

Summary

Merced County Behavioral Health and Recovery Services Cultural Competency Meeting

September 23, 2021

10:05 am – 11:00 am

Behavioral Health & Recovery Services Facility
Teleconference via Zoom

Present:

Sharon Jones, Sabrina Abong, Natasha Ambriz, Alyssa Castro, Vong Chang, Jose Chavez-Diaz, Caitlin Haygood, Alejandro Jurado, Fraulein Lacy, Cindy Mattox, Maria Orozco, Rocio Ortega, Nancy Reding, Cara Rupp, Sandra Sandoval, Brian Sterkeson, Ker Thao, Cari Urquiza, Janet Zamudio

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 August 26, 2021, was motioned /seconded (Nancy Reding /Jose Chavez-Diaz) and carried.

III. ACEs Inc Network of Care

Sharon reported that since about January, they have been preparing and trying to develop a Merced County Network of Care for trauma informed care to mitigate toxic stress and also to place within this community the buffering agents or protective factors to protect families and to help individuals, from children to adults. Denis Hanes is leading this initiative at MCOE. They received a planning grant and Sharon is the lead for the planning at BHRS. They have been working together developing a clinical protocol to follow. Also, they have to write a sustainability plan – after the planning how will they sustain it. Also looking at technology platforms and the overall screening of ACEs throughout the community. They are hoping that partners will opt in to the screening so they can build this network of care throughout the community. Additionally, through the integration team to see what integration tool can be used to see where you are in terms of screening for ACEs. If they would like more information, Sharon can provide that to them and their organization. Brochures have been developed in Spanish, Hmong, and English with the information. The brochures will be sent to the committee so that they can see the language and how they are approaching it. On the front of the brochure it says that together they can promote strength and resilience. This is in regards to Adverse Childhood Experiences screening, treating, and healing for individuals. Included in the brochure are the principles of trauma informed care. Sharon reviewed and shared the brochure with the committee. Sharon asked if anyone has joined in for screening for Adverse Childhood Experiences.

Fernando Granados, Sierra Vista Child & Family Services, shared that Sierra Vista has been trained to do the ACEs for a Beacon contract and they have been doing it before them. Sharon asked if they just do it on their first appointment when they meet with the person. Fernando said yes, they do. Sharon added that there's a network of care that they have established and that they are trying to connect to a system where individuals sign up to be a part of this system as a resource.

Sharon shared that she did a presentation in Planada. As part of the presentation she gave individuals the ACEs screening and they self-reported. The ACEs tool has a scale of 1 to 10, with 10 being the highest you can get on this questionnaire. Many of the teachers and staff were screening at a number 8 to 10 in that community, so they could see how prevalent toxic stress is and adverse childhood experiences.

IV. Suicide Prevention-Building a Suicide Safer Community

Sharon shared about the Suicide Prevention event from 9am-12pm at the BHRS campus, 301 E. 13th Street. Many may be in attendance and the goal is to establish a suicide safer community. By establishing a suicide safer community, it means that we are alert to suicide, know the signs, are alert, and can lead individuals to intervention and care. At any given time, toxic stress and all those contributors can push you over the protected barrier into what might be the river of suicide or having thoughts of suicide. September is the month of Suicide Prevention and Sharon said they want to start right where they are and become alert to suicide so that they could help people to save their lives. She invited everyone and noted that it is one of the most important topics.

V. Discussion on Inclusion and Diversity

Sharon stated that inclusion and diversity is about being included, not excluded, and celebrating diversity differences. Sharon asked the committee: What does inclusion mean to you and the people you serve? She explained that they are all providing some type of service or care, whether helping out in the community, working in a behavioral health program or in some other type of program.

Fraulein Lacy, CVRC (Central Valley Regional Center), thinks that the benefits of including people are letting them know that we can relate to them, that they are accepted regardless of the different backgrounds, where they're from, celebrating differences, getting a chance to learn from individuals and what life is like for them. She thinks that just showing people that they are valued regardless of whether we understand their background or their demographics - just making them feel a part of and understanding that we are all the same but have different stories. Fraulein appreciates when she goes somewhere and someone is welcoming of her when she feels out of place or doesn't feel like she belongs – when someone just reassures you and says they appreciate you showing up to let you know you are valued. Sharon agreed with Fraulein. Along with inclusion is the welcoming environment and welcoming smile. Many people have fear to come to services, whether it's behavioral health or any program. Having a welcoming environment that says it's okay to be here, this is an inclusive environment, is very important.

