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ALAMEDA COUNTY BHCS
ROUND THREE
INNOVATION GRANT PROGRAM

PACIFIC CENTER FOR HUMAN GROWTH

Pacific Center for Human Growth (Pacific Center)

ACBHCS Welcoming Toolkit Update

BHCS ALAMEDA COUNTY Behavioral Health Care Services

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

Pacific Center for Human Growth (Pacific Center)

ACBHCS Welcoming Toolkit Update

OUR STORY

Pacific Center for Human Growth (Pacific Center) holds the distinction of being the third oldest LGBTQ Community Center in the country (1973) and has provided mental health support services since 1978.

And today, Pacific Center remains the only LGBTQ organization in Alameda County with the distinct mission of providing affordable mental health services while training the next generation of therapists. Our clinical services, HIV counseling program, youth program and peer support groups are diverse and growing. **We help over 2,500 people a year from all over the Bay Area.**

For more information, please contact:

Pacific Center for Human Growth
Louise Monsour, LMFT, Director of Clinical Training
510.548.8283 ext 219
lmonsour@pacificcenter.org

www.pacificcenter.org

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PACIFIC CENTER
FOR HUMAN GROWTH

Innovations Grant # 272

PROJECT OUTCOME NARRATIVE

LGBTQI2S LEARNING QUESTION #1

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

Date Submitted: 10 October 2015

Project Name: ACBHCS Welcoming Toolkit Update

Grantee Organization: Pacific Center for Human Growth

Contact Information:

Leslie Ewing, Executive Director
lewing@pacificcenter.org
510.548.8283 x213

Project Manager:
Louise Monsour, LMFT, Director of Clinical Training
lmonsour@pacificcenter.org
510.548.8283 x219

Project Coordinator:
Liz Cleves, M.A.
lizcleves@yahoo.com

Content Created by:
Tiffany Pitman, M.A.
aafunenergy@yahoo.com

Personnel Who Contributed To INN Grant #272 Welcoming Toolkit Revision

Pacific Center's Executive Director, **Leslie Ewing**, **M.A**., is a recognized leader in the LGBTQ civil rights movement. Her previous experience includes being the volunteer coordinator for the *NAMES Project* AIDS Quilt displays in Washington DC and serving on the national organizing committee for the 1*993 March on Washington.* After two terms as President of the Board of Directors at the AIDS Emergency Fund in the darkest days of the HIV epidemic, she and her late partner founded the *Breast Cancer Emergency Fund* in San Francisco. Immediately prior to joining *Pacific Center*, Leslie was the Associate Executive Director at *Lyon-Martin Women's Health Services* in San Francisco. She may be contacted at lewing@pacificcenter.org.

Louise Monsour, M.A., LMFT, is a licensed clinician and the Director of Clinical Training at the Pacific Center for Human Growth. She is responsible for the recruitment and training of the pre-licensed individuals who see clients at the Pacific Center, their individual and group supervisors, and all those who teach a weekly didactic throughout the training year. She herself is an experienced trainer and educator who believes that education is a primary tool for changing discrimination or injustice of any kind. She maintains a private practice in Berkeley, and may be contacted at lmonsour@pacificcenter.org or at louise@louisemonsour.com.

Elizabeth (Liz) Cleves M.A., earned her certification in Substance Abuse Counseling from UC Berkeley and her Masters in Clinical Psychology at the American School of Professional Psychology. She is currently completing her doctoral degree in clinical psychology and provides life coaching in her private practice in Benicia, CA. Liz has extensive experience working with children and youth, and facilitates groups for adolescents dealing with divorce. She also works with adult children dealing with narcissistic parents. She may be contacted at lizcleves@yahoo.com.

Tiffany Pitman, M.A., Counseling Psychology, The Wright Institute, is a Marriage and Family Therapist Intern with the Child Therapy Institute, and has completed the 3,000 hours required for MFT licensure through the State Board. Tiffany has been working with children and families in school-based and clinical environments for the past six years. Tiffany has accumulated extensive knowledge and experience on gender identity, with a focus on transgender children. She may be contacted at aafunenergy@yahoo.com

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Introduction

Founded in 1973, Pacific Center for Human Growth (Pacific Center) is the oldest LGBTQI2S community center in the Bay Area and the third oldest in the nation. Today, Pacific Center is a respected, grass-roots non-profit organization that provides LGBTQI2S culturally competent mental health services and a wide range of support services for young people and adults of all ages. While we are located in Berkeley, we help people throughout the entire Bay Area. We have provided mental health services and supports for LGBTQ people since 1978.

Today, Pacific Center is the only direct services agency in Alameda County providing mental health support services specifically for the LGBTQ community. We serve about 2500 people each year: individuals, couples and families in low-cost therapy; HIV+ men in our HIV counseling and support program; young people in our after school program; an elders program; and participants in our many different on-site peer support groups. We respond to hundreds of calls annually for referrals to other agencies and services. Above all, Pacific Center strives to empower individuals in the community to take action toward building and sustaining health, wholeness and well-being.

Through competency trainings, mental health services and peer support groups the Pacific Center works to improve support for all LGBTQI2S people, both within families and in the larger community. Our programs are effective in not only preventing the escalation of mental illness, but also as a gateway to other mental health services. This summary of our recommendations for the Alameda County Welcoming Toolkit will be explained in more detail throughout the report.

Summary of Recommendations:

- Adapt language to address LGBTQI2Scommunity's concern about being seen as "broken" through changing the name of the "Welcoming Toolkit" to the "**Welcoming Guide**."

- Adapt the language in the toolkit, primarily to reflect more gender-inclusive flexibility, allowing for client/consumer choice of personal pronouns and preferred name. Our participants made specific suggestions to change the language in the Welcoming Guide to be more reflective of inclusivity of the LGBTQI2S population, with increased focus on the transgender population.

- Create a format and service delivery for the Welcoming Guide that will allow for the utmost flexibility and ability to easily update information, with the knowledge that information changes rapidly in any emerging population such as the transgender community.
- Provide accountability to the LGBTQI2S community by agency commitment to yearly, in-depth training on LGBTQI2Sissues and needs, for both staff and Board of Directors.

- Adapt language in agency mission statements and policies to reflect LGBTQI2S inclusivity, directly stating their objective in serving the LGBTQI2S population. Subsequently post the

adapted statement, objective, and associated policies in the lobby of their agency, and on their website.

- Ensure the availability of a comprehensive list of resources for LGBTQI2S clients/consumers and the LGBTQI2SLatino and American Indian/First Nation, African American, and immigrant LGBTQI2S micro-populations. These resources should be available in the agency, as well as referenced on the agency's website with other resources.

The following recommendations are made to help agencies and organizations create a more welcoming environment, though they go beyond what can be included in a tool kit:

- All agencies serving the public should be strongly encouraged to have gender-neutral bathrooms on site for clients/consumers, and for staff.

- All agencies serving the public should be strongly encouraged to conduct extensive agency training, including all employees from the clerical staff to the agency board members. Training should be focused on LGBTQI2S competency, ensuring that these areas are included: language and definitions, history of oppression in the LGBTQI2Scommunity and the consequences of that, especially on older members of the LGBTQI2Spopulation, transgender concerns, trauma, & spirituality.

Other Ideas To Support LGBTQI2S Consumers

The impact of language was particularly of interest to those in our focus groups. One clear recommendation is that agencies serving the LGBTQI2Spopulations adopt the practice, both on forms and verbally, of asking ALL client/consumers "What is your preferred personal pronoun?" The reason for asking everyone is that it diminishes the stigma that may be associated with identification as a transgender or gender non-conforming person. If ALL people are asked that question, it eliminates "singling out" any one person. The same is true of "preferred name" since many who are in transition adopt the use of a different name once they begin living as their authentic selves but before they have legally changed their name. It is a good idea to have room for both on all forms so that people will be able to sign legal consent forms with their legal name, but be referred to by the name they prefer when receiving services. This is respectful and affirming to the client.

Project Subpopulation

LGBTQI2S Children, Transition Age Youth (TAY), Adults, and Older Adults, and their families are all served by the agencies with whom we worked. Our choice of collaborating agencies gave particular attention to Latino, First Nation/Native American LGBTQI2S, and transgender consumers.

Pacific Center contracted with 4 non-profit organizations within Alameda County to support the focus group testing portion of the program- Our Family Coalition, Somos Familia, Transgender Law Center, and Bay Area American Indian Two Spirits (BAAITS). These LGBTQI2S organizations represented the diversity of LGBTQI2S

families, the LGBTQI2S Hispanic/Latino cultures, The Native American/First Nation LGBTQI2S culture, and the transgender community. All agencies operate outside of the heteronormative and binary framework for sexual orientation, gender identity and expression. Participation was open to all adults.

A focus group with Somos Familia, an LGBTQI2S family-focused organization, consisted of members who were predominantly Latina or Hispanic. These participants were all LGBTQI2S and spoke to us through that lens. From them we learned that older members of their community have very different needs and biases than those in the younger generations. This was a theme we heard from many and was an excellent reminder that though cultural and societal changes are happening rapidly, older LGBTQI2S persons may be reacting to old traumas and hurtful treatments and are not as quick to adapt their language or behaviors to what younger LGBTQI2S persons take for granted. An example of this is use of the word “queer.” Many younger people (those under the age of 35) are generally comfortable identifying themselves as “queer” and see it as an umbrella term for anyone not claiming heteronormativity. Older LGBTQI2S persons were likely targeted for humiliation or physical assault that incorporated the use of this term, and are less comfortable using it now. It also means something less expansive to them.

Another concern was that the acronym LGBTQI2S is too long and too confusing. Many had no idea what all the “new” letters stand for and wondered why it continues to grow.

Additionally, we conducted extensive research through the internet and personal contacts. This additional research resulted in recommendations regarding format, product name, and mission and diversity statements. Our partnerships led to development of a total of 4 feedback groups, with adults who we feel represent dynamics of culture and diversity found in Alameda County Behavioral Health Care LGBTQI2S clients/consumers. Twenty-five percent of the participants identify as transgender. Transgender is an area of critical importance given the rapid pace at which this population is growing and their specific concerns regarding mental health services.

Program Design

The primary goal of this project was to adapt ABHCS Welcoming Toolkit strategies to promote more positive experiences for LGBTQI2S clients/consumers of behavioral health services, and make recommendations for implementation.

The project proceeded through the steps shown below:

- Outreach was conducted by team members as well as the Executive Director of Pacific Center. Contacts were made and though some agencies originally expressed a desire to be included in the project, some were unable to provide either staff or clients for a focus group or for a field test. This was largely due to the nature of small non-profits where staff members often wear multiple hats and their availability is limited. With clients/consumers, it was often impossible to get enough together at one time to conduct a focus group.
- Adopted existing model elements for LGBTQI2S Toolkit from Transgender Law Center.
- Reviewed several sample LGBTQI2S Welcoming Toolkits, both locally and nationally.
- Researched current literature on LGBTQI2S mental health consumer needs.
- Held focus groups with Somos Familias and BAIITS.
- Did a qualitative analysis of focus groups.
- Wrote revisions to the ACBHCS Welcoming Toolkit.
- Held feedback meetings on draft of revised Toolkit with Somos Familias and BAIITS.
- Got feedback through electronic means from Our Family Coalition.
- Completed final writing of Toolkit, along with a Final Report manual that includes:
    - Methodology
    - Findings
    - Data Analysis
    - Strategy Recommendations
- Conducted Field Test for further feedback on the Toolkit

Process For Arriving At The Program Design

Pacific Center contracted with 4 non-profit organizations within Alameda County to support the focus group and testing portions of the program. Those with whom we worked were from Our Family Coalition, Somos Familia, Transgender Law Center, and BAAITS. These LGBTQI2S organizations represented the diversity of LGBTQI2S families, the LGBTQI2S Hispanic/Latino cultures, The Native American/First Nation LGTQI2S culture, and the transgender community. All agencies operate outside of the heteronormative and binary framework for sexual orientation, gender identity and expression.

Our first focus group was with Somos Familia, an LGBTQI2S family-focused organization, and consisted of members who were predominantly Latina or Hispanic. These participants were all LGBTQI2S and spoke to us through that lens. The second focus group was with BAAITS, an LGBTQI2S Native American/First Nation group. This group was also able to participate in the focus group. These members were all LGBTQI2S individuals and spoke to us from the point of view of being LGBTQI2S Native Americans. The third set of data came through extensive document and email interactions with Our Family Coalition (OFC), and the fourth set of data came from the Transgender Law Center, an LGBTQI2S organization focused on providing legal advice and support for transgender people and their families. This organization shared with us their extensive knowledge and experience with the transgender population and provided valuable input.

The total number of study participants was 17, and each identifies as LGBTQIQ2S. Additionally, we conducted extensive research through the internet and personal contacts. This additional research resulted in recommendations regarding format, product name, and mission and diversity statements. Our partnerships led to development of a total of 4 feedback groups, reaching adults who we feel represent dynamics of culture and diversity found in Alameda County Behavioral Health Care LGBTQI2S clients/consumers. Almost 25% of our total number of participants identify as transgender,.

At the later stage of the grant we field tested our new “Welcoming Guide” with LGBTQI2S participants in peer support groups at the Pacific Center. These groups are comprised of a variety of ages and ethnic orientations including, African-American, Asian, Hispanic, Middle Eastern and Caucasian.

Effect on the Target Population

One initial impact was skepticism. Some stakeholders in focus groups expressed concern about whether the product (Welcoming Toolkit) they were helping to develop would ever be implemented.

It became clear that some non-agency organizations do not have intake paperwork per se, or physical locations. The Toolkit must reflect the needs of these organizations as well as agency settings. This step also made it apparent that not all groups serve their clientele at a single location. Some serve as the coordinator for social events to reach their more isolated members, and never do formal intakes. Others allow clientele to register online for events and information without ever formally aligning themselves with the organization. One comment that surfaced in the early focus groups was concern that changes will actually be implemented in the near future.

Direct impact on LGBTQI2S consumers and families can only be determined after agencies implement the Toolkit.

Essential Elements

The Welcoming Guide includes guidelines under these subheadings:

- Creating a Welcoming Physical Environment
- Greeting Clients/Consumers
    - We are present, engaging, authentic, and welcoming communicators.
- Working with Clients/Consumers
    - We are respectful and trustworthy.
    - We are allies.
    - We know how to create trust with our clients/consumers and their families, and we want to do so.
    - We are aware of the importance of trust when working with members of communities who have suffered systemic oppression.
- Paperwork and Procedures
    - We support Individuality, Community, and Wellness through clear and respectful handling of required documentation.
    - Paperwork allows space for clients/consumers to specify preferred names, pronoun, and genders.

Each of these sections contains a checklist to aid workers and volunteers in accomplishing the simple tasks listed, and to use as an occasional reminder of the many small ways that people make others feel welcome. The overall intent is to help people become aware of the ways in which they interact with others, especially those who come to them for help. All providers must be more aware of the ways that they communicate non-verbally to anyone who approaches their places of business.

Staffing Requirements

Staff requirements at each agency for implementing the Toolkit:

- Program administrator to oversee all aspects of implementation
- Operations manager to implement physical environment guidelines
- Trainer who is a licensed or license eligible mental health professional, who is LGBTQI2S*, to explain implementation of guidelines to:
    - Clinical staff
    - Paraprofessionals
    - Support staff

*Though it is preferable to have a member of the LGBTQI2S community do these trainings, a knowledgeable and well-informed ally may be an acceptable substitute if no qualified LGBTQI2S trainer is available. That should not be an issue in the greater San Francisco Bay Area.

Collaborators

- Our Family Coalition
  (415) 981-1960
  info@ourfamily.org

- Somos Familias
  510-725-7764
  somosfamiliabay@hotmail.com

- Transgender Law Center
  415.865.0176
  http://transgenderlawcenter.org/contact

- Bay Area American Indian Two Spirits
  http://www.baaits.org/

Program Strategies

Field Test participants were recruited through Pacific Center peer support groups and Gaylesta, a professional organization of LGBTQI2S psychotherapists in the greater Bay Area. Other stakeholder involvement was with collaborators listed above: Somos Famila, BAAITS, Transgender Law Center, and Our Family Coalition. All attended an initial focus group, and some were able to provide additional feedback from the experiences of their own clients/consumers, as well as their personal stories.

Our first focus group was with Somos Familias, an LGBTQI2S family-focused organization, and consisted of members who were predominantly Latina or Hispanic. These participants were all LGBTQI2S and spoke to us through that lens.

Another focus group was with Bay Area American Indian Two Spirits (BAAITS), an LGBTQI2S Native American/First Nation group. These members were all LGBTQI2S individuals and spoke to us from the point of view of being LGBTQI2S Native Americans.

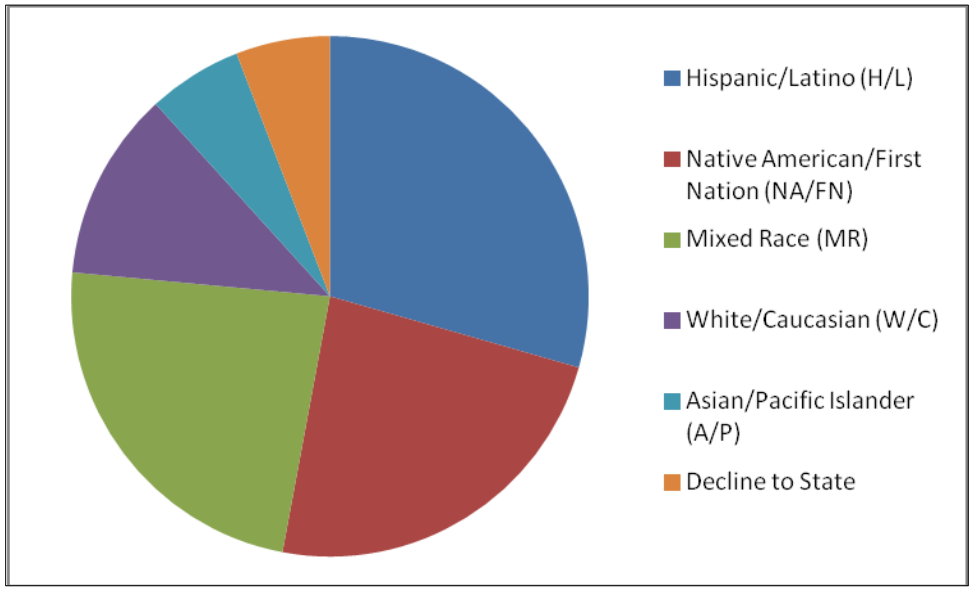
The third set of data came through extensive document and email interactions with providers and support staff at Our Family Coalition (OFC). Our Family Coalition advances equity for lesbian, gay, bisexual, transgender, and queer (LGBTQI2S) families with children through support, education, and advocacy.

The fourth set of data came from the Transgender Law Center, an LGBTQI2Sorganization focused on providing legal advice and support for transgender people and their families. This organization provided us with extensive knowledge and experience based upon their work with and for the transgender population, as well as best practices according to current law.

Four feedback groups reached adults who we feel represent some of the dynamics of culture and diversity found in Alameda County Behavioral Health Care LGBTQI2Sclients/consumers. Ideally, we would have liked to include Pacific Islanders, African Americans, Mediterranean, Asian, and Middle Eastern groups as well. We believe that if the recommendations we are making are incorporated in the revised Welcoming Guide, all ethnic groups that come under the LGBTQI2S umbrella will feel more welcomed and safe.

See the chart below for a demographic breakdown.

Ethnicity Demographics for LGBTQI2S Focus Group Participants



The toolkit was developed using these strategies over a 14 month period:

Months 1-3	Recruited collaborating agencies for input on process and final product
Months 4-6	Site Visits were conducted and recommendations to improve welcoming atmosphere were formulated Research was conducted both locally and nationally Scheduled focus groups for future dates
Months 7-9	Drew upon existing model elements for LGBTQI2S Toolkit from Transgender Law Center Reviewed several sample LGBTQI2S Welcoming Toolkits Reviewed websites of collaborating agencies to familiarize self with their client populations and services Held initial interviews and then pre-tests with collaborators in preparation for focus groups Researched current literature on LGBTQI2S mental health consumer needs
Months 10-12	Held focus groups with Somos Familias and BAIITS Started qualitative analysis of focus groups Produced draft of revisions for review by collaborators Held feedback meetings on draft of Welcoming Guide with Somos Familias and BAIITS Incorporated feedback received from Our Family Coalition through electronic means
Months 13-14	Conducted Field Test for further feedback on the Toolkit Wrote final revisions to the Welcoming Guide

Strategy Recommendations for implementing the revised Toolkit based on data findings are summarized under the following headings (approximate time frame 6 – 12 months). These strategies are expanded and supported by the data collected as explained in the following questions.

- Impact of Language: “Welcoming Guide”
- Impact of Language: Agencies Should Post Their Mission Statement
- Impact of Language: Adaptations Made Within the Welcoming Guide
- Welcoming Guide Format and Service Delivery
- Impact of Training on Best Practices When Working with the LGBTQI2S Population
- Training on Transgender Issues
- Training on Trauma & Oppression
- Training on Working with Spirituality
- Recommendations for Further Training
- Accountability and Support
- Availability of Resources
- Gender Neutral Bathrooms

Effectiveness of Strategies

Language: "Welcoming Guide"

> *Focus Group Participants:*
>
> *"Toolkit" … is kind of impersonal….objectifying."*
>
> *"Toolkit implies something is broken; should be called a guide."*

The name, "Welcoming Toolkit," was clearly relevant to our focus group members. They expressed their interest in having the name of the toolkit changed to the Welcoming Guide. Focus group members notably told us that they felt that using the word "tool" or "toolkit" sent a message that people with mental health issues were "broken." Additionally, they felt that LGBTQI2S staff would have a negative response to a title that implies something being "broken." The LGBTQI2S micro-populations, such as the American Indian/First Nation and African American populations, seeking mental health support while being LGBTQI2S might feel judged and/or invisible. For these reasons, we recommend the name "toolkit" be changed to "guide," to reflect the desire for positive change and for providing our clients/consumers with space that feels accepting and nonjudgmental.

Since this document is for providers, not clients/consumers, and a "toolkit," can also be used to build something, as in building relationships between clients/consumers and providers much will depend on how it is positioned when released by the County. Additionally, some of the practices that providers use often need some "fixing," or at least a "tune-up." A toolkit can metaphorically provide an array of tools that providers can choose from depending on their particular circumstances. While we realize that ACBHCS might not choose to change the name of the end-product for these reasons, our recommendation remains to re-name the Welcoming Toolkit to the Welcoming Guide, primarily because our American Indian/First Nation focus group was very troubled by the implications of the toolkit as implying they were "broken," even while they understood that this document is designed help providers, not clients/consumers. Again, words are powerful. It could be that an agency staff member might associate the word toolkit with "fixing" someone and bring that lens into the room instead of the goal of helping clients/consumers find their own strengths through the help of a "guide."

Language: Agencies Should Post Their Mission Statement

Focus Group Participant:

"State what the clinic actually does to make a diverse and non-heterogeneous client group feel welcome. One page framed on the wall should be enough, stating the policy that the clinic has towards its clientele. This does not need to include paragraphs such as 'Plants should be watered and healthy', but rather the broader policy."

Our focus group members felt that language can be especially powerful when it comes from upper management. The study participants clearly told us that in order to promote consistent use of inclusive language and to authentically provide inclusivity to the LGBTQI2S population, each ACBHCS-contracted agency should "begin at the beginning" by revising their mission statement and policies to clearly state their objective regarding serving the LGBTQI2S population and being inclusive. Agencies should include a written policy on non-discrimination on the basis of sexual orientation as well as gender identity. Agencies should also have a policy that prohibits prejudicial behaviors and statements, not only by staff, but by other clients. Our focus group members expressed consensus that each agency's mission statement and inclusive policies should be posted on the wall in their lobby.

Focus group members also expressed curiosity regarding ACBHCS's mission statement and policy, again demonstrating the need to begin at the beginning through ensuring that the ACBHCS mission statement and policy promotes inclusivity and includes the critical policy elements noted above. We recommend that the ACBHCS LGBTQI2S committee not only follow LGBTQI2S issues and recommend changes in the ACBHCS mission statement and policies, but also follow up with specific contracted agencies to provide them with resources for training and working with the LGBTQI2S community.

Language: Adaptations Made Within the Welcoming Guide

Focus Group Participants:

"It's funny but this toolkit talks about the décor, the textiles, but it doesn't really talk about cultural issues, LGBTQI2S population. I was a little surprised, what about aging population, including LGBTQI2S?"

"It would be great to add, 'the greeter asks if the patient has a preferred name or gender pronoun different from what is in their file', and communicates to providers before the client is called in the waiting room."

The impact of language was critical to our focus group participants, primarily with regard to expanded use of pronouns and pronoun selection for the transgender clients/consumers. We incorporated many suggestions that were made by our partners, e.g. to add information on offering flexibility with pronouns into the Welcoming Guide.

Welcoming Guide Format and Service Delivery

Focus Group Participant: *"This should be a living, breathing document."*

Our focus group members provided ideas and suggestions for format and delivery of the Welcoming Guide:

- Binder with different tabs and organized sections – both a paper binder and an online binder.
- Online binder has option to drill down into specific topics and to print out sections by topic and/or by section.
- Email Welcoming Guide document to all staff members.
- Include an online quiz to make sure staff members read and understand the materials.
- Offer a webinar to help train staff from agencies where staff is unable to leave for extended training.
- Online resources should be widely publicized and easily accessible in a number of different languages.
- Include videos/skits/examples in the Welcoming Guide
- Hold annual in-person training on the Welcoming Guide and LGBTQI2S terminology and issues for new/existing staff.
- In the binder/online, include a How to Use this Welcoming Guide section, a copy of the Alameda County BHCS Mission Statement and Guidelines, the suggested training goals, a glossary of LGBTQI2Sterminology and vocabulary, and a list of LGBTQI2Sresources.
- Incorporate a certification program or procedure created by ACBHCS to ensure staff is adequately trained and that annual accountability for that training is clear.

Training on Best Practices When Working with the LGBTQI2S Population

Focus Group Participant:

"For me, the only way to implement all of these changes in this toolkit is if it was a required policy or a required read for staff from to top to bottom inclusion- because if it stays at just the top level, it really doesn't get implemented as it should as a policy. For any policy to be implemented well, it needs to be implemented to all staff, including the providers; clinical staff is important, not just admin and clerical; also the providers can say they are LGBTQI2S friendly, but what is the level of education and the experience when it comes to say trans folks? Maybe that's a bigger issue."

Most agencies offer multi-cultural training, including training on working with LGBTQI2S clients. However, there are three areas of particular concern to our participants, training on transgender issues and working with the transgender population, training agency staff on LGBTQI2S trauma and oppression with a cultural overlay, and providing training on how to best incorporate client/consumer spiritual practices. We therefore recommend that ACBHCS conduct agency training, including all employees from the clerical staff to the agency board members. Training should be focused on LGBTQI2S competency, ensuring that these areas are included:

Training on Transgender Issues

Focus Group Participant:

"One practical thing is to not make assumptions...only ask about gender in usual experience...staying curious…"

"The transgender movement is "… huge for the LGBTQI2S community….we're not prepared….for how fast it's going…I just don't feel like I know….if I was a clinician I'd be like "AHHH what do I do?" Everyone's in trouble for saying the wrong thing….I don't know how to approach that….need to be humble and get the information. It changes so fast."

"2-Spirit" should not be mistaken as transgender...we play a lot of different roles...doesn't mean transgender...we play a spiritual part in many tribes…we play many important roles."

Transgender education is complex, crucial, and current. Given the increase of transgender-identified people within our community, our focus group members recommend that ACBHCS provide training on transgender terms, issues, treatment, and best practices for anyone working with transgender community members.

Training on Trauma & Oppression

Focus Group Participant:

"We are still living with genocide and….2-Spirits….some may not claim that. "Not really sure who I am…." We are sometimes made to feel invisible. If someone identifies as more than one race, it may take time for them to feel safe enough to discuss what they need."

"Sometimes they put such a focus on substance abuse, that they don't realize the trauma created the substance abuse...need to meet people at...center used to say "You need to be clean and sober to receive services." Maybe we could say something about how LGBTQI2S people are seen in general... Agencies need to have some history of what LGBTQI2S means...and what we've gone through...little stories about different communities."

"Do training on oppression…..what are the present behaviors that we are engaging in…..when you have all the answers….that is part of the oppression….how we continue the oppression with our behaviors."

We recommend that ACBHCS provide training regarding the trauma and oppression of the LGBTQI2S population, making sure to include the additional layers of trauma and oppression that have been added on to certain cultural micro-populations such as the many different communities of people of color.

Training on Working with Spirituality

Focus Group Participant:

"Don't make assumptions about spirituality."

"Tell me about your spirituality, and how were you were raised. Need to ask…need to build connections with other people in your community. The person is the expert on that….it may get them started looking for community."

"There's also a piece about helping clients with the spiritual piece in your practice, like how do you meld the treatment with the spiritual practice, like some people might not have a spiritual practice, and they might have baggage around that."

Discussion of client/consumer spirituality and its relationship to mental health developed organically in a number of focus groups. The ideas around providing clients/consumers access to LGBTQI2S spiritual groups and activities were complex and varied. Additionally, some groups felt that the stigma attached to certain groups regarding being LGBTQI2S and having a mental health issue is complex and varied. The consensus is that agency staff needs training around spirituality, particularly spirituality in cultural micro-populations within the LGBTQI2S community such as the Latino/a, Hispanic, and American Indian/First Nation micro-populations. Note that the recommendations were specifically regarding spirituality, not any organized religion or its dogma.

Recommendations for Further Training

Using Transgender Issues, Trauma & Oppression, and Spirituality as a base, conduct agency training with the goals listed below. These goals are ideas generated through discussions with participants around adapting the language within the Welcoming Guide. Training should include all employees from the clerical staff to the agency board members. Training should be focused on LGBTQI2S competency, ultimately creating an agency atmosphere of LGBTQI2S inclusiveness.

