



**Canadian Mental  
Health Association**  
Niagara  
*Mental health for all*

# Board Policies and Procedures

## Table of Contents

<b>600.00 Board of Directors Acknowledgement</b> .....	<b>4</b>
600.01 Conflict of Interest Policy for Members of the Board of Directors and Members of Board Committees.....	5
600.02 Resolving Declared Conflicts of Interest, Addressing Breaches of Duty and Removal of a Director .....	7
600.03 Board of Directors – Code of Conduct Policy .....	12
600.04 Attendance Policy for Members of the Board of Directors and Members of Board Committees .....	14
600.05 Governance Evaluation.....	17
600.06 Electronic Voting by Board Members.....	18
<b>601.00 Environmental Scanning Policy</b> .....	<b>20</b>
601.01 Integrated Quality and Risk Management .....	22
601.02 Ethical Decision Making.....	24
<b>602.00 Asset Protection and Financial Control</b> .....	<b>25</b>
602.01 Investment Policy Statement.....	27
602.02 Agency Reserves .....	29
602.03 Financial Activities Limitations .....	31
602.04 Procurement Policy.....	33
602.05 Purchasing Policy .....	35
602.10 Third Party Fundraising Policy .....	39
602.11 Donation Receipt Process.....	43
<b>603.00 Accountability of the Executive Director</b> .....	<b>45</b>
603.01 Communication and Support of the Board .....	47
603.02 Board Executive Director Delegation .....	49
603.03 Executive Director Succession .....	51
603.04 Executive Director Performance Appraisal and Salary Review .....	52
<b>604.00 Board Member Recruitment</b> .....	<b>54</b>
604.01 Board Member Screening and Selection .....	56
604.02 Exit Interviews .....	59



**Related Documents.....62**

## 600.00 Board of Directors Acknowledgement

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** All new and returning Board of Directors will acknowledge reading of all key Branch documents.

**2.0 Purpose:** Board members are responsible for oversight and direction of CMHA Niagara while exercising diligence, due care and good faith. Part of that responsibility includes familiarity with principal documents of the Branch. These documents outline rules, regulations, and directions for the agency as established by law and previous Boards of Directors.

**3.0 Scope:** Board of Directors

### 4.0 Definitions:

- None

### 5.0 Procedure:

- 5.1 New Board members will be provided with a list of required reading to include but not be limited by: Branch By-Law, Board Policies, Board agreement with CMHA Ontario, Strategic Plan.
- 5.2 New Board members will acknowledge by email the reading of all key branch documents prior to attending their first official meeting.
- 5.3 All returning Board members will sign the acknowledgment of key branch documents prior to the September Board meeting.

### 6.0 Related Documents:

- [Board of Directors Acknowledgement](#)

### 7.0 References:

- Responsible Committee – Executive

**600.01 Conflict of Interest Policy for Members of the Board of Directors and Members of Board Committees**

Document Owner: Executive Director	Date Created: 2016-04-20
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Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board commits itself and its members to ethical, businesslike and lawful conduct, including avoiding any potential conflict of interest when acting as Board Members.

**2.0 Purpose:** To serve as a framework for individuals and groups involved with CMHA Niagara.

**3.0 Scope:** This policy applies to all members of the CMHA Niagara Board of Directors, non-Board members of Board committees, and ex-officio directors who are not otherwise affiliated with or employed by CMHA Niagara.

**4.0 Definitions:**

**Associate:** includes immediate family of a Director /Committee Member/ ex-officio director as well as any organization, agency, company, or individual (such as a business partner) with a formal business relationship to a Director/Committee Member/ex-officio director.

**Immediate Family:** includes a spouse (including common-law partner or same sex spouse), dependent child, parent, or sibling

**5.0 Procedure:**

Members of the Board of Directors or individuals working on Board committees or task groups shall immediately disclose any perceived, potential or actual conflict of interest. If an individual is uncertain as to whether there is or may be a conflict of interest, they are obligated to discuss the matter with the President of the Board of Directors.

An individual has a potential conflict of interest when that individual or member of their immediate family, or an associate, has the ability to influence directly or indirectly a decision or action of CMHA Niagara that leads or could lead to a personal, financial or professional benefit for the individual or their family or when an individual's interest or actions are adverse to the interests of CMHA Niagara.

Conflict of Interest matters generally fall under one of three categories- pecuniary or financial interest; undue influence; and/or adverse interest. The following are examples only and are not intended to be

exhaustive. A situation or action does not need to occur as described to constitute a conflict of interest and it is important to consider the potential for conflict in each situation.

- i) using privileged or confidential information for personal gain
- ii) accepting or offering personal rewards in order to influence business transactions affecting CMHA Niagara
- iii) requesting or accepting money, gifts, gratuities, loans or service for personal or family benefit without full payment for value received, from an enterprise which does business with CMHA Niagara
- iv) conducting business on behalf of CMHA Niagara with an enterprise which the employee or member of their immediate family has a personal or financial interest
- v) using discoveries, inventions or other intellectual property rights of CMHA Niagara or in which CMHA Niagara has an interest for personal benefit without the prior, written permission of CMHA Niagara
- vi) using discoveries, inventions, information, ideas or data of CMHA Niagara researchers or other employees of CMHA Niagara for personal benefit without the prior, written permission of such researcher or employee
- vii) seeking or receiving funding or other considerations in regard to CMHA Niagara related activities without the prior, written permission of CMHA Niagara
- viii) participating in actions that would deprive CMHA Niagara of the time and attention of staff required to perform their duties properly
- ix) use of CMHA Niagara equipment, services or materials, personnel or trainees for personal gain or benefit
- x) use of CMHA Niagara name or logo, for personal gain or benefit
- xi) using one's position, influence or authority to promote the purchase, lease or use of goods or services used by CMHA Niagara where the employee or member of their immediate family stands to gain financially from such promotion.

An individual's failure to properly disclose an actual or potential conflict of interest may be grounds for corrective action, up to and including termination of their affiliation with CMHA Niagara.

The procedure for resolving a declared Conflict of Interest is found in the CMHA Niagara Board Procedure for Resolving Declared Conflict of Interest and Addressing Breaches of Duty Policy.

#### **6.0 Related Documents:**

- [Board of Directors' Acknowledgement](#)
- [Resolving Declared Conflicts of Interest, Addressing Breaches of Duty and Removal of a Director](#)

#### **7.0 References:**

- None

## 600.02 Resolving Declared Conflicts of Interest, Addressing Breaches of Duty and Removal of a Director

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Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board commits itself and its members to ethical, businesslike and lawful conduct, including avoiding any potential conflict of interest when acting as Board Members or as a member of a Board Committee.

**2.0 Purpose:** The purpose of this procedure is to establish a fair and transparent process for dealing with declared conflicts of interest, addressing breaches of duty and the removal of a Director.

**3.0 Scope:** This process applies to members of the Board of Directors, non-board members of Board committees and ex-officio directors who are not otherwise affiliated with or employed by CMHA Niagara.

### 4.0 Definitions:

**Associates:** includes immediate family of a Director as well as any organization, agency, company, or individual (such as a business partner) with a formal business relationship to a Director.

**Immediate Family:** includes a spouse (including common-law partner or same sex spouse), dependent child, parent, or sibling

**Conflict of Interest:** These generally fall under one of three categories- pecuniary or financial interest; undue influence; and/or adverse interest.

### 5.0 Procedure:

#### a) Conflict of Interest

Directors are required to sign a declaration at the time of appointment and on an annual basis, pursuant to CMHA Niagara's Conflicts of Interest Policy.

Following the annual signing of the declaration, Directors are responsible for reporting, in a similar fashion, subsequent changes in their interests which may be or appear to be in breach of the policy.

Declaring a Conflict of Interest

Return to the [Table of Contents](#)

- a. The declaration of Conflict of Interest shall be disclosed at the meeting of the Board or Committee at which the contract, transaction, matter or decision is first raised.
- b. If the Director, or their Associate, becomes interested in a contract, transaction, matter or decision after the Board meeting at which it is first raised, the Director shall make a declaration at the next Board meeting or Committee meeting following the Director's perception or apprehension of a conflict.
- c. In the case of an existing contract, transaction, matter or decision, the declaration shall be made at the first meeting of the Board or Committee after the individual becomes a Director or the interest comes into being.
- d. After making such a declaration, no interested Director shall vote or be present at the vote or during the discussions, or otherwise attempt to influence the voting, on a contract, transaction, matter or decision, nor shall the Director be counted in any required quorum with respect to the vote.
- e. If a Director has made a declaration of Conflict of Interest in compliance with this policy and the bylaw, the Director is not accountable to the Branch for any profits they may realize from the contract, transaction, matter or decision.
- f. If the Director fails to make a Declaration of their interest in a contract, transaction, matter or decision, as required by this policy or the bylaw (5.03 Conflict of Interest). This failure may be considered grounds for termination of their position as a Director, in addition to any other remedies available to the Branch under statute, equity or common law.
- g. The failure of any Director to comply with the Conflict of Interest provisions of this policy or bylaw does not, in or of itself, invalidate any contract, transaction, matter or decision undertaken by the Board.
- h. If within a meeting a Director believes that any other Director is in a Conflict of Interest position with respect to any contract, transaction, matter or decision, the Director shall have their concern recorded in the minutes, and the Director with the alleged Conflict of Interest shall have the right to address the Board with respect to the allegation. Thereafter, at the request of the Director who recorded the initial concern, the Board, after the Director alleged to have a Conflict of Interest has absented himself from the room, shall vote on whether the Director alleged to have a Conflict of Interest is, in the opinion of the Board, in a Conflict of Interest. If the Board finds the person in a Conflict of Interest, the individual shall not be present during the discussion of the matter in which they have a conflict and shall not attempt in any way to influence the voting. The question of whether or not a Director has a Conflict of Interest shall be determined by a simple majority of the Board and shall be final.
- i. If the Board finds that the person is not in conflict, the Board will then vote on the contract, transaction, matter or decision and the votes of each Director shall be recorded.

- j. Every declaration of a Conflict of Interest and the general nature thereof shall be recorded in the minutes by the Board.
- k. Where the number of Directors who, due to a Conflict of Interest, are prohibited from participating in a meeting is such that, at that meeting the remaining Directors are not of sufficient number to constitute a quorum, then, notwithstanding any other provision in this By-Law, the remaining number of Directors shall be deemed to constitute a quorum, provided such number is not less than three (3).
- l. Where, in the circumstances mentioned in paragraph (l) above, the remaining number of Directors who are not prohibited from participating in the meeting is less than three (3), the President may apply to the Superior Court of Justice on an ex parte basis for an order authorizing the Board to give consideration to, discuss and vote on the matter out of which the interest arises, or such other relief as the Court may authorize.

#### Indicating a Potential Conflict of Interest of Another Board Member

If outside of a meeting, where any Director believes that they or another Director is in a situation of actual or potential conflict of interest, the matter shall be referred to the following process:

- Refer matter to President or where the issue may involve the President, to the Vice-President, with notice to Executive Director.
- President (or Vice-President as the case may be) may either:
  - attempt to resolve the matter informally, or
  - refer the matter to the Executive Committee.

If the matter cannot be informally resolved to the satisfaction of the President, then the President shall refer the matter to the Executive Committee and/or Board as a whole.

In the event the conflict arises out of business dealings between CMHA Niagara and the business of a Director or any member of a Director's immediate family or an Associate of the Director, or any business organization in which any Director or immediate family member serves as an officer or director, following the exhaustion of the processes outlined above, the agreement related to such business dealings and any amendments thereto to be of any legal force and effect must be approved by the Board of Directors as being in the best interests of the organization.

#### **b) Addressing Breaches of Duty (Other than Conflict of Interest)**

Where any Director believes that they or another Director:

- Has breached Director duties to the organization;
- Is in a position where there is a potential breach of duty to CMHA Niagara; or
- Has behaved or is likely to behave in a manner that is not consistent with the highest standards of public trust and integrity and such behaviour may have an adverse impact on the organization,

the matter shall be referred to the following process:

- Refer matter to President or where the issue may involve the President, to the Vice- President, with notice to Executive Director.
- President (or Vice-President as the case may be) may either
  - i) attempt to resolve the matter informally, or
  - ii) refer the matter to the Executive Committee.
- If the matter cannot be informally resolved to the satisfaction of the President, then the President shall refer the matter to the Executive Committee and/or Board as a while.

It is recognized that if a conflict, or other matter referred cannot be resolved to the satisfaction of the Board (by simple majority resolution) or if a breach of duty has occurred, a Director may be asked to resign or may be subject to removal pursuant to the policies, by-laws and the *Corporations Act*.

### **c) Removal of a Director**

In certain situations it may become necessary to remove a member from the Board of Directors, an office or other position.

Reasons for removing a board member may relate to any of the following:

- Breach of confidentiality, for all matters dealt with in camera or issues not discussed at the public meeting;
- Failure to meet obligatory procedures in the disclosure of conflict of interest;
- Failure to fulfill the fiduciary duties of a Director for the corporation;
- No longer meets eligibility to be a Board member
- Failure to comply with the attendance policy for Directors' meetings; and
- Inappropriate or consistent lack of participation and contribution to effective discussion and board decision-making.

The Executive Committee is responsible for recommending the removal of a member to the Board of Directors based on the foregoing reasons. Prior to making a recommendation to the Board, the Executive Committee will follow the following procedures:

- Members will be treated fairly and with respect;
- The member in question will be provided written notice, which includes email, of the applicable reason for removal;
- The member will be given seven (7) calendar days, not including the day of service of written notice, to respond (for example, attendance can improve, conflict of interest can be examined and questions of conduct can be reviewed); and
- The member should be clearly notified of the final consideration and action of the Board.

The Board may at a special meeting of the Board duly called for that purpose, by an affirmative vote of two-thirds of the Directors present at such meeting, remove a Director from the Board or from an office before the expiration of their term.

If a Board member has been removed as a Director, they are considered to no longer meet the eligibility to be a Board member.

#### **6.0 Related Documents:**

- [Board of Directors' Acknowledgement](#)
- [Attendance Policy for Members of the Board and Members of Board Committees](#)
- [Conflict of Interest Policy for Members of the Board and Members of Board Committees](#)

#### **7.0 References:**

- Responsible Committee – Governance

### 600.03 Board of Directors – Code of Conduct Policy

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	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** 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.

**2.0 Purpose:** To support ethical behaviour and decision making.

**3.0 Scope:** Board of Directors

#### 4.0 Definitions:

- None

#### 5.0 Procedure:

**5.0** In contributing to the responsibilities of the Board as a whole, each Member shall:

- 5.0.1** Be committed to understanding and adhering to the vision, mission and core values of the Association;
- 5.0.2** Work positively, co-operatively and respectfully as a member of the team with other Members and with the Corporation's management and staff;
- 5.0.3** Respect and abide by Board decisions;
- 5.0.4** Serve on at least one standing committee;
- 5.0.5** Regularly attend Board and committee meetings, as well as the AGM of the Association;
- 5.0.6** Complete the necessary background preparation in order to participate effectively in meetings of the Board and its committees;
- 5.0.7** Keep informed about matters relating to the Corporation;
- 5.0.8** Participate in the initial orientation as a new Director and in on-going Board education;
- 5.0.9** Participate in an annual evaluation of overall Board effectiveness;
- 5.0.10** Submit a self-assessment to the Board President at the time of annual re-application to sit on the Board;
- 5.0.11** Abide by the conflict of interest standards;
- 5.0.12** In exercising powers and discharging duties, act honestly and in good faith with a view to the best interests of the Corporation and exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances;



**5.0.13** Be punctual and prepared to discuss items on the agenda at all Board meetings. If unable to attend a meeting, notice must be provided in advance to the President, and;

**5.0.14** Ensure that the business of the Association is kept confidential and that the Board member speaks with “one voice”.

#### **5.1 Evaluation**

**5.1.1** The Principles of the Code of Conduct will be reviewed annually by the Board.

#### **6.0 Related Documents:**

- None

#### **7.0 References:**

- Responsible Committee – Executive

### 600.04 Attendance Policy for Members of the Board of Directors and Members of Board Committees

Document Owner: Executive Director	Date Created: 2017-02-01
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Approver(s): Executive Director	Expiration Date:

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board commits itself and its members to meeting on a regular basis when acting as Board Members or as a member of a Board Committee.

**2.0 Purpose:** The purpose of this policy is to ensure that all members are aware of the time commitments required by the Association and are able to contribute their expertise and judgment as Board Members or as a member of a Board Committee.

**3.0 Scope:** This policy applies to all members of the Board of Directors and non-board members of Board committees

#### 4.0 Definitions:

- Board meeting: refers to the regularly scheduled monthly Board meeting.
- Committee meeting: refers to the scheduled meetings for any Board committees, sub-committees or working groups.
- Special board meeting: refers to special board meetings as outlined in the Branch's bylaws.

#### 5.0 Procedure:

5.1 In contributing to the responsibilities of the Board as a whole, each member shall regularly attend board and committee meetings, as well as the Annual General Meeting of the Association. (See Board of Directors – Code of Conduct Policy).

5.2 In contributing to the responsibilities of CHMA Niagara Board committees or task groups, volunteers shall endeavor to attend every meeting.

5.3 Members of the Board of Directors and individuals working on Board Committees or task groups are strongly encouraged to regularly attend all meetings in person. If the Board President or Committee Chair consents a member may participate in a Board / Committee meeting by teleconference.

It is recognized that Board and Committee members may be unable to attend some meetings due to conflicts with other commitments or unforeseen circumstances.

#### 5.4 Planned Absences

In the case where a Board or Committee member is aware of a scheduled conflict that will impact their attendance, the member is to notify the President of the Board / Committee Chair prior to the called meeting.

#### 5.5 Extended Absence

If a Board or Committee member anticipates an extended absence, they are required to notify the Board President to make them aware of the circumstance so that the Board may plan for and manage any responsibilities assigned to that member.

#### 5.6 Board Member Attendance Concerns- Monthly and Special Board Meetings: A concern regarding a Board Member's ability to perform their required duties exists in any of the following conditions

missed two scheduled monthly Board meetings and/or special Board meetings in a row The member misses one third of the total number of monthly and/or Special board meetings in a twelve-month period including the Annual General Meeting .

#### 5.7 Committee Member Attendance Concerns: A concern regarding a Committee Member's ability to perform their required duties exists in any of the following conditions

A Committee member misses two scheduled meetings of a specific committee in a row.

5.7.1 A Committee member misses more than one third of the total number of scheduled Committee meetings.

5.7.2

#### 5.8 Resolving Attendance Problems

5.8.1 An individual's failure to abide the attendance policies of the Association may be grounds for corrective action, up to and including removal of his/her affiliation with CMHA Niagara.

5.8.2 The procedure for resolving a declared Conflict of Interest is found in the CMHA Niagara Board Procedure for Resolving Declared Conflict of Interest and Addressing Breaches of Duty Policy.

#### 6.0 Related Documents:

- 600.03 Board of Directors – Code of Conduct Policy
- 600.02 Resolving Declared Conflicts of Interest, Addressing Breaches of Duty and Removal of a Director

## 7.0 References:

- Responsible Committee – Executive

### 600.05 Governance Evaluation

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2016-05-16
Approver(s): Executive Director	Expiration Date:

**1.0 Policy:** The Board will evaluate its governance regularly.

**2.0 Purpose:** As a model of quality and risk management, throughout the organization, it is essential that the Board objectively evaluate its processes to continuously improve its governance.

**3.0 Scope:** All Board Members

#### 4.0 Definitions:

- None

**5.0 Procedure:** The Board will schedule annual evaluations of its governance on the Board agenda calendar. The tools used to monitor governance will include: Accreditation Canada Governance Functioning Tool, Board Effectiveness Quick Check, and Board President Evaluation Tool.

#### 6.0 Related Documents:

Board of Directors' Effectiveness Check (approved March 2016) Board President Evaluation Tool 600.11  
 Governance Functioning Tool (Accreditation Canada) Report 600.11  
 Board Meeting Climate Survey  
 Board of Directors Individual Self-Assessment Tool  
 Monthly Board Meeting Evaluation Form

#### 7.0 References:

- Responsible Committee - Governance

## 600.06 Electronic Voting by Board Members

Document Owner: Executive Director	Date Created: 2020-05-28
	Date Approved:
Approver(s): Executive Director	Expiration Date:

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**Policy:** By-Law 27. *'Members' Meeting Held Entirely by Electronic Means'* allows for decision making by the Board of Directors via electronic means when attending board meetings.

*"If the Directors or members of the Corporation call a meeting of members pursuant to the bylaws, those Directors or members, as the case may be, may determine that the meeting shall be held, in accordance with the bylaws, entirely by means of a telephonic, electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting."*

There may also be occasions when decisions must be made between board meetings, by the board where it is not reasonable or possible to call a special meeting between regularly scheduled Board meetings.

**2.0 Purpose:** The purpose of this policy is to define the process for electronic voting by the board. The Chair may determine when necessary to proceed with an action between scheduled Board meetings and when reasonable to call a special meeting. The Chair / Executive Director must ensure that all directors of the board have access to the required information about the motion upon which they are being asked to vote.

**3.0 Scope:** All Members of the Board of Directors

### 4.0 Definitions:

- None

### 5.0 Procedures:

#### a) Meeting Electronically

- If the Board is required to meet electronically using video / phone conferencing technology then during each vote, each Director shall ensure that their vote is noted by the Chair / Secretary via audible or visual means.

#### b) E-voting between meetings

- Voting by electronic means between meetings is appropriate when the items in question can be considered as any of the following:
  - Not controversial,
  - Routine and do not require extensive background and explanation,
  - Time sensitive and may have serious consequences for the organization if a deadline is missed.
- If the Board is required to vote on a subject that does not allow reasonable time to call a special meeting of the Board as per the By-Laws of CMHA Niagara then the following procedure shall take place.

- a. As directed by the Chair, the Executive Director / Secretary shall prepare background information on the motion at hand to ensure all Board Members are fully informed.
- b. The background information and ballot shall be emailed to all Board Members. The subject line of the email message shall include the words “Board Decision Required”. A timeline for response shall be indicated in the message. The Executive Director / Secretary will make it clear when voting ends (i.e. 72 hours).
- c. If a Board Member is in a position of Conflict of Interest, they are required to declare this and indicate that they abstain from the vote.
- d. Each Board Member should respond as follows: “MOTION on xxxx”. I am IN FAVOUR of this motion OR I am OPPOSED to this motion OR I ABSTAIN from this motion.
- e. Email responses are to be sent to the Secretary only (i.e. do not use reply all).
- f. Once the deadline for the vote expires, the Secretary will count the ballots and advise the Chair of the outcome of the decision.
- g. A summary of who voted and their recorded vote will be emailed out to the Board of Directors.
- h. If a motion is defeated because too few Board Members have cast ballots, those persons not responding will have no vote counted and will be considered “absent” from the vote. A motion cannot be considered “passed” simply in absence of votes.
- i. In the case where the number of votes received does not constitute a quorum, the vote counting can be extended in 24-hour periods until such a time a quorum is reached. If quorum is still not reached, the motion is withdrawn, and no decision will have been made.
- j. In the case that a motion is a defeated or no decision has been made, it will be discussed at the next regularly scheduled meeting of the Board of Directors

#### **6.0 Related Documents:**

- CMHA Niagara By-laws
- Conflict of Interest Policy

#### **7.0 References:**

- None

### 601.00 Environmental Scanning Policy

Document Owner: Executive Director	Date Created: 2016-05-01
	Date Approved:
Approver(s): Executive Director, Human Resources Coordinator	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board commits itself to working with CMHA Niagara’s management team to conduct ongoing environmental scanning to identify changes and new challenges.

**2.0 Purpose:** To help the Board and senior management of the organization understand the broader context in which CMHA Niagara operates. By investing the time to identify key trends and environmental factors that impact the organization, the Board and managers can begin to think through the implications and, where appropriate, plan a course of action.

**3.0 Scope:** Board of Directors and senior management of the organization.

#### 4.0 Definitions:

Environmental Scan: an objective review of the current and anticipated environmental factors that impact the organization and the broader mental health sector. These can include, for example, the political, economic and demographic environment, regulatory environment, philanthropic and donor trends, and other organizations providing similar services or competing for the same funding sources.

#### 5.0 Procedure:

At a minimum of once annually, the Board and senior management shall formally identify the organization’s strengths, weaknesses, opportunities and threats, as well as key potential partnership opportunities.

Strengths and weaknesses tend to be associated with the internal environment, or the situation inside the organization (operations, performance quality, infrastructure, governance, etc.). These also tend to be in the present. Opportunities and threats relate to the external environment – the situation outside of the organization. These tend to be posited in the future (competition, trends, political landscape, etc.).

This information shall be formally documented in the Executive Director Annual Future Vision Report and in any strategic plans developed by the Board. It will also be documented in the CMHA Niagara Operational Plan.

#### **6.0 Related Documents:**

- Executive Director Annual Future Vision Report
- CMHA Niagara Operational Plan
- CMHA Niagara Strategic Plan

#### **7.0 References:**

- Responsible Committee – Governance

### 601.01 Integrated Quality and Risk Management

Document Owner: Executive Director	Date Created: 2013-12-16
	Date Approved: 2014-09-16
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board monitors performance improvement through an integrated quality and risk management approach.

**2.0 Purpose:** CMHA Niagara aspires to the highest standards of risk management. This statement of risk management describes the governance framework that guides the Board and management in fulfilling their obligations to CMHA Niagara, the communities served, the donors, funders and other stakeholders of CMHA Niagara.

Where possible, risk management shall be integrated into existing processes, becoming part of regular day to day business and activities. In order to support risk management activities and provide assurances that an effective level of risk mitigation is occurring, specific roles and responsibilities exist with CMHA Niagara.

Clear strategies and oversight by the Board and management, a strong internal control culture, and contingency planning are all crucial elements of an effective risk management framework. An overview of the organization and its risk management is provided in the : Integrated Quality and Risk Management Model. Reporting forms include the Risk Management Report, and the Continuous Quality Improvement – Targets and Initiatives chart.

**3.0 Scope:** Board of Directors

#### 4.0 Definitions:

4.1 Integrated Quality and Risk Management is “A planned, systematic approach to the monitoring, analysis, and correction and improvement of performance, which increases the likelihood of desired outcomes by continuously improving the quality of care and services provided.” (National Association of Healthcare Quality).

4.2 Risk Management Responsibilities list- identifies the level of responsibility of each of the Board, staff and volunteers

- 4.3 Risk Management Reporting Format- annual reporting format that is prepared by Human Resources for delivery to the Board
- 4.4 Integrated Quality and Risk Management Chart – identifies the whole agency in six categories that represent the quality and risk activities of CMHA Niagara
- 4.5 Continuous Quality Improvement – Targets and Initiatives chart – key annual Board identified areas of risk stated in measurable indicators for improvement

#### **5.0 Procedure:**

- 5.1 Significant risk concerns as outlined in the Risk Management Reporting Format will be immediately brought to the attention of the President for Board reporting.
- 5.2 The ED will provide regular updates in the ED monthly report on any current or emerging risk concerns.
- 5.3 The Board will conduct an annual evaluation utilizing the Risk Management Reporting format and enter recommendations in their minutes.

#### **6.0 Related Documents:**

[Integrated Quality and Risk Management Model \(IQRM\)](#)

[Risk Management Responsibilities List](#)

[Risk Management Reporting Format](#)

Integrated Quality and Risk Management Chart

Continuous Quality Improvement

#### **7.0 References:**

Risk Management in Canadian Healthcare – CLEOS

[CLEOS \(Clinical, Legal, Ethical, Organizational , System\) Standard Form](#)

[Ethics Matters – a practical approach for everyday ethics](#)

Responsible Committee – Outcome Indicators and Quality

## 601.02 Ethical Decision Making

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Ethical Decision Making Framework will be used for critical issues.

