

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
 AMERICAN INDIAN UREP SUBCOMMITTEE
 MINUTES – Monday, January 23, 2012
 Location: American Indian Counseling Center
 Cerritos, California**

PRESENT: Dan Dickerson – UAI Mark Parra-DMH Elton Naswood – DCP-APLA Halsey Menendez – DMH-FSP/AICC	Ana Suarez – DMH Paul Sacco – DMH Hollywood MH Angelita Diaz-Akahori – MHSA-WET/DMH Charlotte Lujan – AICC Beth Powers – AICC	Barbara Arvi - AIFP Gloria Sheppard – AICC/DMH Melanie J. Cain – AICC Carrie Johnson – UAI Marlene Garcia – AICC	Christina Gracia – AICC Janelle Arambula – AICC Elida Lembrechts - AICC Nina Tayyib – DMH Planning Div
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WELCOME	BLESSING	INTRODUCTIONS
DISCUSSIONS		ACTION STEPS
<p>UREP Co-Chair (Dan Dickerson)</p> <p>The requirements for a co chair were discussed. Mark was recognized for his dedication of time and advocacy efforts.</p> <p>Nina reviewed the organizational structure of the UREP subcommittees that was agreed upon by UREP Leadership. There will be two co-chairs; one will be from DMH and the other from the community. It is a 2-year term. The chairs develop the agenda for each quarterly meeting and facilitate the meetings. Chairs bring knowledge, advocacy and also keep a balance during the meetings so there can be open and honest dialogue. The chairs also need to attend each quarterly UREP Leadership meeting. All co-chairs from each UREP group attend this meeting give input as to where the groups are going and what needs to be done. In addition to the UREP requirements, Dan and Mark also took part in the mental health committee part of the American Indian Community Council. Those meeting are monthly in City of Commerce. There was a question about a previous chair being re-elected and group decided to proceed with gathering new nominations from those that were present.</p> <p>The group asked the former and present co-chairs about their role. Mark was asked about what would be a good mindset for someone to be co-chair and what qualities should that person possess. He shared that the person should be attentive to community but also be someone who understands the community’s needs and concerns. He shared that there as there were many phone calls for linkage and referrals so based on that, someone from the clinical setting would be better suited. As an advocate, he could look at service gaps and help manifest projects like AI NAMI. Other chairs shared that being a co-chair is an opportunity to be involved with the exciting activities that are coming through DMH. There’s the Innovation ISM where UAI will take the lead in integrating traditional mental health, substance abuse, and physical health. Also being able to represent Native Americans at the AICC meetings, UREP meeting, and various other meetings through DMH. Mark shared that he spent about 10 hours a month on his co-chair role. Elton added that when someone becomes a chair, he/she needs to make sure your supervisors and employers understand the role. The person should be able to balance their role with the AI/AN UREP as community member and DMH employee</p>		<ul style="list-style-type: none"> Dan and Nina will follow up with Melanie

without jeopardizing role as DMH employee. The co-chair will be an advocate and there will be times he/she will have to send the unpleasant emails/phone calls to DMH because you're role is to voice the opinions for the community.

Those present who are interested in the co-chair seat gave a brief speech on why they are interested in the co-chair and what they think they can bring to the position. They also shared their experiences working in the AI/AN community.

Melanie Cain believes it is a great opportunity to get to know the Los Angeles urban American Indian community. When she was with San Diego American Indian Health Center she took her role as advocate seriously for her patients and community members. She believes there is a lot to be done in community especially integrating mental health care and letting people know of services available.

Charlotte Lujan has been with DMH for 11 years and with Los Angeles County for 21 years. She does advocacy for clients at the American Indian Counseling Center and is involved with American Indian Advisory Counsel for American Indian Resource Summit that has been held for the last 5 years. She is also a member of The Native American Indian Community Counsel and has been both DMH and community member of UREP for the past 2.5 years. Also, she is a member of DMH Cultural Competency Committee for the past 4 months. She believes she will be a great candidate because she is not only an urban American Indian but also very traditional. She is organized; task oriented, and is also pursuing her licensure. Her Native roots are Santa Ana and Taos Pueblo and she is closely connected to her tribe. She learned and continues to do traditional dances. As an advocate for mental health services she does triage, referrals and linkage to community. She is also a trainee under National Alliance for Mental Illness (NAMI) to do a support group for the AI/AN communities who have friends and family with mental health issues and is qualified to do culturally competent advocacy for AI/AN community in both macro- and micro-levels for Department of Health and Mental Health.

Halsey Menedez has been working with mental health patients and has a long history of working with Native clients – youths, adults and older adults – as far back as 2000. He has worked at Southern California Indian Center, UAII and American Indian Counseling. He is still looking to work with Native community and to advocate for AI/AN. A future goal he would like to see would be to unite and collaborate with all Native agencies and UAII because he feels the community should be working for a common goal and a common cause. Halsey believes this is why UREP has been developed – to provide mental health services and advocacy for clients. Even though he knows he has many things in the future for himself, he knows that if given the opportunity, he can fulfill and accomplish the duties of co-chair.

