

# Summary

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

April 22, 2021  
10:05 am – 11:00 am  
Behavioral Health & Recovery Services  
via Teleconference

### Present:

Sabrina Abong, Zeus Baldevia, Jose Chavez-Diaz, Caitlin Haygood, Christopher Jensen, Sharon Jones, Cindy Mattox, Marilyn Mochel, Sophia Ornelas, Maria Orozco, Sandra Sandoval, Cari Urquiza, Belle Vallador, Siouxouyee Vue

### 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 March 25, 2020, was motioned/seconded (Belle Vallador / Siouxouyee Vue) and carried.

#### III. Purpose

Sharon Jones, BHRS, reviewed the purpose of the Cultural Humility committee. She said that one reason we have a Cultural Humility committee is to monitor, review, and comply with legislation, and to ensure that quality services are being provided to consumers in a culturally appropriate manner. Our committee is to inform, review, and monitor that services are being delivered in a culturally appropriate manner. That includes access to interpreters and many other cultural norms and requirements.

#### IV. Guiding Definition

The committee's guiding definition is to encourage the process of lifelong learning, self-reflection, forgiveness, listening, providing advocacy, and using ethical practices that acknowledge power differentials while remaining mindful of the ever evolving nature of culture, change, and intersectionality.

#### V. Goals

Some of the goals of the committee as defined in our most recent Cultural Competence Update are:

- Foster and provide a safe supportive working environment for all employees that provides culturally and linguistic competent, community centered, and consumer driven behavioral health services, that supports best practices for the recruitment and retention of diverse and well qualified individuals to the behavioral health workforce.
- Recruiting, training, and hiring behavioral health consumers and family members at all levels of the workforce.
- Identify the mental health needs of specific cultural groups and populations through focus groups, 1 to 1 interviews, with individuals from different ethnic communities and populations that have not traditionally been engaged within the behavioral health community.
- Conducting ongoing evidence based training and presentations.
- Keep leadership informed.
- Look at health practices, social determinants of health, the meaning of equity and social justice as it relates to behavioral healthcare.
- Work to develop outreach practices to reduce stigma, promote tolerance, and provide linkage to services.
- Better engage individuals at outreach events, improve sign-in sheets response rates to improve the accuracy of outreach and engagement demographic data.

- Develop relationships with unserved and underserved populations to reduce barriers to behavioral health and services for all individuals facing obstacles and inequity in care based on race, culture, religion, age, disability, socio-economic status, gender identity, and sexual orientation.

As a committee, we need to determine what actions we need to do to meet those goals.

## **VI. ACEs Screening and Clinical Protocols**

Another big endeavor is ACEs Aware. Sharon Jones said she is on a committee with MCOE and internally at BHRS, she reports that they are having a very strong conversation about adverse childhood experiences screening and developing clinical protocols. Sharon said they submitted their integration assessment to ACEs Aware on March 15<sup>th</sup>. It was determined that BHRS is at a level 1, which means we are at the beginning stages of developing a trauma informed network of care in Merced County. Sharon will be sharing more on ACEs screening and clinical protocols.

Sharon Jones asked the committee to discuss the needs of individuals that are living with a mental health concern who keep interfacing with the criminal justice system. She said that one thing that happens is that individuals are often picked up by law enforcement and they end up cycling through the legal system and crisis system, but are not getting the help they need. Marilyn Mochel shared, based on some experiences assisting individuals who contact NAMI, she said now that we have mental health court, for example, when families call sometimes for an individual in crisis, they are trying to get their loved one from their home to the crisis center. At times, police assist them to get there. Other times, depending on the officer, they can be arrested. The family does not want to prosecute the loved one. In many cases, they don't have a weapon and, often they are focused on one particular member of the family and making threatening remarks. Then they go through mental health court and sometimes the ruling is that they need to take their medication or their sentence would be worse. Often individuals with serious mental health problems will forget to take their medicine or will go into crisis again for another reason. It is so hard for some families. Specifically for families that don't speak English or African American families. Sometimes the police response is harsher. Families don't know that they can meet with the victim advocate at the DA's office and try to get messages to the prosecutors that they are not interested in prosecuting their loved one. It seems like it's a circle. That's one of the ways that individuals end up with longer incarceration. Siaxouwyee agreed. The language barrier causes so much confusion. In the Hmong community, there are certain aspects that the general public does not understand. This plays a part in it as well. The Southeast Asian community may not know their rights or that there is help available for them, that's one of the problems.

Sharon asked what would help with these issues, in terms of infrastructure?

Christopher Jensen, BHRS, said that he thinks one thing that gets overlooked is that law enforcement has a high turnover rate, just as BHRS can. They may have a lot of advocates in their departments who are aware of the best practices, but they often leave with that wisdom when they leave the department. Christopher suggested an ongoing information sessions, or even getting involved with the law enforcement onboarding sessions, where BHRS can present the services we offer and how to link community members to our services, and other services like the Navigation Center, through a warm handoff process for crisis and non-crisis situations and how to follow up. There are occasional efforts to do this, but this is something we need to do on a regular basis to make sure that that particular sector of service in our community always has up to date information. For the most part, the newer officers will probably be the ones on the street, doing the patrols, if we can get the information directly to those on the street. There's a need for more information on how to deescalate situations, which could lead to fewer crises coming about due to law enforcement interaction. It could go a long way to humanize the situations a lot of our clients are going through.

