

Metro Detroit Regional  
Service Committee of N.A.  
Guide to Policy

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**2004 Approved Revised  
Region Guidelines**

TABLE OF CONTENTS

<u>Item</u>	<u>Page #s</u>
WELCOME.....	1
WHAT IS POLICY? .....	1
THE METRO DETROIT REGIONAL SERVICE COMMITTEE DEFINITION AND PURPOSE .....	1-2
STATEMENT OF SERVICE .....	2
MDRSCNA MEETINGS .....	2
CONDUCTING BUSINESS AT MDRSCNA MEETINGS..... (Quorum, Speaking, Order of Business, Motions, Rules of Order)	2-5
THE LIFE OF A MOTION .....	5-
MDRSCNA VOTING .....	7-14
MDRSCNA ELECTION POLICY .....	16-17
ATTENDANCE POLICIES .....	17
OFFICERS OF THE MDRSCNA .....	18-20
ADMINISTRATIVE COMMITTEE .....	21
MDRSCNA SUBCOMMITTEES .....	21-22
REGIONAL CONVENTION POLICY.....	23
MICHIGAN SERVICE OFFICE .....	24-26
FINANCIAL POLICY .....	26
TRAVEL FUNDING POLICY .....	27
REMOVAL OF MDRSCNA OFFICERS AND SUBCOMMITTEE CHAIRS .....	28-31
AMENDMENTS.....	32
STANDING RULES .....	33
501(C)3 .....	34

## **WELCOME**

Welcome to the Metro Detroit Regional Service Committee (MDRSCNA). This guide has been compiled as an aid to understanding the proceedings at MDRSCNA meetings and to help us conduct our business in a practical and spiritual manner.

Other references you may find useful are the parliamentary procedure references, the Twelve Traditions of Narcotics Anonymous, and the Twelve Concepts of Narcotics Anonymous.

This guide has been compiled with love and gratitude to NA by an Ad-hoc Policy Subcommittee in 1999 and will be updated on a regular basis.

## **WHAT IS POLICY?**

What is policy? "Policy" can be defined as the framework of procedures, guidelines, and limitations used by the MDRSCNA to carry on its business.

The member of the MDRSCNA establish the policies of the MDRSCNA.

Policies are generally established as a result of the strength, hope, and experience of the membership of the MDRSCNA for the purpose of better serving this membership and in no way conflicting with the Twelve Traditions and Twelve Concepts of Narcotics Anonymous.

## **THE METRO DETROIT REGIONAL SERVICE COMMITTEE DEFINITION AND PURPOSE**

The MDRSCNA was created to serve the needs of its member's areas. It provides, coordinates, and develops services on behalf of these areas.

The MDRSCNA is composed of Regional Committee Members (RCM) chosen by the member areas as well as the elected Chair, Vice Chair, Secretary, Vice-Secretary, Treasurer, Vice-Treasurer, standing subcommittee Chairs, Regional Delegate (RD) and the Regional Delegate Alternate (RDA).

The Metro Detroit Region is composed of any Narcotics Anonymous Area which applies for membership. Membership will be granted by a simple majority of member Areas in attendance.

To become a member of the MDRSCNA, an area should send an RCM, an RCM Alternate, and a formal request for membership to a MDRSCNA meeting. The member RCMs will vote on accepting the proposed new member area. It is suggested as a criteria for membership in the MDRSCNA that an area be functioning with an Area Service Committee (ASC) and that the location of the area make geographical sense within boundaries of the Metro Detroit Region. (For example, an area in the Upper Peninsula would not be best served to join the MDRSCNA.)

Our common welfare should come first; personal recovery depends on NA unity.

## **STATEMENT OF SERVICE**

Area service committees provide direct NA services that help groups fulfill their primary purpose (5<sup>th</sup> Tradition). Regional service committees coordinates services and resources between the member Areas and maintains two-way communication with the N.A. World Services (NA WS). It is for this reason, in accordance with our Twelve (12) Tradition and Twelve (12) Concepts, this Committee (Metro Detroit Regional Service Committee) is created.

## **MDRSCNA MEETINGS**

All MDRSCNA meetings are open to the fellowship of Narcotics Anonymous.

To encourage participation by members of the region, the location of the MDRSCNA meetings may rotate throughout the region. Areas may submit a bid to host the next MDRSCNA in the form of a motion under “new business” during the MDRSCNA meeting. Two months notice is required.

Minutes of the MDRSCNA meetings shall be mailed to all MDRSCNA participants, within ten days after the close of each business meeting.

Special meetings may be called anytime upon the request of the administrative committee or upon written request of at least 33% of the active, participating member areas. In the event of an emergency, the MDRSCNA Chair may call special meetings. A special meeting will be held after a three (3) day notification period.

All MDRSCNA meetings are non-smoking meetings.

## **CONDUCTING BUSINESS AT MDRSCNA MEETINGS (Quorum, Speaking, Order of Business, Motions, Rules of Order)**

**Introduction:** In order to complete business in a timely and orderly manner, the MDRSCNA has adopted certain rules, procedures and guidelines to determine how things will be run at business meetings. It should always be remembered that a MDRSCNA meeting is not an NA meeting and operates differently. It is not the intention of the MDRSCNA to exclude anyone or to hide what is going on in the meetings. This section has been adopted to allow everyone to understand how our business is conducted. It is designed to give everyone equal access to the use of the rules that govern our meetings. This section has been adapted specifically for the MDRSCNA. It is a blend of some parliamentary procedure, some experience and some common sense and is intended for use as the guide for running an MDRSCNA meeting. Robert's Rules of Order will govern any question of procedure not addressed in these guidelines.

**What is a member?** The members of the MDRSCNA are the elected officers of the committee, the sub-committee chairs, ad-hoc committee chairs and the Regional Committee Members.

**What is a Quorum?** A quorum is the minimum number of Regional Committee Members (RCM) required at an MDRSCNA meeting before it can conduct business. A quorum is set at simple majority of the active, participating RCMs. Refer to Attendance Policy for definition of active/inactive members. A quorum is determined when the roll of the MDRSCNA is called (see Order of Business).

**What if a Quorum is not met?** Should a quorum not be met at a regional meeting, business may be conducted, but such business must be ratified at the next MDRSCNA business meeting. Approval of the minutes of the meeting by 2/3 procedural vote of the body shall constitute approval of the business. If the 2/3 approval is not met, all business conducted at the previous meeting will be considered void.

**Speaking at the MDRSCNA:** If you wish to speak to the RSC, you must first “obtain the floor” by raising your hand and being recognized by the Chair. If the Chair calls on you, you may then address the body. You may ask questions, speak for or against a motion on the floor, bring up or discuss items of old or new business or make or second motions. Try to be brief and to the point always remembering the length of the agenda. The idea is to give as many people as possible an opportunity to speak but not to ramble or rehash issues that should be handled by subcommittees. Once you have finished speaking, you no longer have the floor and must gain it again in order to speak. Please do not interrupt the person speaking. If you have a question for a speaker, wait until the speaker finishes and then obtain the floor for your question.

