

CDC LBGTQ Focus Group Summary
Focus Group Meetings at Blue Sky
August 9 & 28, 2013, 1:30 – 4:30p.m.

Participants		
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PURPOSE

Recommended strategies to reduce LBGTQ disparities for DBH leadership consideration.

RECOMMENDED INNOVATIVE STRATEGIES FOR FRESNO COUNTY

Focus 1: Data Collection, Evaluation & Research

1.1 Demographic information should be collected for LBGTQ people across the lifespan, and across all demographic variations (race, ethnicity, age & geography) in Fresno County.

Due attention should be given in the design of the intake, data collection and reporting systems; modify to enable individualize reporting (by choice fill-in or choose not to respond); amend to count and analyze data trends for LBGTQ populations in order to identify possible mental and physical health disparities, gaps in service, successes in service provision and support appropriate resource allocation.

Focus 2: Policy

2.4 - Mandate policy for all behavioral health service providers supported by DBH resources to adopt a standardized anti-discrimination policy for the inclusion of LGBTQ with other population groups in its service and business practice activities.

2.5 – Cultivate a safe DBH environment for LGBTQ clients and employees by instituting a stigma reduction committee to promote awareness education pictures (e.g. display posters of interracial gay/lesbian family and children in County bathroom stalls & waiting rooms) and make presentations/written materials available for the public (e.g. rep speakers at County committee meetings, such as the Clinical Supervisors; & distribute brochures & flyers at the waiting rooms as appropriate).

2.7 – DBH to work with local agency resources to be trained and certified as LGBTQ culturally responsive/sensitive service.

Focus 3: Workforce Training

3.1 – Implement LGBTQ Cultural Competence 101; and conduct additional smaller and shorter timeframe cultural competence training that emphasizes population subject specific to youth, family, adult and older adult and interracial LGBTQ. Utilize existing internal trainers and pro bono experts will avoid additional training expenses. Mandatory attendance for leadership, OA/AI, and all personnel and supervisors, whose responsibilities have direct impact on LGBTQ employee and service delivery.

Focus 4: Funding & Services

4.4 – To create a safe environment for all DBH employees by administering a survey (Survey Monkey) to determine safety baseline on how LGBTQ employees feel being treated by colleagues and supervisors.

4.7 – DBH to implement the U.S. Department of Health and Human Services (HHS) Culturally and Linguistically Appropriate Service (CLAS) standards by incorporating LGBTQ populations in the following:

Standard #1: Agency policies and procedures are inclusive of LGBTQ staff, clients and communities.

Standard #2: Be sure all behavioral health service personnel receive LGBTQ basis training as part of their larger diversity training experiences, and receive appropriate supervision to provide inclusive services. Staff members who provide poor quality care are appropriately sanctioned.

Standard #3: Written forms and documents, and oral language used in assessment and interventions are inclusive and respectful of LGBTQ people.

Standard #4: The climates of mental/behavioral health agencies are welcoming and inclusive of all clients.

Standard #5: Mental/behavioral health agencies shall create linkages with local LGBTQ communities and use appropriate referral sources for their LGBTQ clients.

4.8 – To allocate funding to develop a countywide 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.

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