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(Name) District Coordinating Council for Public Health Bylaws March 12, 2012

Comment [01]: Overall recommendation – for SCC/DCC review process - add a comment for each section that explains background on the rationale behind that section

Article1. Legislative Purpose and Mission

The District Coordinating Council for Public Health, established under Title 22 MRS §412, is a representative district body of public health stakeholders for collaborative public health planning and coordination.

The District Coordinating Council for Public Health shall:

- (1) Participate as appropriate in district-level activities to help ensure the state public health system in each district is ready and maintained for accreditation; and
- (2) Ensure that the essential public health services and resources are provided for in each district in the most efficient, effective, and evidence-based manner possible.
- (3) Assist the MaineCenter for Disease Control and Prevention in planning for the essential public health services and resources to be provided in each district and across the State in the most efficient, effective, and evidence-based manner possible.

Comment [O2]: How to handle districts with existing missions already written? (is there any value in all districts establishing a mission? Or just use the legislative purpose?

Comment [03]: Rework this section so that it doesn't appear that all 3 bullets are pulled from the law – describe #3 differently, since it is something the SCC needs DCCs to help withie. add something about role of DCC reps maintaining 2-way communication between the SCC and the DCC – does that belong

Comment [O4]: This is named in the law as an SCC role

Comment [5]: = 22MRS §412 [2011, c. 90, Pt. J, §7 (AMD).]

Comment [O6]: #3 is also in the law as an

Comment [7]: = SCC

Article II. Role and Structure of the District Coordinating Council

Section 1. <u>District Coordinating Council Role</u>

The <u>District Coordinating</u> Council is responsible <u>(at a minimum?)</u> for providing overarching guidance and setting policy regarding activities <u>that support to carry out</u> the <u>legislative purpose mission</u>. <u>In addition, the Council:</u>

- a. elects <u>Leadership</u> <u>Executive</u> Board members
- b. <u>develops</u>, approves<u>, and implements</u> the work plan and-District Public Health Improvement Plan
 - c. votes on changes to bylaws as needed
 - d. approves creation of ad-hoc and standing committees
 - e. provides advice and feedback to the Statewide Coordinating Council for Public Health and the Maine Center for Disease Control and Prevention

Comment [08]: Make sure the bullets under this section align with the bullets under Article 1 – so that the DCC's minimum activities are sufficient to accomplish the purpose above.

Comment [O9]: Executive Board = Steering Committee = Executive Committee = Leadership Team?

Can each district call it by its own name? Or is there a value for the SCC in being able to use the same name?

Comment [O10]: Might need to be a little more active participation at some point in order to accomplish bullet 1 about accreditation? i.e. documenting membership and meetings?

39 40 41 42 The Council is comprised of not more than twenty-five (25) members. Comment [O11]: Ceiling of 40 – if in a 43 particular district a lower ceiling is appropriate, 44 may set ceiling lower? 45 46 Section 32. Council Membership Require membership committee to kick into gear if filled slots fall below 75% of ceiling? 47 Comment [O12]: Fold several of the following The Council is comprised of between twenty-five (25) and forty voting members. 48 sections in to a single membership section? 49 Membership in the Council is sector-based, with an assurance of geographic Comment [O13]: Ceiling of 40 - if in a 50 representation. With the exception of the members listed below, Council membership particular district a lower ceiling is appropriate, 51 shall be drawn from but not limited to the following sectors: may set ceiling lower? 52 Require membership committee to kick into 53 a. MaineCenter for Disease Control and Prevention gear if filled slots fall below 75% of ceiling? 54 b. county governments Comment [A14]: Language from Cumberland DCC's original by-laws. Does not make sense in 55 c. municipal governments this context tribal governments/health departments 56 Comment [015]: How to ensure a DCC doesn't end up weighted with too many voting 57 e. city health departments members from the same organization? In 58 f. local health officers Cumberland, an organization only gets additional voting members if they are filling 59 q. hospitals different sector representation h. health systems 60 Have participation requirements so that in order emergency management agencies 61 to maintain membership, members must attend emergency medical services 62 Comment [16]: Ask OMH & Tribes how they 63 k. Healthy Maine Partnerships want to be represented school districts 64 m. institutions of higher education 65 66 n. physicians and other health care providers o. clinics and community health centers 67 68 p. voluntary health organizations; 69 q. family planning organizations 70 r. area agencies on aging 71 s. mental health services 72 substance abuse services 73 u. organizations seeking to improve environmental health v. other community-based organizations 74 75 Members shall demonstrate an interest in and commitment to public health, have the 76 capacity for district-level decision-making, and the ability to share critical information Comment [A171: Some DCCs may struggle 77 with their sector peers. with acquiring large enough of people to cover alternatives. Also additional paper work and 78 tracking may be liked or disliked depending on 79 Section 43. Alternate Members 80 Comment [A18]: Changed language from 81 Each Council member is encouraged to shall have an alternate to serve with full voting

