



# Consumer Advisory Board Manual

By the National Consumer Advisory Board and the National Health Care for the Homeless Council





## The National Consumer Advisory Board dedicates this manual...

### In gratitude for the NCAB Founding Members

Ellen Dailey, Sarah Davidson, Ulysses Maner, and Veronique Moore



### In memory of NCAB Steering Committee Members we have lost

Ellen Dailey, Sarah Davidson, Ulysses Maner, Willie J. Mackey, Reginald Hamilton



With a special thanks to the NCAB members who helped create this update.



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## Foreword

One of the most important rules to follow if you want to succeed in business is “Listen to Your Customer.” This is especially important for Health Care for the Homeless (HCH) programs, and I am thrilled that this Manual shows how to follow that rule. I spent most of my career working at a Health Care for the Homeless (HCH) program and I know without a doubt that it grew into one of the larger HCH programs in the country because we listened to our consumers. The consumers (the term we use for customers, patients, or clients) helped improve clinical services, advocacy, outreach, and fundraising. I learned early to value and treasure their expertise. We listened to them as individuals, but it worked best when they spoke through the organized voice of the Consumer Advisory Board (CAB).

Now, listening requires two things:

- Ears to hear
- Someone speaking

Though everyone has something to say, not everyone believes they will be heard. This Manual is important because it gives consumers the tools to speak through the power of CABs. It shows how to organize and operate CABs so that consumers with experience can speak and be heard by their HCH programs and other consumers. The Manual is packed with guidance on what CABs do, how to recruit members for a CAB, run meetings, and much more advice from the experts – those who are running local CABs as well as the National Consumer Advisory Board.

I am thrilled that the National Consumer Advisory Board is a vital part of the National Health Care for the Homeless Council because they help ensure the voice of consumers is informing all the Council's work. We all owe a debt of gratitude to the elected NCAB board members that wrote this wonderful manual, which will help consumers speak and HCH programs listen – a formula for everyone's success!

In Solidarity,

Bobby Watts

CEO, National Health Care for the Homeless Council

## 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 that 51% requirement, but to attain 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 at 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 requirements, 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” clients 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 restructure 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:

- **Consumer:** a person with the experience of homelessness who either is using/has used services at the health center. The Health Resources and Services Administration (which oversees the health center program) requires that “consumers” be seen 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-Applicant 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.

## **Part One: Content Pages**



# What is a CAB?

## Section 1



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 our 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 advisors on services 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 chance for feedback, but also honor consumers as partners in this work and supports the development of consumer leaders.

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/bylaws, 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.



## The Importance of Service

As a CAB volunteer, your primary motive should be service to other consumers:

- Advocate with the health center administration and Governing Board on behalf of the consumers.
- Communicate with the community and with the patients.
- Participate in CAB activities and encourage others to do so.
- Carry out public relations activities.

Use the skills and talents you already have to assist the CAB, the Governing Board, and the staff to comply with government regulations, to improve service delivery and develop positive community relations. Apply your general experience and any prior training, but do not be a busybody or know-it-all.



## How to Start a CAB

- Develop Interest
  - Talk with staff or other consumers about the idea.
- Build Allies
  - Find community members, staff, or other consumers who would be interested in supporting the work.
- Start Small
  - You can begin by holding regular focus groups or open meetings to draw interest. Then you can use this space to identify and recruit potential new members.
- Use Your Resources
  - Consider what topics are important for your community to address and prioritize those that are important and/or easy to address.
  - Consider the strengths, interests, and connections of your members, and find ways to maximize those opportunities.
- Develop Operating Guidelines
  - Once you have a group established, it is helpful to develop guidelines for the committee structure, meetings, decisions, etc.
  - When developing your operating guidelines, review any limitations established by the federal waiver or organizational policies.
  - Work with the organization to determine the decision-making structure and process from the beginning in order to limit potential future conflicts.



# Recruitment

## Section

2



**Recruitment is one of the most important things for a CAB.** Your CAB will lose people along the way, as people gain housing, new jobs, or relocate to other areas. All CABs must have an ongoing process to replace departed members and recruit new ones.

NCAB recommends that you have a Recruitment or Outreach Committee. Some CABs have an application form that asks for basic information (see sample forms at the end of this manual) that can be kept on file. That way when you need a new member, there are already a few people ready to join your group.

### Recruitment Methods

The most important recruitment tools are the health center's providers, as they know a lot of consumers, their interests, and capacity. Case managers and behavioral health providers can be excellent people to ask for recommendations for new members. In Boston, for example, when new members are needed for the CAB, staff are the first people the CAB contacts for referrals.

One of the most effective recruitment strategies are your CAB's annual activities. CABs have found that taking part in the Annual Homeless Persons Memorial Day or Summer Solstice events (described in other sections of this manual) also help to promote recruitment. The Camillus CAB in Miami found that its monthly Speaker Series helps to promote the CAB and spark interest among those who want to hear the presentation of a monthly speaker. Some CABs hold periodic "Meet the CAB" events in which they set up a table with promotional materials sponsored by their CABs.

You can also look outside of your health center and recruit at places where consumers spend time, such as shelters or food banks. Consider what community service organizations (i.e. treatment centers, veteran's programs, faith-based organizations) serve people experiencing homelessness, migrants, displaced workers, or other vulnerable communities. If you post signs in these locations, make sure applications are available there and check for completed applications on a regular basis.

Some CABs find it easy to recruit new members, while others are frustrated by how often they must recruit new members. Remember that people experiencing homelessness are transient. It is very difficult for people who are homeless to make a long-term commitment to the CAB. Those who are housed must remember what it was like out there! Most CABs find that they have a core group of dedicated people who attend every meeting. Others come and go, and that can be a good thing: It helps bring new perspectives to the CAB.



# CAB Activities

## Section 3



In addition to giving feedback to the health center and advocating for consumers, we recommend CABs engage in national and local activities to advance their mission. Activities are a powerful tool that will publicize the CAB, educate the public, recruit new CAB members, and empower CAB members to act as community leaders.

National events include:

- **Homeless Persons Memorial Day (HPMD)** events are held on or near the longest night of the year, the winter solstice, during the third week of each December. HPMD events often take the form of community memorials in which one or more persons read the names of unhoused persons who passed away during the year. These events may also feature color guards, spoken word poetry and observant speeches by community leaders,
- **Summer Solstice** events, held during the longest day of the year, are the counterparts to HPMD, and celebrate the "light" and success in our lives. These events can take the form of award lunches or performances.
- **National Health Care for the Homeless Day**, typically celebrated on the second Wednesday of August, is co-sponsored by the National Association of Community Health Centers as part of National Health Center Week. Many health centers use this day to put on health fairs, health screenings, or open houses for their centers.



Other examples of CAB activities include:

- Providing feedback on the organization (i.e. surveys, focus groups, outreach)
- Voter registration
- Booths and outreach at health fairs
- Community presentations
  - Presentations from community members at CAB meetings
  - CAB members giving presentations to the community
- Participation in organizational committees (i.e. performance improvement committee, safety, diabetes work group, etc.)
- Presenting at staff and/or volunteer orientation
- Receiving training (i.e. Narcan training, focus group facilitation, de-escalation, etc.)
- Creating projects to support consumers (i.e. developing a video for newly housed patients)
- Community service (i.e. giving holiday gifts to the family shelter, clean up around your center, helping the frail or elderly clean their apartments, etc.)
- "Meet the CAB" events in which the CAB sets up a table with health information or other promotional materials



## Hearing from Consumers

One of the basic responsibilities of the CAB is to represent the perspective of the consumer, and to do that effectively, CAB members need to know what consumers are experiencing, feeling, and thinking.