**Who speaks at the MDRSCNA?** The Chair recognizes speakers during the meeting. Generally, the Chair calls on the RCMs, RCM Alternates, subcommittee chairs, ad hoc subcommittee chairs and officers to speak during MDRSCNA meetings. The Chair may grant the floor to someone who is not a member of the MDRSCNA to hear a special report, etc. The Chair may limit the debate and/or discussion at any time and in any manner for the purpose of completing the meeting in a timely manner. For example, the Chair may only allow two “pros” and two “cons” to be heard before a motion is put to a vote. The MDRSCNA may override the Chair’s limitation on speaking with an established majority vote (one more than half of those eligible to vote).

**What is the Order of Business at the MDRSCNA?** The Order of Business (the agenda) is the sequence in which business is conducted. The Order of Business is established by the Chair and runs generally as follows:

- Opening
- Reading of the Twelve Traditions
- Reading of the Twelve Concepts
- Reading of the Definition and Purpose of the RSC
- Roll call
- Reading and approval of minutes of the last meeting

- Nominations and Elections (**if necessary**)
- Administrative Committee Report
- RCM Report
- Reports of Subcommittees and Others
- Old business
- New business
- Open Floor
- Announcements
- Adjournment and closing

**What are Rules of Order?** The Rules of Order are defined as the rules that govern the flow of the Old and New Business portion of a MDRSCNA meeting. They are generally concerned with the processing of a motion by the MDRSCNA.

**What is a Motion?** A motion is a proposal made by a member of a subcommittee of the MDRSCNA. The content of the motion and the intent (the purpose and reasons for the motion) is generally very specific as to what is proposed and why. The motion is the vehicle that allows members to present their proposals for action they feel is necessary by the MDRSCNA. Motions can cover a wide range of topics all the way from accepting a letterhead for regional stationery to sending thousand of dollars to the WSC. All motions should be accompanied by an “intent” statement. The intent gives the reason and purpose for the motion. When making a motion, always be sure that it does something and is of importance to the MDRSCNA. Care should be taken in the wording of a motion. The wording should be simple and specific. Motions are serious business and thought should be put into their wording and how they are constructed.

**Who may make a Motion?** Any member of the MDRSCNA may make a motion. The Chair does not make motions. Subcommittees may make motions through their Chairs (or vice-Chairs). Areas may make motions through their RCMs (or RCM alts.). Individual NA members or NA groups may make motions through the RCM that represents them.

**Making a Motion:** All motions that are to be brought before the MDRSCNA must be submitted in writing. The Chair may allow motions to be made without being written—such as motions for the approval of minutes, motions to override the Chair or motions for recesses. Each motion should have a written intent. Each motion should contain information about its time frame (when it takes effect and/or expires). Any motion that does not have such information included will be considered to take effect upon passage and to be permanent. Anyone making a motion should be prepared to answer questions about it. All motions should be given to the Chair or Secretary as early in the meeting as possible.

**How is voting handled at MDRSCNA meetings?** For additional information about voting at the MDRSCNA see the sections on Elections and Voting. The Chair of the MDRSCNA is in charge of all voting during the meeting. The chair will clearly indicate when a vote is taking place and indicate the number of votes needed to pass a motion. If the Chair does not indicate the number of votes needed, it is assumed that the motion needs a simple majority (more than half of those choosing to vote must vote in favor of the motion) to pass. Each voting member of the MDRSCNA has only one vote. Each person should vote only once on each ballot (not vote “yes” and then “no” on the same ballot). The Chair votes only in the case of a tie. If the Chair chooses not to break a tie, the vote will be taken again. Generally, the voting is done by a show of hands. A voice vote, a roll call vote (each voting member is polled separately by the Secretary) or a secret ballot may be called. The Chair may call for the votes in any order (yes, no or abstain). Any voting member of the MDRSCNA may call for a recount of a vote. The MDRSCNA may vote by an established majority (one more than half of those eligible to vote) to override the Chair and determine the voting procedure. After a vote, the Chair or Secretary will clearly announce the results of the vote and indicate whether or not the motion passes.

### THE LIFE OF A MOTION

The Following is a general “life story” of a motion

- I. **A motion is made.** In order to be considered a motion must be read aloud to the MDRSCNA.
- II. **The motion is seconded.** Each motion must have a second. A second is defined as a voting member of the MDRSCNA saying, “Yes, we need to discuss and/or vote on this.” It does not necessarily indicate that the person seconding the motion is in favor of it. The second may be listed on the motion form when it is given to the Chair or Secretary. If, when the Chair or Secretary reads the motion there is not a second on the form, the Chair will “call” (or ask) for a second. Once a motion is seconded, it is said to be “on the floor” or “on the table.” This means that the MDRSCNA must either approve, defeat, table or refer the motion before it moves on to the next motion or item of business. If a motion is not seconded, it will not be considered by the MDRSCNA.
- III. **The intent is read.** The intent is read after a second is obtained
- IV. **What happens after a motion is “taken up” by the MDRSCNA?** There are a number of things that can happen to a motion once it becomes the current item of business.
  - A. **A motion may be “discussed.”** After obtaining a second and having the intent read, members may discuss the merits of a motion. The Chair may limit such “debate” on a motion in the interest of time. It should be remembered that the debate section of the meeting is not a “sharing” meeting and is not a chance for everyone to talk.

- B. A motion may be “passed.”** After being seconded, having the intent read and being discussed, a motion may be “passed.” This means that the MDRSCNA votes in favor of the motion. The Chair will indicate the number of votes needed to pass a motion.
- C. A motion may be “withdrawn”** by the person who made it at any time up until the actual voting begins.
- D. A motion may be “defeated.”** After a motion is seconded, the intent is read, and it is discussed, a motion may be “voted down.” This means that it fails to pass and the action it recommends is not taken. Unless there is a motion to reconsider, it becomes a dead issue for the rest of that business meeting.
- E. A motion may be “Ruled Out Of Order” if it is improper.** A motion for all the members of the MDRSCNA to relapse together or a motion to endorse Coca-Cola could be thrown out as being out of order since it goes against some of our basic concepts. A motion may also be thrown out if it does nothing (moot), if it is not worded correctly, or if it is made to waste the time of the MDRSCNA (frivolous and dilatory). It is very important that the Chair clearly give the reasons for the ruling. If the MDRSCNA feels that a ruling by the Chair is not correct, it may override the Chair by an established majority vote (more than half of those eligible to vote).
- F. A motion may be “amended”.** An amendment is a motion that changes the original motion. For example, a motion is made to have a meeting on Saturday at 4.00 PM. Then, another motion is made to have the meeting at 3.00 PM. The second motion is considered to be an amendment to the first. A motion may be amended at any time between the time it is seconded and the time voting on the motion actually begins. Usually the person making the amendment will state that it is an amendment. A vote is held on an amendment before a vote is held on the original motion. If there is more than one amendment, they will each be voted on before the original motion. All amendments must be voted on except when the person who originally made the motion accepts an amendment as a “friendly” amendment. In this case, a vote on the amendment is not necessary and the motion is considered to be changed by this friendly amendment. In other respects, an amendment is generally treated as a motion (seconding, discussion, etc.). If an amendment changes the intent (the basic goal) of a motion, it is NOT an amendment and must be considered as a separate motion. It will be considered AFTER the current motion is handled. If there is a question about whether or not a motion is an amendment, the Chair will make a ruling. The MDRSCNA may reverse such a ruling by an established majority vote (one more than half of those eligible to vote). If an amendment is passed, the original motion is changed and the amended form of the motion is read. Then the procedure continues. If an amendment fails, the original motion remains the same and the procedure continues. An amendment may not be amended—this would be too confusing for the MDRSCNA.