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requirement to optional

82 privileges and to ensure that the Council is able to reach quorum if the primary Council 83 member is unable to attend meetings, participate in voting, or otherwise carry out their 84 membership responsibilities. 85 86 Section 54. Interested Parties and Stakeholders 87 88 Stakeholders and interested parties are encouraged to attend and participate in all 89 Council meetings, but do not have voting privileges. 90 91 Section 65. Selection of Council Members and Alternate Members Comment [A19]: Concerns about removal of local control of the DCC's. Not the intent but 92 there is a need for tragnsparency. 93 A documented membership process shall be established to develop nominees for regular Comment [A20]: Added to ensure 94 membership of the Council. Nominees should be geographically representative of the transparency of having a membership process 95 district. 96 97 Nominees shall be approved at the first meeting of each year by a simple majority vote. 98 The Council may vote on vacancies that occur between annual meetings. 99 100 Names of nominees shall be submitted to Council Executive Board. The Comment [A21]: Text was confusing Removed to clarify the process. 101 LeadershipExecutive Board shall submit the slate of nominees to the State Coordinating 102 Council for Public Health Chair and the Director of the Maine Center for Disease Control 103 and Prevention for approval, and a joint letter of appointment shall be sent with the 104 Council Chair to confirmation of the appointment. If concerns arise, the State Comment [A22]: There is no additional 105 staffing to tackle this additional work. Coordinating Council for Public Health Chair will notify the District Liaison and Leadership 106 Comment [A23]: There were concerns around Board of the DCC. the turnaround time for this confirmation 107 108 Section_-76. Council_Membership Terms Comment [A24]: Adds specificity 109 110 AThe membership term of office of each member is three (3) years. The Council may 111 renew the membership term. A member may serve an unlimited number of terms. All Comment [A25]: There were concerns about 112 vacancies must be filled for the balance of the unexpired term in the same manner as 113 the original appointment. 114

limiting Membership terms. Added language about renewing terms and not limiting the number of terms that can be served.

and the Director of the Maine Center for Disease Control and Prevention. A Council member may be removed at the discretion offor cause by a two-thirds (2/3)

A Council member may resign from the Council by written notice to the Executive Board

who will forward the resignation to the State Coordinating Council for Public Health Chair

vote of of the voting members, present at a Council meeting.

Section 7-8. Council Membership Responsibilities

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Members shall regularly attend meetings of the Council, and meetings of the Executive Board and/or committees to which they are appointed. If unable to attend, members are encouraged toshall send their alternate.

As the sector representative to the Council, each Council member shall routinely communicate decisions, discussions, and business of the Council to the member's

Comment [A27]: Concerns that this may drive good members away.

Comment [A26]: Term "for cause" was too ambiguous. Changed to "at the discretion of"



135 Article III. Leadership Executive Board

Section 1. Leadership Executive-Board Role

The Leadership Board refers to the DCC's established steering/ executive committee. (title of committee to be determined at the discretion of the district). For the purpose of this document, it will be referred to as the Leadership Board. The Leadership Executive Board will provide leadership for the Council, provide continuity and make decisions on Council activities, appoint committee chairs, and investigate complaints regarding activities of the Council or its members in the course of their role on the Council.

Comment [A29]: Each DCC has a different name for their leadership committee. To reflect this Executive has been changed to Leadership, which the group felt was more encompassing for all Districts.

Comment [A30]: Added language allowing for the DCC to call their Leadership board whatever they choose.

