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1 **Model DCC Bylaws**
2 (customizing notes/optional language in green)
3 (Name) District Coordinating Council for Public Health
4 Bylaws
5 (date), 2012
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9 **Article I. Legislative Purpose and Mission**

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

14
15 The District Coordinating Council for Public Health shall:

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

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24
25 **Article II. Role and Structure of the Council**

26
27 **Section 1. Council Role**

28
29 The Council is responsible for providing overarching guidance and setting policy
30 regarding activities that support the purpose and mission. In addition, the Council:

- 31
32 a. elects Leadership Board members
33 b. approves the work plan and District Public Health Improvement Plan
34 c. votes on changes to bylaws as needed
35 d. approves creation of ad-hoc and standing committees
36 e. provides advice and feedback to the Statewide Coordinating Council for Public Health
37 and the Maine Center for Disease Control and Prevention

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Section 2. Council Size

Ideally, the Council is comprised of twenty-five 25 (not more than 40)(voting) members.

Section 3. Council Members

Membership in the Council is sector-based, with an assurance of geographic representation. With the exception of the optional members listed below, Council membership shall be drawn from but not limited to the following sectors:

- a. Maine Center for Disease Control and Prevention
- b. county governments
- c. municipal governments
- d. tribal governments/health departments
- e. city health departments
- f. local health officers
- g. hospitals
- h. health systems
- i. emergency management agencies
- j. emergency medical services
- k. Healthy Maine Partnerships
- l. school districts
- m. institutions of higher education
- n. physicians and other health care providers
- o. clinics and community health centers
- p. voluntary health organizations;
- q. family planning organizations
- r. area agencies on aging
- s. mental health services
- t. substance abuse services
- u. organizations seeking to improve environmental health
- v. other community-based organizations

(Optional):

- + Water District
- + home health providers
- + health professions training
- + CAP agency
- + immigrant/refugee organization
- + disability services

81 + health policy services)
82 + Other

83
84 Members shall demonstrate an interest in and commitment to public health, have the
85 capacity for district-level decision-making, and the ability to share critical information
86 with their sector peers.

87
88 **(Optional) Section Alternate Members**

89
90 Each Council member shall have an alternate to serve with full voting
91 privileges to ensure that the Council is able to reach quorum if the primary
92 Council member is unable to attend meetings, participate in voting, or
93 otherwise carry out their membership responsibilities.

94
95 **Section 4. Interested Parties and Stakeholders**

96
97 Stakeholders and interested parties are encouraged to attend and participate in all
98 Council meetings, but do not have voting privileges.

99
100 **Section 5. Selection of Council Members optional (and Alternate Members)**

101
102 A Membership selection process will be established with the responsibility of developing
103 nominees for regular membership of the Council. Nominees should be geographically
104 representative of the district.

105
106 Nominees shall be approved at the first meeting of each year by a simple majority vote.
107 The Council may vote on vacancies that occur between annual meetings.

108
109 **Section 6. Council Terms**

110
111 The term of office of each member is three (3) years. A member may serve an
112 unlimited number of terms. All vacancies must be filled for the balance of the unexpired
113 term in the same manner as the original appointment.

114
115 A Council member may resign from the Council by written notice to the Leadership
116 Board.

117
118 A Council member may be removed at the discretion of a two-thirds (2/3) of the Council
119 members.

120
121 **Section 7. Council Member Responsibilities**

122
123 Members shall regularly attend meetings of the Council, and meetings of the Leadership
124 Board and/or committees to which they are appointed. If unable to attend full DCC
125 meetings, members will be represented by their alternate, if applicable.

126

127 As the sector representative to the Council, to the extent possible each Council member
128 shall routinely communicate decisions, discussions, and business of the Council to the
129 member's sector/geography, and likewise communicate sector/geography information
130 back to the Council.
131
132

133 **Article III. Leadership Board**

134 **Section 1. Leadership Board Role** (Name can be customized: Executive, Steering 135 etc...) 136

137
138 The Leadership Board will provide leadership for the Council, provide continuity and
139 make decisions on Council activities (establish agendas, for example), appoint
140 committee chairs, and investigate complaints regarding activities of the Council or its
141 members in the course of their role on the Council.
142

