

July 9, 2020 | 1:00-2:30pm

## WELCOME & INTRODUCTIONS

### Collaborative Agenda

- Wilder Survey & Speed Dating, Round Two
  - Review questions – anything to add/subtract/edits?
    - No suggestions
  - Proposed format - # of rounds
    - Specify challenge or peeve regarding “what” (professional setting)
    - 4 Rounds (5-6 minutes each)
  - We will have a partner focus portion – to celebrate successes
- Equity workplans
  - Update on progress
  - Proposed work for July – finishing workplans & budgets, voting to approve PIT Vote
  - Fiscal items (see next topic)
    - Get back to performance measures to complete at August meeting (Sara Rodgers will put together a facilitation plan)
    - Suggestions: none

### Equity fiscal manager & budget request documents

- Proposal – see documents
  - Each work group designates a fiscal manager to receive BHT dollars and disperse according to budget
  - Fiscal Manager would create budget, submit request form, distribute funds, report expenditures
  - Can submit multiple requests
  - Can change fiscal manager at any time
  - Board will review and approve – then funds released

#### Discussion:

- One fiscal agent for sub projects within a workgroup? No, each project would have a different fiscal agent
- Do we foresee any issues with a volunteer to be fiscal agent? Yes, within some workgroups this can be an issue – due to overhead, etc.
- Contingency plan if a workgroup fails to identify a fiscal agent?
  - Can workgroups organize their plans to be more activity based? Yes, with activity level fiscal manager
- Timeline – quarterly? 6 months? let workgroup define? Workgroup
- What else would you want included (as a lead? supporting partner? CCT leader overseeing work?)

### Smile Spokane update

- Ground setting by Reese – make sure she has specific questions/areas for feedback
  - Questions about the network or its work?
  - What would make this viable in the Collab? What overlap do you see? Where could it plug in?
  - What would it take for CCT/Collaborative to adopt? Concerns?
- Final proposal to come back for vote next month

- All CCT Members present approved moving forward
- Need to talk thru with SRHD the technicalities around their two contracts
- Thinking about absorbing into existing workgroups, need to align to say that some of this needs to go to oral health

### **PSJH Community Recovery and Resilience LOI**

- Potential funding will focus on enhancing collaborative capacity
- Recipient collaboratives will receive \$25,000 to \$75,000 in funding as well as technical assistance over a 9-12 month period in support of stated objectives.
- Questions for LOI
  - What are the greatest needs for your collaborative (e.g. infrastructure, backbone development, communication, sustainability planning, shared agenda formation)?
    - Sustainability planning - how to keep this work going beyond Medicaid transformation
    - Infrastructure/ communication. I think that continuing to develop a process of sharing information and formalizing work together
    - Sustainability planning. Continued work on creating connections that further "silo busting"
    - Sustainability planning in the face of potential budget and funding reductions in the face of COVID-19. Communication and infrastructure for file/data sharing.
  - How do you see the work of your collaborative growing or changing in the future?
    - We will have be more adaptive and reactive to inequities in work as they become uncovered and undeniable.
    - Less regular in-person information sharing and more collaborative work on projects/ activities in the field. More resource hub/ sharing.
    - Thinking about continuing all this work virtually is a challenge and will change some of the ways we do this work.
    - Growing – including oral health, more adaptive & reactive to inequities that are exposed by changing political & community climate
  - What is the focus of your collaborative?
    - Share resources. Collaborate on complex, cross-sector issues that impact the health of our community
    - We impact the health and wellbeing of the Medicaid population by putting those entities who most impact health/wellbeing in one room and create opportunities for them to connect therefore creating better quality care for our community.
    - Focusing on the inequities in our community and where we can make the biggest impact. The more partners to focus on specific projects - the better the outcome.
    - The focus of our collaborative is to change our system of care to create one that is more equitable, more accessible, and more responsive to individuals.
    - Creating partnerships that attack inequities from all angles.
    - We are working on educating our community on the equity gaps in the community then by extension working to change those through changing our health care system

### **Proposal PSA amendments**

- SRHD WIC project – request to extend term two months (to February 28, 2021) due to COVID delays
  - Approved unanimously – Steve Smith (SRHD) abstained

**ADJOURN**