

Summary

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

March 30, 2023
10:05 am – 11:00 am
Behavioral Health & Recovery Services Facility
Teleconference via Zoom

Present:

Sharon Jones, Bacilia Mendez, Cindy Mattox, Nicole Duarte, Jose Chavez, Katalina Zambrano, Maria Colomer, Jesse Ornelas, Christina Vang, Griselda Vasquez, Fernando Granados, Sabrina Abong, Natasha Ambriz, MistyRose Bautista, Nikki Carrasco, Heydi Herrera, Conor Maloney, Iris Mojica, Khi Moua, Iohana Tapia, Cheryl Welch, Katalina Zambrano

Presentation and Discussion:

All Members

I. Check-in/Conocimiento

II. Approval of Minutes

The approval of minutes for February 23, 2023 was motioned/seconded (Jose Chavez-Diaz / Conor Maloney) and carried.

III. Discuss Focus Group Feedback

What people are saying is that they need help at the Community level, oftentimes our programs are set up for people to travel over to a building, and sometimes that building is not within the community where the people live, so they may have to travel for 45 min or 30 min with the most recent critical incident it's brought a lot of burden on families financially as well as emotional, and so the focus group feedback is saying that they need people who have fewer barriers and where they can be seen faster.

The people who are providing services have to be responsive culturally, be professional and build a rapport with them. Does anyone have any feedback on better behavior health services that is inclusive of SUD?

Iohana – We have been coming across a common barrier of childcare. We offer the co-op room, but it requires another parent to come up with an agreement with other parents in the program so that the other can be with their child. But if they are mad with each other it can be challenging. Transportation can be a challenge also not being able to provide services that we have here at other locations.

Natasha – We need to address using plain language to families. The verbiage that families who access our services are not able to understand, so, plain language is something that our agency is striving for. Medical jargon can scare people.

Nikki – People trained in the ability to translate medical terminology and diverse cultural scenarios, and slang. It's a lot easier for the provider to understand when they have an educated and well-versed translator or interpreter, I think its imperative to have someone that is a professional as opposed to a child that speaks the language but does not speak the language as much as their parent. That does not know the scenario or situation. They are not comfortable saying everything at time it could be a matter of life or death.

Griselda – Creating our pronouns in our email, letting people know that we are a safe person, making everyone feel comfortable with us. Creating a safe opportunity for those who feel like they do not know where they can reach out or connect for services. Creating a safe space for people to come and feel comfortable with the building and services. Bringing back our meeting to the same room in person.

Maria – We provide transportation service to Alliance Members that are enrolled with us for their medical appointments, dental and Behavioral Health, labs, and pharmacy visits. I will send Bacilia our flyer so she can share it with everyone here.

IV. Develop a list of priorities for enhancing Cultural Competence Training

Griselda spoke about the LGBTQ training that Katalina facilitates, Katalina has notice that not a whole lot of people are signing up for the trainings. What can we do to enhance Cultural Competence training? Currently there is 2-day mandatory Cultural Competence training and there will be an 8-hour refresher each year.

Jesse – Most of our programming that we have is rooted in cultural healing. Example: we have the moving forward program, it uses the El Joven Noble curriculum, and we are at 3-4 different school sites. We sit in a circle every week with young people at the Valley Community Day School in Los Banos. We have a community cohort that meets here in our office on 530 W Main Street. The fall semester we will meet at Weaver and Tenaya Middle School. I will be starting in Juvenile Hall within 2 weeks once everything gets cleared and staff transition. In this program we have a healing component and media component and have made two scenes and are about to send our third one to print. The content is about young people communicating to the public of their healing journey using this curriculum. The curriculum talks about the impact of violence, making poor decisions, and the importance of relationships. The moving forward program gets funding to be able to take young people to go sweat in the Pacheco pass area. We partner with contracted local elders to come in to add their elder wisdom, so, its multi-generational. Community cohort also participate on YPAR which its youth participation action research last summer, they dug deep in the effectiveness or lack of the effectiveness of the cannabis policies in Merced Union High school district. They are advocating for more wellness opportunities in the Merced District. This Saturday at McNamara Park we will be having our spring equinox ceremony where we have Aztec dancers from all over California and also water dancers coming from Zuni Tribe in New Mexico. YPAR project also offers different types of training and consulting for organizations that are looking to work with young people in any type of capacity. If your agency would benefit from some type training, youth, adult partnership training, trauma inform, reach out to me. We are **Mandating leadership to attend training.**

Iohana – Offering several days training cause it hard for staff to attend and having leadership buy in. Having training on how to provide treatment, how to have conversation, how to inner act, how to have culturally competent conversations. When doing events make sure that there are bilingual staff in different languages.