Cari Urquiza, Caring Kids, said that another benefit of inclusion is that it provides the opportunity to learn from each other. She works with kids and parents - inclusion allows them to show different points of view and learn. Also, it gives them opportunity to learn of things they wouldn't have known about if it wasn't for inclusion. Sharon said that this goes hand in hand with equity – who is at the table, who is receiving the resources, and who has access.

Rocio Ortega, Public Health, expressed that to her it means equal access to opportunities and resources. What they mean by equal access is them going to the community, going to where they need to meet them and go to them. She doesn't mean just to low income communities, but she thinks equal access to middle income families as well.

Sharon asked: What are some non-inclusive behaviors that you observe, or examples of non-inclusive behaviors?

Sharon noted that they are all providing care in the community and services of some sort, and provided some examples.

Vong Chang, Turning Point, thinks that when they undermine families, ignore, or dismiss, when they don't listen to them or take into consideration some of their recommendations that work for them, he thinks that could cause some setbacks, mistrust and ruin their rapport and working relationships with the consumer. Sharon agreed and noted that Vong brought up a big point – the value of the family's voice, lived experience, and not dismissing it but including as part of the treatment plan, the care, or their approach for moving forward.

Brian Sterkeson, BHRS, noted that he is not thinking of anyone in particular or any form, but there were studies recently of external auditors that went in to public agencies and tried to fill out some of the applications. He thinks they can look at the ways that they are unintentionally exclusive because of some of the assumptions that they put in. These are cultural assumptions on having to fill out some of those forms, the amount of time it takes, and some of the difficulties that some people may have in filling out forms that are driven by regulation or something else. He thinks if they look at their entries through the forms, the way that they collect data from people, and try to weed out some of the cultural assumptions that are in there, that has a way of unintentionally excluding people.

Sharon noted that it could be implicit; it doesn't necessarily need to be explicit, but she agrees. She added that we know inclusion is very important, we know that it leads to a welcoming environment; it leads to positive health outcomes because people, clients and families are comfortable. Sharon asked: how can they become more inclusive in terms of the work and the advisory that they give? What can they do to foster more inclusion? She mentioned that Brian just spoke to it in terms of policy review.

Fraulein Lucy thinks the first thing is being transparent within your organization, being able to be a voice, speak up, and realize that there may be a deficit – that you're not as inclusive as you should be or would like to be. She thinks at times it first starts with being an advocate and sometimes going against the grain. She has worked with many organizations where they pride themselves in being inclusive but they really weren't. Sometimes they have to be willing to suggest about areas that they could improve upon or maybe looking at it from outside of the box, talking to other clientele to see how they rank them, and using that to make a change.

Sharon suggested that even as a member of this committee and talking about the very important topics, making sure to be courageous and not to be a bystander and speak up and speak out. This can be difficult because we often feel like we may be threatened or at risk. In the Ongoing Planning Council, they talked about making sure they are being inclusive of the people that they serve and the people in this community. The other part of it is diversity and being able to celebrate each other, walk in a place that is okay for you to be there, and to feel that you have just as much right and access to resources as anyone else.

Cara Rupp, BHRS, noted that it's so important from supervising the wellness center and being over at Substance Use Disorder services, for staff to really set the precedence. They have a client drop-in center in SUD and it's a trickle-down effect. When staff

show that they want to be inclusive, that they are including everyone that comes in through the door, and that it's important to them as staff, then clients that are coming in are there on a daily basis or going to their groups, when they feel that then she sees them turn to new clients coming in, reaching out, and making sure other clients feel included. She has seen it so vibrantly when it's working well in the Wellness Center and in other places where they have these drop in programs where if clients have been there for a while and know the program. If staff have been able to reach out to them and provide an inclusive environment, the client then starts to understand that this is the way we do things and start reaching out to new clients coming in with open arms. She sees that peer to peer as so valuable – it goes the extra mile and really has clients feel connected to agencies and feel like they are going to be able to get the best services as possible.

