

# Summary

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

May 25, 2023

10:05 am – 11:00 am

Behavioral Health & Recovery Services Facility  
Teleconference via Zoom

### Present:

Sharon Jones, Bacilia Mendez, Cindy Mattox, Nicole Duarte, Dee Espinoza, Tony Lor, Katalina Zambrano, Maria Colomer, Christina Vang, Fernando Granados, Heydi Herrera, Iohana Tapia, Marilyn Mochel, Laura Ruel, Derric Brown Jose Chavez-Diaz, Daniel Garibay, Eric Olson-Diehl, Cara Rupp, Carolyn Walter,

### Presentation and Discussion:

*All Members*

#### I. Check-in/Conocimiento

#### II. Approval of Minutes

The approval of minutes for April 27, 2023, was motioned/seconded (Jose Chavez-Diaz/ Marilyn Mochel) and carried out.

#### III. Purpose of the Committee

Back in 1988 this Committee was referred to as California Minority Service Coordinators and approved by the California Conference of Local Mental Health Directors. But now they are called California Behavioral Health Directors Association and the MSC from back then are called Ethnic Services Managers. In some counties, they have upgraded to Inclusion and Diversity Directors. It started as Minority Service Coordinator, but they wrote a letter to the president of the California Conference of Local Mental Health Directors talking about changing the demographics in the state of California that the ethnic minorities were expected to exceed 50% of the state's general populations, that was back in 1988 and by 2000 it was happening and continue doing a great job. Its focus is on changing the Ethnic and Cultural characteristics of the clients that we are serving. Linking them to service delivery concerns. The framework is eliminating Cultural Linguistic, racial and Ethnic Behavioral Health disparities. So, this Committee is to focus on Equity as it relates to Behavioral Health Care. In 1999 the surgeon general's report, David Satcher said that the Mental Health workforce was not prepared on all levels from the psychiatrist to the clinicians to serve Racial and Ethnic Minorities. The state of California became proactive in trying to address this by not requiring an Ethnic Services Manager but requiring a committee such as this. Every County requires a committee, it's part of helping with inequities regarding Behavioral Health Care and promote Advocacy and Social Justice, Cultural Humility. What are your thoughts as you operate your programs?

**Marilyn** – Most participants have some connection to funding, and I would be hesitant to say that there have been no changes. With all the inventing of funding I would say that we are eliminating the gaps, but we still have not. We all know what the goals are. It's elusive and very hard to eliminate the gaps that we see. What NAMI experiences with the number of calls.

**Katalina** – As someone that transition in the early nineties, as a child trying to access mental Health Service in the 80's as a young child it was very dramatic experience for LGBTQ person because there little to no resource or no Mental Health workers that were open or understanding of LGBTQ people, all this added the stress on my life and family. Seeing all of this then to now, we are barely scratching the surface. The funding the people are receiving and the education, training staffs, we are getting there but still have a long way to go because there is still Mental Health Workers that need lot more training in understanding about what the LGBTQ Community is all about.

#### IV. Guidance for the Committee

Title 9 Section 1810.410 calls for Cultural Competence Plan. It's a state requirement and the Cultural Competence Plan and its guidance is to be reflective of goals and objectives. To begin to close the gaps or to address what we can as resources allows. We are hoping to strategies more of what we can do. As I stated in a previous meeting, there is going to be a modernization of the

Mental Health Services Act, look at the programs not only of trauma informed care but the inclusion and diversity aspect as it related to racial ethnic cultural groups.

**Marilyn** – Last month we tabled the discussion on the CLAS Standard. That is important in participating in training but does not necessarily mean there is an incrementation to achieve the goals of the CLAS Standard. I hope to have that back on the agenda next month. It's hard to address these disparities without moving and giving recommendation to the department about these CLAS Standards.

We will put the CLAS Standard back on the agenda and present the tool that substance abuse division uses and implement thought out BHRS.

**Iohana** – In training, not only it should include understanding of other cultures and languages but acceptance, like we do with our LGBTQ community but also accepting of the diverse culture. When staff conform it creates barriers to serving our community. We are trying to roll out a new improved more cultural competence training. Learning modules for individuals that relate to behavioral health.

