PROJECT EDEN
LAMBDA YOUTH PROJECT
HAYWARD GAY PROM
A Program of Horizon Services

Horizon Services, Inc.
DBA Project Eden

Project Eden's
Lambda Youth Project
Children & Youth (C&Y)

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OUR STORY

Project Eden/Lambda Youth Project (LYP) provides services to LGBTQQI2S C&Y, 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 LGBTQQI2S C&Y. LYP also educates professionals on how to work with clients/consumers and family members which is the premise of the LGBTQQI2S C&Y culturally responsive training curriculum.

For more information, please contact:

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gayprom.org
horizonservicesinc.org

PROJECT OUTCOME NARRATIVE Content Guidelines
Desired Outcomes: Curriculum

LGBTQI2S Learning Questions #2

Date Submitted: November 15, 2015

Project Name: Lambda Youth Project (Children & Youth LGBTQQI2-S Training Curriculum)

Grantee Organization: Horizon Services, Inc. dba Project Eden

Contact Information: 22646 2nd Street, Hayward, CA 94541, 510-247-8200

Project Contact: Rochelle U. Collins

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 LGBTQQI2-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 Children & Youth (C&Y) were based on involving key stakeholders including consumers of services, family members, experts in the field, and providers of services to C&Y as our focus group to gain personal and professional insight into what is need in a LGBTQQI2-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 C&Y ages 12 to 18, but focused on the 12 to 16 years of age group. We involved all cultures and ethnicities we service within our program and community and had a specialization in African American, Latino, API and Caucasian C&Y. This population of C&Y 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, C&Y 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 C&Y providers along with school staff, juvenile justice staff, etc. in individual interviews, focus groups and discussions about the needs of the LGBTQQI2-S C&Y 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, C&Y, family members, adult consumers and staff who represent the LGBTQQI2-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 LGBTQQI2-S C&Y, but also what role culture and ethnicities plays for each C&Y. LYP's hope to heighten people's knowledge about LGBTQQI2-S C&Y and the diversity of cultures and ethnicities this priority population represents.

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

   The goal and value of LYP's C&Y 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, C&Y 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 C&Y 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 C&Y and key stakeholders, the training curriculum highlighted key components in the lives of LGBTQQI2-S C&Y 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 C&Y training curriculum is the wealth of information about developmental, clinical, health, environments, families, etc. issues involved in a LGBTQQI2-S C&Y 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 C&Y community.

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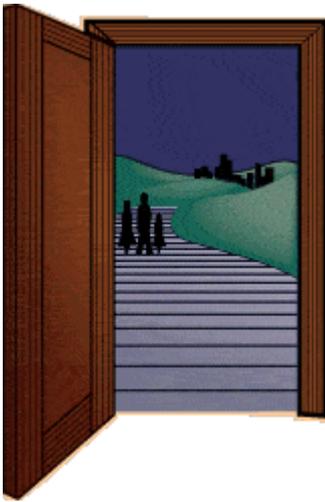
A Training Curriculum for Staff and Agencies serving Lesbian, Gay, Bisexual, Transgender, Questioning, Queer, Intersex & 2- Spirit (LGBTQQI2-S) Children and Youth.

Lambda Youth Project

Project Eden

A Program of Horizon Services, Inc.

<u>Acknowledgements</u>

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

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Overview of Training Curriculum for LGBTQQI2-S Children & Youth

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

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

Introduction

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 up 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.

Many LGBTQQI2-S people have 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 people 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 client and his partner expressed concern over the absence of a gay-positive environment. We realized then that gay and lesbian clients need to see and experience 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 or most clients were heterosexual. Since approximately 10% 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 within the programs or amongst the clients we serve, and sometimes have difficulty in understanding that this may also include staff and volunteers.
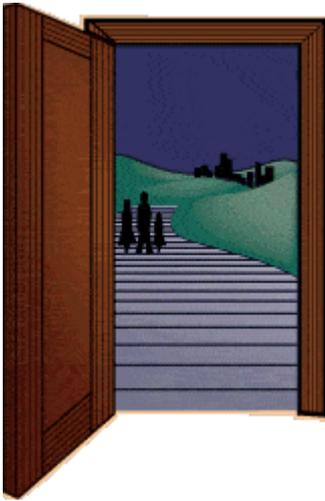
Module 1

LGBTQQI2-S Children & Youth
Who Are They?

The "Coming Out" Process

I wish I had come out sooner. But I think fear can paralyze you and trap you into silence. It's the fear of going against your religious upbringing, of losing friends and family and of disappointing the important people in life. But I found that coming out and being honest with my family and friends has created much stronger bonds.

Bisexual Male, Age 15

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.

Coming out and living openly aren't something you do once, or even for one year. It's a journey that we make every single day of our lives. Every coming out experience is unique and must be navigated in the way most comfortable for the individual. The Coming Out Project helps LGBT, as well as straight-supportive people live openly and talk about their support for equality at home, at work and in their communities each and every day. (HRC Website)

I came out to my friends in the 6ᵗʰ grade when I was 12 years old and my mom, grandma, and my aunt knew since I was 4 and my father was only person that didn't like the fact that I'm gay. I have Lambda Youth Group and they are great and I had Family Builders to all assist me with coming out.

Gay Male, Age 16

My coming out story was when I was 15 it happened when I went to a mental hospital because I was trying to tell my mom and sister that I was a lesbian. I'm not sure how I was treated in the hospital, but I would want services for LGBTQ youth.

Lesbian Female, Age 17

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

Some people say that sexuality or gender identity is a choice. This is one of the many ways youth are discouraged from expressing or exploring their true sexuality or gender identify feels right to them.

Think about it: 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 <u>gay and lesbian</u> identity development, developed in 1979 by <u>Vivienne Cass</u>. This model was one of the first to treat gay people as "normal" in a <u>heterosexist</u> society and in a climate of <u>homophobia</u> 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

"Claiming The Language: How Do I Identify Myself"

LGBTQQI2-SA…..
Gender Non-Conforming
Gender Fluid
Gender Expression
Pansexual
Etc.
"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. Many transsexuals do not 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 are sometimes referred to as transvestites (TV).

Passing: is when a person crossdresses 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 a person's gender assignment at birth.

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.)

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. Two-Spirit is a term derived from Native American Traditions.

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

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.

The Genderbread Person v3.3

by it's pronounced METRÖsexual.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.
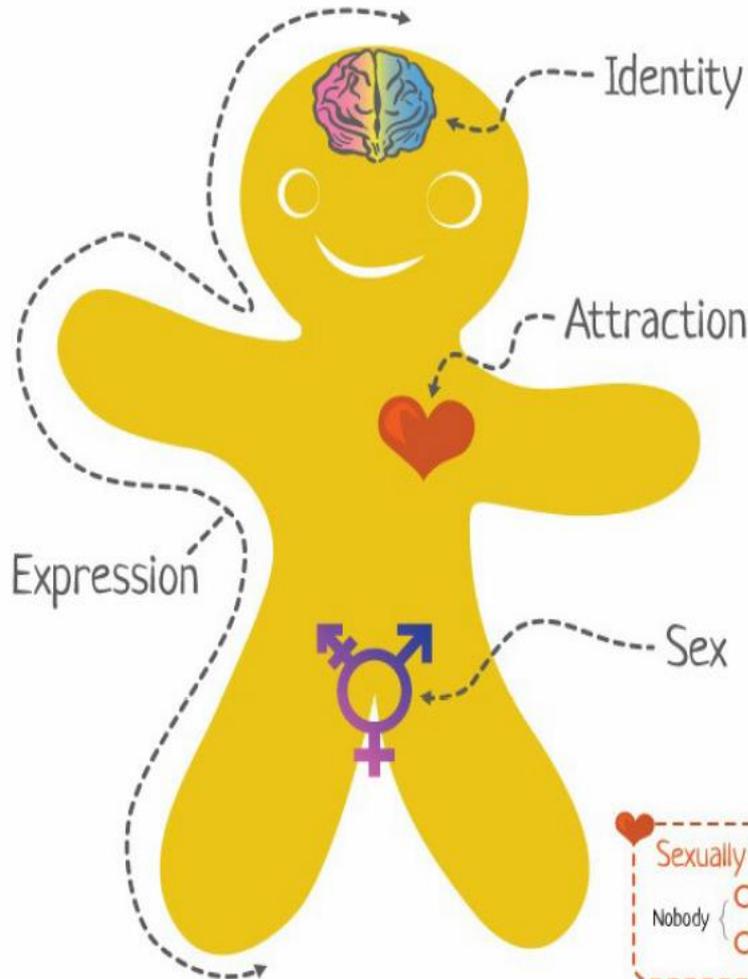
Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

---- Identity

--- Attraction

Expression

--- Sex

Gender Identity

⊘ { Woman-ness
Man-ness

"woman" "man"
"two-spirit" "genderqueer"

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.

