LOCAL COMMUNITY ADVISORY COUNCIL CHARTER

CHARGE

Eastern Oregon Coordinated Care Organization (EOCCO) will appoint a Local Community Advisory Committee (LCAC) to serve each of EOCCO's twelve counties. When appropriate, Counties may choose to form a multi-county LCAC to best serve their geographic location and population. LCACs will help ensure EOCCO is responsive to member and community health needs. The primary charge of each LCAC is to advocate for preventive care practices, to oversee and collaborate with community partners on a Community Needs Assessment, and to develop, implement and report on a Community Health Improvement Plan.

MEMBERSHIP

LCACs are intended to represent the diversity of their community, including race/ethnicity, age, gender identity, sexual orientation, disability, and geographic location. County residents must submit applications for membership in their respective LCAC to their County Commission. Any community member is encouraged to apply. EOCCO prefers that the majority of LCAC members be consumers, including Medicaid members, their families and/or those who serve that population. There will be no limit on the number of members appointed to a LCAC, providing the LCAC can effectively function and perform its duties.

The respective County Commission will review all applications and nominate members of the LCAC, which will also include at least one county government representative. Nominees will be reviewed and appointed by the EOCCO Board of Directors ("Board"). The Board may remove any member from a LCAC at any time with or without cause.

MEMBER TERMS

The initial LCAC members appointed by the Board will draw lots for one-year, two-year and three-year terms. Following the initial appointments to each LCAC, all future LCAC members will serve three year terms and may be reappointed to additional three year terms without limit.

OFFICERS

Officers of each LCAC will be limited to a Chair, Vice-chair, and Secretary all of whom will be elected by the LCAC to serve one-year terms. The Chair will also serve on the EOCCO Regional Community Advisory Council (RCAC). In the Chair's absence, the Vice-chair will serve as the Chair of the LCAC. Officers may be removed by the LCAC or reappointed without limit.

MEETINGS

Each LCAC will be responsible determining its preferred meeting frequency and location but must meet at least quarterly and must give public notice of their meetings at least ten days in advance. LCAC

meetings will be public and open to all interested community members. Each LCAC will be responsible for developing and managing rules for quorum, public input, and other meeting procedures and will provide a detailed description of their adopted rules to the Board. The Board must be apprised of any changes in meeting procedures.

Materials will be distributed as far in advance as possible in order to allow time for review before the meetings. Members are expected to come prepared in order to ensure effective meeting outcomes.

MINUTES

The content of each LCAC's meetings will be captured in minutes that briefly summarize the discussion and outlining key outcomes, including motions, recommendations, and follow-up. The minutes will be drafted and distributed to the Board and to LCAC members within two weeks following each meeting. Members will review and approve the previous meeting's minutes at the beginning of the following meeting.

MEDIA INQUIRIES

In the event a LCAC is contacted by the press, the Chair will refer the request to the EOCCO President.

MEMBER RESPONSIBILITIES

Each CAC member will:

1. Faithfully attend LCAC meetings and participate in discussion;
2. Disclose any conflicts of interest and abstain from voting on any matter where he/she has a financial interest in the decision;
3. Advocate for the health of their community as a whole, not just the organization or group they may represent;
4. Identify and advocate for preventive care practices that can be utilized by EOCCO;
5. Share relevant life experiences, workforce and academic expertise, and personal insights in the areas of social determinants of health, mental health, addiction, wellness promotion, education, housing, senior's health services, culturally specific health services and workforce, youth health services, corrections and public safety, disability health services, and health disparities among other issues.
6. Serve on committees and attend committee meetings, when appointed;
7. Perform duties as may be assigned by the LCAC from time to time.

PRINCIPLES OF COLLABORATION

The following general principles are offered as a guide to CAC deliberations:

1. The LCAC's charge will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
2. It is the responsibility of all members to work toward the LCAC's common goals.
3. To that end, members will:

(a) Commit to expending the time, energy and organizational resources necessary to carry out the LCAC's charge;

(b) Be prepared to listen intently to the concerns of others and identify the interests represented;

(c) Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments;

(d) Regard disagreements as problems to be solved rather than battles to be won; and

(e) Be prepared to "think outside the box" and develop creative solutions to address the many interests that will be raised throughout the LCAC's deliberations.

DECISION MAKING

Members of each LCAC will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the LCAC is unable to reach consensus on key issues, decisions will be made by majority vote using the gradients of agreement. Minority views will be included in the meeting minutes.

