

# Summary

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

June 23, 2022

10:05 am – 11:00 am

Behavioral Health & Recovery Services Facility  
Teleconference via Zoom

### Present:

Sharon Jones, Sabrina Abong, Alyssa Castro, Jose Chavez-Diaz, Maria Colomer, Melyssa Hintz, Conor Maloney, Cindy Mattox, Maria Orozco, Sandra Sandoval, Katalina Sambrano

### Presentation and Discussion:

*All Members*

#### I. Check-in/Conocimiento

#### II. Approval of Minutes

The approval of minutes for May 26, 2022 was motioned/seconded (Jose Chavez-Diaz /Sandra Sandoval) and carried.

#### III. Follow Up: Culturally specific approach that has helped our community

In last month's meeting, the committee had a conversation about culturally specific approaches that have helped our community; Sharon wanted to revisit the conversation today. Sharon said that we have the standard approaches such as talk therapy and things of that nature. She asked the group for some examples and mentioned the upcoming workshop at the Pride Center.

Alyssa Castro, Youth Leadership Institute (YLI), was asked to share about what Youth Leadership Institute is doing as a culturally specific approach. She began by responding to Jose's question regarding the upcoming workshop at the Pride Center. Alyssa explained that RSVP is not required for the event. There is a survey that needs to be completed at the end of the workshop that is really important. Sharon asked Alyssa if she thinks that particular training is culturally specific. Alyssa thinks it is and said that they do a lot of culturally specific things at YLI. Some of their programs really center on indigenous practices for healing. Sharon asked Alyssa to share some of those practices with the group. Sharon mentioned that she is trying to come up with a list of culturally specific strategies, since sometimes no one knows what they are when having this conversation. Alyssa shared that they use a curriculum from *El Joven Noble*; Sharon said she is familiar with that one. Alyssa explained that they use the curriculum to have healing circles or discussions with students at Tenaya Middle School, Weaver, and another cohort that is just young people from all over the community. The curriculum uses character development to mentor the young people into some rights of passages and being a positive role model, as well as allowing alternatives to western medicine such as psychiatrists and medication. In addition, it really reinforces the idea that young people are experts in their lives and gives some guidance on how to find these ways of healing. They have also produced a couple media pieces with the cohorts that they facilitate – those will be sent to print soon. Alyssa will make sure to drop some off for Sharon and the folks that are interested in receiving them. It really took the students' experience, put it into something digestible, and was created to share with the community. Sharon asked about the focus of the videos. Alyssa said that it is a printed magazine, a series of personal narratives from the young people around the different types of topics that they discuss in the human circles. Healing circles and *El Joven Noble* curriculum are some of the culturally specific practices they use. They are also in tune with intergenerational mentorship. YLI has elders who go and teach the young people about indigenous practices, connecting them to their roots, their heritage, and mentoring them through these healing processes. Sharon added that included with that is character development. Alyssa mentioned that all of their programs like to prioritize having uplifting indigenous cultures and trying to connect young people back to their roots to let them know that there are other alternatives to what we are told in a dominant culture. Through working with everyone in this committee, they are able to prioritize the queer community and that specific culture – providing the workshop to the community so that folks are able to better support queer youth and really create an office culture that is welcoming and safe for young people who identify within the LGBTQ+ community. YLI tries to make sure that they have those values in place so that young people feel safe going to them for services. Sharon expressed that she really liked the intergenerational mentoring. Alyssa added that they always try to uplift that because their elders are so helpful in connecting young people to what was before and how to really hold on to those values. Not every young person has a caring adult in their life so being able to provide that and be that for them is really important as well. With MHSA they are tasked with producing 2 media pieces that uplift issues that queer youth face. Right now, they are working on a story where one of the young people interviewed a queer elder. Alyssa shared some of the interview questions. The media piece is in a draft right now, but Alyssa will make sure to share it once it's done so that the committee can all see some of the work they do. Sharon thinks it's wonderful because we're speaking about culturally specific approaches.