Gender Expression

⊘ { Feminine
Masculine

"butch" "femme"
"androgynous" "gender neutral"

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

Biological Sex

⊘ { Female-ness
Male-ness

"male" "female"
"intersex" "MtF Female"

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

Sexually Attracted to

Nobody { (Women/Females/Femininity)
(Men/Males/Masculinity)

Romantically Attracted to

Nobody { (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.

by Samuel Killermann at www.ItsPronouncedMetrosexual.com

For a bigger bite, read more at http://bit.ly/genderbread
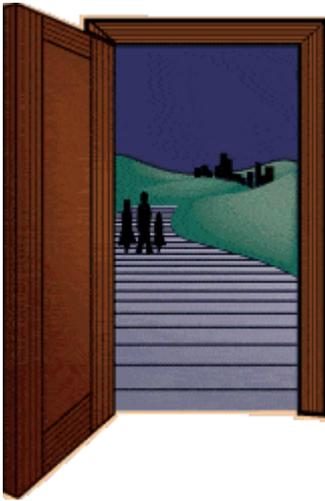
Module 2

Clinical and Family Issues For LBGTQQI2-S Children & Youth

Clinical Issues For Children & Youth

Youth Statistics
Of LGBTQQI2-S Youth

- 28 % drop out of high school
- are 4 times more likely to commit suicide
- hear homophobic slears 29 times a day on average
- 80°/o of anti gay youth violence goes unreported because of fear of being outed.

LGBTQQI@-S are even more at risk because of this additional complex vulnerability to:

- Abuse (by people, the system, police, etc.)
- Suicide
- Being vulnerable teenagers
- Loss of Parental and Family support
- Drug and alcohol addiction
- Harassment from peers and authority figures
- Isolation
- Negative stereotypes
- Lack of adult role models
- Have their identity reduced to sexuality
- Pressure from discrimination
- Homelessness
- Abandonment
- Will not receive a 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.

FALSE

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 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.

True or False ????

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

TRUE

- **97%** of students in public high schools report **regularly hearing homophobic remarks** from their peers.
- LGBTQQI2-S youth are **two 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 **in route to or from classes.**

True or False ????

School officials and guidance counselors are more aware today of the need to protect LGBTQQI2-S youth from anti-gay harassment, then 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 Youth

**LGBTQQI2-S
Youth 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 Youth:

- **Higher risk for depression and suicide**

- **Homelessness is a particular concern for LGBTQQI2-S youth** with reports from various studies showing ranges from **20% to 40% become homeless.**

- 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** .

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Mental Health Issues

- Recent research on mental health issues for LGBTQQI2-S persons 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 pathologize LGBTQQI2-S identity
  - Lack of LGBT-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
  - Providers discomfort with the LGBTQQI2-S interferes with selection of interventions and treatment

LGBTQQI2-S Adolescent 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

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, often resulting in internalized homophobia, depression, and anxiety.
- For many LGBTQQI2-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 heterosexual 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 LGBTQQI2-S persons.

- *Internalized Homophobia is when gay or lesbian people take in or believe in the stigma and bias or hatred of oneself because they are LGBT*

- *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 underreported crimes.

- Hate crimes against sexual minorities are generally more violent than other hate crimes (www.fbi.gov).

Research on Interpersonal (Domestic) Violence in the LGBTQQI2-S Community

- Domestic violence occurs at 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 (Domestic)Violence

- 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 factors to violence in gay relationships:

- 40% abused drugs.
- 87% had previous mental health treatment.
- 93% reported childhood physical abuse
- 67% reported childhood sexual abuse.
- 40% reported a family history of alcoholism.
- 80% 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?