COMMUNITY HEALTH ASSESSMENT AND COMMUNITY HEALTH IMPROVEMENT PLAN

Each LCAC will conduct a Community Health Assessment and develop and implement a Community Health Improvement Plan, and will collaborate with the Oregon Health Authority Office of Equity and Inclusion to develop meaningful baseline data on health disparities. The Community Health Improvement Plan will identify the findings of the Community Health Assessment and the method for prioritizing health disparities for remedy. The Community Health Assessment and Community Health Improvement Plan will be conducted so that they are transparent and public in both process and outcomes. Each LCAC will provide a copy of the Community Health Improvement Plan, and annual updates to the Community Health Improvement Plan, to their RCAC representative. After collecting and consolidating data from each LCAC, EOCCO will submit one Community Health Improvement Plan, and annual updates to the Health Improvement Plan that reflects the collective needs of each EOCCO County to the Oregon Health Authority beginning not later than June 30, 2014.

1. Each LCAC must partner with their local public health authority, local mental health authority and hospital systems to develop a shared Community Health Assessment process, including conducting the assessment and development of the resulting Community Health Improvement Plan.

2. LCACs must work with EOCCO, to identify the components of the Community Health Assessment. LCACs are encouraged to partner with their local public health authority, hospital system, type B Area Agency on Aging, APD field office and local mental health authority, using existing resources when available and avoiding duplication where practicable.

3. In developing and maintaining a health assessment, LCACs must meaningfully and systematically engage representatives of critical populations and community stakeholders to create a plan for addressing community health needs that build on community resources and skills and emphasizes innovation including but not limited to the following:

   (a) Emphasis on disproportionate, unmet, health-related need;

   (b) Emphasis on primary prevention;

(c) Building a seamless continuum of care;

(d) Building community capacity;

(e) Emphasis on collaborative governance of community benefit.

4. The LCAC requirements for conducting a Community Health Assessment and Community Health Improvement Plan will be met if they substantially meet the community health needs assessment requirement of the federal Patient Protection and Affordable Care Act, 2010 Section 9007 and the Community Health Assessment and Community Health Improvement Plan requirements for local health departments of the Public Health Accreditation Board, and worked with the Area Agency on Aging and local mental health authority.
5. The LCAC's will oversee the Community Health Assessment and recommend to the RCAC a Community Health Improvement Plan to serve as a strategic population health and health care system service plan for the communities served by the LCAC. The LCAC must annually publish a report on the progress of the Community Health Improvement Plan.
6. The plan recommended by the LCAC must describe the scope of the activities, services and responsibilities that the LCAC will consider upon implementation. The activities, services and responsibilities defined in the plan may include, but are not limited to:

   (a) Findings from the various Community Health Assessments made available by the Oregon Health Authority to each LCAC;

   (b) Additional findings on health needs and health disparities from community partners or previous assessments;

   (c) Analysis and development of public and private resources, capacities and metrics based on ongoing Community Health Assessment activities and population health priorities;

   (d) Description of how the Community Health Assessment and Community Health Improvement Plan support the development, implementation, and evaluation of patient centered primary care approaches;

   (e) Description of how Health Systems Transformation objectives are addressed in the Community Health Assessment and Community Health Improvement Plan;

   (f) System design issues and solutions;

   (g) Outcome and Quality Improvement plans and results;

   (h) Integration of service delivery approaches and outcomes; and

   (i) Workforce development approaches and outcomes.
7. LCACs and EOCCO participating providers must work together to develop best practices of culturally and linguistically appropriate care and service delivery to eliminate health disparities and improve member health and well-being.
8. Through their Community Health Assessment and Community Health Improvement Plan, LCACs will identify health disparities associated with race, ethnicity, language, health literacy, age, disability, gender, sexual orientation, behavioral health status, geography, or other factors in their service areas such as type of living setting, including but not limited to home, independent support living, adult foster home or homeless. LCACs will collect and maintain data on race, ethnicity and primary

language for all members on an ongoing basis in accordance with standards established jointly by the Oregon Health Authority and the Department of Human Services. LCACs will track and report on any quality measure by these demographic factors and will develop, implement, and evaluate strategies to improve health equity among members. LCAC's will provide this information to EOCCO, which it will make available by posting on the web.

9. Each LCAC will develop and review and update its Community Health Assessment and Community Health Improvement Plan every three years to ensure the provision of all medically appropriate covered coordinated care services, including urgent care and emergency services, preventive, community support and ancillary services, in those categories of services included in EOCCO's contract with the Oregon Health Authority.
10. Should there be more than one Coordinate Care Organization in a community, the LCAC and their community partners may work together to develop one shared Community Health Assessment and one shared Community Health Improvement Plan.