CAC Handbook of Best Practices

Version 15 – December 2023

The CAC Handbook of Best Practices was created as a resource for CAC coordinators as they support the work of their CACs to improve the care of members on the Oregon Health Plan (OHP).

These recommendations are based on insights from a range of sources, including: CAC coordinators, OHA Innovator Agents, CAC members, and others.

This is a living document and we welcome additional best practices, examples and other resources. Please email resources to Tom Cogswell (thomas.cogswell@oha.oregon.gov).

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How to use this handbook:

1. Review the list of best practices in the first column on the left.

2. Identify those practices that you would like to improve.

3. Read the suggestions and examples and talk with your CAC about how you could use them.

4. Review additional CAC resources on the Transformation Center's website.

5. Set achievable goals for growth. You don't have to do it all at once!

1. Establish a clear structure and guiding principles	
Recommended Best Practice	*Suggestions and Examples from CACs*
a. Create and share a clear organizational structure showing how the CAC works and how it connects to the CCO.	• Many CCOs have developed overview presentations that explain the organizational structure of the CCO • Resource: InterCommunity Health Network CCO Organizational Structure • Resource: PacificSource Marion-Polk Organizational Structure
b. Establish guiding principles (how we work together), values (what we stand for) and goals (what we aim to accomplish). Engage the full CAC in approving these decisions; revisit regularly.	• If you have an existing CAC charter, review and vote to approve or amend the charter at the beginning of each year • Establish a clear process for voting and decision-making so members understand when and how their input is needed • Discuss and establish clear processes for inclusion and affirm those processes in your charter • AllCare CCO established meeting guidelines early in development of their CACs and revisits them annually. They are outlined on the backs of name tents at CAC meetings. One of the meeting guidelines is to use common language and define acronyms as needed. • Resource: Cascade Health Alliance CAC Charter.

	• Resource: [Columbia Pacific CCO Clatsop County CAC Charter]().
	• Resource: Columbia Pacific CCO Tillamook County CAC Charter – [English]() & [Spanish]().
	• Resource: [PacificSource Lane & Trillium CHP Southwest Joint Lane CAC Charter]().
	• Resource: [Trillium CHP Tri-Counties CAC Charter]().
	• Resource: [Willamette Health Council CAC Charter]().
	• Resource: [Yamhill CCO CAC Ground Rules.]()
	• Resource: [IHN CCO Benton LCAC Ground Rules & Consensus Process.]()
	• Resource: [Tips for Being a Thoughtful and Collaborative CAC Meeting Participant]().
c. Establish common language so that communication is clear and everyone has the same level of understanding and opportunity to participate.	• Create tools such as plain language guidelines and a glossary of terms and acronyms. Post or distribute them at each meeting.
	• Consider strategies or guidelines to ensure language accessibility for non-native or non-English speakers
	• Many CACs provide appendices in their member binders that include a glossary of acronyms and common terms
	• PacificSource Central Oregon CAC has a rule that every speaker defines any acronym they use
	• The Health Share CAC provides bells for each member and encourages them to ring if someone uses an acronym they do not understand. Speakers must explain what the acronym means if a bell rings.
	• Resource: [Eastern Oregon CCO terms, acronyms and definitions]()
	• Resource: [IHN CCO CAC meeting minute template]() (with list of acronyms at the end of the template)
	• Resource: [Social determinants of health & equity terms defined (OHA)]()

2. Recruit members to join the CAC	
Recommended Best Practice	*Suggestions and Examples from CACs*
a. Use a role description that clearly defines the expectation of a CAC member.	• Include role and purpose, tasks, number of hours expected, rules of conduct, where and when meetings are held, expectations for how many meetings each member must attend, any considerations for reimbursement, etc.
	• Resource: [Health Share of Oregon CAC Flyer]()
	• Resource: [Eastern Oregon CCO CAC member role description]()
b. Use a simple application that gathers the information you need but is not too long or difficult.	• Make the written application clear, simple and accessible. Only ask for the most important information needed. Be sure to include non-discrimination language. The

