

Summary

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

August 24, 2023
10:05 am – 11:00 am
Behavioral Health & Recovery Services Facility
Conference Center Room C219

Present:

Sharon Jones, Cindy Mattox, Fernando Granados, Belle Vallador, May-Ci Xiong, PIA Moua, Khi Moua, Janette Rodriguez, Cristina Vang, Vong Chang, Maria Colomer, Daniel Garribay, Chandra Vang, Janet Zamudio, Eve Clinton, Lizbeth Bravo, Monique Barajas, Stefani Rosas Soto, Kimberlee Bledsoe, Iohana Tapia, Bacilia Mendez

Presentation and Discussion:

All Members

- I. **Check-in/Conocimiento**
- II. **Approval of Minutes**
The approval of minutes for July 27, 2023, was motioned/seconded (Bell Vallador / Daniel Garibay) and carried out.
- III. **Focus Groups for 2024-2025 MHSA Annual Update and Innovation Plan**
For any Focus Groups that you want to set for a particular discussion contact Nicole Duarte to set up and have those conversations. The key person will set up the Focus Group for the people on their list. Regarding the Focus Group, we are speaking about the need for behavioral health Care Services in Merced County along with barriers. What are we doing well in Merced County? What programs seem to stand out or do well? And learning what resources are in Merced County and linkage for the families. Stakeholders set up the Focus Group and Sharon will facilitate unless the language is a barrier then we will get someone to interpret to make sure it is culturally responsive in a linguistic way.
- IV. **2023 Cultural Competence Plan Due December 31, 2023**
Many discussions were made this year based on what is needed in the Cultural Competence Plan, the goal is to use all of the great feedback given by this committee meeting to go into our Cultural Competence Plan. The plan has demographic data on specific cultural groups, our culturally specific programs, intervention and strategies and hours of operations.
- V. **The New Cultural Competence Plan Guidelines are pending currently the 2024 Cultural Competence Plan is due October 2024**
The current Cultural Competence guidelines include eight key areas. The new guidelines are pending and will be approved soon, the new guidelines will be used for our plan due in October 2024. This committee will help develop the Cultural Competence Plan. Nicole Duarte will be the lead person for the Cultural Competence Plan. Public Health just completed their public health assessment it would be nice to get a copy of the report.
- VI. **SB 326 MHSA Modernization Plan**
Huge system redesign, in the MHSA meeting yesterday, they were talking about all the different ways that the Modernization once finalized might impact programs for underserved communities. One of the key strategies for reaching underserved communities is prevention once it becomes universal, not so much one-to-one service it might impact many communities. One core area is behavioral services and support which includes technological needs, capital facilities, electronic health records, Early intervention, Innovation. Behavior Services and Support has a lot of expenditures there will need to be a balance between having enough services and still getting capital facilities and electronic health records. Both projects are very costly. The updates will be sent out. **May-Ci** – read something about increasing the PEI percentage. Sharon mentioned that we might have to look at what we have as PEI, Early Intervention, and the amount we have.

This is the biggest Modernization since MHSa was approved in 2004, they made the change from the Department of Mental Health to the Department of Health Care Services and the workforce, education, and training went to Public Health, but they have never changed the percentages.

Iohana - Does the Focus Groups focus on clients, community partners, and the community?

Sharon said it is the community, the internal programs, community providers, community groups, and any vested stakeholder in the Mental Health Services Act or behavioral health.

Kim – Is the Focus Group is population specific, like LGBTQ+, being able to co-facilitate the first LGBTQ+ therapy group that BHRS had and a lot of the feedback from clients was anger; they felt that we did not offer enough services.

Sharon said yes, any community that feels that their voices are not heard, and does not have a sense of belonging, and health care is not reaching them.

Kia – How does the Focus Group work, are they at BHRS or our place?

Sharon responded Focus Group can be at any place. My goal is to hear the voices of the community and what is needed.

Belle – Focus Group could be the school base.

Iohana – Focus Group could be on diverse cultures, justice-involved, to figure out what the barriers are.

VII. Top Five Goals for Diversity, Equity, Inclusion and Belonging

What should be the top five goals if we are going to move Equity, Diversity, Inclusion, and Belonging forward for clients and families that are being served in the community? Where should we start?

