

# Spokane Collaborative Charter

January 2019

## **BHT Vision**

BHT's vision is that every person in our region will have access to responsive, whole-person care through an integrated community health system. This system will be accountable for improving health outcomes and the experience for care and providers and for lowering costs. Whole-person access to the full spectrum integrated care will address a person's health needs, including physical and behavioral health, prevention, oral health, and vision.

Social determinants of health will be recognized and addressed. Every person in our region, regardless of environment, background, or life experiences will have access to:

- Stable, safe housing
- Nutritious food
- Transportation
- Opportunity for education and training that allows for meaningful employment with living wages
- Child care
- Healthy and supportive social networks

## **Collaborative Charge**

The Spokane Collaborative is the formal local convening body for BHT's Partnering Providers and community partners to support health system transformation and the transition to whole-person, patient-centered care and value-based payment. The Collaborative promotes and supports coordination across providers and community partners and identifies and seeks to achieve shared goals.

## **Collaborative Tasks**

- Develop a local, sustainable plan that meets both BHT's objectives and Medicaid Transformation Measures, addresses equity gap(s) identified by the Collaborative, and guides the Collaborative's ongoing work.
- Ensure the collaboration and commitment of organizational leadership across Partnering Providers and community partners.
- Ensure that local projects coordinate with and build on each other.
- Keep equity at the center of each plan and project.
- Leverage and work alongside other community initiatives.
- Track and assess Collaborative progress to ensure collaboration and system change and make course corrections when necessary.
- Build on successes and identify and recommend solutions to challenges.
- Identify, support, and participate in shared learning opportunities across local Partnering Providers and community partners.
- Identify and inform policy issues and barriers.
- Work alongside other community initiatives.

## **Collaborative Membership**

The Collaborative will include partners with the expertise and experience required to transform the Medicaid delivery system to an integrated, person-centered system. Members should include all of the major Medicaid providers, including clinics, Federally Qualified Health Centers (FQHCs), hospitals, and mental health and substance use providers, as well as other critical partners, including payers, public health, housing and other social service providers, relevant community-based organizations, EMS, public safety, educational partners, elected officials, county commissioners, and city officials.

The Collaborative will work closely with the BHT Community Voices Council to ensure Medicaid individuals and/or consumer advocates participate in the work of the Collaborative and have opportunities for meaningful input.

It is the expectation that the Partnering Providers are responsible for participating in the Collaboratives as mutually agreed upon in the Collaborative MOU. This includes but is not limited to attending at least two out of every three Collaborative meetings and working in good faith to implement the selected projects and achieve the Medicaid Transformation goals.

Organizations who have not signed a Collaborative MOU are welcome to attend and participate, but do not have voting authority and are still expected to follow the Collaborative Rules of Engagement.

## **Collaborative Decision-making Process**

The Collaborative and the Collaborative Connection Team (CCT) will seek general consensus on all decisions. They will use a general quorum vote from all Collaborative MOU partners in attendance in person and on the phone. Each organization gets one vote. If in deadlock, the issue will be referred to the technical council best suited to give input and/or the BHT Board.

## **Collaborative Rules of Engagement**

- Collaborative members will keep individuals and the community at the center of the work.
- While members represent specific settings and sectors, they will make decisions based on the needs of the Medicaid population.
- Collaborative members are accountable to fulfilling their MOUs.
- Collaborative members are accountable for full participation in the Collaborative. This includes attending two-thirds of all meetings or sending a delegate, either in person or over the phone. BHT staff will track meeting attendance and report back to the Collaborative Connection Team and the BHT Board.
- The Collaborative and the Workgroups will develop workplans and timelines for deliverables and will be responsible for meeting them.
- Collaborative members will communicate clearly and consistently.
- Collaborative members will honor ideas and perspectives different than their own and will communicate and conduct meetings with respect and inclusivity.
- Collaborative members will solicit feedback from and promote Transformation work to others from their sectors/settings.
- Collaborative members will be solution-focused.
- Collaborative members will communicate with the Collaborative membership and the Collaborative Connection Team when competition amongst members is a dynamic.
- Collaborative members will disclose conflicts of interest.
- Collaborative members will follow and uphold the rules of engagement.