TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, September 4, 2024 @ 4:00 p.m.
Place: Tuolumne County A.N. Francisco Building - 48 Yaney Ave., 3rd Floor, Committees & Commissions Conference Room, Sonora, CA 95370

This Behavioral Health Advisory Board Meeting will be available to the public via in-person attendance only at the above physical address. However, written comments may be submitted by the public for inclusion in the meeting through the following methods.
Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov
U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.
Important Public Notice: Under CA Assembly Bill 2449's amendments to the Brown Act, through very limited circumstances, some members of the Tuolumne County Advisory Board may participate by teleconference. If so, additional virtual meeting information will be afforded to the public through publication of an amended agenda.

AGENDA

BOARD OF SUPERVISOR'S REPRESENTATIVE/ CHAIRPERSON
Ryan Campbell

ALTERNATE REPRESENTATIVE/ VICE CHAIR
Daniel Anaiah Kirk

MEMBERS
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Marshall Romeo
Maureen Woods
Sherry Bradley
Terry Garcia
Valerie Shuemake

1. **CALL TO ORDER - ROLL CALL - INTRODUCTIONS**
2. **GENERAL PUBLIC COMMENT** (3 minutes per person)
   Members of the public may be heard on any item, **not** on the Board's Agenda. A person addressing the Board will be limited to three minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.
3. **APPROVAL OF MINUTES**
   - Draft Minutes of the August 7, 2024, Meeting
   - Correction to Final Approved Minutes of the July 3, 2024, Meeting
4. **BEHAVIORAL HEALTH DIRECTOR'S REPORT** - Tami Mariscal
5. **BEHAVIORAL HEALTH STAFF REPORT** – Lindsey Lujan
6. **PUBLIC SPEAKER PRESENTATION**
   Marisa Caratachea, MSC, LMFT - Director of Behavioral Health for Tuolumne Me-Wuk Indian Health Center
7. **NEW BUSINESS**
   - Sexual Orientation & Gender Identity (SOGI) Data Action Plan – Marshall Romeo
8. **CONTINUED BUSINESS**
   - Update on Site Visit @ Aegis Medication Assisted Treatment (MAT) Center: Team = Supervisor Ryan Campbell, Marshall Romeo, Maureen Woods, Elizabeth Marum, Cathie Peacock (alternate)
9. **BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS**
10. **NEXT MEETING -** Wednesday, October 2, 2024 @ 4 pm – Tuolumne County A.N. Francisco Building – 3rd Floor Committees & Commissions Conference Room
11. **ADJOURNMENT**

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of August 7, 2024)
DRAFT

2024 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ryan Campbell - BOS	Meeting Cancelled	✓	✓	✓	Meeting Cancelled	✓	✓	✓				
Anaiah Kirk – BOS Alt		E	E	E		E	E	E				
Cathie Peacock		E	✓	E		✓	✓	✓				
Elizabeth Marum		E	✓	E		E	E	✓				
Jenn Salazar		✓	E	✓		✓	✓	✓				
Maureen Woods		✓	✓	✓		✓	✓	✓				
Marshall Romeo		---	✓	✓		✓	✓	✓				
Sherry Bradley		✓	E	✓		✓	✓	✓				
Terry Ann Garcia		✓	✓	✓		✓	✓	E				
Valerie Shuemake		✓	E	✓		E	✓	E				

Present = ✓ Absent = A Excused = E Virtual Attendance = V 9 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Deputy Director – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Mystery Bradford, community member
One other community member was also in attendance who chose not to introduce themselves

1. CALL TO ORDER & ROLL CALL/INTRODUCTIONS

Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:05 pm. Six members were present and accounted for at the time of roll call, completing a quorum for the Board. Those present were Ryan Campbell-District 2 Supervisor, Cathie Peacock, Jenn Salazar, Maureen Woods, Sherry Bradley, and Marshall Romeo. Elizabeth Marum had not yet arrived. Terry Ann Garcia and Valerie Shuemake were not in attendance.

The Behavioral Health Advisory Board members in attendance introduced themselves to all present.

Introductions were made by Tuolumne County staff in attendance, as follows: Tami Mariscal, Behavioral Health Director; Lindsey Lujan, Behavioral Health Deputy Director; and Pandora Armbruster, Administrative Support to the Behavioral Health Advisory Board.

Mystery Bradford, community member and Behavioral Health Advisory Board applicant introduced herself to everyone as well.

2. GENERAL PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

Mystery Bradford expressed concerns that the homeless population suffering from behavioral health issues are not able to get to the Behavioral Health Department for potential treatment due to a lack of transportation services. Transportation benefits are not available to those that are not actively receiving services.

3. APPROVAL OF MINUTES

A motion was made by Cathie Peacock and seconded by Maureen Woods to approve the July 3, 2024; Behavioral Health Advisory Board Meeting Minutes as presented. The motion passed.

(Ayes: 6 – Supervisor Campbell, Cathie Peacock, Jenn Salazar, Maureen Woods, Marshall Romeo, and Sherry Bradley. Nays: 0 Members Absent: 3 – Elizabeth Marum, Terry Ann Garcia, and Valerie Shuemake)

Elizabeth Marum arrived at 4:20 pm.

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4. BEHAVIORAL HEALTH DIRECTOR'S REPORT – Tami Mariscal, Behavioral Health Director

Incompetent to Stand Trial (IST) Program:

Tami Mariscal, Behavioral Health Department Director, updated the group on the IST Permanent Program. The pilot program provided successful outcomes and as a result, the department is now moving into a permanent relationship. There will be a contract going before the Board of Supervisors for approval soon. The IST contract will provide $7M to serve up to 7 individuals a year using existing staff and resources. Tami explained that participants must comply with the judge's and department's recommendations to stay in the program.

FY '23-24 External Quality Review Organization's (EQRO) Final Report:

Lindsey Lujan, Behavioral Health Deputy Director Quality Management, presented a PowerPoint presentation on the results of the FY '23-24 EQRO Final Report. A copy of that PowerPoint presentation is included with these minutes.

5. BEHAVIORAL HEALTH STAFF REPORT

Pandora Armbruster, Administrative Support to the Behavioral Health Advisory Board, shared an update on the creation of an online interactive calendar created to assist in the Behavioral Health Advisory Board and public's awareness of upcoming mental health and substance use disorder events within the community. A brief website tutorial was provided to assist all in utilizing this new website calendar.

6. NEW BUSINESS

The group discussed upcoming Behavioral Health Advisory Board tasks and determined that several Ad Hoc groups needed to be created to streamline efforts to accomplish them.

Cathie Peacock and Elizabeth Marum were identified to work on the Data Notebook Ad Hoc. Marshall Romeo, Supervisor Campbell , Maureen Woods, and Elizabeth Marum will serve on the Aegis Site Visit Ad Hoc group, with Cathie Peacock volunteering as an alternate. Cathie Peacock, Jenn Salazar, and Maureen Woods will participate in the Annual Report to the Board of Supervisors Ad Hoc. Supervisor Campbell will assist by compiling a list of topics to cover. The Behavioral Health Advisory Board will review their Goals and Objectives at a future meeting in the new year.

A community member noted that attending community events should be included as a part of the group's future goals.

Pandora Armbruster, Administrative Support to the Behavioral Health Advisory Board, advised the group that upcoming changes to Welfare and Institutions Code 5620 will impact the current approved Behavioral Health Advisory Board Bylaws. Proposed edits will be made to the current bylaws to bring them into alignment with the Welfare and Institutions Code and the 2024 Board of Supervisors Committees and Commissions Handbook. The proposed draft will be brought back to the Behavioral Health Advisory Board at a future meeting for their review and approval.

7. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Maureen Woods reminded the group that the September 4, 2024, Behavioral Health Advisory Board Meeting will be hosting Marisa Caratachea LMFT, MSC, Behavioral Health Director of the Tuolumne Me-Wuk Indian Health Center as a special speaker. Maureen requested that members get any questions they have for the speaker to Pandora Armbruster.

Jenn Salazar shared her recent experience in calling crisis for assistance for a man located at the Justice Center Homeless Camp threatening to harm himself with a weapon. Her frustrations surrounded being placed on hold and then referred to call law enforcement. Once law enforcement was contacted, they directed her to call the Behavioral Health Department. Tami Mariscal, Behavioral Health Director, requested that Jenn Salazar provide more details, such as the date, time, and any identifying information for the individual in crisis to her immediately after the meeting.

Cathie Peacock informed the group of an upcoming Discover Life event on October 12 and 13, 2024, from 8 am to 4 pm at 40 N Forest Road, Sonora CA. Free adult health care will be provided to those over the age of 18 years on a first come first served basis.

Mystery Bradford, community member, shared her feeling that 988 was not as helpful as it should be. When calling 988, there is no local response, calls are answered by someone outside of the county and callers are regularly put on hold.

8. NEXT MEETING

The next regular Tuolumne County Behavioral Health Advisory Board meeting is scheduled for September 4, 2024, at 4:00 pm. Detailed meeting information will be

provided on the September 4, 2024, Behavioral Health Advisory Board Meeting Agenda.

9. ADJOURNMENT

The August 7, 2024, Behavioral Health Advisory Board meeting was adjourned at 6:20 pm.

FY 23-24 External Quality Review

What is EQRO?

- EQRO - External Quality Review Organization
- Behavioral Health Concepts is the contractor that does the review –
  - A NEW CONTRACT HAS BEEN AWARDED
- They are contracted by the Department of Health Care Services to come out to each county on a yearly basis to audit Mental Health Plans.
- Changes for next year moving from recommendations to mandated Corrective Action Plans

What do they focus on and what is the goal?

- Significant Improvements
- Data Based Decisions
- Responses to previous years recommendations
- Information Systems Capabilities (EHR)
- Efforts towards existing and new requirements
- To review our current system
- Offer suggestions for improvement or adjustments in current procedures
- Give recommendations for the next year

What does the day look like?

Time	Activities
8:30am – 9:45am	Introductions Mental Health Plan Presentation Performance Measures
10:00am – 11:30am	Session One – Member Focus Group (clients) Session Two – Information Systems – ISCA/IT/Billing
12:30pm – 1:45pm	Access/Timeliness/Quality
2:00pm – 3:15pm	Session One – Program Managers Focus Group Session Two – Clinical Line Staff Focus Group
3:30pm – 4:30pm	Peer Employees Focus Group
4:45pm – 5:00pm	Closing Session
Performance Improvement Projects Session Happened Prior to Review	

Summary of Findings

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	0	1
Quality of Care	10	7	2	1
Information Systems (IS)	6	4	2	0
TOTAL	**26**	**20**	**4**	**2**

What were last years recommendations?

Recommendation 1: Review the process of providing adult members with non-group/individual therapy services and identify opportunities and implement strategies to streamline the process.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Recommendation 2: Continue to investigate reasons and develop and implement strategies to increase access and timeliness of services for youth in FC.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Recommendation 3: Investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

Recommendation 4: Develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures.

(This recommendation is a carry-over from FY 2021-22 and FY 2020-21.)

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

Recommendation 5: Engage staff (e.g., through a survey, focus group, or other structured feedback process) on the barriers that they are finding in accessing reports and develop and implement strategies to remove those barriers.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

Access Key Components Overview

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Member Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

Strengths and opportunities associated with the access components identified above include:

- The MHP has a Community Cultural Collaborative that meets monthly.
- Tuolumne offers stakeholders and community members many opportunities to be involved and receive information about the MHP.
- Tuolumne's provider handbook and Website are informative and useful.
- The MHP has focused on staff morale and retention efforts. Tuolumne has improved its overall staff vacancy rate to 18 percent.

Examples of Data Reviewed

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Ages 0-5	1,469	<11	-	1.31%	1.82%
Ages 6-17	3,240	182	5.62%	5.83%	5.65%
Ages 18-20	718	-	-	4.72%	3.97%
Ages 21-64	8,699	614	7.06%	4.53%	4.03%
Ages 65+	1,784	48	2.69%	2.25%	1.86%

Age Groups	Total Members Eligible	# of Members Served	MHP PR	County Size Group PR	Statewide PR
Total	15,907	899	5.65%	4.30%	3.96%

Summary of Strengths

- The MHP has a strong relationship with the judicial system and became a Care Court Cohort 1 County in October 2023.
- Tuolumne identified concerns within their housing services and implemented a PIP to address the issues, including hiring a designated case manager.
- The MHP is accessible to the community with events such as “Not My Kid” that introduces families to alternative and nontraditional approaches through engaged family nights, and Coffee Talk that allows anyone in the community to attend and ask questions in an informal environment.
- Tuolumne completes an integrated MHP and substance use disorder (SUD) member assessment, completing an American Society of Addiction Medicine (ASAM) assessment with every MHP assessment.
- The MHP has a low denied claims rate of 1.38 percent.

Additional Strengths Shared by the MHP

- Bridge Grant Approval – Housing Initiatives
- Implementation of Diversion Program for both Misdemeanor and Felony IST
- Staff Retention Payments
- Mobile Crisis Grant – Provided Infrastructure to the Crisis Program
- Implementation of New Electronic Health System
- Innovations Project – Family Ties: Youth and Family Wellness

Notable Opportunities for Improvement

- The MHP reported the timeliness of non-urgent psychiatry appointments offered s only 24 percent meeting the 15-business day standard.
- Tuolumne did not report on urgent services within 48 hours for all categories.
- Although the MHP has made efforts to improve transportation services for members, there continues to be an opportunity for Tuolumne to continue working with the Managed Care Plan (MCP) to ensure consistent and reliable transportation to MHP services for members.
- Tuolumne does not have a process to track and trend the foster care (FC)
- Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- The MHP has made significant efforts in staff salary parity; however, salary ranges were expressed as a concern by staff and a risk to staff retention

Final Recommendations

- Further examine the timeliness of non-urgent psychiatry appointments offered and assertively implement initiatives to improve the rates meeting the 15-business day standard. (Timeliness)
- Track and report on urgent services within 48 hours for all categories. (Timeliness)
- Continue to investigate reasons and develop and implement strategies in collaboration with the MCP providers to ensure consistent and reliable access to transportation assistance for members. (Access, Timeliness) (This recommendation is a carry-over from FY 2022-23)
- Continue to develop a process that is not dependent on the EHR implementation and begin to track and trend the FC HEDIS measures. (Quality) (This recommendation is a carry-over since FY 2020-21.)
- Continue efforts to examine staff salary ranges in comparison to other counties and continue to make needed adjustments, as appropriate. (Access, Timeliness)

Efforts Already Being Made Toward Recommendations

- Meeting with Telepsych Vendor took place July 20, 2024 to discuss current needs. No show rates are discussed on how to best manage for increased timeliness
- Quarterly meetings continue to take place. An updated MOU has increase communication and follow up.
- HEDIS Measures have been established and FY 23-24 will be the first year of baseline data.
- County has approved a class and comp contract and union discussions are currently underway.

Thank you

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of July 3, 2024)
DRAFT

2024 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ryan Campbell - BOS	Meeting Cancelled	✓	✓	✓	Meeting Cancelled	✓	✓					
Anaiah Kirk – BOS Alt		E	E	E		E	E					
Cathie Peacock		E	✓	E		✓	✓					
Elizabeth Marum		E	✓	E		E	E					
Jenn Salazar		✓	E	✓		✓	✓					
Maureen Woods		✓	✓	✓		✓	✓					
Marshall Romeo		---	✓	✓		✓	✓					
Sherry Bradley		✓	E	✓		✓	✓					
Terry Ann Garcia		✓	✓	✓		✓	✓					
Valerie Shuemake		✓	E	✓		E	✓					

Present = ✓ Absent = A Excused = E Virtual Attendance = V 9 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Annie Hockett, Director – Health & Human Services Agency
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Deputy Director – Behavioral Health Department
Evan Hammond, Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
Others in Attendance
Pathana Luangrath, AEGIS State Opioid Response Patient Navigator
A community member who chose not to introduce themselves

1. CALL TO ORDER & ROLL CALL

Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:00 pm. Six members were present and accounted for at the time of roll call, completing a quorum for the Board. Those present were Ryan Campbell-District 2 Supervisor, Cathie Peacock, Jenn Salazar, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Marshall Romeo and Valerie Shuemake had not yet arrived. Elizabeth Marum was not in attendance.

2. INTRODUCTIONS

The Behavioral Health Advisory Board members in attendance introduced themselves to all present.

Introductions were made by Tuolumne County staff in attendance, as follows: Annie Hockett, Health & Human Services Director; Tami Mariscal, Behavioral Health Director; Lindsey Lujan, Behavioral Health Deputy Director; Evan Hammond, Agency Manager

Supportive Housing; and Pandora Armbruster, Administrative Technician-Behavioral Health Department.

One community member was present at the opening of the meeting but did not elect to introduce themselves.

3. GENERAL PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

A community member in attendance suggested that the Behavioral Health Advisory Board review their assigned roles through the Welfare and Institutions Code and focus on those things which are required of them. She noted that she had attended several local events which she felt were important to the mental health community and did not see any attendance from BHAB members except for Maureen Woods attendance at the Mental Health Month Celebration held at the Enrichment Center.

Pathana Luangrath, State Opioid Response Patient Navigator for AEGIS, shared a brief overview of current Opioid Treatment Programs and Medication Assisted Treatment options currently available through AEGIS to Tuolumne County residents who qualify. All insurance is accepted, though there have been some problems noted with Anthem Blue Cross. Those patients may need to be enrolled as cash pay but grants for care are available. She explained that initial intakes are done in Modesto and after that ongoing treatment is available locally in Sonora. Some transportation to Modesto for intakes is available through insurance. The group identified other transportation options that patients could use to access this important benefit.

4. APPROVAL OF MINUTES

A motion was made by Terry Ann Garcia and seconded by Maureen Woods to approve the June 5, 2024; Behavioral Health Advisory Board Meeting Minutes as presented. The motion passed.

(Ayes: 6 – Supervisor Campbell, Cathie Peacock, Jenn Salazar, Maureen Woods, Sherry Bradley, and Terry Ann Garcia. Nays: 0 Members Absent: 3 – Elizabeth Marum, Marshall Romeo, and Valerie Shuemake)

Marshall Romeo and Valerie Shuemake arrived at 4:15 pm.

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5. BEHAVIORAL HEALTH DIRECTOR'S REPORT – Tami Mariscal, Behavioral Health Director

Tami Mariscal, Behavioral Health Department Director, welcomed the Behavioral Health Advisory Board and all attendees to the Parrotts Ferry property recently acquired by the department. She introduced the newest member of the Housing Team, Evan Hammond, Supportive Housing Agency Manager.

Tami explained that the property was purchased with Department of Healthcare Services (DHCS) Behavioral Health Bridge Housing (BHBH) Grant funds. This $2.7 Million grant was earmarked for short term housing (of less than 18 months duration). Tenants will be provided with navigation services geared at enabling them to move to more permanent housing. Rent will be free, but tenants will work with resources

provided to secure paid housing using the Housing First Model. Mental Health Services Act funding will pay for maintenance, upkeep, and ongoing expenses related to the Parrotts Ferry property. Proposed tenants must meet the requirements of a Severe Mental Illness (SMI) diagnosis and be a Medi-Cal recipient. Housing (if available) may be provided to both mental health and substance use disorder clients who qualify. The Parrots Ferry Property will be ready for occupancy once repairs have been completed.

Evan explained that clinical teams are currently undergoing training on the universal housing referral process. Housing and needs assessments are performed and suitability for appropriate properties is then determined. Each supportive housing property is unique and offers different options. Client's preferences are considered as a part of the Housing First model.

6. NEW BUSINESS

In-person Tour of 22039 Parrotts Ferry Property:

Tami Mariscal, Lindsey Lujan, and Evan Hammond provided the group with a live tour of all homes and outbuildings on the property. Several comments were made in reference to the beautiful setting and varied housing components available at Parrotts Ferry. Opportunities to have a garden or raise small animals were some of the benefits discussed by those on the tour.

7. CONTINUED BUSINESS

Follow up on new applicants for Behavioral Health Advisory Board membership:

Terry Ann Garcia stated that she had reached out to Claudette de Carbonel who informed her that she is visiting with family over the Independence Day weekend and hopes to attend the August Meeting.

Sherry Bradley contacted Melody Roberson who stated that she is not yet available to attend regularly but is still interested in becoming a member in the future.

Marshall Romeo ~~attempted to~~ explain<u>ed</u> to Mystery Bradford the need to attend two to three consecutive ~~Behavioral Health Advisory Board~~ meetings to be considered for appointment ~~but shared his concern that she may not have understood the requirement~~ <u>to the Behavioral Health Advisory Board</u>.

8. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Sherry Bradley, Behavioral Health Advisory Board Member, shared her written report from the June 17, 2024, Quality Improvement Council (QIC) Meeting. A copy of that report will be included within these minutes.

Jenn Salazar, Behavioral Health Advisory Board Member, expressed her concern over current outreach efforts by the Behavioral Health Department at the homeless encampments. She feels that more presence by Behavioral Health staff would encourage those asking for help to take the next step.

Tami Mariscal, Behavioral Health Director, will get more Behavioral Health Crisis cards to Jenn Salazar so that those expressing interest in getting help can reach out to the Department's Crisis Line at any time to receive it.

9. NEXT MEETING

The next regular Tuolumne County Behavioral Health Advisory Board meeting is scheduled for August 7, 2024, at 4:00 pm. Detailed meeting information will be provided on the August 7, 2024, Behavioral Health Advisory Board Meeting Agenda.

10. ADJOURNMENT

The July 3, 2024, Behavioral Health Advisory Board meeting was adjourned at 5:55 pm.

TUOLUMNE ME-WUK INDIAN

HEALTH CENTER

BEHAVIORAL HEALTH

BEHAVIORAL HEALTH SITES

Sonora BH

Tuolumne BH

MEWUYA SUD/BH

Mariposa

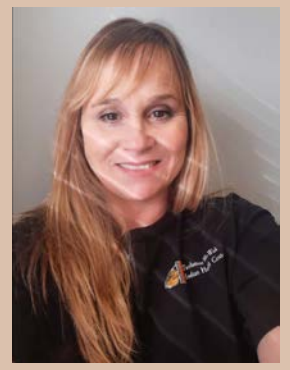
Virtual appointments available

Behavioral Health Director/Therapist
Marisa Caratachea LMFT, MSC

10+ years of experience providing mental health services to underserved and vulnerable populations in the field, school setting and office. Highly skilled in trauma informed care and trauma focused modalities to provide effective treatment to individuals, children and families. Utilizes EMDR, client centered, creative, and strategic interventions to assist clients healing and recovery. Focused on collaborating with a multi-diciplinary team in a clinical setting that encourages innovative and eclectic approaches to providing effective therapy to clients.

BEHAVIORAL HEALTH TEAM

Tonya Bybee, BH PSR



Carla Milner, BH PSR

Shere Padilla,
LPCC
BH Therapist

Yeb Raven,
APCC,BH Therapist

Sara Croteau,
SUD Counselor

Dr. Erica Vega
Psychiatrist

Lauren Trask, LCSW,
Virtual BH Therapist

Amy Olsen, LMFT
Virtual BH Therapist

Kimberly Thurman,
LMFT, BH Therapist

Robin Altheide
Certified SUD
Peer Support Specialist

Ephraim Delgadillo
SUD Counselor,
CADC II

SKILLS AND EXPERIENCE

- Trauma related disorders
- Depression
- Anxiety
- Family stress
- LGBQT +/Neurodiversity
- ADHD
- Grief and loss
- Panic
- Anger management
- BH provides: Medication Management (psychiatry), Child therapy, Individual therapy, Couples therapy, Family therapy and Case management, using an eclectic array of clinical interventions and techniques from but not limed to; EMDR, EFT, client centered, TF-CBT, DBT, Play therapy, creative therapy, solution focused, strategic, family systems, and object relations.

We are accepting new referrals for BH Therapy, SUD, and Psychiatry

Questions?

Sexual Orientation and Gender Identity (SOGI) Data Action Plan

The U.S. Department of Health and Human Services (HHS) mission is to enhance the health and well-being of all Americans by providing effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services. Healthy People 2030 defines 'health equity' as "the attainment of the highest quality of health for all people." Demographic data collection on sexual orientation and gender identity (SOGI) metrics helps HHS achieve its mission and its Healthy People 2030 goals by identifying disparities in health and human services. As identified in the Federal Evidence Agenda on LGBTQI+ Equity, this departmental SOGI Data Action Plan seeks to *improve the health and well-being of lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQI+) people*.

The National Academies of Sciences, Engineering, and Medicine (NASEM)[1] considered measures across three broad categories of SOGI data: data collection in surveys and research settings, clinical and medical settings, and administrative settings. All three categories are necessary to better understand the needs, care, and services of people of all identities and the extent to which there may be disparities in health, services, and access to care challenges across LGBTQI+ populations. Precision public health is the emerging practice of utilizing specific data elements about targeted populations to ensure that HHS responses are directed where they are most needed. SOGI data collection is a necessary foundational element in the use and expansion of precision public health. It ensures intersectional understanding of how disparities are present in race, age, gender identity, and sexual orientation, for example how cancer screening disparities may be increased for people of color who are also LGBTQI+. It also ensures that health promotion efforts and human services for LGBTQI+ people are more accurately targeted.

For the purposes of this action plan, SOGI data means self-reported sexual orientation and gender identity demographic data and sex characteristics data as outlined in the Federal Evidence Agenda on LGBTQI+ Equality, when appropriate, and always on a voluntary basis (when not otherwise required by law or to carry out operations). This includes in Federal Statistical Surveys, as outlined by the Office of Management and Budget (OMB).[2] While research is still needed in some areas like proxy reporting, youth, and language other than English, evidence-based measures that work in a variety of contexts exist for adults whose primary language is English. To encourage interoperability of SOGI data, agencies should consult recent publications that outline best practices guidance in SOGI data collection. These include the OMB Best Practices for Collecting SOGI Data in Federal Statistical Surveys,[2] the Federal Evidence Agenda on LGBTQI+ Equity (for administrative data systems), [3] and the 2022 NASEM report,

[1] National Academies of Sciences, Engineering, and Medicine. 2022. Measuring Sex, Gender Identity, and Sexual Orientation. Washington, DC: The National Academies Press. https://doi.org/10.17226/26424.

[2] RECOMMENDATIONS ON THE BEST PRACTICES FOR THE COLLECTION OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA ON FEDERAL STATISTICAL SURVEYS, OMB, available from: https://www.whitehouse.gov/wp-content/uploads/2023/01/SOGI-Best-Practices.pdf

[3] Federal Evidence Agenda on LGBTQI+ Equity, National Science and Technology Council, 2023. Available from: https://www.whitehouse.gov/wp-content/uploads/2023/01/Federal-Evidence-Agenda-on-LGBTQI-Equity.pdf

Measuring Sex, Gender identity, and Sexual Orientation.[1] For the purposes of this action plan, data instruments are any tools utilized to solicit information from a respondent. This action plan refers to data collection developed or funded by HHS.

Hundreds of thousands of health care providers benefit from the U.S. Core Data for Interoperability (USCDI), which defines a baseline set of data elements for interoperable health data exchange (i.e., laboratory test results, medications, immunizations, and allergies) across the health system. USCDI helps build the foundation for the provider community to start systemizing the capture and use SOGI data in the clinical setting. However, the USCDI does not define or suggest validated questions for how to gather information in data instruments. Where possible, HHS should seek to test and incorporate measures of sex characteristics (including self-identification of the intersex population) and additional SOGI measures, such as self-identification of two-spirit populations, in collections that include demographic data. It is important for OpDivs and StaffDivs to recognize that different types of data collections might need slightly different SOGI questions, which is why each OpDiv and StaffDiv have flexibility to create their own workplan.

According to Executive Order 14075, agency heads shall include in their agency's annual budget submission to the Director of OMB a request for any necessary funding increases to support improved SOGI data practices. SOGI data collection will inform answers to the Learning Questions posed in Section 2 of the Federal Evidence Agenda on LGBTQI+ Equity (APPENDIX 1), will improve HHS's ability to make evidence-informed decisions related to HHS programs, policies, operations, regulations, and other actions, and will improve the ability of our federal partners to make similar evidence-informed decisions.

Evidence-Building Activities

ACTION ITEM 1: Developing Division-level Workplans

The goal of the HHS SOGI Data Action Plan is to better understand the needs, care, and services of people of all identities and the extent to which there may be disparities in health, services, and access to care across LGBTQI+ populations. Data protections should be in line with existing standards and requirements for data security. This plan is the beginning of expanding SOGI data collection, not the end, and HHS will continue to track and monitor progress on an ongoing basis. Collecting SOGI data are not enough; once collected, data should be analyzed and reported out to help make evidence-based decisions and develop programs for improving the health, wellness, and livelihood of all people, including LGBTQI+ people. **To build evidence related to the Learning Questions of the Federal Evidence Agenda on LGBTQI+ Equity, over the next 12 months, each OpDiv and StaffDiv at HHS will develop a workplan via a template provided by the HHS LGBTQI+ Coordinating Committee for their division to address the activities laid out in this Action Plan. The workplan will connect data instruments to the relevant Learning Questions. Additionally, each workplan will outline a reasonable timeline for implementation of each item.**

- HHS instructs each OpDiv and StaffDiv to catalog all their data instruments implemented by their division, including those used in surveys and research settings, clinical and medical settings, and administrative settings.

- Each OpDiv and StaffDiv should review all their data instruments implemented by their division from their catalog to assess whether data collected include any demographic information.
    - If no demographic data are collected, no further action related to this policy is necessary.
    - If the data instrument captures demographic information, assess whether all the demographic information collected is related to determining program eligibility, operations, or compliance (i.e., Ryan White program eligibility requires HIV status and income verification). If the only demographic information collected is directly related to program eligibility or program compliance, no further action related to this action plan is necessary unless SOGI information is required for making eligibility determinations.
    - If the data instrument captures demographic information that is unrelated to program eligibility or compliance, (i.e. information might be collected for surveillance/monitoring purposes, research purposes, or otherwise) a plan should be developed to include SOGI data, and the information collection request (ICR) should include the addition of SOGI questions, in consultation with the Federal Committee on Statistical Methodology (FCSM) SOGI Research Group or the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data (unless there is a compelling legal reason not to collect such data). Wherever possible, the ICR should include the data elements to be collected and specify how they are interoperable with HHS-adopted or recommended standardized data classes (e.g., USCDI).
    - OpDivs and StaffDivs should understand that terminology occasionally changes and are encouraged to consider testing more expansive measures that keep up with emerging preferred terminology to have more opportunities to implement them.
    - For communicable disease-related data, 'mode of transmission' data are not a substitute for sexual orientation data. While collecting mode of transmission data may be valuable for other reasons, these data instruments should be updated to include sexual orientation as well.
- Each HHS OpDiv and StaffDiv should include in their workplan an outline of which data instruments for administrative data have been reviewed, which have plans in place to begin collecting SOGI data, and the anticipated timeline for doing so with each data instrument.

ACTION ITEM 2: Addressing Prioritized Data Instruments

All data instruments utilized by HHS collect incredibly important information. However, certain data instruments bring unique urgency regarding the collection of SOGI data. **The following actions should be prioritized to begin the process of adding SOGI data elements. It is understood that the process will be different for each item highlighted below, as well as for additional, non-specified items.** Data protections should be in line with existing standards and requirements for data security. These actions should be taken to the extent permitted by federal law or in a manner consistent with applicable federal law, to ensure consideration is given to existing legal requirements and limitations.

High-priority action items for HHS include:

- The Assistant Secretary for Administration (ASA), Office of the White House Liaison, and each OpDiv human resource office should incorporate/update SOGI data elements, as well as pronouns and chosen names, into new hire, onboarding, and employee benefit forms considering any

relevant guidance from the Office of Personnel Management (OPM) and Equal Employment Opportunity Commission (EEOC).

- Each HHS OpDiv and StaffDiv should develop a timeline to add SOGI data elements to all public health surveillance, epidemiology, and laboratory collections of adults implemented by their division. For instance:
    - Centers for Disease Control and Prevention (CDC) should add SOGI data elements to all HIV and sexually transmitted infections/disease case reports and will explore doing so for all case reports.
    - CDC should develop a timeline for including SOGI data elements into data use agreements for vaccine administration, within the confines of state and federal data authorities.
- Centers for Medicare & Medicaid (CMS) should identify opportunities to add SOGI data elements to applicable coverage programs and surveys.
- Indian Health Service (IHS) should incorporate SOGI data into their electronic health record.
- Each OpDiv and StaffDiv should encourage data collection supported by HHS-adopted data elements or consensus-based standard terminology to enable analysis and reporting requirements for evidence-based decisions in clinical settings.
- Each OpDiv and StaffDiv will consider use of elements adopted pursuant to Section 3004 of the Public Health Service Act (PHSA) when implementing, acquiring, or upgrading health IT systems used for the direct exchange of individually identifiable health information between agencies and with non-Federal entities to achieve consistent use of interoperable SOGI data elements.

ACTION ITEM 3: Exploring SOGI Data in Contractor and Grantee Datasets

Across HHS, many datasets are collected by contractors and grantees. Technical assistance may be needed for contractors and grantees, and further research may be needed to address non-English data collection, and measures of intersex and two-spirit populations. **At the next opportunity to modify or negotiate contracts, each OpDiv and StaffDiv should begin the following.** These actions should be taken to the extent permitted by federal law or in a manner consistent with applicable federal law, to ensure consideration is given to existing legal requirements and limitations.

- Add SOGI data elements to funding opportunities of contractor and grantee program participants (not including clinical trials).
    - For existing contractors and grantees: If they do not report any demographic data back to HHS, no further action is necessary.
    - For existing contractors and grantees: If they report only demographic data related to program eligibility, operations, or program compliance, no further action is necessary.
    - For existing contractors and grantees: If they report demographic data for reasons other than program eligibility, operations, or compliance, each OpDiv and StaffDiv should ask current grantees to voluntarily begin adding SOGI demographic data to data collections.
    - For new contractors and grantees: Each HHS OpDiv and StaffDiv should consider adding SOGI data reporting requirements in any new Notice of Funding Opportunities, contract agreements, and grant agreements where contractors and grantees are asked to report demographic data (other than solely for program eligibility) back to HHS.