Sharon thinks that is very right on because they have to model the environment to establish a safe and welcoming culture. From the beginning when the person comes through the door throughout their experience and coming in to a program, they have to be consistent with inclusion and celebrating that individual so that they can be or continue on the road to recovery. There's nothing like a positive environment with positive messages as well as to be authentic and caring.

Brian Sterkeson highlighted what Fraulein mentioned on one of the key parts of inclusion: courage. He said that we can't talk about exclusion unless we look at and accept cultural history of exclusion in different groups and different people. The courage that Fraulein was talking about comes into the fact that our structures tend to reinforce themselves; sometimes to be inclusive and to make it a welcoming environment, we have to speak up against that self-reinforcing and power stressors. Sharon added that the organization has to align with the vision of inclusion and carry it out from top down to the bottom up in terms of the infrastructure, the policies, and the language that we're speaking – it has to be inclusive language and recovery based language. Brian noted that we can put inclusive values up on the wall but if the place, staff and architecture don't embrace inclusion, if the organization doesn't sync inclusivity, then it doesn't mean as much as just a poster on the wall. Sharon agrees that they have to put it into action and activate the principals not one time, but consistently.

Vong Chang thinks that sometimes they have those opportunities that are more isolated that allow them to advance further into being more inclusive, but they don't because they might fall back to a policy or procedure. When those times come, they need to re-assess their policies and how they can be more relevant; Vong has experienced that a lot.

Sharon thanked everyone that shared and noted that they will be having more discussions like this at this committee. Action steps or recommendations will be established in regards to inclusion and diversity.

Alejandro, Youth Leadership Institute, thinks what may have a huge impact on inclusion is the people they hire for their spaces. He shared that he works with young people and they need a lot of resources in Merced but many times they feel inadequate in certain spaces when asking for help whether at school, for mental health, etc. Sometimes the people working in those positions are so disconnected from the communities that need the help. Alejandro thinks that having people in positions that understand where the trauma from our communities comes from and those experiences of poverty, lack of resources, etc. are a huge way to create spaces where they feel welcome.

Sharon reiterated that many times people are disconnected from the communities that they are providing services to so they can't really relate and don't have the lived experience - they are in the positions of power or they are the gatekeepers to resources and how things are set up. Sharon said this was a very strong conversation on inclusion and thanked everyone for participating. They will continuously talk about inclusion and come up with a recommendation on how to foster or make sure we are being inclusive.

VI. Discussion Criterion 5: Culturally Competence Training Activities

Sharon asked Jose Chavez-Diaz, Golden Valley Health Centers, to share his thoughts about this. Jose noted that last time he spoke regarding the LGBTQ trainings and that is still what he would like to do. Someone had responded and requested a training – that is still what he would like to do. The other trainings that he thinks at least his team has had difficulties with in the community with COVID-19 advocacy is the lack of information in the community about what is going on. He went to a training and informed his community health workers on how this training is suggesting that they go out and advocate for COVID-19 vaccines. One of the things that he got from this training is that they can't just go out there and start talking right away about COVID-19 vaccines. They suggested that they go out there and converse in their community. He shared that they start the conversation and if they continue to engage, they continue and let them know about the COVID-19 vaccine events that they have going on. It's working pretty well, at least for the time being. He thinks those 2 trainings are the ones that the team will benefit from. Sharon noted that it sounds like he is looking at how to approach and convey the message. Not to start out right away with COVID-19, but letting them know what other resources are available. Jose has noticed that when they start with COVID-19 as a conversation, there is not much interest.

Nancy Reding shared that Valley Onward is working in rural areas – they have a lot to communicate and educate. There is a lot of miscommunication out there and she thinks it is wonderful to see what is happening in the rural community because we forget them.

Also, she believes that if they are dealing with any type of trauma, they need to have attended Jennifer Johnson's trauma training. Nancy asked Sharon if she could bring that back or if a different organization can bring her in – she encompasses all areas of trauma: how to work with, how to treat, how to interact, and the understanding of what is going on in our brain with processing information. She noted that she has not met one person in her life that has not had some type of traumatic experience that has changed their life. Nancy truly believes that everyone working with people need to have her as a trainer and learn this information.

