Blue Hills Community Health Alliance (CHNA 20)

Encompassing the towns of Braintree, Canton, Cohasset, Hingham, Hull, Milton, Norwell, Norwood, Quincy, Randolph, Scituate, Sharon, & Weymouth

**Operating Principles**

The Blue Hills Community Health Alliance (CHNA 20) is one of 27 Community Health Network Areas (CHNA) across Massachusetts. Created by the Department of Public Health in 1992, the CHNAs are an initiative to improve health through local collaborations. The alliance is a partnership between the Massachusetts Department of Public Health, residents, hospitals, local service agencies, schools, businesses, boards of health, and other concerned citizens who are working together to identify the health needs of member communities, find ways to address those needs, and improve the health of the community.

As part of this statewide effort to develop, implement, and integrate community projects that effectively utilize community resources to improve health status, the BHCHA has maintained the same mission statement:

**The Blue Hills Community Health Alliance works to improve the overall health of local residents through increased coordination and delivery of existing services, expanded community actions, and the mobilization of community resources.**

The CHNA has focused upon establishing a broader, more comprehensive approach to developing healthier communities in the 13 towns that comprise the Blue Hills Community Health Alliance. We have defined a healthy community below:

**A Healthy Community supports the health & welfare of its members by:**

* **Helping to address health disparities by embracing diversity through respect and concern;**
* **Knowing itself;**
* **Generating leadership everywhere;**
* **Connecting people and resources;**
* **Creating a sense of community;**
* **Shaping its future;**
* **Practicing ongoing dialogue;**
* **Planning for a safe and clean environment; and**
* **Implementing the design and use of communal spaces.**

The focus is deliberately broad to encompass our ideals as well as member agencies. By being broad and inclusive we hope to engage all of the CHNA members in working toward creating healthier communities throughout our thirteen CHNA towns.

A Capacity that Unites CHNAs *(from the MA DPH, Office of Health Communities Operating Standards for Community Health Networks):*

A CHNA’s capacity is linked to its fulfillment of six organizational principles:

1. Community Health Networks are committed to continuous improvement in health.
2. Community Health Networks are focused on tracking area health status indicators and eliminating identified disparities.
3. Community Health Networks are consumer and resident oriented.
4. Community Health Networks are inclusive of key stakeholders in health improvement: consumers, local government, businesses, and providers of community-based health, education, and human services.
5. Community Health Networks are reflective of the racial, ethnic, gender, sexual orientation, and linguistic diversity in the area.
6. Community Health Networks are working partnerships between MDPH, consumers, and local service providers

#### Article I - Membership

**Section I: Eligibility**

Membership is open to any person interested in furthering and supporting the purposes of the CHNA with no limit in size. At fullest realization, each resident of worker within one of the 13 CHNA 20 communities is a member. Examples of members include:

A. Individual members:

* Individual community residents
* Persons who work in the CHNA
* Parents/guardians whose children attend school in any of the CHNA communities, and
* Students attending school in the CHNA
* Health, social service, et.al, students or interns.

B. Organizational members:

* Resident organizations
* Education organizations and institutions
* Health care and health related organizations
* Human and social service organizations
* Municipal government
* Agencies, chambers, WIBs, or businesses located in and/or serving the CHNA
* Other institutions based within the CHNA

C. Advisory members, for example:

* CHNA Coordinator
* Representatives of the Massachusetts Department of Public Health (DPH)
* Representatives of the Regional Center for Healthy Communities – Metrowest (RCHC) and other consultancy groups or firms.

**Section II: Effective Date of Membership**

Once the eligibility of an interested person has been determined, membership in the CHNA becomes effective upon the person or agency representatives attending one meeting.

##### Article II - Meetings

### **Section I: General Meetings**

### General Meetings will occur a minimum of three times per year. Written and/or electronic notice of the meetings will be given to all members and posted on the CHNA 20 website at least fourteen days in advance.

