

IHN-CCO Community Advisory Council (CAC)

CHARTER

<p><u>SECTION 1:</u> PURPOSE</p>	<p>The Community Advisory Council (CAC) ensures that the integrated healthcare needs of Benton, Lincoln, and Linn County InterCommunity Health Network Coordinated Care Organization (IHN-CCO) members and their communities are effectively and efficiently addressed. The Council advises and makes recommendations to the IHN-CCO to aid in strategic planning and implementation to improve the health and healthcare of those enrolled in the Oregon Health Plan (OHP).</p> <p>The IHN-CCO was formed in 2012 by local public, private, and non-profit partners to unify health services and systems for IHN-CCO (Medicaid) members in Benton, Lincoln, and Linn Counties. IHN-CCO is a network that includes all who provide services to IHN-CCO members.</p> <p>The relationship between the CAC and the IHN-CCO is intended to be inclusive, collaborative, and of mutual support in the furtherance of optimal healthcare services for the IHN-CCO membership.</p> <p>IHN-CCO will provide regular data reports, timely feedback to, and active participation in, the CAC.</p>
<p><u>SECTION 2:</u> RESPONSIBILITIES</p>	<ol style="list-style-type: none"> I. According to Oregon Revised Statute (ORS) 414.627(2) the responsibilities of the CAC include, but are not limited to: <ol style="list-style-type: none"> a. Identifying and advocating for preventive care practices to be utilized by the CCO; b. Overseeing the CCO’s development and drafting of a Community Health Assessment (CHA); c. Adopting a Community Health Improvement Plan (CHIP) which shall be based on the CHA and serve as the CCO’s strategic plan for addressing health disparities and meeting the health needs of all Members residing in the community within the CCO’s service area; d. Publishing an annual CHIP Progress Report. II. According to the 2020 OHA contract: <ol style="list-style-type: none"> a. Directing, tracking, and reviewing IHN-CCO’s spending related to Social Determinants of Health & Equity Spending Programs, including SHARE Initiative spending and Community Benefit Initiatives.

	<p>III. In order to fulfill their duties, CAC Representatives are committed to:</p> <ul style="list-style-type: none"> a. Becoming familiar with Oregon’s health system transformation efforts and IHN-CCO’s structure, current service delivery practices, and existing efforts to transform the IHN-CCO healthcare delivery system; b. Advising the IHN-CCO regarding: <ul style="list-style-type: none"> i. Strategies for engaging and educating the community; ii. The healthcare needs and concerns of IHN-CCO members and the community, particularly for underserved populations; iii. The system’s ability to engage and activate IHN-CCO members as full partners in their treatment, recovery, and overall wellness; iv. Quality of care issues; v. Healthcare access and ease of service navigation. c. Proactively engaging the community to be involved in the issues. d. Making information publicly available: <ul style="list-style-type: none"> i. Written meeting minutes will be made publicly available within a reasonable time after each meeting.
<p>SECTION 3: REPORTS TO</p>	<p>The IHN-CCO Board of Directors</p>
<p>SECTION 4: VALUES</p>	<ul style="list-style-type: none"> I. The CAC recognizes the following values as guiding principles <ul style="list-style-type: none"> a. Pursuing optimal health for IHN-CCO members of all ages by: <ul style="list-style-type: none"> i. Meeting people where they are; ii. Developing trust by transparency of purpose; iii. Ensuring ease of access to healthcare for all. b. Sharing ownership of individual, familial, and population health through: <ul style="list-style-type: none"> i. Holistic collaboration between our healthcare providers; ii. Active individual participation; iii. Accountability for our own health and that of our families; iv. Creating healthier communities through effective stewardship of resources by ensuring active community engagement in all aspects of our healthcare delivery system. II. These values are guided by the principles of: <ul style="list-style-type: none"> a. Effective communication b. Health literacy c. Health equity