**G. A motion may be “tabled.”** This means that the motion is put off until a later time. The Chair may table a motion or bring it “back on the table.” The MDRSCNA may vote to table or to take a motion off the table at any time by a simple majority vote (a majority of members voting). The MDRSCNA may override a decision by the Chair to either table or take off the table with an established majority vote (more than half of those eligible to vote). In the statement or motion tabling a motion, the time that it will come off the table will be stated. If a time is not stated, it is assumed that the motion will come back on the table at the next MDRSCNA business meeting. All amendments should be taken care of before a motion is tabled if possible. Usually, a tabled motion is brought back up in the old business section of the next meeting. A motion can be tabled as many times as is deemed necessary.

**H. A motion may be “committed.”** This means that a motion is given to a subcommittee or person for review and recommendation. The Chair may commit a motion or it may be committed by a MDRSCNA vote. The MDRSCNA may override the Chair and commit or not commit a motion by an established majority vote (more than half of those eligible to vote). The statement or motion committing a motion will include a time at which the committed motion and report must be brought back to the MDRSCNA. If a time limit is not given, it is assumed that the motion and report must be brought back by the next MDRSCNA business meeting. The motion will generally be considered in the old business portion of the next meeting. The body or person to whom a motion is committed will report back in a clear manner. It will indicate if it is for or against a motion or if it feels that the motion needs to be changed. A recommended change can be handled as an amendment. The committed motion cannot be changed without a vote or agreement by the person making the original motion. If there is no report on a committed motion, it is assumed to be passed back to the MDRSCNA without comment. If more time is required for a report, the subcommittee or person must obtain MDRSCNA approval to extend the deadline. All motions that affect policy (which is defined as what appears in this Guide) must be

**V. After a motion is passed or defeated.** Once a motion is either passed or defeated, it may be “reconsidered” only once during that meeting. Usually a motion is only reconsidered if additional information comes to light during the meeting or it is realized that the original decision was made in haste. The Chair may call for a motion to be reconsidered or may rule that a motion to reconsider will not be allowed if the Chair feels that it is “beating a dead horse.” The MDRSCNA may vote to override the Chair by an established majority vote (more than half of those eligible to vote).

**V. A motion to reconsider must be made by a member of the MDRSCNA who voted or spoke in the majority on the original vote.** A motion to reconsider must be passed by a 2/3 established majority vote (2/3 of those eligible to vote) of the MDRSCNA. It should not be used to waste the time of the MDRSCNA. Once a motion to reconsider is passed, the motion in question is again “taken up” by the MDRSCNA and the process listed above begins again.

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- VI. Other definitions:** Listed below are some additional terms and procedures that may be used in a business meeting.
- A. “Out of Order”** is one of the most misused terms. As can be seen from the procedures above, things move in an orderly manner in a business meeting. If something is out of order, it simply does not follow the order in which our business is conducted. For example, if a motion is made to send \$1,000 to WSC and seconded and then a motion is made to meet next Saturday, the second motion is “out of order.” The original motion must be dealt with before such a motion can be considered. The term “out of order” does not refer to the merits of something, but simply to its placement. It should not be used as a way to say that someone or something is wrong.
  - B. “Point of Order”** is another misused term. This is a question about whether or not something fails within the orderly procedure of business. For example, if the issue on the floor is an H & I matter and a person starts talking about P I, then someone could ask about a “point of order” and inquire if the second line of discussion is “in or out of order.” It is not used to ask a question about what is going on.
  - C. The “Call to a Vote”** is the way that the MDRSCNA can shut off debate on a motion and bring an immediate vote. What actually happens is that, in effect, someone makes a motion to vote immediately. A voting member of the MDRSCNA should say, “I call for a vote.” Such a call requires a second. After a call to a vote has been made and seconded, the Chair asks if there is any objection, and, if there is not, a vote is taken on the motion immediately. If there is an objection, the “Call to a Vote” is then voted on as a special motion. If it passes, a vote on the motion is held immediately. If it fails, debate continues. A voting member may ask a question after a call to a vote, but this is the only thing that can happen after the “call” has been approved.
  - D. When the Chair “Entertains a Motion” or “Calls for a Motion,”** the Chair is asking for someone to make a motion. There may be cases where the Chair sees a need for a motion, but the Chair is not allowed to make motions. The Chair then “prods” the MDRSCNA to get a motion going. The Chair may also use this type of statement to get other things going such as calling for a second or calling for debate.
  - E. On occasion, the MDRSCNA may need to “Suspend the Rules.”** This means that we temporarily do not use some specific part or all of the Rules of Order. For example, if a member of the MDRSCNA, who is going to bring up a very important motion, is suddenly called away from the meeting, the MDRSCNA could temporarily stop what it was doing (even debating another motion) and consider that member’s motion. The Chair may rule that the Rules of Order need to be suspended, and, if there is no objection, go ahead with the important item of business. If there is an objection, a vote will be held on whether or not to suspend the rules (such a vote must pass by an established majority). Also, any member of the MDRSCNA may make a motion to suspend the Rules of Order. A motion to suspend the rules requires an established majority vote (more than half of those eligible to vote).

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- B. What if you do not understand what is going on?** Any member of the MDRSCNA may ask a question at any point in the meeting if the member does not understand what is going on. It is very important for everyone to know what is going on. This is the only way to achieve an informed group conscience. Never be afraid to ask a question. Keep your question short and to the point. Do not make any sort of statement while asking a question. It is to be used to get information or to clear up what is happening in your mind. Generally, all questions should be directed to the Chair. Any member of the MDRSCNA may ask that a motion be read again or that something be repeated at any time.
- C. What if there is a problem with the facility or the meeting?** Any member of the MDRSCNA may ask the Chair to take care of a problem with the facility such as asking to turn the temperature up or down, asking that doors be shut or asking that lights be turned on or off. MDRSCNA

members may also ask the Chair to take care of problems with the meeting such as asking that side conversations be kept down, that a speaker speak up or that speakers keep their remarks shorter.

