Rejuvenate Consumer Leadership: Lessons from the Updated Consumer Advisory Board Manual

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Disclaimer

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Group Agreements

• Respect personal experience and opinions
• Ask questions
• Assume positive intent while acknowledging impact
• Encourage brave spaces.
  • Safe spaces are meant to reduce instances of trauma, but some conflict is necessary to address root causes and be open with each other. Brave spaces encourage us to respectfully address conflict directly, especially with difficult topics.
The National Consumer Advisory Board (NCAB) was formed in 2003 and their first project was developing the CAB manual.

After several years, NCAB updated the manual in 2009 to incorporate lessons from other CABs across the US.
# Revising the CAB Manual

## Goals
- Make the information accessible
- Provide more samples
- Revise language

## Process
- 2 year project
- CAB Manual review and national survey
- Establish new format
- Teams drafted sections
- Editing Hours

## Format
- 3 sections: content, sample documents, workbook
What is a CAB?
Importance of the Consumer Voice -- Federal

• Federal requirement that health centers include the consumer voice in health center governance

• CABs are best way to waive federal 51% requirement
Importance of the Consumer Voice -- Practical

- Improves service delivery
- Provides a forum to advocate for consumers
- Connects consumers with health center

Purpose

Health centers have understood the importance of consumer input from the beginning. Federal law requires health centers serving a general low-income population to have a Governing Board made of 51% consumers of the health center. However, health centers serving a special population, such as people experiencing homelessness, may obtain a federal waiver for this 51% requirement, but to obtain that waiver, they must demonstrate that they will find a different way to engage consumers in governing.

The National Health Care for the Homeless Council believes that the best way to engage consumers in governance are Consumer Advisory Boards (CABs). CABs are advisory groups for health centers, made of people who use services of the health center, and who work with the organization’s staff and Governing Board to improve program management and service delivery.

CABs help health centers not only meet their governing requirement, but also support the development of consumer leaders as partners in the movement to end homelessness. Health centers operate as trauma-informed health care organizations, meaning that consumers have a right to participate in the decisions about their care. This not only includes providing feedback and engagement in direct health care but the entire system that provides that health care. We must challenge the stigma of “homeless” patients and see each other as partners in this work.

The National Consumer Advisory Board members have compiled their collective decades of CAB experience in this manual to share lessons on how to develop and structure a CAB, create activities that help the CAB represent their community, and support the growth of the CAB. This third update provides a significant structure to make the information more accessible, and incorporates knowledge gained in the 10 years since the previous version. This Manual includes three parts: the first part contains the “content” sections in which we recommend how to form, operate, and maintain your CAB; the second part contains sample documents that you may find useful in accomplishing these tasks; and the third part contains questions you can use to create and run your CAB. In this manual, we have chosen to use the following language:

- **Consistent** with the experience of homeless who either is using/not using services at the health center. The Health Resources and Services Administration (which oversees the health center program) requires that “consumers” be defined at least annually.
- **Health Center**: organization that provides health services to people experiencing homelessness, which could include mobile or shelter-based health programs.
- **Governing Board**: the board that oversees the health center, which could be a Board of Directors or Co-Aplicant Board.

This manual was created for consumers by consumers; the language has an informal tone and some of the manual is written in first person, to make this information accessible to all.

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CAB ACTIVITIES

• NATIONAL ACTIVITIES
  • Homeless Persons Memorial Day
  • Summer Solstice Celebrations
  • National Health Care for the Homeless Day

• LOCAL ACTIVITIES
  • “Meet the CAB” Events
  • Health Fairs/Screenings
  • Voter Registration
CAB Membership

• Eligibility to Sit on the CAB: Consumers vs Non-Consumers

• Classes of Membership
  • Associate members
  • Ambassadors
  • Liaison members

Membership

Section 6

Who is eligible to sit on the CAB?

