

AD HOC BYLAWS COMMITTEE
Thursday January 25 ♦ 3:30 pm -5:00 pm
At: 1340 Arnold Drive, suite 200, Martinez- small conference room

AGENDA

- I. 3:30 pm Call to Order / Introductions**
- II. 3:33 Public Comment**
*Members of the public may comment on any item of public interest within the jurisdiction of the Mental Health Commission. In accordance with the Brown Act, if a member of the public addresses an item not on the Agenda, no response, discussion, or action on the item may occur. Time will be provided for Public Comment on items on the posted Agenda as they occur during
- III. 3:35 Chair announcements**
- IV. 3:37 Committee members comments**
- V. 3:40 Approval of the Minutes from October 26, 2017 meeting.**
- VI. 3:42 REVIEW and DISCUSS proposed changes in Article III, in the existing Mental Health Commission (MHC) Bylaws**
- VII. 4:02 REVIEW and DISCUSS Articles IV, of the existing MHC Bylaws**
- VIII. 4:22 REVIEW and DISCUSS the incorporation of the “Proposed Bylaws”**
- IX. 4:42 DISCUSS the agenda for the next meeting and set a date to reconvene**
- X. 5:00 Adjourn Meeting**



**MENTAL HEALTH COMMISSION
AD HOC BYLAWS COMMITTEE
MEETING MINUTES**

Thursday October 26, 2017 – Draft

At: 1340 Arnold Drive, suite 200 in Martinez- small conference room

Agenda Item / Discussion	Action / Follow-Up
<p>I. Call to Order / Introductions: Chair, Meghan Cullen, called the meeting to order @3:39pm.</p> <p><u>Members Present:</u> Sam Yoshioka, District IV Gina Swirsding, District I Meghan Cullen, District V</p> <p><u>Members Absent:</u> Duane Chapman, District I</p> <p><u>Other Attendees:</u> Margaret Netherby, NAMI representative (arrived @3:45pm) Leslie May (arrived @3:51pm) Erika Raulston (arrived @3:51pm) Adam Down- MH Project Manager</p>	EA-Transfer recording to computer
<p>II. Public Comment:</p> <ul style="list-style-type: none"> • none 	
<p>III. Chair announcements:</p> <ul style="list-style-type: none"> • none 	
<p>IV. Committee member comments/announcements:</p> <ul style="list-style-type: none"> • Due to the poor air quality because of North Bay fires, meeting scheduled for October 12, was cancelled. • Poor air quality causes health problems for some the members 	*
<p>V. Approval of the minutes for September 14, 2017 meeting Gina Swirsding motioned to approve the minutes, seconded by Meghan Cullen</p> <ul style="list-style-type: none"> • Sam stated that the statement- regarding item VI, on page 2 of 3, “bullet 8: In California... regarding which term to use: “Behavioral Health or Mental Health” should not be made, since a decision has not been rendered referencing the usage of either term. • Another member responded to the conflicting messages of each term • Chair noted that in the previous meeting the members had discussed that the term in the current Bylaws was outdated and needed to reflect the current changes. • A clinician, present at the meeting, commented that “Behavioral Health Services” encompasses a larger community; various behaviors of people that have different types of mental health issues, it is a “kinder term,” because it reflects to other agencies to have more respect for the fact that different diagnosis cause certain 	<p>*EA will consult with Supervisor regarding comments referenced, during the “minutes” discussion.</p> <p>*EA will complete draft minutes and include in the next meeting’s packet.</p> <p>*EA will finalize minutes and post approved minutes of meeting 9/14/17</p>

<p>behaviors, that may be uncontrollable at times. It is better to use behavioral health, rather than mental health, because the term is more universal, including with dual diagnosis.</p> <ul style="list-style-type: none"> • Chair would like to refer the term for further investigation to EA and Adam to report back to the committee regarding which term should be used in the Mental Health Commission’s bylaws. The determined term needs to be consistent throughout the document. • Sam states that the switch, regarding the term has not been made and disagrees with the comments made. Also stated that changing the term will cause confusion since the terms have not been dealt with. • Sam made another reference was made regarding page 1, Article II in the redlined Bylaws- it was clarified that reference can be discussed in item VI in the agenda. The reference made has no relevancy to the minutes. • Sam- regarding page 3 of 3, item VI, second bullet referencing “Article IV, section 1.3, under “Membership Restrictions...” currently stating that County employees cannot become Commission members but there is a California Law that states that employees can participate and become members. Wants the copy of the law that was reference, which was supplied at the prior meeting by Gina, who brought up the change and issue because of some County employees/consumers, that would like to apply for membership, and currently cannot because of the current Bylaws. In addition, referenced that the Board of Supervisors all agreed that only the BOS has the authority to appoint members and any reference made that the MHC will interview or accept applications for membership needs to be stripped from the document. • The law referenced is the WELFARE AND INSTITUTIONS CODE (WIC), DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES, CHAPTER 1. UNDER GENERAL PROVISIONS, CODE SECTION 5604, paragraph 2, which reads as follows: “A consumer of mental health services who has obtained employment with an employer described in paragraph (1) and who holds a position in which he or she 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 his or her employer that may come before the board”. The law, in its entirety was provided in the meeting packet for the 10-26-17 meeting. • The matter was further explained that the reasoning for bringing up the issue is to verify if consumers, currently employed by the County, can become mental health commission members. • Sam- on page 3 of 3, item VI, final bullet states “Once a proposal has been completed, the proposed bylaws will be submitted to the Mental Health Commission for approval to forward to the Board of Supervisor’s (BOS) for approval. Stated that prior to the bylaws going before BOS, they need to be approved by the County Council (CC) first, before they are forwarded to the BOS. Felt that the statement was unclear because several changes will be made to the 	<p>*EA will include the law that referenced, again, in the November meeting packet</p>
--	---

<p>bylaws, stating that each change should not be forwarded to the MHC, CC and the BOS because there will be several changes being made and going multiple times through the process.</p> <ul style="list-style-type: none"> The response was to clarify that once all the changes have been completed to the entire document (bylaws), then the document will be submitted to all the appropriate parties/agencies for approval. Sam- does not agree that the committee should wait until the entire document is completed before submitting, because there are too many problems with too many items It was clarified that it will be a lengthy process and the document being submitted does not mean it will be approved, it can be rejected and more than one revision might take place. It is too soon to know. Sam- insisted that there are areas that should be consulted with County Council first and not wait until the entire document is completed and furthermore needs to be clear in the minutes. The experience addresses when things get put in writing. Wants notations to be made regarding every issue to assure everything is addressed. EA will discuss the matter further with her Supervisor to provide clarity for the next meeting in November. Reminded everyone that the minutes are only a summary of the meeting, nothing more. The Chair agreed to place the item on the agenda <p>VOTE: 3-0-0 YAYS: Gina Swirsding, Meghan Cullen and Sam Yoshioka NAYS: none ABSTAIN: none ABSENT: Duane Chapman</p>	
<p>VI. REVIEW and DISCUSS proposed changes in the existing Mental Health Commission Bylaws</p> <ul style="list-style-type: none"> Article I of the Bylaws stands, as is Article II of the Bylaws was further discussed how the term behavioral health cannot be used, over mental health, just yet. Noted that it was accepted to add "Member-at-Large" Sam noted regarding the first comment made, in red, reference as follows: "Should this be BH? Consideration-there is an existing Alcohol and Other Drugs Advisory body (AOD) Board and an existing task force studying the integration of the two bodies"? What task force? Would like the minutes of the all the meetings of the task force. He is the liaison for the AOD board and has no idea where the statement or information comes from? Sam also stated that the bylaws should no longer use the word "department" and should be updated to use the word "division" Others agreed that the bylaws should use the current wording "Contra Costa Behavioral Health Services Division," replacing wherever "department" is stated within the bylaws, from this point on It was clarified, by Adam Down that the task force consists of Sam Yoshioka and Gina Swirsding. They volunteered to form an "Advisory body Integration Task Force, at the Mental Health Commission meeting at the beginning of this year. They both agreed 	<p>*EA will correct bylaws as stated</p> <p>*Change bylaws to read "Contra Costa Behavioral Health Services Division"</p> <p>*Strike item 6</p> <p>*EA will refer items, for review, pertaining to "MHSA..." to the MHSA Program Manager for accuracy</p>

to investigate, studying and write a report regarding the integration of advisory bodies, the process and whether or not it is feasible for Contra Costa County to do the same as other counties. It was Sam Yoshioka that brought up the integration of advisory bodies issue, at the end of 2016, to the Mental Health Commission. It needs to mirror the structure of the division's plan, by bringing the bodies together. That work will be ongoing and should not be included in the bylaws until the integration has actually taken place.

- Sam- Article III, section I- "authority"- why is it redlined? Chair clarified and confirmed that the section is still current and accurate
- Article III, number 6 needs to mirror the CCC Advisory Handbook, only Supervisors may interview, select and appoint members to the commission. The MHC has no part in the process- strike 6.
- It was addressed that the Mental Health Commission's bylaw needs to mirror the Contra Costa County Advisory Handbook document.
- EA provided copies of the CCC – Advisory Handbook to all those in attendance and noted that the book is also available online, on the County's website. The Advisory Handbook supersedes the MHC Bylaws and the bylaw needs to adhere to the handbook's procedures and regulations.
- The committee agreed that an orientation process should be discussed and created by the Commission, for new members
- Gina- would like the WIC, code 5604, added to the CCC Advisory Handbook.
- It was suggested that the information should be brought to the attention of the BOS, starting with their District Supervisor, so the BOS can act on it. The CCC Advisory Handbook is out of the scope of the Behavioral Health Services Division. Adding it to the MHC Bylaws is a good, as a point of discussion too. Ultimately, it is up to the BOS to agree or not, or make the change, or not.
- Article III, b) 1) referencing the **MHSA Public Hearing** of the three year plan, the Committee agrees and would like the MHSA Program Manager to come prior to the hearing, to the MHC to update before the final document; the commission would like to be more directly involved in the process and have it clearly defined in the bylaws. It was clarified that the MHSA public forms are part of the public stakeholder's process. The process notifies the residents of each area and invites them to participate in providing input regarding the community needs of each area. This year, three community forums were scheduled: one in West County (10/5/17), in Central County (10/25/17) and in East County (12/7/17).
- One of the members has questions regarding "innovation programs" and that section of the budget and would like additional information Strike "public hearing" and state clearly in the bylaws the **"Mental Health Services Act (MHSA) will hold a PUBLIC HEARING OF THE THREE YEAR EXPENDITURE DRAFT" during the Mental Health Commission meeting, annually, in May. Quarterly updates will be provided to the Commission for review and for the Commission to provide recommendations to the Director of Behavioral Health Services Division for possible consideration for revision. The plan will be presented to the Commission, before it is submitted to the Board of Supervisors (BOS) for final approval. Each revision should**