**2.0 Purpose:** In the course of their governance duties, Board members make ethical decisions. For the most part, these decisions are straight-forward. Occasionally, ethical dilemmas occur whereby ethical standards or values come into conflict with each other and the Board must decide which course of action will be taken.

In keeping with our focus on Quality Improvement, Risk Management, and Best Practices, CMHA Niagara is committed to making ethical considerations a priority in planning, implementing, and evaluating critical governance related decisions.

**3.0 Scope:** Board of Directors including the Executive Director.

### 4.0 Definitions:

- None

### 5.0 Procedure:

- None

### 6.0 Related Documents:

- [Ethics Matters](#)
- Risk Management in Canadian Health Care

### 7.0 References:

- Responsible Committee – Executive

## 602.00 Asset Protection and Financial Control

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Executive Director shall not allow significant assets to be unprotected, inadequately maintained or insured.

**2.0 Purpose:** To ensure that agency assets are adequately protected.

**3.0 Scope:** Executive Director and CMHA Niagara Board Members

### 4.0 Definitions

- None

**5.0 Procedure:** The Executive Director shall not:

- 5.1 Fail to adequately insure against theft and casualty losses at 100% of replacement value except where limits are noted in the master policy and against losses to Board members, staff or the organization itself in an amount \$2,000,000.
- 5.2 Subject buildings or equipment to improper wear and tear or insufficient maintenance.
- 5.3 Fail to establish and maintain a current system of internal financial and capital asset registry controls.
- 5.4 Fail to protect intellectual property, information, capital assets and files from loss or significant damage.
- 5.5 Invest or hold operating capital in investments not approved by the Board.

### 6.0 Related Documents

Return to the [Table of Contents](#)

- None

## 7.0 References

- Responsible Committee – Finance

## 602.01 Investment Policy Statement

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Executive Director shall not allow agency financial assets to be invested to the exclusion of the Board's direction as noted.

**2.0 Purpose:** Reserves and surplus funds to provide steady growth of capital while ensuring the safety of principal and high degree of liquidity until such time that funds are utilized according to Governing body's direction.

**3.0 Scope:** Board of Directors

### 4.0 Definitions:

- None

### 5.0 Procedure:

#### 5.1 Guidelines:

##### 5.1.1 Preserve Capital:

5.1.1.1 Agency investments will be limited to vehicles that guarantee principal investment.

##### 5.1.2 Maintain Liquidity:

5.1.2.1 The portfolio will be managed to provide timely funding for the agency's operating needs.

5.1.2.2 Short and long-term reserves forecasts will be utilized to determine feasibility of each investment made.

5.1.2.3 Investment duration will be matched against expected cash flow requirements.

##### 5.1.3 Limit Interest Rate Risk:

5.1.3.1 Agency investments will be limited to interest bearing vehicles where the interest rate is not linked to market fluctuations.

5.1.3.2 Investment duration will be based on cash flow forecasts as well as projected estimates of interest rate fluctuations.

- 5.1.3.3 An attempt will be made to match investment duration with expected cash flow requirements, limiting the need to liquidate investments before maturity. However, a sale of a security before maturity is permissible for cash flow requirements or portfolio improvement.
- 5.2 Investment Strategy:
- 5.2.1 In general, the agency's investment strategy will consist of purchasing bank-managed Guaranteed Investment Certificates and holding them through maturity.
- 5.2.2 The agency will not invest in equity securities for passive investment purposes unless authorized to do so by the Board of Directors.
- 5.2.3 Derivatives, as they pertain to this policy, are defined as instruments designed to hedge the agency's risks related to interest rate fluctuations. The agency will not undertake such transactions.
- 5.3 Approvals:
- 5.3.1 Only the Treasurer of the Board of Directors, Executive Director or the Finance/Information Systems Manager may approve and execute investments and may do so only as long as the investments are consistent with this policy.
- 5.3.2 Any exceptions to this policy must be first approved by the Board of Directors.
- 5.3.3 The agency's portfolio will be managed internally by the Finance/Information Systems Manager with input from the financial institution's advisor and observation of interest rate trends.
- 5.3.4 A summary of the portfolio indicating duration, type of investment, rate of return, principal and reserve description will be available for review by the Board of Directors upon request.

## 6.0 Related Documents:

- None

## 7.0 References:

- Responsible Committee – Finance

## 602.02 Agency Reserves

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Executive Director shall not jeopardize operations by maintaining insufficient reserves.

**2.0 Purpose:** Reserves are established to comply with Funder, Donor and Board Reserve Policies and to provide sufficient funds for operations and projects according to the Governing body's direction.

**3.0 Scope:** Board of Directors

### 4.0 Definitions:

- None

### 5.0 Procedure:

- Funder restricted reserves
  - Reserves defined by Funders for use in prescribed programs and services.
  - Not at the discretion of Board or Agency use outside Funder mandate.
  - MOHLTC Capital Reserve fund must be supported by and equal to investment certificates dedicated to the reserve.
- Municipality restricted reserves
  - Reserves derived from Lottery revenue licensed in specific Municipalities.
  - Municipalities approve the use of these reserves.
- Board and Donor restricted reserves
  - Reserves derived from designated donations, bequests or fundraising events.
  - Use restricted to designation by donor, fundraising committee or Board of Directors
- Invested in Capital assets
  - Reserves derived from donations, funding or fundraising designated for capital assets.
  - Use restricted to Capital investments as designated by donor, fundraising committee or Board of Directors.
- Agency Program Development Fund (Operating reserves)

- Non-restricted or non-designated funds from donations, funding, fundraising or retained operating surpluses will be reserved with the intent of building an operating reserve of no less than 5% of the total operating budget.

**6.0 Related Documents:**

- None

**7.0 References:**

- Responsible Committee – Finance

### 602.03 Financial Activities Limitations

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Executive Director may not cause fiscal jeopardy for the Branch.

**2.0 Purpose:** With respect to the actual, ongoing condition of the organization's financial health, the Executive Director may not cause or allow the development of fiscal jeopardy for the organization. This is defined in the negative as executive limitation, within the procedure, such that the Board will provide maximum latitude for the Executive Director while limiting risk.

**3.0 Scope:** Executive Director

#### 4.0 Definitions:

- None

#### 5.0 Procedure:

5.1 The Executive Director shall not:

5.1.1 Make a single purchase or commitment of greater than \$10,000.00 (with the exception of regular, ongoing operational items not requiring decisions) without Board approval.

5.1.2 Have less than two program directors/managers designated as signing officers for cheques under \$10,000.00.

5.1.3 Fail to operate without appropriate internal controls and segregation of duties as outlined in the policy addendum.

5.1.3.1 Fail to have all cheques signed by two signing authorities.

5.1.3.2 Fail to have all cheques in excess of limits outlined in the aforementioned policy signed by one Board member formally authorized to sign cheques, as well as an Executive; Board members authorized to sign cheques should only be the current President and Treasurer of the Board of Directors.



- 5.1.3.3 Produce cheques payable to a signing authority that are signed by that same signing authority.
  - 5.1.3.4 Fail to have expenditures greater than \$5,000 per item without obtaining three quotations.
  - 5.1.3.5 Fail to have invoices/claims approved by senior management.
  - 5.1.3.6 Fail to have appropriate segregation of duties for deposits, payment processing and reconciliations; the above duties will not be performed by a signing authority (with reasonable exception for emergency transactions and departmental staffing).
  - 5.1.3.7 Have payments processed by a signing authority signed by the same signing authority.
  - 5.1.3.8 Fail to ensure that payroll processing is reviewed and signed by senior management – payroll is paid to staff by direct deposit.
- 5.2 The Finance Committee may:
- 5.2.1 At their discretion, request a cheque register to review cash transactions.
  - 5.2.2 Use their discretion and authority to audit any and all transactions as necessary to allow for complete transparency of process and operations.

#### **6.0 Related Documents:**

- None

#### **7.0 References:**

- Responsible Committee – Finance

## 602.04 Procurement Policy

Document Owner: Executive Director	Date Created: 2013-01-17
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The following principles should be adhered to in the procurement of products and services:

- Accountability
- Transparency
- Value for Money
- Quality Service Delivery
- Process Standardization
- Supply Chain Code of Ethics

**2.0 Purpose:** CMHA Niagara strives to procure quality products and services in the most cost-effective manner and satisfy the agency's requirements on a timely basis, consistent with agency objectives while maintaining the highest ethical standards. This Procurement Policy is consistent with the requirements of the Broader Public Sector Procurement Directive.

**3.0 Scope:** All staff

### 4.0 Definitions:

- **Accountability** – CMHA Niagara must be accountable for the results of their procurement decisions and the appropriateness of the processes
- **Transparency** – CMHA Niagara must be transparent to all stakeholders. Wherever possible, stakeholders must have equal access to information on procurement opportunities, processes and results
- **Value for Money** – CMHA Niagara must maximize the value they receive from the use of public funds. A value-for-money approach aims to deliver goods and services at the optimum total lifecycle cost
- **Quality Service Delivery** – Front-line services provided by CMHA Niagara, such as client care and public education, must receive the right product, at the right time, in the right place
- **Process Standardization** – Standardized processes remove inefficiencies and create a level playing field

- **Supply Chain Code of Ethics** – the goal is to ensure an ethical, professional and accountable Broader Public Sector (BPS) supply chain
  - *Personal Integrity and Professionalism*  
Individuals involved with the Supply Chain Activities must act, and be seen to act, with integrity and professionalism. Honesty, care and due diligence must be integral to all Supply Chain Activities within and between BPS organizations, suppliers and other stakeholders. Respect must be demonstrated for each other and for the environment. Confidential information must be safeguarded. Participants must not engage in any activity that may create, or appear to create, a conflict of interest, such as accepting gifts or favours, providing preferential treatment, or publicly endorsing suppliers or products.
  - *Accountability and Transparency*  
Supply Chain Activities must be open and accountable. In particular, contracting and purchasing activities must be fair, transparent and conducted with a view to obtaining the best value for public money. All participants must ensure that public sector resources are used in a responsible, efficient and effective manner.
  - *Compliance and Continuous Improvement*  
Individuals involved with purchasing or other Supply Chain Activities must comply with this Code of Ethics and the laws of Canada and Ontario. Individuals should continuously work to improve supply chain policies and procedures, to improve their supply chain knowledge and skill levels, and to share leading practices.

## 5.0 Procedure:

### 5.1 Segregation of Duties

CMHA Niagara will segregate at least three of the five functional procurement roles: Requisition, Budgeting, Commitment, Receipt and Payment. Where segregation by department is not feasible, the responsibilities for these roles will lie at a minimum with different individuals.

### 5.2 Approval Authority

#### 5.2.1 Goods and non-consulting services:

Prior to commencement, any procurement of goods and non-consulting services must be approved by an appropriate authority in accordance with the below AAS.

Prior to commencement, any non-competitive procurement of goods or non-consulting services must be approved by an authority one level higher than the AAS requirements for competitive procurement.

## 602.05 Purchasing Policy

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The following principles should be adhered to in the purchasing of products and services:

- Fair competition
- Conflict of interest
- Cost-effectiveness
- Transparency
- Public accountability

**2.0 Purpose:** CMHA Niagara strives to procure quality products and services in the most cost-effective manner and satisfy the agency's requirements on a timely basis, consistent with agency objectives while maintaining the highest ethical standards.

**3.0 Scope:** All staff

**4.0 Definitions:**

- **Fair competition** – CMHA Niagara should treat all bidders with fairness and ensure that they are given the same level of information when preparing quotations or tenders.
- **Conflict of interest** – Situations of conflict of interest with the business of CMHA Niagara should be declared to the agency in accordance with the code of conduct and conflict of interest policies of CMHA Niagara.
- **Cost-effectiveness** – Quotations and tenders should be evaluated not only on competitiveness in pricing but also factors such as the quality of the products/services and track records of the bidders.
- **Transparency** – To ensure transparency, tender documents should provide all the necessary information to facilitate submission of appropriate and competitive tenders.
- **Public Accountability** – CMHA Niagara shall be held accountable to their funders and the general public for any procurement involving the use of public funding.

**5.0 Procedure:**

5.1 General Purchases

5.1.1 To prompt a purchase:



- 5.1.1.1 When the normal cash disbursement procedure of invoice, etc. is not appropriate, (i.e. postage, petty cash, training registration, etc.) a cheque request should be completed or email requisition forwarded with any order form or other documentation to the Accounting clerk following approval by the direct supervisor.
- 5.1.1.2 In the absence of back up materials, a written description of the purchase must be provided and approval from either the direct supervisor, Executive Director or Finance/IS Manager obtained.
- 5.1.1.3 Receipts for purchases where payment was made in advance must be provided to the Accounting clerk for attachment to the request within one week of the cheque date.
  
- 5.1.2 Credit card purchases
  - 5.1.2.1 Only the Executive Director or the Administrative Coordinator may carry corporate credit cards in their name. Prior approval from either the Executive Director or the Finance/IS Manager will be obtained for any individual Administrative credit card purchases that exceed \$1,000.
  - 5.1.2.2 Any individual charging a CMHA Niagara account will be held personally responsible in the event that the charge is deemed personal or unauthorized.
  - 5.1.2.3 Authorized uses for the credit card include:
    - 5.1.2.3.1 Airline or rail tickets at coach/economy class for properly authorized business trips;
    - 5.1.2.3.2 Lodging and meal charges that do not exceed the authorized reimbursement rate for persons travelling on official CMHA Niagara business;
    - 5.1.2.3.3 Car rental charges for mid-size or smaller vehicles for properly authorized business trips;
    - 5.1.2.3.4 Properly authorized expenditures for which a credit card is the only allowed method of payment such as training registrations.
  - 5.1.2.4 Receipts should be submitted to the Accounting Clerk immediately following the purchase. Receipts will be compiled and referenced against monthly billing and submitted to the Executive Director for approval prior to payment.
  - 5.1.2.5 Unauthorized use of the credit card includes:
    - 5.1.2.5.1 Personal or non-business expenditures of any kind;
    - 5.1.2.5.2 Expenditures which have not been properly authorized;
    - 5.1.2.5.3 Meals, entertainment, gifts or other expenditures which are prohibited by:
      - 5.1.2.5.3.1 CMHA Niagara organizational budget and/or policies;
      - 5.1.2.5.3.2 Funder operational policies or grant conditions of the Ministries or other Funders from which CMHA Niagara receives funds;
      - 5.1.2.5.3.3 Federal, provincial or local laws or regulations.