	<ul style="list-style-type: none"> d. Cultural competency e. Highest quality care f. Ready access to care g. Cost effectiveness
<p><u>SECTION 5:</u> REPRESENTATIVES</p>	<ul style="list-style-type: none"> I. The IHN-CCO CAC consists of up to 22 Representatives: <ul style="list-style-type: none"> a. IHN-CCO members, parents, caregivers, or legal guardians of IHN-CCO members must constitute a majority of the membership and have been an IHN-CCO member within the past six months. b. Benton, Lincoln, and Linn counties are each represented by: <ul style="list-style-type: none"> i. Four (4) IHN-CCO members; ii. One (1) community member; iii. One (1) county staff person; iv. The CAC Chair (1), and; v. Up to three (3) tribal representatives, at the discretion of each tribe, one from each of the tribes within the IHN-CCO service area As self-identified by the state Tribal Advisory Council, those tribes are: <ul style="list-style-type: none"> 1. Confederated Tribes of Coos, Lower Umqua, and Suislaw Indians; 2. Confederated Tribes of the Siletz Indians; 3. Confederated Tribes of Warm Springs. c. A past Chair may serve one term as an <i>ex officio</i> (and therefore a non-voting, non-officer) member of the CAC. d. Counties will maintain a pool of CAC applicants so they can recommend additional applicants to the CAC Selection Committee. e. Representatives will include members of the community, and each county government served by the IHN-CCO, with an effort to strive for diverse membership with an emphasis on those representing populations who experience health disparities.
<p><u>SECTION 6:</u> CODE OF CONDUCT</p>	<ul style="list-style-type: none"> I. To facilitate collaborative and meaningful input, CAC Representatives will: <ul style="list-style-type: none"> a. Strive at all times to serve the best interest of the Council and our communities, regardless of personal interest; b. Treat each other and members of the public with respect; c. Allow all Representatives equal opportunity for input and avoid interrupting others;

	<ul style="list-style-type: none"> d. Assume the “best intentions” on the part of all working toward healthcare transformation; and e. Strive to be fully informed of, and sensitive to, cultural values.
<p><u>SECTION 7:</u> MEETING FREQUENCY & LOCATION</p>	<ul style="list-style-type: none"> I. The CAC must meet at least once every three months. II. The Chair may call extra meetings when indicated. Efforts should be made to advise all members in advance when impossible. When there is a quorum, as needed, the Chair may call a meeting into session III. Location of CAC meetings will rotate amongst the three counties.
<p><u>SECTION 8:</u> VOTING</p>	<ul style="list-style-type: none"> I. Quorum: A quorum consists of at least a 51% majority of the currently appointed CAC Representatives. II. Action: Each CAC Representative will have one vote on all business presented at meetings for which the Representative is present (i.e. in person or via phone or videoconference). The action of a simple majority of the Representatives present will constitute the action of the CAC. III. CAC Representatives are required to declare actual or perceived conflicts of interest before a vote is taken and abstain from voting where there is perceived or actual conflict of interest.
<p><u>SECTION 9:</u> <u>APPOINTMENT</u> <u>PROCESS</u></p>	<ul style="list-style-type: none"> I. CAC Representatives: Each Health Administrator, through authority delegated by their county commissioners, shall solicit applications for the CAC. From this list of applicants, each county Health Administrator will forward to the CAC Administrative Group (AG) the number of applicants needed to bring their county CAC representation to six. The CGG consists of the three County Health Administrators, the IHN-CCO Chief Executive Officer, and a representative of the Oregon Cascades West Council of Governments. The CAC AG will review the applications and make recommendations to the CAC Selection Committee, consisting of the Chair of the IHN-CCO Board of Directors and one County Health Administrator. The CAC Selection Committee may then appoint the Representative to the CAC. The CAC Selection Committee may ask the counties to forward additional recommendations, if needed.
<p><u>SECTION 10:</u> REPRESENTATIVE TERM LENGTH &</p>	<ul style="list-style-type: none"> I. CAC Representatives serve a three-year term. One third of the seats expire each year on October 31. New appointments and reappointments terms shall begin November 1.

