



COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

STRENGTHENING A WELCOMING & INCLUSIVE ENVIRONMENT IN COUNTY OF SAN LUIS OBISPO BEHAVIORAL HEALTH SETTINGS



REPORT FROM THE LGBTQIA+ WORKGROUP
TO THE COUNTY BEHAVIORAL HEALTH DEPARTMENT

JANUARY 4, 2022

“Judging a book
by its cover
only means
you’re not committed to reading the book.”

James Jackson^[1]
Father of Kiana Shelton, LCSW
LGBTQIA+ Workgroup Member

^[1] Ms. Shelton shared these comments about her father’s saying. “My dad’s quote can be applied to many things. With this work on inclusion, I looked at it from the lens of not summing someone up by their physical appearance. While we may all be guilty of this at times, it’s quotes such as this that keep me mindful of the essence of this work: honoring the whole person, not just their ‘cover’.”

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Attachments:

- Gender-Affirming Systems Audit List
- Website Review: Summary of Findings
- List of Potential Questions for Focus Group of SLO ACCEPTance participants
- LGBTQIA+ Workgroup Roster
- LGBTQIA+ Workgroup Biographical Information

Executive Summary

Formation of the LGBTQIA+ Workgroup came in response to discussion at the Management Team meetings of Behavioral Health for the County of San Luis Obispo. The discussion raised awareness of needs specific to the LGBTQIA+ community members in the context of behavioral health services. The purpose of the Workgroup was to provide recommendations to the Division Managers of Behavioral Health for their consideration to suggest ways to strengthen a welcoming and inclusive environment for clients, community members, staff and any others who are involved in providing or receiving services.

There are several related efforts that have emerged in San Luis Obispo County that, though launched independently over the last few years, are closely related in focus. Based on the Workgroup's recent experience receiving information from other community-based efforts that also focused on addressing the needs of the LGBTQIA+ community, it seems clear that this focus is timely and essential. While the LGBTQIA+ Workgroup membership was comprised at this time only of people working within the County of San Luis Obispo Behavioral Health programs, group members thought that additional community coordination and collaboration would have strong potential to create benefits for everyone.

Why LGBTQIA+

Designation of this workgroup as LGBTQIA+ reflects the workgroup's decision to use an expansively inclusive name. This in turn reflects the complexity of ways in which people want to be identified on a continuum of gender, including gender identity and gender expression among other constructs.

Below, the acronym is spelled out:

LGBT – Lesbian, Gay, Bisexual, Transgender.

LGBTQIA – Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally.

The + indicates the open-endedness of this acronym as a reminder that this community continues to evolve in how members identify themselves.

See *Out Right Action International* for more information: <https://outrightinternational.org>

Below is a current list of the parallel efforts that the LGBTQIA+ Workgroup learned about during the last several months:

- *San Luis Obispo County LGBTQ+ Mental Health Needs Assessment* (2019);
- SLO ACCEPTance Mental Health Provider Development Project (2019 – 2021);
- The LGBTQ+ Mental Health Equity Task Force of SLO County, announcement that the group will be publishing their Strategic Plan following a two-year grant-funded community-based effort (2022);
- Program Manager for Diversity, Equity & Inclusion (new position recently filled); and
- County of San Luis Obispo Behavioral Health Proposal for Diversity, Equity & Inclusion (in development).

As requested, at this time, the LGBTQIA+ Workgroup respectfully submitted this report to Dr. Star Graber, for review by the Behavioral Health Division Managers. The Workgroup members remain hopeful that this report can contribute to improving practices to better serve members of the LGBTQIA+ community in its programs.

Identification of Community Needs

QCARES (Queer Community Action, Research, Education & Support) conducted the *2019 San Luis Obispo County LGBTQ+ Mental Health Community Needs Assessment*.¹ This assessment was funded by County of San Luis Obispo Behavioral Health through the Mental Health Services Act (MHSA). The report identified elevated mental health risks faced by individuals who identify as members of the LGBTQIA+ community. According to the report, “findings suggest that there are several barriers to seeking mental health support services for LGBTQ+ people in San Luis Obispo (SLO) County, including several that were specific to finding or accessing an LGBTQ+ affirming or competent provider.” The following examples are included to provide a snapshot of possible issues:

- Not knowing how to find an LGBTQ+ competent provider (68% of respondents);
- Having no LGBTQ+ knowledgeable mental health services in their neighborhood (60% of respondents);
- Experiencing “moderate to high levels of psychological distress (87% of respondents)” often presenting as “severe symptoms of depression and anxiety”; and
- Linking this distress, “at least in part, to their gender or sexual orientation (74% of respondents).”²

Recommendations in the *Needs Assessment* targeted improving “mental health and wellness of LGBTQ+ communities across San Luis Obispo County.”

The findings of the Needs Assessment may be applicable to discussion of both Drug & Alcohol Services (DAS) programs as well as Mental Health services. As part of current practice, some mental health and substance use treatment providers have recognized an overlap between substance use disorder treatment and mental health treatment, noting that the same clients are often seen in both service locations. [It is noteworthy that DAS clinics have implemented co-occurring treatment options for clients for the last several years.] Given the linkage between mental health/wellness and recovery from substance use disorders, the LGBTQIA+ Workgroup members regard the Needs Assessment findings as important context and rationale for recommending strategies for strengthening a welcoming and inclusive environment at Behavioral Health programs.

Workgroups as a Planning Tool for Program Development. Within Drug & Alcohol Services (DAS), which are part of Behavioral Health for the County of San Luis Obispo Health Agency, staff-led workgroups have periodically taken up specific assignments to assist the management team in program development planning, providing programmatic perspective, information, insights, and recommendations related to specific topic areas. DAS Division Manager Dr. Star Graber confirmed the purpose of the workgroup as “providing guidance to ensure a welcoming, inclusive and responsive environment for all clients attending services at all of the clinics” (personal communication May 19,

¹ <https://www.queercares.com/lgbtq-needs-assessment-1>

² <https://www.queercares.com/lgbtq-needs-assessment-1>

2021). This guidance was expected to take the form of prioritized recommendations to be presented to the County of San Luis Obispo's Behavioral Health Division Managers for their consideration. Following review of the recommendations, a potential ongoing role for the LGBTQIA+ Workgroup might entail some technical assistance and oversight for this process.

Beginning ideas. At an initial meeting in March 2021, the LGBTQIA+ Workgroup identified areas for continued exploration (personal communication with Ms. Getten, November 23, 2021). These were:

- Adding welcoming signage and LGBTQIA+ resource information in all clinic lobbies;
- Creating staff training to highlight LGBTQIA+ affirming communication and interactions;
- Reviewing procedures and protocols to accommodate trauma-informed care principles in the testing area; and
- Investigating additional community connections (e.g., QCARES, Access Support Network, GALA, and others) to cultivate opportunities for support groups, education, and more.

There was a hiatus of the Workgroup from end of March to June due to a change in facilitator necessitated by workload issues. When the LGBTQIA+ Workgroup reconvened in June 2021, exploration of the initial areas continued. The recommendations submitted in this report highlight three main areas for consideration that evolved from the first meeting of the Workgroup.

Summary of Recommendations

LGBTQIA+ Workgroup members discussed priority areas to focus on and reached consensus on presenting the following three recommendations to the Division Managers. These are listed below, in priority order:

- I. Environmental Enhancements;
- II. Ongoing Staff Development; and
- III. Structural Alignment in Policies, Procedures and Practices

The Workgroup considered these three priorities to be interconnected. The Workgroup members thought that each area represented significant opportunities to strengthen welcoming and inclusive environments throughout County of San Luis Obispo's Behavioral Health programs. The Workgroup viewed these recommendations as key elements in a sequenced set of efforts, on a continuum from "most easily achieved" to "more complicated to achieve" over time. Improvements in each of these areas would be best served when effort take into consideration the broader community connected to the County of San Luis Obispo Behavioral Health: clients, staff, community partners, community organizations, and other stakeholders.

The three recommendations are outlined below.

Priority I: Environmental Enhancements

- Analyze elements of the facility's physical appearance: what is *seen* can be aligned with better practices for inclusion (welcoming signage and other visual signals);³
- Utilize the Gender-Affirming Systems Audit List (Geilhufe, 2021);
- Attend to auditory congruence: ensure that what is *said* aligns with better practices for inclusion (personal pronoun awareness⁴; awareness of gender-bias, gender-affirming awareness); and
- Observe interactional cues: promote awareness of and conscious refraining from enacting micro-aggressions;⁵ and focus on the impact of behavior even when unintentional harm is done.

Priority II: Ongoing Staff Development

- Provide ongoing staff development to support and encourage conversations that reflect current thinking about best practices for health care services for LGBTQIA+ community members (as this is generally regarded as a rapidly evolving, fluid societal space);
- Promote appropriate behavior change to reflect adoption of best practices;
- Emphasize *ongoing* focus for institutional and individual change;
- Clarify expected behavior change and plan specifically to reinforce better practices; \

³"Provide a welcoming environment." Online information from the American Medical Association. <https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice>

⁴"Gender Pronouns." Online information from the Lesbian, Gay, Bisexual, Transgender, Queer Plus (LGBTQ+) Resource Center, University of Wisconsin Milwaukee. <https://uwm.edu/lgbtrc/support/gender-pronouns/>

⁵ Microaggression is defined as a "comment or action that subtly and often unconsciously or unintentionally expressed a prejudiced attitude towards a member of a marginalized group." <https://www.merriam-webster.com/dictionary/microaggression>

- Utilize demonstrated behavioral health best practices in training and staff development efforts;
- Maintain focus on fostering strengths in intercultural communication;
- Arrange for quarterly focus on current issues, with reminders to keep the conversation going through tools, conversation starters, articles or other engagement tools (such as staff meetings or other no-cost options);
- Designate a person at each clinic to help facilitate communication among staff to keep the topic alive, acting in the role of champion for this focus; and procedures
- Consider adoption of corrective feedback⁶ as a training tool;
- Plan for and support integrated implementation of concepts and skills; and
- Ensure Human Resources departmental involvement in all aspects of training from onboarding to evaluation and promotion.

Priority III: Structural Alignment in Policies, Procedures and Practices

- Review Health Agency policies and procedures to ensure they include language related to values, mission, and goals reflecting alignment with principles of a welcoming and inclusive environment;
- Investigate and adopt standards of care (practices) informed by client-centered practices that align with LGBTQIA+ community needs;⁷
- Review and ensure that management practices include guidance in utilizing corrective feedback (as well as other interventions and strategies) to improve consistency in establishing and maintaining a welcoming and inclusive environment for clients, staff, and others;
- Invest in coordination and collaboration with community organizations and partners who are working on similar projects, to strengthen and inform efforts; and
- Align efforts with those of the office of the Program Manager for Diversity, Equity, and Inclusion, as well as emerging community efforts (e.g., SLO County LGBTQ+ Mental Health Equity Task Force) to integrate and coordinate strategic development initiatives.

These three priorities form the basis of recommendations from the LGBTQIA+ Workgroup to the Division Managers of Behavioral Health programs for the County of San Luis Obispo. Workgroup members framed these recommendations as priorities, and contributed additional background research, highlighted in the next sections of the report, to provide rationales for their selection as well as additional details related to potential implementation. The LGBTQIA+ Workgroup respectfully presents these recommendations for consideration as important ways to strengthen a welcoming and inclusive environment at Behavioral Health programs.

⁶ Corrective feedback is “feedback about how well a task is being accomplished or performed, such as distinguishing correct from incorrect answers, acquiring more or different information, and building more surface knowledge.” Feedback.pdf Columbia.edu

⁷ For example, see Guidelines for Care of Lesbian, Gay, Bisexual,, and Transgender Patients. <https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients>

Introduction

Formation of the LGBTQIA+ Workgroup

Over its course, the LGBTQIA+ Workgroup membership included frontline staff in clinical roles (representing both drug and alcohol treatment and mental health treatment in adult and youth clinics), administrative support roles, the Medication Assisted Treatment (MAT) program, as well as testing services. In early June 2021, workgroup members unanimously agreed to recruit additional members from across all the Divisions in Behavioral Health. Dr. Star Graber carried this recruitment forward, and Division Managers invited other staff members to join the LGBTQIA+ Workgroup. The Workgroup began meeting every other week beginning in June 2021 and continuing through December 2021. As of August 2021, twelve workgroup members were listed on the roster. Since that time, between five and seven LGBTQIA+ Workgroup members have actively worked together to formulate the recommendations described in this report. (A roster of staff who have engaged in the workgroup process and products has been included in attachments to this report. Also attached, personal biographical information was included from workgroup members who have sustained their involvement over the last several months).

Initiation of the LGBTQIA+ Workgroup. Discussions regarding unmet needs of specialized clients began among management team members early in 2021. Ms. Amanda Getten, LMFT, Quality Support Team Division Manager for Behavioral Health for San Luis Obispo County, provided information to the Management Team after she attended an annual Substance Use Disorders conference where she learned about several initiatives designed to address the specialized treatment needs of those who identify as part of LGBTQIA+ communities (personal communication, November 23, 2021). These conversations eventually led to formation of the LGBTQIA+ Workgroup to further explore ways in which the County of San Luis Obispo Behavioral Health programs might become more responsive to the needs of this community of clients, as well as Health Agency staff in general and community organization partners.

Focus and Faces of the LGBTQIA+ Workgroup

In March 2021, an initial meeting of the LGBTQ workgroup was convened, with a stated focus to address issues and concerns related to treatment services for members of the LGBTQIA+ community. After a short hiatus and change in facilitator, the LGBTQIA+ Workgroup reconvened in June 2021. At this time, the workgroup roster had a dozen members; however, not all these individuals were able to sustain participation.⁸

Even though LGBTQIA+ Workgroup membership fluctuated over the course of this span of time, cohesion of purpose and vision was sustained. Each person who participated for any length of time in the LGBTQIA+ Workgroup contributed their ideas, passion, professional and personal commitment to the effort to articulate recommendations to strengthen a welcoming and inclusive Behavioral Health environment. The LGBTQIA+ Workgroup developed a group “voice” that held over time. There was consensus among Workgroup members to advocate for the recommendations described in this report.

⁸ Attrition in the workgroup membership reflected changes in professional roles in the agency, resignations due to need for better work/family balance, workload pressures, lack of time set aside to effectively participate, and other challenges.

