

**Findings and Recommendations
to Increase Cultural Awareness, Sensitivity and Competence Regarding the Needs of
Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals**

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I. Introduction

Mental Health America of Northern California (MHANCA) was contracted by Yolo County Alcohol, Drug and Mental Health (ADMH) to provide technical assistance and training in order to increase LGBT cultural awareness, sensitivity and competence. This is the first time ADMH has sponsored an assessment for LGBT competency and department leadership should be recognized for taking this groundbreaking step.

Poshi Mikalson, MSW, LGBTQ Project Director for MHANCA and an expert in mental health issues for LGBT populations, conducted two LGBT Awareness trainings for ADMH staff. Ms. Mikalson also met with key ADMH supervisory staff on multiple occasions, conducted a survey of ADMH staff, and reviewed existing ADMH policies and client intake/orientation forms. This report is a summary of recommendations discussed with key supervisory staff, as well as findings from the survey.

II. Identifying Staff Skilled in Serving LGBT Clients

A. Current Staff

Currently, ADMH does not have a policies or practices in place to help identify staff members who may be culturally competent working with lesbians, gay men, bisexual individuals or transgender individuals.

According to the survey conducted of ADMH staff, approximately 30% to 45% of direct service staff members reported feeling “very comfortable” personally when working with various subgroups of LGBT populations. (Higher frequencies were reported for working with lesbians and gay men; lowest frequencies were reported for working with female-to-male transgender individuals.) In comparison, approximately 7% to 13% of direct service staff reported feeling “very uncomfortable” working with LGBT clients.

Of those staff members who responded they provide mental health services to clients, 58% achieved a higher score than their colleagues for frequency of LGBT affirming practices. This cohort also reported 0% discomfort, as well as higher levels of feeling “very comfortable” (approximately 46% to 62%) with various LGBT subgroups when compared to direct service staff members as a whole.

Recommendations:

- For cultural awareness and sensitivity, direct services for LGBT clients and family members should be conducted by those who identify as being most comfortable in working with the targeted population.
- To increase and maintain cultural competence, ADMH leadership should develop a team of direct service staff members dedicated to serving LGBT clients. Assess those staff members interested in working on this team for personal comfort levels working with LGBT clients, level and frequency of LGBT affirming practices, and overall desire to increase their levels of LGBT competence. Although all employees should receive training on LGBT awareness and sensitivity, this team should be provided with additional opportunities to increase their knowledge and skills.

B. Workforce Training and Supervision

The California LGBTQ Reducing Disparities Project Report¹ was the culmination of a multi-year, community-based research effort funded by the California Department of Public Health. This report includes 33 recommendations for reducing disparities and improving the mental wellness of LGBTQ Californians. Survey results from this report show that, of the top seven barriers to providing LGBTQ culturally competent services, four of them were lack of training in specific LGBTQ topics. Recommendation 3.1 from this report therefore states:

¹ Mikalson, P., Pardo, S., & Green, J. (2012) *First, do no harm: Reducing disparities for lesbian, gay, bisexual, transgender, queer and questioning populations in California*. Sacramento, CA: Mental Health America of Northern California and Equality California Institute. Available at: http://bit.ly/LGBTQ_RDP_REPORT

Statewide workforce training and technical assistance should be required in order to increase culturally competent mental, behavioral and physical health services, including outreach and engagement, for all LGBTQ populations across the lifespan, racial and ethnic diversity, and geographic locations.

Training of service providers in public mental/behavioral and physical health systems should focus on the distinctiveness of each sector of LGBTQ communities—lesbians, gay men, bisexual, transgender, queer and questioning—within an overarching approach to mental health throughout the lifespan for the racial, ethnic and cultural diversity of LGBTQ communities. Cultural competency training, therefore, cannot only be a general training on LGBTQ as a whole, but also needs to include separate, subgroup-specific training sessions (e.g. older adult, youth, bisexual, transgender, Black, Latino, etc.).

Agencies and individuals providing LGBTQ trainings—whether general or subgroup-specific—should meet CEU standards and have community-based endorsement(s).

Providers cannot become culturally competent in a given area without adequate training and experience in the field under the direction of a culturally competent supervisor. Participants in the ADMH survey who provide direct services indicated they experience barriers in providing culturally competent services for LGBT clients. The following are the top 6 barriers experienced, listed in order of frequency reported:

1. I don't have enough access to training on the coming out process.
2. I don't have enough access to training on the concerns and needs of transgender clients.
3. I don't have enough access to training on the concerns and needs of lesbian, gay or bisexual clients.
4. I don't have enough access to training on the concerns and needs of LGBT parents.
5. I don't have access to supervision/consultation with providers who have expertise in LGBT concerns and needs.
6. My personal comfort level providing services for LGBT clients.

Recommendations:

- ADMH should continue to provide LGBT-specific trainings. In addition, whenever diversity issues are included in a training, related LGBT issues should be included as well. For example, a training on the mental health of older adults should include added risks for LGBT older adults.
- ADMH leadership should promote attendance at LGBT trainings, whether offered through ADMH or an outside vendor, including allowing release time for such trainings.

Those staff members who are assigned to the LGBT team should receive priority to attend necessary trainings on specific and differentiated LGBT topics.