## V. Key Concepts of Cultural Humility, Social Justice, and Health Equity

What is your definition of Cultural Humility? The standard definition, lifelong learning, mitigating the power imbalance, polling the institutions accountable.

**Jesse** – I envision it to be a way for us to do the work that broadness wellness, that doesn't include your centric ways. For agencies to consider culturally competent means that they are providing services and languages, other than English but that not the case, there are many other ways to serve people that doesn't include your centric approach.

Jesse brought up the Cultural and Linguistic capability.

**Cara** - In listening to a Podcast that talked about this topic; it's the idea that you have leave your mind flexible and malleable that you don't have the marked cornered. You don't have everything figured out. Cultures and people are varied when looking at being humble it's someone who is always open to learning, always open to finding out something new, not putting things in categories. Always being a continuous learner.

Being in a committee like this we must do a lot of inner work because bias can show up just anywhere, they are embedded in systems but also in us.

**Jose** – To have a Culture Competent literature, hire different culture languages at work, for example Hmong, Spanish and Punjabi for Livingston area. Other language that we have heard in Merced County are the indigenous communities from Oaxaca, Mexico. There is a need for Head start Child development in the Stevenson and Hilmar area where there is a big population of Oaxacan Community. There is no literature or staff for that community. We do have interpreter services that continue help our centers.

**Marilyn** – As part of the Cultural Humility training that is needed are those practical examples of what it looks like, think that every person that you encounter is a teacher and that you are the learner. And it is reciprocal, at times I teach, at time they teach. Another example, it's you are struggling with correct pronouns that you bring up to that person asks to help you to correct you and give you feedback to help with the behavior become part of you. It's those practical applications that are missing from the training. Honoring the different languages in a workplace. How do we implement by little steps forward.

## VI. Goals and Objectives

How should we update our Goals for this Committee? What would be the number one Goal if we are going to be moving forward, there is still a need on how to engage, ace, value, honor difference people. What should be part of the Goal? For me justice is important, fairness, honoring people. It's a state mandatory and it wants us to look at in terms of inequities, increase stressors, system that do not support racial ethnic, minorities. So, the need to look at Cultural Communities on ways to close the gaps.

**Iohana** – one way that comes to mind is on providing resource in more accepting manner of the differences of our community. Having diverse staff that can provide the services, being more mindful of how we react to the differences. Not making clients feel uncomfortable. How are we making sure that they are comfortable being who they are.

Yes, you are speaking about the non-verbal, like rolling the eyes, the type of demeanor in the face, non-welcome environment,

**Marilyn** – It's hard to evaluate, seem like there should be an undercover shopper to see how clients are being treated.

**Katalina** - a lot of time when you see staff member giggle or choice of words, or choice of trans. That all could trigger an individual. Upper management needs to put a stop to all that as soon as possible.

That goes with Culture humility of holding the institution accountable. Having a sign that says You are Welcome here.

**Eric** – from the standpoint of the entry level where the first people that you're going to meet, even their intake forms, how they ask, I'm a father who has children and I have a husband. And so, when people are talking and asking you the intake question, those intake questions can turn somebody off right away by like, what is the mother's name? that entry level questions can immediately be a trigger for someone to be like, well, this is not going to be the place for me.

**VII. What is the evidence that Cultural Humility is improving?**

**Cara** – Where I really understand that it's improving is from direct feedback from the people we are serving. So, there must be a way to connect with people that are coming in and being able to acquire some knowledge from them with regards to how they feel coming in. The decoration, services, we are in the process of decorating the lobby not only highlight wellness, mental health and having the appropriate information but look at all the different communities we are serving and making sure we represent them. So, obtaining people's voices and feedback is the most successful.

Listening to you is to close the loop and report back what we have done and make the improvement or address it after we get the feedback.

**Cara** – Shout to the picnic that happened last Wednesday, it was fantastic, there was over a hundred and fifty people, clients were involved in planning the outreach. There was a cake walk, playing games, listening to music, dancing. Staff were out there with clients just destigmatizing, have a great time together. The director and assistant director were out there supporting the staff and clients.

**VIII. How are Cultural Humility, Social Justice, and Health Equity demonstrated in client care:**

We will start with this question in the next meeting. We will add it to the next agenda.

**IX. Next Steps**

**X. Adjourn**

11:00 am

The next meeting is June 22, 2023.