

REACH Workgroup Charter

Name:	MSHN Regional Equity Advisory Committee for Health (REACH)
Co-Facilitators:	Chief Clinical Officer, Director of UM & Health Integration
Adopted:	January 2022
Reviewed:	February 14, 2022

This charter constitutes the structure, operation, membership, and responsibilities of the MSHN Regional Equity Advisory Committee for Health (REACH).

Purpose:

The REACH is an advisory body comprised of Region 5 stakeholders and community partners with lived experience as members of historically marginalized demographic groups that have faced discrimination, violence and adverse health consequences. The purpose of this advisory body includes the following:

- Ensure attention to issues of equity, including reducing health disparities in access and delivery of quality substance use disorder (SUD) prevention, treatment and recovery programs.
- Inform development and review of MSHN policies, procedures and practices through the lens of diversity, equity and inclusion (DEI).
- Incorporate a trauma-informed perspective that accounts for historical and racialized trauma.
- Address stigma and bias that may impact health outcomes.

Responsibilities and Duties: The responsibilities and duties of the REACH include the following:

- Review MSHN's Strategic Plan priority of "better equity" and offer input on defining better equity.
- Work to establish consensus around definitions and shared values relative to DEI in the space where MSHN does its work.
- Support and reinforce health equity as a perpetual focus across all departments, functions and strategic priorities.
- Offer guidance as it relates to performing an organizational diversity, equity, and inclusion (DEI) self-assessment

Membership:

- Representatives from historically marginalized groups, including voices from Black, Hispanic, Native American, Asian American, LGBTQ, and other communities.
- Additional voices will be incorporated based on current and historical context, (e.g., Black voices following George Floyd's death, immigrant voices during border crises, discrimination towards Muslim immigrants or those misperceived as Muslims, such as individuals from the Indian subcontinent who may be Hindus, Sikhs, Buddhists, etc.).
- MSHN staff will offer administrative support as needed.

Decision-Making Context and Scope:

- Consensus shall be the primary mode of decision making. Efforts shall be made to extend dialogue and gather information toward consensus, to the extent possible.

- Should consensus not be achieved, any member of the workgroup may call for a vote of the seated members. A vote of the workgroup is not binding but shall be used to communicate the strength of the members' position on an issue. Following voting, the matter shall be presented to the MSHN Leadership.

Meetings:

- Regular Meetings: Typically to occur bi-monthly
- Special Meetings: Special meetings may occur as determined by the consensus of the group and as business of the body necessitates.
- Attendance at Meetings: Members shall regularly attend. Meetings will be recorded to permit viewing by members who cannot attend.
- Key Decisions: The reporter shall prepare meeting snapshots that reflect key decisions and required actions. Any required actions shall specify what, whom, and by when.
- Reporting: The workgroup will provide meeting snapshots to the MSHN Leadership team and will follow the designated process for promulgation of notes for distribution.

Member Conduct/Ground Rules: Members of the workgroup seek a meeting culture that is professional, productive and welcoming of diverse thought and ideas. To that end, the following ground rules have been adopted:

Common understandings & respect for others:

- Each person represents their own individual perspective and does not speak for an entire demographic group.
- Every minority demographic has its own unique trajectory, including historical discrimination, trauma, marginalization, barriers and current issues.
- Members will not interrupt while another is speaking. Given that this often happens inadvertently in virtual meetings, use of the hand raise function is advised.
- Members express their own views, rather than speaking for others at the table or attributing motives to fellow members.
- Members will avoid extended comments/speaking, that preclude everyone having a fair chance to speak.
- Members will not be verbally aggressive to one another. While challenging ideas is encouraged, disparaging or negative personal comments are not permissible.
- Members will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged.
- Members will seek to identify options or proposals that represent shared interests, without minimizing disagreements.
- Members will do their best to take into account the interests of the group as a whole.

Meeting Efficiency:

- Meeting facilitation will rotate amongst REACH members (with support from MSHN staff as needed).
- Meeting times will alternate to accommodate as many schedules as possible.
- Meetings will be virtual in FY22. When meetings are in person, a virtual option will be available.
- The agenda and related materials will be distributed at least 5 business days in advance of each meeting.
- Members shall be prepared for the agenda content and have completed related assignments on time.

- Members agree to make a strong effort to stay on track with the agenda and to move the deliberations forward.
- Members shall share the REACH workflow such that no single member or members disproportionately carry the workload for others.

Decision Making:

- Members are respectful of the defined decision-making protocol and support decisions made by the group even when presenting a minority view.
- Members reserve the right to disagree with any proposal and accept responsibility for offering alternatives that accommodate their interests and the interests of others.

Initial Membership – REACH Workgroup 2022:

Name:	Affiliation:
1. <i>Ricardo Bowden</i>	• <i>Peer360</i>
2. <i>Debbie Edokpolo</i>	• <i>Michigan Primary Care Association</i>
3. <i>Afaf Humayun</i>	• <i>Michigan Center for Youth Justice</i>
4. <i>Jean Lee</i>	• <i>Okemos Public Schools</i>
5. <i>Shelly Milligan</i>	• <i>BreakOut Drug Education (FSCA)</i>
6. <i>Anna Winters</i>	• <i>Isabella Tribal Community</i>
7. <i>Feliz Rodriguez</i>	• <i>Ingham County</i>
8. <i>TBD</i>	•
9. <i>TBD</i>	•
10. <i>TBD</i>	•
MSHN Support Staff	MSHN Role
• <i>Dani Meier</i>	• <i>Chief Clinical Officer</i>
• <i>Skye Pletcher</i>	• <i>Director of Utilization & Care Management</i>
• <i>Amanda Slack</i>	• <i>Population Health & Integrated Care Specialist</i>
• <i>Ad hoc – Sarah Surnas</i>	• <i>Prevention Specialist</i>
• <i>Ad hoc – Dan Dedloff</i>	• <i>Customer Services & Recipient Rights</i>
• <i>Others as needed</i>	