

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
AMERICAN INDIAN UREP SUBCOMMITTEE**

MINUTES – Monday, January 24, 2011
Location: United American Indian Involvement
1125 West Sixth Street
Dakota Room – Seven Generations

PRESENT:

Maurice Begay – AIFP	Carrie Johnson – UAI	Elton Naswood – APLA	Nina Tayyib – DMH
Robin Bueno – DMH/AICC	Chris Kamatani – UAI	Petra Nieto	Monica Thukral – UAI
Peter John Cano III – Pukúu/SCIC	Marilyn Kim- NAMI	Mark Parra – DMH	Lena Tsosie –AICC
Dan Dickerson – UAI	John Kirby – Behavioral Health Services	Beth Powers – UAI	Tara Yaralian – DMH
Larry Gasco – MH Commission	Charlotte Lujan – AICC	Paul Sacco – Hollywood Mental Health	
Ixtlana Lopez – UAI	Melvin Masquat – Native American CHOICES	Bettina Schneiderman – UAI	

WELCOME	BLESSING – Mark Parra	INTRODUCTIONS – Dan Dickerson
DISCUSSIONS		ACTION STEPS
<p>American Indian Counseling Center – Program Head Recruitment Issues (Ana Suarez) Difficulties in finding an American Indian/Alaska Native (AI/AN) Program Head, someone with experience of at least clinician and supervisor and someone who has AI/AN background, knowledge, interest, passion. Reached out to several people for assistance in locating qualified individuals. Many had been screened out as not qualified for the Program Head list. (Lists are what LA County use as an employment screening tool.) To be on list the individual needs to be a licensed mental health professional. Asked to expand the search to the National level and was referred to Rose Clark for dissemination throughout the country.</p> <p>Ana discussed some candidates who were being considered. One AI/AN woman from Arizona was interviewed. Concern was she never supervised nor run a program, especially a program that will be expanding to provide countywide services and hire approximately 12 more people, with Prevention and Early Intervention (PEI) money. There is apprehension about hiring someone with only 4 years of line therapist and no supervision experience. Two other AI/AN people showed interest, one of whom was not on the Program Head list but is trying to get on and another who does not have supervision experience. The current acting Program Head has been with DMH since 1981. Her name is Gloria Sheppard and she has been an Acting Program Head twice; first was at San Antonio Mental Health and now currently at American Indian Counseling Center for about 1 year.</p> <p>Question: Is it Ana’s thought that Gloria be offered the Program Head position? Answer: Yes, but do not want to do it against community’s feelings. She had been working with the AI/AN community at AICC for 4 years as the Foster Care Supervisor and she has</p>		<ul style="list-style-type: none"> Ana will forward job duties to Tara/Nina who will share with the AI UREP so that when looking for potential candidates, the duties/responsibilities of the Program Head will be readily available. Dan, Mark, and interested UREP members will write letter/draft for policy change/adjustment within a week or two to be submitted to Dr Southard. Will set a time frame of 6 months for finding a successful candidate.

experience of being at the clinic and knowledge of the people there.

Question: Concern of community is to strive to have an AI/AN in that position. Aware that there will be an issue of finding a AI/AN who qualifies for the list. Did the previous Program Head need the same qualification being required now in terms of licensing and/or experience?

Answer: In past Los Angeles County would be able to place someone against another item (position) as long as the position could cover the salary. Current policy states that the person needs to be on the list for the position they are applying.

Question: Is there way to make amendable to mentor or foster an individual who is not qualified for Program Head but could transition and qualify? Asking because know someone who is AI/AN who was a Director at UAI and is in process of obtaining licensure. Asking because finding licensed Natives will be difficult but mentoring or fostering can ensure an AI/AN would be in the position at some point.

Answer: Would have to see if there was a way to make it an exception to the rules. This is one of the reasons the search for a Program Head has taken a year.

Question: Mentioned one person who is AI/AN who is trying to get on the Program Head list, where is she in the process?

