



ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM



Asian Community Mental Health Services

Rainbow to Wellness Project



Asian Community Mental Health Services

Rainbow to Wellness Project

OUR STORY

For over 40 years, Asian Community Mental Health Services (ACMHS) has provided quality, compassionate and culturally competent care to a high need, underserved and hard to reach Asian population with limited access to language and cultural resources. ACMHS currently serves over 2,000 clients/consumers a year and has more than 85 full and part time staff providing services in 14 different Asian languages and in the five service areas: (1) Adult behavioral health, (2) Children and youth, (3) Developmental disabilities prevention, (4) Early intervention and (5) Vocational support. The Rainbow to Wellness Project addresses the agency's priority concerns and on-going effort to address serious issues of equity and service gaps when it comes to improving access, quality of care for Asian LGBTQI2S clients/consumers and their family members.

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INNOVATION GRANTS ROUND THREE: Project Desired Outcomes for Rainbow to Wellness Project (LGBTQI2S Welcoming Toolkit)

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November 10, 2015

Asian Community Mental Health Services

in collaboration with Alameda County (BHCS) Behavioral Health Care Services

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INNOVATION GRANTS ROUND THREE PROJECT OUTCOME NARRATIVE

Date Submitted: November 10, 2015

Project Name: Rainbow to Wellness

Grantee Organization: Asian Community Mental Health Services

Project Contact: Katherine Chun , Ph.D., MPH, LCSW & Lynn Trinh O’Leary, Psy.D.

Addressing the Learning Question:

How should the BHCS Welcoming Toolkit strategies be adapted and implemented to promote more positive experiences for LGBTQ2S clients/consumers of behavioral health services, with due consideration of staff capabilities, training, outreach, facilities, and appropriate measures of LGBTQI2S client/consumer satisfaction?

Identifying the Target Subpopulation:

1) Who are they and how was the selection determined?

Our target subpopulation is the LGBTQI2S Asian and Pacific Islander (API) adults in Alameda County age 18 and older who identified with being from the LGBTQI2S community. The majority of them are from low-income Asian immigrant and refugee family backgrounds with English as their second language. Their language and ethnicities include: Chinese (Cantonese and Mandarin), Vietnamese, Cambodian(Khmer), Mien, Korean, Japanese, Filipino(Tagalog), and Burmese. We chose this subpopulation because research have shown that they are very underserved, vulnerable and invisible (especially API trans genders) in the system and are at high risk for depression, discrimination, bullying, suicide, social isolation and other mental health and substance abuse conditions and at the same time, they lack community/familial/social support as well as culturally appropriate and sensitive services. They are seriously underrepresented in terms of accessing and utilizing behavioral health services. They need proactive outreach and access to a welcoming, safe, and supportive environment and culturally and linguistically responsive services to reverse the alarming mental health trends. A welcoming strategies and kit based on their input and recommendations on how their needs can be met is a critical step to achieve that goal.

2) *Describe involvement of BHCS stakeholders:*

To field test our Welcoming Strategies and Kit, we outreached and invited three BHCS stakeholders to attend the session on September, 2015. All three have a long history with our agency, the first person has been a consumer in our adult

outpatient treatment for over a decade, the second stakeholder is the older brother of the consumer and has been active in supporting his younger brother in his treatment and recovery, the third stakeholder is a BHCS provider currently working for Alameda County and is familiar with the work of our agency and have ample experience with guiding and supporting our adult consumers through the Choice Program for over three years.

Since this consumer has been in our system of care and have been coming to ACMHS for over a decade, his experience in feeling welcomed or not welcomed was very important in adapting the Welcoming strategies and the Kit. In the field testing session, he was able to give a lot of insights and recommendations to Toolkit Section #1 (My experience when I come into the Program) and Toolkit Section #2(How staff made me feel). This Consumer is currently working part time and is successful in his road to recovery. When we approached him to be part of the field testing, he was eager to share from ample experience and to help other LGBTQI2S have a more positive and welcoming experience in using BHCS services. He went through each other the items in the sections and gave concrete examples on how to improve and he stressed the importance of staff training from all levels, the front desk receptionist all the way to Board members.

In terms of the input of the BHCS provider, we appreciated that he did not try to dominate the sharing i the field testing sessions but was effective in his role to represent as a stakeholder by initially listening thoughtfully to the consumer and family member's concerns and recommendations and then adding his own experience which included times when he felt inadequate in serving this population. He was very helpful and instrumental in responding to Toolkit Section #3(Paperwork and procedures support my wellness). He made specific recommendations for standard of practice and trainings to raise staff sensitivity. He also suggested that it's important to examine current intake questions and make sure that they are language and cultural specific as well as the LGBTQI2S terms are used appropriately and are clear and non-offensive to the consumers. He also made a recommendation that staff explain the policy of "no sex discrimination" with emphasis on what that means in terms the protecting the rights of the consumers.

The family member is the consumer's older brother who also identified himself as gay. His input and recommendations were very valuable because we don't hear enough from the family members of API LGBTQI2S. His main points include: Need for signs of welcoming for both LGBTI2S consumers and their family members. Need for language and culturally appropriate LGBTQI2S educational resources for consumer and family members and that include brochures, literature, videos and also on-going peer support groups that specifically tailored to LGBTQI2S consumers and family members. He was happy that ACMHS has a Wellness Club but wanted more fun and peer support activities that are tailored to special populations like LGBTQI2S members and their family. He also feels that an advisory committee to serve this population better is needed and that consumers and family members should be part of it and not just providers.

One of the most critical recommendations that came out of the field testing with the stakeholders was having enough trained and sensitive staff to make sure the strategies are implemented successfully and make lasting impact. For this population to access and utilize service, to come out in public, to address social isolation and confront fear of discrimination and stigma, they would need a lot of on-going support from an organization with well-trained, seasoned and culturally sensitive providers. Feeling welcomed and safe is just the starting point, the whole system of care needs to reexamine its current practice in order to create the type of infrastructure that can lead to lasting changes and positive mental health outcomes.

3) How are the strategies culturally responsive to the target population?

Research has shown that API LGBTQI2S population of all ages are at high risk for stress, depression, discrimination, stigma, trauma and social isolation and rejection from their family, culture, peers and community. Through the initial needs assessment survey with LGBTQI2S consumers, we got a better picture of the current state of access and how well we are serving or not serving this population. We realized from the results that there were a lot of cultural and social gaps and barriers for the clients to access service, for them to feel safe to come out to the providers. It was also clear that the level of trust and safety and visual cues and verbal expressions of welcome and inclusion were lacking or invisible. The needs assessment from the provider side reflected that they felt inadequate in serving this population and needed on-going trainings and support to dispel myths, increase their skills and knowledge, and to enhance confidence to work with this population. The consumers who participated in the needs assessment survey felt that their needs and voices were validated, and that the providers are interested in their recommendations in making improvements to give them a positive experience which is great motivator for consumers to participate fully.

Describe the Program Design

1) What are the goals of the program?

The Rainbow to Wellness Project partners with Alameda County Behavioral Health Care Services in coming up with a set of LGBTQI2S Welcoming strategies with special considerations to the Asian and Pacific Islander population. Our project will identify strategies that are culturally responsive to enhance greater access and utilization and to promote overall positive experience in behavioral health services received by API LGBTQI2S clients/consumers and their family.

2) Describe the program design, including essential program components:

The program design is to use a culturally responsive process in coming up with a set of welcoming strategies that are adapted from the County's Welcoming Toolkit and field test them with stakeholders including consumers, family member and providers to come up with recommendations for a final adapted version to be used in BHCS provider agency Welcoming Strategy for LGBTQI2S trainings and education with the API (Asian and Asian Pacific Islander) population.

The essential program components include:

- Agency preparedness activities
- Needs Assessments with consumers and Staff
- Outside collaborations and networking to build capacity and resources to work with and support this population
- Identification, outreach and recruitment of stakeholders,
- Field testing of welcoming strategies, and toolkit
- Training staff on the strategies and Welcoming Toolkit
- Developing client satisfaction survey and implementing survey
- Analyzing survey results and effectiveness of strategies

3) What was the impact on the target population?

While we have yet to see how our welcoming strategy and toolkit and its impact on the target population since it was just developed during this reporting period and therefore we have not completed a client satisfaction survey yet. The process to develop the Welcoming Strategies and Kit and involving staff has led to building the bridge for addressing the service gaps as well as the developing the tools for systemic changes that we hope will be lasting and sustainable. The impact we are seeing is a gradual "culture" change in our agency and in the staff to feel more confident and empowered by having the knowledge and the tools to provide sensitive and quality service to this at risk and under served population who has been silent and invisible. The process of bringing together consumers and other stakeholders to share their views and give their recommendations on the factors that will create a positive and welcoming experience for API LGBTQI2S clients is opening doors to new possibilities and ways to expand access, in outreaching and recruiting them successfully into non-stigmatizing and culturally and holistic models of health and wellness. As mentioned, ACMHS has not been serving this population well due to the agency's lack of adequate resources, welcoming signs and visual cues and staffing feeling inadequate in their knowledge and skills. Many cultural and social barriers for access have not been addressed for ACMHS. This project opens up a dialogue for consumers, family members and providers to honestly look at these issues and what to do to change them.