Belle Vallador from Healthy House said that Healthy House has been offering advanced elder abuse law enforcement training for the last three years. They are preparing to conduct another advanced law enforcement training on April 28, 29, and 30 from 2 PM – 4PM via Zoom. She said Healthy House has found that law enforcement respond to cases like domestic violence or helping homeless people on the street and they don't know what to do. Healthy House has a 24-hour hotline they can call to get assistance. They are trying to educate, share, and train through this training to teach law

enforcement learn how to navigate the agencies that can help the clients who are calling on them for help. It's a matter of awareness. Their tendency is to call an ambulance, then they are taken to the hospital and released. We try to educate and bring awareness to our law enforcers as far as Los Banos and Dos Palos. We need to be aware of the services we all offer.

Sharon thanked everyone for their input. She said the families are very stressed about the interactions with law enforcement, the crisis situations, and with trying to find their family member the help they need.

Marilyn Mochel shared that a person within the local police department reminded her that if someone calls the police they must expect a police response, so when we talk about educating the police, it's not that it isn't important, but in the future when we have an innovative program opportunity we really need to be looking at alternatives to transportation, rather than our calling upon the police. There may be some real innovations that we could implement. The International CIT program had some suggestions that I think we might look at. Sharon agreed and said that instead of having an officer respond, it would be nice as a part of trauma informed care to have another person who is trained to trauma approach and mental health to intervene. Christopher Jensen asked if the department has a Mobile Crisis Team. Sharon said the department does have a Mobile Crisis Response Team, but there still seems to be a cycle that happens when individuals start to become unwell and interface with the legal system. Sharon says this team could be part of the solution.

## **VII. Update Cultural Humility Training**

Sharon Jones shared that Dr. Jann Murray-Garcia submitted her training proposal. The Director has asked for some additional information. She entitled her proposal as "Anti-Racism and Cultural Humility"; she is one of the authors who coined the term "cultural humility." If approved, we are looking to having a training with leadership staff and a train-the-trainer session, then the staff trainers will be able to provide the training to other staff.

## **VIII. May is Mental Health Awareness Month**

Next month is Mental Health Awareness Month. We plan to have a walk-up outreach event at the main BHRS campus at 301 E. 13<sup>th</sup> Street, Merced and to have outreach in the outlying communities by our PEI Strengthening Families Community Development Partners. We will also have PSAs on the radio and the banner will be hung across G Street in Merced to bring awareness to Mental Health Awareness Month. Sharon said there has been a lot of loss and change for people in the last year, so we really want to increase awareness of mental health, that help is available, and that it's okay to ask for help.

## **IX. Substance Use Division Reports**

Christopher Jensen said that he would provide a written report to send out with the minutes. He also wanted to follow up on Sharon's question about police response. He asked if the committee had any perspective on how the substance use disorders division can be more culturally humble or responsive to our community members. He asked if anybody has heard of anything regarding services, or has experiences with the prevention or treatment services, that they would like to share. Sharon Jones has received interest in the community from people who would like more information about Alcohol Anonymous groups. People would like to know where to go for AA and NA groups. She has heard rave reviews about the department's Dual Diagnosis Program; there is a strong sense of connectedness and sense of belonging. Christopher said he can help follow up with information regarding AA and NA groups. He said that both AA and NA do formal presentations for groups and he can inquire about possible presentations for a future Cultural Humility Committee meeting.

Christopher also shared that the SUD services are located at the same location as the mental health services: The main building in Merced on 13<sup>th</sup> St for adult services and the youth services are at the same location as Children's System of Care. Adult services are also available Mondays and Tuesdays from 10:00 AM – 7:00 PM to try to help meet the needs of working families. The division has recently partnered with Sutter Memorial Hospital and Aegis to collaborate on a project to help increase services for SUD on the west side, in Los Banos specifically. They are meeting with Sonoma County who has a similar collaborative effort that has allowed them to form an opioid coalition to provide services that usually aren't

offered in their community.

Belle Vallador said she mailed some resource booklets to different agencies. She asked that those who would like copies to email Belle.

**X. Client/Consumer Reports**

Sharon Jones shared that the Wellness Centers have started to open back up. The goal is that a representative will be on this committee as we move forward.

**XI. Updates**

Sharon Jones said that the committee will review Criterion 1 of the Cultural Competence plan at the next meeting.

Siouxouyee Vue shared that the Week of the Young Child celebration took place last week. Siouxouyee shared a video in the chat: <https://youtu.be/tiWDAxQ3DOs>. She also shared that there is an event on Saturday, April 24<sup>th</sup> in honor of Lao New Year. The celebration will be held in the parking lot of Bangkok Thai Restaurant at Main Street and Martin Luther King Jr. Way in Merced.

**XII. Possibilities and Success Stories**

Sharon shared that Bouasvanh Lor, Immanuel Hargrave, and Matthew Vang, from Hmong Culture Camp, provided a presentation on anti-racism, anti-hate, and coming together in unity, during the MHSA Ongoing Planning Council meeting.

**XIII. Next Steps**

Cultural Competence Plan criterions will be discussed at future meetings.

**XIV. Adjourn**

Meeting adjourned at 10:58 AM.