**Section II: Annual Meeting**

The Annual Meeting of the membership will be held in the spring of every year. Written and/or electronic notice of this meeting will be given to all members at least fourteen days in advance.

**Section III: Ad Hoc Committee Meetings**

The CHNA Chairperson will call Ad Hoc Committee Meetings, as needed, to conduct business of a timely nature between General Meetings.

#### Article III - GOVERNANCE

###### **Section I: Steering Committee**

###### Governance of the CHNA is conducted through a Steering Committee, which reflects the views and needs of the General Membership. The Steering Committee is charged with setting the program of the CHNA.

###### \*Special note: The fiscal sponsor and CHNA 20 will maintain active annual agreement and the identified fiscal agent will have ultimate control over the management including and the determined programmatic activities of CHNA 20.

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###### The Steering Committee is vested with:

* All administrative oversight of the CHNA
* Strategic planning for the CHNA
* Oversight of the CHNA’s community needs assessment process,
* Oversight of CHNA financial matters, including development and monitoring of the budget
* Establishment of all contractual arrangements for the CHNA
* The selection, evaluation and termination, if necessary, of the Fiscal Sponsor,
* Ensuring that the CHNA and the steering committee are comprised of recruited, engaged and responsive members from the CHNA service area that work across disciplines serving all cohorts (infants, children, adolescents, adults, seniors and elders). New steering committee members are voted in by existing Steering Committee membership
* Providing representation of at least one steering committee member at Inter-CHNA meetings who will debrief the steering committee after Inter-CHNA meetings
* Participating and supporting the working and ad hoc committees
* Monitoring the performance, determining the scope of work for the coordinator, evaluators, and other consultants, if applicable.

The Steering Committee is composed of a minimum of seven and a maximum of fifteen CHNA members. Representatives from the Massachusetts Department of Public Health (DPH) and the Regional Center for Healthy Communities (RCHC), and others are Advisory Members of the Steering Committee. Steering Committee members will strive to represent the diversity of the CHNA communities (cultural, linguistic, geographic and economic). CHNA 20 seeks to involve a variety of public and private institutions and a representation of the total life span. Annually, the Steering Committee will undertake a review of the diversity and inclusion of its membership.

In order to balance representation and promote equity, there will be one voting representative per agency or organization at any given time. Multiple representatives of one agency or group are welcomed to attend Steering Committee meeting and assume placement of Committees.

## Times and frequency of all Steering Committee Meetings are determined by its members. Steering committee members who are unable to attend a Steering Committee Meeting because of a scheduling conflict will notify the chairperson and the CHNA Coordinator as soon as possible. As technology allows, CHNA 20 will make a best faith effort to ensure call in options as needed.

## Steering committee members are expected to attend a majority of meetings (4 of 6 annual meetings) at minimum in a given year. Perseverative and unexplained absences may warrant with consensus ground for removal (by voting action) to make place for more active members. Steering committee members will also be available for CHNA communications as necessary between steering committee and General Membership meetings. Business conducted by the Steering Committee will be reviewed at the next General Meeting of the CHNA as necessary and appropriate. Email will be used in between the meeting as means of workflow and communications and will be addressed to CHNA 20 coordinator, CHNA 20 consultants, MA DPH leadership and active members of the CHNA 20 Steering Committee.

**Section II: Addition of Steering Committee Members**

Candidates for the Steering Committee coming from CHNA 20 general membership of the community will be recruited on an as needed basis; applications for these purposes are submitted to the CHNA 20 Coordinator, who will work collaboratively with the Membership Committee to ensure CHNA 20 Steering candidates are properly considered, notified (via phone and letter), and welcomed. A comprehensive process of orientation will then ensue (*that will include: (1) the new Steering Committee member, (2) a Steering Committee Officer, (3) the CHNA 20 coordinator, and (4) a Membership Committee member*).