- D. What if the MDRSCNA needs a short break?** There may be times when the MDRSCNA may need a short break—when tempers flare or when everyone gets too tired. The Chair may call for a “recess.” A recess is simply a break in the meeting. Any member of the MDRSCNA may ask the Chair to recess the meeting. The MDRSCNA may pass a motion for a short recess by a simple majority vote. The Chair must clearly state the length of the recess.
- E. Who enforces the rules?** It is the responsibility of the Chair to run the meeting and apply the Rules of Order. If the Chair has a question or does not know what to do, the Vice-Chair has the responsibility of determining what should happen next. The Vice-Chair should maintain a good working knowledge of the Rules of Order and other MDRSCNA policies that govern the running of our meetings. In a traditional sense the Vice-Chair acts as the parliamentarian. The Chair and Vice Chair may consult the Policy subcommittee at any time, but it is not the responsibility of the Policy subcommittee to enforce Policy or the Rules of Order. Being the Chair of the MDRSCNA is a very difficult job and the Chair’s efforts should be supported. The MDRSCNA may override the Chair at any time, but it is recommended that such a step not be used very often. If a member of the MDRSCNA does not agree with what the Chair is doing, the member is free to say so and to make motions to override the Chair. All motions to override the Chair must be passed by an established majority vote (more than half of those eligible to vote). Such actions should not be made to obstruct the business at hand. The MDRSCNA should support the Chair and the Chair should support the MDRSCNA—this is the only way business can run smoothly.
- F. What is the chain of responsibility at the MDRSCNA meeting?** If, for some reason, the Chair becomes unable to chair the meeting (or needs to leave the room), the Vice-Chair will chair the meeting. If the Vice-Chair becomes unable to chair, the following officers will be used. If the officer at the top of the list is unable or unwilling to chair, the next person on the list becomes the Chair. If no one on the list is able or willing to serve, the meeting should be adjourned or a recess declared until a Chair is obtained.
- Regional Delegate
  - Regional Delegate Alternate
  - Secretary will designate a temporary Chair

**G. What happens if something is not covered in the rules?** There may be times when something happens or something comes up that is not covered in these Rules of Order (see def. Rules of Order). The first course of action will be to “apply” these Rules of Order to the situation. It is the responsibility of the Chair, Vice Chair and Policy subcommittee to figure out what to do. If these Rules of Order cannot be “applied, the MDRSCNA will refer to Robert’s Rules of Order. The Chair (in conjunction with the Vice-Chair and the Policy subcommittee) will make a ruling on what to do. Whenever possible, the Traditions and Concepts will be used as guiding principles for determining the correct course of action. The Chair should ask if anyone has a problem with the ruling, and, if there is no objection, the ruling will be implemented. If there is an objection, the Chair should state the reasons for the ruling and ask for a vote to override the Chair’s decision (requiring an established majority vote—more than half of those eligible to vote). If the MDRSCNA fails to override the ruling, it will be implemented. If the MDRSCNA votes to override the ruling; the Chair will attempt to find an acceptable, practical and spiritual solution. If no solution is found, the matter should be committed to the Policy subcommittee and the meeting will continue. The MDRSCNA and the Chair should always work together to keep the meeting running smoothly.

## MDRSCNA VOTING

The voting members of the MDRSCNA are the Regional Committee Members (or RCM Alternates if RCM is absent\*) chosen by the member areas of the MDRSCNA.

A quorum of RCMs (2/3 of active member areas) must be present in order for the MDRSCNA to conduct business, including voting. If this condition is not met, please refer to the section Conducting Business at the MDRSCNA.

There are three types of votes cast at the MDRSCNA as follows.

- YES (for, in favor of)
- NO (opposed, against)
- ABSTAIN (this may or may not be counted as a “no” vote—see below)

Most issues voted on at the MDRSCNA need a simple majority to pass unless it is specifically stated otherwise. A simple majority means 51 percent of those choosing to vote yes or no is needed to pass an issue. Those choosing to abstain from the vote are not counted in determining a simple majority.

Some issues, as indicated in policy, need an established majority such as 2/3, to pass. Established majority of 2/3 means 66% of those eligible to vote (voting yes, no, or abstain) must vote yes in order for the issue to pass.

**Example of simple majority:** Out of 7 members, if a simple majority is needed to pass, if 3 vote yes, 2 vote no, and 2 vote abstain, then the motion would pass because 3 is more than 51 percent of 5 (total yes/no votes (5); abstentions don't count).

**Example of established majority:** When seeking an established majority, we are looking for a unified and clear decision or agreement. Abstentions are counted as votes against. To obtain an established majority, the “yes” votes must number one more than half of the total number of eligible voters. For a 2/3 established majority, the “yes” votes must number 2/3 of the total number of eligible voters. In the example above (a simple majority vote), if an established majority was needed, the motion would have failed. Out of 7 total votes, a minimum of 4 “yes” votes would have been needed to pass the motion. If a 2/3 established majority was needed for passage, a minimum of 5 “yes” votes would have been needed to pass the motion. It would have failed. In these examples, the abstentions would have been counted as votes against.

In seeking a simple majority vote, we are trying to find a point of agreement between those voters who choose to vote to pass a motion—usually a routine business matter.

However, we must remember that in Narcotics Anonymous we are concerned with spiritual principles. It is suggested that if 50 percent or more voting participants choose to abstain on any issues, we need to investigate the issues more thoroughly in the interest of unity and how well the individual addict understands the issue.

***\*For the purposes of voting at the MDRSCNA, “absence” is defined as either not being in attendance at a MDRSCNA meeting, or being in attendance at a MDRSCNA meeting, but not being in the room at the time an actual vote is held.***

## **MDRSCNA ELECTION POLICY**

The Annual election of the officers of the MDRSCNA will be held at the February meeting. Election of the Regional Delegate and Alternate will be held biannually (every other year) with the election taking place at the June meeting. The annual election of Sub-Committee Chairs will be held at the August meeting. Elections to fill any open positions will be held during the meeting following the notification of the vacancy (notification of a vacancy must be communicated to the body at a regular meeting of the MDRSCNA). Furthermore, elections may be held to fill any temporary or special positions created by the MDRSCNA or by the Chair at any time.

### **TERMS OF OFFICE**

The term of office for all Trusted Servants will be from the end of the meeting at which the election was held through the end of the next meeting at which an election for that position is held.

### **WHO IS ELECTED**

The following are elected at the February meeting

- MDRSCNA Chair
- MDRSCNA Vice-Chair
- MDRSCNA Secretary
- MDRSCNA Vice-Secretary
- MDRSCNA Treasurer
- MDRSCNA Vice-Treasurer

### **NOMINATIONS**

The MDRSCNA Chair coordinates and supervises the nominating process during regular and special elections. Any member of NA can be nominated. Any member of the MDRSCNA body may make a nomination. Only voting members of the MDRSCNA may second nominations.

### **ELECTIONS**

The MDRSCNA Chair coordinates and supervises the election process during regular and special elections. Voting is by secret, written ballot. The Chair may dispense with the written ballot and call for a show of hands if there is only one candidate nominated for a position. The Chair may ask nominees to leave the room.

Election to a MDRSCNA office is by an established majority vote—more than half of those eligible to vote must vote yes. When only one candidate is nominated for an office, the nominee must receive a 2/3 established majority—2/3 of those eligible to vote must vote yes. When more than two persons are nominated, a primary election will be held. A final election will be held between the two nominees receiving the most votes. Any nominee receiving an established majority in the primary election is considered to be elected.