Intersectionality

Intersectionality refers to a conceptual framework that identifies ways in which an individual's identity is comprised of multiple layers and aspects of experience, including social class, gender, gender assignment, sexual orientation, age, education, religious affiliation, and more. Intersectionality also describes identity from the standpoint of multiple cultural points of reference.⁹ This term highlights the complexity of human identity and helps to frame the current discussion of strengthening welcoming and inclusive environments in treatment settings. Intersectionality is specifically viewed as encompassing "overlapping and interdependent systems of discrimination or disadvantage" (Oxford Dictionary, 2019). The construct also highlights the privilege inherent in class, gender, education, and more that frequently leads to advantageous positioning in society.

The LGBTQIA+ Workgroup utilized this concept to provide one way to begin to understand how an individual's identity reflects multiple elements. These multiple elements are shaped by experience, and shape experience. In relating the concept of intersectionality as it pertains to identity and substance use treatment, prior workgroup member Kevin Goodman, AMFT, Clinician II articulated that treatment is predicated on responding to an individual's core identity, recognizing personhood as a crucial element of the therapeutic relationship. Therefore, understanding the impacts of intersectionality on an individual's physical and mental health, substance use, and treatment responsiveness is critical to successfully engaging clients in healing processes.

Intersectionality

Definition:

"The joining of multiple identities"

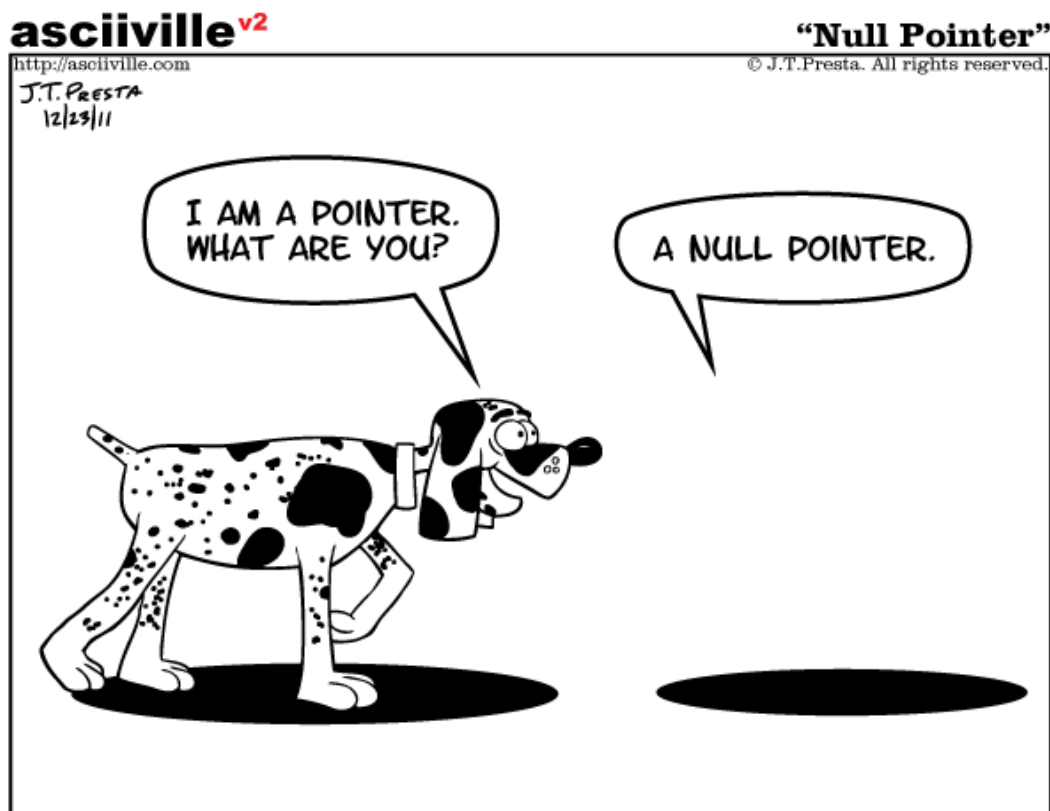
"Our social identities intersect in ways that shape how we perceive the world, and how the world perceives us."

For more, see video by Taryn Crenshaw: <https://www.youtube.com/watch?v=OWeDatP0cv4>

⁹ See <https://www.womankind.org.uk/intersectionality-101-what-is-it-and-why-is-it-important/>

LGBTQIA+ Workgroup Recommendations

The LGBTQIA+ Workgroup explored ways in which Behavioral Health settings could be strengthened to promote a welcoming and inclusive environment for all those who spend time there: clients, community partners, direct service staff, and management/leadership staff. There are myriad ways in which a social and physical environment can become a crucial element in promoting inclusion across all groups and communities. What is heard, what is not heard; what is seen, what is unseen; what is felt and what feelings come up can contribute to *or* detract from an over-arching sense of belonging. The environment – the physical and virtual spaces at County of San Luis Obispo Behavioral Health – in which clients seek healing, staff seek satisfaction in service, and community partners collaborate can nurture a sense of belonging or engender one of isolation and separation. In the pamphlet, “Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients”,¹⁰ the Gay and Lesbian Medical Association (GLMA) suggested “simple ways” to make a difference in the impression clients have of clinic settings. The pamphlet notes that “lesbian, gay, bisexual and transgender (LGBT) patients often ‘scan’ an office for clues to help them determine what information they feel comfortable sharing with their health care provider.” When an individual does not find evidence of inclusion of oneself in one’s environment, this is referred to as a “null environment.”¹¹



¹⁰ [Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients \(2006\)](#)

¹¹ A “null environment” is one in which individuals do not find themselves represented. Rather, their perception of their physical and social environment suggests, by omission, that either they do not exist or do not belong there.

Priority I: Environmental Enhancements

In 2019, a comprehensive research study was completed under the auspices of the Behavioral Health Department's Mental Health Services Act (MHSA) program. *The LGBTQ+ Mental Health and Wellness Needs Assessment*¹² was undertaken to provide a thorough and current understanding of the mental health statuses, experiences, and needs of LGBTQ+ individuals in San Luis Obispo County. The research included 438 LGBTQ+ participants who answered a quantitative online survey and 34 participants who participated in six qualitative focus groups. Findings of the research highlighted the following:

- 50% of participants thought their provider was aware and educated about LGBTQ+ people. (When people identified as transgender/nonbinary that number dropped to 42%.)
- 96% of participants believed there is a high or moderate need for LGBTQ-affirming mental health.
- 75% of participants reported moderate to high severity of psychological distress, a percentage that increased to 86% when people identified as transgender/nonbinary.
- 60% of participants reported that during the past 30 days their feelings over their LGBTQ+ identity had caused distress.

The study found that barriers to seeking mental health services were either always a barrier or sometimes a barrier: 68% did not know how to find a LGBTQ competent provider, 62% could not find a provider they were comfortable with who was also LGBTQ knowledgeable. 57% were concerned their provider would not be supportive of their LGBTQ identity or behavior, and 60% did not know of knowledgeable LGBTQ mental health services in their neighborhood.¹³

As referenced in the Executive Summary for this report, the *Needs Assessment* completed in 2019 identified service gaps and highlighted the needs of the LGBTQ+ community for competent and compassionate mental health care. [In this regard, the workgroup includes substance use disorder treatment alongside mental health treatment as crucial to supporting the health and well-being of community members.]

