California Institute For Behavioral Health Solutions

Alameda County Peer Support
in Congregations:
Welcoming Toolkit Feedback

California Institute For Behavioral Health Solutions

Alameda County Peer Support in Congregations: Welcoming Toolkit Feedback

OUR STORY

The Overall Wellness Movement is a collaborative of faith-based organizations. These congregations are led by LGBTQI2S people who have extensive experience providing spiritual support to LGBTQI2S people of color with serious emotional disturbances and mental illness. The church is often the first place members of the community go for support to address family crises. LGBTQI2S people of color living with mental illness are no different. The church plays a critical role in managing mental illness in the community. This project gathered the knowledge and life experience of LGBTQI2S people who use or are likely to use ACBHCS mental health services or community based providers; by using that knowledge to suggest practical recommendations that may be utilized to create safe accessible services for LGBTQI2S consumers.

For more information, please contact:

Affirming Hope Ministries
Pastor Kenneth Melton
1608 Webster Street—Oakland, CA 95612

New Revelation Community Church
Rev. Dr. Donna E. Allen
1448 14th Street—Oakland, CA 94607
Church 510.473.7783 | Cell 510.593.5602
info@newrevelationcommunitychurch.org
www.newrevelationcommunitychurch.org

City of Refuge UCC
Rev. Dr. Toni Dunbar, Associate Pastor & Dean
8400 Enterprise Way—Oakland, CA 94621
510.633.6316

info@cityofrefugeucc.org | www.cityofrefugeucc.org

California Institute for Behavioral Health Solutions (CIBHS)
Kristee L. Haggins, Ph.D., Senior Associate
2125 19th Street—Sacramento, CA 95818
916.224.0875

khaggins@cibhs.org | www.cibhs.org

The views and opinions of authors expressed herein do not necessarily state or reflect those of the County of Alameda or the County Behavioral Health Care Services Agency.

Welcoming Tool Kit:

Strategies for Improving Alameda County Behavioral Health Care Services for LGBTQI2S Community

Submitted by
The Overall Wellness Collaborative

INTRODUCTION

LGBTQI2S populations are not monolithic, even though they are often combined as a single entity for research and advocacy purposes, each is a distinct group. The experiences of LGBTQI2S individuals are not uniform and are shaped by a number of factors including race, ethnicity, sexual orientation, gender identity and expression, socioeconomic status, educational attainment, geographical location, spirituality, and age, any of which can have an effect on health-related concerns and needs. All of these factors influence when, where, how and if LGBTQI2S access care. Accessing mental health services is a complex process. This complexity combined with the nuances of LGBTQI2S individuals increases the difficulty of facing the initial hurdles and reduces the likelihood that an LGBTQI2S person would seek help or sustain a treatment regimen.

Mental health service providers who are aware of the pressures or strains in family relationships, stigma, homophobia and transphobia that many LGBTQI2S persons experience both living as openly LGBTQI2S and living closeted is better prepared and likely to be more effective in serving this population. It is also important that mental health service providers be attentive to the intersection between spirituality, gender identity, race and mental health particularly for LGBTQI2S populations.
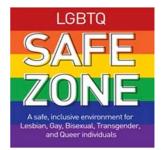
For some in the LGBTQI2S community their religion and spirituality are generally helpful in coping, with life stressors. Religious and spiritual resources include spiritual support from God or a higher power, rituals to facilitate life transitions, spiritual forgiveness, support from a religious institution or clergy and reframing a stressful situation into a larger, more benevolent system of meaning. For others, in the LGBTQI2S community religion and spirituality may be sources of problems, stigma, isolation that need to be addressed in the service of their mental health and well-being.

Mental Health providers are ethically obliged to be respectful and attentive to the cultural diversity of their clients, and how religion and spirituality contribute to the client's identity. Competent care rests on basic knowledge about racial, cultural, religious and spiritual diversity; understanding how religion and spirituality are interwoven into adaptive and maladaptive human behavior, and skills in assessing and addressing religious and spiritual issues that arise in treatment.

GOAL
The Alameda County Department of Behavioral Health Service would like to enhance their ability to outreach to the LGBTQI2S community. A Welcoming Toolkit was created to improve the sense of safety and quality of service for LGBQI2S individuals accessing care. At the request of the Alameda County

Department of Behavioral Health Care Services, the Overall Wellness Collaborative received a grant to review their existing Welcoming Toolkit and to adapt the toolkit based upon input from LGBTQI2S consumers, family members, and stakeholders, in particular people of color. The Overall Wellness Collaborative is comprised of churches that provide spiritual support to the general community and has a special outreach to LGBTQI2S individuals. The goal of the toolkit is to communicate best practices as identified by LGBTQI2S consumers, family members and stakeholders.