Only Regional Committee Members (RCMs) may vote. In the case of a tie, the Chair must call for a second vote. If at the end of the second vote no one has been declared the winner, the Chair may choose to break the tie. If the Chair chooses not to break a tie, the Chair will choose the winner by lot (drawing from a hat).

MDRSCNA officers/subcommittee Chairs may hold only one MDRSCNA office at a time. Therefore, upon election, a MDRSCNA officer/subcommittee Chair must resign any other MDRSCNA position (excluding ad-hoc positions).

**ELECTION OF CONVENTION SUBCOMMITTEE CHAIR:**

See *CONVENTION POLICY* Section

## **ATTENDANCE POLICIES**

**REGIONAL COMMITTEE MEMBERS (RCM):** RCMs are accountable to their areas in matters of attendance. In the absence of an RCM, an RCM Alternate may vote. If an Area has not been represented at two consecutive MDRSCNA meetings, then that Area becomes an inactive member and is not considered when the quorum is determined at the beginning of the MDRSCNA meeting. The Area becomes an active, voting member as soon as an RCM or an RCM-alt represents it at the MDRSCNA. The purpose of this policy is to allow the MDRSCNA to conduct its business in the prolonged absence of a member Area. Inactive member Areas should be contacted by the MDRSCNA Vice-Chair for the purpose of keeping lines of communication open.

Each Area is encouraged to report, in writing, to the MDRSCNA at each business meeting. The reports should be typewritten, if at all possible. To be included in the minutes, a report must be received by the Secretary at the MDRSCNA meeting.

**SUBCOMMITTEE CHAIRS:** Attendance at MDRSCNA meetings by subcommittee Chairs is mandatory. If a subcommittee Chair must be absent from a MDRSCNA meeting, the subcommittee Chair must submit a report for the subcommittee and an explanation for the absence to the MDRSCNA Chair by way of the subcommittee Vice-Chair (or designated representative). Failure to do so will be considered just cause for removal from office unless just cause is shown to the MDRSCNA Chair prior to the next meeting of the MDRSCNA.

**MDRSCNA VICE CHAIR, SECRETARY, VICE-SECRETARY, TREASURER, VICE-TREASURER, AD HOC CHAIRS, REGIONAL DELEGATE, REGIONAL DELEGATE ALTERNATE:**

Attendance at MDRSCNA meetings by these officers is mandatory. In the event of an absence, these officers must submit an explanation for the absence to the MDRSCNA. Failure to do this will be considered just cause for removal from office unless just cause is shown to the MDRSCNA Chair prior to the next meeting of the MDRSCNA.

**MDRSCNA CHAIR:** Attendance at all MDRSCNA meetings is mandatory. In the event of an absence, the Chair must submit a written report to the administrative committee including an explanation for the absence. Failure to do so will be considered just cause for removal from office.

## OFFICERS OF THE MDRSCNA

All trusted servants of the MDRSCNA shall meet the following criteria:

- A working knowledge of the 12 steps, 12 traditions & 12 concepts of Narcotics Anonymous.
- Time and resources to be an active participant.
- Sufficient experience to fulfill the duties and responsibilities of the position (ex.: Area, Regional or Professional).

**CHAIR:** The Chair has the vital responsibility of communication within our region and with other regional service committees and the World Service Office. The Chair presides over all regular and special meetings of the MDRSCNA and must be capable of conducting a business meeting with a firm, yet understanding hand. The Chair should have a complete knowledge and understanding of the regional service committee's policies and should implement them when conducting business. The Chair acts as a liaison between MDRSCNA and any officers or subcommittee Chairs who fail to function as responsible trusted servants. The Chair is responsible for the timely preparation of an agenda for each regular and special meeting of the MDRSCNA and for overseeing, within the designated time period, the distribution of the minutes to MDRSCNA participants. The Chair will also be a signer on the committee's bank account(s).

- Clean time requirement is 5 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**VICE-CHAIR:** The Vice-Chair should be prepared to step in and assume the responsibilities of the Chair of the MDRSCNA or any subcommittee Chair at any time. The Vice-Chair should possess all the qualifications described for Chair and upon election shall be willing to serve the MDRSCNA as Chair following completion of his or her term. The Vice-Chair maintains an active working knowledge of the activities, schedules, meetings, and progress of all regional subcommittees. The Co-Chair will also be a signer on the committee's bank account(s).

- Clean time requirement is 5 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**SECRETARY:** The Secretary keeps accurate minutes of the MDRSCNA meetings and coordinates with the Chair and the MDRSCNA to see that the minutes, agendas, and other correspondence to the members are mailed in a timely manner (minutes of MDRSCNA meetings are to be mailed within ten days of the meeting). The Secretary assists the Chair in any correspondence that is necessary on the part of the MDRSCNA to the World Service Office or any other entity. The Secretary actively seeks to train the Vice-Secretary when possible and will keep attendance records. The Secretary may assist the MDRSCNA in maintaining archives and should be a competent typist. The Secretary will have on hand minutes of the past one year of MDRSCNA meetings at all meetings of the MDRSCNA. The secretary will also be a signer on the committee's bank accounts(s).

- Clean time requirement is 3 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**VICE-SECRETARY:** The Vice-Secretary actively seeks to learn the position of Secretary in anticipation of election to the position following the completion of the term. The Vice-Secretary will be prepared to step in and assume the responsibilities of the Secretary at any time and will assist the Secretary with the duties throughout the year. The Vice-Secretary possesses all the qualifications described for Secretary and upon election shall be willing to serve the MDRSCNA as Secretary following completion of the term.

- Clean time requirement is 3 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**TREASURER:** The MDRSCNA Treasurer is responsible for paying all MDRSCNA bills in a timely manner, maintaining a bank account with the prudent reserve approved by the MDRSCNA, and maintaining appropriate and detailed financial records according to accepted accounting practices. The Treasurer will submit a written report to the MDRSCNA at each regular meeting of the MDRSCNA. This report will include all income and expenditures. It will also include a breakdown of the spending of all budgets. The report will also include a breakdown of the amount of each budget remaining to be used. It is suggested that the Treasurer possess experience and knowledge in the areas of finance, accounting, and tax procedures. Funds will be disbursed by the Treasurer as directed by the MDRSCNA. The Treasurer will also be a signer on the committee's bank account(s).

- Clean time requirement is 5 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**VICE-TREASURER:** The Vice-Treasurer actively seeks to learn the position of Treasurer in anticipation of election to the position following the completion of the term. The Vice-Treasurer will be prepared to step in and assume the responsibilities of the Treasurer at any time and will assist the Treasurer with the duties throughout the year. The Vice-Treasurer possesses all the qualifications described for Treasurer and upon election shall be willing to serve the MDRSCNA as Treasurer following completion of the term.

- Clean time requirement is 5 years
- One year commitment
- 3 years service involvement
- 1 year Regional service involvement

**REGIONAL DELEGATE:** The Regional Delegate (RD) is to a region what an RCM is to an Area and a GSR is to a group. The RD represents and speaks for the regional service committee. The primary responsibility of the RD is to work for the good of NA, providing two-way communication between the region and the rest of NA. The RD is the Region's link with Narcotics Anonymous World Services. The RD provides two-communication between these service levels and the various Areas within their Region

and any other Regions. The RD presents minutes of the WSC and the WSB to the MDRSCNA. The RD attends all MDRSCNA meetings and as many ASC meetings as possible.

