

2017-2018
MDA COMMITTEE ORIENTATION

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Additional Resources

- MDA [Committee Operating Manual](#)
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- MDA Policies that Apply to the Committee
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- MDA Committee Page on MDA Web site

THE FORMAL STRUCTURE

Michigan Dental Association Structure

House of Delegates (HOD): Advise the Board of Trustees regarding any matter of importance to the Association (other than matters involving an amendment to the Bylaws which shall be considered in accordance with Chapter XIV) by means of a resolution(s).

Board of Trustees (BT): The Board has authority over all matters of the Association subject to the restrictions imposed by the Bylaws, to include financial and policy setting. The Board of Trustees shall act on all resolutions adopted by the House of Delegates no later than the second Board of Trustees meeting following the House of Delegates at which the resolution(s) was adopted.

Executive Committee (EC): Between MDA Board of Trustee meetings, the Executive Committee of the Board of Trustees has the authority to set interim policy. In the event of a crisis situation, where immediacy is essential, the Executive Director, in consultation with the President or other members of the Executive Committee, is authorized to set policy. The EC is authorized to approve up to \$25,000 in funding per subject.

Board Committees: It is the responsibility and charge of all committees to assist the Board of Trustees in the administration of the Michigan Dental Association. This occurs when the Board presents specific assignments, directions or recommendations to committees. The committee structure exists as a branch of the Board of Trustees and operates under the direction of the Board. Each committee's area of responsibility and charges from the Board of Trustees are defined in the "Scope of MDA Committees".

Executive Director: The Board of Trustees and the Executive Director, in consultation with other Association officials, have the responsibility to interpret Association policies for administrative purposes and to administer policy.

The Executive Director, as the chief administrative officer of the Association, has the sole responsibility of supervision of the Central Office, and also has the authority to direct the activities, operations and employees of the Central Office. The Executive Director shall have the responsibility not only for the actions of the staff, but shall also have the exclusive and sole authority to direct, employ, discharge and set compensation for the staff, within budget limitations, and the privilege of referring responsibility and delegating authority to individual staff members. The Executive Director has the privilege of recommending courses of action to the Association, and to make decisions based on established policy. On administrative matters, he/she shall have the responsibility and authority for liaison between the Association and other organizations and individuals. He/she shall be responsible to the Board of Trustees as outlined in the employment contract.

The Executive Director assigns staff members to act as staff liaisons to task forces, special and standing committees and other duties, as appropriate. Staff members are not allowed to release information from these assignments to individuals outside the task force, committee or the board until the materials have been approved through the appropriate mechanisms. In addition, no staff member should be placed in the sensitive position of having to decline a member's request to release sensitive information. Therefore, it is the MDA's policy that all requests for release of information or materials must be directed through either the committee chairperson or the executive director.

The role of the executive director and the staff is to operate the association, and advance the interests of its members and of the public; as such, it is charged with carrying out the mandates of the Board of Trustees and responding to the ever-changing needs of the membership, and as identified by the House of Delegates.

2016 MDA Governance Chart

HOUSE OF DELEGATES (Founded: 1979)

Election Process: The House of Delegates consists of one hundred and two (102) voting members: One hundred (100) elected by the components' membership as their officially certified delegates and two (2) student delegates, one to be elected by the American Student Dental Association chapter at each of the accredited dental schools in Michigan.

The role of the House of Delegates is to support and advance the profession of dentistry and the oral health of the residents of the state of Michigan. Further, to establish and support the mission statement and bylaws of this Association; as such, its purpose is to focus on public policy, legislative advocacy, professional practice issues, and representation of the members.

HOD Committees

Nominating Committee
Bylaws Review Committee
Reference Committee
Credentials, Rules and Order

Powers: To study matter within its scope and make recommendations to the HOD

BOARD OF TRUSTEES (Founded: 1856)

Election Process: Board members are elected by the House of Delegates to serve three year terms. A board member may serve two-three year terms.

Board Members

President	Editor
President-elect	Speaker
Immediate Past President	9 Trustees
Secretary/Treasurer	

The Board has the authority over all matters of the Association subject to the restrictions imposed by the Bylaws. Trustees automatically receive an appointment to serve as delegates to the American Dental Association House of Delegates. If a trustee does not accept the appointment to serve as a delegate to the American Dental Association House of Delegates, candidates for the position shall be nominated by the Nominating Committee

MDA Board Committees

16 Standing Committees
5 Board Committees

Powers: To study matters within its scope and make recommendations to the HOD.

MDA Executive Director

MDA Staff

Regions/Components

REGIONS

<i>Region I</i> Cloverland, Copper Country, Gogebic, Sault Ste. Marie, Superior	<i>Region II</i> Manistee-Mason, Northeastern, Resort, Vacationland
<i>Region III</i> Ninth, Saginaw Valley	<i>Region IV</i> Muskegon, West Michigan
<i>Region V</i> Central, Livingston	<i>Region VI</i> Genesee
<i>Region VII</i> Oakland	<i>Region VIII</i> Macomb, Northern Thumb, Thumb
<i>Region IX</i> Detroit	<i>Region X</i> Washtenaw
<i>Region XI</i> Jackson, Southwestern	<i>Region XII</i> Lakeland, Kalamazoo

Powers:

- To collect ideas and make recommendations to the MDA Board and/or House of Delegates.
- To represent the region's component dental societies on the Nominating Committee
- To bring forth regional concerns to the MDA Board and/or HOD.

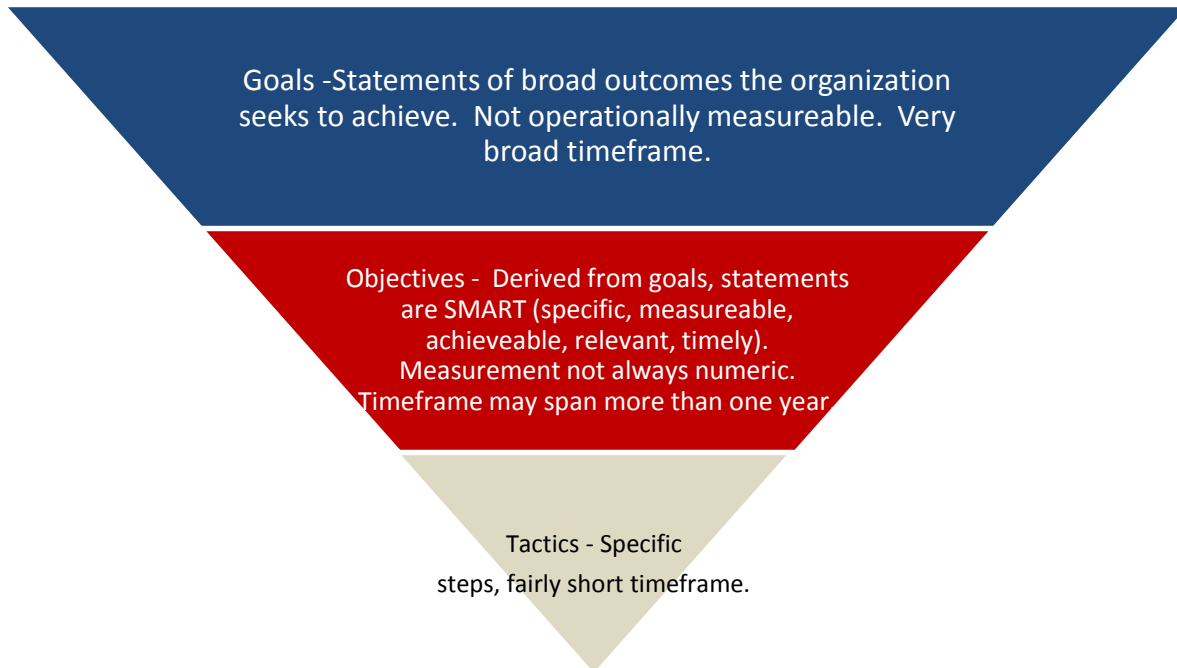
COMPONENT DENTAL SOCIETIES

Central District Dental Society
Cloverland District Dental Society
Copper Country District Dental Society
Detroit District Dental Society
Genesee District Dental Society
Gogebic District Dental Society
Jackson District Dental Society
Kalamazoo Valley District Dental Society
Lakeland Valley District Dental Society
Livingston District Dental Society
Macomb District Dental Society
Manistee-Mason District Dental Society
Muskegon District Dental Society
Ninth District Dental Society
Northeastern District Dental Society
Northern Thumb District Dental Society
Oakland District Dental Society
Resort District Dental Society
Saginaw Valley District Dental Society
Sault Ste. Marie District Dental Society
Southwestern District Dental Society
Superior District Dental Society
Thumb District Dental Society
Vacationland District Dental Society
Washtenaw District Dental Society
West Michigan District Dental Society

Powers:

- To collect ideas and make recommendations to the MDA Board and/or HOD.
- To identify and mentor future component and MDA leaders
- To elect delegates to the MDA House of Delegates

Strategic Planning Overview



What is a Strategic Plan?