After discussion of each candidate, vote was taken and after Melanie Cain was announced as new co-chair.

Innovation RFS Update (Nina Tayyib)

Nina gave brief history of RFS process for those committee members who are new. DMH called forth a Request for Services from the community that would target each of the five (5) Under Represented Ethnic Populations (UREP), one of which is the AI/AN community. Providers were asked for creative and ingenious approaches to mental health. Requirements were comprehensive and included serving uninsured, underserved, inappropriately served, and/or homeless clients. Clients also need to have a mental health disorder with a co-occurring substance abuse problem and/or physical health condition. Another goal is to integrate traditional and non-traditional services and develop a formal network.

Dan had previously shared that UAll has been selected for the American Indian/Alaska Native SOW, which is now pending board approval. Planning Division is hoping for Board approval on February 14 and at that point agencies will be able to sign contracts and begin services.

Elton asked if once the contracts are implemented, there be opportunity where UAll can explain to community what they proposed and how their services will be integrated into other community agencies so that the community is aware where the money is going and how that money will be used. Elton would like to make sure there is some type of explanation to the community – that the money is going to the community and not just for UAll. Carrie Johnson from UAll agreed that having a community forum is a great idea to discuss how it will work and who UAll is subcontracting with, SCIC and the American Indian Healing Center, and how it will work in the community. It was discussed to try to first announce the program at AICC and coordinate a forum in May to coincide with Mental Health Month. It was also suggested each of the partners participate by explaining their portion and part they play in this collaborative plan.

AI/AN Learning Collaborative Paper and Event (Dan Dickerson)

Each UREP group was previously given One-Time allotment to do capacity building projects through Planning Division. Each UREP group decided what they would do to build capacity within their communities. The AI/AN UREP chose to spend money on the Learning Collaborate which was focused on how to integrate traditional healing practices, in particular community input on this issue. This project started with a consultant, with the help and assistance of Chrissie Castro and JoJo who conducted focus groups and wellness forums along with community leaders gathered important data. Since last June, AI/AN UREP leaders including Dan Dickerson, Carrie Johnson, Elton Naswood, Jojo and Chrissie, have been working with DMH to finalize the report. The report discusses the 3 phases of this project but the majority of it is focused on the 3rd phase, the community feedback phase. The report contains quotes from the focus groups and a discussion of the feedback. The community has a lot to say about what traditional healing services mean to them, why integrating services is important and also about what barriers are present.

DMH will be ordering 1,000 and they will be distributed at the event. Nina will also work with agencies to distribute the rest and request additional booklets if needed. There is also a plan to also post the report to the DMH website.

Presently, CiMH is developing a booklet of the report so it can be distributed to the community. The layout is in its second phase and the work group will be meeting again to finalize it. The plan is to have the report ready by end of February. The completion will be celebrated at an event where the booklets will be handed

- The AI/AN UREP will discuss how to inform the community about the UAll ISM at the next UREP meeting and plan an event.

- Report workgroup will meet to finalize booklet
- Nina will email event details and request RSVPs

out. The date is tentatively February 29th, 2012 at St. Anne's from 1:00 to 3:00 pm. DMH will be ordering 1,000 and they will be distributed at the event. Nina will also work with agencies to distribute the rest and request additional booklets if needed. There is also a plan to also post the report to the DMH website.

Members expressed how important to invite as many community members to this event because it will look very good as DMH does not see American Indians in the community and if there is a poor showing, the effort will not be seen. The agencies need to get transportation for the clients so DMH can see the how large the community is. Dr. Southard, Director of DMH, Dennis Murata, Deputy Director and Gladys Lee, District Chief of Planning Division, will speak. and Dan Dickerson and Carrie Johnson have also graciously agreed to speak. Will also invite Ben Hale and Pat Cordova to do blessings. Once the speakers are finalized and the flyer receives final approval Nina will email to everyone to spread the word.

AI/AN Mental Health Conference 2012 (Dan Dickerson)

There was money remaining from the one-time capacity building project so AI/AN UREP decided to use the money for a mental health conference. There has not been an AI/AN Mental Health Conference in a number of years and much progress has been made already in planning the conference for this year. Unfortunately, after the last meeting, Nina was informed a Board Letter needs to be done and the conference will need to be approved by Board of Supervisors. Officially, no money can be committed towards the conference until then. More discussion followed after the UREP meeting.

State Disparities Project Learning Collaborative (Dan Dickerson)

Dan and Carrie have been part of a from State Project called The California Reducing Disparities Project. As the leads for LA County, they have worked with other leads across the state and done focus groups throughout the state to discover ways in which to improve mental health care status of American Indian people throughout state of California. Specifically, this paper focuses on PEI Evidence Based Practices and gathering Community Leaders' feedback on culturally competent approaches and adding those that are promising practice and community defined evidence. Many projects done throughout the state have been included and how can they be integrated into services.

Dan mentioned that the State also has money to fund programs related to this project. Elton asked that when comments are being made could it be addressed that those counties which do actually deliver services to their AI/AN populations should be awarded funding.