Jose Chavez-Diaz was asked to share what Golden Valley Health Centers is doing in regards to culturally specific practices. Jose shared that Golden Valley Health Centers continues to provide our communities here in Merced County with materials and the languages that they understand – the main ones are Spanish, Punjabi, and also started working with the Lao and Hmong languages more because they have a Hmong community health worker. Golden Valley has received more requests for Hmong and Lao reading materials. About a month ago, they started to work on trying to create as many of their flyers in Hmong and Lao. Golden Valley is culturally giving out information in the language they understand. In the Latino population, most of their community health workers and cultural brokers are Spanish speaking and with Latino /Hispanic cultures so they understand. As a matter of fact, 2 of those workers have parents that work in the agriculture fields. When GVHC goes out there to visit them in the agricultural fields, some of them are following their parents so they give them links on where they're going to be at on certain days. Some of the culturally sensitive community outreach that they do, includes sending out community workers that understand the Latino population working in the fields. When they go out there, Golden Valley has to understand that the workers love and look forward to their lunches and breaks, so they try their best to convince the manager or the lead person of the day to have 5 minutes of the manager's time – that way they won't be taking the agriculture workers' 10- or 15-minute break or lunches.

Sandra Sandoval, Public Health COPE, shared that Public Health, just like Jose, does offer information specific in language and culture. They have the Spanish and the English classes – the information they offer is also in English and Spanish. Sandra thinks, culturally, they are able to teach their classes to the Hispanic population and provide information in their classes, as well as teach their classes in that language for them. Sharon asked if the classes are facilitated in the Spanish language. Sandra explained that they are and that they are able to give them the information in regards to classes in that language. She wishes they could do it in more languages but she doesn't speak any other language. Sandra highlighted that at least they have that for their Hispanic culture – teaching classes and providing them with information in their language.

Conor Maloney, Turning Point, was asked to share about their strategy to have a more culturally specific approach. Conor shared that a lot of the things that they try to do through their programs, specifically relating to a language, is work a lot with their case managers who are bilingual – fluent in both Spanish and English. They really try to incorporate that into their services because they do find that the language is part of it. That is also part of the culture and how families and different clients understand mental health, mental illness, as well as their familiarity with the system. Conor thinks language is definitely an area they worked a lot on. If they can continue to broaden that with other partners, families, and other areas that need that support, he thinks that would also be beneficial.

#### **IV. Discussion on how do we ensure that clients received effective understandable care that align with cultural health beliefs**

Sharon noted that this is actually one of the federal class standards: Culturally and Linguistically standards.

Katalina Zambrano, LGBTQ Collaborative, shared that they are based out in Modesto, but one of the things that has worked for them is that they do a lot of work in Merced, even just listening and interacting. As an LGBT organization, they are involved in every part of the community because LGBT is a part of everything in the community. They show up to every single event to get to know the community and listen to what they need from them because a Latin LGBT person might be different from another kind of community. Meeting people where they're at is really important, as well as being consistent and following through. Sharon highlighted the important words that Katalina mentioned: listening and meeting them where they are. Sharon noted that it is also important to know that the LGBTQ+ community is interconnected throughout every other community and is there when help or support is requested.

Maria Colomer, Central California Alliance for Health, shared that they recently partnered up with an indigenous interpreter that is available for staff and their members via phone, as well as face-to-face. If one of their members needed an indigenous interpreter then they would just call member services to coordinate it through their language department. Sharon asked about the indigenous language. Maria said that she doesn't have a specific one, but they have materials in all 3 languages: English, Spanish, and Hmong. Their website has the 3 languages; the materials and outreach events do as well. In regards to the linguistic capability, Sharon is hearing that in order to ensure effective understandable care, the linguistic capability has to be in place.

