"BLAC IS WHERE IT'S AT!"

BLACK LGBTQ+ ACTION COALITION GERALD GARTH NINA BARKERS AMAAD INSTITUTE

In partnership with THE AMAAD INSTITUTE Pamaad institute DEPARTMENT OF MENTAL HEALTH BLACK LGBTQ+ ACTION COALITION -with Gerald Garth & Vanessa Warri Set, Sept 12th, 2020 11:00 AM - 1:00 PM (PDT) **Contraction** Link: https://us02web.zoom.us/j/81443345050 Survey Link : http://bit.ly/BLACSurvey InshOt DEPARTMENT OF MENTAL HEALTH

OBJECTIVES

- Introductions
- About AMAAD
- About BLAC
- Methods
- Findings
- Best Practices
- Recommendations
- Conclusion
- Questions



The AMAAD Institute

Arming Minorities Against Addiction & Disease







Nina Barkers (she, her, hers) Manager of Transgender Equity Gerald Garth (he, him, his) Director of Programs and Operations

AMAAD facilitates personalized individual access to programs and services that foster safe and supportive healthy environments for people to live, learn, and develop to their fullest potential.

AMAAD MISSION



The AMAAD Institute

Arming Minorities Against Addiction & Disease

ABOUT AMAAD

AMAAD provides support services, community support and resources centered around specialized, strength-based management and services and leadership development with a focus among LGBTQIA+ people of color.







WHAT IS **BLAC**?

- A purposeful effort to identify the needs of Black LGBTQIA+ individuals, while educating and empowering the community about the importance of mental health care to build awareness and connection.
- To destigmatize mental health issues among Black LGBTQIA+ people and to highlight the diversity of the population and the need for culturally sensitive resources and providers.

KEY POINTS



The project aim is to destigmatize mental health issues among Black LGBTQIA+ people and to highlight the diversity of the population and the need for culturally sensitive resources and providers.

BLAC has been in existence for going on 1 year now, beginning in the physical form now presently in the digital space.

BLAC is created for the community to fellowship and create safe spaces for empowerment.

WHY **BLAC** IS IMPORTANT?

- Provides a structured space where the intersections of the Black LGBTQIA+ community can come together
- Demonstrates community can be empowered within itself by hearing more of their stories and teachable moments
- Brings an aligned agenda to better
 build resources for our Black
 LOBTQIA+ community



DEMOGRAPHICS

78% identified as Black or African American14% identified as Latinx

Remaining participants identified as Asian or Asian American, Native American, or white

BLAC routinely had a minimum of 10 and a maximum of 25 participants in physical meetings.

BLAC routinely saw between 6 and 15 participants within digital meetings.

DEMOGRAPHICS

Representation in sexual identity:

30% gay

24% heterosexual

19% something else

15% bisexual

10% pansexual

1% lesbian

1% intersex

*Note: some answered "something else" or did not respond, which is common because even in safe spaces some feel uncomfortable not sharing this information publicly

DEMOGRAPHICS

Half of the respondents were 40 years or older

24% of participants are from ages 18–29 and 25% are ages 30-39. Age of participants shows us how the community can create space for all generations to be seen and heard

- AMAAD utilized the Community Based Participatory Research (CBPR) framework to identify and recruit Black LGBTQIA+ community members and stakeholders from throughout LA County
- Fresh perspectives, creative thinking, and solutions to address mental health issues in the community.

 AMAAD typically utilizes CBPR as a partnership approach

- Calls for a process to equitably involve community members, organizational representatives, and other community stakeholders
- All partners contribute expertise and share decision making and ownership.