143 **Section 2. Leadership Board Members**

144
145 The Leadership Board is composed of members elected to this body from the full Council
146 and the Maine Center for Disease Control and Prevention District Liaison.
147

148 **Section 3. Officers**

149
150 At a minimum, the Council shall elect a Chair, Vice Chair, and a representative to the
151 State Coordinating Council for Public Health. Additional officer positions may be created
152 at the discretion of the Council. The Leadership Board, through the Chair, will convene
153 regularly scheduled Council meetings.
154

155 The Chair shall preside at Council meetings. The Chair shall provide leadership in
156 preparing agendas for Council meetings and provide guidance and support to appointed
157 committees. The Chair shall also serve as the Alternate Representative to the State
158 Coordinating Council for Public Health.
159

160 The Vice Chair shall convene regularly scheduled Council meetings and preside at
161 Council meetings in the absence, or at the request, of the Chair. The Vice Chair shall
162 also chair special ad hoc committees as designated by the Chair.
163

164 The Representative to the State Coordinating Council for Public Health shall ensure the
165 district is represented at the State Coordinating Council, report to the State Coordinating
166 Council on district matters, and report back to the Leadership Board and Council on
167 State Coordinating Council proceedings. The Chair, or his or her designee, shall serve
168 as the Alternate Representative to the State Coordinating Council and carry out these
169 duties if the State Coordinating Council Representative is unable to do so.
170

171 The Leadership Board members shall, if circumstances warrant, issue a finance report to
172 the Council at each regular meeting, and shall work with the Council's fiscal agent(s) to
173 remain abreast of financial activities.
174

175 The Leadership Board members shall ensure that accurate records are maintained of
176 Council actions, adequate notice is sent regarding Council meetings, and maintain
177 records of active membership for purposes of establishing quorum.
178

179 **Section 4. Leadership Board Size**
180

181 The size of the Leadership Board is comprised of a minimum of 5 members as described
182 in Article III, Sections 2 and 3 above.
183

184 **Section 5. Election of Officers**
185

186 The membership process established (Article II, Section 6) shall develop a list of
187 nominees for Council officers. Nominees shall be approved at the first Council meeting
188 of the year by a simple majority vote. The Council may vote on vacancies that occur
189 between meetings.
190

191 **Section 6. Leadership Board Terms**
192

193 The DCC can establish its own range of terms for officers. For instance, Council Officer
194 terms are two (suggested) years and may be renewed by Council vote; however, no
195 Council Officer shall serve more than three (suggested) consecutive terms, with the
196 exception of the Maine Center for Disease Control and Prevention District Public Health
197 Liaison. The Maine Center for Disease Control and Prevention District Liaison is a
198 permanent member of the Leadership Board.
199

200 During the first year, Council terms will be staggered by one and two years. The Council
201 Chair and one Board member shall be the odd terms (1 year). The Vice Chair, second
202 Board member, and Representative to the State Coordinating Council shall be the even
203 terms (2 years). In the event that an officer is no longer associated with the member
204 organization they represent, the officer shall be removed from the office and the Council
205 and a new officer shall be elected by the Council.
206

207 **Section 7. Leadership Board Responsibilities**
208

209 Members shall regularly attend meetings of the Council and meetings of the Leadership
210 Board.
211

212 At least one member of the Leadership Board member will serve on each of the
213 Council's committees and/or workgroups.
214

215 In cooperation with the Council Chair, the Maine Center for Disease Control and
216 Prevention District Liaison shall be responsible for Council communications. Any public
217 comment shall be coordinated with the Chair with respect for potential conflicts. The
218 Leadership Board, in cooperation with the State Coordinating Council for Public Health,
219 shall develop policies regarding public communication.
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223 **Section 8. Leadership Board Meetings**

224
225 The Leadership Board shall meet on a regular schedule that it deems necessary and
226 appropriate in order to fulfill its responsibilities as set forth in the Bylaws. Notice of all
227 regular Leadership Board meetings shall be communicated via electronic mail to all
228 members of the Board at least five days prior to the meeting.

229
230 Special or emergency meetings of the Leadership Board may be called as needed by the
231 Leadership Board Leadership. Notice of special or emergency meetings shall be sent via
232 electronic mail with as much notice as possible.

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235 **Article IV. Council Meetings**

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237 **Section 1. Time and Place of Meetings**

238
239 The Council will meet, at a minimum, quarterly. The Leadership Board shall determine
240 meeting times and locations of all Council meetings.

