

## CONDUCT

In addition to following the Brown Act, and abiding by adopted meeting rules (e.g. Roberts Rules), the following guidelines are provided to help BHBs function as effective advisory bodies.

**A. Conduct Agreement** – A listing can be printed on agendas and/or read at the beginning of each meeting. The following list is an example:

1. Active Listening
2. Focus on Issues
3. Person-First Language (see below)
4. No Swearing
5. No Personal Attacks or Criticism (of self or others)
6. One person speaks at a time—no side bars
7. Keep comments short if possible—do not monopolize discussion
8. Limit the Use of Acronyms—“When in doubt, spell it out.”
9. Turn Off or Silence Cell Phones

### **B. Person-First Language**

When talking about people with mental illness or substance use disorder, it is important to be mindful and use "person-first language". BHB members should set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic terms such as "the mentally ill", "schizophrenic", "drug addict" or "alcoholic" are not appropriate since they convey a lack of appreciation for and depersonalize the individual. These terms communicate and reinforce the discriminatory notion of a special and separate group that is fundamentally unlike the rest of "us."

The use of person-first language such as "a person with schizophrenia," "an individual with bipolar disorder," or "people with mental illnesses," communicates first that they are people and second that they have an illness. Use of person-first language, although sometimes wordy, is important and requires that we be mindful of what we present to the public.

#### **Language to Avoid**

• Crazy • Mentally ill • The Mentally Ill • Mentally or emotionally handicapped • Emotionally challenged • Differently-abled • Victim or sufferer • Drug Addict • Addict • Alcoholic

#### **Person-First Language:**

• Individual with lived experience of mental illness • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual living with mental illness • Person with a psychiatric disability • Person with a substance use disorder • Person with an alcohol use disorder

**C. "Unconscious Bias"**      **Also, see recorded training:** [www.calbhbc.org/unconsciousbias](http://www.calbhbc.org/unconsciousbias)

Avoid Micro-Aggressions (Inequalities): Comments or actions that are subtly and often unintentionally hostile or demeaning to a member of a minority or marginalized group. (Such as looking at your cell phone while someone is speaking.)

Be intentional about treating everyone with dignity and respect. (The Public, Speakers, BHB Members, Staff, Contractors, etc.)

## **CULTURAL REQUIREMENTS: Eliminating cultural, ethnic & racial disparities**

Addressing disparities across the entire behavioral health system is integral to providing effective, accessible and equitable programs and services.

### **BEST PRACTICES for Boards & Commissions**

**RECRUIT** to achieve diverse membership:

Seek out and recommend qualified/diverse individuals for appointment by the Board of Supervisors (or Governing Body) (per WIC 5604(2)(A)) See Recruitment.

**LISTEN: for issues, gaps and successes.**

- Invite organizations and individuals to your meetings that can speak to the needs of diverse communities.
- Listen to the public, treating all with dignity and respect.
- Review CALBHB/C's "Unconscious Bias" Training: [www.calbhbc.org/unconsciousbias](http://www.calbhbc.org/unconsciousbias)

**REVIEW:** Penetration rate, data, programs and planning procedures, including review of:

- Staff reports. County data is also available at: [www.calbhbc.org/performance](http://www.calbhbc.org/performance)
- Plans, services and facilities to ensure they meet diverse community needs.
- Planning Process: Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process (5604.2(4)), including Cultural Competency Plans and BHSA Integrated Plan Planning Processes, Page 16
- Specific racial, ethnic, cultural and LGBTQ issue and program info at: [www.calbhbc.org/cultural-issues](http://www.calbhbc.org/cultural-issues)

**ADVISE** the BH Director and local leadership [usually Board of Supervisors]. Recommend goals and services that meet the diverse behavioral health needs of your community! See Recommendations.

**COMMENT** on performance outcome data specific to culture/race/ethnicity, LGBTQ+ and age to the CA Behavioral Health Planning Council.

### **REQUIREMENTS for Local & State Agencies**

#### 3-Year Cultural Competency Plan /Annual Update Requirements

CA Law requires cultural competence in all mental health services and programs at all levels. Local systems of care should:

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.

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.

Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities. WIC 600.2 (g)