



CONNECTICUT
Office of Health Strategy

OHS CONSUMER ADVISORY COUNCIL REPORT OF
THE LGBTQ EVENT

FACEBOOK LIVE: FEBRUARY 10TH, 2021

REPORT WRITTEN BY:

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Health Equity Solutions

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EVENT OVERVIEW

On February 10th, 2021, the OHS Consumer Advisory Council (CAC), with co-sponsorship from the Connecticut General Assembly's Commission on Women, Children, Seniors, Equity, and Opportunity (CWCSEO), hosted a panel discussion entitled, Our Community, Our Voices: Enhancing Medical, Behavioral Health, and Housing Services for LGBTQ Youth. The event amplified the community health needs facing LGBTQ youth and ways to address barriers in Connecticut to achieve optimal health. The event featured a diverse panel of activists, practitioners, and advocates with lived experience and expertise who were deeply concerned about the disparate health outcomes for members of the LGBTQ community. The purpose of the event was not to simply delve into the barriers that have already been documented in Connecticut, but rather discuss how to drive that knowledge into action to tangibly improve the lives of LGBTQ youth.

EVENT PLANNING:

The panel event was spearheaded by CAC's Consumer Engagement & Outreach Standing Committee member, Taylor Edelmann. A LGBTQ working group, convened in November to assist in the event planning, was comprised of the following CAC members: Adrienne Benjamin, Terry Nowakowski and Dr. Velandy Manohar. Working group members helped to shape the event focus, identify panelists and stakeholders and supported event outreach and promotion efforts. The CWCSEO was approached during the event planning stages and became an event co-sponsor. The support of CWCSEO's Executive Director, Steven Hernandez and Latino & Puerto Rican Policy Director, Werner Oyanadel with event logistics, publicity, and technical expertise created synergy that was integral to the successful execution of the CAC's first virtual engagement.

ACKNOWLEDGEMENTS:

The Office of Health Strategy offers its gratitude to all of the individuals who helped with planning and bringing this event to life and to the panelist for sharing their expertise and the audience members who tuned in live for co-creating a vibrant and engaging discussion lifting up the needs of LGBTQ youth in Connecticut.

OHS CONNECTICUT
Office of Health Strategy

The OHS Consumer Advisory Council (CAC) Presents

Our Community, Our Voices:
Enhancing Medical, Behavioral Health, and Housing Services for LGBTQ Youth

Co-sponsored by:
The Commission on Women, Children, Seniors, Equity & Opportunity
CWCSEO
Connecticut General Assembly

Event Moderator

 Taylor Edelmann (he/him/his) Health Equity & Community Engagement Coordinator Apex Community Care	 Claude Louis, LPCA (he/him/his)	 Priya Phulwani, MD (she/her/hers) Medical Director, Gender Program Connecticut Children's	 Ala Ochumare (she/her/hers) LGBTQ- Youth Program Officer New Haven Pride Center; Anti-Bias Anti-Racist Organizer R.A.C.C.E	 Derek Gaskill (he/him/his) Project Manager Ascendant Neighborhood Development Corporation	 Christian Acevedo (they/them/theirs) Youth Organizer Radical Advocates for Cross-Cultural Education (R.A.C.C.E)	 Robin P. McHaelen, MSW (she/her/hers) Founder & former Executive Director True Colors, Inc
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Join a panel of community advocates for a live discussion on the needs facing LGBTQ youth and what can be done to address barriers in Connecticut.

Wednesday, February 10th
6 - 8pm
CWCSEO Facebook page:
<https://www.facebook.com/CWCSEO>

 **LIVE ZOOM**

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MODERATOR:

Taylor Edelmann, (he/him), Health Equity and Community Engagement Coordinator at Apex Community Care, OHS Consumer Advisory Council member, Event Lead

Taylor Edelmann resides in Brookfield and works full-time as a Health Equity and Community Engagement Coordinator at Apex Community Care. He spent the last several years working for a large community health center as a Community Health Worker with a focus on Chronic Disease Management, namely HIV and LGBTQ health. Taylor is also an advocate and consultant who is passionate about improving healthcare services for LGBTQ individuals, particularly those who are transgender and gender nonconforming. He is an active member of the Consumer Advisory Council's Community Engagement Subcommittee through the State of Connecticut's Office of Health Strategy where he works to highlight the ubiquitous health disparities the LGBTQ community faces. Taylor approaches his work utilizing an anti-racist lens and believes that real organizational change occurs when there is collective buy-in.

PANELISTS:

Christian Acevedo, (they/them), Youth Organizer, Radical Advocates for Cross-Cultural Education

Christian Acevedo identifies as a non-binary teenager. They work for RACCE as a youth organizer helping their community by bringing an end to oppression one step at a time.

Derek Gaskill, (he/him) Project Manager, Ascendant Neighborhood Development Corp

Derek Gaskill joined Ascendant in 2018 as a development intern, and now serves as the organization's Project Manager where he oversees various projects relating to affordable housing development, preservation, and neighborhood planning. Derek holds a certificate in Civic Engagement and Leadership from the Murphy Institute and a Master's in Urban Policy from Hunter College. His graduate capstone, "Protection is Not Enough", analyzed the barriers transgender and gender non-conforming New Yorker's encounter when seeking housing. Prior to pursuing an Urban Policy degree, Derek spent five years working as a New York City licensed sightseeing guide.

Claude Louis, (he/him), Licensed Professional Counselor Associate

Claude Louis (He, Him) is a recent graduate of the University of Bridgeport majoring in Clinical mental health counseling. Claude has over 10 years of experience working within the mental health field with diagnosed chronically mentally ill clients of the adult population, special needs, and with LGBTQ youth and young adults at a community center providing case management services and counseling. Claude currently provides intensive counseling to youth and adolescent children in a group clinical setting. In addition, Claude has worked with the homeless population as a young adult navigator and currently works per-diem as a shelter direct service provider in Westport.

Robin McHaelen, (she/her), MSW, founder and former Executive Director, True Colors, Inc.

Robin has co-authored two books and several articles on LGBTQ+ youth and is a nationally recognized thought leader. Robin is the recipient of numerous awards including the 2019 GLAD Award; 2016 CCSU Women of Influence Award, the 2014 HRC Upstander Award, the 2011 UCONN Award for Excellence in Public Engagement; 2008 National Education Association's Award for Creative Leadership in Human Rights and the 2008 Social Worker of the Year (NASW, CT Chapter). In 2017 she was named the Advocates', 50 States; 50 Heroes for Connecticut.

Ala Ochumare, (she/her), LGBTQ+ Youth Program Officer, New Haven Pride Center

Ala (she/her) has spent that past thirteen years working for a variety of organizations and advocating for various minority communities and systematically oppressed groups. Ala is one of the founding members of #BlackLivesMatter New Haven and one of the facilitators of the Marsha P. Johnson Summer Camp for LGBTQ+ Black and Brown Youth organized by a group of community organizations including City Wide Youth Coalition. In addition to her work at the New Haven Pride Center, Ala works as a Community Recovery

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Assistant in Crisis and Respite and Long-Term Services programs for Continuum of Care INC. in New Haven. Ala recently completed a year-long fellowship for community organizers through CEIO, is a CT Core Organize Now! New Haven Chapter leader, and was recently accepted to the Yale University and Southern Connecticut State University CARE New Haven Health Leader program.

Priya Phulwani, (she/her), MD Medical Director, Gender Program, CT Children’s Hospital

Dr. Priya Phulwani is a pediatric endocrinologist at the CT Children’s Medical Center where she is medical director of their Gender Program, and an adult endocrinologist at Hartford Healthcare. In addition to hormone management for gender transition, she has given several talks on this subject at various conferences and grand rounds. She has provided clinical opportunities and education in this area to medical and nursing students; internal medicine, pediatric and OBGYN residents, and adult and pediatric endocrinology fellows.

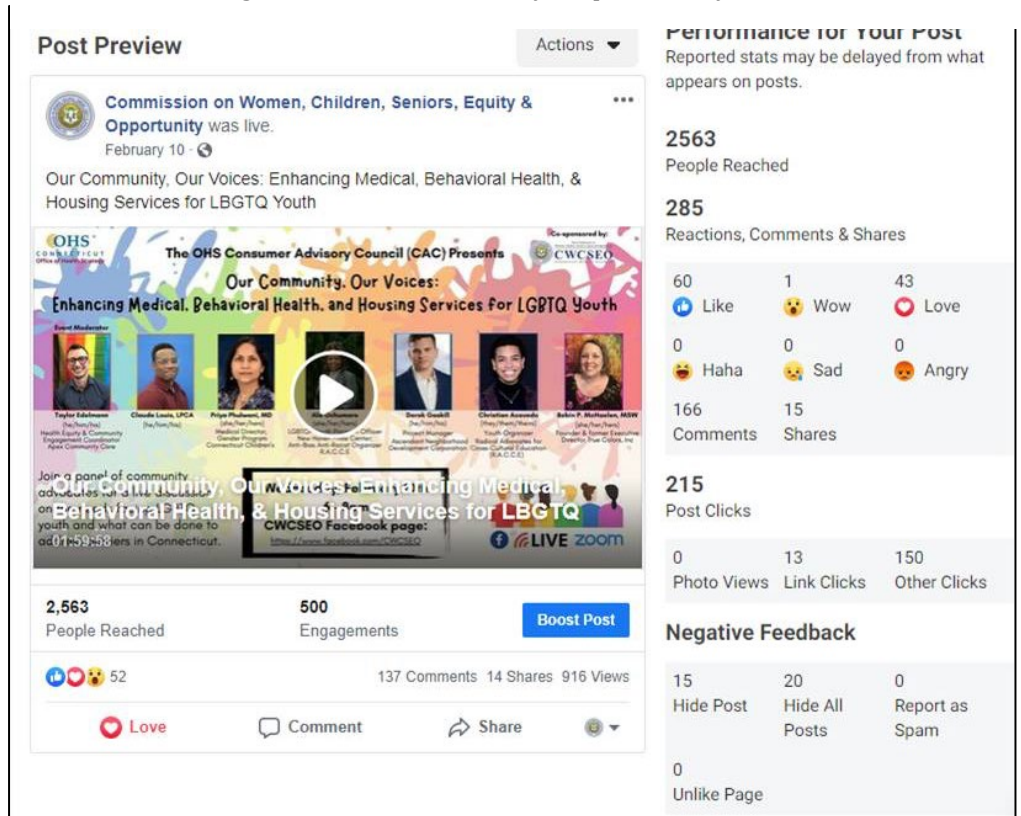
See Appendix B for results from the panelist post-event feedback survey.

AUDIENCE ENGAGEMENT:

The event was widely publicized by OHS and the CWCSEO via listservs, the CGA Bulletin, social media and a press release supported by the collective efforts of the Consumer Advisory Council members. Based on analytics provided by Facebook, the event reached 2,563 people, had 915 unique views, 500 engagements, 166 comments in the chat and was shared 15 times by the audience (Figure 1).

Taylor Edelmann served as the moderator and posed a series of questions for the panel on the topics of medical, behavioral health and housing services. From there, the event transitioned to a live Q & A, in which audience members actively participate by submitting questions via the Facebook chat, resulting in robust dialogue. There were more questions than time permitted. The event wrapped with a recap by Taylor Edelmann that included asking viewers to fill out a post-event survey, and concluded with remarks by Terry Gerratana, OHS Senior Advisor, thanking the partners that made the event possible including the panelists, the CWCSEO, the audience and the OHS CAC.

Figure 1. Facebook live analytics provided by CWCSEO



AUDIENCE DEMOGRAPHICS

Since this was exclusively a Facebook Live event, there was no standard way to collect data on participants joining the event. As a potential solution, voluntary post event survey link was disseminated to audience members via the chat a few times throughout the event. Only 17 individuals among the 915 unique views responded to the survey. As a result, demographics of the majority of the audience were unable to be ascertained. See Appendix A for a summary of data that was collected.

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SUMMARY FROM PANEL DISCUSSION:

The following section highlights the barriers posed to panelists, summarizes key takeaways discussed and corresponding recommendations to address each barrier and move Connecticut towards achieving equitable outcomes for LGBTQ youth.



SHORT SUPPLY OF AFFIRMING & COMPETENT MEDICAL & BEHAVIORAL HEALTH PROVIDERS AND FACILITIES FOR LGBTQ YOUTH.

KEY TAKEAWAYS:

- Underpinning the goal of fostering greater awareness and understanding of how to appropriately serve LGBTQ youth patients among providers, panelists discussed the critical need to develop a common language and build skills among providers. Ultimately, these tools would enable meaningful dialogue about the needs that are being brought up by their LGBTQ+ patients, and ensure providers are committed and equipped to serve LGBTQ youth across the system.
- Widespread effort to normalize asking questions about sexual orientation and gender identity (SOGI) so that it is a routine part of care. Appropriately navigating such conversations at the point of care enables providers to better identify when someone is struggling and accordingly direct their patient to their next steps or resources.
- Among medical and behavioral health providers, there is no way to systematically vet providers self-identifying as LGBTQ competent apart from calling providers individually making referrals challenging and even more time-consuming.

“Anyone can say they are LGBTQ competent on their Psychology Today profile without actually having any experience working with the population.” – Claude Louise

RECOMMENDATIONS

- Building the capacity of providers to confidently and competently navigate conversations at point of care.
- Institutionalize training to deliver LGBTQ affirming health care. Embedding trainings throughout the curriculum of medical and other professional schools (e.g. nursing, dental, pharmacy, occupational therapists etc.). Require students to take specific courses around LGBTQ health

“Black queer folks need to be at the table for developing and vetting these trainings” – Ala Ochumare

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while also considering health care delivery in the context of LGBTQ patients in general coursework (e.g. how prostate cancer may present in transwomen and breast cancer may present in transmen).

- Creating more clinical and practicum opportunities to rotate at specific sites like gender clinics to actively prepare all health care professional students to better communicate with a LGBTQ patient perspective, learn how to assess if spaces and practices are inclusive, and understand what affirming care looks like.
- Require providers accepting Medicaid to dedicate a certain number of continuing education units to trainings about working with the LGBTQ youth and adult populations.
- Involve community-based organizations in developing a standard 'best practice' vetting process to make transparent if and how providers have worked with and served LGBTQ patients, assess intake forms for inclusive practices and provide a mechanism for youth to be referred with confidence.

"The least effective form of prejudice reduction is a single training." –Robin McHaelen

RESTRICTIVE INSURANCE GUIDELINES INHIBIT COVERAGE & DELIVERY OF CRITICAL SERVICES FOR LGBTQ YOUTH.

KEY TAKEAWAY:

- Insurance guidelines dictate what insurance will approve for coverage. These guidelines are both inflexible and infrequently updated, leaving youth without needed services. The significant lag time between publishing new guidelines that incorporate the most recently published, peer-reviewed studies is one major barrier. Another is that guidelines are evidence-based and do not consider best practices known to promote wellbeing among LGBTQ communities and youth.

"Wading through prior authorizations and appeals with insurance companies takes the most time and effort prior to even beginning transition services." – Dr. Priya Phulwani

RECOMMENDATION:

- Medicaid should cover best practices known to have high-value impact on the livelihoods and experiences of LGBTQ youth. This would enable providers to deliver affirming and supportive health care.

LGBTQ YOUTH LACK KNOWLEDGE OF EXISTING RESOURCES.

KEY TAKEAWAY:

- Medical care is not perceived to be widely accessible to LGBTQ youth in part due to a limited understanding of the health and social resources available to them and how to navigate the system. Familiarity of resources is often based on knowledge of those promoted in school or discussed with their peers, or based on geography or other individual experiences.

"Youth may want something, but not know how to get the service or care they need.... The questions we need to ask – who are we making services accessible to?" – Christian Acevedo

RECOMMENDATION:

- Dedicate funding to either tailor 2-1-1 services to effectively and appropriately engage with youth or develop a separate central interactive information directory of resources and services that is specifically meant to meet the needs of youth via multiple platforms including text so that LGBTQ (and ideally all) youth can be confidently connected to accessible information based on their geography and other needs.
- Create easily navigable online state resource directory for adolescents similar to Minnesota's Youth Services Network that aggregates information on shelters, outreach workers and programs, hotlines etc. and also clearly state which services are LGBTQ affirming. Resource should be vetted by a standard process prior to receiving an LGBTQ affirming classification.

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THE BEHAVIORAL HEALTH SYSTEM FAILS TO ADEQUATELY RESPOND TO THE UNIQUE NEEDS OF LGBTQ YOUTH

KEY TAKEAWAYS:

- Given that LGBTQ youth disproportionately consider and attempt suicide¹, are self-identifying as LGBTQ and coming out to their families earlier than previous generations² behavioral health needs are high among this population.
- The existing behavioral health system and infrastructure is ill-equipped to deal with the diverse and specific needs of LGBTQ youth and is limited in extending supports to both LGBTQ youth and, in appropriate situations, their families.
- The pandemic has heightened the need for behavioral health services, particularly among LGBTQ youth as school, a potential safe space, was no longer available as classes were held online. Accessing behavioral health services virtually may not have been an option for youth depending on individual's living situation and available privacy and supportiveness of their family.

RECOMMENDATIONS:

- Acknowledge the “whiteness” of the majority of formalized support systems and organizations for LGBTQ youth.
- Create inclusive models for service delivery and funding more safe spaces diverse youth, particularly youth in the foster system, youth who have been adopted, dealing with homelessness, or who have been excommunicated by their families.

CHALLENGES ADDRESSING BEHAVIORAL HEALTH AND SUBSTANCE USE AMONG QUEER YOUTH

KEY TAKEAWAYS:

- Evidence demonstrates LGBTQ youth³ disproportionately face higher rates of bullying, substance use and violence while LGBTQ community supports and supportive climates are known protective factors for LGBTQ youth against substance use.⁴
- Prescription drugs are often unaffordable and inaccessible for many people of color. Medical marijuana could be viable alternative among LGBTQ adolescents above the age of 18 to assist people struggling with addiction in the context of self-medicating
- with a legal medical prescription and with the support of a medical professional.
- Exclusively prevention-based substance use programming will persist in meeting the needs of LGBTQ youth substance users. There are no supportive midway spaces for those trying to recover.

“[Behavioral health] was hard back then, pre-pandemic because many of our guidance counselors and therapists can't relate to issues and struggles since they are straight. Now, on top of that, we are all dealing with things being online... [and some] kids are having to deal with a household who ultimately doesn't support who they are and their identity... Mental health is crippling and they don't know necessarily what to do or who to go to.” – Christian Acevedo

“The single most important indicator of outcome for queer youth is the response of their families...When a kid comes out, the whole family is on a journey – Robin McHaelen

“ There is privilege in maintaining a familial relationship after coming out ...We assume due to our biases, that youth have families that are willing to eventually accept them, but if their family is less than ambivalent and more violent, then how are we going to create a space to get that youth out?” – Ala Ochumare

“When you think about the stigma that already exists with identifying as queer, the lack of support that might come from it and the likelihood of violence and homelessness, we can't be surprised when queer youth turn to something to cope with the stigma of being queer.” – Claude Louise

¹ Kann, L., McManus, T., Harris, W. A., et al., (2018). Youth risk behavior surveillance—United States, 2017. *MMWR Surveillance Summaries*, 67(8), 1. <https://www.cdc.gov/healthyyouth/data/yrbs/pdf/2017/ss6708.pdf>

² Meyer, I. H., Russell, S. T., Hammack, P. L., Frost, D. M., & Wilson, B. D. M. (2021). Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLOS ONE*, 16(3), e0246827. <https://doi.org/10.1371/journal.pone.0246827>

³ Talley, A. E., Hughes, T. L., Aranda, F., Birkett, M., & Marshal, M. P. (2014). Exploring alcohol-use behaviors among heterosexual and sexual minority adolescents: intersections with sex, age, and race/ethnicity. *American journal of public health*, 104(2), 295-303.

⁴ Watson, R. J., Park, M., Taylor, A. B., et al., (2020). Associations between Community-Level LGBTQ-Supportive Factors and Substance Use Among Sexual Minority Adolescents. *LGBT Health*, 7(2), 82–89. DOI: [10.1089/lgbt.2019.0205](https://doi.org/10.1089/lgbt.2019.0205)

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RECOMMENDATIONS:

- Allocate state funding to expand community centers and other dedicated spaces for LGBTQ youth to socialize, provide various programming and outlets such as artistic expression to help cope in a sober and safe environment.
- In parallel, support harm reduction approaches and programming to provide feasible supportive services for LGBTQ youth dealing with substance use, particularly as this relates to referrals to housing and shelters.
- Expand medical marijuana to be used as a mental health service for those age 18 and older.

HOUSING SYSTEM & RESOURCES NOT INCLUSIVE OF OR ACCESSIBLE TO LGBTQ COMMUNITIES AND YOUTH IN PARTICULAR

KEY TAKEAWAYS:

- Intersecting vulnerabilities and marginalization experienced by LGBTQ communities, and youth in particular, pose multiple barriers in securing stable housing. Furthermore, the housing infrastructure was built by and for cisgender hetero-dominant, white culture and discrimination laws are not enough to provide protection. The CT Fair Housing Center's 2015 investigation found instances of discrimination on the basis of gender identity or expression against 100% of test cases.⁵
- Familial rejection is a significant risk factor among LGBTQ youth and is a predicative factor of housing instability and homelessness.
- Young adults that may face discrimination in the job market may be likely to face challenges with eligibility related to meeting income requirements, particularly if their employment is under the table and unable to be declared or counted towards stable income in a housing application.
- Ageism and a failure to recognize the self-determination and autonomy among LGBTQ youth and young adults coupled with a tendency towards invalidating their experiences of familial rejection, discrimination etc.

NOT ENOUGH SHELTERS AND HOUSING RESOURCES AVAILABLE TO AND AFFIRMING OF LGBTQ YOUTH

KEY TAKEAWAYS:

- Unique safety and privacy considerations for LGBTQ individuals and particularly trans folks are challenging to navigate in the context of congregate housing settings. The lack of privacy inherent in many shelters may be a barrier for trans people, negating them from seeking housing resources.
- Shelters are often separated by sex. There is an overall lack of shelters with LGBTQ affirming culture that specifically serve queer youth. Additionally, existing resources serve those 18 years and older, excluding younger LGBTQ youth in need.
- COVID-19 has exacerbated housing instability and safety by limiting alternative temporary living arrangements such as couch surfing and reducing access to public spaces with Wi-Fi like McDonalds and public libraries.

“Decriminalizing coping mechanisms, humanizing ourselves and destigmatizing and decriminalizing sober spaces. If there was more funding there would be more capacity.” – Ala Ochumare

“There is almost a sense of invalidating their experiences by saying we keep you here for a day because you could be just running away, it's probably not something serious, and you could probably plan to go back home tomorrow or tomorrow morning, who knows? They almost belittle the situation of many queer youths are going through, especially in regards to families that aren't so accepting and kick them out.” – Christian Acevedo

“It's not enough to think that we can all build our way out of this housing crisis for LGBTQ youth.” – Derek Gaskill

“No longer having school in person has been another barrier for young people for whom school was a safe space to be out even if they couldn't be out at home. This translates to LGBTQ youth losing access to some of the support systems that they had when schools were open.” – Robin McHaelen

“We don't see them really talking and educating queer youth on the places that they can go for emergencies or if they need services.” – Christian Acevedo

⁵ Connecticut Fair Housing Center, <https://www.ctfairhousing.org/housing-rights-of-transgender-people-in-connecticut/>

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RECOMMENDATIONS:

- Statewide investment in creative outreach strategies, including technology such as scaling up [DreamKit](#), local New Haven app-based solution connecting youth facing housing insecurity with resources and social supports.
- Invest in the creation of statewide affordable housing options, youth shelters, and transitional housing specifically designed for LGBTQ adolescents and youth to advance equitable access to housing in an inherently exclusive system.
- Examine successful models integrating housing and social services in other states such as New York (Ascendant Neighborhood Development and Ali Forney) tailoring them for the Connecticut landscape.
- Reviewing state housing and social service intake forms for inclusivity of LGBTQ applicants. For example, include chosen name and pronouns.

ABSENCE OF GRANULAR DATA ON LGBTQ YOUTH

KEY TAKEAWAYS:

- Sexual Orientation and Gender Identity (SOGI) data collection standards are not unified across the state.
- The 2020 Youth Outreach & Count Report based on 2,573 surveys administered to youth across the state found that 17% youth experiencing housing insecurity identified as LGBTQ. Youth of color are also overrepresented among youth homelessness population. While this is one example of a statewide effort to collect data on an often-missed population, there is a persistent lack of detailed data on LGBTQ youth as it relates to health outcomes and the social determinants of health continues
- To receive funding, it is necessary to quantify the LGBTQ population, however the fluidity of gender identity and sexual orientation among LGBTQ communities and particularly among youth poses an even greater challenge to accurately capturing experiences and outcomes through data.

RECOMMENDATIONS:

- The LGBTQ+ Health and Human Services Network, under the Commission on Women, Children, Seniors, Equity and Opportunity is currently in the process of conducting a statewide survey of the health and human services needs among LGBTQ residents age 18 and above. To address the needs of youth, the Network should engage in a parallel effort to develop a complementary, age-appropriate survey and engagement strategy for data collection that is tailored to addressing the challenges associated with collecting data from youth populations.
- Data should be routinely published on the Connecticut Youth Services Association Youth Service Bureau. The most current [YSB Program Report Card](#) published on their site is from 2014.

"It's important to have things like non-discrimination laws in place as they speak to a cultural ideal. It's important when housing discrimination does happen in very specific terms that folks can have some sort of area for recourse but these laws actually don't do that much if the system itself is not working as a whole. If the lived experiences of folks are still getting barred in other ways. In these cases, the non-discrimination laws don't really actually work in practice for LGBTQ communities." - Derek Gaskill

"The existing data is very piecemeal. What we need are data sets that inform how can we create programs and services for this population and for this community." – Taylor Edelman

*A problem that we seem to have within our communities and our organizations and governments is that we don't seem to always have all the data and all the research, especially when it comes to queer folks and youth. – Christian Acevedo
-Christian Acevedo*

"To get grant dollars, the quantification of queer and trans folks is a necessary component, but queerness, transness, and gender are all fluid so our experiences cannot be quantified accurately and fully" – Derek Gaskill

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AUDIENCE Q & A

Audience members posed their questions to panelists via Facebook chat. There were 12 questions submitted providing for robust dialogue among the panel. More questions were submitted than time permitted to answer. The following section provides a summary of the questions and responses from the panel.

WHAT MODELS OF ACCOUNTABILITY CAN EXIST AND HOW SHOULD THIS LOOK LIKE FOR AGENCIES AND PROVIDERS IN THE DELIVERY OF SUBSTANDARD CARE TO QUEER AND TRANS YOUTH? HOW DO WE EMBED ACCOUNTABILITY INTO EVERY LEVEL OF THE STATE?

- To address inconsistencies in the delivery of care, accountability must begin with an organizational self-assessment. Authentic commitment from organizational leaders is critical to ensure tangible consequences are implemented to eliminate the provision of substandard care to LGBTQ youth.
- Prioritizing inclusivity among organizations and agencies requires a cultural shift at all levels of an organization from hiring and contracting to implementation and evaluation of services. To achieve accountability, no staff should be exempt from the process, from new hires to those who have been employed at an agency for many years.

“We no longer need to provide spaces for oppressive folks to hold very important gates for our youth” – Ala Ochumare

RECOMMENDATION:

- Scale the approach taken by the CT Department of Children and Families of clearly stating their values related to LGBTQ communities and their strategies to become an inclusive, anti-racist organization.

HOW DO WE FEASIBLY MAKE SURE TRAINING IS MANDATED AND ENFORCED?

- Legislation can and should be enacted to set an approved LGBTQ affirming training standard in the state by which to vet trainings. Funding needs to be allocated in the state budget to sustainably support this work to ensure it is designed in a meaningful way and developed with LGBTQ folks and not just unconsciously clicking through an online slide deck.
- Trainings should be mandated for providers and such training must go beyond addressing introductory LGBTQ 101 topics. There is significant need to cover trauma-informed care, violence, and training that accounts for various intersections like race and the ways that interacts with experiences of sexual orientation and gender identity and other areas that disproportionately impact this population.

“When it comes to trainings, there needs to be a standard because right now, that is usually a white straight cis standard. Take into account not just the sexuality or the gender identity of the person, but also the racial identity of the person...We forget about the fact that this person is a black person, this person is an indigenous person, or a brown person and on top of having to be discriminated against for being queer they're discriminated against for the color of their skin.” – Christian Acevedo

RECOMMENDATION:

- Mandate training around LGBTQ issues and equity for state agencies and include funding in the state budget to finance these efforts.

AS FUNDING SOURCES EARMARKED FOR LGBTQ RESOURCE ARISE, WHAT ARE YOUR THOUGHTS ABOUT FUNDS BEING AWARDED TO ORGANIZATIONS THAT ARE NOT FUNDAMENTALLY QUEER FOCUSED OR WHOSE LEADERSHIP IS NOT QUEER, TRANS AND/OR BLACK, INDIGENOUS, AND PEOPLE OF COLOR (BIPOC)?

- Equitable grantmaking in the context of LGBTQ communities means supporting organizations that are not just LGBTQ friendly, but are centering the LGBTQ community needs. This involves adequately monitoring organizations to ensure accountability.
- Legacy funding can be highly problematic as there is a tendency towards lower standards of accountability.

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- Philanthropic and grantmaking organizations intending to support specific affected communities including LGBTQ communities, should have boards and staff that reflect the communities they serve. Providing compensation to community members serving on their boards is one strategy to increase board diversity.

RECOMMENDATIONS:

- Embrace and commit to equitable funding practices that intentionally center LGBTQ community. This includes shortening contracts to prevent indiscriminate and/or inappropriate legacy funding and promote accountability among organizations providing services and programming.
- Require state Request for Proposals (RFPs) to include a Workforce Analysis of organizations and their boards that include demographic assessment of sexual orientation and gender identity to evaluate if the contracting organizations reflects the communities they seek to support and serve.
- Providing some form of compensation for community members serving on state bodies or advisory councils when such time is independent and not covered and/or supported by their employer.
- Scale up best practices and successful initiatives that are piloted in Connecticut, such as those initiated at universities to extend the benefits across Connecticut.