- Ask the question: Who raised you? (do not assume)

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

Disclosure/Discovery of LGBTQQI2-S Identity

Disbelief
Denial
Guilt
Anger
Sadness
Mourning of Heterosexual Life

Reframing

Rejection

Ambivalence

Acceptance
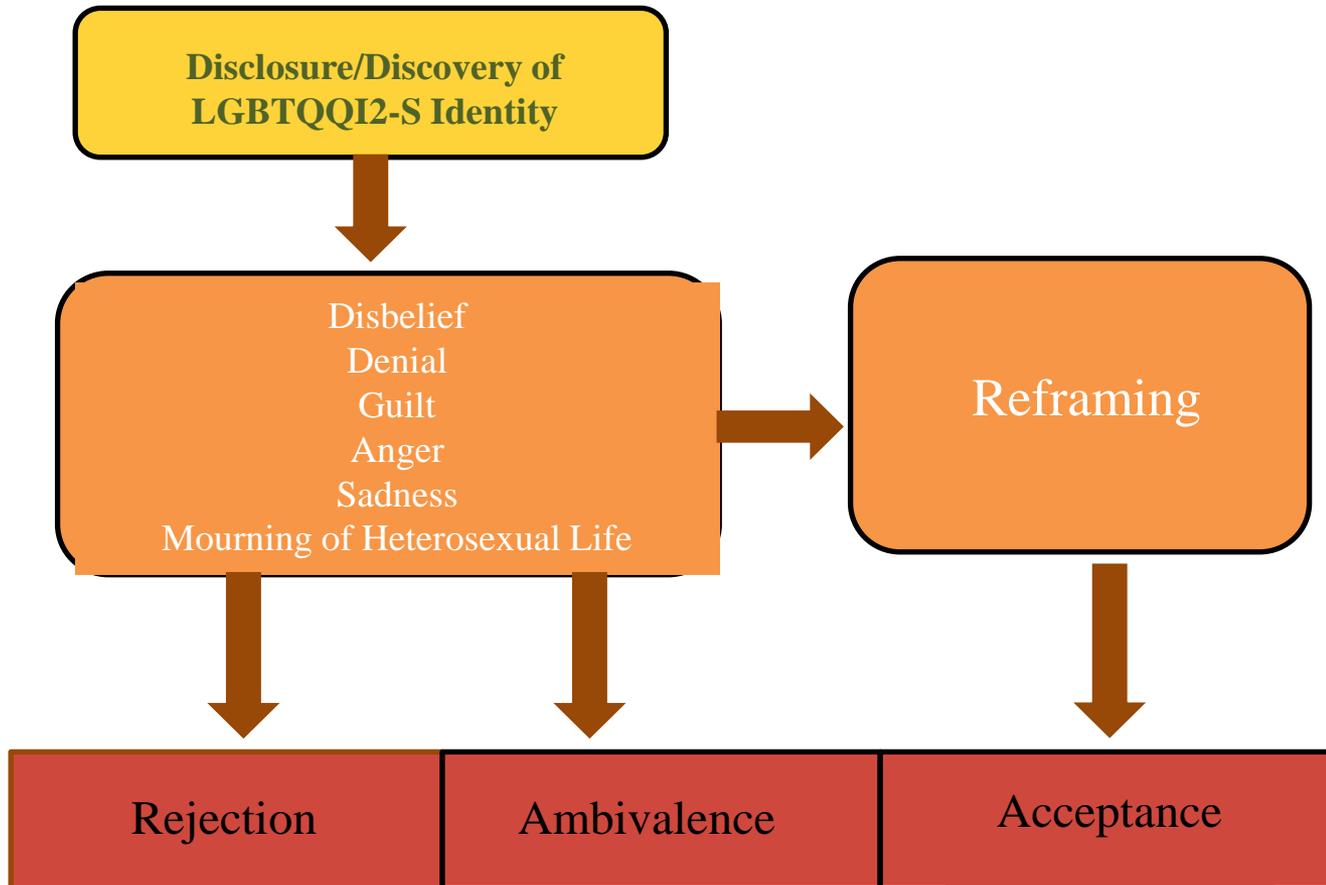
Guidelines for Working With LGBTQQI2-S Families

- 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

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 LGBTQQI2-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 child 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.

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).

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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 growing up and thriving 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
- Provides access 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 for work with Trans Clients

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, do not assume**
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.