<p>be submitted to the Commission, for approval, before being submitted to the BOS.</p> <ul style="list-style-type: none"> • Are revisions published to the public and presented to the Commission? Define the timeframes for the revisions and for the MHSa public hearing to be presented to the Commission. • It was clarified that on November 1, at the Mental Health Commission meeting, the MHSa Program Manager will discuss the annual revision with the Commission • Members request that the MHSa Program Manager clarify, define and inform which revision is being presented, the changes and the reason for the changes. Would also like to know if the revision states and includes any revisions made by the Behavioral Health Director? • Will ask the MHSa Program Manager what are the revisions and by whom and why at the November 1 meeting 	
<p>VII. REVIEW and DISCUSS Articles IV, section 2 and forward, of the existing Mental Health Commission Bylaws</p> <ul style="list-style-type: none"> • Not enough time to discuss 	<p>*Moved item to the next meeting in November</p>
<p>VIII. DISCUSS the agenda for the next meeting and set a date to reconvene</p> <ul style="list-style-type: none"> • Review and discuss the revisions, made during meeting, regarding Article III, section 2, items 6 and b 1) and change the word "department" to be replaced with "division" • Sam will submit additional concerns to the EA as soon as possible • Review and discuss article IV • Review and discuss the incorporation of the "proposed bylaws" presented by Duane Chapman • Discuss agenda for the following meeting • Tentative date for the next meeting, if venue is available 11/9/17 • EA will confirm availability of room, members would prefer larger conference room if available • Sam stated that Duane had created a document, "proposed bylaws." He would like to see some of the items included in the new bylaws and more of Duane's input incorporated in the revision of the MHC bylaws • Chair, did include in the meeting packet, the updated Commission/Board bylaws for Santa Clara County and Solano County and asked the members to please review Duane's proposed bylaws and the bylaws included in the meeting packet of 10/26/17, to be discussed at the November meeting • Committee members agreed to include Duane's "Proposed Bylaws" for the November meeting packet, not the other bylaws provided previously 	<p>*EA will confirm tentative date, depending on availability of conference room and inform members</p> <p>*EA will complete minutes, redline and agenda for posting before next meeting</p>
<p>IX. Adjourn meeting @4:59pm</p>	

Submitted,
Liza Molina-Huntley
Executive Assistant to the Mental Health Commission
CCHS Behavioral Health Administration

**ARTICLE I
NAME OF ORGANIZATION**

SECTION 1. NAME OF ORGANIZATION

1.1 Name

The name of the organization shall be the "Contra Costa County Mental Health Commission."

**ARTICLE II
DEFINITIONS**

SECTION 1. DEFINITIONS

1.1 The following definitions shall apply to the Contra Costa County Mental Health Commission Bylaws:

- a) Better Government Ordinance means the Contra Costa County Ordinance regarding open meetings and public records, commencing with the Contra Costa County Code §25-2.202
- b) Board means the Contra Costa County Board of Supervisors
- c) Brown Act means the Ralph M. Brown Act of 1974, commencing with section 54950 of the California Government Code
- d) Commission means the Contra Costa County Mental Health Commission
- e) Commissioner means a member of the Commission
- f) Consumer means a person who is receiving or has received mental health services
- g) Consumer Representative means a Consumer who is a member of the Commission
- h) County means Contra Costa County
- i) Family Member means a parent, spouse, registered domestic partner, sibling, or adult child of a consumer
- ij) A Member-at-Large means individuals who have experience and knowledge of the mental health system, preferably in Contra Costa County.
- j) ~~Mental Behavioral~~ Health Director means the person serving as the director of the Contra Costa County ~~Mental Behavioral~~ Health ~~Department~~ Division
- k) ~~Mental Behavioral~~-Health ~~Department~~ Division means the Contra Costa County ~~Mental Behavioral~~-Health ~~Department~~ Division
- l) Supervisor means a member of the Contra Costa County Board of Supervisors

**ARTICLE III
GENERAL PROVISIONS**

SECTION 1. AUTHORITY

1.1 Establishment

The Contra Costa County Mental Health Commission ("Commission" hereinafter) was established by order of the Contra Costa County Board of Supervisors on June 22, 1993, pursuant to the Bronzan McCorquodale Act, Stats. 1992, c. 1374 (AB. 14) to serve in an advisory capacity to the Board of Supervisors.

SECTION 2. MANDATED ROLES AND RESPONSIBILITIES

2.1 Mandates

- a) Pursuant to Welfare and Institutions Code Section 5604.2 (a) and (b), as it may be amended from time to time, the Commission shall do all of the following:

Comment [AD1]: Behavioral Health Director Consideration – Mental Health Director has a specific meaning to DHCS. Cynthia is both the Mental Health Director and the Director of the Behavioral Health Division. – Agreed on 10/26/17 to add correct current wording-

Comment [LAM2]: Agreed on 10/26/17 to change wording from "Mental Health Department" to "Behavioral Health Division"

Comment [AD3]: This citation is still accurate- no changes are required 10/26/17

- 1) Review and evaluate the County's mental health needs, services, facilities, and special problems.
 - 2) Review any County agreements entered into pursuant to Section 5650 of the Welfare & Institutions Code.
 - 3) Advise the Board of Supervisors and the Mental Health Director as to any aspect of the County's mental health program.
 - 4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
 - 5) Submit an annual report to the Board of Supervisors on the needs and performance of the county's mental health system.
 - ~~6) Review and make recommendations on applicants for the appointment of a Mental Health Director. The Commission shall be included in the selection process prior to the vote of the Board of Supervisors.~~
 - 7) Review and comment on the County's performance outcome data and communicate its findings to the California Mental Health Planning Council.
 - 8) Assess the impact of the realignment of services from the state to the county, on services delivered to clients in this County.
 - 9) Perform those additional duties as may be directed by the Board of Supervisors.
- b) Pursuant to Section 5848 (b) and (c) of the Welfare & Institutions Code:
- 1) ~~The Mental Health Services Act (MHSA) will hold a PUBLIC HEARING OF THE THREE YEAR EXPENDITURE DRAFT during the Mental Commission Health Commission meeting, annually, in May. Quarterly updates will be provided, to the Commission, for review and for the Commission to provide recommendations to the Director of the Behavioral Health Services Division, for possible consideration for revision. The plan will be presented to the Commission, before it is submitted to the Board of Supervisors (BOS) for final approval. Each revision should be submitted to the Commission, for approval, before being submitted to the BOS.~~
 - 1) shall conduct a public hearing on the draft three year program and expenditure plan, and annual updates at the close of the required 30 day comment period and review the adopted plan or update and make recommendations to the County Mental Health Director for revisions.

Comment [LAM4]: The Board of Supervisors have determined that this item will be removed from the MHC Bylaws –only BOS appoints and interviews applicants, not MHC as per m 10/26/17

Comment [AD5]: This can be construed to be in conflict with the CCC Advisory Body Handbook

Formatted: Indent: Left: 0.75", No bullets or numbering

Comment [AD6]: This is in reference to the MHSA 3-year plan. Do we want to clarify. Do we want to clarify timing?- As of 10/26/17 clarified to read as stated and to be reviewed by MHSA Program Manager for clarity and accuracy- LMH

ARTICLE IV MEMBERSHIP

SECTION 1. MEMBERSHIP

1.1 Composition

- a) The Commission shall consist of fifteen (15) members appointed by the Board of Supervisors, plus one member of the Board of Supervisors and an alternate assigned to be a representative to the Commission. Each member of the Board of Supervisors shall have three (3) members representing his or her district. The specific seat to be assigned to each nominee will be determined by the member of the Board of Supervisors making the nomination.
- b) The following rules shall apply to membership on the Commission:
 - 1) One (1) member of the Board of Supervisors shall be a member of the Commission. The Board of Supervisors shall also appoint one (1) Supervisor to serve as an alternate member.
 - 2) Fifty percent (50%) of the Commission 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 twenty-percent of the Commission membership shall be Consumers and at least twenty-percent shall be Family Members. If at least twenty percent of the total Commission membership is not comprised of Consumers and/or if at least twenty-percent of the total Commission membership is not comprised of Family Members, a Commissioner for the underrepresented category may be selected from any Supervisorial district, if there are no applicants from the impacted district. If it is not possible to secure membership as specified from among persons residing in the

County, the Board may substitute representatives of the public interest in mental health who are not employees of ~~the County-Behavioral Health Department~~Mental Health, Department of Health Care Services or on staff or a paid member of a governing body of a mental health contract agency.

- c) On this Mental Health Commission, membership shall consist of:
 - 1) One (1) member of the Board of Supervisors
 - 2) Five (5) members shall be Consumer Representatives - individuals who are receiving or have received mental health services, preferably in Contra Costa County.
 - 3) Five (5) members shall be Family Members - parents, spouses, registered domestic partners, siblings or adult children of consumers who are receiving or have received mental health services, preferably in Contra Costa County.
 - 4) Five (5) members shall be Members-at-Large - individuals who have experience and knowledge of the mental health system, preferably in Contra Costa County.

1.2 Demographic and Ethnic Representation

- a) The Commission membership should reflect the ethnic diversity of the client population in the County.
- b) The composition of the Commission shall represent the demographics of the County as a whole, to the extent feasible.

1.3 Membership Restrictions

- a) No member of the Commission or his or her spouse shall be:
 - 1) A full-time or part-time employee of any Contra Costa County department that is directly involved in the provision of mental health services; or
 - 2) An employee of the State Department of Health Care Services; or
 - 3) An employee of, or a paid member of, the governing body of a mental health contract agency;
 - 3)4) In accordance with 5604 D2 a consumer of mental health services who has obtained employment with an employer described above, and who holds a position in which he or she 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 his or her employer that may come before the board.
- b) Commission members must be eighteen (18) years of age or older and, except as otherwise provided in these Bylaws, must reside in Contra Costa County.
- c) Members of the Commission shall abstain from discussing or voting on any issue in which the member has a financial interest as defined in Section 87103 of the Government Code.

Comment [AD7]: Cited from W and I Code 5604 D2

SECTION 2. ATTENDANCE

Comment [AD8]: Start here next meeting

2.1 Attendance requirements

- a) Regular attendance at Commission meetings is mandatory for all Commission members.
 - 1) A member who is absent from four (4) regularly scheduled Commission meetings in any calendar year shall be deemed to have resigned from the Commission. In such event the former Commission member's status will be noted at the next scheduled Commission meeting and shall be recorded in the Commission's minutes. The Chairperson shall, without further direction from the Commission, apprise the Board of Supervisors of the member's resignation and request the appointment of a replacement.
 - 2) Each Commissioner will ensure that when s/he attends Commission-sponsored meetings (excluding Commission and Commission Committee meetings) or activities representing

her/himself as a Commissioner, s/he expresses only those views approved by the Commission.

SECTION 3. TERMS

3.1 Duration

The term of each member of the Commission shall be three (3) years in duration. Terms shall be staggered so that approximately one-third (1/3) of the appointments end each year. All terms end on June 30 in the appropriate year. The Supervisor appointed to the Commission serves until replaced by the County Board of Supervisors.

