

**Los Angeles County Department of Mental Health
LGBTQIA2-S UsCC Subcommittee Meeting Minutes
Thursday, June 6, 2024, 2-4 pm**

Welcome/Introductions

Present: Ana Bernal, Mikey Fields, Bill Sive, Merry Meyers, Addison Rose Vincent, Eden Luna, Alex Salazar, Alexis Glenn, Brooke Balestreri, Mahtab Javed Siddiqui, Nicole Kristal, Rafaela Vargas, Ismael Maldonado, Johana Lozano, Ashley Weinberger, Marisa Turesky, Isabella Rodriguez, Queen Chela DeMuir, Abbey Ronquillo, Terri Jay, Wilson Song, Sunny Driver, Reg Clarkinia, Adan Rodriguez, Caitlin Bostwick, La Londa Alex, Sharon Chapman, Vicky Xu, Andrea Aoun

DMH Admin: Kelly Wilkerson, Jennifer Alquijay, riKu Matsuda

Getting To Know You – Ashley Weinberger shared about herself.

May 2024 Meeting Minutes – Meeting minutes approved (first-Bill Sive, second-Johana Lozano).

Co-Chair Updates

- Co-chairs updated the subcommittee regarding the recent UsCC/CCC leadership meeting. The stakeholder bylaws have been finalized and vetted with County Counsel. They will be shared with all subcommittees ASAP.
- There are two events coming up in June hosted by LACDMH, including a Juneteenth event on 6/29 and a Pride event on 6/30. Kelly to send out flyers.
- Co-chair nominations will be accepted over the coming weeks. Kelly to send out an email to request nominations. In order to be eligible, you have to have attended 50% of the meetings over the last 9 months, you cannot currently be a co-chair of this UsCC or another UsCC, and you cannot currently have a contract with DMH (i.e. capacity building project). Once nominations have been received, Kelly to follow up with each nominee to confirm interest, and then a survey will be sent to voting members to select the next co-chairs.

UsCC Retreat Follow Ups – Discussion

Co-chairs reviewed the retreat summary with members:

BACKGROUND

On Saturday, May 11, 2024, the LGBTQIA2-S+ UsCC Committee convened its members to strengthen its capacity to be an effective advocate addressing its community mental health needs. Key objectives included:

1. Strengthening relationships among LGBTQIA2-S+ UsCC Committee members around a shared purpose.
2. Identifying priority goals and actions for the next twelve months to decrease mental health disparities for the LGBTQIA2-S+ community.

3. Making commitments to enhance leadership in LGBTQIA2-S+ UsCC Committee to achieve priority goals.

PROCESS

The retreat started by asking committee members to share their names and something about themselves that (1) expresses their personal/community identity and (2) shows why they care about their community’s mental health. Participants shared their individual stories and then identified commonalities.

Facilitators then reviewed the LGBTQIA2-S+ UsCC Committee’s current purpose statement and asked for reflections. Members asked clarifying questions and recommended editing and refining the purpose statement at a later session. Moreover, participants reviewed the committee’s various objectives and shared information about their past work and accomplishments, building a common context of successes and challenges.

Based on this common context, committee members identified the four areas to address over the course of the next twelve months:

1. Engagement/Outreach/Capacity Building Projects
2. Integrating Mental Health into Physical Health, Harm Reduction, and Substance Use Services
3. Cultural Competency Training for Mental Health Service Providers
4. Advocacy

The notes are intentionally in bullet form to prevent misinterpretation. Clarifications from facilitators and DMH staff are included in brackets to distinguish this content from what was written on the flip charts. Next steps include reviewing the key points from these breakout groups and developing a 12-month action plan for the areas that committee members prioritize, in addition to editing and refining the committee’s purpose statement.

GROUP NOTES – FLIP CHARTS

| Group | Key Points |
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| 1 | <p>FLIP CHART 1: ENGAGEMENT/OUTREACH: CAPACITY BUILDING PROJECT</p> <p>Individual Recruitment: Professional Connections Individual Forums + Workshops: Subcommittee Connections Creating Visibility + Accessibility: Being More Present/Exposure Research + Assessment + Model: Focus Groups Outcomes with Goals as a Group for Impact Resources/Awareness of Services</p> <p>FLIP CHART 2: WHAT SERVICES ARE AVAILABLE WITH DMH FOR THE POPULATION?</p> <p>Scale versus Innovation Identifying Gaps Systemic Level of SMH: Too large/up to date with services/Services are available Access</p> |

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| | <p>Broader audiences to bring awareness Support each other within the UsCC: coalition building Reactionary + Proactive Community Needs LACDMH: Purpose and Alignment (Reducing Stigma) Nontraditional Model (TEK)</p> <p>FLIP CHART 3: BIMONTHLY MEETING SEGMENTS</p> <p>Education on LACDMH services: annual 101 in-depth Impact by policies/laws CBP Process General Research Development of better practices for DMH + partners Conduct surveys/interview to create standard practice – qualitative and quantitative One stop shop website: DMH Develop module, resource guide Committee development, retention funds DMH funding Onboarding, orientation? Getting to know you Next 90 Days</p> <ol style="list-style-type: none"> 1) Survey UsCC members: How frequently for topics 2) Proposal for education component 3) Members (consistent) develop policies and procedures, e.g., attending three times before proposing project 4) Archival/history/successes/learning of subcommittee | |
| 2 | <p>FLIP CHART 1: INTEGRATING HARM REDUCTION, MENTAL HEALTH, SUBSTANCE USE, PHYSICAL HEALTH + OUTREACH FOR LGBTQIA2-S+</p> <p>Communication is missing/information and misinformation Personalized/specific groups for consumers Central hub/portal: especially for crisis response Safe Use Center/Needle Exchange Is SPA model effective? Incarcerated: GG Unit Recidivisms/relapse Self-Empowerment/Person – Individual First Giving them the tools they need in the meantime while they wait until access</p> | |

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| | <p>Less reliant on nonprofits Mutual Aid: Distr./Mail Aging, transitions between generations FACILITATOR NOTE: Towards the end of the conversation, the group agreed to focus on two areas:</p> <ul style="list-style-type: none"> • Central hub/portal: especially for crisis response • Safe Use Center/Needle Exchange | |
| 3 | <p>FLIP CHART 1: CULTURAL COMPETENCY TRAININGS FOR MHS PROVIDERS</p> <p>In DHS training is optional DMH is not required either GAC: Gender affirming care [Care with Pride/ Board Motion/DHS as a lead because they run the clinic/Dr. Katherine Gardner/linkage to care and referrals for mental health and psych related] Dr. Gitlin use to be (who is the new point person?) Dr. A might be [yes, but not the organizational restructuring is not done yet] Train the trainer List is not robust due to turnover [limited impact due to high turnover in department and contract providers]. Champion network [under 66 people involved across the department/DCFS more than 100 folks, who have taken some training on LGBTQIA2-S+ support/riKu manages list] (LGBTQIA2-S+ that is internal) Uses SPA (8) Model – Champion Network based on the service area approach, goal is to have a specific champion for each of the service areas and be it well known, not only in the clinic Website – ARDI [Not currently updated and a resource/UsCC website/portal— not currently a resource for folks/putting resources into the website and making it a resource space/what system does DMH use? Fix website] Trans gender expansive/Intersex [website for TGI needs to be more helpful] ARDI – CEO: Tasked with building a TGI website. [We can offer guidance, but this led by ARDI CEO. Involves coordination between DMH and CEO] Incentivize education [What are you all doing to give staff space/incentives to take courses, continuing education credits?] INTAKE [How are you doing intakes and they are gender affirming for LGBTQIA2-S+ folks? How do I access care? Long waits for therapy and mental health supports. Walked through the process/experience/will be triaged, etc., i.e.,</p> | |

