

**State of Connecticut
Consumer Advisory Board**

**February 11, 2014
Meeting Summary**

Members Present: Jeffrey G. Beadle; Yvette H. Bello; Patricia Checko; Alice Ferguson; Cheryl Harris Forbes; Bryte Johnson; Theanvy Kuoch; Sharon D. Langer; Arlene Murphy; Richard Porth

Members Absent: Nanfi Lubogo; Cece Peppers-Johnson

The meeting was called to order at 11 a.m.

Organization of the Advisory Board

Richard Porth noted that he gave a brief update on the board's recent activities at the Health Care Cabinet earlier that morning. There was discussion raised at the Cabinet meeting regarding how to be accessible to consumers across the state.

Leadership

Mr. Porth said there are two decisions the board would need to make: what the leadership structure should be and who should fill leadership roles. Mr. Porth, who has served as board chairman, indicated that he could no longer retain the role due to time constraints. Jeffrey Beadle said that he would not be comfortable as the sole leader of the board, but would be willing to serve as a co-chair or vice-chair. The board discussed the choice of selecting either co-chairs or a chair and vice chair. Yvette Bello said she had found the co-chair model to be successful.

Ms Bello moved that the Consumer Advisory Board adopt a co-chair leadership structure. Patricia Checko seconded the motion. All voted in favor.

Mr. Beadle and Ms. Murphy were nominated to serve as co-chairs. There was discussion on the roles of the co-chairs. Mr. Beadle said that one could lead the board meetings while the other provided the report to the Health Care Cabinet. Ms. Bello said roles could be shared based on availability. Ms. Murphy asked if there were others interested in serving as co-chairs. Dr. Checko said she would consider it as it may be ideal to have a co-chair who is closer to Hartford. The board also discussed appointing a liaison to the Healthcare Innovation Steering Committee. Mark Schaefer, Director of Healthcare Innovation, said that steering committee appointments are not fully resolved but that the board could recommend that one of its members serve on the committee. Lieutenant Governor Nancy Wyman serves as chairwoman of the steering committee. Dr. Schaefer said he would work through her office to get approval on the recommendation.

Ms. Murphy made a motion to recommend that a Consumer Advisory Board member serve on the Healthcare Innovation Steering Committee. Mr. Beadle seconded the motion. All voted in favor.

Mr. Beadle stated that his preference was to serve as the steering committee representative and he would defer to Dr. Checko and Ms. Murphy on leading the board. All were in favor.

Meeting schedule

The board will look at a determining a standing meeting schedule in the near future but decided to next meet following the Health Care Cabinet meeting on March 11.

Standing agenda items

Due to a lack of time, this item will be discussed between Dr. Checko, Ms. Murphy, and Dr. Schaefer offline.

Consumer participation on the Advisory Board and work groups

The board discussed finding potential consumer participants to serve on the Consumer Advisory Board, the Healthcare Innovation Steering Committee, and the five work groups. Several board members were able to participate in the January 27th consumer advocates meeting. One of the recommendations that came out of the discussion was that the work groups consist of 51% consumers. Dr. Schaefer said he had spoken with Commissioner Pat Rehmer from the Department of Mental Health and Addiction Services. They do use the 51% consumer model and they work to recruit consumers whose sole credential is that they are in recovery. Dr. Checko said the consensus seemed to be that consumer participants should be those that can clearly articulate their needs. Dr. Schaefer proposed conducting an open solicitation on the internet, inviting potential participants to describe their qualifications for serving on one of the work groups. There was discussion as to the types of consumers who may be considered, including those with mental health issues and those with a history of concurrent, complex health needs. Theanvy Kuocho recommended providing translation services so that those with limited English proficiency could share their experiences.

Ms. Murphy asked what avenues were available to reach consumers. Ms. Bello suggested working through Advocacy Unlimited's leadership academy, which trains people in recovery to become advocates. Bryte Johnson suggested that each board member work through their channels and identify two people who may be good fits for the various groups.

Dr. Checko said the board should find ways to incentivize participation through mileage reimbursement, transportation provision, or stipends. Dr. Schaefer asked the board to provide a recommendation. In his discussions with Commissioner Rehmer, he found that there are positives and negatives to each option. It can be administratively burdensome to process mileage whereas stipends may be a more feasible option.

Cheryl Harris Forbes suggested that potential candidates engage first with the board and then move forward. She also recommended an integrated approach wherein board members could refer people to the internet process. Mr. Porth said that the councils have not fully filled out and that the board may decide that there are others who may serve as better representatives to each group.

Dr. Schaefer said that each work group should have no more than 18 members. The board discussed adding four to six additional consumers to the Consumer Advisory Board. The goal is to determine recommended guidelines and qualifications for consumer participation in time for the Steering Committee to approve at its February 18th meeting. A draft of the recommendation will be shared with the board within 24 hours so that they can review and comment prior to the steering committee meeting.

The board discussed work group size and composition. Dr. Schaefer acknowledged the consensus from the consumer advocate meeting that all of the groups be composed of 51% consumers. His own recommendation was that the representation be roughly proportionate. Several members said the 51% model could be impractical and unrealistic. Mr. Johnson and Mr. Beadle suggested either splitting work groups or creating subgroups. Dr. Schaefer said he was concerned that with the limited resources available for either option to be successful. He suggested that the charter of each group could state that they must engage key constituents. Ms. Murphy recalled a model used by the Access Health CT Consumer Board wherein design teams were organized for the purpose of solving

specific problems within a set timeframe. The Consumer Advisory Board recommended that the goal should be to seek significant and meaningful consumer participation rather than a set number.

Methods for engaging consumers in SIM planning

The board brainstormed ideas for consumer outreach. The program management office anticipates hiring one grant-funded staff person responsible for consumer outreach. Ms. Murphy said it was important to bring information back to the community. Ms. Harris Forbes said that not all consumers have internet access and that other means of outreach were needed. She suggested building relationships with faith-based organizations. Ms. Ferguson agreed. She also suggested finding a way to connect with schools. Mr. Beadle suggested convening public forums on a regional level, as he had seen them as beneficial to transportation planning.

Meeting adjourned at 1 p.m.