SECTION 4. VACANCIES AND RECRUITMENT

4.1 Role of the Commission

At the discretion of and to the extent requested by the Board, the Commission shall be involved in the recruitment and screening of applicants.

When an application is received, the Commission will appoint an Ad Hoc Applicant Interview Committee, pursuant to Article VIII, Section 5.1. Following an interview by the Ad Hoc Applicant Interview Committee, it will forward its recommendation to the Commission. After Commission vote and approval, the recommendation for nomination of the applicant shall be forwarded to the appropriate member of the Board of Supervisors for that Supervisor's consideration.

4.2 Applications

The Commission shall receive applications on an ongoing basis.

4.3 Commission Recommendation

- a) Pursuant to Article IV, section 1.2, the Commission shall, to the extent possible, recommend for appointment those persons who will assist the County in complying with the ethnic and demographic mandates in the Welfare & Institutions Code.
- b) To the extent possible, the Commission shall recommend for appointment applicants who have experience and knowledge of the mental health system, preferably in the County.

ARTICLE V MEETINGS

SECTION 1. REGULAR MEETINGS

1.1 Regular Meetings

Meetings of the Mental Health Commission shall be held monthly.

1.2 Schedule of Meetings

The meeting schedule for the following year shall be set in the month of December. If no meeting will be convened during the month of December, the meeting schedule shall be set at the last regular meeting of the calendar year. Meeting schedules shall be available online.

1.3 Minimum Number

A minimum of eleven (11) meetings shall be held per year.

1.4 Holidays

If the regular meeting date falls on a holiday, a new meeting date shall be selected.

SECTION 2. ORDER OF BUSINESS

2.1 Agendas

Agendas shall be prepared for regular Commission and Executive Committee meetings at the direction of the Commission Chairperson. When feasible, agendas shall be e-mailed and mailed

seven (7) days prior to the meeting, but at a minimum 96 hours prior to the meeting. Agendas shall be posted, e-mailed and mailed and made available to the public in accordance with the Brown Act and the County's Better Government Ordinance. 5

SECTION 3. QUORUM

A quorum is one person more than one-half of the appointed members. The Commission must have a quorum present in order to hold a meeting.

SECTION 4. CLOSED SESSION

The Commission may not conduct closed sessions.

SECTION 5. SPECIAL MEETINGS

Special meetings of the Commission may be called at any time by the Chair or by a majority of the members of the Commission in accordance with the Brown Act and the County's Better Government Ordinance.

SECTION 6. OPEN MEETINGS

All meetings of the Commission, including all meetings of its Executive Committee, standing committees, task forces and ad hoc committees shall comply with the Brown Act and the County's Better Government Ordinance.

SECTION 7. DECISIONS AND ACTIONS OF THE COMMISSION

Unless otherwise stated, all matters coming before the Commission for action shall be determined by a majority of the Commissioners appointed.

SECTION 8. ADDRESSING THE COMMISSION

Public Comment shall be allowed on any items of interest to the public that are within the subject matter jurisdiction of the Commission, both agendized and non-agendized items, in accordance with the Brown Act and the County's Better Government Ordinance. The Chairperson may limit the amount of time a person may use in addressing the Commission on any subject, provided the same amount of time is allotted to every person wishing to address the Commission.

<p>ARTICLE VI NOMINATION, ELECTION AND REMOVAL OF OFFICERS</p>
--

SECTION 1. NOMINATION OF OFFICERS AND EXECUTIVE COMMITTEE MEMBERS

1.1 Ad Hoc Nominating Committee

An Ad Hoc Nominating Committee shall be appointed in the month of August. During the September meeting, the Ad Hoc Nominating Committee shall announce the solicitation of nominations from the Commission members and obtain the nominee's consent to serve. At the October meeting, a slate of nominees will be announced.

1.2 Nominations

In the event of a vacancy in the office of Chairperson, Vice Chairperson or an Executive Committee member during the term of office, nominations will be taken, nominees' consent to serve will be obtained, and nominees will be announced at the next regularly scheduled Commission meeting.

SECTION 2. ELECTION

2.1 Timing of

The Commission shall elect a Chairperson, Vice Chairperson and members of the Executive Committee at the November or next regular meeting of the Commission following the announcement of nominations as set forth in Section I.

2.2 Assumption of Office

The newly-elected Chairperson, Vice Chairperson and Executive Committee shall assume office January 1 and serve through December 31 of that year. In the case of a mid-term appointment, the elected Chairperson, Vice Chairperson or members of the Executive Committee will complete the remainder of the normal term.

2.3 Conduct of Election

The election will be conducted publicly through the use of signed ballots. Ballots will be announced and counted publicly by the Ad Hoc Nominating Committee. The election of each officer will carry with a majority vote of the Commission. In the case of a tie vote, the Commission may re-cast ballots until the tie is broken. If, in the opinion of the Chairperson, the tie will not be broken within a reasonable number of attempts, the election may be deferred until the next scheduled Commission meeting and the current seated officer will remain in office until a new officer is elected.

SECTION 3. TERMS OF OFFICE

The Officers of the Commission, the Chairperson and Vice Chairperson, shall serve no more than three (3) consecutive terms of one year each in the same position. This will not preclude an individual from serving as Chairperson or Vice Chairperson after one (1) year of having not served.

SECTION 4. REMOVAL OF OFFICER

4.1 Grounds for Removal

The Commission, by a majority of the Commissioners appointed, may remove the Chairperson and/or Vice Chairperson from office and relieve him/her of his/her duties

4.2 Nominations After Removal

In the event of removal of the Chairperson and/or Vice Chairperson, the Ad Hoc Nominating Committee shall meet and present nominations for the vacant position(s) at the next regularly scheduled Commission meeting.

<p style="text-align: center;">ARTICLE VII DUTIES OF OFFICERS</p>
--

SECTION 1. DUTIES OF THE CHAIRPERSON

1.1 Meetings

- a) The Chairperson shall preside at all meetings of the Commission and perform duties consistent with these Bylaws and the Welfare and Institutions Code
- b) The Chairperson shall conduct meetings, maintain order and decorum, and decide questions of procedure in accordance with these Bylaws and in consultation with County staff via the Executive Assistant to the Commission.
- c) The Chairperson shall conduct all meetings in the manner required by the Brown Act and the County's Better Government Ordinance.

1.3 Other Duties

The Chairperson shall be in consultation with the Mental Health Director.

SECTION 2. DUTIES OF THE VICE CHAIRPERSON

In the event of the Chairperson's absence from a Commission meeting or inability to act, the Vice Chairperson shall preside and perform all duties of the Chairperson. In the case of removal of the Chairperson, the Vice Chairperson shall perform all duties of the Chairperson until new elections can be held.

SECTION 3. TEMPORARY CHAIRPERSON

In the event both the Chairperson and Vice Chairperson are absent from a Commission meeting or are unable to act, the members shall, by order fully entered into their records, elect one of their members to act as Chairperson Pro Tem. The Chairperson Pro Tem shall perform the duties of the Chairperson until such time as the Chairperson or Vice Chairperson resumes his or her duties.

<p>ARTICLE VIII COMMITTEES</p>

SECTION 1. CREATION OF COMMITTEES

Pursuant to the rules set forth herein, the Commission may create committees which can be standing committees, task forces or ad hoc committees as needed.

SECTION 2. STANDING COMMITTEES

2.1 Mission Statement

Each standing committee shall develop a Mission Statement. The Mission Statement is subject to approval by the Commission and shall be submitted to the Commission for approval no later than 60 days after establishment of the committee.

2.2 Composition

Each standing committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Commission.

2.3 Appointment and Terms

- a) The Commission may appoint Commission members to standing committees.
- b) The terms of the Committee Chairpersons and Vice Chairpersons shall be one (1) year.
- c) There are no limits on the number of terms an individual may serve as Committee Chairperson or Vice Chairperson.

2.4 Meetings/Actions

- a) All matters coming before a standing committee shall be determined by a majority of the Commissioners on the committee.
- b) All standing committee meetings shall be conducted in accordance with the Brown Act and the County Better Government Ordinance.
- c) All actions approved by a standing committee will be referred to the Commission for final approval.

2.5 Chairpersons/Vice Chairpersons

- a) Selection
 - 1) Each standing committee shall have a Chairperson and may have a Vice Chairperson who are selected by the Committee.
 - 2) In the event of a vacancy in the position of Chairperson or Vice Chairperson of a standing committee, the Commission Chairperson may serve as temporary Chairperson of the standing committee for up to sixty (60) days while the Committee selects a new Chairperson or Vice Chairperson.

b) Duties

- 1) The Chairperson shall preside at all meetings of the standing committee and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall work in consultation with the Commission Chairperson.
- 2) The Chairperson shall direct the preparation and distribution of agendas for their respective standing committee meetings as required by the Brown Act and the County's Better Government Ordinance.
- 3) The Chairperson shall provide monthly reports to the Commission regarding the activities of the standing committee and is encouraged to provide an outline of the monthly report to the Executive Assistant to the Commission for use in preparation of the Minutes.

SECTION 3. EXECUTIVE COMMITTEE

3.1 Purpose

The Executive Committee is charged with acting on the decisions of the Mental Health Commission. Its primary focus is to identify and avail any reasonable resources needed to deliberate over agenda items of the general membership, committee, task force or ad hoc committee meetings

3.2 Composition

The Commission Chairperson, and Vice Chairperson shall be members of the Executive Committee. Additional members shall be elected by the Commission. The Executive Committee shall consist of a minimum of three (3) members and a maximum of five (5) members.

3.3 Term

Elected members of the Executive Committee shall serve for one calendar year.

SECTION 4. TASK FORCES

4.1 Purpose

Task forces shall be time-limited and have a stated purpose beyond the scope of regular Commission responsibilities approved by the Commission and shall be required to report back to the Commission regarding progress toward its stated purpose.

4.2 Composition

Each task force shall consist of a minimum of three (3) members and a maximum of five (5) members. Non-Commissioners may be appointed from the community as non-voting members when special expertise, advice or opinion is desired, at the discretion of the Commission, but shall not exceed one half (1/2) of the membership of the Task Force. All task force members shall conform to the Mental Health Division client confidentiality statement.

4.3 Appointment and Terms

The Commission shall appoint Commission and non-Commission members to task forces based upon a majority vote of the Commission. The terms of all task force members shall be until the task force has completed its stated purpose.

4.4 Meetings/Actions

All meetings shall be conducted in accordance with the Brown Act and the Contra Costa County Better Government Ordinance. All matters coming before a task force shall be determined by a majority of the members of the task force.

4.5 Chairpersons

a) Selection

- 1) Each task force shall have a Chairperson and may have a Vice Chairperson, selected by the members of the task force. In the event of a vacancy in the position of Chairperson of a task force, the Commission Chairperson may serve as temporary Chairperson of the task force for up to sixty (60) days while the Task Force selects a new Chairperson.

b) Duties

- 1) The Chairperson shall preside at all meetings of the task force and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall work in consultation with the Commission Chairperson.
- 2) The Chairperson shall direct the preparation and distribution of agendas for the task force in the manner required by the Brown Act and the County's Better Government Ordinance.
- 3) The Chairperson shall provide monthly reports to the sponsoring standing committee or the Commission.

