

CCO Community Advisory Council Application

Thank you for your interest in serving on the Lane County Coordinated Care Organizations' Community Advisory Council (CAC). A Coordinated Care Organization (CCO) is a community based, integrated care organization created by the state of Oregon to allow for the coordination of healthcare to individuals covered under the Oregon Health Plan. In Lane County, we have two CCOs: PacificSource and Trillium. These two CCOs have joined together to form a joint CAC.

The CAC is responsible for:

- Identifying and advocating for prevention practices to be used by the CCOs;
- Providing community feedback to the CCO;
- Overseeing the Community Health Assessment and creation of the Community Health Improvement Plan;
- Helping to decide how specific community investment funds are spent.

The CAC has 20 seats and 51% of the seats are to be filled by consumer representatives. Consumers are people who are either OHP members themselves or are the parent, guardian or primary caregiver of an OHP member. The other seats are filled by community representatives of agencies and organizations that serve OHP members.

We would like to know about you. Please answer the following questions and tell us why you would like to be on the CAC. There are more questions on the back. Thank you!

Name: _____ **Email:** _____

Phone: _____ Do you prefer: phone call text

I am an OHP member and my CCO is: PacificSource Trillium

Why would you like to be on the CAC?

What skills and life experiences will you bring to the CAC?

Tell us about any time you volunteered or participated in a community activity, for example in your neighborhood, school, church, etc.?

There is no legal obligation to provide this information. Completion of this section is entirely voluntary and remains confidential. Providing this information will help ensure member elections represent a broad cross-section of the community.

Age:

- 16-21 45-54
- 22-34 55-64
- 35-44 65+

Gender:

- Female Male
- Other Choose to not answer
- Do you identify as LGBTQIA? Yes No

Race:

- African-American/African/Black Hispanic/Latinx
- Native American Caucasian/White
- Asian Other
- Hawaiian/Pacific Islander

What is your preferred language? _____

Do you have a disability? No Yes

If yes, please specify if you will need accommodations: