

Summary

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

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

Present:

Sabrina Abong, Trechann Barber-Jacinto, Jose Chavez-Diaz, Fernando Granados, Caitlin Haygood, Sharon Jones, Cindy Mattox, Ismael Munoz, Jesse Ornelas, Maria Orozco, Nancy Reding, Cara Rupp, Jeff Sabean, Sandra Sandoval, Brian Sterkeson, Cari Urquiza, Pangcha Vang, Siaxouwyee 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 May 27, 2021, was motioned/seconded (Jose Chavez-Diaz / Nancy Reding) and carried.

III. Criterion III: Strategies to Address Disparities

Sharon Jones reviewed Criterion 3 of the Cultural Competence Plan criterion. She invited the committee to share ideas for addressing disparities in Merced County. Fernando Granados from Sierra Vista Child and Family Services said that while telehealth has provided us as providers with an opportunity to provide services to those who historically providers have not been able to reach, there are still some disparities when it comes to telehealth services, as not everybody has access to reliable internet or devices that will allow them to access telehealth services. Many struggle because their devices are either too old or don't support teleconference platforms like Zoom, so they rely on their phones. Progress has been made, but there is still a need for more support in that area. Fernando said he's not sure of the solution to this issue, other than buying devices for individuals who need them. Sharon also pointed out that some people may not be able to navigate devices used for telehealth, which is also a barrier.

Sharon asked the committee to share about the disparities within the county. Jose Chavez-Diaz from Golden Valley Health Centers said that the COVID-19 vaccine is revealing disparities within the county, specifically within the Latino population who work in agriculture. He shared that many in the community are not aware of the vaccines available.

Sharon asked the committee to comment on what can be done to make a safe and welcoming environment. Siaxouwyee Vue from Hlub Hmong Center said that the language barrier is one of the biggest obstacles within the Hmong community. There's a need to be culturally and linguistically sensitive so people in the Hmong community are not misguided.

Cara Rupp from BHRS SUD division shared that the SUD department is taking a look at their lobbies and day rooms to see how they can improve them to make them more welcoming and inclusive. She shared that the RAFT building was recently remodeled and they are connecting with their clients to see what they would like to see on the walls and what a welcoming atmosphere would mean to them.

Fernando Granados suggested looking at how we, as an organization, can bring the services to the community rather than having the community come to the organization, especially in outlying and underserved areas where access to services is most difficult. He also noted the importance of having a workforce that is going to be able to relate and have a

better level of understanding between clients and providers. There is also a shortage of providers, so there is a need to look at how we can grow the field, even beginning with looking at how we can improve the graduation rates of high school students who may want to pursue a career in the behavioral health field, or how we can incentivize college students to go into the field, then support them to graduate. Even though MHSA does provide stipends for MSWs, there is a need to go even further.

Sharon asked for the committee to share strategies we can implement to demonstrate our appreciation for diverse individuals. Pangcha Vang suggested beginning with the department's electronic health record (EHR) system. Pangcha said the current system, Anasazi/Cerner, does not include a complete list of genders and does not allow for staff to note the client's preferred pronouns, nor does it reflect real names. This is a disservice because when a therapist receives a new client who is transgender, the therapist will often use their incorrect name because their real name is not listed in the EHR. Nancy Reding also noted the importance of getting pronouns correct. Nancy suggested asking every client what their preferred pronouns are upfront. Brian Sterkeson, BHRS, said that our systems often drive the way we do things, but it is important to look at the perspective of the person in need of help. It's all about meeting people where they are. Pangcha said that it depends on the staff, if the system is not made to be inclusive of LGBTQ+ individuals, then we place the responsibility solely on the staff to be culturally competent, but it shouldn't be that way. We should aim to change the system so it is inclusive for all and not settle and be content with how it currently exists. We need to commit to structural change, and ensuring that our policies and the applications we use are culturally inclusive. Pangcha said that the change should come from our leadership. When leadership pushes for the change, then it is much easier implement and hold staff accountable. If management is not on board, then it is difficult to implement change.