4.6 Removal

The Chairperson of the task force may request of the Chair of the Commission replacement of a member who fails to regularly attend the task force meetings.

SECTION 5. AD HOC COMMITTEES

5.1 Purpose

Ad Hoc Committees shall be established by the Commission as needed to address issues within the normal course of Commission responsibilities, including but not limited to applicant interviews and officer nominations. They shall be required to report back to the Commission.

5.2 Composition

An ad hoc committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Commission.

5.3 Appointment

The Commission shall appoint Commission members to an ad hoc committee.

5.4 Meetings/Actions

All matters coming before an ad hoc committee shall be determined by a majority of the members of the ad hoc committee.

5.5 Chairpersons

a) Selection

Each ad hoc committee shall have a Chairperson, and may have a Vice Chairperson, selected by a majority of the members of the ad hoc committee. In the event of a vacancy in the position of Chairperson of an ad hoc committee, the Commission Chairperson may serve as temporary Chairperson of the ad hoc committee for up to sixty (60) days while the ad hoc committee selects a new Chairperson.

b) Duties

- 1) The Chairperson shall preside at all meetings of the ad hoc committee and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall be in consultation with the Commission Chairperson.
- 2) The Chairperson shall direct the preparation and distribution of agendas for the ad hoc committee in the manner required by the Brown Act and the County's Better Government Ordinance.
- 3) The Chairperson shall provide monthly reports to the Commission.

5.6 Removal

The Chairperson of the ad hoc committee may request of the Chair of the Commission replacement of a member who fails to regularly attend the ad hoc committee meetings. 10

SECTION 6. COMMISSION REPRESENTATIVE

The Commission shall appoint an officer or other member of the Commission as the Commission Representative to the California Association of Local Mental Health Boards/Commissions. The Commission Representative shall represent the Mental Health Commission at statewide meetings and to report back to the Commission.

**ARTICLE IX
COMMISSION/MENTAL HEALTH DIVISION RELATIONSHIP**

SECTION 1. STAFF SUPPORT

The County's Mental Health Division provides clerical support services to assist the Commission in the management of its operations and activities. The Executive Assistant shall maintain all necessary records. The budget of the Mental Health Division shall fund the position of the Executive Assistant to the Mental Health Commission.

SECTION 2. STAFF ATTENDANCE AT MEETINGS

The Mental Health Division staff provides information to the Commission and its committees regarding agenda items and attends meetings on a regular basis.

SECTION 3. ACTIONS

The Commission by its Chairperson shall regularly inform the Mental Health Director of Commission actions.

**ARTICLE X
BYLAW AMENDMENTS**

SECTION 1. AMENDMENTS

These Bylaws may be amended by a majority vote of the Commission in a regularly scheduled meeting as defined at Article V, Section 1. Before the Commission may consider or vote on Bylaw amendments, proposed amendments shall be submitted in writing to Commission members at least thirty (30) days prior to the meeting date at which they are to be considered.

PROPOSED DRAFT -BYLAWS OF THE

CONTRA COSTA COUNTY MENTAL HEALTH BOARD

ARTICLE I - NAME

The name of this Board shall be the Contra Costa County Mental Health Board ("Mental Health Board").

ARTICLE II - AUTHORITY

The authority of the Contra Costa County Mental Health Board is established pursuant to the Bronzan-McCorquodale Act which may be found at Part 2 of Division 4.7 of the California Welfare and Institutions Code (commencing at section 5600 et seq.).

ARTICLE III - PURPOSE

The purposes of the Mental Health Board are as follows:

1. Review and evaluate the county's mental health needs, services, facilities and special problems.
2. Review any county agreements entered into pursuant to Section 5650.
3. Advise the Contra Costa County Board of Supervisors and the Contra Costa County Behavioral Health Director/ Mental Health Director as to any aspect of the county's mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
5. Submit an annual report to the Contra Costa County Board of Supervisors on the needs and performance of the mental health system of the County of Contra Costa.
6. Review and make recommendations on applicants for appointment of the Contra County Behavioral Health Director/Mental Health Director. The Mental Health Board shall be included in the selection process prior to the vote of the Contra Costa County Board of Supervisors.
7. Review and comment on the County of Contra Costa performance outcome data and communicate its findings to the California Mental Health Planning Council.
8. Assess the impact of the realignment of services from the state to Contra Costa County on services delivered to clients and on the local community.
9. Perform such additional duties as may be assigned to the Mental Health Board by the Contra Costa County Board of Supervisors.

ARTICLE IV - MEMBERS OF MENTAL HEALTH BOARD

1. Number of Members of the Board. There shall be 15 members of the Mental Health Board. All members shall be voting members. The members shall consist of those individuals appointed by the Contra Costa County Board of Supervisors to the Mental Health Board. A quorum shall be person more than one-half of the appointed members. Quorum is defined in accordance with California Welfare & Institutions Code Section 5604.5 (c).
2. Direction of the Mental Health Board Required. The activities and affairs of individual members of the Mental Health Board, acting as Board members, shall be conducted, and powers exercised, by and under the direction of the Mental Health Board and these Bylaws.
3. Terms of Office. Terms for each member of the Mental Health Board shall be three years. Members shall be limited to two consecutives three year terms unless waived by a majority vote of the Contra Costa County Board of Supervisors; provided, however, members serving on July 11, 2005, may be appointed to two additional three year terms without requiring a waiver from the Board of Supervisors. The foregoing provision for members serving on July 11, 2005 shall sunset on December 31, 2012.
4. Compensation. No member shall be compensated for duties performed as a member of the Mental Health Board. Notwithstanding the previous sentence, a member may be reimbursed for the actual costs of attending meetings, conferences or similar gatherings if attendance at the meeting, conference or similar gathering is approved in advance in writing by the Mental Health Board Chair and the Contra Costa County Mental Health Director.
5. Requirements Applicable to all Members. A member of the Mental Health Board must:
 - a. Be appointed by the Contra Costa County Board of Supervisors.
 - b. Take the Oath of Office administered by the Clerk of the Contra Costa County Board of Supervisors.
 - c. Serve on at least one Committee or Work Group of the Mental Health Board or serve as a Mental Health Board representative on a designated local, regional or state committee/commission or professional/service organization as approved or excused by the Executive Committee for good cause shown.
 - d. Maintain a satisfactory meeting attendance record to Mental Health Board meetings and other assignments as defined in Article XI of these Bylaws.
 - e. Comply with all applicable regulations of the Fair Political Practices Commission, including, but not limited to, preparing and filing FPPC Form 700, if required, within 30 days of appointment and annually prior to April 1st of each year.
 - f. Keep any confidential information obtained while performing duties as a Mental Health Board member confidential.
 - g. Participate in site visits of a mental health facility or program, at least twice per year, unless excused by the Executive Committee.

ARTICLE V - QUALIFICATIONS OF MEMBERS

1. Qualification of Members. The members of the Mental Health Board shall be composed of the following:
 - a. One member of the Contra Costa County Board of Supervisors.
 - b. At least fifty percent of the Board membership shall be consumers, who are receiving or have received mental health services, or their family members as defined in exhibit A.
 - c. At least twenty percent of the Board membership shall be consumers.
 - d. At least twenty percent of the Board shall be family members of consumers.
 - e. Any members who are not consumers or family members of consumers shall be individuals who are interested and concerned citizens from the general public.

The composition of the Mental Health Board should reflect the ethnic diversity of the consumer population and the demographics of the county as a whole to the extent feasible.

2. Residents of the County Required; Exceptions. Members appointed should be residents of Contra Costa County if possible. If it is not possible to secure membership as specified from among persons who reside in the county, the Contra Costa County Board of Supervisors 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 Mental Health, or on the staff of, or a paid member of the governing body of, a mental health contract agency.
3. Individuals Disqualified from Serving. The following individuals are disqualified from serving on the Contra Costa County Mental Health Board:

No member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a mental health contract agency.

ARTICLE VI - RECRUITMENT OF MEMBERS

1. Responsibility for Recruitment. Recruitment of prospective members of the Contra Costa County Mental Health Board shall be the responsibility of individual members of the Contra Costa County Board of Supervisors and members of the Mental Health Board. An effort will be made to recruit mental health professionals as well as individuals who have experience and knowledge of the mental health system.
2. Board of Supervisors Recruitment. Board Supervisors are encouraged to nominate individuals from their respective district to facilitate wider representation across Contra Costa County, for a total of five Mental Health Board members to be nominated and appointed by the Board of Supervisors. The Board of Supervisors may accept more than one nomination from each district based on interest and willingness of community members to serve.
3. Recruitment by the Mental Health Board. Interview and Recommendation. All applicants, except those nominated directly by the Board of Supervisors, shall initially be interviewed by at least

two members of the Mental Health Board. Names of the applicants recommended shall be presented to the full Mental Health Board for its consideration.

Those applicants recommended by the Mental Health Board shall then be referred to the Board of Supervisors with a recommendation they be appointed to the Contra County Mental Health Board.

ARTICLE VII - MEETINGS

1. Annual Meetings. There shall be a regular meeting, which shall constitute the annual meeting of the Mental Health Board, to be held on the second Monday of July of each year at which time the officers will present their reports, a meeting schedule will be adopted for the next twelve months, and elections held. If the second Wednesday of July falls on a Holiday, the meeting shall be held on the third Wednesday of July.
2. Regular Meetings. Other regular meetings of the Mental Health Board may be held at such time and place as is established by the annual meeting schedule. the Mental Health Board, may be at any time by the Chair of the Board or by most of, many of the Board members.
3. Special Meetings. Special meetings, for any purpose or purposes related to the business of the Mental Health Board, may be called at any time by the Chair of the Board or by a majority of the Board members.
4. Notice of Annual and Regular Meetings. Notice of the Annual Meeting shall be given to each member of the Mental Health Board by one of the following methods: (a) by personal delivery of written notice; (b) by first class mail, postage prepaid; (c) by fax transmittal or e-mail of written notice; or (d) by telephone, either directly to the member or to a person at the member's office who would reasonably be expected to communicate that notice promptly to the member. Notices sent by first class mail shall be deposited in the U.S. Mail not less than five days before the time set for the meeting. Notice given by personal delivery, fax, E-mail, or telephone shall occur at least 96 hours before the time set for the meeting. All such notices shall be given or sent to the members address or telephone number as shown on the records of the Board.
5. Notice of Special Meeting. A special meeting may be called at any time by the Chair of the Mental Health Board or by a majority of the Mental Health Board members. Notice of special meetings shall be given by delivering written notice to each member of the Mental Health Board and to each local newspaper of general circulation and radio or television station that has requested notice in writing. The notice shall be delivered personally or by any other means and shall be received at least 24 hours before the time of the meeting as specified in the notice. The notice shall specify the time and place of the special meeting and the business to be transacted or discussed. No other business shall be considered at these meetings by the Board. The written notice may be dispensed with as to any member who at or prior to the time the meeting convenes files with the clerk or secretary of the Board a written waiver of notice. The waiver may be given by telegram. The written notice may also be dispensed with as to any member who is present at the meeting at the time it convenes. The notice shall be posted at least 24 hours prior to the special meeting in a location that is freely accessible to members of the public.