The office of Regional Delegate is a year round job. The RD participates in the World Service Conference, the Mid-West Zonal Forum (MZF) and takes part in any decisions that affect NA. The RD communicates regularly with the World Service Board, works closely with Regional officers, and is a source of information and guidance in matters concerning the Twelve Traditions and Twelve Concepts of Narcotics Anonymous.

- Clean time requirement is 6 years
- Two year commitment
- 4 years service involvement
- 2 years Regional service involvement

**REGIONAL DELEGATE ALTERNATE:** The Regional Delegate Alternate (RDA) should possess all the qualifications described for RD and should be ready to assume the office of Regional Delegate at any time. The RDA will assist the RD with his or her duties throughout the year. The RDA should possess all the qualifications described for RD and upon election shall be willing to serve as the RD following completion of his or her term.

- Clean time requirement is 5 years
- Two year commitment
- 4 years service involvement
- 2 years Regional service involvement

The Regional Delegate is the voice of the region, and votes the conscience of the region at the World Service Conference. Whenever a voting matter occurs where the group conscience of the region has not been given to the delegate, the delegate should evaluate each vote in terms of the needs of the region they serve.

The RD has the authority to vote in the Region's best interest on all matters not previously considered by the Region. The RD should be selected from the best informed, most trusted and most active members, in order that they may serve their region's needs and the needs of Narcotics Anonymous. The RD and RDA work as a team. They support and assist each other in order to better serve the region.

## ADMINISTRATIVE COMMITTEE

The administrative committee of the MDRSCNA is composed of the MDRSCNA Chair, Vice-Chair, Secretary, Vice-Secretary, Treasurer, Vice-Treasurer, RD, and RDA.

The administrative body of the MDRSCNA will be non-voting members of this committee, (the Chair will vote only to break a tie).

No administrative member of the committee shall hold more than one office at a time or be eligible to serve more than two complete terms consecutively in the same office. 60 percent of a term will be considered a full term of office.

## MDRSCNA SUBCOMMITTEES

Subcommittees accomplish the bulk of the work of the MDRSCNA. Issues are discussed and new ideas are developed. The MDRSCNA subcommittees report on their progress to the MDRSCNA and will function as a communication link between area subcommittees. A Vice-Chair shall be nominated and elected by the sub-committee and submitted for approval by the MDRSCNA (simple majority required). No subcommittee Chair shall hold more than one office at a time or be eligible to serve more than two complete terms consecutively in the same office. 60 percent of a term will be considered a full term of office.

- Clean time requirement for sub-committee chair is three years.
- One year commitment.

All MDRSCNA subcommittees are required to do the following:

- Submit and maintain a set of written guidelines to the MDRSCNA concerning committee operation to be included in MDRSCNA Guidelines. Guidelines must be approved by the MDRSCNA. Consult WSC Guidelines when Regional Guidelines don't cover a given issue.
- Propose a quarterly budget and must submit monthly progress reports.

The standing subcommittees of the MDRSCNA are the following:

- **Convention:** Shall be to provide the fellowship with a local celebration of recovery from addiction and in so doing, help carry the Narcotics Anonymous message by creating a collective demonstration of our unity.
- **Helpline:** Shall provide volunteers to answer the phone line and take Twelve (12) step calls, facilitate contact between the addict and the Twelve (12) Step volunteer.

- **Hospitals & Institutions:** Shall initiate and unify efforts of Twelve (12) Step work within hospitals and institutions.
- **Newsletter:** Shall assemble, edit, publish and distribute a periodical newsletter.
- **Outreach:** Shall support Area Outreach Subcommittees by being an information exchange for Area Outreach Subcommittees as well as learning and coordinating resource for Area Outreach Subcommittees efforts.
- **Policy:** Shall determine, write for recommendation and review policy changes for approval of the Committee, seek guidance in a better understanding of our Traditions and Concepts, and report back to the Committee. It shall maintain an updated policy log of all approved business that effects the Committee's procedures and be responsible for all housekeeping changes to the guidelines of the Committee. All housekeeping changes must be approved by the voting members of the Committee. The Subcommittee shall list all recommended changes by Article and Section and submit them to the Committee for approval.
- **Public Information:** Shall initiate and unify efforts of public information and relations inside and outside the fellowship.
- **Special Events:** Shall plan, schedule, set the program and present activities of a special nature or other events as directed by the Committee. It shall also in support of our Fifth (5<sup>th</sup>) Tradition help coordinate various Area activities and Regional Subcommittee workshops, learning days, etc.
- **Technology:** Shall handle tech things such as regional website and other computer needs that will help carry the message to the addict that still suffers.

**AD-HOC SUBCOMMITTEES:** Ad Hoc subcommittees are temporary subcommittees created by the MDRSCNA to accomplish a specific purpose as directed by the MDRSCNA. The Chair of an ad hoc subcommittee will be appointed by the Chair and must make a written report at each MDRSCNA meeting.

**SUBCOMMITTEE REPORTS:** All subcommittee Chairs must submit a written report at each regular meeting of the MDRSCNA.

### **REGIONAL CONVENTION POLICY**

The Chair and Vice-Chair of the Regional Convention Sub-Committee shall be nominated and elected by the members of the convention sub-committee and submitted for approval to the MDRSCNA (simple majority required). The clean time requirement for both positions is five years.

At the conclusion of the regional convention, all master tapes of all meetings and workshops become the property of the MDRSCNA.

All excess funds remaining at the end of the convention (after all bills have been paid) shall be given to the RSC Treasurer within thirty days. The Convention subcommittee treasurer shall also provide a full, financial accounting of the convention to the RSC Treasurer. The format of such a report shall be determined by the regional Vice-Treasurer who shall act as liaison between the Convention subcommittee and the Regional Treasurer.

### **FUNDRAISING AND SPECIAL EVENTS**

Cash registers shall be used at all events that are expected to handle \$100 or more. A donations only sign shall be placed in front of the table of all events and fundraisers. Allow all addicts admission to all events/fundraisers regardless of their ability to make a donation.

That there be no cash raffles at any regional activity/event or fundraiser or special event.

Six weeks notice is the minimum requirement for any regional event/ activity / fundraiser. The flyers are to be provided to the RSC at the start of the six-week period.

## **MICHIGAN SERVICE OFFICE**

The Michigan Service Office is supervised and operated by an elected board of directors (BOD) chosen from members of the Metro Detroit Region and one member of the Michigan Region. This body is directly and spiritually responsible to the MDRSCNA. One Director is chosen by the Board to represent the BOD at all meetings of the MDRSCNA.

The Michigan Service Office provides a number of services to the groups, areas, and the MDRSCNA. It distributes literature and other items related to Narcotics Anonymous (such as key tags and literature racks). The office can act as a resource for information on events throughout the Region and can distribute such information with literature orders. The office also provides clerical and administrative support for Regional subcommittees and officers. A complete list of services and order forms can be obtained from the office. Any group, area, or subcommittee is encouraged to use the office on a regular basis.

