**Community Health Transformation Collaboratives**

**Charter**

*This charter is a framework for individual Collaboratives to use as they draft charters. Collaboratives should use this document as a baseline and build on it to meet local needs.*

**Vision**

BHT has a vision for an integrated community health system, accountable to improving health through delivering culturally competent, whole person care.

In our region every person, regardless of environment, background, or life experiences, will live a productive, high quality life by ensuring access to:

* Stable housing, nutritious food and transportation.
* Opportunity for education and training that allows for meaningful employment that pays the bills with some left over for savings.
* Social support networks that allow for emotional, social and psychological wellbeing.

**Charge**

* The Collaborative is the formal convening body for the BHT ACH partners. The intent of the Collaborative is to promote and support clinical and community coordination across providers and partners.

**Tasks**

* Develop a local plan that meets the BHT ACH objectives and Medicaid Transformation Projects (MTP) requirements to guide the Collaborative’s ongoing implementation efforts.
* Ensure the collaboration and commitment of organizational leadership across partners and providers is formalized.
* Ensure that local efforts coordinate with and do not duplicate existing efforts in the community.
* Track Collaborative progress to ensure collaboration and system change and make course corrections when necessary.
* Build on successes and identify solutions to challenges.
* Identify, support and participate in shared learning opportunities across providers and partners.

**Membership**

Composition

* The Collaborative will include key partners with the expertise and experience required to transform the Medicaid delivery system, including representation from all of the following settings: clinics, Federally Qualified Health Centers (FQHCs), hospitals and ER, mental health and substance use, pharmacies, EMS, public safety, public health, oral health, native health, SDOH partners, and elected officials.

Selection of Chair/Co-Chair/Leadership Structure

*TBD by Collaborative*

Removal or resignation

*TBD by Collaborative*

**Decision-making**

*TBD by Collaborative*

Example: The Collaborative strives to reach consensus. If consensus cannot be reached, the Collaborative will vote, and the majority decision will rule.

**Dependencies**

The Collaboratives will be supported through BHT ACH infrastructure including staff, consultants, and Technical Advisory Councils (Community Voices Council, Hub Council, Provider Champions Council, Regional Integration Team, Tribal Partner Leadership Council, and Waiver Finance Team).

The Collaboratives and the Technical Councils will work in a bi-directional feedback partnership to finalize policy and implementation plans. By design, there is cross-representation between Collaboratives and Technical Councils to ensure local buy-in and regional accountability.

**Meeting frequency**

*TBD by Collaborative*

**BHT staffing responsibilities**

BHT will serve as a neutral convener to support collaboration and cooperation and assist the Collaborative as it establishes its structure and processes.

In addition, BHT is available to provide guidance, technical assistance and other support on an ongoing basis. The Collaborative can request assistance and advice on process (Collaborative decision making, etc.), substance (specific expertise on behavioral health, etc.) and other areas and needs.