

Summary

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

July 28, 2022
10:05 am – 11:00 am
Behavioral Health & Recovery Services Facility
Teleconference via Zoom

Present:

Sharon Jones, MistyRose Bautista, Derric Brown, James Brown, Kristin Fierro, Fernando Granados, Heydi Herrera, Melyssa Hintz, Ayesha Hunter, Leticia Jimenez-Espinoza, Conor Maloney, Cindy Mattox, Jennifer McQueen, Marylin Mochel, Jesse Ornelas, Maria Orozco, Rocio Ortega, Sandra Sandoval, Iohana Tapia, Paul Thao, Belle Vallador, Katallina Zambrano

Presentation and Discussion:

All Members

I. Check-in/Conocimiento

II. Approval of Minutes

The approval of minutes for June 23, 2022 was motioned/seconded (Conor Maloney /Sandra Sandoval) and carried.

III. New Mental Health Crisis Number 988

Sharon announced that as of July 16th we have the new 988 mental health crisis number. This is coming out of the presidential office. It would be helpful if everyone could go to the SAMSHA website and request materials and display them at their various locations; if they do outreach, they can be handed out in the community so that our community can be well-informed. This will be the number you call. If you call the long number you will still get connected to someone, but 988 is the faster way to help a person that's in crisis. There are many crises that are happening these days. We have to build a healthier community – we all have to play our part. Sharon mentioned that they may want to give it out to the people they serve as a part of safety planning. If your symptoms are increasing or if you need other support, here is a number you can call.

IV. Discussion on Culturally Specific Outreach and Engagement

Sharon said, even with the CalAIM description, it talks about individuals who are under resourced and sometimes we use the word underserved. Sharon asked what is the landscape of Merced County currently in terms of our under resourced community – what information do we have on that. Sharon shared that yesterday she was on the policy council virtual meeting and they were speaking of serving families from Afghanistan. She asked, if we have a large Afghanistan population here or if they have served anyone from there. We know that we have outreach; we come together at the tabling and give out information, but Sharon asked about what culturally specific outreach does the group think we need.

Fernando Granados, Sierra Vista Child & Family Services, thinks that one of the things that they often times overlook is the different generations. Even though the younger generations may be open for mental health services, the students may want service and enter counseling, but when doing outreach to parents a lot of times they are hesitant and don't want to sign consents. Fernando thinks that that there's more outreach that needs to go out to different generations; sometimes we overlook or we really don't look at that. As we educate individuals and as we do the outreach, gearing it to the different generations that we currently provide services to, we may encounter someone in their 60's that may be very different than how we approach them in their 20's. This is because of the different levels of education in regards to mental health issues, and being open to talk about that. He would like to see more outreach and engagement, specifically geared towards specific generations that we provide services to. Sharon Jones added that even with the type of materials we give out, would be a little bit different giving it to a TAY (Transitional Age Youth), as opposed to someone older.

Belle Vallador, Healthy House Within a MATCH Coalition, in Merced, suggested that in doing this outreach, we need to have the language available for the community. For example, in Health House, reaching out to people like going to Los Banos if they have specific focus groups; they need to have Spanish interpreters available for the community. Just last Friday, Belle had an event in Planada in regards to their Breast Cancer Research Program in collaboration with UC Merced. This focus group is specifically for Spanish speaking community. As we know, Planada is 85% Spanish speaking. We need to have that available because this is a very diverse community, not only of Spanish speaking but of Hmong speaking. We need to have their trust before they can open up. If we need to go across and be able to serve them, we should have their trust. In order to have their trust, you need to be able to understand and speak their language. Belle thinks that's a very important factor for that.

Derric Brown, Department of Veterans Affairs, shared that he had the opportunity on Tuesday to go to a healing garden in Fresno. He thinks what was interesting was that when he went out there and was a part of what the community was already doing, he made connections. That was outreach but it was not traditional outreach like setting up a table with flyers, hoping someone is going to make a call – it was more of that value of human connection. He thinks really looking out to the community to see where are people gathering and how are they already creating community, and then figuring out a way how to be a part of that in some way. Proximity is where the more connected you are with the individuals in the community and then going a step further, you have this whole idea of lived experience. As workers, a lot of times we may not be able to always be present. If there are trusted individuals in the community that are like peers that can be part of that type of event, Derric thinks that will be huge in terms of outreaching to diverse population groups that may or may not access services. Derric shared about a child who did not speak much English but started talking to him about how he loves carrots and then everyone else started warming up to him and gave him water. Derric joined them in what they were already doing. Sharon agrees regarding human engagement, connecting with people, and being respectful. Derric mentioned that it's a non-profit organization called Varios los Unidos. They purchased a plot of land and it's called the healing garden. They meet there Mondays and Wednesdays. It is a group of families that come out and plant things. Once they harvest it, they try to sell it to continue to pay for their land and all their supplies they might need. It is an opportunity to connect with people right where they are.