    - Where demographic data are collected about award grantees and contractors, SOGI data should also be collected via self-report.
- Each OpDiv and StaffDiv that conducts clinical trials should explore whether SOGI data are able to be incorporated in future studies.
- National Institutes of Health (NIH) should explore funding opportunities to advance research on SOGI measurement development. In particular, research is needed to test and advance our understanding of SOGI measures in languages other than English and testing demographic questions relevant two-spirit populations as well as sex characteristics measures. Additionally, priority SOGI measure testing should include questions designed for children and adolescents.
- Each HHS OpDiv and StaffDiv should explore field and cognitive testing of SOGI questions in languages other than English within their current surveys offered in languages other than English, when feasible. Results of non-English field and cognitive testing should be shared with the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data.
- Each HHS OpDiv and StaffDiv should identify and work with other federal agencies where joint data collections take place or where SOGI data information sharing would be beneficial.
- Each HHS OpDiv and StaffDiv should provide robust technical assistance for states, tribes, territories, localities, and other service providers (sub-state grantees) on the collection of SOGI data across the life course.
- Each HHS OpDiv and StaffDiv should report annually to the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data their evidence-building activities that they plan to conduct, such as:
    - Adding SOGI data elements to existing surveys and forms
    - Developing new SOGI data research projects
    - Seeking out SOGI data from non-HHS federal government sources (i.e., Census Bureau)

ACTION ITEM 4: Reviewing Current Usage of Binary Gender and Sex Questions

On an ongoing basis, each HHS OpDiv and StaffDiv should explore the following activities:

- When possible, any current usage of binary gender and sex data in HHS developed or funded data instruments and should be reviewed and replaced with tested and inclusive gender identity (which may include sex assigned at birth) data measures. If using a two-step gender identity question, ensure historical binary sex or gender questions are moved next to other gender identity questions or replaced to limit redundancy. Identify continued research in best practices for administrative SOGI data collection, following Federal Evidence Agenda guidelines.

Evidence-Building Infrastructure

Evidence-building activities often require infrastructure – policies, processes, staff, and resources – to successfully execute them. To support the evidence-building activities described above HHS will explore the following activities over the next 12 months:

- Policy:

    - The Assistant Secretary for Planning and Evaluation (ASPE) and the Office of the Assistant Secretary for Health (OASH) will develop guidelines for division consideration to collect SOGI data in all information collection requests (ICR) where other demographic information is collected for purposes other than program eligibility, operations, or compliance. SOGI data should only be included where there are other demographic questions available because there aren't other instances where only one type of demographic data would be collected without other demographics (except in cases or program eligibility, operations, or compliance). Each ICR, including surveys, intake forms, and any other information collection that requires clearance from the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA), should be assessed for inclusion of SOGI questions during the clearance process for its initial creation or renewal.
    - ASPE should develop a toolkit for HHS staff, contractors, and grantees with information and approaches to encourage high response rates to SOGI data elements.
    - The HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data will develop and conduct a comprehensive education and outreach program to help OpDivs and StaffDivs understand the need for and value in including and/or updating SOGI data where appropriate, including the importance of data measurements on intersex and two-spirit populations.
- Staff:
    - HHS is one of few departments that already has a position created and filled for an LGBTQI+ Senior Advisor within the Assistant Secretary for Health's Office at the Secretary level.
    - Each HHS OpDiv and StaffDiv will identify an LGBTQI+ data point person who can serve as a central contact and coordinating point of contact for implementation of the HHS SOGI Data Action Plan on the OpDiv / StaffDiv level. Each HHS OpDiv and StaffDiv's LGBTQI+ data point person will also be asked to represent their OpDiv/StaffDiv on HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data to ensure cross-departmental collaboration about SOGI data implementation at HHS. Separate funding does not exist to support this. OpDivs and StaffDivs are asked to identify a person with existing, similar responsibilities.
- Process:
    - Within the next three months, OASH will initiate conversations with OMB about the approval process for any non-substantive change in data elements to expedite the many places in HHS data collections where a binary sex and gender question may be replaced by a tested and inclusive gender identity measure, and when possible, measures for sexual orientation and sex characteristics.
- Within the next 12 months, HHS will develop and implement a process for tracking both survey and administrative data implementation of SOGI data across HHS. The tracking tool will be developed by the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data and approved by the co-chairs of the HHS LGBTQI+ Coordinating Committee. Once the tracking tool is completed, each HHS OpDiv and StaffDiv should report their evidence-building activities to the HHS LGBTQI+ Coordinating Committee Subcommittee on Research and Data.

Evidence Use Activities

To ensure that evidence generated related to the Learning Questions is used in decision-making, HHS will explore the following activities over the next 12 months:

- Each HHS OpDiv and StaffDiv will conduct a review of areas where other demographic data are utilized in programmatic decision-making, but SOGI data are not collected.
- Deidentified SOGI data should be shared with the public as public health trends are identified, in contexts where other disparity information is shared, and following established (or work to establish appropriate) data standards (such as for small cell sizes) for other disparity groups in the specific data collection context, in accordance with data sharing protocols established by each OpDiv or StaffDiv.

Monitoring Progress

Milestones and metrics: HHS will use the following milestones or metrics to ensure progress is made in implementing the activities laid out in the SOGI Data Action Plan:

- Key milestones will be communicated to the White House Office of Science and Technology Policy (OSTP) on an ongoing basis regarding major progress, such as inclusion of SOGI data in key surveys and forms, the recruitment of SOGI data subject matter experts, and successful testing of new measurements on intersex data.
- HHS will provide an annual update to OSTP Subcommittee for Equitable Data on agency progress regarding implementation of the SOGI data action plan.

APPENDIX: Learning Questions from Section 2 of the Federal Evidence Agenda on LGBTQI+ Equity

1. **To what extent can the Federal Government protect and strengthen equitable access to high-quality and affordable healthcare for LGBTQI+ people across the lifespan?**
   Illustrative Questions
   • To what extent do federal policies and programs affect choice, affordability, and enrollment among LGBTQI+ individuals and families in high-quality healthcare coverage?
   • To what extent do federal programs and policies improve quality of healthcare services for LGBTQI+ people?
   • To what extent do federal programs and policies support and promote gender-affirming care and improved health outcomes for transgender, intersex, and non-binary individuals?
   • To what extent do federal programs and policies strengthen and expand access to mental and behavioral health services, primary care, and preventive services for LGBTQI+ people?
   • What role do local, state, and federal laws play in restricting or enhancing equitable access to quality and affordable healthcare for LGBTQI+ individuals and families?
   • To what extent do restrictions and criminalization of healthcare receipt affect health outcomes for LGBTQI+ people?
   • To what extent do LGBTQI+ people experience disparate rates of access to health insurance coverage? Does coverage for LGBTQI+ people differ compared to other insured people?
   • To what extent do LGBTQI+ people face disproportionate denials of health insurance claims? To what extent do these denials impact health outcomes for this population?
   • Which federal programs and policies advance equitable access of culturally and clinically competent health care to various vulnerable subpopulations, such as LGBTQI+ older adults or LGBTQI+ youth engaged in the foster care system?
   • How can disparities experienced by LGBTQI+ youth be mitigated to reduce suicide risk among various subgroups?

2. **To what extent can the Federal Government safeguard and improve health conditions and outcomes for LGBTQI+ people?**
   Illustrative Questions
   • To what extent are improvements to federal capabilities needed to predict, prepare for, respond to, and recover from public health emergencies and threats to LGBTQI+ people in the nation and across the globe?
   • How effective are federal programs and policies at protecting LGBTQI+ people from infectious disease and preventing non-communicable disease through development and equitable delivery of effective, innovative, and readily available treatments, therapeutics, medical devices, and vaccines?
   • How do federal policies and programs enhance promotion of healthy behaviors and wellness among LGBTQI+ people to reduce occurrence of and disparities in preventable injury, illness, and death?
   • How effective are federal programs and policies at mitigating the impacts of occupational and environmental factors, including climate change, on health outcomes among LGBTQI+ people?

• What training do medical providers receive in cultural competency and health care for LGBTQI+ people? To what extent does this training affect care and health outcomes for LGBTQI+ patients?
• What barriers do LGBTQI+ minors and LGBTQI+ adults with disabilities face in accessing health services that require participation from guardians?
• To what extent do elder LGBTQI+ people experience differential treatment and services in long-term care settings? What effect, if any, do these disparities in treatment and services have on their well-being?
• To what extent do health outcomes for LGBTQI+ people vary by geographic region?
• To what extent do health outcomes for LGBTQI+ people vary by demographic characteristics, including, but not limited to, race and ethnicity, age, and whether the individual has a disability?
• What progress has been made in achieving national, state, and local health objectives for LGBTQI+ youth?
• What improvements would strengthen public health surveillance, epidemiology, and laboratory capacity to understand and equitably address diseases and conditions that impact LGBTQI+ people?

3. **How can the Federal Government increase housing stability and security for LGBTQI+ people?**
Illustrative Questions
• What is the prevalence of homelessness among LGBTQI+ adults? How does this compare to their non-LGBTQI+ peers?
• How does the prevalence of homelessness vary among subgroups within LGBTQI+ populations (e.g., by age, by race and ethnicity, for particular populations such as youth in the foster system, by geography, etc.)?
• What barriers do LGBTQI+ individuals and families face in accessing homelessness services, especially federal services related to shelter access and housing affordability? Do those barriers vary among subgroups within the LGBTQI+ population (e.g., transgender or non-binary individuals, LGBTQI+ families, younger or older LGBTQI+ people, LGBTQI+ people in urban or rural areas)?
• What are the experiences of LGBTQI+ people during episodes of housing instability?
• Which approaches and/or strategies are effective in reducing homelessness and/or increasing access to safe and stable housing for LGBTQI+ people?
• How do housing outcomes among LGBTQI+ youth vary across geographic areas? What factors contribute to or are associated with better or worse outcomes?
• What is the rate of home ownership among LGBTQI+ people? How does this compare to their non-LGBTQI+ peers?
• Are there differences in rates of homeownership among different groups within the LGBTQI+ population (e.g., transgender or non-binary individuals, LGBTQI+ people of different races and ethnicities)?
• What factors contribute to home ownership rates among LGTBQI+ people?
• How does rent burden differently impact LGBTQI+ people?
• How do the housing experiences of elderly LGBTQI+ people differ from elderly non-LGBTQI+ people (e.g., aging in place, social supports, housing insecurity and stability, home equity, and reverse mortgages)?

4. **How can the Federal Government reduce the incidence of housing-related discrimination experienced by LGBTQI+ people?**
   Illustrative Questions
   • To what extent do LGBTQI+ people experience discrimination when renting or buying a home?
   • Are there differences in rates of reporting discrimination when renting or buying a home among different groups within the LGBTQI+ population (e.g., transgender, non-binary individuals, youth vs. older populations, etc.)?
   • What other types of discrimination do LGBTQI+ people face related to housing (e.g., in long-term care facilities or in rent burden)?
   • To what extent do LGBTQI+ people face barriers in access to mortgage financing? To what extent do these barriers differ among different subgroups (e.g., transgender individuals, non-binary individuals, low-income LGBTQI+ people)?
   • What policies, programs, or interventions are effective to counter housing-related discrimination for LGBTQI+ people?

5. **How can the Federal Government promote equitable outcomes for LGBTQI+ people in income, economic well-being, and the workplace?**
   Illustrative Questions
   • What are earnings, incomes, unemployment rates, and labor force participation rates for LGBTQI+ people? How do related outcomes differ across sexual orientation and gender identities and for LGBTQI+ people who also identify as people of color? How do they differ across different occupation categories such as science, technology, engineering, and mathematics occupations?
   • How prevalent are various forms of job-related discrimination, harassment, or retaliation against LGBTQI+ people, such as discrimination in hiring, in wages, in equal employment opportunity, in fair treatment, in promotion or advancement, or in termination?
   • What is the distribution of family incomes and poverty rates for families or households that include LGBTQI+ individuals?
   • What are the income and poverty rates for LGBTQI+ people based on age? To what extent do LGTBQI+ older adults experience differential rates of poverty?
   • Do LGBTQI+ people or LGBTQI+-owned businesses face discrimination as entrepreneurs when they seek loans with which to launch a business or compete for federal and other contracting opportunities?
   • What types and levels of wealth or assets are LGBTQI+ people able to build at different stages of their life course compared to non-LGBTQI+ people?
   • What are the regional or local incidences of employment or income differences for LGBTQI+ populations? Do we observe differences in certain states, regions, or the urban/rural divide?

6. **How can the Federal Government promote equitable educational opportunities and outcomes for LGBTQI+ people?**
   Illustrative Questions
   • What is the distribution of educational attainment among LGBTQI+ people?

• How prevalent are various types of discrimination, harassment, bullying, or physical abuse experienced by LGBTQI+ people at different ages or levels of schooling? How do those experiences affect their educational outcomes?
• What institutional contexts, policies, or practices promote a positive academic environment and contribute to higher rates of LGBTQI+ student retention and graduation? What individual-level, family-level, or community-level protective factors do LGBTQI+ people employ that help them to succeed in education and the workforce?
• What are the incidences of exclusionary school discipline (including out-of-school suspension and expulsion) or chronic absence experienced by LGBTQI+ people at different ages or levels of schooling?
• What training is required or provided for teachers and school staff on creating welcoming and safe school environments and supporting equitable academic outcomes?
• To what extent does inclusion of LGBTQI+ experiences in teacher/staff training vary across geographic areas and school levels?

