



Dear Applicant,

Thank you for your interest in serving on the Board of Directors for the Monroe Community Mental Health Authority. Please complete the attached application and return it either by e-mail to dpratt@monroecmha.org, mail or submit at Monroe Community Mental Health Authority, Attention Dawn Pratt, 1001 S. Raisinville Rd, Monroe, MI 48161.

You will be contacted for an interview with the MCMHA Membership Screening Committee. Although individuals are appointed to the MCMHA Board by the Monroe County Board of Commissioners, the Membership Screening Committee of the Monroe Community Mental Health Authority interviews applicants and makes recommendations for appointments to the Board of Commissioners. Appointments are typically for a three year term. However, when a mid-term vacancy on the Board occurs an individual is appointed for the remainder of the term for that position. Board Members are able to apply for re-appointment at the end of their term of office.

The purpose of the Authority is to provide a comprehensive array of specialty mental health services appropriate to the conditions of individuals who live in Monroe County. The services provided to people with serious mental illness or developmental disabilities promote independence, improve quality of life, and support community integration and inclusion. The vision of the Board of Directors is "That people are empowered and supported to reach their maximum potential."

Accompanying this letter and the application is Section 3 from the Board of Directors' Governance Policy Manual. This section describes the role, responsibilities and duties of Board Members.

Again, thank you for your interest. If you have questions about the application, appointment process, or the Monroe Community Mental Health Authority, please contact Lisa Jennings, Executive Director. She can be reached at 734-384-8311 or by e-mail at ljennings@monroecmha.org.

Sincerely,

Susan Fortney
Board Vice Chairperson



Accredited by the Joint Commission

Lighting the Way.

Phone 734-243-7340 • Fax 734-243-5564 • <http://www.monroecmha.org> • 1001 S. Raisinville Road • P.O. Box 726 • Monroe, MI 48161-0726

Section 3: GOVERNANCE PROCESS

3.0 GOVERNING STYLE

The Board will govern with an emphasis on outward vision, diversity in viewpoints, strategic leadership, clear distinction of Board and Executive Director Roles, collective rather than individual decisions, and proactivity.

The Board must insure that all divergent views are considered in making decisions, yet must resolve into a single organizational position. Once a decision is made the Board must speak in one voice publicly.

Accordingly:

1. The Board will establish written policies reflecting the Board's values and perspectives. The Board's major policy focus will be on the intended long-term impacts outside the organization, not on the administrative or programmatic means of attaining those effects.
2. The Board will enforce discipline whenever needed. Discipline will apply to matters such as attendance, preparation for meetings, violation of policies, and disrespect for roles.
3. Continual Board development will include orientation of new Board Members and periodic Board discussion of process improvement.
4. The Board will listen respectfully to citizen comments and assure that an internal process is in place to follow up on the concerns expressed.

Revised 05/06/08

3.1 BOARD RESPONSIBILITIES/DUTIES

The Board will ensure appropriate organizational and Executive Director performance and promote a link between the community and the Authority.

Revised 05/04/10

3.2 BOARD MEMBER RESPONSIBILITIES

1. Meetings
 - (a) Attend Board and appointed committee meetings
 - (b) If unable to attend Board or committee meetings provide advance notice to the Executive Directors Secretary and Board/Committee Chair
 - (b) Be prepared and on time
 - (c) Listen with an open mind
 - (d) Participate in discussion and encourage dialogue
 - (e) Make decisions in the best interest of the community
 - (f) Speak with one voice after a decision has been made
2. Board Member Personal Development
 - (a) Complete Board orientation and training (Attachment A)
 - (b) Commit to ongoing development of Board Member skills
3. Operational Policies
 - (a) Relevant operational policies applicable to the Board are included by reference

3.3 BOARD MEMBER ETHICS

The Board commits itself and its members to ethical, businesslike, and lawful conduct, including proper use of authority and appropriate decorum when acting as Board Members.

1. Operate with the best interest of the community in mind.
2. Recuse from conflict of interest.
3. Board Members will not use their board position to obtain employment in the organization for themselves, family members, or close associates. Should a Board Member apply for employment, he or she must first resign from the Board.
4. Board Members shall not attempt to exercise individual authority over the organization.
5. Board Members shall not evaluate, either formally or informally, any staff other than the Executive Director.
6. Individual Board Member concerns should be directed to the Executive Director outside of committee or Board Meetings. The Executive Director will be responsible to address concerns and follow up with the individual Board Member.
7. Board Members will respect confidentiality.

Revised 08/11/20
Revised 05/04/10

3.4 BOARD CHAIR'S ROLE

The Board Chair assures the integrity of the Board's process and, represents the Board to outside parties. The Board Chair has no authority to make decisions about policies created by the Board nor authority to supervise or direct the Executive Director.

Revised 5/6/2008

3.5 POLICY REVIEW AND AMENDMENT

1. The Board Bylaws and Board Policies shall be reviewed and approved annually.
2. Policies may be suspended, rescinded, or amended by 2/3 of the serving membership and will be superseded by any change in federal or state law.

Revised 08/11/20
Revised 7/7/15
Revised 5/13/09

3.6 COST OF GOVERNANCE

The Board will invest in its governance capacity.

