

# Summary

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

June 22, 2023  
10:05 am – 11:00 am  
Behavioral Health & Recovery Services Facility  
Teleconference via Zoom

### Present:

Sharon Jones, Bacilia Mendez, Cindy Mattox, Nicole Duarte, Dee Espinoza, Katalina Zambrano, Maria Colomer, Fernando Granados, Iohana Tapia, Marilyn Mochel, Derric Brown, Daniel Garibay, Ursula Vasquez, Jewel Wise, Conor Maloney, Janet Zamudio, Alondra Cisneros, Mai Ker Vue, Belle Vallador, Janette Rodriguez, May-Ci Xiong, PIA Moua, Sabrina Abong, MistyRose Bautista

### Presentation and Discussion:

*All Members*

#### I. Check-in/Conocimiento

#### II. Approval of Minutes

The approval of minutes for May 25, 2023, was motioned/seconded (Conor Maloney / Fernando Granados) and carried out.

#### III. Four Main BHRS Divisions, include:

- ✓ Adult Services serving individuals aged 18 years and older with serious mental illness.
- ✓ Children & Transition Age Youth Services serving children and transitional-aged youth up to age 25 with serious emotional disturbance or serious mental illness as well as their families,
- ✓ Substance Use Disorder Services serving adults and youth aged 12 and older with identified. Substance use needs, and
- ✓ Crisis and 24-hour Services serving individuals of all ages to evaluate individual's mental health needs, provide crisis intervention and/or stabilization and connect individuals to the appropriate level of services. Merced County also has an inpatient psychiatric unit, the Marie Green Psychiatric Center serving individuals aged 18 and older, and a crisis residential unit serving adults who require a short-term, step-down program from psychiatric hospitalization.

**Ursula** – Last meeting it was mentioned that the Wellness Center and Extra Help part-time were transitioning to full-time, which was the reason because there is more patient after COVID.

**Sharon** – While working as extra help they learn their trait and move on; most people want full-time. So, the Wellness Center has a cycle of rehire and rehire and we are trying to handle more continuity of care and services by having a full-time staff.

**Belle** – Regarding the 24-hour services that are rendered, do you have a particular hotline number?

**Sharon** – It's the same, (209)381-6800.

#### IV. How are Cultural Humility, Social Justice, and Health Equity demonstrated in the client's care?

**MistyRose** – Educating ourselves and being aware of our population in the community, the families we serve have different cultures, and traditions, being well rounded with diverse cultures to be able to meet their needs.

**Ursula** – as a consumer, BHRS has done so by having the Wellness Center open with staff 24 hours providing services with dignity and respect, and not being biased.

**Belle** – Rendering bilingual service for BHRS, we need to be compassionate, and respectful of cultures. There is Hmong, Latino, Lao, and Mien, community in Merced County. We must make sure we know the different cultures, so we do not offend them. We must train interpreters for this purpose.

**Merilyn** – Looking at the 21-22 Merced City Elementary District report on languages by grade there are other languages, Cambodian, Cantonese, Mandarin, Korean, and Arabic. We try to provide interpreting services if families try to access Behavior Health by telephone interpreting services. There is a very diverse community in the county that is not recognized, in elementary schools is one of the ways we can identify them. The Learner's student by language by grade report by the California Department of Education.

**MistyRose from Chat** – Making sure everyone has an equal opportunity to the same benefits.

**Derric** – We have the responsibility to empower individuals on a micro level to have a voice for themselves. Because one of the most sustainable ideologies, if you will, white supremacy is ruled by leaderless resistance. It is an effective tool in making change in the communities. So, we must create that same leader resistance for people to advocate for themselves. We should empower individuals and encourage them to have the voice, and confidence to speak up for themselves.

**Ursula** – Having familiarity with the same staff that knows you is very important.

**Alondra** – On a more micro level is providing education on a person's rights as a client. Or making sure our services are attainable for different people, being flexible with our services.