Answer: She has turned in her paperwork but still needs to be interviewed. Do not know what band (rating) she will be on the list. She might be qualified even though she's never been a program head but has been a supervisor.

Comment: Critical that whoever fills the position is of AI/AN descent; someone who has the knowledge, cultural experience and understands the community and the unique challenges that exist and the patient population. Challenges include not a large pool of PhD's or social workers so if there is a way possible to give someone a chance who, although, never been a program head, but has leadership skills and passion, would be something to consider.

Comment: If someone is not licensed the only way Ana would get their information would be if they were referred directly to her. Ana encouraged people to contact her if this was the case.

Question: Who would be the one in DMH to have authority to make the mentoring decision? Is this something we, as a UREP community, recommend?

Answer: Would most likely have to go before The Executive Management Team because they would probably need to ask the County CEO for an Exception to the Rule.

Decision: A formal document would need to be drafted indicating concerns and preferences and Tara would give to her Deputy who would, in turn, take before EMT. It would have to be a proposal with suggestions and alternative solutions.

Comment: Having worked for DMH for 3 years and experiencing the leadership of the past program heads, can understand why the community would want an AI/AN in that position. Having said that, Gloria does bring over 20 years of experience and have seen her in action like being under heavy audit and how quickly she holds people accountable.

Comment: One of the more demanding Program Head positions in department because (s)he has to maintain relationships with the American Indian organization throughout the county, state and nation and at the same time they will need to deal with evolving DMH procedures. Not having a license shouldn't exclude otherwise qualified people but that lack of licensure will make it more difficult as even very experienced people can be overwhelmed by the position.

Response: Did interview one AI/AN woman and would probably make a great program head but where she is now, she might be too naive to be Program Head but if she were to be put into a position where she could be mentored and thought of as a future leader, she could be brought up within the program. There is also a County rule that states someone with a lesser license cannot supervise someone with a greater license.

Comment: AI/AN community does not look at titles, look at compassion and how they are treated, with compassion and as an honored people. A story was related to an incident of a homeless man who was dying. As a clinician, a person, as a community member and as an Indian, felt honoring his death was closure but had to use personal time when needed to help him or but when it came to getting closure or connecting him with family for his last days, was almost not allowed to go and now feel that need someone who understands this connection to the community and has that compassion. Feels that is not happening, not just on a clientele basis but it's also staff and the entire county. Respects Gloria for her quality assurance and her ability to manage the program but needs someone who truly understands that there are too many co-occurring clients with developmental illness.

Question: How much more time is possible for the search?

Answer: Ana can keep looking but worried about 2 items – 1) new program will be starting and no permanent program head to start and 2) Gloria is on the Program Head list on Band 1 and she may be recruited elsewhere leaving no one at AICC.

Observation: Ana has worked 15 years in a variety of programs, most culturally specific: LBGT Teens, Homeless mentally ill, African Americans, etc and one paramount factor for the long-term success of the program has been the cultural credibility of the Program Head regardless of the subpopulation.

Question: Has the community fully deployed "6 Degrees of Separation" with informal networks throughout the State? Should encourage EMT or Deputy to continue search for another 6 months as have had independent inquiry from 3 individuals who are interested in the position. There may be people in the process of obtaining license, who know the community and who might want the chance to apply and get on the list.

Comment: Establishment of a time line is a good idea as it gives an end point at which a decision must be made.

Question: If able to get someone who is licensed and AI/AN, is the time used to create a policy letter, be worth it? Could there be a mechanism to make it a mentoring position just in case this occurs again?

Comment: For change in policy statement, look at putting other high level items against this Program Head position, change supervision experience to less than required or to none – EMT, County Supervisors might be more amendable to those types of changes than to accepting a non-licensed person in position.

Question: Gloria has been with the County for many years and she has the skill set necessary but how much longer will she continue to be in that role in which case mentorship will have to happen.