- ADMH leadership should identify in-house, or contract with, individuals who have expertise and can provide supervision for ADMH staff around lesbian, gay men, bisexual, transgender and questioning/coming out needs and concerns.

C. Hiring Practices

Currently, ADMH does not have policies or practices in place to help in hiring staff members who are culturally competent working with lesbians, gay men, bisexual individuals or transgender individuals.

Based on the survey responses, ADMH staff providing direct services report they are predominately heterosexual (96.9%) and cisgender² (100%). According to ADMH Policy #312, part of cultural competence has to do with being able to include and work with those who represent different cultural backgrounds. This holds true when it comes to including *openly* LGBT individuals among both providers of direct services, as well as support staff. In addition, demonstrating commitment to LGBT inclusion in recruitment and hiring can increase the pool of qualified applicants, ensure that LGBT populations in Yolo County are represented in the ADMH workforce, and send a welcoming message to LGBT clients and family members.

Recommendations:

- ADMH leadership should actively recruit LGBT-identified candidates. For example, add LGBT-inclusive language to job notices, such as: “LGBT candidates welcome” or “This agency does not discriminate on the basis of sexual orientation or gender identity.”
- ADMH leadership should include staff in the interviewing process who are themselves LGBT culturally competent.
- LGBT individuals come from all races, ethnicities, cultures and religions. Therefore, ADMH staff should include interview questions which are focused on both diversity and LGBT inclusion. The example questions below include both overall diversity and LGBT-specific questions.
 - What opportunities have you had working and collaborating in diverse, multicultural and inclusive settings?
 - How do you encourage people to honor the uniqueness of each individual?
 - How do you challenge stereotypes and promote sensitivity and inclusion?
 - [If LGBT was not included in the answer]: How do you do challenge LGBT stereotypes and promote sensitivity and inclusion for LGBT staff and clients?
 - In previous work experiences, what has been the greatest obstacle in developing a multicultural-competent staff?
 - [Alternate or follow-up] In previous work experiences, what has been the greatest obstacle in developing an LGBT-competent staff?

² Denoting or relating to a person whose gender-identity conforms to the sex they were assigned at birth.

- Describe a situation where you utilized your multicultural skills to solve a problem.
- In what ways have you integrated LGBT issues as part of your professional development?
- Talk about how you responded to a co-worker who made an insensitive remark regarding someone's sexual orientation, gender identity or gender expression.
- What have you learned from working with diverse populations?
 - [Alternate or follow-up] What have you learned from working with LGBT populations?
- What have you done to further your knowledge about diverse populations?
- What are some specific things you are going to do within the next 2 years to further your development in LGBT cultural competency?
- How does your own identity impact your work with staff who don't share your sexual orientation or gender identity?
- Explain how diversity has played a role in your career and contributed to the (staff position) you are today.
- What books or materials have you read on LGBT subjects?
- What is your vision of a workplace, such as ADMH, that fully embraces diversity?
- How have you handled a situation when a colleague was not accepting of someone else's diversity?
- What was/is the diversity value at your current/former workplace? What impact did you make on this value?
 - [follow-up] What impact did you have on this value when it came to LGBT people?

D. Workplace Environment

Part of the LGBT core competencies discussed with ADMH key supervisory staff contained a section on positive workplace environment for LGBT employees, including "LGBT employees can be honest about their gender identity and sexual orientation at work without fear of sanctions or reprisals from management or supervisory staff" and "Management and supervisory staff promote a safe environment for those employees who choose to openly identify as LGBT while at work." Based on discussion with key supervisory, these and other workplace environment core competencies are either "not in place" or "partially in place."

Approximately 17% survey participants "strongly" or "somewhat" *disagreed* with the statement: "Employees at my work can openly identify as LGBT while they are at work without any negative consequences from management or other employees." Another 59% "somewhat" agreed, indicating that they have some doubt as to whether this statement is entirely accurate for their workplace. Survey participants were also asked how much they agreed with the statement: "If I advocate for LGBT concerns at work, I will be accused of bias or promoting a personal agenda." Approximately 13% of straight/heterosexual participants on the ADMH survey agreed with this statement. This is higher rate when compared to straight/heterosexual providers (9.5%)

who participated in the California LGBT Reducing Disparities Project (RDP) Provider Survey.³ Due to issues of confidentiality, the responses for ADMH participants who identified as LGBT cannot be reported here. However, when comparing LGBT participants from the RDP Provider Survey, 23.7% agreed with this statement—a rate 2.5 times higher compared to straight/heterosexual participants from the RDP survey.

