

# Summary

## Merced County Behavioral Health and Recovery Services Cultural Humility, Health Equity & Social Justice Committee

April 27, 2023  
10:05 am – 11:00 am  
Behavioral Health & Recovery Services Facility  
Teleconference via Zoom

### Present:

Sharon Jones, Bacilia Mendez, Cindy Mattox, Nicole Duarte, PIA, Dee, Tony Lor, Katalina Zambrano, Maria Colomer, Christina Vang, Griselda Vasquez, Fernando Granados, Janet Zamudio, Heydi Herrera, Conor Maloney, Iohana Tapia, Marilyn Mochel, Kimiko Vang, Laura Weil,

### Presentation and Discussion:

*All Members*

#### I. Check-in/Conocimiento

#### II. Approval of Minutes

The approval of minutes for March 30, 2023, was motioned/seconded (Conor Maloney/ Christina Vang) and carried out.

#### III. May is the Mental Health Awareness Month event.

I encourage everyone to get the word out about Mental Health Awareness Month and the importance of this Month. MHSA is having an event here in the back parking lot on the 15<sup>th</sup> side. We will have vendors, many programs, sharing information, free giveaways, and t-shirts, celebrating the importance of Mental Health Awareness on the 24<sup>th</sup> on a Wednesday from 9 a.m. – 12 p.m.

#### IV. Current Outreach and Engagement Activities to Address Disparities

How are we addressing disparities or inequities in the Community? What are some ways we are addressing disparities? What are some ways we can address disparities and not overlook them, but we can move toward working on them?

**Marilyn** – Providing services, especially support groups in multiple languages facilitated by individuals who are proficient in that language, is one way to support equity and reach populations that tend to be underserved.

**Sharon** – Linguistic competency is so very important. What is NAMI doing to address disparities?

**Marilyn** – Providing the Spanish support group in person or via Zoom. That doesn't reach everyone, but they are well attended. That is one example of what NAMI is doing.

**Katalina** –The one thing that we have realized about our organization during COVID was that a lot of our LGBTQ members but predominantly, our trans community were shutting down and no longer had a physical center or allowing them to come in, it stressed them out in a sense that, that was their whole community. That was the only reason they left their homes. After we started up again, they came around. We had to shift our groups from just being about trans topics to how to socialize again out in public. We change our support group name to mixers, conversations, speed fending,

**Maria** – We send out quarterly newsletters to all our members in their language reminding them of the benefits of services that they have and any changes, or new program information. We attend outreach events to inform the community of the benefits we have.

**Griselda** – When it was safer to go out, we had a mobile unit offering services to the community in different areas where they were needed, like vaccines. We partnered with different places like the schools during open houses and food banks during the week. We also had it out in Delhi. The mobile unit, the food bank, our outreach, and another group go and do partnerships with Navigation Center to do homeless counts. During the flood, we did a donation drive to support the community of Planada, and staff donated.

**Iohana** – was not audible.

**Sharon** – You were breaking up, but it sounds like you're being very intentional regarding diversity and disparities. I heard language, education, going to the community, and outreach.

**Fernando** – I think for us, it's making sure that we provide services in individuals' languages, and when we do outreach, we have staff members that represent the different communities in which we do outreach, so we're intentional about that, also providing services where the client wants them. so that they'd be in the office or out in the home, rather than in the community, and also the way that we sometimes utilize our interpreters. Sometimes it's difficult to get an interpreter on a site. So instead of doing phone interpreting, we're able to do Zoom interpreting because it makes a difference when they're able to see the individual that's providing the interpreting for them rather than just hearing the voice on the phone, so a lot of times we'll coordinate where the clinician and client are in the room, and then we zoom in on the interpreter. But the clients still have a visual of who is doing the interpreting for them, and that sometimes creates that change for them.

**Janet** – Aspiranet is doing a parent café for our clients and their caregivers, for them to reconnect with other caregivers, build resilience, and establish a sense of community. Its focus is on the five-protective factor, and we pick two of the five protective factors that are the basis of the café. And we host it in Spanish and English for the caregivers. The Process is to send out a bilingual flyer with a different theme every month.

## V. Lessons Learned About Outreach.

- a) Outreach
- b) Engagement
- c) Community Involvement
- d) Workforce Training

**Katalina** – The LGBT community we opened grinder pages for our programs at first, we opened them up for informational services like STI, and HIV prevention but it turned out to be a great place for people who are still in the closet or come out, for them to receive peer support anonymously where they didn't have come into a center or Mental Health facility. It benefited some individuals where now they can express their feelings to family members, come out of the closet, transition comfortably, and can receive good health care.

