

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT DIVISION**

American Indian / Alaska Native (AI/AN) UsCC Subcommittee Meeting

MINUTES

March 6th, 2019
1:00PM – 4:00PM
CSULA

Present: Johnathon Talamantes, Farrah Ferris, Monique Smith, Raul Garcia, David Kystell, Walter Ahhaitty, Bernice Mascher, Sunnie Whipple, Adriana Carrillo, Deborah Villanueva, George Funmaker, Monique Castro, Melanie J Cain, Mirtala Parada Ward, Kelly Wilkerson, Connie A. Castaneda

Presenters: Mathew Mizel, Isabel Leamon (from RAND)

By phone: Angela Trenado, Keith Vielle, Belinda Smith

Agenda Items	Comments/Discussion/Recommendations/Conclusions
Welcome/ Introductions	Attendee introductions.
Review of minutes	Approved February 6 th , 2019 meeting minutes with no changes.
Announcements	<ul style="list-style-type: none"> • Bernice Mascher announced that the Native Way LA is giving \$5000 grants to organizations, individuals and schools. They're intended to create civic opportunities that promote interconnectedness and wellbeing within diverse cultural communities, outreach and dissemination of resources and messages throughout the county and increasing awareness of and access to mental health services and resources. You can go on their Facebook page and click on the application link to submit your application. • Monique Smith announced there will be a conference March 12, 2019 from 9:00AM – 4:00PM – Working with Vulnerable Families. Judge White will be presenting her documentary. CEU's are available through our school of social work. • Mirtala Parada Ward announced DMH will be having the MHSA annual three-year update which is a public hearing, and it's going to be at The Cathedral in Downtown LA March 28th, 2019 from 11:00AM – 2:00PM. It's an opportunity for all communities to look at all of our MHSA planning programming and provide public comments in terms of whether you think your communities are properly represented in the area of services that DMH offers. • Johnathon Talamantes announced on March 22nd, 2019 at UAll with the Red Circle Project and Health Project are hosting an event for National Native HIV AIDS Awareness Day. They will have food, raffles and some nice giveaways from 11:00AM – 3:00PM.
Promoters Program	<ul style="list-style-type: none"> • Adrianna Carrillo filled in for Ana Suarez. She explained what the Promoters Program efforts are. They are to serve the American Indian / Alaska Native community. We are working with Dr. Garcia and Dr. Cain from the American Indian Counseling Center. This is an old agenda item for the subcommittee, around 18 months ago Ana Suarez came to this group and said that DMH had identified some dollars and wanted to engage in an effort to empower community

members to become agents of advocacy and develop a peer to peer outreach effort where community members will be hired to do community presentations and to engage the community from a peer to peer perspective. The goal is to recruit about 20 community members who can go out and do these presentations wherever there is a need.

- Ana came and presented the idea and the group endorsed it. The reason why we are back here on the agenda is because that project was put aside for a little while but now with the reorg of the department we have a prevention bureau that has substance to it and is very robust.
- Under preventions, the Health Promoters program is going to have a different light. So Ana is bringing this subject back to the subcommittee. Originally this process was going to be an RFS process where it was going to be out for contractors. As there is an in house directly operated program (American Indian Counseling Center), it was agreed that for this group, this is going to be done with a directly operated program. The people that will be recruited to be part of it are going to be from the community and they can be consumers and peers from any of our entity providers. Our Promoters can go to our legal entity provider events and do any kind of presentation. There is a series of modules that the presentations will have. There will be focus groups for the development of the curriculum.
- This model is originally from Latin America, its proven to be very effective in Latin America with the Latino community. What we're trying to do is make cultural adaptations. There's going to be one for the Native American community, one for the African / African American community, one for the Filipino community, and one for the Armenian community

Feedback

- Farrah Ferris expressed her concerns regarding the Promoters Program: The program is good but I think this is a good example of how the County changes things without meeting with the subcommittee and if we were really going to have a voice and say, I think it shouldn't be behind closed doors. I have no qualms about who does it. It's just the process I feel like was not really transparent. I also have a problem with committees that already have grassroots organizations versus County not having access to all those people and then we're going to have focus groups. I think we should engage across the board with the agencies like SCIC or UAI that already have advisory board meetings and already have community buy in because it's going to be easier to get those Promoters. More importantly I feel like the transparency and why only the American Indian / Alaska Native did not get the RFP but we're going through the side door and I feel that's not respectful of us. There was a process we talked about two years ago and then even two months ago Ana came to us and said we're going to talk about this, we're going to brainstorm and the next thing you know at the UsCC Leadership meeting we were told that AICC is doing it and were already planning it. That feels disrespectful, that's disrespectful across all the boards throughout all cultures in Indian country and you won't get peoples by in.
- **Sunnie Whipple:** With the whole capacity building, I think what our goal was so we can work with our own people. I don't think we need Promoters as a model so we can move forward with this. It doesn't serve its purpose to have capacity building projects by an outsider entity model to follow. It's not culturally relevant and seems we're not doing what we're supposed to be doing.
- **Walter Ahhatty:** We don't want to feel like we're being dictated to. It's in our DNA now, it's in our history of being told one thing; no you're going to do this and you're going to like it and too bad. I think it should be RFP that way it gives everyone a chance and within our community to compete on an even level. So we don't have a problem if we come to the table to the treaty and you pick some guy who's not a leader to sign because we gave him a bottle of whiskey and drugged them up a little bit. That's our history. That's how I feel sitting here hearing this as a new member.
- **Bernice Mascher:** Ana came and we had a discussion with the focus group and we went through it, and we didn't hear anything for two years, we were wondering what happened to it. It's a concern that we have these capacity building projects, there is a lot of decisions that are made by this team here, that gets vetted out. And then often we never hear

