

W.3.B.1.

## AGENDA COVER MEMO

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**AGENDA DATE:** January 23, 2008

**TO:** Board of County Commissioners

**DEPARTMENT:** Health & Human Services

**PRESENTED BY:** Rob Rockstroh



**AGENDA TITLE:** ORDER \_\_\_\_\_ / IN THE MATTER OF APPROVING  
AMENDED BY-LAWS FOR THE COMMUNITY HEALTH COUNCIL (LM  
3.534)

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### **I. MOTION**

ORDER \_\_\_\_\_ / In the Matter of Approving Amended By-Laws for the  
Community Health Council (LM 3.534).

### **II. AGENDA ITEM SUMMARY**

The Community Health Council has prepared new by-laws for consideration by the Board of Commissioners, in order to accurately reflect newly acquired responsibilities related to the inclusion of Mental Health outpatient services within the Bureau of Primary Health Care-approved scope for the Community Health Centers of Lane County, to revise the term of appointments to the Council to four years, from three; and to provide for oversight and review of family planning materials prior to their distribution at Clinic sites.

### **III. BACKGROUND/IMPLICATIONS OF ACTION**

#### **A. Board Action and Other History**

The membership of the Community Health Centers Advisory Council, hereinafter "Council", was last revised via BO 07-12-5-2. That board packet recognized the need for the Council to submit revised by-laws for Board consideration; based on recent changes regarding the provision of integrated care by the Community Health Centers of Lane County. The Council's by-laws were previously established via BO 03-11-25-8.

The Bureau of Primary Health Care, the federal agency charged with oversight of Federally Qualified Health Centers, approved the co-location of primary care and mental health services for the Community Health Centers of Lane County (CHCLC) at the 2411 Martin Luther King Blvd. site on October 12, 2005 and subsequently approved an expansion of those services in June, 2007. The Department of Medical Assistance Programs placed these integrated services under one CHCLC provider number effective 1 October, 2007; prompting Health & Human Services (H&HS) to take action to ensure

that the Board approve all administrative and functional changes that were effected to address these revisions within the relevant statutory guidelines.

## **B. Policy Issues**

**Retroactive approval of revision:** The Board is being asked to permit the Council to change from three to four-year terms of appointment effective 1 July, 2006. This exception to policy is requested based on the willingness of the affected Council members to serve the longer terms and in recognition of the fact that, though established via Board Order in November, 2003; the Council did not commence regular meetings until March, 2004. Therefore, the four Council members affected by this retroactive change served a maximum of two years on their first term of appointment, depending on when they actually joined the Council. The approval of the service of these four members until June 30, 2010 will result in a net term of service of only six years. The move to a four-year term of appointment is consistent with County policy, as established in LM 3.506(2)(e).

**Mental health services:** The Community Health Council serves as the "co-applicant board" for the receipt of federal Section 330 funding to support the Community Health Centers of Lane County. These amendments to the Council's by-laws seek to provide the context for the co-applicant review of integrated mental health services within the scope of services of the CHCLC, providing an appropriate level of citizen-led involvement.

**Family planning services:** Family Planning services were transferred from the County's Public Health Division to the Community Health Centers on 1 July, 2007. The Public Health Advisory Committee had been providing mandated Title X oversight and review of family planning materials, when this function was under Public Health, but these responsibilities now must be transferred to the Community Health Council.

## **C. Board Goals**

Approval of these by-laws supports strong community member and consumer participation in health care in Lane County and also demonstrates recognition of the willingness of County residents to serve their community; both of which contribute to Board goals of promoting effective health care and citizen involvement in County governance.

## **D. Financial and/or Resource Considerations**

None. Approval of the amended by-laws would involve insignificant amounts of staff support time. A movement to four year terms reduces the number and frequency of vacancy postings, resulting in a net savings of resources.

## **E. Analysis**

The by-laws amendments primarily related to providing for citizen involvement in the

provision of mental health services by Lane County. These revisions are consistent with the operational and administrative relationship between the Mental Health Division and the Community Health Centers of Lane County, as outlined in the interim MOA put in place in October, 2007. The provisions of the interim MOA will be incorporated into an Intra-Departmental Work Plan, once the CHCLC has hired a Division Manager, possibly as early as January, 2008.

Failure to incorporate this level of oversight of mental health services would place the Council, as the co-applicant board for the Section 330 (of the Public Health Service Act) grant(s), in non-compliance with the federal regulations governing the need for consumer and community member involvement. Community involvement and advocacy by mental health consumers/family members is also mandated in the provision of mental health services by the ORS 430.050 and the OAR 309-016-0020.

These revised by-laws also include specific references, as requested by County Counsel, to the Oregon Open Meetings Law (ORS 192.610-690) and the State Statute governing "conflict of interest" (ORS 244), which had not previously been referenced in the Community Health Council's by-laws.

**F. Alternatives / Options**

1. To approve the by-laws for the Community Health Council (LM 3.534), as amended.
2. To request that notes be given to the Community Health Council, requesting additional revisions.

**IV. TIMING/IMPLEMENTATION**

These changes would be effective immediately, except the revision to terms of office, which will be applied retroactively, effective 1 July, 2006.

**V. RECOMMENDATION**

Staff recommend adoption of 1, above.

**VI. FOLLOW-UP**

None anticipated.

**VII. ATTACHMENTS**

Board Order  
Final format: 2008 Amended Community Health Council By-Laws  
LM 3.534  
42CFR51c.304

**BOARD OF COUNTY COMMISSIONERS, LANE COUNTY, OREGON**

**RESOLUTION**        ) IN THE MATTER OF APPROVING AMENDED BY-LAWS FOR THE  
**AND ORDER:**        ) COMMUNITY HEALTH COUNCIL (LM 3.534)

WHEREAS, the Community Health Council wishes to change the terms of office for its membership, retroactive to 1 July, 2006, from three years to four; and

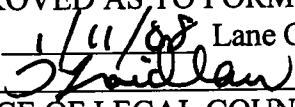
WHEREAS, a change of the scope of the services provided by the Community Health Centers of Lane County, approved by the federal Bureau of Primary Health Care and recognized by the state Department of Medical Assistance Programs, to integrate mental health services with primary care, confers additional responsibilities upon the Community Health Council.

NOW, THEREFORE, IT IS HEREBY RESOLVED AND ORDERED that the by-laws of the Community Health Council be amended as revised in Attachment A.

DATED this \_\_\_\_\_ day of January, 2008.

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Faye Stewart, Chair  
Lane County Board of Commissioners

APPROVED AS TO FORM  
Date 1/11/08 Lane County  
  
OFFICE OF LEGAL COUNSEL

**Community Health Council**

**BYLAWS**

Community Health Council  
Lane County Human Services Commission  
125 E 8<sup>th</sup> Avenue  
Eugene, Oregon 97401  
(541) 682-3798 FAX (541) 682-3760  
<http://www.lanecounty.org/hsc>

Signed January 22, 2008: \_\_\_\_\_ Nancy Golden, Chair

### **Article I: Name**

This body shall be known as the Community Health Council, herein after referred to as "Council."

### **Article II: Purpose**

The Council shall assist and advise the Lane County Board of Commissioners and the Community Health Centers of Lane County (CHCLC), a Federally Qualified Health Center, in promoting its vision of healthy people in healthy communities. It shall support and guide the CHCLC in its mission to provide comprehensive, integrated health care that is quality-driven, affordable and culturally competent to the people of Lane County. The Council will provide input and feedback to generally advise the development, implementation and evaluation of CHCLC programs, including but not limited to, all programs funded through the Federal Bureau of Primary Health Care, Section 330 grants.

### **Article III: Office**

The principal office of the Council shall be located at 125 East 8<sup>th</sup> Avenue, Eugene, Oregon 97401.