LGBTQI2S Training Goals

1. Providers and staff are familiar with, understand, and are comfortable using LGBTQI2S terms.
2. Providers and staff are comfortable while working with the LGBTQI2S population, and are able to be present, engaging, and authentic.
3. Providers and staff have practiced asking if client/consumers have a preferred name or gender pronoun and are able to comfortably use chosen names and pronouns when communicating with the client/consumer. They are able to clearly communicate this information to other staff and providers. They are able to comfortably use this question with all clients/consumers, and understand why one should not make assumptions about clients/consumers who might or might not use different names and/or pronouns.
4. Providers and staff avoid using gender assuming language (e.g. ma'am, sir, or "guys").
5. Provider and staff are comfortable acknowledging LGBTQI2S clients/consumers and their family members.
6. Providers and staff comfortable acknowledging clients/consumers and their LGBTQI2Sfamily members.
7. Providers and staff are knowledgeable and skilled at using eye contact with a smile, hello, or other compassionate gesture depending on tradition and/or culture. They are skillful when using eye contact, understanding when it's respectful and when using eye contact might be disrespectful.
8. Providers and staff are skilled in gauging client readiness to answer questions and in the ability to accommodate different cultures and age groups. They are skilled in determining when and which formal questions might need to be held until after the first few meetings. They understand that sensitive questions should be prefaced with an explanation about why the information is needed.
9. Providers and staff are proficient at welcoming LGBTQI2Sclients/consumers, especially when they are suffering the most, including when they may be using any mind altering substance. They understand that this may be when LGBTQI2Sclients/consumers are in the most need of help.
10. Providers and staff are welcoming toward LGBTQI2S individuals and families with multiple issues. They understand why diagnoses and medical terminology such as, "co-occurring issues," might be triggers for people of certain cultures and LGBTQI2S clients/consumers.
11. Providers and staff can partner with LGBTQI2S client/consumers on treatment/wellness planning. They are trained in understanding within which cultures and age groups this collaboration might be more difficult for the LGBTQI2Sclient/consumer. They are trained and skilled in understanding and being able to move past language and writing ability barriers.
12. Providers and staff are careful and skillful in ensuring that LGBTQI2S clients/consumers are never embarrassed or shamed.

13. Providers and staff begin conversations by getting to know the LGBTQI2S client/consumer or family member. The opening conversation focuses on the resiliency and skills the individual has used to manage their life. The individual is engaged as a whole person.

14. Providers and staff are comfortable beginning conversations with questions such as, “who is your community?”

15. Providers and staff demonstrate sensitivity through using LGBTQI2S clients/consumers preferred name and pronouns.

16. Providers and staff understand that *Family Acceptance* and a *Sense of Community* are directly related to the LGBTQI2Sclient/consumer’s mental health and incorporates them into treatment.

17. Providers and staff treat the LGBTQI2Sclient holistically, e.g. providing stress-reduction skills for client to use in between sessions and teaching client/consumer how to incorporate these skills and use them with the whole family.

18. Providers and staff strive to involve the LGBTQI2S client/consumer’s family in treatment, particularly when the client/consumer is a child or youth.

19. Providers and staff are skilled in helping LGBTQI2S clients/consumers and family members access any combination of housing, benefits, primary health care, community resources, and self-help groups.

20. Providers and staff speak respectfully to LGBTQI2S clients/consumers. If they don’t speak the client/consumer’s first language, they use a respectful tone, one of humility. They are able to comfortably and humbly ask questions like:

    - Is mental health new to you?
    - How does this process feel so far?

21. Providers and staff are skillful in recognizing and responding to needs of LGBTQI2Sclients/consumers and family members from cultures, linguistic backgrounds, body types, genders, and sexual orientations different from their own. They have done self-reflective work that helps them communicate with diverse cultural groups in adaptive, respectful, non-presumptive, and non-judgmental ways. They are comfortable asking questions like:

    - How do you like to be called?
    - What is your preferred pronoun?
    - What is your preferred name?
    - Who is your community?

22. Providers and staff have had training on cultural trauma and understand issues of systemic oppression related to various cultural ethnicities served by their agency.

23. Providers and staff understand how important it is to create trust with LGBTQI2S clients/consumers. They are particularly aware of the importance of trust when working with members of communities who've suffered systemic oppression, including Native American/First Nation, Transgender, African American, etc.

24. Providers and staff are skillful in providing supports to family and have brochures to share that describe useful community resources, including LGBTQI2S agency and spiritual resources, and community activity information.

25. Providers and staff skillfully communicate with clients/consumers and family members about their spiritual beliefs. They know how to support clients/consumers explore spiritual practices that support well-being. They are skillful in connecting clients with spiritual resources and know where to refer clients/consumers for appropriate spiritual support.

26. Providers and staff easily communicate to clients/consumers that: "we are here to support you as you learn; listen to you; support you in your choices; support you in learning how to manage your challenges; and support you in connecting with people traveling the same path."

27. Providers and staff make space for LGBTQI2S clients/consumers to explain their gifts and strengths and figure out how to use them to work through challenges. They help LGBTQI2Sclients/consumers feel: "I am part of the solution; I am part of the community."

28. Providers and staff know how to effectively share stories of "lived experience" to validate the recovery experiences of LGBTQI2Sclients/consumers and family members. They are careful to use lived experience only if they are part of the client/consumer's culture.

Accountability and Support

Focus Group Participant:

"Perhaps a provider can be approved to say they are LGBTQI2S culturally competent somehow."

"Do they have trainings on how to best be inclusive towards LGBTQ clients? If so, they should make this visible to their clients, and include a paragraph in Section 1 by posting 'We have LGBTQ-competency' on website and on site."

"For me the only way to implement all of these changes in this toolkit is if it was a required policy or a required read for staff from to top to bottom inclusion- because if it stays at just the top level, it really doesn't get implemented as it should as a policy. For any policy to be implemented well, it needs to be implemented to all staff, including the providers; clinical staff is important, not just admin and clerical; also the providers can say they are LGBT friendly, but what is the level of education and the experience when it comes to say trans folks? Maybe that's a bigger issue."

All the LGBTQI2S agency participants working with The Pacific Center were extremely concerned with support, marketing, distribution, and training on the new Welcoming Guide. In the initial meeting with one of the agency boards, board members asked if Alameda County would provide any marketing or marketing-type support for the completed toolkit. The concern the Board had is whether their voices would actually be heard. The Pacific Center had to provide assurances that their thoughts and words would be impactful and remembered in order for the Board members to feel comfortable enough to sign the initial memo of understanding. Following up with training and support was extremely important to this particular agency as they are 100% volunteer-run, and have no paid employees and limited time. This agency was additionally frustrated as they felt that they had provided their voice to ACBHCS in the past yet it had no impact.

As discussed above, study participants felt that ACBHCS should revisit their own mission statement to ensure inclusivity and to provide a clear direction for ACBHCS-contracted agencies to follow, thereby creating a more welcoming environment for LGBTQI2S clients/consumers. This Welcoming Guide is a resource for all Alameda County agencies providing mental health services and their providers and employees. It is designed to support on-going efforts to create a more welcoming and inclusive environment for all clients/consumers of mental health services within Alameda County. Concern was expressed regarding the county's goal addressing one recommendation per year. Our focus group work demonstrated that our agency partners are extremely frustrated and want accountability more than anything else. If ACBHCS is only able to support one recommendation per year, the agencies with which the Pacific Center worked would likely become frustrated and disillusioned.

In response to the 2015 focus group results requesting support and accountability, we recommend that ACBHCS provide assurance that they support this Welcoming Guide in full. This full support would include ACBHCS's promise to be accountable, and to hold "*implementation fidelity*," meaning that *ACBHCS will be faithful in the pursuit of creating and executing an ongoing plan to ensure that all Alameda County agencies are supported in creating a more welcoming and inclusive environment for all clients/consumers of mental health services within Alameda County, including our LGBTQ community, our community of people with special needs, our disabled community, and our community's culturally diverse members.*

Additionally, we recommend that ACBHCS include yearly compliance review as follows:

- Alameda County policies should be reviewed annually with all staff at each agency site.
- Implement the tips, strategies, resources and vocabulary throughout the toolkit to create more inclusive environments with contracted agencies.
- Use the Welcoming Guide and recommended training to help frame discussions with staff.

All of the agencies we worked with asked for ACBHCS to create *accountability for training on LGBTQI2S issues*, and multiple study participants mentioned ideas around staff becoming certified in working with LGBTQI2S clients/consumers. This is one of our most important recommendations. To be successful in holding accountability, we additionally recommend that Alameda County Behavioral Health Care Services create a *certification program* for ensuring that agency staff is fully trained on working with LGBTQI2S clients/consumers.

Availability of Resources

Focus Group Participants:

"If they have resources available that people can access….many people …when we practice our cultural experiences, they can suddenly connect…people said it was very healing to be at 2-Spirit Pow Wow."

"Resources should be representative for a diverse community such as being inclusive of the LGBTQ community and of people with disabilities."

"It's also about … having (spiritual) information that people can access….even if they don't use it right away, it may be something they come back to… need to have it in a lobby."

The agency focus-group members expressed their desire to ensure the availability of a comprehensive list of resources for the LGBTQI2S populations, as well as for the Latino and American Indian/First Nation LGBTQI2S micro-populations. These resources would be best located in a section within the ACBHCS website. Our participants recommended including these primary resource areas:

- Lobby reading materials such as inclusive and diverse books, magazines, and children's reading materials
- Lobby resources such as LGBTQI2Sagency pamphlets and publications, including various LGBTQI2Scultural pamphlets and activity announcements.
- Multilingual and gender-inclusive books, magazines, and pamphlets, including children's books on being transgender.
- Online resources such as found on the genderspectrum.org website.
- Legal resources such as *"Changing Legal Identity Documents in California,"* found on the transgenderlawcenter.org website.
- Local mental health agencies, LGBTQI2Scommunity organizations and their websites – these resources should be in pamphlet form in the lobby as well as in the online Welcoming Guide section within the ACBHCS site.

Gender Neutral Bathrooms

Focus Group Participant:

"Gender neutral bathrooms, single stall bathrooms."

"It would just say restroom, and all people would be welcome in restrooms (not labeled male or female)."

Our participants expressed a great deal of interest in ensuring bathroom accessibility and comfort for transgender clients, people with disabilities, and families with children. There is a nationwide movement toward gender neutral bathrooms, particularly in California and the Bay Area. All single-stall bathrooms in West Hollywood are now required to be gender neutral, joining Washington DC and Philadelphia, among other cities. Within the Bay Area, schools are moving toward offering gender neutral bathrooms as well. Given that our study participants made this suggestion, we recommend that ACBHCS encourage contracted agencies to provide gender neutral bathrooms, particularly if they have single stall restrooms.

Culturally Responsive Nuance Of The Strategies For The Target Population?

Focus group participants found the term "Welcoming Toolkit" pathologizing, as if something were broken and needing to be fixed. "Welcoming Guide" was suggested as a better alternative.