It is-

- A high-level roadmap to achieving desired outcomes
- Flexible
- Research-based
- Focused on gaps and opportunities

It is not -

- A plan that lays out every step along the way
- Set in stone
- A catalog of all organization activities

What is the Board Role?

- To establish the mission, vision and values
- To set the strategic direction
- To set the goals
- To review and approve objectives
- To monitor progress

What is the Staff Role?

- To provide information
- To draft goals
- To propose objectives
- To develop and implement the tactics
- To report progress

**Michigan Dental Association Strategic Plan
2016-2020**

Helping member dentists succeed

Membership Goal 1: Deliver exceptional member value

Objective 1.0: Maintain or increase the percentage of members giving the MDA top scores in member value ratings.

- 1.1 Meet current and emerging dentist and dental team needs for continuing education and training*
- 1.2 Help members succeed by providing practice management resources*
- 1.3 Favorably position the profession and MDA members with legislators and the public*

Membership Goal 2: Increase member participation

Objective 2.0: The annual member retention rate will not equal less than 98%

- 2.1 Increase the conversion rate from discounted to full dues paying membership for dentists in the Reduced Dues Program and those joining at the half-year and quarter-year rate*
- 2.2 Increase personal contact with members at high risk for nonrenewal*

Objective 3.0: The number of full dues paying members will increase by 5%

- 3.1 Increase market share in four components: Detroit, Macomb, Oakland and Washtenaw*
- 3.2 Increase the conversion rate from discounted to full dues paying membership for dentists in the Reduced Dues Program and those joining at the half-year and quarter-year rate*
- 3.3 Enhance market share among dentists who went to dental school outside of Michigan*

Finance Goal: Assure organizational sustainability

Objective 4.0: Annual budgeted revenue will exceed budgeted expense

- 4.1 Budget for periodic small increases in dues*
- 4.2 Increase non-dues revenue*
- 4.3 Maintain positive investment returns compared to benchmarks*
- 4.4 Maintain reserves of 75% or higher of annual expenses*

Organizational Goal: MDA's capacity will be sufficient to meet the needs of our membership

Objective 5.0 Ensure mechanisms are in place to support components serving members

- 5.1 Increase components' use of Aptify*
- 5.2 Help components identify and prepare component leaders*
- 5.3 Support structure to help components increase active member engagement*

Objective 6.0 To ensure an adequate number of well-prepared volunteer leaders, increase the number of members involved in MDA volunteer activities by 5%

- 6.1 Increase member engagement with MDA leadership communications*
- 6.2 Develop systematic intake system that includes MDA subsidiaries and component societies*

Legal Issues

This section discusses the primary legal duties of the volunteer leaders within the Michigan Dental Association. It also addresses and describes the legal landscape, including some of the legal concepts that affect how the business of the MDA is conducted.

Primary Duties: Care, Loyalty and Obedience

The following description of duties is based on the orientation materials for new trustees. It is premised on the trustee's role as a "fiduciary," but is also applicable to committee members, who also have such fiduciary responsibilities.

A fiduciary is a person who stands in a special relation of trust, confidence or responsibility in his or her obligation to another. Your fiduciary obligations, along with specific illustrations of how these fiduciary obligations apply in your service, are discussed below.