Recommendations:

- ADMH diversity policies and practices should reflect the intent that all employees, including LGBT employees, be treated equally and with positive regard.
- ADMH policies and practices should promote safety in the workplace for LGBT employees, including no negative consequences for openly identifying as LGBT outside or inside the workplace.
- ADMH leadership should openly promote LGBT-specific inclusiveness, affirmation and safety in the workplace with all staff. Leadership should role model inclusive and affirming behaviors.
- ADMH leadership should be responsible for educating supervisors or staff with negative attitudes toward LGBT people in the workplace regarding the importance of inclusiveness, as well as the importance of having openly identifying LGBT staff members.
- ADMH leadership should utilize Section II: Organizational Environment for Employees from the *LGBT Core Competency Recommendations developed for Yolo County ADMH* (see Appendix A), as well as other resources, to further assess what additional actions are needed. Examples of other resources include:
 - Policies from other workplaces, such as “Principles of Community” from University of California, San Francisco: <http://eir.ucsf.edu/about-ucsf/principles/>
 - Fact sheets developed by other organizations, such as the Department of Justice: http://www.lc.org/media/9980/images/pr_doj_lgbt_directive_052113.pdf
 - Resources from Out & Equal, such as the book, *Allies at Work: Creating a Lesbian, Gay, Bisexual and Transgender Inclusive Work Environment* by Dr. David M. Hall.

III. Identifying LGBT Clients

Currently, ADMH does not have an effective process for identifying LGBT clients. The intake forms available to clients include an option for “transgender” and “other” under the “gender” category, but this is not a recommended or best practice for accurately and sensitively collecting gender identity. The intake forms do not include questions regarding sexual orientation. Only 16% of direct service staff who participated in the survey report “always” or

³ Mikalson, P., Pardo, S., & Green, J. (2012) *First, do no harm: Reducing disparities for lesbian, gay, bisexual, transgender, queer and questioning populations in California*. Sacramento, CA: Mental Health America of Northern California and Equality California Institute. Available from: http://bit.ly/LGBTQ_RDP_REPORT

“usually” asking clients about their sexual orientation—with even less (6.5%) asking about gender identity.

Because LGBT demographic data is not consistently collected by ADMH staff, there is no way for the department to know how many LGBT-identified clients are being served or to evaluate the quality of this services.

There are different goals for collecting sexual orientation and gender identity (SOGI) and what questions are asked should align with these goals. While sexual orientation can present as feelings of attractions, behavior and/or identity label, for the purposes of this report, recommendations for identifying LGB clients will focus on identity. Accurately collecting SOGI data, particularly for Electronic Health Records and similar purposes, is still in its infancy. However, there are evidence-based practices currently in use and which can be recommended.

One point to remember whenever asking SOGI questions is that clients may withhold this information during the initial intake process or assessment. Therefore, staff should always be open to the possibility that clients may identify differently once trust and rapport have been established. Whether clients identify or not, the inclusion of such questions can communicate an environment of openness and affirmation of LGBT identities.

Recommendations:

- ADMH leadership should identify where in the intake process a client can privately and confidentially provide SOGI information. This can be at the same time the client is providing other confidential health information.
- ADMH should use the questions below to help identify LGBT clients. These questions were part of a study conducted by the Fenway Institute and the Center for American Progress.⁴ The questions were field-tested on multiple population types (e.g. urban, rural, diverse socioeconomic) in settings that were predominantly heterosexual and using forms filled out by the client. The Williams Institute⁵, an expert in LGBT research, recommends including the term “queer,” which also supports the findings from the California LGBTQ Reducing Disparities Project⁶ research. The 2-part gender identity question was originally developed by the Center of Excellence for Transgender Health at the University of California, San Francisco, and is considered a best practice for identifying transgender individuals.

⁴ Based on: Cahill S., Singal R., Grasso C., King D., Mayer K., Baker K., Makadon H. (2013, December 18). *Asking patients questions about sexual orientation and gender identity in clinical settings: A study in four health centers*. The Fenway Institute and the Center for American Progress. Available from:

http://thefenwayinstitute.org/wp-content/uploads/COM228_SOGI_CHARN_WhitePaper.pdf

⁵ Sexual Minority Assessment Research Team (2009, November). *Best practices for asking questions about sexual orientation on surveys*. The Williams Institute. Available from: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/SMART-FINAL-Nov-2009.pdf>

⁶ Mikalson, P., Pardo, S., & Green, J. (2012) *First, do no harm: Reducing disparities for lesbian, gay, bisexual, transgender, queer and questioning populations in California*. Sacramento, CA: Mental Health America of Northern California and Equality California Institute. Available from: http://bit.ly/LGBTQ_RDP_REPORT

Do you think of yourself as:

- Lesbian, gay, or homosexual
- Straight or heterosexual
- Bisexual
- Queer
- Something Else (fill in the blank)
- Don't know

What is your current gender identity? (Check all that apply)

- Male
- Female
- Female-to-Male (FTM)/Transgender Male/Trans Man
- Male-to-Female (MTF)/Transgender Female/Trans Woman
- Genderqueer, neither exclusively male nor female
- Additional Gender Category, please specify

What sex were you assigned at birth on your original birth certificate? (Check one)

- Male
- Female

IV. ADMH Department Policy and Procedures Manual Comments and Recommendations

A. Policy #312: Cultural Competency Standards and Role of the Cultural Competency Committee

Page 1, the first paragraph under "Policy" reads:

Cultural Competency is a quality of care issue. It has to do with being able to provide effective, client-centered care across the board. At the operational level, cultural competency has to do with being able to include and work with those who are not proficient in English, and those who may have different cultural beliefs with regard to mental health. This effort is enhanced by the development of relationships with the diverse groups in the community. Out of these relationships, the following activities can be undertaken proactively: the assessment of needs, the design of services, and the accumulation of cultural knowledge, including the hiring of staff from some of these groups.