DMH WET Update (Angelita Diaz-Akahori)

Angelita Diaz-Akahori, Division Chief of WET, passed out the updated list of WET plans/programs being offered. These programs are targeting the current and future public mental health workforce. One of the programs being developed is a recovery oriented supervision that promotes wellness, recovery and resilience; helping the supervisors understand those concepts as they are supervising staff. There are trainings occurring in all 8 service areas and they are open to both contractors and directly operated agencies.

Angelita mentioned that there is a Faith-based roundtable pilot that has been successful and that Ana Suarez, District Chief of SA 7, is involved with. They meet once a month to reach out to DMH's faith-based community

- Nina will email out report and link to UREP

- A WET representative will be attending AI/AN UREP meetings
- Angelita will discuss holding a WET forum for staff interested in working with the AI/AN community and learning about the stipend programs with the stipend coordinator, Jeff Gorsuch.

partners. There is a consultant that MHSA WET pays to address the mental health issues clergy is facing with their congregants as well as DMH and how to merge and work together to promote services in that Service Area. The UREP members confirmed that there are Native American churches that could also be approached to take part in the conference. Angelita would like recommendations so that they can be included.

There is also a community college partnership project where WET goes to the various Supervisory Districts and look at those community colleges that are interested in knowing more about mental health services in terms of Transformations and Recovery and Resilience. WET takes the recovery philosophy and beliefs to the community colleges. This is the second year of program which includes the following community colleges: El Camino, Torrance, Compton and College of the Canyons.

The Interpreter Training program has finally gone through ISD and has been vendor was approved and will be holding Interpreter trainings for 5 different variations of the program. The core training is a 3-day interpreter training and there are 3 going on presently. There are 2 advanced trainings since those who took training last year want more training. There are also people who took training before then who want to have updated information. WET is finding that as training was being done, some Program Managers do not know about this type of training so WET is working to support those individuals who took training so they can continue and reinforce knowledge they received. Lydia Gambolin, the contractor who won bid, is going out and doing outreach. She has been outreaching mostly to SA 7 presently and Angelita believes the next service area will be SA 5. What Lydia does is talk about the training as well as encourages and promotes the need to be culturally and linguistically adept.

The Health Navigator training is also taking place. WET is working with Peer Advocates, Community Workers and Medical Case Workers to be able to get trained on how to link mental health clients with health services.

Also, Licensure preparation program has been approved in the last month. MHSA WET is paying and subsidizing individuals who need to take the license preparation program for psychologists or MFTs and social workers. Employees would have to pay about \$100 and MHSA WET would pay the remainder of the program. Open to both contractors and directly operated staff. WET will have criteria as well as priority to decide who will receive the funds. For psychologists part I, there are only 2 slots open, part II has 60 slots; MSW has 53 slots for part I and 82 for part II; MFT has the most slots with 73 slots for part I and 73 for part II. MFT has most slots because when did workforce survey found that many contract agencies have unlicensed MFT. Stipend has also increased for MFT and MSW for this year. Question was asked about the criteria for the stipend. Angelita stated that the stipend is based on high need areas – veterans, older adults, bilingual language (13 threshold languages) and a 2-year commitment. An applicant will get 185 for the last year of their MSW/MFT but they have to agree to work in public mental health.

Angelita shared that when she attended the Cultural Competency Summit one of the items she walked away with was how DMH can hire more therapists from the Native American community. The AI/AN UREP members shared that It is very important to think about how does DMH recruit and mentor AI/AN but also there is also need for financial assistance. Elton suggested a workshop be held based for identifying persons who may be interested in the program; whether they are Native or non Native to work in the Native community, as there are not many Natives who are in the social work field, so individuals can obtain more information.

<p>Angelita will discuss this proposal with the stipend coordinator, Jeff Gorsuch. She doesn't believe any additional workshops can be done for this year but possibly the following year.</p>	
<p>System Leadership Team Update (Paul Sacco)</p> <p>Paul discussed how DMH is working to streamline and minimize data entry for clinicians through specific computer programs. He also discussed the Integrated Behavioral Health Information System, which will allow consumers and other County Depts to access client files, with varying levels of access. This project is in the beginning stages.</p>	<ul style="list-style-type: none"> • SLT representative position will be discussed at the next UREP meeting
<p>2012 Meeting dates and locations</p> <p>The meeting dates, times, and locations for 2012 were confirmed:</p> <p>The meetings will be from 1-3pm on Mondays 4/2/12 (UAI) , 7/16/12 (DMH 695), 10/15/12 (Hollywood Mental Health)</p>	
<p>Announcements/Adjournment</p> <p>New PEI staff members at AICC were in attendance at the meeting and were introduced. AICC is in the process of hiring 12 new PEI staff. AICC brought fliers about the PEI program. AICC can go to various agencies and talk about how PEI offers different services including home and office visits for American Indian children and adults.</p>	
<p>Next Meeting will be held at UAI on April 2nd, 2012 from 1:00 pm 0 3:00 pm.</p>	