

Summary

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

February 25, 2021
10:05 am – 11:00 am
Behavioral Health & Recovery Services
via Teleconference

Present:

Sabrina Abong, Alyssa Castro, Vong Chang, Jose Chavez-Diaz, Fernando Granados, Caitlin Haygood, Marili Hernandez, Sharon Jones, Cindy Mattox, Marilyn Mochel, Maria Orozco, Cara Rupp, Stephanie Russell, Sandra Sandoval, Anna Santos, Sonia Suria, Ker Thao, Cari Urquiza, Belle Vallador, Wayne Yang

Presentation and Discussion:

All Members

I. Check-in/Conocimiento

Sharon asked that those in attendance email Maria Orozco to confirm their attendance.

II. Approval of Minutes

The approval of minutes for January 21, 2020, was motioned/seconded (Nancy Reding/Fernando Granados) and carried.

III. Cultural Competence Plan Update

Sharon Jones shared that the Cultural Competence Plan Update has to be submitted to the state by March 2, 2021. The Director has reviewed and given her approval to submit the plan. The plan was emailed to the committee a second time and the feedback period is open until 5:00 PM February 26, 2021. Moving forward the committee will review the state's criterion for the Cultural Competence Plan.

IV. Substance Use Division Recommendations

We received feedback following an EQRO audit to have our SUD division more visible in the plan. This year we were able to get increased input from our SUD division so their work is integrated and represented in the plan. Moving forward, we will be looking at each core area – BHRS and contracted providers - to see the work they are doing in the area of cultural humility. It was noted in the feedback we received that there is a need to include more culturally specific data.

V. ACE Online Training

Providers can complete a two-hour, online Adverse Childhood Experiences (ACEs) Aware training. Participants can receive two hours of continuing education credit. We will send the link to access the training to the committee.

VI. ACE Implementation Planning Grant

BHRS received the ACEs Implementation Planning Grant. We are in the early stages of implementation planning and working to develop a trauma informed network of care. The first step is to take a census of where we are in regards to ACEs screening. We are working to build a community network where we can screen for ACEs.

Sharon reviewed the five levels of the Network of Care Continuum of Integration:

- Level 1: Beginning ACE Screenings. Limited or no community relationships.
- Level 2: Some ACE screening experience. Limited or no clinical protocols for interrupting the toxic stress response. Community structure not yet formalized.
- Level 3: In process of connecting to Network of Care. Clinical protocols for interrupting the toxic stress response in place. Execution of community-provider integration needed. No IT platform in place.

- Level 4: Network of Care in place and functioning. Clinical protocols for interrupting the toxic stress response well established. Additional resources needed to maximize potential for integration. Plans for leveraging bi-directional IT platform.
- Level 5: Fully functional, trauma informed Network of Care in place. Shared accountability and governance structure established. Clinical and community interventions to interrupt the toxic stress response routinely utilized. Strong community-provider relationships exist with feedback loops. Bi-directional IT platform utilized.

Our ultimate goal is to get to level 5. We are currently assessing where we and our community partners are on this continuum. The link to the ACEs Aware training was shared with the committee.

VII. Department Workforce Investment/Outreach and Engagement

We will be collaborating with the Department of Workforce Investment to conduct outreach to help support families and reduce stressors. Family and Community Development Partners through the Strengthening Families Program will be responding to referrals.

VIII. Dialogue on Racial Equity

With many contemporary events that have happened, Sharon shared the importance of having a dialogue on racial equity. Sharon asked the committee for their thoughts and the importance of the topic. She says it is often a highly emotional topic, but it is very needed. Marilyn Mochel provided the following example of racial equity and inequity: if when looking at the reading proficiency for children at the third grade you see significant gaps between white children and black children, that is an inequity. Racial equity would be if the results indicated the same level of proficiency, without a gap between one racial or ethnic group or another. The same would apply to behavioral health. When there are groups of people who do not have the same penetration rate, that is inequity.

Wayne Yang from Hlub Hmong Center agreed with Marilyn that equity is seeing equal results, but says that it also means "equal opportunities." What that means is not just academic opportunities, but equity in opportunities with a holistic perspective, and bridging social, cultural, and linguistic opportunities that directly impact academic opportunities. There is a difference between equity and equality.

Sharon said that racial equity also plays a factor in access to resources and the quality of resources that are given. It is also known that many evidence-based practices do not meet the needs of certain racial and ethnic population groups. Sharon said once she completes her presentation to the Central Region Ethnic Services Managers, she will share her experience with the Global Alliance on Racial Equity with this committee. She said that many communities have issued groundbreaking proclamations on racism. She thinks we should receive some training and understanding on racial equity.