### **Article IV: Responsibilities**

The Community Health Centers of Lane County is a Division of the Lane County Department of Health & Human Services. As a public entity, Lane County retains the responsibility of establishing fiscal and personnel policies. Day-to-day leadership and management rest with CHCLC staff under the immediate direction of the Division Manager and the indirect direction of the Director, Health & Human Services. Mental Health is a Division of the Lane County Department of Health & Human Services, separate from the CHCLC, but administratively and operationally linked to the CHCLC by means of an Intra-Departmental Work Plan. This administrative and functional linkage is required, as the outpatient mental health services provided by Lane County Mental Health (LCMH) come under the scope of the CHCLC, with the LCMH facility at 2411 Martin Luther King Boulevard in Eugene being recognized by the BPHC as a CHCLC site. The Community Health Council also fulfills the advisory role of the CHCLC Title X Family Planning Information and Education Advisory Committee.

The Council's responsibilities include providing advice, leadership and guidance in support of the mission, of the CHCLC. This may also include providing feedback and advice to the Board of County Commissioners regarding the health care needs of Lane County residents.

One goal of the Council is to review marketplace trends and to provide assistance and advice which reflects economic realities in the marketplace.

The Council shall:

- Participate in the selection and evaluation of the CHCLC Division Manager. The Council's participation in the selection and evaluation will be exercised in accordance with established County criteria, personnel policies and the Federal Bureau of Primary Health Care grant guidelines and expectations.
- Participate in monitoring CHCLC operations in accordance with applicable federal, state and local laws and regulations.

- Participate in planning and reviewing the CHCLC budget throughout the year, as well as in approving the annual budget and primary care grant application, prior to their submission to the Board of County Commissioners for final adoption.
- Participate in planning, measuring and evaluating the progress of the CHCLC in meeting its annual and long-term programmatic and financial goals.
- Participate in selecting the services provided by the CHCLC and in the selection of those LCMH services which come under the scope of the CHCLC and determining the hours during which services are provided at service sites.
- Participate in adopting health care policies regarding scope and availability of services, for both the CHCLC and LCMH. The Council delegates all credentialing and privileging responsibilities to the Clinic Operations Manager.
- Participate in recommendation, approval, or disapproval of any second or subsequent grant applications for CHCLC/LCMH programs.
- Collaborate with the Mental Health Advisory Committee (MHAC) to ensure appropriate representation of Section 330 grant responsibilities related to the CHCLC are considered by the MHAC.
- The Council shall work with the Community Health Centers of Lane County's management and community leaders to actively engage in long-term strategic planning to position the CHCLC for the future.
- The Council shall delegate to a subcommittee of not less than five members, to include at least one age-appropriate consumer of the Clinic's family planning services, the role of reviewing the content and suitability of all family planning materials (informational and/or educational), prior to the production and distribution of these materials, keeping in mind the educational and cultural backgrounds of the target audience

## **Article V: Members**

### **Section 1: Size**

The Council shall have 17 members.

### **Section 2: Composition**

The Council as a whole is committed to diversity and in that spirit shall have members from the following communities:

- Consumers reflecting the populations served
- Health care providers
- Community representatives

A majority of members of the Council must be people who are served by the CHCLC, consumer members, and who as a group represent the individuals being served including demographic factors.

The Council should be comprised of members with a broad range of skills and expertise. Finance, legal affairs, business, health and managed care, social services, labor relations and government are some examples of the areas of expertise needed by the Council to fulfill its responsibilities. No more than half of the non-consumer representatives may derive their annual income from the health care industry.

No Council member shall be an employee of the health center or immediate family member of an employee.

#### **A. Consumer Member Defined**

The intent of the Council is to provide a platform for consumer members to give input on the Community Health Centers of Lane County's strategic direction and policy. Accordingly, consumer members should utilize the CHCLC as a source of primary health care. The CHCLC recognizes that primary care services may include a broad range of preventive and clinical services. A consumer member shall have used the CHCLC's services within the last two years of membership. A legal guardian of a consumer who is a dependent child or adult, or a legal sponsor of an immigrant may also be considered a consumer for purposes of Council representation.

As a group, consumer members of the Council must reasonably represent the diversity of individuals being served by the CHCLC. Considerations should include, but are not limited to, race, ethnicity, sexual orientation, socioeconomic class, physical ability and gender.

