

**ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**BOARD POLICY**

Date Issued 1/23

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<b>WRITTEN BY</b> Lisa Morse	<b>REVISED BY</b> Bethany Murdick	<b>AUTHORIZED BY</b> SCCCMHA Board	

I. APPLICATION:

**ST. CLAIR COUNTY CMH**

- SCCCMH Board
- SCCCMH Providers and Subcontractors
- Direct-Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of St. Clair Community Mental Health Authority (SCCCMHA) that all Board members attend all meetings as requested and be reimbursed for such attendance and related travel and expenses.

III. DEFINITIONS:

- A. Meetings: Include all regular Board meetings, special Board meetings, Committee and Advisory meetings as noted on the annual calendar.
- B. Per Diem: Per diem payments are authorized for in-person attendance at any scheduled SCCCMHA Board meeting, or its Special Committees/Advisory Council meetings, as assigned by the SCCCMHA Board Chairman. Casual attendance by members at meetings other than those assigned are not eligible for a per diem.
- C. Business Mileage: The actual miles from the SCCCMHA Board member's residence to another location for a business purpose such as a conference.
- D. Commuting Mileage: The actual miles from the SCCCMHA Board member's residence to SCCCMHA Board Administration or wherever the Board meeting/Special Committee/Advisory Council meeting is held and the return to their home.

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IV. STANDARDS:

A. Attendance:

1. All Board members are expected to attend all meetings as requested.
2. Board members missing two (2) consecutive Board meetings and/or four (4) Board meetings in one (1) year (April 1 through March 31) shall be reported to the Board Chairman. The procedures for addressing Board member attendance will be followed as detailed in the Board Bylaws.

B. Per Diem, Travel/Expenses Reimbursement:

1. Under the IRS rules, public Board Members are generally considered employees for Federal income tax withholding and employment tax purposes and compensation is reported on a W-2 form. Travel for business purposes, such as travel to a conference, is a nontaxable reimbursement.
2. Board Members are eligible for one per diem payment per day regardless of the number of meetings attended. Per diems are paid on a monthly basis.
3. The per diem to be paid shall be \$35.00 per day, plus mileage allowance for travel, paid in accordance with IRS rules.
4. Board members not wishing to receive a per diem must sign a "Waiver of Per Diem" form (Exhibit B). Should the Board member wish to have his/her per diem reinstated, a letter must be submitted to the Chief Executive Officer's office requesting such.
5. Board Members wishing to attend conferences must contact the Executive Secretary for processing of registration and, if necessary, hotel reservations.
6. Reimbursements for meals that are included in the cost of the conference, seminar or meeting shall not be subject to reimbursement. The current cap for meals is as follows: Breakfast: \$11.75; Lunch: \$11.75; Dinner: \$28.00. Original receipts are required.
7. Board members will be reimbursed at the applicable IRS rate times the actual number of business miles driven.
8. If an agency vehicle is made available and a Board member chooses to drive his or her personal vehicle, business mileage reimbursement will not be made.
9. All travel (mileage) and business expenses must be submitted to the Executive Secretary including receipts for meals, parking, etc.. The Executive Secretary will record the expenses on an Expense

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Voucher form (Exhibit A), denoting the date, activity, and actual number of miles driven and submit to Finance with the board member’s monthly per diem submittal.

10. All business travel expenses will be paid on a monthly basis.

11. All expense vouchers need to be submitted by the end of each month and may not cross fiscal years (i.e. September 30 ends fiscal year).

V. PROCEDURES:

A. Attendance

**Board Member**

1. Notifies Chief Executive Officer’s Office if unable to attend Board meeting.

**Executive Secretary**

2. Notifies Chief Executive Officer and the Board Chairman when a Board Member’s absenteeism reaches two (2) consecutive Board meetings or four (4) Board meeting per year.

**Board Chairman**

3. Contacts Board Member to discuss reasons behind the absenteeism. Calls Executive Committee meeting, if necessary, as detailed in the Board Bylaws.

**Executive Committee**

4. Meets to determine what action, if any, needs to be taken. If action is warranted, a recommendation will be made to the full Board.

**Full SCCCMHA BOARD**

5. Meets to review the recommendation of the Executive Committee. If it is determined that a vacancy is to occur, the County Board of Commissioners is notified.


Executive Secretary

6. Contacts County Administrator to notify him/her of Board vacancy and seeks an appointment from the St. Clair County Board of Commissioners.