ARTICLE VIII - OFFICERS

1. Officers of the Board. The officers of the Board shall consist of a Chair and Vice-Chair.
2. Election of Officers. The offices of Chair and Vice-Chair shall be elected at the annual meeting of the Board and those elected shall serve for a term of at least one but not more than two consecutive years. It is the non-binding policy of the Board that the Vice-Chair will be the person that will normally be elected to serve as Chair in the year following service as Vice-Chair.

If the Chair's office is vacated prior to the end of the one-year term, the Vice Chair shall assume the Chair's office and a replacement Vice Chair nominated at the next regularly scheduled meeting. The election vote for the new Vice Chair shall be held at the next regularly scheduled meeting following the nomination meeting.

ARTICLE IX - DUTIES OF OFFICERS AND OTHER BOARD POSITIONS

Duties of the Officers of the Board. The duties of the officers of the Mental Health Board shall be as follows:

1. Chair. It shall be the duty of the Chair to prepare the agenda for and preside over all regular and special meetings of the Board; to appoint Committee and Work Group chairs; coordinate existing Committees and Work Groups; serve as an ex-officio member of all Committees and Work Groups; call special meetings of the Board when necessary; and be in regular consultation with the Contra Costa County Director of Mental Health.
2. Chair. Shall serves as spokesperson for the commission in most matters relating to all business of the mental health commission. Like all commissioners, the Chair has an affirmative duty to carry out the responsibilities of the office in the best interests of the mental health commission.
3. Vice-Chair. It shall be the duty of the Vice-Chair to assist the Chair in the execution of his or her office and to act in his or her stead during an absence. In case of resignation or death of the Chair, the Vice-Chair shall perform such duties as are imposed on the Chair until the Mental Health Board elects a new Chair.

Upon the expiration of his or her term of office, or in the case of resignation, each Officer shall turn over to his or her successor, without delay, all records books and other materials pertaining to the office.

Duties of Other Board Positions. The duties of other positions shall be as follows:

4. Executive Assistance. The Mental Health Board shall be supported by an Executive Assistance. The Director of Contra Costa County Behavioral Health Division or her/his representative shall designate staff to serve as Executive Assistance to the Board. It shall be the duty of the Executive Assistance to keep a record of all annual, regular and special meetings of the Mental

Health Board. The Executive Assistance shall perform such secretarial duties and responsibilities as defined by mutual agreement of the Chair and the Director of Mental Health.

ARTICLE X - COMMITTEES

1. The following Standing Committee is created:

Section 1

There shall be a five members Executive Committee comprised of the Chairperson, the Vice-Chairperson, the immediate past Chairperson, and two (2) members selected by a majority vote of the Board. If any of the officers are unable to serve or if any member occupies two of the designated positions, then a replacement shall be selected by a majority vote of the Board. The Executive Committee shall meet monthly to prepare an agenda for the General meeting. In addition, the Executive Committee shall prepare the agenda for the annual retreat, and carry out any responsibilities delegated to it by the Board for any activities that do not require approval of the full Board. The Executive Committee is authorized to act on behalf of the full Board to fulfill the Board's responsibilities only when time sensitive matters arise and an urgent response is required, but the entire Board is unable to convene for a special meeting. In those circumstances, the Executive Committee may perform only those actions necessary to deal with that emergent situation until the full Board can be convened. Any actions taken pursuant to this subsection shall be placed on the agenda for the next subsequent General meeting for review by the Board and are subject to the ratification or invalidation by a vote of the full Board.

Section 2

There shall be a Budget Committee, composed of not less than three (3) members of the Board and one of those members shall serve as chair of the committee. The purpose of the Budget Committee is to advise the Mental Health Board on budget concerns and to provide recommendations for consideration by the Mental Health Board. This committee shall comply with the Brown Act regarding notification of meetings.

Section 3

There shall be such other standing and special committees as the Chairperson shall appoint with the approval of the Board.

- a. Establishing and overseeing of Ad Hoc Committees and Work Groups; coordinating selection and implementation of site visits; approving Mental Health Board agendas; drafting policies and procedures for Mental Health Board approval; and selecting Work Group and Committee chairs on the recommendation of the Mental Health Board Chair.
- b. Selection of Members-at-Large. Any member of the Mental Health Board, other than the Chair, Vice-Chair and past Chair, can potentially be a Member-at-Large. In July of each year, the Chair, Vice-Chair and past Chair, will make recommendations for three Members-at-Large to be approved by vote of the Mental Health Board.

Health Board each August. Prior to the vote on these recommendations, the floor will be open to Board members for additional nominations. Members-at-Large will attend and

participate in Executive Committee meetings. Members-at-Large will have voting rights during Executive Committee meetings.

2. Standing Committees may be established or eliminated by the Mental Health Board and/or the Chair persons. Standing Committees have ongoing responsibilities concerning a particular subject matter that is not time limited. Committees and Work Groups will conduct meetings in accordance with the Brown Act (Government Code Section 54950 et seq.) to the extent applicable.

Parliamentarian

A parliamentarian may be appointed by the Chairperson. The parliamentarian's duties include, but are not limited to, maintain a record of meetings, keep records of members'

ARTICLE XI - ATTENDANCE & VACANCIES ON THE BOARD

1. All Mental Health Board members are required to contact the Mental Health Board Chair or Executive Assistance prior to a meeting if they are unable to attend. Failure to do so will result in an unexcused absence.
2. A Board member may be deemed by the Executive Committee to have ceased to discharge the duties of a Mental Health Board member based on attendance and/or performance of other assigned duties. If after review, the Executive Committee determines the member should be removed, a recommendation will be made to the full Mental Health Board.

Upon two thirds vote the Mental Health Board may recommend the removal of the member to the Board of Supervisors.

2. If a vacancy occurs due to the occurrence of any of the events described in section 1770 of the California Government Code, the Executive Assistance shall advise the Chair and the Executive Committee will commence the recruitment for a replacement to submit to the District Board of Supervisor for approval.

ARTICLE XII - RESIGNATIONS AND LEAVES OF ABSENCE

1. Any member may resign effective upon giving written notice to the County Mental Health Board with a copy to the Chair, the Vice Chair or the Executive Assistance of the Mental Health Board. A notice which specifies a later time shall be effective upon the date of the resignation set forth in said notice. The Chair will now send a letter to the appropriate Board of Supervisor.
2. A Board member, who does not wish to resign and who needs leave from board commitments, may request a leave of absence for personal reasons. The request must be submitted in writing to the Chair of the Mental Health Board, with a copy of letter being forwarded to the appropriate Board of Supervisor. The Executive Committee may approve his or her request for a period of time not to exceed 2 months. A member on leave may request an extension in writing

to the Chair and such extension is subject to the approval of the Executive Committee. The request for extension will be reviewed by the Executive Committee as to the reasonableness of the extension and the overall impact on the Board in carrying out its responsibilities.

ARTICLE XIII - MEETINGS, QUORUMS, AND RULES OF ORDER

1. The Mental Health Board shall meet monthly or as scheduled on the Board's approved annual calendar of meetings. A quorum shall consist of one person more than one-half of the appointed members. Members who are on an approved leave of absence will not count toward establishing a quorum.
2. Meetings of the Mental Health Board shall be governed by The Standard Code of Parliamentary Procedure (Sturgis 4th Edition) as modified to allow open participation of the Chair and to comply with the Brown Act.

ARTICLE XIV - AMENDMENTS TO BYLAWS

These bylaws may be amended at any meeting of the Mental Health Board by a two-thirds vote of the membership of said Board when reasonable advance notice has been given as described below.

The Mental Health Board shall use the following procedure when amending the Bylaws.

- a. Proposals for change shall be noticed on the Mental Health Board agenda and a written copy sent to all Contra Costa County Mental Health Board members a minimum of five days prior to the meeting date on which proponents wish consideration and a vote on the change.
- b. The Mental Health Board must approve the change by a two-thirds majority of those members in attendance at a regular or special meeting at which a quorum is present.
- c. The change, as approved, is to be signed and dated by the Mental Health Board Chair.
- d. The changed and revised copy of the Bylaws is then forwarded to the Contra Costa County Board of Supervisors for their review and approval/disapproval and signature by the Board of Supervisors Chair or designated representative.
- e. A copy of approved changed Bylaws is to be provided to each Contra Costa County Mental Health Board member at the next regularly scheduled meeting.
- f. An original copy, signed by the Mental Health Board Chair and the Board of Supervisors, of the approved changed Bylaws is to be filed with the Mental Health Board Executive Assistance. Additionally, an appropriate historical log of all Bylaw changes and the date of the change are to be maintained by the Mental Health Board Executive Assistance. The historical log is to be distributed to all Mental Health Board members whenever "Proposals for Changes" are distributed.
- g. All members will be provided with a set of the current Mental Health Board Bylaws and Policies and Procedures.

ARTICLE XV - POLICIES AND PROCEDURES

The Mental Health Board may establish Policies and Procedures on matters not covered by these Bylaws.

Contra Costa County Mental Health Commission:

By: _____

Duane C. Chapman, Chair

Date of Mental Health Board Approval: _____

Contra Costa County Board of Supervisor:

By: _____

Federal Glover, Board Chair

Date of Contra Costa County Board of Supervisor Approval: _____

BYLAWS OF THE SANTA CLARA COUNTY

BEHAVIORAL HEALTH BOARD

I. Duties of the Behavioral Health Board.

The Behavioral Health Board (“BHB”) shall do the following:

- (A) Review and evaluate the community’s mental health and substance use disorder (“SUD”) needs, services facilities, and special problems;
- (B) Review any County of Santa Clara (“County”) agreements entered into pursuant to Welfare and Institutions Code § 5650;
- (C) Advise the Board of Supervisors and the County Behavioral Health Services Director as to any aspect of the County’s behavioral health program;
- (D) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process;
- (E) Submit an annual report to the Board of Supervisors on the needs and performance of the County’s behavioral health system;
- (F) Review and make recommendations on applicants for the position of County Behavioral Health Services Director. The BHB shall be included in the selection process prior to the appointment by the appointing authority;
- (G) Review and comment on the County’s performance outcome data and communicate its findings to the California Mental Health Planning Council;
- (H) Assess the impact of the realignment of services from the State to the County on services delivered to clients/consumers and on the local community, and assess the effective use of these funds in the community; and
- (I) Carry out any other duties given to the BHB by the Board of Supervisors.