The toolkit is designed as a set of guidelines to assist provider organizations and their staff in providing Mental Health Services that are sensitive to the needs of their clients who are part of the LGBTQ2IS community, family, friends, and advocates. Although other stakeholders have made similar recommendations, this toolkit attempts to highlight strategies that influence the critical intersection between spirituality and sexuality, gender identity, race and mental health.

SECTION 1 - Physical environment

In general, LGBTQI2S individuals seeking care are highly influenced by the way the environment looks - for example décor and cleanliness. The appearance of the facility is a reflection of the type and quality of care they will receive. More natural settings as opposed to institutionalized environments are preferred. An environment with appropriate accommodations and relevant multicultural images communicate a warm, welcoming and affirming atmosphere. An affirming environment signifies a safe place that is free of homophobic attitudes and behaviors. The consumers' first impression of the environment influences the client's perception of the provider's competence to serve diverse populations that include LGBTQI2S individuals. Therefore generic heterosexual multicultural images are not sufficient.

The following is a list of suggestions and observations reported by previous focus groups that reviewed the original toolkit.

A. Multi-gender identity, multicultural, and multiage images communicate that the provider is mindful of diversity in their clientele and welcoming to all.

RECOMMENDATION – The use of a wall-mounted monitor with a PowerPoint on loop, calming music, photos and positive quotes representing a diversity of gender identities, race, ethnicity, family units.
   a. Positive affirmations on the walls

B. Restrooms in addition to ease of access and general cleanliness with signage that reflects awareness of the diversity of the client's gender identity. Identifying the restrooms as unisex or open to families will address the conflicts that arise about how to use the space. Unisex designated signage implies any gender can use the space. Family signage assures parents that regardless of

ARE YOU IN THE RIGHT BATHROOM?

their sex they can support their child in using the restroom without having to worry about girls in the men's restrooms or boys in the women's restroom. The same applies to gender diverse parents as well.

RECOMMENDATION – Designate some restrooms Male, Female, Unisex and Family

C. Security is important and a secure and safe environment is preferable to no security. In order to appropriately address safety concerns, it requires security staff to understand the extent of marginalization and bigotry that LGBTQI2S individual experience, which includes physical violence at the hand of law enforcement. Security staff should also be free of homophobia or at least behaviors and language that communicate homophobia. Consumers reported incidents during which the security guard communication regarding their gender identity was offensive. These incidents resulted in the consumer feeling unsafe and discriminated against.

RECOMMENDATION - The facility should be visibly secure yet unobtrusive. It is also recommended that formal mechanisms be put in place for consumers and family members to report incidents of homophobia and discrimination. That mechanism should also be communicated to all staff as well as the consumers and family members.

SECTION 2 - Coordination of Care

As previously stated, LGBTQI2S individuals have very complex lives. Those likely to engage in the public mental health system of care do not have adequate resources to address the financial strain of being under or unemployed, the stress of discrimination, the strain of blended and sometimes tenuous family support, and unaddressed health challenges. To address the complexity of their daily existence, care coordination is essential to improving quality of life.

Best practices in the delivery of care coordination attends to the client's overall wellness, which includes strategies to resolve both the immediate crisis but also mitigate general problems that continue to place the client at risk of a mental health crisis. A more comprehensive approach to care will help to improve the immediate concerns as well as the client's overall condition. Care coordinators are mindful of the client's mental health and medical care needs. Good care coordination assures that the plan is viable and there is access to resources necessary for success. Good coordination of care is hinged on the ability of the care coordinator to identify the right services at the right time through the right source.

Many of the consumers interviewed for this toolkit expressed a lack of trust in the "system" to provide appropriate care, or to adequately address their issues. The first goal of care coordination should be to develop an atmosphere of trust. Trust must be based on a realistic assessment of the clients' circumstances and

hope that the issues will be addressed if the care coordinator and the client work together. The care coordinator must be prepared to assess the homophobia of the referral sources and/or to serve as a liaison to buffer the client from potential homophobia or discrimination. The care coordinator must be flexible and willing to engage the client in the decision making process, willing to admit their limitations and have a willingness to learn as well.

Care coordination is critical to effective services for marginalized communities. The following are suggestions from the focus group participants for ideas or strategies for care coordination:

> A. Coordination of services, medication, and other social services with the client.

> B. Each client develops a Wellness Recovery Action Plan and a team they work with to support their recovery efforts.

> C. Professional interaction with staff that includes a review of resources available not just the distribution of printed material.

> D. Client compliance can be related to their understanding of the care plan or the lack of skills to integrate the care plan into other medical needs. An opportunity to clarify instructions, medications, therapy etc. with staff would be beneficial.

> E. Paperwork can be daunting particularly in a crisis, a Care Coordinator can also assist with prioritizing the paperwork that needs to be completed immediately and stagger paperwork that can be completed at a later time. In essence paperwork is completed in increments as opposed to all at once upon arrival.