Feedback from Somos Familias revealed that some Spanish speaking families, especially older individuals, may have difficulty relating to and understanding the long acronym LGBTQIQ2S, or certain modern English terms such as "heteronormative."

Focus group participants from BAIITS were consumers living with intersections of oppression and injustice, working without pay to fight these oppressions and injustices. Their time was at a premium, and they were skeptical about using it to create a tool that might not be consistently and effectively implemented to help their communities.

It should be noted that it took persistence and patience to form collaborations with the organizations that represent traditionally underrepresented subsets of the LGBTQI2Scommunity. Those working on this project attended Board meetings, went to an American Indian Pow Wow, and attended other events sponsored by the collaborating organizations in order to gain their trust. These organizations have all had experiences with different government agencies that interviewed or polled them for some reason and then nothing of benefit to their community resulted. Thus they are reluctant to believe that there is serious intent to improve delivery of services to their community.

Research Design

With funding provided by an INNOVATIONS grant from Alameda County, a team of clinical professionals from PCHG spent about 16 months leading focus groups, holding training sessions, interviewing stakeholders, and collecting information from a variety of different cultural groups in an effort to understand what is working in terms of delivery of services to the LGBTQI2S population. We not only wanted to know what clients and consumers wanted or needed, we specifically wanted to help those delivering services to improve their ability to deliver services in a culturally informed and appropriate way.

In an effort to create materials that would be as inclusive as possible to all members of the LGBTQI2S community we recruited collaborators that we felt represented a broad spectrum, including agencies and organizations representing Native Americans, African-Americans, Latino & Hispanic populations, the emerging transgender and gender non-conforming populations, and groups that specialize in services to the older adult population. While we had hoped to work with agencies or organizations that specialize in working with the severely mentally ill, we discovered some logistical barriers that limited our efforts in that direction. Socio-economic class determinations were not considered though most clients of ACBHCS would, in economic terms, be considered middle class or working class, or chronically unemployed for some reason(s).

Throughout the time frame of the project we sometimes had to adjust our short-term goals as demands on our collaborators' time and resources interfered with the original plan. The reality of the chronic shortage of personnel and money in many small non-profits is that everything has to be prioritized, and survival of the organization is the top priority. Anything that does not contribute to that most important goal has to fall in line with many other competing requests for staff's time and energy. This is nowhere more evident than in volunteer-run organizations that are often the ones who serve to address issues of isolation, socialization, connection to resources, etc. in small minority communities. So even though some groups had expressed a desire to work with PCHG on this project, reality interfered and a small number had to drop out. Others promised more participation than they were able to deliver as staff members had to fill in for each other while some were in trainings, or had to forego attendance at an "optional" training/discussion because of competing demands on their time.

The overall response from collaborators was positive, with some concerns. Some were grateful for the opportunity to have input, some were clueless about their LGBTQI2S clients' needs. In the end, **all who actively participated wanted assurance that this effort will result in a more responsive, more respectful, and more competent county mental health delivery system.**

Each focus group lasted 1 hour and included an open discussion format in which the facilitator would use participant responses to ask follow-up questions designed to elicit more complete responses. Focus group notes generated from responses were coded with an anonymous key (Age/Race/Gender) to support analysis. Analysis of focus groups was conducted using Dedoose.com adhering to qualitative research protocols for coding.

Focus Group Protocol & Script

This script was used to introduce the purpose and agreements for the Focus Groups.

Introduction: Thank you for joining us today for this focus group. We are excited to hear your thoughts, and to learn from your experiences. A few things before we begin:

1. This focus group is a project of the Pacific Center and funded by an Innovations Grant from Alameda County. As a member of the Innovations grant team we are developing strategies to improve the mental health system of care for LGBTQI2S individuals.

2. The information obtained from this focus group will be used to adapt the Welcoming Toolkit currently used by agency staff in Alameda County.

3. Your personal identity will be kept confidential. Only numbers and codes will be used in the study to capture your thoughts.

The focus group will last for approximately one hour and we will be asking 6 general questions about the current toolkit http://www.acbhcs.org/providers/QI/docs/Welcoming_Toolkit.pdf.

There are some guidelines, or "ground rules" that we will be using:

1. Only one person talks at a time.

2. Confidentiality is assured. "What is shared in the room stays in the room."

3. It is important for us to hear everyone's ideas and opinions. There are no right or wrong answers to questions – just ideas, experiences and opinions, which are all valuable.

4. It is important for us to hear all sides of an issue – both the positive and the negative.

5. It is important for women's and men's ideas to be equally represented and respected.

Does anyone have any questions? Let's Begin.

Focus Group Questions:

1. How can we adapt the toolkit serve all of your micro-populations?

2. How can we adapt the toolkit language so that it better serves the aging LGBTQ population?

3. How can we adapt the toolkit to ensure LGBTQ clients and families of different cultures feel comfortable? How can we make the toolkit better serve the Trans/gender expansive population, make them feel included and comfortable?

4. How does this toolkit serve families of your clients? How can we adapt it to serve families better?

5. What type of format should be used to best reach all agency staff?

Thank you for your openness and your input. Your feedback will go towards supporting more culturally responsive services for LGBTQI2S individuals in Alameda County. The next phase of the project will be to complete a focus group in which you're able to see your recommended changes incorporated into the toolkit and provide input again.

Notes taken during the focus groups tracked 2 items, major points and specific quotes. Responses were tracked by coding for age, ethnicity, and gender identify of group members, i.e. 1/55/H/L/T represents a 55 year old, Hispanic/Latino participant falling under the transgender umbrella, sitting in the first position around the table.

Categories for coding:	Accountability
	Format and Delivery
	Gender Neutral Bathrooms
	Impact of Language
	Training
Resources:	Transgender
	Trauma
	Spirituality
Variables:	Ethnicity
	Age
	Gender

Research Methods and Data

Coding

In order to create our recommendations for Welcoming Toolkit strategy adaptations that would address current areas of the LGBTQI2S population's concerns, we conducted a content analysis of our focus group transcripts and two additional documents.

In order to perform a content analysis, we used an online program, Dedoose. We uploaded the focus group transcripts and the additional documents into Dedoose, and used its organizational tools to code the document. After the document was coded, we analyzed the codes along several themes which were identified by focus group members as being crucial to our investigation. The themes were as follows:

Themes Coding
Accountability (A)
Format & Delivery (FD)
Gender Neutral Bathrooms (GN)
Impact of Language (L)
Training (T)
Resources (R)

Data Analysis and Coding

The table below is a list of the codes and sub codes identified in the focus group transcripts. They are organized by Theme, as listed above, and are followed by frequency coded in the transcript, a description of the code, and a specific example from the transcript.

Code	**Organizing Themes**	**Frequency**	**Description**	**Example(s)**
A	Accountability	15	Being clearly accountable begins at each agency's mission and policies. Ongoing accountability for agency staff training and skill development in LGBTQI2Sissues is critical. This accountability could be demonstrated through an approval and certification process.	**"State what the clinic actually does to make a diverse and heterogeneous client group feel welcome. One page framed on the wall should be enough, stating the policy that the clinic has towards its clientele… the broader policy." "The only way to implement all of these changes in this toolkit is if it was a required policy or a required read for staff from to top to bottom inclusion." "Perhaps a provider can be approved to say they are LGBTQI2S culturally competent somehow."**
F	Format &	26	The format and delivery of the	**"This should be a living, breathing**

	Delivery		toolkit should allow for flexibility and updates.	**document."** **"The toolkit should be on the BHCS blog."**
GN	Gender Neutral Bathrooms	6	Agency bathrooms should be gender neutral to allow for the comfort of all clients/consumers.	**"Gender neutral bathrooms, single stall bathrooms."** **"It would just say restroom, and all people would be welcome in restrooms (not labeled male or female).**
L	Impact of Language	33	Values precise language due to cultural trauma and mental health challenges. Of particular concern is making changes to the toolkit to incorporate broad gender language and the ability to assist transgender community members in trusting agencies to accommodate their needs.	**"Toolkit implies something is broken; should be called a guide."** **"Toolkit" is kind of impersonal…objectifying."**
T	Training: **SUB CODE:** Transgender	21	Values staff knowledgeable about transgender issues and skilled in working with the transgender community, relevant due to current explosive societal change around transgender acceptance and visibility.	**"The transgender movement is … huge for the LGBT community."** **"…but what is the level of education and the experience (for agency staff) when it comes to, say, transfolks."**
T	Training: **SUB CODE:** Trauma & Oppression	13	Training on LGBTQI2Sand trauma/systemic oppression is critical to treatment.	**"Sometimes they (mental health agencies) put such a focus on substance abuse that they don't realize the trauma created the substance abuse."**
T	Training **SUB CODE:** Spirituality	16	Values staff able to allow for spiritual support as an option for LGBTQI-2S people, particularly when working with micropopulations such as the American Indian/First Nation population.	**"There's also a piece about helping clients with the spiritual piece in your practice, like how do you meld the treatment with the spiritual practice?"**
R	Resources	17	The toolkit should allow space and flexibility to provide LGBTQI2Sresources helpful the LGBTQI2Scommunity.	**"If they have resources available that people can access….many people …when we practice our cultural experiences, they can suddenly connect."**

By reviewing the above codes and sub codes we are able to expand upon the initial themes.

Themes

The completion of analysis revealed several themes from the focus groups that are instrumental to understanding the needs of LGBTQI2S adults experiencing mental health distress. This foundation is crucial in the adaptation of the Welcoming Toolkit and will serve as a critical body of knowledge in guiding Alameda County in developing culturally responsive interventions for LGBTQI2S adults and families within the county.

Eight major themes emerged from the data:

1. Impact of language in the naming of the toolkit product itself
2. Impact of language in agency mission statements and policies
3. Impact of language within the toolkit, particularly on the transgender micro-population
4. Need for training of agency staff on LGBTQI2S issues and language, particularly around the transgender movement
5. Format and service delivery of the toolkit
6. Accountability that agency staff is adequately trained in how to help LGBTQI2S clients/consumers when they seek mental health assistance, particularly if they're part of the transgender micro-population
7. The need to offer a comprehensive directory of resources
8. A move toward providing gender neutral bathrooms in all buildings that allow public access.