LIMITS	<ul style="list-style-type: none"> II. Terms and Term Limits: <ul style="list-style-type: none"> a. Current CAC Representatives may apply for successive terms along with new applicants. b. CAC Representatives may serve a maximum of two consecutive terms. c. Representatives who have served two consecutive terms may be invited to apply to the County Health Administrator for consideration of a one-year term extension each year there is an uncontested seat, so long as the Representative has a demonstrated history of upholding this charter. d. Former CAC Representatives with a demonstrated history of upholding the charter may be invited to reapply to the County Health Administrator for consideration for reappointment to a full three-year term when a seat comes available and a year has passed since their previous service on the CAC. III. Mid-term appointments: <ul style="list-style-type: none"> a. If a Representative is appointed mid-term to a seat with MORE than a year until that seat expires, that seat will expire at the same time as if the seat had not been vacated. b. If a Representative is appointed mid-term to a seat with LESS than a year until that seat expires, that seat will expire at the same time after a subsequent three-year term. IV. For Chair, Vice-chair, & Past Chair term lengths and limits, see sections below.
<u>SECTION 11:</u> CHAIR	<ul style="list-style-type: none"> I. The appointed CAC Representatives elect the CAC Chair and nominate this person to serve as a member of the IHN-CCO Board of Directors. The IHN-CCO Board of Directors must approve the nomination, based on their bylaws. <ul style="list-style-type: none"> a. The Chair’s term of office begins January 1 and ends three years later on December 31. b. Chairs may be reaffirmed by a vote of the CAC, should the Chair wish to serve a subsequent term, and will be recommended to the Board of Directors for reappointment. II. Any Representative of the CAC is eligible to be the Chair. Candidates shall declare actual or perceived conflicts of interest prior to the election. III. Duties of the Chair: <ul style="list-style-type: none"> a. The CAC Chair convenes and presides over CAC meetings and performs other duties as necessary for the proper functioning of

	<p>the CAC.</p> <ul style="list-style-type: none"> b. The CAC Chair represents the CAC as a member of the IHN-CCO Board of Directors. The Chair will make time to be available to talk with CAC Representatives about their ideas and concerns. c. The Chair will serve for a three-year term and will, unless it's a conflict of interest, oversee the nomination of candidates and election of the succeeding Chair of the CAC in a timely manner. d. The Chair will develop the agenda for all CAC meetings in collaboration with the CAC Coordinator and IHN-CCO staff. e. The Chair will meet periodically with the CAC Coordinator and/or IHN-CCO staff to discuss emerging issues, potential problems and opportunities, the status of ongoing projects and reports, and to develop short-term and long-term plans for possible CAC projects and activities. f. The Chair will oversee and maintain communication with the three CAC Liaisons of the Local Advisory Committees and, as an <i>ex officio member</i>, will attend Local Advisory Committees meetings in the other two counties, as time allows. g. The Chair will maintain liaison with outside organizations and public agencies, as needed, to keep informed of activities of potential interest to the CAC. The Chair may request assistance in this responsibility from the CAC Coordinator, the Vice-chair, the currently serving "Past Chair" and/or CAC Representatives. <p>IV. If the CAC determines by a majority vote that a Chair should be relieved of the duties of the Chair, the recommendation shall be reported to the IHN-CCO Board of Directors for consideration.</p> <p>V. Resignations by the Chair shall be submitted in writing to the CAC Liaisons and the CAC Coordinator. They will forward a copy of the resignation to the IHN-CCO Board of Directors.</p>
<p><u>SECTION 12:</u> VICE-CHAIR</p>	<p>The Vice-chair is elected by, and may be dismissed by, a vote of the CAC. The duty of the Vice-chair is to support the role of the Chair and preside over CAC meetings in the absence of the Chair. The Vice-chair's term begins November 1 and ends up to three years later on October 31, when their CAC Representative term ends.</p> <p>Vice-chairs may be reaffirmed by a vote of the CAC, should the Vice-chair wish to serve a subsequent term.</p>
<p><u>SECTION 13:</u></p>	<p>To ensure continuity of leadership and process, the Chair of the CAC, upon completion of either all terms of office, or by virtue of not being re-elected</p>