Rocio Ortega referred back to Sharon's question and mentioned that Jose said the magic words: going to the community. The only way they are going to find out the needs is to have that conversation with them because she believes that we are ignorant in a lot of their needs. The only way we are going to find out is to sit down and converse with them.

Sharon shared that in the Ongoing Planning Council, she asked for individuals to help support setting up focus groups. The invitation was extended to this committee. If anyone would like to host, support or assist with a focus group, please contact Sharon Jones. The MHSA team is seeking feedback to inform in the Mental Health Services Act Annual Update 2022-2023. She noted that Nancy has already made contact. Sharon said that they can go out to the community or through Zoom to hear their voices and see what their needs are for care.

Fraulein mentioned that one of the trainings she appreciated doing the most a few years back was motivational interviewing. She thought it was very helpful in how they speak to consumers, a way to find out what they need, and empowering them even with the information they provide. Sharon shared that most of the trainings over her career that seem to help people are trainings that educate in terms of trauma, and trainings that hold the client or the family as the center of what is important.

Cara completely agrees with motivational interviewing. She shared that she attended a training session in early September that was really good with regards to motivational interviewing. The thing about motivational interviewing is that not only is it something that staff can utilize and is tangible. What she found from past trainings is that staff are in it in a moment but not making the transition with what they can do in their day to day work lives; sometimes it gets lost and they are not sure how to put it in to practice. The great thing with motivational interviewing is that it puts the client at the center of knowing themselves, their life, and their own circumstances the best. It also builds on the premise that they know what's best for themselves and that staff are not stepping in to make all the decisions and tell them what they need to do; it is really coming alongside the clients and being able to build that relationship. It is all done with the building blocks of client knows best, client is the expert, we're there to learn from the client – it instills what they were talking about regarding inclusion and really seeing people for being valuable with just being themselves. Sharon thinks that most who attend a committee like this are really in alignment with motivational interviewing and putting the client at the center. Often times, structures and systems are set up where it may not align with those virtues and viewpoints.

VII. Discussion Criterion 6: County's Commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

Sharon asked: How can we grow a workforce that embraces these type of principles that believe in diversity. She explained that this criterion is the importance of building a workforce that is reflective of our community. Just as Rocio said, we have to go to the community, listen to the community, and the clients and families we're serving – we have to come in from the heart of the recovery process. Their self-determination really is what moved them forward. Motivational interviewing and all of these tools can help guide the process. Sharon asked for 3 strategies and provided an example.

Cara Rupp agrees with Sharon. She thinks a lot of it is how and where we are advertising. Also, she thinks internships and opening up the ability for different people to connect to the particular services that they provide. She shared that recently she had a fabulous intern – it was nice because it was something the intern would never think about before and now he is in and able to meet the clients, the staff, and take a look at what is going on with the services provided – it opened up layer and realm to him of what could be possible. It was definitely someone who they normally wouldn't be able to reach out or connect with. She thinks maybe working with different agencies and different schools and seeing how they can penetrate and get in there with regards to talking about their agencies and the services provided. In addition, to make sure that they are including them on a school level for those that are thinking about what they are going to do and being able to reach them as well.

Rocio Ortega suggested possibly taking it to the high school level and expressing the multicultural need in the workforce – talking to especially the seniors going to the university about the job description and the need for the community. Sharon explained that it is building it early off of pathways with the schools and through the colleges to start getting the message out there about inclusivity as well as opening up opportunities.

Ker Thao, suggested via the chat to create diversity friendly career sites and interview panels – add diversity to the interview panels.

Brian Sterkeson also suggested taking a good look at the questions asked in interviews and putting some weight on lived experience

and cultural understanding. Brian noted that we are talking about how to build a workforce and implicit in that is that the people they hire or the agency is something outside of the communities they are serving. He proposed, expanding the way they provide the services to include private partnerships. He asked, are we partnering with somebody who is already embedded in that culture and that community? Sharon said she likes the term “trusted messenger” – she knows that in every community there is someone that people look up to and people believe that their word is credible, so identifying those individuals and connecting with them.

