

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION**

**LGBTQI2-S UsCC SUBCOMMITTEE
MINUTES**

January 12, 2017
2:00 p.m. – 4:00 p.m.
695 S. Vermont Ave. 15th Floor Small Conference Room
Los Angeles, CA 90005

Present: Mirtala Parada Ward, Kelly Wilkerson, Sandra Chang-Ptaskinski, Sermed Alkass, Richard Zaldivar, Bryan Mershon, Marissa Lee, America Islas, Kwmá Richardson, Carl Williams Jr., Gia Olaes, Julian Hernandez, Jury Candelario, Iliana Cuellar, Erica Reynoso, Leticia Ximenez

Presenters: Jeanne Miranda, Sandra Shields, Binnie Phan, Jeanne O'Donnell

Phone: Angela Weeks, Nick Ryan, Makesha Jones-Chambers, Angélica Palmeros, Te Jay McGrath

Agenda Items	Comments/Discussion/Recommendations/ Conclusions
Welcome & Introductions	Attendee introductions
Review of minutes	November 2016 minutes reviewed and approved with no changes/corrections
Announcements	<ul style="list-style-type: none"> • Mirtala shared with the subcommittee regarding the LGBTQI2-S UsCC subcommittee having a seat on the SLT – she is still working on this with Debbie Innes-Gromberg – they are currently in the process of restructuring the SLT and will follow up regarding this • Mirtala updated the subcommittee regarding the next UsCC Leadership meeting – a new consultant has just started (Dr. Steven Goodwin) – will send out a meeting notice once it is scheduled • Marissa Lee inquired regarding the status of SOGI information being captured in IBHIS – The Health Agency has this as a priority (mandate from the state to collect SOGI data)
UCLA PCORI Feedback Request	<ul style="list-style-type: none"> • Dr. Jeanne Miranda from UCLA Department of Psychiatry • Developed a manual 30 years ago (typical CBT manual for treatment of depression) • PCORI – funded by federal government along with the Affordable Care Act, to try and make care more patient-centered and to figure out what is the appropriate care for different populations – likely to go away with ACA • Three years to complete study • We work with low income communities, they requested interventions that were more strength based – we took our CBT manual and adapted it to be a resilience intervention for a stressed population (i.e. what are the thoughts you have that keep you stressed, what are the activities that you can do that would counteract your stress, how can people support you to have less stress, etc.)

- Tested in low income population in South LA – did very well, so would like to adapt the treatment for the lesbian and gay population, hope to adapt it in the future for the trans population as well
- Dr. Miranda reviewed with subcommittee the lesbian and gay community specific changes that had already been made to the Resiliency Class Member Manual

Questions

- For the changes that were made, did you conduct a focus group? **The team, which includes individuals with lived experience, got together and provided suggestions. We are planning to do a focus group once we first begin in order to get feedback.**
- The changes are marked in red? **Yes.**
- What age group are you targeting with this research? **Over 18. Our partners are telling us that we need to do the groups by age range, so we'll probably try to do different groups with younger folks, middle-aged, and then the older population.**
- Any plans to go below 18? **Not on this first group. We didn't get money to do that, but we do think it's very important. Our board has also told us that we should separate by age, and also have groups separate for gay men and lesbians.**
- How did you come up with the cognitions (i.e. "I'll never be accepted for who I am")? **We just met with the team and made them up.**

Recommendations

- The bisexual community is the largest population within the LGBT community. Recommendation to reach out to local bisexual organizations and get some of their thoughts with regards to whether or not you should have a group that is specific to bisexual men and women. A lot of issues that bisexual people face are unique.
- Something to consider is how difficult it can be for people to disclose their sexual orientation (fear and stigma that is attached) – maybe finding a way within your target organizations that you're working with is how can you be inclusive of the bisexual community, but maybe not necessarily call it bisexual – so that you're not missing anybody.
- Recommendation to use inclusive language (i.e. for bisexual community) when developing the materials.
- Recommendation to consider where individuals are at when it comes to sexual orientation identity development – some may be further along, but those who are not may need extra support.
- Capturing community input around what kind of thoughts they have about their identity might be really helpful.
- On page 9 of the manual, the majority of the cognitions listed at the bottom of the page are negative except for one ("My neighbors are supportive") – recommendation to change that.
- Recommendation to consider how spirituality plays a part (pleasant activities – spiritually fulfilling activities that are accepting). How they can think about their coming out in a holistic spiritual manner. Spirituality can be considered a self-care activity and a positive thing people use on their process of self-acceptance, a way to help get through difficult periods. With regards to cognitions, balancing acceptance with change, shifting their thoughts (my relationship between my higher power and myself is between the two of us, I know and I feel good about who I am, I feel confident that God accepts me for who I am). Also building their distress tolerance and their ability to tolerate stress from external stimuli (i.e. church, families, etc.) – "I hear people say this stuff and know that it's wrong but they I can cope with it."
- In the future, recommendation to consider men who are attracted to transgender women but identify as heterosexual.
- Explore how toxic masculinity plays into the phobias the LGBT community faces – those cognitions that it creates (i.e. if

	<p>you feel like you're not manly or masculine enough) – recommendation to include those cognitions and how they can be harmful and cause distress. Also consider sexism (i.e. this is how a woman should be and I don't meet that so I'm a failure). Androgyny should also be reflected – embracing your feminine and masculine sides.</p> <ul style="list-style-type: none"> • Recommendation to explore congruence and how you feel about yourself internally and the things you do, how much they match up can affect your MH outcomes and how good you feel about yourself generally. The way you live your life, the things you do, the way you express your identity – when it matches up with how you see yourself, you tend to do better. • Recommendation to include a component related to relationships and how that impacts well-being, in particular when one partner is out and the other is not. • As an individual comes through the process of coming out and engages in their own spirituality, in particular people of color and those who are low income, they start to realize that they are an agent of change within their family and community and relationships. They get to be the leader. • Recommendation to also consider the two-spirit Native American community.
<p>EOB Disaster Services Unit Presentation</p>	<ul style="list-style-type: none"> • <u>FBI Special Agent Binnie Phan requested that the presentation not be recorded, so all minutes from this point on are based on notes taken during meeting.</u> • Sandra Shields from the DMH Emergency Outreach Bureau and Special Agent Binnie Phan from the FBI presented regarding the Orlando shooting at PULSE Nightclub and requested feedback from the subcommittee regarding how to prepare should this type of emergency take place in Los Angeles County. • Request for input – should we have that type of disaster here in Los Angeles, how can we be prepared? How can we improve operations? <p><u>Family Assistance Center</u></p> <ul style="list-style-type: none"> • Developed by Office of Victim Assistance • Purpose is to mobilize community and minimize bureaucracy for victims and family members • Provide accurate and timely information to victims and family members regarding the incident and establish and secure an appropriate facility that allows agencies to interact sensitively and effectively with victims and family members • Provide services including counseling, clergy, personal effects, interpretation, airline arrangements, etc. • Victim Specialists will meet with family members <p><u>Request for Feedback</u></p> <ul style="list-style-type: none"> • Sandra Shields requested that subcommittee members provide input on how best to support LGBT community members and family and discuss any disaster recovery considerations for LGBT people and their families should a disaster occur • Kelly to email Sandra to follow up (DONE 1/19/17)
<p>Next Meeting</p>	<p>TBD</p>