



2026
Annual
Conference

GOVERNANCE THAT WORKS

**Building High-Performing Boards for Community Health
Centers**

Presented by: Tracy Douglas, M.S.

About Your Facilitator

Tracy Douglas, M.S.

CHC

Community Health Center Administrator

Led a health center and
partnered with its board from the
management side of the table.

PCA

Primary Care Association Leader

Supported health centers with
governance training, technical
assistance, and board
development.

OSV

HRSA OSV Consultant

Reviews health center
admin/governance against HRSA
program requirements during
Operational Site Visits.

Today's examples come from both sides of the boardroom and from the site visit table.



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Learning Objectives

By the end of this workshop, you will be able to:

1

Assess the characteristics of effective governing boards and identify opportunities to strengthen governance in your own organization.

2

Distinguish the roles of the governing board and executive leadership to improve accountability, communication, and strategic decision-making.

3

Implement practical strategies for recruiting, engaging, and developing board members who support performance, sustainability, and HRSA compliance.

4

Apply governance best practices to strengthen board oversight, strategic planning, and the long-term sustainability of the health center.

Today's Agenda

2.5 hours | Interactive workshop

Time	Topic
10 Mins	Welcome, objectives & opening question
25 Mins	What high-performing boards look like + board check-up activity
10 Mins	The board's role and fiduciary duties
25 Mins	Governance vs. management + scenario activity
10 Mins	Break
25 Mins	HRSA governance requirements & OSV insights
15 Mins	Strategic planning + dashboard activity
15 Mins	Recruiting, engaging & developing your board
15 Mins	Action planning, questions & wrap-up

-
- **IF YOU HAD YOUR WISH, WHAT WOULD *YOUR HEALTH CENTER* LOOK LIKE?**
 - **ARE WE GOVERNING EFFECTIVELY?**

What Does a High-Performing
Board Look Like?



Characteristics of High-Performing Boards

What great governance looks like in practice

1

Mission-focused & strategic

Spends most meeting time on direction, results, and community needs, not operational detail.

2

Culture of inquiry

Members come prepared, ask hard questions, welcome dissent, and own decisions together.

3

Clear roles

The board governs and the CEO manages. Both understand and respect the line.

4

Data-driven oversight

Uses a dashboard of financial, quality, and operational measures and follows up on results.

5

Intentionally built

Recruits for skills, lived experience, and representation, then orients and develops every member.

6

Self-aware

Assesses its own performance regularly and acts on what it learns.



Why Board Self-Assessments Matter

Governance best practice

-  **Strengthens governance:** Structured reflection helps the board spot gaps in oversight, financial stewardship, and strategic direction before they become problems.
-  **Supports HRSA compliance:** A self-assessment is a chance to confirm the board is carrying out its required authorities and meeting composition requirements (Chapters 19 and 20) before an OSV does it for you.
-  **Builds a stronger board:** Individual feedback highlights training needs and clarifies expectations for every member's role.
-  **Improves the board-CEO relationship:** Assessing trust and communication with the CEO surfaces issues before they grow.
-  **Demonstrates accountability:** Ongoing self-review shows the community and funders that the board is committed to good stewardship of the health center's mission.

Conducting an Effective Self-Assessment

A simple annual process

1

Plan

Schedule it before the annual retreat or strategic planning. The governance committee leads.

2

Survey

Use an anonymous questionnaire for all members. Include the CEO's perspective.

3

Analyze

Summarize results. Look for the lowest scores and the widest disagreement.

4

Discuss

Review the results together at a board meeting or retreat.

5

Act

Choose 2-3 priorities, assign owners, and check progress mid-year.

Domains to cover

Mission & strategy | Oversight & compliance | Financial stewardship | CEO partnership | Meetings & culture | Composition & recruitment

Activity: Quick Board Check-Up

10 minutes | Objective 1

How it works

1. Score each statement from 1 to 4.

1 = Not at all

2 = Sometimes

3 = Usually

4 = Consistently

2. Circle your two lowest scores.

#	Statement	Score
1	Our board spends more meeting time on strategy than on operational reports.	___
2	Members receive materials in advance and come prepared.	___
3	We use a dashboard to monitor finances, quality, and strategic plan progress.	___
4	Board and CEO roles are clearly defined and respected.	___
5	We evaluate the CEO annually against agreed-upon goals.	___
6	Our minutes clearly document required HRSA approvals and follow-up actions.	___
7	Our board reflects the patients and community we serve.	___
8	New members receive a structured orientation.	___
9	Members feel comfortable disagreeing and asking hard questions.	___
10	We assess our own board performance at least once a year.	___



