*Model DCC Bylaws*

(customizing notes/optional language in green)

(Name) District Coordinating Council for Public Health

Bylaws

(date), 2012

**Article I. 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 Maine Center 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.

# Article II. Role and Structure of the Council

**Section 1. Council Role**

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

a. elects Leadership Board members

b. approves the work plan and District Public Health Improvement Plan

1. votes on changes to bylaws as needed
2. approves creation of ad-hoc and standing committees
3. provides advice and feedback to the Statewide Coordinating Council for Public Health and the Maine Center for Disease Control and Prevention

**Section2. 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:

1. Maine Center for Disease Control and Prevention
2. county governments
3. municipal governments
4. tribal governments/health departments
5. city health departments
6. local health officers
7. hospitals
8. health systems
9. emergency management agencies
10. emergency medical services
11. Healthy Maine Partnerships
12. school districts
13. institutions of higher education
14. physicians and other health care providers
15. clinics and community health centers
16. voluntary health organizations;
17. family planning organizations
18. area agencies on aging
19. mental health services
20. substance abuse services
21. organizations seeking to improve environmental health
22. other community-based organizations

**(Optional):**

**+ Water District**

**+ home health providers**

**+ health professions training**

**+ CAP agency**

**+ immigrant/refugee organization**

**+ disability services**

**+ health policy services)**

**+ Other**

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

**(Optional) Section Alternate Members**

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

**Section 4. Interested Parties and Stakeholders**

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

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

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

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

**Section 6. Council Terms**

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

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

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

**Section 7. Council Member Responsibilities**

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

As the sector representative to the Council, to the extent possible each Council member shall routinely communicate decisions, discussions, and business of the Council to the member’s sector/geography, and likewise communicate sector/geography information back to the Council.

**Article III. Leadership Board**

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

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

**Section 2. Leadership Board Members**

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

**Section 3. Officers**

At a minimum, the Council shall elect a Chair, Vice Chair, and a representative to the State Coordinating Council for Public Health. Additional officer positions may be created at the discretion of the Council. The Leadership 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 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 Leadership Board and Council on State Coordinating Council proceedings. The Chair, or his or her designee, shall serve as the Alternate Representative to the State Coordinating Council and carry out these duties if the State Coordinating Council Representative is unable to do so.

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

**Section 4. Leadership Board Size**

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

**Section 5. Election of Officers**

The membership process established (Article II, Section 6) 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.

**Section 6. Leadership Board Terms**

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

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.

**Section 7. Leadership Board Responsibilities**

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

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

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. The Leadership Board, in cooperation with the State Coordinating Council for Public Health, shall develop policies regarding public communication.

**Section 8. Leadership Board Meetings**

The 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 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 Leadership Board may be called as needed by the Leadership Board Leadership. Notice of special or emergency meetings shall be sent via electronic mail 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 Leadership 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 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 Leadership Board may call a meeting with a simple majority vote of the 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 5. Council Meeting Minutes**

The responsibility of Council minutes rests with the Leadership Board members. Minutes recording all motions and subsequent action including the number of 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 6. 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.

**Section 7. 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 Council will seek consensus through well-structured and staged processes. If a consensus decision cannot be reached, all business conducted with a simple majority vote of the quorum shall stand as official action of the Council. By formal agreement of the Council, voting may be conducted electronically.

**Article V. Committees**

**Section 1. Creation of Committees**

The Council or its Leadership Board shall have the power to create standing and ad-hoc committees and workgroups. Committees created by the Leadership Board between Council meetings shall be voted upon at the next scheduled meeting of the Council. The Council Chair, in coordination with the 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 Leadership Board, is not limited to (voting) members of the Council. The Council, Leadership Board, and other committees may call on non-Council members as advisors to provide information and guidance.

At least one member of the Leadership 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.

**Section 3. Standing Committees**

Standing committees and workgroups may be established by the Council or its 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 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:

1. Significantly impair the individual’s objectivity.
2. Create an unfair competitive advantage for any person or organization.
3. 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 in all Public Health Districts. To address specific district needs, districts may draft additional addendums in the following areas:

1. Council mission and vision
2. Additional membership requirements to:
   1. have at least one member who is a recognized content expert in each of the essential public health services
   2. have representation from populations in the State facing health disparities
3. Council Standing Committee structure
4. 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 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 Leadership Board for the DCC review the Council Bylaws every three (3) years. The State Coordinating Council for Public Health will establish a mechanism annually for the DCC's to submit revisions for consideration .

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

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