Anna Santos from Aspiranet TIP shared that when she thinks of equity and equality, she thinks of interview panels. We know that COVID has had a negative impact on the workforce, with many people becoming unemployed. There have been numerous studies that say that the African Americans are the last to be hired with this setback of COVID-19. In her experience, there is not a lot of diverse representation on the panels or in interviewees. Alyssa Castro from Youth Leadership Institute (YLI) said that another point that Anna brings up is equity in positions of decision-making. She spoke about how the board of those deciding who is getting hired often look or are a part of a certain group, which is something to consider when looking at equity in positions of power. Sharon said that who holds the power to distribute resources is also important to examine: Who is getting the contracts? Who is getting hired in key positions? Who is getting access to housing? Within the structures that are set up, how is equity playing out? Marilyn said that this is critically important. Often we look at the results of any group and we think in terms of individuals or groups of people, but we neglect to look at the systems themselves. It is easier for us not to look at, for example, who is teaching children, who is working in the healthcare system, etc. There are efforts to diversify, but any discussion about racial equity has to do under the umbrella of systems that have created and sustained what we are seeing today. It cannot be blamed on the individuals, it is the systems we have in place and the motivation to keep the power and control with the people who are in these systems. Rarely do you have the ability to really look at history and where we are today and what it is going to take to change. You cannot leave out, for example, the history of the behavioral health system or the education system. Our talk should

always be looking at this historically and figuring out how to advocate for significant change if we really want to achieve racial equity.

Belle Vallador from Healthy House commented on racial inequality when seeking jobs and often times, it can be *who* you know, not *what* you know. Belle commented that this also applies when it comes to COVID vaccine availability. There is a need for the system to be changed.

Sharon thanked everyone for sharing their perspective. She said she will be providing a presentation on her learning from the Global Alliance on Racial Equity.

IX. Toxic Stress

Sonia Suria from BHRS said this discussion also relates to the conversation on racial equity. Coming from a clinical perspective, she says it is important to validate the experiences of others. Many of us who have not experienced racial injustice may have the first instinct to negate it or challenge their experience in some way. Part of moving towards racial justice is acknowledging the racial injustices and the lack of equity in the systems that many individuals have been exposed to and validating their experiences.

Marilyn said this is a way to connect back to cultural humility. For many individuals there are ways that you experience the world that may be different than the person sitting across from you. You may not know anything about the trauma that person has experienced, but you can learn from the person. Toxic stress is based on experiences of oppression and often they are historical in nature. Toxic stress is something that you have to approach when you are working with people whose life experiences are very different and learn from them. In her experience with the Hmong community, it took many years of working side by side, in the homes, to learn about the trauma that was experienced before and after the Secret War in Laos. Toxic stress is experienced by many groups in our community.

Sonia also noted the importance of taking into consideration the generational trauma that comes with toxic stress. It can also occur at a very macro or micro level. Microaggressions can occur on a day-to-day basis or on a wider spectrum, within society.

Belle said the one thing we can do to address toxic stress is to provide emotional support, talk to people who are experiencing the same feelings. Parents can inflict toxic stress to their children, especially when there is abuse occurring within the family. Toxic stress felt by a parent can affect the way they interact with their children and family. It should be addressed right away. Marilyn said that toxic stress can change a person's genetics that can be passed on to their children. Generational trauma has been proven and we are learning more about it every day.

Wayne noted research done by Kaiser Permanente on Adverse Childhood Experiences (ACEs) and how they have lifelong implications and can lead to negative health implications. The Kaiser Permanente study is the basis for the ACEs Aware initiative.

X. Program Reports and Updates

Marilyn offered to work with Sharon to build on the foundation of knowledge by looking at behavioral health using the lens of social justice.

There was no report for SUD.

XI. Possibilities and Success Stories

Anna from Aspiranet shared that there are openings at Aspiranet TIP program for the positions of Support Counselor and Peer Mentor. Interested applicants can visit www.aspiranet.org, under "Careers", to apply.

Wayne from Hlub Hmong Center shared that they are conducting a bi-weekly talk show. The next talk show will take

place next Friday will be focused on finances. The show will have financial advisors present. They are realizing that in communities that are in poverty, all people can think about are wages and savings, but would like to help people learn about other ways to bring in income and other aspects of personal finance. The link for the event can be found on the Hlub Hmong Center Facebook page. It will also be recorded.

XII. Next Steps

XIII. Adjourn

Meeting adjourned at 10:58 AM.