**Fernando** – We always have giveaways, not just brochures, or pamphlets. We must have something flashy that attracts their attention and something interactive.

**Cara** – Two things I wanted to mention, Not just focusing on Mental Health but utilizing the recovery model. Sitting down with someone eating something with them, bringing out the coffee, just something useful to them. Developing relationships and starting to engage. Stigma is still very real. The use of Peer Support cannot be overstated, utilizing Peer Support helps connect with people in different ways by using their skills. Peer Support is vital to the outreach.

**Kimiko** - Working with each community and tapping into their natural support system, the informal network that is there. Developing relationships with different trusts messenger of different communities in Merced County. Making sure we have culturally competent staff, and that we practice cultural humility. Making sure we work closely with our partners and our communities and those trusted messengers.

**PIA** – You must speak the language of the people because if you do not have it the services go nowhere it gets lost in translation. Second, your tables must be inviting, and attractive to draw people to the table.

**Kimiko** – Engagement is community base, it must be culturally competent, and linguistically relevant. Tapping into the natural support systems that are there, understanding the community. Developing relationships to do true engagement with the communities.

**Marylin** – It is about the relationship that you build, and it takes more time to do so, talking as to what happened with COVID, there is and continues to be a lot of mistrust with behavioral health, with the healthcare system. Without trusting relationships with people, it's not likely to respond to the services provided. We do have to involve the key people to provide the linkages and services to the community.

**Conor** – not audible.

**Sharon** – Many changes are coming whether they are coming from the state level, local level, or federal level. It's important to notice how we are engaged in the community and what strategies we are using.

**Fernando** – It's also important that whoever is the representative is out there representing us. That, they can practice Cultural Humility. Culture plays a big role in how individuals view their health and how they seek health services.

**Conor** – Success stories, we learn a lot through the focus group and sharing stories.

**Griselda** – Shout out to BHRS, every year we like to go to the event because of the T-shirts, and how they are always switched up. We partner with BHRS and can give our staff Stigma prevention T-shirts. We are working on a campaign internally to promote the whole month of May on Mental Health Awareness on how to practice self-care tips. We will have stickers, poster boards, self-care tips going out, relaxation coloring pages, and handing out green pins, sponsored by the Culture Club. We are trying to get the staff to engage and see mental health as a top priority for each one of us both professionally and personally.

**Katalina** – We have our LGBTQ 101, which lightly goes into disparities and what they need, how to better understand pronouns, and further into our transgender 101, which goes into different cultures and the disparities that transgender individuals face. Then intersexuality, and social data collection. All of this is just so that we understand, especially with social data collection. We will have more all-day training in June and cover everything mentioned here for everyone that missed the training, which will cover LGBTQ, transgender, creating a safe space, and allied ships.

#### **VI. Review and Discuss the CLAS Standard**

We will put this on the agenda next time. As we talked about engagement, getting involved in the community, and working training needs. We will also look at what the requirements of the CLAS standard to culturally linguistically appropriate standards are, the Federal Standard is the standard that trickles down from the State into the local. In speaking with Ayana McGee from the Care TA Center, they are working on the new Cultural Competence Guidelines. And we had not had a new Competence Guideline since 2010. The Department of Health Services has the Guidelines, and those Guidelines are going to shape the next Cultural Competence Plan. A huge part of some of the things is the CLAS Standard which we know the principal standard is about providing effective, equitable, understandable, and respectful quantity care and services that are responsive to diverse cultural beliefs and practices preferred languages, health literacy, and other communication needs. Its section is into governance, leadership, workforce communication and language assistance, engagement, and continuous improvement and accountability. We will talk more about the CLAS Standard.

#### **VII. Develop a List of Gaps in Cultural Humility**

**Marilyn** – We saw during COVID that people are stressed and overworked; they can't think about other individuals because they barely manage themselves, and that gets in the way of providing cultural humility services.

**Katalina** – Not feeling comfortable discussing LGBTQ conversations or having them shut out. Or some schools don't want to provide readily available information, and some teachers do not want to have an ally flag in the schools. Shutting the conversation down or not allowing these conversations to happen, stops individuals from wanting to further seek Mental Health Services.

#### **VIII. Establish Goals and Objectives**

We will continue this conversation next time, work on our goals and objectives, and discuss them.

#### **IX. Discuss Data Collection**

We will discuss Data Collection at the next meeting.

#### **X. Next Steps**

#### **XI. Adjourn**

10:57 am

The next meeting is May 25, 2023.