IS THERE ANY LEGISLATION OR ADVOCACY PLANS FOR EXPANDING ADOLESCENT REPRODUCTIVE HEALTH CARE RIGHTS TO INCLUDE BLOCKERS OR OTHER HORMONE THERAPIES? (DIRECTED TO DR. PHULWANI)

- At the Gender Clinic, hormone blockers which temporarily suppress puberty are most often requested by non-binary and transgender identities.
- There are many roles that a blocker can play and parents that may not support a full transition seems to be more accepting to their child taking a blocker as they are reversible and provides more time while an adolescent is figuring out their gender identity.
- Since hormone blockers, unlike contraceptives, are not considered under the reproductive health umbrella, they currently require, legal parental consent to be prescribed to youth under the age of 18. This makes the role of familial support even more significant to the wellbeing of transitioning youth.

"Sometimes I'll get a tearful disclosure behind a closed door when we're doing our private adolescent questions. 'This is how I feel but I can't tell my parents. They can maybe accept that I'm binary, but trans...they would not accept that'...It becomes very difficult because I [as a physician] cannot offer them those options without legal consent from their parents"
- Dr. Priya Phulwani

RECOMMENDATION:

- Introduce legislation that would allow youth age 16 and above the right to receive hormonal blockers without parental consent.

IN CASES WHEN FAMILIES ARE REJECTING LGBTQ YOUTH AND THAT YOUTH IS UNDER THE FAMILY'S HEALTH PLAN AND STILL NEEDS TO BE ABLE TO ACCESS HEALTH CARE AND MENTAL HEALTH SERVICES WITH CONFIDENTIALITY, WHAT WOULD WE LIKE TO SEE HAPPEN IN CONNECTICUT?

- The mentality that parents and guardians always know what is best for their child may not always hold true for families with LGBTQ children, even if there is no physical threat.
- There is a personal cost-benefit analysis when 'coming out' because in some cases it is not 'safe' in the sense that doing so would put that youth at risk of no longer having access to health care, financial resources or stable housing and other familial supports.
- The roles of schools and community-based supports in these scenarios are even more significant so that LGBTQ youth can have a place to be out and feel safe and secure.

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CONSUMER ADVISORY COUNCIL FEEDBACK:

- The OHS Consumer Advisory Council (CAC) members noted the event was a success. In debriefing the event and discussing highlights, members of the Consumer Engagement & Outreach Standing Committee examined how to harness the momentum and information from the panel's discussion and turn it into policy proposals that would result in some tangible movement to address the barriers facing LGBTQ youth.
- Members acknowledged that while there was high energy and engagement during the event, the landscape would not change tomorrow.
- Members of the CAC also expressed a desire to see greater connections between state agencies such as the Department of Children & Families and the Court Support Services Division. There was discussion exploring how to help facilitate such conversations with the community and build coalitions focused on LGBTQ youth and segmented by housing, medical and behavioral health needs.
- Members discussed the possibility of engaging faith-based communities in the dialogue of improving outcomes and services for LGBTQ youth and how that could be done in a feasible and successful way given the historical tension between religious and LGBTQ communities.

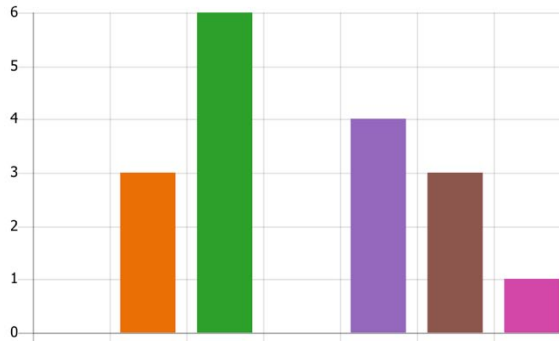
CONSUMER ADVISORY COUNCIL REPORT OF LGBTQ EVENT

APPENDIX A: VOLUNTARY PARTICIPANT SURVEY RESULTS (N = 17)

AGE

- 16-18
- 19-21
- 22-29
- 30-39
- 40-49
- 50-59
- 60+

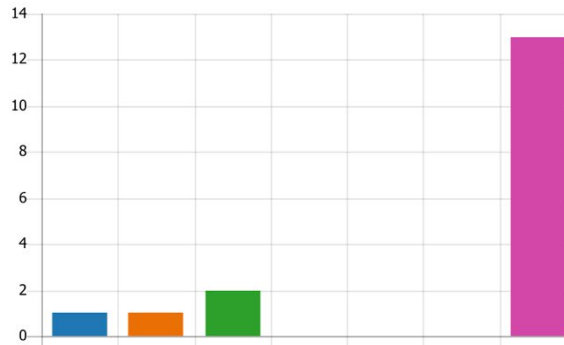
- 0
- 3
- 6
- 0
- 4
- 3
- 1



GENDER IDENTITY

- Cis Woman
- Cis Man
- Trans Man
- Trans Woman
- Non-binary
- Prefer not to say
- Other

