



# Placer READI Committee

**Race, Equity, Access, Diversity, and Inclusion**

**January 12, 2021 – Minutes**

**Zoom Meeting 10:30AM - 12:00PM**

Zoom Link: <https://us02web.zoom.us/j/86915461872?pwd=bTFyc2RqVnZlRldz09>

## Introductions and Attendees

Janelle Brancato, Claire Buckley, Curtis Budge, Sue Compton (County Chair), Matt Dixon, Connie Falconer, Indira Infante, Michele Irwin, Denise Manandik, Jessica Luna-Miranda, Kim Maurer, Mollie Murbach, Marie Osborne, Alicia Rozum, Andrea Salazar, Jenjor Seefeldt, Kristin Semone, Natalie Sherrell, Julia Soto

## Announcements

- Review minutes prior to meeting, will approve meeting minutes beginning of meeting or via email. New website on Placer County’s webpage, located on the bottom of agenda and minutes, trying to make access and participation in the committee more readily available.
- Box Folder Access & Updates: uploaded files and folders of data related to discussions in meeting; original 2010 plan; last ten years of Cultural and Linguistic Competency Annual Updates; and “2011-2019 Committee Goals and Accomplishments” document, a summary of past plans and is sortable by year or goals.
- Cultural and Linguistic Competency FY19-20 Annual Report - one of the committee’s driving forces is the CLC Plan, Placer County combines plan with the Quality Improvement Plan for Behavioral Health Services and is submitted to the state yearly. The Annual Report, outlines goals including CLC portions and QI portions indicating what the county will be working on as a whole system, including goals identified in Placer READI.
  - FY19-20 - Julia has prepared report which is due to the state by March 1<sup>st</sup>. At the next meeting, Julia will review submitted plan with Placer READI members and the new annual plan the committee will be working from. Goals were identified in the committee at the beginning of the FY, the three goals are outlined in the agenda along with the standard requirements.
  - Annual report has 12 goals such as calling intake lines to ensure consumer calls are appropriately received and filtered to the right places and more involvement and welcomeness in committee meetings with peer representation and family advocates.
  - DHCS is working on updating the Cultural and Linguistic Competency requirements and guidance for counties, there has been no updates since 2010. The state is looking to contract with a provider statewide to provide technical assistance to help develop guidelines.
- Mollie - Stand Up Placer is hosting an LBGTQ Virtual Space for community members, meets Tuesday nights from 5:00 to 6:30 via Zoom, 1st and 3rd Tuesdays are a dedicated youth space, individuals under 18; and the 2nd and 4th will be an adult space.

**AI:** Julia will send out Annual Report to group to review i.e., title changes or any questions.

**Responsible Persons:**

Julia/Committee Members

**Completion Date:**

**AI:** Stand Up Placer will email Connie LGBTQ Virtual Space flyer to be distributed to Placer READI members.

**Responsible Persons:**

Mollie/Connie

**Completion Date:**

## Goal 1: Expanded Collaboration

- Committee Co-Chair Needed
  - Shares agenda preparation and meeting facilitation responsibilities with county co-chair. Approximately one hour agenda prep meeting, the meeting every other month, and follow up emails.
  - Elected by committee community representatives on annual basis.
  - Selection Process - discussed voting for a co-chair through a survey monkey poll, members can submit a short paragraph on why they are interested. Claire suggested not allowing nominations, needs to be individuals coming forward. Kim M. from Turning Point and Natalie from Sierra College asked Sue to follow up to discuss possible co-chair role.
  
- Reviewed committee member's role:
  - Attend meetings; send a backup representative in event of meeting conflicts.
  - Stay current on Committee business and activities; follow through on action items.
  - Present issues in your community with supporting metrics and/or source of information.
  - Also see: 'Committee Function' at bottom of agenda.
  
- Gaps in representation: Sue discussed the need for increased representation, more voices to the table to help influence the system of care and how services are being delivered. Discussed outreach efforts needing to be or have been done and asked group to help identify gaps in representation.
  - Julia discussed inviting providers and staff from Substance Use Services (SUS) side of the system for representation, missing SUS population and the disparities captured within that system. Julia suggested a representative from Granite Wellness and Claire offered to reach out to the AOD committee as she was a past member of the Alcohol and Other Drug Use Committee and attends the meetings.
  
  - Indira will reach out to Elisa from the Latino Leadership Council who used to attend, and Sue will also reach out to see if they have someone who can attend regularly.
  
  - Kim M. asked about refugee populations and representation. Placer People of Faith Together (ppoft.org) has three issues they are working on, one of them is immigration issues, Claire will ask their leadership if they would be interested in attending Placer READI for that reason.
  
