

## Consumer Advisory Board Meeting Minutes May 7, 2019

Meeting Date	Meeting Time	Location
May 7, 2019	1:00 – 3:00 p.m.	CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill

### Participant Name and Attendance

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Jeffrey G. Beadle	X	Robert Krzys		Christiane Pimentel	X
Alan Coker	X	Theanvy Kuoch	X	Jason Prignoli	X
Alice Ferguson		Nanfi Lubogo		Kelly Ray	
Kevin Galvin	X	Velandy Manohar, MD	X	Ann R. Smith	X
Rev. Bonita Grubbs		Arlene Murphy	X	Denise O. Smith	X
Linda Guzzo		Terry Nowakowski	X	Stephen Wanczyk-Karp	
Others Present					
Laura Morris (OHS)		Claudine Fox (HES)			
Leslie Greer (OHS)					
Quyen Truong (NCRMHB)					

Meeting Information is located at: <https://portal.ct.gov/OHS/SIM-Work-Groups/Consumer-Advisory-Board>

	Agenda	Responsible Person(s)
1.	<b>Welcome</b>	<b>Arlene Murphy</b>
	<p><b>Call to Order</b> The regularly scheduled meeting of the Consumer Advisory Board (CAB) was held on Tuesday, May 7, 2019 at The CT Behavioral Health Partnership, 500 Enterprise Drive, Suite 3D, Hartford Room, Rocky Hill. The meeting convened at <b>1:03 p.m.</b> Arlene Murphy chaired the meeting. Members and other participants introduced themselves.</p>	
2.	<b>Public Comment</b>	<b>Arlene Murphy</b>
	There was no public comment.	
3.	<b>Approve <b>April 9, 2019</b> Meeting Summary</b>	<b>Arlene Murphy</b>
	<ul style="list-style-type: none"> <li>The motion was made by Alan Coker and seconded by Dr. Velandy Manohar to approve the minutes of the Consumer Advisory Board meeting of <b>April 9, 2019</b>. <b>Motion carried.</b></li> </ul>	
4.	<b>How to Expand Opportunities for Public Comment at CAB meetings</b>	<b>Alan Coker</b>
	<ul style="list-style-type: none"> <li>Alan Coker explained the discussion that occurred during the April 30 Planning Committee meeting around expanding opportunities for public comment at CAB meetings, using “who, what, when, where, why, and how” as a guide for the discussion.</li> <li>Alan Coker: We had a good discussion during the planning meetings. We set it up for who, what, why, where and how. Basically, since CAB is a consumer driven – basically anybody in the public that receives health care or medical care that’s who we try to provide or speak up for. CAB has a task of bringing into our decision-making process the opinions of the public at</li> </ul>	

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large by organizing their energy and enthusiasm that they have demonstrated already. Here are some reflections:

- Target Audience (Who) - Everybody
- Topics (What) – As consumers we need to know information about our treatment. If we need a second opinion. I know the CAB finds out that certain groups have problems getting what they need – like Asian groups with translating. So, translation should be provided. And not just bi-lingual services, whatever population seeks healthcare information – it should be available.
- Importance (Why) – If you don't know, you're not going to get the right services. And it's important to know and speak up. I had a personal experience myself several years ago, and I knew about advocacy and the process to speak up. Several years ago, I wanted to switch doctors and they told me I couldn't. I knew I had options, and I was able to advocate and switch. It's important for people to know this.
- Locations and Accessibility (Where and How) – One of the ways we can do this is to extend an invitation and really have them come through. Otherwise, we're just a group that meets in Rocky Hill and we do all this discussion, and they don't have a clue what we do. So, sending out a newsletter so they can see the face of CAB, otherwise we're just another group that meets. They need to see that there are people sitting there willing to listen. So, we discussed last week during the planning committee about one place that amazes me is Charter Oak Clinic. They make themselves available to the people, they drive around in the van to shelters and want to serve the people. They're accessible. We might be able to piggy back off them when they do services with the van. That might just be the Hartford location but it's a start.
- Kevin Galvin: Where do you see the connection in the CAB meeting with people coming in and doing the Public Comment? Do they comment on things that are on the agenda?
- Alan Coker: My thought is, if someone has a concern, they should bring it to CAB.
- Kevin Galvin: I'm pushing back to figure out the process. Typically, when Public Comment occurs the person is given 3 minutes to state their case. Is that what you're envisioning? How do we officiate that in the meeting?
- Alan Coker: I'm not sure.
- Laura Morris: One thing sort of jumps out to me is that, no matter where CAB is, people are explaining to them the issues they're having in accessing care, getting care, health insurance, denial of claims. As I'm thinking this through, do we have the Office of the Healthcare Advocate (OHA) give a presentation? Do we think having someone at the table from OHA as an advisory capacity to the CAB? Going back to what Kevin said, are you looking for public comment from people or are you looking to collaborate with others? It sounds like both?
- Terry Nowakowski: I always go to the most vulnerable populations - people that would probably never be involved with public comment, and I would say that the answer would probably be both. I think we need to cast a wide net.
- Alan Coker: I like that! I really do.
- Kevin Galvin: In thinking about the process of it – might we think about instead of it being public comment, what about if there was a space on the agenda where it would be public comment, what if we invited guest speakers to be a part of the meeting to give them a

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portion of the meeting to bring up their comments for the CAB to take the comments in and maybe give feedback. I'm thinking about respecting people's time as well as our time. So maybe doing some intentional outreach to the public to find out who's out there and who wants to be a part of these meetings.

- Alan Coker: I think that's a great idea. At the planning committee we cleared that we're not an advocacy group, so we're not going to go to the LOB or fix healthcare's problems. But to be there to listen to people.
- Laura Morris: Right, so to have resources for people and to do a warm hand off, not just "here's a phone number, call them". They're more likely to engage that way and get the help they need.
- Kevin Galvin: In figuring out who we invite to come in, we do some sort of vetting process to make sure they understand that we aren't a group to solve all their issues.
- Alan Coker: There could be topics that people don't know, like advanced directives. People on HUSKY might have questions. There are topics out there that we could come up with.
- Arlene Murphy: For those folks on the phone, does anyone have ideas on the topic?
- Christiane Pimentel: I like what Kevin was saying. I like the idea of inviting somebody into the meeting.
- Theanvy Kuoch: I can't comment because it is not clear. And I couldn't hear what everybody said.
- Kevin Galvin: Alan, as we think about the process of asking members of the underserved community – we should think about getting here. Is there transportation involved, is there a stipend involved. Do we send somebody to someone's home to figure out technology because they don't know how to do it but they have something important to say? We just have to be mindful of respecting people's time.
- Alan Coker then read a quote regarding connecting with the community, telehealth, technology, and meeting CLAS (Cultural and Linguistically Appropriate Standards) requirements for providing care. (minute 21 of recording)
- Kevin Galvin: One of the paths that we might want to take on this is a baseline from OHS is how far down the path – if this is in CAB's lane, they're going to have to put some resources to make this occur.
- Laura Morris: Yeah exactly. It sounds like – how do we market CAB so people know CAB exists? That it is a trusted source for people to come to. That's part of it, I think. I will certainly go back to OHS to get guidance on how far we can go. We certainly want to go far out and deep into the communities, that much I can tell you.
- Dr. Velandy Manohar: Even before the last planning meeting, I've been hearing from Alan about this. The more I listen to him, the more it sounds like continuous input. After the meeting, I sent out information about how we can start this. Since then, the information came out including public comment talking about community health and health equity. We are conduit to OHS to achieve the goals of HEC. Instead of calling it public comment, maybe we can call it Community Consultation using technology. How much does it cost and how long does it take are the most important questions to answer.
- Dr. Velandy Manohar asked Arlene to share the information from their email correspondence after the planning committee with the whole CAB.

