

Spokane Collaborative Charter

Approved January 2020

Collaborative Vision

The Spokane Collaborative envisions a health system for our community that:

- Provides access without barriers
- Provides care that is equitable and person-centered
- Promotes a healthy community environment where everyone has access to the conditions that foster good health
- Focuses on prevention
- Reduces silos and builds partnerships across sectors

The Spokane Collaborative contributes to that vision by:

- Creating a forum for discussion and creative ideas
- Building meaningful connections and partnerships
- Promoting shared language and understanding
- Fostering collaborative, community-minded approaches to solving challenges for our community

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

- Keep equity at the center of all work.
- Develop a local, sustainable Equity Project workplan that addresses equity gap(s) identified by the Collaborative, guides the Collaborative's ongoing work, and is attentive to BHT's objectives and Medicaid Transformation Measures.
- 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.
- 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, through CCT liaison(s) and BHT staff person(s), 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. 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. 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 Equity Project 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.

Governance Structure

The Spokane Collaborative is the formal local convening body for BHT's Partnering Providers 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 identifies shared goals, assessing where there's alignment with existing work in the community and pursuing new collective work toward these goals.

It is the expectation that the Partnering Providers are responsible for participating in the Collaboratives as mutually agreed upon in the Collaborative MOU and Spokane Collaborative Charter. 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 outlined in the Spokane Collaborative Charter.

The Collaborative Connection Team (CCT) is a cross-sector group within the Collaborative that "herds cats," drives collaboration and moves the work forward. The CCT meets more frequently, works closely with participating organizations, and is focused on the details of the Collaborative's efforts across all settings. Working with the Collaborative, the CCT will 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.

The CCT includes representation from Primary Care and Behavioral Health settings, as well as from Social Determinants of Health and other key stakeholders who participate in the Spokane Collaborative. The CCT ensures coordination and collaboration across projects and sectors. Members will be chosen from the Collaborative by the CCT to ensure balanced, multi-sector representation, with an emphasis on ensuring participation from primary care, behavioral health, and social determinants of health.

The Collaborative, through CCT liaison(s) and BHT staff person(s), 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.

Collaborative Staffing

BHT provides staffing for the Spokane Collaborative and the CCT, which includes supporting facilitation, organizing, communicating, and evaluating outcomes, in partnership with the Collaborative.