

TITLE

The name of the organization is the Washtenaw Health Initiative (WHI). WHI is a voluntary collaboration among more than 175 cross-sector individual and organizational stakeholders, co-sponsored by Michigan Medicine and St. Joseph Mercy Health System. WHI is hosted by the Center for Health and Research Transformation (CHRT). CHRT and WHI are independent organizations working together to improve health and health care delivery in the community.

MISSION

The mission of the WHI is to improve health and healthcare in Washtenaw County with an emphasis on the low income, uninsured and underinsured¹ populations.

The WHI brings together organizations to:

- Generate innovative ideas to improve health and healthcare in the county
- Identify and share information on gaps and opportunities
- Coordinate and leverage resources
- Provide strategic planning and direction

SCOPE

WHI projects meet all of the following criteria:

- Addresses an identified gap or unmet need;
- Has a primary need for planning and/or strategic direction;
- Requires multi-organization coordination and/or effort;
- Is not in the purview of another entity or where that entity requests WHI leadership;
- Where possible, has clearly defined program goals or outcome measures;
- Aligns with the goals of the WHI, listed below.

ORGANIZING PRINCIPLES

In all of its activities, WHI adopts the following guiding principles. WHI is:

- A voluntary collaboration of cross-sector stakeholders;
- Non-operational: WHI does not operate any programs, but supports organizations by convening, coordinating, and assisting the development of worthy ideas and initiatives;
- Non-regulatory;

¹ Underinsured individuals are those who have incomes below 250% of the Federal Poverty Level guidelines, and either: 1) have an unaffordable plan with high co-pays and deductibles; or 2) require medically necessary services not covered under their Medicaid or their private plan.

- Non-funding: WHI does not directly fund programs, but assists in assessing financial credibility of programs, if asked, and assists in seeking funding for programs that meet WHI criteria.

GOALS²

With a primary focus on the low income, uninsured, and underinsured people within Washtenaw County, WHI, working in collaboration with the Stakeholders Group and other community organizations, will work to:

1. Increase insurance coverage of uninsured individuals.
2. Help those with Medicaid coverage and/or those who are underinsured maintain that coverage, understand it, use it more effectively, and/or find access to care.
3. Improve coordination and integration for health care services.
4. Align entities engaged in delivery of health-related services to more efficiently and effectively utilize resources.
5. Strengthen community wide efforts to improve care and services for mental health and other select health issues and/or select populations.
6. Strengthen community-wide efforts to improve health equity by working closely with Washtenaw County Public Health.
7. Connect community resources to health care organizations and to each other.
8. Explore opportunities to partner with Livingston County partners.

APPROACH AND ORGANIZATIONAL STRUCTURE

The WHI takes a collective impact approach to improving health and healthcare in Washtenaw County, with a special emphasis on the low income, uninsured and underinsured populations. WHI members work together on specific projects and functions with a long-term commitment to a common agenda, shared measures of success, and effective community engagement strategies.

For example, WHI also serves as the governing body for the State Innovation Model (SIM) project—a joint federal-State funded project covering Washtenaw and Livingston counties—to develop new pathways linking residents/patients to clinical care and social services interventions. The SIM's goal is to address the social determinants of health, with an initial focus on emergency department utilization.

The WHI is not a separate legal entity, but it has an organizational structure with clearly defined roles. Three major groups, the Steering Committee, Stakeholders Group, and Work Group, are involved in carrying out the WHI's work.

- The Steering Committee provides strategic oversight and sets program priorities.
- The Stakeholders Group consists of local individuals, community-based organizations, and governmental agencies that share WHI's mission and goals.
- Various Work Groups, organized around themes to improve health and health care, implement WHI's strategic vision.

² The goals of the WHI are not hierarchical, nor are they mutually exclusive; WHI projects may be focused on achieving more than one, or all, of the WHI's goals. WHI will develop appropriate measures of success for each goal, taking into account success to date.

LEADERSHIP AND MEMBERSHIP PROCESSES

As a voluntary organization, WHI does not have a formal, legal structure in place. But it has developed a process for selecting members to serve on WHI's key components and how the components work together. Since its inception, WHI's structure has included the Steering Committee, the Stakeholders Group, and the Work Groups. Acting as a catalyst under a Memorandum of Understanding, the Center for Health and Research Transformation (CHRT), provides expert administrative, operational, and analytical support to WHI, coordinated by the WHI Project Manager.

A Memorandum of Understanding between CHRT and WHI outlines a process that will ensure continuity while simultaneously allowing WHI to evolve naturally to effectively represent the community and our constituent membership. To facilitate WHI's sustainability, it is important to solicit feedback and support from our members in all facets of WHI's activities. In keeping with WHI's commitment to inclusiveness, the entire process will be based on consensus to the extent possible rather than a formal voting process.

