

AI/AN UREP project meeting 8-26-13

- **Attendees:** Melanie, Carrie, Charlotte, Ana, Sunnie, Glenda, Bernice, Larry, Dan, Nina, Danielle
- **Meeting started with brainstorming names of workers**
 - Don't want to use Native language because LA so diverse
 - Promotoras is what is used in Latino community
 - Community Spirit healers
 - Different than a spiritual leaders, committee agreed that it would not be confusing
- **Carrie presented proposal**
 - A continuation based on the community feedback from Learning Collaborative
 - Build trust within community agencies and with DMH
 - Stigma reduction
 - Community connections related to mental health needs
 - Continuing to build traditional healers and activities in Mental Health
 - Have community forums, found healing
 - Focus on training 5 community members
 - Listening and communicating skills
 - Outreach strategies
 - 3 topics for now
 - Reducing mh stigma
 - Looking at intergenerational trauma Cultural losses and anxiety/depression
 - How to integrate traditional services into services
 - Not mental health professionals, no government there
 - Assign workers to different areas in LA county
 - 2-3 Community Forums:
 - These are not focus groups
 - More community processing
 - Opportunity for discussion and trust building, especially since government
 - in coordination with present community meetings, like AICC
 - more informal, feedback from community about program
 - are be a core to help bring the bigger picture back into view as project proceeds
 - perhaps start with forum, introduce program, community can recommend training topics, important for community buy-in
 - model is community based participatory approach
 - second in the middle, community provide feedback on how its going
 - third at the end, provide feedback, perhaps csh provide info on their work
 - Trainings:
 - At different agencies, more focused on specific topics
 - Consultant
 - Provide training to workers
 - Putting curriculum together
 - Assisting the workers
 - Kurt Schweigman-Done work all over California and communities, led the disparities study, trustworthy
- **Budget review**
 - Trainings and community forums

- Cost for consultant to train trainers – 24 hours
- Cost for consultant to monitor trainers -4 hours/month
- Cost to train the community – 2 community forums (2-3 hours), 3 trainings
- Includes prep time, presentation time, stipend, mileage, food

- **Discussion**

- This is very important to bring awareness-a lot of people don't access services out of fear of being as crazy
- Increase access of services if they need it
- Good that community members and not professionals coming to talk to community members
 - Need people who speak the language
 - Not about degrees to build trust, it is about building trust and honor
 - Called Indian Oppression
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- They are the best ones to relay information than professionals
- Training topics
 - Will need to determine topics that are mental health focused
 - Danielle community assessment service centers experience is that community people don't understand what services are there and what do I need out of that, if my child is glassy eyed, is it sub abuse, mh episode, seizure?
 - Danielle recommended MHFA, provided a good overview to have signs to look for
- Promotoras is a community education model. Community members become trained by professionals.
- What is the product for the community? Studied a lot. Community will need something that they will see
 - CSH will be trained and stick around
 - Initial community forum will ask what topics is immediate feedback
- Important to see how community is constantly changing with flows of immigrations, etc.
- Locations considered?
 - Locations around the County
 - Agencies, schools, etc.
 - Long beach, south bay, valley, downtown, and other locations that are not outreached that much at this time
- Important to end stigma with being Indian, and this would be a good way to do that
 - Transition from a deficit model to a strengths based model. Better to focus on successes and how we build on it.
 - Alcohol is not the problem, it's the trauma
- Key to making community forums productive is facilitating it well so that it is not just a casual meeting but has some focus
- Education is main goal of program, maybe need to reiterate it
- Trust of Natives is also lacking by western society
- Suggest making the activities written a little clearer in final submission
- What would the selection process?
 - Start process with selection
 - Use nominations to select
 - Already have a pool of potential folks who are interested
 - Non mental health professional would be one of the requirements
 - Students may be good folks, especially those interested in mh, sw, sa, etc. that have some back ground and also help them choose to go into the field
 - Important to address process with community members up front

- Promotoras were completely community folks, only requirement was to speak language. Were surprised by how many people were interested.
- Advertise that they will be hiring, interview in coordination with UREP members, set certain standards
- Would recommend folks who are respected in the Indian community but not employed and should be considered.

- **Next steps**

- Carrie and Dan will edit based on today's discussion (submit by Sept 3)
- Submitted to DMH for approval, up to EMT
- Will come back to tell you the mechanism of funding, whether it needs to go out to bid
- Would work with assigned leads to hash out more detailed plan
- Receive final approval
- Implement program