Section 2. <u>Leadership Executive</u> Board Members

The <u>Leadership Executive</u> Board is composed of <u>the Council officers</u>, <u>the alternate</u> <u>representative to the State Coordinating Council and members elected to this body from the full Council and the Maine Center for Disease Control and Prevention District Liaison.</u>

Section 3. Officers

 At a minimum the Council shall elect a Chair, Vice Chair, -a representative to the State Coordinating Council for Public Health, and two other Council Members. Additional officer positions can be created at the discretion of the Council. The Leadership Executive Board, through the Chair, will convene regularly scheduled Council meetings.

The Chair shall preside at Council meetings. The Chair shall provide leadership in preparing agendas for Council meetings and for provide guidance and support to appointed committees. The Chair shall also serve as the Alternate Representative to the State Coordinating Council for Public Health.

The Vice Chair shall convene regularly scheduled Council meetings and preside at Council meetings in the absence, or at the request, of the Chair. The Vice Chair shall also chair special ad hoc committees as designated by the Chair.

The Representative to the State Coordinating Council for Public Health shall ensure the district is represented at the State Coordinating Council, report to the State Coordinating Council on district matters, and report back to the LeadershipExecutive Board and Council on State Coordinating Council proceedings. The Chair shall serve as the An Alternate Representative to the State Coordinating Council shall be designated and carry out these duties if the State Coordinating Council Representative is unable to do so.

Two other Council members shall be elected to the Executive Board

The Executive Board Leadership Board members shall, if circumstances warrant, issue a finance report to the Council at each regular meeting, and shall work with the Council's fiscal agent(s) to remain abreast of financial activities.

The Executive Board Leadership Board members shall identify a member to ensure that accurate records are maintained of Council actions, ensure that adequate notice is sent

Comment [A31]: Added language about the minimum require officers and ability to have additional officer positions per the discretion of the Council.

Comment [A32]: Removed requirement because the alternative is not the chair in all Districts

Comment [A33]: Added language that an alternative SCC rep has to be appointed.

Comment [A34]: Removed for consistency with first paragraph of section.

regarding Council meetings, and maintain records of active membership for purposes of establishing quorum.

Comment [A35]: Concern about the wording driving members away.

Section 4. Leadership Executive Board Size

The size of the <u>LeadershipExecutive</u> Board is comprised of <u>at least</u> five members as described in Article III, Sections 2 and 3 above.

Section 5. Election of Officers

The membership process_established (Article II, Section 56) shall develop a list of nominees for Council officers. Nominees shall be approved at_-the first Council meeting of the year by a simple majority vote. The Council may vote on vacancies that occur between meetings.

Comment [A36]: Concerns about limiting the Leadership board to five people. Hard to get them all scheduled for a single meeting. Additionally, it conflicts with changes made in the above section. Larger councils may want larger #s on leadership

Comment [HCCA37]: If the Council wants to have a different length of term for officers they

may. Example 3 year terms instead of two year

Section 6. Leadership Executive Board Terms

Council Officer terms are two (2) years and may be renewed by Council vote; however, no Council Officer shall serve more than three (3) consecutive terms, with the exception of the MaineCenter for Disease Control and Prevention District Public Health Liaison. The MaineCenter for Disease Control and Prevention District Liaison is a permanent member of the LeadershipExecutive Board.

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During the first year, Council terms will be staggered by one and two years. The Council Chair and one Board member shall be the odd terms (1 year). The Vice Chair, second Board member, and Representative to the State Coordinating Council shall be the even terms (2 years). In the event that an officer is no longer associated with the member organization they represent, the officer shall be removed from the office and the Council and a new officer shall be elected by the Council.

Comment [HCCA38]: This is one example of how to stagger terms. Other methods are acceptable.

Section 7. <u>Leadership</u>Executive Board Responsibilities

Members shall regularly attend meetings of the Council and meetings of the Leadership Executive Board.

<u>Leadership Board members will</u> <u>At least one member of the <u>LeadershipExecutive Board member will</u> serve on <u>each of the Council's committees and <u>committee chairs will serve on the Leadership Board./or workgroups.</u></u></u>

Comment [O39]: Add details about responsibilities of Rep to the SCC?