RECOMMENDATION - Care Coordinators - specific staff should be trained and designated to provide care coordination services, particularly in centers focused on providing services to LGBTQI2S people of color. The care coordinator is responsible for addressing the challenges that fall at the intersection of medical, mental health, and social service needs.

SECTION 3 - Staff Training

To be culturally competent in and demonstrate sensitivity about cultural, racial, ethnic, diverse gender identities, and sexual orientation of LGBTQI2S clients, staff will require ongoing education and training. The following is a list of recommended strategies and topics for increasing the cultural competency of staff.

> A. Specialized training to serve the transgender community that includes: basic information about hormone therapy, transitions, safety issues, how to address and refer to clients. Staff should be trained in how to determine the client's preferred name and/or pronoun.

B. Specialized training on how to communicate with clients regarding their identification as LGBTQI2S and be aware of the impact of disclosing that a client is LGBTQI2S to other clients, staff, providers, parents, and care givers. (Confidentiality and privacy)

C. Have an awareness of the diversity of LGBTQI2S advocates and support persons for who may not be birth family members, but are members of the client's extended family network. This network should be allowed and encouraged to participate in treatment at the client's discretion. This can be helpful for recovery.

D. Training in general cultural competency.

RECOMMENDATIONS - All *non-licensed staff should* receive training in: Mental Health First Aid (or other mental health awareness) and all staff, whether licensed or not, should receive training in Cultural Competency, and Religious and Non-Religious Diversity. Staff training should include instruction about the marginalization of LGBTQI2S in larger society to create better understanding of particular needs for safety, autonomy and support in mental health context.

Staff should ascribe to a Preamble delineating a commitment to a professional standard of care that does not discriminate on the basis, age race, gender, sexual orientation, mental or physical ability.

SECTION 4 - Quality Improvement

An ongoing commitment to review practices and improve services is important. The review process should include feedback and assessment from clients.

A. Clients can participate in the overall improvement of services of the mental health providers by having the opportunity to provide anonymous feedback through satisfaction surveys available at the facility that can be responded to by a variety of communication: electronic, phone and written. An example is provided at the end of the toolkit.

RECOMMENDATIONS:

Establish Compliance Monitors that ensure the provider is practicing the policies created to promote a welcoming environment.

Develop Advisory Committees to review client satisfaction surveys and make recommendations on improvements.

SECTION 5 – Spirituality

Whether or not providers are personally religious and or spiritual, and /or share a religious or spiritual orientation with the client, practitioners must be aware of how the practitioner's spiritual orientation may impact the client. The intersection of spirituality and sexual orientation is fraught with history of discrimination, rejection, and trauma. LGBTQI2S people of color most often identify themselves as spiritual, but the foundation of their spiritual beliefs has been the source of internal and family friction. Many express fear and may experience post traumatic stress when discussing religious experiences.

For example, Black culture is traditionally linked to the Black church. The church influences music, intonation of speech, social structure, and political beliefs. The church is perceived as the glue that holds generations of Black families together. However, the homophobia of the black church continues to traumatize LGBQI2S individuals and their families. Some Black LGBQI2S people continue to support the Black church and its traditional structure. Some of these individuals remain closeted, choosing to not reveal their sexual orientation or to not practice homosexual behavior in respect or fear of their religious beliefs. Others remain actively involved in the Black church and face both subtle and overt discrimination. Some are conflicted about their religious beliefs and sexual orientation. Others support the values of the church and struggle to reconcile their behavior and beliefs. In either case, many of these individuals are forced to gauge the impact of the stress caused by discrimination and the feeding of their souls as members of the Black church. The Black church also affects family members of LGBTQI2S community. Family members also experience discrimination or endure overt homophobic slurs emanating from the sermons of ministers and members. They also experience conflict between their love for their LGBTQI2S family member and their religious beliefs. As a result there are very few safe spaces where Black people can discuss these struggles and emerge unscathed. The Black church is not the only religious institution that has caused harm to LGBTQI2S people. But for the purpose of this document, which is focused on perceptions of LGBTQI2S people of color, the Black church is a relevant example.

There are many LGBTQI2S individuals who continue to value their spiritual nature and also affirm their sexual orientation and/or gender identity. These individuals have found a variety of ways to maintain a spiritual foundation and create loving same-sex relationships and families. Some have opted to ignore those aspects of their religious beliefs that condemn homosexuality. They may continue to remain in the religious institution of their choice. Others have opted to join churches that are organized to address the needs of LGBTQI2S people or religious communities that do not propagate homophobic beliefs. Others have reverted to variations of indigenous religions that do not have homophobic rhetoric as part of their worship.