  - As a prioritized population – LGBTQ, and youth are being represented in committee with Sierra College, PCOE, Youth empowerment representatives, and Cal Voices attending. Sue proposed having law enforcement and probation attend, a conversation discussed in previous meetings.
  
- Committee outreach updates: Claire will continue to reach out to adult community for more representation and the LGBTQ community, has also been reaching out to mental health practitioners and members from local commissions.
  - As a member of the Advisory Council for the Area Aging on Aging (Area 4), Claire and has added to their agenda a CLC Plans presentation and what they mean for the community. Claire has also reached out to Placer County Older Adult Commission (OAAC) members and to Aging &

Disability Resource Connections (ADRC) which she serves as their Mental Health Liaison. Due to the pressures of Covid, outreach is more difficult as to priorities for other individuals.	
<b>AI:</b> Create a generic flyer for committee without date.	<b>Responsible Persons:</b> Connie/Sue
	<b>Completion Date:</b>
<b>AI:</b> Sue will follow up with Kim and Natalie about co-chair responsibilities.	<b>Responsible Persons:</b> Sue
	<b>Completion Date:</b>
<b>AI:</b> Julia will reach out to Granite Wellness and Claire will reach out to the Alcohol and Other Drug Use Committee for possible representation in Placer READI committee.	<b>Responsible Persons:</b> Julia and Claire
	<b>Completion Date:</b>
<b>AI:</b> Indira will reach out to Elisa from the Latino Leadership Council and Sue will also reach out to council to see if there is someone who can attend regularly.	<b>Responsible Persons:</b> Indira and Sue
	<b>Completion Date:</b>
<b>AI:</b> Claire will reach out to Placer People of Faith Together leadership to see if they are interested in attending Placer READI to share the work they are doing on immigration.	<b>Responsible Persons:</b> Claire
	<b>Completion Date:</b>

**Goal 2: Identification of Disparities**

**Common Behavioral Health Equity Measures-** Sue presented Power Point on Identifying Disparities Sue discussed measurement tools used for outcomes in the community and at the county level. Population, process, and outcomes are in the spectrum of where the committee can identify existing disparities.

**Population** – Measures the population you serve with population you expect to serve or should be serving.

- Penetration Rates: number of people who received services compared to the number of people eligible to receive services (ie. Medi-Cal beneficiaries)
- Standard data counties report to the state

**Process** – Measures differences in the way different populations are served once they try to access care.

- Timeliness of Care: The average number of days from a request for service to an assessment or to a treatment appointment.
- Access to Care: The percentage of people requesting services who received an assessment or a treatment appointment.

**Outcomes** – Measures whether people have different results once they are receiving services.

- Service Utilization Measures: Tracks whether there are differences between demographic groups in the way people engage in service, are retained in services and what services they are utilizing (for example: average length of time enrolled in services).
- Mental Health Outcomes: measure outcomes from tools that are utilized broadly such as the PHQ-9, GAD-7, PSC-35
- Social Determinants of Health: Housing status, access to transportation, employment status, education, food security.

- Sue discussed how social determinants of health can also help identify disparities, the county does this with its Full Service Partnership team (FSP), by looking at housing status, access to transportation, employment status, education, and food security.
- Discussed what disparities the group assumes exist in the community with the county's mental health delivery of services, including what has been exasperated during the Covid-19 pandemic (a more near-term goal/focus). Need to identify what metrics and supporting data are available to prioritize identified disparities.
- Alicia discussed diversity in the workforce and the level of staff in our community who are people of color, people with disabilities, lived experience, and LGBTQ; emphasized providing culturally matched services is important.
  - Asked if there is any HR data available or across the county at the representation of POC in our workforce, mental health workforce.
- In the next meeting, Sue will share results from a statewide survey, launched a few months ago through for the Office of Statewide Health Planning and Development (OSHPD) Workforce Education and Training grant. Around 40 individual providers participated in survey, those who can bill Medi-Cal for services. Sue will also share with the group American Psychiatric Association 2017 data, informative and specific to mental health although it was from a state perspective, not county specific.
- Michele asked about identifying individuals with co-occurring disorders, in the sense of other disabilities, asked if there is any data on how many people receiving services have other disabilities.
  - Specifically access and retention, are individuals getting the services they need, are the services addressing their specific needs, and are they participating in their services. Sue discussed one way would be to administer a survey of their experience receiving services and how readily accessible those services were compared to the broader group.
  - MHSA 19/20 data will be coming out mid-year, the data addresses similar questions by showing MHSA funded activities. Need to identify the percentage of individuals with disabilities in addition to their mental health issues.
- Claire discussed the barriers that have been exacerbated due to the pandemic, such as Zoom meetings with providers, which can be stressful and difficult for individuals. For those with hearing impairments, Zoom meetings do not have close captioning, individuals must use sign language in order to communicate with their provider. Claire talked about how barriers related to disabilities tend to go unaddressed and the many underlying concerns, such as: access, inclusion, and equity. Services can often be inaccessible because people are unaware the services are inaccessible and not inclusive.
  - Julia – anecdotally in talking with Behavioral Health providers, what the county has been hearing is during COVID-19, providers have switched to telehealth and are seeing a decline in older adults accessing services because of difficulties with technology.
  - Janelle – to help with communication there is the JAWS Program, a computer screen reader program for the blind and visually impaired. For many individuals, using the magnification settings on different platforms can be difficult and many are unaware they can change the settings.

