



TITLE	Joint CCO Community Advisory Council (CAC)
DATE	Authorizing Charter: July 9, 2012
CHARTERED	Revision/Approval: November 1, 2020
	Revision/Approval: July 26, 2021
TIMELINE	This is a standing/ongoing Council.
	The Charter will be reviewed annually by the CAC members. Any amendments will be brought to the CCO Governing Boards for final approval.
MEETING FREQUENCY	The CAC meets face-to-face monthly
- NEGOENO	When necessary, members may participate remotely. Standing sub-committees or ad hoc work groups will meet as directed
SPONSOR	Trillium Community Health Plan Governing Board and Lane Community Health Council Board (PacificSource Community Solutions Governing Board).
PURPOSE	Engage CCO Plan Members and the community to advise the CCO Governing Boards on the strategic direction of the CCOs, ensure that the CCOs remain responsive to consumer and community health needs, and provide recommendations related to the priorities of CCOs in achieving healthcare transformation with a focus on health equity.
	Provide a link back to community members to aid in achieving the goals of the healthcare transformation, with a particular focus on CCOs effectiveness in providing quality services that are accessible to all members
ROLES & RESPONSIBILITIE S	 The CAC roles and responsibilities include: Assist in identifying and advocating for preventive care practices to be utilized by CCOs Assist in directing, tracking and reviewing Trillium Community Health Plan and Lane Community Health Council's SDOH-E spending programs, including the SHARE initiative spending Assist in identifying Health-related Services Community Benefit initiative investments Represent the CCOs in a community-wide, collaborative Community Health Assessment and Community Health Improvement Plan Submit an annual report on the progress of the Community Health Improvement plan Adopt the Community Health Improvement Plan in collaboration with the larger community
	 effort to serve as a health blueprint for the CCOs' strategic efforts, and develop recommendations for innovative, evidence-based initiatives Contribute to the development of an annual CAC demographic report Work to assess and then make recommendations to address issues related to health disparities, including linkages between medical and non-medical services, in conjunction with the CCOs' Clinical Advisory Panel Provide recommendations on strategies to effectively engage the community in transforming health care
SCOPE	All communities served by Lane County's CCOs.



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OPERATING
PRINCIPLES

All members adhere to established team agreements/ground rules CAC meetings are open to the public

The CAC will clarify its decision-making model prior to all decisions

In order to gain a broad scope of perspective on the issues it is considering, the CAC will seek input from other supportive committees, such as the Clinical Advisory Panels, or the Finance Committees, prior to making recommendations to the CCO Boards. Likewise, the CAC will provide input to other committees regarding the impact on consumers and the community of proposals under consideration

Recommendations will be presented to the Trillium Board and Lane Community Health Council for final approval prior to implementation

Fifty-one (51)% of seated CAC members constitutes a quorum. A quorum can act. All CAC members are voting members

The CAC has four standing committees: Rural Advisory, Prevention, Health Equity and Member Engagement. These committees report to the CAC. The committees are open to all CAC members and may include other community members or content experts at the invitation of the committee. The CAC may establish other committees or workgroups as needed.

The CAC is staffed with appropriate CCO representation.

When conflicts arise, the members will discuss and resolve the conflict with the CAC Co-Chairs, with the support of staff. If unable to resolve, the CCO's will resolve the difference in the best interests of the CAC and CCOs

CO- CHAIRS

The CAC will review a slate of nominees for Co-Chairs, from which it will select a Chair from each CCO to ensure that both CCOs are represented in leadership. The Co-Chair positions will be filled by OHP consumer members. The Co-Chairs will hold their positions for a 2-year term

They may be nominated for reappointment for one additional 2-year term.

The CAC Co-Chairs will represent the CAC in all matters.

The CAC Co-Chairs are accountable for:

- Convening and leading meetings
- Developing, prioritizing and approving meeting agendas
- Ensuring engagement of CAC members
- Facilitating conflicts among CAC members
- Providing leadership to CAC members
- Ensuring regular communication to CAC members regarding decisions made by other groups that impact the CAC
- Working with staff to provide monthly reports to the CCOs on behalf of the CAC
- Providing oversight and facilitating the establishment of CAC sub-committees and the CAC member(s) who chair them
- Working together to achieve the duties listed above.