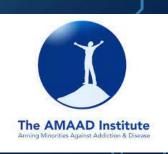




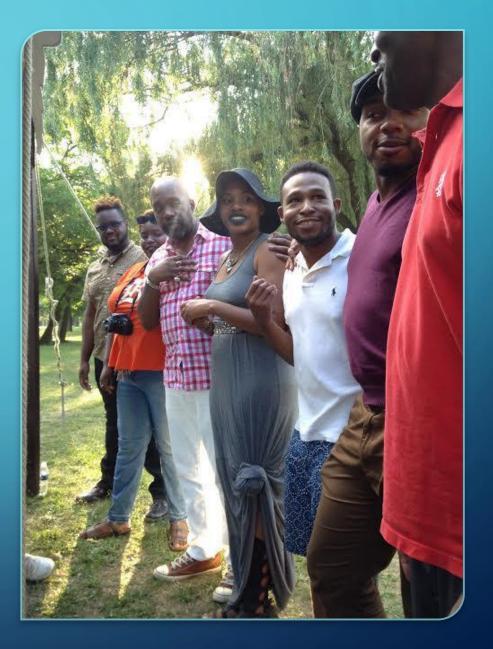
- BLAC looked at a number of topics, areas of interest and concern, as well as needed that impact the Black and Black LGBTQIA+ communities.
 - access to care
 - faith and family
 - self-care
 - Stigma
 - institutional accountability.

The meetings always delivered robust conversation and dialogue around:

- challenges/barriers to access mental health support
- criminalization of Blackness relating to mental health
- overall mental health concerns
- creating next steps & solutions
- building universally inclusive spaces for Black LGBTQIA+ individuals
- developing culturally appropriate materials and promotion
- engaging community in care process



- The below are core methods of CBPR that AMAAD adopted in facilitation of this effort:
 - 1. Promote collaborative and equitable partnerships in all phases and involve an empowering and power-sharing process.
 - 2. Recognize community as a unity of identity.
 - 3. Build on strengths and resources within the community.
 - 4. Facilitate co-learning and capacity building among all partners.





- 5. Focus on problems of relevance to the local community using an ecological approach that attends to multiple determinates of health and disease.5
- 6. Balance information collection and action for the mutual benefit of all partners.
- 7. Disseminate findings and knowledge gained to the broader community and involve all partners in the dissemination process.
- 8. Promote a long-term process and commitment to sustainability

CHALLENGES

We are exploring ways to keep engaging the community as we adapt and evolve the program

The transition obstacle from the physical space to digital space while maintaining the structure

Making sure the topics of discussion and action steps will be intriguing for the participants to continue to show up in the safe space

FINDINGS

Participants agree that there are not enough adequate mental and behavioral services for LGBTQIA+ people (81%) or Black people (88%)

Participants expressed being open to engaging in mental and behavioral health services

65% percent were not sure where to find services for Black LGBTQIA+ people and more than half noted having difficulty engaging in mental health services.

FINDINGS

Participants shared very strong approval and endorsement of BLAC

They believe BLAC is enjoyable, helpful, and knowledgeable in regards towards mental and emotional health in the community

Participants feel more empowered to educate someone else about mental and emotional health since participating in BLAC

PARTICIPANT QUOTE:

• "In communal or community spaces, we should actually allow for the individual strengths of those present to actually be affirmed and cultivated so that we can actually build a substantial significant leadership. And not take a person away from their core set of gifts, but actually build upon what they already possess."

PARTICIPANT QUOTE

 "We want to build up and position leadership in [Black] communities. We also want to make sure that we have resources and to know about those resources, we have to be inside. Yes, outwardly someone can be a leader, but when it comes to decision-making, budgeting, allocation, our communities need to be in those spaces as well, because we are the ones that are most affected by it".

PARTICIPANT QUOTE

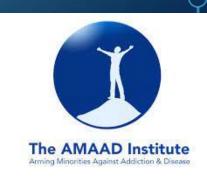
 "Spaces to show up for ourselves, but show up for each other at the same time." "For us, by us," as an evidence-based approach, that is being able to show up as an individual, but also collectively to address consistently the mental and emotional healing of Black and Black LGBGTQ+ people."

FOCUS AREA 1: COMMUNITY

Engage	Engage influencers and gatekeepers
Support	Support peer to peer networking projects for empowering community
Support	Support more community meetings centered around the unique culture with community and subcommunities
Foster	Foster community-driven peer reentry support, including prerelease and post-release linkage, navigation, and reentry services support.
Build	Build parole/ probation education and advocacy
Center	Center the value of lived experience
Increase	Increase resource education and access

FOCUS AREA 2: INSTITUTIONAL/ STRUCTURAL

- 1. Workforce development and LACDMH collaboration for entrepreneurship
- 2. Create more therapist and mental health professional development and economic opportunities
- 3. More effective information sharing
- 4. Allocate funds more directly to underserved areas
- 5. Explore more holistic, culturally centered approaches
- 6. Develop a communication toolkit to providers



FOCUS AREA 2: INSTITUTIONAL/ STRUCTURAL

- 1. Develop a competency checklist for agencies and providers
- 2. Provide more at-home/ community-based options
- 3. Meaningful engagement of community in expenditure planning
- 4. Parole/ probation education and advocacy
- 5. Examine mental health services in prison for trauma-informed, harm reduction approaches
- 6. Engage client-focused community stakeholders and organization to hold DMH accountable to effectively addressing the needs of Black and Black LGBTQIA+
 o communities.