LGBT 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
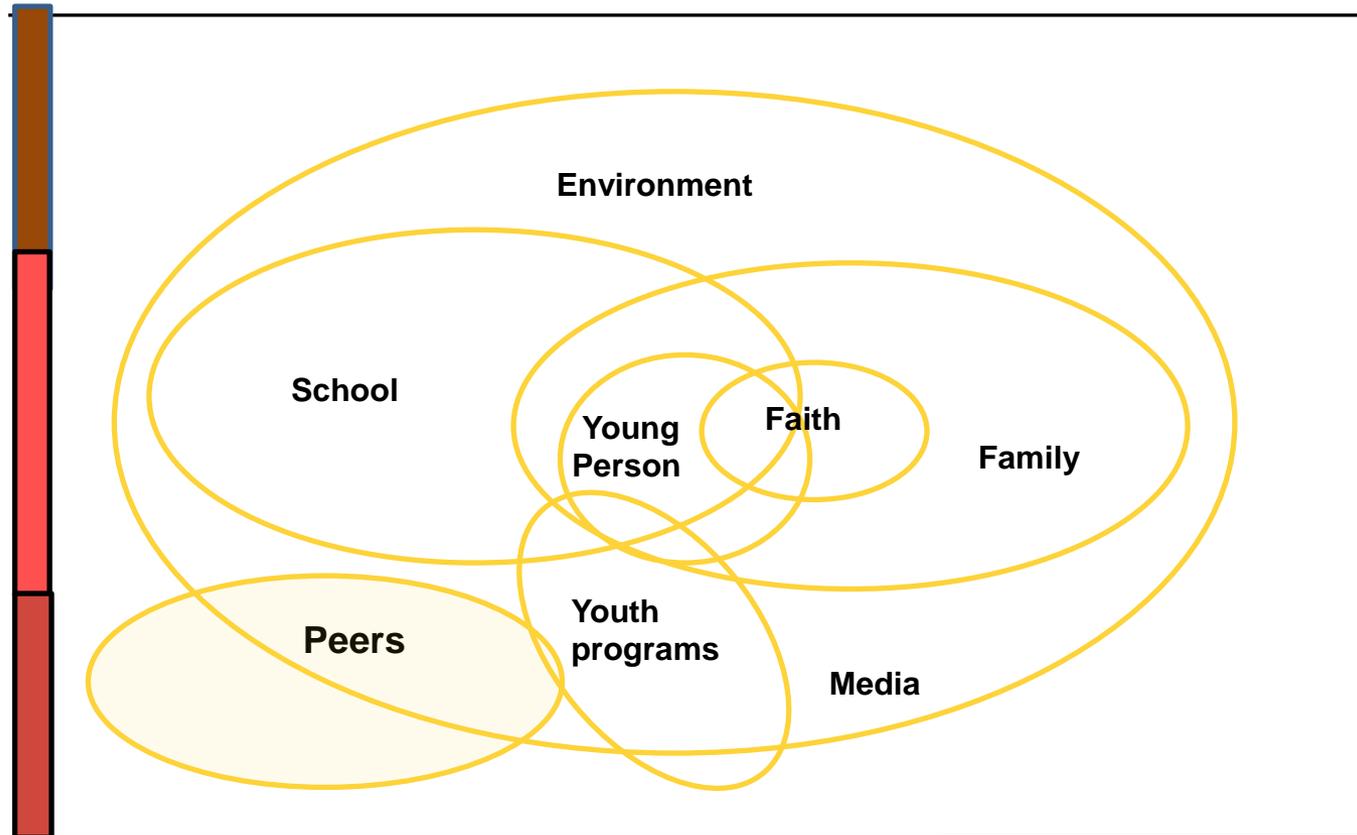
Researchers describe the model as a Series of overlapping, mutually influencing systems that shape the daily lives and opportunities of young people. Most LGBTGGQI2-S youth are deprived of support in all of these settings. The teachers, parents, ministers, and health care providers that work with teens 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 society.**

- **LGBTQQI2-Speople have developed their own rich and unique cultural traditions and practices.**

- **LGBTQQI2-S persons are found within cultures.**

- **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 Children and Youth 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 Children and Youth?

   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 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 what factors have influenced and effected LGBTQQI2-S individuals and impacts their sense of self and security when entering a program, clinic, etc. These factors include, but are not limited to: (i) experiences in the "coming out" process; (ii) experiences of 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 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 to aid in assessing your work place on how well they are delivering service to LGBTQQI2-S clients . It includes assessment questions about how to talk to 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

<u>CHIDREN AND YOUTH RESOURCES</u>

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 (510) 788-4412
Resources and support groups for families and children/youth and young people.
Resources for educators/school related professionals info@genderspectrum.org

Hayward Unified School District Safe and Inclusive Schools Program,
Contacts: Lynn Bravewomon   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
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
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.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.

Pacific Center for Human Growth
2712 Telegraph Ave., Berkeley, CA 94705
Phone: 510/548-8283
Website: www.pacificcenter.org

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)

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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!

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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/   We're Interested
Are Doing: in Implementing:

☐   ☐   1) The program is safe for clients/consumers/family members to enter and exit.

☐   ☐   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 LGBTQQI2-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:

☐   ☐   10) Plants are watered and· healthy.

☐   ☐   11) Easy access to clean restrooms (in waiting area or close by) that are not locked. A restroom is gender neutral.

☐   ☐   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.

☐   ☐   13) Inexpensive and healthy snacks available, if possible.

☐   ☐   14) Magazines are current and reflect the interests, culture and language of clients/consumers and family members who come to the program/clinic.

☐   ☐   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.

☐   ☐   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.

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

☐   ☐   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.

☐   ☐   b. Calendar of free community events – including multi-cultural and LGBTQQI2-S specific events.

☐   ☐   c. Contact information for community classes with no-fee or sliding fee scales that rae culturally responsive to LGBTQQI2-S clients/consumers and family members. (i.e. primary care, meditation, yoga, cooking).

☐   ☐   d. Volunteer and paid work opportunities.

☐   ☐   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.).

☐   ☐   f. Fact sheets about psychiatric symptoms/diagnosis , Co-Occurring challenges, and various drugs (marijuana, alcohol, tobacco, etc.) that people use and/or abuse.

☐   ☐   g. Tips on managing physical and mental health and substance use recovery for LGBTQQI2-S clients/consumers and family members when taking psychiatric medications.

☐   ☐   h. Fact sheets about tobacco use & dependence treatment, including brochures

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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:

☐   ☐   1) Staff acknowledges LGBTQQI2-S clients/consumers and family members.
☐
☐   a.   -Eye contact with a smile, hello, or other passionate gesture.
☐   b.   "My name" is used by staff.
☐   c.   Someone offers me a seat and refreshments.

☐   ☐   2) Some staff "looks like me" and speaks my language.

☐   ☐   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.

☐   ☐   4) Staff knows how to effectively share stories of "lived lived experience" to validate the recovery experiences of clients/consumers and family members.

☐   ☐   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.

☐   ☐   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.

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

☐   ☐   8) Staff 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.

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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:

☐ ☐   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).

☐ ☐   10) Program and services are designed to meet the physical, social, and emotional needs of LGBTQQI2-S clients/consumers and family members.

☐ ☐   11) Program and services are delivered with sensitivity to the history of discrimination, mistreatment, oppression, harassment, etc. LGBTQQI2-S clients/consumers and family members have experienced.

☐ ☐   12) Written forms and assessment do not assume heterosexuality as the norm, i.e. the use of partner instead of husband and wife.

☐ ☐   13) Staff is my ally (not my caretaker):

☐ ☐   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."

☐ ☐   b. Staff is skillful in encouraging clients/consumers and family members to take on new challenges; and offer support when people try new things that seem out of their reach.

☐ ☐   c. Staff asks "Have you developed skills that have helped you get to where you are today? What are they?"

☐ ☐   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."

       e. Staff welcomes me, no matter what shape I'm in when I show up.

☐ ☐   f. LGBTQQI2-S Individuals and families with co-occurring issues are welcomed for care. "I wasn't turned away if I was using." "I felt welcomed."

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

☐   ☐   14) <u>Staff partners with me on my treatment /wellness planning</u>:

☐   ☐   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.

☐   ☐   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.

☐   ☐   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.

☐   ☐   d. Staff assists clients/consumers and family members to explore options and set their own life goals and strategies.

☐   ☐   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.

☐   ☐   f. Staff offers enough information about risks and benefits of various treatment options so that clients/consumers and family members can give informed· consent.

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

☐	☐	1) Procedures are in place to avoid "bombarding clients/consumers and family members with paperwork" as they enter the program.
		  a. Engage LGBTQQI2-S clients/consumers and family members as people first.
		  b. Gauge readiness to answer formal questions.
		  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.
		  d. If possible, identify ways to complete required paperwork over the course of more than one session.

☐	☐	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.
☐	☐	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.
☐	☐	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.
☐	☐	5) Paperwork asks my sexual orientation and gender identity in a sensitive manner. It also allows me to not answer the questions.

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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.

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