The Steering Committee

The Steering Committee provides strategic oversight and sets program priorities. Every three years, the Steering Committee will assess what, if any, changes need to be made to Steering Committee membership. In addition, the Steering Committee will also review the structure and composition of the WHI overall. The Steering Committee consists of no more than 22 members divided into two groups, Organizational and Community members. The groups are not required to be equal in size. The *Steering Committee Roles* tables below show the proposed arrangement.

Organizational Members. One group consists of members representing, at present, eight specific organizations that remain essential to WHI's mission. For this group, the organization will designate its Steering Committee representative, who will serve until the organization chooses to select another representative.

This process allows the Steering Committee to adjust for changes in which organizations are designated as permanent members. As WHI's initiatives change over time, new organizations may become increasingly integral to Steering Committee activities. When that occurs, the Steering Committee may add an organization or replace an organization whose emphasis may have shifted away from WHI's mission.

Community Members. The second group consists of community-based members who will represent sectors with many organizations that could contribute to the Steering Committee, such as the business and philanthropic sectors. Thus, these members will serve rotating, three-year terms, renewable up to three times. Currently, there are nine community-based representatives—some members unaffiliated with a specific organization, one academic member, one business community member, a religious-affiliated member, and one member representing a local philanthropy. In this category, we anticipate having at least five members from the community, including local businesses. To recruit community-based members, the Steering Committee will consult with the Stakeholders Group to ensure a collaborative process in identifying WHI's leadership.

Organizational Positions

Organizational Role	Current Member	Current Member Title & Organization
1. Community Mental Health Director	Trish Cortes	Director, Washtenaw Community Mental Health
2. IHA Representative	Mark LePage / Marti Walsh	Chief Executive Officer, IHA / Chief Quality and Population Health Officer, IHA
3. Livingston County Representative	Connie Conklin	Community Mental Health Services of Livingston County
4. Washtenaw County Health Department Director	Ellen Rabinowitz	Public Health Officer, Washtenaw County Public Health; Executive Director, Washtenaw Health Plan
5. SJMHS-Ann Arbor Executive	Bill Manns	President and Chief Executive Officer, St. Joseph Mercy Ann Arbor and Livingston
6. SJMHS-Ann Arbor Clinical	Rosalie Tocco-Bradley	Chief Medical Officer, St. Joseph Mercy Ann Arbor and Livingston
7. SJMHS-Chelsea Executive	Nancy Graebner	President and Chief Executive Officer, St. Joseph Mercy Chelsea
8. Michigan Medicine Executive	Tony Denton / Alfreda Rooks	Senior Vice President and Chief Operating Officer for University of Michigan Hospitals, Health Centers, and Medical Group, Michigan Medicine / Director, Community Health Services, Michigan Medicine
9. Michigan Medicine Clinical	Brent Williams*	Associate Professor of Internal Medicine, Michigan Medicine
10. VA Ann Arbor Healthcare System Executive	Ginny Creasman	Medical Center Director
11. VA Ann Arbor Healthcare System Clinical	Mark Hausman	Chief of Staff

* Denotes WHI Secretary

Community Positions

Community Member Role	Current Member	Current Member Title & Organization	WHI Steering Committee Term
12. Community Representative	Jack Billi	Professor, Internal Medicine and Health Management and Policy, University of Michigan	6/2015 – 12/2021
13. Community Representative	Ann Davis	Retired Administrator, Chelsea Community Hospital	6/2015 – 12/2021
14. Community Representative	Gregory Dill	County Administrator, Washtenaw County	10/2017 – 12/2020

15. Community Representative*	Norman Herbert**	Retired Treasurer, University of Michigan	1/2017 – 12/2020
16. Community Representative*	Doug Strong	Retired Chief Executive Officer, Michigan Medicine	6/2015 – 12/2021
17. Community Representative	Open		1/2019 – 12/2021
18. Community Representative	George W. Waddles, Jr.	Pastor, Second Baptist Church	6/2017 – 12/2020
19. Community Representative	Peter Jacobson	Retired Professor of Health Law and Policy; Retired Director of the U-M Center for Law, Ethics, and Health, University of Michigan School of Public Health	1/2018 – 12/2020
20. Philanthropic Organization Representative	Pam Smith	President and Chief Executive Officer, United Way of Washtenaw County; Member, Coordinated Funders	1/2018 – 12/2020
21. Community Representative	Sharon Moore	Retired, UAW Local 898	6/2018 – 12/2021
22. Community Representative	Scott Menzel	Superintendent, Washtenaw Intermediate School District	6/2018 – 12/2021

* Denotes WHI co-chair ** Denotes WHI Finance Committee Chair

The Steering Committee may have up to 22 total members at the discretion of the Steering Committee.