Comment:

LGBT individuals often have different or additional needs than those individuals or populations traditionally included under the term *cultural*. In addition, unless specifically called out, LGBT becomes invisible and often forgotten when only the terms *culture* or *culturally* are used—especially when culture is used in conjunction with race, ethnicity and/or language.

Recommendation:

Change the text to read (additions in italics):

Cultural Competency is a quality of care issue. It has to do with being able to provide effective, client-centered care across the board. At the operational level, cultural competency has to do with being able to include and work with those who are not proficient in English, *those who fall within the spectrum of lesbian, gay, bisexual or transgender (LGBT) identity or behavior* and those who may have different cultural beliefs with regard to mental health. This effort is enhanced by the development of relationships with the diverse groups in the community. Out of these relationships, the following activities can be undertaken proactively: the assessment of needs, the design of services, and the accumulation of cultural knowledge, including the hiring of staff from some of these groups, *together with hiring staff who are openly LGBT*.

Page 1, under Procedure, A. Levels of Competence, 1. Relatedness reads:

At the administrative level, ADMH can establish and maintain relationships with the various ethnic groups to which (potential) clients may belong.

Recommendation:

Change the text to read (additions in italics):

At the administrative level, ADMH can establish and maintain relationships with the various ethnic *and LGBT* groups to which (potential) clients may belong.

Page 2, Procedure, B. Committee's Role, 2. Internal linkage reads:

Find out from staff what the challenges are in providing services to those with specific cultural needs; provide opportunities for staff to share specialized knowledge with each other;

Recommendation:

Change the text to read (additions in italics):

Find out from staff what the challenges are in providing services to those with specific cultural, *sexual orientation or gender identity* needs; provide opportunities for staff to share specialized knowledge with each other;

B. Policy #507: Community Outreach and Awareness

Page 1, the first paragraph under "Policy" reads:

The Yolo County Alcohol, Drug, and Mental health Department (ADMH) is committed to providing specialty mental health services to the underserved population, as well as to hard-to-reach and homeless individuals who may need mental health services. ADMH shall work to identify, assess and engage those individuals who are in need of mental health treatment, but who might be reluctant to use services or are unaware how to access them.

Comment:

According to the California Reducing Disparities Project funded through the California Department of Public Health, there are five populations in California who have been identified as unserved, underserved and inappropriately served. These populations are identified by the project as: API, African American, Latino, Native American and LGBTQ. Due to stigma, discrimination, fear of provider rejection and/or traumatic past experiences with mental/behavioral health providers in the past, LGBT individuals are often hidden (e.g. hard-to-reach) and may be (understandably) reluctant to use services. In addition, LGBT youth are overrepresented in the homeless population.

Recommendation:

Change the text to read (additions in italics; edits are lined out):

The Yolo County Alcohol, Drug, and Mental health Department (ADMH) is committed to providing specialty mental health services to ~~the~~ *unserved and* underserved populations, *including LGBT*, as well as to hard-to-reach and homeless individuals who may need mental health services. ADMH shall work to identify, assess and engage those individuals who are in need of mental health treatment, but who might be reluctant to use services or are unaware how to access them.

Page 1-2, B. Distribution of Informational Brochures to the Community, 1 reads:

In an effort to reach homeless and other hard-to-reach individuals, ADMH shall distribute informational brochures to the community through various agencies and organizations, such as: [text is followed by a long list of agencies and organizations]

Comment:

There are no LGBT-specific agencies in Yolo County. LGBT Yolo County residents must go to Sacramento to access any type of LGBT-specific agency, program or event.

Recommendation:

Include the “Sacramento LGBT Community Center” in the list of agencies and organizations where informational brochures will be distributed.

C. Policy #313: Cultural Competency and Training of Interpreters

Page 1, the paragraph under Procedure reads:

In collaboration with other counties, Quality Management will provide training for interpreters. The training shall be mandatory for all new County and provider staff employed as interpreters, and will include, but not be limited to, a discussion of the following topics: [text is followed by multiple topics]

Comment:

LGBT individuals come from all backgrounds and populations, including those who do not speak English or require interpreters for their care. As an example, the California Latino Reducing Disparities Project Report states: “Many [Latino] LGBTQ participants described past and ongoing difficulties with finding mental health services that are culturally and linguistically sensitive and compatible with their sexual orientation.”⁷ The lack of appropriate linguistic services for Latino LGBT participants was seen as a barrier to care.

⁷ Aguilar-Gaxiola, S., Loera, G., Mendez, L., Sala, M., Latino Mental Health Concilio, & Nakamoto, J.(2012). *Community-defined solutions for Latino mental health care disparities: California Reducing Disparities Project, Latino Strategic Planning Workgroup population report*. Sacramento, CA: UC Davis. Available from: http://www.ucdmc.ucdavis.edu/newsroom/pdf/latino_disparities.pdf

Recommendation:

Add as an additional topic to the list: “Awareness and sensitivity to the unique needs of LGBT individuals, including appropriate vocabulary.”