Duty of Care

The duty of care describes how a volunteer leader must act in performing the role that he or she has taken on. A volunteer leader must fulfill his or her obligations honestly, in good faith, and with the care that an ordinarily prudent person would exercise in a like position and under similar circumstances. The duty of care includes the following:

1. **Duty to participate actively:** As is true for all organization leaders, MDA volunteer leaders must do their best:
 - a. to attend and participate actively in all meetings;
 - b. to be punctual;
 - c. to express their informed opinions even in the face of opposition;
 - d. to respectfully listen to and consider the informed opinions of other volunteer leaders; and
 - e. to be informed and prepared with respect to the issues offered for discussion or action, which include reading all the background materials provided to them.
2. **Duty to act in the best interests of the MDA:** Leaders must act in a manner which they believe to be *in the best interests of the association*, and with such care, including reasonable inquiry, as an ordinarily prudent person in a like position would use under similar circumstances. As part of this duty, volunteer leaders may rely upon the work and advice of committees and staff, provided there is nothing to suggest that such work and advice is unreliable, but should ask any questions necessary to help them reach informed conclusions. Such materials may include written or oral information, opinions, reports, or statements prepared or presented by: (i) officers or employees of the Association who are shown to be reliable and competent in the matters presented; (ii) legal counsel or other persons as to matters within the person's professional or expert competence; and (iii) sub-committees on which he or she does not serve.
3. **Duty to act in a fiscally responsible manner:** Members of the Board must act prudently in considering the budget of, and expenditures by, the MDA. More generally, they must see to it that the MDA is administered in a financially responsible manner. The duty of care does not require volunteer leaders to be finance experts. However, it does set the expectation that each volunteer will seek to be well-informed, to ask questions, and to make decisions within MDA policy and with an eye toward maximizing member value, in line with the MDA's strategic plan.

For MDA leadership, this means that volunteers should perform their duties (1) in good faith; (2) with the care that an ordinarily prudent person in a like position would exercise under similar circumstances; and (3) in a manner the members reasonably believe to be in the best interests of the association. To the extent that a discussion or decision requires technical knowledge outside of their expertise, they should

MDA Committee Orientation

ask questions of either knowledgeable MDA staff or outside experts to help them take “reasonable care” in exercising good business judgment. This important process of asking questions is always expected as volunteer leaders build knowledge of regular MDA financial activities and special projects or issues. Through ongoing questions, MDA staff can better understand the needs of the audience in order to respond with meaningful information that can lead to understanding for improved decision support.

Duty of Loyalty

The duty of loyalty requires that volunteer leaders give undivided allegiance to the Michigan Dental Association, to the exclusion of the interests of other organizations or entities to which the leader may belong, and even to the exclusion of the volunteer’s own personal or financial interest.

1. **Duty to avoid conflicts of interest:** A volunteer leader should avoid being placed in a situation where his or her judgment in acting on behalf of the MDA is compromised, or may appear to be compromised, by other interests that may conflict with those of MDA. A conflict of interest may result where the leader’s business or financial interests are affected by action being considered by MDA, or where an action or position being considered by MDA may be adverse to a position taken by another organization to which the leader belongs. A volunteer leader must not subordinate the interests of the MDA to any personal or individual financial interest, or to the interests of any other organization or entity. While conflicts should be avoided, they are not uncommon, and they may be properly addressed through appropriate conduct by the leader who finds himself or herself in such a situation.
2. **Duty to identify conflicts of interest.** It is essential that a leader recognize and identify the existence of an actual or potential conflict of interest, or a situation that might give the appearance of being a conflict of interest. There is no value to ignoring the possibility of a conflict of interest, since a failure to identify or address a conflict may be more problematic than the conflict itself. Identifying the conflict is the first step in resolving it without any harm or difficulty.
3. **Duty to disclose actual or potential conflicts:** Volunteer leaders must disclose any actual or potential conflict of interest that might reasonably be thought to exist. It is inappropriate for the leader to believe that he or she can address the conflict without disclosure, even if it is believed that the conflict is not serious or will not affect the leader’s judgment. The failure to disclose may be subsequently viewed as wrongful conduct, even in the absence of improper intent. In fact, disclosure of a conflict or potential conflict does not necessarily disqualify the individual from participating in the decision-making process, but rather permits a full evaluation of the extent to which the individual should be permitted to participate in the discussion or consideration of a particular issue. Disclosure may be made to the leadership of the particular body to which the volunteer belongs, or to a member of the leadership of the Association. Either that body, or perhaps the Board of Trustees, can then determine what action if any should be taken to avoid the conflict, which action may be the recusal of the individual from deliberation and voting on matters in which he or she has a personal or other conflicting interest.
4. **Duty of Confidentiality:** To satisfy the duty of loyalty, all volunteer leaders must also maintain in confidence any information the MDA regards and treats as confidential. Volunteer leaders must be mindful not to disclose business information of the MDA that might put the association at a commercial, competitive or financial disadvantage. The best interests of the MDA as an entity must prevail over the interests of any single MDA member or employee.