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- Denise Smith: My first concern is, that regardless of how we market it, people will come with right now issues. I think we need to expect it and be very prepared for it. So, I want to put that out there in terms of planning because I think it's critical. The second, I always have concern about asking people for input and people wondering "what are you going to do with the information I have given you?" You know the personal stories, the tragedies, the pleas for help – and we say, "thank you!" and write it all down. I'd love the CAB to address in advance: what is our right now response, the capacity of the people in the room to provide a primary, secondary, and tertiary response. That's critical to me. I think we need to assess that. The third is around the needs of the CAB and the conversations we want to have and the larger conversations for OHS. There's a whole lot happening at OHS that I'm still catching up on and wouldn't be prepared to speak up about. If we're inviting people, we should say "Here's what we're thinking about, come think with us on this topic". Because if the right people aren't in the room to direct, then I don't think it will be effective and meaningful for people.
- Ann Smith: I'm going to ditto the first part of Denise's statement. I hope I'm not commenting on something that hasn't already been addressed. I do have two things that I've heard – I keep hearing "we're bringing to the community to us". As a CAB, I think that's problematic. If we want to be hearing from the community, we should be going out to the community. As a fundamental philosophy, we do need the "where". We're not going to be able to get broad base of experience if your choice of meeting time is 1-4pm meeting time M-F. I think the "when" is important. I also think I heard "how do we promote the CAB as an entity?" I guess one starting point is that we identify ourselves as a CAB. If that's not going to be our identity, we need to address that up front. If I didn't know that this was a CAB, I would think we entered the wrong meeting, because I don't see anything that says CAB meeting.  
Dr. Velandy Manohar: Branding.
- Alan Coker: I do like the idea of not staying in the same location. There was a thought was that we should have satellite meetings, so if someone is in Bridgeport, they can get people together and have a location they are while calling into this meeting.
- Kevin Galvin: I agree completely, and I'll offer some history. We have talked about CAB meetings not being here, and at one or two points we have tried doing them at different addresses and we have not had great attendance by CAB.
- Ann Smith: Do we know why there was not robust attendance in the past? Do we know why attendance isn't as robust today? Are we taking steps to analyze where we are? If we did something and we didn't get the results we wanted, are we analyzing what happened? One thought would be, could we partner with a community organization, can we ask them to host the meeting or sponsor the meeting to do the leg work that we can't do? Do we brainstorm to have authentic community participation? I'm moving away from public comment. We want to work with people. The foundations for public comment and a consumer meeting are different.
- Terry Nowakowski: I'm thinking as we're sitting here in Beacon Health Network who has a network of many consumers, and CHN. There are established groups to reach out. It would be nice to map out where everything exists and where we see natural alignment.
- Kevin Galvin: Laura talked about in previous meetings about asset mapping. Another thing, given these organization's budgets, I think we should consider not expecting them to do this work for free.