The office employs one or more special workers. The special workers are directly supervised by the Personnel Chair of the BOD. All comments or complaints should be directed to the personnel chair.

Volunteer efforts are vital to the successful operation of our service office. More information on volunteering at the service office is available from the MSO.

The Metro Detroit Regional Service Committee is a corporate entity as well as a service board created to serve the groups and areas of Narcotics Anonymous throughout the Metro Detroit Region. This corporate entity has been established in an attempt to be productive and responsible in the areas of finance and to be fair and accountable as we administer the 7<sup>th</sup> Tradition funds to serve the still suffering addicts. We wish to comply with all local, state, and federal laws and regulations in the administration of any funds.

## **IMPLEMENTATION OF AREA AND REGIONAL REPRESENTATIVES**

The procedure by which the MDRSCNA implements area and regional representatives to be directly accountable to the body that elects them is as follows:

- a. In January of 2004: Seat One shall remain the MDRSCNA Representative seat, Seat Two shall be filled as an MDRSCNA “at large” seat, Seat Three shall be filled by Detroit East, Seat Four shall be filled by Detroit Central and Seat Five shall be filled by Western Wayne.
- b. In January of 2005: Seat Six shall remain the MDRSCNA Representative seat. Seat Seven shall be filled by Tri-City. Detroit West shall fill seat Eight, Seat Nine shall be filled by Macomb and Seat Ten shall be filled as an MDRSCNA “at large” seat.
- c. In January of 2006: Seat Eleven shall be filled by Blue Water, Seat Twelve shall be filled by Oakland, and Seats Thirteen through Fifteen shall be filled as MDRSCNA “at large” seats.

This procedure is to insure that control over each seat will rest with the service body the seat is “assigned” to, including election and removal. Suggest that terms last three years, but it is ultimately up to the Areas. Allow for seats left vacant by ASCs to be filled temporarily by the MDRSCNA, but include language reassuring Areas that the designated seats will be theirs once they are able to fill them.

## **FINANCIAL POLICY**

A quarterly budget will be submitted by all parties in the months of March, June, September and December. The budget, when approved, will serve as an expenditure authorization. The treasurer is authorized to disburse funds up to the budgeted amount. Any additional funding must be approved by the MDRSCNA. The treasurer will present a quarterly report of the actual budgeted expenditures.

The treasurer will maintain records of cash receipts and disbursements using generally accepted accounting procedures.

All regional funds shall be held in accounts overseen by the MDRSCNA Treasurer.

All regional checking accounts shall have at least three signatories of which two signatures shall be required on any check. These signatories shall not be financially interested or related parties and shall be approved by the MDRSCNA upon election of a new treasurer. The MDRSCNA Chair shall be one of the signatories, and the Treasurer shall be one of the signatories.

All contracts in the amount of \$1,500 or more of any Regional Sub-Committee be signed for approval by MDRSCNA Chairperson, upon approval of the RCM's (5<sup>th</sup> Concept)

Travel funds to include lodging and food may be approved for subcommittee Chairs to attend WSC workshops or quarterly meetings that pertain to the subcommittees they chair. This funding also extends to the RD and RD Alternates.

### **TRAVEL FUNDING POLICY (Travel Outside the Region)**

Funding for service-related travel for trusted servants of and from the Metro Detroit Region will be disbursed according to the following priority list, in descending order, depending on availability of funds:

- Regional Delegate (RD)
- Regional Delegate Alternate (RDA)
- Subcommittee Chairs (or Vice Chairs)
- Other

In order to receive funding for this travel, trusted servants will submit a budget proposal to the MDRSCNA, which will have the final vote of approval.

Service-related travel in this section only is defined to include travel to and from WSC quarterlies, the World Service Conference, world committee meetings, workshops, etc., or any combination of these and may include transportation expenses, food expenses, and lodging. Service-related travel, as defined in this section, does not include funding for travel to and from MDRSCNA meetings, MDRSCNA workshops, or MDRSCNA subcommittee meetings.

## **REMOVAL OF MDRSCNA OFFICERS AND SUBCOMMITTEE CHAIRS**

Removal of a MDRSCNA officeholder is a serious step that should only be undertaken in extreme situations. We should always strive to elect qualified and able persons who are committed to responsibly carrying out the goals of our service structure and the duties of the position to which each is elected. When we make good decisions at election time, we seldom need to act on a removal at a later date. We must always remember that an election is NOT a popularity contest. We should try to pick the best person for a job, even if we dislike him/her or do not agree with his/her views.

There will, however, be situations where we must decide if a person must be removed from office. We **MUST** go about this in as spiritual a manner as possible. We must first determine if a problem exists. Our goal throughout the entire process should be to correct any problem that does exist without having to resort to a full removal procedure. Only after all attempts to correct the problem have failed should we act to remove the officeholder. Our primary responsibility is to strive to protect the interests of the MDRSCNA, but it is also the responsibility of our body to protect the individual rights of the officeholder. We must always remember that we live in a society that holds that an accused person is considered innocent until proven guilty. We should also strive to insure that no officeholder is accused unfairly or on the basis of personal malice. The investigation procedure given below should allow us to determine the validity of any accusations.

There may be times when an accused officeholder is unable or unwilling to be involved in this removal procedure. In such cases, the procedure should continue, but care should be taken to see that the rights of the individual are protected in his/her absence.

**HOW LONG SHOULD THIS PROCEDURE TAKE?** The length of a complete removal procedure may vary depending on the circumstances of each specific situation. A complete procedure could be completed during one MDRSCNA meeting. Such speed is recommended only when the greater good of the MDRSCNA or its services require it (such as the need to fill a position like Treasurer). It should always be remembered that action taken in haste should be carefully examined.

**REASONS FOR REMOVAL.** There are a number of specific reasons for removing an officeholder. They are directly related to job performance or to behavior that might affect the ability of an officeholder to perform these duties. Several of the reasons for removal are in response to action by courts. If a person is declared mentally incompetent during his/her term, the MDRSCNA may declare that office vacant. This generally means that the officeholder is unable to conduct any business on his/her own. An officeholder may also be removed if he/she is convicted of a felony during his/her term of office. Embezzlement or theft of MDRSCNA property would also be grounds for removal.

Relapse is also considered grounds for removal. An officeholder may be removed if he/she fails to attend any two regularly scheduled MDRSCNA meetings during his/her term of office. The MDRSCNA may also remove an officeholder who is found to have not performed his/her MDRSCNA duties in an acceptable manner (as defined in this Guide) for a period of four months (or for a lesser period of time if a serious difficulty is

created in MDRSCNA business). Please see the various sections of this Guide for descriptions of the duties of officeholders. It should be remembered that the goals and duties of a subcommittee are the responsibility of that subcommittee's Chair. When an officeholder does not perform his/her duties, the work of the MDRSCNA can be seriously threatened. There can even be legal ramifications since the MDRSCNA is a corporation and has legally mandated responsibilities.