Changing first impression of the agency was important for us and we started with exposing and educating staff on how to engage this population effectively, we also put a priority on increasing the visual images that signal that we are a welcoming and inclusive place for LGBTQI2S and that our services are targeted for their needs. A rainbow mosaic quilt is prominently displayed in the waiting room. A banner with the Rainbow to Wellness Logo is being made and this logo has been made into a sticker and mass distributed during a number of cultural and health fairs and also during Pride events. Those who picked up the sticker with the logo (almost 200 each time) are pleasantly surprised to find that ACMHS has this Project and the services for API LGBTQI2S. Some of them took a few to give to their friends who they said are gay and can really benefit from mental health services in a welcoming, sensitive and safe environment. Another impact is in the process of making policy changes related to the clinical paperwork in the areas of assessment of a consumer's gender identification and sexual orientation. The clinicians at ACMHS have expressed their own level of discomfort or lack of experience in asking these sensitive but important questions. They also understand through the training that by avoiding these questions, they are signaling that this is not important and consumers will have a hard time opening up on personal issues that they may most want to share and get resources on.

4) Identify staffing requirement and considerations:

All staff is welcoming no matter what the consumers' gender identity or sexual orientation. All staff will be trained to be able to make consumer feel comfortable and safe. Initial impression is very important so front desk staff need appropriate training on the needs of the LGBTQI2S consumers and how to make them feel comfortable and welcome the moment they enter the agency. Considerations will be made for having staff who are well-trained in the needs of LGBTQI2S to be part of the greeting team and come out to welcome any new LGBTQI2S consumers and give them orientation to the agency and the services it offers. All staff should be knowledgeable on what the acronym in LGBTQI2S means and be able to ask consumers themselves how they want to identify and not make any assumptions based on looks or behaviors. Staff should be trained to gauge the level of comfort and create a standard list of questions and ask these questions of every consumer as part of background data gathering and not to avoid the sensitive questions. Some staff will be more seasoned than others in doing observations and assessing when client may be ready and it could be case-by-case depending on the assessment. If the questions are not asked, it may be taken by the consumer as a sign that that is a topic that should be avoided and not be discussed which will perpetuate the stigma.

Staff should also have a good knowledge of the different resources available for LGBTQI2S population in Alameda County within the different Cities and what type of consumers they work with and what type of services they provide. Staff should also know the names of contact persons and how to make formal referrals and proactively support the consumers in taking the follow up steps after the referral is made. Another area that staff needs to familiarize themselves with are in

coordinating integrated care (Primary health, mental health and AOD) and having consumers participating in holistic wellness programs that are non-stigmatizing and emphasize on peer support and community resources. All staff are trained to gauge the consumers' level of comfort and create a standard list of questions and ask these questions of every consumer as part of initial assessment. Some staff will be more seasoned than others in doing observations and assessing when consumers may be ready and it could be case-by-case in terms of when to ask sensitive question in the assessment process. If the questions are not asked, it may be taken by the consumer as a sign that that is a topic that should be avoided and not be discussed which will perpetuate the stigma and discrimination.

5) Identify collaborators necessary to the success of the program:

Due to the stigma associated with being queer in the Asian cultures, it is a very difficult for topics of sexuality and sexual orientations to be discussed between staff and consumers. Collaborations with other community agencies to provide relevant trainings are crucial to bring about common understanding and open up dialogues for staff members to talk amongst themselves and to be able to talk with consumers. We outreached and met with the executive director of Pacific Center for Human Growth to discuss training opportunities for staff members to improve their competence and readiness to work with and provide services to LGBTQI2S consumers. Two MOUs were signed with the Pacific Center to have trainings given to a group of 12 managers/supervisors in order to affect change in the agency through educating the leadership. We believe that by improving the staff members' cultural competence and sensitivity around working with LGBTQI2S consumers, it will not only create a more welcoming environment for the consumers but support the successful implementation of the project.

Describe the strategies, methods of implementation and timeframe

Here are the strategies in chronological order:

- 1) Establishing an Advisory Committee with unpaid volunteers with experience in working with LGBTQI2S and API community in the mental health and social service setting to provide on-going directions and policy recommendations and visual materials review. (Month 1-3)
- 2) Project Kickoff in Agency to introduce all staff to join us in achieving the goals and outreach and recruitment activities of the new Rainbow to Wellness Project (Month 3-6)
- 3) Conduct Needs Assessment with all staff and consumer volunteers (Month 6-9)
- 4) Development of welcoming visual materials in specific cultural images and language (Month 6 to 9)

- 5) Collaborate with other organizations to outreach our target population and to train us and help us to build our capacity to serve the needs of the LGBTQI2S population better (i.e., Pacific Center for Human Growth, Asian Health Services, and Community Health for Asian Americans) (Month 9 and beyond)
- 6) Develop Outreach Materials (including logo and PR cards about Rainbow to Wellness Project) (Month 9-12)
- 7) Identify stakeholders (BHCS consumer, family member, and provider) for field testing (Month 12-15)
- 8) Outreach and recruit stakeholders (Month 15-16)
- 9) Field Test adapted Welcoming Kit draft as informed by the needs assessment surveys and focus groups (Month 15-18)
- 10) Training staff on how to utilize the Welcoming Kit and the changes in the clinical paperwork, documentation and procedures (Month 18 to 20)
- 11) Develop Client satisfaction Survey to evaluate effectiveness of strategies (Month 18 and beyond)
- 12) Compiles results of survey and generate final report (Month 18 to 20)
- 13) Prepare materials for Learning Conference in March 2016 (Month 18 to 24)

Demonstrate Effectiveness of the Strategies

1) How do you know these strategies are effective in achieving the goal of reducing isolation for the target population? (Include data collection)

The stakeholders for our field test session felt they were selected for a very special and important task to give their recommendations to the Welcoming Toolkit Strategies. They took it seriously and gave very thoughtful answers and comments which will be used for the final draft of the Welcoming Strategies for API LGBTQI2S. Please see the final report for details on their feedback on the strategies. There has never been a welcome kit targeted at this API LGBTQI2S population. As a group, they need proactive outreach and access to a welcoming, safe and supportive environment and culturally and linguistically responsive service and follow ups to reverse the alarming mental health trends. The Welcoming Strategies for the Kit came from the consumers and providers and family members that we recruited and three of them representing consumer, family member, and provider sat down with us in a field testing session. The first level was the needs assessment results which we incorporated into the first draft of the Welcoming strategies. The second level was taking that draft and doing the field testing with the three stakeholders (consumer, family member and provider) We have their recommendation as data and also we will doing a client satisfaction survey in the coming months in preparation for the March 2016 Learning Conference. We will need more time to recruit more consumers to give us feedback on the effects that the Welcoming Strategies are having and whether they were effective or not.

2) Describe the culturally responsive nuance of the strategies for the target population:

Gender identification, sexual orientation and just sex in general are not topics that the API populations are comfortable in talking and sharing with outsiders or with family due to the culture's emphasis on clear gender roles and fulfilling familial obligations and duties for male sons and female daughters. For APIs who are struggling with these issues, the signs of depression, anxiety or poor health are all symptoms of not being able to be their true selves, to talk about these personal and sensitive issues with someone, to feel they have to hide, to not be loved or accepted. Particular relevant our agency is the issue of language as our staff members providing service to consumer in more than 10 different languages. It is crucial that conversational with consumers can be conducted in the native language while observing specific cultural practices. To find the appropriate terms in their native language to talk about LGBTQI2S issues is another factor to consider in developing the welcoming toolkit especially in Toolkit section #3 on Paperwork and in incorporating and including LGBTQI2S issues and questions as part of the intake and assessment process. In serving this at risk population which historically has not been accessing services and is sadly invisible in the system. Increasing visibility in terms of having welcoming signs and symbols are critical part of breaking the barrier to access. By having specific visual cues such as rainbow flag, pink triangle can promote comfort and safety. We have created a (Rainbow to Wellness) logo of our own design to be used at the agency. The logo incorporates the colors from the rainbow flag and will be prominently displayed throughout the agency (e.g., waiting room, treatment room, group rooms, kitchen). In addition, a rainbow color patchwork quilt made by one of our advisory committee members is also hung in the waiting room, along with a wood carving print made by our consumer called, "Family" with an image of two females with their children. The Asian culture relates well to positive images and positive sayings rather than a lot of text. Our final logo will contain the word "Welcome" in ten different Asian languages coming out of the image of the Rainbow lotus symbol.

