

GRANT COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION NO. R-19-29

TU CASA ADVISORY BOARD MEMBER APPOINTMENT

**WHEREAS**, the Board of County Commissioners of Grant County, met in a duly noticed meeting on March 21, 2019 at 9:00 a.m. in the Grant County Administration Complex, 1400 Highway 180 East, Silver City, New Mexico 88081; and

**WHEREAS**, pursuant to the Grant County-Tu Casa Substance Abuse and Addiction Treatment Center Advisory Board Charter, Grant County shall appoint a member of the Grant County Commission to the Advisory Board; and,

**WHEREAS**, Section V. a. of the Charter provides that the membership shall include one member of the of the Grant County Commission; and

**WHEREAS**, Section V. b. of the Charter declares that the term of membership shall last for three years.

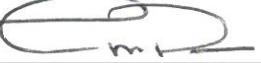
**NOW, THEREFORE, BE IT RESOLVED**, by the Grant County Board of Commissioners hereby appoints:

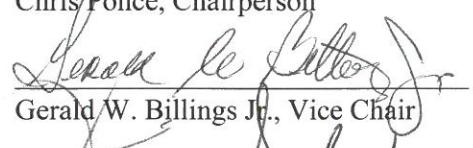
Alicia Edwards

to a term until March 31, 2022.

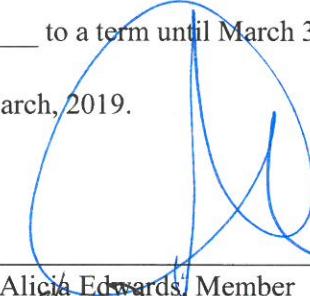
**APPROVED, ADOPTED, AND PASSED** on this 21<sup>st</sup> day of March, 2019.

**BOARD OF GRANT COUNTY COMMISSIONERS:**

  
Chris Ponce, Chairperson

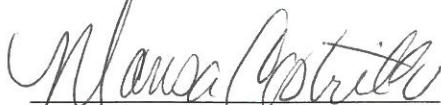
  
Gerald W. Billings Jr., Vice Chair

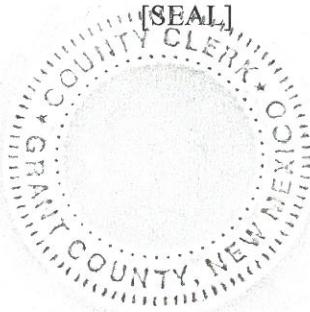
  
Javier Salas, Member

  
Alicia Edwards, Member

  
Harry Browne, Member

ATTEST:

  
Marisa Castrillo,  
Grant County Clerk



## **Grant County – Tu Casa Center**

### **Grant County Substance Abuse and Addiction Treatment Center Advisory Board Charter**

I. The Committee will be called the Tu Casa Advisory Board. It is authorized by The Grant County Commission and will serve at the pleasure of this governing body.

II. Purpose

The Board is created for the purpose of working with the Tu Casa Center and shall limit its activities to providing recommendations that will support the success of the program, and enhancement of the services provided. The specific responsibilities of the Board may include:

- a. Advocate for the Tu Casa Center to increase its visibility and value
- b. Identify and keep local, regional and state partners informed and engaged
- c. Identify and advocate for appropriate resources
- d. Working with community, providers, and agencies to identify emerging issues and new initiatives to enhance and improve programming
- e. Receive regular statistical reports on performance from the Parties

III. Relationship of Board to Grant County Commission

The Tu Casa Advisory Board is expected to provide information relevant to programs to the Grant County Commission. Such information will also be provided to the HMS Board of Directors through HMS Executive Leadership.

IV. Limitations

The Grant County Commission and the Advisory Board explicitly recognize the requirement that the HMS Board of Directors retains full authority with respect to the administration of HMS business and organization, in accordance with the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 19: Board Authority, the text of which is appended to this Charter.

V. Membership

- a. Composition: 2 HMS providers, 2 peer/consumers, 4 community members, and 1 member of the Grant County Commission. Members will be selected and appointed by the Grant County Commission. Board members will constitute a cross-section of the community.
- b. Term: A term of membership shall last for three years, with one-third of the membership appointed each year. Terms shall not be renewable within 11 months after conclusion of an earlier term. Terms will begin on January 1, 2018.

VI. Organizational Structure: The Advisory Board will have a chair, vice chair, and recording secretary who are elected for one-year terms by the membership. Elections will be held at the first meeting of the new membership year.