Focus groups are one way to make sure your CAB is representing its consumers. Focus groups are a demographically



diverse group of people assembled to participate in a guided discussion about a particular topic. Focus groups can be regularly scheduled spaces for general feedback, or topic-based groups to excite interest. One local CAB found that it was able to amass a great deal of information by holding separate focus groups for the different programs within the center (almost 20 people came to each session!).

Surveys are a good information-gathering tool to find out if consumers are having any issues with the center or their services, identify needs and gaps in services and need, or generally understand the consumer perspective better. When developing a survey, it is important to consider what questions to ask and how to ask them, so you get the information you need.

For example, one CAB participated in a survey with people staying in family shelters; single adult shelter patients currently staying at a Medical Respite Care Program; and people staying on the streets who do not use shelters at all. Each of the groups were asked the same questions, although some questions were unique to each group. For example, the unsheltered people sleeping rough were asked if they were bothered by the number of times the Street Team (homeless outreach team) woke them up during the night to see if they needed assistance. (The Street Team was delighted to hear that they welcomed the visits.) Each group was asked if there were services that they were not receiving that they felt the health center should provide. They were also asked if they felt that they were receiving unnecessary services. The CAB was able to gather a lot of information that was helpful to both the program as a whole, as well as the CAB. Consumers also felt the CAB valued their opinions.





# Social Media

## Section 4



Social media can play a powerful role to publicize your CAB's activities, create a network of CAB members, and mobilize social change. Carefully implemented and properly monitored, social media can immensely benefit your CAB. However, it is also important to note that, like any technology, careless use of social media can also result in negative consequences. Therefore, we recommend that CABs carefully draft guidelines for use of social media and closely monitor how social media is used.

The most popular forms of social media include:

- Facebook: post announcements, articles, photos and videos within open or closed groups or pages
- Instagram: primarily for posting photos
- Twitter: quick or "real time" updates or announcements
- YouTube: videos



In this section, NCAB suggests general guidelines and best practices applicable to all forms of social media. NCAB does not promote any specific media over another.

### Uses of Social Media

Social media may touch on virtually all aspects of a CAB's formation and operation. It can be used for:

- Posting your upcoming CAB meeting agenda, and minutes from previous meetings
- Announcing and publicizing CAB activities, such as Homeless Persons Memorial Day or Summer Solstice events.
- Promoting your health center's initiatives, such as announcing flu vaccinations, HIV testing, or new center programs.
- Advancing issues important to persons experiencing homelessness, such as posting articles on the connection between housing and health care, or the negative effects of criminalization of homelessness.

### Cautions for Social Media

There are two major considerations if a CAB decides to engage in social media. First, CABs must always ensure that all social media postings align with your health center's mission and goals. Outside observers will often associate your CAB with the center itself, so all CAB members must be cognizant that they act as ambassadors for their center. This is also important to maintain a good relationship with your center's management and Governing Board.





Second, it is important that all postings comply with federal and state rules governing nonprofit entities. Postings should never endorse political candidates or discriminate against anyone based on age, ethnicity, race, gender identity, sexual orientation, or religion. Religious messages can distract from the CAB's central mission of advising and acting as an ambassador for the health center and should be used with caution. Finally, social media should never promote profanity, obscenity, bullying, or advance negative messages that could reasonably offend viewers.



## Starting Social Media

If your CAB decides to have a presence on social media, NCAB recommends that you first convene a social media committee charged with adopting guidelines and acting as “administrators” to monitor postings.

After you agree on guidelines, then the next step is to decide:

- What content is appropriate to be posted (i.e. should your postings be limited to CAB agendas and minutes, or should you include other CAB activities, or non-health center issues that are important to people experiencing homelessness locally)?
- Will your group be “open” to anyone to view and post, or closed as an “invitation-only” group (such as a closed Facebook group).
- Who will act as administrators to approve postings?
- Does the group or administrator need training or guidelines for how to intervene if posts or comments are inappropriate?

NCAB recommends that CABs start with small “baby steps” in establishing a social media presence. If your CAB decides to form a Facebook group, it is probably best to initially create a closed invitation-only group in which all postings are reviewed and approved by one or more administrators, and where only approved members can see the group's postings.

After your CAB gains experience in posting and monitoring, then the CAB may vote to open the group up to the general public to view. However, at all times all posts should be approved and monitored by administrators to ensure that all content is appropriate and fits within your guidelines.

# CAB Meetings

## Section 5



CAB business is generally conducted through monthly meetings. NCAB encourages all CABs to offer food and beverages to meeting attendees as encouragement to attend meetings. We find that folks come for the food, but then stay for the meeting!

### 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 the agenda. 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 shared 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. sending emails, letters in the mail, or posting minutes at your health center).



### 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 discussions.
- 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.
- Realize 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).



## Meeting Minutes

The minutes from each monthly meeting should be given to the health center liaison within two days. (The health center liaison is the CAB staff person charged with facilitating communication between the administration and the CAB.) The minutes should be accurate and formatted so it is readable and understood by the CAB. The minutes should express the CAB's overall review of patient and community concerns, including any scrutiny of the organization, administration, or Governing Board.

## Group Agreements

When holding any meeting, it is helpful to establish ground rules for how people will demonstrate respect and participate fully. It is important to think about what respect looks like for your group and develop your own group agreements. These agreements should be approved by the CAB and stated at the beginning of each meeting. CAB members should hold each other responsible for maintaining these agreements.

### **NCAB's Group Agreements**

- No crosstalk
- Silence phones, and leave the room to speak on the phone
- Step up, step back: once you have contributed to the conversation, give space for others to share
- Respect personal experience and opinions
- Welcome respectful disagreement
- 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 fully open with each other. Brave spaces encourage us to respectfully address conflict directly, especially with difficult topics.

## Public Meetings

It is important that CAB meetings always be open to the public. CABs best fulfill their mission of giving advice and feedback to the center's management and Governing Board by encouraging discussion among all stakeholders, including guests, community members and non-voting members. By inspiring robust discussion and getting a diversity of perspectives, public CAB meetings ensure a high quality of CAB decisions and recommendations. The transparency and inclusiveness of public meetings shows everyone how your CAB operates and encourages others to want to join your CAB membership.

"Members only" meetings that are closed to the public should be held only in the rarest of circumstances, such as when discussing sensitive personal health or employment information. For instance, a member-only meeting may be appropriate to encourage free discussion and consider courses of action where a center's management or Governing Board suddenly changes without warning, or where there are significant disagreements with the management or Governing Board.

# 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. NCAB recommends that you consider having 100% consumers on the CAB, yet we do understand the value of community partners at the table. Many CABs have members that are well known 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 the 51% consumer board and establishes alternative consumer engagement mechanisms).

Your CAB 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 walks of life would improve the effectiveness of the CAB.

### Membership on the CAB

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 may be reimbursed for documented out-of-pocket expenses, and some CABs provide an incentive for meetings (gift cards or cash).

Many CABs use an application process for new members, where individuals can attend meetings or talk to CAB members to learn more about the CAB, and then fill out a short application. Some CABs then hold interviews with the current CAB members, or the chair and staff liaison, and finally the full CAB votes to approve the new member.