Comments From the Final Field Test of the Proposed Welcoming Guide

There were 8 participants. All were LGBTQI2S consumers. They were recruited through Pacific Center's peer support groups, Gaylesta (an LGBTQI2S professional organization for therapists), and personal and professional acquaintances from the LGBTQI2S community.
Participants were shown the revised Welcoming Toolkit and asked to comment.

We include these comments here, not to suggest that all can or should be implemented, but to illustrate all the different ways that people feel either included or excluded by something as relatively simple as a welcoming guide. This is meant to encourage the readers of this document to think beyond their own experiences when creating policy and practices. Of course, the best practice is to be as inclusive as possible when creating such documents. There is no adequate substitute for "a place at the table" when policy decisions are made.

Recommendations:

- The Toolkit is comprehensive – good.
- The paradigm is one of cultural humility – good.
- Omit the word "preferred" in references to "gender" or "gender pronoun." It falsely implies choice.
- Advise agencies to ask people about gender and sexual orientation only in private spaces, not out in lobbies.

- Advise agencies on ways to deal with consumers who are homophobic or transphobic and react negatively to being asked to state their (mainstream) gender or sexual orientation.
- Advise agencies to use even more inclusive questions than this Toolkit calls for about gender, sexual orientation, ethnicity, etc., possibly open-ended questions rather than categories.
- Advise agencies to inform consumers about crisis procedures especially if there is a chance consumers could be 5150'd; LGBTQI2S consumers may have more fears than other consumers about how hospitals will treat them
- Some people of color may be more comfortable using the word "race" than "ethnicity," so advise agencies to use both terms in their intake forms. (This recommendation came from a woman of color.)
- "Walk with you while you learn" sounds able-ist. Change "walk" to "be."
- Change the guideline about providing gender-neutral toys in child spaces, to one that advises agencies to provide a variety of toys including those that are traditionally gendered, but avoid grouping them in gendered ways.
- Language in the Toolkit should imply an ongoing process, as opposed to saying staff "have completed" cultural competence training (which is never completed), or that staff ensure consumers will "never" be embarrassed or shamed by questions (an impossible task).
- Language in the Toolkit about creating trust with certain communities, is in itself, a way of "othering" the people in those communities.
- Create a simpler version of the Toolkit, especially for training support staff (vs clinicians).
- Use a more personal word than "staff" since the whole Toolkit is about making service more personal.

Appendix I

Welcoming Guide

Welcoming Guide

Physical Experience	
Creating a Welcoming Physical Environment	● Décor reflects the colors, textiles, and images of people of different ages, ethnicities, and diverse family structures served by the program, including people of diverse gender expression. ● Lobby feels like a living room. Artwork is warm, inviting. ● Wall fixtures may include a copy of the agency's inclusive mission statement, multilingual posters, diverse pictures, Two-Spirit posters, pictures of diverse providers and provider photo essays spotlighting clinicians at the agency who specialize in multicultural and/or LGBTQIQ2S issues. ● Hang a poster stating: "We have LGBTQIQ2S competency," if you have completed extensive LGBTQIQ2S training. ● Agencies who work with children and families offer a clean play area. ● If the lobby contains toys, offer non-gendered toys. ● Agencies should be a safe haven; parents should feel comfortable having their children with them in the lobby; undocumented people should feel safe when seeking assistance and referrals. ● Easy access to clean, gender-neutral, and family-friendly restrooms with changing tables in the waiting area or close by that are not locked. Gender-neutral bathrooms might be single stall bathrooms or bathrooms not labeled male or female. ● Lobby has a water fountain or hot/cold water dispenser with cups & tea bags. ● Staff and/or lobby have a list of diverse and inclusive books and resources. Lobby is stocked with LGBTQIQ2S materials, especially pamphlets and magazines oriented toward LGBTQIQ2S youth. Include LGBTQIQ2S children's books. Offer materials that are inclusive of people with disabilities. Materials should be translated into languages of people who come to the agency (at minimum, reflect the threshold languages). ● Program security is unobtrusive (i.e. physical barriers only as necessary, no bullet-proof glass or metal detectors). ● Lobby, parking lots, and clinic are ADA Compliant

Welcoming Staff	
Greeting Clients/Consumers: We are **present, engaging, authentic, and welcoming** communicators.	● A greeter is present, engaging and authentic. ● The greeter asks if the client/consumer has a preferred name and/or gender pronoun and communicates this to providers before the client is called in for their appointment. ● The greeter avoids using gender assuming language (e.g. ma'am, sir, or "guys"). ● If people have to wait for appointments, the greeter communicates when they will be seen (clearly demonstrating respect for the client's time). ● Greeter acknowledges clients/consumers and family members when they arrive. ● Eye contact with a smile, hello, or other compassionate gesture depending on tradition, culture; staff is skillful on when to use eye contact to be respectful and when using eye contact might be disrespectful. ● Greeter uses clients/consumer's preferred name and preferred gender pronoun. ● Staff offers client/consumer a seat and/or a drink. ● Some staff, including greeters, look like the clients/consumers they serve and speak their language. ● Greeter might come to get client when it's time for their appointment, not calling out client/consumer's name. Greeter can note what client/consumer's wearing to help remember link the person with their provider. ● Office hours are family friendly, including Saturday hours and/or evening hours, and early morning availability. ● Agency attempts to come to work with the client/consumer where they are whenever it's necessary, e.g. into homes, convalescent hospitals, schools, communities, and downtown.

Working with Clients/Consumers: We are **respectful and trustworthy**. We are **allies**. We know how to **create trust** with our clients/consumers and their families, and we want to do so. We are aware of the **importance of trust** when working with members of communities who've suffered **systemic oppression.**	● Staff speaks respectfully. If they don't speak client/consumer's first language, they use a respectful tone, one of humility; staff is humble. Staff humbly asks questions like: ➢ Is mental health new to you? ➢ How does this process feel so far? ● Staff is skillful in recognizing and responding to needs of clients/consumers and family members from cultures, linguistic backgrounds, body types, genders, and sexual orientations different from their own. Staff has done self-reflective work that helps them communicate with diverse cultural groups in adaptive, respectful, non-presumptive, and non-judgmental ways. Staff is comfortable asking questions like: o How do you like to be called? o What is your preferred pronoun? o What is your preferred name? o Who is your community? ● Staff has completed training on cultural trauma and understands issues of systemic oppression related to various cultural ethnicities served by their agency. ● Staff understands how important it is to create trust with clients/consumers. They are particularly aware of the importance of trust when working with members of communities who've suffered systemic oppression, including Native American/First Nation, Transgender, African American, etc. ● Staff is skillful in providing supports to family and have brochures to share that describe useful community resources, including LGBTQIQ2S agency and spiritual resources, and community activity information. ● Staff skillfully communicate with clients/consumers and family members about their spiritual beliefs. Staff know how to support clients/consumers explore spiritual practices that support well-being. Staff is skillful in connecting clients with spiritual resources and knows where to refer clients/consumers for appropriate spiritual support. ● Staff communicates to clients/consumers that: "we are here to walk with you as you learn; listen to you; support you in your choices; support you in learning how to manage your challenges; and support you connecting with people traveling the same path." ● Staff makes space for clients/consumers to explain their gifts and strengths and figure out how to use them to work through challenges. Staff helps clients/consumers feel: "I am part of the solution; I am part of the community." ● Staff welcomes clients/consumers, especially when they are suffering the most, including when they're using as staff understand that this is when clients/consumers need help the most. ● Individuals and families with co-occurring issues are welcomed for care. ● Staff partners with client/consumer on treatment/wellness planning; staff is trained in understanding within which cultures and age groups this collaboration might be more difficult for the client/consumer; staff is trained

	and skilled in understanding and being able to move past language and writing ability barriers. ● Staff is careful and skillful in ensuring that clients/consumers are never embarrassed or shamed. ● Sensitive questions should be prefaced with an explanation about why the information is needed. ● Staff begins the conversation by getting to know the client/consumer or family member. The opening conversation focuses on the resiliency and skills the individual has used to manage their life. The individual is engaged as a whole person. ● Staff begins conversation with questions such as, “who is your community?” ● Staff demonstrates sensitivity through using client’s preferred name and pronouns. ● Staff understands that Family Acceptance and a Sense of Community are directly related to the client/consumer’s mental health and incorporates them into treatment. ● Staff treats the client holistically, e.g. providing stress-reduction skills for client to use in between sessions and teaching client/consumer how to incorporate these skills and use them with the whole family. ● Staff tries to involve the client/consumer’s family in treatment, particularly when the client/consumer is a child or youth. ● Staff is skilled in helping clients/consumers and family members access any combination of housing, benefits, primary health care, community resources, and self-help groups.

Paperwork and Procedures	
We support **Individuality, Community, and Wellness** through clear and respectful handling of required documentation. Paperwork allows space for clients/consumers to specify **preferred names, pronoun, and genders.**	Procedures are in place to avoid, "bombarding clients/consumers and family members with paperwork." ● Engage clients/consumers and family members as people first; paperwork is secondary. ● Staff is skilled in and supported by their agency in gauging readiness to answer questions and accommodating cultures and age groups in which formal questions might need to be held until after the first few meetings. Sensitive questions should be prefaced with an explanation about why the information is needed. ● Ask questions in ways that are personal and engaging as much as possible. ● If possible, identify ways to complete required paperwork over the course of more than one session. ● Assist those with special needs in completing necessary paperwork. ● Paperwork allows space for clients/consumers to specify a preferred name, pronouns, and gender; or states that clients may use whichever name and gender they prefer and that these do not need to match their I.D. ● Forms should include a pronoun preference section offering a broad and inclusive list of pronouns to check: o She/Her o He/His o They/Them/Their o Zie/Hir o Other: _____ ● Forms should include a gender section offering a broad and inclusive list of genders to check: o Transgender o Cisgender o Woman or Girl o Man or Boy o Genderqueer o Self-identify: _____ o Decline to state ● Forms should use gender neutral-language that allows clients to define their own family structures: o Parent/guardian vs. mother o Provide blank spaces to specify relationship status and structure(s).

