Diabetes

- Low SES individuals in entire region
- Angie
 - SUD
 - Working poor/underinsured (fringe of Medicaid eligibility)
- AJ
 - Diabetes
 - Food insecurity
- Betsy
 - Diabetes
 - Communities of color / blanket intervention for all adult populations on Medicaid
- Roop
 - SUD – Parolees and cooccurring other mental health disorders
 - Diabetes
 - Immigrant/refugee
- Chanell
 - SUD
 - Youth – uptick in use of illicit drugs, particularly marijuana (12-24 yrs old. However also seeing youth as young as 8)
- Damian
 - Asthma
 - Pediatric Asthma (3-21 yrs old)
- Laurie
 - Asthma
 - Elderly
- Mary
 - Diabetes
 - Adults 18-64

- Katie
 - SUD
 - Homeless – Not housed by choice
- Scott
 - Diabetes
 - Support, prevention, education, access to care
 - African American and Latino populations
- Allison
 - SUD/Chronic Pain
 - 18-64 yrs old
- Sherri
 - All are important and need to be dealt with
 - Asthma if I had to pick
 - Youth and Seniors in SES
- Jeremy
 - SUD
 - Homeless and Youth
- Sue
 - Asthma
 - Intervention with Kids so they don't move up the pyramid
 - EPSDT 0-20 yrs old SES
- Dede
 - Anxiety/Depression
 - Northeast and Southwest Denver
- Paula
 - Anxiety/Depression

- Developing healthy identity w/most at-risk population for health which is 40 year olds, can pass down to kids and grandkids. Creating a culture of healthy identity.
- Underinsured – invisible population

Kelly reported that the state is hoping for a multifaceted approach. There needs to be an area where we can start and go deeper. COA needs to work with our partners on innovative approach.

Dede- We didn't talk about timeline. With this short of a turnaround timeline and showing avoidable cost is not a realistic expectation. There seems to be pressure to show a short turn around. With the community and population this can be a struggle. Most of these are longer term strategies.

Katie-I just wanted to say thank you. As a PIAC this is the kind of feedback we should be giving. We feel empowered. We appreciate you asking.

Rob – You are working with our members every day, what do you see. The data is important but it's also important to understand what you see.

Betsy-I was wondering if you guys want more feedback before next meeting? Can there be an optional phone call? The meeting in January was nice as I was able to attend over the phone.

Betsy – I didn't realize that Diabetes Health Management Education was not covered by Medicaid. Are Medicaid members excluded from this service?

Answer: There are a lot of places like the YMCA, Rose Foundation, and LPHAs that provide this service. There are programs and other organizations that provide that service and cover the cost.

Judy – Proposal, have in one month or 6 weeks to have a call or survey. COA can develop a draft and engage more with the PIAC.

COA staff will work on the timeline. Ana-we can do a survey and a call. Most of the PIAC expressed interest.

	Ben-From the department perspective, a lot of what we're asking to do is long – term and generational. The big question is around how they will be implemented. We are interested in looking at strategies and how they are geographically different. This will help us assess from a policy perspective what is transformative and conducive for the long-term.
General Updates and Emerging Issues	<p>Katie – Could we ask presenters to stay until after the meeting to ask additional questions so we don't miss parts of the meeting to try to ask these folks questions? We could do a list of questions for the presenters that could be sent to them later.</p> <p>Ben – One of the interesting things is the intersection of schools and how to deliver care with different modalities. It would be interesting to see a RAE come up with a strategy or program</p>
Public Comment	Jim Felbush from Porter Adventist Hospital – Jim attended as an observer. He was thinking about Centura Health Systems CHNA top priorities, which are Food Security and behavioral health. Diabetes with a connection to food security. So much of the population must pay for meds and rent and can't afford healthy food. SUD – we have done a lot of work with local schools and school aged children and resilience work. Kids face a lot of trauma, school shootings, bullying. Middle school is where a lot of the SUD experimentation begins to take place. Resilience work with middle school could be very effective.
Action Items /Responsible Party	<p>COA will look into how to address questions from PIAC members to presenters following their presentation.</p> <p>Ben Harris will look into the bill that would allow Medicaid to cover Diabetes Health Management Education and report back.</p>
Next Meeting: June 1st, 2020 at St Joseph's Russell Pavilion.	