**Tillamook County**

**Community Advisory Council (CAC) Charter**

**I Purpose:**

1. The Community Advisory Council (CAC) is chartered by the Columbia Pacific Coordinated Care Organization (CCO) to advise and make recommendations for the strategic direction of the organization.
2. The membership shall help ensure the CAC is responsive to member and community health needs. CAC members shall take an active role in improving their own health and that of their family and community members. The Council will meet at least once per quarter.
3. Members of the Council shall represent the diversity of Tillamook County including race/ethnicity, age, gender identity, sexual orientation, disability, and geographic location.
4. CAC will advise the Columbia Pacific CCO Governing Board and participate in the following strategies:
5. Promoting and achieving its vision, mission, values and goals
6. Developing and implementing its Annual Transformation Plan
7. Developing and implementing its outcome and quality improvement initiatives
8. Identifying opportunities to reduce health disparities within Tillamook County
9. Identifying and making recommendations related to community wellness investments
10. Defining, evaluating, and improving cultural competence

**II Duties:**

The duties of the CAC shall include the following in collaboration with community partners:

* Identifying and advocating for preventive care practices to be utilized by the ColPac COO;
* Overseeing a community Health Assessment and adopting a Community Health Improvement Plan to serve as a strategic plan for addressing health disparities and meeting health needs for the communities in the Service Area(s); and
* Annually publishing a report on the progress of community health improvement plan.

**III Membership:**

1. CAC Member Commitment
2. Council members are committed to identifying needs and proposing solutions for improving the health of those enrolled in the CCO and their entire community.
3. Council members are committed to working with multidisciplinary partners and myriad of health improvement initiatives.
4. Council members share their life experiences, as well as their workforce and academic expertise and insights in the areas of the social determinates of health, as defined by the WHO\*.
5. CAC members shall address mental health, addiction recovery, wellness promotion, education, housing, seniors ’services, culturally specific health services and workforce, children and youth services, corrections and public safety, disability services, reduction of health disparities and more.

\*World Health Organization defines the social determinants of health as the conditions in which people are born, grow, live, work and age including the health system. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels.

1. CAC Membership Composition
2. Membership of the Tillamook County CAC shall consist of not more than twenty-one (21) and not fewer than seven (7) members; the exact number to be fixed from time to time by the membership, but no decrease in the number of members shall have the effect of shortening the term of an incumbent member.
3. Every effort shall be made to include at least fifty percent (50%) of individuals who are enrolled the Oregon Health Plan (OHP).
4. The CAC shall include at least one Tillamook County government representative (County Commissioner, City or other elected official).
5. Members of the CAC shall reflect a diversity of people, skills, and backgrounds, serving the entire Tillamook county community. Effort shall be made to recruit members who:
6. are currently enrolled in the Oregon Health Plan, and/or,
7. have been enrolled in the Oregon Health Plan, and/or,
8. is a family member of someone enrolled in the Oregon Health Plan, and/or,
9. work closely with people enrolled in the Oregon Health Plan.
10. The term of each member shall be three (3) years. No member shall serve on the CAC for more than two (2) consecutive terms, without at least one year’s absence from the CAC. Absence from the CAC shall not preclude voluntary service by a willing individual on an advisory committee to the CAC.
11. All vacancies, on written resignation, death, or inability to serve, may be filled by majority vote of the remaining members at any meeting upon recommendation from the Nominating Committee. A member thus elected to fill any vacancy shall hold office for the unexpired term of his or her predecessor.
12. Effort shall be made to stagger terms so that the terms of approximately one third of the membership will expire each year, this ensuring continuity of purpose and commitment.
13. Members and officers shall be elected to serve at the CAC annual meeting, to be held in March of each year.
14. Some circumstances could result in short term membership. The partial term served by an individual appointed to fill the unexpired term of a departing member shall not be counted as one of the two terms described in item B, 5, above.