Work Group Chairs

<i>Ex Officio</i> (Non-Voting) Position	Current Member	Current Member Title & Organization
1. Community Coordination Work Group Chair	Ruth Kraut	Program Administrator, Washtenaw Health Plan
2. Communications Work Group Chair	Liz Conlin	Account Director, re:group
3. Medicaid & Marketplace Outreach & Enrollment Work Group Chair	Cindy Bodewes	Senior Director Patient Business Services, Michigan Medicine
4. Mental Health & Substance Use Disorder Work Group Co-Chair	Tim Florence	Medical Director, Washtenaw Community Mental Health
5. Mental Health & Substance Use Disorder Work Group Co-Chair	Nancy Siegrist	Director of Behavioral Health Services, St. Joseph Mercy Chelsea
6. State Innovation Model Work Group Co-Chair	Paul Valenstein	Retired, St. Joseph Mercy Partners Clinically Integrated Network
7. State Innovation Model Work Group Co-Chair	Doug Strong	Retired Chief Executive Officer, Michigan Medicine

Operational Processes

(1) Officers. Once annually, at the first Steering Committee meeting of the calendar year, the Steering Committee shall elect Co-Chairs and Steering Committee members. The Steering Committee will select two Community Members as WHI Co-Chairs. The Steering Committee will also select an Organizational Member as Secretary.

(a) The Co-Chairs will preside at all Steering Committee meetings and will be *ex officio* members of all WHI committees, initiatives, and Work Groups.

(b) The Secretary will ensure that a record of all proceedings of the Steering Committee will be kept and will conduct the Committee's correspondence. The Secretary will preside at Steering Committee meetings in the absence of the Co-Chairs.

(2) Members and Terms. The Steering Committee consists of no more than 22 members divided into two groups, Organizational and Community members. The groups are not required to be equal in size. To the extent possible, member terms will be staggered to ensure continuity.

(3) Meetings and attendance.

(a) The Steering Committee will meet on a regular basis, usually monthly, but no less than 9 times per year.

(b) Attendance. Steering Committee members are expected to attend at least 75% of scheduled meetings either in person or via teleconference. The Steering Committee may request the resignation of members not meeting the attendance expectations.

(c) The Steering Committee may invite and solicit input from non-Steering Committee members. In particular, Work Group Chairs are invited, non-voting guests for purposes of gaining a more comprehensive knowledge of WHI and its activities, and making reports on behalf of their Work Groups.

(d) A majority of the Steering Committee (in person or via teleconference) shall constitute a quorum.

(e) A Steering Committee member may resign at any time by notifying the Co-Chairs. Such resignation may take effect immediately or at such time as the Steering Committee member may specify.

(4) Standing-committees. The Steering Committee shall maintain two standing committees to facilitate WHI business. The Steering Committee may establish other committees as needed.

(a) An *Executive Committee* shall be comprised of the WHI Co-Chairs, the WHI Secretary, and the Finance Committee Chair, with support from CHRT leadership and staff.

- The Executive Committee will develop the monthly Steering Committee meeting agenda and disseminate appropriate materials prior to the meeting.
- The Executive Committee may conduct such business between meetings as necessary to meet WHI objectives.
- At its discretion, the Executive Committee may cancel scheduled Steering Committee and/or Stakeholder Group meetings.
- At its discretion, the Executive Committee may schedule special meetings as needed to conduct WHI business.
- The Executive Committee will participate in the selection and annual evaluation of the WHI Program Manager.

(b) A *Finance Committee* shall be appointed by the Co-Chairs and shall be comprised of the lead Steering Committee representatives from both Michigan Medicine and St. Joseph Mercy Hospital-Ann Arbor, the Washtenaw Health Plan Executive director, a WHI Steering Committee member representing a local philanthropy, and the CHRT CEO.

- The Finance Committee is responsible for developing and reviewing fiscal procedures and the annual budget.
- The fiscal year shall be the calendar year.
- The Finance Committee also serves as the auditing committee to oversee the quality and integrity of the WHI's accounting, auditing, and reporting practices.

(5) Nominations.

(a) A *Nominations Committee* shall be formed to nominate Community Steering Committee members and Work Group Chairs. Unless an *ad hoc* committee is designated, the WHI Executive Committee will serve as the Nominations Committee.

