Los Angeles County Department of Mental Health Strategic Communications Division LGBTQIA2-S UsCC Subcommittee Meeting Minutes Thursday March 4th, 2-4 pm

Welcome/Introductions:

Present: Greg Wilson, Addison Rose Vincent, Alexandra Casanovas, Ana Bernal, Ashley Flores, Bill Sive, Bobby Dillard, Brionne, Carl Highshaw, Charles McWells, Claire Kobren, Cody Hanable, Crystal Bender, Cynthia Ruffin, Dalecia Felton, David Haynik, Edgar Mariscal, Erwin Gutierrez, Gabriella Villa, Gerald Garth, Hector Chaida, Jamie Estrada, Jeffrey King, Kathryn Aguenza, Leo Vasquez, Live Xochi Salas, Matthew Sims-Thomas, Merry Meyers, Michael Fields, Nina Barkers, Princess Murray, Robert Evans, Sarahi Magallon, Sharon Chapman, Vickie Xu

DMH Admin: Kelly Wilkerson, Sandra Chang, Keacha Stewart, Rosario Ribleza, Luis Guzman

Getting To Know You – Jamie Estrada: LGBTQ Program Manager under the Office of Equity, with DCFS. Jamie was adopted at the age of 12, his kids are also adopted. 13 years with his Partner, they adopted their two sons from foster care seven years ago. Jamie worked in the emergency response section of the Department of Child and Family Services outdoors prior to his current job. Jamie enjoys volleyball and tennis.

Review of February 2021 Meeting Minutes: Reviewed and approved

Access For All UsCC Subcommittee - Cody Hanable (UsCC Co-Chair)

- Cody shared regarding some of the work of the Access For All UsCC subcommittee, including upcoming capacity building projects related to training as well as a podcast. This subcommittee intends to provide training on increasing accessibility. There are limited mental health services available for the deaf, hard of hearing, blind, and physically disabled communities. Additionally, this subcommittee plans to build a domestic violence task force for people who suffer from intimate partner violence, in order to learn how to identify the signs.
- For anyone interested in joining this subcommittee, please contact the UsCC Liaison Rosario Ribleza at rribleza@dmh.lacounty.gov.

Impact of COVID and Beyond in the Black LGBTQIA2-S Community – Discussion facilitated by Jeffrey King Recommendations from PowerPoint and LGBTQIA2-S UsCC subcommittee meeting on 3/4/21:

- Individual level and group level mental health sessions should be asset based, client centered and focused on trauma informed care. Clinicians should be prepared to address issues to include micro aggressions, generational traumas, internalized racism, internalized homophobia, medical mistrust and more.
- DMH should collect more and better data that is Black LGBTQ+ specific
- DMH should use data to guide funding priorities and inform DMH RFP initiatives for the Black LGBTQ+ community
- DMH should implement rigorous evaluation of all DMH funded agencies and institutions serving the Black LGBTQ+ Community
- DMH should mandate sensitivity training for all DMH staff and funded agencies that includes intersectionality of race, culture, gender and sexual orientation/identity
- DMH should increase the amount of funding allocation for the LGBTQIA2-S UsCC Subcommittee given the intersexuality of race, culture, gender and sexual orientation/ identity

- DMH/ LGBTQIA2-S UsCC Subcommittee should fully vet future projects to ensure that they are inclusive and evaluated for their success
 - o Are those projects/initiatives actually doing what they're supposed to be doing explore
- Want to see more Black representation in leadership positions, more trans representation at the level where decisions are being made, representation from the top matters
- Mental health pipeline how do we support our Black community members who are becoming therapists/clinicians and incentivize them to return to Black communities to provide services create scholarships and opportunities
- DMH and other public health entities need to evaluate how organizations receive funding the current methods are too restrictive, prescriptive, and limiting, CBOs have to bend over backwards to fit a particular scope of work
 - The request for proposals (RFPs) should be allowed to have a little bit more generalizing for community based health and wellness organizations, so that organizations can come to the funding powers that be as their authentic selves, so they can define and describe what they do, how they do it and present it for funding