**IV Meetings:**

1. The annual meeting of the membership shall be held in the month of March, or, in case of inclement weather or other conditions, as soon thereafter as possible.
2. A slate of candidates for membership of the CAC shall be presented at the annual meeting by the nominating committee, as well as a slate of officers.
3. Regular meetings of the membership shall be held no less than quarterly upon such notice, or without notice, and at such time and place as shall, from time to time, be determined by consensus of the membership. Special meetings may be called, describing the date, time, place, and purpose of the meeting, not less than two (2) days prior to the meeting.
4. A majority of members then serving on the CAC shall constitute a quorum for decision making at any meeting. The act of the majority of members present at any meeting at which a quorum is present shall be the act of the CAC.
5. CAC meeting shall be open to the community/public.
6. CAC will provide quarterly meetings that have an educational and topical focus.

**V Officers:**

1. There shall be a chair and a co-chair of the Tillamook County CAC. Officers shall service for a one year term and be elected at the annual meeting in March upon recommendation of the nominating committee.
2. The chair or co-chair shall preside at all meetings.
3. There shall be no limit to the number of terms served by officers, except those proscribed by limits of terms of office as described in Section III B 5.
4. The chair shall appoint a nominating committee comprised of three members of the CAC.
5. Effort shall be made by the nominating committee to maintain a balance in demographics, geography and life experience both in the selection of CAC members and in nominated officers.
6. Officers and Nominating Committee Chair, together with the CAC coordinator shall be responsible for orienting new CAC members within one month following their election at the annual meeting.

**These guidelines may be reviewed, revised, or amended at any time by the entire CAC and adopted by majority of the then serving members.**

**ATTACHMENT A**

**Community Advisory Council Duties**

1. Help ensure that the health care needs of those enrolled in the CCO, their families, and communities within the Columbia Pacific CCO service area are addressed.
2. Advise the Columbia Pacific CCO collaborative opportunities to coordinate medial, behavioral health, and community-based services/resources to improve the health of CCO enrollees and communities at large.
3. Identify opportunities to maximize engagement of those CCO enrollees and their families, and help ensure resources are available to support this effort.
4. Identify and help orient new Council members.
5. Advise and help assure cultural and linguistic competency in the Columbia Pacific CCO’s communications, outreach, community engagement, and health-related services.
6. Identify and advocate for preventative care practices to be used by coordinated care team and others, in partnership with the Clinical Advisory Panels.
7. Identify and advocate for opportunities to ensure and promote the health literacy of CCO enrollees and communities at large.
8. Advised the Columbia Pacific CCO on how to engage the broader community in population health and health system planning.
9. Oversee the Community Health Needs Assessment (CHNA).
10. Design, implement, and annually update a Community Health Improvement Plan (CHIP) to service as strategic population health and health care system plan to address CHNA priorities.
11. Collaborate with the local public health authority, local mental health authority, health systems, and others to develop a shared CHNA and CHIP.

**ATTACHMENT B**

**Community Health Assessment and Community Health Improvement Plan**

Tillamook County CAC shall collaborate with the local public health authority, local mental health authority, community based organizations and hospital systems to develop a shared community health assessment and adopt a community health improvement plan with the responsibilities identified above and in OAR 410-141-3145. The Community health assessment shall include identification and prioritization of health disparities among the CCO’s diverse communities, including those defined by race, ethnicity, language, disability, age, gender, sexual orientation, occupation and other factors in its Service Areas.

The community health assessment and community health improvement plan shall be conducted so that they are transparent and public in both process and outcomes.

1. The community health assessment and community health improvement plan adopted by the CAC shall describe the full scope of findings, priorities, actions, responsibilities, and results achieved. The activities, services and responsibilities defined in the plan may include:
2. Findings from the various community health assessments made available by the OHS to ColPac CCO;
3. Additional findings on health needs and health disparities from community partners or previous assessments;
4. Analysis and development of public and private resources, capacities and metrics based on ongoing community health assessment activities and population health priorities;
5. Description of how the community health assessment and community health improvement plan support the development, implementation, and evaluation of patient center primary care approaches;
6. Description of how Health Systems Transformation objectives are addressed in the community health improvement plan;
7. System design issues and solutions;
8. Integration of service delivery approaches and outcomes; and
9. Workforce development approaches and outcomes. ColPac CCO and the CAC shall collaborate with the OHA Office of Equity and Inclusion to develop meaningful baseline data on heath disparities.