

**WEST MICHIGAN COMMUNITY MENTAL HEALTH SYSTEM
ADMINISTRATIVE MANUAL**

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CHAPTER: Board Operations and General Administration				
SECTION: Conflict of Interest				
SUBJECT: General Policy				
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- I. **PURPOSE:** To establish policy and procedures regarding conflict of interest.
- II. **APPLICATION:** All programs and services provided by or contracted by the West Michigan Community Mental Health Governing Body.
- III. **REQUIRED BY:** CMH/MDHHS master contract; 24 CFR Part 85, Sec. 36.
- IV. **DEFINITIONS:** Not applicable.
- V. **POLICY:** It is the policy of West Michigan Community Mental Health that Governing Body members, employees and contractors shall not engage in any activity that represents or appears to represent a conflict of interest which could influence business decisions or consumer services.
- VI. **PROCEDURES:**
 1. CMH Governing Body members, employees or contractors shall not participate in the selection or in the award or administration of a contract if a conflict of interest, real or apparent, would be involved. Such a conflict would arise when:
 - a. Governing Body members, employees or contractor,
 - b. Any member of his immediate family,
 - c. His or her partner, or
 - d. An organization which employs, or is about to employ, any of the above,

has a financial or other interest in the firm selected for award.

 - 1.1 Annually each Governing Body member shall sign a statement indicating that he/she will abstain from voting on any issue that has, or appears to have, a possible conflict of interest.
 - 1.2 The conflict of interest question shall be asked as a regular agenda item at all regular CMH Board of Directors meetings.
 2. CMH employees shall not engage in professional practice that represents a conflict of interest in accordance with the professional responsibilities of their staff position.
 3. Outside employment for employees of WMCMH will be addressed as follows: An employee's Deputy Director must approve employment with other entities in addition to WMCMH. The Deputy Director will be responsible for informing the Executive

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Director of all approvals. In all cases, if the outside position creates, or has the potential for creating a conflict of interest with the employee's position with WMCMH, approval for simultaneous employment will be denied. It will be the employee's decision as to whether he/she will continue to work for WMCMH or will choose to work for the secondary employer. Choosing to work for the secondary employer will constitute a voluntary decision to terminate employment with WMCMH.

Staff will complete the Request for Secondary Employment / Secondary Professional Practice Form to seek approval.

The following guidelines will apply to any employee with approval to work a secondary job. Employees engaged in outside or supplemental employment, including private practice, will:

- 3.1 Not use WMCMH facilities as a source of referrals for private customers or clients.
- 3.2 Not work for a secondary employer during the hours he/she is regularly scheduled to work for WMCMH.
- 3.3 Not use WMCMH as a reference or credential in advertising, soliciting customers or clients, or to obtain billing status from third party reimbursers. Additionally, will not represent themselves as WMCMH employees while working for a secondary employer.
- 3.4 Not use WMCMH supplies, facilities, staff or equipment in conjunction with any outside or supplemental employment or private practice.
- 3.5 Maintain a clear separation of outside or supplemental employment from activities performed for WMCMH.
- 3.6 Not cause any conflict of interest or any possible appearance of conflict of interest or any impairment of the independent and impartial performance of employee's duties.
- 3.7 Recognize the right of WMCMH to change, at any time and with no advance notice, the scope of duties and the time during which said duties need to be performed in order to most effectively serve our consumers. Further, the employee understands that WMCMH expects the employee to accommodate

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these changes as a condition of his/her continued employment with the organization.

- 3.8 Recognize that WMCMH shall not be liable, either directly or indirectly, for any activities performed during outside or supplemental employment.
- 3.9 Maintain an updated form with Human Resources at least every 2 years. The initial form will be due upon the initial request and then will take place every December in odd years (Dec. 2015, Dec. 2017, Dec. 2019, etc.).
- 4. Contractors shall inform the Executive Director of West Michigan Community Mental Health in writing of any employees, principals, directors or agents who have a business interest with a department, agency or office of Lake, Mason and/or Oceana Counties. If West Michigan Community Mental Health identifies a conflict of interest situation which gives or appears to give unfair advantage to the contractor, the Board of Directors may take action to terminate the contractual relationship. All written agreements with contractor shall have language which reflects the intent of the above.
- 5. The Governing Body members, employees or contractor will neither solicit nor accept gratuities, favors or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
- 6. Gifts/lunches by suppliers and / or drug reps are limited to \$25 to an individual. Items exceeding this amount must not be accepted.

VII. SUPPORTING DOCUMENTS:

- Appendix 1-6-1A: Statement By Members of Board of Directors Concerning Possible Conflict of Interest Form
- Appendix 1-6-1B: Request for Approval for Secondary Employment or Secondary Professional Practice

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
STATEMENT OF MEMBERS OF BOARD OF DIRECTORS
CONCERNING POSSIBLE CONFLICT OF INTEREST**

This statement is made pursuant to West Michigan Community Mental Health Board of Directors policy that individual governing body members shall disclose to the Board of Directors any possible conflict of interest which may exist in connection with their interest in West Michigan Community Mental Health.

The following is a list of all entities personally known to me to be currently engaged in transactions with West Michigan Community Mental Health and in which I (or a member of my immediate family) have an interest in one or more of the following capacities: Director, Trustee, Officer, Owner, Partner or other significant capacity:

ENTITY:	CAPACITY:
_____	_____
_____	_____
_____	_____

In the event that any matter comes before the WMCMH Board of Directors, or any committee of which I am a member, which involves any entity in which I (or a member of my immediate family) have an interest I believe might be a conflicting interest, I will notify the Board of Directors or committee of the existence of such interest and will refrain from voting and from using my personal influence thereon. I will, of course, make available to other members of the governing body or committee any pertinent information in my possession with respect to such matter.

In addition, do any of these (an immediate family member, a business associate or I) own rental property in Lake, Mason or Oceana Counties (please circle):

Yes No

If Yes, I assure for the above mentioned properties that neither myself, an immediate family member, nor business associate, rent/lease to any persons whose rent/lease is paid through Housing and Urban Development funds that are received and managed by WMCMH.

Signature of Governing Body Member

DATED: _____

To be filed annually with the Chairperson of the WMCMH Board of Directors.

WEST MICHIGAN COMMUNITY MENTAL HEALTH
Request for Approval for
Secondary Employment or Secondary Professional Practice

This statement is made pursuant to West Michigan Community Mental Health Conflict of Interest Policy 1.6.1.

CMH employees shall not engage in professional practice that represents a conflict of interest in accordance with the professional responsibilities of their staff position.

Outside employment for employees of WMCMH will not create a conflict of interest with the employee's position with WMCMH. Approval for simultaneous employment will be denied should a conflict be apparent. It will be the employee's decision as to whether he/she will continue to work for WMCMH or will choose to work for the secondary employer. Choosing to work for the secondary employer will constitute a voluntary decision to terminate employment with WMCMH.

Employer or Entity:
Start of Work:
Position:
Nature of Work to be Performed:

I assure the nature of work I will be performing above will not present any conflict of interest with my position at WMCMH. I will inform my Deputy Director in the future should the nature of the work change and a potential conflict may arise.

Employee - Print Name	Employee Signature	Date
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Supervisor Signature	Date
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Deputy Director Signature (Required)	Date
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