Other culturally responsive nuance of the strategies is that we are going beyond just getting input from focus groups/field testing to modify and adapt the County's current Welcoming Toolkit to coming up with a set of agency preparation steps prior to even rolling out the welcoming strategies. After the grant was funded, we had a kick off announcement and invited staff to come, about 1/3 of the agency staff (40) came, the ones who did not said that they don't have any LGBTQI2S API clients. The reason why they did not have these clients is because the clients were referred to outside providers and thus no longer an "issue." The Rainbow Project became a side project or someone else' project and not mine because I am not gay or I am not comfortable serving this population. ACMHS has been around for 40 years but we have not been able to provide and support access and serve the needs of the API LGBTQI2S. We knew we needed to reflect deeply on why that was the case and find ways to be more culturally responsive to this underserved and vulnerable population who are among us as co-workers, family and relatives and neighbors.

Creating a Welcoming Kit taught us a lot about having a tool versus actually being able to use it to achieve its purpose. Initially we thought that just having focus groups with consumers/family members/providers would be enough in identifying the cultural adaptations to the original welcoming kit and testing its validity. In order to even do any adaptation, a needs assessment of the "culture" of the agency of the organization to work with LGBTQI2S needs to conduct as part of that process. A welcoming, respectful and inclusive approach for LGBTQI2S consumers should be a philosophy embrace by all staff not just a segment of the staff. Much more education, training and self and cultural reflection need to be practiced in order to make the welcoming kit one that ALL staff will be embracing and using and supporting.

3) Describe the process for arriving at the program Design supported by evidence-based or community defined best practice findings:

Creating a Welcoming Toolkit taught us a lot about having a tool versus actually being able to use it to achieve its true purpose. Initially we thought that just having focus groups with consumers and other stakeholders will be enough in identifying the cultural adaptations to the County Welcoming Toolkit and testing its validity. In order to even do any adaptation, a needs assessment of the "culture" of the agency needs to be conducted as part of that "agency preparation" to roll out the Welcoming Strategies and Kit and achieve its intended goal. The Program Design included the agency preparation process steps that lead up to the field-testing for adaptation which we feel was more of a ground up community defined approach of best practice, to work at the macro level of systemic change in order to have a more lasting impact on individual outcomes.

The Program Design of using a culturally responsive process to engage stakeholders in sharing their views on their needs, their experiences in accessing and utilizing services and the type of welcoming strategies that can create a positive experience is based on the need of Alameda County to come up with a Welcome Policy that can incorporate welcoming practices into daily operations. It builds upon three BHCS initiatives: Co-occurring Conditions, Cultural Responsiveness, and Wellness, Recovery & Resiliency. It is our understanding that the content of the Welcoming Kit was the result of BHCS Quality Improvement team working closely with providers from all four systems of care and BHCS Substance Use Disorder programs in order to have a strategy and tool and policy that address issues of discrimination, stigma, and barriers to access and utilization of quality and culturally responsive services.

4) Provide quantitative and qualitative data that show the effectiveness of the strategies. Include measures of effectiveness and data sources used:

At this point, we do not have any quantitative data that show the effectiveness of the Welcoming Strategies since we have just completed the field testing with

stakeholders and will be putting the adaptations into the final Welcoming Toolkit to be submitted on 11/10/2015. The qualitative data will be the process of the steps and the essential program design and components in deriving the culturally responsive strategies for LGBTQI2S population in the API community which are explored and discussed in details in this final report.

In the coming months, the goal is to train the staff on the Welcoming Strategies and Toolkit and on how to implement them effectively. In addition, we will create a survey to gather and analyze the results of consumers and family members' and also providers' satisfaction with the Welcoming Toolkit and how it is being implemented. The collected qualitative and quantitative data will be part of the Rainbow to Wellness Project Powerpoint presentation in the BHCS Learning Conference in March 2016.

Agency Preparedness Guideline

Asian Community Mental Health Services has not been serving the API LGBTQI2S population well due to the agency's lack of history and experience in serving this population and lack of adequate staffing and resources, as well as lack of any welcoming strategies. Some of the agency staff acknowledged in the needs assessment survey that they feel ambivalent and conflicted in serving this population as well as inadequate in their knowledge and skills and little trainings have been provided. Many cultural and social barriers for access by this underserved population have not been addressed by ACMHS. This project opens up a dialogue for consumers, family members, providers and other stakeholders and agency leadership to honestly look at these important issues and what to do to change the culture that continues these barriers without challenging them and doing something proactive to change. Before the adapted Welcoming Toolkit and strategies can be rolled out, there is a set of agency preparedness activities that we learned is essential in developing the agency infrastructure and to prepare the whole agency and staffing to roll out the Welcoming strategies and toolkit and achieve its intended outcome.

Agency Preparedness activities prior to rolling out the Welcoming Strategies and Kit (in sequence):

- 1) Project Kickoff in Agency.** A new program kick off was held the first quarter of the project with all agency invited (from volunteers, to interns, to direct clinicians, to supervisor and managers, Executive Director and Board members) with a special designed welcoming invitation. The agenda for the kick off is to introduce staff to the new program and engage them in a safe environment to cross cultural sharing of what does it mean to know someone who is a LGBTQI2S, to work with someone who's identified with that community and also to develop and implement welcoming strategies for this underserved population and be a resource for other County provider agencies serving this population.
- 2) Welcoming visual materials development.** The appearance of welcoming visual materials such as invitations, stickers, buttons, contact cards, flyers, rainbow quilts and posters(Attachment #1) , help to raise awareness to this underserved population and how to create an inviting and welcoming environment for them. These visual materials are also used in outreach and education and networking during community and health fairs and pride events.
- 3) Staff needs assessment** (Attachment #2). The surveys were given out for staff to complete and turn back for analysis and results (Attachment #3) are shared in a Powerpoint presentation in the follow up meeting.

- 4) **Establish Advisory Committee.** This committee meets weekly and oversees the overall implementation and follow-up of the various tasks within the project. Administrators (managers or supervisors), direct line clinicians and LGBTQI2S consumers are outreached and recruited to be part of the committee. As a group, they review the program plans, literature, welcoming visual materials and any recommendations for policy changes and also assist in outreaching the external community for networking as well as being a training resource themselves.
- 5) **Staff and Agency Training.** From the training needs identified from the staff needs assessment, Prioritize which ones will support the agency and the staff in increasing their confidence level in serving this population and providing a welcoming and positive experience for the API LGBTQI2S consumers. Outreach and network with internal and external training resource to provide the training. (i.e., our agency networked with LGBTQI2S providers and had two trainings provided by Pacific Center of Human Growth on the topics of: How to work with LGBTQI2S clients and Working with LGBTQI2S seniors and reducing social isolation. Both trainings covered dispelling myths and definitions of gender identifications and sexual orientation(Attachment #4), values and qualities that promote a safe environment(Attachment #5), and also how to reduce social isolation and other mental health risks. These training also led to cross cultural learning and sharing on issues specific to LGBTQI2S individuals in the Asian countries as compared to here in the United States.
- 6) **Consumer Needs Assessment.** API LGBTQI2S Consumers were outreached and recruited by their Clinicians to participate in the Consumer needs assessment survey(Attachment #6). The clinicians outreach include providing introductions to the new program and its goals and what is required and what the results of the data will be used for. The consumers are told that all participation is voluntary and they have the option of taking the survey home and returning it in an envelop and dropping it off in the front desk to retain confidentiality and protect their identity.

Toolkit Section #1: My Experience When I Come into the Program

A welcoming physical environment and greeter makes the experience of entering the program more comfortable for client/consumers and family members. Check boxes are provided for the practices you're interested in implementing.

We're interested:

___ 1) A greeter is designated and will make sure LGBTQI2S clients/consumers and their family members feel welcome, safe and comfortable in the waiting room by personal introductions and giving out cards with contact information, offering tea or water and answering any questions, checking on the waiting time, and helping clients/consumers reschedule appointments if needed.

___ 2) This greeter can be a volunteer from the LGBTQI2S community, or a consumer graduate, a family member or a staff provider and will receive on going support and sensitivity training in the diverse cultural and ethnic backgrounds and needs of the API LGBTQI2S clients/consumer as well as the available internal and external resources.