### 5.1.3 Proper documentation for all purchases

Every instance of credit card or other purchase must be documented with appropriate authorizations, receipts, what individuals paid for, nature of business, etc. before the expenses will be considered authorized and will be approved for reimbursement.

5.1.3.1 Lodging – provide an itemized receipt from the hotel detailing every charge and the name(s) of the person(s) for whom the lodging was provided (entertainment charged to a room is considered a personal purchase).

5.1.3.2 Meals/Entertainment – provide a receipt showing separately the cost for food/beverage and gratuities and including the names of every person for whom the food/beverage was provided and the specific business purpose which was furthered by the expenditure. Alcoholic beverages and gratuities are considered a personal purchase.

5.1.3.3 Other expenditures – a receipt is required from the vendor detailing every individual good or service purchased and accompanied by an explanation of the specific business purpose.

## 5.2 Capital Expenditures

For all major expenditures such as computers, furniture, audit services, consultant services, etc., senior management must first approve. Individual or annual values exceeding \$5,000 must follow the Procurement process as outlined in the Procurement Policy.

## 5.3 Purchase of service contracts and individual service agreements

5.3.1 Contracts with consultants and outside support will include rate and schedule of pay, deliverables, time frame and other information as necessary as outlined in the Procurement Policy. A copy of reports from a consultant should be included with the agreement file and the invoice/payment file.

5.3.2 Contracts exceeding \$100,000 over the course of the year should be contracted for and approved as outlined in the Procurement Policy. Approval as well as cost should be disclosed in the Senior Management meeting minutes.

## 5.4 Personal purchases

5.4.1 Personal mailings or courier service should not utilize agency postage or postage machines.

5.4.2 Should CMHA Niagara postage or courier service be used for personal use then the Accounting Clerk should be notified and billing for the value will be given to the employee for reimbursement to the agency.

5.4.3 Personal telephone charges may be made on agency phones. Personal long distance calls should be documented and forwarded to the Accounting clerk and billing for the value will be given to the employee for reimbursement to the agency. All out of country long distance calls will automatically be investigated and charged as personal unless previously approved as business.

5.4.4 No salary or wage advances will be made under any circumstances without the consent of the Board of Directors.

**6.0 Related Documents:**

- [Financial Activities Limitations](#)
- [Procurement Policy](#)

**7.0 References:**

- Responsible Committee – Finance

**Quality Records**

Title	Location Kept	Duration Kept	Disposal Method

## 602.10 Third Party Fundraising Policy

Document Owner: Executive Director	Date Created: 2016-04-20
	Date Approved:
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** 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.

**2.0 Purpose:** To serve as a framework for individuals and groups involved in third party/arm's length fundraising to support CMHA Niagara.

**3.0 Scope:** This policy applies to all individuals or organizations seeking to support CMHA Niagara through promotions or events that are not run by CMHA Niagara staff.

### 4.0 Definitions:

**Individual Fundraising:** A promotion, event or fundraising activity organized and executed by an individual who is not affiliated with CMHA Niagara where the net proceeds benefit CMHA Niagara.

**Group:** A promotion, event or fundraising activity organized by a group, e.g. a school, business or community organization, or a group of supporters, where the net proceeds benefit CMHA Niagara.

### 6.0 Procedure:

Third Party Events are required to:

- Be consistent with the mission and values of the CMHA Niagara.
- Maintain a positive presentation and give the CMHA Niagara positive exposure and increased public awareness.
- Provide an overall financial net gain to CMHA Niagara operations or programs.
- Provide positive marketing/public relations exposure.
- Meet staff and volunteer resource requirements.

The CMHA Niagara reserves the right to:

- Refuse involvement, and the use of its name and logo, in any event that does not meet with its expressed written approval, which is the signed CMHA Niagara Third Party Events and Promotions Event Proposal Form and Agreement.
- Relinquish support of any third party event that does not abide by the policies, criteria, and guidelines set out in this policy, the Event Agreement Form, or the CMHA Niagara Third Party Fundraising Event Rules, without any liability or obligation.

### **Evaluation of Third Party Events**

- The CMHA Niagara Third Party Events and Promotions Event Proposal Form must be completed and submitted for review by the Executive Director of CMHA Niagara, or designated staff, a minimum of 10 (ten) business days in advance of the event.

### **Approved Third Party Events**

The Third Party Event Organizer(s) and CMHA Niagara are required to adhere to the following guidelines:

- a. The CMHA Brand
  - It is important for the CMHA Niagara to uphold brand integrity and consistency in dealing with the public. The use of CMHA “Proud Supporter” logo is permitted for Third Party fundraisers.
  - The use of the CMHA Niagara name is permitted only with CMHA Niagara approval.
- b. Promotional Materials
  - CMHA Niagara will have final, signed approval on ALL promotional materials, including but not limited to, brochures, flyers, advertisements, signs, banners, letters, social media materials, and public and media communications.
  - All proposed promotional materials must be submitted to CMHA Niagara no less than ten (10) business days in advance of final printing and/or manufacturing for review and approval.
  - CMHA Niagara name is not permitted on any product packaging.
  - All promotional materials must clearly state the percentage of proceeds or portion of ticket price that will be donated to CMHA Niagara.

### **Donations and Sponsorships**

CMHA Niagara Third Party Events and Promotions Event Proposal Forms must provide a list of sponsors who will be asked for support, including a description of their donation and/or sponsorship, plus its retail value as well as contact information. This information will allow CMHA Niagara to better recognize partners within the community.

- CMHA Niagara will have the final approval of the solicitation of all sponsors.
- CMHA Niagara will not solicit sponsors on behalf of Third Party Event Organizer(s), nor will they provide contacts for sponsorships.

### **Gaming (including Raffles, 50/50 Sales and Licenses)**

Return to the [Table of Contents](#)

- Third party events involving licenses and fees will conform to government regulations (federal, provincial and municipal) including requirements by the licensing body on the distribution and use of funds. It is the sole responsibility of the Third Party Event Organizer(s) to fill out and submit all such applications.
- A minimum of 10 business days must be given to CMHA Niagara to review such licenses.
- Third Party Event Organizer(s) will pay the fees for said licenses and are responsible for filing post event forms/reports and for having appropriate insurance.

### **Financing and Insurance**

- Only the final net proceeds will be processed by CMHA Niagara. Under no circumstances will Third Party revenues and expenses flow through the CMHA Niagara.
- CMHA Niagara will not underwrite any Third Party event and CMHA Niagara insurance will not cover Third Party events.

### **Tax Receipts and Gift Acknowledgements**

- CMHA Niagara may provide receipts for income tax purposes, for qualified gifts. Donations submitted of \$20 or more will receive a tax receipt.
- CMHA Niagara reserves the right to issue or not issue any receipts at its sole discretion, in accordance to Canadian Revenue Agency rules and regulations.
- CMHA Niagara adheres to all relevant privacy laws regarding its donors. Donor information between CMHA National and CMHA Niagara is shared within the context of these laws.

### **Gifts-In-Kind**

- CMHA does not issue tax receipts for Gifts-In-Kind to Third Party events.
- Gifts-In-Kind are gifts of property, rather than cash and marketable securities. These include (but are not limited to) gifts of supplies, equipment, books and artwork. Gifts-In-Kind not eligible for tax receipts include a gift of professional/personal services from an individual, a gift by a company for its principal product or service, and donations of used clothes or furniture etc.

### **Prohibited Activities**

- Programs that raise money on commission;
- Events that encourage/involve behaviour that is counter to the CMHA mission and/or programmatic activities;
- Events involving the promotion or support of a political party or candidate, or those which appear to endorse a political activity;
- Direct solicitation (including, but not limited to, door-to-door canvassing, telemarketing or broad-based internet broadcasting)

### **Responsibilities**

Third Party Event Organizer(s) will:

- Keep a record of revenues and expenses for submission to CMHA Niagara if requested.
- Provide periodic status reports to CMHA Niagara on an agreed-upon basis.
- Provide reasonable notice of any third party event cancellation.
- Will inform CMHA Niagara if the third party event is to benefit other charity partners.
- Will be responsible for any financial losses or unsettled accounts.

Third Party Event Organizer(s) will not:

- Name CMHA Niagara in, or sign contracts on behalf of Third Party Event Organizer(s) without the CMHA Niagara's written consent.

#### **Staffing and Volunteers**

- The Third Party Event Organizer(s) will provide all staffing and recruitment of volunteers for said event
- Upon request, CMHA Niagara will provide a letter to volunteers recognizing them for their volunteer hours.

#### **6.0 Related Documents:**

- [CMHA Niagara Third Party Fundraising Rules](#)
- [CMHA Niagara Third Party Fundraising Event Proposal Form](#)

#### **7.0 References:**

- Responsible Committee – Fund Development

## 602.11 Donation Receipt Process

Document Owner: Executive Director	Date Created: 2013-11-18
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** Issuance of official donation receipts will follow receipting rules outlined by Canada Revenue Agency.

**2.0 Purpose:** The Canadian Mental Health Association, Niagara Branch complies with rules and regulations for issuance of charitable donation receipts as established by governing body to ensure agency maintains Registered Charity status in good standing.

**3.0 Scope:** All CMHA staff

### 4.0 Definitions:

- None

### 5.0 Procedure:

#### 5.1 Cash donations – Gift

- 5.1.1 Official donation receipts will be issued for cash gifts received from individuals or corporations.
- 5.1.2 Cash donations are completely voluntary and are in no way tied to eligibility, or an obligation for entrance or any giveaways at an event.

#### 5.2 Cash donations – Event Sponsor

- 5.2.1 Event Sponsors are recognized in numerous ways including, but not limited to, promotion in brochures/flyers, event communications, postings on social media sites, signs/billboards at the event and announcements at the event.
- 5.2.2 Sponsors will receive the above-noted recognitions or advertising as the implied advantage, and will therefore not receive an official donation receipt for their payment.
- 5.2.3 As noted in CRA rules, payments provided in exchange for advertising/sponsorship do not qualify as charitable donations.

#### 5.3 In-kind donations

- 5.3.1 CMHA Niagara's general practice with gifts in-kind is that they are not receipted for donation purposes.
- 5.3.2 Should the donor be a corporation or service professional whereby the goods or services provided are in their regular line of business (e.g. free brochures from a printing business), no donation receipt will be issued.
- 5.3.3 Should the donor be an individual who is providing goods that were purchased personally and will not receive any reimbursement for those goods, CMHA Niagara may issue a receipt for the in-kind donation upon request by the donor while ensuring all CRA rules and conditions are met in determining the value of the gift.
- 5.3.4 Should in-kind donations be receipted, these receipts must be made available for review by external auditors at the annual year-end financial audit.

## 6.0 Related Documents:

- None

## 7.0 References:

- Responsible Committee – Fund Development
- Canada Revenue Agency Charitable Donation Receipting directives;  
<http://www.cra-arc.gc.ca/charities/>

### 603.00 Accountability of the Executive Director

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board will conduct its operations solely through the Executive Director.

**2.0 Purpose:** The Executive Director is the Board's only link to operational achievements and conduct, so that all authority and accountability of staff, as far as the board is concerned, is considered the authority and accountability of the Executive Director. While the Board is expected to confirm operations through various independent reports and analyses, it is not to supersede or interfere in the duties and obligations of the Executive Director.

**3.0 Scope:** Executive Director

**4.0 Definitions:**

- None

**5.0 Procedure:**

5.1 The Board will never give instructions to persons who report directly or indirectly to the Executive Director unless authorized to do so, in limited circumstances, by the Executive Director.

5.2 The Board will not evaluate, either formally or informally, any staff other than the Executive Director.

5.3 The Board will view Executive Director performance as identical to organizational performance, so that organizational accomplishment of board-stated strategic priorities and avoidance of board-proscribed means will be viewed as successful Executive Director performance.

**6.0 Related Documents:**

- None

## 7.0 References:

- Responsible Committee – Executive

### 603.01 Communication and Support of the Board

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Executive Director will not permit the Board to be uninformed or unsupported in its work.

**2.0 Purpose:** The Executive Director is the primary staff conduit for information and support to the Board. Consequently, it is the Executive Director's responsibility, within reasonable expectations, to not permit the Board to be unaware.

**3.0 Scope:** Executive Director

**4.0 Definitions:**

- None

**5.0 Procedure:** The Executive Director may not:

- 5.1 Neglect to submit monitoring data required by the board in a timely, accurate and understandable fashion, directly addressing provisions of the board policies being monitored, and including the Executive Director's interpretations as well as relevant data.
- 5.2 Let the Board be unaware of any significant incidental information it requires including anticipated adverse media coverage, threatened or pending lawsuits, and material external and internal changes.
- 5.3 Allow the Board to be unaware that, in the Executive Director's opinion, the Board is not in compliance with its own policies on Governance Process and Board-Management Delegation, particularly in the case of Board behaviour, which is detrimental to the work relationship between the Board and Executive Director.
- 5.4 Allow the Board to be without decision information required periodically by the Board or let the Board be unaware of relevant trends.

5.5 Present information in unnecessarily complex or lengthy form or in a form that is not useful to the Board, as decided by the Board, for decision making.