Communications with MDA attorneys and the attorney-client privilege are discussed elsewhere in this document.

Duty of Obedience

The duty of obedience requires leaders to act in accordance with the organization's governing documents, including its Articles of Incorporation, Bylaws and applicable laws and regulations. It is

MDA Committee Orientation

important that all volunteer leaders be familiar with the provisions of these documents that pertain to their particular activities and responsibilities, especially where those provisions define the scope of their duties. Leaders should also act in accordance with the Mission and Vision of the MDA, which are set forth elsewhere in these materials.

The duty of obedience also requires volunteers to support any duly reached decision of the body of which they are members. Once the body reaches a conclusion on an issue, it becomes the decision of the group as a whole and should be supported by all members. Members should refrain from any action which may undermine the decisions of the body as a whole.

MDA CONFLICT OF INTEREST POLICY
Adopted by the Board: September 18, 2015

The following is the MDA Board of Trustees policy on conflict of interest for officers, trustees, committee members, and committee chairs:

It is the policy of the Board of Trustees of the Michigan Dental Association ("MDA") that individuals who serve in elected or appointed positions do so in a representative and fiduciary capacity. Elected and appointed officials are required to act in accordance with the fiduciary duties imposed upon them by their office and/or as further determined by the MDA Board from time to time.

At all times, elected and appointed officials shall work to further the interests of the MDA as a whole. In addition, elected and appointed officials shall avoid:

- A. Placing him/herself or a member of their immediate family (spouse, parent, child, sibling) in a position where personal or professional interests may conflict with their fiduciary duty to the MDA;
- B. Using information obtained as a result of serving in an elected or appointed position for personal gain or advantage or to the detriment of MDA;
- C. Using an elective or appointed position for personal gain or advantage or otherwise obtaining from a third party a gain or advantage at the expense of MDA; and
- D. Using or disclosing any nonpublic, confidential or proprietary information of the MDA.

The obligation of elected and appointed officials to act in accordance with their fiduciary duties survives (i.e. elected and appointed officials remain subject these fiduciary duties) following the expiration or termination of their term of office.

As a condition for selection, each nominee, candidate and applicant for an elected or appointed position shall disclose any situation, which might be construed as placing the candidate in a position of having an interest that may conflict with his or her fiduciary duties to the MDA.

Elected and appointed officials during their term of office shall comply with this conflict of interest policy and shall report to the MDA president any situation involving a conflict of interest and situations where, in their judgment, a conflict of interest may arise. The MDA Board of Trustees shall render a judgment on what constitutes a conflict of interest. If it is determined that a conflict exists, the Board will decide on an individual basis whether an elected and/or appointed official will participate in discussions but not vote, participate in discussions and votes or leave the room during discussions and voting.

Should a conflict of interest exist and a trustee fail to declare a conflict of interest, the Board of Trustees shall hold a hearing and determine the sanction up to and including removal for cause as set forth in the MDA Bylaws, Chapter IV, Board of Trustees, Section 6 "Removal".

Should a conflict of interest arise and an elected or appointed official other than a trustee (e.g. a committee member) fail to declare a conflict of interest, the MDA president shall determine the sanction up to and including removal.

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**Michigan Dental Association
Annual Conflict of Interest Disclosure Form
Fiscal Year 2015-2016**

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You are receiving this form because you are a Michigan Dental Association representative. You are being asked to disclose, in good faith, any interest (as defined in the Conflict of Interest Policy, dated September 18, 2015) you may have that creates an actual, potential or perceived conflict of interest in connection with your MDA leadership role.

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Conflicts or potential or perceived conflicts may not disqualify an individual. Individuals who have attained high levels of expertise through affiliation with other organizations, academia, or business are important to MDA, provided their activity does not involve a conflict. To avoid even the appearance of impropriety, any individual should always disclose any possible relationship or interest that might affect a vote, decision or action on behalf of the MDA.

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Please provide full details below or on a separate sheet identifying any outside interests which you believe requires or may require disclosure. Attached are examples of potential or perceived conflicts of interest.