## Section III: Resignation of Steering Committee Members

## Steering committee members who are no longer able or willing to participate actively in the steering committee for any reason will resign steering committee membership. Resignation will be submitted in writing (letter or email) to the Chairperson with notice of at least one meeting.

## Section IV: Removal of Steering Committee Members

## A two-thirds majority of the Steering Committee Members present at a Steering Committee Meeting or at a special meeting called for that purpose, provided proper notification has been given and a quorum is present, may remove any Steering Committee member for failure to fulfill steering committee obligations including respectful attendance and/or behavior that is not in line with the mission of the CHNA.

## Section V: Officers

The *Chairperson* is supported in his/her role by the coordinator, other steering committee members, and the MDPH Regional Director and other MDPH staff. The chairperson provides effective and consistent leadership for the mission and vision of the CHNA.

The Chairperson may not be an employee, associate, or consultant of the fiscal sponsor. Prior to election as Chairperson, the nominee must have been on the Steering Committee for at least one year and with some comfort and familiarity with leading.

The *Chairperson* is responsible for:

* Setting the agenda and presiding at all Steering Committee Meetings and General Meetings
* Serving as a liaison between the Regional Center, the Department of Public Health and the CHNA
* Presenting an oral report of all meetings of the Steering Committee to the CHNA, as necessary and appropriate
* Representing the CHNA when called upon by the membership to do so
* Overseeing the steering committee’s outreach efforts into the community
* On behalf of the Steering Committee provide oversight for the CHNA 20 and CHNA 20 Consultants as indicated
* Maintaining a presence on the Executive Committee

The *Vice-Chair* is responsible for:

* Conducting General Meetings and Steering Committee Meetings at the request of the Chairperson or in the Chairperson's absence
* Collaborating and assisting in the duties and functions of the Chairperson
* Maintaining a presence on the Executive Committee

The *Secretary* is responsible for:

* Keeping an accurate record of all General and Steering Committee Meetings
* Keeping a file of all CHNA records (duplicating the files kept by the Coordinator)
* Providing oversight to ensure that the CHNA website is kept up-to-date
* Maintaining a presence on the Executive Committee

The *Treasurer* may not be an employee, associate, or consultant of the fiscal sponsor. The Treasurer is an active liaison to the fiscal sponsor and is responsible for:

* Acquiring and maintaining copies of the records of the CHNA 20 financial operations, including annual budget, receipts and disbursements, duplicating those kept by the fiscal sponsor
* With the fiscal agent, monitor the budget, expenditures, revenues and supporting the construction of the annual budget
* Monitoring to ensure that that all necessary Federal and State reports have been filed in a timely and comprehensive manner
* Monitoringthe accounts payable processes of the CHNA, as directed by the Steering Committee
* Reporting the work of the Finance Committee to the Steering Committee and presenting a statement of the financial status of the CHNA to the membership at all General Meetings and to the Steering Committee at all Steering Committee meetings
* Working with the designated Fiscal Sponsor and the Finance Committee to prepare an annual accounting of all fiscal activity for the preceding year. Additionally, the Treasurer will consistently debrief the Steering Committee Chairperson regarding finance committee meetings

Officers will be elected by the steering committee annually or as soon as possible in the event of a vacancy. The Membership Committee (see below) will build and present the slate.

Officers will be elected for terms of one year with the option of continuing their term for a second year. No person shall hold more than one Officer role at a given time.

No person shall be in the same Officer role for more than two years in any four-year period. Although, with an affirmative “non-contested” vote a term may be extended if the needs and best interests of CHNA 20 warrant such action.

Elections to the best of the CHNA’s ability will happen each December. Terms will run from January 1-December 31. Terms may begin sooner in the event of an impromptu election that resulted from an immediate vacancy.

## Section 6: Replacement of Officers

## In the event that an Officer resigns or fails to attend two consecutive General Meetings or Steering Committee Meetings without reasonable notice to Steering Committee colleagues, the Steering Committee with the support of the Vice-Chair will elect a replacement from the membership to serve until the next Annual Meeting.

## Section 7: Fiscal Sponsor

## The Fiscal Sponsor is responsible for receiving, depositing and administering all CHNA funds according to contract specifications. The Steering Committee will approve all contracts with the Fiscal Sponsor and will oversee an annual process of review, evaluation and selection of the fiscal sponsor.

## Article IV - Decision Making Process

**Section I: Consensus Model**

The Steering Committee will use the consensus model to reach agreement at Meetings. In the event that consensus is not successful, formal voting procedures will be employed.

The decision making process of the CHNA will be reviewed at General Meetings in the fall and in the spring to ensure member satisfaction with the process and efficiency of group operation.

**Section II: Quorum**

A quorum for Steering Committee meetings is a simple majority (i.e., more than half) of Steering Committee members. (e.g., if the Steering Committee had 15 members, 8 would constitute the simple majority).

**Section III: Voting**

Acceptable methods of voting are paper ballot, electronic ballot. All matters presented for a vote, at which a quorum is present, may be written or by a show of hands, and will be decided by a simple majority of those voting. Voting may occur at a regular steering committee meeting, at emergency meeting called for that purpose, or via email. Advisory members of the Steering Committee are not eligible to vote.

# Article V – Coordination and Administration

**Section I: CHNA Coordinator**

The CHNA Coordinator is a paid position under the program direction of the Steering Committee.  The CHNA 20 Coordinator will be evaluated annually.

*\* Special note: The fiscal sponsor will have ultimate decision making abilities with said control for the hiring and termination of CHNA 20 staff. As noted, CHNA 20 will assume the role of Programmatic Supervisor. The fiscal sponsor will review and seek approval of the CHNA Steering Committee as indicated.*

**Section II: General Coordinator Duties**

With guidance and support from the CHNA 20(BHCHA) Steering Committee, and under the supervision of the CHNA Chair, and present CHNA 20 Subcommittees coordinate and assume *day-to -day* responsibilities for CHNA 20 including, yet not limited, too:

* Attendance at all CHNA 20 meetings, minute taking and distribution for Steering and Sub Committee meetings.
* Maintenance of current CHNA database, keep up good communication with all members.
* Preparation of meeting agendas, minutes and securing meeting locations, panelists, refreshments, etc.
* Completion and tracking of Subcommittees and Steering Committee work plans that monitor progress each quarter.
* Upkeep of the CHNA 20 Website; manage CHNA’s effective engagement with social media.
* Outreach to prospective members, keep current the new member orientation process and materials.
* Build strong community relationships; act as a liaison with existing and potential members and encourage community participation in the CHNA.
* Lead coordination of media, marketing and outreach efforts and materials.
* Meet regularly with (Regional Center Healthy Communities) TA provider; to coordinate evaluation processes, CHIP development and research and education on best practices
* Specific Committee Tasks- to be defined, yet as example the monitoring of grant RFP preparation; review process, distribution process, and reports from grantees.

**Section III: Additional Administrative Duties**

The Coordinator duties may be expanded to other administrative tasks, such as tasks related to evaluation or needs assessment for the CHNA.  The steering committee will determine what these additional duties will be, depending on the needs of the CHNA and the funds available.  These duties will be outlined in the contract between the CHNA and the RCHC.

## Article VI - Organizational Capacity Building

The CHNA may require additional technical assistance and consultation to build its capacity and allow it to function at the highest possible level. This support is likely to include, but is not limited to: evaluation design; community health assessment design; facilitation of strategic planning, missioning, and visioning processes; provision of tools and templates; the sharing of best practices; and assistance with fund-seeking.

These supports may be provided by the Regional Center for Healthy Communities or by another outside consultant. When appropriate, the processes may be added to the duties of the Coordinator.