5.6 Allow the Board to be without a workable mechanism for official Board, officer or committee communications.

5.7 Deal with the Board in a way that favours or privileges certain Board members over others, except when:

5.7.1 Fulfilling individual requests for information, or

5.7.2 Responding to officers or committees duly charged by the Board.

5.8 Allow the Board to be unaware of any actual or anticipated noncompliance with strategic directions, goals/objectives or quality indicators.

#### **6.0 Related Documents:**

- None

#### **7.0 References:**

- Responsible Committee – Executive

### 603.02 Board Executive Director Delegation

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board will instruct the Executive Director through its written policies and Board minutes.

**2.0 Purpose:** The Executive Director is accountable to the Board and will act at the behest of the Board through formal channels thereby assuring consistency and fairness.

**3.0 Scope:** Board of Directors

#### 4.0 Definitions:

- None

#### 5.0 Procedure:

5.4 Policies or plans adopted by the Board shall be implemented only through the authority of the Executive Director unless specifically provided for within policy itself.

5.5 The Board must transact all of its official business with staff through the Executive Director.

5.6 Only decisions of the Board acting as a body are binding on the Executive Director. Decisions or instructions of individual Board members, officers, or committees are not binding on the Executive Director unless the Board has specifically authorized this authority.

5.7 If individual Board members or committees request information or assistance without Board authorization, the Executive Director can refuse such requests if they require, in their opinion, a substantial amount of staff time or funds.

#### 6.0 Related Documents:

[Board Executive Director Decision Making and Authority](#)

Return to the [Table of Contents](#)

## 7.0 References:

- Responsible Committee – Executive

### 603.03 Executive Director Succession

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board will maintain a succession plan for the temporary and permanent absence of the Executive Director.

**2.0 Purpose:** This policy, and the accompanying Succession Plan for Executive Director, ensures the seamless transition in the event of an anticipated or unplanned change in the leadership of the agency with minimal negative impact to the Branch.

**3.0 Scope:** Board of Directors

#### 4.0 Definitions:

- **Temporary Absence** – assumption that the ED is returning
- **Permanent Absence** – retirement or other departure where the ED is not returning

**5.0 Procedure:** At the temporary or permanent absence of the Executive Director, the Board will comply with the procedures and time lines noted in the Succession Plan for the Executive Director.

#### 6.0 Related Documents:

- [Succession Plan for the Executive Director](#)

#### 7.0 References:

- Responsible Committee – Executive

### 603.04 Executive Director Performance Appraisal and Salary Review

Document Owner: Executive Director	Date Created: 2015-03-04
	Date Approved:
Approver(s): Executive Director, Human Resources Coordinator	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** A standardized Executive Director Performance appraisal will be completed annually.

**2.0 Purpose:** An objective performance appraisal with analytics and a competency assessment measuring skills and abilities, is valuable feedback for the Executive Director (ED) and imperative for Board due diligence related to the supervision of its one staff member.

**3.0 Scope:** Executive Director

#### 4.0 Definitions:

- Performance Appraisal – Board commentary regarding a review of the Executive Directors performance based on standardized assessment tools for performance and competency.
- Analytics – objective data or indicators such as client targets, primarily found in the Balanced Scorecard, Continuous Quality Report and Operational Objectives
- Competency Assessment – an objective review of senior management skills and abilities, such as leadership, currently evaluated by the Board approved Assess 360 conducted by Insight Consulting
- Executive Director Performance Management Review – a standardized tool used to document behavioral objectives and targets for the ED utilizing Branch analytics.

#### 5.0 Procedure:

- 5.1 Board Executive Committee will meet with the Finance Manager in March to determine available salary resources
- 5.2 Board Executive Committee will present a recommended salary range to the Board in March, pending review of competency and performance management reports
- 5.3 Performance Appraisal Preparation, approval, and salary assignment for May Board meeting
  - 5.3.1 Executive Director will initiate the competency assessment (Assess 360 or alternate) according to Board Executive direction; full Assessment, partial assessment, or none following a discussion with the Board Executive.

5.3.2 President of the Board will receive the competency assessment

5.3.3 The ED will present results from the current year Performance Management Review to the Board Executive.

5.3.4 The ED will present next year's Performance Management Review in draft with recommended targets to the Executive Committee for discussion of weightings and any other adjustments

5.3.4 The Executive Committee will present the recommended Performance Management to the Board, in camera, for approval.

5.3.5 The Executive Committee will present the recommended salary assignment to the Board for approval.

5.3.6 Following the in camera meeting the Board will provide the Executive Director with a summary evaluation and salary designation if any

5.3.5 The President or designate will inform the Finance Manager, in writing, of the new salary designation or any other adjustments ( if any) related to the new fiscal year.

5.4 Performance Appraisal Review procedures

5.4.1 The ED will present the new Board approved (approved by old Board at the May meeting) Performance Management Review at the first meeting of the new Board, usually in September

5.4.2 The ED will present a mid-year Performance Management Review report to the Executive Committee for recommendation to the Board usually in November

## **6.0 Related Documents:**

- Performance Management Review for the Executive Director - standard form
- Assess 360 sample and contact information

## **7.0 References:**

- None

## 604.00 Board Member Recruitment

Document Owner: Executive Director	Date Created: 2012-07-17
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board will ensure an inclusive recruitment process.

**2.0 Purpose:** A Board comprised of members with complementary knowledge, interests, experience and diversity is essential to ensure the effective operation of an organization. A recruitment process directed by the Board, utilizing a Board skills matrix, is fundamental to this.

In accordance with its values, the Board will ensure that it is inclusive and parallels the diversity of the community. Additionally, the Board will always ensure that a minimum of three Board members have lived experience or are family members of someone recovering from mental illness and/or addictions. The Board will also endeavor to have at least one Francophone Board member and an even distribution of members across Niagara sub regions.

**3.0 Scope:** Board of Directors

**4.0 Definitions:**

4.1 **Lived Experience** – personal knowledge/experience with living with mental illness, addiction or both

**5.0 Procedure:**

5.1 As vacancies occur, the President of the Board and the Chair of the Governance Committee will survey the members to identify the skills and experience needed in a new Board member and develop a matrix suitable for Board review and acceptance.

5.2 The President of the Board and the Chair of the Governance Committee, in partnership with the Executive Director, will prepare a call for nominations that will be posted on volunteer websites and advertised in the media. The call for nominations will describe the skills and experience the Board is seeking and ask interested candidates to contact the Executive Director.

5.3 To minimize the risk of conflict of interest, nominations to the Board of former employees of CMHA Niagara or independent contractors who have supplied services to CMHA Niagara and who, in the opinion of the Board, have had a significant connection to the organization will not be considered for one year after their relationship with the organization has terminated.

Individuals submitting their names will be asked to complete an application form that will request personal and professional information and a current resume.

5.4 Applicants will be required to provide a criminal reference check which will be reviewed by the President of the Board for risk issues primarily related to fiscal oversight.

5.5 Applicants will be asked to provide a minimum of two references which will be reviewed, and potentially contacted, by the Executive Director.

5.6 Applicants will be asked to complete a Board of Directors' Acknowledgement form prior to joining the Board.

5.7

#### **6.0 Related Documents:**

- [Board Member Application Form](#)
- [Board of Directors' Acknowledgement](#)

#### **7.0 References:**

- Responsible Committee – Governance

#### 604.01 Board Member Screening and Selection

Document Owner: Executive Director	Date Created: 2015-03-24
	Date Approved: 2015-04-23
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** All individuals interested in becoming a Board member must complete the standard screening process.

**2.0 Purpose:** To ensure consistency in selection of Board members.

**3.0 Scope:** Board of Directors

**4.0 Definitions:**

- None

**5.0 Procedure:**

**5.1 Application/Expression of Interest:**

Individuals interested in becoming a Board volunteer shall submit a completed Volunteer Application Form, along with a current résumé, to the Executive Director.

**5.2 Initial Screening:**

The Governance Committee will review all candidate application forms to determine if they meet the minimum requirements as defined in the Board Member Job Description and the Board matrix.

The Executive Director may contact the candidate to request more information as required.

**5.3 Interview:**

The interview between the candidate, the President of the Board and/ or representatives including the Executive Director, and members of the Governance Committee provides an opportunity to determine the capability, availability and suitability of the applicant.

The candidates' answers to interview questions will be documented on the Interview Scoring Form. All successful candidates' interview scoring forms, application forms and résumés will be maintained in the Board member personnel file by the Executive Director.

#### **5.4 Reference Checks:**

If through the interview process, the candidate is considered to be a potential and suitable volunteer, the Executive Director or designate will contact at least two references that were provided on the application form. The reference checks are used to assist the Governance Committee in determining suitability. Information collected through the reference checks is confidential and will be maintained in the volunteer's file.

#### **5.5 Governance Committee Recommendation:**

If a suitable candidate is identified through the recruitment/interview process as a potentially suitable volunteer the President of the Board and the Chair of the Governance Committee will present the individual's name to the Board of Directors for discussion and final approval, if appropriate.

#### **5.6 Police Record Checks/Risk Management:**

A Police Check will be required as part of the screening process.

All volunteers must provide an original copy of the Police Check within 6 months of acceptance. The Administrative Coordinator will document that an original was viewed and will make a photocopy for the volunteer's file.

Should a Police Records Check reveal a record of offences, the President or designate shall discuss the particulars with the volunteer, and then make a recommendation to the Governance Committee. The Board of Directors will make the final determination of acceptance or denial of a Board volunteer position.

A candidate with a criminal record shall not necessarily be automatically disqualified. It must be decided how the individual's history will relate to the work they would perform and how it would affect the clients being served. The offences that the candidate has on record will be carefully considered based on the situation. The mitigating circumstances of a criminal conviction must be discussed with the potential Board member before the final decision is made.

Prior to the first Board meeting, and annually from then, a Board of Directors' Acknowledgement form will be signed.

#### **6.0 Related Documents:**

- [Board of Directors' Acknowledgement](#)
- [Board Member Application Form](#)
- [Guide to Board Interviews and Form](#)

Return to the [Table of Contents](#)

## 7.0 References:

- Responsible Committee – Governance

## 604.02 Exit Interviews

Document Owner:	Date Created: 2015-03-24
	Date Approved: 2015-04-23
Approver(s): (Executive Director)	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The President of the Board or substitute member of the Executive Committee will make best efforts to conduct an exit interview with every exiting or exited Board member.

**2.0 Purpose:** Exit interviews provide many benefits to the Board including:

- 2.1 A sign of positive culture. They are regarded as caring and compassionate –a sign that the board is big enough to expose itself to criticism.
- 2.2 Chance to retain a valuable volunteer who may otherwise have left (boards often accept resignations far too readily without discussion or testing the firmness of feeling - the exit interview provides a final safety net).
- 2.3 Accelerate participating President’s understanding and experience of managing people and boards. Hearing and handling feedback is a powerful development process.
- 2.4 Relevant and useful data can directly feed into training needs analysis and training planning processes.
- 2.5 Valuable information as to how to improve recruitment, orientation and retention of volunteers.
- 2.6 An excellent source of comment and opportunity relating to board succession planning. Good people leave often because they are denied opportunity to grow and advance.
- 2.7 An opportunity to resolve any outstanding issues with the departing Board member.

**3.0 Scope:** Board President or substitute.

**4.0 Definitions:**

- None

**5.0 Procedure:**

- 5.1 Following the resignation or termination of a Board member, the President of the Board or substitute member of the Executive Committee, including the Executive Director, will call the exiting or exited member.
- 5.2 A suitable time will be scheduled for a live person to person interview.

5.3 Telephone or Skype interviews will be engaged if a person-to-person interview is not feasible.

5.4 The President or substitute member of the Executive Committee will provide a report to the Board of general themes relevant to the purpose identified in this policy.

**6.0 Related Documents:**

- None

**7.0 References:**

- Responsible Committee – Governance Committee

## 605.00 Governance Evaluation

Document Owner: Executive Director	Date Created: 2013-08-30
	Date Approved: 2015-03-24
Approver(s): Executive Director	Expiration Date: 2016-10-31

**Printed copies are for reference only. Please refer to the electronic copy for the latest version.**

**1.0 Policy:** The Board will evaluate its governance regularly.

**2.0 Purpose:** As a model of quality and risk management throughout the organization, it is essential that the Board objectively evaluates its processes to continuously improve its governance.

**3.0 Scope:** Board of Directors

### 4.0 Definitions:

- None

**5.0 Procedure:** The Board will schedule annual evaluations of its governance on the Annual Agenda calendar. The tools used to monitor governance will include: Accreditation Canada Governance Functioning Tool, Annual Board Effectiveness Check, and Board President Evaluation Tool.

### 6.0 Related Documents:

- [Board Effectiveness Check](#)
- [Board President Evaluation Tool](#)
- Governance Functioning Tool (Accreditation Canada) Report

### 7.0 References:

- Responsible Committee – Governance

## Related Documents

## Board of Directors Acknowledgement

### **(1) CONFLICT OF INTEREST**

A conflict of interest is anything that would have an adverse effect on the judgement of any member of the Board on behalf of the member's loyalty to the agency.

#### PROCEDURES

1. That before any meeting of the Board of Directors, an agenda be circulated to each Director, with agenda items specified with sufficient detail in order to permit the Director to identify possible conflicts of interest.
2. That prior to the commencement of any substantive business at the Board meeting, the Chair of the meeting shall provide an opportunity for the Directors to declare any conflict of interest regarding specific agenda items.
3. That full particulars of any such disclosure be noted in the minutes of the meeting.
4. That if a Director has disclosed a conflict of interest regarding an agenda item, that Director shall leave the meeting room when the Board reaches that agenda item. The Director's departure from the meeting room shall be noted in the minutes, and there shall be no discussion of that agenda item by the Board until the Director has left the meeting room.
5. That following completion of the discussion by the Board of that agenda item, the Director shall return, and the return shall be noted in the minutes.
6. That no Director shall discuss that agenda item with the Director who has disclosed a conflict, whether at the Board meeting or outside the Board meeting, before or after the meeting.