Examples of failure to carry out the duties of the office might be (but are not limited to):

- Failure of the RD to attend quarterlies or the WSC,
- Failure of the Treasurer to write checks, make deposits, pay bills or taxes,
- Failure of the Secretary to prepare and distribute minutes for MDRSCNA meetings,
- Failure of a subcommittee Chair to hold meetings or carry on the work of his/her subcommittee (such as the failure of the Convention subcommittee to prepare to put on the regional convention),
- Failure of an officer or subcommittee Chair to submit regular reports on his/her activities as an officer of the MDRSCNA such as Treasurer's Reports of Subcommittee Reports,
- Theft of MDRSCNA property or embezzlement of MDRSCNA funds shall also be considered as failure to carry out the duties of an office.

**REMOVAL PROCEDURE.** The procedure by which the MDRSCNA may declare a position vacant (remove an officeholder) is a three step process and proceeds as follows:

**Initial Steps:** When there are initial indications of problems, the MDRSCNA Chair will make an initial investigation. Such an investigation will include an approach to the office holder (if possible). This initial investigation may be undertaken by another member of the Administrative subcommittee (Chair, Vice-Chair, Secretary, Treasurer, RD and RD Alternate). The initial investigation may be requested by any voting member of the MDRSCNA or may be undertaken by the Chair on his/her own initiative. The goal of this initial step is to determine if a problem exists and, if one does, attempt to correct it without further action.

**Performance Committee Review:** If, at the end of this initial investigation, the Chair (or investigating officer) feels that further action is necessary, the Chair will then consult a Performance Ad-Hoc Committee. Such a committee will consist of eight members – the six members of the Administrative subcommittee (MDRSCNA Chair, Vice-Chair, Secretary, Treasurer, RD and RD Alternate) and two other voting members of the MDRSCNA (selected by lot from a pool of volunteers). This Performance Committee will determine if the matter is being brought to the MDRSCNA. Attempts should be made to correct any problem without any further action. At this point, the officeholder will be given (when at all possible) an opportunity to review any proof that is being considered

by the Performance Committee and will be allowed to explain his/her actions. It is strongly recommended that the Performance Committee consider its actions very carefully, not only considering the welfare of the MDRSCNA, but the rights of the individual. The Performance Committee is urged to carefully consider the validity of any proof that is presented. Although this is not a legal procedure, common sense should be used in reviewing proof. For example, hearsay ("I heard him/her say...") should not be considered, nor should proof be used whose authenticity cannot be verified. The decision to submit the matter to the MDRSCNA will be a 3/4 established majority vote of the Performance Committee (6 of the 8 members would have to vote to carry the matter to the MDRSCNA).

At this point, a few words need to be said about confidentiality, documentation and dignity. Up through the vote by the Performance Committee to refer the matter to the MDRSCNA, all information about the process should be held in strict confidence. This means that the initial investigator and the members of the Performance Committee should not discuss with anyone else what is being done and what has been found.

The MDRSCNA Chair (or a spokesperson elected by the Performance Committee) will make all necessary statements that are needed during the course of the process. The initial investigator and the Performance Committee should carefully document all actions and findings in order to have a clear record of what has been done. Once the final phase of the process has started (see C. below), all documentation should be made available to the MDRSCNA and should become a part of the minutes of the body. We should always remember that it is never the goal of the MDRSCNA to persecute anyone. If an officeholder chooses to resign rather than to go through the removal procedure, we should allow him/her the dignity to do so. If a resignation occurs, the removal procedure should stop at that point and any findings or documentation up to that point should be held in confidence.

**MDRSCNA Action:** When all attempts to correct a problem have failed, a motion to remove the office holder and declare the position vacant will be submitted to the MDRSCNA by the Performance Committee. This motion will need to be seconded by a voting member other than a member of the Performance Committee. A member of the Performance Committee will then submit the reasons and proof supporting the motion. The officeholder will have an opportunity (if at all possible) to present reasons and proof of his/her own that supports defeat of the motion. The officeholder will have an opportunity to cross-examine any witnesses or speak to the validity of any proof submitted by the Performance Committee. Other members of the MDRSCNA will be allowed to ask questions. Other debate on the motion will be by the normal procedures of the MDRSCNA. After all questions, presentations and discussion, a vote will be taken by secret ballot according to normal MDRSCNA voting procedures. In order to be passed, the motion to remove must obtain a 3/4 established majority vote (3/4 of those eligible to vote would have to vote in favor of the motion). The officeholder may request a recount of the ballots in his/her presence. Once the motion is passed (and the tally verified), the removal is considered to take effect immediately.

**AFTER AN OFFICER HAS BEEN REMOVED:** Any motion to reconsider must come within six months and must be made by a voting member of the MDRSCNA. Such a motion to reconsider would be handled according to current MDRSCNA procedures, except that the motion does not have to be made by a member who voted in favor of the original motion to remove. At the end of the second vote or at the end of six months, the action will be considered to be final.

### **AMENDMENTS**

Motions proposing amendments or changes to the Guide to Policy must be submitted to the Policy Sub-Committee for review and recommendation prior to a MDRSCNA vote.

That the MCRSCNA send all changes in guidelines and by-laws back to the groups through the service structure with enough time for this process to return group conscience to this body. (60 days)

### STANDING RULES

Standing Rules are related to the details of the Regional Service Committee rather than parliamentary procedures. Standing Rules can be adopted or changed upon need.

Motion Number	Date Carried	Motion
03/02/99	03/28/99	That the MDRSCNA make quarterly donations (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec) to the WSC. Amount to be 100% of the excess regional expenses and prudent reserve. Checks to be issued after March, June, September & December meetings. (Amended 4/25/99).

### **501(C)3**

- I. The Committee shall be limited to such purposes as will qualify it as an exempt organization under section 501(C)3 of the Internal Revenue Code of 1954 or corresponding provision of any subsequent federal tax law, including, for such purpose, the making of distributions to organizations which qualify as tax exempt organizations under the code.
- II. This Committee shall have and exercise all rights and powers conferred on unincorporated rights associations generally under the laws of the State of Michigan providing, however, that the Committee is not empowered to engage in any activity which is not of itself in furtherance of its purpose as set forth in Section One (1) and Two (2) of this Article, not is it empowered to engage in activity mentioned in Section Four (4) of this Article.
- III. No part of the net earnings, properties, or assets of this Committee shall inure to the benefit of any private person or individual or any member or officer of the Committee, on dissolution or otherwise; and on liquidation or dissolution, all properties and assets of this Committee remaining after payment or provisions for all debts and obligations shall be distributed and paid over to the Narcotic Anonymous service designated by the member Areas.
- IV. For the purpose of carrying out its objectives and purpose, the committee may acquire, receive and hold in its name, by purchase, gift, or bequest any real or personal property, and transfer, sell, mortgage, convey, let or otherwise use the subject to and in accordance with these guidelines and any guidelines hereafter adopted, consistent with the purpose for which the Committee is formed in accordance with the Twelve (12) Traditions of Narcotics Anonymous.