(b) *Annual Appointments*. Each year, the WHI Steering Committee approves new Steering Committee members to begin their terms in January. Therefore, the Nominations Committee should recommend its nominees ahead of the December Steering Committee meeting for approval.

- For Community Steering Committee members, nominations will be solicited from WHI Stakeholders and Steering Committee members in October and November each year, including at the fall WHI Stakeholders Group meeting and through the September/October WHI Newsletter.
- For Organizational members, the Nominations Committee will coordinate any changes with the Organizational member(s).
- The Nominations Committee will then submit its recommendations to the Steering Committee at the December meeting for discussion and consideration.
- Approved new WHI Steering Committee members will be presented to the WHI Stakeholders at the first Stakeholders meeting each year.

(c) *Mid-Year Appointments*. If Community Member vacancies occur during the year, the Nominations Committee will solicit nominations from WHI Stakeholders and Steering Committee members through available communications channels (which may include a Stakeholders meeting if one is scheduled to occur in a timely fashion).

- The Nomination Committee will review nominees and make a recommendation to the WHI Steering Committee as soon as possible.
- Approved new WHI Steering Committee members will be presented to the WHI Stakeholders at their next regularly scheduled meeting.
- For Organizational members, the Nominations Committee will coordinate any changes with the Organizational member(s).
- New mid-term appointees will be appointed with terms ending in December of the final year of their term.

(d) *Work Group Chairs*. WHI Work Group Chairs have no specified terms of service. As vacancies occur, the WHI Nomination Committee will solicit nominations from Work Group members. The WHI Nomination Committee will confer with each nominee and make a recommendation for appointment to the WHI Steering Committee as soon as possible. Steering Committee and Work Group members are responsible for ensuring the appointment of Work Group Chairs.

(6) Project Development. The Steering Committee sets priorities for developing WHI projects on core issues to improve health and health care in Washtenaw County. The criteria for selecting new projects shall include the following:

- Reviewing data to define a need, a problem statement, the nature of community engagement, and potential solutions.
- Assessing how members of those most affected by the issues have been involved with the definition of the problem and solution proposed in the project.
- Assessing gaps in how the project is currently being addressed.
- Assessing opportunities for collaborating with appropriate community organizations and governmental agencies.
- Obtaining qualitative or quantitative data to evaluate the project.
- Obtaining input and appropriate collaboration from the Stakeholders Group.

(7) Steering Committee members are encouraged to participate in Work Group initiatives to ensure that the groups' activities align with the WHI's goals, and the chairs have the support and skills they need to facilitate a functional work group or project. Steering Committee members are encouraged to participate in all WHI activities of interest or where their expertise can be beneficial.

(8) Annually, the Steering Committee will reassess the WHI's scope, goals, and measures of success. The Steering Committee will also develop a process for deciding whether and how to initiate new projects or Work Groups. In conducting these activities, the Steering Committee will solicit feedback from the Stakeholders Group. Ongoing communication between the Steering Committee and the Stakeholders Group is central to how the WHI functions.

Stakeholders Group

The Stakeholders Group consists of local individuals, community-based organizations, and governmental agencies that share WHI's mission and goals. As a collaborative endeavor, WHI welcomes individuals and entities willing to sign the Charter (below), setting forth the 2015-2019 Statement of Commitment. WHI also welcomes other invited guests at the Stakeholders Group quarterly meetings.

A key role for the Stakeholders Group is to provide feedback on WHI's strategic direction and to participate in projects. WHI relies on the Stakeholders Group to identify areas related to WHI's mission that Work Groups should address.

Although the Steering Committee will have initial responsibility for selecting its membership, the recommendations will be submitted to the Stakeholders Group for input. The Stakeholders Group will also have the opportunity to suggest new organizations that should be represented on the Steering Committee.

Work Groups

The implementation of WHI's strategic vision occurs through various Work Groups. The Work Groups are organized around themes to improve health and health care for uninsured and underinsured populations, such as access to primary care, mental health, and Medicaid

outreach and enrollment. Under the direction of a Work Group Chair or Co-Chairs, each theme involves several different projects.

The charge of the Work Groups is to share information among WHI member organizations in the theme area, identify gaps in the community that fall into that theme area, develop new projects to address those gaps, and monitor those projects. Work Groups usually meet between 4-12 times per year.

The Work Group Chair/s is/are selected for his or her expertise in the theme area. The Steering Committee will designate the Work Group Chairs. Chairs agree to serve for a term of two years, renewable based upon mutual agreement with the Steering Committee leadership. Work Group Chairs are responsible for assessing member engagement of their group, assigning action steps to members, and ensuring that action steps are carried out. Work Group and project members should expect to leave meetings with action steps to complete in between meetings.