When the CHCLC receives both community health center funding and either direct or indirect funding designated for a special population, representation should be reasonably proportional to the percentage of consumers the special population group represents. However, there should be at least one representative from the special population group. The intent is not to impose quotas on Council membership but to ensure the Council is sensitive to the needs of all CHCLC consumers.

#### **B. Non-Consumer Member Defined**

A health care provider member is an individual whose income and/or support is derived from the health care industry. This may include but is not limited to physicians, individuals associated with a local community family planning agency, administrators of a community hospital or outpatient clinic and dentists in private practice.

A community member is an individual who is representative of a community's concern for health care, is willing to assist in developing community support for the CHCLC and is selected for his/her expertise in community affairs, local government, finance and banking, legal affairs, trade unions, other commercial and industrial concerns, or social service agencies within the community. A community member may be an actual or potential consumer, but not a health care provider. A community member may either reside in or work within the CHCLC's catchment area.

#### **Article VI: Nominations**

The Community Health Council membership recruitment process is directly tied to the term expirations of members. Members' terms expire on June 30, of their fourth year of service. Vacancies shall be advertised in the local newspaper and posted on the County website. All



members are encouraged to assist in promoting service on the Council to their colleagues and to other community members and/or consumers. Vacancies shall be announced and kept open for a minimum of 30 days. Applications are reviewed by an ad hoc Nominating Committee, with appropriate candidates then being referred to the full Council for consideration, prior to nomination to the County Board of Commissioners for appointment. The Council shall recommend approval of new members by a majority vote. The Council will elicit recommendations from the Mental Health Advisory Council, when recruiting consumers/providers or community members at-large for designated mental health vacancies.

In making appointments to the Council, the Board of County Commissioners shall not be limited to the persons appearing on the Nominating Committee's lists. However, the composition of the membership appointed by the Board of County Commissioners shall comply with the legal requirements for Community Health Centers .

#### **Article VII: Term of Office**

All terms of office shall be for four (4) years. The effective date of membership shall be 1 July of the year in which the County Board of Commissioners approves the membership. A person shall be limited to two (2) consecutive terms of office.

#### **Article VIII: Vacancies**

When vacancies occur during the unexpired term of a member, the Council may nominate a new member to the Board of Commissioners for consideration for appointment for the duration of the term. Vacancies in Council positions shall be filled by appointees selected from the same membership category as the vacating member, in accordance with Article VI. Such appointees shall serve as members of the Council until the end of the terms of the outgoing members. When vacancies occur as the result of an expired term, appointees may apply through the recruitment process described in Article VI.

#### **Article IX: Removal**

Any member may be removed whenever the best interests of the CHCLC or the Council will be served. The members whose removal is placed in issue shall be given prior notice of his/her proposed removal, and a reasonable opportunity to appear and be heard at a meeting of the Council. A member may be removed pursuant to this section by a vote of two-thirds (2/3) of the total number of members then serving on the Council.

Continuous and frequent absences from the Council meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Council meetings or from four (4) meetings within a period of six (6) months, the Council shall automatically give consideration to the removal of such person from the Council in accordance with the procedures outlined in this Article.

#### **Article X: Conflict of Interest**

Council members shall comply with ORS 244, in determining whether or not to participate in a Council decision, based on the member's actual or potential conflicts of interest.

A conflict of interest transaction is a transaction with the Community Health Centers of Lane County in which a Council member has a direct or indirect economic or financial interest. Conflict of interest or the appearance of conflict of interest by the Council members, employees, consultants and those who furnish goods or services to the CHCLC must be declared.

In situations which a conflict of interest exists for a member, based on a conflict arising from a relative of the Council member, the member him/herself or a business with which the Council member or a relative is associated, the member shall declare and explain the conflict of interest. No member of the Council shall vote in a situation in which a conflict of interest exists for that member.

Any member may challenge any other member(s) as having conflict of interest. By roll call vote, properly recorded, the status of the challenged member(s) shall be determined prior to further consideration of the proposed project or issue. Prior to debate on any proposed project or issue at committee or Council level, it shall be the responsibility of the President to identify any conflict of interest, either by declaration or challenge. The challenge may be individual or applied to a group.