### Guidelines to consider:

- The CAB should include five to 15 members. NCAB recommends three to five individuals to start a CAB, but you are never too small to start. If you are only one person, work with staff to identify other consumer leaders. Seek to have a number that is big enough to be representative of the population that your center represents, and an uneven number of CAB members will prevent a tie in voting.
- Terms (i.e., number of years) and renewability of terms should be designated in the bylaws. NCAB recommends terms be no longer than two years with a two-term limit to allow the growth of new leaders.
- The CAB membership should be staggered such that no more than one-third of the membership is new to the CAB at any given time.
- The health center's Executive Director or Designated Employee should be a non-voting member of the CAB, attend all meetings of the full CAB, and have time on the meeting agenda for updates, comments, and questions.
- In order to maintain membership on the CAB, a member should be required to attend CAB meetings consistently (i.e. not miss more than three consecutive meetings without notifying the chair or staff liaison). Once members have missed two meetings without hearing from them, the chair and staff liaison should reach out to CAB members to see what support they need to continue with the CAB.
- If CAB members fail to attend meetings or violate the CABs Code of Ethics, members may be removed from the CAB by consensus of the CAB.

### Responsibilities of CAB Members

- Establish your CAB's mission and purpose. Maintain a focus on who you are representing, how to represent their best interests, and what your goals are.
- Designate/elect a chairperson/president. Select a person who is dedicated to the goal and most qualified for the position.
- Monitor whether the center maintains adequate quality care, a sanitary and pleasant environment, and effective marketing profile.
- Monitor how programs are working and evaluate strengths, weaknesses, and changes needed. Monitor whether there is an adequate plan to implement goals. Support your health center's Executive Director and Governing Board.
- Help your center maintain a positive public persona by working to market the health center effectively.
- To the extent possible, ensure the Governing Board and staff are operating within legal and ethical boundaries, and maintaining accountability.
- Be aware of prospective new CAB members and evaluate the participation of current members. Remove ineffective, non-participating members.



# CAB Member Role

## Section 7



### CAB Members' Code of Ethics

- I will represent the interests of all people served by this organization.
- I will not use the organization or my service on this CAB for my own personal advantage or for the individual advantage of my friends or supporters. I will focus my efforts on the mission of the organization and not on my personal goals.
- I will respect/adhere any policy regarding confidentiality of personal health information.
- I will approach all CAB issues with an open mind, prepared to make the best decision for the whole organization.
- I will not do anything to violate the trust of those who elected me to the CAB or those we serve, including treating all consumers and staff with respect.
- I will not exercise authority as a CAB member except when acting in a meeting with the full CAB or as I am delegated by the CAB (i.e. not using my CAB affiliation to get preferential treatment, etc.)

### CAB Duties and Expectations

- CAB members have no special privileges or authority within the organization.
- CAB members are community leaders and role models and, as such, are expected to maintain a high standard of personal conduct.
- CAB members should avoid drug and alcohol usage before attending the meeting.
- Arrive on time.
- Listen to the opinions of others.
- Avoid dominating the proceedings.
- Avoid conflict situations.
- Avoid side conversations, which disrupt the meeting.
- CAB members should be respectful to the organization's mission. They should honestly voice their opinions about how the administration and Governing Board are accomplishing the health center's mission and ensure the CAB's positions on Governing Board issues are recorded in the minutes.

### CAB Dos and Do Nots

- Do know the health center's mission, purpose, goals, programs, and service.
- Do get to know the organizations strengths and weaknesses.
- Do contribute what you are able, when you want to, and say no when you are not interested or overwhelmed.
- Do get to know the CEO, key staff, their roles, and responsibilities.
- Do come to meetings prepared to participate.
- Do ask questions.
- Do support the majority even if you disagree. Always maintain a sense of humor, fairness and integrity.
- Do not speak for the organization without prior approval to do so.

# CAB Operating Guidelines (or Bylaws)



## Section 8

CABs should develop their own operating guidelines and bylaws to explain how the CAB is structured and establish guidelines for CAB functioning. Each CAB decides on their specific operating guidelines as a group, but they should:

- Define the name and purpose of the CAB
- Define membership, including the process for becoming a member, duties of membership, and how to remove a member
- Establish officer positions and responsibilities
- Outline how often meetings will be required and what committees will be developed to support the work
- Establish decision-making processes, including defining the relationship with the organization and who makes which decisions.
- Explain the code of conduct, which outlines the expectations for CAB member participation in meetings and in the community

Note: Membership, CAB Meetings, and Decision-Making have their own sections, and the Code of Conduct is described in the CAB Members Role section; so here we will focus on the process for developing guidelines, officers, and committees.

The development of operating guidelines and bylaws is crucial. We have found that guidelines should be short and to the point. You should also remember that they are not written in cement. They can be amended, and probably should be reviewed on an annual basis. All operating guidelines/bylaws must establish rules within the parameters of your organization's federal waiver for the 51% consumer Governing Board.

### Officers

Officers are responsible for maintaining the work and focus of the group. Establishing these positions helps ensure that the CAB members are leading the work, rather than having staff manage the group.



#### Common Officer Positions

- **Chair:** This person is responsible for helping to set the agenda, facilitate the meeting, ensure everyone has the support they need to engage, and ensure the work of the CAB is being completed.
- **Co-Chair:** Having one person responsible is often overwhelming, so we recommend having at least one co-chair to support the chair.
- **Secretary:** Takes notes or minutes of the meetings.

#### Unique CAB Position Ideas

- **Vibes watcher:** Keeps an eye on the emotional climate of the group, and de-escalates the group when emotions get high.
- **Outreach Coordinator:** Distribute recruitment flyers



## Committees

Committees can help CABs empower all members to become leaders in special activities and projects. The purpose is to bring in more consumers to support the work and focus the talents of individual members.

### Committee Ideas

- **Recruitment:** select promotional materials (including flyers) and plan events to recruit new CAB members
- **Fundraising:** plan activities or events to raise funds to support CAB activities (i.e. t-shirts, events, education opportunities)
- **Outreach:** provide emotional and material support to folks on the streets and connecting them to the health center
- **Social Media:** promote, monitor, and administrate the social media presence of the CAB
- **Education:** educate the community about the impact of homelessness on health and work with clinical staff to education consumers about health issues that impact them
- **Advocacy:** promote and champion issues that are important to ending homelessness and expanding access to healthcare





# Decision-Making

## Section 9



There are two types of decision-making processes that CABs can use during their meetings: consensus decision-making or majority rules.

### 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 based on compromise, and the ability to find common ground. Consensus requires time; 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 briefly 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 debated. Possible amendments to the proposal are made at this time.
- **Call for Blocking Concern**
  - 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 pronouncement 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.



## Majority Rules

Many organizations who operate based on majority rules use “Robert’s Rules of Order” to manage their meetings. This decision-making process is guided by “motions,” which are formal requests or proposals for the CAB to take action. The member making the motion simply addresses the Chairperson or presiding officer at the meeting and states, “I move that...” and then states the action the member wants the CAB to take.



For example, “I move that we establish an ad hoc committee to study our center’s compliance with the current guidelines regarding Americans with Disabilities Act regulations.”

