January 2019

Community Health Improvement Plan

Committee Toolkit

Live Well Washington County

About This Toolkit

Introduction

Equity and Trauma Informed Care (TIC) are guiding principles for Washington County Health and Human Services and the Washington County Community Health Improvement Plan (CHIP). In order to ensure that these values are implemented throughout our collaborative health improvement work, this toolkit was created in partnership with the CHIP Leadership team to serve as a guide for CHIP committees and to support partners in their equity and trauma-informed approaches.

These tools are meant to be examples, guides, and templates that can be used as-is or adapted to meet the needs of committees and community partners. This toolkit is a "living document" that will grow and change as we continue to learn how to best support and foster collaboration across our many partnerships in Washington County. The CHIP Leadership Team welcomes your feedback and ideas to help strengthen this resource. Updated versions will be provided to CHIP partners regularly and will be available on the Washington County Health and Human Services website.

Thank you to the CHIP Leadership Team for their work and leadership in developing these tools and recommendations.

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Adopted Equity Definition

The following definition of Equity was adopted by the CHIP Leadership Team for the Washington County CHIP.

> **Equity** is the absence of avoidable, unfair, or curable differences among groups of people. Health equity (i.e. equity in health) is achieved when all people can reach their full potential and are not disadvantaged by social or economic class, race, ethnicity, religion, age, disability, gender identity, sexual orientation or socially determined circumstance. Optimal health depends on mitigating or eliminating avoidable inequities in the access to and utilization of resources and opportunities. Health equity demands intentionally and systematically addressing poor health outcomes by purposefully engaging the root and intersectional causes of adverse health status such as racism, structural disadvantage and differential privilege. (Adapted WHO definition)

Other Helpful Definitions

Trauma is an overwhelming event or events that contribute to a person becoming helpless, powerless and creating a threat of harm and/or loss. "Traumatization occurs when both internal and external resources are inadequate to cope with external threat" (Van der Kolk, 1989).

Trauma Informed Care incorporates three key elements: (1) *realizing* the prevalence of trauma; (2) *recognizing* how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and (3) *responding* by putting this knowledge into practice by implementing services that are trauma informed, training staff and responding to participants with a trauma sensitive approach.

Trauma Specific Services are evidence based and best practice treatment models that have been proven to facilitate recovery from trauma. Examples: Addiction and Trauma Recovery Integration Model (ATRIUM), Risking Connection, Sanctuary Model, Seeking Safety, Trauma Recovery and Empowerment Model (TREM and M-TREM).

Retraumatization is a situation, attitude, or environment that replicates the events or dynamics of the original trauma and triggers the overwhelming feelings and reactions associated with them. Usually system based.

Vicarious Trauma (VT) is a process of cognitive change in sense of self and world, resulting from empathetic engagement with person who has a trauma experience or trauma background. This could be providers, mentors, peer support, family, friends, etc.

Secondary Traumatic Stress involves the behavior and emotions resulting from knowing about a traumatic event experienced by a significant other or by supporting an individual who has experienced trauma.

Activated describes when the stress response system has been agitated by an environmental or human engagement.

Trauma Informed Approach

The CHIP Leadership Team recognizes the widespread impact of trauma on both the community it serves and its workforce. Trauma-informed care is an approach based on knowledge of the impact of trauma, aimed at ensuring that environments and service are appropriate for those who have experienced trauma. The CHIP Leadership Team believes that adopting a trauma-informed approach will enhance service delivery to our community and provide needed support for staff. The following are the adopted trauma-informed principles for the Washington County CHIP.

Adopted from San Francisco Department of Public Health

Operationalizing Equity and Trauma Informed Care Tool

In order to embed health equity and trauma-informed practices into the CHIP governance, operations and final products, below is a tool for committees to identify purposeful and measurable actions to ensure these principles are in incorporated throughout the work of the CHIP.