//

//

II. Membership.

(A) *Composition.*

- (1) The BHB shall consist of 16 members appointed by the Board of Supervisors. Each member of the Board of Supervisors shall appoint three members. One member of the Board of Supervisors shall serve as a member of the BHB. When the designated Supervisor is unable to attend the BHB's regular monthly meeting, the Supervisor's aide may represent him/her by having a seat and voice, but may not cast a vote.
- (2) At least 50 percent of the BHB membership shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received, mental health services. A majority of that group shall be consumers or the parents, spouses, siblings, or adult children of consumers who have received mental health services from a public agency. At least 20 percent of the total membership shall be consumers, and at least 20 percent shall be families of consumers.
- (3) In addition, a cross section of at least five members shall have experience (personal, family member or professional) with a SUD and at least one of the three members appointed by each Supervisor shall have experience (personal, family member or professional) with a SUD.
- (4) BHB membership should reflect the ethnic diversity of the client/consumer population in the County. To the extent feasible, the composition of the BHB shall represent the demographics of the County as a whole.

(B) *Nominating procedure.*

- (1) The BHB may recommend appointees to the Board of Supervisors through its Recruitment Committee, which shall be an ad hoc committee composed solely of BHB members. The Recruitment Committee shall be established in the case of a vacancy or application to the BHB in order to assess a candidate's interest and demonstrated commitment to behavioral health advocacy, educate the candidate about responsibilities and duties of BHB members, and encourage the candidate to attend a meeting of the BHB or its Executive Committee prior to recommendation. The Recruitment Committee shall then advise the Executive Committee of its recommendation prior to recommending appointees to the Board of Supervisors.

- (2) A member who wishes to resign shall submit her/his resignation in writing to the Behavioral Health Services Department employee who supports the BHB (“BHB Support Liaison”), who will forward the resignation to the Board of Supervisors.
- (3) The Recruitment Committee shall be responsible for working with the Board of Supervisors to ensure that the composition of the BHB complies with state law.

(C) *Terms.*

- (1) The terms of each BHB member, except the member of the Board of Supervisors, shall be three years with one-third of the appointments expiring each year. A term shall be automatically extended until the member is reappointed or replaced. No member shall be eligible to serve on the BHB for more than three consecutive terms without a break in service from the BHB for at least one BHB year, except that a partial term does not count toward the three-term limit.
- (2) The BHB member who is a member of the Board of Supervisors serves at the discretion of the Board of Supervisors; her/his term automatically terminates if s/he is no longer a member of the Board of Supervisors.

(D) *Quorum.* One person more than half the membership seats of the BHB (9 of 16) shall constitute a quorum.

(E) *Attendance.* The active participation by all of its members is essential to the function of the BHB. Therefore:

- (1) The BHB will issue an email of concern with a copy by mail to a member, with a copy to his/her appointing Supervisor, when the lack of attendance at meetings impairs the functioning of the BHB.
- (2) A BHB member may submit a written request to the chairperson of the BHB for a leave of absence. The request should clearly state the proposed start and end dates for the requested leave of absence. The chairperson shall issue a written response granting or denying the request, and may grant a leave of absence of up to three months.
- (3) Failure to attend three consecutive regular BHB meetings without a leave of absence from the chairperson, or four total BHB meetings in a BHB

year without a leave of absence from the chairperson, constitutes automatic resignation.

(F) *Membership responsibilities.*

Members of the BHB are expected to:

- (1) Perform any and all duties imposed on them collectively or individually by law, these bylaws, or by the Board of Supervisors, including Ethics Training;
- (2) Comply with the attendance requirements as described in Section II, subsection (E) of these bylaws.
- (3) Maintain a current address and email address on record with the BHB Support Liaison. Meeting notices mailed or emailed to either address shall be considered valid notices.

(G) *Conflicts of interest.*

- (1) Except as provided in paragraph (2), no member of the BHB or his/her spouse shall be a full-time or part-time employee of a county mental health, behavioral health, or SUD service; the State Department of Mental Health; or the California Department of Health Care Services. Nor shall a member of the BHB or his/her spouse be an employee, or paid member of the governing body of, a mental health, behavioral health, or SUD 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 he or she does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the BHB. The member shall abstain from voting on any financial or contractual issue concerning his or her employer that may come before the BHB.
- (3) Members of the BHB shall abstain from voting on any issue in which the member has a financial interest as defined in Government Code § 87103.
- (4) All members of the BHB shall comply with the County Conflict of Interest Code.

III. Officers.

- (A) The BHB shall, as soon as practicable following the first day of July each year, elect a chairperson, a first vice-chairperson, and a second vice-chairperson. These officers shall perform the duties prescribed in the bylaws, or if not prescribed in the bylaws, by the parliamentary authority governing the BHB.
- (B) The chairperson shall appoint, subject to approval by the BHB, a Nominating Committee composed solely of BHB members at the regular April meeting. The Nominating Committee shall be composed of at least three current members of the BHB, and shall submit a written report to the BHB at its regular May meeting. Nominations may be made from the floor at the regular June BHB meeting.
- (C) A term of office is one year. No officer may serve more than two consecutive terms in the same office.
- (D) One duty of the chairperson is to consult with the Director of the County's Behavioral Health Services Department. The consultation shall include the goals and objectives contained in the annual plan for the Department.

IV. Meetings.

- (A) Regular meetings of the BHB shall be held monthly except for the months of July and December, unless otherwise determined by the chairperson. Regular meetings of the BHB shall be noticed and held in accordance with the Ralph M. Brown Act (Gov. Code § 54950 et seq.).
- (B) Special meetings may be called by the chairperson or by a quorum of the BHB. The notice shall state the time and place of the special meeting and the business to be transacted. Special meetings shall be noticed and held in accordance with the Ralph M. Brown Act (Gov. Code § 54950 et seq.).
- (C) The chairperson shall set the agenda for each monthly BHB meeting. The agenda shall consist of standing items and action items, which may be added by the chairperson, any two members of the BHB, or any standing committee.
- (D) Minutes of BHB meetings will be recorded. Minutes will be submitted to the BHB for approval at a subsequent BHB meeting and kept on file in accordance with County policy, as well as distributed to all members of the BHB by the BHB Support Liaison.

V. Executive Committee.

(A) Membership.

- (1) The officers of the BHB and the chairs of standing committees shall constitute the Executive Committee. Each chair of a standing committee shall have an alternate, who is the co-chair of the chair's standing committee.

(B) Meetings.

- (1) Except with respect to special meetings, the Executive Committee shall set the time and location of meetings as authorized above, prepare the annual report to the Board of Supervisors, and make recommendations to the BHB.
- (2) All Executive Committee meetings shall be noticed and held in accordance with the Ralph M. Brown Act.

- (C) The Executive Committee shall be subject to the directions and orders of the Board of Supervisors and of the BHB, and none of its actions shall conflict with such directions or orders of the Board of Supervisors or the BHB.

- (D) No member will have more than one vote on the Executive Committee.

VI. Committees.

(A) Establishment of duties:

- (1) The BHB may establish committees, advisory groups, and/or task forces as needed. All such groups are advisory to the BHB and may not take any action except to make recommendations to the BHB.
- (2) Unless excused by the chairperson, all members of the BHB shall have at least one committee assignment.
- (3) The chairperson of the BHB shall appoint a chair and a co-chair to each committee subject to confirmation by the BHB. The chairperson of the BHB shall be an ex-officio member of all committees, except the Nominating Committee.

- (4) Chairs and co-chairs shall serve until successors are appointed, or until the task is completed, as specified by the BHB.

- (B) *Procedures.* Minutes of each regular and special meeting of a committee that is subject to the Brown Act shall be prepared and shall include a record of attendance of the members and the vote taken on each matter. A committee's draft minutes shall be submitted at a subsequent committee meeting for approval. Copies of the minutes shall be submitted to the BHB and kept on file in accordance with County policies.

- (C) *Standing committees.* The standing committees and their duties shall be reviewed on a yearly basis by the Executive Committee.

- (D) All standing committee meetings will be noticed and held in accordance with the Ralph M. Brown Act (Gov. Code § 54950 et seq.). The meetings of any ad hoc committees that are subject to the Brown Act will also be held in accordance with the Ralph M. Brown Act (Gov. Code § 54950 et seq.).

VII. Transition from Mental Health Board to Behavioral Health Board.

- (A) All members of the Mental Health Board immediately prior to the enactment of these bylaws shall automatically become members of the Behavioral Health Board. For each such member, the time served as a member of the Mental Health Board shall count towards the membership term limit as if it were served as a member of the Behavioral Health Board.

- (B) Each of the officers of the Mental Health Board immediately prior to the enactment of these bylaws shall automatically hold the same office when s/he becomes members of the Behavioral Health Board. For each such officer, the time already served as an officer of the Mental Health Board shall count towards the officer term limit as if it were served as an officer of the Behavioral Health Board.

- (C) All current committees of the Mental Health Board shall automatically become committees of the Behavioral Health Board. All current members of the Mental Health Board shall hold the same committee assignments when they become members of the Behavioral Health Board.

//

//

VIII. Parliamentary authority.

Except as otherwise provided by law or these bylaws, procedures of the BHB shall be governed by the latest edition of Robert's Rules of Order.

IX. AB 1234 ethics training.

Each member of the BHB must receive training in public service ethics laws and principles within twelve months of assuming membership on the BHB and every two years thereafter. If a member has already received the training prior to assuming membership, the member may submit proof of his/her last training completion. The signed certification of completion must be sent to the Clerk of the Board as soon as practicable upon completion of the training.

X. Amendment of bylaws.

The BHB may recommend to the Board of Supervisors additional bylaws and amendments to existing bylaws by a two-thirds vote, provided that the proposed additions or amendments have been submitted to the BHB at its previous regular meeting. A recommendation to amend the bylaws shall be approved as to form and legality by County Counsel and transmitted to the Board of Supervisors for final approval. The additions or amendments shall become effective upon approval by the Board of Supervisors.

APPROVED AS TO FORM AND LEGALITY:



DANIELLE L. GOLDSTEIN
Deputy County Counsel

1274500

WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5952]

(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.)

5600.

(a) This part shall be known and may be cited as the Bronzan-McCorquodale Act. This part is intended to organize and finance community mental health services for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. It is furthermore intended to better utilize existing resources at both the state and local levels in order to improve the effectiveness of necessary mental health services; to integrate state-operated and community mental health programs into a unified mental health system; to ensure that all mental health professions be appropriately represented and utilized in the mental health programs; to provide a means for participation by local governments in the determination of the need for and the allocation of mental health resources under the jurisdiction of the state; and to provide a means of allocating mental health funds deposited in the Local Revenue Fund equitably among counties according to community needs.

(b) With the exception of those referring to Short-Doyle Medi-Cal services, any other provisions of law referring to the Short-Doyle Act shall be construed as referring to the Bronzan-McCorquodale Act.

(Amended by Stats. 2014, Ch. 144, Sec. 100. Effective January 1, 2015.)

5600.1.

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

(Amended by Stats. 1991, Ch. 611, Sec. 35. Effective October 7, 1991.)

5600.2.

To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable, and which include the following factors:

(a) Client-Centered Approach. All services and programs designed for persons with mental disabilities should be client centered, in recognition of varying individual

goals, diverse needs, concerns, strengths, motivations, and disabilities. Persons with mental disabilities:

(1) Retain all the rights, privileges, opportunities, and responsibilities of other citizens unless specifically limited by federal or state law or regulations.