Jennifer McQueen, Merced Pride Center, shared via chat: The older adults in our community that the Merced Pride Center reaches has shared that they prefer to have printed materials that they can take with them available in public spaces or offices that they regularly visit, and available in a variety of languages. They have shared that they do not necessarily primarily rely on social media for information.

V. Barriers to Access Services

Sharon Jones mentioned that we have this conversation almost every month. She asked the group to share about some of the barriers we can identify or reasons why individuals are having a difficult time to access services. In the first meeting this morning, Sharon shared about CalAIM and how we're trying to improve the Behavioral Health System; they also included access in the conversation, probably since she started working. From a Merced County's perspective, Sharon asked about some of the barriers.

Marylin Mochel, NAMI Merced County, doesn't think this is limited to Merced County, but mentioned that there is an inadequate number of clinicians available. People have long waits and periods of time away from initial appointments and follow up appointments, which is also not ideal. Sharon noted that Marylin spoke to something all across California – one program gets staff from another program and it's just moving on over the board, and that's because we have a professional shortage area. If one program pays more they may go to that place. We have that consistent problem of not having enough providers, and then it also contributes to another thing: continuity of care or transition of care. Sharon has heard examples where one person has had 7 different clinicians. Just when they find the one they think they kind of like, they're clinicians are gone to the next program. Sharon agrees with Marylin that it is a huge barrier. Sharon knows that at Behavioral Health we are trying to foster our interns so that they can be hired quickly. She shared that 2 of the interns that were in her group supervision got a job here at Behavioral Health & Recovery Services. Sharon added that we have to invest in the people once we get them to be able to keep them.

Fernando Granados said that we are suffering a national shortage in the field since they are constantly moving to different jobs. He said we are going to continue with that shortage because schools are not expanding their programs. The expansion for need of services has increased, but when it comes to all the Cal State schools, they are still allowing the same number of students that they were admitting 10 years ago. There has been no expansion within those programs, and they, themselves are facing issues within their programs such as professors retiring, or not having many people go into the field and obtaining PHD's. Fernando said there has to be a collaboration between departments, communities, state, and the CSU systems to be able to expand their programs as well. Sharon commented that if they're only allowing 50 people in per year and the need is for way more than that, we'll never meet the mark even a little bit. Schools aren't allowing as many people into these programs and we already have a shortage. Sharon said there needs to be more dialogue with the universities and they need to open it up a little more. Added to the fact, Sharon mentioned that schooling has gone up from the time she went to school - it's thousands of dollars a year. If you don't have money and you're trying to live, Sharon thinks everything circles back to the social determinants of health. Sharon let Fernando know that it is great feedback because schools are not allowing as many people enroll in their programs, so when individuals finish their program, they are still at the same level.

Jennifer McQueen shared via chat: We find difficulty with folks unable to physically transport themselves to our peer support services in person, and even with a zoom option some don't have a device that can effectively log on for support. Now that the bus through September is free we have started having volunteers go to bus stops around the county and assist folks riding the bus to us. Unfortunately, we just don't have the resources to provide more assistance with transportation.

Rocio Ortega, Public Health COPE Program, shared that they had to transition to virtual platforms for their classes and some of the people don't know how to even access Zoom or its chat features. She thinks we're lacking education to be tech savvy, especially the older population 50 and over. Sharon Jones said there are other factors like if the person has a health condition sitting right in front of

a screen or if they have visual impairment; there's a lot to take into consideration because some people may not be able to sit long and have difficulty. The person may have hearing loss and all of that can become a barrier, as well as not having internet at home.