Immediately upon suspecting that a Director may be in a conflict of interest position, the Director agrees to give the Board a written disclosure of such possible or actual conflict of interest, indicating the nature and extent of the interest and potential benefit.

A conflict of interest would occur if the Director were to participate in discussion or decision-making on behalf of the agency about a matter from which the Director, or a family member or associate of the Director, may benefit for business or other profit or for preferential treatment for mental health services, regardless of the size or nature of that benefit.

### **(2) CONFIDENTIALITY**

No Director shall disclose Agency operations, other than what has been designated for Public Education and Program Promotion.

No Director shall divulge to any source, client activities or details of a client's record without the previous written consent of the client.

Directors have a duty to protect the confidentiality of any information received by the Board and to ensure that all such confidential information will only be used as authorized.

A Director who does not concur with the above Canadian Mental Health Association, Niagara Branch policy, shall be subject to disciplinary action, including dismissal.

Directors undertake, as part of the condition of their volunteer role, to keep in strict confidence, any information regarding the Canadian Mental Health Association, Niagara Branch or any information concerning the participants of the agency's programs.

Directors will not engage in discussion of cases within or outside the office except on a need to know basis as required for the appropriate conduct of the agency's business.

Directors undertake that they will never remove any confidential written material, of any kind, from the premises of the establishment unless under express orders to do so.

Directors understand that they will not share any written material of any kind unless authorized to do so.

### **(3) PRIVACY**

CMHA Niagara will collect, use and share information regarding its clients, contracts, and donors.

*CMHA Niagara may collect data for the following reasons:*

- To provide mental health care
- To communicate or consult with other health care providers
- To communicate with its funding providers including, but not limited to:
  - the Ministry of Health and Long Term Care,
  - Human Resources and Skills Development Canada,
  - United Ways of St. Catharines, Niagara South, Greater Fort Erie, Niagara Falls, and the Lottery Corporation of Greater Fort Erie.
- To arrange payments for clients and creditors
- To plan, manage and administer CMHA Niagara programs and services
- For fundraising activities
- For other purposes as permitted or required by law

**Your mental health information is stored in accordance with the CMHA Niagara Consumer Files - Maintenance and Destruction Policy and as required by law. Other information is destroyed, shredded, erased or made anonymous.**

***You have the right to:***

- Ask for a copy of your mental health information
- Ask us to make corrections to inaccurate or incomplete health information

- Be told if your information is lost, stolen or shared with someone without authorization
- Change your mind if you have previously given us permission to use or share your mental health information.

Questions or complaints about our privacy practices at CMHA Niagara can be addressed to the Privacy Officer, **Tara McKendrick**, at [info@cmhaniagara.ca](mailto:info@cmhaniagara.ca).

You may also make a complaint to the Information and Privacy Commissioner of Ontario, by calling (416) 326-3333 or toll - free at 1 800 387-0073, or visit their website at: [www.ipc.on.ca](http://www.ipc.on.ca).

#### **(4) DECLARATION OF NOT BEING AN INELIGIBLE INDIVIDUAL**

As Defined in Subsection 149.1{1} of the Income Tax Act, RSC 1985, c.1 {5th Supplement), this will serve as declaration that, in serving in the capacity of Member of the Board of Directors with **Canadian Mental Health Association, Niagara Branch** registered with Canada Revenue Agency as BN #13053 2955 RR0001, the Director is not an ineligible individual by affirming all of the following statements:

1. The Director does not have an unpardoned criminal recorded either in Canada or internationally, involving financial dishonesty, tax evasion, theft, fraud, or other offences involving breaches of the public trust; and
2. In the previous five years, the Director has not been found guilty of a relevant offence either in Canada or internationally. Relevant offences involve financial dishonesty contravening any noncriminal laws such as breaches of legislation for charitable fundraising, consumer protection, or securities regulations; and
3. In the previous five years, the Director has not been a director, trustee, officer, like official, or an individual who controlled or managed either directly or indirectly in any manner whatever, a registered charity during which time the charity engaged in conduct which resulted in the registration of the charity being revoked; and
4. In the previous five years, the Director has not been a promoter of a tax shelter for which involvement the registration of a charity was revoked.

The Director acknowledges that any dishonesty on my part as to the truth of this declaration:

- may result in a one-year suspension of **Canadian Mental Health Association, Niagara Branch** to issue official receipts as authorized by Canada Revenue Agency; or
- may result in the charitable status of **Canadian Mental Health Association, Niagara Branch** being revoked by Canada Revenue Agency; and
- will result in the immediate termination of their role with **Canadian Mental Health Association, Niagara Branch**.

**I acknowledge that I have reviewed and I understand the foregoing material related to (1) Conflict of Interest, (2) Confidentiality, (3) Privacy and (4) Declaration of Not Being an Ineligible Individual.**

**Furthermore, I acknowledge that I:**

- **am committed to, and have an understanding of, the purpose, policies and programs CMHA Niagara**
- **represent CMHA Niagara in the community**
- **have a clear understanding of the financial position of CMHA Niagara**
- **serve in a volunteer capacity, without remuneration or profit**
- **am able and willing to work and participate within a group**
- **am committed to continuous quality improvement in Branch services and self-development including but not restricted to self and group evaluation, orientation, and education**
- **will use the CLEOS guidelines as my ethical framework for decision making**
- **will commit to a common agenda as prescribed in the Niagara Mental Health and Addictions Charter**

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Integrated Quality and Risk Management Model



## Risk Management Responsibilities List

### Board of Directors

The Board is ultimately responsible for the integrity of the risk management policy and the internal control environment, thus ensuring that risk is effectively managed. To ensure the integrity and implementation of the risk management framework, management will provide reporting on policy compliance. The oversight responsibilities of the Board with respect to risk management are as follows:

- Have a general understanding of the risk categories and types of risks to which CMHA Niagara may be exposed and the practices used to identify, assess, measure and manage those risks;
- Be aware of material changes to CMHA Niagara program, funding and service strategies and the associated risk;
- Review significant organizational policies or amendments to policies for managing, monitoring and reporting of the significant risks to which CMHA Niagara is exposed; and
- Annually review and approve Risk Management Policy and complete Appendix A: Risk Assessment and Identification form.

### Executive Director

Ultimate management responsibility concerning risk, the implementation of the Risk Management Policy, and reporting requirements to the Board are invested within the Executive Director. The Executive Director takes the lead in ensuring that policy and practice remain appropriate and fit for purpose. The Executive Director shall:

- Take accountability for ensuring that risk management processes are established, implemented and maintained in accord with this policy.
- Take appropriate action to ensure that work is performed by staff and volunteers in a manner which minimizes risks, and address all potential risks identified by staff and volunteers;
- Report to the Board concerning identified and potential risks, and communicate risk mitigation processes to ensure all risks are being managed; and
- Annually review Risk Management Policy and assist Board in completion of Appendix A: Risk Assessment and Identification form.

### Staff

All CMHA Niagara staff members are expected to effectively manage risk when performing daily duties. Staff members shall:

- Take responsibility for performing their duties in a manner consistent with agency policies, procedures and standards;
- Actively contribute to the execution of risk management processes; and
- Report potential risks identified promptly to management.

### Risk Identification and Assessment Checklist

The attached Risk Identification and Assessment Checklist identifies the following:

- Risk exposure
- Risk category
- Mitigants to manage risk from a Board and Staff perspective
- Quality of risk management
- Whether the risk mitigants are operating effectively

**Significant Risk Identification and Assessment Checklist : Appendix A**

RISK EXPOSURE	RISK CATEGORY	APPLICABLE MITIGANTS BOARD RESPONSIBILITY	TO MANAGE RISK STAFF RESPONSIBILITY	RISK LEVEL (H,M,L)	QUALITY OF RISK MGMT. (W = WEAK; A = ADEQUATE)	OPERATING EFFECTIVELY (Y, N)
Legislative & Legal	Financial Reputation	Bylaws regularly reviewed Bylaw changes approved by Board Policy sign-off and review External auditor review	Reporting and receipting practices Communication with CRA Remittance of payroll taxes Workplace safety inspections Staff training and orientation program Minutes kept of all meetings Manage and monitor human resources within policy and required legal compliances	High		
Fiscal Performance and Financial Reporting	Financial Reputation Operational	Annual financial audits Finance Committee oversight Finance policies Ensure adequate insurance coverage	Annual budget and operational plan Preparation of monthly financial statements Preparation of annual report Annual review of insurance coverage Records are backed up and key documents are scanned and stored off-site Operating procedures documented	High		
Management of Volunteers	Reputation Operational Financial	Approval of use of volunteers for specific purposes Terms of reference Board orientation	Screening process Reference checks Sign off on relevant policies	High		
Donor/Funder Stewardship	Financial Reputational Strategic	Donor Rights Policy Privacy Policy Donor Recognition Policy Funder approvals	Appropriate policy implementation Preparation of annual statements	High		



			Funder reporting compliances			
Strategic and Economic Risk	Operational Financial Reputational Strategic	Strategic Plan Development Monitoring and evaluation of strategic plan Monitoring funder relations Monitoring community and economic trends ED succession plan	Annual business plan preparation and implementation Staff job descriptions; performance management and other related oversight Ensure fulfillment of all operating procedures	High		
Client Safety	Reputation Financial Operational Strategic Accreditation Sustainability	Strategic Plan Accreditation Compliances Report Card Continuous Improvement Techniques	Client Safety Policy Statement Consistency in reporting incidents and events Training Oversight Accountability	High		

### Risk Management Reporting Format

RISK EXPOSURE	RISK CATEGORY	APPLICABLE MITIGANTS  BOARD RESPONSIBILITY	TO MANAGE RISK  STAFF RESPONSIBILITY	RISK LEVEL  (H,M,L)	QUALITY OF RISK MGMT.  (W = WEAK; A = ADEQUATE)	OPERATING EFFECTIVELY  (Y, N)
Legislative & Legal	Financial Reputation	<p>Bylaws regularly reviewed</p> <p>Bylaw changes approved by Board</p> <p>Policy sign-off and review</p> <p>External auditor review</p>	<p>Reporting and receipting practices</p> <p>Communication with CRA</p> <p>Remittance of payroll taxes</p> <p>Workplace safety inspections</p> <p>Staff training and orientation program</p> <p>Minutes kept of all meetings</p> <p>Manage and monitor human resources within policy and required legal compliances</p>	High		
Fiscal Performance and Financial Reporting	Financial Reputation  Operational	<p>Annual financial audits</p> <p>Finance Committee oversight</p> <p>Finance policies</p> <p>Ensure adequate insurance coverage</p>	<p>Annual budget and operational plan</p> <p>Preparation of monthly financial statements</p> <p>Preparation of annual report</p> <p>Annual review of insurance coverage</p> <p>Records are backed up and key documents are scanned and stored off-site</p> <p>Operating procedures documented</p>	High		

Management of Volunteers	Reputation Operational Financial	Approval of use of volunteers for specific purposes Terms of reference Board orientation	Screening process Reference checks Sign off on relevant policies	High		
Donor/Funder Stewardship	Financial Reputational Strategic	Donor Rights Policy Privacy Policy Donor Recognition Policy Funder approvals	Appropriate policy implementation Preparation of annual statements Funder reporting compliances	High		
Strategic and Economic Risk	Operational Financial Reputational Strategic	Strategic Plan Development Monitoring and evaluation of strategic plan Monitoring funder relations Monitoring community and economic trends ED succession plan	Annual business plan preparation and implementation Staff job descriptions; performance management and other related oversight Ensure fulfillment of all operating procedures	High		
Client Safety	Reputation Financial Operational Strategic	Strategic Plan Accreditation Compliances Report Card Continuous Improvement Techniques	Client Safety Policy Statement Consistency in reporting incidents and events Training Oversight	High		



	Accreditation Sustainability		Accountability			
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## Ethics Matters

# Ethics matters

A practical approach for everyday ethics

By editor on June 21, 2010 11:10 AM | [No Comments](#) | [No TrackBacks](#)

Barbara Russell

My last column talked about how health care workers deal with situations that are morally distressing or worrisome; how to respond to the situation they face "right now" and how to prevent it from happening again. When someone asks me for ethics-related analysis or advice (I'm starting my ninth year in this kind of work), it's either in the guise of what I call "rescue ethics" or "preventive ethics." Similar to other aspects of health care, prevention is always better: a person or team typically has more options to consider, less adrenalin is released, less sleep is lost, and fewer hasty words are spoken. But daily practice is busy; people change their minds; unexpected events occur, so the urgent or "right now" situations still happen.

Return to the [Table of Contents](#)

Whether the issue or situation is urgent or not, there's an approach I use that reflects what I learned in the early years of being on the "front line" with hospital staff. After witnessing ethically good decisions and responses to a situation, I - being philosophically trained - spent time figuring out what the clinician or team did to produce such commendable outcomes. And with each formal consultation I did, I came to see that ethics does not stand alone in health care settings: it would have been naive to just say, "Choose the most ethical option."

CLEOS is the acronym for the approach I use, recommend and teach to clinicians and supervisors. (During the early years working at an acute care teaching, academic hospital in Edmonton, it was CLEO. Working in a mental health and addictions setting, it became CLEOS.)

The acronym reflects the complexity of everyday health care, namely paying attention to and working with the clinical, legal, ethical, organizational and systemic aspects of such care. Certainly the different areas or components are part and parcel of daily treatment and care. Separating them out, however, helps ensure that no area is missed. What are the different areas or components?

By clinical, I mean relevant treatment and therapeutic considerations such as counselling, medications, procedures and so on, what might be considered the "tech-y" side of health care.

Legal considerations include, for instance, applicable legislation and regulations such as provincial health care consent and substitute decision making acts, mental health acts, court rulings, privacy legislation and occupational health and safety regulations.