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| | <p>reviewed the process, and talked about the capacity of DMH providers. Triage determine intensity] 1 800 access line Review script [REVIEW the questions asked when reaching the 800 # to see if these are gender affirming and sexual orientation/gender identity and expression, SOGIE specific data, pronouns, names. Sharing and getting suggestions on how to improve/strengthen SOGIE questions.] Immediate triaging: Direct to clinic in closest SPA Adult outpatient: 1/month therapy; 3/month psych Capacity: Caseload 100 pts/1 staff Increase capacity with contracted providers? Yes, we have contractors/legal entities [Question: If DMH doesn't have capacity, then contract with subject matter experts with other entities? Do we create more staff with DMH <u>and/or</u> legal entities?]</p> | |
| 4 | <p>FLIP CHART 1: ADVOCACY (A-TEAM) +physical health x mental health: silos...depersonalize...services +holistic health...nontraditional...individual +looking at capacity building project: reviewing goals/systemic issues Advocate funding 4/16 project got funded LACDMH advocate projects: fund project in other county departments: gardening, trans sports Budget advocacy Data: from cap building project Can we go to LA County (present?) Advocating visibility Overhead costs: how much is this? Yearly conference/summit/funding (2019) Lots of ppl Adv coalition work? Can contribute strategy to give to County Goals of advocacy Can improve visibility Increase/sustain funding for labor in committee Long term institutional change</p> | |

Next 3 months

- What does advocacy look like in our UsCC
- How are we teaching folks
- Survey: What advocacy networks/connections
- 5 year strategic plan
- Year 1: education
- Year 2: consensus on adv goals
- Year 3-4

FLIP CHART 2: IDEAS/QUESTIONS

Updating mission statement

Increase awareness about services and cultural competency.

Events/presence in community

Clarity on outcomes and scale (#s) or innovative?

Research strengths and gaps, services and barriers

FLIP CHART 3: SUPPORTING COALITION BUILDING

Within the UsCC

Events

Building connections: municipalities, with other communities

Prop 1: Be proactive, e.g., substance use

Utilization: waiting lists

Stigmatizing, pathologizing, nontraditional models

Retreat Next Steps

- For 90-day plan, members interested in focusing on action planning and working on consensus around emerging needs.
- Kelly to send survey to members to look at prioritizing 4 areas:
 - Engagement/Outreach/Capacity Building Projects
 - Integrating Mental Health into Physical Health, Harm Reduction, and Substance Use Services
 - Cultural Competency Training for Mental Health Service Providers
 - Advocacy
- Recommendation to consider smaller ad hoc groups focused on these areas.

Current Capacity Building Projects – Update

- Updates on capacity building projects currently being implemented:

- What We Think Project – Currently in final phases, completion date pending.
- The Panthera Project – Project extended, completion date pending.
- Neurodivergent Voices Album Project – currently in second phase including artist recruitment.
- LGBTQIA2-S Housing Listening Sessions Project – currently in third phase including hosting the sessions.
- Proyecto Mariposa Monarca – currently in third phase including hosting the Tanda meetings.
- Transforming Community Care: API LGBTQ+ Mental Health and Wellness Project – currently in sixth phase including hosting the final event.
- Two-Spirit Storytelling Project – currently in in final phase, project to be completed by June 30.
- Bi+ Affirming Mentorship and Storytelling Lab – currently in final phase, project to be completed by June 30.
- Liberation Workshop Series Project – currently in final phase, project to be completed by June 30.
- LGBTQIA2-S Violence Prevention Lab Project – currently in final phase, project to be completed by June 30.

General Announcements/Resources

- Send any resources to Kelly via email (KeWilkerson@dmh.lacounty.gov) to be sent out to the listserv.

Upcoming Meetings (first Thursday of the month, 2-4pm): 7/11/24, 8/1/24, 9/5/24, 10/3/24, 11/7/24, December TBD

[Join Microsoft Teams Meeting](#); 323-776-6996, Conference ID: 542 042 921#

Meeting minutes can be found at <https://dmh.lacounty.gov/about/mhsa/uscc/lgbtqia2-s-uscc/lgbtqia2-s-uscc-meeting-minutes/>