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Trillium: 877-600-5472 (TTY/TDD 711)

PacificSource: 800-431-4135 (TTY 711)

Lane County Coordinated Care Organizations' Community Advisory Council (CAC) Information and How to Apply

Thank you for your interest in serving! Below is information about the CAC and how to apply.

What is a Coordinated Care Organization (CCO)?

A CCO helps people on the Oregon Health Plan (OHP) get medical, dental, and mental health care. Lane County has two CCOs: PacificSource Community Solutions and Trillium Community Health Plan.

Who serves on the Lane County CAC?

- **Members:** Most members of the CAC must be on OHP. Some members can be a parent, guardian, or primary caregiver of an OHP member.
- **Community Organizations:** Other members include people who work at places that provide care or help to OHP members.
- **Staff:** Lane County Prevention, Lane Community Health Council, PacificSource Community Solutions, and Trillium Community Health Plan work together to support the CAC's work. (Note: The Health Council works with PacificSource to support the CAC and its members.)

What would I do as a CAC member?

The CAC gives ideas and feedback to help the CCOs improve the health of the whole community. The CAC focuses on the needs of OHP members. The CAC works to:

- Find ways to make healthcare better
- Guide health assessments and decide how money is spent for the community
- Support practices that make sure people are treated fairly
- Use lived experiences to improve community health and wellness

How is the CAC set up? How would I participate?

The CAC advocates for positive changes in healthcare and its role is defined by the State of Oregon. Applications are accepted every two years, or more often if members leave before the end of two years.

The CAC has other groups that work on different areas of the work. Interested members can apply to participate in one or multiple groups:

- **Health Equity Committee:** Makes sure CCOs are providing fair and unbiased healthcare to all OHP members
- **Member Engagement Committee:** Strengthens positive communication and relationship between OHP Members and their CCO
- **Prevention Workgroup:** Creates and reviews health prevention plans
- **Rural Advisory Committee:** Makes sure CCOs think about and respond to rural communities and their health needs
- **CCO Governing Boards:** CAC members from each CCO serve as members and liaisons to the CCO governing boards, Trillium Community Health Plan Southwest Board of Directors and Lane Community Health Council Board of Directors. Additional opportunities are made available to CAC members as positions become available.
- **Live Healthy Lane Committees & Workgroups:** Guides county-wide efforts to address the community's most pressing health concerns

How much time would it take to participate?

- At least one meeting per month. The amount of time and number of meetings depends on the group and the number of groups members choose to serve on.
- CAC members serve 2-year terms and can reapply every 2 years. An ideal length of time to serve on a committee or workgroup is 1-2 years.

What kind of support can I get for participating?

OHP members will receive a stipend for their participation. There may be other support based on different needs.

How do I apply?

To apply for the Lane County CAC or a CAC group, return your application by email or phone to Kayla Watford, Community Engagement Coordinator:

- **Apply by email:** Kayla.Watford@lanecountyor.gov
- **Apply over the phone:** 458-217-4703

Sending the application does not make you a member. Soon after we get your application, you will get a call or email to talk about next steps. **Questions about the CAC or applying?** Call Kayla Watford at 458-217-4703.

Lane County CCO Community Advisory Council & Committee Application

Your application will be reviewed by the Community Engagement Coordinator and members of a Selection Committee. You can provide as much, or as little, information as you want to help us get to know you and your interests.

Legal first name:

Legal last name:

Pronouns:

Name used/Name you like to go by:

Phone:

Email:

How do you want to be contacted (choose all that apply)? Email Phone Text

Are you an Oregon Health Plan (OHP) CCO member?

- No
- Yes and my CCO is PacificSource
- Yes and my CCO is Trillium
- Yes, but I don't know who my CCO is (To find out: call OHP Customer Service: 800-699-9075)

Are you the parent, guardian, or primary caregiver of an OHP CCO member?

- No
- Yes and their CCO is PacificSource
- Yes and their CCO is Trillium
- Yes, but I don't know which CCO (Call OHP Customer Service: 800-699-9075)

Do you work or volunteer at a place that serves OHP members? (If no, write 'No'. If yes, write the name of the place you work and your role there.)

I am interested in being a member of (check all that apply):

- Lane County CCO Community Advisory Council (CAC)
- Health Equity Committee
- Member Engagement Committee
- Prevention Workgroup
- Rural Advisory Committee
- CCO Governing Boards and/or Subcommittees of the Boards
- Live Healthy Lane Committees/Workgroups

Tell us about yourself and your interests

1. Share why you want to be part of the CAC and what you hope to add.

2. Would any of the following supports help you participate in the CAC? (check all that apply):

- Language interpretation
- Transportation
- Child care or adult dependent care
- Internet or computer access
- Printed materials

3. What else might support your engagement in this work?

Demographic Information

Collecting demographic information is important. We know that asking for demographic information in a way that reflects the diversity of our community is a work in progress. This application reflects current OHA standards as well as feedback from the CAC's Health Equity Committee. If you do not see yourself represented in any of the questions, we invite you to use the "other" option and fill in the box. This information will help us improve data collection methods in the future.

Although you are not required to fill out this part of the application, we value your input. Your responses will be kept private. Any information you give helps the CAC have a range of knowledge, skills, and experience to help with this work.

1. What is your ZIP code?

2. What is your age range?
 - 16-17
 - 18-24
 - 25-44
 - 45-64
 - 65 and older

3. What is your current gender identity?
 - Woman
 - Man
 - Non-binary
 - Genderqueer, gender diverse, and/or neither exclusively female or male
 - Two-spirit
 - Don't know
 - Other (describe your gender here):
 - Choose not to disclose

4. What sex were you assigned at birth, on your original birth certificate?
 - Female
 - Male
 - Intersex

5. Do you identify as Transgender?

- Yes
- No
- Don't know what this question is asking
- Choose not to disclose

6. What is your current sexuality?

- Asexual
- Straight or heterosexual
- Gay
- Lesbian
- Bisexual and/or pansexual
- Questioning
- Queer
- Don't know
- Other (describe your sexuality here):

7. In what language do you want us to:

- Speak with you:
- Write to you:

8. How do you identify your race, ethnicity, tribal affiliation, country of origin, or ancestry?

9. Do you identify as having a disability? No Yes

If yes, please share how you would like to be supported in your participation:

10. Do you have any other identities that are important to you?

Thank you for applying! We will be in contact within two weeks.

Questions? Call Kayla Watford at 458-217-4703.