Fernando Granados mentioned that a lot of times we do have diversity in our agencies already but maybe don't have staff in the positions that we would like to have them in. He suggested looking into how they can grow that person so that they can also address that diversity. Looking at how as entities they can grow their own staff and hire up for positions. By the time they get to high school it may already be too late to introduce this field; especially with seniors because they are already either going to college or not going. Even working with younger populations, introducing them to the field, and working with the junior high so that they can set themselves up in high school to be eligible to apply to colleges. When they talk about the shortages of counselors, social workers, and clinicians, it speaks to more than just people not going into the field; it speaks to people not being able to enroll in colleges to go into the field. Rocio Ortega noted that it is why they have the junior college as second opportunity for the seniors that didn't do the GED requirements. She thinks that talking to the seniors and educating them in the need, what the job is about, and exposing them to all the different types of jobs that could be available to them could awaken that intuition and give them an idea. Junior college is always there for anyone. Fernando clarified that he is not suggesting that they don't work with the seniors. He is saying that by the time they get to the senior year, they have already made up a decision, so even starting younger than that. There are some high schools that have programs already geared to prepare them to go into that field. Stanislaus county has a couple schools with social services as a class curriculum that introduces them to the field; there's even one on mental health in one of the campuses. He suggested starting them off at the junior high level. Junior college is an option for them but also working with getting them to the universities, which is where they will have to go to obtain those degrees. Sharon said that the earlier you start with giving a child or person a dream, more than likely the dream will flow forward and the vision will come. Sharon liked what Fernando mentioned about opening up more opportunities in your agency for growth from within and from without if needed. A huge part of inclusion is opening up opportunities for people; some people have more opportunities.

Vong Chang shared that being a hiring manager, looking at people's resumes and what they represent, having cultural inclusion and having questions that really speak to their capacity, understanding, and their experiences around that. In fact, using the responses as part of the overall hiring process.

VIII. Cultural Humility Scale Exercise

Sharon Jones shared and explained the Cultural Humility Scale Exercise form with the committee. She asked that they complete the Cultural Humility Scale from the National Council on Behavioral Healthcare and bring back to the committee for discussion.

IX. Substance Use Division Reports

Cara Rupp reported that they had an audit yesterday. It was a good audit experience. Cara mentioned that she liked what Sharon put up on the screen because she is always looking for something that digs a little deeper with regards to clients giving feedback about services and the staff that provide the services. A lot of the forms given out now, she feels just don't get at what she wants to get at. She feels that what Sharon just shared had some good questions on it. Sharon noted that it would be great for clients to rate their counselor – this would be nice quarterly or at some point during the year to ask that they rate the performance.

X. Client /Consumer Reports

Sharon mentioned that one goal is to have more clients and consumers on this committee. They were before COVID but everyone is repositioning themselves and getting back in alignment.

XI. Updates

Sharon reported that they are working on the cultural competence plan update. They will be meeting each month for these critical conversations. They want to have feedback that goes to leadership such as inclusion principles they have identified. She hopes to move toward being more of a working and advisory committee and share information and conversations from this committee.

Natasha Ambriz, Cultural Diversity Specialist at Central Valley Regional Center, briefly introduced herself and shared that she travels to all 3 offices: Merced, Visalia, and Fresno and covers 6 counties in regards to services. She shared that the Department of Development Services (DDS) that oversees the Regional Centers has opened up their grant, their service access and equity grant guidelines. A lot of what was discussed today, especially the growing and multicultural workforce, is one of the priorities that they are looking for. In regards to the multicultural workforce, if anyone is interested in applying for this DDS grant, they do need to include the Regional Center. She encouraged the committee to reach out and shared her email nambriz@cvrc.org for anyone interested. Natasha will send Sharon the request for proposals that DDS has sent to them. Sharon requested that Natasha provide a

presentation to this committee and Natasha agreed.

XII. Possibilities and Success Stories

None.

XIII. Next Steps

The MHSA team will work to get more consumers and people with lived experience on the committee.

The committee will complete the Cultural Humility Scale and they will begin with a discussion on Cultural Humility next time.

The next meeting is scheduled for Thursday, October 21, 2021.

XIV. Adjourn

The meeting adjourned at 11:05 AM.