The purpose of the CAB is to provide feedback on services at the health center. This is why the majority of CAB members must be consumers. NCHHC recommends that you consider having 100% consumers on the CAB, yet we do understand the value of community partners at the table. Many CASs have members that are not housed in the local homeless community. For instance, the Boston CAB initially had two community members: a well-known public health nurse and an Episcopal priest who has a street ministry. They were full voting members of the CAB and played an important role. Each CAB should work with the organization to make decisions based on any requirements from the organization or your waiver (the contract that allows less than 51% consumer board and establishes alternative consumer engagement mechanisms).

Your CAS should be representative of your constituents. If your health center includes such services as substance abuse, mental health, and services to families as well as single adults, then you should recruit members from those groups. A CAB cannot adequately represent the entire health center if it does not have participation from each of those segments of the population, having a diverse group from all segments would improve the effectiveness of the CAB.

Membership on the CAB

CAB members should be either current users or former users of health center services within the past two years. Associate members are persons from the general community who deal with homeless persons or in partnership with your organization, such as foundations, hospitals, and soup kitchens. There should be a liaison member representing the health center’s administrative staff, such as the Executive Director.

All members should be persons who have the best interest of your center as a priority. Members should not be using the CAB as a place for personal or political gain. CAB members should be reliable enough to attend as many regular meetings as possible. Each CAB may determine the minimum number of required meetings that is right for them. Stipends to assist with transportation are an exception as established by the Governing Board. Members: must be reimbursed for documented out-of-pocket expenses, and some CABs provide an incentive for meetings (gift cards or cash).
How to Develop a CAB
Starting Your CAB

• Develop interest, build allies

• Start small, convene focus groups

• Draft Operating Guidelines

What is a CAB?

A Consumer Advisory Board (CAB) is a group of people with the lived experience of homelessness brought together to improve their local health center. Consumers must be proactive in their own lives and regain a sense of control, which includes decisions about their health care. Regaining our control and dignity is one of the most important things that we, as a group, can do for ourselves. CABs give consumers a chance to impact the way health centers provide services in order to better meet their needs and the needs of the community.

The CAB should help your health center recognize the strengths, weaknesses, and challenges facing the organization, as well as opportunities and threats to accomplishing its defined and evolving mission. CAB members serve as community representatives and advise on center's provided. Active consumer involvement ensures responsiveness to local needs.

It is a requirement of the federal government that health centers involve consumers in governing to receive federal funds. Other options for consumer involvement in governing exist (e.g., satisfaction surveys, focus groups), however, we believe the strongest approach is organizing a Consumer Advisory Board. CABs provide the feedback to health centers.

The mission of a CAB is to:
• Give feedback and recommendations to health center staff and Governing Board.
• Advocate for consumers with respect to the services delivered by the health center.
• Connect people experiencing homelessness to the health center.

In developing a CAB, it is important to make sure that the CAB will be able to work closely with health center management. In some localities, the Executive Director or a senior staff member decides to form a CAB; in others, a consumer takes the first step. The most important thing is that the people involved work well together and should include both consumers and staff. Remember that the CAB is an advisory group only and it does not make decisions about the day-to-day workings of the program.

While the CAB is an advisory board for the health center, the CAB must be able to make its own decisions and recommendations. The CAB should develop its own guidelines/bystaws, and while the Governing Board should approve this document, we do not believe that they should be able to make substantial changes to the document.

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CAB Meetings

• Preparing for the meeting (Agendas)

• General guidelines to run meetings

• Group agreements and meeting minutes

Preparing for the meeting:

• Establish the purpose and desired outcome of the meeting. Assign someone to create and distribute an agenda for each meeting.

• Because each agenda item may require a different type of action, label items to indicate what action is expected. The Operating Guidelines should identify who is responsible for each agenda item. Many CABs choose the chairperson and CAB support staff to develop the agenda.

• Assign someone to record the minutes of each meeting. The person recording minutes should work closely with health center staff to make sure the minutes are accurate. Consult with the Governing Board and those who attended the meeting.