Phases of Washington County CHIP	**Because we recognize…**	**We will strive to…**	**By…**
Community, Partner & Stakeholder Engagement	That historical abuses and mistrust of health care, government and research institutions influence how people may participate (or not) in the CHIP	▪ Design intentional strategies to demonstrate the integrity and transparency embedded in our core values.	Examples: ▪ Using consensus-based decision making ▪ Reviewing progress and evaluating regularly ▪ ▪ ▪
	Partner organizations do not all have the same resources to fully participate and move the work of the community CHIP forward in their own organizations.	▪ Strive to identify, gather and provide financial support to advance CHIP work both at the community and organizational level	Examples: ▪ Facilitating processes to identify funding for projects ▪ ▪ ▪

Phases of Washington County CHIP	Because we recognize…	We will strive to…	By…
	Community organizations and community member participation is critical to eliminating health disparities, and that active participation may necessitate going beyond invitation and encouragement; Community wisdom and lived experience is central to a community health planning	▪ Determine opportunities and roles of community members on CHIP committees ▪ Employ strategies to reduce power differentials between community members and organizational members ▪ Acknowledge past harm, honor history and celebrate diversity of participation and thoughts	Examples: ▪ Regularly evaluating the place and time of meetings; ensuring safe and welcoming spaces are used for meetings ▪ Preparing and supporting community members to participate; Providing community members with a mentor ▪ Implementing TIC/equity meeting guidelines ▪ Ensuring that community members can speak from personal experiences and that there is not the expectation they represent their entire community ▪ ▪ ▪
Review and Use of Data	Dominant culture institutions often have access to data and information about historically underrepresented/ oppressed communities, these communities often have limited access to this data	▪ Incorporate data from partner organizations into CHIP planning, implementation and evaluation efforts ▪ Apply a research justice lens	Examples: ▪ Sharing partner data at committee meetings ▪ ▪ ▪
	Continuous data collection, including	▪ Routinely and	Examples:

Phases of Washington County CHIP	Because we recognize…	We will strive to…	By…
	stratification by racial and ethnic subgroups and other disparity variables is one way to monitor disparities and to adapt strategies to address them.	systematically integrate demographic and social factors into all analytics and decision-making processes	▪ Providing technical assistance to community partners on data collection, use and data visualization ▪ ▪ ▪
Decision Making	That decision-making power is not always explicitly articulated We must operate in an open and transparent manner to safeguard and deepen the trust of all stakeholders in the system, as well as to foster accountability	▪ Ensure every member who participates in work groups has the same decision-making power	Examples: ▪ Implementing a decision making model inclusive of all voices ▪ ▪ ▪
Implementation and evaluation of work plans	Narratives of underrepresented communities often emphasize a deficit narrative That sometimes institutions fail to return to communities and share the final outcome of projects There has been lack of engagement with those most impacted in development of strategies and interventions	▪ Ensure community member participation ▪ Use language intentionally, focusing on an asset-based narrative • Present information in person to groups in the community	Examples: ▪ Using disparity data to inform work plans ▪ Using equity lens in work plan development ▪ Ensuring work plans are flexible to the changing needs of the workgroup membership ▪ ▪ ▪

This tool was adapted from a Healthy Columbia Willamette Collaborative Equity Tool

Hosting a Meeting: Trauma-Informed Meeting Guidelines

As CHIP Committees gather information, identify opportunities, set priorities for change, and propose solutions, there are a number of guidelines that can support a trauma-informed approach. The CHIP Leadership Team has developed the following guidelines and recommendations and encourages all committees to implement this tool.

Preparing for the Meeting

1. Refreshments
    - Consider when to provide food at a meeting (if mid-morning or mid-afternoon, more than two hours, if your specific participants may be hungry, if the tradition of hospitality is a value of the invited group)
    - Ensure food and beverages provided are culturally appropriate, and if possible, purchased from minority or women owned businesses
    - Consider locations that allow for provision of food and drinks
    - Offer water and healthy snacks options
    - If refreshments not provided by meeting organizer, communicate to participants that they are welcome to bring their own food and drinks

2. If possible, provide fidget toys which can help with focus
    - Have a few options- too many though can be a distraction
    - Provide a basket on the table or few piles- accessible to all
    - Options: Rubber bands, crayons and paper, stress balls, play dough, pipe cleaners

3. Room Environment
    - Be mindful of space and location – accessible, transit options, friendly or comfortable for specific cultural groups, appropriate size
    - Ensure there is access to the door
    - Ensure seating is not too close
    - Have chairs without arms available
    - Consider temperature
    - Turn off things that create ambient noise
    - Limit outside distractions
    - When variables can't be controlled- debrief the group on what things may come up
    - Think about the venue- could the space make others feel uncomfortable?