Most motions require that another member agree with the motion by stating that he or she will “second” the motion. Once the motion is seconded, the presiding officer restates it. The CAB may discuss the motion, although some motions do not require discussion. Although enough time should be allotted to discuss the motion fully, the presiding officer and other CAB members should try to keep the discussion focused and move it toward a decision (or a vote).

The basic process is:

- Move (the motion)
- Second the motion (the support needed to consider the motion)
- Restate the motion (the presiding officer)
- Discuss, clarify, debate the motion
- Vote (yes, no, abstain/prefer not to vote) on the motion

Once the motion has been discussed, the chairperson or another CAB member will “call the question,” that is, ask that the members vote on the motion. Members may be asked to vote by saying “yay” or “nay” (a voice vote), or they may vote by a show of hands. Members can also vote individually using either the “roll call” method of calling each individual’s name and recording each vote in the minutes, or the “ballot” method of using a confidential ballot.

When the vote has been recorded, the chairperson will announce if the motion has passed or failed, and will then move on to the next item on the agenda. If passed, the vote then becomes policy, which involves implementation by the CAB and communication to the Governing Board and Executive Director, or it may require some sort of follow-up action, either by the designated committee or the full CAB.

# Relationship with the Organization



## Section 10

All CABs should learn how to effectively manage their relationships with their health center Governing Board and management.

### CAB Relationship with the Governing Board

Through participation on the center's governing body, CAB members can give the Governing Board the unique perspective of people with the lived experience of homelessness, as well as advising the Governing Board on the health center's policies and services from the lens of a consumer.



It is important to understand that CAB members who sit on their health center Governing Board are co-equal peers with the other Board members and perform a special function by offering the perspective of consumers. Participating in a board meeting may seem intimidating, particularly when the board discusses complex financial matters. However, always keep in mind that your participation on the Governing Board is not only a legal requirement of many health center waivers, but that your perspective of a consumer who is/has experienced homelessness is unique and valuable to the board and makes good business sense. Do not be afraid to speak up about important issues, and ask other members to clarify or explain matters that are confusing.

NCAB believes that it is most important to develop an effective relationship between the CAB and the Governing Board of the Health center. Having one or more consumer members on the Governing Board will assist the CAB in at least two ways:

- Provide direct feedback to the Governing Board on center policies and services, and
- Demonstrate the importance of consumer leadership throughout the health center.

We believe that a CAB can be very helpful to the program by providing new insights. For example, a local CAB recommended that a health center should change the name of the center that it runs because the name included "homeless." The CAB pointed out that there was a group of consumers who were not using the center because they did not like being labeled homeless. Once the name of the center was changed, the number of people using it grew. This is an example of the changes CABs can influence.

If there are issues between the health center management and the CAB, the Governing Board can be a place for the CAB to address those concerns. If a recommendation is made to management and is not acted on, the staff liaison should always report back to the CAB with an explanation of why the



recommendation was not acted on. NCAB strongly recommends that CABs seek to meet privately with the center's CEO or Executive Director to resolve any differences before presenting to the Governing Board. NCAB feels that this is an option that should be carefully considered, rarely used, and reserved for only important issues. Depending upon its relationship with management, a CAB may never have to use this mechanism.

## CAB Relationship with Center Management: What kind of support will the health center be able to give?

The relationship between CAB and center management is crucial. There are many resources a CAB needs to be successful, which they should work with organizational staff to address. One of the fundamental needs is support in organizing meetings, which includes having a place to hold the meetings; someone to take minutes and to distribute them; and someone to send out reminders about the upcoming meeting. We have found it beneficial to hold the meetings at the same place, on the same day, and at the same time each month. In order to support members' participation in the meeting, think about what people need and how the organization can help [i.e. transportation (taxi vouchers, bus tokens, Ubers), meals].

In some health centers, Executive Directors/CEOs regularly attend the monthly CAB meetings, to hear from the CAB, provide a monthly report on services or upcoming changes, and/or report back on any issues. NCAB encourages the attendance of the CEO's/Executive Director, as such attendance shows that the voice of the consumer is prioritized and valued by the leadership team; however, NCAB also recognizes that the CEO's/Executive Director's work demands may preclude her or him from routinely attending meetings. In those instances, NCAB recommends that another senior member of the center leadership team attend CAB meetings.

Invite clinicians and administrators from within the health center to make a presentation to the CAB on what they do. It is an easy way for the CAB to become acquainted with the different parts of the organization, and it allows the staff to become acquainted with the CAB.

Once the CAB has been in existence for a while, health center staff and the Governing Board may ask the CAB to look at specific issues on a regular basis. This does not happen overnight; it takes a while, but it will happen. We cannot stress enough that the CAB is an ADVISORY GROUP, and members do not make decisions on staff issues or day-to-day operations, but rather makes recommendations and suggestions on issues that affect the consumers they represent.





# Maintaining a CAB



## Section 11

### Working as a Team

CAB members must work together and make decisions as a team. The effectiveness of the CAB depend on this. Working together will help make the decision process easier. Once elected or accepted as a volunteer, your loyalty must be in the best interest of the CAB and the consumers you represent.

Here are some ways to build team spirit:

- Listen to and do not interrupt other members when they express opinions or ideas.
- Be clear when expressing your opinion on issues or when presenting new ideas.
- Make friends with your CAB members and get to know their personal interests. Doing activities together as a group outside of organization business is a good way to build up morale and can be rewarding.
- Openly share with members when you agree with them as well as reminding them not to take things personally when you disagree. Learn and practice to leave disagreements at meeting.
- Be unbiased when voting or making decisions. Because you disagreed with a prior issue or agenda item, do not allow that to interfere with your ability to be agreeable on the next or later issues on the agenda. For example, do not vote against or for an idea simply because you dislike or do not care for the person proposing the idea or because you disagreed on a prior issue.
- Respect the opinions of other CAB members, especially when you disagree. Remember, this is our opportunity to learn from other people's perspectives. Different views and ideas allow us to provide better feedback and recommendations on care and services to the population we serve.
- Do not form voting "blocks" with other CAB members.
- Understand there may be times when there is no consensus and there is a split vote that results in no decision being made.
- Leave your disagreements behind at the meeting.
- Be mindful that people may have legitimate differences of opinions. These other diverse perspectives allow for creativity and the opportunity to consider factors that we may not have considered, leading to better decisions. Do not take disagreements personally.
- Connect with social media or create a CAB Facebook group.
- Get connected to other CABs and NCAB to share ideas, support each other through challenges, and build community.
- Have CAB members post recruitment flyers and/or CAB meeting minutes at shelters throughout your community to help members engage.



## Managing Conflict in Your CAB

Conflicts happen when two or more people have different opinions, values, or needs. Thus, all groups and relationships experience conflict. When we do not have healthy ways of resolving conflict, negative patterns can continue. This is specifically true for consumer engagement as we think about the various experiences, cultures, and traumas experienced by people without homes.

Conflicts do not need to be problems, they can be opportunities instead. The art of conflict resolution is identifying the conflict early, understanding how to respectfully manage it, and following through with words and actions. In order to resolve a specific conflict, understand what is important to you and the other person, and authentically work together to create mutually beneficial solutions. Explore what lies beneath the issue, including both parties' emotions and needs. Hidden expectations, unresolved issues, or trauma can influence conflict without our awareness. Take a step back and consider what deeper issues may be coming out.