Prioritization of Recommendation 1. Environmental Enhancement was selected as the first strategy for the following reasons:

- Implementation of suggestions for changes to environmental elements have the potential to create an *immediate positive impact* towards the goal of creating a welcoming and inclusive space for all clients, family, staff, and community members;
- Visual modifications to clinic spaces have the potential to open conversations about identity (gender, sexual, cultural, and other elements of identity) that may benefit everyone as increased awareness of diversity is built incrementally and personally;

¹² <https://www.queercares.com/lgbtq-needs-assessment-1>

¹³ Youth as well as adults are impacted by lack of an affirming and welcoming environment when they seek care. The 2017–2019 California Healthy Kids Survey data shows that San Luis Obispo County LGBTQ+ students experience larger negative risk factors than their straight-identifying peers. 15% fewer LGBTQ+ students felt connected to their school, 41% more experienced harassment/bullying, 44% more experienced chronic sadness, 9% more were frequently truant, and 9% more reported current alcohol/drug use.

- Non-verbal messages that align with and convey the values espoused by the San Luis Obispo County Health Agency (with particular emphasis on programs in Behavioral Health) can carry considerable heft with respect to upholding the integrity of the organization and staff who are provide treatment, care, support, and encouragement to clients and others; and
- Enhancements that deliver messages of welcome and inclusion can be effective ways to strengthen an embedded message of safety and support.

Implementation Details for Recommendation I

The LGBTQIA+ Workgroup respectfully recommends that Division Managers implement the following ideas to strengthen a welcoming and inclusive environment across all settings at the Health Agency:

- As a starting point, request that Division Managers/Management Team review the Gender Affirming Systems Audit List, among other tools, for recommendations from the gender care community professionals.¹⁴ Using this tool for review of environments in the clinic settings may have some additional benefits, including:
 - Avoid reinventing the wheel.
 - Look at what recommendations are on the list already compiled.
 - Cross-reference forms that are already in place per the audit checklist.
 - Use the audit as guidance for making decisions about visual/physical additions to clinic and other Behavioral Health environments.
- In Behavioral Health settings, identify ways in which affirming messages are visible and make a welcoming statement of inclusion for all clients.
- Review other resources for information and guidance for developing affirming physical spaces.¹⁵
- Analyze all County websites where clients might be able to locate important information about resources, services, and connections to support during treatment and recovery from substance use and/or mental health challenges¹⁶.
- Investigate development of a “refreshed” website (see the Santa Clara County website as a comparison example) for high-quality examples of ways to include affirming and welcoming language and graphics.
- Gather and include links within the County website for ease of connections for clients to related community resources [e.g., Q Cares, GALA, Cuesta, CalPoly].

Website Enhancements As part of the workgroup efforts to articulate recommendations in this area, a couple of Workgroup members undertook reviews of other websites in other counties for comparison. Josh Salmeron and Christine T. Tran scanned websites in Sacramento, Santa Barbara, and Santa Clara, to name a few. Josh Salmeron compiled comments related specifically to the County of San Luis Obispo’s website using a search query based on a lens of LGBTQ engagement and inclusion (see Attachment SLO County Website Review for details).

Recommendations

- Create website pages with local and national resources easily accessible;

¹⁴ Gender Affirming Systems Audit List, Compiled by Ben Geilhufe, LPCC, January 2021.

¹⁵ e.g., Do No Harm Study/Santa Barbara County. <https://www.countyofsb.org/behavioral-wellness/asset.c/2611>

¹⁶ Please see Table 1. Website Query research completed by J. Salmeron, AMFT, for the LGBTQIA+ Workgroup.

- Provide general information and statistics on LGBTQIA+ Mental Health (MH) and Substance Use Disorders (SUD);
- Make the previously completed needs assessment (2019) more visible on the web site;
- Make policy and trainings accessible on the website for people to see how employees will be held to County standards and values;
- Create training/educational link to be accessed by staff for engaging with and working with LGBTQIA+ populations;
- Improve overall user interface and interactions on website for quicker navigation to LGBTQIA+ information;
- Increase involvement with and connection among both County of San Luis Obispo Behavioral Health programs and local community organizations and resources using the website (e.g., panels, groups, talks, seminars, etc.);
- Explore and utilize recommendations from Santa Barbara’s “First Do No Harm” Study;¹⁷
- Create a database of LGBTQ+ affirming services and providers, as recommended by the SLO County LGBTQ+ Mental Health Equity Task Force; and
- Include community resource groups and the list of resources from SLO ACCEPTance project.¹⁸

¹⁷ [First, Do No Harm - countyofsb.org](http://www.countyofsb.org) First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California The California LGBTQ

www.countyofsb.org

¹⁸ LGBTQIA+ Workgroup members coordinated with the SLO ACCEPTance project and MH Division to gain access via the I Drive to these resources.

Priority II: Ongoing Staff Development

The LGBTQIA+ Workgroup respectfully recommends that Behavioral Health Division Managers explore training resources that hold promise for making behavioral shifts among staff and managers to set a foundation for strengthening a welcoming and inclusive environment at all County of San Luis Obispo Behavioral Health clinic settings. Ongoing staff development would be designed for staff to learn effective approaches for inclusion of diverse communities. Staff development, undertaken on an ongoing basis, would:

- Deepen understanding of the significance of making thoughtful environmental enhancements;
- Strengthen awareness of the needs of LGBTQIA+ clients, staff and community members who interact at Behavioral Health settings; and
- Contribute to the integrity of the Health Agency overall, through consistency in practices.

The LGBTQIA+ Workgroup strongly advocates for ongoing staff development activities that demonstrably strengthen interpersonal skills, diversity awareness, and responsive clinical behaviors that align with the Health Agency's mission and values and promote inclusive and welcoming experiences for all people in the Behavioral Health setting. Best practices in health care includes appropriate preparation for all staff who interact with clients as well as others in the general community. "Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients"¹⁹ pointed out that "health care providers' ignorance, surprise, or discomfort as they treat transgender people may alienate patients and result in low quality or inappropriate care."

An outline of the SLO County LGBTQ+ Mental Health Equity Strategic Plan²⁰ identified trainings as "necessary to promote LGBTQ+ affirming practices" and specified "routine" sessions focused on building capacity in cultural competencies.

Prioritization of Recommendation II

The LGBTQIA+ Workgroup considered *ongoing* staff development to strengthen agency capacity to effectively serve diverse populations. Due to the fluidity of individual and group experiences of intersectionality, the Workgroup recommends that staff development be integrated on a sustained basis, to encourage continued professional and personal learning, as well as setting maintaining agency expectations of professional demeanor in the workplace. The Workgroup acknowledged that staff development entails a longer-term process, requiring focus, humility, patience, and resolve.

