

# Summary

## Merced County Behavioral Health and Recovery Services Cultural Competency Meeting

October 17, 2019

10:00am

Behavioral Health & Recovery Services Facility  
301 East 13<sup>th</sup> Street, Merced

### Present:

Jessica Wheeler, Richard Luvian, Sandra Sandoval, Janet Zamudio, Heydi Herrera, Jen Ramos, Cristian Santos, Marilyn Mochel, Yvonnia Brown, Belle Vallador, Fernando Granados, Maria Orozco, Caitlin Haygood, Sharon Jones

### Presentation and Discussion:

*All Members*

#### I. Check-in/Conocimiento

The group completed self-introductions, stating names and agencies.

#### II. Approval of Minutes

The approval of minutes for September 19, 2019, was motioned/seconded (Fernando Granados/Belle Vallador) and carried.

#### III. Focus Groups and Feedback

Sharon Jones, MHSA Coordinator, provided the committee with an update on the community planning process that is currently underway. Sharon reported that the most recent focus groups have taken place at the Merced Adult Wellness Center and Westside Transitional Center in Los Banos. Feedback is still being collected for the FY 2019-2020 MHSA Annual Update. A World Café is scheduled for November 19, 2019 and stakeholders are invited to further discuss what has been shared in focus groups and to collect additional feedback. Sharon asked that those interested in holding a focus group or in being a key informant contact herself or Maria Orozco. Sharon stated that feedback is welcome up until it is presented to the Board of Supervisors.

#### IV. Discussion on How to Monitor Advancing Staff Skills/Post Skills Learned in Trainings

Sharon stated that this agenda topic is required under the Cultural Competence Plan. Sharon asked to have a discussion on how to monitor advancing staff skills and how to track if the skills of practitioners are adequate, additional training needs, and ways to ensure that staff is evolving with their skills, as cultural and clinical competence go hand in hand. Fernando Granados from Sierra Vista Child and Family Services stated that the current Cultural Competence training policy which requires staff to attend 32-hours of Cultural Competence training annually is difficult for new staff to complete. Sharon stated that the current requirement is currently evolving to be 16-hours of initial Cultural Competence training with an annual 8-hour refresher course to take place after the initial training. She stated that she is currently working with BHRS's Contracts department to get the new policy in place and that it has not yet been finalized. Fernando said that the collecting data on the trainings attended each year and developing guidelines on what would constitute a cultural competence training versus a non-cultural competence training, and an approval process for outside cultural competence trainings, would help contracted individuals understand what would qualify as a cultural competence training. Heydi Herrera reported on how Golden Valley Health Centers monitor how staff skills are advancing. Heydi stated that Golden Valley conducts three and six month evaluations for new hires and then annual performance evaluations that measure different criteria, including job performance. Clinicians attend program trainings and periodic webinar trainings. Clinicians also attend Continuing Medical Education (CME) trainings that are based what the clinician feels they need to strengthen in their skillset. Heydi reported that it is challenging to measure skill improvement in a way other than employee performance. Yvonnia suggested also utilizing patient satisfaction surveys to measure staff performance.

Jen Ramos suggested sending quarterly or biannual surveys to partners as an accountability tool to measure whether or not specific cultural competence elements have been implemented.

Marilyn Mochel stated that, though having a diverse workforce that reflects the population that an agency works with does

not necessarily equal a culturally competent workforce, from a consumer's perspective it is important for people to see others who look and understand their perspective. Marilyn shared that she has checklists to measure and ensure culture and linguistic competency are being implemented that she can share.

Janet Zamudio from Aspiranet stated that Aspiranet monitors advancement of staff skills by conducting 30, 60, and 90-day employee reviews, then annually, as well as monthly Joint Commission quizzes, and individual supervision with direct supervisors to review client engagement and productivity.

## **V. Discussion on Client Culture Training**

Sharon stated that training on client culture is mandated under the Cultural Competence Plan. She asked about opportunities and ideas on how to infuse client culture trainings that infuse the perspective and voice of the consumer. Sharon said that the May Recovery Event is infused with client culture and testimonies. Sharon asked for a discussion on how client culture can be further incorporated.

Yvonna asked if Cultural Brokers bring information back to their agencies from the community. Cristian Santos from Golden Valley Health Centers said that Cultural Brokers conduct workshops throughout the community, but also collect surveys as well. Heydi said that surveys are brought back to leadership where topics that need to be developed are identified. Topics are then developed and redistributed to the community through the Cultural Brokers. Heydi mentioned that there is a lack of discussion surrounding the culture of substance use and the opioid epidemic and training is needed on how to approach the culture of substance use. Yvonna suggested having a representative from the SUD department to talk about the available resources for individuals with substance use disorders. Belle Vallador stated that drug and alcohol use should be addressed even before housing issues can even be addressed. Jessica Wheeler noted that there is often stigma on both sides, from the treatment provider and from the client, and that there is a need for SUD providers who have lived experience.

Yvonna wanted to highlight Healthy House, as they have taken a lot of initiative in securing grants for issues surrounding homelessness and engaging individuals in the community through outreach and collaboration. Belle elaborated on these efforts. Belle said there is a lack of collaboration and follow through between agencies and she often finds that agencies are unaware of the services offered through other agencies. Belle said that people are often sent in circles and that there is a need for more sustainable solutions and intensive case management. As an example, Belle said that some agencies receive grant funds that are used to provide individuals with enough funds for a weeklong stay at a motel, but that this is not a good use of funds because it does not get to the root of the person's needs or provide a long term solution.

Yvonna asked Belle to elaborate further on what Healthy House has done to address some of the issues that have been brought to Belle's attention. Belle reported that Healthy House's process does not stop with the intake and that they ensure that action is taken to ensure people do not leave without a solution or hope. As an example, Belle said that they may accompany people to their behavioral health appointments to ensure they follow through and get the help they need, navigate the system, and are able to advocate for themselves. Belle said that Healthy House will hold a presentation by the Director of Housing, Tracy Johnson.

Heydi said that issues concerning homelessness often go beyond mental health, as basic needs are often a bigger concern for the client. Individuals to engage in therapy until they are ready. There has to be a level of accountability for clients to keep their appointments.

Belle agreed and said that agencies need to be educated on their responsibilities and what they are able to offer.

Yvonna elaborated on the limitations of government agencies and community needs. She said that due to limitations on how government funds can be spent, sometimes what the department is able to offer does not line up with what the community needs or wants. There needs to be a community effort and commitment supported by private, for-profit, and faith based organizations to work together on filling the gaps that are left by the restrictions government agencies have. There are long term implications to policies that are enacted. Yvonna stated that we know there is a need, we have identified the needs, and where there are gaps, but there is no way to address every community need and there is always room for improvement. We are culturally aware that there is a need in our community on multiple levels. A positive

example of community engagement, is the movement and conversations surrounding homelessness that are now taking place within the community. The community has identified a need with the homeless and as a result, policy makers, the business community, non-profits, and agency partners are coming together to develop a regional plan to address homelessness.

**VI. Identification of Disparities and Assessment of Needs and Assets**

Agenda item was tabled.

**VII. Community Driven Care**

Agenda item was tabled.

**VIII. Program Reports and Updates**

Agenda item was tabled.

**IX. Possibilities and Success Stories**

Agenda item was tabled.

**X. Next Steps**

Agenda item was tabled.

**XI. Adjourned**