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- Dr. Velandy Manohar: It would be worth the money, because we'd be multiplying the stakeholders.
- Arlene Murphy: This is a terrific discussion. I think, Alan, that this discussion is breathing life and purpose into it. I think with the summer coming, we should try one. Go through the steps necessary to make an attempt to do one this summer.
- Kevin Galvin: I think the first step is for Laura to go back to see how this connects with OHS' vision for CAB. This will hopefully help frame a discussion in Laura's office about CAB and how it fits. And then, we develop a plan of CAB's vision and how it aligns with OHS' vision and see how they come together.
- Jeffrey Beadle: My reaction is, I'm not that concerned with getting consumers to these specific meetings. So many of us are representing groups who we service the community. I want to reinforce Ann's comments – our brightest lights and shining moments is when we go to the communities and do the listening sessions, I think those have been sterling events. Bringing it to people, in an environment in which they're already comfortable and familiar with, to seek their input on their issues. I really think that's when we're best, when we're on the road. Then, to take that information to whomever to intercede and effect change based on the issues that emerge. I just want to give recognition to that as a strong outreach mechanism.
- Alan Coker: I'm here for myself. I don't represent agencies. I've been a consumer that has faced obstacles. I want to be a voice for their consumers. I think for public comment; the public should be there. Until the CAB changes the policy for that, I'm going to advocate for that.
- Ann Smith: I don't think they're mutually exclusive. And in terms of formality, depending on the venue and the audience from who we are seeking input, this formality may not be appropriate. If we want to encourage the voice of individuals who are usually not heard, not seen, not welcome – we need to be flexible enough to let the conversation be more of a conversation. Let it be more informal. Let it reside within the context of our hosting entity and venue. It's not one or the other, but we'll have to tailor it.
- Denise Smith: I want to reiterate, my personal concern, is really about power. I think we need to think again... one of the biggest challenges of the CAB is the feedback loops. I want to know who wants to know this information. All of us to various degrees are front facing with the community, and it is very important that we know our scope and the extent of our reach.
- Laura Morris: I completely agree, we have gone and out and you guys have done an amazing job of getting feedback. We need to go back to them with what we do with that information. How is what you said, turning into proposed policy changes. And continue to get more feedback. As far as the CAB, we need to think outside of the box. It is a public meeting so there are certain rules, but I think we have some leeway about how we run the meetings. What I can do, is get basic statutory rules about how the meeting goes and present that to you. This is a different kind of board. It's not healthcare cabinet. It's consumers. So, you have to go to the consumers with it. I seem to be hearing from others about confusion around who OHA is and who OHS is because our acronyms are very similar. We can have someone from OHA come, I used to work at OHA so I feel pretty confident about being able to say what each does.

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	<ul style="list-style-type: none"> <li>• Kevin Galvin: I think if we are able to look at these things, we’re not going to be all things to all people. As we put out our brand, we need to be deliberate with it. Otherwise we’re going to be overwhelmed with healthcare problems. Alan, from this discuss today – is this in the path of which you’re comfortable of being? This is now different from how we started.</li> <li>• Alan Coker: This is perfect. I need to start going out to the events. There’s a lot of things I didn’t consider, and I learned a lot today.</li> </ul>	
<b>5.</b>	<b>Updates and Next Steps</b>	<b>Arlene Murphy</b>
	<ul style="list-style-type: none"> <li>• CHW Legislation             <ul style="list-style-type: none"> <li>○ Claudine Fox re-iterated that the SB 859, an Act Concerning Community Health Workers has not been brought to the Senate floor for a vote yet. She will provide an update once there is one to share.</li> </ul> </li> <li>• PCM             <ul style="list-style-type: none"> <li>○ Kevin Galvin: Working with the primary care modernization model for a little over a year the SIM office has been working very hard on this – and there is a report that is due out on consumer concerns.</li> <li>○ Laura Morris: So, I’ll take a stab to address the questions that were sent on May 1<sup>st</sup> regarding PCM. There has been delay due to a medical concern that I am dealing with because of my sister losing her battle with breast cancer. We plan on having those responses out this week. We’re trying to be as comprehensive in our responses as possible. We have contracted with Tekisha Everette and Health Equity Solutions to help us do some consumer engagement on PCM. We’re taking all of that documentation and information which is voluminous and breaking it down into plain language consumer facing material. Our first four engagements are with four groups that will be engaged in the fall. The four groups are the disabilities group, the housing group, older adults with complex needs, and I believe pediatric behavioral health. Tekisha is in the process of organizing all of those with various dates and times. We’re doing this in two faces, so it’s a continuous process. We’ll do 8-10 more sessions throughout the state, so we get representation everywhere that we can. But it doesn’t stop there, we’ll continue to go out and update and provide in plain language information around primary care modernization. The first four will hopefully be done by the end of this month.</li> <li>○ Kevin Galvin: Will CAB members be made aware of the dates and are CAB members invited?</li> <li>○ Laura Morris: Absolutely, we would love to have you come. We’ll email.</li> <li>○ Kevin Galvin: Questions?</li> <li>○ Ann Smith: I think one of the things that is really important is figuring out what tables we sit. What conversations are relevant to us. Wherever we have the opportunity to talk about CAB, we need to do that. So we have information to promote, no matter where you are.</li> <li>○ Laura Morris: I would love for the CAB to connect us to the community.</li> <li>○ Denise Smith: What would I role be during the meetings? Are we there as consumers or there to then disseminate the information discussed during the meetings?</li> <li>○ Laura Morris: The information collected during the meetings will go back to OHS.</li> </ul> </li> </ul>	