In cooperation with the Council Chair, the Maine Center for Disease Control and Prevention District Liaison shall be responsible for Council communications. Any public comment shall be coordinated with the Chair with respect for potential conflicts. In the event of advocacy activities that conflict with the District Liaison's role at the Maine Center for Disease Control and Prevention, the Chair will assign another Board member to be the communications conduit. The Executive-Leadership Board, in cooperation with the State Coordinating Council for Public Health, shall develop policies regarding public communication.

Comment [HCCA40]: Concerns over if this refers to general communications or advocacy related communications? If referring to advocacy then it should be in a different section. See Article VI.

Section 8. <u>Leadership</u>Executive Board Meetings

Executive The Leadership Board Headership and Maine Center for Disease Control and Prevention District Liaison shall convene the Leadership Executive Board meetings. The Executive Leadership Board shall meet on a regular schedule that it deems necessary and appropriate in order to fulfill its responsibilities as set forth in the Bylaws. Notice of all regular Executive Leadership Board meetings shall be communicated via electronic mail to all members of the Board at least five days prior to the meeting.

Special or emergency meetings of the Executive Leadership Board may be called as needed by the Executive Leadership Board Leadership and Maine Center for Disease Control and Prevention District Liaison or by Aa majority vote of the Executive Leadership the Board Leadership Board that for a special or emergency meeting may be conducted electronically. Notice of special or emergency meetings shall be sent via electronic mail with communicated with as much notice as possible.

Article IV. Council Meetings

Section 1. Time and Place of Meetings

The Council will meet, at a minimum, quarterly. The <u>ExecutiveLeadership</u> Board shall determine meeting times and locations of all Council meetings.

Section 2. Agenda

The Chair or his/her designee shall prepare an agenda of items requiring Council action, and shall add items of business as may be requested by Council members and/or the Executive-Leadership Board.

Section 3. Notice

Council members shall be sent-electronic mail-notice of the time and date of the meetings at least twenty (20) business days before a regular Council meeting. In the event of an emergency, the Executive-Leadership Board may call a meeting with a simple majority vote of the Executive-Leadership Board and shall give as much notice as possible.

Section 4. Rules of Order

Robert's Rules of Order shall govern regular Council meetings unless the Council adopts other rules of order. Council meetings are open to all interested parties.

Section 45. Council Meeting Minutes

The responsibility of Council minutes rests with the Executive Leadership Board members. Minutes recording all motions and subsequent action including the number of

identified as a member, so does not need to be listed again.

Comment [HCCA41]: The DL is already

Comment [HCCA42]: Removed because it is not necessary. Each Council should establish its own rules of order.

yeas, nays, or abstentions shall be recorded. Minutes of all meetings shall be maintained by the Secretary or his/her designee and made available on the Council website.

Section 56. Quorum

A simple majority of the_current Council membership shall constitute a quorum. In the absence of a quorum, a Council meeting may continue discussion; however, no formal actions shall be taken, except a vote to adjourn the meeting to a subsequent date.—A motion for adjournment must come from the Council Chair.

Section 67. Decision Making Voting

Each Council member shall have one vote, once quorum is established. As the district-wide representative body for collaborative planning and decision-making for public health, the <a href="Council-C

Article V. Committees

Section 1. Creation of Committees

The Council or its Executive-Leadership Board shall have the power to create standing and ad-hoc committees and workgroups. Committees created by the Executive-Leadership Board between Council meetings shall be voted upon at the next scheduled meeting of the Council. The Council Chair, in coordination with the Executive-Leadership Board, shall appoint and charge each committee with its responsibilities and shall appoint the chair of the committee.

Section 2. Committee Membership

Membership on a committee or workgroup, with the exception of the Executive Leadership Board, is not limited to (decision making(voting)) members of the Council. The Council, Executive Leadership Board, and other committees may call on non-Council members as advisors without voting rights to provide information and guidance.

<u>Leadership Board members will serve on Council's committees and committee chairs will serve on the Leadership Board.</u>

At least one member of the Executive <u>Leadership</u> Board will serve on each of the Council's committees and workgroups.

Committee Chairs shall bring proposed activities to the Council for discussion and approval. The Council may accept recommendations of committees/workgroups as part of a consent agenda; however, if any Council member finds that he/she has a significant issue with a committee/workgroup recommendation, he/she shall say so at the Council meeting and bring it for further discussion and separate vote at the Council level.