Belle Vallador said that when it comes to barriers, outside of what she mentioned with language barriers to access services, one of the major issues is transportation problems. They often encounter this as they have their focus groups with the breast cancer survivors, as mentioned that they had last Friday in Planada. Healthy House goes to the extent of picking them up from their house to bring them to the venue because they don't have anybody in the family who drives. Belle noted that African American mothers will have 0-5 kids who attend meetings at their office. They have those problems and need to have a taxi pick them up and take them to their office to access the services they can offer to them. Healthy House offers trainings to mothers who are in rehab and maternity homes, and also invite speakers for parenting. Transportation is one of the biggest problems that Belle can see. She agrees with the lack of education of the new technology, especially for the elders, and navigating through local agencies for information and where to go.

Iohana Tapia, BHRS, stated that with the adult clients that we have, their care issues seem to be another barrier, especially with completing the full assessment. If a child is of age where they can understand what is going on and being discussed in the meeting, that could be very difficult so a lot of times they have to reschedule. With this era, Iohana is really grateful that we can use electronic devices but lack of education is evident as well. Sharon said that when it comes to electronic devices, just because the person is older or younger doesn't mean that the person doesn't know how to do it. During COVID many didn't have a clue about it; they knew how to play video game, but they didn't know how in terms of a google platform or Zoom for school. One of the barriers during COVID was attention span for young people. A lot of them had their Zoom open like they were paying attention and the teacher would be calling on them but they would be on YouTube looking at something else. Sharon noted that we try to do a bit better by giving people bus tokens or things like that, but sometimes there's not enough staff or enough resources; allocation of resources is very important.

VI. Key Elements of Effective Services

Sharon asked, what would be a key element of effective services.

Leticia Jimenez-Espinoza, thinks that one of the biggest things would be that they talk to each other. If her organization refers a client to somebody else, she suggested some communication so they know that they are seeing this client or if she needs to refer them to somebody else. Sharon thinks one of the most powerful things that helps, is these committees with multiple partners at the table that try to help the family or the youth. Sharon thinks that the interdisciplinary routine or the multiple collaborative approach works very well for helping families. Again, we may say it comes down to availability of staffing, but Sharon thinks it has a proven track record and really trying to get the family get in harmony or alignment with their needs.

Heydi Herrera, Golden Valley Health Centers, thinks that aside from what everyone else has mentioned, for therapy it would be a higher level of specialization. She knows that they often struggle with eating disorders – they don't have many providers who provide that level of care in the county. Often times patients need to be referred to outside places that are really far away. Heydi reported that she has seen an increase in eating disorders in the last 2 years. Sharon agreed with her. Heydi added that even access to Autism. She doesn't think they have enough resources for those type of specialized disorders for their patients to be able to refer out. Sharon said it would be nice if we had a connection where if we needed to refer someone the connection was already established. Heydi suggested within the county so they wouldn't have to travel outside. Sharon informed that CalAIM is trying to assist with the barrier of excessive paperwork and excessive description - when a person comes, sometimes the assessments will have so much stuff but is it really pertinent to what is happening. The way the system is set up now, whether you're working with mild to moderate or you're working with specialty mental health youth. The first day when that person comes in, you need to give them a diagnosis; you've done an assessment but still you don't know much about the situation. The way the system is currently set up, you're forced to come up with whether it's mild depression. With CalAIM they're just going to let you list what is the chief complain or the reason the person came in. Sharon thinks they'll have about 60 days to further formalize the diagnosis. In this community, most people have figured it out for the most part if it's mild to moderate. It also goes into pathologizing people because you're almost forced to put something on and so you go with the lesser – it brings up an ethical dilemma.

Fernando Granados agrees with Heydi that we do need some specialty services. One of the things we also constantly come across is individuals from the LGBTQ community wanting affirmation letters. That is something sometimes we lack knowledge of or we're not able to provide that service. Also, with trauma, we don't have specialty services for that. They do a lot of trainings for trauma informed but there's not one specialty that focuses just on trauma.

Sharon expressed that one of her hopes and dreams is that sometimes one person will get trained and certified, they leave, and all the knowledge leaves with them, but to build it up so that the knowledge remains and doesn't get impacted. Fernando also thinks that we could do a better job in connecting with those who are out in the private sector because they are asked to connect with community organizations, but he still sees a lot of individuals leaving the county and doing their own private practice. There needs to be a way in which they can connect with them as well even if they cannot provide the specialty services, if they have a number of providers even in the private sector that are able to do that, it would be an advantage to all of us to be able to refer them for those specialty services.

Sharon thinks it would eliminate a lot of barriers – it would improve the timely care and break the silos down from the public sector to the private sector to build these roads to recovery.