Page 1, Procedure, 3 reads:

The relationship between culture/ethnicity/language and decisions to seek treatment. When/how to make culture specific provider referrals.”

Recommendation:

Change the text to read (additions in italics):

The relationship between culture/ethnicity/language and decisions to seek treatment. When/how to make culture *or LGBT* specific provider referrals.

D. Policy #200: Confidentiality/Privacy of Protected Health Information (PHI)*Page 3-4, E. Disclosures of PHI to Parent/Guardians of Minors, 5 reads:*

Additional circumstances where the youth’s PHI may be denied to the representative include a good faith determination by the professional staff that access would be detrimental to that staff member’s relationship with the client, or when the minor’s physical safety or psychological well-being would be harmed as a result of the disclosure.

Recommendation:

Change the text to read (additions in italics):

Additional circumstances where the youth’s PHI may be denied to the representative include a good faith determination by the professional staff that access would be detrimental to that staff member’s relationship with the client, or when the minor’s physical safety or psychological well-being would be harmed as a result of the disclosure (*i.e. disclosing the minor’s sexual orientation or gender identity may/would lead to family rejection or expulsion from the home*).

E. Policy #308: Cultural Diversity*Page 1, Definitions, A. reads:*

Culture – A set of traditions, behaviors, values and beliefs held by a group of people defined by race, ethnicity, age, spirituality/religion, sexual orientation, sensory impairment or psychosocial background.

Recommendation:

Change the text to read (additions in italics):

Culture – A set of traditions, behaviors, values and beliefs held by a group of people defined by race, ethnicity, age, spirituality/religion, sexual orientation, *gender identity*, sensory impairment or psychosocial background.

Page 1, Definitions, B. reads:

Cultural Awareness – Developing sensitivity and understanding of another ethnic group. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.

Comment:

The phrase “another ethnic group” should be changed to reflect the more inclusive definition of culture, as defined in “A” (above).

Recommendation:

Change the text to read (additions in italics; edits are lined out):

Cultural Awareness – Developing sensitivity and understanding of ~~another ethnic group~~ *cultural groups other than one’s own*. This usually involves internal changes in terms of attitudes and values. Awareness and sensitivity also refer to the qualities of openness and flexibility that people develop in relation to others. Cultural awareness must be supplemented with cultural knowledge.

Page 1, the first paragraph under “Policy” begins:

ADMH and all Provider agencies will promote mutual respect and awareness of people of varied cultures. Cultural Diversity goes beyond racial bounds to include gender, sexual orientation, abilities and age. ...

Comment:

The term “gender identity” should be included in any policy, practice or procedure which includes either or both of the terms “sexual orientation” and “gender.”

Recommendation:

Change the text to read (additions in italics):

ADMH and all Provider agencies will promote mutual respect and awareness of people of varied cultures. Cultural Diversity goes beyond racial bounds to include gender, *gender identity*, sexual orientation, abilities and age. ...

V. Conclusion

The leadership and staff of ADMH have taken a groundbreaking step in sponsoring and participating in this assessment of departmental LGBT cultural competency. During discussions with key supervisory staff, as well as analysis of the ADMH survey results, several areas were identified where ADMH leadership can make changes in order to improve the quality of services for their LGBT clients. These include strengthening the current workforce by:

- Developing a team of direct service staff members dedicated to LGBT cultural competence.
- Identifying in-house, or contracting with, individuals who have expertise and can provide supervision for ADMH staff around lesbian, gay men, bisexual, transgender and questioning/coming out needs and concerns.
- Continuing to provide and/or promote LGBT-specific trainings, including providing release time for such trainings.
- Actively recruiting LGBT-identified candidates for employment.
- Assessing candidates for employment (particularly those for direct service positions) for LGBT cultural competency.
- Creating, promoting and role modeling a work environment which is safe, inclusive and affirming of LGBT employees.

In order to improve and evaluate the quality of services received by LGBT clients, it is also crucial that ADMH begin identifying LGBT clients at some point during the intake process.

As this report is being written, plans are under way to merge ADMH with the Yolo County Health Department. As of July 1, 2014, the merged departments will be known as the Yolo County Department of Health Services (DHS). As the two departments merge, this creates an excellent opportunity to examine and ensure all policies and procedures are LGBT inclusive. All recommendations in this report referring to *ADMH* leadership, staff, policies and procedures should be considered relevant to *DHS* leadership, staff, policies and procedures, as well.

The field of LGBT cultural competency is in its infancy. Changes in vocabulary, demographic collection methods, and new and best practices should be expected and anticipated. One such change is the growing number of people identifying as “queer” rather than lesbian, gay or bisexual. Of the over 3,000 respondents to the LGBTQ Reducing Disparities Community Survey, 12% identified their sexual orientation as “queer.” Based on this research, the California Department of Public Health has begun adding “Q” to the LGBT acronym. Moving forward, ADMH should also consider using the acronym LGBTQ in its policies and literature. In addition, ADMH should continue accessing avenues of training, education and technical assistance from experts in various fields relating to culturally competent services for lesbian, gay, bisexual, transgender, queer, and questioning individuals across the age spectrum. Finally, in order to evaluate progress and promote further growth, ADMH leadership should facilitate another assessment around LGBT competence during the next 12 to 18 months.