As part of the inquiry leading to this second priority recommendation, the LGBTQIA+ Workgroup explored information about the SLO ACCEPTance training project as a promising model for ongoing staff development. The purpose of the SLO ACCEPTance training effort was to prepare staff to effectively provide responsive clinical care to members of the LGBTQIA+ community. Some LGBTQIA+ Workgroup members attended the SLO ACCEPTance training and provided first-hand experience about this initiative. As of this writing, the SLO ACCEPTance training project in coordination

¹⁹ [Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients \(2006\)](#) Published by GLMA: National organization previously known as the Gay & Lesbian Medical Association.

²⁰ LGBTQ+ Mental Health Equity Task Force of SLO County primary contact is listed as Caroline Cerussi ccerussi@t-mha.org

with some Workgroup members²¹ have initiated arrangements to share resources from the SLO ACCEPTance training project. These resources are expected to be available to staff using the I-Drive of the shared network. Materials are anticipated to include:

- Gender-affirming approaches to interactions with diverse clients;
- Information about and perspectives of transgendered people; and
- Resources available locally in San Luis Obispo County that specifically support LGBTQIA+ community members.

Implementation Details for Recommendation II

The LGBTQIA+ Workgroup suggested looking at ways to amplify the potential of recent innovative staff development approaches. This may require additional research and information-gathering beyond the immediate scope of the LGBTQIA+ Workgroup. The Workgroup recommends to Division Managers that a plan be developed that builds from demonstrated success in strengthening the skills, capacities, and awareness of clinical staff (and others) to provide a welcoming and inclusive environment in all Health Agency settings. Specifically, the Workgroup pointed to the following steps:

- Examine published resources that provide a guide to appropriate practices, including language as well as concepts;²²
- Identify opportunities and initiate conversations (informally as well as in a training context) regarding internalized discriminatory beliefs about LGBTQIA+ people;
- Include research-based information detailing health risks and vulnerabilities of LGBTQIA+ people;
- Recognize when to refer clients to health care professionals who can provide culturally appropriate services;
- Gather information about effective ongoing staff development that promotes welcoming and affirming practices;
- Refrain from relying on one-time or online individual trainings that do not tend to produce behavior change in the direction sought for achieving the goal of strengthening a welcoming and inclusive environment;
- Incorporate suggestions from previous reports (e.g., Guidelines for Care of Lesbian, Gay, Bisexual and Transgender Patients²³) regarding topics to include in staff development plans; and
- Utilize the Innovation Project SLO ACCEPTance as a *potential model* for planning ongoing staff development.

Regarding the County of San Luis Obispo Behavioral Health staff development initiative, SLO ACCEPTance, LGBTQIA+ Workgroup members suggested exploring, possibly in a survey and/or focus group format, with participants in the SLO ACCEPTance training program the following:

- Explore specific benefits of the project as perceived by participants;

²¹ Ms. Kiana Shelton, Ms. Amanda Getten, and others from SLO ACCEPTance project are key facilitators for finalizing these arrangements.

²² An example of such a resource is the newly published GLMA Handbook on LGBT Health. <http://www.glma.org>

²³ <https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients>

- Utilize the final research report of this innovation project to help identify key factors supporting successful staff development in this arena;
- Identify current obstacles or constraints related to implementing practices advocated in the SLO ACCEPTance training program; and
- Review research findings from the SLO ACCEPTance project to compare and contrast this model of ongoing staff development with other approaches for efficacy.

As mentioned in the preceding section, keeping this topic current and active among staff members might be accomplished through ongoing discussion forums, clinical consultation processes, adding topics for staff or treatment team meetings, and sharing of anecdotal experiences that highlight learning processes. The LGBTQIA+ Workgroup recognizes that staff development processes directed toward change in behaviors can be transformative, and therefore potentially more intensive and lengthier than can be accomplished in an individually attended online offering. Thus, the recommendation for ongoing staff development as a secondary priority reflects awareness that such change entails more commitment to planning and longer-term implementation to make a difference. The LGBTQIA+ Workgroup members who attended the SLO ACCEPTance staff development project described the process as 10-months in length, with a variety of modalities used to present information, coach clinical practice, and provide ongoing support for behavior change.

Use of Personal Pronouns. Appropriate use of personal pronouns in a workplace setting was something brought to the attention of the LGBTQIA+ Workgroup by those who attended the SLO ACCEPTance project sessions. Appropriate use of personal pronouns may be viewed as bridging between Recommendation I and Recommendation II. Personal pronouns reflect individual gender identity. As such, everyone can be viewed as having personal pronouns that they would use to identify themselves, on signage, in email signatures, and so forth. Proper use of a person's pronouns "is a way to respect them and create an inclusive environment."²⁴

Illustration of the Power of Corrective Feedback

One of the LGBTQIA+ Workgroup members, MS. C.T. Tran, shared an experience she had with corrective feedback provided to her by a DUI client. Ms. Tran had unconsciously used the phrase "you guys: when saying goodbye to her group. A client alerted her to the error in using a gender-based phrase for the whole group of mixed-gendered people. They encouraged her to rethink her wording. Ms. Tran expressed to the workgroup that she is practicing a new awareness: using "people" or "folks" as more gender-neutral references when addressing the group. Ms. Tran acknowledged the importance to her of receiving the feedback as it was instrumental in helping her to see an issue she had not previously thought about.

²⁴ <https://www.mypronouns.org/what-and-why>

Priority III: Structural Alignment

Policies and procedures are an essential part of any organization. Together, policies and procedures provide a roadmap for day-to-day operations. They ensure compliance with laws and regulations, give guidance for decision-making, and help streamline internal processes.²⁵ Policies are based on a system of values. They help structure administrative management, establish desired outcomes, and give transparency in an institution. In turn, policy can prescribe solutions to a range of issues and address uncertainties in the workplace. The Health Agency's policies and procedures are meant to guide both its mission to provide a broad array of services essential to the health and well-being of those living in and visiting San Luis Obispo County. The County of San Luis Obispo promotes a vision that individuals are healthy and have access to services essential to maintain optimal health.

Ethics in Healthcare Settings

"Formal ethical principles can never be substituted for an active, deliberative, and creative approach to meeting ethical responsibilities."

"Codes of ethics fulfill three objectives:

- (1) Education of professionals;
- (2) Accountability mechanism;
- (3) Catalyst for improved practice."

Corey, Corey, Corey & Callanan, 2015. *Issues and Ethics in the Helping Professions*.

The Health Agency recently required all employees to individually complete, as an annual review, several online training materials designed to refresh staff on the Health Agency's policies and procedures. These trainings were set within the context of the values and mission of the organization. These training materials emphasized the importance of structural elements for establishing and maintaining a "roadmap for ethical behavior" that applies to all employees.²⁶

Prioritization of Recommendation III

The LGBTQIA+ Workgroup designated this focus area as third priority to emphasize this aspect of change-making. When contrasted with environmental enhancements (Priority I) and ongoing staff development (Priority II), structural alignment would appear to present more complexity and need more prolonged focus to accomplish these goals. To ensure a welcoming and affirming environment, the LGBTQIA+ Workgroup recommended increased consistency in practice, backed up by policies and procedures structurally aligned with best practices for serving the needs of the LGBTQIA+ community. Successful inclusion of diverse community members in all aspects of Health Agency operations (staff, clients, leadership) may be viewed as a longer-range goal.