BEST PRACTICES

Leadership Development

- Having programs that fund, support, and nurture Black leaders in the various spaces of the mental health provider spectrum is key. Throughout the various roles in the mental healthcare spectrum, there is limited representation of Black people, if any at all.
- DMH and other institutions should prioritize creating, centering, and supporting Black and Black LGBTQIA+ mental health professions through educational and employment opportunities and leadership and employment pipelines.

BEST PRACTICES



Leadership Engagement

 With a new level of accountability, community involvement, and policy change, Black LGBTQIA+ people need to be positioned for effective participation at all levels.

 This also positions the Black LGBTQIA+ community to be better positioned for effective collaboration from the community, agency, and jurisdictional levels.

BEST PRACTICES

<u>Culturally Affirming and Celebratory Spaces for Black People</u>

 The community advisory board shared much feedback to the fact of the lack of spaces that intentionally exist to encapsulate the entire Black LGBTQIA+ experience.

 This physical space creates a sense of home, history, and culture—elements that Black LGBTQIA+ people have historically been stripped of or denied. A strong need across all services is centering the unique needs and experiences of Black LGBTQIA+ people; that is, culturally relevant, culturally appropriate, and culturally specific content, practices, and responses.

RECOMMENDATIONS FOR AGENCIES

Designated safe spaces (physical spaces and cultural spaces)

More resources – funding, materials, physical space More opportunities – training, leadership development, employment

More holistic, integrated approaches to mental and emotional wellness

(yoga, soundboard, breathing therapy) Center the culture: culturally mindful experiences.

RECOMMENDATIONS FOR PROVIDERS

- 1. Lead with empathy, sensitivity, and awareness.
- 2. Ensure safe spaces, culturally and physically for Black LGBTQIA+ individuals
- 3. Check intentions. Providers who care for Black LGBTQIA+ clients must have the desire to be of service to these communities. This expresses itself in care delivery and retention in care.
- 4. Acknowledge the collective unique trauma and experiences specific to the intersectional needs of Black LGBTQIA+ people.
- 5. Address implicit bias.
- 6. Address micro and macroaggressions.
- 7. Recognize privilege.

RECOMMENDATIONS FOR COMMUNITY

- Know your rights. Get educated and educate others on the power of mental health services, address stigma, roles and responsibilities of agencies and individuals positioned to serve the Black and Black LGBTQIA+ community.
- **Build more collaborative efforts.** Creating more collective, outcome-driven work through safe space centered in wholeness and wellness through nurturing skills-based, interest-based leadership.
- **Be empowered**. Recognize your own leadership and contribution to addressing the needs of Black and Black LGBTQIA+ communities. Also, build, nurture, and support those with expressed activism and advocacy for the community.

RECOMMENDATIONS FOR COMMUNITY

- Hold leaders and agencies accountable. Community should use our platforms and collective voice for a cause in a way that prioritizes Black and Black LGBTQIA+ communities.
- **Define and prioritize self-care** as a part of mental health and community care. Participants spoke to the ongoing need to be personally well in order to work effectively and sustainably to address community mental health.
- Continue to combat stigma. By fostering the cultivation of vulnerability and compassion, building self-esteem, sustaining holistic programs, activities, and workshops that nurture not only our forefront leaders but also our background leaders.

CONCLUSION

• This Program is a direct action to garnering the much-needed resources and community engagement centering the Black LGBTQIA+ people.

• It has empowered the many individuals that have participated in it to speak on their behalf and the community they represent in so many spaces.

• This is a wonderful addition to the AMAAD Institute programming, and we are proud to see where it will go from here.

The more you know the more you grow!







QUESTIONS?

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THANK YOU