___ 2) Visual signs of welcome for LGBTQI2S clients/consumers such as colorful Rainbow to Wellness posters featuring different Asian languages with words such as **welcome, pride, respect, hope, diversity, safety, inclusion and celebration.**

___ 3) Brochures and factsheets (translated in Asian languages whenever possible) in the waiting room/counseling on LGBTQI2S resources and education for both clients/consumers and family members. Some examples of fact sheets LGBTQI2S clients/consumers and family members will appreciate finding:

- a) Resources including services and support groups for clients/consumers, family members and partners

- b) Managing Stress and Preventing Domestic violence for same sex couples
- c) The issues of social stigma, Social Isolation and Depression and information to the suicidal helpline
- d) Sexual and Emotional Health for LGBTQI2S clients
- e) Legal rights and other benefits for LGBTQI2S clients
- f) Employment and housing opportunities
- g) Volunteer work opportunities
- h) Educational opportunities
- i) Fact sheets about psychiatric symptoms/diagnosis
- j) Fact Sheets about co-occurring challenges
- k) Tips on managing physical health when taking psychiatric medications
- l) Fact Sheets on tobacco use and dependence and information for California Smokers' Helpline or flyers describing available Tobacco Cessation services.

___4) A resource binder that stays permanently in the waiting room where the most updated information about resources and activities for LGBTQI2S are organized into one binder with different categories. A designated staff or volunteer reviews the materials for updating on a monthly basis.

___5) Wellness Classes (Yoga, Zumba, Meditation, art, cooking) and a Calendars of Events with specific topics for LGBTQI2S will be made available and translated to different Asian languages.

___6) On-going wellness peer support groups targeting at the specific needs of API LGBTQI2S such as issues of coming out, pride and self esteem and self worth, familial, cultural and social barriers and addressing discrimination, bullying and negative images, depression and anxiety, social isolation, and trauma, AOD, health and relationship issues for LGBTI2S.

___7) A video that plays on the TV monitor in the waiting room. The video will introduce the agency's strong commitment to promoting diversity and the many services offered by the agency and also specific ones to LGBTQI2S and their family members and the contact persons

and information. If clients/consumers and family members are comfortable, we will have them be part of this video in sharing their story.

___8) Depending on space, artworks by and for API LGBTQI2S consumers including textile (rainbow mosaic quilt) and posters and photos in the counseling rooms and hall ways reflect the history and strengths of the diverse API LGBTQI2S community including gay individuals, families and children from diverse cultures and backgrounds.

Toolkit Section #2: How Staff Makes Me Feel Welcome

We're interested:

___1) Staff welcomes me, no matter my gender identity or sexual orientation. They are authentic and compassionate.

___2) Staff spends the time engaging me and making me feel safe in opening up and sharing on my own terms.

___3) Staff asks me if I am comfortable in sharing what gender I identified with and what pronoun I preferred and what is my sexual identification instead of assuming or avoiding the question.

___4) Staff members receive ongoing LGBTQI2S related training from well qualified and experienced trainers in the field in order to work effectively with LGBTQI2S clients and also trainings to work with their family members

___ 5) Some staff "look like me" as an Asian and speak my language and is aware of the cultural issues of shame and saving face and the stigma of being gay and also having a mental illness in the Asian community.

___6) The Staff who identified with the LGBTI2S community are comfortable in their own gender identification and /or sexual orientation and encourage me to seek support and dialogue with my family about these issues when the time is appropriate. The staff also knows how to validate me and relate to the struggles that I am going through

___7) Staff is skillful in recognizing and responding to needs of clients/consumers and family members from cultures, linguistic backgrounds, and gender/sexual orientations different from their own. Staff has done self-reflective work that helps them communicate with diverse cultural groups in adaptive, respectful and non-judgmental ways.

___8) Staff validates the client's strengths and resiliencies and uses the framework and language of motivational interviewing to build relationships.

___9) Staff is skillful in providing supports to family that's different and separate from support to consumer and have resources to share that describe useful community resources and support networks.

___10) Staff skillfully communicates with clients/consumers and family members about their value and beliefs. Staff knows how to support clients/consumers to explore their conflicts and ambiguities and also ways clients/consumers have managed in supporting their own growth and well-being and connecting them with additional support networks and resources for self-empowerment and growth(if requested).

___11) Staff is my ally (not my caretaker):

- a) Staff communicate to me that: "we are here to listen to you, support you in your choices, support you in learning how to manage your challenges and support you in communicating your needs with your family and connecting with people traveling the same path."
- b) Staff is skillful in encouraging clients/consumers and family members to take on new challenges; and offer support when people try new things that seem out of their reach.
- c) Staff asks "you have developed skills that have helped you get to where you are today...what are they?"
- d) Staff makes space for me to get in touch with my hurt, with my loss and at the same time, to explain my gifts and strengths and figure out how to use them to work through my challenges and see the uniqueness that is me. "I am part of the solution."
- e) Staff welcomes me, no matter what shape I am in when I show up and is aware that growth is not linear sometimes.
- f) Individuals and families with co-occurring issues are welcomed for care. "I wasn't turned away if I was using.

Toolkit Section #3: Paperwork and Procedures Support My Wellness

Paperwork can be overwhelming for clients/consumers, family members, and providers. This section offers ways to make paperwork and procedures (and the process of completing them) more welcoming. Check boxes are provided for practices you're interested in implementing.

We're Interested:

1) At first face to face session with client, staff creates a welcoming and safe place and explains the general intake process in the language that the client prefers and also notifies client of their right to privacy and confidentiality

2) A standard of general intake questions should be used that is language specific. Consumers should be told that these questions are being asked of everyone as part of the initial intake and the information gathered will help staff to be able to give consumer the best service.

3) Agency's policy of no discrimination based on sex orientation, race, ethnicity, and gender and agency's mission to be culturally responsive in serving the most vulnerable populations in the Asian Community should be emphasized in the initial session and a copy to be given to client.

4) Clinician observes and makes a clinical judgment on the trust level in the engagement process in terms of the client's comfort level in sharing his/her personal background information during the assessment. If possible, identify ways to complete required initial assessment over the course of more than one session.

5) If family members are present (client consent) and/or client does not feel comfortable answering, client has the option of answering the personal demographic information on paper given to him/her, and clinician can preview the answers and talk to client about the answers at another follow up session.

___6) There should be a set of assessment questions for family members to give their input if they are willing to participate and client consents to it.

___7) If client identified as LGBTQI2S, there should be follow up questions on the form on information from client on past experience(s) with seeking LGBTQI2S related services and a sensitive discussion should be conducted to whether client wants to be matched with certain type of counselor or if there are other options they prefer and also if certain options are available or not.

___8) If client identifies as LGBTQI2S, a short needs assessment on case management services that client is interested in should be completed to identify needs in housing, health, employment, self care, legal aids and also social activities and peer group support.

___7) If client identifies as LGBTQI2S and is in the process of terminating with services, a client satisfaction survey should be conducted to look at how services can be improved and a family or significant others satisfaction survey should also be conducted if client consents to their participation in the treatment.

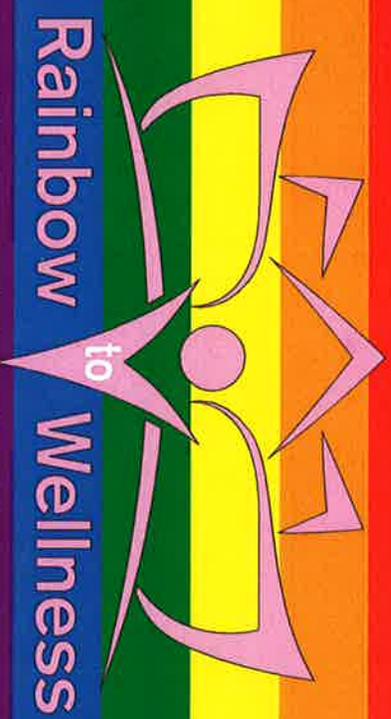
___8) If rights to privacy and confidentiality are violated, a clearly written grievance policy is available to give to clients/consumers and family members. There should be a case review process and consultation training for staff to prevent any violations and also improve services for the future.

___9) Staff are trained in engagement with diverse population and also stress reduction skills to use between sessions with clients/consumers and family members, after completing paperwork, or implementing procedures.

Resource Attachments and Links

- Attachment 1: Welcoming Visual Materials (Logo)
- Attachment 2: Staff Needs Assessment (Staff Survey)
- Attachment 3: Staff Needs Assessment Results (Staff Survey Results)
- Attachment 4: Staff Training Sample Questionnaire
- Attachment 5: Values and Qualities that Promote a Safe Environment
- Attachment 6: Consumer Needs Assessment (Consumer Survey)
- Attachment 7: List of Resources and Links
 - A.) LGBTQI2S – What does the Acronym Mean
 - B) Sample of New Patient Intake Form
 - C) Asian Health Services LGBTQ Glossary 2015

Welcome 歡迎 Xin chào ようこそ Bienvenida 환영합니다 Maligayang pagdating ကျိဆိုဝိတယ်



Asian Community Mental Health Services

ຍິນດີຕ້ອນຮັບ ຍິນດີຕ້ອນຮັບ A'hneiv Zipv स्वर्गागत सृष्टिसृष्टिसृष्टि



Topic Domains Measured:

- A. ACMHS staff's perceived competence as a service provider for LGBTQ clients**
 - 1. I have a strong understanding of how to work with API LGBTQ clients
 - 2. I can address specific struggles that API LGBTQ clients face due to their LGBTQ identity.
 - 3. API LGBTQ people experience mental health challenges that do not relate to their sexual orientation.

