

Operating Guidelines for the Virginia State Rural Health Plan Councils

Councils

- Standing Councils are Access, Workforce, Quality and Data/Rural Definitions
- Each council will have a chair. The chair will serve for two years. Terms will be staggered so that councils do not have simultaneous turn-over.
- The chair will be recommended by the council and appointed by the Oversight Committee.
- The immediate past chair will have an advisory role to the chair.
- Official voting membership of any council shall consist of a minimum of 10 persons and a maximum of 20 persons.
- If the membership of a council exceeds 20 persons:
 - Sub-committees shall be formed (e.g. the Access council sub-committees of behavioral health, EMS, etc).
 - A sub-committee must have a minimum of five persons.
 - Two persons from each sub-committee will be selected by that sub-committee to serve as the voting members of the council. Those persons will serve as the chair and recorder of the sub-committee.
 - Once the sub-committee membership of the council is satisfied, additional persons are selected by the council chair to serve as the remaining council members.
 - Council members selected by the chair should be chosen to create diverse representation within the council.
- Non-voting, ex-officio members can be added at the discretion of the council chair.

Council Meetings

- Council decisions will be determined by simple majority vote. The decisions of a council will not be official without the presence of a quorum. A quorum is any number over 50% of the voting members.
- A member may vote by proxy in order to meet the quorum requirement. Any issue voted upon by proxy must be announced to full council membership no less than fifteen days prior to the vote. Proxy votes may be sent to the council chair via email.
- A council member with a conflict of interest on a particular topic should abstain from voting upon that topic.
- Each council will have a recorder who is responsible for assuring that minutes are taken each meeting (can be delegated as necessary).
 - Subcommittees must keep and submit minutes to their council.
- Minutes from council meetings must be posted within fifteen days of the meeting.
- Minutes will follow a provided template to assure uniformity between councils.

- Each council will hold a minimum of three conference call meetings per year and one additional face to face meeting. The annual Rural Health Summit will serve as the face to face meeting.

Council Membership

- A membership term will be 2 years.
- An individual can serve a maximum of 3 consecutive terms on any council before stepping down.
- The councils will create staggered terms to avoid simultaneous turnover within their council.
- If an individual chooses to move to a different council, the terms start over.
- Council members are required to participate in at least half of the scheduled meetings in any given calendar year.
- A council member who misses more than half of the scheduled meetings without an excused absence will automatically be dropped from the membership of that council.
- The council chair will determine if the absence is “excused”. Examples of a non-excused absence include:
 - Failure to respond to a meeting invitation (e.g. Meeting Wizard).
 - Not attending a meeting which the individual had agreed to attend without notifying the chair of a schedule change in advance.
- Council participation will be determined by the recorded minutes. If a council member is incorrectly listed as absent, it is up to that member to correct the minutes when they are posted.
- Individuals can be recommended for membership by current and former council members.
- New members can be added at any time.
- An individual can only serve on one council at a time.
- No single entity is allowed multiple representatives on the same council.

Council Guidance

- Councils shall present annual work plan and budget to the Oversight Committee for approval.
- The work plan and budget will be submitted to the Oversight Committee no later May 1 of each year.
- Council work plans will include a vision (with goals and objectives) which is broader than the funding available/requested for that particular year.
- Work plans will include a detailed description of the council’s projects. However, the Oversight Committee will allow for flexibility once the work plan is submitted to allow for council response to new opportunities.

Council Finances

- The majority of the available council funds shall be pooled with a small amount reserved for each individual council. Both pooled and reserved funds shall be applied for by the councils.
- A budget request form shall be submitted to the Oversight Committee by each council to request funds.
- The Oversight Committee will determine which projects have priority and are therefore funded
- Councils will have the option to decline funds for a period of time.
- The Oversight Committee will meet in May to review the work plans, make recommendations for revisions, and determine funding allotments.
- Announcements regarding final funding decisions will be made by the Oversight Committee by July 1 of each year.
- Financial accounting of funds shall be reviewed at Oversight Committee meetings.
- Unspent funds shall be turned back to the Oversight Committee who will determine how they should be redistributed and/or carried over.
- Councils are encouraged to identify funds from sources other than the Oversight Committee. Any such funds shall be included in the work plan submitted to the Oversight Committee.
- Funds raised by a particular council will stay with that council and are not subject to redistribution.
- Either the Virginia Rural Health Resource Center or the Virginia Rural Health Association will be the fiscal agent for funds distributed by the Oversight Committee as determined by VRHA and VRHRC staff.

Council Objectives

- Each council as part of their annual work plan will develop objectives for the upcoming year.
- As part of the council annual report at the Rural Health Summit, each Council will outline if/how objectives were met and what the new objectives will be.
- Objectives will have the purpose of working toward the recommendations set forth by the Rural Health Plan.
- Councils shall be responsible for identifying agencies/organizations/individuals and encourage them to 'Adopt' Plan recommendations

Accountability

- The councils are accountable to the stakeholders, the Virginia Rural Health Association, the Virginia Rural Health Resource Center, the Virginia State Office of Rural Health, the Health Resources and Services Administration, and ultimately, themselves.