



# *First, Do No Harm* Recommendations



## **Focus 1: Data Collection, Research and Evaluation**

### **Recommendation 1.1:**

Demographic information should be collected for LGBTQ people across the lifespan, and across all demographic variations (race, ethnicity, age, geography) at the State and County levels. Standardization of sexual orientation and gender identity measures should be developed for demographic data collection and reporting at the State and County levels. Race, ethnicity, culture and age should be considered and the measures differentiated accordingly.

### **Recommendation 1.2:**

This report represents a snapshot in time of certain LGBTQ people living in California. Not everyone that could be or should be is included in the picture. In many ways, LGBTQ cultural competency work is still in its infancy—with growth and changes occurring rapidly. This report, therefore, cannot and should not be the final word in reducing disparities for LGBTQ Californians. The work begun by the LGBTQ Strategic Planning Workgroup, including community engagement, advocacy, data collection and community-based recommendations, needs to be continued and the LGBTQ Reducing Disparities Project should remain funded beyond the dissemination of this report.

### **Recommendation 1.3:**

There is a gap in research for LGBTQ people of color, including African Americans, Latinos, Asian Americans, Native Hawaiians, Pacific Islanders, and Native Americans. There is a heavy reliance on convenience samples and other research methods that are not effective in reaching these LGBTQ sub-populations. Therefore, funding should be made available to support LGBTQ researchers of color and research organizations with demonstrated access to these populations in order to close the gap in information about these populations.

### **Recommendation 1.4:**

All domestic violence programs in California should be required to include information about the gender and sexual orientation of clients in their statistical documentation and recognize the partnerships of LGBTQ persons as “domestic.”

## Focus 2: Policy

### **Recommendation 2.1:**

All elected California representatives should be supported and encouraged to advocate for full LGBTQ equality at the Federal level.

### **Recommendation 2.2:**

There are California state laws and regulations already in place which have a direct impact on the mental and physical wellness of LGBTQ populations and individuals. These laws and regulations should be supported, promoted and enforced.

### **Recommendation 2.3:**

Development and implementation of *effective* anti-bullying *and* anti-harassment programs should be mandated for all California public schools at all age and grade levels and should include language addressing sexual orientation, perceived sexual orientation, gender, gender identity and gender expression issues. In addition, implementation of evidence-based, evaluated interventions that specifically address physical bullying and social bullying should be mandated for all California public schools at all age and grade levels.

### **Recommendation 2.4:**

All organizations applying for State or County funded Requests For Proposals (RFP) should be required to adopt LGBTQ-relevant anti-discrimination policies for the hiring of employees and treatment of clients. These policies should be monitored and enforced by the funding agency.

### **Recommendation 2.5:**

A statewide social marketing campaign should be implemented that is informed and endorsed by LGBTQ communities to:

- 1) address and eliminate stigma directed toward LGBTQ individuals and families;
- and
- 2) decrease the stigma surrounding the seeking of mental and behavioral health services by LGBTQ individuals and families.

Components of the campaign should be designed and tailored specifically to reach racial, ethnic, linguistic, and cultural segments within the overall LGBTQ community.

### **Recommendation 2.6:**

Legislation and policy should be created which bans the use of reparative therapy practices by mental health providers.

**Recommendation 2.7:**

A cultural competence certification program should be developed for mental health providers. Mental health providers should be certified in specific competency categories pertaining to individual race, ethnicity, culture, sexual orientation or gender identity and have standards for training and knowledge. Providers who do not have certification in a particular area should either be required to refer the client to a certified provider or receive supervision/consultation from a certified provider.

**Recommendation 2.8:**

State and County funded suicide prevention programs should be required to include LGBTQ populations across the lifespan.

**Recommendation 2.9:**

Creating safe spaces for LGBTQ youth is critical to addressing harmful school behavior. Gay-Straight Alliances (GSA) and other such LGBTQ affirming clubs should be supported by school administration and staff, including the reducing of barriers to forming and maintaining such clubs at middle and high school campuses.

### **Focus 3: Workforce Training**

**Recommendation 3.1:**

Statewide workforce training and technical assistance should be required in order to increase culturally competent mental, behavioral and physical health services, including outreach and engagement, for all LGBTQ populations across the lifespan, racial and ethnic diversity, and geographic locations.

