



California Association of Local Behavioral Health Boards and Commissions

Tentative Agenda

PLEASE REGISTER at:
www.calbhbc.com

Questions: info@calbhbc.com

CALBHB/C Central Region Meeting/Training

San Joaquin County Behavioral Health Services: 1212 N. California Street, Stockton
Saturday, October 19th, 2019

Central Region Meeting

- 9:00 am** Sign in & Coffee
9:30 am Discuss regional and statewide mental/behavioral health issues and board/commission needs.
CALBHB/C Executive Director – Theresa Comstock

Mental Health Board Training

- 10:30 am** Cultural Competence - Mental Health in the context of local culture.
Trainer - Carole McKindley-Alvarez, Psy. D.
- 11:30 am** Complimentary Lunch
- 12:15 pm** Duties and responsibilities of local mental/behavioral health boards and commissions
Trainer - Carole McKindley-Alvarez, Psy. D.
- 2:30 pm** MHSA Community Program Planning – Ensuring local stakeholder input during the development of MHSA 3-Year Plans, Updates & Innovation Plans.
NorCal Mental Health America's Access CA Program Staff
- 4:30 pm** Wrap up and adjourn!

All members of CA's 59 local mental/behavioral health boards and commissions are welcome to attend. Additionally, the staff liaisons who support the local boards/commissions are welcome and encouraged to attend!

There is no fee to register for meetings/trainings.

CALBHB/C covers travel and lodging for one member per local mental/behavioral health board/commission in the region, but more are welcome! [Expense Reimbursement Policy \(link\)](#). Additional members can be reimbursed in the case of boards/commissions with CALBHB/C Governing Board Members.

CALBHB/C supports the work of CA's 59 local mental/behavioral health boards and commissions.
www.calbhbc.com info@calbhbc.com [Facebook: CALBHBC](#) [Twitter: @CALBHBC](#)

Person-first Language

When talking about people with mental illness, it is important to be mindful and use "person-first language" because the Mental Health Board (MHB) has impressionable guest speakers from other agencies and the public, including individuals with mental illness, who attend MHB meetings. Thus, it is vital for MHB members to set an example and lead the way in using terminology when speaking or writing that is positive and reflective of the person first.

Generic phrases such as "the mentally ill" or "psychologically disturbed" 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 secondarily that they have a disability. Use of person-first language, although sometimes awkward, is important and requires that we be mindful of what we present to the public.

Examples of Language to Avoid

• Mentally defective or disturbed • Mentally ill • Mentally or emotionally handicapped • Mentally afflicted • Crazy, nuts, etc. • Emotionally challenged • Differently-abled • Victim or sufferer

Examples of Person-First Language:

• Person with a psychiatric or psychological disability • Person with schizophrenia • Person with a mental illness • Person with bipolar disorder • Individual with mental illness

CALBHB/C On-Line Resources

www.calbhbc.com

Advocacy	Evidence-Based Practices
Brown Act	Legislation: MHB, MHSA, Laura's Law, 5150
Community Program Planning	MHSA Plans (Role of MHB & Fiscal)
Cultural Competence	Reports (Local Annual Reports & Statewide)
Data Notebooks	Templates/Sample Docs
Duties	Member Guide, Recruitment, Site Visits+
Frequently Asked Questions	Training (Online, Handbooks, In-person Dates)
	... and more!