Fernando noted the importance of providing training to staff, but also emphasized the importance of following up after training to hold our staff accountable to implement what they are learning and how to provide the service once the training has been received. There needs to be a level of accountability once the training has been received. Brian agreed and said that it is important to reinforce the training. He also noted the importance of peer support and looking at who is at the table, listening to multiple perspectives. Pangcha elaborated on the importance of changing work culture to be more inclusive, beginning by looking at policies. She noted that asking for a person's pronouns upon meeting them for the first time should be part of the organization's culture. On the topic of discrimination, the department's budget should be inclusionary; if the budget is only serving cis-gendered people, then we are doing the community a disservice. Our budget should support funds that cater to unserved and underserved communities. Jesse Ornelas, YLI, echoed what Pangcha mentioned about the funding. He elaborated that taxpayers pay more for incarceration than resources for healing and transformation. Jesse said that those who decide funding, especially for the County, the Board of Supervisors, tend to be very conservative, pro-incarceration. It is up to stakeholders to encourage people to run for office and challenge the status quo, to ensure that resources go towards prevention and early intervention, to reach youth during those critical ages, rather than post-conviction services. Most of the services we offer simply place a Band-Aid over the decisions that decision-makers make and are unable to address the root cause: white supremacy and capitalism controlling the lives of those most impacted. Pangcha said she wanted to echo what Jesse said regarding the budget. She said that when looking at the budget, the priority is funding prisons, the funding for mental health is much lower than for incarceration. It is discriminatory and needs to be fixed. When talking about disparities we have to talk about the undocumented and children of immigrants. There is so much trauma for this population. We all know that the undocumented are essential workers; they are the grocery workers, the farmers, but they never received the stimulus. The resources available for the undocumented are very few. We should understand how difficult and intimidating it would be for someone who is undocumented to go to a government agency for services. Their relationship with the government has been so damaged. If we have to think about disparities and how to help the undocumented, we have to contract with non-profits and develop a workforce that reflects that population and hires children of immigrants and refugees. We have to acknowledge that many undocumented immigrants and those who do not speak English, may not consider counseling as part of healing. We need to be open to serving them even if they are not willing to participate in counseling programs. Sharon thanked Pangcha for bringing these important topics to the committee's attention.

Sharon asked the committee what they would make them feel safe to receive services from BHRS. Pangcha suggested

changing the Access phone line to be more culturally appropriate. She suggested having counselors who speak the language and share the culture of the individual placed at the locations where the individual is, such as churches, at shaman rituals, or in community based areas. Ismael Munoz said it is important to have someone who welcomes you when you walk into the office or answer the phone in a nurturing way.

Sharon asked if there are any particular outreach and engagement strategies that would be helpful. Jesse Ornelas said that something that would make him feel safer would be more education on what mental illness and normalizes getting help. We need the type of outreach that reaches the people. Whether it means having informational pamphlets in the jails, in the juvenile halls, and finding people who are suffering through trauma and inflicting trauma, we need to have education about what services look like. Pangcha said that we should not require people to be clients of our services in order to help them. We should be able to help people with utility, rental services, or even community resources even if they are not our clients. Counseling is not always a culturally appropriate method of healing. Sharon said if we are going to move community health forward we need to help people in real time where they need it.

IV. Criterion IV: Client/Family Member/Community Committee

Sharon asked about the committee's thoughts on the importance of client family member involvement in the mental health system. How can we integrate a family approach into our services? Jesse Ornelas said if we consider families in SUD program reunification processes, we need more of that. If we are talking about making sure people have more access to their children, then yes. Other times, if someone has a high ACE score for example, it may have a lot to do with family members. It depends on the situation because we can end up doing more damage than good. Sharon agreed and elaborated that there are many ways that family can be defined and the system is not set up in a way to honor the different types of families. We should make sure that family is integrated within our system. Pangcha said it would be great to have family advocates, not only for mental health, but for LGBTQ and undocumented individuals, who can advocate for their loved ones. Sharon said that often times when people are seeking support, they are estranged from their families and are in need of support. Having a supportive network is an important part of resiliency. Pangcha said she knows that NAMI provides family advocates, but we need to go even further to provide advocates for LGBTQ, people of color, and undocumented immigrants. We have to realize that disparities come from many diverse backgrounds and our family advocates should reflect that. Sharon said she is in agreement. Brian wanted to add to Pangcha's comment and said that Sharon is aware of the need for family advocates and they are working on a contract that will help build those types of supports and capacity. Pangcha said she knows that Sharon is an advocate and just wanted to voice her opinion. Sharon thanked everyone for the conversation. She said what needs to follow is moving the work forward.

V. Cultural Humility Assessment

This agenda item was tabled.

VI. Update on ACEs Planning Grant

This agenda item was tabled.

VII. Substance Use Division Reports

This agenda item was tabled.

VIII. Client/Consumer Reports

There was no client/consumer report.

IX. Updates

This agenda item was tabled.

X. Possibilities and Success Stories

This agenda item was tabled.

XI. Next Steps

Sharon Jones said she is working on a presentation for the behavioral health board on the topic of equity. If anyone would like to provide support in this area she invites them to email her.

XII. Adjourn

Meeting adjourned at 10:58 AM.