Sandra Sandoval suggested trainings that will increase our cultural awareness, knowledge, and our skills. She noted that she may not be aware of other cultures, so she thinks she can search for trainings and participate in them to increase that on her part. She knows that sometimes a lot of people believe or have more trust in community health workers. Sometimes there are some community health workers that you can talk to that may be able to help with that as well. Sharon said that in this community they have the cultural broker, which is also a culturally specific approach, and community health workers as well.

#### **V. Discussion on staff shortage recommendations for recruiting and retaining**

Sharon asked the group about what programs are doing to ensure that we do have the staff to do the work. She explained that as we know, this is a professional shortage area. Often times, there's a lack of practitioners available to do the work because they would rather go to other areas such as San Diego or San Francisco.

Katalina shared that one thing that they noticed was really affecting employees was burn out, the required weekly staff meetings, communicating, and being trauma-informed. They have a lot of staff members who unfortunately feel it's too much for them. The

organization realized that they really need to meet them where they're at, adjust their hours, or change everything and figure out what they could do. Katalina shared that ever since they have done that, they have gotten a lot better. The big thing is helping them so that they don't get burn out. When you just put all this load on them or don't communicate on a daily basis to see how they're doing mentally, they just get overwhelmed and the want to leave. In addition, Katalina suggested helping them pay a good living wage; Katalina knows it's not available for all organizations, but some can agree to pay them well for the job that they do. Katalina emphasized that they have been doing a lot better since they looked into those things.

Sharon shared that last week or the week before, she did a presentation in group supervision on compassion fatigue – how we just help and give, but do not realize that we have burnout and are becoming non-productive. One way is to make sure that self-care is at the forefront and also have a good living wage.

Jose Chavez-Diaz said that he knows that with his community health and outreach team, their providers are being taken care of. He knows there's a shortage and is pretty sure the directors of operations are all doing the same thing as the community health workers. Golden Valley is also starting to consider their cultural brokers /community health workers as their community, their patients – listen to them and their needs, and have the tools that they need to be in the community. Jose being from military air force background, provided an example to explain the importance of having the tools that they need to do the job. Jose thinks that with their director, the community workers need as many tools as they can have to be in the community. If they need a different language, they try and get them as much as they can. If they need certain resources, they give them more than they need. Again, they listen to their staff and their needs. He reminded everyone that they are also human and have needs, problems, and they all stress. What they do is listen to them and meet as they talk about how they're feeling – if they have any personal problems they are there to listen. Jose suggested remembering that they also count. In order to deliver those services, they need to be mental and physically healthy. Sharon reiterated that the key to retaining staff is making sure that we have the tools to do the work, a good living wage, and attending to our self-care needs to make sure that it's not so stressful.

## **VI. Discussion on Trauma Informed Care**

Sharon explained that with the new CalAIM system, advancing and innovating of Medi-Cal, they're going to be expecting certain type of trainings. One of them is trauma-informed care. There are so many critical incidents, where community violence and families are fearful and there is trauma. When they do come for care and support we want to make sure that we are trauma-informed so that we do not re-victimize or traumatize individuals. The trauma of course, has impacted mental health and physical health. A huge part of trauma-informed care is feeling safe and secure. Sharon asked the group about what they're doing to make people feel safe and secure, and it's not just the people we're serving, but also the staff. Sharon explained that trauma-informed care means recognizing that we know trauma may be connected to the story or something may be happening as a result of a traumatic experience. It includes if we have a welcoming environment that is safe; it covers so many different things in terms of feeling supported, safe and secure, where individuals are explained what to expect before coming in for an appointment. Things of that nature that helps them feel a little bit more comfortable as opposed of being fearful of what to expect when they come to the program or when coming in for an interview.