	goal of the written application is to create a mechanism for people to express initial interest. • Gather additional information (for example, the applicant's background, interest in the CAC, what they hope to contribute, what they hope to learn) through an in-person meeting or phone call with the applicant • Resource: AllCare CCO CAC Application • Resource: Cascade Health Alliance CAC Application • Resource: Columbia Pacific CCO CAC member interest form
c. Give potential members an opportunity to learn more before they commit.	• Instead of simply sharing a stack of background materials, have a phone call or meeting with the prospective member to talk about the CAC • Learn more about community advisory councils by watching this CAC 101 presentation. Slides – English & Spanish. • AllCare CCO CACs invite interested prospects to attend one or two meetings to learn about their work and decide if it's something they are interested in joining • Cascade Health Alliance CAC pairs applicants with existing CAC members to meet for coffee. The member introduces them to the CAC, talks about the CCO, shares expectations, and answers any questions the new applicant might have. They also invite applicants to observe a meeting to experience how they are run and relieve any anxieties about participation. • Jackson Care Connect CAC challenges members to each invite one person to their next meeting • Some CCOs have invited potential members to attend an educational session to learn how the local CAC operates
D. Develop effective marketing materials.	• Use health literacy practices for clear communication. The Fry Graph Readability Formula is an easy tool that can help gauge the readability of a piece of text. Learn more about the formula at: http://www.readabilityformulas.com/fry-graph-readability-formula.php • Include these essential messages: 1. Benefits of being on the CAC (don't forget the personal benefits members receive, such as opportunities for training and new skills they can use in their job search or career, and free lunch – these are often the best-selling points!); 2. What the CAC does and how it helps OHP members; 3. What OHP members would do on a CAC; and 4. How to apply.

	• Columbia Pacific CCO uses fliers with tear-off numbers and postcards that are distributed at events • Jackson Care Connect uses postcards and rack cards • Resource: [Umpqua Health Alliance CAC Recruitment Press Release](#) • Resource: [FAQ – Submitting CAC materials to OHA for Medicaid compliance review](#)
e. Identify prospects and conduct one-on-one outreach to invite them to join.	• Ask community partners to identify OHP members who might be a good fit for the CAC • Stay in regular contact with partner organizations regarding emerging leaders and opportunities to promote CAC involvement • Several CCOs encourage CAC members and CCO partners to nominate OHP members (including friends) they think would be well suited to joining the CAC • When care coordinators (or similar providers) are making "well-being checks" on OHP members, have them invite people to join the CAC • Hold virtual "listening sessions" (i.e., "town hall meetings") for members in a particular county or region in order to better understand OHP members' needs during this time; add in a plug for joining the CAC
f. Conduct outreach at community events	• Attend community partner events to meet prospective members and share information about your CAC. Community partners are nonprofit organizations that work with OHA to reach people eligible for OHP, help them sign up and answer questions about their coverage. • Cascade Health Alliance CAC hosts booths at health fairs, the county fair and the farmers market to spread the word about their CAC and invite new members to join. This led to the successful recruitment of two new members and empowered existing members who volunteered at the booth.
g. Focus on diverse outreach to ensure the CAC represents the population it serves.	• If you are looking for prospects who represent a specific population, talk with community partner organizations that serve those members. They can share with you the most effective way to reach members from these communities and help develop strategies for culturally appropriate communication and engagement. • Translate outreach materials to other languages and disseminate through culturally appropriate methods • Ensure language interpretation services are available at CAC members, where relevant
h. Empower CCO staff and community partners to promote the CAC in the community (provide talking points and materials).	• Attend an Oregon Health Authority collaborative meeting in your county. Collaboratives are groups of OHA community partners who meet regularly to discuss best ways to reach and serve OHP members in their area. To find a collaborative in your area, email Michael "Jon" McDaid: Michael.J.McDaid@oha.oregon.gov.

	- Eastern Oregon CCO has had CCO staff provide special presentations at county commissioner meetings to promote and discuss CACs - Advanced Health CAC members help distribute information about meetings at health fairs, farmers markets and by posting them on bulletin boards throughout the community
i. Use all available communication channels to promote and share information about the CAC (e.g., social media, digital, print).	- If the CCO is hosting a "micro-website" providing COVID resources, add a link about the CAC - If you have an opening on your CAC, email the OHA Office of Consumer Affairs at Libbie.D.Rascon@oha.oregon.gov They can post it on their website and link to your CAC member application. - Use the following communication channels to promote the CAC: local newspaper, news channel, local radio, fliers, word of mouth, emails and reminders. - Utilize Facebook to communicate with community members about CAC activities. Advanced Health staff routinely post on the "What's Happening in Coos County" Facebook page. - Broadcast CAC meetings via Facebook Live (or a similar platform) and make a pitch to the "audience" at the beginning and end to join the CAC - Launch a social media "campaign" in which all CAC members share the posts to their own networks. Similarly, sponsor a "Twitter storm" to talk about what's great about CACs. - Allow a CAC meeting to be recorded by a local newspaper, which publishes excerpts for community members to read - AllCare CCO CAC members share their CAC flier on webpages and social media, and also mail it to all OHP members. They also include CAC recruitment messages in their newsletters. - Post open CAC positions in the Next Door app - Place posters at CCO/CAC-sponsored locations that says something like "this was made possible by the CAC of [CCO]...join us!" (e.g., a poster could be placed at the life-jacket station at a local lake - this station was funded by the [add name of CAC]) - Send a press release to local media and partners - Resource: Central Oregon Health Council CAC Press Release (Spanish) - Resource: Key CAC recruitment strategies – 2023 CAC Demographic Reports.