Response: Gloria will probably retire in 4 or 5 years so if she was given the opportunity to be the Program Head, could select one or 2 people who could be possible 'mentee's' to work who could then take over the reigns

Question: Say successful with second query, who will make hiring decision?

Answer: Ana, along with her deputy, have been doing it themselves but will welcome advisement. Others outside DMH HR may not be allowed as applying/interviewing/hiring is confidential but Ana will check with HR.

Comment: If in letter state that only want an AI/AN in that position, HR would not allow as it would be illegal based on discrimination based on race/ethnicity. A way to expand would be to propose a policy change that after 6 months of search, if find that only reason for not finding a qualified person is because of a particular issue across the board like licensure, experience, anything would work, hiring entity could request an exception to policy for that particular position but then make it a permanent part of County policy.

Learning Collaborative White Paper (Tara)

Phase 2 or 3 of Learning Collaborative Project started by California Institute of Mental Health (CiMH). Found consultant but for unforeseen circumstances he has been unavailable. He did submit a second draft but not a third and final draft that he stated he would and was paid for. For this final draft, he was going to add individual interview excerpts but DMH has not received those interviews or the third/final draft of the white paper. Co chairs have stated they are willing to help finalize the paper as are the subcontractors

This paper can be utilized in any manner necessary and it dovetails perfectly to the Innovation Plan

- Those involved with Learning Collaborative will meet and communicate to finish project.
- Delight Satter will make personal call to inquire about himself and his family and to try to discover the answer to the "Why" question.
- Follow up at next UREP about status and contact attempts.

as it talks about healing practices, healers and what is used in traditional healing used by AI/AN community. The completion of the paper is not necessary for Innovation Plan to go forward.

Question: Consultant was paid a fair amount of money and what will happen to the remaining?

Answer: DMH paid consultant in installments as sections of the paper were completed. The last installment was provided in the agreement that the final draft would be submitted. It is that last installment for which DMH has not received the work. Fortunately, the Subcontractors have been paid. The money was funneled through CiMH, which adds to the complication. In the end, multiple attempts at contact him have been made but there has been no response at all. DMH is very disappointed in lack of follow up by consultant with deliverable to DMH but moreover to the AI/AN community.

Comment: Perhaps it is a good idea to take a more personal route and contact Chris through a community connection.

Innovation Update – Facilitators/Evaluators (Tara/Nina)

RFS has been mailed to those on Master Agreement List who also indicated interest in Innovations. The Bidders' Conference will be held February 15, 2011.

IMPORTANT!!! When the RFS is received, please do not call Tara, Nina, Gladys, asking questions. Questions will only be answered at Bidders' Conference.

Bidders' Conference is where the entire RFS will be reviewed. There will be a designated time at the end where questions can be asked. The questions and answers will be recorded and transcribed then mailed to everyone who attended. This will be the only time questions can and will be answered so everyone can hear the answer and no one person can have unfair advantage.

Question: How many Native American agencies made it onto the Master Agreement List?

Answer: Cannot answer; do not have list in hand but there are agencies.

Are now looking for Evaluators and Facilitators. The Evaluator or Facilitator candidate can not have a conflict of interest in regards to any agency applying or subcontracting. If UREP members know of any AI/AN community member with no affiliation to any agency that is bidding, please refer to Tara/Nina. Evaluators will not be paid, which is a barrier but the Facilitator's role will tentatively be put to bid.

Question: When do you need panels by?

Answer: As soon as possible but definitely by end of March/beginning of April for the actual review.

American Indian Mental Health Conference (Larry Gasco)

In past there was an AI/AN Mental Health Conference held with great success but planning a conference is a long process with a funding aspect that needs to be thought about as well.

Question: Is there interest in this UREP group to hold an American Indian Mental Health

- Names of suggested evaluators/facilitators to be forwarded to Nina.

- Mark with partner with Nina to coordinate an Ad Hoc meeting and inform entire UREP group to develop core planning group.
- UREP members will look into

Conference?

