

# CA Department Of Health Care Services (DHCS) Consumer Advisory Committee (CAC): Recommended Design Elements and Key Considerations

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**ATTACHMENT 1**

**October 2022**

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# Key CAC Design Elements

- Composition and Size
- Recruitment
- Logistics
- Meeting Facilitation
- Meeting Materials
- Agenda Setting
- Building Trust
- Preparing and Supporting CAC Members
- Compensation
- Sustainability
- Measuring Success



# Composition and Size: Summary of Findings

- Tribal nations
- African American
- Black
- Asian American
- Pacific Islander/Native Hawaiian
- Latinx
- Seniors and family caregivers
- Parents/Guardians/Families with children
- Parents/Guardians/Families/Care givers of children with special health care and/or complex care needs
- Individuals with physical disabilities
- Individuals with intellectual/developmental disabilities
- Individuals with chronic conditions
- Behavioral Health
- Teens/Youth/Former foster youth
- LGBTQIA2S+
- Formerly incarcerated
- Indigenous communities
- Individuals experiencing homelessness
- Undocumented individuals
- Rural residents
- Every county/area of the state (regardless of size) must be represented



# Composition and Size: CHCS Recommendations

- **Size:** Core group of **10-15 CAC members** serve as 1 year pilot
  - After one year, add 4-5 additional members to increase diversity and create small subcommittees
  - After three to four years, consider to creating regional CACs
- **Composition:** Start with at *least*: African American; Black; Asian American; Pacific Islander/Native Hawaiian; Latinx; Tribal communities, LGBTQIA2S+, youth, rural residents, behavioral health, physical and intellectual/developmental disabilities, seniors/family caregivers, parents/guardians/families of children with special health care needs.
  - Most frequently elevated groups in interviews and TAG meetings
  - Various interactions with Medi-Cal (e.g., waiver programs, managed care, fee-for-service).



# Composition and Size: CHCS Recommendations (continued)



- **Term limits:** To ensure new perspectives are always being added, institute a mix of 1-year and/or 2-year term limits. (Ensures ongoing rotation, but is staggered)
- **Applications:** Develop a short application for interested Medi-Cal members to complete for CAC consideration. The application could include questions such as the following:
  - Population(s) they consider themselves to be part of (select from the “composition list”)
  - How long have they been a Medi-Cal member?
  - How did they learn about the CAC?
  - Have they served on a CAC type of body before?
  - Would they be able to work closely with DHCS to advise policies and programs?
  - Do they foresee any potential barriers to participating in CAC meetings?





## A Word on Recruitment

- While outside of CHCS's scope, the topic of recruitment was inevitably raised during interviews and TAG meetings.
- CAC recruitment is a critically important part of the process and is necessary for sustainability and keeping the composition truly representative of the Medi-Cal population.

# Recruitment: CHCS Recommendations



- **Approach:** Effective recruitment will require a multi-prong approach that would leverage:
  - CBOs, Managed Care Plans, TAG members, provider networks, community events, social media, etc.
  - Designated staff (perhaps a combination of the implementation consultant and one to two DHCS staff members) should lead recruitment efforts to start
  - When recruitment officially kicks-off, CHCS recommends reaching out to the eight Medi-Cal members interviewed for this project to invite them to apply
- **Strong pipeline:**
  - CAC members will cycle off the group due to expiring term-limits or other personal/professional reasons
  - A strong pipeline of members that are consistently applying and onboarding is necessary for sustainability and keeping representation current



# Logistics: Summary of Findings

- Virtual meetings are best for robust participation.
- Hold meetings at times when members will have the best chance of being able to join (e.g., lunch hour, after 5:00pm).
- Consider that some members may want/need to bring a family caregiver or other caretaker with them in order to effectively participate. Plan the location/room accordingly.
- Rotate (neutral) meeting locations to spread out the travel burden for members.
- Ensure that meeting space and refreshments are equitable and work for everyone.
- Real-time translation by certified translators is needed at meetings to build trust and offer the opportunity for CAC members to give feedback in their native language.



## SURVEY SAYS...

- Survey members on availability to improve attendance
- Provide a virtual option for those unable to be in person
- Consider travel concierge-type service for members to enhance experience
  - E.g., someone to greet members at hotel, airport transportation, etc.





## Logistics: CHCS Recommendations

- **Meeting length and cadence:** Virtual, 2-hours, every other month
  - Depending on COVID-19 regulations, aim to meet 1-2 times in person per year to build relationships and dig in on certain topics
- **Meeting times:** Meeting over a lunch hour is preferred (11:30am-1:30pm or 12:00pm-2:00pm).
- **Translation:** Real-time translation is needed at least in Spanish and ASL.
  - As the group continues to build rapport and relationships, consider adding additional languages
  - Find translators who could participate in the group to build relationships with CAC members



## Logistics: CHCS Recommendations (*continued*)



- **DHCS staffing:** This position would be the main point of contact for the CAC and be responsible for the following (in partnership with the implementation consultant):



- Recruitment efforts
- Meeting planning
- Drafting and sending meeting materials
- Attending all meetings
- Preparing and supporting CAC members



# Meeting Facilitation: Summary of Findings

- Meeting facilitation is paramount for effective meetings.
- The DHCS CAC should have neutral facilitation that respectfully and effectively engages Medi-Cal members.
- Medi-Cal members unanimously reported that meetings that turn into report outs without ample time for questions are not engaging.
- Short presentations that offer time for discussion and input have been most productive and well-liked (both in the literature and interviews).