Katalina Zambrano shared that one thing that has really been amazing is that their members are peers that come in to receive services from their facility. They have seen that a lot of them are coming from other organizations or other shelters, and they've been exited out or banned from those programs because they have been bullied and finally reacted to it. Katalina said that they made a conscious decision within their organization: they will not exit them out just because they react; instead they sit and listen to the whole story. The one thing that they have heard over and over again is that they tried to report it and tried to talk to them but because of policy and that they reacted aggressively back to them, they were exited out. One thing is they don't just go off of their end result, but what led up to it and what was the situation. Each case is different, and Katalina knows that a lot of people have to follow policy and rules, but not 2 clients or members are the same. Katalina suggested to listen to what is going on with them because if we see them changing, their personality in and out, or aggressiveness, they want to catch that beforehand. Katalina noted that they're always open about having conversations with them on a daily basis. With their staff, it goes the same way and they have that open conversation policy with them because if they need some time off or a couple days to regather themselves and get refreshed, they don't ask questions and let them know there's no problem. Katalina noted that they keep themselves staffed enough so that they're absence because of their mental health time, is not going to make it more difficult for the organization and they can keep going with no issues. Sharon thinks this is important because with trauma-informed care, they look at how the behaviors are communicating as opposed to kicking out a person.

Alyssa Castro shared that in YLI, they always make sure to create a foundation of safety before they are placing all these expectations on young people to come and produce work or perform. They want to make sure that they are developing the young person as a whole, and not just providing some transactional service or workshop – not treating them as though it's transactional. Alyssa noted that they are really engaged in their lives. They have days where they will include family members in some of the programs; parents are always welcome to the orientations. They include the families and let them know that they could support them in practical ways if they need help with PG&E, rent, or food access – meeting all of their basic needs and providing stipends because a lot of these young people, especially now, are having to drop out of school to get a job and support their families. They have been hearing a lot about

the undocumented youth as they are really vulnerable in that way as well. She summarized that creating a foundation of safety, meeting their basic needs so that they can have some clarity, and be able to really be present in the kind of programs that they're offering for the youth. Alyssa suggested being available; as a non-profit they have a little more freedom to be available to the young people and we are mandated reporters. She thinks we are able to be available to them in a way that is not directly like a service provider or case manager. Alyssa tries to make sure that within their curriculum opportunities, other than skill development, they are written into whatever calendar cycle they are following. They offer training and journalism and as a participant in the program, that's what they have to do. They have to go through the trainings and create a multimedia project based on the skills that they learn. They also include person and professional development trainings, not just production skills because they want to make sure that they are developing them as a whole person. Sometimes young people don't even come for journalism, they're just coming for a safe space. Not everyone that goes through the program, is going to go to school to become a journalist. Some of them have no interest in pursuing journalism. These are some basic ways that they make sure that we're being mindful of those type of experiences, especially they engage really vulnerable populations: foster youth, formerly incarcerated youth, homeless youth, queer youth. Alyssa thinks just being a young person in general is really hard. Young people have the least amount of power in our societal hierarchy – you can't work, you can't make money, you can't vote, you can't make your own decisions, need parent or guardian approval for certain medical access, or a lot of different things that young people are oppressed by. She recommended making sure we are starting with a foundation of safety, developing them as a whole person, and really being available.

## **VII. Opportunities for Collaboration**

Sharon stated that we just had the big May event and had many people out there as collaborators; Sharon thought it went well. She asked the group for other ways that they can collaborate.

Katalina Zambrano shared that also as an entertainer in the drag community. A huge fear coming in to their community, especially those doing the drag queen story hour for youth and with all the hate that is going on. After this past weekend, Katalina had the honor to do story time with the queens at the Mainzer there in Merced and there is a lot of fear coming on about what people are going to protest. Katalina reached out to law enforcement which they are already training to understand the LGBTQ community. They have a good relationship and they sent the officer out and he sat with them and was awesome that they participate in the event, but then it dawned on them that why don't they have them be part of the story. They are going to collaborate with law enforcement and call it "Cops and Queens" story hour and that way kids can come and get a short hour, enjoy it, and see that it's family friendly and appropriate. Also, so that they can see that they're collaborating with law enforcement and that it's safe. Katalina thinks that the big fear right now, especially with conservative communities who think that it's a lot of inappropriateness, but it's actually not. That was a really good turn out to collaborate. They also call every single place they're having a health fair or any type of event, and they try to be a part of it. They meet them where they're at and get to know what other organizations have to offer – they get to know the Collaborative and what they have to offer as well. Sharon thinks that's a great example of inclusion, diversity and collaboration.