(2) Are the central and deciding figure, except where specifically limited by law, in all planning for treatment and rehabilitation based on their individual needs.

Planning should also include family members and friends as a source of information and support.

(3) Shall be viewed as total persons and members of families and communities. Mental health services should assist clients in returning to the most constructive and satisfying lifestyles of their own definition and choice.

(4) Should receive treatment and rehabilitation in the most appropriate and least restrictive environment, preferably in their own communities.

(5) Should have an identifiable person or team responsible for their support and treatment.

(6) Shall have available a mental health advocate to ensure their rights as mental health consumers pursuant to Section 5521.

(b) Priority Target Populations. Persons with serious mental illnesses have severe, disabling conditions that require treatment, giving them a high priority for receiving available services.

(c) Systems of Care. The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.

(d) Outreach. Mental health services should be accessible to all consumers on a 24-hour basis in times of crisis. Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities.

(e) Multiple Disabilities. Mental health services should address the special needs of children and youth, adults, and older adults with dual and multiple disabilities.

(f) Quality of Service. Qualified individuals trained in the client-centered approach should provide effective services based on measurable outcomes and deliver those services in environments conducive to clients' well-being.

(g) Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity.

Systems of care should:

(1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

(2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.

(3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

(h) Community Support. Systems of care should incorporate the concept of community support for individuals with mental disabilities and reduce the need for more intensive treatment services through measurable client outcomes.

(i) Self-Help. The mental health system should promote the development and use of self-help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.

(j) Outcome Measures. State and local mental health systems of care should be developed based on client-centered goals and evaluated by measurable client outcomes.

(k) Administration. Both state and local departments of mental health should manage programs in an efficient, timely, and cost-effective manner.

(l) Research. The mental health system should encourage basic research into the nature and causes of mental illnesses and cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients.

(m) Education on Mental Illness. Consumer and family advocates for mental health should be encouraged and assisted in informing the public about the nature of mental illness from their viewpoint and about the needs of consumers and families. Mental health professional organizations should be encouraged to disseminate the most recent research findings in the treatment and prevention of mental illness.

(Amended by Stats. 1992, Ch. 1374, Sec. 15. Effective October 28, 1992.)

5600.3.

To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a) (1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and

determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations.

(b) (1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

(Amended by Stats. 2015, Ch. 773, Sec. 61. Effective January 1, 2016.)

5600.35.

(a) Services should be encouraged in every geographic area to the extent resources are available for clients in the target population categories described in Section 5600.3.

(b) Services to the target populations should be planned and delivered so as to ensure statewide access by members of the target populations, including all ethnic groups in the state.

(Added by Stats. 1991, Ch. 89, Sec. 69. Effective June 30, 1991.)

5600.4.

Community mental health services should be organized to provide an array of treatment options in the following areas, to the extent resources are available:

(a) Precrisis and Crisis Services. Immediate response to individuals in precrisis and crisis and to members of the individual's support system, on a 24-hour, seven-day-a-week basis. Crisis services may be provided offsite through mobile services. The focus of precrisis services is to offer ideas and strategies to improve the person's situation, and help access what is needed to avoid crisis. The focus of crisis services is stabilization and crisis resolution, assessment of precipitating and attending factors, and recommendations for meeting identified needs.

(b) Comprehensive Evaluation and Assessment. Includes, but is not limited to, evaluation and assessment of physical and mental health, income support, housing, vocational training and employment, and social support services needs. Evaluation and assessment may be provided offsite through mobile services.

(c) Individual Service Plan. Identification of the short- and long-term service needs of the individual, advocating for, and coordinating the provision of these services. The development of the plan should include the participation of the client, family members, friends, and providers of services to the client, as appropriate.

(d) Medication Education and Management. Includes, but is not limited to, evaluation of the need for administration of, and education about, the risks and benefits associated with medication. Clients should be provided this information

prior to the administration of medications pursuant to state law. To the extent practicable, families and caregivers should also be informed about medications.

(e) Case Management. Client-specific services that assist clients in gaining access to needed medical, social, educational, and other services. Case management may be provided offsite through mobile services.

(f) Twenty-four Hour Treatment Services. Treatment provided in any of the following: an acute psychiatric hospital, an acute psychiatric unit of a general hospital, a psychiatric health facility, an institute for mental disease, a community treatment facility, or community residential treatment programs, including crisis, transitional and long-term programs.

(g) Rehabilitation and Support Services. Treatment and rehabilitation services designed to stabilize symptoms, and to develop, improve, and maintain the skills and supports necessary to live in the community. These services may be provided through various modes of services, including, but not limited to, individual and group counseling, day treatment programs, collateral contacts with friends and family, and peer counseling programs. These services may be provided offsite through mobile services.

(h) Vocational Rehabilitation. Services which provide a range of vocational services to assist individuals to prepare for, obtain, and maintain employment.

(i) Residential Services. Room and board and 24-hour care and supervision.

(j) Services for Homeless Persons. Services designed to assist mentally ill persons who are homeless, or at risk of being homeless, to secure housing and financial resources.

(k) Group Services. Services to two or more clients at the same time.

(Amended by Stats. 1993, Ch. 1245, Sec. 9. Effective October 11, 1993.)

5600.5.

The minimum array of services for children and youth meeting the target population criteria established in subdivision (a) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

(b) Assessment.

(c) Medication education and management.

(d) Case management.

(e) Twenty-four-hour treatment services.

(f) Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional, and behavioral skills necessary for maturation.

(Amended by Stats. 1992, Ch. 1374, Sec. 18. Effective October 28, 1992.)

5600.6.

The minimum array of services for adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

(a) Precrisis and crisis services.

- (b) Assessment.
 - (c) Medication education and management.
 - (d) Case management.
 - (e) Twenty-four-hour treatment services.
 - (f) Rehabilitation and support services.
 - (g) Vocational services.
 - (h) Residential services.
- (Repealed and added by Stats. 1991, Ch. 89, Sec. 75. Effective June 30, 1991.)*

5600.7.

The minimum array of services for older adults meeting the target population criteria established in subdivision (b) of Section 5600.3 should include the following modes of service in every geographical area, to the extent resources are available:

- (a) Precrisis and crisis services, including mobile services.
 - (b) Assessment, including mobile services.
 - (c) Medication education and management.
 - (d) Case management, including mobile services.
 - (e) Twenty-four-hour treatment services.
 - (f) Residential services.
 - (g) Rehabilitation and support services, including mobile services.
- (Amended by Stats. 1991, Ch. 611, Sec. 41. Effective October 7, 1991.)*

5600.9.

- (a) Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.
 - (b) Services in rural areas should be developed in flexible ways, and may be designed to meet the needs of the indigent and uninsured who are in need of public mental health services because other private services are not available.
 - (c) To the extent permitted by law, counties should maximize all available funds for the provision of services to the target populations. Counties are expressly encouraged to develop interagency programs and to blend services and funds for individuals with multiple problems, such as those with mental illness and substance abuse, and children, who are served by multiple agencies. State departments are directed to assist counties in the development of mechanisms to blend funds and to seek any necessary waivers which may be appropriate.
- (Amended by Stats. 1991, Ch. 611, Sec. 42. Effective October 7, 1991.)*

5601.

As used in this part:

- (a) "Governing body" means the county board of supervisors or boards of supervisors in the case of counties acting jointly; and in the case of a city, the city council or city councils acting jointly.

(b) "Conference" means the County Behavioral Health Directors Association of California as established under former Section 5757.

(c) Unless the context requires otherwise, "to the extent resources are available" means to the extent that funds deposited in the mental health account of the local health and welfare fund are available to an entity qualified to use those funds.

(d) "Part 1" refers to the Lanterman-Petris-Short Act (Part 1 (commencing with Section 5000)).

(e) "Director of Health Care Services" or "director" means the Director of the State Department of Health Care Services.

(f) "Institution" includes a general acute care hospital, a state hospital, a psychiatric hospital, a psychiatric health facility, a skilled nursing facility, including an institution for mental disease as described in Chapter 1 (commencing with Section 5900) of Part 5, an intermediate care facility, a community care facility or other residential treatment facility, or a juvenile or criminal justice institution.

(g) "Mental health service" means any service directed toward early intervention in, or alleviation or prevention of, mental disorder, including, but not limited to, diagnosis, evaluation, treatment, personal care, day care, respite care, special living arrangements, community skill training, sheltered employment, socialization, case management, transportation, information, referral, consultation, and community services.

(Amended by Stats. 2015, Ch. 455, Sec. 32. Effective January 1, 2016.)

5602.

The board of supervisors of every county, or the boards of supervisors of counties acting under the joint powers provisions of Article 1 (commencing with Section 6500) of Chapter 5 of Division 7 of Title 1 of the Government Code shall establish a community mental health service to cover the entire area of the county or counties. Services of the State Department of Health Care Services shall be provided to the county, or counties acting jointly, or, if both parties agree, the state facilities may, in whole or in part, be leased, rented or sold to the county or counties for county operation, subject to terms and conditions approved by the Director of General Services.

(Amended by Stats. 2012, Ch. 34, Sec. 117. Effective June 27, 2012.)

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. One member of the board shall be a member of the local governing body. Any county with more than five supervisors shall have at least the same number of members as the size of its board of supervisors. Nothing in this section shall be construed to limit the ability of the governing body to increase the number of members above 15. Local mental health boards may recommend appointees to the county supervisors. Counties are encouraged to appoint individuals who have experience with and knowledge of the

mental health system. The board membership should reflect the ethnic diversity of the client population in the county.

(2) 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.

(3) (A) In counties under 80,000 population, 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 under 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 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.

(c) If two or more local agencies jointly establish a community mental health service under 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.

(d) (1) Except as provided in paragraph (2), no member of the board or his or her spouse shall 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 he or she 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 his or her employer that may come before the board.

(e) 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.

(f) 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.

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

(Amended by Stats. 2015, Ch. 127, Sec. 1. Effective January 1, 2016.)

5604.1.

Local mental health advisory boards shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part 1 of Division 2 of Title 5 of the Government Code, relating to meetings of local agencies.
(Amended by Stats. 1992, Ch. 1374, Sec. 21. Effective October 28, 1992.)

5604.2.

- (a) The local mental health board shall do all of the following:
- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
 - (2) Review any county agreements entered into pursuant to Section 5650.
 - (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
 - (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
 - (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
 - (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.
 - (7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
 - (8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.
- (b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.

(Amended by Stats. 1993, Ch. 564, Sec. 3. Effective January 1, 1994.)

5604.3.

The board of supervisors may pay from any available funds the actual and necessary expenses of the members of the mental health board of a community mental health service incurred incident to the performance of their official duties and functions. The expenses may include travel, lodging, child care, and meals for the members of an advisory board while on official business as approved by the director of the local mental health program.

(Amended by Stats. 1992, Ch. 1374, Sec. 23. Effective October 28, 1992.)

5604.5.

