## AI UREP SUBCOMMITTEE MEETING MINUTES Monday, August 23, 2010

Topic	Comment/Discussion/Question	Action/Answer
Blessing & Announcements (Elton)	<ul> <li>Announcement: Napa Fasa is looking for a presenter on Sept 25.</li> <li>Cultural presentation on gambling training provided for the OPG State program</li> <li>PowerPoint Presentation with questions and will be compensated</li> <li>If interested, let Elton know</li> <li>Tony Osa, UAII, helped create a Narcotics Anonymous group welcoming to American Indians that takes place every Friday night at UAII in the Community Room from 7-8pm</li> <li>Sept 18: Wellbriety session at the Episcopal church in Echo Park</li> <li>Mark Parra has part of an emerging efforts discussion on whether or not there should be an Al NAMI Affiliate in the area; will be further discussed</li> <li>Margaret Lee's last Al UREP group meeting as a DMH liaison but is</li> </ul>	
	<ul><li>hoping to return as a community member</li><li>Update on the Learning Collaborative</li></ul>	
Learning Collaborative Update and Innovation (Elton and Margaret)	<ul> <li>Learning Collaborative is over and is part of several phases:         <ol> <li>closed-door group</li> <li>demarcated by INN funding total of \$100,000</li> <li>white paper to be finished in a couple of months</li> </ol> </li> <li>Goal to share with the community within the next few months</li> <li>Question: How does this information relate to the statewide actions around mental health?</li> <li>Answer: This project was organized by the CA Institute for Mental Health (statewide collaboration between different counties). This community was chosen because each county was asked to submit a leaning collaborative proposal and CiMH would select 3 proposals and provide matching dollars. LA County chose to focus on the native community for this project.</li> <li>We hope to dovetail this with Innovation</li> <li>Some of the lessons and main goals learned will be applied to the INN plan, which is a learning grant</li> <li>Question: The state is not taking any of the lessons learned from the 3 grantees? There's no formal process for that?</li> <li>Answer: We will be communicating our results of the statewide project with them.</li> <li>There's a forum that will take place in 3-4 months to obtain feedback from all the UREP groups statewide to let us know exactly what they're doing so that there is open dialogue</li> </ul>	

	The learning collaborative members have traveled up to Sacramento to give updates and make presentations	
Native Vision - Statewide Project (Dan and Carrie)	<ul> <li>Dan and Carrie have been part of an 8 member strategic planning group that was funded by State DMH to see what works/doesn't work to improve the Native AI care throughout CA, centered in Oakland at the Native American Health Center</li> <li>3 meetings thus far, similar to the learning collaborative</li> <li>Next meeting is in Irvine on October 15-16 at the Native American Health Conference – California Indian Conference 2010</li> <li>Conference will be a forum to voice their feedback so everyone should attend</li> <li>A final report will be put together to send to the State</li> <li>The report for LA County sounds like it will be very similar to what was discussed in Oakland; incorporating culture and tradition into mental health services</li> <li>Anticipating on getting the white paper in 2 months</li> </ul>	Once details are received, info for the conference will be posted on the listserv  Nakishna can maybe help with fundraising for this event
Innovation (Margaret)	<ul> <li>\$1.8 million for the American Indian community per year for 3 years to deliver services in a way that ethnic communities want to be served</li> <li>We went through a stakeholders process and went to all the ethnic communities to ask how they define healing and how they would like to be served in a culturally competent way</li> <li>The response was very similar across the board, to have a more holistic wellness approach to mental health</li> <li>In our Innovation model for the UREP communities, there will be a strong community-based, culturally-based, ethnic-based way of looking at wellness/mental health services</li> <li>INN is the last major plan of MHSA</li> <li>The proposal has been written and now going through contracts, an update will be given when the proposal is ready for bid</li> <li>Only agencies on the Master Agreement List can win the proposal and there's still time to get on the list</li> <li>Question: Who's reviewing the proposals?</li> <li>Answer: We're currently looking for evaluators but they cannot be affiliated with any of the agencies submitting bids</li> <li>Question: Does the reviewer have to live in LA County?</li> <li>Answer: Yes, the reviewer has to live in LA County but we may have to go outside the county because with the Latino UREP, we experienced much difficulty with finding a reviewer who was not affiliated to any of the agencies submitting a proposal.</li> </ul>	

- We're open to having all kinds of reviewers; we've had graduate students review proposals before.
- Question: Are there guarantees that there will be Indians evaluating these proposals?
- Answer: No, there are no guarantees.
- Question: How do you validate that the contractors/sub-contractors are going to partner with the ethnic communities? How do you set-up the structure to catch problems?
- Answer: We have letters of support written into the proposal but we can't share the proposal details. There are also some measures of cultural competence to ensure that the agency has a certain number of staff
- We have until January before the RFP comes out
- Question: How do we get on the list?
- Answer: We have an incubation academy that will provide you with the details on how to get on the list. There are lists and sublists.
- When the application comes it is expected that the networking between agencies will occur
- It is encouraged that one reads the INN proposal, especially the ISM portion
- There is additional money for the outcomes section for all the 4 models (total of \$5 million)
- In the next 2 months, think about the roles of each agency and how the pieces of the puzzle fit
- We can call the UREP group and call it an Ad-Hoc to discuss roles if the group wishes; maybe a half or whole day to get the ball rolling
- One component of the model is to look at mental health, substance abuse, and physical health because none of these are separate from each other. This is part of the transformation of services.
- DMH is looking to gain new perspectives and changing the current system of care to make it more culturally competent and not necessarily to serve as man Natives as possible
- There's more flexibility with contract agencies and what they can do versus directly operated services
- Question: What is DMH's role in working with the community? From experiences, there hasn't been the unity and collaboration in the Native community to provide services. How is that different from what AICC and other agencies are doing now?
- Answer: We need to be creative in how DMH incorporates services but we need to plan this learning project; we would like to incorporate a 3<sup>rd</sup> phase of the learning collaborative, more connecting with the community with traditional healing practices
- There will be a meeting around health, mental health, or substance