Accordingly:

1. Board members shall be compensated at the rate of \$30 per meeting for attendance at all Board meetings, appointed committee meetings, workshops, required training, affiliation meetings, and other Board approved functions. Board members are entitled to one meeting allowance per day.
2. Travel expenses shall be reimbursed according to agency standards.
3. Exception requests can be taken to the Executive Committee.
4. The Board shall be informed of its budget and expenses.

Revised 6/20/17

Revised 9/29/11

3.7 APPOINTMENT OF REPRESENTATIVES TO THE COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEAST MICHIGAN (CMHPSM) BOARD OF DIRECTORS.

1. The MCMHA Board of Directors shall appoint a Board Member annually in May to the CMHPSM Board of Directors according to the Bylaws of the Community Mental Health Partnership of Southeast Michigan.
 - a. The following criteria shall be required of all candidates for appointments to the CMHPSM Board of Directors:
 - i. All documentation required by the CMHPSM shall be completed ten days prior to the MCMHA Board Meeting at which the candidate shall be considered;
 - ii. If the position requires a primary or secondary consumer only those candidates shall be considered;
 - iii. All candidates must have served at least one year on the MCMHA Board of Directors; and,
 - iv. All candidates shall have completed the required Board Member Training before being eligible for appointment.
2. The MCMHA Board of Directors shall recommend appointments to the CMHPSM Substance Use Disorders Oversight Policy Board (SUD OPB).

Revised 6/20/17

Revised 9/6/16

Revised 7/7/15

Created 7/8/14

3.8 RECOMMENDATION FOR APPOINTMENT TO THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY (MCMHA) BOARD OF DIRECTORS.

1. The MCMHA Board of Directors shall make recommendations to the Monroe County Board of Commissioners for appointments to the MCMHA Board of Directors.

Created 7/8/14

**APPLICATION FOR APPOINTMENTS TO
MONROE COUNTY MENTAL HEALTH AUTHORITY BOARD**

NAME: _____

HOME ADDRESS: _____

CITY: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

EDUCATION

HIGH SCHOOL _____

COLLEGE _____

OTHER _____

DEGREES _____

CERTIFICATIONS/LICENSES RELEVANT TO POSITION _____

PRESENT EMPLOYMENT

CURRENT POSITION TITLE _____

POSITION RESPONSIBILITIES _____

MANAGERIAL AND PROJECT EXPERIENCE _____

**PLEASE PROVIDE FOUR PERSONAL REFERENCES (NOT RELATIVES). PLEASE
INCLUDE NAME, ADDRESS AND TELEPHONE NUMBER**

FOR ADDITIONAL INFORMATION, PLEASE ATTACH A CURRENT RESUME

Date: _____

Applicants Signature: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN THE SPACE PROVIDED. IF ADDITIONAL SPACE IS NEEDED, YOU MAY TYPE IN YOUR RESPONSE OR ATTACH A SEPARATE SHEET TO YOUR APPLICATION. THANK YOU.

1. HAVE YOU EVER SERVED ON ANY OTHER COUNTY BOARD OR COMMISSION? IF YES, PLEASE EXPLAIN.

2. DO YOU OR HAVE YOU EVER HELD AN ELECTED OR APPOINTED OFFICE? IF YES, PLEASE EXPLAIN.

3. DO YOU CURRENTLY HOLD AN ELECTED OR APPOINTED PUBLIC OFFICE? IF YES, PLEASE EXPLAIN.

4. WILL YOU BE ABLE TO ATTEND COMMITTEE MEETINGS AS WELL AS BOARD MEETINGS? (4-6 hr/mo)

5. HOW DID YOU LEARN ABOUT THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY? WHY DO YOU WANT TO BE APPOINTED TO THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY BOARD OF DIRECTORS?

6. WHAT DO YOU PERCEIVE AS THE PURPOSE OF THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY?

7. WHAT DO YOU PERCEIVE AS THE ROLE OF THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY BOARD OF DIRECTORS?

8. WHAT ARE YOUR GOALS & OBJECTIVES TO SERVE ON THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY?

9. WHAT IS THE FUNDING MECHANISM OF THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY?

10. WHAT DO YOU PERCEIVE ARE THE STRENGTHS/ WEAKNESSES OF THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY?

11. WHAT DO YOU PERCEIVE ARE THE SHORT/LONG TERM GOALS OF THE MONROE COMMUNITY MENTAL HEALTH AUTHORITY?

12. HOW WOULD YOU DEAL WITH A SITUATION IF YOU HAD A PERSONAL INTEREST IN A MATTER VERSUS OBSERVNG THE ETHICAL STANDARDS OF THE MENTAL HEALTH AUTHORITY?

13. WHAT EXPERIENCE DO YOU HAVE IN POLICY MAKING?

14. WHAT EXPERIENCE DO YOU HAVE IN MONITORING A BUDGET?

15. DO YOU HAVE ANY FAMILY MEMBERS THAT ARE EMPLOYEED BY MONROE COMMUNITY MENTAL HEALTH AUTHORITY? IF YES, PLEASE SPECIFY THE NATURE OF THE RELATIONSHIP.

16. ARE YOU WILLING TO PUBLICALLY IDENTIFY YOURSELF AS SOMEONE WHO EITHER PERSONALLY HAS RECEIVED A MENTAL HEALTH SERVICE OR HAS A FAMILY MEMBER WHO HAS? (Note: The service may have been provided by a person or entity other than Monroe Community Mental Health Authority)