Appendix A

LGBT Core Competency Recommendations for Yolo County ADMH

I. Job Recruitment/Hiring/Retention

- a. Job announcements are sent to LGBT organizations, and LGBT newspapers and media.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- b. Job candidates who are openly LGBT, or presumed to be LGBT, or who have experience working with sexual orientation and gender identity issues and concerns do not encounter discrimination in any way, at any level, with regard to hiring and promotion.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- c. Neither formal or *informal* guidelines exist regarding positions that openly LGBT individuals would or would not be permitted to hold.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- d. When candidates are interviewed for jobs, ADMH attempts to identify and screen out persons who are not accepting or affirming of LGBT individuals.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- e. When personnel who are identified as having LGBT expertise leave their position, ADMH actively attempts to fill the position with an individual who has similar LGBT expertise.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

II. Organizational Environment for Employees

- a. In ADMH’s employment and service policies, the nondiscrimination clause includes protections related to sexual orientation, gender identity and gender expression. All employees are aware of these policies.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- b. For unionized employees, the union contract provides equal protection to LGBT members.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- c. LGBT employees can be honest about their gender identity and sexual orientation, both at work and away from work, without fear of sanctions or reprisals from management or supervisory staff.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- d. LGBT staff are not instructed formally or *informally* to keep their sexual orientation or gender identity hidden or quiet.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- e. ADMH management & supervisory staff promote a safe environment for those employees who choose to openly identify as LGBT while at work.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- f. The workplace environment is generally supportive of diversity regarding gender identity, gender expression and sexual orientation of all staff members.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments: _____

- g. ADMH management & supervisory staff do not tolerate anti-LGBT jokes, statements or expressions (such as “that’s so gay” or “no homo”).

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- h. ADMH management defends LGBT-supportive stands if such stands are questioned.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- i. LGBT individuals are represented on any advisory or community committees.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- j. LGBT issues are discussed at committee meetings with the same respect and level of importance as other relevant ADMH issues.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- k. ADMH management has a mechanism in place for ascertaining the needs of LGBT staff and LGBT clients.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- l. ADMH management ensures confidentiality of personnel records or other documents which contain information (whether implicit or explicit) regarding the sexual orientation and/or gender identity of staff members.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

III. Professional Development

- a. ADMH’s staff (including management, supervisors, line staff, administrative and clerical workers) have received in-service training on sexual orientation and gender identity.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- b. Staff members are encouraged to participate in on-going diversity training on issues relevant to sexual orientation and gender identity.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- c. ADMH has explicit standards and methods for evaluating cultural competence.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- d. ADMH management & supervisory staff enlist the help of professional consultants and/or supervisors knowledgeable about LGBT issues to assist staff with specific problems and issues when they arise with particular clients.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

IV. Provision of Services

- a. Announcement of services are routinely sent to LGBT organizations and media.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- b. Intake forms, other forms (including medical, social, psychological, sexual histories), treatment plans, brochures and client publications do not assume all staff, clients or donors are heterosexual or gender conforming.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- c. Grant proposals and contracts for services show that ADMH is serving populations which include LGBT individuals.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- d. ADMH states that LGBT people are among the populations to be served.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- e. ADMH’s confidentiality procedures are adequate for protecting LGBT clients.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- f. ADMH’s referral and resource lists include people and agencies with positive experience and expertise in working LGBT individuals.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- g. When applicable, LGBT meetings of Alcoholics Anonymous, Narcotics Anonymous, and Al-Anon are listed as choices for clients.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- h. Sexual orientation and gender identity issues relevant to either clients or staff are addressed in intakes, supervision, and/or staff meetings.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- i. ADMH’s programs and materials are analyzed and evaluated to identify areas where services/information may not adequately meet the needs of LGBT individuals. When inadequacies are found, corrective steps are taken.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- j. When services are designed for family members, the needs of same-sex couples are included.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- k. When services are designed for family members, the needs of transgender individuals and their partners are included.

In place _____ **Partially in place** _____ **Not in place** _____

Goal: **Short-term** _____ **Mid-term** _____ **Long-term** _____

Comments:

- l. At public hearings and in meetings with government officials, or service providers, ADMH supports better services for the LGBT communities.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- m. ADMH is prepared to meet the diverse needs of LGBT people—including youth, older adults, physically challenged individuals, and racial and ethnic populations.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

V. Information Sharing and Community Relations

- a. ADMH’s bulletin boards and/or literature racks include brochures, newsletters, and flyers with information about LGBT organizations, events and services.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- b. If applicable, ADMH’s library contains books and articles by and about LGBT people.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- c. Films, recordings, PowerPoint slides and other presentations used in client and community education include LGBT individuals.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

- d. ADMH works cooperatively and mutually with LGBT groups in education, fundraising, and/or special community projects.

In place ____ **Partially in place** ____ **Not in place** ____

Goal: **Short-term** ____ **Mid-term** ____ **Long-term** ____

Comments:

Appendix B

LGBTQ Awareness Survey

We invite you to take part in this very important survey conducted by Mental Health America of Northern California for Yolo County ADMH and its contracted agencies!