241
242 **Section 2. Agenda**

243
244 The Chair or his/her designee shall prepare an agenda of items requiring Council action,
245 and shall add items of business as may be requested by Council members and/or the
246 Leadership Board.

247
248 **Section 3. Notice**

249
250 Council members shall be sent electronic mail notice of the time and date of the
251 meetings at least twenty (20) business days before a regular Council meeting. In the
252 event of an emergency, the Leadership Board may call a meeting with a simple majority
253 vote of the Leadership Board and shall give as much notice as possible..

254
255 **Section 4. Rules of Order**

256
257 Robert's Rules of Order shall govern regular Council meetings unless the Council adopts
258 other rules of order. Council meetings are open to all interested parties.

259
260 **Section 5. Council Meeting Minutes**

261
262 The responsibility of Council minutes rests with the Leadership Board members. Minutes
263 recording all motions and subsequent action including the number of yeas, nays, or
264 abstentions shall be recorded. Minutes of all meetings shall be maintained by the
265 Secretary or his/her designee and made available on the Council website.

266
267 **Section 6. Quorum**

268
269 A simple majority of the current Council membership shall constitute a quorum. In the
270 absence of a quorum, a Council meeting may continue discussion; however, no formal

271 actions shall be taken, except a vote to adjourn the meeting to a subsequent date.

272
273 **Section 7. Voting**

274
275 Each Council member shall have one vote, once quorum is established. As the district-
276 wide representative body for collaborative planning and decision-making for public
277 health, the Council will seek consensus through well-structured and staged processes.
278 If a consensus decision cannot be reached, all business conducted with a simple
279 majority vote of the quorum shall stand as official action of the Council. By formal
280 agreement of the Council, voting may be conducted electronically.

281
282 **Article V. Committees**

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284 **Section 1. Creation of Committees**

285
286 The Council or its Leadership Board shall have the power to create standing and ad-hoc
287 committees and workgroups. Committees created by the Leadership Board between
288 Council meetings shall be voted upon at the next scheduled meeting of the Council. The
289 Council Chair, in coordination with the Leadership Board, shall appoint and charge each
290 committee with its responsibilities and shall appoint the chair of the committee.

291
292 **Section 2. Committee Membership**

293
294 Membership on a committee or workgroup, with the exception of the Leadership Board,
295 is not limited to (voting) members of the Council. The Council, Leadership Board, and
296 other committees may call on non-Council members as advisors to provide information
297 and guidance.

298
299 At least one member of the Leadership Board will serve on each of the Council's
300 committees and workgroups.

301
302 Committee Chairs shall bring proposed activities to the Council for discussion and
303 approval. The Council may accept recommendations of committees/workgroups as part
304 of a consent agenda; however, if any Council member finds that he/she has a significant
305 issue with a committee/workgroup recommendation, he/she shall say so at the Council
306 meeting and bring it for further discussion and separate vote at the Council level.

307
308 **Section 3. Standing Committees**

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

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313 **Section 4. Committee Chairs**

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

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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 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 designate a fiscal agent or agents as necessary. The Council and fiscal agent shall enter into an agreement that is documented and designates the roles and responsibilities of both organizations.

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.

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

366 in all Public Health Districts. To address specific district needs, districts may draft additional
367 addendums in the following areas:

- 368
- 369 a. Council mission and vision
- 370 b. Additional membership requirements to:
- 371 i. have at least one member who is a recognized content expert in each of the
372 essential public health services
- 373 ii. have representation from populations in the State facing health disparities
- 374 c. Council Standing Committee structure
- 375 d. Policies that help instruct the function of the Council
- 376

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

382

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

388

389 It is recommended that the Leadership Board for the DCC review the Council Bylaws every
390 three (3) years. The State Coordinating Council for Public Health will establish a mechanism
391 annually for the DCC's to submit revisions for consideration .

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395 Adopted this ____ day of _____, 20__.

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397 Signed this ____ day of _____, 20__.

398

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

401 _____

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404 State Coordinating Council Chair, acting on behalf of
405 State Coordinating Council for Public Health:

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409 Director, Maine Center for Disease Control and Prevention, acting on behalf of the
410 Maine Center for Disease Control and Prevention

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DRAFT