Comment [HCCA43]: Each DCC should decide on how decision making will be accomplished, and articulate clearly

Comment [HCCA44]: Decision making or updates are district specific and should be decide at the District level.

Section 3. Standing Committees

Standing committees and workgroups may be established by the Council or its Executive Leadership Board.

Section 4. Committee Chairs

The Committee Chair shall be responsible for scheduling meetings, assigning specific tasks within the mandate of the committee, and reporting to the Executive-Leadership Board and the Council concerning the work of the committee.

ARTICLE VI. Non-partisan Activities

The Council shall be non-partisan. No part of the activities of the Council shall consist of the publication or distribution of materials or statements with the purposes of attempting to influence or intervene in any political campaign on behalf of or in opposition to any candidate for public office.

ARTICLE VII. Conflict of Interest

A conflict of interest is defined as any personal or organizational financial or other interest which prevents or appears to prevent an impartial action or decision on the part of a Council member. A conflict occurs when a financial or other interest could:

- a. Significantly impair the individual's objectivity.
- b. Create an unfair competitive advantage for any person or organization.
- c. Provide a direct or indirect fiduciary interest of financial gain for that individual or organization.

Should a matter before the Council present a known, or a potential conflict of interest, Council members are required to disclose such potential conflict to the Executive-Leadership. Board at the earliest point possible. Once a conflict or potential conflict is disclosed, the Chair shall lead the rest of the members in deciding how the member with the conflict or potential conflict may participate in discussions or voting.

ARTICLE VIII. Fiscal Agent

The Council shall <u>establish a relationship with designate</u> a fiscal agent or agents as necessary. <u>The Council and fiscal agent shall enter into a agreement that is documented and designates the roles and responsibilities of both organizations.</u>

ARTICLE IX. Operations and Fiscal Calendar

The operations calendar of the Council is the calendar year. The fiscal year of the Council may additionally follow the fiscal year calendar designated in any funding program the Council receives.

Comment [45]: Need to include Advocacy section? See language from SCC in *Additional Language to Consider* addendum.

Comment [HCCA46R45]: Where is the addendum? Did we ever receive it?

Comment [HCCA47]: The DCC should determine their own fiscal and operational years and this reference should be consistent throughout the document.

ARTICLE X. Reporting

The Council will submit quarterly progress reports to the State Coordinating Council for Public Health according to the State Coordinating Council's format. The quarterly reports will be sent to the Council membership and interested parties, and posted on the State Coordinating Council for Public Health website.

ARTICLE XI. Bylaw Amendments

This District Coordinating Council for Public Health bylaw document serves as uniform guidance in all Public Health Districts. To address specific district needs, districts may

- a. Council mission and vision
- b. Additional membership requirements to:

draft additional addendums in the following areas:

- have at least one member who is a recognized content expert in each of the essential public health services
- ii. have representation from populations in the State facing health disparities
- c. Council Standing Committee structure
- d. Policies that help instruct the function of the Council

The Council may amend these bylaws. Before consideration, the amendment must be submitted in writing to the Council and posted on the Council agenda according to the guidelines in Article IV., Section 3 (Notice). Prior to an amendment of the bylaws, the Council may request a recommendation from the Executive Leadership Board. Votes to approve bylaw amendments follow the guidelines set forth in Article IV, Section 6 (Quorum), and Section 7 (Voting).

A bylaws amendment proposed by the Council must be submitted to the Chair of the State Coordinating Council for Public Health and the Director of the Maine Center for Disease Control and Prevention for approval before going to vote at a Council meeting. Any bylaws amendments proposed to the Council by the State Coordinating Council for Public Health must be considered for vote at the next scheduled Council meeting.

It is recommended that the <u>Leadership Executive</u> Board review the Council Bylaws every three (3) years and submit recommendations to the State Coordinating Council for Public Health.

Comment [HCCA48]: Concerns around the interpretation of the language (and referenced language in the legislation). Concerns that it interferes with local control/decision making in the Districts.

Adopted this	day of	 , 20
Signed this	day of	, 20

District Coordinating Council Chair, acting on behalf of (Name)District Coordinating Council for Public Health:

State Coordinating Council Chair, acting on behalf of State Coordinating Council for Public Health:
Director, Maine Center for Disease Control and Prevention, acting on behalf of the Maine Center for Disease Control and Prevention