VII. Procedures:

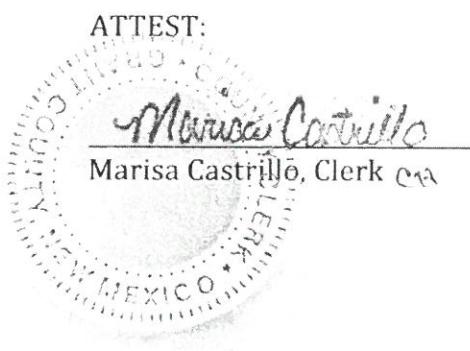
- a. Meetings: The Advisory Board will meet at least quarterly.
- b. Minutes: Minutes of each meeting will be kept and forwarded to County.
- c. Dismissal: Members who are absent without reasonable cause from three regular successive meetings will be considered to have resigned their seat. The Board will request of the County Manager, replacement names to fill the vacant position.
- d. Confidentiality: Advisory Board members will sign an agreement to hold confidential operating and proprietary information about the internal operation of the Provider.

VIII. Amendments:

The Grant County Commission shall have sole authority to revise amend this Charter. Such amendments shall be effective upon the approval of a majority of the members of the Grant County Commission.

**Passed, Approved and Adopted by the Board of Grant County Commissioners this \_\_\_ day of December 21, 2017.**

[SEAL]



ATTEST:

Marisa Castrillo  
Marisa Castrillo, Clerk

BOARD OF COUNTY COMMISSIONERS,  
GRANT COUNTY, NEW MEXICO:

Brett Kasten  
Brett Kasten, Chairman

Gabriel Ramos  
Gabriel Ramos, Member

Alicia Edwards, Member

Gerald W. Billings Jr.  
Gerald W. Billings Jr., Member

Harry Browne  
Harry Browne, Member



**Grant County Board of Commissioners  
1400 Hwy 180 East  
Silver City, NM 88061  
(575) 574-0008**

**Tu Casa Advisory Board Candidate Application**

The Grant County Board of Commissioners is currently seeking qualified applicants to fill open Advisory Board position(s) to the Tu Casa Advisory Board. Tu Casa is a Grant County Owned, Hidalgo Medical Services (HMS) operated, substance abuse and addiction treatment center. The nine-member Advisory Board provides recommendations that will support the success of the program and enhancement of the services provided. The specific responsibilities of the Board may include:

- a. Advocate for the Tu Casa Center to increase visibility and value
- b. Identify and keep local, regional and state partners informed and engaged
- c. Identify and advocate for appropriate resources
- d. Working with community, providers and agencies to identify emerging issues and new initiatives to enhance and improve programming
- e. Receive regular statistical reports on performance from the Parties

**MEMBERSHIP**

- a. Composition: 2 HMS providers, 2 peer/consumers, 4 community members and 1 Grant County Commissioner. Members will be selected and appointed by the Grant County Commission. Board members will constitute a cross section of the community
- b. Term: A term membership shall last for three years, with one third of the membership appointed each year. Terms shall not be renewable within 11 months after conclusion of an earlier term.

## **QUALIFICATIONS**

The Grant County Board of Commissioners is currently seeking qualified applicants with the following experience and skill set(s) to augment the current Board membership:

### **APPLICANT QUALIFICATIONS**

Community Health Advocacy	—
Behavioral/Mental Health	—
Health Care Policy and Legislative Collaboration	—
Other Related Expertise or Experience	—

## **CHARACTERISTICS**

- Approaches responsibilities in the spirit of a board member on behalf of the members, the organization and the healthcare industry at large.
- Maintains loyalty to the organization.
- Welcomes information and best available advice, but reserves the right to arrive at decisions based on personal judgment.
- Honors commitments.
- Supports board decisions (internally and externally) even when he or she may disagree with the majority opinion. Promotes unity within the organization.
- Offers opinions honestly and in a constructive manner.
- Respects the opinions of others.
- Avoids any possibility of conflict of interest.
- Understands legal and fiduciary responsibilities.
- Gives respect and consideration to other board members and Board Chair. Listens as an ally. Focuses on issues, not personalities
- Offers constructive feedback.
- Asks informed questions.
- Clearly understands her/his responsibilities.
- Prepared to actively serve on at least one committee, as needed.
- Comes to meetings on time, well prepared and actively participates.

**A RESUME AND LETTER OF INTEREST MUST BE ATTACHED TO THE APPLICATION**

## Demographics

Applicant Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Employer

Name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of business or organization: \_\_\_\_\_

Preferred method of contact (  ) Work (  ) Personal

Please list boards and committees that you serve on, or have served on (business, civic, community, fraternal, political, professional, recreational, religious, and social).

Organization

Role/Title

Dates of Service

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