## SURVEY SAYS...

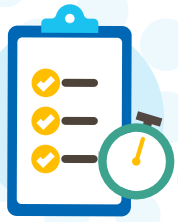
- Start and end meetings on time
- Consider mental health segments to support self-care opportunities





# Meeting Facilitation: CHCS Recommendations

- **Meeting facilitator:** Skilled and strong facilitator with deep experience working with community members, plus:
  - Understanding of Medi-Cal program (supported by DHCS staff)
  - Affirming and inclusive style
  - Aware of common power dynamics that appear in more traditional meeting formats
  - Prioritize co-developing meeting norms with CAC members
  - Always convey that CAC meetings are a collaborative space
- **Meeting format:** Shorter presentations, ample time for discussion
  - Welcome/Introductions/Ice Breaker
  - Review of meeting norms and agenda
  - Re-cap of previous meeting including status of outstanding items
  - 2-3 new agenda items
  - Open time for questions, discussion, feedback, other issues/topics to raise



# Agenda Setting: Summary of Findings

- Interviewees noted that packed agendas with little time for questions or additional items made meetings feel one-sided and did not foster a collaborative environment.
- The best approach to agenda setting allows for more flexibility.

## **SURVEY SAYS...**

- Regardless of who facilitates, it is important to have members ultimately driving the agenda.





# Agenda Setting: CHCS Recommendations



- **Standing items:** Having standing items, such as meeting norms and status updates from the previous meeting, will help everyone know what they can always count on discussing and is a nice way to start or end of each meeting.
- **Main topics to cover:** 2-3 main topics (e.g., proposed programs coming out, language to review of the correspondence going out to members, feedback on the implementation of an existing program, etc.)
  - Prioritize topics that are: (1) Most relevant to the CAC members and (2) Time-sensitive
- **Questions and discussion:** CAC members should know they are welcome to add agenda items both after the meeting agenda is sent out and in the moment during the meetings.



# Meeting Materials: Summary of Findings

- The importance of clear, concise, accurate, and culturally and linguistically appropriate meeting materials for CAC members cannot be overstated.
- Meeting materials set the stage for the upcoming meeting and play a key role in ensuring CAC members are prepared to participate and know what to expect.



# Meeting Materials: CHCS Recommendations



- **Timing:** Meeting materials must be sent to CAC members *at least one week* in advance of the meeting.
- **Literacy and Translation:** In addition to being sent in advance, meeting materials should be:
  - Written at a sixth-grade reading level
  - Translated at least into threshold languages
  - A native speaker community member should review meeting materials. (Even with the best of intentions, professional translation services can be inaccurate or use terms that are not used in day-to-day conversation.)
  - Hold pre-meetings with translators in advance of CAC meetings to ensure they are familiar with the platform and are able to participate seamlessly.





# Building Trust: Summary of Findings

- Building trust with CAC members will “make or break” the group.
- Community members may be somewhat distrustful of government agencies and could be harboring significant amounts of trauma and frustration, making them wary to participate.
- DHCS should start this group with the understanding that trust will need to be earned, but there are numerous ways that trust can be built right away and continue to strengthen over time.



## SURVEY SAYS...

- Have speakers start their segments by outlining how they would like to use feedback to review decisions made and shape future ones
- Local partners are integral in communicating crucial messages to members as trusted messengers.
- Every member is different. Listen and let their experiences and feedback guide the process.



## Building Trust: CHCS Recommendations

- **Treat CAC members with respect, understanding, and kindness:** Simple acts of kindness and respect are paramount.
- **Avoid implicit bias:** CAC members will pick up on this right away; keep in mind when choosing facilitators/presenters.
- **Feedback loop:** #1 priority in all interviews—CAC members want to be heard and know how their input is being used.
- **Work with CBOs:** Tap into CBOs for their long-standing trusting relationships with community members.
- **Main point of contact:** Very important to CAC members.
- **Acknowledge missteps:** Mistakes may happen—acknowledge, apologize, and pledge to make it right.

# Preparing and Supporting CAC Members: Summary of Findings



- The literature suggests--and interviewees confirmed--the importance of preparing and supporting CAC members before, after, and in-between meetings to ensure they can effectively participate and feel comfortable and empowered in their roles.
- Doing so will require staff time and resources, but it is necessary to have a dedicated position for this effort.

## SURVEY SAYS...

- Use a “Welcome Kit” to onboard new members.
- Record meetings and share with participants who may have difficulty taking traditional notes.



