



CACCC Charge and Ground Rules

I. COORDINATING COUNCIL CHARGE

Created by Senate Bill 08-058, the Colorado Alzheimer's Coordinating Council (CACCC) is charged with assessing the current and future impact of Alzheimer's disease in Colorado and formulating recommendations for a Colorado Alzheimer's State Plan that will address its impact on affected individuals, their families and caregivers, the state, and health care and other supportive services' resources.

According to S.B. 08-058, the Council shall:

- Assess the current and future impact of Alzheimer's disease on the residents of Colorado;
- Solicit and gather information necessary for review and discussion by the Council;
- Gather feedback from individuals and families affected by Alzheimer's disease as well as from the general public;
- Review the availability of existing industries, services, and resources addressing the needs of individuals with Alzheimer's disease, their families and caregivers;
- Develop a strategy to mobilize a state response to the increasing incidence of Alzheimer's disease in Colorado;
- Consider other issues related to Alzheimer's disease that are indentified by the Council;
- Formulate a comprehensive state plan for addressing Alzheimer's disease that includes a short- and long-term strategies for confronting the challenges presented by the rapid growth in the Alzheimer's disease population; and,
- Submit a report of its findings, date-specific recommendations for statutory, administrative and procedure changes to the governor, General Assembly and participating state departments in the form of a Colorado Alzheimer's State Plan.

II. MEMBERSHIP AND PARTICIPATION: PROPOSED GROUND RULES

- Members of the Council were appointed according to statute and represent a variety of perspectives related to Alzheimer's disease.
- Members are expected to participate fully in the Council's deliberations, including during meetings and in pre- and post-meeting activities.
- To ensure the integrity of the process, and the quality of the Council's discussions, Council members agree to personally attend meetings and not send alternates.
- If a member is unable to participate in a meeting, the member will notify staff at the Colorado Health Institute (CHI) which is serving as the facilitation team for the Council.
- If a member cannot participate in person, CHI staff will arrange for the member to participate by teleconference.
- The public is welcome to attend Council meetings. The Council will abide by all Sunshine laws of the State of Colorado that govern public meetings.
- Decision-making regarding how public comment will be received is delegated to the Council chair.

- In addition to bi-monthly meetings of the Council, up to four town hall meetings may be held around the state. The logistics and time frame of these public forums will be discussed and agreed upon at the first meeting.

III. TIMEFRAME AND SCHEDULING OF MEETINGS

- The first meeting of the Council will be held on March 20, 2009.
- The Council shall submit the state plan to the Governor, General Assembly and participating state departments no later than 18 months after this first meeting or by September 20, 2010.
- Meetings will be scheduled for the third Friday every other month from 12:00 pm to 2:00 pm.

IV. DECISION-MAKING PROCESS

In order to produce the most inclusive and implementable state plan and recommendations, the Council will use a consensus decision-making process. It will be the responsibility of each member to work actively to create options and recommendations upon which all Council members can agree. At a minimum, consensus will be defined as no participant actively opposing a recommendation of the full Council.

Meetings at which Council members agree that consensus on a substantive policy proposal is needed will be announced in advance. The goal for consensus is that all Council members agree to support a majority vote decision or indicate they can "live with it."

As minority held views and perspectives are important, Council members should find ways to ensure these perspectives are represented in the final report. If it is not possible to achieve full consensus on all decision points, Council members will strive to achieve a simple majority vote that respects minority viewpoints. A separate minority report will not be a part of the final state plan or report to the governor and legislature.

V. WORKGROUPS

For some issues, the group may find it advantageous to create workgroups that can meet between meetings to address specific topics requiring additional discussion and work beyond the regularly scheduled meeting of the Council. The scope of the workgroup will be agreed upon before it is formed. Workgroups will bring recommendations to the Council for its consideration.

VI. DATA AND BACKGROUND MATERIALS

Due to the nature of the subject matter, background material and data will be provided upon request by CHI staff. The staff will provide balanced, evidence-based information to Council members as requested.