3. Support CAC members to succeed	
Recommended Best Practice	

a. Provide a clear orientation that covers roles and expectations, as well as background about the CCO and CAC. Recognize that there can be a steep learning curve for anyone joining a CAC and set up the team as a cohesive group where everyone is an equal.	• Provide all new members with a notebook or handbook that includes the following (consider translations as needed):
	   o Orientation materials
	   o CAC charter
	   o List of CAC acronyms
	   o List of CAC members and their background or role on the CAC
	   o CCO metrics
	   o Most recent Community Health Improvement Plan
	   o Most recent Community Health Assessment
	   o Minutes from recent meetings for review
	   o Role descriptions for CAC members, CAC chairs, partners and CCO staff
	• Provide an overview of relevant webpages on the CCO's website
	• Resource: Columbia Pacific CCO CAC role descriptions (includes consumer stakeholders, community partners, CAC coordinator and others).
	• Resource: Examples of CAC chair role descriptions
	• Resource: Eastern Oregon CCO overview for new CAC members
	• Resource: AllCare CCO CAC Handbook

b. Pair new CAC members with a fellow member "buddy" for check-ins, questions, concerns, etc.	• The PacificSource Columbia Gorge CAC created a non-voting CAC mentor role, to assist newer CAC members, and to also help with recruitment of potential CAC members. This role is set aside for previous OHP CAC members who have since fallen off of OHP. Individuals who fill this role continue to receive stipends from the CCO to cover costs such as transportation and childcare.
c. Be aware of members' life circumstances, cultural background and required meeting accommodations.	• Create meeting accommodations to facilitate full inclusion of the group (e.g., times, locations, transportation, translators and interpreters, materials, etc.) • During the COVID-19 pandemic, CCOs have been using Zoom to provide simultaneous language interpretation during meetings (since the platform contains a built-in interpretation feature) • Handout: Language Access at CAC Meetings (Yamhill CCO)
d. Create opportunities to build relationships among members.	• At each meeting, allow time to for reflection and celebration in addition to business • The Umpqua Health Alliance CAC starts meetings by allowing CAC members to offer appreciations to meeting participants • Several CCOs have hosted optional half hour pre-meeting Zoom gatherings to allow CAC members to connect with one another
e. Provide resources to CAC members	• Most CCOs currently provide stipends to CAC members, meals at CAC meetings, and cover transportation to and from meetings

	• Stipend amounts range from $25-50/CAC member/CAC meeting. Additional stipends are often given to consumer CAC members for participating in Community Health Improvement Plan (CHP) subcommittees – which are outside of CAC meetings. • Some CCOs also provide a small stipend to consumer CAC members to help with the cost of childcare

4. Design engaging and effective CAC meetings	
Recommended Best Practice	*Suggestions and Examples from CACs*

a. Design meeting agendas that are relevant and engaging to all members.	• Columbia Pacific CCO utilizes a rapid feedback process to assess CAC member engagement on meeting topics.
	• Several CACs have a "word on the street" agenda item where CAC members are given the opportunity to share upcoming events, resources and other updates relevant to CAC members in the community.
	• Build in more time for conversations and discussions vs. formal presentations
	• Consider using alternative voting processes, such as "five finger voting" or "fist to five":
	    o 0: No go! Serious concerns
	    o 1: Serious reservations, prefer to resolve concerns before supporting it
	    o 2: Some concerns but will go along with it
	    o 3: Support the idea
	    o 4: Strong support but will not champion it
	    o 5: Absolutely! Best idea ever, willing to champion it
	• Resource: PacificSource Central Oregon CAC Meeting Packet
	• Resource: Rapid Feedback Form, Tracking Sheet.

b. Ensure that individuals who are responsible for facilitating CAC meetings get access to training and resources on meeting facilitation and consensus building.	• Resource: Facilitation Self-Assessment • Resource: Facilitating a Group: Roles and Responsibilities of a Skilled Facilitator • Resource: Facilitation Cue Card • Resource: Using Consensus • Resource: What Makes for a Collaborative Process? • Resource: Differentiating Between Consultation and Consensus

5. Help CAC members see their value	
Recommended Best Practice	*Suggestions and Examples from CACs*

a. Make the connection between CCO leadership and the CAC visible and real. For example:
• Ensure that CCO leadership attends CAC meetings
• Ensure that two CAC members are serving on the CCO's board of directors. At least one of these CAC members must be a consumer.
	• Engage CCO leadership in CAC meetings:
	   ○ Many CACs have CCO leadership attend their meetings to listen and provide updates
	   ○ Several CCOs host joint governing board-CAC retreats once/year to help build relationships between board members and CAC members
	   ○ Eastern Oregon CCO shares a regional CAC report with the board annually
	   ○ Columbia Pacific CCO's regional CAC attends the CCO board meeting annually to give a presentation on its work
	• Allow time for CAC updates at the CCO board meeting
	   ○ At each Umpqua Health Alliance board meeting, the CAC chairs provide a report on CAC activities and issues, as well as investments in community health improvement plan projects and outcomes.
	• Create a mechanism to bring concerns to the board:
	   ○ Trillium Community Health Plan CAC provides guidelines for sharing a consumer issue, a form to help identify issues, and a recommendation and concern form to be forwarded to the board
	   ○ InterCommunity Health Network CCO CAC has an issue brief that local committees can complete and put forward to the regional CAC
	   ○ Advanced Health CAC governing board members collect questions and comments during CAC meetings from other CAC members to bring to their governing board meeting.
	• Resource: InterCommunity Health Network CCO – Issue Brief Form

b. Provide regular communication to the CAC about how their participation is benefiting the CCO and their fellow members.	• InterCommunity Health Network CCO created pilot project summaries to help the CAC better see how pilots are working to achieve outcomes identified in the community health improvement plan • AllCare Health Plan staff report back to CACs on how their input helps resolve issues and improve quality and outcomes. For example, the quality manager reported to the three CACs on the challenges around meeting the colorectal cancer screening metric. CACs made suggestions for how to effectively outreach to members to encourage them to get screened • Resource: PacificSource Central Oregon – List of CAC successes.
c. Provide opportunities for member input at meetings to allow everyone to contribute.	• Build in time for questions and discussion after each agenda item and at the very end of the meeting • Ensure that any updates include an opportunity for questions, reflection and input

	• Consider forming subcommittees to allow CAC members to work in smaller groups, and share feedback with the larger CAC • Provide multiple opportunities for feedback, including round-robin share outs and "fist to five" voting

d. Develop processes to keep members meaningfully engaged.	• Community Health Assessments (CHAs) and Community Health Improvement Plans (CHIPs):
	   o Use work groups or subcommittees—focused on specific, measurable items that members can accomplish—as ways for members to dive in more deeply as desired and feasible. Recognize that some members will have time to be more involved in the work, and others may need to be in an advisory role.
	       ▪ Example: AllCare CCO & Jackson Care Connect have established four subcommittees (data, lived experience, community engagement, equity) to help develop their new All in for Health CHA. CAC members are able to participate in these CHA subcommittees. See slides for additional information.
	       ▪ Example: Yamhill CCO has CAC members review one priority goal of their CHP each meeting by breaking into small discussion groups.
	   o Seek input from the CAC on community engagement strategies, in developing assessments and/or on a draft versions of the CHA & CHIP
	       ▪ Example: Yamhill CCO led the CHA steering committee through a health needs visioning exercise, and then brought the draft to the CAC for feedback. See screenshots from the visioning exercise.
	   o Provide opportunities for CAC members to get involved in the CHA data collection process
	   o Involve the CAC in the process of funding CHIP projects in the community
	   o Resource: Columbia Gorge Health Council & PacificSource CHIP grant opportunity
	   o Resource: Transformation Center CHA & CHP Training Webpage
	• Health-Related Services Community-Benefit Initiative (CBI) Spending:
	   o Involve the CAC in the process for developing and releasing a request for proposals (RFP) to community-based organizations. CAC members can help define the award limit for funded projects, project scoring criteria and/or project priority areas.
	   o Resource: Central Oregon Health Council 2020 Community Health Projects Overview
	   o Resource: Central Oregon Health Council 2020 RFP

	○ Resource: [Central Oregon Health Council 2020 Community Health Projects Application Scorecard](#) ○ Resource: [Central Oregon Health Council 2020 Project Form](#) ○ Resource: [How to Create a Rubric in Six Steps](#) - Supporting Health for All through Reinvestment (The SHARE Initiative): ○ Involve the CAC in developing an RFA/P and/or reviewing applications. ○ Resource: [Advanced Health 2021 SHARE Initiative RFA](#) ○ Resource: [Webinar recording – "CAC member roles in reviewing CCO SHARE spending"](#). (June 2021) - Other Projects: ○ The Eastern Oregon CCO Baker County LCAC created the "Engage to Empower" subcommittee, to gather consumer experiences with local resources and services to help improve local health care in Baker County. [The Engage to Empower resource guide](#) also features stories about consumer CAC members.
e. Celebrate success!	- At CAC meetings, recognize members' contributions and involvement - Provide professional development and training opportunities to keep members engaged and recognize their contributions - Yamhill CCO holds a celebration dinner with members of the board, clinical advisory panel, CAC and CCO staff. Everyone receives a small gift with the CCO logo on it (notebook, pens, umbrellas, etc.). - Resource: [PacificSource Central Oregon – List of CAC successes.](#)