33
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If you have no known or perceived conflicts, check none below, sign and return.

39
40
41
42

None

43
44
45

By my signature below I acknowledge that I have read and understand the association's conflict of interest policy; that I agree to comply with it on an on-going basis; and that I understand the association is a tax-exempt organization that must engage primarily in activities which accomplish one or more of its tax-exempt purposes and that it must also avoid transactions with leadership that result in inurement, impermissible private benefit or an excess-benefit transaction.

If I become aware of a potential conflict of interest, family relationship or business relationship in the future, I will disclose it to the MDA Board of Trustees along with all material facts so the Board can determine whether a conflict exists.

Signature:

Date:

47 Conflicts Involving Competing Business Activities

48

49 **EXAMPLE:** A Board member of an MDA subsidiary is a member of the Board of Trustees of an
50 organization that competes with one or more of MDA's business activities (dental supplies, health
51 insurance, etc.).

52

53 **RECOMMENDATION:** The Board may conclude that the Board member should not participate in the
54 vote on any issue relating to the subsidiary's activities on matters that are in direct competition between
55 the MDA and the competing corporation. The Board may conclude that the Board member may vote on
56 other issues so long as the Board member makes full disclosure of his/her involvement in the competing
57 business.

58

59 Individual Financial Interest

60 A Board member has a financial interest that should be disclosed on this form if directly or indirectly,
61 through business, investment, or immediate family (spouse, parent, child, sibling):

62

63 a. An ownership or investment interest in an entity with which the association has a business
64 transaction or arrangement,

65 b. A compensation arrangement with an entity with which the association has a business
66 transaction or arrangement, or

67 c. A potential ownership or investment interest in, or compensation arrangement with, an entity
68 with which the association is negotiating a business transaction or arrangement.

69 d. A compensation relationship or ownership interest in a business with another MDA volunteer
70 leader.

71

72 **EXAMPLE:** A doctor's participating provider agreement with a managed care organization is not a
73 potential conflict of interest because the MDA itself does no business with the managed care
74 organization. Also, travel reimbursement, honoraria and stipends paid according to the association's
75 annual budget are not potential conflicts of interest. However, if a Board member or immediate family
76 member (spouse, parent, child, sibling) owns an interest in or has a financial relationship with a business
77 that, in turn, does business with the association, then a potential or perceived conflict of interest should
78 be disclosed. Also, if a Board member practices dentistry with a spouse or significant other who is also
79 an MDA volunteer, this should be disclosed on the form.

80

81 **RECOMMENDATION:** The Board may conclude that the Board member should not participate in the
82 discussion and vote on any issue relating to matters regarding a business that the trustee has a financial
83 interest in. The Board may conclude that the Board member may vote on other issues so long as the
84 Board member makes full disclosure of his/her involvement (or his/her family/colleagues) in the
85 business the MDA has a business relationship with.

86

HIGHLIGHTS OF THE COMMITTEE OPERATING MANUAL

Governance

Committees shall be governed by the following documents in the following order of authority:

1. Michigan Non-Profit Corporation Act
2. Bylaws
3. All Association Manuals
4. Actions of the Board of Trustees
5. American Institute of Parliamentarians Standard Code of Parliamentary Procedure (most current edition)

Relationship With And Responsibility To Board, House, Committees And Outside Groups

An active committee will work at the direction of the MDA Board with responsibilities as outlined in the scope document; specific authority regarding delegation of specific tasks to the committee is addressed. It will also study activities of similar ADA councils, and consider suggestions and ideas from members and consultants of its committee, as well as members of the MDA and the House of Delegates.

Specific charges from the Board to the committee will be outlined in the scope document as well. In addition, an item may be referred to a committee which was initiated by the Board of Trustees, House of Delegates, Executive Committee, officers, staff or public. The executive director, in consultation with the president and committee staff, will determine where an item is to be assigned.

In terms of Association policy, the committee can initiate research, positions on issues, or action, and can formulate a statement or recommendation, but an item cannot be made public until it is approved by the Board of Trustees. Any responses that are consistent with the current policies of the Association may be published immediately, after being reviewed and approved by the executive director and the president. An item may be held for a full review by the Executive Committee or Board if either or both of the above reviewers believe it is warranted.