PAST CHAIR	to a subsequent term, may serve one term as the “Past Chair.” The Past Chair, as an <i>ex officio</i> seat is a nonvoting, non-officer seat. The Past Chair’s term begins Jan 1 and ends three years later on December 31.
SECTION 14: COMMITTEE APPOINTMENTS	<p>I. The Communication Coordination Committee (CCC) is charged with coordinating communication between the CAC and the three Local Advisory Committees. The CCC consists of the CAC Chair, the Vice-chair, the three CAC Liaisons, the Local Committee Chairs, and is staffed by the IHN-CCO Chief Executive Officer, a County Health Administrator, and the CAC Coordinator.</p> <p style="padding-left: 40px;">a. The CCC is charged with transacting business for the CAC on time-sensitive matters that do not realistically allow for expeditious convening of the full CAC body.</p> <p>II. CAC Workgroups: The CAC Chair may appoint time-limited, task-specific workgroups. Membership in those workgroups may include non-CAC Representatives.</p>
SECTION 15: LOCAL ADVISORY COMMITTEES & LIAISONS	<p>I. Local Committees: Each IHN-CCO county provides and supports a Local Advisory Committee that works in a supportive manner to the CAC. The local committees contribute broad, locally based input to the CAC and the CHIP. They are intended to provide diverse community input, with a focus on community level health issues to inform the CAC in pursuit of its legislatively mandated charge (see Responsibilities section).</p> <p>II. Public Comments: Each Local Committee will allow time at their regular meetings for brief public comments. Issues that arise, as appropriate, may be addressed and/or researched at the local level.</p> <p>III. Issue Briefs: Local committees who have researched a systemic healthcare issue impacting IHN-CCO membership, may submit an Issue Brief to the CAC Coordinator, to be considered by the CAC and added to a CAC agenda as soon as is reasonably possible.</p> <p>IV. Liaisons: Each Local Advisory Committee will elect a Liaison from among the CAC Representatives from their respective county.</p> <p style="padding-left: 40px;">a. The term of service of the Liaison will be for one (1) year beginning November 1 and ending one year later on October 31. If a Liaison is elected mid-term with less than six months remaining in that term, a revote is unnecessary until the end of the following yearly term. There is no limit to the number of times a Representative may serve as a Liaison.</p>

	<ul style="list-style-type: none"> b. The Liaison must be a CAC Representative who represents the Local Advisory Committee and serves to facilitate effective communication between the county committees, the CCC, and the CAC. c. The CAC Liaison is a full member of the CAC and carries Liaison duties and responsibilities including: <ul style="list-style-type: none"> i. Accurately representing the input and work of the local committee in support of the fulfillment of the mission of the CAC. ii. Clearly communicating information, events and issues to and from the local committee and the CAC in a timely and accurate manner. iii. Being responsive to the CAC Chair, the Local Chair, and the CAC Coordinator, ensuring effective two-way communication. iv. Presenting, at the CAC level, issues that represent the local committee.
<p>SECTION 16: REPRESENTATIVE DUTIES</p>	<ul style="list-style-type: none"> I. IHN-CCO CAC Representatives may be expected to spend at least 6-8 hours per month in the following activities: <ul style="list-style-type: none"> a. Communicate with the CAC Coordinator and Chair in a timely fashion via phone calls and/or emails; b. Attend all CAC meetings reasonably prepared; c. Participate in data analysis and discussions; d. Review assessments and develop plans and recommendations for the IHN-CCO; e. Complete assigned projects; f. Participate actively in their County’s Local Advisory Committee; and g. Bring issues to the CAC from the Local Advisory Committees and communities in the recommended Issue Brief format.
<p>SECTION 17: ATTENDANCE</p>	<ul style="list-style-type: none"> I. CAC Representative attendance at both the local and the CAC meetings is critical to the functioning and effectiveness of the CAC in fulfilling its responsibilities to IHN-CCO and our communities. Attendance and active participation, on the part of CAC Representatives, shall be clearly explained in the recruitment and orientation of CAC Representatives <u>prior</u> to recommendation for appointment by the IHN-CCO Board of Directors. <ul style="list-style-type: none"> a. Two consecutive absences from CAC meetings by CAC Representatives may cause a review by the CCC.

	<p>b. A combination of three consecutive months of absences from CAC and local meetings by CAC Representatives may cause a review by the CAC CCC.</p>
<p><u>SECTION 18:</u> RESIGNATION OR DISMISSAL</p>	<p>I. CAC Representatives may resign with written notice to the CAC Chair. Automatic resignation occurs when a Representative moves out of the area served. The Representative should notify the Chair immediately.</p> <p>II. If a CAC Representative moves out of the county they were selected to represent, yet still resides in the area served by IHN-CCO, they may remain a CAC Representative by a vote of the IHN-CCO Board of Directors.</p> <p>III. If a CAC Representative is not fulfilling the duties and/or expectations outlined in this charter, and if the CAC determines by a majority vote that a Representative should be dismissed from the Council, the Chair shall report that recommendation to the IHN-CCO Board of Directors for consideration.</p> <p>IV. If a CAC Liaison is not fulfilling the duties and/or expectations outlined in this charter, and if the Local Committee or CAC determines by a majority vote that a Liaison should be relieved of their Liaison duties, the Liaison is dismissed from that position and the local committee shall hold an election to replace the Liaison.</p>