No Council member shall be an employee of the CHCLC or an immediate family member of an employee.

#### **Article XI: Compensation**

No salary shall be paid a member for his/her services as a member of the Council. However, direct expenses, including transportation and meals, incurred by Council members attending Council meetings may be provided or may be reimbursed by the County.

#### **Article XII: Meetings**

##### **Section 1: Open Meetings**

All meetings of the Committee shall be conducted in accordance with the Oregon Open Meetings Law, ORS 192.610 – 690. Regular, executive, subcommittee and special meetings shall be open to the public.

##### **Section 2: Regular Meetings**

The Council shall hold regularly scheduled meetings, at least once a month, for which minutes shall be kept. The time, place and location of the meetings, which may be designated by the Council, shall be made known to the public by advertising or posting such notice, and such notice shall be given to each Council member at least one week in advance of the meeting date. When mailed and properly addressed, notice shall be deemed to have been given twenty-four (24) hours after it has been deposited in the United States Mail, postage paid.

##### **Section 3: Minutes**

The elected secretary, or a member appointed when the secretary is absent, will ensure that minutes of regular meetings are recorded. Program staff shall prepare, distribute and store minutes of every meeting. The minutes shall be reviewed and approved at each subsequent Council meeting.

#### **Section 4: Special Meetings**

Special meetings may be called at any time by the President of the Council, by a signed petition of a majority of the members then serving, or in response to a request by the County. The President shall convene a meeting within one (1) week of such request. Minutes of special meetings shall be kept.

#### **Section 5: Format of Meetings**

The make-up of membership should dictate the format by which meetings are conducted.

#### **Section 6: Voting**

The Council may act by the vote of a majority of current members, a quorum being present, unless otherwise provided by statute or by these bylaws. Each member shall be entitled to one (1) vote. No proxy votes shall be accepted. A quorum shall consist of a majority of Council members.

#### **Article XIII: Officers**

The officers of the Council shall be chosen from among the members of the Council and shall include a President, Vice-President, Treasurer, and Secretary. At least one (1) of the officers shall be a Consumer Member. The officers constitute the Executive Committee.

#### **Section 1: Nomination & Election**

The Nominating Committee Chair shall be responsible for conducting the nominations and election of Council officers. Nominees shall be selected from the Council membership and shall be presented annually. Nominations of officers shall be made at the following meeting. A nominee may decline nomination.

Officers shall be elected annually by a majority vote of those members present and voting, as the first order of business at the December meeting of the Council.

#### **Section 2: Term of Office**

Officers shall be elected for a term of one (1) year, or any portion of an unexpired term thereof, and shall be eligible for reelection for a maximum of three (3) additional years. A term of office for an officer shall start January 1, and shall terminate December 31 of the same year, or shall serve until a successor is elected.

#### **Section 3: Vacancies**

Vacancies created during the term of an officer of the Council shall be filled for the remaining portion of the term by special election by the Council at a regular meeting in accordance with this Article.

#### **Section 4: Responsibilities**

##### **A. President**

The President shall preside over meetings of the Council, shall serve as Chair of the Executive Committee and may be an ex-officio member of any other committees, and shall

perform the other specific duties prescribed by these bylaws or that may from time to time be prescribed by the Council.

**B. Vice-President**

The Vice-President shall perform the duties of the President in the latter's absence and shall provide additional duties that may from time to time be prescribed by the Council.

**C. Treasurer**

The Treasurer shall ensure that adequate financial records are kept and that accurate and timely financial reports are delivered to the Council. The treasurer shall perform additional duties that may from time to time be prescribed by the Council.

**D. Secretary**

Secretary shall ensure that minutes of all the meetings and proceedings of the Council are kept and shall perform additional duties that may from time to time be prescribed by the Council.

**Article XIV: Committees**

The Council may designate one or more committees as the Council sees appropriate to carry out its responsibilities at a meeting of the Council at which a quorum is present.