### Tips for Managing Conflict

- **Take care of emotional well-being.** Acknowledge the presence of emotions, identify what emotions you and the other person are feeling, and manage them in a way that is healthy for you, the other person, and those around you.
- **Practice empathy.** Make a choice to understand the other person's perspective and listen to what the other person is experiencing.
- **Use "I" statements to express yourself.** Share what you observed or experienced, how it made you feel, the impact it had on you, and a request for your preferred outcome. Work with the other person to develop an agreement on how to move forward.
- **Use active listening.** Make sure you hear the message of what they are trying to say, rather than focusing on their delivery, or not listening and just waiting to respond. Ask questions to clarify understanding and summarize what they have said.
- **Do not make assumptions or judgments.** We all interpret our reality based on previous experiences, identity, and socialization. Acknowledge those factors and work to keep an open mind, identifying when you are making assumptions or judgments.
- **Identify your common goals.** Recognize common goals first, and then identify differences.
- **Respect differences.** If agreement is not possible, develop understanding and find a solution that allows both parties to meet their underlying needs.
- **When possible, address issues at the early stages of conflict.** If you know you are having discomfort around a person or notice small incidents, try to have a conversation before a misunderstanding or crisis occurs. To prepare to have the conversation, consider your understanding of the problem and how you want to express yourself, practice empathy to understand the other person's perspective, and develop strategies to care for your emotional well-being.



If conflict continues in the CAB after using conflict management techniques, the CAB can vote to remove a disruptive member using your decision making process.

# CABs in Their Community



## Section 12

CABs are meant to uplift the voice of people with the experience of homelessness, while developing and sharing the challenges and solutions to providing health care to people without homes. CABs can work with their organization and community partners to improve the systems and public policies that affect health care services or delivery, and the health of people experiencing homelessness.



People with the lived experience can be instrumental in influencing public policy in at least two places: 1) locally in your own center and community and 2) nationally through involvement with the National Health Care for the Homeless Council and other health centers.

### Tips for Making your Voice Heard in your Health Center

- Provide quality consumer representation on Governing Board by giving feedback regarding your center's operations, development, and activities and how these objectives affect consumers.
- Conduct consumer needs assessment surveys within your center to help administrators gain a deeper understanding of consumer's needs.
- Encourage consumers to engage in public activities such as voter registration, town hall meetings, health classes, etc.
- Develop constructive relationships with staff and the Governing Board, so they are comfortable approaching you with concerns, issues, or needs.
- Assist your center with public relations. Consumers can provide excellent representation because they offer a unique perspective on the experience of homelessness.





## Tips for Making your Voice Heard in your Community

- Work with your health center and other homeless service providers to promote a holistic approach to serving the community. Invite community partners and health center staff to CAB meeting to discuss local resources, needs, and potential policy changes. Work with the organization and community partners to organize and mobilize support for key issues.
- Contact your local government officials and State and Congressional representatives to tell them about the center services. Several methods of contacting your officials include scheduling a meeting, calling, writing a letter, or e-mailing.
- Invite government officials to visit your center. This is an excellent way to advance the center's mission and facilitate a better understanding of the role and purpose of your center within the community. Be sure to thank your government officials for their time.
- Maintain regular communication with your government officials. Keep them updated on your center's work and offer your assistance to them. Send thank you letters when they lend their support.
- Attend town hall meetings to represent your center within your community and to stay informed about the issues within your community.
- Inform the media about any events your center is hosting or is involved in organizing. Send press releases to the local radio stations, newspapers, and television news shows.

**Any information disclosed to the public or provided to a public official must be approved by the liaison and/or Executive Director.**



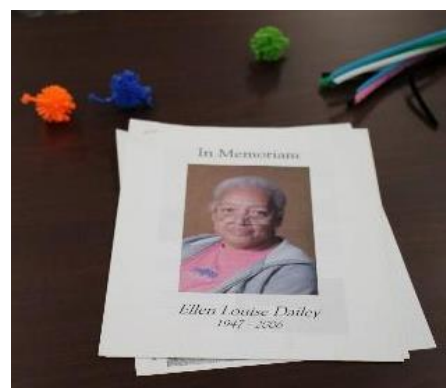


# The National Consumer Advisory Board



## Section 13

The National Consumer Advisory Board (NCAB) is made up of people who have experienced homelessness and are (or have been) clients of Health Care for the Homeless (HCH) health centers across the country. The mission of NCAB is to be the vehicle for consumers of HCH to become a collaborative voice on national issues. NCAB prioritizes assisting consumers in the development of local Consumer Advisory Boards (CABs) and serving as a clearinghouse for information and assistance to consumers.



## NCAB Structure

NCAB is an individual membership network of the National Health Care for the Homeless Council (there are two other networks: Clinicians' Network and the Respite Care Providers' Network). Anyone interested in learning about, supporting, or engaging with NCAB is welcome to join as an individual member for free.

To guide the work of the network, NCAB has a Steering Committee. The Steering Committee is made up of 12 voting members and three peer mentors who are non-voting previous Steering Committee Members who help advise the voting members. The 12 voting positions include one chair, two co-chairs, a peer advocate, three members at large, and five Regional Representatives. These members meet on monthly conference calls and in-person twice a year in order to plan and complete their work.

## NCAB History

The idea of a CAB was brought to the Council from the Boston HCH Program, particularly their CAB Chair, Ellen Dailey. She then worked with the National HCH Council to engage more local consumers on the national level. In 2003, NCAB was formed with Ellen Dailey, Sarah Davidson, Ulysses Maner, and Veronique Moore. Since then, NCAB added member roles, created the Regional Representative role in 2012, and has broadened out their activities.



## NCAB Activities

**Promoting national activities:** NCAB promotes recognition of Homeless Persons Memorial Day (HPMD) on December 21 in partnership with the National Coalition on Homelessness, encouraging local groups to organize events to remember the people who die without homes each year. NCAB also supports Summer Solstice, to honor the successes and lives of people who have overcome homelessness, on June 21.

**Supporting local CABs:** NCAB leadership includes five Regional Representatives, who focus on developing relationships with consumers on Governing Boards and CABs on the ground. NCAB leaders also participate in technical assistance for health centers interested in developing a CAB or other mechanisms for involving consumers.

**Conducting the Consumer Participation Outreach (CPO) Survey:** NCAB leaders are instrumental in developing and conducting CPO research. NCAB decides the topic, trains local consumer leaders to conduct surveys, gathers the data, and works with Council staff to analyze the findings. Previous CPO project topics include the experience of violence among people experiencing homelessness and the impact of outreach in connecting people to services.

**Storytelling:** NCAB believes in uplifting the voices of all consumers, and developed a Storytelling Manual to help consumers share their experience and knowledge.

**Producing *The Consumer Voice* Newsletter:** NCAB has developed a newsletter that comes out a few times per year featuring stories written by consumers and compiled by the Newsletter Committee and our NCAB Newsletter editor. This newsletter is written for consumers by consumers.

**Educating the Public:** NCAB members share powerful stories and experiences that demonstrate the importance of health center services and the needs that still exist, and humanize homelessness.

**Honoring Fellow Consumer Advocates:** Ellen Dailey championed the unique voice of those experiencing homelessness to play a role in the decisions affecting their lives. The award that bears her name is meant to honor her memory and efforts advocating for people experiencing homelessness. The Ellen Dailey award recipient exemplifies compassionate, determined advocacy and leadership.