# Preparing and Supporting CAC Members: CHCS Recommendations



- Effectively supporting CAC members will require a number of strategies to be deployed at various points of the CAC development process, including:
  - **Orientation/Onboarding:** Necessary to become acclimated to the group and start off on a solid foundation
  - **Creating a CAC Mentor system:** Pair new CAC members up with a mentor—a CAC member who has been participating for a while and understands the role
  - **Check-in/Debrief calls:** Brief calls with CAC members a few days prior (to ensure they received/understand materials and answer questions) and a few days following meetings (to ask if they felt heard/supported/valued, answer any follow-up questions)





# Compensation: Summary of Findings

- Providing compensation to CAC members is a must.
- CAC members are offering their time and expertise to this work and should be compensated for it as any other professional would be.
- Flexibility around the method of compensation and timely distribution are key.
- DHCS could consider providing benefits counseling to CAC members to ensure compensation does not impact benefits.



## SURVEY SAYS...

- Compensation may be different for an in-person, virtual, and/or telephone meeting
- Consider compensating for activities prior to and after the meeting (e.g., pre-work readings, debriefs)



## Composition: CHCS Recommendations



- **Amount:** At least \$100 per CAC member per meeting
- **Method of payment:** Check mailed to CAC member's home address as promptly as possible (But each CAC member should be asked their preference for how to receive stipends)
- **Additional compensation/support:** *Separate* from the standard stipend, the following should also be covered for each CAC member if meetings are in-person:
  - Round-trip mileage to/from meeting location
  - Parking
  - Public transit or Uber/Lyft/Taxi to/from meeting location
  - Childcare/Homecare (Available on-site or a separate childcare/homecare stipend)



## Sustainability: Summary of Findings

- Literature and interviewees aligned in saying that sustainability is directly tied to the design elements previously discussed.
- Implementing a strong CAC will naturally lend itself to sustainability.
- But, a CAC needs to be consistently “cared for” in order to continue to grow and maintain effectiveness.



# Sustainability: CHCS Recommendations



- **Building trust:** CAC members build a trusting relationship with DHCS, meeting facilitators, and other CAC members engaged in the group.
- **Feedback loop:** Developing an official plan—in partnership with CAC members---of how input will be shared and used to shape policies and programs is key for sustainability.
- **Compensation:** While interviewees said this is not why they remain engaged in a CAC, it certainly is appreciated and goes a long way toward conveying the message that their time and voices matter.
- **Preparing and Supporting CAC members:** CAC members who feel supported and prepared to participate will return.





# Measuring Success: Summary of Findings

- A noticeable gap in the literature—also confirmed by researcher interviewees—is that leaders of CACs do not typically consider measures of success for the group, either for the organization/agency or the CAC members themselves.
- If DHCS could establish a few key measures or benchmarks for its CAC, that data could be collected and analyzed over time to support course corrections, develop deeper relationships with CAC members, and support conversations with leadership and stakeholders about impact and return on investment.



# Measuring Success: CHCS Recommendations

- **For CAC members:** Develop a brief survey (8-10 questions total) for CAC members to complete every 6 months to gather feedback (anonymously) on their experiences with the CAC.
- **For DHCS:** In partnership with the implementation consultant and select CBOs with experience in this area, DHCS should establish three to four measures of success for the CAC (e.g., if speaking to leadership about the CAC in 2 years, what would you want to be able to say you accomplished? How did the CAC help in the process?)
  - With those potential measures in mind, DHCS could consider discussing this concept with CAC members as an agenda item for a meeting to solicit the group's thoughts and feedback on what success means.





# Pitfalls to Avoid



## Pitfalls to Avoid

- **Overpromising:** Be open and transparent, but also realistic in what may or may not be possible to change.
- **Sending meeting materials out too late:** CAC members will not have time to adequately prepare, and it sends the wrong message to CAC members (e.g., we expect you to come to the meeting, but are not giving you adequate time to prepare).
- **Having multiple leaders of the group:** Interviewees recommended that a small number of staff should lead the group and those roles should be clearly defined.
- **Not having culturally and linguistically appropriate materials:** CAC members will be turned off from the start if the materials do not meet them where they are.



## Pitfalls to Avoid (Continued)

- **Assuming everyone can easily access and use technology, such as Zoom or Microsoft Teams:** It is always worth confirming that members are familiar with the platform being used.
- **Just because someone is quiet, does not mean they do not have anything to contribute:** Meet people where they are in terms of their participation and offer a variety of vehicles for offering feedback—one-on-one discussions directly after meetings; debrief calls a few days after meetings; voicemail line; email follow-up; survey, etc.
- **Rattling off statistics and jargon:** Lots of stats and jargon can be overwhelming. Instead, share updates and information that will resonate with CAC members and be explicit about (1) why what is being shared matters to them and (2) where you need their input.



# DHCS-Specific Recommendations



## DHCS-Specific Recommendations

- **Be open to feedback and change:** Hearing others provide feedback can be hard. Interviewees noted that DHCS staff will have to commit to being active listeners, try to be flexible, and be open to making changes.
- **Health plan input:** Two plans suggested MCPs could connect with and present at CAC meetings over time for quality improvement feedback. Building trust with the local entity is important because that is where the “rubber meets the road.” Issues at CAC meetings could be raised that the local plan could help with.
- **Embrace the process:** There will likely be lots of back and forth with CAC members on certain projects, which may take time, but it is all part of the process and is worth it to reach the best outcomes.