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What Exactly is the Board's Role



LEGAL DUTIES OF BODs

*Board members are fiduciaries and **stewards** of organization's mission!*



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THE FUNDAMENTAL DUTIES BODs (the three Ds):

- ***Duty of Care***
- ***Duty of Loyalty***
- ***Duty of Obedience***

Interconnection of Fiduciary Duties

FIDUCIARY DUTY	DEFINITION	KEY RESPONSIBILITIES	RISKS OF BREACH
Duty of Obedience	Aligns actions with mission and legal compliance	Follow bylaws, ensure regulatory compliance, uphold mission	Legal penalties, loss of nonprofit status
Duty of Care	Requires informed, diligent decision-making	Attend meetings, review materials, ask questions	Lawsuits, poor oversight, financial mismanagement
Duty of Loyalty	Act in the best interest of the organization	Disclose conflicts, maintain confidentiality, avoid self-dealing	Restitution, fines, reputational damage

THE BOARD & THE CEO: What Should The Relationship Look Like?



Board & CEO: A Strategic Partnership



Understanding the Interdependent Relationship



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Board's Strategic Role

The Board provides strategic oversight, sets long-term goals, and ensures accountability to the community's needs.

CEO's Operational Role

The CEO manages daily operations, implements Board vision, and ensures regulatory compliance and resource use.

Collaborative Partnership

Open communication and mutual respect between Board and CEO ensure effective teamwork and organizational success.

Shared Commitment

Both parties share goals and responsibilities to deliver quality care and achieve operational excellence.

Board & CEO: Pillars of a Strategic Partnership



Role Clarity

Clear understanding of respective roles; supported by role descriptions & training



Shared Expectations & Accountability

Goals aligned with strategic plan; performance evaluation for both CEO and Board



Trust & Respect

Built through agreed expectations and constructive handling of disagreements.



Open Communication

Transparent dialogue about priorities and concerns to avoid surprises.



Navigating Difficult Moments

Use policies and agreements to guide responses during challenging situations

Governance vs. Management: Who Does What?

“Noses in, fingers out”

Area	Board (governance)	CEO & management
Mission & strategy	Sets direction; approves the strategic plan	Leads the planning process; implements the plan
Budget & finances	Approves the annual budget; monitors finances and the audit	Develops the budget; manages day-to-day finances
The CEO	Selects, evaluates, and if necessary dismisses the CEO	Carries out goals agreed on with the board
Staff	Approves personnel policies	Hires, supervises, and evaluates all other staff
Policies	Approves key policies (sliding fee, QI/QA, billing & collections, financial)	Drafts policies; writes the procedures that carry them out
Quality	Reviews QI/QA results and ensures follow-up	Runs the QI/QA program and improvement work
Scope	Approves sites, hours, and services	Recommends changes; operates the services

Activity: Governance or Management?

Decide for each: Governance, Management, or Both?

1

A board member hears a patient complaint at church and calls the clinic manager to fix it.

2

The CEO proposes opening a new school-based site.

3

The finance committee reviews the audit and asks for a corrective action plan.

4

The board chair asks to sit in on interviews for a new nurse manager.

5

The board sees quality data showing hypertension control dropping.

6

A board member urges switching to the EHR vendor their own business uses.

7

The board approves updates to the sliding fee discount policy.

8

The CEO changes the front-desk check-in process to cut wait times.

Table discussion: 6 minutes | Debrief: 4 minutes

Board & CEO: A Strategic Partnership

Collaborative leadership driving organizational success



Questions for the board to ponder:

- Does our board ensure the CEO has performance goals that are connected to the strategic plan?
- Does the board periodically evaluate the CEO's performance? What practices do we want to maintain, stop, or start related to CEO evaluation?
- Does the board approve the CEO's compensation?
- Has the board developed and approved an emergency CEO succession plan and a CEO succession policy?
- Do we have an effective partnership with the CEO?
- Does the board understand the parameters that are important to follow related to interaction with staff?

Governance Pitfalls: Oversight Failures



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Understanding Fiduciary Duties

Board members must grasp fiduciary duties to act in the organization's best interest and avoid conflicting decisions.