The LGBTQIA+ Workgroup members discussed their perception of current variability in the way policies and procedures appear to inform day to day interactions and behavior as staff interact with clients and community members. Fundamentally, policies and procedures are expected to reflect the values and mission of an organization; the behavior of people in the organization is also expected

²⁵ <https://www.powerdms.com/policy-learning-center/following-policies-and-procedures-and-why-its-important>

²⁶ NEOGOV platform for online training narrated by David V. Michels, Compliance & Privacy Officer for the Health Agency.

to closely align with this guidance and reduce the incidence of other actions that might stray outside these set boundaries. The stated mission and values of the Health Agency, at present, emphasize certain things such as equality, equity, justice, and consistent attention to best practices to meet the needs of clients. The LGBTQIA+ Workgroup proposed that procedures and practices may need to be updated to align with the values that have been identified as core to the agency mission. The Health Agency leadership set the standards for all personnel as to how to treat people. The LGBTQIA+ Workgroup advocates that staff function as role models for our clients, coworkers, and those who come into Health Agency settings.

Implementation Details for Recommendation III

The LGBTQIA+ Workgroup highlighted the need for designated staff to periodically review policies, procedures, and other standardized guidance for operation of the Health Agency clinics. Such reviews would necessarily take into consideration “state of the art” perspectives and research information that provides guidance for standards of care in the health care setting.²⁷ In a rapidly evolving social climate, it is deemed essential that policies and procedures that guide practices in the health care setting be adopted to reflect:

- Updated insights;
- Current language and concepts;
- Best practice recommendations; and
- Research-informed rationales.

The LGBTQIA+ Workgroup respectfully suggested that the following recommendations be considered by Behavioral Health Division Managers as part of a comprehensive effort to strengthen a welcoming and inclusive environment in all clinic settings.

- Ensure periodic review and revamping of policies and procedures that pertain to strengthening a welcoming and inclusive environment for the purpose of updating language and concepts and aligning expectations and consequences. The recommended time for review and revamping, potentially as a review taskforce, is every three years.
- Utilize the language of current policies and procedures as part of ongoing staff development to reinforce expectations in line with County mission and values.
- Include management, Human Resources, SLOCEA and line staff in discussion of strengthening best practices for inclusive environments.

Structural alignment in policies, procedures and practices is expected to provide a skeleton for achieving a welcoming and inclusive environment for all clients, staff, and others who participate in the healthcare settings.

The Centers for Disease Control and Prevention (CDC), in connection with the National Prevention Information Network (NPIN) – produced a pamphlet for public health professionals to assist in developing “welcoming clinical environments” titled *Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients* (updated 7/8/2014). The guidelines are presented as follows:

²⁷ <https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients>

“This pamphlet discusses how health care providers can promote the health of lesbian, gay, bisexual, transgender, and intersex (LGBTI) patients by creating a welcoming clinical environment for all patients. This entails examining their practices, offices, policies, and staff training for ways to improve the environment and treatment of LGBTI patients.”

The pamphlet also suggests that health care providers encourage openness in patient provider discussions, use gender neutral language, and discuss sexual health issues openly using nonjudgmental questions about sexual practices and behaviors. It lists specific issues that should be discussed with LGBTI patients including safer sex techniques for men who have sex with men (MSM) or women who have sex with women (WSW). The health care provider is advised to conduct depression/mental health screening and to be aware of resources for LGBTI individuals in the local community to refer patients to LGBTI-sensitive and appropriate services. Sample questions for LGBTI-sensitive intake forms are included. The pamphlet also includes additional considerations for clinicians caring for MSM and a guide to sexual risk assessment in routine visits for MSM.²⁸

One of the LGBTQIA+ Workgroup members, Tim Siler, performed a scan of current policies and procedures of the Health Agency. This process raised questions regarding how well some of these are functioning as *living documents* that are implemented, reinforced, and referenced daily to inform interactions among clients, staff, community members and others in the clinic settings. Examination of the Health Agency’s current policies and procedures (P&P) identified the following policies pertinent to the LGBTQIA+ community:

- Policies and Procedures, Section I: Program Mission, Goals, and Priorities, Subsection IV, Part G “SLOBHD will strive to operate efficiently by providing services of a type, intensity, level, and duration to help individuals achieve a constructive and satisfying lifestyle of the individual’s choosing in a least restrictive manner.”
- Policies and Procedures, Section 2 Culturally Competent, Multi-lingual Services, Subsection II: “SLOBHD will value diversity, reduce disparities, and will not discriminate against or deny admission or services to any person based on age, ethnicity, marital status, medical condition, national origin, physical or mental disability, pregnancy, race, religion, sex, sexual orientation, gender expression or identity, socio-economic status, literacy level, or any other legally protected status.”
- Policies and Procedures, Section 2 Culturally Competent, Multi-lingual Services, Subsection II: “In addition to ethnic and language considerations, SLOBHD will expand capacity and expertise in serving other underserved populations, including, but not limited to, the LGBTQ community, hard to reach veterans, homeless residents, transitional aged youth, and children aged zero to five.”

The question arose during LGBTQIA+ Workgroup discussions: *Are we doing what we say we are going to do?* Over time, each clinic and functional area of the Health Agency tends to develop its own “culture;” even so, are policies and procedures assumed or expected? The structural/procedural portion of the work environment can set the stage for successful implementation of recommendations for updated practices. Structural alignment can be viewed as the meta-level for consideration of other recommendations. Addressing policies, procedures and practices represents

²⁸ <https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients>

a more complex undertaking; therefore, the LGBTQIA+ Workgroup designated it as Priority III with an understanding that this area may require a sustained and more intensive exploration and commitment to drive desired changes.

Conclusions

The charge to the LGBTQIA+ Workgroup was to provide guidance to the Behavioral Health Division Managers about ways to ensure a more welcoming, inclusive, and affirming environment for clients whose personal identities align with the LGBTQIA+ community and who are participating in services at the clinics. The Workgroup purpose focused on identifying recommendations that had potential to strengthen Behavioral Health services in three areas:

- (I) Environmental enhancements,
- (II) Ongoing staff development, and
- (III) Alignment of policies and procedures.

This report presents those recommendations, in priority order, listing some that are perhaps most easily accomplished to those requiring more sustained time and effort for research, planning, investigation and implementation.

The LGBTQIA+ Workgroup, over the six-month span of its work, completed the following tasks:

- Collected data about community needs,
- Investigated a variety of websites to compare and contrast effectiveness in embedding messages of welcome and inclusion,
- Reflected on some current promising practices for staff development, and
- Discussed Health Agency policies and procedures that are pertinent to this effort.

The report outlined this work as well as suggestions for improvements.

Based on previously completed research that detailed the needs of members of the LGBTQIA+ community for responsive Mental Health and Substance Use Disorder Treatment, it was clear to Workgroup members that there are significant community challenges that remain to be addressed to fulfill the goal of strengthening a welcoming and inclusive environment in County of San Luis Obispo Behavioral Health programs. Data gleaned from the *2019 Mental Health Community Needs Assessment* highlighted multiple risk factors that members of the LGBTQIA+ community face on an ongoing basis, particularly when they need Mental Health and Substance Use Disorder treatment.