## Join Us

People with the experience of homelessness who have received services from a health center are encouraged to become NCAB members. You can apply for individual membership online at [www.nhchc.org](http://www.nhchc.org) or email us at [ncab@nhchc.org](mailto:ncab@nhchc.org).



## **Part Two: Sample Documents**

# Sample Documents: CAB Member Application (Boston)

The goal of the Consumer Advisory Board is to represent all who receive services from the programs and centers of the Boston Health Care for the Homeless Program. Membership includes active consumers of services as well as persons who have used services in the past and were in good standing when they left the program. The CAB hopes to develop a membership that is balanced in terms of experience of the program, length of time homeless, and racial/ethnic composition.

The Consumer Advisory Board routinely meets on the 3<sup>rd</sup> Thursday of every month from 3:30pm-5:30pm. The CAB occasionally meets/holds events throughout the year, which are scheduled during the monthly meetings. CAB members must be able to attend eight (8) out of twelve (12) meetings a year. CAB members are offered help with expense reimbursement, transportation assistance, and child or partner care.

Name: _____
How can you be reached?
Address: _____
Location: _____
Phone: _____ Email: _____

<p>What programs or services of Boston Health Care for the Homeless Program have you used?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> BMC Primary Care Homeless Center</li><li><input type="checkbox"/> MGH Primary Care Homeless Center</li><li><input type="checkbox"/> Barbara McInnis House</li><li><input type="checkbox"/> Betty Snead House</li><li><input type="checkbox"/> St. Francis House</li><li><input type="checkbox"/> Shelter-based center</li><li><input type="checkbox"/> Street Outreach</li><li><input type="checkbox"/> Family Program</li><li><input type="checkbox"/> Mental Health/Substance Abuse Services</li><li><input type="checkbox"/> Dental Program</li><li><input type="checkbox"/> Other _____</li></ul>	<p>Please tell us about your experiences with homelessness and health care</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>What strengths or skills would you bring to the Consumer Advisory Board?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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What issues, problems, or questions do you think have an impact the quality of health care for people experiencing homelessness?

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Please list a personal or medial reference that the CAB can contact for a recommendation.

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

How do you know this person: \_\_\_\_\_

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I understand that the business of the Consumer Advisory Board will be conducted in a professional and respectful manner in regard to the confidentiality of consumers. I understand that my personal information will be held in confidence. I understand that in signing below, I am giving my permission for the Advisory Board to review my application and contact my personal/medical reference.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**The Advisory Board wishes to make it as easy as possible for you to apply for membership. We will be glad to help you fill out the application form and to answer any questions you may have about what it would be like to serve on the Board. Please call us. As there are only a limited number of seats on the Board, not every person who fills out an application form will be asked to serve on the Advisory Board.**

## Sample Documents: Job Description (Houston)

### Overview:

The CHANGE Committee is a group of currently and/or formerly homeless persons who use their experiences to provide insight into the needs of the homeless, their priorities, and the relationship of these needs and priorities to healthcare services. CHANGE Committee members meet bi-monthly to develop solutions to problems that face the homeless. The committee also communicates with the Healthcare for the Homeless Houston (HHH) staff, Advisory Council, and Board to ensure that their experiences are integrated into programmatic design, research efforts, and to promote community-based participatory research among the homeless in Houston.

### Duties and Responsibilities:

- Attend bi-monthly committee meetings
- Provide ideas, suggestions and concerns for HHH development
- Provide awareness of relevant issues to HHH board, newsletter, staff, and Advisory Council when selected as a committee representative
- Critique and provide feedback when needed for programs/research
- Assist in the recruitment of other CHANGE Committee members
- Promote awareness of the CHANGE Committee in the homeless community
- Annual letter of commitment

### Meeting Setting:

The CHANGE Committee member provides feedback to HHH programs and gives insight and new ideas in a team-oriented atmosphere. Ideally the meeting would be comprised of eight to ten CHANGE committee members, the HHH president, a HHH staff member, one member from the board (not a member of the CHANGE Committee), and a psychologist. Meeting times are established as agreed upon by CHANGE Committee members. Ideally, the committee meets for one hour twice a month and a breakfast is served.

### Requirements:

- Currently or previously homeless status
- Adheres to CHANGE Committee policies and procedures
- Communicates and works well within a collaborative team environment
- Attends meetings
- Respects confidentiality of meetings

## Sample Documents: Recruitment Strategy (Houston)

### Source of potential members:

- CHANGE Committee
- Advisory council
- HHH Staff

### Supportive documents:

- Application form
- Selection criteria (see below)
- Job description

### Process:

- Potential member would be invited to attend meeting by CHANGE Committee member or volunteer.
- Secretary will be notified to include prospective member's name on agenda.
- Application for membership and job description will be given to prospective member at the end of a meeting.
- The application will be submitted to HHH, Attention: CEO, to review based on selection criteria.
- Approved and rejected applications will be submitted to CHANGE Committee within 30 days of receipt, Attention: CAB Liaison Staff

### Selection Criteria for CHANGE Committee Membership

- History of homelessness (of note: in past we indicated current homelessness was required)
- Willingness and capacity to participate in a group setting
- Willingness to participate for at least 6 months
- Willingness to familiarize oneself with the committee, HHH, and their missions and policies and homeless in Houston
- Health care consumer
- Contribution to diversity of membership

# Sample Documents: Agenda/Minutes Template (Portland)

**Attendees:**

**Guests/Prospective Members:**

**Staff:**

**Absent:**

**Location:**

**Action items highlighted**

Agenda Item	Action/Decision	Responsible Person(s)	Due Date
Introductions and Ground Rules			
Meeting Minutes	Review and approval of last meeting's minutes		
Focus area	CCC Health Services or external program update and/or request for input from HSAC		
HSAC membership	When a new member qualifies, they can be voted in		
Board report	Report from HSAC Chair who is a member of the CCC Board		
Consumer Issues	Praises and concerns about CCC Health Services		
New Business	<ul style="list-style-type: none"> <li>• Announcements about events of interest</li> <li>• Initiatives HSAC may be involved in like voter registration, fundraising to send members to National Health Care for the Homeless conference</li> <li>• Any new business people want to raise</li> </ul>		
Adjourn/Next Meeting			



# Sample Documents: Operating Guidelines (Colorado)

## Name

The name of this organization will be the “Colorado Coalition for the Homeless Consumer Advisory Board,” also known as the CAB.

## Definitions

For the purposes of these Bylaws, the following definitions apply:

- **Colorado Coalition for the Homeless (the Coalition):** a nonprofit organization that is the legal body through which the CAB operates. The CAB operates as a standing committee of the Governing Board of the Coalition.
- **Consumer:** a homeless or formerly homeless person who has received care from the Coalition.
- **Homeless Person:** “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]

## Purpose

The purpose of the CAB is to organize consumers of services provided by the Colorado Coalition for the Homeless so that we have a voice on issues involving the health care and housing of homeless persons and other services provided by the Coalition.

## Membership

### Section 1 – Membership Number and Requirements

The number of CAB members shall be not less than six and not more than twelve. Members must:

1. Be homeless or formerly homeless.
2. Have received services from the Coalition.
3. Fill out an application for membership available from the Coalition.
4. Be interviewed and selected by a Coalition CAB selection committee.
5. Agree to abide by this CAB Members' Code of Ethics.
  - I will represent the interests of all people served by this organization.
  - I will not use the organization or my service on this CAB for my own personal advantage or for the individual advantage of my friends or supporters.
  - I will keep confidential information confidential.