## **VIII. Substance Use Division Reports**

No Report

## **IX. Client /Consumer Reports**

No Report

## **X. Updates**

Sharon asked Sandra Sandoval about updates at Public Health. Sandra Sandoval said she is not sure what is going on right now but knows that right now they are kind of slow. They just engage in outreaches as they are invited. Sandra mentioned that she doesn't really know about other programs at Public Health. She knows that right across in their parking lot they have the COVID testing site; she doesn't know if other programs are doing any outreaches.

## **XI. Possibilities and Success Stories**

Sharon noted that she likes that California Central Alliance for Health now has indigenous interpretation – she thinks it's a step forward. Sharon mentioned that she also can't wait to take a look at the video recordings that YLI is working on and the healing circles. She asked Alyssa Castro about the structure of a healing circle. Alyssa thinks that one of the ways that they can also collaborate is with a newsletter for providers -she thinks something like that might be a good opportunity and Alyssa can support with that. Sharon will mention it to leadership. Sharon thinks that would be nice. Alyssa added that it would be a provider newsletter for Sharon's networks and their networks. She thinks it would be very helpful for the public as well because sometimes when we're looking through public records and things like that, people are really confused about what's going on maybe with MHSA dollars. Alyssa is really interested in the Central California Alliance indigenous interpreter. As a media group, one of the things they could do is probably do an interview with the provider to see how impactful that has been with their communities and the folks that they serve. Alyssa said that she has an idea for collaboration and asked for the point of contact. Maria Colomer introduced herself and let Alyssa know that she is the interim Community Engagement Coordinator. She explained that since she is new in this, she is contacting different community partners and explaining what they are currently doing. They do have a community newsletter that goes out every 2 months and it is the beat – that

you can sign up for on their website. Maria said that she can always get her information and she can call her to provide more information regarding the language and indigenous interpreting service. Alyssa will be sending Maria a message with her email and contact. Alyssa said that YLI has a newsletter that goes out – she thinks that if you structure it in a way such as a google form so folks can just drop in whatever they want to highlight, that may be easy and less demanding. For the structure of the healing circles, they make sure to always sit in a circle because in indigenous cultures we are all equal. In her teachings and understandings, Alyssa explained that there is a totem that represents a talking stick that folks will pass around so they make sure they're not talking over each other and it gives a special kind of recognition for the person that is sharing to make sure that they really feel held in that moment. They also make sure they put like an altar or talamelli in the center of the circle so that they're bringing in their culture, ancestors, and some more of that medicine. Sometimes they will burn some sage or copal and place items that are sacred to them along the altar. It really helps create a safe space and reinforces how sacred those circles are. Usually there's an elder present that can help facilitate and really guide the young people with their teachings. They always have a couple facilitators and usually they will start with whatever topic they want to discuss or it will happen in response to an issue that came up or sometimes it will happen consistently when checking in. They sit in a circle, have a talking stick, an altar, and they have a discussion topic or something to guide them through that. They want to make sure that they are not opening up wounds and leaving the young people to figure them out by themselves. Alyssa said that they always try to end it on a positive note so that young people don't walk away feeling overwhelmed with reliving all of these traumas.

**XII. Next Steps**

The next Cultural Humility, Health Equity, and Social Justice Committee meeting is scheduled for Thursday, July 28, 2022. Sharon announced that we will be moving into our next Cultural Competence plan update.

**XIII. Adjourned**

The meeting adjourned at 10:58am