Starting the Meeting

1. Description of expectations and reminders about caring for yourself
    - Length of meeting
    - Provide options to move around and to be comfortable- standing, walking, stretching
    - Directions to restrooms; mention gender neutral locations
    - Provide break times, however communicate participants can leave when needed

2. Introductions
    - Share gender pronoun (let participants know it is optional to share)
    - Do an access check-in: “Can the group do anything to ease participation for you today?”

3. Offer a short right brain activity
    - Icebreaker or sharing
    - People can connect before moving into content
    - Remind people that they can "pass"
    - Model the game to set clear expectations
    - Activities should not include touching or revealing personal trauma information

During the Meeting

1. Facilitation should be inclusive and encourage participation
    - Be comfortable with silence – it may take time for people to process or form questions
    - Ask reflexive questions
    - Create or adopt group agreements or norms
    - Use mixed methods of individual reflection, small group and large group discussions
    - Develop and name a way people can indicate they want to speak up
    - Provide post-its as an alternative way to participate
    - Before the group meets, or before a new person joins- ask a week or two in advance if attendees need anything to fully participate- interpretation, special seating, etc.
    - Speak while facing the group

2. Think about materials
    - As many formats as possible: paper, screen, etc.
    - Provide in advance
    - Give time to read longer materials
    - 12 point or larger font

3. Language
    - Explain acronyms
    - Have a list of frequently used acronyms on the wall
    - Reflect on the choice of words that you use
    - Provide interpretation if possible

4. Take breaks
    - Provide scheduled breaks

5. Wrap-up
    - Review decisions made throughout the meeting
    - Review action items identified during the meeting
    - Conduct a brief evaluation of the meeting at the end (what participants liked & what could be changed)

This tool was adapted from resources from Trauma Informed Oregon

Decision-Making Model

Consensus Decision-Making is a process for groups to generate widespread agreement in a way that respects the contributions of all participants. There are many variations in the ways groups use consensus. The following unifying principles form a common basis for consensus processes.

Inclusive & Participatory

In a consensus process all group members are included and encouraged to participate. Further, the needs of all stakeholders affected by a decision are included in the deliberations.

Agreement Seeking

Consensus decision-making is a process that seeks widespread or full agreement. Groups using this process commit themselves to the goal of generating as much agreement as possible. Different groups may have different decision rules (standards for how much agreement is necessary to finalize a decision). Regardless of the ultimate decision rule, however, all groups using a consensus process strive for the full agreement of all participants.

Process Oriented

Consensus decision-making highlights the process of making decisions, not just the result. In a consensus process all participants are respected and their contributions are welcome. Power leveraging, adversarial positioning and other group manipulation tactics are specifically discouraged by the facilitator or by the structure of the discussion. The way in which the decision is made is as important as the resulting decision.

Collaborative

Consensus decision-making is a collaborative process. All members of the group contribute to a shared proposal and shape it into a decision that meets all the concerns of group members as much as possible. Consensus is distinctly different from an adversarial process wherein participants compete for the group's support, and the concerns of the losing parties are not addressed by the winning proposal.

Relationship Building

Consensus decision-making has an over-arching goal of building group relationships through discussion. The effort to gain widespread agreement and include all perspectives is intended to support positive relationships between consensus participants. The resulting shared ownership of decisions and increased group cohesion can make implementation of decisions and future consensus discussions proceed in an atmosphere of trust and cooperation.