Each committee shall consist of two (2) or more Council members, at least one (1) of which is an actual or potential consumer. Committees may also consist of additional persons from the community chosen for their knowledge and concern about a specific field or endeavor who are not members of the Council.

The designation of such committees and the delegation of authority shall not relieve the Council of its responsibility. Any actions or recommendations of a committee must be approved by the Council.

The Council shall have the following standing committee(s):

- Executive Committee

Additionally, the Council may appoint other committees on a permanent or ad hoc basis as appropriate to fulfill its advisory role across the CHCLC.

**Section 1: Appointments**

**A. Chair**

The President of the Council or the Council by majority vote shall appoint the Committee chair from the members of the committee.

**B. Members**

Committee members shall be appointed by the President with the approval of the Council.

**C. Term of Office**

The Chair and members of a committee shall be elected for a term of one (1) year, or any portion of an unexpired term thereof, and shall be eligible for reelection for a maximum of three (3) additional years

**D. Vacancies**

The President, with the approval of the Council, shall have the power to fill any vacancies that occur on the committee.

**Section 2: Meetings**

All meetings of the committees shall meet at such time and place as designated by the Chair of the committee and as often as necessary to accomplish their duties.

**Section 3: Minutes**

All committees shall maintain written notes of all meetings, which shall be available to the Council. They shall report in writing to the Council as necessary, in the form of reports or recommendations.

**Article XV: Executive Committee**

**Section 1: Membership**

The Executive Committee shall consist of the President, Vice-President, Treasurer, and Secretary. A consumer member shall be included on the Executive Committee.

**Section 2: Election**

Officers and members-at-large shall be elected annually by a majority vote of those members present and voting, as the first order of business at the December meeting of the Council, in accordance with Article XIII.

**Section 3: Powers**

The Executive Committee shall see that an agenda is distributed prior to each regular meeting, shall provide oversight of the activities of the Council, and shall perform such other duties as prescribed by the Council. The Executive Committee has authority to make decisions on issues that require immediate attention on behalf of the Council. Such decisions shall be presented at the next Council meeting for action.

**Section 4: Meetings**

The Executive Committee shall meet at such time and place as it may designate and shall keep a record of its proceedings and actions.

Special meetings of the Executive Committee may be called on one (1) day's notice by the President or by three (3) members of the Executive Committee.

**Section 5: Voting**

The Executive Committee shall act by majority vote of those present at a meeting having a quorum. Three (3) members of the Executive Committee shall constitute a quorum.

**Section 6: Vacancies**

Vacancies on the Executive Committee shall be filled by special election at a regular meeting of the Council, in accordance with Article XIII

**Article XVI: Amendments**

The bylaws may be repealed or amended, or new bylaws may be adopted at any meeting of the Council at which a quorum is present, by two-thirds (2/3) of those present and voting. At least fourteen (14) days written notice must be given to each member of the intention as to alter, amend, repeal or to adopt new bylaws at such meetings, as well as the written alteration, amendment or substitution proposed. Bylaw changes which are approved by the Council will then be submitted to the Board of County Commissioners, as the "co-applicant" for the Section 330 grant, for final adoption.

### 3.534 COMMUNITY HEALTH COUNCIL

Provides assistance and advice to the Board of Commissioners and the Health & Human Services Department's Community Health Centers of Lane County (CHCLC) in promoting its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Lane County. The Community Health Council will provide input and feedback to generally advise the development, implementation and evaluation of CHCLC programs, including but not limited to all programs funded through the Federal Bureau of Primary Health Care Grant(s). This may include providing feedback and advice regarding the health care needs of Lane County residents. One goal of the Community Health Council is to review marketplace trends and to provide assistance and advice which reflect the economic realities of the marketplace. The Council shall participate in the selection and evaluation of the CHCLC Project Director/Program Manager, in accordance with County personnel policies and procedures. This Council shall assist with monitoring CHCLC operation in accordance with applicable federal, state and local laws and regulations; participate in planning and reviewing the CHCLC budget; review the budget and financial plan for each fiscal year, as well as the project budget and primary care grant renewals, and give recommendations prior to their submission to the Board of County Commissioners for adoption, in accordance with local budget law. The Council shall participate in planning, measuring and evaluating the CHCLC's progress in meeting its annual and long-term programmatic and financial goals, including client satisfaction with the services offered; participate in selecting the services provided by the CHCLC and in determining its operating hours and which services will be offered at which sites; participate in adopting health care policies regarding scope and availability of services; participate in approving or disapproving subsequent grant applications for the CHCLC's programs. The Council shall work with the H&HS/CHCLC's management team and with community leaders to actively engage in long-term strategic planning to build sustainability for the centers.