A significant aspect of the Work Group process is the opportunity to engage various segments of the WHI membership, along with community groups that are not WHI members. For instance, projects that directly involve government processes and policies, such as Medicaid outreach and enrollment, can benefit from including governmental officials as participants. Likewise, the projects can include consumer representatives with lived experiences in the various topics being addressed.

Other Roles and Responsibilities

(1) CHRT serves as WHI's fiscal sponsor (i.e., a fiduciary agent for funding, office support, and project management). CHRT staff will coordinate meeting dates for all WHI activities. Working with committee chairs, CHRT will distribute agendas, take meeting notes, create meeting summaries, and post these summaries to the WHI website. CHRT staff members serve as support for WHI and are not expected to implement the majority of action steps on their own.

CHRT is responsible for:

- Serving as a neutral convener to facilitate the WHI Steering Committee's activities (including WHI's overall strategic agenda).
- Housing WHI's Project Manager.
- Serving as WHI's project management and overseeing WHI's numerous community-based projects.
- Coordinating regular meetings of various subgroups, and managing WHI communications.
- Hiring and maintaining appropriate administrative and project management staff.
- Conducting data collection, analysis, and reporting for WHI program evaluation.
- Providing additional support through data and policy analysis, work group project plan development, and evaluation.
- Facilitating connections and discussions across multiple stakeholders.

CHRT also serves as the legal entity for WHI initiatives. This includes entering into contracts as jointly approved by CHRT and the WHI Steering Committee. All WHI funds are designated as restricted funds for the purpose of WHI program activities to be disbursed as authorized by the WHI Steering Committee. For its activities, CHRT may receive administrative funding for WHI facilitation and project management functions.

(2) WHI members work together on specific projects and functions with a long-term commitment to a common agenda, shared measures of success, and effective community engagement strategies. For example, the WHI Steering Committee is the governing body for the State Innovation Model (SIM) in Washtenaw and Livingston counties. The SIM's goal is to link human services with medical care to address social determinants of health, with an initial focus on emergency department utilization.

(3) WHI collaborates with CHRT to:

- Generate innovative ideas to improve health and healthcare in the county.
- Identify and share information on gaps and opportunities.
- Coordinate and leverage resources.
- Seek grant funding and donations to conduct work of mutual interest.
- Ensure compliance with any grant requirements.
- Develop formal agreements with other partners that clearly define roles and responsibilities.
- Establish Work Groups on issues of mutual interest and mobilize WHI stakeholders to provide support (financial or in-kind resources).
- Appoint Work Group Chairs and Co-Chairs.

Since its founding in 2011, the Washtenaw Health Initiative (WHI) has involved more than 180 individuals from more than 80 organizations across many sectors in Washtenaw County. In its first phase (2011-2014), the WHI identified five major areas of focus: health care coverage, coordination of services, and access to primary, mental health, and dental care. Heading into its second phase (2015-2019), the WHI will continue to focus on those key areas, while expanding its role as a community coordinator.

The WHI is a voluntary, county-wide collaboration of local leaders and organizations working toward a **mission** to improve health and healthcare in Washtenaw County with an emphasis on the low-income, uninsured, and underinsured populations.

The WHI brings organizations together to:

- Generate innovative ideas to improve health and healthcare in the county
- Identify and share information on gaps and opportunities
- Coordinate and leverage resources

Participating individuals and organizations recognize that we have a responsibility to assist those in our community who lack access to high-quality health care.

The leadership of the undersigned organization supports the WHI's mission above and goals as set forth in the WHI Scope and Goals Statement. As a Charter Member of WHI, we understand that the WHI's success depends on the active engagement and support from all sectors of our community.

By becoming a voluntary Charter Member of the WHI, we pledge a commitment until December 31, 2019 to work with other member entities to help achieve our stated goals. Our signatures below express our commitment to collaboratively develop and implement solutions that will improve access to high quality health care for everyone in our community. At a minimum, we commit to assigning our staff to participate on appropriate WHI committees and other WHI activities. We will also provide in-kind contributions, including data, which will help identify opportunities for increased access to health care.

We will also promote WHI programs and activities through our newsletter, social media, web site and other outlets. In return, WHI will recognize Charter Members' leadership and involvement in its marketing efforts. Our organization appreciates that time is short and requires continued momentum to accomplish the WHI's vital goals. Working together, we can make access to health care a reality for underserved populations in Washtenaw County.

Organization

Executive Director (date)

Member, Board of Directors (date)

WHI Co-chair (date)

WHI Co-chair (date)