

# Summary

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

May 27, 2021  
10:05 am – 11:00 am  
Behavioral Health & Recovery Services  
via Teleconference

### Present:

John Aguirre, Eduardo Avila-Chavez, Vong Chang, Jose Chavez-Diaz, Caitlin Haygood, Raquel Jacobo, Christopher Jensen, Sharon Jones, Cindy Mattox, Kaota Moua, Ismael Munoz, Maria Orozco, Rocio Ortega, Joanna Perez-Ortega, Nancy Reding, Cara Rupp, Sandra Sandoval, Ker Thao, Cari Urquiza, Siouxouyee Vue, Jennifer Xiong

### 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 April 22, 2021, was motioned/seconded (Nancy Reding / Jose Chavez-Diaz) and carried.

#### III. Criterion 1: Commitment to Cultural Competence

Sharon Jones, MHS Coordinator, asked for the committee's feedback on criterion 1 of the Cultural Competence Plan and what it means for the department to have a commitment to cultural competence. Jennifer Xiong from Hlub Hmong Center said one thing she looks for in community based organizations is that they follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS). These guiding standards can improve our processes and work. Jennifer shared the following link in the chat box:

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

John Aguirre from the LGBTQ Collaborative shared that he would like to see things that are going to make him feel safe and welcome. It can be as simple as having a rainbow flag visible or the way the employees address him. He shared that many individuals who are transgender are often misgendered, so he suggests using non-binary terms when greeting someone. He also said it's important to consider the way people speak to him and how they react when he brings his family of choice. Forms should ask about gender identity, sexual orientation, etc. so the department can better serve people based on their needs rather than the general public's needs. John said it's important that we go beyond the barriers of appearance and expression and accept people for who they are.

Jennifer Xiong shared a success story of how Hlub Hmong Center has worked to demonstrate a commitment to cultural competence and ongoing cultural humility. She said Hlub Hmong Center is about creating bi-directional change and learning about what community based organizations and agencies are doing, what's happening in the Hmong community, and having conversations with the Hmong community to learn about the barriers they are experiencing. Jennifer said they are proud of their efforts with the Central Valley Regional Center where deepening that relationship has led them to create their own cultural competency team where there are Hmong service coordinators who are part of the process to support, engage, and strategize how they can go about reducing disparities and increasing access to the Hmong community. Having that organization find enough value to create that type of team within the organization has helped Hlub Hmong Center work to decrease disparities. They hope to get more Hmong families involved in the process. Jennifer also emphasized the importance of collecting data so that they know where the gaps are. Jennifer said there are no organizations that collect data to the level where subgroups like Hmong, Mien, and Lao communities are being seen. Most organizations label them as "hard to reach" populations. Merced County made a commitment that they would care

for the immigrant refugees that come to the Central Valley, but 45 years later we see increases in poverty, lower paying jobs without opportunities for growth, lower education attainment, and other ways that social determinants of health are impacted.

Cara Rupp from Merced County BHRS SUD division shared that the SUD division recently discussed how they could improve the lobby and interview rooms in a way that would reach out to people of various cultures and walks of life. The lobby could be a lot more inviting and welcoming to people across the board. Staff members to continue to collect feedback from clients about what would make the lobby and hang-out room more inviting and send the message that no matter their background this is a place where they are safe and will be cared for, valued, and respected. Clients continue to give fantastic feedback about what would make our offices more welcoming.

Sandra Sandoval from the Merced County Department of Public Health shared that they try to demonstrate a commitment to cultural competence when they conduct classes in the community.

Christopher Jensen said that something that stands out to him is if the staff, paperwork, service structure, or values of an entity are familiar to the clients they are intending to serve. Is there a tangible effort that agencies can point to or showcase that indicate the agency is serious about their cultural competency? Many times we put things in policies and we point to them, but there's no organized body, no strategic plan, or actual activities that anyone can point to.

Vong Chang from Turning Point shared how his program factors in a lot of the different cultures and diversities that they work with. Occasionally they will have mental health workers work with an outside family from their background so there is cross coverage. Sometimes they will assign different types of assignments or trainings to staff to help increase their skillset around working with different populations. They will also have things that represent the consumer in the lobby and hallways, so when family members and consumers visit the facility it feels welcoming. When hiring staff they consider how different types of backgrounds of candidates will match the population they work with. The agency creates an annual report that looks at staff versus client demographics in order to determine whether there should be an effort to reach or recruit more staff that represent the clients they serve. The CEO also sends weekly email updates with information about current events, which he says it models transparency and dialogue and helps people feel more comfortable.

Sharon Jones asked the committee what can be done if they feel there is no commitment, or not enough of a commitment, to cultural competence within an agency. She said it is important for people to know that it is safe to talk about culture. Christopher Jensen suggested providing a letter of support to administration from the committee outlining barriers identified and suggested methods to reducing them. Jennifer Xiong added utilizing bilingual and bicultural staff in the organization to support and provide their input, allowing them to flex, take off their western hat and be a part of their community to improve services.

#### **IV. Recognition, Value, and Inclusion**

This agenda item was tabled.