In any case, the intersection of spirituality and sexuality is a complex discussion and should not be taken lightly or engaged without training, trust, and permission of the client. Strong emotions, mostly negative, were expressed when focus group participants were asked about engaging spiritually in a mental health setting. Many expressed fear that the religious values of the therapist would be advocated and expected to be adopted

by the client. Others worried the therapist would not support their form of spirituality. Many questioned the rationale for integrating the two subjects. Generally, there was an overall belief that the integration of spirituality would compromise their purpose for engaging in treatment.

Generally, both spiritual practitioners and mental health providers recognize that for overall wellness the whole person must be engaged. Spirituality is a part of the whole person. Therefore the integration of mental health and spirituality for LGBTQI2S individuals must be included in the treatment experience.   Behavioral health providers must be cognizant of the risk of engaging LGBTQI2S individuals in a treatment experience that involves the integration of spirituality and a wellness program.

When asked how the integration of spirituality and mental health might be approached in a safe way, focus group participants made the following suggestions and/or observations. (Just as a reminder, the focus groups were primarily comprised of LGBTQI2S consumers, family members and advocates who attend open and affirming churches with LGBTQI2S leadership.)

1. An open conversation can be a means of assessing the place of religion and spirituality in the life of the client.

2. The spirituality of the provider should not be expressed to the client, neither spoken nor demonstrated in displays of religious symbols.

3. Visibly display, in general locations, inter-faith symbols that can be a helpful resource in mental health recovery and stability. The displays should be culturally diverse, include various religious groups and generic spirituality practices.

4. Make Spiritual Care resources such as bibles, rosaries, Koran, etc. available to clients. Meditation resources and other natural methods of relaxation - breathing exercises, soft music, lavender oil, snacks and water are also useful for expanding the clients' resources for self care.

5. Discuss in an open conversation an awareness of the potential asset and/or concern about how the client's spiritual or religious experience may or may not contribute to their overall wellness.

6. Give clients information about qualified Spiritual Care Providers, Board Certified Chaplains or persons who have completed Clinical Pastoral Education training. These persons may be accessed through a partnership with a local hospital that has a CPE Training Program or local clergy representing the client's tradition and appropriately trained to provide such services.

SUMMARY

This toolkit is designed to provide considerations into the design and provision of competent and respectful care to LGBTQI2S individuals with the recognition of the complexity of the intersections of spirituality and sexual orientation in health and recovery. It is hoped that this information has stimulated more thought and interest in improving care and outcomes for this high-risk population.

For more information, please contact members of the Overall Wellness Collaboration:

- **The City of Refuge** (Contact Person – Rev. Toni Dunbar) (510)633-6316 www.cityofrefuge.org
- **New Revelation Community Church** (Contact Person - Rev. Donna Allen) (510) 473-7783 www.newrevelationcommunitychurch.org
- **Affirming Hope Ministries** (contact person - Rev. Kenneth Melton) (415) 867-4770 www.affirminghopeministries.webs.com
- **New Seed of Faith** (Contact Person – Rev. Cherie Stephenson) (510) 936-2170 www.nsofm.com
- **California Institute for Behavioral Health Solutions** (Contact Person – Kristee Haggins, Ph.D.) (916) 552-3480 www.cibhs.org

LGBTQ2SI Consumer Satisfaction Survey
Example

1. **As an LGBTQ2SI identified person, how comfortable did you feel while seeking services?**

   Very much so   Somewhat   A little   Not at all   Not sure

2. **How open have you been able to be about yourself and your LGBTQ2SI identity?**

   Very much so   Somewhat   A little   Not at all   Not sure

3. **Do you feel your behavioral health has improved because of the services you have received today?**

   Very much so   Somewhat   A little   Not at all   Not sure

4. **Does it make a difference to know your provider has participated in LGBTQ2SI sensitivity training?**

   Very much so   Somewhat   A little   Not at all   Not sure

5. **How satisfied are you with the services you are receiving?**

   Very Satisfied Somewhat Satisfied Neutral Dissatisfied Very Dissatisfied

6. **Do you feel the staff treated you in a courteous and professional manner?**

   Very Satisfied   Somewhat Satisfied Neutral Dissatisfied Very Dissatisfied

7. **Did the staff you encountered the staff seem to be sensitive to the needs of LGBTQ2SI consumers?**

   Very much so   Somewhat Sensitive Neutral   Insensitive Very Insensitive

8. **Would you recommend this agency's services to others in the LGBTQ2SI community?**
   Definitely   Probably   Maybe   Probably Not   No

BHCS
ALAMEDA COUNTY
Behavioral Health Care Services

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.

Alameda County Behavioral Health Care Services

2000 Embarcadero Cove, Suite 400

Oakland, CA 94606

Tel: 510.567.8100, Fax: 510.567.8180

www.acbhcs.org