**STAFFING:** Department of Health & Human Services

**MEETS:** Monthly

**MANDATED:** Section 330 of the Public Health Service Act (42 U.S.C. 254b, et seq., as now or hereafter amended)

**MEMBERSHIP:** (17) The Council shall have 17 members. Representation shall be from consumers, health care providers and community representatives as follows: 51% of the members of the Council must be individuals who are served by the CHCLC and must also be representative with respect to demographic factors. 49% of the members shall be representative of the CHCLC catchment area and will be selected for their expertise in community affairs, local government, finance, legal affairs, trade unions, commercial or industrial concerns or social service agencies. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health care industry. No member may be an employee of the CHCLC, spouse, or child, parent, brother or sister by blood or marriage.

**TERM:** 4 years, ending June 30

[Code of Federal Regulations]

[Title 42, Volume 1]

[Revised as of October 1, 2006]

From the U.S. Government Printing Office via GPO Access

[CITE: 42CFR51c.304]

[Page 182-183]

## TITLE 42--PUBLIC HEALTH

### CHAPTER I--PUBLIC HEALTH SERVICE, DEPARTMENT OF HEALTH AND HUMAN

#### SERVICES

#### PART 51c\_GRANTS FOR COMMUNITY HEALTH SERVICES--Table of Contents

##### Subpart C\_Grants for Operating Community Health Centers

##### Sec. 51c.304 Governing board.

A governing board for the center shall be established by an applicant as follows:

(a) Size. The board shall consist of at least 9 but not more than 25 members, except that this requirement may be waived by the Secretary for good cause shown.

(b) Composition. (1) A majority of the board members shall be individuals who are or will be served by the center and who, as a group, represent the individuals being or to be served in terms of demographic factors, such as race, ethnicity, sex.



(2) No more than one-half of the remaining members of the board may be individuals who derive more than 10 percent of their annual income from the health care industry.

(3) The remaining members of the board shall be representative of the community in which the center's catchment area is located and shall be selected for their expertise in community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.

(4) No member of the board shall be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee. The project director may be a non-voting, ex-officio member of the board.

(c) Selection of members. The method of selection of all governing board members shall be prescribed in the by-laws or other internal governing rules of the center. Such by-laws or other rules must specify a process of selection of individuals on the governing board who represent the population served or to be served by the center so that such individuals, as a group, are representative of such population. Such process of selection in the by-laws or other rules is subject to approval by the Secretary.

(d) Functions and responsibilities. (1) The governing board for the center shall have authority for the establishment of policy in the conduct of the center.

(2) The governing board shall hold regularly scheduled meetings, at least once each month, for which minutes shall be kept.

(3) The governing board shall have specific responsibility for:

(i) Approval for the selection and dismissal of a project director or chief executive officer of the center;

(ii) Establishing personnel policies and procedures, including selection and dismissal procedures, salary and benefit scales, employee

grievance procedures, and equal opportunity practices;

(iii) Adopting policy for financial management practices, including a system to assure accountability for center resources, approval of the annual project budget, center priorities, eligibility for services including criteria for partial payment schedules, and long-range financial planning;

(iv) Evaluating center activities including services utilization patterns, productivity of the center, patient satisfaction, achievement of project objectives, and development of a process for hearing and resolving patient grievances;

(v) Assuring that the center is operated in compliance with applicable Federal, State, and local laws and regulations; and

(vi) Adopting health care policies including scope and availability of services, location and hours of services, and quality-of-care audit procedures.