Kim – We fall short of providers; we need more training to be more informed and knowledgeable. For the visually impaired, we do not have paperwork in brail for them. For providers getting training on minority stressors or experiences that are not our own, education, and challenging our bias awareness, to start being more inclusive and practicing our values, and mission statement, starting with the providers.

Sharon added, that just because a provider has a license or works at BHRS, does not mean they are going to be culturally responsive. They may still carry isms, biases, and all that impact the individual who needs services. We need some type of assessment or review of providers on an intimate level. Some of the things that are hidden are racism, classism, sexism, and homophobia, all may not be verbalized but people are/might be feeling it.

Kim – We have eliminated referrals, they can self-refer, and I do the referral as the intern for tracking purposes. Because we are trying to get rid of barriers. We know from the first session that some of them were very angry. The second session is a drop-in, it is not a therapy group it is more of creating a safe space, but they do need to be within the LGBTQ+ community. The group session will be ongoing through December for an hour and a half. Flyers are in every clinician's room. In the lobby, they are always trying to advertise the group.

Lizbeth – While working at HSA, we had meetings every three months and invited providers to give them information about what we had to offer, they would go and give the information to their colleagues to come to attend the meetings, that's how we learned what resources was in the community.

Kim – We do communicate with Somos Familia Valley Central with Katalina, she has spoken in our group, trying to link them. We also went to the Pride Center. One of the barriers is that we have opened it up to BHRS clients only, not to the communities. We have gone out to other communities so maybe they could refer to us, people who meet the criteria to get services here because we have a clinician.

Sharon added it is important for allies to be in the group, no culture can do it alone by themselves, cross-cultural learning becomes the protective factor. The more that we can work together and build up a supportive safety net.

Iohana – Training could be part of NEO on Cultural Competence, and lack of knowledge so it should be part of the screening, assessment, asking questions, and training at staff meetings.

Katalina, mentioned that staff did not attend the training so is it possible to talk to upper management and make the training mandatory? Cultural Competence must be a continuous training process.

Vong – Developing a standardized DEI section curriculum.

May-Ci – Setting up more training with Somos Familia Valle Central for the coming year, and some youth groups.

Kim – We can do a lot of harm if we do not respect or support clients with their pronouns.

Sharon's conclusion heard a lot on these five topics, heard pronouns, increased stressors, not belonging, not feeling heard, the need for more training early on, curriculum for BHRS and providers, about welcoming clients, inclusive.

Daniel – Accountability, holding people accountable. We provide workshops on how to support queer youth and agencies. I will send out flyers to everyone. The workshop can be in person or virtually.

Tania – Started a weekly meeting called the Community meeting every Monday, to talk about what is going on at the Wellness Center for the week like goals, anything coming up, birthdays, new members, new staff, and just being inclusive for everyone that is there. Then there is a separate meeting for admin to discuss fundraising to support the Wellness Center so clients can go on field trips. Clients feel more included and invested, informed, we have a celebration once a month to include diverse food. The brochure was just updated, and Southeast Asian group is in there to be more diverse and inclusive. We added new life skill management groups starting in September.

May-Ci – It is very important to have practitioners of diverse cultures is important to have clinicians of different cultures. Growing the workforce to be more diverse.

Belle – Sense of empathy from their point of view. We are having our MOU Elder Abuse, CCR meeting today from 3:00 pm – to 4:00 pm everyone is invited. It is very important to know what each organization is doing and collaborate to be able to serve our community better.

Cindy – BHRS consumer satisfaction survey, is there anything about Culture Competence?

Vong – There is a term we use psychological safety; it is allowing others to express themselves openly without retaliation. Facilitating groups and managing them. Creating a safe space.

VIII. Discussion on Cultural Competence Program Assessment

To identify cultural competence needs.

IX. Development of Request for Proposal (RFP) for Southeast Asian Youth Program

There is a request for a proposal going out to the community for interested providers. We will notify you when the RFP goes out.

X. Next Steps

Getting the plan done, utilizing all feedback received from this committee over the last year.

XI. Adjourn

11:00 am

The next meeting is September 28, 2023.