V. How are we doing with Communication and Language Assistance?

We have to be intentional when planning an event. What language access, interpreters we need to do more training and more things in the primary language and have the English speakers wearing the headsets for the simultaneous interpretations. We have the AT&T language line it's all electronic. We have a contract with Healthy House and hire bilingual staff that speak the threshold languages which are Spanish and Hmong. Here at BHRS we usually have interpreter training and we use to partner with United Way for the training.

Natasha –Asking if they need an interpreter and respecting their answer, follow-ups with questions in regard to the meeting/presentation by asking if everyone understood the interpreter, was the interpreter using the correct words.

Khi - For communities that we are working with, it's crucial that we create trust, so, Sharon mentions the idea of following up with the feedback, it gives them the sense of trust. They would be more proactive about seeking services and more comfortable with Agencies.

Nikki – I agree with everything they are saying, when an interpreter approaches with an advocate heart, they will ask for more help and questions because they feel the trust, they create relationships with you.

Iris – Just want to Highlight, how was your experiences? In working in the community and sitting on BHRS Board, we get reports and all the above are happening. Seeing the service through the lenses of the one receiving the services would be more beneficial. Bringing this forward and passing it on to our board that is key. How was your experience? Even in the realm of providing interpretive service.

Sharon – Some of the priorities spoken here are being intentional while planning out event/meetings and understating the Culture.

VI. Resources to increase bilingual staff capacity.

Natasha – We can encourage our bilingual staff with the reassurance that the agency is going to provide training in the verbiage used. some staff are not familiar with words in other languages or terminology. That could be a challenge for the families and for the staff. Making sure that our own training will be in other languages. We want to make sure that if we are training different language it is in our threshold language which is Spanish and Hmong and available.

VII. What are some ways we meet client language needs.?

Khi – Screening process and being able to explain in their language at times can be difficult.

Natasha – The assumption that we make at times is that if you speak a certain language you must be able to read also. But at times that is not the case. So, for us moving forward if we are sending a flyer in Hmong and we will be sending in English also. Along with every presentation in both languages.

Khi – Younger Hmong generation are struggling in reading the Hmong language.

VIII. What is the best approach to providing language assistance?

Conor - We also need to allow clients and families complexity and they are going to have that ability to self-determine what is going to be best for them to the extent that we can benefit to communicate with them verbally and non-verbally and the overall involvement. The system is really going to help us to build on helping to partner with them and allowing them to tell us what they need and with a certain amount of humility and getting family advocates involved. I think that families for the longest time know we have not done a good enough job in the behavioral health systems, look at hospitals, look at education system. They all involve the family to a certain extent.

IX. What are some ways we can make sure that services are available in the language of their choice?

The American sign language access for a patient is a huge struggle and other disabilities whether is visual audio, mobility, hard of hearing and not to mention emotional disabilities, trauma. It's a much bigger picture, not just verbal communication.

X. Develop a list of priorities for enhancing language assistance.

Nikki – Having a survey for the patient but what about for the interpreter? That would give quality feedback on both sides.

Sharon – That is possible a Focus Group for interpreters to hear their perspective.

We should work to reconnect with family's healthiness, which could be one of the greatest healers, connections that really help lead to the help of healing individuals not ruling the family that's more of a collective approach, being intentional about the way that we approach things. The fact that you include self-determination because we do not have all the answers, and most people have the answers inside of them. But when they have been heard or out of alignment, they need a little bit of support to get back on the path of recovery.

XI. Next Steps

Thank everyone for participating. We will produce some action steps and then we will go from there.

XII. Adjourn

10:57 am

Next meeting April 27, 2023.