

## 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, health equity, and healthcare in Washtenaw County with an emphasis on the low income, uninsured and underinsured<sup>1</sup> populations; including advancing work in our community on the structural causes of race-based health inequity.

## GOALS<sup>2</sup>

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:

- Strengthen community-wide partnerships to improve health equity.
- Facilitate and build collaborations among entities engaged in health-related services to more efficiently and effectively utilize resources, connect health and human services organizations to each other, and promote access to care.
- Identify community-wide gaps and strengthen community-wide efforts to improve care and services for behavioral health and other select health issues and/or select populations.
- Improve coordination and integration for health care services.
- Maximize insurance coverage of residents in Washtenaw County.

## 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 above.

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<sup>1</sup> 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.

<sup>2</sup> 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.

## ORGANIZING PRINCIPLES

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

- A voluntary collaboration of cross-sector stakeholders;
- Non-regulatory;
- 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.

## ROLES

The WHI performs the following roles in the community.

- **Incubating Ideas/Thought Leadership:** The WHI convenes public and private organizations and leaders from many sectors (public health, healthcare, behavioral health, housing, education, law enforcement, and other social services). Together, these WHI members collect and examine data and share it with local decision-makers to develop solutions to community-wide problems.
- **Managing Projects and Conducting Assessments:** The WHI co-develops and co-implements projects or community-wide assessments with WHI member organizations.
- **Coordinating and Facilitating Member Organizations:** The WHI plays a neutral role as a convener and facilitator for activities that require cooperation between many WHI member organizations.
- **Influencing Policy:** At the request of WHI member organizations and by the case-by-case approval of the WHI Steering Committee, the WHI may take a public position on a policy proposal.

## APPROACH AND ORGANIZATIONAL STRUCTURE

The WHI takes a collective impact approach to improving health, health equity, 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, the WHI also serves as the governing body for the State Innovation Model (SIM) project and the Livingston/Washtenaw Community Health Innovation Region (LWCHIR), which covers Washtenaw and Livingston counties, to develop new pathways linking residents/patients to clinical care and social services interventions. The LWCHIR intervention'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 Working Groups, 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 the WHI's mission and goals.
- Various Working Groups, organized around themes or projects to improve health, health equity, and health care, implement the WHI's strategic vision.

## LEADERSHIP AND MEMBERSHIP PROCESSES

As a voluntary organization, the WHI does not have a formal, legal structure in place. However, 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 Working 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 voting groups, Organizational and At Large members. Also invited to attend meetings is a third *ex officio* group. The voting groups are not required to be equal in size. The *Steering Committee Roles* tables below show the proposed arrangement.

**Organizational Members.** One voting 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 to 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.

**At Large Members.** The second voting group consists of individuals who will represent sectors or perspectives that could meaningfully contribute to the Steering Committee. Thus, these members will serve rotating, three-year terms, renewable up to three times. Currently, there are eleven community-based representatives—some members unaffiliated with a specific organization, some representing specific sectors (such as academia, business, religious, and 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.

**Ex officio Members.** The third group consists of individuals that chair or co-chair key working groups or projects of the WHI. These members are invited to represent their groups, ask questions, and provide feedback at regular Steering Committee meetings. These members do not officially vote on action items.

## CURRENT STEERING COMMITTEE ROLES

### 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	Tendai Thomas	Internal Medicine Physician, Associate Division Head of Internal Medicine, IHA
3. Washtenaw Health Plan Director	Jeremy Lapedis	Executive Director, Washtenaw Health Plan
4. Washtenaw County Health Department Director	Jimena Loveluck	Public Health Officer, Washtenaw County Health Department
5. SJMHS-Ann Arbor Executive	Alonzo Lewis	President and Chief Executive Officer, St. Joseph Mercy Ann Arbor and Livingston
6. SJMHS-Ann Arbor Clinical	Vacant	
7. SJMHS-Chelsea Executive	Vacant	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 / Director, Community Health Services
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	Vacant	

\* Denotes WHI Secretary

**At Large Positions**

<b>At Large Member Role</b>	<b>Current Member</b>	<b>Current Member Title &amp; Organization</b>	<b>WHI Steering Committee Term</b>
<b>12. Philanthropic Organization Representative</b>	Pam Smith	President and Chief Executive Officer, United Way of Washtenaw County; Member, Coordinated Funders	1/2018 – 12/2020 <i>(1<sup>st</sup> term)</i>
<b>13. Community Representative</b>	Julie Aronica	Director of Strategic Initiatives, Blue Cross Complete of Michigan	6/2019 – 12/2022 <i>(1<sup>st</sup> term)</i>
<b>14. Community Representative</b>	Jack Billi	Professor, Internal Medicine and Health Management and Policy, University of Michigan	6/2015 – 12/2021 <i>(2<sup>nd</sup> term)</i>
<b>15. Community Representative</b>	Ann Davis	Retired Administrator, Chelsea Community Hospital	6/2015 – 12/2021 <i>(2<sup>nd</sup> term)</i>
<b>16. Community Representative</b>	Gregory Dill	County Administrator, Washtenaw County	10/2017 – 12/2020 <i>(1<sup>st</sup> term)</i>
<b>17. Community Representative</b>	Angela Moore	Community Ambassador	
<b>18. Community Representative</b>	Mashod Evans	Bethel AME Church	
<b>19. Community Representative</b>	Naomi Norman	Superintendent, Washtenaw Intermediate School District	6/2018 – 12/2021 <i>(1<sup>st</sup> term)</i>
<b>20. Community Representative</b>	Sharon Moore*	Retired, UAW Local 898	6/2018 – 12/2021 <i>(1<sup>st</sup> term)</i>
<b>21. Community Representative</b>	Doug Strong*	Retired Chief Executive Officer, Michigan Medicine	6/2015 – 12/2021 <i>(2<sup>nd</sup> term)</i>
<b>22. Community Representative</b>	Vacant		

\* Denotes WHI co-chair

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

**Ex-Officio Members**

<b>Ex Officio (Non-Voting) Position</b>	<b>Current Member</b>	<b>Current Member Title &amp; Organization</b>
1. <b>CHRT Leadership</b>	Terrisca Des Jardins	Executive Director, Center for Health and Research Transformation
2. <b>Livingston County Representative</b>	Connie Conklin	Executive Director, Community Mental Health Services of Livingston County
3. <b>Communications Working Group Co-Chair</b>	Liz Conlin	Account Director, re:group
4. <b>Communications Working Group Co-Chair</b>	Maria Alfonso	Project Manager, NAMI Washtenaw County
5. <b>Mental Health &amp; Substance Use Disorder Working Group Co-Chair</b>	Vacant	
6. <b>Mental Health &amp; Substance Use Disorder Working Group Co-Chair</b>	Vacant	
7. <b>WHI Opioid Project Co-Chair</b>	Sara Szczotka	Program Manager, Washtenaw Recovery Advocacy Project, Home of New Vision
8. <b>WHI Opioid Project Co-Chair</b>	Alyssa Tumolo	Grants Coordinator, Community Mental Partnership of SE Michigan
9. <b>UNITE Co-Chair</b>	Alfreda Rooks	Director, Community Health Services, Michigan Medicine
10. <b>UNITE Co-Chair</b>	Elisabeth Vanderpool	Director of Community Health, St. Joseph Mercy Health System
11. <b>Medicaid &amp; Marketplace Outreach &amp; Enrollment Working Group Co-Chair</b>	Kim Hulbert	Patient Access Financial Clearance Manager
12. <b>Medicaid &amp; Marketplace Outreach &amp; Enrollment Working Group Co-Chair</b>	Alena Hill	Senior Director Revenue Cycle Pre-Services
13. <b>Healthy Aging Collaborative Working Group Co-Chair</b>	Monica Prince	Ypsilanti Senior Center
14. <b>Healthy Aging Collaborative Working Group Co-Chair</b>	Ann Davis	Retired Administrator, Chelsea Community Hospital

## 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 At Large Members as WHI Co-Chairs. The Steering Committee will also select a Secretary and Finance Committee Chair from the Steering Committee membership.
  - (a) The Co-Chairs will preside at all Steering Committee meetings and will be *ex officio* members of all WHI committees, initiatives, and Working 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.
  - (c) (c) The Finance Committee Chair will report financial statements to the Steering Committee, convene the WHI Finance Committee, and develop the WHI's annual budget. The Finance Committee Chair will preside at the Steering Committee in the absence of the Co-Chairs and Secretary.
- (2) Members and Terms. The Steering Committee consists of no more than 22 members divided into two voting groups, Organizational and At Large members. The voting 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, *ex officio* members 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 Working 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 *Officers Committee* shall be comprised of the WHI Co-Chairs, the WHI Secretary, and the Finance Committee Chair, with support from CHRT leadership and staff.

- i. The Officers Committee will develop the monthly Steering Committee meeting agenda and disseminate appropriate materials prior to the meeting.
- ii. The Officers Committee may conduct such business between meetings as necessary to meet WHI objectives.
- iii. At its discretion, the Officers Committee may cancel scheduled Steering Committee and/or Stakeholder Group meetings.
- iv. At its discretion, the Officers Committee may schedule special meetings as needed to conduct WHI business.
- v. The Officers Committee will participate in the selection and annual evaluation of the WHI Project 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, a WHI Steering Committee member representing a local philanthropy, and the CHRT CEO.

- i. The Finance Committee is responsible for developing and reviewing fiscal procedures and the annual budget.
- ii. The fiscal year shall be the calendar year.
- iii. 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 At Large Steering Committee members and Working Group Chairs. Unless an *ad hoc* committee is designated, the WHI Officers 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.

- i. For At Large 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 WHI Newsletter.
- ii. For Organizational members, the Nominations Committee will coordinate any changes with the Organizational member(s).
- iii. The Nominations Committee will then submit its recommendations to the Steering Committee at the December meeting for discussion and consideration.
- iv. 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 At Large 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).

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

(d) *Working Group Chairs.* WHI Working Group Chairs have no specified terms of service. As vacancies occur, the WHI Nomination Committee will solicit nominations from Working 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 Working Group members are responsible for ensuring the appointment of Working 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:

- (a) Reviewing data to define a need, a problem statement, the nature of community engagement, and potential solutions.
- (b) 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.
- (c) Assessing gaps in how the project is currently being addressed.
- (d) Assessing opportunities for collaborating with appropriate community organizations and governmental agencies.
- (e) Obtaining qualitative or quantitative data to evaluate the project.
- (f) Obtaining input and appropriate collaboration from the Stakeholders Group.

(7) Steering Committee members are encouraged to participate in Working 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 Working 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 2022-2026 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 Working 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.

### **Working Groups**

The implementation of WHI's strategic vision occurs through various Working Groups. The Working Groups are organized around themes to improve health, health equity, 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 Working Group Chair or Co-Chairs, each theme involves several different projects.

The charge of the Working 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. Working Groups usually meet between 4-12 times per year.

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

A significant aspect of the Working 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 are encouraged to include consumer representatives with lived experiences in the various topics being addressed.

### **Other Roles and Responsibilities**

- (1) The Center for Health and Research Transformation (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:

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

(3) WHI collaborates with CHRT to:

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