# Article VII - Subcommittees

## Subcommittees are composed of CHNA Steering Committee members. No person may chair more than one Standing Subcommittee at a time. It is suggested that each Steering Committee member be part of at least one active subcommittee annually. In most cases, subcommittees are to be comprised by a mixture of members from the Steering Committee and General Membership. At least a one-year commitment is preferred. Subcommittees meet bimonthly, alternating with larger Steering Committee groups.

The CHNA 20 Coordinator will disseminate an ongoing communication on dates and locations of Committee meeting in order to encourage engagement and promote participation and communication.

**Section I: Internal Capacity Subcommittee**

The Internal Capacity Subcommittee will address topics related to the role and structure of CHNA 20 and long-term sustainability of the organization. The IC Subcommittee is comprised of current Steering Committee members only.

The IC Subcommittee shall:

* Assess finances, funding streams and sustainability
* Align current efforts and programs with DPH priorities and community needs
* Determine the future of CHNA 20 grant making program and other activities
* Discuss the merits of internal professional development
* Draft and adopt a set of Core Strategic Principles
* Clarify the role of the Steering Committee
* Discuss Steering Committee member recruitment and retention

**Section II: External Capacity Subcommittee**

The External Capacity subcommittee will address topics related to the ways in which CHNA 20 engages with community partners and fosters collaborations, including, but not limited to:

* Define the “so what” of organizational membership, including benefits, obligations, and opportunities
* Expand membership to ensure that all 13 communities are engaged in the work of the CHNA
* Identify communications systems that will help streamline data collection and analysis
* Develop a communications, marketing and messaging plan that articulates CHNA 20 capabilities and impact
* Determine the role and brand image of the CHNA, including member engagement, information-sharing, mentorship, and language
* Develop and conduct member survey
* Establish and enhance partnerships and collaborations amongst community partners

**Section III: Health Equity Subcommittee**

The Health Equity subcommittee will lead CHNA 20 through efforts related to health equity; community needs assessment and regional alignment:

* Define research questions to guide future assessment efforts
* Identify easy-to-use tool(s) that community organizations can use for data collection
* Recruit community partners to participate in regional needs assessment
* Engage hospitals in needs assessment process and explore possibility of regional assessment
* Identify consultant and/or student interns to lead community needs assessment

**Section IV: Ad Hoc Subcommittees**

## Ad Hoc Committees are designated by the Steering Committee, as needed, to fulfill time-limited objectives. Chairpersons are appointed by the Steering Committee and report to the Steering Committee for the duration of their appointment.

## Article VIII – General

**Section I: Funds Received**

## Should funding become available to the CHNA through Determination of Need (DoN) monies\* or other sources, the Steering Committee will decide how the funds shall be spent. Spending decisions will be made based on total funds available and any available needs assessment data.

\*Determination of Need, or "DoN," is a DPH requirement for health care organizations that want to make certain improvements or upgrades of their facilities. These organizations must involve the local CHNA in how to spend 5% of the project’s cost on improving health within the region

**Section II: Funding Requests**

Should the CHNA make funds available to the CHNA community, the steering committee will develop a process to ensure that funding requests will be responded to in an equitable manner, such as a well-documented and transparent mini-grant process. Representatives of organizations or individuals who request funding are expected to exempt themselves from voting on their own funding proposals and shall sign a conflict of interest form.

**Section III: Contributions**

##### Any contribution of money in any amount or any other property of value shall not be repaid to any member upon dissolution of the CHNA. Funds or property remaining in the holdings of the CHNA upon its dissolution will be donated to a charitable organization of the membership's choosing.

**Section IV: Amending the Operating Principles**

## These Operating Principles will be reviewed annually in preparation for the annual election, and may be altered, amended or repealed by a two thirds majority of the Steering Committee Members present at a steering committee meeting or at a special meeting called for that purpose, provided a quorum is present. Any proposed changes to the Operating Principles will be sent to membership via email 30 days before a meeting held with the purpose of reviewing the principals.

## At any time, in recognition of error, or oversight, Operating Principles may be amended at the review, certainty and vote of the Steering Committee.