- I will approach all CAB issues with an open mind, prepared to make the best decision for the whole organization.
- I will not do anything to violate the trust of those who selected me to the CAB or those we serve.
- I will focus my efforts on the mission of the organization and not on my personal goals.
- I will not exercise authority as a CAB member except when acting in a meeting with the full CAB or as I am delegated by the CAB.

A member may be removed from the CAB by consensus of the CAB. Furthermore, in exceptional circumstances, a CAB member may be suspended by a Coalition Liaison and removed by the Coalition CAB selection committee (for example – behavior that presents a danger to themselves or to other CAB members, attending meetings under the influence, or sustained disruptive or unethical behavior).

### **Section 2 – Voting**

1. Decisions within the CAB are made by voting and consensus.
2. There is no quorum for a vote or consensus process to continue for regular business.
3. A quorum of five current active CAB members must be present to enact changes to existing bylaws, to select officers, or to remove members.

### **Section 3 – Communication**

1. Communication with members will be initiated by the means directed on the membership application form. The CAB prefers email contact if possible for the sake of efficiency. Members are responsible for informing the CAB of changes in contact information.
2. The Secretary (or designee) will be responsible for ensuring that advance notices of meetings are sent out to the membership including agendas and relevant materials. The Secretary will work with the support staff and Chair to distribute these items in advance of meetings.

## **Meetings**

### **Section 1 – Regular CAB Meetings**

1. Regular CAB meetings will occur at the frequency and duration determined by the discretion of the current CAB; however, the CAB shall meet regularly, at minimum, once a month.

### **Section 2 – Other CAB Meetings**

1. The Chair may establish working committees as needed. Working committees will typically establish their own meeting schedule.
2. Other CAB meetings may be arranged as needed throughout the year.

## **Officers**

### **Section 1 – Officers**

The membership of the CAB shall elect a Chair, a Vice-Chair, and a Secretary.

### **Section 2 – Term of Office**

Each officer will serve a term of one year.

### **Section 3 – Election of Officers**

1. Any member of the CAB may run for office.
2. Elections will be held every year.
3. Voting for officers will be open to any member of the CAB.
4. Vacancies can be filled at any time by special election.

### **Section 4 – Duties of Officers**

1. **The Chair** will preside at all meetings of the CAB. The Chair shall designate such committees and sub-committees as may be necessary to carry out the purposes of the CAB, and shall designate the chair of each committee designated and the persons to serve on them. The Chair shall typically serve as a member of the Governing Board of the Coalition upon Governing Board approval.
2. **The Vice-Chair** shall be authorized to act in place of the Chair when so directed by the Chair and/or when the Chair is absent or disabled. The Vice-Chair shall have such other and further duties as the Chair and the CAB require. The Vice-Chair shall typically serve as a member of the Governing Board of the Coalition upon Governing Board approval.
3. **The Secretary** shall keep minutes of all meetings of the CAB (as assisted by Coalition staff), and shall ensure that all members are informed as to the agenda, time, and place of each meeting (as assisted by Coalition staff). The Secretary shall have such other duties as are customary as a secretary of a board and as the Chair and the CAB shall require.
4. **Members-at-Large** shall be responsible for:
  - a. Attending meetings on a regular basis.
  - b. Actively participating in meetings by presenting and listening to information, engaging in discussion, and taking appropriate actions to promote the well-being of Coalition consumers.
  - c. Abiding by the CAB members' code of ethics.
  - d. Treating other CAB members, Coalition staff, and Coalition consumers with respect, dignity, and compassion.

## **Section 5 – Decision-Making Provisions**

The CAB will make decisions by consensus and by voting. The elections of CAB Officers will be done by majority vote.

## **Section 6 – Participation Expectations**

CAB Members are expected to participate in a minimum of 50 percent of the CAB's monthly meetings. As the CAB is sympathetic to barriers to involvement, exceptions may be made on a case-by-case basis; however, members who fail to meet this requirement may be asked to step down by the CAB or by the Coalition Liaison.

## **Section 7 – Removal of Officers**

The CAB reserves the right to remove officers for non-participation, and that officer can be replaced by consensus of the CAB.

## **Special Provisions**

### **Section 1 – Payment**

Individuals shall receive no payment for their services as officers or members of the CAB.

### **Section 2 – Bylaws**

1. These Bylaws will take effect when ratified by a consensus of CAB members and approved by the Coalition Governing Board.
2. These Bylaws may be amended at any CAB meeting, by a consensus of members, provided that there is quorum of five current active CAB members. The proposed amendment must be submitted in writing to each member at least 7 days in advance of the meeting upon which such amendment is to be voted upon.

## **Relationship with the Colorado Coalition for the Homeless**

The Consumer Advisory Board (CAB) is a standing committee of the Governing Board of the Coalition tasked with representing the interests of consumers of services provided by the Coalition to the Board and executive staff. The CAB shall establish Bylaws governing the structure and process of the CAB, and these Bylaws shall be submitted to and approved by the Governing Board. At least two members (typically the Chair and Vice Chair) of the CAB shall be nominated by the CAB to represent the CAB on the Governing Board, and the Governing Board shall approve such nominations or request alternative nominations from the CAB. In the event that a representative or replacement representative is not appointed by the CAB, the Board Chair may designate the consumer representative to serve on the Governing Board until such time as a representative is nominated by the CAB and approved by the Governing Board.



## Sample Documents: Group Agreements (Boston)

1. Respect, care about, **and support each person in the group**. The more confidence each feels, the more anxiety diminishes and the more deeply we can work toward our goals.
2. **Putting people down closes them up** and is counter-productive.
3. **Avoid forcing your viewpoint** by an overbearing attitude or barrage of arguments.
4. **Try to avoid becoming defensive**. Realize that you are among friends. View confrontation as an invitation to self-exploration.
5. Fruitful discussion requires **Openness to Change**.
6. **Stick to the point**. Do not wander.
7. **Speak for yourself**. Avoid using "we" when you mean "I". Do not speak for the group without giving others a chance to agree or disagree.
8. **You are neither therapist nor judge**. Your role is not to set other people straight nor to solve their problems, but to support, help and encourage.
9. **Express disagreement as your idea** not as absolute truth. Find common ground and areas of agreement before setting forth points of difference.
10. **Say it in the group**. The things you say to your friends about the group before, after or between meetings are often the very things, which should be said in the group. There should be only one conversation at a time going on in the group.
11. **Make the meetings**. If one person misses a meeting, the dynamics of the group change. And it often happens that the one who was absent cannot be brought up-to-date because he did not experience what really happened. The group needs to have you present.
12. **New Business is a time for items not on the agenda or personal issues**. Do not monopolize agenda time with your own personal/medical history.
13. Meetings must be run in a constructive manner in order to achieve our goals. We must **follow the Agenda and remember that Health Care is our primary focus**.

## Sample Documents: Flyer (Miami)

# CAMILLUS HEALTH CONCERN'S CONSUMER ADVISORY BOARD "CAB"



## WHO

We are the patients of Camillus Health Concern

## WHAT

The CAB is your voice to the Camillus Health Concern Board and management team to improve the services provided.

## WHY

We are advocates for Camillus Health patients to improve services for the homeless community.