7. **How can the Federal Government promote equitable access to and engagement in federal programs, benefits, and funding opportunities for eligible LGBTQI+ people?**
Illustrative Questions
• What are the rates of participation for LGBTQI+ people in federal benefits programs, and how do these rates compare to their non-LGBTQI+ peers? Do these participation rates differ by geographic units such as states, regions, or the urban/rural divide?
• What social, economic, and programmatic factors can account for observed differences between LGBTQI+ people and their non-LGBTQI+ peers in observed rates of participation in federal programs, benefits, and funding opportunities? In observed engagement rates?
• How well do LGBTQI+ populations understand the federal programs and benefits they are eligible for and how to access them? How are understanding levels impacted by factors such as low literacy and language access needs? Examples of such programs include the Supplemental Nutrition Assistance Program (SNAP); Temporary Assistance for Needy Families (TANF); Medicaid; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); unemployment insurance; Supplemental Security Income; Social Security Disability Insurance; Head Start and Early Head Start; benefits in various forms for veterans; and the Earned Income Tax Credit, among others.
• To what extent do award rates differ for LGBTQI+ applicants to federal funding opportunities, holding other characteristics constant? Do these rates differ for subgroups of the LGBTQI+ population?
• How do discrimination and lack of cultural competency in healthcare and human services affect LGBTQI+ people's ability to apply for benefits?
• How do federal agencies communicate to and tailor communications about their programs and benefits to LGBTQI+ people?
• To what extent does having identity documents that do not reflect an individual's affirmed name or gender affect access to benefits and programs? To what extent can the Federal Government mitigate barriers related to acquiring or updating identity documents?
• To what extent do LGBTQI+ people experience challenges in receiving benefits compared to their non-LGBTQI+ peers?
• To what extent do LGBTQI+ older adults experience disparate access to benefits and services?

• To what extent do LGBTQI+ people report discrimination or mistreatment when accessing benefits? Do rates of discrimination or mistreatment experienced by LGBTQI+ people differ from rates experienced by non-LGBTQI+ people? Do rates of discrimination or mistreatment experienced by LGBTQI+ people of color differ from rates experienced by other LGBTQI+ people or from non-LGBTQI+ people of color?
• To what extent do LGBTQI+ minors or LGBTQI+ people with disabilities face barriers in accessing federal programs and benefits that require participation from guardians?
• To what extent does collection and use of SOGI data affect the customer experiences of LGBTQI+ populations when accessing federal services and programs?
• What is the likelihood among LGBTQI+ populations to avoid seeking services or programmatic access due to concerns about being asked questions about sexual orientation or gender identity or due to other concerns around processes?

8. **How can the Federal Government support equal access for LGBTQI+ people to shared public space, especially public spaces that provide services like transportation?**
Illustrative Questions
• To what extent do LGBTQI+ people feel safe in public spaces? What factors contribute to their feelings of safety?
• What types of social barriers do LGBTQI+ people experience to participating safely in their communities?
• How do feelings of safety and security affect LGBTQI+ people's participation in society?

9. **How can the Federal Government help ensure equal treatment of LGBTQI+ youth and promote inclusive environments for them?**
Illustrative Questions
• What are the trends in risk behaviors among LGBTQI+ youth compared with their non-LGBTQI+ peers?
• Which school- and community-based supports for LGBTQI+ youth are effective at reducing risk behaviors among youth?
• Which school- and community-based supports for LGBTQI+ youth are effective at increasing or supporting positive behaviors among youth?

10. **To what extent can the Federal Government understand LGBTQI+ children, youth, and families that touch the child welfare and foster care systems, improve any potential disparities in treatment while in care, and address potential disparate outcomes after leaving these systems?**
Illustrative Questions
• To what extent do the experiences of LGBTQI+ youth that led them to be in contact with the foster care system differ from their non-LGBTQI+ peers?
• To what extent do the relationships between the experiences of LGBTQI+ foster youth (e.g., number of placements, placement in a group home, kinship placements) and their outcomes differ from those of their non-LGBTQI+ peers?
• To what extent are there disparities in experiences and outcomes of specific subgroups of LGBTQI+ foster youth, including transgender or non-binary foster youth, LGBTQI+ youth living in rural areas, or LGBTQI+ youth of color, during and after their time in care?

• What programs, services, or other approaches are effective in improving outcomes for LGBTQI+ youth who come into contact with the child welfare system?
• To what extent do LGBTQI+ families that come into contact with the child welfare system experience differential treatment and disparate outcomes?
• To what extent do rates of removal differ for LGBTQI+ parents? Do these rates differ amongst specific subgroups of LGBTQI+ parents (e.g., by race or ethnicity or for individuals with disabilities)? What, if anything, contributes to these rates of removal?

11. **What can be done to reduce the disproportionately high rate of violent crime committed against LGBTQI+ people?**
Illustrative Questions
• To what extent do LGBTQI+ people experience a higher rate of intimate partner violence or domestic violence compared to the general population?
• To what extent do LGBTQI+ people experience bias-motivated hate crimes?
• What have been effective or promising practices that prevent or interrupt violent crime targeting LGBTQI+ people?
• To what extent do LGBTQI+ people utilize crime victim service assistance compared to the general population?
• To what extent do LGBTQI+ students experience bullying compared to the general student population?
• How effective are bullying interventions for LGBTQI+ youth compared to non-LGBTQI+ youth?

12. **To what extent do LGBTQI+ people have different experiences inside the criminal justice system compared to non-LGBTQI+ people?**
Illustrative Questions
• To what extent do LGBTQI+ people have different experiences with law enforcement than non-LGBTQI+ people?
• To what extent do LGBTQI+ people have different experiences with the correctional system (e.g., prisons, jails, juvenile facilities) than non-LGBTQI+ people?
• What are the differences in rates of recidivism for LGBTQI+ people compared to non-LGBTQI+ people?
• To what extent do intake assessments and safe housing policies impact rates of violence and victimization for LGBTQI+ people in incarceration?
• To what degree and in what forms do LGBTQI+ adults in incarceration experience victimization as compared to the total population of people in incarceration?
• To what extent do LGBTQI+ young people in incarceration experience more victimization compared to all young people in incarceration? Does this differ by type of facility (e.g., facilities that primarily house adults vs. those that house youth)?
• What have been effective or promising practices that improve the conditions of confinement in jails and prisons for LGBTQI+ persons?
• To what extent does law enforcement engage with LGBTQI+ stakeholders to solicit their recommendations on how law enforcement officials can improve their investigative, prosecutorial, and victim services response?

13. **To what extent can the Federal Government promote inclusive environments and equitable outcomes for LGBTQI+ people in the immigration and asylum systems?**
    Illustrative Questions
    • How many immigrants in the United States identify as LGBTQI+?
    • To what extent are LGBTQI+ people's experiences of harassment and victimization impacted by their immigration status?
    • To what extent do the outcomes of asylum seekers and refugees differ for subpopulations that identify as LGBTQI+?