#### **V. Criterion 2: Updated Assessment of Service Needs**

Sharon Jones asked the committee to provide feedback on the needs of the general population of Merced County. Sharon said a consistent need is transportation. Jose Chavez-Diaz said major needs include food, shelter, and the COVID-19 vaccine going to the community. Transportation is difficult for many people, so they may not be able to travel to the clinic to receive their vaccine. Vong Chang said that there is a need for housing, specifically there is a need for affordable housing. Many clients at Turning Point are not able to find housing, let alone afford the housing that is available. The inventory is extremely low. He said they are struggling with trying to get clients adequately housed. There is also a shortage of board and care facilities in Merced County, many have closed down due to a lot of changes pertaining to licensing requirements, so they have had to send clients out of county. There is also a cultural and linguistic challenge to supporting the family and helping them understand the system of care that is available to help. There are misconceptions about the systems of care and many do not trust the system to take care of their loved one. There is a

need to develop a safety net that allows us to support family dynamics while reducing harm to families and their loved ones.

## **VI. General Population**

Sharon Jones asked the committee to think consider the general population and poverty and talk about the things that we need to take into consideration as we look at service needs. She mentioned the barrier of transportation. John Aguirre said that it is important to remember that poverty is a culture within itself and to treat it that way. Examples include way we interact with appointments, the importance of those appointments for someone living in poverty who may be living in survival mode, etc. Sharon Jones elaborated on the culture of poverty and how it impacts service needs. She noted the importance of understanding the perspective and priorities a person living in poverty might have. For example, she noted how it can be difficult to keep appointment times when someone is worried about finding and affording transportation, food, and childcare. She said it is important to be mindful of truly understanding the culture of poverty and how it interconnects with service needs. Christopher Jensen said that he has noticed in the past year with a lot of focus on service implementation addressing homelessness and other forms of poverty is that there seems to be some implicit bias blocking providers from understanding how much more effort it takes someone in poverty to accomplish tasks that require multi-sector involvement. For example, in order to access a housing program, someone may first need a social security card and, in order to get a social security card, they may first need to read or write to complete the necessary forms. Christopher said that when we engage folks with wraparound services, we often neglect to understand how much more difficult and how much more effort operating in several sectors is for someone in poverty. Sharon agreed that something that intersects is literacy. A lot of fear, panic, and embarrassment comes along with a literacy needs. There's a huge need for humility. Christopher noted that we tend to make assumptions about other's abilities and can act in a patronizing way, so we need to be alert of that.

Sharon asked what some of the needs are for specific populations within the county. John Aguirre said that the LGBTQ+ community needs affirming care, therapists and doctors who understand what it's like to be a sexual minority and what it's like to have a lack of access to care because a lack of trust in the system or because they have been shunned by the system in the past, who affirm that their families are real, and will treat everyone as equals. Jennifer Xiong emphasized the need for bilingual skills and bicultural understanding to build deeper relationships with clients and customers, as well as the importance having staff that are trained in trauma informed care so they can interact in a way that is culturally and linguistically sensitive. She also mentioned how the Adverse Childhood Experiences (ACEs) screening has been promoted, but she worries about the comfort level of folks providing the screenings, as well as the follow-up that will be required after screening and whether we have the capacity to do the follow-up and get folks to the services they need.

## **VII. Medi-Cal Population**

This agenda item was tabled.

## **VIII. 200% of Poverty**

This agenda item was tabled.

## **IX. Community Services and Supports (CSS) Population**

This agenda item was tabled.

## **X. Prevention and Early Intervention (PEI) Priority Populations**

This agenda item was tabled.

## **XI. Substance Use Division Reports**

Cara Rupp provided the SUD division report. She shared that the SUD division has been looking into updating the look of the SUD division to make it more welcoming and make it feel like a safe space for consumers. With SUD, people who are using substances, there is a culture within itself, and there are a variety of cultures within that culture. They want to consider the clients they serve and the stigma they face as individuals with a substance use disorder. In the community

as a whole they face a lot of barriers, obstacles, and shame. Many providers in the community still continue to have a deep stigma with regard to people who are experiencing substance use disorders. They are exploring how to best connect with this population and how to promote information and education to the community as a whole about substance use disorders. It's larger than us just providing SUD services, it's also about our charge to educate the community and local providers about these disorders. She shared that the department has Recovery Month in September and Red Ribbon Week in October, which they utilize to provide education to the providers that are serving our SUD population and the community at large.

**XII. Client/Consumer Reports**

There was no client/consumer report.

**XIII. Updates**

Sharon Jones shared that the department held an outreach event for Mental Health Awareness Month on May 26, 2021.

Jennifer Xiong shared that the API Heritage Month Celebration at 7:00 PM on May 27, 2021. She invited everyone to join in learning about the API community and the history of why May is API Heritage Month. May is also a special month for the Hmong community because May 14<sup>th</sup> is Hmong American Day and celebrates the end of the Vietnam War in Laos.

**XIV. Possibilities and Success Stories**

Christopher Jensen expressed his gratitude for the collaboration of everyone on the call. They have been trying to secure after school programming in Winton in partnership with Atwater High School and it was due to one of the members of the Cultural Humility committee that they were able to solidify a contact at Atwater High School with a former Youth 2 Youth Mentoring student. They are now working with Merced Union High School District (MUHSD) to get the program back in the community.

**XV. Next Steps**

Sharon asked the committee to think of action steps that demonstrate our commitment to cultural humility and address our service needs.

**XVI. Adjourn**

Meeting adjourned at 10:58 AM.