Committees have no policy-making authority at any of these policy levels nor are they included in the ladder of authority that can approve any level of association policy. Committees are policy-recommending agencies only. They may not implement a new policy or initiate a major extension or alteration of an existing policy without approval of the appropriate higher authority level.

Any program proposals or recommendations from the committee to the board must include a projection of staff time, economic requirements, physical asset utilization, and cash flow/cash return. Recommendations requesting funding from the Non Reserve Fund must include a completed Non Reserve Spending Assessment Criteria.

44 When a committee member or consultant has a speaking role or is participating in an MDA-
45 sponsored seminar, that member/consultant can attend the full seminar at no charge. Any
46 members/consultants attending for their own benefit will be charged the advertised fee.

47

48 Informational programs provided by MDA for benefit of MDA's committee members will be
49 offered at no charge to the MDA committee members; however, attendance may be limited.

50

51 No action or activity outside the Central Office of the Michigan Dental Association can be
52 initiated without the approval of the Board of Trustees. In emergency or time- dependent
53 situations, the Executive Committee can grant temporary approval and, under extreme
54 circumstances, the president can give a contingent approval, but proper approval must be
55 requested and granted as soon as practical.

56

57 **Official MDA Representatives**

58 The official spokesperson of the Association is the president or his/her assigned designee. In a
59 few isolated cases, the committee is the visible body before the members, public, institutions,
60 and groups and the committee and its members must remember that, as such, it must follow
61 the existing and approved Association policy and guidelines. Under no circumstances is a
62 committee or its members to issue a statement or publish a document without it being
63 approved by the proper level of this Association.

64

65 No member of a committee shall claim to represent the Association unless that member has
66 been given specific permission or authority to do so by the president, his designees, the
67 Executive Committee or the Board of Trustees.

68

69 **MDA Staff Responsibilities to Committees**

70 The assignment of staff and the definition of staff duties is strictly the responsibility of the
71 executive director, per the MDA *Bylaws* and executive director contract. At all times, a
72 committee and its chairperson need to remember that staff are shared and are not assigned to
73 a single committee and cannot devote all their time to a single area. To assure that the
74 executive director is aware of all work performed by MDA staff, committee chairpersons should
75 speak with the executive director before requesting that a staff liaison address an issue or work
76 on a project that has not already been assigned by the Board or that is outside the committee's
77 scope.

78

79 In addition, staff members are not allowed to release information from these assignments to
80 individuals outside the committee or the Board until after the materials have been approved
81 through the appropriate mechanisms. No staff member should be placed in the sensitive
82 position of having to decline a member's request to release sensitive information. Therefore, it
83 is MDA's policy that all requests for release of information or materials must be directed
84 through either the committee chairperson or executive director.

85

86

87 If a committee or chairperson is uncomfortable with their assigned staff member or the staff
88 person's fulfillment of duties, it is the responsibility of the chairperson to discuss the concerns
89 with the executive director. In the case where a change in staff assignment is being considered,
90 the reasons should be reported to the Executive Committee and the committee chairperson.

91

92 **Committee Resolutions**

93 There are several actions that the Board can take when presented with recommendations
94 submitted by committees. It is one of the Board's prime responsibilities to act promptly and
95 efficiently so that committees are not delayed in their actions. Considering the fact that the
96 Board meets only five times a year, any unnecessary delays in response to a proposed
97 committee recommendation could have serious consequences regarding the success or failure
98 of a proposed course of action.

99

100 Approval with no changes. Action on the recommendations could be taken as soon as is
101 practical.

102

103 Approval with change. Occasionally, the Board will act on a committee recommendation after
104 making some minor changes. These changes may be merely editorial in nature, or may be a
105 true modification. Changes may be necessary to bring the recommendation more in line with
106 current policy or to better conform with budgetary constraints.

107

108 Refer back to committee for further study. In this situation, the Board might request further
109 information, a re-wording of the recommendation, or a clarification of intent. The liaison
110 trustee (if appointed), attending chair/vice chair and appropriate staff are the committee's best
111 resource for determining exactly what the concerns of the Board might be.

112

113 Refer to a different committee for further study. As often happens, a single recommendation
114 can fall into the areas of concern of more than one committee. In this case, the Board, in the
115 interest of investigating the recommendation thoroughly, will seek input from other
116 committees.

117

118 Postpone definitely. Because of time constraints at Board meetings or because of current
119 unavailability of necessary information, the Board may elect to postpone action on a given
120 recommendation until some definite time in the future.