Derric Brown suggested creating incentives for those private partnerships, especially when you see someone specializing in a certain area that may have a large group practice in the area. Being able to create incentives for them to partner with you as an agency to ensure that those needs are met. Derric thinks that they may be providing that direct service, but when you build that connection, there may be other resources that the individual provider or group practice can then refer them back to the county for other services that the provider may not be able to meet. It creates this continuity of care that's very important for our hospital system – they call it an integrated care system. He thinks that same concept can work within communities; the concept of just integrated care that only works when you develop solid partnerships with individuals who have a vested interest in the community and they're not going to leave, and they're doing the work in the community. It is about trying to do a landscape analysis and find those people, those providers that provide trauma-informed care or things like EMDR to meet the specific needs of the community that maybe the department isn't able to meet. Sharon noted that this has been a valuable discussion because we've been talking a lot about these things for years and now it's time to innovate and strategize a little differently.

Sharon asked what are some ways that we can build more support for families. Some of the things she is hearing is that families do not have enough food. Paul Thao shared in the last meeting that they're giving away food on Thursdays. There are so many stressors that families are going through such as job losses or being unable to afford medication for their mental health concerns. Even if they do get in and get it prescribed, they can't afford it or they may not have enough money. One thing Sharon has heard in this conversation is that we have to go to the people. Sharon is a firm believer that we have to go to the people and really understand the pulse of the people and what they really feel that they need. Sometimes we feel they need nice buildings, nice atmospheres, but they may just want us to come to them. Sharon knows that topic is not very popular because they feel that they know what the people need but she is very impressed with Derric's example of going to this healing garden.

Jennifer McQueen shared via chat: We have found a lot of success with providing services through staff that share the lived experiences as the clients we serve. Clients that can see themselves and parts of their identity in the folks that they are seeking services from breaks down a lot of barriers, increases comfort levels, and opens organic conversation.

Katalina Zambrano, LGBTQ Collaborative, thinks is also really important that we understand the different types of families as well. During community events or anything that it's going towards bettering families is also understanding that families come in all different types. We have our LGBT families that are more of a chosen individual because of escaping and supported for abusive homes or foster care families where individuals have been taken out of. Katalina thinks that number one, understanding that there's different types and inviting all different types of families to events and different resources, and not turning away individuals because it's not a mother, a father, and a child. Katalina thinks that's an important way to start that conversation that families need. Sharon noted that Katalina brought up a very important word, inclusion, and remembering the diversity and diversity of families.

Misty Rose Bautista, TIP Program, shared that finding out what the individual needs are of the family and also finding out what resources in the community they reside in such as Gustine, Los Banos, etc.

Katalina also thinks that it is really important to be well aware and understand resources for all people in the family with LGBT individuals – all organizations interworking with each other. All organization regardless of what is going on should be working together to be able to refer one another to different things. We can't expect to build a community or a betterment for families if one place is not really working well with another or if another place doesn't really know anything about the other. Katalina thinks it's up to us as organizations to come together and meet up at every community fair and every health place. Even though you should not feel like you should be there or have much to offer to this event, still show up anyway because there may be that one individual that is needing your help. Showing up and being there is very important. Sharon agrees that not just showing up one time and never going back is not good for engagement and building.

VII. Ways to build support for families in the Community

Sharon asked everyone, that as they participate in this group, to think of sharing strategies in this group that are beneficial and helping families.

VIII. What strategies are working?

Kristin Fierro, BHRS Wellness Center, introduced herself and shared that one the groups that they recently brought back on board was their Community Resources Group. Kristin feels that a lot of great resources in the community go unseen and unheard. They have a lot of their clients go to that group and they share their own resources within the community that they utilize as well as their peer supports; they do a lot of linkages and just research on all of the available resources, and they're able to go out into the community with these clients and link them to education, housing, food, clothing, all the different resources. Kristin mentioned that she had one of their clients, Richard, join this meeting. She explained that he is the chairperson of their Consumer Advisory Committee. That is something that she wanted to share that a lot of their clients bring in really valuable resources into their Wellness Center and share

them among peers and things like that. Sharon commented that she really loved that strategy of having individuals share what resources they are using, and even a resource that staff may not even know about. Kristin agreed that there are many resources that we don't know about and they bring it to us so that we can add that and share with future clients. Sharon thanked Richard for joining the meeting.

IX. Setting up Focus Groups

Sharon mentioned that MHSA will soon be setting up focus groups and calling each of them and reaching out to set up a focus group.

