



Native American California Reducing Disparities Project



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What is our Native Mental Health Disparity?

- Federal policy of “legalized discrimination.” Genocide.
- Historical Trauma - cumulative emotional and psychological wounding across generations.
- Historical Trauma Response - a collection of features in reaction to this trauma.
- Poverty, Suicide, Substance Abuse, Violence, etc.
- Lack of access to cultural-based Behavioral Health care.
- County & Tribal relationships need “Native” perspective.
- Grassroots “bottom to top” approach needed for PEI implementation, funding autonomy, cmty.-participatory eval.

Native Vision

The goal of Native Vision is to develop a plan to improve mental health and well-being for Native Americans across California. This two-year project will bring forward community-defined solutions and recommendations across the diverse regions of tribal, rural and urban Native American populations in California. Native Vision is a new statewide project facilitated through the Native American Health Center in Oakland, California. The project is funded by the California Department of Mental Health.



Native Vision has an 8 member Strategic Planning Workgroup to guide the project "in a good way" and who represent the project on a statewide level. The workgroup is comprised of Native behavioral health professionals from across the state of California. They are: Tony Cervantes (Native American Center for Excellence), Dan Dickerson (University of California Los Angeles), Michael Duran (Indian Health Center of Santa Clara Valley), Carrie Johnson (United American Indian Involvement), Janet King (Native American Health Center), Tene Kremling (Humboldt State University), Art Martinez (Shingle Springs Tribal Health Program), and Martin Martinez (Redwood Valley Little River Band of Pomo Indians).

Statewide Focus Group Gatherings

Regional Focus Groups (May 2010 through October 2011)	Location	Attendance
Traditional Indian Health Gathering at Sumêg Village	Patrick's Point State Park	60
Intertribal Friendship House	Oakland	50
California Indian Conference	Irvine	25
United American Indian Involvement	Los Angeles	35
Friendship House of American Indians	San Francisco	15
Northern California Indian Development Corporation's Health and Wellness Conference	Blue Lake	27
Toiyabe Indian Health Clinic	Bishop	24
Sacramento Native American Health Center – Community Gathering of Native Americans	Portola	46
San Diego American Indian Health Center	San Diego	16
Fresno Indian Health Project	Fresno	10
California Native Women's Wellness Conference	Oakland	6
Total 11		Total 314

What did we find in our Focus Groups?

Creating the Native report

- Native communities do not have a “one size fits all” for each individual PEI practice.
- Mental Health PEI for Native communities are varied and fluid – “think outside the box.”
- There are many differences between and within Native communities.
- Western practices usually do not work (adaptability).
- Native American practices usually do work.
- Community members voiced the need for mental health services that are “culturally” appropriate and based.

Statewide Forum Group Gatherings

Regional Forums (August 2012 through November 2012)	Location	Attendance
California Conference on American Indian Education	Arcata	25
Traditional Indian Health Gathering	Shingle Springs Rancheria	11
Circle of Native Minds Wellness Center	Lakeport	17
Indian Health Center of Santa Clara Valley	San Jose	22
United American Indian Involvement	Los Angeles	16
Morongo Tribal TANF Office	Banning	36
Owens Valley Career Development Center (OVCDC) TANF Office	Bishop	17
California Indian Conference	San Marcos	8
Native American Behavioral Wellness Conference	Oakland	40
Total 9		Total 152

What did we find in our Forum Groups?

Preparation for the next phase

- Empower Native communities – funding stream direct from the source, no “middle-overseer” of resources.
- Funding should not be contingent on “head-counts.”
- PEI implementation in Native communities need to be flexible (i.e. Community trust).
- Community driven participatory evaluation.
- Culturally relevant technical assistance and retention of Native CRDP Advisory Committee.
- Fair and culturally competent selection process of PEI activities.

Why are we here?

The purpose of the discussion is to share how to improve mental health and well-being for Native Americans in our statewide communities.

- **“what is working”** to maintain good mental health and wellness
- **“what is effective”** when people seek help
- **“what increases access”** to mental health services
- **“how do we evaluate”** community defined wellness projects with cultural-competence

Thank You

