

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF LANE COUNTY, OREGON

ORDER NO. 12-2-15-1

IN THE MATTER OF AMENDING CHAPTER 3 OF THE LANE  
MANUAL RELATING TO MEMBERSHIP OF THE COMMUNITY  
HEALTH COUNCIL (LM 3.534).

The Board of County Commissioners of Lane County orders as follows:

Lane Manual Chapter 3 is hereby amended by removing and substituting the following section:

**DELETE THIS SECTION**

3.534  
as located on pages 3-69  
(a total of 1 page)

**INSERT THIS SECTION**

3.534  
as located on pages 3-69  
(a total of 1 page)

Said section is attached hereto and incorporated herein by reference. The purpose of this substitution is to amend Lane Manual Chapter 3 relating to membership of the Community Health Council (LM 3.534).

Adopted this 15th day of February 2012.

  
\_\_\_\_\_  
Chair, Lane County Board of Commissioners

APPROVED AS TO FORM  
Date 1-12-12 Lane County

\_\_\_\_\_  
OFFICE OF LEGAL COUNSEL

**3.534 Community Health Council**

Provides assistance and advice to the Board of Commissioners and the Health & Human Services Department's Community Health Centers of Lane County (CHCLC) in promoting its mission to provide comprehensive health care that is quality-driven, affordable and culturally competent to the people of Lane County. The Community Health Council will provide input and feedback to generally advise the development, implementation and evaluation of CHCLC programs, including but not limited to all programs funded through the Federal Bureau of Primary Health Care Grant(s). This may include providing feedback and advice regarding the health care needs of Lane County residents. One goal of the Community Health Council is to review marketplace trends and to provide assistance and advice which reflect the economic realities of the marketplace. The Council shall participate in the selection and evaluation of the CHCLC Project Director/Program Manager, in accordance with County personnel policies and procedures. This Council shall assist with monitoring CHCLC operation in accordance with applicable federal, state and local laws and regulations; participate in planning and reviewing the CHCLC budget; review the budget and financial plan for each fiscal year, as well as the project budget and primary care grant renewals, and give recommendations prior to their submission to the Board of County Commissioners for adoption, in accordance with local budget law. The Council shall participate in planning, measuring and evaluating the CHCLC's progress in meeting its annual and long-term programmatic and financial goals, including client satisfaction with the services offered; participate in selecting the services provided by the CHCLC and in determining its operating hours and which services will be offered at which sites; participate in adopting health care policies regarding scope and availability of services; participate in approving or disapproving subsequent grant applications for the CHCLC's programs. The Council shall work with the H&HS/CHCLC's management team and with community leaders to actively engage in long-term strategic planning to build sustainability for the centers.

STAFFING: Department of Health & Human Services

MEETS: Monthly

MANDATED: Section 330 of the Public Health Service Act (42 U.S.C. 254b, et seq., as now or hereafter amended) and CFR 42 Part 51c subpart C.

MEMBERSHIP: (9 to 15) The Council shall have 9 to 15 members. Representation shall be from consumers, health care providers and community representatives as follows: 51% of the members of the Council must be individuals who are served by the CHCLC and must also be representative with respect to demographic factors. 49% of the members shall be representative of the CHCLC catchment area and will be selected for their expertise in community affairs, local government, finance, legal affairs, trade unions, commercial or industrial concerns or social service agencies. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health care industry. No member may be an employee of the CHCLC, spouse, or child, parent, brother or sister by blood or marriage.

TERM: 4 years, ending June 30. *(Revised by Order No. 03-11-25-8, Effective 11.25.03; 07-12-5-2, 12.5.07; 11-9-14-1, 9.14.11)*

At left margin indicates changes  
Bold indicates material being added  
Strikethrough indicates material being deleted

LEGISLATIVE  
FORMAT

3.534

Lane Manual

3.534

**3.534 Community Health Council**

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STAFFING: Department of Health & Human Services

MEETS: Monthly

MANDATED: Section 330 of the Public Health Service Act (42 U.S.C. 254b, et seq., as now or hereafter amended) and CFR 42 Part 51c subpart C.

MEMBERSHIP: ~~(179 to 15)~~ The Council shall have ~~17-9~~ to 15 members. Representation shall be from consumers, health care providers and community representatives as follows: 51% of the members of the Council must be individuals who are served by the CHCLC and must also be representative with respect to demographic factors. 49% of the members shall be representative of the CHCLC catchment area and will be selected for their expertise in community affairs, local government, finance, legal affairs, trade unions, commercial or industrial concerns or social service agencies. No more than half of the non-consumer representatives may derive more than 10% of their annual income from the health care industry. No member may be an employee of the CHCLC, spouse, or child, parent, brother or sister by blood or marriage.

~~LIAISON: One member of the Lane County Board of Commissioners shall be appointed as a liaison to this committee.~~

TERM: 4 years, ending June 30. (Revised by Order No. 03-11-25-8, Effective 11.25.03; 07-12-5-2, 12.5.07; 11-9-14-1, 9.14.11)