Conversations from subcommittee members during LGBTQIA2-S UsCC subcommittee meeting on 3/4/21:

- LGBTQIA2-S not treated equally in the broader black community
- Black community is often labeled as homophobic, but many in the community embrace LGBTQ community members
- Often not accepted by religious community
- BIPOC trans people are being murdered
- Black community is more open right now than ever before moving towards a healing process
 - o Accountability is important for healing
- Address institutional/systemic racism
 - o County health departments can operate in a way that is inherently racist
 - o Policies and procedures that disenfranchise a specific group
- Black people and Black LGBTQ people are disproportionately represented in the prison system
- Black and brown trans women have always been at the forefront of our liberation movement
- Tired of allies, want accomplices accomplices to recognize and identify Black organizations that are deserving of grants because they are already doing the work
 - o People need to leverage their power
- Distribution of resources should be based on data/statistics
- Need co-conspirators people who are brave enough to put themselves out there
- Many allies are fearful of speaking out. Need to look inside What is it about me that is a barrier to change? What do I need to do? Where do I need to grow?
- There has been a lack of understanding, lack of empathy, and lack of knowledge want to give people the chance to change, educate other with compassion
- If Black people are not in the room, does that mean that Black people should not be prioritized as it relates to addressing issues in Public Health?
 - o Whether a Black person is in the room or not, this subcommittee should prioritize Black LGBTQ+ people
- Need to be prepared to put it all on the line to advance the rights of the community
- Make sure that the "front of the house" AND the "back of the house" have representation
- Ethnic studies education in K 12

- White people often rely on the Black voices in the room to educate them on the Black experience, rather than taking the initiative to educate themselves
- Crabs in a bucket Black people being pinned against Black people, internalized oppression as a result of the oppression we experience as Black people, crabs are not supposed to be in a bucket in the first place (analogy of people being pinned against one another when they don't belong in a bucket at all)

Notes/recommendations from Community Forum held on 3/2/21:

- We need to help Black people/ Black LGBTQ+ people in the prison system before they come out so that they can have a fair start. There's a need for trauma-informed culturally relevant and individualized services to assist individuals with securing proper identification, case management, mental health support, housing, occupational development, transportation, and food support to assist with meeting their basic needs.
- We have to keep trying to help people that are living in the encampments, and continue offering them resources and help. They may not be ready now, but anyone that has been through addiction knows that it takes time. They need to see that people care. It helps building trust. It is not easy, but it is needed.
- Grassroots minority based community-based organizations need funding to help them build their capacity to meet the layered and complex needs of Black LGBTQ+ people struggling with mental illness, housing and addiction.
- Minority run agencies need unrestricted dollars to address needs that hyper regulated government grants may not support, to help the client in areas that may need individualized attention.
- Systemically we must address the needs of Black LGBTQ+ PEOPLE struggling with Homelessness homophobia, racism, mental health and addiction by
 - o De-Politicizing/ politicizing these issues (Take the politics out of it)
 - o De-Constructing what the challenges are (Deal with the root causes)
 - o De-Centralize Services (All solutions don't come from the top; these in fact must come from the bottom up)
 - o We must trust the folks that are closest to the people, doing the work; closest to the issue/experiences.

DMH Accountability Session

- Nicole forwarded the training recommendations to UCLA.
- LAHSA is going to be coming to next month's meeting to hear recommendations and get feedback regarding homelessness, in particular related to the trans and non-binary communities.
- The CLT meeting with Dr. Sherin will be taking place tomorrow, Kelly will email the group the link.

General Announcements

- Ashley shared Project Return has a variety of new Zoom-based support groups, they are looking for volunteer facilitators to run some of their mental health peer support groups.
- Charles is a Manager of HIV prevention programs at Project 90 which is an innovative project that is looking for client to participate.

Upcoming Meetings: First Thursday of the month (2-4pm): 4/1/21, 5/6/21, 6/3/21, 7/1/21 Join Microsoft Teams Meeting or call 323-776-6996, Conference ID: 542 042 921#