Ethical considerations include the person in a holistic and individualistic sense - their values, life story and commitments - as well as the mutual relationship between the patient/client and health care workers, and values such as preserving trust, being loyal and fair, protecting privacy (we'd worry about privacy even if there was no provincial legislation), keeping promises, respecting differences and rights, fulfilling professional duties and so on.

Organizational factors relate to the context or setting of providing quality services, programs and supports. Examples are a hospital's or program's existing policies and procedures (e.g., a bill of client rights), team dynamics, resource availability (e.g., available beds, program "spots" or counsellors) possible wait lists, risk management issues and institution-wide operations (e.g., strategic plans and guiding values).

The importance of systemic factors became very apparent as I listened to clients, families, and teams when I first arrived at CAMH. Included under the "S" of CLEOS are stigma/discrimination, the social determinants of health and the health system itself. Stigma and the social determinants have immense impact on people's recovery and living with a mental health or addiction concern. So it makes sense to take them into account when figuring out what is contributing to or compromising someone's quality of

life, achievements, relationships and aspirations.

CLEOS is meant to be integrative, realistic and useful. As an approach to everyday work, it acknowledges the inescapable complexity of daily life, the diversity of experiences and meaning of health problems and the variability in treatment and care options. When a clinician or team feels "stuck" or has very different opinions about next steps ethically and asks for my assistance, I use CLEOS so we can first identify relevant factors to the situation or question at hand. In other words, the details matter. The next step is identifying reasonably viable responses or options and then figuring out which one or ones is the strongest clinically, legally, ethically, organizationally and systemically.

During this discussion, it often becomes clear that some options can be combined to produce an even stronger response. Moreover, if the desired outcomes don't actually materialize, then the next strongest option is likely the next one to try. Time spent initially on a thorough analysis can save time later (one of the practical benefits). Clinicians have told me they like this approach because it also helps them gain more clarity about "what's worrying me about this issue or situation" and it helps them get "unstuck" and move forward.

### CMHA Niagara Third Party Events and Promotions Event Proposal Form

Contact Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

1. Please describe the event or promotion in detail: date(s), location(s), time(s), etc.
2. Please list all parties involved with the event (individuals, organizations, media, etc.)

Return to the [Table of Contents](#)

3. What is the total amount of estimated revenue to be generated by the event?
  - Total revenue anticipated \_\_\_\_\_
  - Total expenses projected \_\_\_\_\_
  - Estimated amount that will be donated to CMHA Niagara \_\_\_\_\_
  - Other \_\_\_\_\_
  
4. Please outline how you will promote the event and submit copies of the materials to be used.
  - Media
    - Print
    - TV
    - Radio
  - Public Relations (agency or in-house)
  - Paid Advertising
  - Brochures/flyers
  - Signs or Banners
  - Direct Mail
  - Other
  
5. Would you like materials on CMHA Niagara's programs and services to display at the event? What is the proposed quantity?
  
6. What are the proposed responsibilities for the CMHA Niagara?
  
7. Please include any other pertinent information.
  
8. Why did you choose the CMHA Niagara?

Please return the completed form and attached agreement to:  
Canadian Mental Health Association Niagara  
36 Page Street

St. Catharines, ON L2R 4A7

**Decision Making Authority – Board of Directors and Executive Director**

Board	Executive Director
<b>Policy Development and Issues Management</b>	
<ul style="list-style-type: none"> <li>• Develops governance polices</li> <li>• Develops and approves public position on issues related to the mission and vision</li> <li>• President with ED is the spokesperson</li> </ul>	<ul style="list-style-type: none"> <li>• Acts as a resource person</li> <li>• Informs Board of organizational policies and procedures</li> <li>• Alerts the Board in critical public relations issues</li> </ul>
<b>Vision Mission and Strategic Direction</b>	
<ul style="list-style-type: none"> <li>• Creates vision, mission and strategic plan</li> <li>• Reviews operational plan to ensure consistency with strategic plan</li> </ul>	<ul style="list-style-type: none"> <li>• Creates operational plan</li> <li>• Reports achievements in operational objectives</li> </ul>
<b>Governance</b>	
<ul style="list-style-type: none"> <li>• Establish Board job descriptions</li> <li>• Develops Board governance style</li> <li>• Develops and reviews By-Law</li> </ul>	<ul style="list-style-type: none"> <li>• Acts as a staff resource</li> </ul>

<ul style="list-style-type: none"> <li>• Board development training</li> <li>• Ensures succession planning</li> </ul>	
<b>Human Resources</b>	
<ul style="list-style-type: none"> <li>• Develops and approves ED job description, contracts</li> <li>• Develops the process for recruitment and evaluation of ED</li> <li>• Evaluates the ED</li> <li>• Provides direction and guidance to the ED</li> <li>• Monitors legislative and best practice standards for staffing</li> <li>• Ensures staff health and safety through regular reports</li> </ul>	<ul style="list-style-type: none"> <li>• Develops and implements human resource strategies, policies</li> <li>• Develops job descriptions and organizational structure</li> <li>• Recruits, supervises and develops employees</li> <li>• Ensures health and safety</li> </ul>
<b>Financial Management</b>	
<ul style="list-style-type: none"> <li>• Manages through Finance Committee</li> <li>• Monitors financial controls policies to meet legal requirements</li> <li>• Approves the annual budget</li> <li>• Reviews budget at least quarterly</li> <li>• Initiates and approves the annual audit</li> </ul>	<ul style="list-style-type: none"> <li>• Serves on Finance Committee</li> <li>• Implements financial policies</li> <li>• Prepares budget and statements with forecasts</li> <li>• Defines and plans for the financial needs of the Branch</li> </ul>
<b>Service</b>	
<ul style="list-style-type: none"> <li>• Monitors through Quality Committee</li> <li>• Ensures service recipients health and safety through quarterly incident reports</li> <li>• Reviews outcome indicators at least quarterly</li> </ul>	<ul style="list-style-type: none"> <li>• Serves on Quality Committee</li> <li>• Develops and implements best practice standards</li> <li>• Maintains specified outcomes</li> <li>• Ensures health and safety</li> </ul>
<b>Community Relations</b>	
<ul style="list-style-type: none"> <li>• Represents the organization</li> <li>• Approves all key external messages</li> <li>• Defines who can speak for the Branch</li> <li>• Maintains a relationship with other community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Promotes the Branch to all stakeholders</li> <li>• Implements media strategies and campaigns</li> <li>• Acts as the face of the organization and liaises with President to identify spokespeople</li> </ul>
<b>Membership</b>	
<ul style="list-style-type: none"> <li>• Defines role of members</li> <li>• Approves membership policies</li> </ul>	<ul style="list-style-type: none"> <li>• Provides support to membership development</li> </ul>

## EXECUTIVE SUCCESSION PLAN

### Summary

The Executive Succession Plan is divided into two main sections:

- Procedures For Succession Plan In The Event Of A **Temporary Absence** (pages 2 - 4)
- Procedures For Succession Plan In The Event Of A **Permanent Absence** (pages 5 – 9)

Return to the [Table of Contents](#)

Each of the above is further divided into two situations – Planned or Unplanned:

### **Temporary Absence**

Assumption is the ED is returning to work.

- Planned or Unplanned – Short term (less than 30 days)
- Planned or Unplanned – Long term (more than 30 days)

### **Permanent Absence**

Assumption the ED is not returning to work.

- Permanent Unplanned (illness, death, termination, resignation)
- Permanent Planned ( Retirement, departure)

## **Executive Succession Plan**

CMHA NIAGARA.

### **1. Rationale:**

In order to ensure the continuous coverage of executive duties critical to the ongoing operations of Canadian Mental Health Association, Niagara Branch (CMHA Niagara), its programs and services to its clients, the Board of Directors is adopting policies and procedures for

- the temporary appointment of an Interim Executive Director in the event of a temporary absence of the incumbent ED and
- the appointment of a new ED in the event of the permanent departure of the incumbent ED.

This Executive Succession Plan facilitates the transition to both temporary and permanent leadership changes. The plan reflects CMHA Niagara's policy and commitment to sustaining a healthy functioning organization.

### **2. PROCEDURES FOR SUCCESSION PLAN IN THE EVENT OF TEMPORARY ABSENCE OF THE EXECUTIVE DIRECTOR:**

A temporary absence is one in which it is expected that the ED will return once the events precipitating the absence are resolved.

#### **2a. Succession Plan in the Event of a Temporary Planned or Unplanned Absence – Short Term (less than 30 days) (i.e., vacation, special leave, illness, accident)**

**The Succession Trained Manager (currently Quality Manager, Tara McKendrick) with support from any other staff as appropriate will ensure smooth functioning of the organization.**

- **It is expected that the ED, when and if possible, will be in communication with staff and the Board President to ensure smooth functioning of the organization.**
- **The ED will advise staff of any outstanding obligations that have to be met in their absence**

2b. Succession Plan in the Event of a Temporary Planned or Unplanned Absence – Long Term (more than 30 days) (i.e., leave, illness, accident)

Appointment of Interim Executive Director

In the event of a **planned** absence, the ED shall:

- I. Notify the Board President within 20 days or sooner in advance of the absence.
- II. The Board President and the ED shall meet to assess the strengths, weaknesses and readiness of the Succession Trained Manager and/or other staffing options to serve as the Interim ED.
- III. Should the Succession Trained Manager be unable to serve, the ED shall select a back-up appointee from within; or consider splitting executive duties among other employees; or, in consultation with the Board President, select a suitable appointee from outside the organization to serve as an Interim ED
- IV. Five days prior to the first date of absence, the ED shall fully debrief the Interim Ed (if one has been appointed) and the Board President on all outstanding issues, priorities, commitments, urgent and upcoming matters, etc.
- V. Should no suitable appointee(s) be available at the time of the absence, the Board President shall serve as the Interim ED for the duration or until such time that the Board of Directors selects a suitable appointee from outside the organization to serve as an Interim ED.

In the event of an **unplanned** (unexpected) absence, the ED or the Succession Trained Manager or designated staff shall:

- I. Immediately notify the Board President.
- II. The Board President shall speak with the Information Services Manager as soon as possible and discuss/determine their availability/ability to serve as the Interim ED.
- III. Should the Information Services Manager be unable to serve, the Board President shall immediately be installed as the Interim ED for the duration or until such time that the Board of Directors selects a suitable appointee(s) from within to serve as an Interim ED or from outside the organization to serve as an Interim ED.
- IV. The President shall convene a Board meeting as soon as possible thereafter to review the circumstances of the absence, and to affirm the procedures of this plan or to make modifications as deemed appropriate.

**2c. Temporary Absence Terms and Conditions of Operation**

**Authority and Restrictions**

The Interim ED shall have the full authority for day-to-day decision-making and independent action as per the ED Job/Position Description (attached). The priority functions of the ED position include:

- Serve as the organization's principal leader, representative, and spokesperson to the community
- Support the Board of Directors
- Convene and lead the staff

Decisions that shall be made in consultation with the Board President include staff hiring and termination, financial issues, and public policy positions on behalf of the organization.

The Board shall give immediate consideration, in consultation with the Interim ED, to temporarily backfill any staff position left vacant by the temporary assignment.

### **Board Responsibility**

- The Interim ED shall report to the Board or a Committee of the Board.
- The Board shall have the responsibility for monitoring the work of the Interim ED.
- The Board shall be responsible for gathering input from the staff and reviewing the performance of the Interim ED.
- The Board shall be responsible to review the organization's finances during a long-term absence.

### **Compensation**

The Interim ED shall receive a temporary salary increase above their current salary.

Should an Interim ED be appointed, the Board President shall negotiate an independent contractor agreement with a defined scope of work and with a rate of compensation based on the ED wage guidelines. The scope of the Agreement shall be determined based on assessment of the organization's needs at the time.

### **Communications Plan**

All staff shall be immediately notified of the temporary leadership change.

#### **For a long-term absence:**

- Within 48 hours after an Interim ED is appointed, they shall meet with the Board President to determine the need for a communications plan. If required, they shall develop a communications plan to include the kind of information that shall be shared and with whom, and shall immediately implement the plan to announce the organization's temporary leadership structure to key supporters, etc.

### **3. PROCEDURES FOR SUCCESSION PLAN IN THE EVENT OF A PERMANENT ABSENCE OF THE EXECUTIVE DIRECTOR**

**A permanent absence is one in which it is firmly determined that the Executive Director is not able to serve in this position or will not be returning to the position for any reason including retirement.**

It is the policy of the Board of Directors of CMHA Niagara to be prepared for an eventual permanent change in leadership – either planned or unplanned – to ensure the continuous coverage of executive

duties critical to the operations of the agency and its services to clients until such time as new permanent leadership is identified. The Board of Directors shall be responsible for implementing this policy and its related procedures.

It is also the policy of the Board to assess the permanent leadership needs of the organization to help ensure the selection of a qualified and capable leader who is representative of the community, a good fit for the organization's mission, vision, values, goals and objectives, and who has the necessary skills for the organization.

3a. Succession Plan in the Event of a Permanent Unplanned Absence. (i.e., illness, death, resignation, termination, retirement)

Procedures:

- I. Within **1 business** day the Board President must communicate to the rest of staff that the Board will be executing its Executive Succession Plan and will keep the staff fully informed as it is implemented. This is necessary to demonstrate that the Board is taking decisive action, to deal with misinformation that may be generated by the departure of the ED, and to ensure that all employees' questions are answered.
- II. Within **2 business days**, the Board of Directors shall convene to
  - o Affirm the procedures of this plan or to make modifications as deemed appropriate.
  - o Appoint an Interim ED from within or initiate the hiring of an Interim ED from outside the Organization.
  - o Appoint a **Transition Committee** (to include the President and at least two other Directors) and assign it the responsibility to implement the following preliminary plan to transition to a new permanent ED.

**The Appointment of an Interim ED** shall be guided, in part, by: internal candidates, expected time frame for hiring a permanent ED, and the management needs of the organization at the time. The procedures outlined in the Succession Plan for Unplanned Long Term Temporary Replacement (2b.) shall be used to select an Interim ED and define the operating terms and conditions (2c.) during the temporary assignment period.

