

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

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.

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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.