Over the course of the Workgroup's efforts, it became clear that there were missed opportunities to coordinate and collaborate with other ongoing community-based efforts with similar purposes. The Workgroup became aware of the LGBTQ+ Mental Health Equity Task Force of SLO County, a group that is currently publishing a strategic plan developed over the last two years. Additionally, the San Luis Obispo County Health Agency Strategic Plan for Diversity, Equity and Inclusion is a document that is expected to add to the conversation about effective ways to address these issues. The LGBTQIA+ Workgroup, with members from Behavioral Health program, maintained a focus on within-agency recommendations; still, consideration of community-wide efforts would have added considerably to the perspective provided in this report. The LGBTQIA+ Workgroup

members anticipate that additional efforts to create ongoing connections with private and public, non-profit, and other organizations to make further progress in this area will be beneficial.

The Workgroup's timeline of six months (June to January) nevertheless produced recommendations that appear to be aligned with other groups' strategies for addressing these issues. The LGBTQIA+ Workgroup members maintained a sense of optimism for change possibilities, even within the constraints of time, energy, and availability of the group. Workgroup members remain committed personally as well as professionally to participating in creating next steps to strengthen a welcoming, inclusive, and affirming environment within the County of San Luis Obispo Behavioral Health programs. Indeed, Workgroup members anticipate a continuation of efforts to fulfill roles as change-makers in the community.

The LGBTQIA+ Workgroup members respectfully submit the recommendations they have crafted, for consideration by the Division Managers of Behavioral Health for the County of San Luis Obispo, with appreciation for the opportunity to participate in advocating for this community need.

Gender Affirming Systems Audit List²⁹

Due to staff turnover and the continuous evolution of gender care, a yearly audit of gender affirming systems, including physical office space, virtual office space, training practices, and clinic policy and procedures is recommended. Basic checklist for annual review would include the following:

1. *Non-Discrimination Policy* explicitly protecting gender identity and expression for both patients & staff. Include any relevant local or state regulatory language and procedure for what is to be done if transphobia or discrimination is witnessed or experienced.
2. *Intake paperwork* includes sections for the following: affirmed/chosen name; legal name; and name associated with insurance (if different than legal name); gender identity; pronouns; and sex assigned at birth. Include write-in options for each section. Intake paperwork should include insurance information for billing and prior authorization.
3. *Affirmed/chosen name is on all documents* a patient sees (after visit summary, lab work, letters to patients, identifying wrist bands, labels, letters, envelopes, etc.). If the EHR system does not provide an option for this, staff should advocate with the EHR provider and write the affirmed name and pronouns on any EHR generated documents. Staff should communicate with the patient about why they may see inaccurate information on their patient forms. If the patient is a minor, communicate to the client that parents will have access to all patient paperwork. If the patient has not disclosed their gender experience to their parents, this may impact patient confidentiality and desire for accurate name and pronouns to be listed on paperwork.
4. Clinic *marketing materials and website* clearly state “All Genders Are Welcome”; depict images of TGI³⁰ people; list gender-related care provided
5. Staff *identify specific experience* with gender care in their online profiles.
6. Staff *identify their pronouns* in their profiles, in their email signatures, in online meetings, on their name tags, business cards and lab coats.
7. Staff *introduce themselves* to every patient with their own name and pronouns.
8. *Restrooms* designated for “all genders” are clearly marked, ADA compliant, and accessible (not on another floor or another part of a building).
9. A *Gender Care Liaison* (GCL) or Patient Navigator is appointed to navigate any patient who experiences discrimination or non-affirmation, and the policy for contacting the GCL is clearly outlined in patient intake paperwork. [©Ben Geilhufe, LPCC, 2021.]
10. An *updated referral list* for local gender-affirmative medical and mental health providers is maintained.³¹
11. Clinic staff engage in *on-going continuing education training* specific to supporting transgender and nonbinary patients.
12. Clinic staff engage in regular audits to *assess competency* in gender inclusive language, review office policy for gender care and understand why care for all genders is imperative to decreasing health disparity in the transgender and nonbinary community.
13. Clinic leadership identifies and *collaborates with a trans-led advisory committee* when developing training, policies, and procedures.
14. The trans flag, genderqueer, flag, non-binary flag, and other *gender-based symbols are clearly displayed* in waiting room and other clinic spaces

²⁹ ©Ben Geilhufe, LPCC, 2021.

³⁰ “TGI is used as an ‘umbrella term’ to designate a range of identities. People who identify as TGI feel that the gender they were assigned at birth is not an accurate or complete description of their gender identity.” <https://www.tginetwork.org>

³¹ Santa Cruz Trans Resources is an example of community resources compiled by clinicians and advocates in Santa Cruz County. <https://www.sctrans.org>

15. *Books, magazines and pamphlets highlighting transgender and non-binary individuals* are in the waiting room. Reading materials discuss gender-specific care.³²

³² Two examples: Pre-Exposure Prophylaxis (PrEP) pamphlets for transgender and non-binary patients as part of preventative measures against contracting HIV, or the Safer Sex for Trans Bodies PDF. <https://cdc.gov>

Additional Information Related to Priority I: Environmental Enhancements

SLO County Website Review

Section I:

To review the county's LGBTQ engagement and inclusion, a search query was used on the site map to explore how the public could access information on the website in various departments and programs. Three queries were used to explore the website. More results were populated if an internal search was used instead of using the site map i.e., using the SLO County google search function on the main page. The site map was used to inquire upon current programs and recent events/trainings.

1) SLO County Site map

Query: lgbt and lgbtq, and lgbtq+. 18 search results. 10 unique query results 8 repeated for flyers, past events, and training.

- Department News
 - [Addressing mental health and substance use disparities among the LGBTQ+ community.](#)
 - [Innovative New Programs Serve Young Children, LGBTQ Clients](#)
 - SLOACCEPTance
- Forms and Documents
 - Trainings
 - [LGBTQ Awareness, Sensitivity and Competency Flyer August 2018](#)
 - [Healthy Relationships in LGBTQ+ Communities Community Member Training Flyer](#)
 - [Intimate Partner Violence in the LGBTQ+ Communities Training Flyer](#)
 - [Cultivating Empowerment Preventing Suicide in the LGBTQ Community Flyer](#)
 - [Free Presentation- Cultivating Empowerment: Preventing Suicide in the LGBTQ Community](#)
- MHSA
 - Prevention and early intervention
 - [SLO-LGBTQ-Mental-Health-Needs-Assessment-2019](#)
- Prevention and Early Outreach
 - [Healthy Relationships in LGBTQ+ Communities](#) (repeat)
 - [Intimate Partner Violence in LGBTQ+ Communities](#) (repeat)
- Calendar of events
 - [Cultivating Empowerment: Preventing Suicide in the LGBTQ+ Community](#) (repeat)
 - [Cultivating Empowerment: Preventing Suicide in the LGBTQ+ Community with 6 CEUs](#) (repeat)
- Trainings and events (from services→BH trainings and events)
 - 2018
 - [LGBTQ Awareness, Sensitivity and Competency Training](#) (repeat)
 - [ALLY and How to Support LGBTQ Youth Training](#)
 - 2019
 - [Healthy Relationships in LGBTQ Communities](#) (repeat)
 - [Intimate Partner Violence in the LGBTQ+ Communities Training](#) (repeat)

- [Preventing Suicide in the LGBTQ Community](#) (repeat)
- [Preventing Suicide in the LGBTQ+ Community](#) (repeat)

2) Alternatively, using the county's google search for lgbt which included lgbtq+ netted results for the needs assessment and some of the already listed results.