Training of service providers in public mental/behavioral and physical health systems should focus on the distinctiveness of each sector of LGBTQ communities—lesbians, gay men, bisexual, transgender, queer and questioning—within an overarching approach to mental health throughout the lifespan for the racial, ethnic and cultural diversity of LGBTQ communities. Cultural competency training, therefore, cannot only be a general training on LGBTQ as a whole, but also needs to include separate, subgroup-specific training sessions (e.g. older adult, youth, bisexual, transgender, Black, Latino, etc.).

Agencies and individuals providing LGBTQ trainings—whether general or subgroup-specific—should meet CEU standards and have community-based endorsement(s).

**Recommendation 3.2:**

Statewide workforce training and technical assistance should be required for all California public school staff and administrators in order to increase culturally competent and sensitive treatment of all students who are, or are perceived to be, LGBTQ.

Training of all personnel in public school systems should focus on the specific health and safety needs of each sub-group within LGBTQ communities including lesbian, gay, bisexual, transgender, queer and questioning. LGBTQ cultural competency training should address identity and behavior of each subgroup as well as racial, ethnic and cultural diversity of LGBTQ communities.

Agencies and individuals providing LGBTQ trainings—whether general or subgroup-specific—should meet CEU standards and have community-based endorsement(s).

## Focus 4: Funding and Services

**Recommendation 4.1:**

State and County RFPs should support innovative community-based efforts and require providers that claim to work with LGBTQ communities to provide a historical record of such work in such communities in addition to documentation of internal policies and procedures that are inclusive of, and designed specifically for, LGBTQ communities.

**Recommendation 4.2:**

LGBTQ Community Based Organizations (CBOs) are often small non-profits that do not have the capacity to meet traditional requirements for State or County funded projects. In addition, many LGBTQ people do not have access to LGBTQ CBOs—and agencies which serve formerly incarcerated individuals, homeless, or racial/ethnic populations may not be LGBTQ-specific. Therefore:

- 1) Barriers encountered by LGBTQ CBOs when they are seeking State and County funding should be reduced.
- 2) LGBTQ CBOs should be assisted in increasing their capacity to respond to State and County RFPs.
- 3) Non-LGBTQ CBOs serving LGBTQ populations should be assisted in increasing their capacity to better meet the needs of their LGBTQ clients.

**Recommendation 4.3:**

All locations where State or County funded mental/behavioral and physical health care services are offered should be required to be safe, welcoming and affirming of LGBTQ individuals and families across all races, ethnicities, cultures, and across the lifespan.

**Recommendation 4.4:**

State and County mental/behavioral health and physical health care departments should create an environment of safety and affirmation for their LGBTQ employees.

**Recommendation 4.5:**

Mental, behavioral and physical health care and educational materials provided to LGBTQ clients should be made available in the client's primary language—particularly if the client speaks a threshold language.

**Recommendation 4.6:**

LGBTQ individuals are at high risk for tobacco use, substance use disorders, suicide, stigma, homelessness, mental health issues, etc. Programs do not necessarily know to include them without LGBTQ being identified as a high-risk population. It is difficult for some staff to explain why they are doing outreach in LGBTQ settings where the population congregates, such as LGBTQ Pride events. Therefore, language that specifically identifies LGBTQ as high-risk should be in all RFPs which target high-risk populations.

**Recommendation 4.7:**

In order to receive funding, the U.S. Department of Health and Human Services (HHS) requires that California implement HHS Culturally and Linguistically Appropriate Services (CLAS) standards. CLAS standards, however, do not address cultural competency when serving LGBTQ individuals and families. Without standards of care and training, many LGBTQ clients will experience the same harassment, discrimination, or invalidation as they experience elsewhere in society. Such experiences may harm LGBTQ clients; decrease rates of program enrollment, engagement, and retention; and diminish positive outcomes. CLAS standards should be updated to include LGBTQ cultural competency. Standards for California which include LGBTQ cultural competency should be implemented, whether or not HHS updates their CLAS standards.

**Recommendation 4.8:**

Funding should be allocated to develop a statewide resource guide listing agencies, programs and services which have been determined to be LGBTQ-sensitive, affirming and culturally competent. Rating guidelines used for the resource guide should be community-defined and evaluated through a community-based process.