- Prior to the pandemic, Michele was going to bring in a device for in-person communication for individuals who are deaf, called an Ubi Duo. Michele also discussed using California Relay Service (CRS) by dialing 711, which is available to all and special equipment is not needed.
- The county has TTY machines, they are located at both adult clinics (Cirby Hills and DeWitt) and one at the children's clinic and can be used for telehealth appointments. There is also a machine at Cirby Hills for the visually impaired which enlarges documents for reading. Marie discussed the need to let staff and providers know of the technologies available and to advertise the accommodations available for those with disabilities.
- Workforce diversity- is one of the HHS Strategic Plan goals they are focusing on. Currently, the county's diversity measures include cultural brokers, youth and family advocates, peer advocates, and promotoras. Julia discussed how can the county attract a more diverse workforce and match clients with a better fit based on the commonalities discussed in the meeting. Acknowledged barriers regarding HR and union elements on what can and cannot be asked employees to gather information and match clients, difficult but worth pursuing.
  - Behavioral Health and SUD providers both have a public Provider Directories, the SUD Provider Directory is a little more involved and lists every staff by name and must list cultural specializations.
  - Claire – regarding HR piece, suggested more inclusive language in job postings “we actively seek out individuals of diverse communities, have accommodations for individuals with disabilities, or people with a different sexual orientation”.
  - Indira has been imbedded with the county since 2010, and has participated in committee panels aimed at hiring a more diverse workforce at the county level and outside agencies. Cal Voices is involved in policy at state level, with a large peer advocacy component in Sacramento County. Indira suggested when positions open members need to reach out to their networks.
- Claire shared how many services in the community are provided by faith based organizations, which can be a barrier for the LGBTQ community, there are major hospitals in the region who exclude the LGBTQ population. Alicia has noticed many organizations are linked to the faith based community in the doctor/care space and worries how their services look for LGBTQ youth and their families.
  - Sue – WET has been discussing additional LGBTQ trainings for the community and for providers.
- Covid Related Issues - Within children's mental health services, Matt has noticed with Covid-19 many parents do not want their children's appointments/therapy online. Parents want face-to-face therapy or TBS services which have not been available, families say they will come back when services are more traditional.
  - Initial assessments are being conducted primarily through telehealth but for younger children, parents are wanting initial assessments done face-to-face (in a large room, socially distanced).
  - Indira discussed how the basic needs of families and parents is compounded due to the pandemic, with stress and poverty, families who were once stabilizing are now experiencing increased stress levels.

- Benchmarks - Sue asked group what benchmarks should be set for this year around the issue of access concerns being worsened by Covid-19 for families, individuals with disabilities, the aging community, and people who are more on the poverty lines.
  - Need to identify and prioritize areas to address and start breaking them down, what are the touch points the committee can identify where there are specific disparities as far as communication strategies, training strategies, and job postings.
  - Need to identify how the committee is going to measure progress.
- Issues discussed in the meeting are included in the CLC Annual Report in a broader sense, the committee has the freedom to define and work towards goals, a few of them might need some benchmarks.
  - For goals needing a benchmark, discussed sending an email out to the group on what the committee is looking at for the plan for its benchmarks i.e., staff diversity and goals around hiring practices, which has been included in the CLC Annual Report plan for a while.
  - The benchmark for hiring practices for a peer or family advocate representative to sit on the hiring panel during interviews, in 50% of county interviews, did not meet the goal this year.

**AI:** Sue will share/upload the American Psychiatric Association 2017 data.

**Responsible Persons:**

Sue

**Completion Date:**

Completed.

**AI:** Sue will share/upload with group OSHPD statewide survey.

**Responsible Persons:**

Sue

**Completion Date:**

Completed.