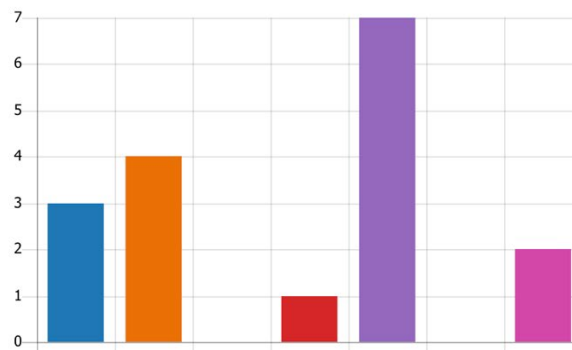
- 1
- 1
- 2
- 0
- 0
- 0
- 13



SEXUAL ORIENTATION

- Bisexual
- Gay
- Lesbian
- Queer
- Straight
- Prefer not to say
- Other

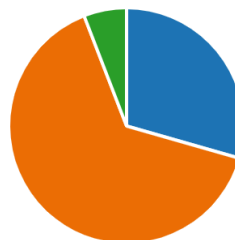
- 3
- 4
- 0
- 1
- 7
- 0
- 2



PRONOUNS

- he/him/his
- She/her/hers
- They/their/theirs
- Prefer not to say
- Other

- 5
- 11
- 1
- 0
- 0

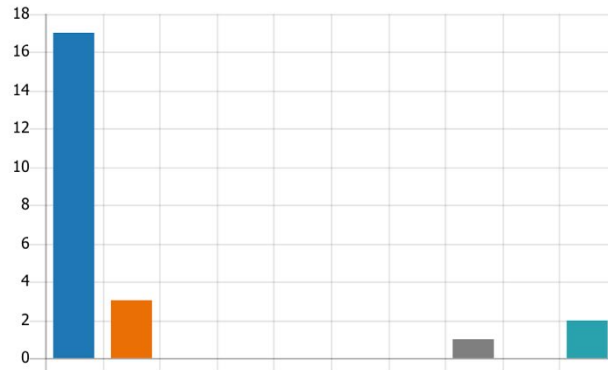


CONSUMER ADVISORY COUNCIL REPORT OF LGBTQ EVENT

APPENDIX A: VOLUNTARY PARTICIPANT SURVEY RESULTS (N = 17)

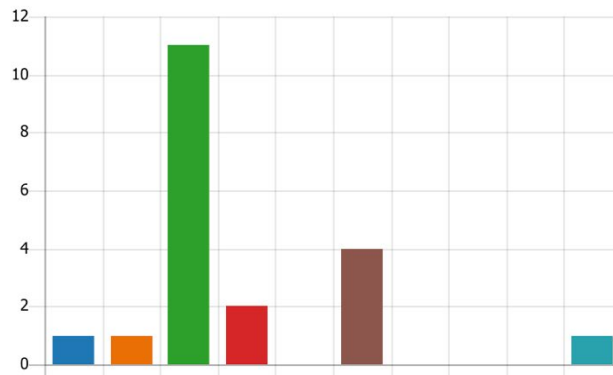
PRIMARY LANGUAGE

English	17
Spanish	3
American Sign Language	0
Portugese	0
Polish	0
Chinese	0
French	0
Italian	1
Haitian	0
Other	2



RACE/ETHNICITY

American Indian/Alaskan Native	1
Black and/or African American	1
White/Caucasian	11
Asian (Indian, Chinese, Filipino...	2
Native Hawaiian/Pacific Islander	0
Hispanic/Latino (Puerto Rican,...	4
Non-Hispanic/Latino	0
Middle Eastern/North African	0
Prefer not to say	0
Other	1



CONSUMER ADVISORY COUNCIL REPORT OF LGBTQ EVENT

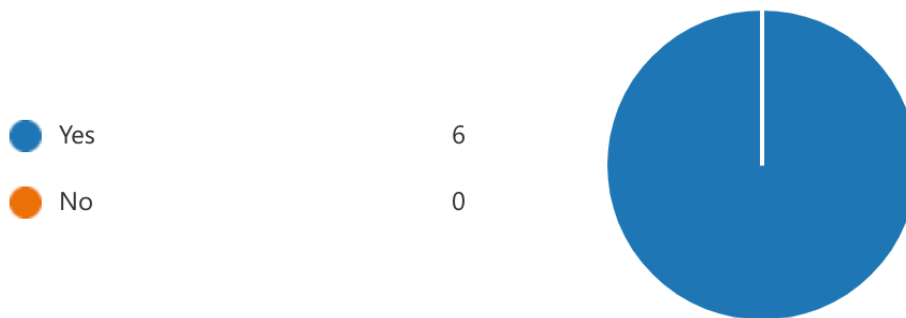
APPENDIX B: PANELIST POST-EVENT EVALUATION RESULTS (N = 6)

ALL 6 PANELISTS RATED THEIR SATISFACTION WITH PREPARATION LEADING UP TO THE EVENT 5 OUT OF 5.



5.00 Average Rating

ALL 6 PANELISTS WERE INTERESTED IN BEING INVOLVED IN. FUTURE EVENT



PANELIST FEEDBACK:

If you are comfortable, please share how participating in this event was valuable for you either professionally or personally.

It was wonderful to hear about the work others are doing and brainstorm on ways to better help the community.

I learned a lot from the other panelists and very much enjoyed the connections.

As someone not from CT, it was great to hear what issues non-urban areas are facing.

Being able to give thoughts an input on LGBTQ topics as a member of the community and a professional is something that I loved being a part of and would welcome the opportunity to do again. I believe that our community holds the answers to address the multitude of barriers LGBTQ folks deal with and it's an unlimited resource that should be tapped into often.

It was valuable to me professionally because it helped me get out of my comfort zone and sit on a panel with amazing people.

To put it simple my network has grown. Thank you so much for this opportunity.