



CONTRA COSTA
MENTAL HEALTH
COMMISSION

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cchealth.org/mentalhealth/mhc

**Mental Health Commission
Executive Committee**

Tuesday, April 26, 2022, from 3:30 – 5:00 pm

Via: Zoom Teleconference:

<https://cchealth.zoom.us/j/5437776481>

Meeting number: 543 777 6481

Join by phone:

1 669 900 6833 US

Access code: 543 777 6481

AGENDA

- I. Call to Order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair announcements**
- V. APPROVE minutes from the March 22nd, 2022, Executive Committee meeting**
- VI. UPDATE on Site Visit Program**
 - Hope House Report
 - Crestwood Our House Report
 - Crestwood Bridge Report
 - Recruiting Commissioners
- VII. UPDATE on Commissioner membership, new commissioners and open seats**
- VIII. DISCUSS Welfare and Institutions Code (WIC) 5604 regulations re: Conflict of Interest**
- IX. UPDATE on MHC Orientation Curriculum**
 - Options for distribution of MHC Orientation Modules
 - Module topics and number of modules
- X. DISCUSS the April 18th Behavioral Health Care Infrastructure Projects (BHCIP) Stakeholder Meeting**

(Agenda Continued on Page Two)



The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

XI. DETERMINE May 2022 Mental Health Commission meeting agenda:

- **CHAIR ANNOUNCEMENTS**
 - **MCH Orientation Module III: Introduction to Behavioral Health Services Part II – Adult and Older Adult Programs and Services and Children and Adolescent Programs and Services**
 - **Mandatory site visits**
- **VOTE on MHC Conduct Guidelines**
- **UPDATE on April 18th Behavioral Health Care Infrastructure Projects (BHCIP) stakeholder meeting**
- **Public Hearing of MHSA Three Year Plan 2021-2023 Update**

XII. Adjourn

ATTACHMENTS:

- A. Welfare and Institutions Code (WIC) 5604 excerpt re: Conflict of Interest**
- B. Proposed MHC Conduct Guidelines**

MHC Conduct Guidelines

Last updated 4/21/22

I. Purpose

The purpose of the Mental Health Commission (MHC) Conduct Guidelines is to encourage professional behavior that leads to open and respectful dialog in meetings, electronic communications and other media, and that supports effective business operations, consensus decision-making and positive action.

II. All Meetings: In-person and Virtual

- Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission.
- Come prepared to discuss the agenda items and handouts.
- Value other perspectives. It's okay to disagree politely and respectfully -- different perspectives are welcomed and encouraged.
- Turn off or mute cell phones.
- Focus on the subject matter and issues. No side bars.
- One speaker at a time. Raise your hand to be acknowledged and do not interrupt.
- Avoid dominating a meeting and encourage everyone to participate.
- Keep your comments within the time limit and be brief and to the point. Be committed to starting and finishing on time.
- Use person-first language when talking about people with mental illness. For example, not "He's bipolar" but "He has bipolar disorder".

III. Zoom Meetings

- Mute your microphone when you are not speaking to keep background noise to a minimum.
- Avoid making background noise like shuffling papers when you are off mute.
- Use the "Raised Hand" icon in the "Reaction" options to raise your hand virtually.
- Use chat sparingly, only to ask related questions, share contact information, and share helpful links and information that are on topic. Refrain from side-bar conversations, shout-outs, advertisements, and anything else off-topic that may be distracting.
- Position your camera properly and keep your camera on if possible. Keep your web camera in a stable position and focused at eye level to create a more direct sense of engagement with other participants.

- Maintain a stable image of yourself to avoid distracting other meeting participants. If using a digital background, make sure your image is displaying properly and not moving around.
- Avoid multi-tasking like emailing and texting during the meeting. You'll participate more and retain more if you focus solely on the meeting.
- Prepare to share materials in advance. If you will be sharing content during the meeting, make sure that you have your files and/or links ready to go before the meeting begins.

IV. Digital Communications: Email, Text Messaging and Social Media

- Act with integrity, treat everyone with mutual respect, trust, and dignity, and assume that they are acting in the best interest of the Commission.
- Write as you are intending to be perceived, i.e., professional and respectful.
- Do not share confidential information.
- Think before you share. Assume that whatever you write will be shared. Commissioners may be the subject of a public records request.
- Don't mix business and pleasure. Keep work and personal communications separate.
- Don't be reactive. Think before you respond.
- Consider your tone. Don't shout, i.e., using all capital letters.
- Don't vent online.
- Use person-first language when talking about people with mental illness.
- Use person-first language when talking about people with mental illness. For example, not "He's bipolar" but "He has bipolar disorder".