### **Goal 3: Training Inform WET Committee/ SOC Development**

- **Workforce and Education Training (WET)** calendar has been uploaded to committee's Box site with up-coming trainings. Implicit Bias trainings is in March and 1,000 seats are open community wide, HHS is co-sponsoring.
  - Implicit Bias training 101 and 201, March 10th-11th , ASOC/CSOC assigning to all staff if they have not completed 101; all senior staff are required to take 201 which is geared towards leadership, seniors, supervisors, and managers (101 is prerequisite).
  - Cultural Brokers Dialogue series is coming in March. WET has been discussing adding a LGBTQ training to the calendar, want feedback on gaps or specific topic areas for training's focus.
  - Launched LGBTQ+ Training Topics Poll on identifying specific areas, level of training, and topics around LGBTQ trainings needed in our community. Sue will be sharing poll with CCW, and Julia will share poll in providers meeting.
- Claire asked about Implicit Bias trainings for providers as part of the onboarding process, similar to safety or sexual harassment trainings. Marie - part of the onboarding and credentialing process for non-licensed staff is they must complete CORE skills training, Peer skills and CORE Skills trainings are module trainings which have a cultural competency component.

- Julia – county requires supervisors to attend two cultural competency trainings per year but not as a hiring requirement.
- Understanding/Sharing Lived Experience - Claire discussed the beliefs, values, and lived experience of others and how to respectfully ask individuals, proposed as a diversity committee how to ask others about their lived experience, how to get a better appreciation for the individuals people work with.
  - Alicia cautioned with so much being centered in whiteness, straightness, and maleness worry about implying “What is it like to be different?” from the value of white male straight CIS. Discussed avoiding tokenism and believes it is an individual’s responsibility to work on personal bias and prejudice. There are a lot of different perspectives on the issue of having discussions on equity, need to identify some guidance or advice prior to moving forward.
- Julia asked group as the county and community is entering leaner times within agencies, remember to share resources and trainings other members may know about from providers or outside sources, please share with Connie so they can be distributed to the larger group.

<b>AI:</b> Sue to share LGBTQ poll results with group next meeting, will conduct poll with CCW, and Julia will share poll in providers meeting.	<b>Responsible Persons:</b> Sue and Julia
	<b>Completion Date:</b>
<b>AI:</b> Bring back to next meeting the concept of “Cultural Curiosity” and any guidance and advice to avoid tokenism.	<b>Responsible Persons:</b>
	<b>Completion Date:</b>

<b>Prior Action Items</b>		<b>Responsible Person &amp; Status</b>
<b>AI# 1</b>	Upload to Placer READI box site committee’s charter, surveys from Health Equity Assessment, Power Point created by Claire and supplemental document discussed.	Sue Completed.
<b>AI# 2</b>	Reach out to PCOE to see who may be available to attend, PCOE was involved in CLC Committee in the past.	Sue Completed.
<b>AI# 3</b>	Placer READI members to review data presented, bring questions to next meeting, along with any informational resources’ members would like to share.	Committee members.
<b>AI# 4</b>	Sue will put together a summary of the committee’s annual updates into a document for the group, highlighting the work the committee has done in the past and upload to the Box site.	Sue Completed.

**Next Placer READI Meeting:** March 9, 2021; 10:30 to 12:00; via Zoom.



## **January 12, 2021 - Attendance**

- Janelle Brancato –Placer County Peer Coordinator with ASOC and oversees Family Support Specialist and the Consumer Council and Speakers Bureau, also with AMIH Housing
- Claire Buckley - MHADB Mental Health Alcohol and Drug Advisory Board for Placer, the Older Adult Advisory Commission, the Area Agency on Aging, and on Prism-Q Board
- Curtis Budge – Client Services Program Manager with ASOC
- Sue Compton - Mental Health Services Act (MHSA) Coordinator and WET Coordinator
- Matt Dixon - with Children’s Mental Health Support Program, CSOC
- Connie Falconer - Adult System of Care (ASOC) Clerk
- Indira Infante - Embedded Family Advocacy Partner with CSOC
- Michele Irwin - Placer Independent Resource Services PIRS in Auburn
- Jessica Luna-Miranda - Youth Empowerment Support
- Denise Manandik – LMFT, RYT with Gateway Mountain Center, Sierra Experience
- Kim Maurer - Clinical Team leader at Turning Point, Coloma Center
- Mollie Murbach - Stand Up Placer Prevention Outreach Specialist
- Marie Osborne - ASOC Assistant Director
- Alicia Rozum - Placer County Office of Education, coordinates foster homeless and sexually exploited youth services
- Andrea Salazar - Youth Empowerment Support Program
- Jenjor Seefeldt - MSW Intern with CARE Team at Sierra College
- Kristin Semone - MSW Intern with CARE Team at Sierra College
- Natalie Sherrell - Lead Campus Advocate and General Counselor with Sierra College Behavioral Intervention CARE (Concern, Assessment, Response, Evaluation)
- Julia Soto - Quality Manager with Placer County’s Adult System of Care