121

122 Rejection and defeat of resolution. The Board, through the liaison trustee (if appointed),
123 committee chair/vice-chair and appropriate staff, should communicate to the committee the
124 reasons for the negative vote on the resolution, whether it be budgetary constraints, or conflict
125 with existing policy, or simply deemed an imprudent course of action. Once again, maintaining
126 the lines of communication is of utmost importance.

127

128 It is important that if a committee is sending a recommendation to the Board that the chair
129 and/or vice-chair attend the Board meeting at which the recommendation is being considered.

130

131 **The Budgeting Process**

132 Each committee has a budget which has been adopted by the MDA Board of Trustees in the
133 calendar year prior to the year that budget takes effect. For example, in September 2015 the
134 Board adopts the 2016 committee budgets (in effect January 1, 2016 through December 31,
135 2016). The committee is expected to stay within the restraints of its budget in the
136 administrative year. For example, when the 2016-2017 committees takes office at the end of
137 the 2016 MDA Annual Meeting (April 2016) it will operate under the budget approved for the
138 completion of 2016 and then will operate under the 2017 budget approved in 2016. The effect
139 of this budgetary process is twofold:

140

141 1. Current committee operates under the budgetary restraints of the previous committee.

142

143 2. Because of the long time from planning of the budget to the implementation of the
144 budget, the members of the committee must recognize that they are future planners as
145 well as being responsible for current items.

146

147 *Preparation*

148 Early in the committee year it is necessary to begin to prepare the committee budget for the
149 next year. This budget is usually written by the chair of the committee and the assigned MDA
150 staff although some chairs have delegated this duty to staff. This budget will be based upon the
151 previous budgets, the expenses of the committee, new areas the Board has assigned to the
152 committee and special projects the committee is planning to do during the year of the budget.

153

154 *Approval and Acceptance Process*

155 The committee budget is submitted to the Board Committee on Finance, which reviews the
156 proposed budget alone and in relation to the entire budget and expenses of the Michigan
157 Dental Association. If the committee's budget falls within the MDA budget parameters, the
158 committee budget will be accepted. If the committee and/or the MDA total budget exceeds the
159 acceptable limits of the Board Committee on Finance, the committee budget may be returned
160 to the chair/staff with the request to lower the budget by a specific amount or percentage. If
161 the chair/staff are unable to meet the Board Committee on Finance's request, then the
162 chairperson of the committee and the Central Office staff will have the opportunity to meet
163 with the Board Committee on Finance to support the committee's request. Ultimately, the
164 Board Committee on Finance will be responsible for the total budget and will either 1) accept
165 the committee budget as submitted, 2) accept the committee budget as modified by the
166 chair/staff, or 3) accept a committee budget as modified by the Board Committee on Finance.

167

168 Each committee will have one additional opportunity to ask that its budget be modified: When
169 the Board meets in September to approve the association budget.

170

171

172 It needs to be remembered that the committee budget is part of the total MDA budget and if
173 the MDA budget is not accepted (requiring that it be reworked and resubmitted to the Board),

174 it may be necessary to modify the committee budget to find an acceptable budget for the
175 Board.

176

177 *Contingency/Non Reserve*

178 It is possible that a committee may have an urgent or time specific problem or program that is
179 not in its budget, and it would be necessary for the committee to submit a specific proposal to
180 the Board to obtain endorsement and/or financial backing. If this occurs, it is necessary for the
181 committee to submit its proposal in writing to the Board. The proposal must state the action
182 the committee wishes to take, and the cost (direct and indirect) of that action. If the Board
183 believes the request is in the best interest of the MDA and/or its members and that the MDA
184 Balance Sheet can afford the expense, then the monies will be issued from one of the
185 appropriate funds as determined by the Board, and then the item can be implemented
186 immediately. Funding that is taken from the Non-Reserve Fund requires that the Non Reserve
187 Spending Assessment Criteria be completed.

188

189 If it appears a committee/task force is close to exceeding its budget, the Board
190 Committee on Finance may communicate with the chairperson and staff. The Board Committee
191 on Finance will review expenses. The committee/task force would then approach the board for
192 additional funding if required and/or desired by the committee.

How the Michigan Dental Association Policy is Formulated and Communicated

