Trillium Community Health Plan Clinical Advisory Council



UO Riverfront Research Park 1800 Millrace Drive Eugene, Oregon 97403

TITLE	Trillium Community Advisory Council
DATE CHARTERED	Authorizing Charter: July 9, 2012 Revision/Approval: June 5, 2017
TIMELINE	This is a standing/ongoing Council.
	The Charter will be reviewed annually in January by the CAC members. Any amendments will be brought first to the Trillium Community Health Plan Executive Committee (EC) for approval with final approval by the CCO Governing Board.
MEETING FREQUENCY	The CAC meets face-to-face at least every three months, and more frequently as needed.
	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.
PURPOSE	Engage Trillium Community Health Plan Members and the community as a whole to advise and make recommendations to the Governing Board on the strategic direction of the organization, ensure that Trillium remains responsive to consumer and community health needs, and advise on the design and priorities of Trillium in achieving the Triple Aim. Provide a link back to community members to aid in achieving the goals of the Triple Aim, with a particular focus on Trillium's effectiveness in providing quality services that are accessible to all members.
OVERSIGHT	 The CAC roles and responsibilities include: Identifying and advocating for preventive care practices to be utilized by Trillium Representing Trillium in a community-wide, collaborative Community Health Assessment and Community Health Improvement Plan Publish an annual report on the progress of the community health improvement plan In collaboration with the larger community effort, adopt the Community Health Improvement Plan to serve as a health blueprint for Trillium's strategic efforts, and develop recommendations for innovative, evidence-based initiatives Work to assess and then make recommendations on how best to address issues related to health disparities, including linkages between medical and non-medical services, in conjunction with the Clinical Advisory Panel

	Provide advice on strategies to effectively engage the community in transforming health care
SCOPE	All communities within the Eugene/Springfield area.
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.
	To the best extent possible and where feasible, the CAC will seek input from other Trillium committees (such as the Clinical Advisory Panel, the Compensation Advisory Committee, the Finance Committee and the Rural Advisory Council) on proposals it is considering. This is to seek a broader perspective and is not intended as a requirement for approval from such committees prior to presenting to the Board. Likewise, the CAC will provide input to other committees regarding the impact of proposals under consideration on consumers and the community
	Recommendations will be presented to the Board for final approval prior to implementation.
	Fifty-one (51) % of CAC members constitutes a quorum. A quorum can act. All CAC members are voting members.
	Standing sub-committees will be established for: Community Health Assessment & Community Health Improvement Plan Health Disparities The Community Advisory Council is staffed with appropriate management
	and analytic services representation. The CAC will charter additional subgroups as well as convene ad hoc "project teams" as needed
	When conflicts arise, the members will discuss and resolve the conflict with the CAC Chair, with the support of staff. If unable to resolve, the CCO CEO will resolve the difference in the best interests of the Trillium Community Health Plan.
CHAIR AND VICE CHAIR	The CAC will review a slate of nominees for Chair, from which it will select a Chairperson and Vice Chairperson.
	Both the CAC Chair and the CAC Vice Chair will hold their positions for a 2-year term.
	They may be nominated for reappointment for one additional term.
	The CAC Chair will represent the CAC in all matters.

	The CAC Chair is 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 this CAC
	Working with staff to provide monthly reports and
	recommendations to the Governing Board on behalf of the CAC
	Oversight and facilitate establishment of CAC sub-committees
	and the CAC member who chairs them
	The CAC Vice Chair is accountable for:
	Partnering with the CAC Chair to achieve the duties listed
	above.
	Covering the duties of the Chair in his/her absence
CAC	The CAC shall appoint two CAC members to represent the Council on
REPRESENTATIVE	the governing board of Trillium Community Health Plans. One of the
S TO THE	representatives shall be a consumer member of the CAC, and the
TRILLIUM BOARD	other a non-consumer, community leader member of the CAC.
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	These representatives shall be full voting member of the Board of
	Directors, and are responsible for ensuring good two-way
	communication between the CAC and the governing board regarding
	CAC activities and recommendations, as well as assisting the
	governing board in its work to communicate with the larger Lane
	County community.
	County community.
MEMBER	Each council member is responsible for fully and actively participating on the
ACCOUNTABILITY	team in order to achieve the goals of the team as described in this Charter—
	accepting his/her responsibilities diligently and carrying his/her 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
	The members should have commitment to the community and the
	CCO
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 more than half of the CAC members must be Oregon
	Health Plan (OHP) members or parents of children enrolled on OHP at
	time of appointment to the CAC.
	The CAC includes 20 members, including:
	 Rural OHP Members (representing West Lane, South Lane, and
	East Lane)
i	At-large OHP Members

OHP Members representing other community advisory groups and commissions Lane County representatives of Health & Human Services divisions linked to healthcare transformation (not subject to term Other health and human services system partners A community leader from outside the healthcare system A representative with research and evaluation expertise A representative with marketing/public relations/media expertise A representative appointed by the Clinical Advisory Panel (not subject to term limits) **SELECTION PROCESS** The CAC and staff will work together to publicly announce vacancies on the CAC, and solicit applications for membership. A committee of equal representation from Lane County and from the Trillium Board of Directors will interview applicants and select individuals to serve on the CAC. Recommendations for appointments will be made to the Trillium Board of Directors, who will make final approval. **TERMS** The following seats are not subject to term limits: Lane County representatives of Health & Human Services divisions linked to healthcare transformation A representative appointed by the Clinical Advisory Panel. All other council members serve a term of 2 years and will not serve more than 3 consecutive terms. Council members that have termed out of membership may continue attending meetings as a non-voting community member and reapply for membership after one year, if interested. Terms will be staggered to provide for both turnover and continuity in committee membership. **Annual Recruitment** The CAC Chair is 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 Board in June. The selection process is concluded in June to ensure new members effective start date is July 1. Special Circumstances 1. In the event a recruitment effort does not result in any new member applications the terms of current members may be extended for the length of one term 2. In the event a member cannot complete their term the

Committee Chair may initiate a recruitment to fill the vacant slot.

	Once a replacement is chosen, they will serve until the original member's term is complete. At that time, if the replacement wishes to continue as a member and is in good standing with the Committee, they may be appointed to the Committee. The partial term served shall not count towards their term limit.
MONITORING EFFECTIVENESS	The CAC will submit monthly written reports to the Board of Directors related to the Council's work plan, progress and recommendations. Annually, the CAC will publish a report to the community regarding the Community Health Improvement Plan and progress in meeting the goals outlined in the plan.