The Interim ED shall ensure that the organization continues to operate without disruption and that all organizational commitments previously made are adequately executed, including, but not limited to, loans approved, reports due, contracts, licenses, certificates, obligations to lenders, and others.

**The Transition Committee** shall have the responsibility of implementing the following plan:

- a. Communicate with key stakeholders regarding actions taken by the Board in naming an interim successor, appointing a transition committee, and implementing the succession policy. The organization shall maintain a current list of key stakeholders who must be



- contacted, such as funders, government agencies, etc. to assure them that plans and programs are on target and those services and will continue to be delivered.
- b. Consider the need for consulting assistance (i.e., transition management or executive search consultant) based on the circumstances of the transition.
  - c. Review the organization's business plan and conduct a brief assessment of organizational strengths, weaknesses, opportunities and threats to identify priority issues and attributes and characteristics that are important to consider in the selection of the ED
  - d. Establish a time frame and plan for the recruitment and selection process.
  - e. Define ED position requirements based on Job/Position Description and current needs of the organization.
  - f. The Transition Committee shall develop a diverse pool of candidates within a an external recruitment and selection process, The Interim ED and any other interested internal candidates are encouraged to submit their qualifications for review and consideration by the Committee.
  - g. The Transition Committee shall develop a diverse pool of candidates within an external recruitment and selection process. The Interim ED and any other interested internal candidates are encouraged to submit their qualifications for review and consideration by the Committee.
  - h. Participate in interview and selection process.
  - i. Report back to and consult with the Board as required.
- III. Once the **Permanent ED** has been selected, orienting the new executive to the organization and its context is crucial. A "briefing book" shall be provided to the new ED and shall contain the following information and key materials:
- History of the Organization
  - Organization chart.
  - Board roster and minutes.
  - Bylaws.
  - Staff roster and resumes.
  - Operational Policies and procedures.
  - Board Policies and Procedures
  - A list of current programs.
  - A list of current projects.
  - A list of stakeholders.
  - A list of current and past partnerships
  - Upcoming deadlines.
  - Current and past budgets.
  - Current financial statements.
  - Summary of contractual and financial obligations and funding commitments.
  - Current Strategic and Operations Plan
  - RFPs, contracts, and MOUs.
  - Schedule of Management Briefings

IV.

**Within one day** of selecting a new permanent ED, a **press release** shall be made to announce the appointment. This can be a public relations opportunity for CMHA Niagara, offering an opportunity to remind the public about presence and purpose CMHA Niagara.

**Within one day of selecting a new permanent ED**, funders and key collaborative partners will be notified by phone and/or email regarding the new ED selection.

#### 4. Approvals and Maintenance of Record

##### 4a. Succession Plan Approval

The Board shall annually review the plan and make amendments as needed. (This Executive Succession Plan shall be approved by the Board of Directors)

##### 4b. Signatories

\_\_\_\_\_

President

Date

\_\_\_\_\_

Executive Director

Date

##### 4c. Maintenance of Record

Copies of this plan shall be maintained by the Board President, the Executive Director and with the Branch Secretary

**BOARD OF DIRECTORS' APPLICATION FORM**

*This Application form is confidential and will be used only for Association purposes. To be completed by all nominees.* PLEASE PRINT OR TYPE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER:

Home: \_\_\_\_\_

Business: \_\_\_\_\_

OCCUPATION (if applicable) \_\_\_\_\_

EMPLOYER (if applicable) \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (required for reporting purposes)

**Why do you want to join the Canadian Mental Health Association, Niagara Branch?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please identify any specific skills you may have that would benefit the Canadian Mental Health Association, Niagara Branch (i.e. Accountant, Human Resources, Secretary, etc.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What experience have you had with other voluntary organizations?**

\_\_\_\_\_  
\_\_\_\_\_

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**In addition to attending a Board of Directors' meeting on the fourth Thursday of each month, would you be available to attend committee meetings:**

During the Day

In the Evening

Both Day and Evening

**Comments**

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Please enclose a resume, if at all possible.

**GUIDE TO COMPETENCY BASED INTERVIEWING**  
**For Board Members (adapted from CMHA Niagara Staff Manual)**  
**KEY STEPS TO IMPROVING THE INTERVIEW**

Despite the extensive use of the interview as a selection tool, evidence suggests that it can be a poor predictor of future performance. Here are a number of steps that can be taken to improve its effectiveness:

**1. The Interview Should be Properly Structured**

Adhering to a set structure is probably the single most important technique to improve reliability of the selection process. Structure helps focus the discussion and ensures that candidates are assessed against the same criteria. It also enables us to gather information that is based on actual evidence rather than on assumptions based on stereotypes; with such an approach, the assessment of each candidate's potential strengths and weaknesses starts on equal footing. In addition, having a structure makes it easier for the interviewer to monitor the progress of the interview, thereby ensuring that the discussions remain job related. Moreover, adherence to a framework exposes possible gaps in the information collected.

**2. Focus on Obtaining Evidence of the Board Candidate's Past Behaviour**

Decisions must be made based on evidence, rather than on the opinions of the interviewer. The latter should avoid basing selection decisions on unsubstantiated opinions, speculation or stereotypes. The most effective interviewing style is one that explores the candidate's past behaviour. Past behaviour is one of the best predictors of future behaviour and the core of competency based interviewing.

**3. Interviewers Should Take Notes**

It is difficult for the interviewer to accurately remember everything an interviewee said during the course of the interview. If the interviewer relies solely on their memory, important points may either be forgotten or distorted and systematic bias such as attribution or stereotyping may influence the subsequent recall of information. Note taking during the interview is strongly recommended; having someone other than the interviewer take notes is suggested.

**4. More Than One Interviewer Involved in the Process**

Ideally more than one interviewer should be involved in the selection process, especially if no other techniques of assessment are used. Since different interviewers will not possess the same biases and prejudices, a discussion with all the interviewers should take place after the interview.

## **SECTION 2 CORE INTERVIEWING SKILLS**

### **Preparation**

The following steps will assist in preparation for an interview.

#### **Awareness of Selection Process**

- What criteria were used to shortlist these candidates? Board will be selected on matrix requirements and other criteria necessary for good governance.
- What will be the next stage in the selection process?
- How quickly will you be able to contact the candidate again?

#### **Information for the Candidate**

- Make sure that information will be presented to the candidate during the interview (i.e. information about the organization or program/team; the job; details about other relevant work related matters) is prepared in advance.

#### **Job Description and Selection Criteria / Competencies**

- A written Board job description should be available for any job that is being filled. Ideally this should be made available to the candidates prior to the interview
- Prior to the interview, the interviewers should meet to identify the functional competencies they will be focusing on. It is suggested that they isolate three core competencies which are most critical for the job. In addition to matrix requirements, the minimal Board competencies should be:
  - Dependability – ability to commit to regular meetings and committees and complete work
  - Analytical Thinking and Decision Making – systematic analysis of problems and linkages to consider different decision options
  - Interpersonal Rapport and Savvy – engages others in a non-threatening and sensitive manner

#### **Review the Application and CV Documents**

- Interviewers should thoroughly review all the applicant's submission materials prior to the interview
- Interviewers should ensure that all pertinent information has been provided by the candidate
- Taking into consideration the selection criteria and critical competencies that were selected in the previous step, the interviewers should make a note of any experiences which are particularly relevant to the job so that they may be probed further during the interview

### **Questions**

- It is important to select questions that will explore various aspects of each competency being assessed

### Interview Matrix

Board Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Core Competency/Key Skills/Traits Area (Behavioral Question/s)	Weight 1-3	Score	Total	Comments
1. Competency/Matrix Criteria:				
2. Competency/Matrix Criteria:				
3. Competency/Matrix Criteria:				
4. Competency/Matrix Criteria:				
5. Competency/Matrix Criteria:				
6. Competency/Matrix Criteria:				
<b>Total (Max. 50)</b>				
<b>Adjusted Index – Ability, Motivation, Board Fit, Interview Performance – Rate from 1-5</b>				
<b>Adjusted Evaluation (Max 250) Total x Index</b>				

**Weights:**

**1 – Preferred, but not necessary    2 – Moderately necessary    3 – Essential**

**Score:**

1: No experience or examples, skills for position not evident.	2: Limited experience and examples.	3: Specific examples and experience.	4: Solid experience and examples-Can do.	5: In depth experience and example. Can teach other Board Members to do.
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**Steps:**

- 1) Fill in name, date, time
- 2) Decide what items you will be evaluating and put these in column 1 (Matrix items and competency items)
- 3) Assign a value to each item and place in column 2
- 4) Rate candidate in column 3 as you interview
- 5) After Interview, multiply columns 2x3
- 6) Rate candidate on ability, motivation to do job and place in appropriate cell
- 7) Complete adjusted evaluation and place in appropriate cell

Note: evaluations are completed independently and privately, and then compared and averaged for a final score.

**Explanation of Columns:**

Values - assign number to each value - total cannot exceed 10

Ratings - rate the person interviewed from 1-5 for each classification

### Board Effectiveness Check

This Annual Board Effectiveness Check is to be conducted a minimum of once per year in May. It can be distributed more often as needed.

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
We actively recruit, recommend and/or select new members based on needs for particular skills, background and experience.	5	4	3	2	1
We have explicit criteria to recruit and select new members.	5	4	3	2	1
Our renewal cycle is appropriately managed to ensure continuity in the governing body.	5	4	3	2	1
The composition of our governing body allows us to meet stakeholder and community needs.	5	4	3	2	1
Clear written policies define term lengths and limits for individual members, as well as compensation.	5	4	3	2	1
We regularly review, understand and ensure compliance with applicable laws, legislation and regulations.	5	4	3	2	1
Governance policies and procedures that define our role and responsibilities are well-document and consistently followed.	5	4	3	2	1
We review our structure, including size and sub-committee structure.	5	4	3	2	1
We have sub-committees that have clearly defined roles and responsibilities.	5	4	3	2	1
Our roles and responsibilities are clearly identified and distinguished from those designated to the Executive Director and/or senior management. We do not become overly involved in management issues.	5	4	3	2	1
We each receive orientation that helps us to understand the organization and its issues, and supports high-quality decision making.	5	4	3	2	1
Disagreements are viewed as a search for solutions rather than a “win-lose”	5	4	3	2	1
Our meetings are held frequently enough to make sure we are able to make timely decisions.	5	4	3	2	1
Individual members understand and carry out their legal duties, roles and responsibilities, including sub-committee work	5	4	3	2	1

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
Members come to meetings prepared to engage in meaningful discussion and thoughtful decision making.	5	4	3	2	1
Our governance processes make sure that everyone participates in our decision making.	5	4	3	2	1
The Board is actively involved in planning the direction and priorities of the organization.	5	4	3	2	1
Individual members are actively involved in policy-making and strategic planning.	5	4	3	2	1
The composition of our governing body contributes to high governance and leadership performance.	5	4	3	2	1
Our governing body's dynamic enable group dialogue and discussion. Individual members ask for and listen to one another's ideas and input.	5	4	3	2	1
Our ongoing education and professional development is encouraged.	5	4	3	2	1
Working relationships among individual members and committees are positive.	5	4	3	2	1
We have a process to set bylaws and corporate policies.	5	4	3	2	1
Our bylaws and corporate policies cover confidentiality and conflict of interest.	5	4	3	2	1
Board members comply with requirements outlined in key elements of the governance structure (bylaws, policies, codes of conduct, conflict of interest)	5	4	3	2	1
We formally evaluate our own performance on a regular basis.	5	4	3	2	1
We benchmark our performance against other similar organizations and/or national standards.	5	4	3	2	1
Contributions of individual members are reviewed regularly.	5	4	3	2	1
As a team, we regularly review how we function together and how our governance processes could be improved.	5	4	3	2	1
The Board's capacity to govern effectively is not impaired by conflicts between members.	5	4	3	2	1
The Board could effectively manage any organizational challenge or crisis that could be reasonably anticipated.	5	4	3	2	1
There is a process for improving individual effectiveness when non-performance is an issue.	5	4	3	2	1
We regularly identify areas for improvement and engage in our own quality improvement activities.	5	4	3	2	1
As a governing body, we annually release a formal statement of our achievements that is shared with the organization's staff as well as external partners and the community.	5	4	3	2	1

	Strongly Agree	Agree	Somewhat Agree	Disagree	Strongly Disagree
As individual members, we receive adequate feedback about our contribution to the governing body.	5	4	3	2	1
We have a process to elect or appoint our President.	5	4	3	2	1
Our President has clear roles and responsibilities and runs the governing body effectively.	5	4	3	2	1
The Board does a good job of evaluation the performance of the Executive Director (measuring results against objectives).	5	4	3	2	1
The Board uses sound decision making processes (focused on Board responsibilities, factual information, efficient use of time, items not revisited frequently, effective implementation)	5	4	3	2	1
The organization has a good balance between organizational stability and innovation.	5	4	3	2	1

**Additional Comments:**

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### Board President Performance Evaluation Tool

*This simple tool is designed to assist in assessing the effectiveness of the Board President. The tool takes the form of a series of assertions which should be awarded a rating on a scale of 1 to 3 by individual directors or by the board as a whole. Once complete, the matters should be discussed at a board meeting. Discussions facilitated by a third party are often able to bring additional value to the process.*

1 = Hardly ever/Below average, 2 = Average/Most of the time/Above average, 3 = All of the time/Fully satisfactory.

Behaviours	1	2	3	Comments
The President's leadership style and tone promote effective decision-making, constructive debate and ensure the Board works as a team.				
The President ensures all Board meetings are conducted in a business-like manner, remaining on topic and on schedule wherever possible.				
The President is an ex-officio member of all committees and task groups formed by the Board, and attends these meetings when required.				
The President participates in all CMHA, Ontario Presidents' Forums (3 times per year) and provides information and feedback to the Board as a result of these meetings.				
The President and the Executive Director work well together and their different skills and experience complement each other.				