• Keep all CAB members informed, even if they must miss the meeting, by making the minutes available. Members who are able should attend meetings and be prepared. Ask (periodically) what is the best way for members to receive meeting minutes i.e., send the minutes in an email, posting minutes on your health center’s website.

General Guidelines for CAB Meetings:

• Hold a CAB meeting at least once per quarter; most CABs meet monthly.

• Allow room for committees to empower all CAB members to engage with projects and act as leaders.

• Start and end the meeting on time.

• The CAB chairperson should run the meeting by following the agenda and ensuring the CAB is making consensus decisions.

• Encourage participation by all members. The meeting rules should clearly set the tone for businesslike and courteous meetings that allow for participation by all members without letting a discussion get out of control.

• Respect each other by having one person speak at a time, not allowing interruptions, making sure everyone has a chance to speak before a decision is made, and asking someone to summarize the discussion.

• Remain unbiased when voting; come to a consensus decision, and support decisions after the meeting ends.

• Adapt these guidelines according to your CAB’s needs.

• Emphasize that the meetings are a direct reflection of how well the CAB operates. Develop group agreements to set ground rules for how the meetings function (see information below on group agreements).

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Operating Guidelines

• CABs develop their own Operating Guidelines

• Define Duties of Officers

• Establish Committees
Decision-Making

Consensus Model

Five Steps

Blocking Concerns

Majority Rules

Motion

Discussion

Vote

The Consensus Model

Consensus emphasizes thinking about what is best for the organization and aims to find a proposal acceptable enough that all members can support it and no member opposes it. The focus is respectfully sharing and incorporating views of the individual members to foster unity of purpose. Consensus is not a unanimous vote. A consensus decision might not represent every member's first priority. Consensus is built on compromise, and the ability to find common ground. Consensus requires active participation of all members; communication skills such as listening, conflict resolution, and discussion facilitation; and creative thinking and open-mindedness.

Listening is the most important element of the consensus process. Avoid preconceived expectations of what other participants will say or what they mean. Speak slowly and clearly. Keep remarks to the subject at hand. Speak to the body as a whole rather than to individual participants. Take responsibility for making your opinions known. Do not take offense if others disagree with you. Each member brings diversity in temperament, background, education, and experience and has unique contributions to make. Keep the goals and the good of the organization in mind. Consensus is a process that works creatively to include all persons making the decision.

Consensus Process

- **Presentation:** The proposal is presented as clearly as possible by its author.
- **Clarifying Questions:** Everyone may ask questions about the proposal to make sure that everyone understands it the same way before you discuss it.
- **Discussion:** The proposal is discussed and modified. Possible amendments to the proposal are offered at this time.
- **Call for Blocking Concerns**
  - A blocking concern is a major objection, which means that you cannot live with the proposal if it passes. A major objection is not I don’t really like it” or I liked the other idea better”. It is an “I cannot live with this proposal if it passes, and here’s why…” A single blocking concern stops the proposal.
  - Further discussion and amendment may follow the announcement of a blocking concern but if the objection remains after the discussion is exhausted, the proposal is blocked from going forward.
- **Voting:** you may affirm, not affirm, or stand aside.
  - If consensus is not reached, the chairperson may further group discussion, with speaking priority given to those not affirming the proposal or refer the proposal to a committee.

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Relationship with the Health Center

- Relationship with Governing Board
  - Co-equal peers
  - Consumers provide unique insight
  - Freely give feedback and ask questions

- Relationship with Management
  - Encourage CEO/Executive Director attendance at CAB meetings
  - Invite staff to give presentations
How to Grow a CAB
CAB Member Role

- CAB members have no special authority within the health center.

- CAB members are community leaders and role models.
Maintaining a CAB

• CAB members must work together and act as a team

• The group should maintain focus on the consumers and the health center’s best interest.
CABs in their Communities

- CABs are meant to uplift the voices of people experiencing homelessness.
- CABs can work with their organization and community partners to improve the systems and policies that affect the health care of people without homes.
Q&A

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