	<ul> <li>abuse. The part that is sub-contracted is the cultural/spiritual organizations</li> <li>We are working out how that will fit the billing into the infrastructure; the plan will discuss the different collaborative partners that are required. The plan explains it all. Funding is being worked out and all the agencies need to be concerned with right now is to get on the master agreement list and partner up with the organizations in the community.</li> <li>It's not who's going to be left out but more like; who can we bring to the table?</li> <li>Comment: Money and power needs to be discussed continually because that can harm a collaborative group <ul> <li>The paradigm is changing and they want power in the consumers' hands like the disability community and things will change</li> <li>There are examples/models to learn from different research and programs to understand future barriers</li> </ul> </li> <li>One of the main principles of MHSA is the recovery model and it looks at empowering individuals and community. INN is one example of that. So we don't dictate what contractors do.</li> <li>Alton proposes that UREP meets at least twice to map out the steps; October and November for 2-3 hrs</li> <li>Next Meeting: Monday, October 4, 2010 from 1-4pm at UAI</li> </ul>	Margaret volunteered to help facilitate these future meetings because it might be better for someone
Al/AN UREP Leadership	<ul> <li>2nd Meeting: Monday, November 8 from 1-4pm at UAI</li> <li>2 years as Co-Chair for the group</li> <li>Structure consists of Co-Chair from the community and the other is from DMH Leadership position</li> <li>Paul and Alton are transitioning out</li> <li>Roles will be less strenuous in terms of meeting times because most of the process is already done</li> <li>Need rep for larger quarterly meetings that involve other UREP groups and to be there to answer questions from the community</li> <li>Technically the DMH position has to be a Program Head or higher but because the nature of the community, it's difficult</li> <li>Community co-chair is encouraged to be responsive and available to attend the AI Community Council meetings every Tuesday</li> <li>Also, to provide input in all the UREP meetings that involve other UREP groups: EE/ME, Latino, API, and A/AA</li> <li>Nominations for Community Co-Chair:         <ul> <li>Ben Hale</li> <li>Dan</li> <li>Glen Ahaitty (was the first co-chair)</li> <li>AI Garcia</li> </ul> </li> </ul>	outside of the collaborative.

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	• Vote:
	<ul> <li>Ben: nominates Dan (laughter). Would still like to be</li> </ul>
	involved with the planning. Was part of the planning
	o Dan: Accepts
	Carrie: nominates Dan
	o Al: nominates Dan
	o Everyone: nominates Dan
	Dan accepts co-chair seat
	Nominations for DMH Co-Chair:
	o Paul Sacco
	o Mark Parra
	o Halsey
	o Charlotte
	Vote:
	<ul> <li>Paul: To meet and learn about other tribes was an enriching</li> </ul>
	experience; I've learned a lot. I won't try to say I'm Mr.
	Know-It-All
	<ul> <li>Mark: I like coming to these meetings for a good fight. I</li> </ul>
	have a lot of passion for this and keep my ground with
	DMH.
	<ul> <li>Halsey: I've worked in the native community since 2000 on</li> </ul>
	different levels, from volunteering to getting a social work
	degree. I haven't been so active recently but don't mind
	getting back, now. I'm a believer in bringing the community
	together to collaborate. I would still give preference to those
	who have been more active in the community.
	<ul> <li>Charlotte: I've been here for 20 years; 10 in the Dept of</li> </ul>
	Health Services and 10 at DMH. I want to get more involved
	on a community collaborative process. I know both views on
	the spectrum of the metropolitan and cultural shops and
	have been successful. I have a Masters in Social Work. I
	could offer perspectives in a bi-cultural view to help the Al
	community from Children to Adults. I've worked in almost
	every Indian agency in CA. I would like to offer back the
	Indian way to help transform the MH collaborative because
	they've helped me in my career. I'm a breast cancer
	survivor and that my experiences make me who I am. I
	know I will learn from all of you.
	Paul's name is erased from the voting but if the co-chair has to be a  program had an higher than Paul and do this.
	program head or higher then Paul can do this.
Overtown London-Live Trans	Vote for DMH Co-Chair is Mark Parra
System Leadership Team	Paul is not a member on the SLT to help monitor future spending
	Paul will update the group with the discussions in the SLT meetings

Future American Indian Mental Health Conference	<ul> <li>Historically, Al have held these conferences and were well attended with NAMI speakers</li> <li>Provided non-native service providers to get cultural competency training and also an event consumers could attend</li> <li>Sponsored by DMH but filtered through the Latino Behavioral Health Organization because they had a larger organization and helped organize it</li> <li>Larry Gasco is now the chair for the mental health commission and works diligently for us</li> <li>Maybe have something in Fall 2011 and hopefully he can come to the next Al UREP meeting to tell us how we can encourage Dennis Murata to help us identify money because we need to be resurrected</li> <li>Rose Clark has changed her name and position Rose Biyaki, Director of Indian Health Services on a federal level</li> <li>There are conference funds coming out of the feds and Al/ARR money so hopefully Rose can help us ID from her colleagues in other agencies and we have to apply early, about 1 year in advance</li> <li>The other way to get money is make calls</li> </ul>
Honoring Margaret	<ul> <li>Presented Margaret a necklace and a blanket for her dedication to the group</li> <li>Words of thanks to her work from the group</li> </ul>
Closing Prayer	Charlotte closes with prayer