Answer: Yes. It is a way to let LA County and the nation and California recognized that Los Angeles has one of the highest AI/AN children and Elders population. It is also a great opportunity to teach cultural competency to other people who provide services to the American Indian community.

Question: Is funding available now?

Answer: There may be some funds remaining from the one time UREP funding, which will need to be confirmed. There are some agencies who are supportive of the AI/AN community who have come forward and giving money in the past.

Suggestion: PEI had one time funding available for conferences and trainings but cannot be committed to ongoing projects. If the focus of the conference was on prevention and early intervention, then some of those dollars might be captured.

Suggestion: based on past conferences a person from Training Bureau was helpful in coordinating logistical and/or financial support from DMH. Money was also obtained via the registration for the conference which helped with a lot of the cost. If possible, it would be good to have someone like that again.

foundation and corporate funding sources.

- Tara/Nina will look into how much money is remaining from the one time UREP capacity building funds and if it is possible to use those towards a conference.
- Nina will look into having someone from the Training Division assist with conference.

Mental Health Support Groups/Educational Sessions for Families and Consumers – NAMI Model

Mark and Dan were talking about projects for this powerful group.

Mark developed a friendship with some people, including Marilyn, who had gone through the NAMI Family to Family Program and discussion was held as to why there are no NAMI groups for Native Americans. There is only one affiliate in existence and they are located in Tennessee that focuses on American Indian Peer/Family/Consumer educational or support groups. Wondering and trying to figure out how to form groups and educate community on subjects like what is schizophrenia, and how it 'jives' with beliefs. Asked Marilyn to relate personal family story.

Has a nephew who was not fully diagnosed but with indications of schizophrenia. At the time he told family he was 20, and the family did not know how to respond therefore ignored. Through the 5 years since diagnosis, he has had several crisis where he ended in jail.

Went to the AI/AN community looking for family support program and was not able to locate unless nephew was using drugs or alcohol. Met someone through the community who introduced to NAMI and went looking for NAMI in her neighborhood. Marilyn and her husband attended the 12 week Family to Family program and trying to get her family onboard but have been unable as they live in fear of him. They are upset and unhappy with the situation with him and refuse to get the extra help needed to find out what mental health is.

- Encourage people to go to NAMI trainings
- Research which NAMI is in the area near UAI and in Whittier/Cerritos/Bell Gardens.
- Check with American Indian Reform Church to see if they would be willing to host a group.
- Tara/Nina will see if DMH is able to assist financially with this project.

Up for consideration is how UREP group can help make it a reality. Have gone to NAMI Urban LA but may not be a viable option. It seemed like they did not want to take on American Indian NAMI project. Some of the groups in attendance might have the capacity to hold an evening a month peer-led family directed and facilitated effort.

This would need to be grassroots, family advocacy directed approach so need to find people who have the passion, who are family members and directly affected could get a small group started. Start with only holding meeting one night a month and move forward from there.

Proposed Projects for 2011 (Group)

Thoughts on future projects that would benefit community

Social Inclusion mentioned at SLT. Seems like trying to 'sell' mental health and DMH as an Outreach tool to the American Indian community. Health Services put out a Public Service Announcements that promotes acceptance and inclusion of friends/family and 'you are more than your disease.'

Web page was suggested but was not approved based on liability issues and having a web page. Also, based on it being One-Time Funding the County asked how would it be maintained on an ongoing basis.

Announcements/Adjournment

Elton, along with 3 others, was honored by KCET for his work for the community.

Gladys Lee, District Chief of Planning Division, beseeched all the UREP groups to start thinking of themselves as policy advisory bodies especially in light of Health Care Reform. Delight mentioned that there is a UCLA professional who regularly gives presentations on "What is Health Care Reform?". The group agreed to look into having him come to a UREP meeting to present and educate UREP members. Elton will ask National Indian Health Board or National Urban Indian people he knows if they have someone who also does a presentation.

Next Meeting

TBD