- B. ACMHS staff's perceived understanding of Queer API identities**
 - 1. I believe a person chooses to be LGBTQ.
 - 2. It is harder for an API person to identify as LGBTQ than someone who is white/Caucasian.
 - 3. I believe it is possible for someone to change their sexual orientation
 - 4. I grew up believing that homosexuality and gender variance is a sin

- C. Agency willingness to provide services to Queer API peoples**
 - 1. It is important for staff to have trainings on how to work with API LGBTQ clients
 - 2. API LGBTQ people should be able to receive services at ACMHS without feeling stigmatized by their sexual orientation
 - 3. I believe that I need more training/education about the LGBTQ community to better serve my clients

- D. Current agency attitudes towards LGBTQ people**
 - 1. I believe that ACMHS provides a comfortable environment for LGBTQ clients
 - 2. I believe that ACMHS provides a comfortable environment for LGBTQ co-workers

Randomized Order:

2	A2	1
3	A3	2
12	D2	3
1	A1	4
5	B2	5
10	C3	6
4	B1	7
7	B4	8
9	C2	9
11	D1	10
8	C1	11
6	B3	12



- ### Domains Measured:
- A. ACMHS Staff: *Perceived Competence as a Service Provider for LGBTQ Clients*
 - B. ACMHS Staff: *Perceived Understanding of Queer API Identities*
 - C. ACMHS Agency: *Readiness to Provide Services to Queer API Peoples*
 - D. ACMHS Agency: *Attitude Towards LGBTQI People*

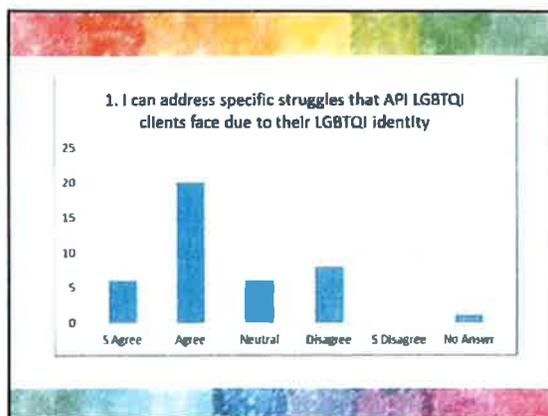
Raw Data

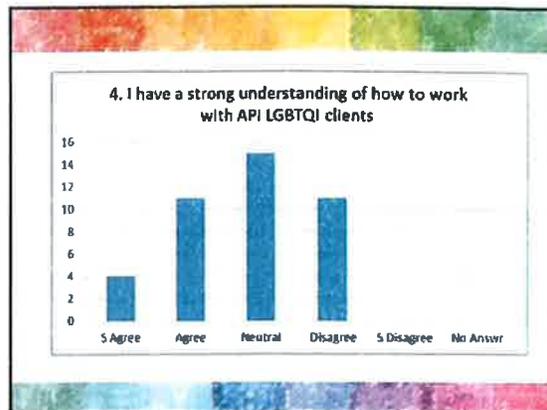
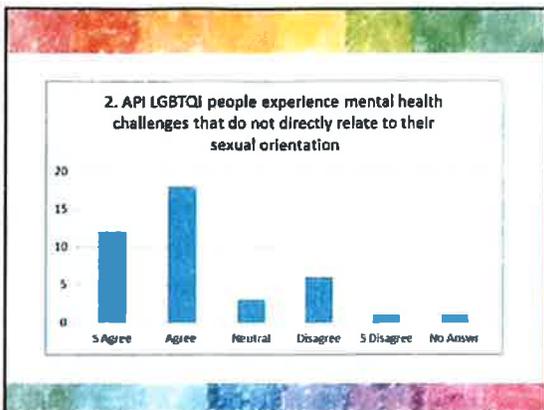
	RESPONSES (ORIG. CODINGS)					
	5 Agree	Agree	Neutral	Disagree	5 Disagree	No Answer
1	6	20	6	8	5	1
2	32	18	7	6	1	1
3	4	21	12	20	1	1
4	4	11	11	11		
5	14	18	7	3	1	
6	17	17	6			1
7	1	8	21	8	20	
8	4	6	10	12	9	
9	29	12				
10	3	16	17	3	1	1
11	29	11	1			
12	5	7	11	5	11	

Total Responses: 41

A. ACMHS Staff: Perceived Competence as a Service Provider for LGBTQ Clients

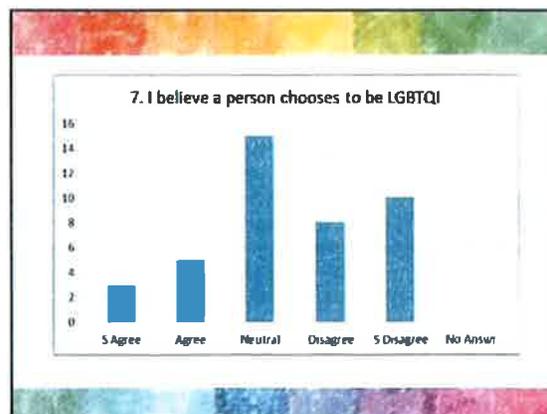
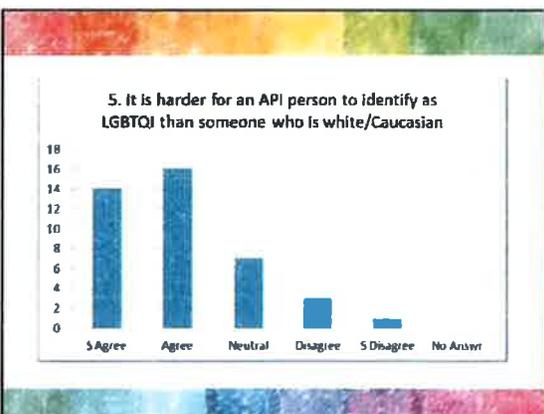
- 1. I can address specific struggles that API LGBTQI clients face due to their LGBTQI identity
- 2. API LGBTQI people experience mental health challenges that do not directly relate to their sexual orientation
- 4. I have a strong understanding of how to work with API LGBTQI clients

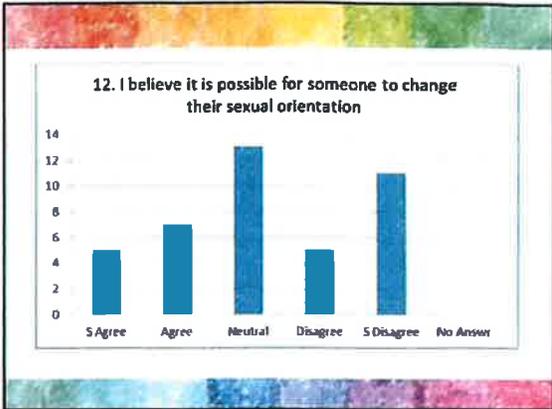
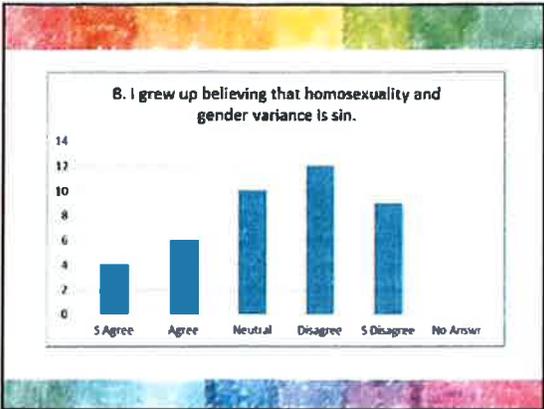




B. ACMHS Staff: Perceived Understanding of Queer API Identities

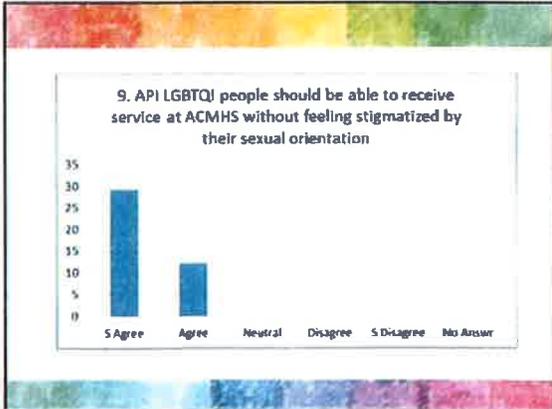
- 5. It is harder for an API person to identify as LGBTQI than someone who is white/Caucasian
- 7. I believe a person chooses to be LGBTQI
- 8. I grew up believing that homosexuality and gender variance is sin.
- 12. I believe it is possible for someone to change their sexual orientation

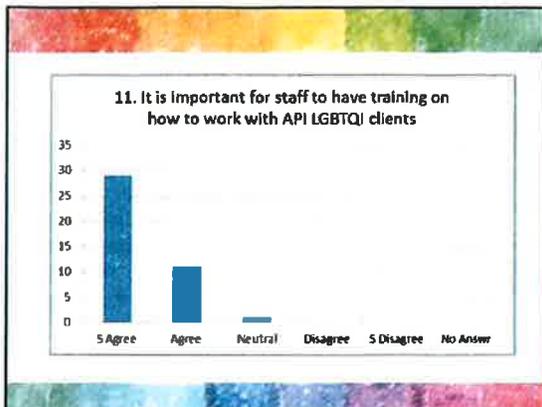




C. ACMHS Agency: Readiness to Provide Services to Queer API Peoples

- 6. I believe that I need more training/education about the LGBTQI community to better serve my clients**
- 9. API LGBTQI people should be able to receive service at ACMHS without feeling stigmatized by their sexual orientation**
- 11. It is important for staff to have training on how to work with API LGBTQI clients**

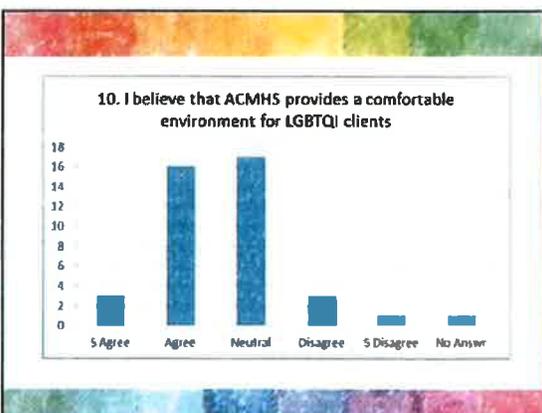
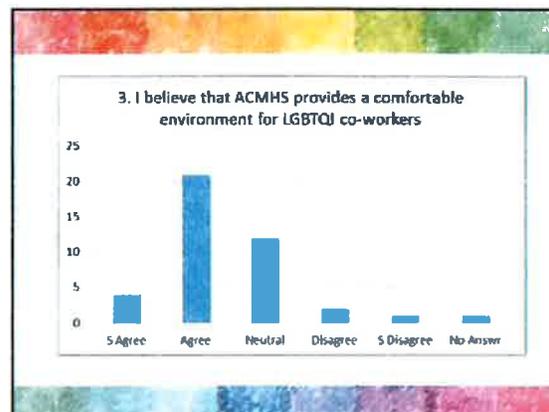




D. ACMHS Agency: Attitude Towards LGBTQI People

3. I believe that ACMHS provides a comfortable environment for LGBTQI co-workers

10. I believe that ACMHS provides a comfortable environment for LGBTQI clients



Additional Comments Section:

- "Website? Point of contacts? Specific LGBTQI services? Difference between other services?"
- "Cultural competency?"
- "Thank you so much for bring this important dimension to ACMHS. We need to recognize and appreciate all people."
- "Thank you! This is so important to discuss."
- "I am in strong support of receiving additional training about how to support LGBTQI clients @ ACMHS. I'm a new staff so I don't know ACMHS' environment for LGBTQI employees/clients yet."

ACMHS CONSUMER SURVEY



Rainbow to Wellness, an innovation initiative, is looking to identify specific strategies to improve the environment at ACMHS to make this space more welcoming to individuals of all gender identities and sexual orientations. Please help us by providing us with some feedback on areas we can improve upon.

Please help your client to fill out this survey. Alternatively, if client feels comfortable, they can also fill out the survey on their own.

LGBTQI2S = Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Two-Spirit

In this section, please rate if the following statements are important to you.			
How important is it that ...	Not Important	Important	Very Important
1. The staff is knowledgeable with LGBTQI2S issues.			
2. The staff welcomes you, no matter your gender identity or sexual orientation.			
3. Your therapist is comfortable talking to you about LGBTQI2S issues.			
4. The staff is a part of the LGBTQI2S community.			
5. The staff at this agency receives LGBTQI2S training.			
6. The agency provides culturally specific services to LGBTQI2S consumers.			
7. The agency provides LGBTQI2S support group(s).			
8. There are LGBTQI2S recognizable symbols (e.g., rainbow flag, pink triangle, equal sign, etc.) visible in the waiting area.			
10. There are LGBTQI2S recognizable symbols visible in the therapy rooms.			
11. The staff working with you wears an LGBTQI2S symbols (e.g., a rainbow flag pin).			
12. Brochures on LGBTQI2S topics are made available.			
13. Information and resources are made available for family members of LGBTQI2S consumers.			
14. Your sexual orientation is included as part of the enrollment process.			

In this section, please indicate if you agree with the following statements about ACMHS.

Do you agree that ...	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. ACMHS is a welcoming space for LGBTQI2S consumers.					
2. Staff is knowledgeable about LGBTQI2S issues.					
3. Staff is sensitive to my gender identity and/or sexual orientation.					
4. I would recommend this agency to other LGBTQI2S consumers.					

Please provide any additional comments you may have.

What can we do to make ACMHS more welcoming to LGBTQI2S consumers?

LGBTQI2-S -- What Does the Acronym Mean?

Lesbian – Term used to describe women-identified people attracted romantically, erotically, and/or emotionally to other women-identified people.

Gay - Term used in some cultural settings to represent men who are attracted to men in a romantic, erotic and/or emotional sense.

Bisexual – A person emotionally, physically, and/or sexually attracted to men and women. This attraction does not have to be equally split between genders and there may be a preference for one gender over others.

Transgender – A term for people whose gender identity, expression or behavior is different from those typically associated with their assigned sex at birth.

Asexual – someone who does not experience sexual attraction.

Queer – 1. An umbrella term to refer to all LGBTQI-2S people. 2. A term used as an alternative to “gay” in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Intersexed Person – Someone whose sex a doctor has a difficult time categorizing as either male or female. The existence of intersexuals shows that there are not just two sexes and that our ways of thinking about sex (trying to force everyone to fit into either the male box or the female box) is socially constructed.

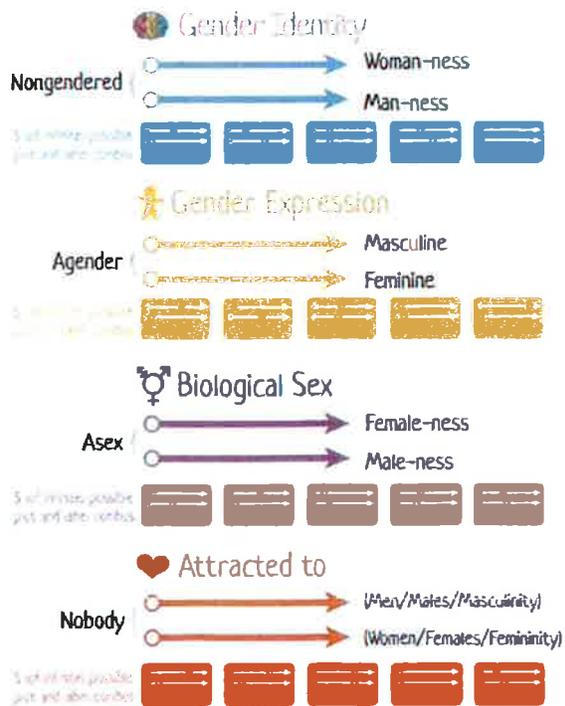
Two-Spirit – Refers to the commonly shared notion among many Native American tribes that some individuals naturally possessed and manifested both a masculine and feminine spiritual qualities. American society commonly identifies Two-Spirit People as Gay, Lesbian, Bisexual or Transgender.

Heterosexism – Prejudice against individuals and groups who display non-heterosexual behaviors or identities, combined with the majority power to impose such prejudice, and usually used to the advantage of the group in power.

The Genderbread Person v2.0

its pronounced METROsexual

Gender is one of those things everyone thinks they understand, but most people don't. Like Inception, Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.



Ken Steele and Claire Berman, *The Day the Voices Stopped: A Memoir of Madness and Hope*

“A bold but necessary move, self-disclosure is a first step toward successfully addressing the stigma associated with being mentally ill. Before we can reveal ourselves to others, we have to come out of our own dark closets.”

Values and Qualities that Promote a Safe Environment

1. Awareness of one's own comfort level, values, biases & prejudices about sex, gender, and sexual orientation, and how these can affect interactions with clients and colleagues.
2. Being open-minded and open to diversity.
3. Interest in the life of the client or colleague, and willingness to educate one's self about issues and social conditions for LGBTQIQ2-S community.
4. Adopt an accepting, inclusive, and nonjudgmental position.
5. Comfortable with LGBTQIQ2-S people and their families.
6. Holds one's self accountable for values, biases, and prejudices.
7. Willingness to be held accountable by LGBTQIQ2-S colleagues and allies.
8. Awareness of one's own construction of gender and sexual identity, and the origins of related beliefs.
9. Demonstrate acceptance of a person's preferred, self-identified gender.
10. Use names & pronouns accordingly (it's OK to make mistakes, self correct and move on).
11. Don't expect everyone to conform to your gender stereotypes.
12. Challenge stereotypes when stated by others.

Resources for Further Learning:

Hunt, J. (2012). Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice, *Center for American Progress*. Retrieved from, <https://www.americanprogress.org/issues/lgbt/report/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/>

The World Professional Association for Transgender Health (2001). *Standards of Care* for the Health of Transsexual, Transgender, and Gender Nonconforming People: 7th Edition. Retrieved from, http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=3926

National Center for Transgender Equality (2014). Transgender Terminology. Retrieved from, http://transequality.org/Resources/TransTerminology_2014.pdf

Substance Abuse and Mental Health Services Administration (2001). A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals. Retrieved from, <https://www.nalgap.org/PDF/Resources/ProvidersGuide-SAMSHA.pdf>

UC Berkeley Gender Equity Resource Center (2014). Definition of Terms. Retrieved from http://geneg.berkeley.edu/lgbt_resources_definition_of_terms

Based on Training of Louise Monsour, LMFT

1.	True	False	Don't Know	I know what all the letters in LGBTQI2-S stand for and what communities they describe.
2.	True	False	Don't Know	Sexual orientation and gender identification are the same thing.
3.	True	False	Don't Know	Sexual orientation is fixed over time, meaning it does not change in a person's lifetime.
4.	True	False	Don't Know	A transgender person can be straight, gay or bisexual.
5.	True	False	Don't Know	Youth cannot know if they are gay, straight or bisexual until they are sexually active.
6.	True	False	Don't Know	Service providers are trained to work with members of the LGBTQI2-S community.

7.	True	False	Don't Know	Many LGBTQI2-S people have had traumatic experiences due to their sexual orientation or gender identity.
8.	True	False	Don't Know	I am aware of how heteronormativity and binarism affect my relationships with peers.
9.	True	False	Don't Know	LGBTQI2-S people do not experience homophobia in themselves.
10.	True	False	Don't Know	There is a clearly defined path of how individuals become LGBTQI2-S.
11.	True	False	Don't Know	Gender non-conformity is only experienced by transgender people.
12.	True	False	Don't Know	People identified as bisexuals must have relationships with two genders at the same time.

13.	True	False	Don't Know	I am comfortable asking my peers about their gender identity, chosen name and preferred gender pronoun.
14.	True	False	Don't know	Peer support is a good way to help LGBTQI2-S reduce isolation.
15.	True	False	Don't Know	Substance abuse rates among LGBTQI2-S population are approximately the same as the general population.
16.	True	False	Don't Know	Depression and suicidality are significantly higher among the LGBTQI2-S population than the general population.
17.	True	False	Don't Know	For most families, learning about specific behaviors to protect and support their LGBTQIS2 children will be new information.

Appendix B

Sample New Patient Intake Form

Date: _____	
Patient Intake Form	
<p>We'd like to welcome you as a new patient. Please take the time to fill out this form as accurately as possible so we can most appropriately address your health needs.</p>	
<p>The confidentiality of your health information is protected in accordance with federal protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPAA).</p>	
<p>You will notice that we ask questions about race and ethnic background. We do this so we can review the treatment that all patients receive and make sure everyone gets the highest quality of care.</p>	
<p>While this clinic recognizes a number of sexes/genders, many insurance companies and legal entities do not. Please understand that the legal name and sex listed on your insurance must be used on documents pertaining to insurance and billing. If your preferred name and pronouns are different from these, please let us know.</p>	
<p>Please print all responses.</p>	
Name: _____	Date of Birth: _____
Address: _____ _____	Sex/Gender: M F Intersex Transgendered
	Race (eg, African-American, Latino, Asian, etc) _____
Home Tel (____) ____ - ____	Ethnicity (eg, Mexican, Hawaiian, Irish, etc)
OK to leave a message? Y N	_____
Work Tel (____) ____ - ____	Education Level: _____
OK to leave a message? Y N	
Cell Tel (____) ____ - ____	Occupation: (Do you work outside the home?)
OK to leave a message? Y N	Please be specific in describing your work _____
1	

Email Address: _____	Number of Hours Worked per Week: _____
OK to contact by email: Y N	Religious/Spiritual Beliefs: _____
Insurance Type: _____	Relationship/Marital Status: (eg, single, married, partnered, living together, divorced)
ID#: _____	_____
Subscriber: _____	Name of Your Partner or Spouse: (if applicable)
Secondary Insurance: _____	_____
ID#: _____	Do You Live with Anyone? Y N
Subscriber: _____	_____
Language Spoken Most Often: _____	Number of Children: ____ Ages ____
At Home: _____	
At Work: _____	Do You Feel Safe at Home?: Y N Sometimes
Do You Need an Interpreter? Y N	Have you felt threatened, controlled by, or afraid of a partner, family member, or caregiver? Y N

Medical History

Please check all that apply

- Emphysema
- Tuberculosis
- Pneumonia
- Bronchitis
- Asthma
- Allergies
- Heart Disease
- Stroke
- High Blood Pressure
- Elevated Cholesterol
- Diabetes
- Venous Thrombosis
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Cirrhosis
- Anemia
- Thyroid Trouble
- Gallbladder Disease
- Ulcers
- Frequent Urinary Tract Infections
- Sexually Transmitted Infections
- Prostate Trouble
- Cancer
- Arthritis
- Osteoporosis
- Fractures
- Migraines
- Depression
- Anxiety or Panic Disorder
- Posttraumatic Stress Disorder
- Alcohol or Substance Use Problem

Other: _____

Systems Review

Please check any of the following symptoms that you have recently experienced or are a concern to you.

General:

recent weight loss recent weight gain fatigue
 fever changes in appetite night sweats

Skin:

rashes lumps itching
 dryness color change hair or nail change

Head:

headaches head injuries dizziness

Eyes: Date of last exam: ___/___/___

glasses contacts
 pain double vision redness
 glaucoma cataracts

Nose:

frequent colds nasal stuffiness hay fever
 nosebleeds sinus trouble dust/animal allergies

Ears:

hearing loss

Mouth & Throat: Date of last dental exam: ___/___/___

bleeding gums frequent sore throats hoarseness

Neck:

goiter lumps/swollen glands pain

Breasts: Date of last mammogram: ___/___/___

lumps pain nipple discharge

Respiratory:

cough wheezing shortness of breath

coughing up blood

Cardiac:

heart murmur chest pain palpitations

swelling of feet shortness of breath

Gastrointestinal:

trouble swallowing heartburn or gas nausea

vomiting rectal bleeding constipation

diarrhea abdominal pain hemorrhoids

jaundice (skin or whites of eyes turning yellow)

Urinary:

frequent urination painful urination blood in urine

stones difficulty urinating or difficulty holding urination

waking up to go to the bathroom several times at night

Musculoskeletal:

joint stiffness arthritis gout

backache muscle pains muscle cramps

Peripheral Vascular:

leg cramps while walking varicose veins

thrombophlebitis

Neurological:

fainting blackouts seizures

weakness numbness tremors

tingling hands or feet change in memory

Psychiatric/Psychological:

anxiety depression phobias

family problems eating disorder

Have you ever been hit, slapped, kicked, or otherwise physically hurt by someone?

Yes, in the past year Yes, prior to this past year No

Has anyone ever forced you into having any type of sexual activity?

Yes No

Hematologic:

anemia easy bruising or bleeding

blood transfusions: Year(s) _____

Endocrine:

heat or cold intolerance excessive sweating

excessive hunger excessive urinating

Do you experience chronic pain? Yes No

If YES, how is your pain managed (ie, physical therapy, medication, etc)?

On a scale of zero to ten, with ten being the worst and zero being no pain, how would you rate your current pain? _____

Operations and/or Hospitalizations: (Please list surgeries and/or hospitalization reasons and dates)

Current Medications: (Please include any non-prescription drugs as well, eg, vitamins, aspirin, etc.)

Medication Name	Dose	Frequency of Use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If you need more room, please list additional medications on back of last page.

Allergies: (Please list any allergies you may have to medications and food)

Family Medical History

Please check all that apply.

- Stroke
- Heart Disease
- High Blood Pressure
- Thyroid Disease
- Kidney Disease
- Diabetes
- Arthritis
- Osteoporosis
- Migraine Headaches
- Alcoholism
- Asthma
- Depression
- Anxiety
- Cancer/Type(s): _____

Vaccinations/Prevention

Date of Last Tetanus Vaccination: ___/___/_____

Have you received any of the following vaccines:

Hepatitis A? Yes No Not Sure

Hepatitis B? Yes No Not Sure

Pneumo vax? Yes No Not Sure

Have you had a blood test for Rubella (German Measles)?

Yes No Not Sure

Date of Last Colonoscopy: ___/___/_____ Check here if not applicable

How often do you wear seatbelts? _____

Are there any firearms kept in your home? Yes No

Does someone have power of attorney or healthcare proxy giving them the power to make decisions about your care in life-threatening situations?

No Yes: (*name of person and their relationship to you*)

Do you have an advanced health directive, such as do not resuscitate?

Yes No

Gender Identity

Please list any questions, concerns, or comments you have, if any, about your gender or gender identity (sense of your femaleness/maleness).

Sexual Orientation & Sexual History

How do you identify in terms of sexual orientation?

Are you attracted to (*check all that apply*):

Men Women Transgendered Men Transgendered Women

Have you had sex with (*check all that apply*):

Men Women Transgendered Men Transgendered Women

When you have sex, do you have (*check all that apply*):

Oral Sex Vaginal Sex Anal Sex

How often do you use condoms when having:

Oral Sex: _____

Vaginal Sex: _____

Anal Sex: _____

When is the last time you had sex without using a condom?

Do you have a primary (main) sexual partner? Yes No

Do you have any casual sexual partners? Yes No

When was the last time you were tested for HIV?

What were the results? _____

Please check any of the following infections that you have had:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Syphilis | <input type="checkbox"/> Gonorrhea | <input type="checkbox"/> Pelvic Inflammatory Disease |
| <input type="checkbox"/> Herpes | <input type="checkbox"/> Trichomonas | <input type="checkbox"/> Genital Warts |
| <input type="checkbox"/> Yeast Infections | <input type="checkbox"/> Chlamydia | <input type="checkbox"/> Crabs |
| <input type="checkbox"/> Bacterial Vaginosis | | |

For each of the above that you checked, please note: 1) when the infection was, 2) if you completed treatment, 3) if your partner(s) were informed, and 4) if you need help telling your partners.

- | | | | |
|----------|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |

Do you know or believe that any of your partners have had HIV or another sexually transmitted infection?

Yes No I'm not sure

Have your current partners been tested for HIV and other sexually transmitted infections?

Yes No I'm not sure

What were the results? _____

Are you satisfied with your sexual life? Yes No I'm not sure

Please describe any sexual concerns you may have:

Gynecologic History

If not applicable due to sex and/or gender please check here ___ and skip to Hormones section

Age of First Period: ___

Date of Last Pap: ___/___/___ Results: ___Normal ___Abnormal

Have you *ever* had:

An abnormal Pap? Yes No Ovarian Cysts? Yes No

Fibroids? Yes No DES Exposure? Yes No

Have you had a hysterectomy? Yes No

If YES: Why was it performed?

Were your ovaries removed? Yes, both Yes, one No

If menopausal/postmenopausal, please check here ___ and skip to below the dotted line

Date of Last Period: ___/___/___

Frequency of Periods: (eg, every 28 days) _____

Average Length of Period: ___days

Bleeding: ___Light ___Moderate ___Heavy

Other Bleeding: ___No ___Yes, between periods ___Yes, after penetrative sexual activity

Do you experience any of the following symptoms with your period?
Check all that apply.

___Headaches ___Weight Gain ___Swelling ___Cramps ___Anxiety

___Depression Other: _____

Are you currently using birth control? Yes No

If YES: Which type are you using:

___Pills ___IUD ___Condoms ___Foam ___Foam & Condoms

___Patch ___Diaphragm ___Ring ___Depo ___Tubal Ligation

___Vasectomy Other: _____

Have you *ever* taken birth control pills?
Yes, for _____(how long?) No

Are you currently pregnant or planning to become pregnant?
Yes No

If you have not begun menopause, please check here ___ and continue to the next section

Age at menopause: ____

Have you *ever* taken estrogen replacement? Yes No

If YES: What was the name of the estrogen replacement?

Age when estrogen replacement was started: ____

How long was estrogen replacement used? ____

What was your estrogen dose? _____

Have you *ever* taken progesterone? Yes No

If YES: How many days per month? ____

How long was progesterone replacement used? ____

What was your progesterone dose? _____

Please check any of the following symptoms of menopause you are having:

<input type="checkbox"/> Hot Flashes	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Depression	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Irregular Bleeding
<input type="checkbox"/> Vaginal Burning/Itching	<input type="checkbox"/> Vaginal Dryness	
<input type="checkbox"/> Pain during Vaginal Penetration	Other: _____	

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Obstetric History

How many times have you been pregnant? _____
How many miscarriages have you had? _____
How many pregnancy terminations have you had? _____
How many vaginal deliveries have you had? _____
How many caesarean sections have you had? _____
Have you had any ectopic pregnancies? Yes No
Have you had gestational diabetes? Yes No
Do you have a history of infertility? Yes No

Hormones for Gender/Sex Transitioning

If not applicable, please check here ___ and skip to the next section.

Are you currently taking hormones for gender or sex transitioning purposes? Yes No

If YES: How long have you been taking them? _____

What hormones are you taking?

Have you ever used transitioning hormones in the past? Yes No

If YES to past or current hormone use, what types of complications, if any, have you experienced?

What types, if any, of sex reassignment surgery have you had?

What types, if any, of other feminizing or masculinizing procedures have you had?

What types of complications, if any, have you experienced following such surgeries and/or procedures?

What concerns or questions, if any, do you have regarding gender/sex transitioning?

Lifestyle & Health Habits

Do you follow a special diet? Yes No

If YES, please check appropriately:

Vegetarian Vegan Low Fat
 Low Carb High Fiber Calorie Restriction

Other: _____

Have you ever binged, purged, or restricted your food intake?

No Yes, I have _____
(please describe)

What concerns, if any, do you have about your eating practices?

How often do you exercise at a moderate or vigorous level for 30 minutes or more? _____

What type of exercise(s) and/or sports do you engage in?

On a typical day, how many cups of caffeine containing beverages (coffee, tea, soda, energy drinks, etc) do you have? _____

On a typical day, how many portions of calcium enriched food do you eat? _____

Portion = one cup of milk = one slice of cheese = one cup yogurt = 1/2 cup of ice cream

On a daily basis, how much calcium do you consume through tablets or chews?

<500 mg 600-1200 mg Not Sure

Substance Use History

How many drinks containing alcohol do you have, on average, per week?

Have you ever been concerned about your drinking? Yes No Not Sure

Has anyone, including a family member, friend, or healthcare worker been concerned about your drinking or suggest you cut down?

Yes No I'm not sure

How many cigarettes do you smoke per day? _____

How old were you when you first started smoking? _____

Have you ever tried to quit smoking? Yes No NA

Are you interested in quitting smoking? Yes No NA

If you are a former smoker, how long ago did you quit?

Please check any of the substances listed below that you have used, even if it was only once:

___ Marijuana

When was the last time you used it? _____

How frequently do you/did you use it? _____

___ Cocaine

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, sniff)? _____

___Crystal Meth

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, etc)? _____

___Heroin

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, smoke, inject, etc)? _____

___Other Opiates (oxycontin, vicodin, percodan, etc)

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie, orally, smoke, inject, etc)? _____

___Ecstasy/Mushrooms/LSD

When was the last time you used it? _____

How frequently do you/did you use it? _____

Other Substance(s):

When was the last time you used it? _____

How frequently do you/did you use it? _____

How do/did you use it (ie smoke, inject, etc)? _____

Have you *ever* injected any type of substance? Yes No

Did you ever share your needle, cooker, cotton, rinse water, or any other part of your set?

Yes No I'm not sure

What types of problems has drug use caused for you (ie, relationships with others, problems at work, depression, anxiety, physical health, etc)?

What concerns, if any, do you have about either your past or current drug use?

Thank you for answering this comprehensive health history form. Your answers are confidential and will help us provide more complete and knowledgeable care of you.

References

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MISSION: Our mission is to maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol or drug concerns.

VISION: We envision communities where all individuals and their families can successfully realize their potential and pursue their dreams, and where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.

VALUES: Access, Consumer & Family Empowerment, Best Practices, Health & Wellness, Culturally Responsive, Socially Inclusive.

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