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PACIFIC CENTER
FOR HUMAN GROWTH

Samples of Welcoming signage and graphics for Providers
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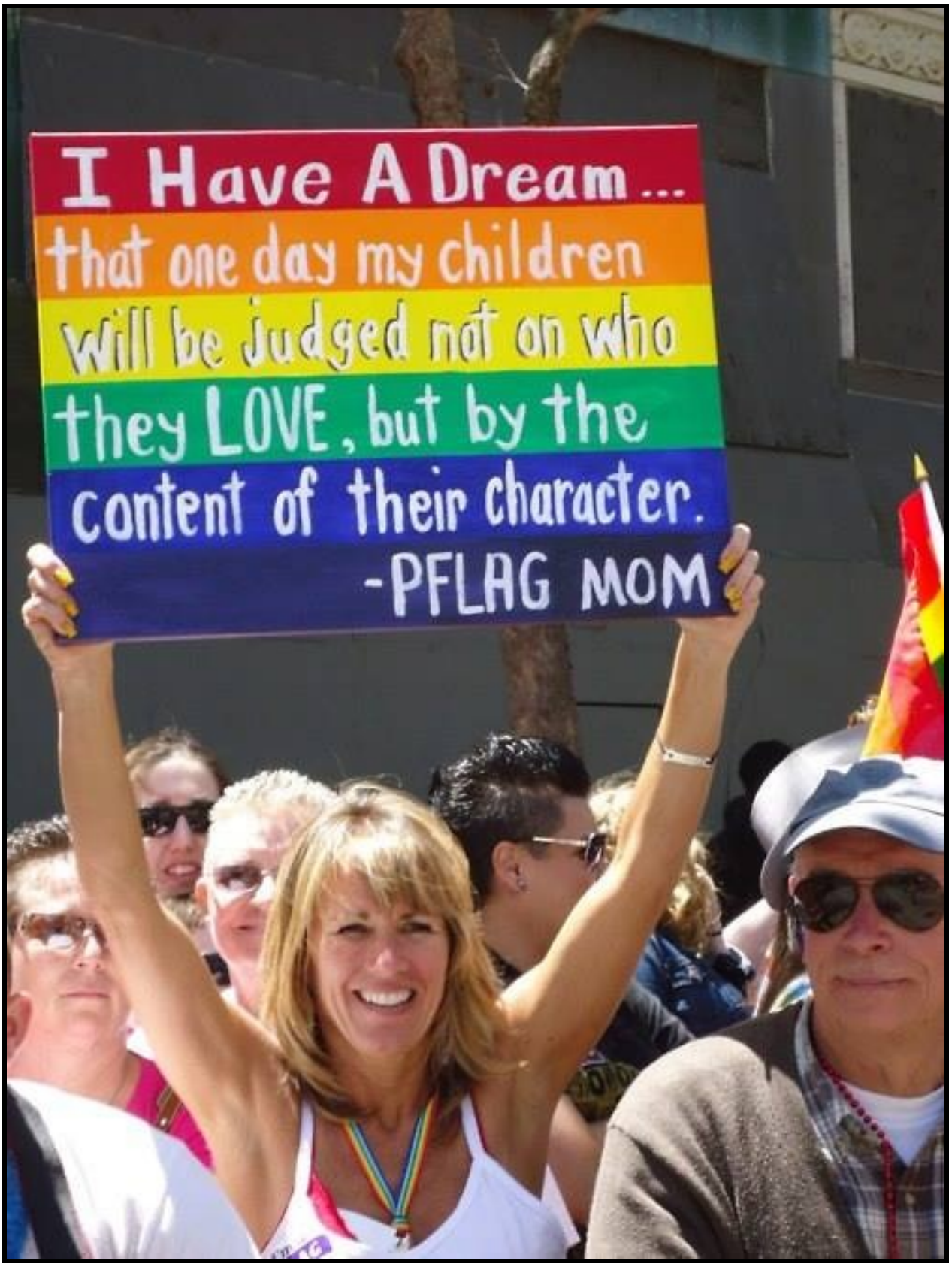
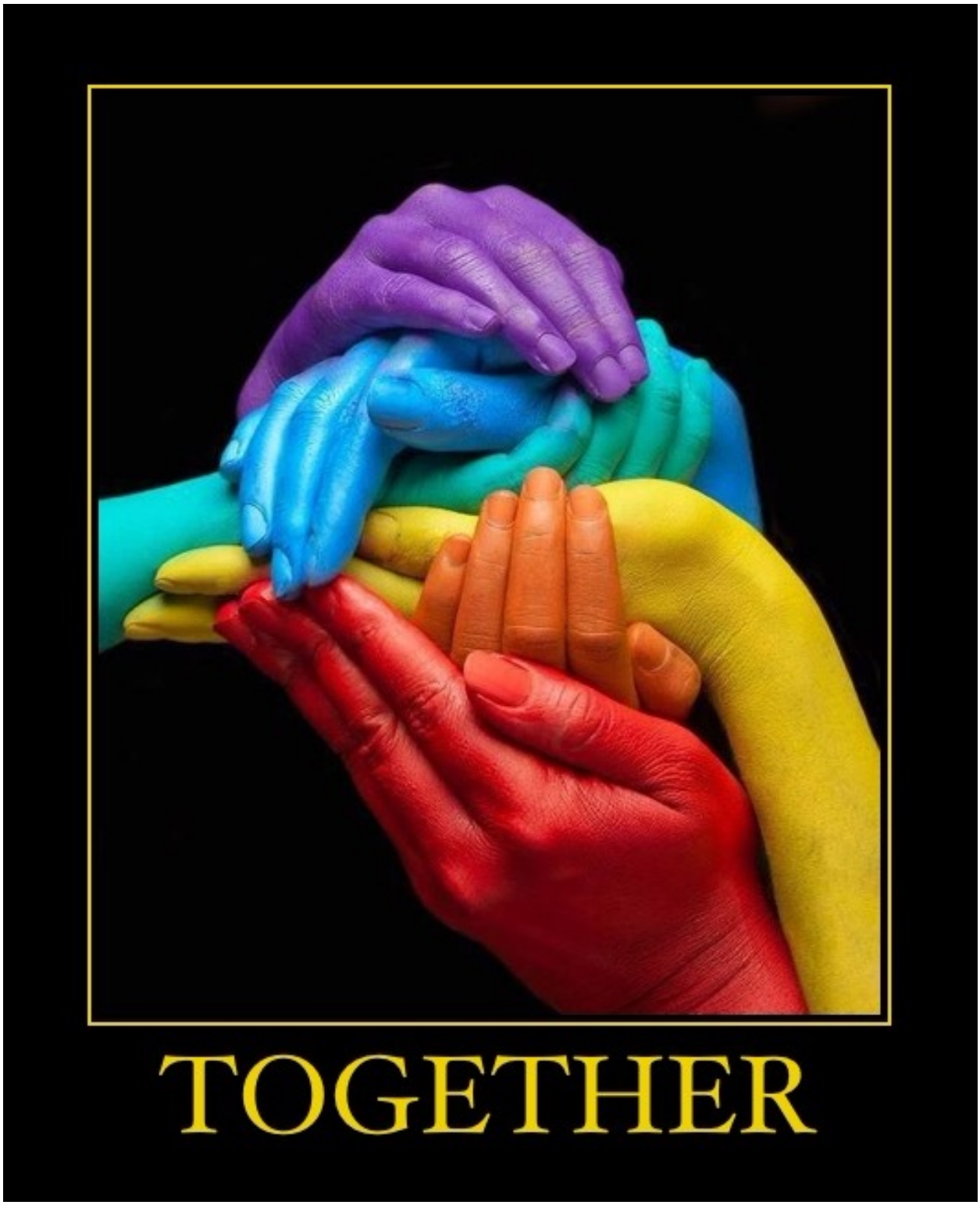
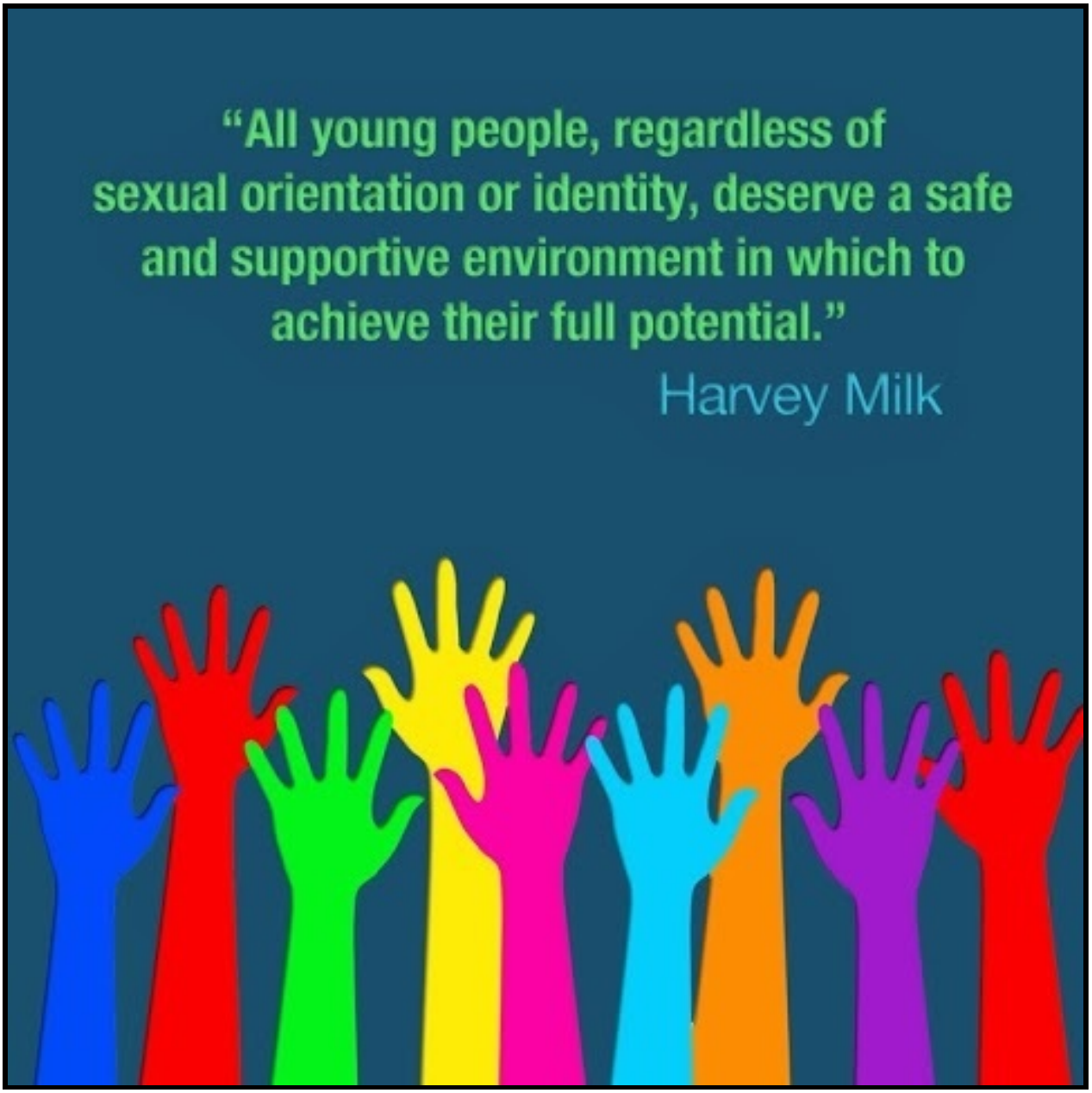

I Have A Dream...
that one day my children
will be judged not on who
they LOVE, but by the
content of their character.
-PFLAG MOM


ALL GENDER
RESTROOM


TOGETHER


ALL GENDER
RESTROOM
Anyone can use this restroom,
regardless of your gender identity
or expression.