Effective Oversight Monitoring

Boards need to monitor performance, finances, and strategy to detect early signs of distress and guide the organization.

Reviewing Program Effectiveness

Regular review of program efficiency and timely follow-up actions prevent stagnation and improve outcomes.

Holding Executives Accountable

Accountability ensures leadership responsibility, combats complacency, and maintains stakeholder trust.

Governance Pitfalls: Leadership Issues



Power Concentration Risks

Excessive deference to key leaders can concentrate power and marginalize other board members.

Micromanagement Issues

Micromanaging staff blurs governance and management roles, causing inefficiency and frustration.

Avoiding Difficult Questions

Weak leadership avoids hard questions, preventing resolution of critical challenges.

Conflict Management Deficiencies

Poor conflict management fosters toxic culture and hinders board collaboration.

BREAK

10 minutes



HRSA COMPLIANCE
MANUAL: Chapter 19
(Board Authority) &
Chapter 20 (Board
Composition)

Chapters 3-20: Program Requirements



The chapters include the following subsections:



Authority – References the applicable statutory and regulatory citations pertaining to that Chapter's Program Requirement.



Requirements – Spells out the statutory and regulatory requirements. (in layman's terms)



Demonstrating Compliance – Describes how health centers would demonstrate their compliance with requirements by fulfilling all elements in this section. (OSVs)



Related Considerations – Examples of areas where health centers have discretion with respect to decision-making and gives useful information for health centers to consider when implementing a requirement. (not part of the OSV)



COMPLIANCE MANUAL CHAPTER 19: BOARD AUTHORITY

Key Responsibilities:

Health center BOD's minutes or other relevant documents must show the following:

Holding **monthly** meetings where a **quorum** is present to ensure the board has the ability to exercise its required authorities and functions;

Approving the **selection, evaluation** and, if necessary, the **dismissal** or termination of the Project Director/CEO from the Health Center Program project;

Approving **HRSA applications** related to the Health Center Program project, including approving the annual budget, which outlines the proposed uses of both Health Center Program award and non-Federal resources and revenue;

Approving the Health Center Program **project's sites, hours of operation** and **services**, including decisions to subaward or contract for a substantial portion of the health center's services;

Monitoring the financial status of the health center, including **reviewing** the results of the annual audit, and **ensuring** appropriate follow-up actions are taken;



COMPLIANCE MANUAL

CHAPTER 19:

BOARD AUTHORITY

Key Responsibilities:

- ✓ Conducting long-range/strategic planning at least once **every three years**, which at a minimum addresses **financial management** and **capital expenditure needs**;
- ✓ Status of meeting project objectives (eg., meeting budget, productivity, recruitment/retention);
- ✓ Evaluating the performance of the health center based on quality assurance/quality improvement assessments and other information received from health center management, and ensuring appropriate follow-up actions are taken regarding:
 - ✓ ***Achievement of project objectives;***
 - ✓ ***Service utilization patterns;***
 - ✓ ***Quality of care inclusive of patient safety;***
 - ✓ ***Efficiency and effectiveness of the center (eg., productivity, financials);***
- ✓ Patient satisfaction, including addressing any patient grievances;
- ✓ The BOD minutes show that the board reviewed and approved the following policies at least every three years:
- ✓ Sliding Fee Discount Program;



COMPLIANCE MANUAL

CHAPTER 19:

BOARD AUTHORITY

Key Responsibilities:

- ✓ QI/QA Program (eg., Peer Review, patient safety, risk management);
- ✓ Billing and Collections, inclusive of the difference between and how to address patient inability to pay, refusal to pay; waiving of fees if applicable;
- ✓ Financial Management and Accounting Systems (if no co-applicant arrangement exists); and
- ✓ Every three years, reviewing and approving personnel policies (e.g., addressing selection and dismissal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices; if no co-applicant arrangement exists);
- ✓ Engaged in strategic planning at least every three years and includes financial and capital expenditure needs;
- ✓ If the health center has a co-applicant arrangement, the agreement outlines the roles and responsibilities of the health center board and the public agency;
- ✓ The co-applicant public agency can have authority over Personnel, Financial, and Accounting systems policies; and
- ✓ Approving the sliding fee scale annually

Chapter 20: Board Composition



Show

Documentation must show board authority to:

- Select and remove members
- Maintain 51% consumer representation (confirmed via patient records)
- Tip: Run EMR report to verify consumer board member services

Board

Board Member Composition:

- Non-consumer members represent community and bring diverse skills
- Best Practice: Live or work in each location's catchment area
- Skills: legal, financial, community affairs, banking, social justice, etc.
- Tip: Use Needs Assessment & UDS reviews to compare ZIP codes

Board

Board Size & Restrictions:

- Minimum: 9 members, Maximum: 25 members
- No employees or their family members
- No individuals from parent/subsidiary organizations
- Tip: Annual disclosure forms signed confirming no employment ties

Chapter 20: Composition Details Reviewers Check

Beyond size and the patient majority

Patient members represent patients

Patient members, as a group, reasonably reflect the patients served in race, ethnicity, and gender.

Non-patient members bring expertise

Non-patient members represent the community and bring skills such as finance, legal, business, health, or community affairs.

Health care income limit

No more than half of non-patient members may earn more than 10% of their annual income from the health care industry.

No employees or their families

Current employees and their immediate family members (spouse, child, parent, or sibling) may not serve. The CEO may serve only as a non-voting, ex-officio member.

Waivers for special populations

Health centers funded only for migrant, homeless, or public housing populations may request a waiver of patient-majority requirements.

Conflict of interest (Ch. 13)

Board members follow written standards of conduct and disclose real or apparent conflicts of interest.

Common Governance Gaps Found During OSVs

Where boards fall short and how to fix it

Common gap	How to fix it
Minutes don't show required actions (budget, policy approvals, audit follow-up)	Use a minutes template with headings for required actions; record motions and votes
Key policies not reviewed and approved within three years	Track approval dates on the board compliance calendar
No quorum at monthly meetings	Monitor attendance and enforce bylaws attendance provisions
Patient-majority status can't be verified	Keep EMR verification of patient members on file and update it annually
CEO evaluation not documented	Complete and record an annual evaluation tied to agreed goals
Reports received, but no follow-up recorded	Record the board's questions, requests, and follow-up actions in the minutes
Strategic plan outdated or missing financial and capital needs	Update at least every three years and address financial management and capital expenditure needs

Board Compliance Calendar: Key Activities

Item	Committee Responsible	July	August	September	October	November	December	January	February	March	April	May	June	As Required
1.0 Quality and Patient Safety														
1.1 Review Quality Improvement Plan	Qim						X							X
1.2 Review and Approve Final Quality Improvement Plan (if applicable)	Qim													
1.3 Review Quality Indicators	Qim	X		X		X		X		X				
1.4 Critical Incidents Review (quarterly)	Qim	X		X		X		X		X				
1.5 Appoint Professional Staff	Qim						X							X
1.6 Review Corporate/Quality Policies	Qim													
1.7 Approve Corporate/Quality Policies	Bi													
1.8 Finance and Audit														
2.1 Review Annual Operating Budget w/Assumptions and Capital Budget	Fin													
2.2 Approve Annual Operating Budget w/Assumptions and Capital Budget	Bi													
2.3 Review annual Preliminary Findings	Fin													
2.4 Determine compensation for the auditor	Fin													
2.5 Approve Year End Audit – Approve Audited Financial Statements	Bi													
2.6 Review Health Center Fees and Sliding Fee Discount Scale	Fin									X	X			
2.7 Approve Health Center Fees and Sliding Fee Discount Scale	Bi											X		
2.8 Review Finance Policies	Fin													
2.9 Approve Revised Finance Policies (if applicable)	Bi													X
2.10 Review CEO Expense Reports	BC	X	X	X	X	X	X	X	X	X	X	X	X	
3.0 Governance														
3.1 Review Annual Goals and Objectives for Board (if applicable)	Gov													X
3.2 Approve Annual Board Budget and Expenses	Bi													
3.3 Coordinate Annual CEO Evaluation, Merits, Bonuses	Gov									X				
3.4 Approve Annual CEO Evaluation, Merits, Bonuses	Bi													
3.5 Review Annual Succession Plan	Gov													X
3.6 Approve	Bi													
3.7 Approve By-laws Changes	Bi													X
3.8 Director Recruitment and Nomination	Gov							X						
3.9 Appoint Board Officers (at board meeting immediately following AGM)	Gov								X					
3.10 Set date for AGM	Bi						X							
3.11 Admit members in accordance with by-laws	Gov							X						
3.12 Review Board evaluation survey results	Bi	X												
3.13 Approve annual board work plan	Bi	X												
3.14 Board Education sessions (schedule and topics should be in annual work plan)	Bi	X	X	X	X	X	X	X	X	X				
3.15 Executive Session Meetings without Management sessions are to be held)	Bi	X	X	X	X	X	X	X	X					
3.16 Plan for Accreditation (as required)	Bi													X
4.0 CEO and Chief of Staff														
4.1 Approve assessment process for CEO and Chief of Staff	Bi							X						
4.2 Establish Performance goals for CEO and Chief of Staff	Bi							X						
4.3 Receive report on completion of performance reviews	Bi							X						
4.4 Approve performance based compensation	Bi							X						
4.5 Review succession planning	Bi							X						
5.0 Strategic Plan and Strategic Directions														
5.1 Review strategic plan and refresh	Bi	X												
5.2 Review progress on specific strategic directions	Bi	X		X		X		X						
6.0 Stakeholder Relations and Engagement														
6.1 Appoint members of community advisory committees	Gov	X												
6.2 Town hall community meeting	Bi													TRD
6.3 Review relationship with LHN, other health system providers and key stakeholders	Bi	X								X				
Committee Legend:														
Board	Bi													
Board Chair	BC													
Finance Committee	Fin													
Governance Committee	Gov													
Quality Committee	Qim													
Color Legend														
Completed														
In														
Not in														

