



BOARD DEVELOPMENT PLAN

DRAFT –03/28/19

Purpose and Scope:

Governance is the legal process carried out by a group of people working together to ensure the health and effectiveness of an organization on behalf of the community it serves.

The purpose of CHC's Board Development Plan is to:

- Ensure the perpetuation of a high-performing board that consists of people who collectively have the values, competencies and commitment required to govern the health center effectively;
- Ensure compliance with federal requirements specific to board composition; and
- Ensure that new board members are equipped with the knowledge necessary to fulfill their roles and responsibilities within a reasonable timeframe.

The scope of CHC's Board Development Plan addresses three core components:

- CHC Board of Directors Profile identifying the target level of representation related to federally required and board identified characteristics;
- Recruitment Protocol addressing the process for identifying, vetting, and nominating potential board candidates to the full board;
- New Board Member Orientation and Onboarding providing new board members with basic knowledge of community health centers and a comprehensive orientation to CHC's scope of services and business model.

The Board Development Committee of the CHC Board of Directors has responsibility for governance oversight of this plan.

Board Composition Requirements:

According to Federal Health Center Program Compliance Requirements:

- The health center's governing board must consist of at least 9 and no more than 25 members.
- The majority [at least 51 percent] of the health center board members must be patients served by the health center. These health center patient board members must, as a group, represent the individuals who are served by the health center in terms of demographic factors, such as race, ethnicity, and gender.

- Non-patient health center board members must be representative of the community served by the health center and must be selected for their expertise in relevant subject areas, such as community affairs, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns, or social service agencies within the community.
- Of the non-patient health center board members, no more than one-half may derive more than 10 percent of their annual income from the health care industry.
- A health center board member may not be an employee of the center, or spouse or child, parent, brother or sister by blood or marriage of such an employee.

In addition to these federal requirements, CHC's goal is to ensure that the health center patient board members as a group provide representation from a broad cross section of CHC services and service delivery sites. In addition, while the minimum federal requirement for patient board members is set at a 51% majority, CHC has set the target for patient board members at 75% to ensure continued compliance and maximize the value of the patient experience.

CHC Board of Directors Profile:

Consistent with the above federally required and board identified characteristics, the profile is comprised of the percentage of board members in each of the following categories:

- CHC patient
 - o Seen within the last 2 years
- Gender
 - o Male
 - o Female
- Age
 - o 1-17
 - o 18-64
 - o 65 and Over
- Race
 - o Black
 - o White
 - o Other
- Ethnicity
 - o Hispanic
 - o Non-Hispanic
- County of Residence
- CHC Site of Care (applicable to patient board members)

On an annual basis and as needed, current board composition in each of these categories will be benchmarked against the most recent Universal Data System Report (UDS) to identify gaps and

specific targets for recruitment. A spreadsheet illustrating these categories is included as an attachment to this plan

Recruitment Protocol:

Recruitment efforts should focus specifically on identified gaps in the CHC Board profile whenever possible.

When recruiting patient board members, recommendations will be sought from staff at the patient care sites.

When recruiting non-patient board members, recommendations should be requested from specifically identified sectors within the community.

The steps in the recruitment process are:

1. The CHC Board Development Committee will identify specific gaps and targets for recruitment.
2. Senior staff in collaboration with the Development Committee will conduct outreach to identify potential candidates for the Board
3. Recommendations will be presented to the Development Committee for review and discussion.
4. If the Development Committee considers a recommendation to be a viable candidate for nomination, the recommendation will be disseminated to the full board in order to identify and address any objections. This may be done via email or at the next scheduled meeting of the full board.
5. If no objections are raised about the candidate, an interview will be scheduled with the candidate and members of the Development Committee.
6. If it is the decision of the Development Committee to proceed with a nomination, senior staff will secure consent for and conduct necessary background checks. At no time should a commitment be made or alluded to during the interview until the candidate has cleared all the required screens.
7. Once the screening process is complete, the candidate will be notified by the Chair of the Development Committee that they have been accepted to be nominated to a seat on the CHC Board of Directors.
8. The nomination will be presented to the full board.
9. If the nomination is approved, the nominee will be notified and invited to join the board as a newly elected member at the next scheduled board meeting.

New Board Member Orientation and Onboarding:

- Upon Board approval and the nominee's acceptance of their seat on the board, a packet of information including the following will be provided to the candidate:
 - Health Center Board Governing Handbook – published by the National Association of Community Health Centers (NACHC)
 - The current board member list and background information relevant to service on the board.
 - The current CHC Board Bylaws
 - One-page summary of CHC sites and services along with the most current brochures
 - CHC organizational chart, description of senior staff roles, and key staff contact information
- As soon as possible, but not to exceed 30 days past the new member's first official meeting, they will be provided their initial face-to-face orientation including the roles and responsibilities of board members, organization's mission, vision, and history and a virtual tour of all the delivery sites. During the orientation, staff will introduce the new board member to the various reports presented at board meetings, and instruct them in the use of the board portal. Orientation will be provided by senior staff and board members when available.
- After participation in the board meetings, a member of the senior staff will meet with the new board member to ascertain the need for and scope of additional orientation.

Reviewed and Approved: