



ALAMEDA COUNTY BHCS  
ROUND THREE  
INNOVATION GRANT PROGRAM



**PROJECT EDEN**  
**LAMBDA YOUTH PROJECT**  
**HAYWARD GAY PROM**

A Program of Horizon Services

## **Horizon Services, Inc.** **DBA Project Eden**

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Project Eden's  
Lambda Youth Project  
Transition Age Youth (TAY)



# Horizon Services, Inc. DBA Project Eden

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## Project Eden's Lambda Youth Project Transition Age Youth (TAY)

### OUR STORY

Project Eden's Lambda Youth Project (LYP) provides services to LGBTQI2S Transitional Age Youth (TAY), who are at risk of substance use and mental health related problems. LYP has culturally responsive services designed to reduce homophobia, isolation, and other life challenges. LYP provides support groups, peer support and education regarding healthy living skills; familial intervention and support when necessary; and offers case management and resources. LYP hosts the Gay Prom and our Speaker's Bureau youth volunteers who are trained to speak at colleges and schools, clinics, families, juvenile justice system, faith communities, mental health and substance use providers, and other community organizations regarding the needs of LGBTQI2S TAY. LYP also educates professionals on how to work with clients/consumers and family members which is the premise of the LGBTQI2S TAY culturally responsive training curriculum.

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**PROJECT OUTCOME NARRATIVE Content Guidelines**

**Desired Outcomes: Curriculum**

**LGBTQI2S Learning Questions #2**

**Date Submitted:** November 15, 2015

**Project Name:** Lambda Youth Project (Transition Age Youth LGBTQI2-S Training Curriculum)

**Grantee Organization:** Horizon Services, Inc. dba Project Eden

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Please include a narrative description of the training curriculum by answering the following questions about your project's Learning Question(s), target subpopulation, program description, and effectiveness of the strategies.

**Addressing the Learning Question(s)**

1. Identify the Learning Question(s) your project addressed.

What training curriculum will best support age-based culturally responsive provider capabilities regarding the specific needs and issues of LGBTQI2-S clients/consumers?

2. Answer your selected Learning Question(s) based on your project findings and final project desired outcomes. Explain how your strategies address the learning question(s).

Lambda Youth Project's (LYP) strategies to address the development of a culturally responsive age-based training curriculum for Transition Age Youth (TAY) were based on involving key stakeholders including consumers of services, family members, experts in the field, and providers of services to TAY as our focus group to gain personal and professional insight into what is need in a LGBTQI2-S training curriculum. LYP utilized individual interviews, surveys, and focus group as a strategy to elicit information from participants.

3. Any other ideas or interventions employed to support the LGBTQI2S Clients and Consumers? Explain.

LYP also facilitated agency focus groups and individual staff within our Substance Use Disorder & Co-Occurring agency to elicit information on how to create a welcoming,

accepting and culturally responsive environment with our staff, programs, and the communities we serve.

### **Identify the Priority Subpopulation**

4. Identify the subpopulation of LGBTQI2S clients and consumers for whom this program was most effective. Please include age, culture/ ethnicity, language, and other factors. How was this determined?

LYP targeted TAY ages 16 to 24. We involved all cultures and ethnicities we service within our program and community and had a specialization in African American, Latino, South East Asian, API and Caucasian TAY. This population of TAY was chosen by our learning questions as well as the overall population of TAY that LYP & Project Eden (PE) serves.

5. Describe the involvement with BHCS stakeholders (e.g., clients/ consumers, family members, and BHCS contracted providers).

As previously mentioned, TAY as well as their family members and employees of PE & Horizon Services, Inc. (HSI) who are consumers of Substance Use Disorder services were involved in the development of the culturally responsive training curriculum. LYP included school and community-based TAY providers along with school staff, juvenile justice staff, etc. in individual interviews, focus groups and discussions about the needs of the LGBTQI2-S TAY and what is needed in a training curriculum than will train and education staff as well as clinics, institutions, providers, organizations, and agencies from the executive staff to the direct service staff.

6. How are the strategies culturally responsive to this priority population?

Based on information gathered from key stakeholders, TAY, family members, other adult consumers and staff who represent the LGBTQI2-S community and straight allies from various ethnicities and cultures, LYP implemented strategies into the training curriculum that trains and educates on the uniqueness of LGBTQI2-S TAY, but also what role culture and ethnicities plays for each TAY. LYP's hope to heighten people's knowledge about LGBTQI2-S TAY and the diversity of cultures and ethnicities this priority population represents. It was also important for LYP to utilized strategies for TAY aging out of foster care or the juvenile justice system, homeless TAY, and the overall TAY community.

7. What are the goals of the program/ curriculum?

The goal and value of LYP's TAY and families culturally responsive training curriculum is to open and enhance access to services for children, youth, and families in all behavioral health care provides, county, clinics, and CBO's. Our hope is through training and creating agency culture around LGBTQQI2-S MH & SUD issues, TAY and families will feel supported in their quest towards wellness, recovery and resiliency.

8. Describe the Program Design, including the essential program components (e.g., outreach & engagement, interventions, treatment, evaluation, etc.)

LYP utilized outreach and engagement via social media, personal and professional contacts, individual interviews and focus groups. LYP gathered all the information from participants as well as researched nationwide efforts to train and education behavioral health providers on how to work with LGBTQQI2-S TAY to draft a culturally responsive training curriculum.

9. How did the program impact the population served by this project?

Based on outcomes and findings from our field test groups of TAY and key stakeholders, the training curriculum highlighted key components in the lives of LGBTQQI2-S TAY to be trained and educated on as well as how to create environments within clinics, institutions, organizations, schools, agencies, etc. that are LGBTQQI2-S welcoming, accepting and affirming.

10. What are the essential elements?

The essential elements of the LGBTQQI2-S TAY training curriculum is the wealth of information about developmental, clinical, health, environments, families, etc. issues involved in a LGBTQQI2-S TAY life as well as how clinics, institutions, organizations, schools, agencies, etc. can look at their own environments when it comes to serving the LGBTQQI2-S TAY community. LYP also wanted to highlight the essential elements for TAY regarding their struggles between being a youth and well as being an adult that developmental, mentally, and emotionally are capable of at the capacity which society thinks TAY should be.

11. Identify staffing requirements and considerations? Include recommended qualifications, certification and / or licensure.

LYP utilized its existing staff from PE who is well trained in working with LGBTQQI2-S TAY consumers and their family members. The staff is also highly skilled in providing education

and training to school and community based service providers to create or enhance LGBTQQI2-S environments within clinics, institutions, organizations, schools, agencies, etc.

12. Identify the collaborators necessary to the success of the program.

LYP collaborated with out LGBTQQI2-S and non-LGBTQQI2-S TAY service providers in the schools, community, juvenile justice centers, clinics, etc. LYP also connected with PFLAG, the faith community, and culturally specific agencies that serve TAY in various parts of Alameda County.

13. Describe the strategies, methods of implementation and timeframe.

As previously mentioned, LYP utilized individual interviews, focus groups, surveys, social media, etc. to elicit input on our training curriculum. We made weekly contacts and follow contacts with our participants throughout the 18 months of the grant cycle. LYP was constantly compiling information, resources, and data to develop the training curriculum. During the last 3 months, LYP began field testing the draft of the training curriculum and editing it as necessary based on the information received from the participants in the field testing.

**Demonstrate Effectiveness of Strategies**

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

LYP believes that involving key stakeholders and consumers in the development of the training curriculum will address the goal of reducing isolation for LGBTQQI2-S TAY because the training and educational information is coming directly from the consumers effected by isolation, stigma, and rejection. LYP also believes that through training and education regarding LGBTQQI2-S TAY for behavioral health providers in the school and community can better equip clinics, institutions, organizations, schools, agencies, etc. on how to service this priority population.

15. Describe the culturally responsive nuance of the strategies for the priority population?

The nuances of providing culturally responsive services to LGBTQQI2-S TAY is train, educate, and create environments that are well equipped to provide welcoming, accepting and affirming services to this priority population that historically avoids support due to

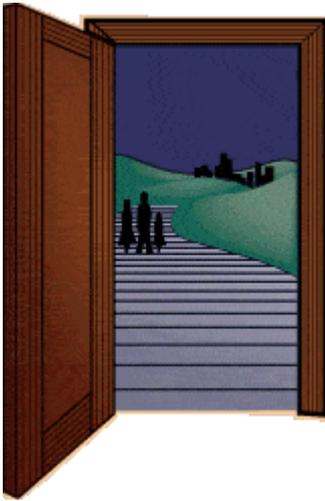
homophobias, stigma, etc. because they are LGBTQQI2-S. It is important to acknowledge that not only TAY consumers are LGBTQQI2-S, but they also represent a diversity of cultures and ethnicities.

16. Describe the process for arriving at the Program Design supported by evidence-based or community defined best practice findings.

LYP LGBTQQI2-S TAY culturally responsive training program design is a community defined best practice based off of the results of our field testing of the training curriculum. The goals after the implementation and evaluation of the training curriculum, that evidence will show that it is effective in creating a system of behavioral health providers better suited to address the needs of LGBTQQI2-S TAY and reduce isolation of those individuals.

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

LYP project individual interviews, focus groups, and field testing of the training curriculum to measure its effectiveness. The data was compiled from each participant contact and aggregated into results that helped with the final outcome of the training curriculum.



A Training Curriculum for Staff and Agencies  
serving Lesbian, Gay, Bisexual, Transgender,  
Questioning, Queer, Intersex & 2- Spirit  
(LGBTQQI2-S) Transitional Age Youth (TAY).

Lambda Youth Project  
Project Eden

A Program of Horizon Services, Inc.

# **Acknowledgements**

A Training Curriculum for Staff and Agencies serving Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, & 2-Spirit TAY.

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# Overview of Training Curriculum for LGBTQQI2-S TAY

The goals of the training curriculum is intended to provide both front line staff, counselors, clinicians, and administrators involved in working with LGBTQQI2-S TAY with:

- Increased familiarity with the issues and barriers faced by lesbian, gay, bisexual, transgender, questioning, queer, intersex, & 2-Spirit (LGBTQQI2-S) TAY.
- Knowledge about the interaction between LGBTQQI2-S issues and life-related issues.
- Knowledge about the unique population of LGBTQQI2-S TAY (youth vs. adult).
- Enhanced ability to offer sensitive, affirmative, culturally relevant, and effective Treatment to LGBTQQI2-S TAY clients.
- Ability to clarify the inclusive nature of the terms LGBTQQI2-S.
- Ability to list the specific health disparities and unique life challenges faced by LGBTQQI2-S TAY.
- Ability to discuss the implications of applying the terms “Cultural Competence and/or Cultural Humility” to care provided to LGBTQQI2-S TAY.
- Ability to identify ways to create a safe, respectful, and competent work environment, organization, clinic, school, etc.

# Introduction

A reasonable estimate is that Alameda County is home to a growing number of people who self-identify as Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex, and 2-Spirit. (LGBTQQI2-S). Depending on the source, it is estimated that even to 10 percent of the American population is LGBTQQI2-S. After decades of struggling to become a legitimate and valued segment of our diverse American society, it is only recently that changes in human and legal rights have begun to create a more equitable landscape for sexual and gender minority communities.

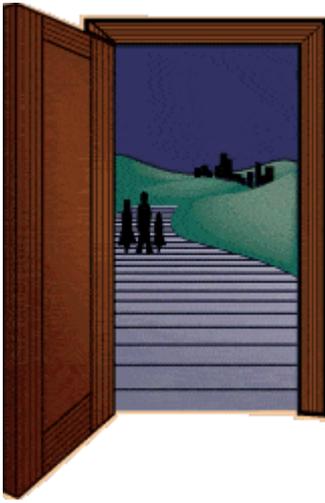
LGBTQQI2-S lived during a time when it was commonly believed that homosexuality was a sin, crime or mental illness. For them, it was impossible to be openly LGBTQQI2-S and be safe from violent attacks, harassment, imprisonment, loss of employment and rejection by their families.

Today, a vast majority of the LGBTQQI2-S have lived most of their lives in an environment of overt discrimination and hostility. For many, given the times and societal views, they have experienced different forms of abuse as a result of their sexual orientation and gender identity. For many, it was impossible to be openly LGBTQQI2-S and to feel safe.

# A Wake-up Call For Providers.

Our wake-up call came during an initial interview at Horizon Services, Inc. when a new resident and his partner expressed concern over the absence of a gay-positive environment. We realized then that gay and lesbian clients need evidence in our programs that the LGBTQQI2-S community has been recognized, supported and welcomed in order to feel “welcome”.

Through research, we learned that many staff members were under the impression that all residents were heterosexual. Since approximately ten per cent of the general population is LGBTQQI2-S, it is acceptable then to assume a similar percentage of our residents, clients, volunteers and staff might well be identified as LGBTQQI2-S. Administrative and program planners were often surprised to learn that there may be LGBTQQI2-S residents currently residing with the home or amongst the clients we serve, and sometimes have difficulty in understanding that this may also include staff and volunteers.



# **Module 1**

## **LGBTQQI2-S Who Are They? &**

## **What is 'Coming Out' for TAY?**

# Definition of Transition Age Youth

“Transition age youth” are commonly defined as individuals between the ages of 16 and 25 years. They have unique service challenges because they are too old for child services but are often not ready or eligible for adult services. Individuals technically become adults at age 18 years, yet many young people today live with their parents into their 20s. Individuals who experience homelessness at this time in their lives do not have the same social supports as other youth and are usually on their own. Many do not have the skills needed to secure employment and housing.

Whether they are called "youth in transition," "transition age youth," "youth aging out" or other terms, youth in this age group experience a number of challenges on their path to a successful adulthood. A particular challenge for federal programs is support for youth transitioning out of foster care or juvenile detention facilities, youth who have run away from home or dropped out of school, and youth with disabilities. - <http://youth.gov/youth-topics/transition-age-youth>

# Core Issues For TAY

Mental Health

Physical and Sexual Abuse

Substance Use & Abuse

Health

Homelessness

Family

Legal

Aging out of care

Education

Employment

Transportation

Ability to communicate to get their needs met

Coming Out

# The “Coming Out” Process

*It was like a rites of passage. I turned 21, I could legally drink and do and be who ever I wanted to be. I decided to be ME! I transitioned from Andre to Drea. Today, I am everyone Women. It's all in ME.*

*Transgender Male to female, Age 21*

**Coming out** can be one of the most challenging events in your life, but also one of the most rewarding. Being attracted to someone of the same sex or understanding that your gender identity is different from your biological sex can be frightening. For example, some African Americans feel pressure to prioritize their different identities.

"Perhaps the most maddening question anyone can ask me is, 'Which do you put first: being black or being a woman, being black or being gay?'" wrote Barbara Smith, in her essay, "Blacks and Gays Healing the Great Divide" ( *Dangerous Liaisons: Blacks, Gays, and the Struggle for Equality*. New Press, 1999). "The underlying assumption is that I should prioritize one of my identities because one of them is actually more important than the rest or that I must arbitrarily choose one of them over the others for the sake of acceptance in one particular community."

# “Coming Out”

**The term "coming out" refers to the experiences of lesbians and gay men as they work through and accept a stigmatized identity, transforming a negative self-identity into a positive one. For Transgenders, it is about transitioning into who they feel, believe, and want to be, no matter what stage they are at in transitioning.**

**For me, I never had a ‘coming out’ story. My mom always knew how I was from the beginning playing with Barbie and non-masculine toys.**

**Gay Male, Age 23**

**I told a close friend I thought I could trust, and he told his parents, who told my mom. Things did go well after that. At that moment, I just didn’t care and decided to not hide who I am and who I want to love. It is all about ME. XOXO**

**Lesbian Female, Age 18**

**YOUR SEXUALITY OR  
GENDER IDENTITY  
IS NOT A CHOICE.  
IT CHOOSES YOU.**

Some people say that sexuality or gender identity is a choice in order to discourage you from gay or lesbian relationships or from being comfortable with expressing your gender in the way that feels right to you. But think about it for a minute: Did you choose to have feelings of same-sex attraction? Did you choose your sex at birth? Sexuality and gender identity are not choices any more than being left-handed or having brown eyes or being heterosexual are not choices. They are a part of who you are. The choice is in deciding how to live your life.

# The Cass Identity Model of Gay/Lesbian Identity Development

The **Cass Identity Model** is one of the fundamental theories of [gay and lesbian](#) identity development, developed in 1979 by [Vivienne Cass](#). This model was one of the first to treat gay people as "normal" in a [heterosexist](#) society and in a climate of [homophobia](#) instead of treating homosexuality itself as a problem. Cass described a process of six stages of gay and lesbian identity development. While these stages are sequential, some people might revisit stages at different points in their lives.

From Wikipedia, the free encyclopedia

# The CASS Identity Model

## Stage I: Identity Confusion

Occurs when a person begins to realize that he/she may relate to or identify as being gay or lesbian, a process of *personalizing the identity*.

- **Tasks:** Exploration and increasing awareness
- **Feelings:** Anxiety, confusion
- **Defenses:** Denial

# Stage II: Identity Comparison

Occurs when a person *accepts the possibility that he/she might be gay or lesbian.*

- **Tasks:** Exploration of implications, encountering others like oneself
- **Feelings:** Anxiety, excitement
- **Defenses:** Bargaining and rationalizing

# Stage III: Identity Tolerance

Occurs when a person comes to *accept the probability that he/she is an LGBT person.*

- **Tasks:** Recognizing social and emotional needs as a gay man or lesbian
- **Feelings:** Anger, excitement
- **Defenses:** Reactivity to responses to people's identities

# Stage IV: Identity Acceptance

*Occurs when a person fully accepts rather than tolerates himself or herself as an LGBT person.*

- **Tasks:** Development of community and acculturation
- **Feelings:** Rage and sadness
- **Defenses:** Hostility towards straight culture

# Stage V: Identity Pride

Occurs when the person *immerses himself or herself in the LGBT community and culture to live out identity totally*

- **Tasks:** Full experience of being an LGBT person, confronting internalized homophobia
- **Feelings:** Excitement and focused anger towards people they perceive are against them.
- **Defenses:** Arrogant pride and rejection of straight culture as the norm

# Stage VI: Identity Synthesis

Occurs when a person develops *a fully internalized and integrated LGBT identity and experiences himself or herself as whole when interacting with everyone across all environments.*

- **Tasks:** Coming out as fully as possible, intimate gay and lesbian relationship; self-actualization as a gay man, lesbian, bisexual, or transgender person
- **Feelings:** Excitement and happiness
- **Defenses:** Minimal

# “Acceptance From Shame”

# Breaking the Silence

- Parallels the process of coming out. It is important for LGBTQI2-S TAY to tell their stories and address the pain of being different in a heterosexist society.
- Allows the client to understand their struggle in the context of societal discrimination and prejudice.
- Involves improving: self-concept, self-esteem, and self confidence.

**“Claiming  
The  
Language:  
How Do I  
Identify Myself”**

**LGBTQQI2-SA.....**  
**Gender Non-Conforming**  
**Gender Fluid**  
**Gender Expression**  
**Pansexual**  
**Transgender**

**“What do all these terms mean?”**

In building supports and space for LGBTQQI2-S youth, experts advocate for community workers to take their cues from the youth they serve in determining the most appropriate way to refer to them.

Because the LGBTQQI2-S community has been so marginalized—often brutally—making space for inclusive language and allowing those served to define how they self-identify is an integral part of allowing the LGBTQQI2-S community to reclaim an equal role in society.

# LGBTQQI2-S Terminology

## Sexual Orientation Terms and Definitions

**Lesbian:** a person who identifies as a woman who is emotionally, romantically, or sexually attracted to women.

**Gay:** a person who identifies as a man who is emotionally, romantically, or sexually attracted to men.

**Bisexual:** a person who is emotionally, romantically, or sexually attracted to men and women.

**Pansexual:** a person who is emotionally, romantically, or sexually attracted to folks of all genders.

## Gender Terms and Definitions

**Transgender (TG):** a term for designating those who transcend or transgress gender by not looking, acting, being, or identifying as traditionally male or female; can include crossdressers, transsexuals, intersex people, and other gender nonconformists.

**Transsexual (TS):** a person who feels that his or her gender identity does not match their biological sex (“I’m a woman in a man’s body” etc.); a pre-op (preoperative) transsexual is a TS preparing to have sex reassignment surgery, and a post-op (postoperative) transsexual has already undergone sex reassignment, although not all transsexuals desire surgery; some transsexuals take hormones to make their bodies look more male or female.

## **Gender Terms and Definitions (Cont.)**

**Crossdressing (CD):** dressing as someone from a different gender category; may be done by people from all genders and sexual orientations.

Crossdressers sometimes referred to as transvestites (TV).

**Passing:** crossdressing well enough to be seen as a member of a different sex/gender category.

**Drag:** crossdressing, especially in public or in a performance.

**Gender Role:** culturally accepted and expected behavior associated with biological sex.

**Masculine:** concept of what is "naturally" or traditionally male in terms of appearance, behavior, and personality.

## **Gender Terms and Definitions (Cont.)**

**Feminine:** concept of what is "naturally" or traditionally female in terms of appearance, behavior, and personality.

**Androgynous:** a term for a person who expresses or presents merged socially-defined masculine and feminine characteristics, or mainly neutral characteristics.

**Gender Binary System:** a social system that requires everyone to be raised as a boy or girl (dependent on what sex you are assigned at birth), which in turn forms the basis for how you are educated, what jobs you can do (or are expected to do), how you are expected to behave, what you are expected to wear, what your gender and gender presentation should be, and who you should be attracted to/love/marry, etc.

**Gender Characteristics:** characteristics that are used by others to attribute gender to an individual, such as facial hair or vocal pitch.

## **Gender Terms and Definitions (Cont.)**

**Gender Identity:** a person's understanding, definition, or experience of their own gender, regardless of biological sex.

**Gender Nonconformity:** not expressing gender or not having gender characteristics or gender identity that conform to the expectations of society and culture.

**Genderqueer:** a term which is used by some people who may or may not fit on the spectrum of trans, or be labeled as trans, but who identify their gender and sexual orientation to be outside of the gender binary system, or culturally prescribed gender roles.

**Sex:** one's biological assignment as male, female, or intersexed.

## **Gender Terms and Definitions (Cont.)**

**Intersex:** refers to a series of medical conditions in which a child's genetic sex (chromosomes) and phenotypic sex (genital appearance) do not match, or are somehow different from the "standard" male or female. About one in 2,000 babies are born visibly intersexed, while some others are detected later. For more information, please visit <http://www.intersexinitiative.org>.

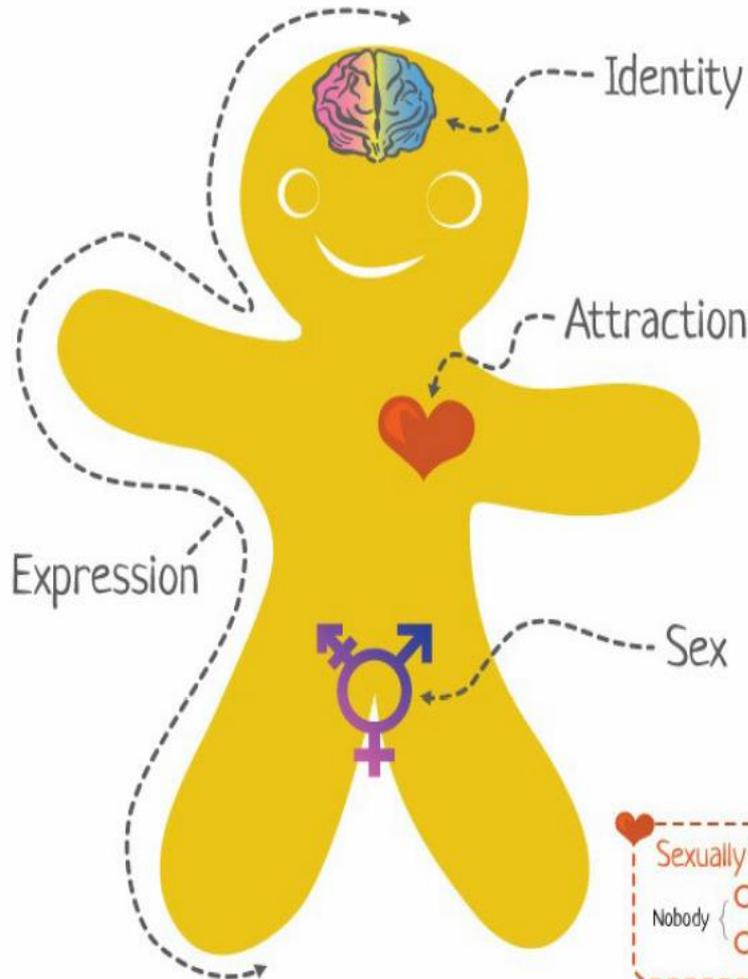
**Two-Spirit (2-S):** Two-spirited people don't all define themselves in the same way. Many say they embody both male and female characteristics, and that such a role was recognized and honored by their tribes before colonization. Others might identify as gay when they're around outsiders.

**Allies:** Heterosexual people who are allies and support the LGBTQQI2-S community.

# The Genderbread Person v3.3

by its pronounced **METROsexual**.com

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



Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread plot and label combos

### Gender Identity

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

Woman-ness

Man-ness

Labels: "woman", "man", "two-spirit", "genderqueer"

### Gender Expression

The ways you present gender; through your actions, dress, and demeanor; and how those presentations are interpreted based on gender norms.

Feminine

Masculine

Labels: "butch", "femme", "androgynous", "gender neutral"

### Biological Sex

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

Female-ness

Male-ness

Labels: "male", "female", "intersex", "M/F Female"

### Sexually Attracted to

Nobody

Labels: (Women/Females/Femininity), (Men/Males/Masculinity)

### Romantically Attracted to

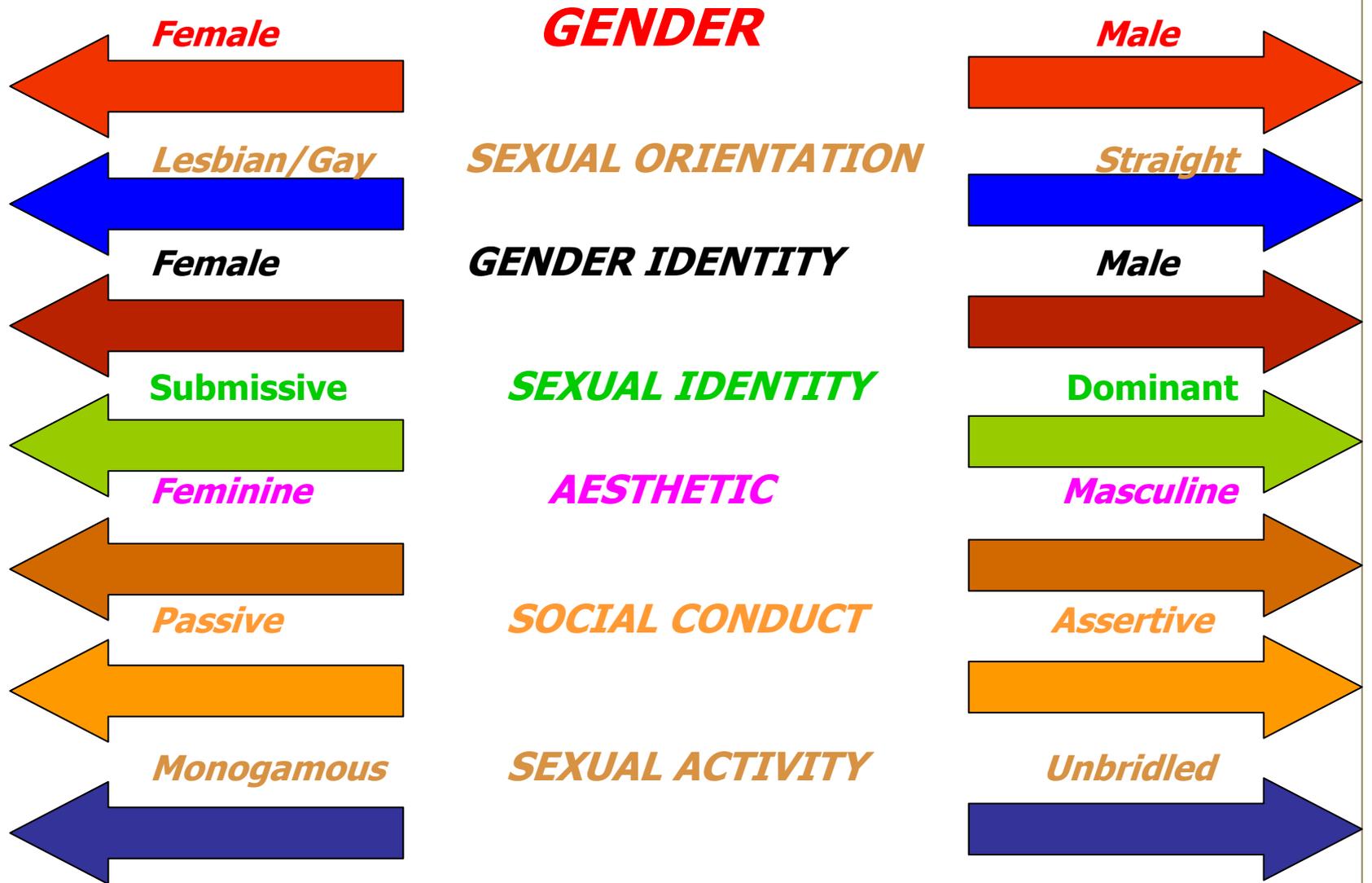
Nobody

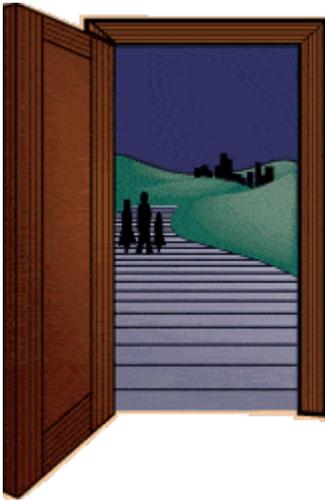
Labels: (Women/Females/Femininity), (Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at <http://bit.ly/genderbread>

by Samuel Killermann at [www.ItsPronouncedMetrosexual.com](http://www.ItsPronouncedMetrosexual.com)





## **Module 2**

# **Clinical, Health Related and Family Issues For LBGTTQQI2-S TAY**

# Clinical Issues For TAY

# Youth Statistics Of LGBTQI2-S TAY

- Between 5% and 8% — or as many as 1,700,000 — TAY experience homelessness each year
- TAY are the fastest growing segment of the overall homeless population. They may also be more at risk for becoming homeless than other age groups.
- 28 % drop out of high school
- are 4 times more likely to commit suicide
- hear homophobic slurs 29 times a day on average
- 80% of anti gay youth violence goes unreported because of fear of being outed.
- In June 2008 , the U.S. Government Accountability Office (GAO) reported that at least 2.4 million young adults aged 18 through 26—or 6.5 percent of the non-institutionalized young adults in that age range had a serious mental illness.
- In 2006, and they had lower levels of education on average than other young adults . The actual count would be greater than 2.4 million because it did not include young adults who were in institutional settings, homeless, or in correctional facilities.
- About 186,000 young adults received disability benefits in 2006 because of a mental illness that prevented them from engaging in substantial, gainful activity. Outcomes for this group are considerably less.

# Concerns for LGBTQI2-S TAY

- Abuse
- Suicide
- Loss of Parental and Family support
- Lack of Resource
- Drug and alcohol addiction
- Harassment from peers and authority figures
- Isolation
- Negative stereotypes
- Lack of adult role models
- Identity reduced to sexuality
- Pressure from discrimination
- Homelessness
- Abandonment
- Good education

# Youth

## The Facts:

- Youth explore sexuality in different ways.
- Some are "Questioning" their sexual orientation."
- Some are not.
- Youth are at different stages of development.

# True or False ????

**There is overwhelming evidence that verbal and physical violence against LGBTQQIS-2 youth of all backgrounds can lead to high-risk behaviors that increase their risk for substance abuse and HIV/AIDS.**

**TRUE**

**LGBTQQI2-S Youth who were victims of bias related harassment, bullying, and/or violence in comparison to heterosexual youth, are:**

- **Twice as likely to report bingeing on alcohol (5-plus drinks at one time) at least once in the past month**
- **Twice as likely to report using marijuana in the past month**
- **Three to ten times as likely to report having tried cocaine**
- **Two to three times as likely to report having ever tried hallucinogens, depressants or stimulants**

# True or False ????

Reports of higher rates of suicidal behaviors and suicide among LGBTQQI2-S youth have not been supported in the research on adolescent suicide.

The Youth Risk Behaviors Survey in the States of California (2000) found that LGBTQQI2-S youth in comparison to all youth, are

- **Twice as likely** to report having seriously considered suicide in the past year.
- **Twice as likely** to say they made a suicide plan in the past year.
- **Three to four times as likely** to report having attempted suicide in the past year.
- **More than four times as likely** to say they made a serious enough suicide attempt in the past year to have been treated by a health care professional.

**FALSE**

# True or False ????

LGBTQQI2-S adolescents are twice as likely as straight students to feel unsafe or afraid at school, some, most, or all of the time.

- **97%** of students in public high schools report **regularly hearing homophobic remarks** from their peers.
- LGBTQQI2-S youth are **two to four times more likely** than their heterosexual peers to have been threatened or injured with a weapon at school.
- **34%** of lesbian, gay, and bisexual students surveyed had been the **target of verbal assaults** at school or en route to or from classes.

**TRUE**

# True or False ????

**School officials and guidance counselors are more aware today of the need to protect LGBTQQI2-S youth from anti-gay harassment, than they were 5 years ago.**

**FALSE**

- **Of 300 high school counselors surveyed in the Alameda County Safe Schools Survey 2013, one in six thought there were no lesbian, gay, bisexual or transgender youth in their schools.**
- **20%** believed they were not competent at counseling LGBTQQI2-S students

# Risk and Protective Factors for LGBTQQI2-S Youth (CSAP 1993)

## Risk Factors

Higher school dropout rates related to discrimination

Inadequate social services that are not culturally relevant

Violence and fear of disclosure among peers in the community

Pro-use norms of Alcohol and Drugs in the adult LGBTQQI2-S communities; lack of adult LGBTQQI2-S role models

## Protective Factors

Social support and prosocial bonding with peers

Increases in knowledge through peer education

Situational self-efficacy; teaching youth coping skills for dealing with school victimization

Community & Family support-positive LGBTQQI2-S adult role models

## SEXUAL IDENTITY: AGE OF ONSET

### Average Age (Years) Event Occurs

Behavior/ Identity	Earlier Studies*		More Recent Studies**	
	Males	Females	Males	Females
First awareness of same-sex attraction	13	14–16	9	10
First same- sex experience	15	20	13–14	14–15
First self- identified as lesbian or gay	19–21	21–23	14–16	15–16

\*Studies of adults who remembered their experiences as children and adolescents

\*\*Studies of adolescents who described their experiences as they were happening or right after they happened

# Special Issues for LGBTQQI2-S TAY

## LGBTQQI2-S TAY of Color:

- **Integrating** their sexual, racial, and ethnic identities
- **Interacting with three separate communities-** ethno-cultural, LGBTQQI2-S, and mainstream
- **Managing more than one stigmatized identity.**

## All LGBTQQI2-S TAY:

- **Higher risk for depression and suicide**
- **Homelessness is a particular concern for LGBTQQI2-S TAY** with reports from various studies showing ranges from **20 percent to 40 percent**
- Homeless youth are at high risk for **exploitation; e.g. survival sex** (exchanging sex for food, drugs, or shelter)
- LGBTQQI2-S homeless and runaway youth have **many health and social problems** .

# Mental Health Issues

- Recent research on mental health issues for LGBTQQI2-S individuals indicates that there is **a higher rate of bipolar and depressive disorders (approx. 20%) in gay men** than among heterosexual men.
- Atkinson et al. found **higher rates of lifetime depression in homosexual males** compared with heterosexual men.
- Gilman et al. found significantly higher prevalence rates of **depressive disorders in lesbian women** compared with heterosexual females.
- Distinct **barriers to mental health service utilization** have been described for sexual minorities that include
  - A tendency to pathologizes LGBTQQI2-S identity
  - Lack of LGBTQQI2-S sensitive care
  - Discrimination and marginalization of LGBTQQI2-S clients
  - Unwillingness to address LGBTQQI2-S-related issues in treatment
  - Unwillingness to work with partners and lovers of LGBTQQI2-S clients.

# Special Issues for LGBTQI2-S TAY

- Alcohol and Other Drug Use
- The adolescents' social environment
- Sexual identity development and stage of coming out
- Level of disclosure about sexuality
- Gender identity
- Family and social support network
- Impact of multiple identities, gender/ethnic/cultural/sexual orientation
- Knowledge and use of safer sex practices
- Geographic and cultural difference
- Limited role models and deeply ingrained stereotypes
- HIV/AIDS and other infectious diseases
- Linking of substance abuse and sexual expression
- Internalized homophobia
- Limited social outlets that don't involved alcohol or other drugs, sex, etc.

## **LGBTQQI2-S TAY Assessment and Treatment Checklist**

- ✓ **Alcohol, tobacco, and other drug use**
- ✓ **The adolescents' social environment**
- ✓ **Sexual identity development and stage of coming out**
- ✓ **Level of disclosure about sexuality**
- ✓ **Gender identity**
- ✓ **Family and social support network**
- ✓ **Impact of multiple identities, gender/ethnic/cultural/sexual orientation**
- ✓ **Knowledge and use of safer sex practices**

# Health Related Issues QUIZ

1. Lesbians are a lower risk for breast or cervical cancer than heterosexual women? T F
2. Gay men are at higher risk for hepatitis A and B, and in some cases, hepatitis C? T F
3. There is a relatively low prevalence of HIS infection among male-to-female transgender persons? T F
4. Gay men tend to smoke less than heterosexual men? T F
5. Gay and Bi-Sexual men are at higher risk for HIV, but Lower risk for gonorrhea and chlamydia? T F

# True Or False

**Lesbians are at lower risk for breast and cervical cancer than heterosexual women.**

**FALSE**

- Lesbians may be at increased risk for HPV infection and, hence, cervical cancer, depending on their sexual practices.
- Lesbians typically see healthcare providers less frequently than heterosexual women do, and, thus, may not undergo sufficient screening.

# True Or False

**Gay men are at higher risk for hepatitis A and B, and, in some cases, hepatitis C.**

**TRUE**

- Hepatitis A and B can be transmitted through sexual contact.
- Hepatitis B and C can be transmitted through sexual contact and/or sharing needles.

# True Or False

**There is a relatively low prevalence of HIV infection among male-to-female transgender persons.**

**FALSE**

- In a recent San Francisco study , HIV prevalence among MTF persons was **35%** and **65%** among African-American MTFs.
- Other recent studies of transgender health risks in urban areas around the country show similar results.

# True Or False

**Gay men tend to smoke less than heterosexual men.**

**FALSE**

Recent and representative studies among gay men have indicated **strikingly higher rates** of smoking among gay men than in the general male population.

# True Or False

**Gay and bisexual men are at higher risk for HIV , but lower risk for gonorrhea and chlamydia.**

**FALSE**

Even when men who have sex with men refrain from unprotected anal sex, they **may engage in other activities** such as unprotected oral sex that increases risk for both gonorrhea and chlamydia.

# Risks & Barriers To Adequate Care

- Sexual assault and rape
- Sexual harassment
- Physical assault, other violence & victimization
- Verbal humiliation
- Medical and mental health neglect
- Ignorance and prejudice from the larger social justice movement
- Infectious diseases, depression, suicide
- Geographic isolation
- Social isolation

# Risks & Barriers To Adequate Care (Cont.)

- Lack of & denial of insurance coverage
- Stigma of Gender Clinics
- Lack of clinical research and limited medical literature
- Provider ignorance
- Social stigma and discrimination
- Lack of access to hormones
- Fear of exposure/avoidance
- Many gays and lesbians do not disclose their sexual orientation to their healthcare providers.
- Many LGBT persons are reluctant to use mainstream healthcare services.
- Gay and Lesbian Medical Association Survey (1994) results indicate substandard care for LGBT patients.

# Defining LGBTQQI2-S Affirmative Care

- **LGBTQQI2-S -tolerant**  
Aware that LGBTQQI2-S people exist and use their services.
- **LGBTQQI2-S -sensitive**  
Aware of, knowledgeable about, and accepting of LGBTQQI2-S people.
- **LGBTQQI2-S -affirmative**  
Actively promote self-acceptance of an LGBTQQI2-S identity as a key part of acceptance.

# **Impact of Prejudice, Discrimination, And Violence**

# Institutional Discrimination

Discrimination resulting from laws and policies that create inequalities for sexual minorities or fail to protect sexual minorities. This can include hate crimes, employment discrimination policies, restricting marriage to "one man-one woman", and disproportionate access to health care.

(Haas, et.al., 2010)

# Minority Stress

- Describes the damaging physical and mental health effects of being stigmatized, and/or the focus of prejudice and discrimination, which create a hostile and stressful environment, resulting in internalized homophobia, depression, and anxiety.
- For many LGBTQI2-S individuals, the minority stress they experience on the basis of sexual orientation and gender identity is added to, combined, and exacerbates with inequalities associated with race, ethnicity, and social class.

(Institute of Medicine, 2011)

# Definitions

**Stereotyping** is attributing a characteristic of one or a few members of a group to all members of that group. Stereotypes can be positively or negatively imbued.

**Prejudice** is a set of beliefs , in actuality assumptions, about a whole group of people based on hearsay or emotions, where one's own group is the point of reference.

**Myths** are stories and beliefs about something or someone that at one time may have been rooted in an actual occurrence, but have been changed so as to be more legend or metaphoric than reality.

**Stigma** is a reproach, slur, stain or blot and that which vilifies, defames, casts a slur on, imputes shame to, puts down, snubs, or reproaches.

# Heterosexual Questionnaire

**Purpose:** To give straight people an opportunity to experience the types of questions that are often asked of LGBTQQI2-S people.

## **Procedure:**

- Explain to the group that, when LGBTQQI2-S youth are beginning to ‘come out’, they are often asked questions that are nearly impossible to answer. In order to help participants understand the heterosexist bias\* in our culture, you will ask them to grapple with these same questions in regard to *heterosexuality*.
- Say that you will give them each the *Heterosexual Questions*. They will break up into groups of four or five and try to come up with answers. Say that you want them to try to answer each question as well as to react to the questions *as a whole*. Irrespective of each participant's sexual orientation, everyone should attempt to answer as though he/she is heterosexual.
- After about 10 minutes, ask everyone to reassemble in the large group. Ask the participants the Discussion Questions below.

## Heterosexual Questionnaire

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were heterosexual?
3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your heterosexuality stems from a fear of others of the same sex?
5. If you have never slept with a member of your own sex, is it possible that you might be gay if you tried it?
6. If heterosexuality is normal, why are so many mental patients heterosexual?
7. Why do you heterosexual people try to seduce others into your lifestyle?
8. Why do you flaunt your heterosexuality? Can't you just be who you are and keep it quiet?
9. The great majority of child molesters are heterosexual. Do you consider it safe to expose your children to heterosexual teachers?
10. With all the societal support that marriage receives, the divorce rate is spiraling. Why are there so few stable relationships among heterosexual people?
11. Why are heterosexual people so promiscuous?
12. Would you want your children to be heterosexual, knowing the problems they would face, such as heartbreak, disease, and divorce?

## Discussion Questions:

- Did you find the questions hard to answer? Were some harder than others? Which? What, specifically, was so difficult?
- How did the questions make you feel?
- What does it say about our society that gay, lesbian, and bisexual youth are asked similar questions?
- What can you do in the future if you hear someone asking such questions?

*\*\*Heterosexual bias, or heterosexism, is the assumption that everyone is, or ought to be, heterosexual and that heterosexuality is the only 'normal', right, and moral way to be and that, therefore, anyone with a different sexual orientation is 'abnormal', wrong, or immoral.*

# HOMOPHOBIA and HETEROSEXISM

- *Homophobia* is an irrational fear of gay and lesbian people or fear of same-sex relationships. In its most extreme form, homophobia is a hatred for or violence against LGBTQI2-S persons.
- *Heterosexism* is an assumption of heterosexuality and the heterosexual perspective as the predominant or meaningful viewpoint.
- *Biphobia* is fear of and hatred for bisexuality.
- *Transphobia* is fear of and hatred for transgender persons.

# True Or False

**TRUE**

**LGBTQQI2-S  
people are the  
victims of the  
most violent  
hate crimes in  
America.**

- Hate crimes based on sexual orientation are probably among the most under reported crimes.
- Hate crimes against sexual minorities are generally more violent than other hate crimes ([www.fbi.gov](http://www.fbi.gov)).

# Research on Interpersonal Violence in the LGBTQQI2-S Community

- Overall, the **same rate** in same-sex relationships as in heterosexual relationships.
- **8%** rate of partner violence in a diverse, nonclinical sample of nearly 2,000 lesbians.
- **17%** of gay men reported having been in a physically violent relationship (Gay and Lesbian Community Action Council 1987).
- **40%** of 228 gay male perpetrators abused drugs (Farley 1996).
- **25-33%** of same sex couples report some sort of abuse (Page, 2000).

# Research on LGBTQQI2-S Interpersonal Violence

- Experts estimate that interpersonal violence occurs at about the same rate in same-sex relationships as in heterosexual relationships (Island and Letellier 1991; Lobel 1986).
- The National Lesbian Health Care Survey (Bradford et al. 1994) showed an 8- percent rate of partner violence in a diverse, nonclinical sample of nearly 2,000 lesbians.
- In a study of 90 lesbian couples, 46 percent of the couples experienced repeated acts of violence in their relationship (Coleman 1990).
- Of 1,000 gay men surveyed in the United States, 17 percent reported having been in a physically violent relationship (Gay and Lesbian Community Action Council 1987).

In a study of 228 gay male perpetrators, Farley (1996) found the following contributing to gay interpersonal violence:

- 40 percent abused drugs.
- 87 percent had previous mental health treatment.
- 93 percent reported childhood physical abuse, and 67% reported childhood sexual abuse.
- 40 percent reported a family history of alcoholism.
- 80 percent had a previous history of being an abuser in an adult relationship.

**“Families”**

**Origin**

**Or**

**Choice**

# Family Influences



1. What are the **important values and major influences**, positive and negative, that you received from your families while growing up?
2. How do these family influences **affect our lives**?

# Definition of Family of Origin

**The birth or biological family or any family system instrumental or significant in a client's early development**

# Taking a Family History

## All Clients:

- **What were the rules of the family system?**
- **Was there a history of physical, emotional, spiritual, or sexual trauma?**
- **Were all family members expected to behave or evolve in a certain way?**
- **What were the family's expectations in regard to careers, relationships, appearance, status, or environment?**
- **In general, was sex ever discussed?**

## LGBTQQI2-S Clients:

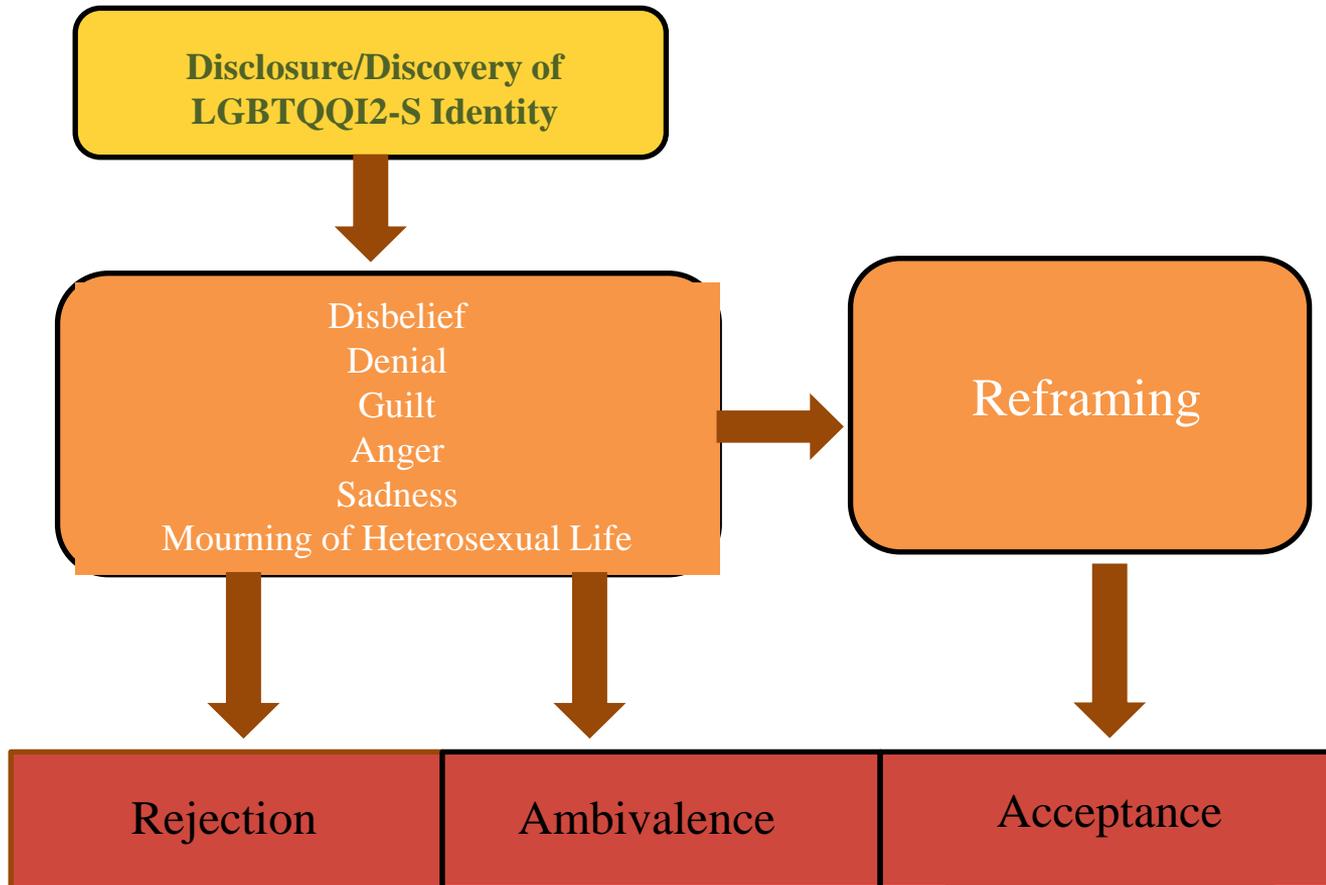
- **Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?**
- **How did the family respond to other individuals coming out or being identified as LGBTQQI2-S individuals?**
- **Is the client out to his or her family?**
- **If the client is out, what type of response did he or she receive?**

# Definition: Families of Choice

LGBTQQI2-S people create "**replacement**" **family networks** that are made up of individuals who are significant to them, including:

- ♥ **friends**
- ♥ **partners**
- ♥ **families of partners**
- ♥ **ex-lovers**
- ♥ **blood relatives**
- ♥ **individuals who have died or are no longer an immediate part of the client's life because of addiction, HIV/AIDS, a relationship break-up, or other life events.**

# Coming Out: Parental / Family Reactions





## Guidelines for Working With LGBTQQI2-S Families

- Demonstrate support and understanding for the life partners and significant others
- Be sensitive to the individual's self-identification
- Be sensitive to the diversity and variety of relationships in the LGBTQQI2-S community
- No universal terminology regarding significant others in the LGBTQQI2-S community
- Be careful of biases re: what a family should be
- Do not assume there is no history of opposite-sex relationships

## Myths and Facts About LGBTQQI2-S Parents

**Myth: Lesbians and gay men do not have children.**

**Fact:** The American Bar Association estimates there are at least **1 to 5 million** daughters and sons of lesbian, gay, and bisexual parents in the United States.

## Myths and Facts About LGBTQI2-S Parents

**Myth:** Children who are in contact with gay men or lesbians face increased risk of being sexually abused.

**Fact:** Statistics indicate that **90%** of all children sexual abuse cases involve a **heterosexual male perpetrator** .

**Myth:** Gay men and lesbians have unstable relationships that make them inadequate parents.

**Fact:** A large number of gay men and lesbians can and do enjoy long stable and satisfying relationships.

## Myths and Facts About LGBTQQI2-S Parents

**Myth: Children raised by LGBTQQI2-S parents are likely to turn out to be LGBTQQI2-S themselves.**

**Fact: Published studies** have established that children raised by gay or lesbian parents **are no more likely** to grow up gay or lesbian than other children (Patterson 1992).

## Myths and Facts About LGBTQQI2-S Parents

**Myth:** The only acceptable home for a child contains a mother and father who are married to each other.

**Fact:** The reality of today is that the **traditional definition** of the married, heterosexual couple with 1.5 children is **only one of many types** of families that children grow and thrive in.

**Myth:** Children raised by a gay or lesbian couple will not have proper male and female role models.

**Fact:** Research suggests that **children of LGBTQQI2-S parents** are **exposed to more people of the opposite sex than many children of straight parents** and even when children are not, there is no evidence to suggest that they are harmed (Kirkpatrick 1987).

# Culture of the LGBTQQI2-S Community

# Terminology: Culture Is there a 'LGBTQQI2-S culture' and/or community?

## *Competence*

- Detached mastery of a theoretically finite body of knowledge
- The quality or state of being competent.

## *Humility*

- Lifelong commitment to self-evaluation & self-critique
- Redressing the power imbalances in pt./'provider' dynamic
- Developing mutually beneficial & non-paternalistic clinical & advocacy partnerships on behalf of individuals and communities

*Tervalon & Murray-Garcia, 1998*

# Culture

- *“The most important part of culture....is that which is hidden and internal but which governs ..behavior...interactions...” Hall, 1976*
- Integrated patterns of human behavior that include language, thoughts, action, customs, beliefs and institutions of racial, ethnic, social or religious groups.
- Dynamic, ever-changing

# Why Increase Cultural Humility?

- A way to address health disparities
- Designed to sensitize health provider to special needs and vulnerabilities
- Providing accessible and appropriate care
- Goal to demonstrate an understanding of the manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments

# 10 Tips

- 1. Welcome transgender people**
  - 1. get the word out**
  - 2. transgender-positive**
- 2. Treat transgender individuals as you would want to be treated**
- 3. Use the name and pronoun that corresponds with their gender identity**
- 4. If you are unsure about a person's gender identity, or how they wish to be addressed, ask**
- 5. Establish an effective policy for addressing discriminatory comments and behavior in your office or organization**
- 6. Remember to keep the focus on care rather than indulging questions out of curiosity**
- 7. The presence of a transgender person is NOT a 'training opportunity'**
- 8. It is inappropriate to ask transgender patients about their genital status if it is unrelated to their care**
- 9. Never disclose a person's transgender status to anyone who does not explicitly need the information for care**
- 10. Become knowledgeable about transgender health care issues**

# Cultural Pain

is feeling “insecure, embarrassed, angry, confused, torn, apologetic, uncertain or inadequate because of conflicting expectations of and pressure from being a minority and an African American.”

*Bell, P. (1981)*

# Examples of Cultural Pain

## African-Americans

- Resentment when another African-American seems to be denying his or her blackness
- Discomfort when another African-American uses black English in the presence of white people
- Discomfort when a white person is patronizing on black issues
- Anxiety when a white person seems to expect African-Americans to defend or explain questionable behavior by other black people.

## LGBTQQI2-S Persons

- Resentments when LGBTQQI2-S person uses a derogatory work like “Fag” with one another
- Discomfort when a person uses the wrong gender pronoun with me and assumes I am male or female
- Discomfort when a person says they have “Gay Friends” and make a derogatory comment that is offensive to the LGBTQQI2-S community
- Anxiety when I have to use the restroom and a person might stop me from using the restroom I identify with

# **Assimilation**

is adaptation to a new culture by taking on a new identity and abandoning the old cultural identity.

# **Acculturation**

refers to accommodation to the rules and expectations of the majority culture without entirely giving up cultural identity.

# **Culturally Immersed**

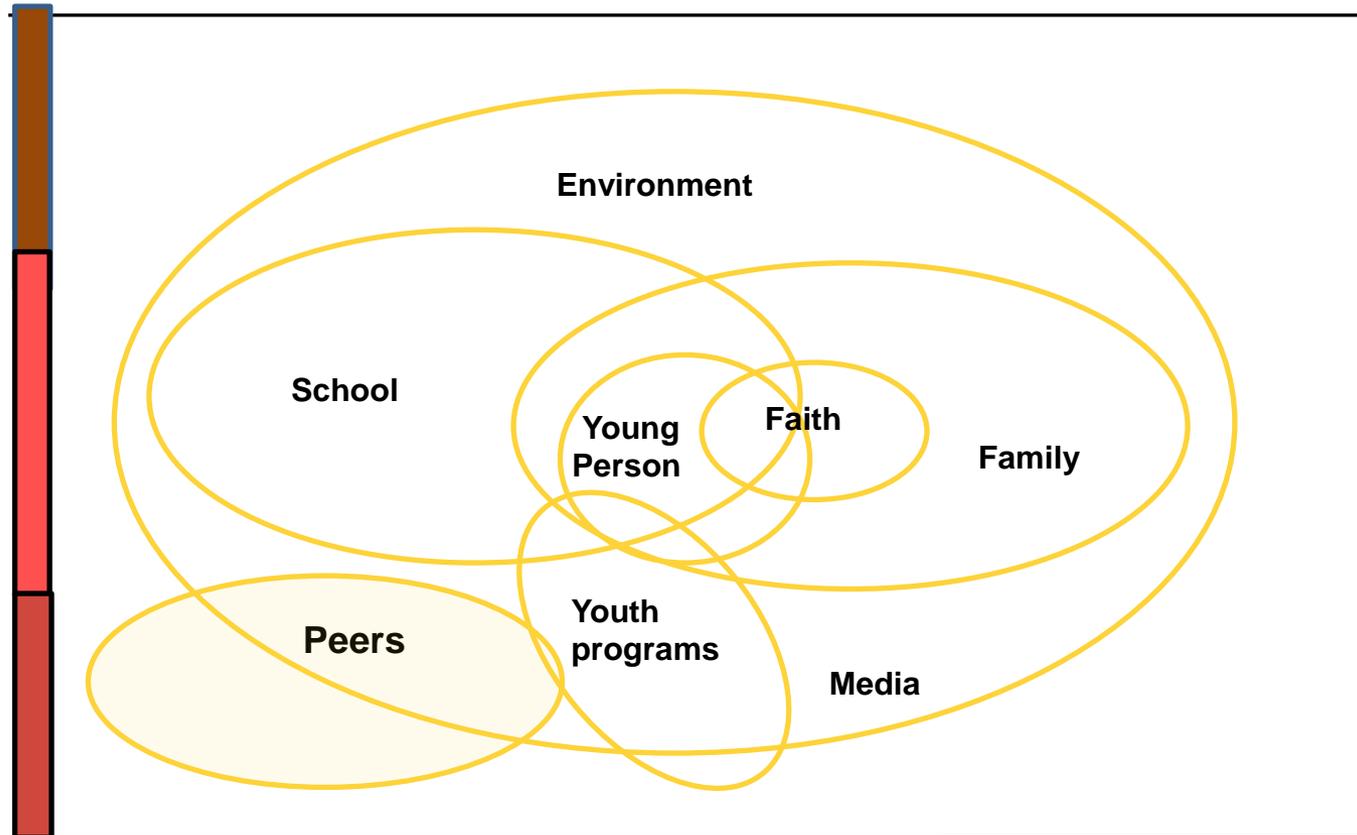
individuals have rejected mainstream culture, and their emotional and spiritual needs are met exclusively in their ethnic community or in the gay community.

## **Traditional Individuals**

are defined as carriers of the community ethos (the distinguishing character, sentiment, moral nature, or guiding beliefs of a person, group, or institution). They neither overtly accept nor reject their ethnic identity. Most of their needs are met through their ethnic community, and they have limited contact with the dominant culture or any outside communities.

# LGBTQQI2-S Youth in Context – Their Identity

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Researchers describe the model as a Series of overlapping, mutually influencing systems that shape the daily lives and opportunities of young people. Most LGBTGGQI2-S youth are deprived of support in all of these settings. The teachers, parents, ministers, and health care providers that work with teens today had no experience as teens with these issues – and usually have little context for understanding these issues.

# Core Aspects of Identity

- **Family of Origin**
- **Race**
- **Ethnicity**
- **Age**
- **Class**
- **Sexual Orientation**
- **Gender Identity**
- **Abilities**
- **Appearance**
- **Religion**
- **Other**

## **DEFINING AND UNDERSTANDING SEXUAL ORIENTATION, GENDER IDENTITY, AND OTHER ASPECTS OF DIVERSITY AND IDENTITY**

- Family of origin refers to identity as it is derived through family or given name—I am a product of my parents, grandparents, and so forth.
- Race and ethnicity are different although as people often confuse the two. Race refers to the three Western-scientific classifications that were once called Caucasian, Negro, and Mongoloid and today are often referred to as white, black (or African descent), and Asian. Sometimes a fourth group, referred to as indigenous or aboriginal (Latino/a and Native American), is cited.

*Important note: Controversy exists about the scientific basis for “race” classification. Current knowledge of genetics and new information on the human genome do not support significant distinctions between races, only differences in skin color.*

- Ethnicity is culturally and geographically derived from a nation, a country, or cultural traditions.
- Age can be specific or general (“young” and “old”).
- Class often refers to socioeconomic background and in our society often is determined by education as well as money. Sometimes occupation is part of class identity.

- Sexual orientation (e.g., lesbian, gay, bisexual, heterosexual [as defined in Session1]) describes one's attraction to, sexual desire for, lust for, or romantic attachment to others.
- Gender identity (as defined in Session 1) is a person's inner sense of self, a person's self-concept, in terms of gender.
- Abilities includes more than whether one is physically challenged. It also refers to talents and abilities for which people are identified like athlete, movie star, or genius or occupations like doctor, firefighter, priest, or other.
- Appearance is also a major aspect of identity. What is considered to be fat, thin, large, small, or attractive is also socially and culturally influenced.
- Religion can refer to either a specific organized religion or a set of spiritual practices and beliefs.

*LGBTQQI2-S persons are included within every other category or aspect on the list and therefore constitute the most diverse subgroup of all groupings.*

*By including gender identity and sexual orientation with other core aspects of identity, we acknowledge that these are as valid as any other way to identify ourselves, thereby establishing a context for and normalizing LGBTQQI2-S identity.*

# *Connecting the dots . . . . .*

- **LGBTQQI2-S people are a significant and important part of our society.**
- **LGBTQQI2-S people have developed their own rich and unique cultural traditions and practices.**
- **LGBTQQI2-S persons are found within all other groups.**
- **Evolving into the person who you really are, demands coming to terms with the effect of shame, of oppression, of hurts.**

# LGBTQQI2-S Supportive Work Environment

# What do we do?

## The next steps.....

- 1) Assess where your agency or organization stands on providing quality services to LGBTQQI2-S TAY by completing the **LGBTQQI2-S Agency/Clinic/School Assessment Tool**
- 2) Based on outcomes from the **LGBTQQI2-S Agency/Clinic/School Assessment Tool** beginning to following:
  - A. What is working well in agency, clinic, or school? (Strength-Based)
  - B. What are our areas of challenge with providing services to LGBTQQI2-S TAY?
  - C. How can we improve our work space, environment, paperwork, greetings, etc. to better serve the LGBTQQI2-S community?
  - D. What are our next steps to put our ideas in process?

**Project Eden/Horizon Services, Inc. Lambda  
Youth Project LGBTQQI2-S  
(Lesbian, Gay, Bi-Sexual, Transgender,  
Questioning, Queer, Intersex and 2-Spirit)  
Agency/Clinic/School Assessment**

**Project Eden/Horizon Services, Inc. Lambda Youth Project LGBTQQI2-S  
(Lesbian, Gay, Bi-Sexual, Transgender, Questioning, Queer, Intersex and 2-Spirit)  
Agency/Clinic/School Assessment**

**INTRODUCTION**

In discussions with LGBTQQI2-S Children, Youth, and TAY, Lambda Youth Project have learned that many LGBTQQI2-S clients/consumers did not consistently feel safe in disclosing their gender identity or orientation to mainstream behavioral health and healthcare providers due to a fear of discrimination, rejection and mistreatment. This affected their sense of personal well-being. Lambda Youth Project has set out to remove this barrier within children, youth and Transition Age Youth (TAY) service providers, working with the community (including LGBTQQI2-S individuals and agencies) to more fully understand community needs and to create a care and service culture and model in which all clients/consumers gender identities and sexual orientations are honored and preserved.

It is important for service providers to recognize life influences that LGBTQQI2-S individuals have faced that have an impact on their sense of self and security when entering a program, clinic, etc. These factors include, but are not limited to: (i) the “coming out” process; (ii) societal oppression (e.g. homophobia); (iii) threats to economic security (e.g. housing, employment); (iv) internalized oppression; (v) loss of family support; (vi) personal loss of friends and loved ones (i.e. through AIDS); (vii) isolation and alienation; and (viii) concerns with mental health and/or substance use problems. These influences may impact on their ability to be open about sexual orientation or gender identity with service providers. LGBTQQI2-S individuals may feel uncomfortable, anxious, vulnerable or afraid of negative responses should they disclose their sexual orientation and sexual identity. It is time to make a CHANGE!

Building on early successes in providing LGBTQQI2-S-positive services at some of our mental health and substance use disorder programs, Lambda Youth Project collaborated with colleagues from the LGBTQQI2-S community to create a “Agency Assessment” to further guide children and TAY services providers in providing culturally responsive care.

## *What is the LGBTQQI2-S Agency Assessment?*

The LGBTQQI2-S Agency Assessment is a set of guidelines and work place assessment questions to ask and work with clients/consumers from this population. Mental Health, Substance Use, and Co-Occurring Programs can use this Agency Assessment as a foundation to begin developing, enhancing and improving service delivery to LGBTQQI2-S clients/consumers. The LGBTQQI2-S Agency Assessment was created by Horizon Services, Inc/Project Eden, Lambda Youth Project through research, youth, adults, and family member interviews, and Speaker's Bureaus (client/consumers presentations and trainings to service providers) on what works well and what doesn't work well when providing services to LGBTQQI2-S clients/consumers.

# LGBTQQI2-S Resources

# **TRANSITIONAL AGE YOUTH RESOURCES**

## **EAST BAY YOUTH RESOURCES**

DreamCatcher Youth Support Center  
422 Jefferson St. Oakland, CA 94607  
Phone: 800/379-1114

Drop in center for teens 13-19 open Mon. - Fri. 3-8:30pm. Call for overnight shelter.  
Community supper 6-7:00, laundry 3-6:00. Also provides health services, education,  
counseling, academic support, recreation, movies and peer support groups.

Gender Spectrum...[www.genderspectrum.org](http://www.genderspectrum.org) (510) 788-4412  
Resources and support groups for families and children/youth and young people.  
Resources for educators/school related professionals [info@genderspectrum.org](mailto:info@genderspectrum.org)

*Hayward Unified School District Safe and Inclusive Schools Program,*  
Contacts: Lynn Bravewomon [safeschools@husd.k12.ca.us](mailto:safeschools@husd.k12.ca.us) 510/784-2600 x72801

Lambda Youth Project at Project Eden  
22646 2nd St. Hayward, CA 94541  
Phone: 510/247-8217

Website: [www.gayprom.org](http://www.gayprom.org)

LGBTQ youth group providing both a speaker's bureau, support group and Gay Prom  
coordination and setup.

Lambda Youth Annual Gay Prom Hayward  
22646 2nd St. Hayward, CA 94541  
Phone: 510/247-8217

Website: [www.gayprom.org](http://www.gayprom.org)

Held yearly on the second Saturday in June for LGBTQ and Allies 20 yrs and under for  
the Bay Area and Beyond.

Our Space 22245 Main Street, Hayward.....415-760-6810  
[www.facebook.com/ourspacebayc](http://www.facebook.com/ourspacebayc) <http://www.baycyouth.org/>

The Edge  
39160 State St. Fremont, CA 94538  
Phone: 510/790-2887

Support group for Fremont youth. Drop-in hours are Monday, Wednesday and Thursday  
from 5-8:00pm. Youth group meets Mondays from 7-9pm.

Project Eden/Horizon Services, Inc. Lambda Youth Project  
LGBTQQI2-S Agency/Clinic/School Assessment  
(Lesbian, Gay, Bi-Sexual, Transgender, Questioning,  
Queer, Intersex and 2-Spirit)

## INTRODUCTION

In discussions with LGBTQQI2-S children and youth, Lambda Youth Project have learned that many LGBTQQI2-S clients/consumers did not consistently feel safe in disclosing their gender identity or orientation to mainstream behavioral health and healthcare providers due to a fear of discrimination, rejection and mistreatment. This affected their sense of personal well-being. Lambda Youth Project has set out to remove this barrier within children, youth, and Transition Age Youth (TAY) service providers, working with the community (including LGBTQQI2-S individuals and agencies) to more fully understand community needs and to create a care and service culture and model in which all clients/consumers gender identities and sexual orientations are honored and preserved.

It is important for service providers to recognize life influences that LGBTQQI2-S individuals have faced that have an impact on their sense of self and security when entering a program, clinic, etc. These factors include, but are not limited to: (i) the “coming out” process; (ii) societal oppression (e.g. homophobia); (iii) threats to economic security (e.g. housing, employment); (iv) internalized oppression; (v) loss of family support; (vi) personal loss of friends and loved ones (i.e. through AIDS); (vii) isolation and alienation; and (viii) concerns with mental health and/or substance use problems. These influences may impact on their ability to be open about sexual orientation or gender identity with service providers. LGBTQQI2-S individuals may feel uncomfortable, anxious, vulnerable or afraid of negative responses should they disclose their sexual orientation and sexual identity. It is time to make a CHANGE!

Building on early successes in providing LGBTQQI2-S-positive services at some of our mental health and substance use disorder programs, Lambda Youth Project collaborated with colleagues from the LGBTQQI2-S community to create a “Agency Assessment” to further guide children and TAY services providers in providing culturally responsive care.

### **What is the LGBTQQI2-S Agency Assessment?**

The LGBTQQI2-S Agency Assessment is a set of guidelines and work place assessment questions to ask and work with clients/consumers from this population. Mental Health, Substance Use, and Co-Occurring Programs can use this Agency Assessment as a foundation to begin developing, enhancing and improving service delivery to LGBTQQI2-S clients/consumers. The LGBTQQI2-S Agency Assessment was created by Horizon Services, Inc/Project Eden, Lambda Youth Project through research, youth, adults, and family member interviews, and Speaker’s Bureaus (client/consumers presentations and trainings to service providers) on what works well and what doesn’t work well when providing services to LGBTQQI2-S clients/consumers.

## **Agency Assessment #1: My Experience When I Come into the Program**

The LGBTQQI2-S Agency Assessment contains 3 sections to enhance understanding, sensitivity and responsiveness about LGBTQQI2-S issues, educate staff and provide advice in care and service design in order to be LGBTQQI2-S-positive, inclusive and welcoming for all clients/consumers. Although initially designed for ACBHCS providers, the Agency Assessment can be adapted to help other medical clinics, counseling offices, schools, organizations, etc. in their journeys to become LGBTQQI2-S positive and inclusive.

The LGBTQQI2-S Agency Assessment is presented in a menu format and is organized into three sections:

- What I experience when I come into the program
- How staff makes me feel welcome
- How paperwork and procedures support my wellness

Lambda Youth Project encourage service providers to look through all three sections with your staff then have a discussion about what your program currently doing to have a LGBTQQI2-S culturally responsive environment, program and staff/volunteers. As you read through the Agency Assessment, you may notice that your program already uses some of the LGBTQQI2-S practices. For the practices that appear more challenging, come up with a work plan to address those strategies with your staff and clients/consumers. After completing the LGBTQQI2-S Agency Assessment, we recommend service providers have another meeting with staff and discuss the strength and challenges your agency has. On-going discussion and evaluation of your programs progress of creating, implementing, and enhancing your LGBTQQI2-S service delivery system that is culturally responsive to the LGBTQQI2-S community. Lambda Youth Project is available to provide technical assistance and training on creating, enhancing, and implementing a LGBTQQI2-S culturally responsive service delivery system for your program. This Agency Assessment will support Lambda Youth Project in developing training curriculums for LGBTQQI2-S children, youth, and TAY service providers.

A welcoming physical environment and greeter makes the experience of entering the program more comfortable for clients/consumers and family members. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (1 of 3)

We Have/ Are Doing:	We're Interested in Implementing:
------------------------	--------------------------------------

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) The program is safe for clients/consumers/family members to enter and exit.                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) A greeter is present, engaging and authentic. The greeter may be a provider, client/consumer or family member. |

## **Agency Assessment #1: My Experience When I Come into the Program**

- 3) The lobby or hallways have short photo essays of clients/consumers who have graduated/completed from the program back into the community. Photo essays are written by clients displayed with the client's approval.
- 4) Decor reflects the colors, textiles, and images of cultural/ethnic populations served by program. Lobby feels like an inviting environment for LGBTQI2-S clients/consumers. Artwork is warm, inviting.
- 5) If people have to wait for appointments, the greeter communicates when they will be seen (respect for the client's time).
- 6) Program security is unobtrusive (i.e. physical barriers only as necessary) and adequate to keep clients/consumers safe.
- 7) Lobby is welcoming to family members and friends who may come with clients/consumers (i.e. pictures of the clients' loved ones, brochures about supporting loved ones, greeter acknowledges everyone who comes with the client).
- 8) The program has a place for children to play with appropriate, sanitary toys.
- 9) Seating is comfortable (chairs and couches) with inviting colors and in good condition.

## **Agency Assessment #1: My Experience When I Come into the Program**

A welcoming physical environment and greeter makes the experience of entering the program more comfortable for clients/consumers and family members. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (2 of 3)

We Have/      We're Interested  
Are Doing:    in Implementing:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Plants are watered and healthy.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11) Easy access to clean restrooms (in waiting area or close by) that are not locked. A restroom is gender neutral.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12) Lobby has a water fountain or hot/cold water dispenser with cups, tea bags and coffee. Or someone provides clients/consumers and family members with water, tea, or coffee.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13) Inexpensive and healthy snacks available, if possible.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14) Magazines are current and reflect the interests, culture and language of clients/consumers and family members who come to the program/clinic.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 15) Brochures, fact sheets, and written and graphic materials are written in easy-to-understand language. They are translated into the languages of people who come to the agency (at minimum, reflect the county threshold languages); are well organized, pleasing in color and design. They are welcoming and inclusive to LGBTQQI2-S clients/consumers and family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16) Written materials offered to the clients/consumers and family members reflect non-discrimination policies and practices of the program and reflects that the program is a LGBTQQI2-S welcoming environment.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17) Copies of LGBTQQI2-S specific brochures, information and fact sheets are available to clients/consumers and family members that they will appreciate finding in your lobby:  |

## Agency Assessment #1: My Experience When I Come into the Program

A welcoming physical environment and greeter makes the experience of entering the program more comfortable for clients/consumers and family members. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (3 of 3)

We Have/ Are Doing:      We're Interested in Implementing:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a. Wellness education classes (mental health and substance use) offered on-site and in the community. (i.e. 12 step programs, Wellness Recovery Action Planning, Bi-polar Anonymous, Nicotine Anonymous) for LGBTQQI2-S clients/consumers and family members. |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Calendar of free community events – including multi-cultural and LGBTQQI2-S specific events.   |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Contact information for community classes with no-fee or sliding fee scales that are culturally responsive to LGBTQQI2-S clients/consumers and family members. (i.e. primary care, meditation, yoga, cooking).   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Volunteer and paid work opportunities.   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Fact sheets for families about maintaining resilience and hope when facing mental health and substance use challenges (including community services available to LGBTQQI2-S clients/consumers and family members.).  |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Fact sheets about psychiatric symptoms/diagnosis , Co-Occurring challenges, and various drugs (marijuana, alcohol, tobacco, etc.) that people use and/or abuse.  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Tips on managing physical and mental health and substance use recovery for LGBTQQI2-S clients/consumers and family members when taking psychiatric medications.  |
| <input type="checkbox"/> | <input type="checkbox"/> | h. Fact sheets about tobacco use & dependence treatment, including brochures  |

## **Agency Assessment #1: My Experience When I Come into the Program**

California Smokers' Helpline or flyers about Tobacco Cessation Services.

*Notes and Next Steps:*

## **Agency Assessment #1: My Experience When I Come into the Program**

This section suggests skills and strategies that help clients/consumers and family members connect well with staff. These approaches create relationships that may help clients/consumers, family members and providers feel more comfortable, safe, and authentic. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (1 of 3)

We Have/      We're Interested  
Are Doing:    in Implementing:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Staff acknowledges LGBTQQI2-S clients/consumers and family members.  |
| <input type="checkbox"/> |                          | a. -Eye contact with a smile, hello, or other passionate gesture.   |
| <input type="checkbox"/> |                          | b. "My name" is used by staff.  |
| <input type="checkbox"/> |                          | c. Someone offers me a seat and refreshments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) Some staff "looks like me" and speaks my language.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Staff and volunteers are knowledgeable and comfortable in the use of inclusive language and it is reflected in their language when in contact with LGBTQQI2-S clients/consumers and family members.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Staff knows how to effectively share stories of "lived lived experience" to validate the recovery experiences of clients/consumers and family members.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Staff knows how to listen and allow clients/consumers and family members to opening share their "own life experiences" to support their and their families journey to wellness and recovery.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6) Staff uses the framework and language of motivational interviewing to build relationships and show culturally sensitivity to LGBTQQI2-S clients/consumers and family members.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7) Staff is skillful in recognizing and responding to needs of clients/consumers and family members from cultures, linguistic backgrounds, and gender/sexual orientations different from their own. Staff has done self-reflective work that helps them communicate with diverse cultural groups in adaptive, respectful and non-judgmental ways. |
| <input type="checkbox"/> | <input type="checkbox"/> | 8) Staff is skillful in providing support to family and have brochures to share that describe useful community resources for LGBTQQI2-S clients/consumers and family members.   |

## Agency Assessment #1: My Experience When I Come into the Program

This section suggests skills and strategies that help clients/consumers and family members connect well with staff. These approaches create relationships that may help clients/consumers, family members and providers feel more comfortable, safe, and authentic. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (1 of 3)

We Have/ Are Doing:      We're Interested in Implementing:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 9) Staff skillfully communicates with clients/consumers and family members about their spiritual beliefs. Staff knows how to support clients/consumers to explore spiritual practices that support well-being. Staff is skillful in connecting clients with spiritual resources (if requested). |
| <input type="checkbox"/> | <input type="checkbox"/> | 10) Program and services are designed to meet the physical, social, and emotional needs of LGBTQI2-S clients/consumers and family members.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11) Program and services are delivered with sensitivity to the history of discrimination, mistreatment, oppression, harassment, etc. LGBTQI2-S clients/consumers and family members have experienced.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 12) Written forms and assessment do not assume heterosexuality as the norm, i.e. the use of partner instead of husband and wife.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 13) <u>Staff is my ally (not my caretaker):</u>   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Staff communicates to me 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 in connecting with people traveling the same path."  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Staff is skillful in encouraging clients/consumers and family members to take on new challenges; and offer support when people try new things that seem out of their reach.  |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Staff asks "Have you developed skills that have helped you get to where you are today? What are they?"   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Staff makes space for me to explain my gifts and strengths and figure out how to use them to work through my challenges. "I am part of the process, solution and my recovery/wellness."  |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Staff welcomes me, no matter what shape I'm in when I show up.   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. LGBTQI2-S Individuals and families with co-occurring issues are welcomed for care. "I wasn't turned away if I was using." "I felt welcomed."   |

## **Agency Assessment #1: My Experience When I Come into the Program**

This section suggests skills and strategies that help clients/consumers and family members connect well with staff. These approaches create relationships that may help clients/consumers, family members and providers feel more comfortable, safe, and authentic. Check boxes are provided for the practices you already have in place or are already doing, and for the ones you're interested in implementing. (3 of 3)

We Have/ We're Interested  
Are Doing: in Implementing:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 14) <u>Staff partners with me on my treatment /wellness planning:</u>   |
| <input type="checkbox"/> | <input type="checkbox"/> | a. Staff begins the conversation by getting to know the client/consumer or family member. Opening conversation focuses on the resiliency and skills the individual has used to manage their life. The individual is engaged as a whole person.  |
| <input type="checkbox"/> | <input type="checkbox"/> | b. Staff uses intake and assessment procedures that are respectful and supportive while gathering required information on mental health issues (including trauma), substance use disorders, medical issues, and basic social needs. Questions are answered without using a clipboard. |
| <input type="checkbox"/> | <input type="checkbox"/> | c. Staff develops Treatment/Wellness Plans that are written using the clients/consumers and family members' language to describe their goals, successes, strengths, and challenges.   |
| <input type="checkbox"/> | <input type="checkbox"/> | d. Staff assists clients/consumers and family members to explore options and set their own life goals and strategies.   |
| <input type="checkbox"/> | <input type="checkbox"/> | e. Staff supports clients/consumers and family members to work with their doctors and service providers to understand and manage their own mental health and substance use treatment.   |
| <input type="checkbox"/> | <input type="checkbox"/> | f. Staff offers enough information about risks and benefits of various treatment options so that clients/consumers and family members can give informed consent.  |
| <input type="checkbox"/> | <input type="checkbox"/> | g. Staff is skillful in acknowledging how family members and/or friends are part of the   |

## **Agency Assessment #1: My Experience When I Come into the Program**

support system and supporting collaboration.

*Notes and Next Steps:*

## **Agency Assessment #1: My Experience When I Come into the Program**

Paperwork can be overwhelming for clients/consumers, family members, and providers. This section offers ways to make paperwork and procedures (and the process of completing them) more welcoming. Check boxes are provided for practices you already have in place or are already doing, and for the ones you're interested in implementing. (1 of 1)

We Have/ We're Interested  
Are Doing: in Implementing:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1) Procedures are in place to avoid "bombarding clients/consumers and family members with paperwork" as they enter the program. <ol style="list-style-type: none"><li>a. Engage LGBTQQI2-S clients/consumers and family members as people first.</li><li>b. Gauge readiness to answer formal questions.</li><li>c. Ask questions in ways that are personal, engaging, and culturally sensitive to the needs of LGBTQQI2-S clients/consumers and family members as much as possible.</li><li>d. If possible, identify ways to complete required paperwork over the course of more than one session.</li></ol> |
| <input type="checkbox"/> | <input type="checkbox"/> | 2) If rights are violated, a clearly written grievance policy is available to give to clients/consumers and family members. Explain steps to file a grievance and the process.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3) Procedures are in place to help clients/consumers and family members access any combination of housing, benefits, primary health care and self-help groups that are culturally responsive to the LGBTQQI2-S community.  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4) Staff are offered stress reduction skills to use between sessions with clients/consumers and family members, after completing paperwork, or implementing procedures for next steps to mental health and/or substance use treatment.   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5) Paperwork asks my sexual orientation and gender identity in a sensitive manner. It also allows me to not answer the questions.  |

## **Agency Assessment #1: My Experience When I Come into the Program**

*Notes and Next Steps:*



**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](http://www.acbhcs.org)**