X. Substance Use Division Reports

No Report.

XI. Client /Consumer Reports

Kristin Fierro informed that their Wellness Center is open Monday – Thursday now, 9:00 AM – 12:00 PM for the morning session, and 1:00 PM – 4:00 PM for the afternoon session. After 4:00 PM they break down to sanitize and things like that. Their hope is that they'll be open like they were pre-COVID, but for now this is working. She noted that they will remain open if temperatures are too hot because they want to keep their consumers protected from the high heat.

Richard reported that multiple clients have been participating in the DR COPE program at the Wellness Center. A client has successfully closed out of the program. They have multiple members who have recently started back in school and are working towards a GED, college, and vocational training. They have many clients that are maintaining their sobriety. One of their clients recently went homeless and jobless, to now having 2 jobs and being accepted to housing. Sharon thanked him and encouraged him to keep up the good work. Sharon noted that Richard is a success himself – he always participated in his groups on the panels.

XII. Updates

Katalina Zambrano shared about her promotion to Executive Director of their new center that will be opening up in Merced, so they will be based out there. They will still be doing advocacy for the LGBTQ community but one of their main focuses will be working towards the betterment of the Latin community. The new center will be called *Somos Familia Valle Central & LGBTQ Advocacy Center* for Merced. They will be having a physical center and will be working towards support groups and case by case basis doing all those things but they will be working more with Latin X. Sharon asked about who will be operating the new center. Katalina said this will still be underneath the Collaborative but Katalina will be the executive director of this. They will have opportunities for employment for residents of the Merced County area. They are really excited about it since they have seen a small amount of help towards LGBTQ in the Latin X community, and they really wanted to bring that towards them to help them navigate through immigration or figuring out how work and navigate the LGBTQ status with the family.

Conor Maloney, Turning Point, shared that they are doing well. They are busy right now, hiring for new staff because their contract was renewed. They are looking for a Merced Counselor, a Los Banos LVN and clinician (master's level), as well as a psychiatrist. Turning Point will be having some job fairs soon in September. They are currently finishing up with their first MSW intern they hosted from CSU Stanislaus – she will be completing her time with them. They are busy onboarding new staff, with changes to CalAIM, working with clients, going over their trainings and approaches, and brainstorming better ideas and ways that they can engage in to provide better services. Conor noted that a lot of these conversations in these groups are definitely very relevant. He has been taking some of the notes in the chat to use for their meetings as well.

Jesse Ornelas, YLI (Youth Leadership Institute), mentioned that they're We Said new media program has restarted. They operate in cycles and they just launched about 2 weeks ago. They kind of pivoted around their program coordinators – they had an employee return to them after being out for some time and getting them up to speed with the LGBTQ+ related work that they're doing for MHSA. They are really excited to be getting some new content really soon. The last month they purchased a great number of LGBTQ+ books that they've added to their library. Now that they're organization is starting to be in person and going out to events, they will be looking for opportunities to provide this library to the public with a check out system to share this material with the community. If there are any agencies or organizations that would like to host their library, it would require that the person of that place take ownership of the books, and would be responsible for the checking out and returning of it. Also, if there's any agencies that are having any type of community event, YLI has the staff available now to go out and create some type of reading corner at that event so people can read over some of the literature in the shade, or a nice cool corner where they can just learn more about that community and possibly check out a book. Sharon also likes the idea for the prevention workers that she supervises, it would be nice to have story time over Zoom with families so they can understand, receive some learning, and some diversity from the books as well. Jesse shared that they have created a relationship with the Pride Center and will be hosting some of their workshops through there as well as Merced College and UC Merced. Merced College has a tutoring center and a lot of employees there so they are just going to help build their cultural capacity to be educated in how to work with the growing LGBTQ+ community. They have a lot of other stuff going on too. YLI got some new publication out related to some other work they're doing; he will make sure to get that to Sharon.

Kristin Fierro shared that they have hired on many clients as peer supports at the Wellness Center, so that has been a really awesome thing that has been happening. She expressed that their experience is very valuable to them and they appreciate it. Sharon Jones said that she hopes to see Kristin and Richard back in this meeting every month.

XIII. Possibilities and Success Stories

No possibilities and success stories.

XIV. Next Steps

The next meeting is scheduled for Thursday, August 25, 2022.

XV. Adjourned

The meeting adjourned at 10.58am