This survey will explore some of the challenges and barriers all staff face when working with lesbians, gay, bisexual, transgender, queer and questioning (LGBTQ)*** individuals.

Who should take this survey?

This survey is for all ADMH and provider staff—whether or not you provide services for LGBTQ individuals.

Is the survey anonymous?

Yes! Your participation is anonymous. Your name, email or IEP will not be recorded at any time while you are taking the survey. In addition, all information gathered will be stored in password-protected files, which are available only to the survey research team at MHA of Northern CA. The information will be presented to ADMH in aggregate (group) form so that no individuals can be identified.

How long will this take?

This survey will take you about 5-10 minutes to complete. *Please take the survey in one sitting.* We really appreciate your taking the time! This is so important!

FREQUENTLY ASKED QUESTIONS:

Is this survey voluntary?

Yes. You can stop taking the survey at any point — just close your Internet browser. Your consent to participate is implied by your completing and submitting the survey.

Why should I take this survey?

Yolo County ADMH has made cultural competence a priority. This survey will give us information that will help us make recommendations which can improve services to all clients, including those who are LGBTQ.

Do I need to be LGBTQ to take this survey?

No. You don't need to be LGBTQ or provide services to LGBTQ individuals.

What risks do I face if I participate?

We do not anticipate any risks for your participation. However, if any of the questions cause you distress, you may stop taking the survey, and if you wish, you may contact either of the resources below:

Treva Sue Strain, LCSW (ADMH Confidential Compliance Line):
 1-530-666-8713
 or
 The LGBTQ National Hotline:
 1-888-843-4564

Who do I contact if I have questions about this survey?

If you have any questions, comments or concerns regarding this survey or your participation, you may contact Poshi Mikalson, MSW, LGBTQ Project Director at: pmikalson@mhanca.org

Who is sponsoring this survey?

This survey is part of a cultural competence contract with Mental Health America of Northern California which is funded by Yolo County ADMH.

***Please note: In this survey, we use the broadly familiar acronym LGBTQ. We know that not everyone identifies as Lesbian, Gay, Bisexual, Transgender, Queer or Questioning. Please know that we are referring to the many diverse ways that community members identify, including (but not limited to):

Del Ambiente * Downe * Gender queer * Intersex * Pansexual
 Same gender loving * Transgenero * Two-spirit etc.

I am employed by:*

- Yolo County ADMH
- An agency contracted with Yolo County ADMH

What is your MAIN job function?*

- Direct services to clients in mental health, AOD Prevention, or MHSA Prevention and Early Intervention.
 - Support / Clerical
 - Administration
 - Another job function not listed (please specify):
-

In the past 5 years, how many workshops, in-service, continuing education, or professional development trainings (events that lasted 1 hour or more) about LGBTQ topics have you attended?

- 0
- 1
- 2
- 3
- 4 or more

The following questions ask about your personal sexual orientation and gender identity. Just a reminder that this survey is *anonymous* and the research team will not be able to identify you.

With that in mind, please answer the following to the best of your ability. This information *is* important for the research project.

Not everybody uses the same labels to describe their sexual orientation.

However, if you had to pick a label from the following list, which term currently BEST describes your sexual orientation?

- Heterosexual / Straight
 - Lesbian
 - Gay man
 - Bisexual / Pansexual / Sexually Fluid
 - Queer
 - I'm questioning whether I'm straight or not straight.
-

Not everybody uses the same labels to describe their gender identity.

However, if you had to pick a label from the following list, which term currently BEST describes how you identify your gender?

- Man
 - Woman
 - Androgynous
 - Gender Queer
 - Transgender
 - Transman
 - Transwoman
 - I'm questioning what my gender identity is.
-

What sex were you assigned at birth?

- Male
 - Female
-

How much do you agree with the following statement:

"Employees at my work can openly identify as LGBTQ while they are at work without any negative consequences from management or other employees."

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree
-

How much do you agree with the following statement:

"If I advocate for LGBTQ concerns at work, I will be accused of bias or promoting a personal agenda."

- Strongly agree Somewhat agree Somewhat disagree Strongly disagree
-

How often in your current workplace have you witnessed or were told about:

	Always	Usually	Sometimes	Rarely	Never
Negative remarks or jokes about LGBTQ people	()	()	()	()	()
Thoughtless treatment of a partner of an LGBTQ client	()	()	()	()	()
Thoughtless treatment of an LGBTQ parent/guardian or family member of a client	()	()	()	()	()
Thoughtless treatment of an LGBTQ employee	()	()	()	()	()
Harassment of an LGBTQ client	()	()	()	()	()
Harassment of an LGBTQ employee	()	()	()	()	()
Discriminatory treatment of an LGBTQ client	()	()	()	()	()
Discriminatory treatment of an LGBTQ employee	()	()	()	()	()
A refusal of services because a client identified as LGBTQ	()	()	()	()	()

This question will be shown to participants who identify their MAIN job function as "Support / Clerical" OR "Administration" OR "Another job function not listed"

How comfortable do you feel personally, working with clients who are:

	I have not worked with this population	Very comfortable	Comfortable	Uncomfortable	Very uncomfortable
Lesbian women/girls	()	()	()	()	()
Gay men/boys	()	()	()	()	()
Bisexual women/girls	()	()	()	()	()
Bisexual men/boys	()	()	()	()	()
Gender nonconforming, transgender or transsexual women/girls (male-to-female)	()	()	()	()	()
Gender nonconforming, transgender or transsexual men/boys (female-to-male)	()	()	()	()	()

This question will be shown to participants who identify their MAIN job function as "Support / Clerical" OR "Administration" OR "Another job function not listed"

**Some people experience barriers serving LGBTQ clients.
For each statement below, please indicate whether this is a barrier for you in your current workplace.**

	Not a barrier	Sometimes a barrier	Always a barrier
I don't have enough access to training on the concerns and needs of lesbian, gay or bisexual clients	()	()	()
I don't have enough access to training on the concerns and needs of transgender clients	()	()	()
My personal religious beliefs	()	()	()
My personal beliefs (non-religious)	()	()	()
My personal comfort level providing services for LGBTQ clients	()	()	()

The following questions will be shown only to participants who identify their MAIN job function as "Direct services to clients in mental health, AOD Prevention, or MHSA Prevention and Early Intervention"

As part of your job, which age group(s) do you provide services to on a regular basis?

(Please check all that apply)

- Children (ages 0-15)
- Transition Age Youth (ages 16-24)
- Adults (ages 25-60)
- Older Adults (ages 60 & above)

How comfortable do you feel personally, working with clients who are:

	I have not worked with this population	Very comfortable	Comfortable	Uncomfortable	Very uncomfortable
Lesbian women / girls	()	()	()	()	()
Gay men / boys	()	()	()	()	()
Bisexual women / girls	()	()	()	()	()
Bisexual men / boys	()	()	()	()	()
Gender nonconforming, transgender or transsexual women/girls (male-to-female)	()	()	()	()	()
Gender nonconforming, transgender or transsexual men/boys (female-to-male)	()	()	()	()	()
Men who have sex with men (MSM), but who don't identify as gay or bisexual	()	()	()	()	()
Women who have sex with women (WSW), but who don't identify as lesbian or bisexual	()	()	()	()	()
Intersex individuals	()	()	()	()	()

Some people experience barriers to providing culturally competent services for LGBTQ clients.

For each statement below, please indicate whether this is a barrier for you in your current workplace.

	Not a barrier	Sometimes a barrier	Always a barrier
I don't have enough access to training on the concerns and needs of lesbian, gay or bisexual clients	()	()	()
I don't have enough access to training on the concerns and needs of transgender clients	()	()	()
I don't have enough access to training on the concerns and needs of LGBTQ parents	()	()	()
I don't have enough access to training on the coming out process	()	()	()
My personal religious beliefs	()	()	()
My personal beliefs (non-religious)	()	()	()
My personal comfort level providing services for LGBTQ clients	()	()	()
I don't have access to supervision/consultation with providers who have expertise in LGBTQ concerns and needs	()	()	()

In the past year, how often have you personally...

	Always	Usually	Sometimes	Rarely	Never
Asked clients about their sexual orientation	()	()	()	()	()
Asked clients about their gender identity or asked if they had questions about their gender	()	()	()	()	()

In your current position, do you personally provide mental health services to clients?*

() Yes

() No

The following questions will be shown only to participants who identify they personally provide mental health services to clients.

The following questions are designed to measure mental health provider behaviors when working with LGBTQ clients.

There are no right or wrong answers. Please answer every question to the best of your ability.

Please rate how frequently you engage in each of the behaviors with LGBTQ clients on the basis of the following scale:

	Always	Usually	Sometimes	Rarely	Never
I educate myself about LGBTQ concerns.	()	()	()	()	()
I create a climate that allows for voluntary self-identification by LGBTQ clients.	()	()	()	()	()
I help clients reduce shame about non-heterosexual feelings.	()	()	()	()	()

	Always	Usually	Sometimes	Rarely	Never
I help clients reduce shame about cross-gender or gender variant feelings.	()	()	()	()	()
I help LGBTQ clients address problems created by stigma (i.e., prejudice, discrimination, and violence), even when it is not raised as a presenting complaint.	()	()	()	()	()
I focus on a client’s sexual orientation or gender identity/expression during treatment, whether or not it is the presenting complaint. [reverse scored]	()	()	()	()	()
I take a “sexual orientation blind” approach during assessment and treatment of clients and use the same treatment approach for all sexual orientations. [reverse scored]	()	()	()	()	()
I help LGBTQ clients overcome religious oppression they have experienced based on their sexual orientation or gender identity/expression.	()	()	()	()	()
I verbalize that a non-heterosexual orientation is as healthy as a heterosexual orientation.	()	()	()	()	()
I verbalize that a cross-gender or gender variant identity is as healthy as a gender normative identity.	()	()	()	()	()
I help clients identify their internalized stigma (also including internalized homophobia, biphobia or transphobia).	()	()	()	()	()

Please feel free to provide any additional comments, questions or feedback in the text box below.

Thank you for taking our survey!

If you have any questions, comments or concerns regarding this survey or your participation, you may contact Poshi Mikalson, MSW, LGBTQ Project Director at: pmikalson@mhanca.org