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	<ul style="list-style-type: none"> <li>○ Dr. Velandy Manohar: If we have this information in simplified language, should we have the chance to peruse it before?</li> <li>○ Laura Morris: That did come up. I think that’s important.</li> <li>● HEC             <ul style="list-style-type: none"> <li>○ Laura Morris: I haven’t had a chance to read the report myself, so I don’t know have much of an update.</li> <li>○ Velandy Manohar then read from the HEC report to address comments made by Denise Smith.</li> <li>○ Arlene Murphy: CAB did submit comment for the HEC, and it would be interesting to see how it was responded to.</li> </ul> </li> <li>● OHS CON Program             <ul style="list-style-type: none"> <li>○ Laura Morris: It was a great presentation by Steve Lazarus from our office. We were trying to think about ways to inform CAB so they can inform communities about any certificate of need process. Specifically, that anybody can provide public comment and also part of our work is with the applicants that we have to come to agreements with stipulations. Those stipulations will always include public forums. So, hearing from the community how those changes impact them is important. So, we’d like to send that information out to the CAB.</li> <li>○ Leslie Greer: I know we discussed CAB members signing up to receive the OHS newsletter. We’re still working on it, so anyone that is interested to sign up to receive the newsletters can sign up. You won’t be inundated with lots of emails.</li> <li>○ Arlene Murphy: So, when this is finalized, you’ll be receiving emails that say “here’s the link to sign up, this is what you’re signing up for” so you can send it out to your communities</li> <li>○ Leslie Greer: The link is not working, so if you want to get on the list you can email me.</li> </ul> </li> </ul>		
<b>6.</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 65%;"><b>Consumer Engagement Update</b></td> <td style="width: 35%;"><b>Kevin Galvin</b></td> </tr> </table>	<b>Consumer Engagement Update</b>	<b>Kevin Galvin</b>
<b>Consumer Engagement Update</b>	<b>Kevin Galvin</b>		
	<ul style="list-style-type: none"> <li>● Kevin Galvin: We developed a list of what CAB is doing for outreach and we realized that there is a lot of outreach going on. We hit pause to be sure that there isn’t overlap and that we aren’t exhausting the communities we’re reaching out to. We want to see if there are strategic partnerships to make sure we aren’t overworking the community. While we have different asks, to the common eye it can look the same. Quyen is working on prioritizing the list, and Laura Morris is working on the asset map, to come up with a plan. There is some work that will happen strategically, but there is good work.</li> <li>● Quyen Truong: I think it’s important to prioritize the communities – go back to them to show them the report and receive feedback about what was done.</li> <li>● Arlene Murphy: I couldn’t agree with you more, Quyen. It’s so important that they are heard and have their feedback recorded, but that we are closing the feedback loop.</li> <li>● Kevin Galvin: Any additional questions?</li> <li>● Ann Smith: Just a follow up comment – to the extent that we are able to let people know in advance the outcome of their participation, that would be valuable.</li> <li>● Group agrees.</li> </ul>		