**Ursula** – Having access to the same individuals or familiarity makes it easy to transition work on your goals with the same worker.

**Marilyn** – There is a movement to link services like food and addressing equity around income, in healthcare physicians can write a prescription for this that strives to address some of the inequities, all this goes beyond the encounters that we have with individuals but what is happening in different areas of the country with universal basic income. I think there is a lot we can do to advocate for changes that support individuals in our community.

**Derric** – Advocacy must start at the grassroots level, it should not start from the top down, it should start from the bottom up. From an advocacy perspective, individuals that receive services must continue demanding what they need.

**Conor** – Not sure if advocacy is at its top speed, but as a provider and being on the other end of that service our focus is determined by payers and systems process. Advocacy is something where you know clients and folks in the community put forth in different forms and it's dependent on the relationship and ability to have a platform. The landscape is changing, and we must think of how it will affect clients in the community.

**Belle** – Support from the member's family is very important, Agencies following up the client's case management is very important.

**Ursula** – It should start as soon as you leave BHRS and with everyone program out there to identify the problem early on.

#### **V. Discussion of Stakeholders recommend strategies to raise community awareness of BHRS services.**

- Partner with other County agencies, community-based organizations, schools, and faith-based organizations to conduct outreach events. Many community members have close ties to and seek services through the church. Partnering more with faith-based communities may improve outreach and engagement. Come together and have events such as the one we have on May 24<sup>th</sup> Mental Health Day Awareness; we are planning in September on Suicide preventions. Holistic Fair that we will be having on July 15<sup>th</sup>.
- Share out a monthly newsletter and increase BHRS' social media presence. We do have Facebook and Instagram accounts.
- Ensure any flyers or billboards are visible and are in multiple languages.
- Implement a BHRS information line that community members can call to learn about BHRS programs and support service navigation.

What else can we add to the list to raise community awareness?

**Belle** – At Healthy House we are doing community events, conducting training awareness on Mental health, communicating with state officials working hand in hand with them.

**Maria** – being aware of each organization's program and or newsletters, we have a community monthly newsletter called the Beat, to share with our clients, our vision of healthy communities.

**Katalina** – social media, working with each organization word of mouth, our Apps where clients can log in anonymously for someone that has not come out yet can message us has worked very well.

## **VI. Discussion of Stakeholders' recommended strategies to improve access to BHRS services.**

- Work with other agencies to take a “no wrong door” approach, wherein consumers accessing other services can get connected to behavioral health services more easily.
- Provide more drop-in assessments and services to allow consumers to access services when they need them.
- Share more about the intake process and timeline upfront to better manage expectations.
- Implement consumer-centered strategies to build rapport and make the assessment process more approachable.
- Provide reminders (e.g., texts or phone calls) about upcoming appointments and work with consumers to identify and address barriers to attending upcoming appointments.
- Provide interim peer or case management support while waiting for intake and follow-up appointments.
- Extend service hours of operation to accommodate consumers' school and work schedules.
- Provide childcare at BHRS during appointments so parents can more fully engage in services.
- Implement mobile services—such as a van that comes out into the community—and partner with more primary care clinics or community sites to create mental health “outposts” providing mental health services.
- Train more community health workers/promoters to help raise awareness of mental health services and potentially conduct initial screenings.

**PIA** – Repeating information to clients in a form/way they understand.

**Iohana** - Simple way for clients to understand services and resources.

**Belle** – I'm concerned about our youth so awareness can be brought to schools, coordinate school programs, not being present at the schools, and outreach events. Communicating and collaborating with school officials.

**Conor** – Increasing our presence, not only engaging with clients but with family and other providers. If you can send out the information on the Symposium in Spanish

**Belle** – Hosting the MOU Elder Abuse, CCR meeting today at 3 pm, anyone is welcome to attend the meeting at Healthy House.

## **VII. Next Steps**

Next Month will be off Zoom and back to face-to-face meetings, notification will be sent out.

## **VIII. Adjourn**

11:00 am

The next meeting is July 27, 2023.