LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT DIVISION

AMERICAN INDIAN/ALASKA NATIVE (AI/AN) UsCC SUBCOMMITTEE MINUTES

June 14, 2018
1:30 p.m. – 3:30 p.m.
AICC

Present: **Belinda Smith, Marissa Abril, Bernice Mascher, Sunnie Whipple, Monique Smith, Belinda Najera, Jazmin Navarro, Keith Vielle, Michelle Enfield, Sylvia Youngblood, Monique Castro, Angela Trenado, Charlotte Lujan, Kelly Wilkerson, Mirtala Parada Ward**
Presenters: **Christine Tanimura, Wendi Tovey**

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome/ Introductions	Attendee introductions
Review of minutes	March meeting minutes approved with one change-Cultural Competency moving to the Institute for Cultural Linguistic Inclusiveness and Responsiveness (ICLEAR)
Presentation/ Feedback Request-Innovations II	• Wendi Tovey and Christine Tanimura presented regarding the new Innovations II program including the virtual training library where clinicians can go into a virtual environment and learn from culturally specific scenarios prior to going out and interacting with clients (scenarios would be focused around cultural competency/humility). The purpose is to address things that Native Americans experience in sessions. Questions/Feedback • Keith - Are they preparing new social workers to come to DMH, the empathy part should already be part of the curriculum, we've had interns come into FSP, how can this be shared with interns or clinicians coming our way in the future? Also, how will you prepare these new clinicians for any triggers that they may experience? **The training will be run by a facilitator who is a clinician and trained in terms of how to handle this.** • Belinda - They should plan to have the virtual scenarios in environments that look like our clinics, such as the clinics in Skid Row. • Mirtala - When you're talking about the scenarios, are you asking this group for input on how mental health presents for a Native American person? **We will be able to create a total of 150 separate scenarios; of those we hope that they are directly reflective of our cultural differences throughout LA County. What we are asking is what the best response would be, what a satisfactory response would be, and what you absolutely should not say in different cultures. For example, does the American Indian population often experience clinicians who jump to the conclusion that it is alcoholism or substance abuse? Is that a stereotype you are experiencing? What should we know that we can pass along to our therapists? We would want, for instance, the top 5 things that people have done wrong or the stereotypes, things that we're missing in mental health that we need to hone in on. Also, how do we engage and outreach the Native American population better? What interventions?**

	• Michelle - How will you represent virtually someone who is presenting themselves as transgender/two-spirit? Or gay? Or gender non-conforming in general? You have clients like that and there are challenges because people don't know how to react and what the issues are. **There are going to be trainings developed around those specific communities**. Two spirit specifically? **Do you have any suggestions for us?** In the Native tradition, being two-spirit is not seen as a pathology. **How would we be addressing this in a different way? If someone came in that was Native American and did have shame around this, what would be the best way to address this? How would it be addressed in therapy?** There's a lot of historical trauma involved in every aspect of a Native American's life and so there are a lot of individuals who do not realize the traditions and values that once were. There's a huge gap between generations who know the traditions and those who do not and feel that the LGBTQ community is pathologized. Historical trauma is an area that needs to be peeled apart and this is one area (LGBTQ) that's not really been focused on in the Native American community. **Do you refer to this as acculturation?** Historical trauma. • Belinda - Can you create a structure or format for us to explain things that we see as clinicians and as community members that we want to see addressed in these scenarios? For instance, spirituality can be labeled as psychosis but for Native American people, it could just be spirituality ("I'm seeing spirits"). Maybe put out a more structured format for feedback. • Michelle - Also include HIV related scenarios. • Sunnie - Are you also going to reach out to consumers? **We are looking at two scenarios. For the community and for clinicians. We are trying to implement something that's a pretty grand scale and so our hope was as a subcommittee and as a community that you would help us understand what are we not addressing as a department and give any feedback of what are we missing, how are we going to reach and deliver the best possible services that we can. We would like to do fact sheets of the top ten things to know, so we need to know from the community what we're missing. We also want to integrate peer support throughout all mental health care.** • Bernice - One example is when people use the word Chief. • Monique S - It should include info on how you ask someone: their tribal affiliation, where did they grow up, do they visit the tribe, when is the last time they went home, how do they identify, what is their role in their community-how to ask in a culturally sensitive way. Where we lose people is the initial intake, if they don't feel understood, they're not coming back again. • Sunnie - I would like to work with DMH and the Innovations program to talk about intergenerational trauma and historical trauma and suicide in order to better prepare them for the people that are coming to the city from the reservation so we can help those people and intervene before they hit the streets. • Michelle - The terms cultural competency and cultural humility really connotes an ending, so I would suggest using the term cultural responsiveness because it is ongoing and that puts the service provider in the ownership position where now they're responsible to be responsive to their clients. • Michelle - I think definitely across the board we have to talk about politics, during the assessment ask about their family views of mental health and then ask if any of their family members have been in the relocation program or in a boarding school or part of the long walk because all of these residual feelings come down and we need to talk about those things. • Keith – You should look into the ASI (Addiction Severity Index), which was developed for Native Americans and was developed in North Dakota. I have used it with clients because it talks about families, sweat lodge, Sundance, relocation, etc. I do not see that in DMH. As a Substance Abuse Counselor, in the Avatar system they took the substance abuse away and so how do I identify it?

	• Bernice - Also keep spirituality in mind because clients may want to pray at the start of a session or incorporate. • Charlotte - You should look at the individual's worldview. In European societies, it is often about the individual, but within the Native American community we often look at the community as a whole. You have to look at the family unit as a whole within that worldview. For instance, we may have an Uncle or a grandparent living at our house. It's not that that person is dependent; it's that they have something to offer to the family-we look at their strengths and it's a way of honoring them as well. Explore the values and the worldview when you are doing the assessment and then you can interconnect all those layers and subcultures within the person. • Monique C - I would suggest having clinicians slow down during the assessment. We don't give enough time for our clients to tell their story, we have to create the space and the time for them to let us know who they are and tell us what they want to share about themselves. It may take longer than an hour. • Sylvia - Connect with the local education agencies and school. Kids and families are being overlooked there, in particular those who are both Hispanic and Native American. On forms that you complete at the school, there is often not an option to choose both Native American and Hispanic. • Keith - I was a part of the relocation program and in the 50s they asked us if we wanted to go home to the reservation, and there was a loss of identity because people didn't always want to go back home permanently, they wanted to stay in the city. • Sunnie - I want to be able to go to a facility that's non-Native and feel like they're going to help me. In the past they have segregated people. For instance they have all Natives go to UAII. It devalues people.
Next Meeting	Meeting adjourned at 3:20pm 7/10/18