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<b>7.</b>	<b>CAB Updates</b>	<b>Arlene Murphy</b>
	<ul style="list-style-type: none"> <li>• June Strategy Meeting               <ul style="list-style-type: none"> <li>○ Arlene Murphy: There is great progress with the strategy meeting. It's a half day event in June at the Lyceum. You'll be receiving a survey in the next day or so from Community Catalyst to inform our event.</li> </ul> </li> <li>• Governance Sub-Committee               <ul style="list-style-type: none"> <li>○ Laura Morris: Their first meeting is next Thursday.</li> <li>○ Quyen Truong: There are two meetings that have been set, Thursday May 16 and May 30. The materials for the meeting have been posted online.</li> <li>○ Kevin Galvin: It's almost a third of CAB that's interested in participating in the governance.</li> <li>○ Ann Smith: Can we go back to the Strategy Meeting – to address the location? The invitation still says TBD.</li> <li>○ Arlene Murphy: We will address that!</li> </ul> </li> </ul>	
<b>8.</b>	<b>Other Business</b>	
	<ul style="list-style-type: none"> <li>• Denise Smith: The invitation should be going out today, but as a follow up to our February presentation on health equity and boys of men and color. We're doing our data walk and we're getting requests to move around the state. There is also a webinar online that goes through the report card. We're finding lots of ways to turn evidence to action. The North Hartford Collaborative hosted the Wellville National Conference for 4 days and HDI was invited to present their information. Around data, access to data, and what a data walk can do. What is it about engaging in the space around data – movement and putting stickies up on the wall. In our recommendations we asked people to come together around an indicator across the room to determine where their influence is on that indicator. It's really exciting what we're learning, and you'll have an opportunity to be a part of that! And bring people!</li> <li>• Arlene Murphy: My guess is that we had problems with our sound. And there have been concerns raised with other members about getting to Rocky Hill. We have been offered space at the Lyceum. How do we go about deciding as CAB if they'd like to move back to the Lyceum? Is a survey the way to go?</li> <li>• Kevin Galvin: I think by not having quality sound to the outside, we're not offering fair access to everyone. As CAB moves forward, a requirement should be that we have adequate sound and accessibility. We have to be sensitive to that. One of the mandates CAB should be looking for from OHS and our facilitators is that CAB require that there should be sufficient sound.</li> <li>• Ann Smith: I'm not sure where this resource lies, but there are many committees that provide effective remote participation. My question to Laura is, is there opportunity to access technology that can help us expand reach and participation in our CAB meetings? During off season – is it worth it to explore having meetings at LOB, or invite CTN? Can we get guidance and support on that?</li> <li>• Laura Morris: We use zoom and depending where it is it works well.</li> <li>• Quyen Truong: At our organization we run lots of meetings with technology that doesn't require this fancy speaker set up. It's just an investment in equipment.</li> </ul>	



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	<ul style="list-style-type: none"> <li>• A conversation around technology ensued, including how technology was brought up with SIM with little return.</li> <li>• Laura Morris: I would have to go back to see about funding, as a state agency, we'll have to see if there is money in the budget. The facility that you're in can also be a barrier.</li> <li>• Ann Smith: Let's take advantage of the fact that we have connection to a state agency and my question would be, to what extent are we OHS or are we something else? Otherwise we could submit the request as OHS.</li> <li>• Terry Nowakowski: The reaching home campaign has released a book around virtual meetings. The premise is that many people attend meetings but there are voices that aren't heard. We're going to go back to virtual meetings, like basecamp. I'll send the literature, just for when we go out to meetings and people that aren't confident in speaking up at meetings, but they can still share their wonderful ideas and have their voices heard.</li> <li>• Leslie Greer: We have the LOB reserved from July through the rest of the year and we're waiting to hear back from the Lyceum.</li> <li>• Arlene Murphy: The tradeoff of the LOB versus the Lyceum is the increase in visibility but technology is questionable.</li> <li>• Christiane Pimentel: I do love the space in Rocky Hill because it's really open and the sound system is awesome. To me it's not terrible, but I can see if other places are tight or if the sound system isn't great people might be a little bummed.</li> <li>• Arlene Murphy: Thanks, Christiane, for your input!</li> </ul>	
9.	<b>Adjourn</b>	Meeting adjourned at 2:44 p.m.
	Ann Smith motioned to adjourn and Terry Nowakowski seconded. <b>Motion carried.</b>	