- CEO performance evaluation
- Review QI/QA outcomes & follow-up
- Monitor project objectives & HRSA workplan
- Review service utilization & needs assessment
- Monitor finances & audit results
- Review patient satisfaction & grievances
- Approve key policies (sliding fee, finance, QI/QA)
- Approve annual budget

Strategic Planning: Setting Direction Together



Strategic Planning: Who Does What?

A shared process with distinct roles

The Board

- Sets the vision and priorities
- Asks the big questions: Where should we be in 3–5 years? What will it cost?
- Approves the plan at least every three years, including financial management and capital needs (HRSA)
- Monitors progress through a dashboard

CEO & Leadership Team

- Gathers data and facilitates the process
- Drafts goals, timelines, and budgets
- Implements the plan through annual work plans
- Reports progress and recommends adjustments

Key inputs to the plan

Community needs
assessment

UDS & quality data

Financial position
& forecasts

Patient &
community input

Workforce trends

Policy & funding
environment



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Strategic Planning with Financial Accountability

	Goal Grow Volume	Goal:m Patient Satisfaction	Goal: Quality	Goal: X	Goal: Z
Capital Investment					
Facilities					
Equipment					
Information Technology					
Subtotal					
Operating Investment					
Clinical Staff					
Training / Development					
Marketing and Communications					
Administrative Costs					
Subtotal					
Total Goal Investment					
		Total Plan Investment :			

- Strategic plans must be **realistic and fundable**
- The board should ask: *“What will this cost to implement?”*
- Approve only when financial resources (grants, revenue, reserves) are identified
- Ensure alignment between the plan’s goals and the annual budget
- Evaluate trade-offs: new priorities may require shifting or stopping other activities
- Monitor implementation to confirm financial sustainability over time

Monitoring the Plan: The Board Dashboard

What gets measured gets governed

Measure	Target	Status
Days cash on hand	90 days	On track
Operating margin	$\geq 2\%$	Watch
Unduplicated patients vs. goal	12,000	On track
Hypertension control	$\geq 65\%$	Off track
Patient satisfaction	$\geq 90\%$	On track
Provider vacancies	≤ 2	Watch

Sample dashboard. Measures and targets are illustrative only.

Recruiting, Engaging, and Developing Your Board





Governance Pitfalls: Board Development Challenges

Lack of Board Diversity

Failure to cultivate diversity limits perspectives and reduces innovation in decision-making.

Recruitment and Selection Issues

Poor recruitment causes mismatch between board needs and member capabilities, leading to inefficiency.

Member Education and Motivation

Ongoing training is essential to keep members informed and engaged in governance roles.