This tool was adapted from a Consensus Decision Making Virtual Learning Center Tool

Fist-to-Five Strategy

"Fist-to-Five" is a great way to quickly gauge each team member's level of support for a specific idea or proposal. It makes it much easier for people to be honest regarding their degree of support for an initiative. For decisions, we have extended the basic "Fist-to-Five" model to provide for a recommendation to move forward while still honoring minority voices.

Proposed Presentation

One member of the group presents the details of the proposal. This individual will then answer "clarifying questions" until all such questions have been asked and answered. If appropriate and helpful, the group may then open the floor for discussion or break into small groups for discussion. (If small groups are used, when the large group is reconvened, time should be allowed for any clarifying questions or comments members would like to include before voting.

The Initial Vote

Once the proposal presentation is completed, the facilitator(s) will direct each team member to vote by holding up 0 - 5 fingers.

Fist	No support--will work to block proposal. • "I need to talk more about the proposal and require changes for me to be comfortable with it."
1 Finger	No support, but won't block. • "I still have strong reservations and want to discuss certain issues and suggest changes that should be made, but I agree not to block the proposal if approved as is."
2 Fingers	Minimal support • "I am moderately comfortable with the proposal as is, but would like to discuss some minor issues."
3 Fingers	Neutral • "I'm not in total agreement but feel comfortable to let this decision or proposal pass without further discussion."
4 Fingers	Solid support • "I think it's a good idea/decision and will openly support it.
5 Fingers	• "It's a great idea, and I will do all I can to promote it."

Members' votes will be tallied by category and posted where the entire group can see the results. The results will also be recorded in the meeting minutes.

Vote Results

- If a proposal receives 3 fingers or more from all members, it is **approved** as is.
- If not, the following process will be used to reach agreement.

Processing Change Proposals

1. Members who held up fewer than three fingers will state their concerns to the entire group.

Guidelines:

- Each individual will speak without interruptions or questions from the group.
- The facilitator(s) may choose to set time limits.
- The concerns shared will be recorded in the meeting minutes.

2. After each individual has shared, the floor will be opened for clarifying questions, comments, and discussion. The facilitator may choose to set time limits.

3. Next, those who raised a single finger or a fist will propose changes to the original proposal in writing. Each proposed change shall be recorded in the meeting minutes and considered individually as follows:

- The individual will present his/her proposed change and explain why s/he believes it deserves the support of the group. (The proposal is to be posted or handed out when that is helpful.)
- Members will then have the opportunity to ask clarifying questions and comment on the proposed change.
- When all clarifying questions have been asked and all comments shared, a vote is called for by the facilitator. The details of the vote will be recorded in the meeting minutes.
- If the proposed change receives 3 fingers or more from all members, the change is approved and becomes part of the original proposal. If the vote includes at least one vote of 2 or less, the proposed change fails.
- This process is repeated for each person who raised a single finger or fist.

4. Once all proposed changes have been processed, another Fist-to-Five vote is held for the final version of the proposal.

- If there are no fists, the proposal passes.
- If there is a fist, the member(s) may each offer a final amendment, following the process above. If an amendment passes with all 3 fingers or higher, it is incorporated into the proposal. After this final round of proposed changes is processed, a final Fist-to-Five vote is held. If three or more members of the team vote with a fist, the proposal will be revised for reconsideration at the next meeting. Otherwise, the proposal is approved. All votes are to be recorded in the meeting minutes.

This tool was adapted from a Beaverton School District Decision Making Tool

Committee Charter Template

CHIP COMMITTEE:
OVERALL PURPOSE:
COMMITTEE GOALS:
MEETING SCHEDULE AND FREQUENCY:
DECISION MAKING PROCESS:
GROUND RULES/ GROUP NORMS: - - -
AGENDA TEMPLATE/OUTLINE: o Welcome/Introductions o Announcements and Information Sharing o Data sharing and Presentations o Meeting Outcomes/ Implementation of work plan o Meeting Evaluation o Next Steps