The local mental health board shall develop bylaws to be approved by the governing body which shall:

- (a) Establish the specific number of members on the mental health board, consistent with subdivision (a) of Section 5604.

- (b) Ensure that the composition of the mental health board represents the demographics of the county as a whole, to the extent feasible.
- (c) Establish that a quorum be one person more than one-half of the appointed members.
- (d) Establish that the chairperson of the mental health board be in consultation with the local mental health director.
- (e) Establish that there may be an executive committee of the mental health board.
(Amended by Stats. 1992, Ch. 1374, Sec. 24. Effective October 28, 1992.)

5607.

The local mental health services shall be administered by a local director of mental health services to be appointed by the governing body. He or she shall meet such standards of training and experience as the State Department of Health Care Services, by regulation, shall require. Applicants for these positions need not be residents of the city, county, or state, and may be employed on a full or part-time basis. If a county is unable to secure the services of a person who meets the standards of the State Department of Health Care Services, the county may select an alternate administrator.

(Amended by Stats. 2012, Ch. 34, Sec. 119. Effective June 27, 2012.)

5608.

The local director of mental health services shall have the following powers and duties:

- (a) Serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body.
- (b) Exercise general supervision over mental health services provided under this part.
- (c) Recommend to the governing body, after consultation with the advisory board, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division.
- (d) Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year.
- (e) Carry on studies appropriate for the discharge of his or her duties, including the control and prevention of mental disorders.
- (f) Possess authority to enter into negotiations for contracts or agreements for the purpose of providing mental health services in the county.

(Amended by Stats. 1991, Ch. 89, Sec. 92. Effective June 30, 1991.)

5610.

(a) Each county mental health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the California Mental Health Planning Council and the Mental Health Services Oversight and Accountability Commission, which shall be uniform and simplified. The department shall review existing data requirements to eliminate unnecessary requirements and consolidate requirements which are necessary. These requirements shall provide comparability between counties in reports.

(b) The department shall develop, in consultation with the Performance Outcome Committee, the California Mental Health Planning Council, and the Mental Health Services Oversight and Accountability Commission, pursuant to Section 5611, and with the California Health and Human Services Agency, uniform definitions and formats for a statewide, nonduplicative client-based information system that includes all information necessary to meet federal mental health grant requirements and state and federal Medicaid reporting requirements, as well as any other state requirements established by law. The data system, including performance outcome measures reported pursuant to Section 5613, shall be developed by July 1, 1992.

(c) Unless determined necessary by the department to comply with federal law and regulations, the data system developed pursuant to subdivision (b) shall not be more costly than that in place during the 1990-91 fiscal year.

(d) (1) The department shall develop unique client identifiers that permit development of client-specific cost and outcome measures and related research and analysis.

(2) The department's collection and use of client information, and the development and use of client identifiers, shall be consistent with clients' constitutional and statutory rights to privacy and confidentiality.

(3) Data reported to the department may include name and other personal identifiers. That information is confidential and subject to Section 5328 and any other state and federal laws regarding confidential client information.

(4) Personal client identifiers reported to the department shall be protected to ensure confidentiality during transmission and storage through encryption and other appropriate means.

(5) Information reported to the department may be shared with local public mental health agencies submitting records for the same person and that information is subject to Section 5328.

(e) All client information reported to the department pursuant to Chapter 2 (commencing with Section 4030) of Part 1 of Division 4 and Sections 5328 to 5772.5, inclusive, Chapter 8.9 (commencing with Section 14700), and any other state and federal laws regarding reporting requirements, consistent with Section 5328, shall not be used for purposes other than those purposes expressly stated in the reporting requirements referred to in this subdivision.

(f) The department may adopt emergency regulations to implement this section in accordance with the Administrative Procedure Act, Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code. The adoption of emergency regulations to implement this section that are filed with the Office of Administrative Law within one year of the date on which the act that added this subdivision took effect shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare and shall remain in effect for no more than 180 days.

(Amended by Stats. 2012, Ch. 34, Sec. 120. Effective June 27, 2012.)

5611.

- (a) The Director of State Hospitals shall establish a Performance Outcome Committee, to be comprised of representatives from the Public Law 99-660 Planning Council and the County Behavioral Health Directors Association of California. Any costs associated with the performance of the duties of the committee shall be absorbed within the resources of the participants.
- (b) Major mental health professional organizations representing licensed clinicians may participate as members of the committee at their own expense.
- (c) The committee may seek private funding for costs associated with the performance of its duties.

(Amended by Stats. 2015, Ch. 455, Sec. 33. Effective January 1, 2016.)

5612.

- (a) (1) The Performance Outcome Committee shall develop measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided pursuant to this division. The reporting of performance measures shall utilize the data collected by the State Department of Mental Health in the client-specific, uniform, simplified, and consolidated data system. The performance measures shall take into account resources available overall, resource imbalance between counties, other services available in the community, and county experience in developing data and evaluative information.
- (2) During the 1992-93 fiscal year, the committee shall include measures of performance for evaluating client outcomes and cost-effectiveness of mental health services provided by state hospitals.
- (b) The committee should consider outcome measures in the following areas:
- (1) Numbers of persons in identified target populations served.
 - (2) Estimated number of persons in identified target populations in need of services.
 - (3) Treatment plans development for members of the target population served.
 - (4) Treatment plan goals met.
 - (5) Stabilization of living arrangements.
 - (6) Reduction of law enforcement involvement and jail bookings.
 - (7) Increase in employment or education activities.
 - (8) Percentage of resources used to serve children and older adults.
 - (9) Number of patients' rights advocates and their duties.
 - (10) Quality assurance activities for services, including peer review and medication management.
 - (11) Identification of special projects, incentives, and prevention programs.
- (c) Areas identified for consideration by the committee are for guidance only.

(Amended by Stats. 1992, Ch. 1374, Sec. 30. Effective October 28, 1992.)

5613.

(a) Counties shall annually report data on performance measures established pursuant to Section 5612 to the local mental health advisory board and to the Director of Health Care Services.

(b) The Director of Health Care Services shall annually make data on county performance available to the Legislature, and post that data on the department's Internet Web site, by no later than March 15 of each year.

(Amended by Stats. 2014, Ch. 476, Sec. 1. Effective January 1, 2015.)

5614.

(a) The department, in consultation with the Compliance Advisory Committee that shall have representatives from relevant stakeholders, including, but not limited to, local mental health departments, local mental health boards and commissions, private and community-based providers, consumers and family members of consumers, and advocates, shall establish a protocol for ensuring that local mental health departments meet statutory and regulatory requirements for the provision of publicly funded community mental health services provided under this part.

(b) The protocol shall include a procedure for review and assurance of compliance for all of the following elements, and any other elements required in law or regulation:

(1) Financial maintenance of effort requirements provided for under Section 17608.05.

(2) Each local mental health board has approved procedures that ensure citizen and professional involvement in the local mental health planning process.

(3) Children's services are funded pursuant to the requirements of Sections 5704.5 and 5704.6.

(4) The local mental health department complies with reporting requirements developed by the department.

(5) To the extent resources are available, the local mental health department maintains the program principles and the array of treatment options required under Sections 5600.2 to 5600.9, inclusive.

(6) The local mental health department meets the reporting required by the performance outcome systems for adults and children.

(c) The protocol developed pursuant to subdivision (a) shall focus on law and regulations and shall include, but not be limited to, the items specified in subdivision (b). The protocol shall include data collection procedures so that state review and reporting may occur. The protocol shall also include a procedure for the provision of technical assistance, and formal decision rules and procedures for enforcement consequences when the requirements of law and regulations are not met. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(Amended by Stats. 2001, Ch. 159, Sec. 191. Effective January 1, 2002.)

5614.5.

(a) The department, in consultation with the Quality Improvement Committee which shall include representatives of the California Mental Health Planning Council, local mental health departments, consumers and families of consumers, and other stakeholders, shall establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system.

(b) The department in consultation with the Quality Improvement Committee shall include specific indicators in all of the following areas:

(1) Structure.

(2) Process, including access to care, appropriateness of care, and the cost effectiveness of care.

(3) Outcomes.

(c) Protocols for both compliance with law and regulations and for quality indicators shall include standards and formal decision rules for establishing when technical assistance, and enforcement in the case of compliance, will occur. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(d) The department shall report to the legislative budget committees on the status of the efforts in Section 5614 and this section by March 1, 2001. The report shall include presentation of the protocols and indicators developed pursuant to this section or barriers encountered in their development.

(Added by Stats. 2000, Ch. 93, Sec. 52. Effective July 7, 2000.)

5615.

If they so elect, cities that were operating independent public mental health programs on January 1, 1990, shall continue to receive direct payments.

(Amended by Stats. 1991, Ch. 89, Sec. 102. Effective June 30, 1991.)

5616.

Nothing in this part shall prevent any city or combination of cities from owning, financing, and operating a mental health program.

(Amended by Stats. 1991, Ch. 89, Sec. 104. Effective June 30, 1991.)

5618.

Mental health plans shall be responsible for providing information to potential clients, family members, and caregivers regarding specialty Medi-Cal mental health services offered by the mental health plans upon request of the individual. This information shall be written in a manner that is easy to understand and is descriptive of the complete services offered.

(Added by Stats. 2000, Ch. 93, Sec. 53. Effective July 7, 2000.)

5622.

(a) A licensed inpatient mental health facility, as described in subdivision (c) of Section 1262 of the Health and Safety Code, operated by a county or pursuant to a county contract, shall, prior to the discharge of any patient who was placed in the facility, prepare a written aftercare plan. The aftercare plan, to the extent known, shall specify the following:

- (1) The nature of the illness and followup required.
- (2) Medications, including side effects and dosage schedules. If the patient was given an informed consent form with his or her medications, the form shall satisfy the requirement for information on side effects of the medications.
- (3) Expected course of recovery.
- (4) Recommendations regarding treatment that are relevant to the patient's care.
- (5) Referrals to providers of medical and mental health services.
- (6) Other relevant information.

(b) Any person undergoing treatment at a facility under the Lanterman-Petris-Short Act or a county Bronzan-McCorquodale facility and the person's conservator, guardian, or other legally authorized representative shall be given a written aftercare plan prior to being discharged from the facility. The person shall be advised by facility personnel that he or she may designate another person to receive a copy of the aftercare plan.

(c) A copy of the aftercare plan shall be given to any person designated under subdivision (b). A patient who is released from any local treatment facility described in subdivision (c) of Section 1262 of the Health and Safety Code on a voluntary basis may refuse any or all services under the written aftercare plan.

(Amended by Stats. 1997, Ch. 512, Sec. 2. Effective January 1, 1998.)

5623.5.

Commencing October 1, 1991, and to the extent resources are available, no county shall deny any person receiving services administered by the county mental health program access to any medication which has been prescribed by the treating physician and approved by the federal Food and Drug Administration and the Medical program for use in the treatment of psychiatric illness.

(Added by Stats. 1991, Ch. 89, Sec. 107. Effective June 30, 1991.)

WICWelfare and Institutions Code - WIC

hidden