

## Appendix A: Washtenaw County Community Mental Health

### Board of Directors Code of Ethics

As a Board member of Washtenaw County Community Mental Health (WCCMH), I acknowledge and commit that I will observe a high standard of ethics and conduct. I devote my best efforts, loyalty, skills and resources in the interest of the people of Washtenaw County. I will perform my duties as a Board member in such a manner that constituents' confidence and trust in the integrity, objectivity, and impartiality of the WCCMH are conserved and enhanced.

- I will hold the betterment of the WCCMH as a priority, during discussions, decisions and voting matters.
- I am obligated to act in a manner which will bear public scrutiny.
- I will contribute suggestions of ways to improve the organization's policies, standards, practices and ethics.
- I will not abuse my position as a Board Member by expecting special treatment beyond any other's utilizing the organization's services, and I will not exercise individual authority over my fellow Board members or staff.
- I will declare any conflict of interest with regard to matters being discussed in my presence during a meeting.
- If the Board is to decide upon an issue, about which I have an unavoidable conflict of interest, I shall identify the conflict, recuse myself from the discussion of the matter and shall abstain from voting on the matter.
- I will protect the organization's information and will not release or share confidential information without consensus of the Board Members/Directors.
- I will exercise fiscal responsibility to protect and manage the assets of the organization.
- As a Board member, I may represent the organization to other organizations, government officials, business representatives and the general public. I recognize that it is important to represent the organization in such a way as to enhance the organization's credibility and trust. I will avoid any behavior that might damage its image.
- The Board of Directors is responsible for interpretation, application and enforcement of this Code of Ethics Policy.

I have read and accept the WCCMH Code of Ethics for Board Members.

---

Board Member Name (typed or printed)

---

Board Member Name (signature)

---

Date