

**RAMSEY COUNTY CHILDREN'S MENTAL HEALTH COLLABORATIVE
CONTRACTOR OR GRANTEE CONFLICT OF INTEREST POLICY**

SECTION 1. PURPOSE:

In 1993, the State Legislature enacted legislation that established Collaboratives as special districts in Minnesota. Collaboratives are responsible for engaging systems and families to identify needs, develop systems of care, and assure that services cut across traditional system boundaries. Collaboratives promote promising prevention and early intervention strategies through an expansive public health approach encompassing all developmental dimensions of well-being. Collaboratives were envisioned to reduce fragmentation and enhance funding flexibility by creating a multi-agency system of care in which the family is a full partner. Minnesota Statutes directs children's mental health collaboratives to establish an integrated mental health system that targets the complex, multisystem needs of youth with (or at risk for) mental health disorders and their families. Collaboratives report outcomes to the State.

Maintenance of its legal status is important both for its continued financial stability and for public support. The Collaborative serves a mission in the public trust, which is subject to scrutiny by and accountable to governmental authorities as well as to members of the public. Consequently, there exists between The Collaborative, its Contractors or Grantees, and the public, a fiduciary duty which carries with it a broad and unbending duty of loyalty and fidelity.

SECTION 2. PERSONS CONCERNED:

This statement is directed to all Contractors and Grantees, who can influence the actions of The Collaborative. In order to be more comprehensive, this statement of disclosure / questionnaire also requires you to provide information with respect to certain parties that are related to you. These persons are termed "affiliated persons" and include the following:

1. your spouse, domestic partner, child, mother, father, brother or sister;
2. any corporation or organization of which you are a board member, an officer, a partner, participate in management or are employed by, or are, directly or indirectly, a debt holder or the beneficial owner of any class of equity securities; and
3. any trust or other estate in which you have a substantial beneficial interest or as to which you serve as a trustee or in a similar capacity.

SECTION 3. AREAS IN WHICH CONFLICT MAY ARISE:

1. An actual or potential conflict of interest may arise when a Contractor or Grantee is in a position to influence a decision or have business dealings on behalf of RCCMHC that might result in a personal gain for the Contractor or Grantee or for one of their relatives or friends.
2. A conflict of interest may also arise when a Contractor or Grantee has financial or other vested interest in a business or venture that may be in conflict with RCCMHC's interests.

SECTION 4. INTERPRETATION OF THIS STATEMENT OF POLICY:

The areas of conflicting interest listed in Section 3 are not exhaustive. Conflicts might arise in other areas or through other relations. It is assumed that the Contractors and Grantees will recognize such areas and relation by analogy.

However, it is the policy of The Collaborative that the existence of any of the interests described in Section 3 shall be disclosed before any transaction is consummated. It shall be the continuing responsibility of the Contractor or Grantee committee members, agents and management employees to scrutinize their transactions and outside business interests and relationships for potential conflicts and to immediately make such disclosures.

SECTION 6. DISCLOSURE POLICY AND PROCEDURE:

Transactions with parties with whom a conflicting interest exists may be undertaken only if all of the following are observed:

1. The conflicting interest is fully disclosed;
2. The person with the conflict of interest is excluded from the discussion and approval of such transaction;
3. A competitive bid or comparable valuation exists; and
4. The Governing Board has determined that the transaction is in the best interest of the organization.

Disclosure should be made to the Executive Director of RCCMHC, who shall bring the matter to the attention of the Governing Board. The Governing Board shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to The Collaborative. The decision of the Governing Board on these matters will rest in the sole discretion, and their concern must be the welfare of The Collaborative and the advancement of its purpose.

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**RAMSEY COUNTY CHILDREN'S MENTAL HEALTH COLLABORATIVE
CONFLICT OF INTEREST DISCLOSURE STATEMENT**

1. Name: Contractor or Grantee: _____

2. Have you or any of your affiliated persons provided services or property to the Collaborative in the past year? YES NO

If yes, please describe the nature of the services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

3. Have you or any of your affiliated persons purchased services or property from the Collaborative in the past year? YES NO

If yes, please describe the purchased services or property and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

4. Please indicate whether you or any of your affiliated persons had any direct or indirect interest in any business transaction(s) in the past year to which was or is a party? YES NO

If yes, please describe the transaction(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

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5. Were you or any of your affiliated persons indebted to pay money to the Collaborative at any time in the past year (other than travel advances or the like)? YES NO

If yes, please describe the indebtedness and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

6. In the past year, did you or any of your affiliated persons receive, or become entitled to receive, directly or indirectly, any personal benefits from the Collaborative or as a result of your relationship with the Collaborative, that in the aggregate could be valued in excess of \$1,000, that were not or will not be compensation directly related to your duties to the Collaborative? YES NO

If yes, please describe the benefit(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

7. Are you or any of your affiliated person a party to or have an interest in any pending legal Proceedings involving the Collaborative? YES NO

If yes, please describe the proceeding(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

8. Are you aware of any other events, transactions, arrangements or other situations that have occurred or may occur in the future that you believe should be examined by the Collaborative's Executive Committee in accordance with the terms and intent of the Collaborative's conflict of interest policy? YES NO

If yes, please describe the situation(s) and if an affiliated person is involved, the identity of the affiliated person and your relationship with that person:

I HERBY CONFIRM that I have read and understand the Collaborative's conflict of interest policy and that my responses to the above questions are complete and correct to the best of my information and belief. I agree that if I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with this policy, I will notify [designated officer or director] immediately.

Signature

Date

Print Name

Agency