	<p>anything anymore. So sometimes I think having that opportunity in the group to still stay connected with the projects going on, whether it's through updates, or there's individuals, whether you're in their company's organizations, individuals can still somewhat stay tied to the project, because I think what is birthed here in the discussion, we don't want it to disappear.</p>
<p>Co-Chair Discussion</p>	<ul style="list-style-type: none"> • Farrah Ferris: Keith Vielle is with AICC and the co-chair has to either be a community member or non-contracted agencies in order to encourage community development and input. There was talk about how initially we can bring on a third co-chairperson, that's what was encouraged. • Mirtala Parada Ward: We have this new initiative, called YourDMH. And that's DMH's effort to become more inclusive of the community. Our efforts are to fully engage community and we want to hear not only from our consumers, but we also want to hear from our community at large. We also want to hear from people that do not have a DMH contract and are doing more of the community organization work, and we want the subcommittee to grow and to have a stronger community voice. Under the DMH initiative, one of the mandates is that the subcommittees have to do their charters. Under YourDMH, each of the subcommittees will create their own. With YourDMH, it does not allow DMH employees to hold the co-chair position. And your YourDMH does not allow employees of legal entities to hold that position. It allows for community and it allows consumers to hold that position. Community could be someone that works for an outreach program that is not funded by the DMH that is out there and doing a lot of grassroots work and really understand the community. The Department is putting itself at that standard because we want the community to drive our service delivery. And we want the community to be the voice of how we do services. At the end of the day, DMH is funded by public dollars, and we want the dollars to serve the 138%, which is the most vulnerable and most in need, and we want to hear from the most vulnerable and those in need. We want them to be navigating our system and to be driving that stakeholder process. • Bernice Mascher: Sunnie and I had a discussion and we had talked to Kelly, and with a few odd people that were in the community and because YourDMH is still being worked out, and because there are trust issues, to leave things as they are for now until the next vote. So that would mean retaining Keith as a co-chair on the committee. It should be a committee decision and I think the committee should be able to decide whether to just finish the term. And then when the votes come up, then we can go with whatever's been decided with YourDMH. It was important for us that Keith could still be part of it. I speak for Sunnie too, because we've had this discussion. And Kelly's heard it at least twice and I think Mirtala once, and we were going to request to keep Keith on. <p>Follow-Up</p> <ul style="list-style-type: none"> • Co-chairs would have to attend all subcommittee meetings and UsCC Leadership meetings which are once a month. • Subcommittee to vote on third co-chair from the community and utilize three co-chairs until the next vote.
<p>Presentation – RAND Corporation</p>	<p>DMH hired RAND to help with a strategic planning process. RAND conducted a 90-minute presentation and asked the American Indian / Alaska Native (AI/AN) subcommittee their feedback on the following questions:</p> <ol style="list-style-type: none"> 1. What is working? <ul style="list-style-type: none"> • Advertisements for Mental Health really well done: <ul style="list-style-type: none"> ○ Appropriate ○ Modern ○ Location of advertisement

- Phone number where to call
- Huge electronic billboard, very visible, represented minorities within LA County
- Debunking of a stigma attached to Mental Health
- It's great to have a Native Director at our American Indian Counseling Center (AICC)
- Community group
- Public outreach
- Funding options
- Hiring of Native Staff
- Cultural workshops
- Subcommittee having a voice
- Community having a voice to tell their story
- Being able to help homeless clients get housing
- DMH recognize that the American Indian community exist
- DMH website you can search location and certain service types (great for referrals)
- AI/AN subcommittee group

2.What is not working?

- American Indian Counseling Center is very small, can't service all our clients in a timely manner
- LA County only has two organizations that provide Mental Health through Medi-Cal
- There's no room to grow to service more Native American community
- American Indian Counseling Center is not culturally identifiable
- There is no access to sweat lodge
- Can't hire traditional healers to come in to compliment Western therapy

3.What could be improved?

- Need more/different locations
- Need more Native American Clinicians, Therapists, Staff
- Guards need to have Cultural Competency training
- Need more funding
- There should be a SAAC 9 for the Native American community
- The Clinic (AICC) looks very institutional
- American Indian Counseling Center building:
 - Is ugly, too small, it's not on a main bus line, it's not user/cultural friendly, it's uninviting and gloomy, very depressing, cannot access sweat lodge or traditional healers

Next Meeting	Meeting adjourned at 4:00PM Wednesday, 4/3/19, 2:00PM- 4:00PM
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