V. Officially Representing the Mental Health Commission

- Do not commit the MHC to any action unless authorized to do so by the MHC Chair and/or by vote of the Commission.
- Do not make any statement on behalf of the MHC or purport to represent the MHC through any public medium, including the press and digital social media, unless specifically authorized to do so by the MHC Chair and/or by vote of the Commission.

VI. Conflict of Interest

California Fair Political Practices Commission - Statement of Economic Interests – Form 700

- Commissioners should not act or vote in situations where they may have or it may appear that they have a conflict of interest, such as employment by an organization related to the matter at hand or hold a business interest related to the matter at hand. In the case of a conflict of interest, Commissioners should recuse themselves from discussing or voting on the matter at hand. This requires that they should leave the meeting before any discussion or voting occurs.

California Welfare and Institutions Code – WIC

Division 5. Community Mental Health Services - Chapter 1 Provision 5604, (e) 1 & 2

- (e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of a mental health contract agency.
- (2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

VII. Agenda Language to Communicate Conduct Guidelines (adopted from CPAW)

This language will be included on MHC meeting agendas:

Opening language: The input of all participants at Mental Health Commission meetings is highly valued. To ensure that all voices can be expressed in a productive and respectful environment, the MHC has adopted the following self-governance agreement for all participants at all MHC meetings: (list Meeting Conduct Guidelines for in-person meetings; if virtual list Zoom Conduct Guidelines as well).

Closing in-person meeting language: The Chair or the Vice Chair, at their discretion, may remove anyone not abiding by the MHC conduct guidelines from the meeting.

Closing Zoom meeting language: The Chair or the Vice Chair, at their discretion, may mute or remove from the meeting, anyone not abiding by the MHC conduct guidelines

VIII.Sources

- Contra Costa County Advisory Body Handbook, 2021
- California Behavioral Health Board and Commission (CALBHBC) Conduct Agreement
- Contra Costa County Grand Civil Jury
- Contra Costa County Mental Health Commission By-Laws
- Consolidated Planning Advisory Workgroup (CPAW) Meeting Working Agreement
- League of Women Voters Minnesota Code of Conduct
- Contra Costa County Form 700 Statement of Economic Interest
- California Welfare and Institutions Code, Chapter 1 Provision 5604



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WELFARE AND INSTITUTIONS CODE - WIC
DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5961.5] (*Division 5 repealed and added by Stats. 1967, Ch. 1667.*)
PART 2. THE BRONZAN-MCCORQUODALE ACT [5600 - 5772] (*Heading of Part 2 amended by Stats. 1992, Ch. 1374, Sec. 14.*)

CHAPTER 1. General Provisions [5600 - 5623.5] (*Chapter 1 added by Stats. 1968, Ch. 989.*)

5604. (a) (1) Each community mental health service shall have a mental health board consisting of 10 to 15 members, depending on the preference of the county, appointed by the governing body, except that boards in counties with a population of less than 80,000 may have a minimum of five members. A county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. This section does not limit the ability of the governing body to increase the number of members above 15.

(2) (A) The board serves in an advisory role to the governing body, and one member of the board shall be a member of the local governing body. Local mental health boards may recommend appointees to the county supervisors. The board membership should reflect the diversity of the client population in the county to the extent possible.

(B) Fifty percent of the board membership shall be consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received mental health services. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.

(C) In addition to consumers and family members referenced in subparagraph (B), counties are encouraged to appoint individuals who have experience with and knowledge of the mental health system. This would include members of the community that engage with individuals living with mental illness in the course of daily operations, such as representatives of county offices of education, large and small businesses, hospitals, hospital districts, physicians practicing in emergency departments, city police chiefs, county sheriffs, and community and nonprofit service providers.

(3) (A) In counties with a population that is less than 80,000, at least one member shall be a consumer, and at least one member shall be a parent, spouse, sibling, or adult child of a consumer, who is receiving, or has received, mental health services.

(B) Notwithstanding subparagraph (A), a board in a county with a population that is less than 80,000 that elects to have the board exceed the five-member minimum permitted under paragraph (1) shall be required to comply with paragraph (2).

(b) The mental health board shall review and evaluate the local public mental health system, pursuant to Section 5604.2, and advise the governing body on community mental health services delivered by the local mental health agency or local behavioral health agency, as applicable.

(c) The term of each member of the board shall be for three years. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.

(d) If two or more local agencies jointly establish a community mental health service pursuant to Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code, the mental health board for the community mental health service shall consist of an additional two members for each additional agency, one of whom shall be a consumer or a parent, spouse, sibling, or adult child of a consumer who has received mental health services.

(e) (1) Except as provided in paragraph (2), a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

(2) A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

(f) Members of the board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

(g) If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency.

(h) The mental health board may be established as an advisory board or a commission, depending on the preference of the county.

(Amended by Stats. 2019, Ch. 460, Sec. 3. (AB 1352) Effective January 1, 2020.)