## WHEN

The CAB meets on the first Wednesday of each month. Lunch will be served.

## WHERE DO WE MEET

Camillus Health Concern 336 NW 5<sup>th</sup> St  
Miami, Florida 33128

## GET INVOLVED!

### MAKE A DIFFERENCE

Advocate to improve services for persons experiencing homelessness.  
Give feedback to and influence policies of the Camillus Health Concern.

### BECOME A CAB MEMBER

CAB meetings are open to all Camillus Health patients and members of the community. If you are a Camillus Health patient, you can be a CAB member.

### ACTIVITIES

- ~Winter Blanket and Jacket Drive
- ~CAB Serves Lunch ~Meet the CAB
- Health Screenings ~Voter Registration Drive
- ~Good Neighbor Project
- ~Brownsville Project



## Sample Documents: Photo and Story Release (Baltimore)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Health Care for the Homeless thanks you for your willingness to share your story. Your story helps us spread the word about the work we do, and enables us to serve more people. We take your privacy very seriously. Let us know how we may use your personal (and health) information below (please initial):

You agree for your (referred to herein as "Your Story"):

- Photograph
- Interview (e.g. quotes, story, testimony)
- Video or Audio Recordings
- Other: \_\_\_\_\_

To be used by Health Care for the Homeless in:

- Brochures, newsletters, fundraising materials and/or other publications
- Website(s) and/or social media sites
- Stories in the media (e.g., newspaper, TV, radio, magazine and online publications)
- Other: \_\_\_\_\_

You understand that:

- If you do not sign this form, Health Care for the Homeless will not disclose Your Story.
- Permission to share Your Story is voluntary. Your treatment (and eligibility for treatment) will not be affected, whether you sign or not.
- Health Care for the Homeless will have one year from the date of your signature to print or publish Your Story.
- You may cancel this release at any time. Simply send your request in writing to the Health Care for the Homeless Communications Department
- Cancellation does not affect any uses or disclosures of your information that have already occurred, but will prohibit the future use of Your Story.
- Once Your Story is disclosed as authorized, it is no longer protected by federal or state privacy laws, and could be re-disclosed by the person receiving it.

You further understand that:

- You will not receive any payment for the use of Your Story.
- Health Care for the Homeless will have full editorial control over Your Story.
- Health Care for the Homeless has the right not to use Your Story.
- I have read this form, and all of my questions have been answered. My signature means that I understand and accept all of the above conditions, and approve the use and disclosure of my images and personal health information by Health Care for the Homeless. I am entitled to receive a copy of my signed form.

\_\_\_\_\_  
Signature (Client)

\_\_\_\_\_  
Printed Name

## **Part Three: Developing your Own CAB**



## Developing your own CAB

### Recruitment

- How can you use health center staff to help recruit?
- Where should/can you advertise this opportunity?
- Do you have consumer leaders you want to bring in, or do you need to spend time organizing an initial group?

### CAB Activities

- What activities look interesting to your CAB?
- What is the biggest consumer need?
- What strengths or resources does your CAB have?
- What are the costs of the activity (e.g. time, money, space)? What logistics do you need to consider for the activity (e.g. community partners, supplies, and outreach)? Do you have resources to address the costs?

### CAB Meetings

- How often should the CAB meet?
- Where is an easily accessible location to meet?
- When are the best times for the community to meet?
  - When considering times, be mindful of shelter curfews or meal servings that would prevent community members from participating in the CAB.
  - Choose the same day/time each month so it is easier to remember.
- Work with your health center CEO, Executive Administrator, or CAB liaison to keep agendas of the meetings.

### Membership

- Define membership, including the process for becoming a member, duties of membership, and how to remove a member:
  - Here are a few examples of suggestions your CAB could follow:
    - You have used health services at your health center locations within your state center, treatment center, detox center, pharmacy that have been part of in the past 2 years.
  - Make recommendations about health care services and center operations to the Governing Board.
  - Provide advice about additional services needed by consumers.
  - Collaborate with health center staff, the Governing Board, and other consumers experiencing homelessness.
  - Attend at least one day/afternoon/evening meeting per month for a period of at least six months. Whatever the capacity of the health center can provide for a safe meeting place and time for folks.
  - Removal of a CAB member is one of the hardest things to do. Build a meaningful removal process with trauma-informed practices and strategies.

### **Developing Operating Guidelines**

- The name and purpose of the CAB
  - The group agrees on the name of the CAB name by the vote of the consumers around the table. Names can be affiliated with the health center you represent, Consumer Advisory Council, Consumer Leadership Committee, etc.
  - The purpose of the CAB is to help the health center achieve its mission through consumer engagement and leadership. This could happen through suggestions, praises, and concerns about programs and policies including substance use treatment programs, wait times, and wellness classes.
- Establish officer positions and responsibilities
  - Develop a checklist of duties:
    - Running the meeting
    - Facilitating conversation on agenda items
    - Approving of meeting notes
    - Representing your CAB at the board level as a voting member
      - Rotate meeting facilitation to promote equality and share power around the table to build leadership skills, mentor one another, and enhance public speaking skills.
  - What types of officers would support the work of the CAB?
  - What should their responsibilities be? What are term lengths?
  - What is the process of electing and removing officers?

### **Decision-Making**

- What types of decision-making models could the group use (majority vote or consensus decision-making)?
- What are the pros and cons of each model?

### **Relationship with the Organization**

- How will the CAB get feedback and send input to the organization?
- How does the organization get responses back to the CAB?
- What is the relationship between the CAB and the administration?
- What is the relationship between the CAB and the Governing Board?
- What decisions can the CAB make on their own? What decisions need to be made in partnership with the organization? What decisions can the organization make about the CAB without the CAB?

### **CABs in their Community**

- What types of community engagement are permitted by the organization?
- What issues in your community are preventing people from accessing health or housing?

## Appendix: Acronyms List

- **HCH:** Health Care for the Homeless
- **NHCHC:** National Health Care for the Homeless Council
- **NCAB:** National Consumer Advisory Board
- **HRSA:** Health Resources and Services Administration
  - An agency of the U.S. Department of Health and Human Services, is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.
- **BPHC:** Bureau of Primary Health Care :
  - Department/office within HRSA that funds health centers in underserved communities, providing access to high quality, family oriented, comprehensive primary and preventive health care for people who are low-income, uninsured or face other obstacles to getting health care.
- **FQHC:** Federally Qualified Health Center
  - Synonymous with “Health Center” or “Community Health Center” but is a Medicare/Medicaid payment term.
- **HUD:** United States Department of Housing and Urban Development
- **CoC:** Continuum of Care
  - Coalitions of homeless services organizations that work together in order to receive funding from HUD
- **SAMHSA:** Substance Abuse and Mental Health Services Administration
- **SOAR:** SSI/SSDI Outreach, Access, and Recovery
  - A SAMHSA program to help people experiencing homelessness who have a serious mental illness or medical impairment get access to Social Security Benefits
- **UDS:** Uniform Data System
  - The reporting system HRSA requires all health centers to use
- **FPG:** Federal Poverty Guidelines
  - Used to determine eligibility for sliding fee discounts
- **EHR or EMR:** Electronic Health Record /Electronic Medical Record
- **PCMH:** Patient-Centered Medical Home
  - Patient treatment is coordinated through the primary care physician to ensure clients receive the necessary care when and where they need it, in a manner they can understand.