CURRENT MEMBERS	**ORGANIZATION**	**ROLE / NOTES ABOUT FOCUS AREA**

Committee Work Plan Template

CHIP Committee Work Plan				
GOAL 1:				
FUTURE STATE (SMART OBJECTIVES): - Specific, Measurable, Attainable, Relevant, Timely				
WORKGROUP MEMBERS:				
STAKEHOLDERS: (CURRENT AND POTENTIAL)				
CURRENT STATE	**ACTIONS**	**EQUITY, INCLUSION AND TIC**	**BY WHO?**	**BY WHEN?**
		Who will benefit or be burdened?		
		How will accountability be ensured?		
		How are we making people feel safe and heard?		
		What are the community resources and strengths?		
		Who will benefit or be burdened?		
		How will accountability be ensured?		
		How are we making people feel safe and heard?		
		What are the community resources and strengths?		
OUTCOMES				
QUANTITY: HOW MUCH DID WE DO?				
QUALITY: HOW WELL DID WE DO IT?				
IS ANYONE BETTER OFF?				

Membership Commitment Form

The following is a membership form example that committees can use or adapt for their needs. The purpose is to define the specific membership roles on committees to get more consistent participation and ensure members are involved at the level that makes sense for them.

MEMBERSHIP AGREEMENT

Completion of this membership form signifies alignment with the BLANK Committee. Members may change or end their membership at any time and for any reason by notifying the Committee chairs.

Name:_____ **Date:**_____

Organization:_____ **Phone:**_____

Title:_____ **Email:**_____

Stakeholder Group (See categories below):_____

I would like to *(please select ALL that apply)***:**

☐ Serve as an **BLANK Committee member** who attends general Committee meetings and participates and votes when appropriate.

☐ Be a **Steering Committee member**.

☐ Serve as a **Subcommittee Workgroup Member** for the committee - actively participate in at least one subcommittee workgroup and their projects. Follow subcommittee's agreed upon participation requirements and work to make progress on proposed projects.

☐ Be a **Supporter** of the Collaborative (be included on email lists, support by regularly receiving and sharing communication materials via Facebook, email, e-newsletter, blog and/or the Collaborative website).

Stakeholder Groups: The Committee shall consist of community stakeholders, consisting of at least one stakeholder from each of the following stakeholder groups (Examples may include):

- ☐ Health care system
- ☐ Academic institution
- ☐ Local or State Government
- ☐ Public Health
- ☐ Behavioral/ Mental Health
- ☐ Health Educator
- ☐ Community based organization
- ☐ Community member
- ☐ Represent culturally specific group

Steering Committee

Term of Service: 2 years. Required to participate in at least one subcommittee work group.

Meetings: Ad hoc (scheduled immediately following access to care committee meetings)

Responsibilities: Provide overall stewardship for the Collaborative through support and oversight of the Committee.

BLANK Committee Member

Term of Service: 1 year, with unlimited renewal opportunities.

Meetings: Every other month (~ 2 hrs each)

Responsibilities:

- Participate in at least 5 meetings a year (or send alternate)
- Vote (either in-person or via email) on Committee issues
- Be available as a resource or liaison for Subcommittee workgroups
- Forward committee information and member updates to appropriate members within your organization – inviting appropriate stakeholders from your organization to the meeting when appropriate.

Subcommittee Workgroup Member

Term of Service: 1 year, with unlimited renewal opportunities.

Meetings: Monthly; depending on project progress; Champions contacted when opportunities arise.

Responsibilities:

- Develop and implement detailed project work plans
- Report back to larger Committee
- Provide accountability on implementing culturally responsive prevention and policy approaches

Supporter

Term of Service: Open-ended.

Opportunities:

- Email listserv
- Forwarding Committee information on to appropriate members within your organization

The contents in this document have been adapted from the following sources:

1. Herzof(J., & Kita, E. (2010). Compassion Fatigue and Countertransference: Two Different Concepts. *Clinical Social Work, 38.*
2. Van der Kolk, B. A (1989). The compulsion to repeat the trauma. Psychiatric Clinics of North America, 12(2), 389-411.
3. Substance Abuse and Mental Health Services Administration. (2012). SAMHSA's Working Definition of Trauma and Principles and Guidance for a Trauma Informed Approach.