B. Per Diem

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**Board Member**

1. Executive Secretary completes the travel and per diem for all board members. 
2. Completes “Board Member Waiver of Per Diem” form (Exhibit B) if Board member does not wish to receive a per diem payment. Submits to Executive Secretary. The signed waiver form is placed in Board member personnel file.

**Executive Secretary**

3. Completes monthly per diem form for each Board member using the “Per Diem/Commuting Miles” form.  Submits to Accounting Department for payment and places a copy in the Board member personnel file. Reimbursement will occur in the next available payroll cycle.

**C. Travel**

**Executive Secretary**

1. Records business mileage received from board members via email on the Expense Voucher (Exhibit A) and submits to the Chief Executive Officer for review and approval. Upon approval submits to accounting for processing.

**D. Conferences/Seminars**

**Board Member**

1. Notifies Executive Secretary of desire to attend CMHAM Conferences. Executive Secretary Processes request. For all other conferences, completes the Conference Request form (Exhibit C) with approval of the Board Chairman. Submits all requests to Executive Secretary for processing.

**Executive Secretary**

2. Processes conference/hotel reservations. Returns a copy of the completed paperwork to the Board member for review and reference prior to the conference

**Board Member**

3. At completion of the conference, the board member notifies the Executive Secretary via email of travel and any other incidental expenses including meals, parking, etc. (original receipts required). Executive Secretary utilizes emailed information to complete Expense Voucher form (Exhibit A) for reimbursement of travel or any other incidental expenses. Reimbursement occurs monthly.

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VI. REFERENCES:

SCCCMHA Board Bylaws

VII. EXHIBITS:

A. Expense Voucher Form

B. CMH Board Member Waiver of Per Diem

C. Conference Request Form

VII. REVISION HISTORY

Dates issued 1/21.

**EXPENSE VOUCHER**

St. Clair CMH ~ <b>Board of Directors</b> ~  Name: _____  _____  (Please Print)  Date: _____ _____	<b>Auto Mileage/Odometer Readings</b>			
	To	From	Total Miles	
	<b>Meals (Caps)</b>		\$	
	\$11.75 Breakfast			
	\$28.00 Dinner			
	\$11.75 Lunch			
Remarks:	<b>Lodging</b>		\$	
	Cost Per Night	No. of Nights		
	\$			
	<b>Other Expenses</b>			
				\$
				\$
	<b>Per Diem</b> (No. of Days)			\$
	<b>Total Cost</b>			\$
Signature:				

CMH BOARD MEMBER  
**WAIVER OF PER DIEM**

I am requesting that I not receive a per diem for my service on the St. Clair County Community Mental Health Authority Board. I will still receive my travel reimbursement at the approved IRS rate and in accordance with all IRS rules. This election is effective \_\_\_\_\_ and will remain in effect through my tenure as a Board member or until such time that I request (in writing) to end this waiver.

Name: \_\_\_\_\_  
(Please Print)

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

Date: \_\_\_\_\_

cc: Chief Executive Officer  
Chief Financial Officer  
CMH Board Member File

ST. CLAIR CMH

CONFERENCE/TRAINING/WORKSHOP REQUEST

This request is to be completed for all conferences/workshops, which includes Internal and External training. Internal Training: (Inner-Agency) Includes CMH sponsored workshops, Direct Care Curriculum and/or computer classes other than those required for new employees. External Training: (Non-CMH sponsored) Workshops, seminars, conferences, adult education, American Red Cross, American Heart Association, etc.

BOARD MEMBER NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF CONFERENCE/WORKSHOP: \_\_\_\_\_

DATE(S) OF CONFERENCE/WORKSHOP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

<b>See instruction of the other side of this page.</b>	
Registration Fee:	_____
Estimated Materials Costs:	_____
Estimated Transportation Cost and Parking:	_____
Estimated Meal Expense:	_____
Estimated Hotel Expense:	_____
<b>Total Estimated Costs:</b>	_____

*\*Attach copy of conference/workshop brochure to this form.*

**AUTHORIZATION SECTION** (Please sign and check appropriate box):

BOARD CHAIRMAN: \_\_\_\_\_ Authorized  Not Authorized

**ORIGINAL: Account Clerk (only if expenses are involved)**

cc: Requesting Board Member  
Debra Johnson - Chief Executive Officer