CAC REPRESENTATIVES TO THE CCO BOARD

Each CCO shall select two CAC members to represent the CAC on the CCO's Board of Directors. Each CCO must select at least one consumer member of the CAC to serve on the Board of Directors. The second CAC member may be, but is not required to be, a consumer.



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	These representatives shall be full voting members of the CCOs' Board of Directors, and are responsible for ensuring good two-way communication between the CAC and the CCOs regarding CAC activities and recommendations, as well as assisting the CCOs in their work to communicate with the larger Lane County community.
MEMBER ACCOUNTABILITY	Each CAC member is responsible for fully and actively participating on the team in order to achieve the goals of the team as described in this Charter—accepting their responsibilities diligently and carrying their share of the team's work The members should define and advocate for innovation The members should act as a liaison for the community and for their individual groups The members should look for avenues to transform care
CAC MEMBERSHIP	The CAC will be appointed in accordance with ORS 414.625, including the requirement that a majority of CAC members be consumers. This means that 51% of the CAC members must be Oregon Health Plan (OHP) members as defined by the statute, at time of appointment to the CAC. The Joint CCO CAC will have between 20 and 25 members. The CAC will seek representatives including the following: Rural OHP Members (West Lane, South Lane, and East Lane) At-large OHP Members, including parents, guardians, or primary caregivers of individuals who are consumer members of Trillium Community Health Plan CCO or PacificSource Community Solutions CCO Tribal representatives from each of the Tribes present in Lane County, chosen by the Tribe OHP Members representing other community advisory groups and commissions Lane County representatives of Health & Human Services divisions linked to healthcare transformation Other health and human services system partners Community leaders from outside the healthcare system Representatives appointed by each Clinical Advisory Panel.
SELECTION PROCESS	The CAC and staff will work together to publicly announce vacancies, and solicit applications for CAC membership. A Selection Committee with equal representation from Lane County and from the CCO Boards will: • Analyze the composition of the CAC to ensure that membership is reflective of the communities demographics, and meets OHA requirements and reflects the current CHP • Work with staff to recruit new members and interview all applicants • Interview applicants and recommend individuals to serve on the CAC Recommended candidates will be proposed to the CAC and the CCO Boards. The CCO Boards will make final approval. Consumer Representatives will be interviewed by a Selection Committee with equal representation from Lane County and from the CCO in which the consumer is affiliated.



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TERMS

All CAC members will serve a two-year term. At the completion of their term, CAC members may reapply for membership.

Annual Recruitment

The CAC Co-Chairs are responsible for ensuring CAC member vacancies are announced in April.

The nominating and selection process takes place in May, with new member recommendations presented to the Governing Boards in June.

The selection process is concluded in June to ensure new members effective start date is July 1.

Special Circumstances

In the event a CAC member resigns, is asked to resign, or is otherwise unable to serve on the CAC, the CCOs shall initiate a recruitment to promptly replace the empty seat within ninety (90) days of the CAC seat becoming open.

In the event that the CCOs expand to provide services in service areas not previously served by the CCOs, a request will be submitted to OHA for an extension of time up to three months to complete its initial selection of CAC members.

In the event the selection committee is unable to replace a CAC member who resigns, is asked to resign, or is otherwise unable to serve on the CAC, within the required ninety (90) day deadline, or the six month deadline in the instance of a Consumer Representative, the CCOs may request from OHA an extension via Administrative Notice for one additional month to complete its replacement of the open CAC seat(s).

MONITORING EFFECTIVENESS

The CAC will submit monthly written and/or oral reports to the CCOs' Board of Directors related to the Council's work plan, progress and recommendations. Annually, the CAC will produce a report regarding the Community Health Improvement Plan and progress in meeting the goals outlined in the plan.