Why Board Recruitment Matters

Strengthening Governance Through Strategic Recruitment



CHC boards must reflect the **communities they serve**



Diverse perspectives improve decision-making and equity



Recruitment ensures continuity, innovation, and mission alignment



Federal requirements: majority of board members must be **CHC patients**

Steps to Recruit Effective Board Members

A Strategic Approach to Board Recruitment

Assess Board Needs

- Skills, demographics, lived experience, representation gaps

Engage Community Networks

- Faith groups, schools, local nonprofits, patient advocates

Create Clear Role Descriptions

- Expectations, time commitment, responsibilities

Interview & Vet Candidates

- Mission alignment, governance readiness

Onboard & Support

- Orientation, mentorship, ongoing education

[illegible]

Gender	Number of Patient Board Members
Male	
Female	
Unreported/Declined to Report	
Ethnicity	Number of Patient Board Members
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/Declined to Report	
Race	Number of Patient Board Members
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
Unreported/Declined to Report	

If yes, ensure that the co-applicant agreement is included as Attachment 6.



- Governance/Recruitment Committee
- Annually review Form 6a to identify expertise gaps
- Follow recruitment policy
- Advertise, meet with community organizations, post on community boards

Tool: Board Skills Matrix

See your gaps at a glance

Skill or perspective	M1	M2	M3	M4	M5	Gap?
Finance / accounting	✓					
Legal						Yes
Health care / clinical		✓				
Business / HR	✓			✓		
Community & advocacy		✓	✓		✓	
Fundraising / networks						Yes
Lived experience as a patient		✓	✓		✓	
Languages of patients served			✓			

How to use it

- Update it every year with the governance committee.
- Compare with Form 6A and patient demographics from UDS.
- Note upcoming term expirations.
- Recruit for the gaps, not just for whoever is available.

Engaging and Developing Board Members

Recruitment is only the beginning

1 Onboard

- Orientation within the first 60 days: mission, HRSA requirements, finances 101, bylaws, conflict of interest
- Assign a board mentor
- Site tour and meetings with key leaders

2 Develop

- Annual board education plan
- A 10-minute learning moment at each meeting
- PCA, NACHC, and HRSA trainings and conferences

3 Engage & sustain

- Meaningful committee assignments
- Term limits and an officer succession plan
- Recognize contributions
- Annual self-assessment

Why Board Engagement in Fundraising Matters



Boosting Credibility and Commitment

Active board participation signals strong leadership credibility and commitment to the organization's mission.

Advocacy through Networks

Board members leverage their personal and professional networks to increase awareness and fundraising support.

Sharing Impactful Stories

Board members act as ambassadors sharing compelling stories that resonate with the community and supporters.

Ensuring Resource Sustainability

Board engagement in fundraising helps secure necessary resources for ongoing essential health services.

Understanding the Board's Role in Fundraising



Supportive Role in Fundraising

Board members act as ambassadors, supporting fundraising without managing day-to-day operations.

Building Relationships

They help build relationships and open doors to potential donors and partners.

'Give or Get' Philosophy

Board members either contribute financially or secure donations from others.

Empowerment Through Understanding

Understanding this role empowers board members to confidently support fundraising efforts.

Practical Ways Board Members Can Support Fundraising

Power of Storytelling

Sharing real-life stories inspires donors and highlights the impact of the organization's work.

Leveraging Networks

Board members can connect staff with potential funders to expand the organization's reach.

Event Participation

Attending, hosting, or inviting others to fundraising events supports engagement and visibility.

Donor Stewardship

Personal thank-you calls or notes improve donor retention and strengthen relationships.



Activity: Start, Stop, Continue

Your 90-day governance action plan

START

One practice your board will begin

STOP

One habit that isn't serving your board

CONTINUE

One strength to protect and build on

Write your answers (3 minutes), then share one with your table.

Before you leave: Who will you share your plan with when you get back, and when?

Resources

For continued learning

1

HRSA Health Center Program Compliance Manual

Chapters 19 (Board Authority), 20 (Board Composition), and 13 (Conflict of Interest) | bphc.hrsa.gov/compliance/compliance-manual

2

HRSA Health Center Program Site Visit Protocol

Shows exactly what OSV reviewers look for, element by element

3

NACHC Governance Guide for Health Center Boards

Practical guidance on board roles, CEO oversight, and board operations

4

BoardSource: Legal Responsibilities of Boards

The duties of care, loyalty, and obedience

5

Your Primary Care Association

Governance training, technical assistance, and peer learning



Questions & Thank You