LOVE IS
A MANY GENDERED
THING


"All young people, regardless of sexual orientation or identity, deserve a safe and supportive environment in which to achieve their full potential."
Harvey Milk

Why do gender-neutral bathrooms matter?

Bathrooms without a designated gender benefit a variety of individuals who are not comfortable or who face mistreatment when accessing gender-specific bathrooms.

Transgender and Gender Non-Conforming People

Transgender and gender non-conforming people often face stress, anxiety and mistreatment when accessing the gendered bathroom that is appropriate for them. Providing access to a private, non-gendered stall can reduce or even eliminate this burden.

People with Disabilities or Personal Attendants

People with disabilities or others who have personal attendants of a different gender can run into problems when accessing gendered bathrooms. Gender-neutral bathrooms can provide a more welcoming and comfortable situation for two people of different genders.

People with Children

Parents or guardians with children of a different gender can encounter misunderstanding when accessing gender-specific bathrooms. Gender-neutral bathrooms can alleviate this potential misunderstanding.

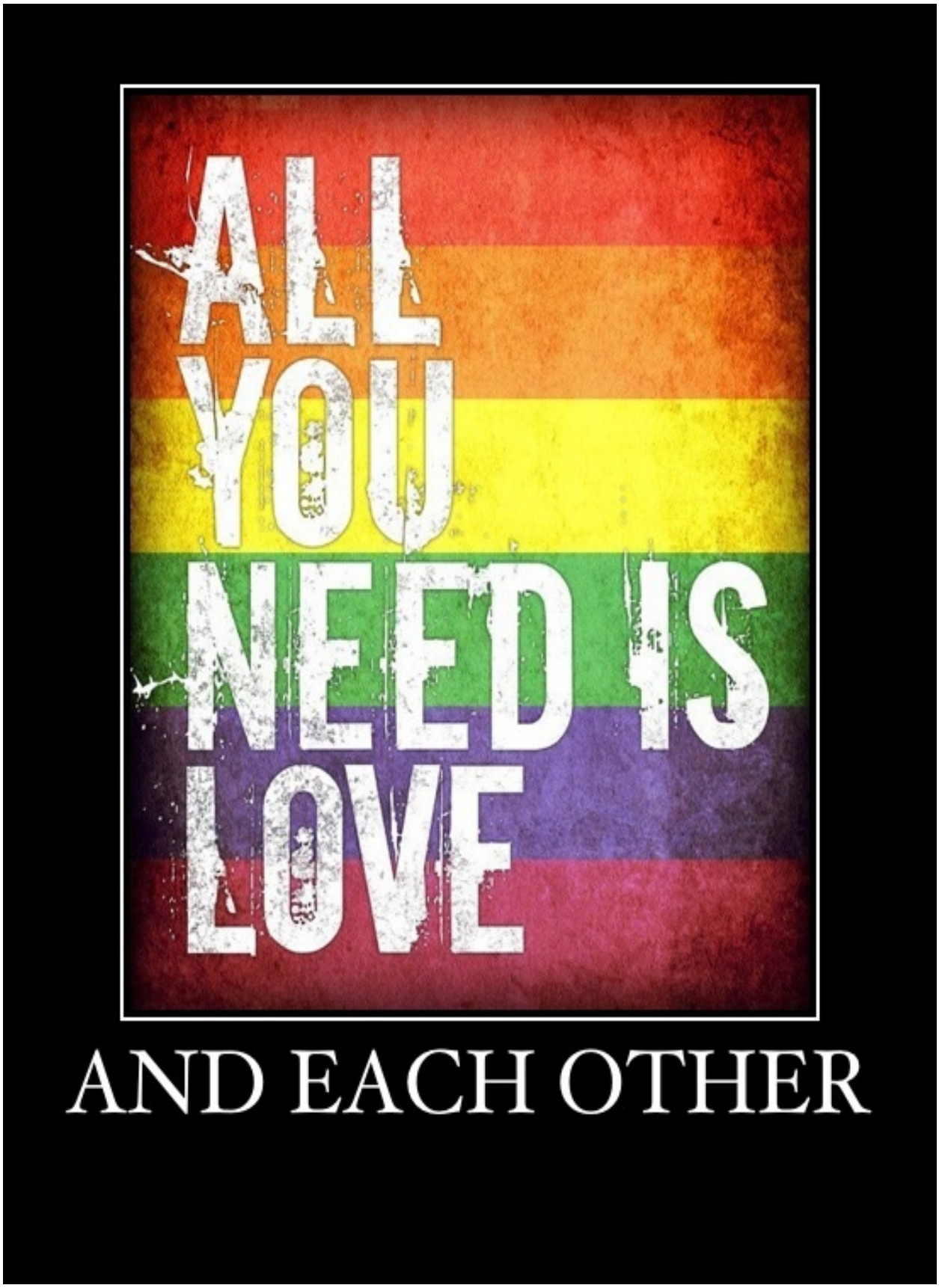
Everyone

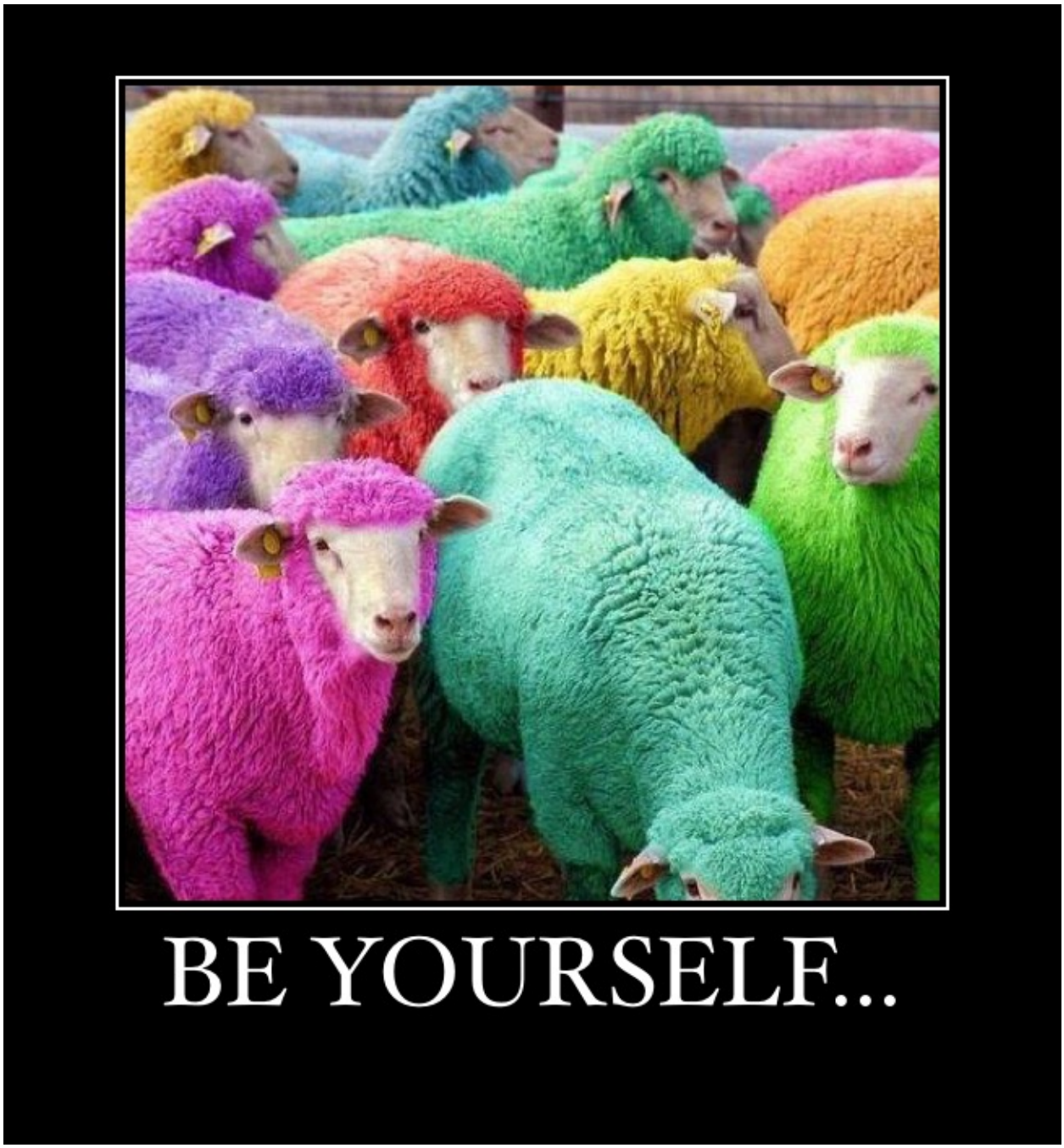
We've all waited outside an occupied bathroom while the bathroom for the gender we don't identify with was empty. Gender-neutral bathrooms are more efficient, allowing you to avoid that unnecessary wait.

Pacific Center: INNOVATIONS Graphics


GOD
HATES
NO ONE


WE ARE EVERYWHERE


ALL
YOU
NEED IS
LOVE
AND EACH OTHER


BE YOURSELF...


We are everywhere


FAMILIA

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