- Quality support services
 - [Addressing mental health and substance use disparities among the LGBTQ+ community.](#)
 - Needs assessment; hard to find but there: <https://www.slocounty.ca.gov/getattachment/8eaab913-40f1-45be-b4a9-032cd19c2cbc/SLO-LGBTQ-Mental-Health-Needs-Assessment-2019.aspx>

3) Google search SLO: LGBT; LGBTQ+ and slo

- Direct links to: GALA, queerslo, and other resources
- Cuesta has good resource identification and page
- Poly has good resource identification and page

Section II:

Santa Barbara and Monterey County Reviews for Comparison

1) Santa Barbara County Query: LGBT and LGBTQ; lgbtqa does not net results

- No direct links, tabs or explicit programs
- "Top Health Issues for LGBT Populations Information & Resource Kit" main listing for resource (also part of cultural competence training)
- External supports and resources listed
- 2020 Directory of Programs and Services: does not list **any** LGBTQ services
- "First do No Harm" Study
 - We could draw from this study too
- Directs suicide prevention info to outside state resource
- Higher data collection efforts in last 5 years
 - See do no harm study
- RISE connection

2) Santa Barbara general search

- Pacific Pride Foundation
 - General info and community engagement/resources
 - Syringe exchange (we have too)
- UCSB has good resources and pages

3) Monterey County

- Follows similar patterns of other county sites: limited resource identification, college resource pages are more familiar with local resources,

- Mainly agendas from the past few years for HIV planning/group minutes
- Some identification of LGBT needs in the area based on AB 2029
- Monterey BH notes Trevor Hotline and National Hotline

4) Monterey general search

- Monterey peninsula pride as a local nonprofit with identified resources similar to SLO and SB

Section III:

General Notes

- 1) SLO County website has no direct linkage to LGBT services
 - Yes through multiple webpage navigation resulting to direction to Qcares which provides this information more succinctly in their resource page.
- 2) Site map does not include assessment which could be useful in page or link creation
- 3) Minimal visual representation on site be that policy, inclusion, information or training
- 4) Past events and trainings make up most results with trainings often being one-time events
- 5) Seems to be a private sector/non-profit focus rather than county programs in all 3 counties

Section IV:

Possible Recommendations

- 1) Create page with local and national resources that are easily accessible
- 2) Provide general information and statistics on LGBTQ MH and SUD
- 3) Make the previously done needs assessment more visible on the website
- 4) Make policy and trainings accessible on the website for people to see how employees will be held to County standards and values
- 5) Create training/educational link to be accessed by staff (and possibly residents) for engaging with and working with LGBTQ population
- 6) Improve overall user interface and interactions on website for quicker navigation to LGBTQ information
- 7) More involvement and connection of County and Local resources through website e.g. panels, groups, talks, seminars, etc.
- 8) Explore and utilize recommendations from Santa Barbara's "First Do No Harm" Study

Additional Information Related to Priority II: Ongoing Staff Development Questions for a Focus Group

A recommendation from the LGBTQIA+ Workgroup related to an element of the planning process for ongoing staff development. The workgroup agreed on the importance of identifying promising practices in this arena and wanted to utilize recent research completed in San Luis Obispo County as an Innovation Project through the Mental Health Services Act. The workgroup members suggested assigning the task of gathering feedback from participants of the SLO ACCEPTance training to a specific small group as follow-up for this priority area. The purpose would be to inform promising next steps in strengthening skills and perspective of clinical staff and others to work effectively with diverse clients. Two LGBTQIA+ Workgroup members, Kristy Barrette, LMFT and Kiana Shelton, LCSW, drafted a set of questions for this purpose. Barrette and Shelton listed some areas that could be used in a structured conversation about participant's experiences participating in the 10-month staff development program.

The questions could include:

- Has participation in the SLO ACCEPTance project training changed your practices in your clinic role? Describe.
- What, if any, were some of the most surprising or "A-HA" moments?
- What are some takeaways from the training that continue to inform your work?
- Are there specific things you changed in your work environment (e.g., visuals) to create a more affirming and welcoming space? What response have you noted to these changes?
- Were there any requests that you made to make changes in your work environment to support queer, non-binary, and gender-affirming spaces? What happened?
- Since completing the SLO ACCEPTance training project, is there any one change you would make to a current form or procedure or practice? What would it be? What would be the rationale for making the change?

Roster of LGBTQIA+ Workgroup Members

Last Name	First Name	Email	Phone	Dept./Clinic	Notes
*Goodman	Kevin	kgoodman@co.slo.ca.us	805/473-7006	DAS TX: Level 1-Co; GB	
*Barrette	Kristy	kbarrette@co.slo.ca.us	805/473-7043	MH Youth Services	
*Curry	Else Mai	ecurry@co.slo.ca.us	805/781-4273	DUI; Program Sup	
Getten	Amanda	agetten@co.slo.ca.us	805/781-4733	MH Services, Division Manager	Initial Facilitator
Heriford	Julie	jheriford@co.slo.ca.us	805/781-4852; Cell: 458-8107	MAT; SLO and GB clinics	
*Jambor	Nancy	njambor@co.slo.ca.us	805/461-6086	CADA; whole county	Facilitator
Michetti	Annika	amichetti@co.slo.ca.us	805/788-2058	Program Supervisor, DUI	
Ortega	Robert	rortega@co.slo.ca.us	805/461-6190	Testing; AT	
Palafox	Leticia	lpalafox@co.slo.ca.us	805/226-3207	DAS TX; AB109 coverage; Paso	
*Salmeron	Josh	jsalmeron@co.slo.ca.us	805/461-6158	DAS TX; IOT-Co; AT	
*Shelton	Kiana	kshelton@co.slo.ca.us	805/781-4881	MH Program Supervisor, Managed Care	
*Siler	Tim	tsiler@co.slo.ca.us	805/781-4064	ASO/Prevention & Outreach; South St	
*Tran	Christine	cttran@co.slo.ca.us	805/788-2057	DUI; SLO	
*Vann	Melanie	mvann@co.slo.ca.us	805/781-4700	DAS TX: AB109; Level 1 & IOT-Co; SLO	

*Members actively participating after June 2021 and following expansion of membership to Divisions in addition to DAS. Attendance at bi-weekly meetings fluctuated as members' professional commitments changed.

LGBTQIA+ Workgroup Membership – “Who We Are”

Bio Sketches provided below are either directly from or about workgroup members actively engaged in developing this report as of June 2021.

Department & Role	Name	Personal Statement
Behavioral Health Clinician III, Mental Health Youth Services South County Site	Kristy Barrette, M.S., LMFT	I became involved through my work and advocacy for LGBTQIA+ youth, and because of my participation in the SLO ACCEPTance project. I was motivated due to my desire to help create a more affirming community that promotes health and wellness for all.
Program Supervisor, DUI Program; Management Liaison for the LGBTQIA+ workgroup.	Else Mai Curry, CADC-CAS	I have worked with underserved, underrepresented populations for 20 years. I have been with the County since 2013 and was a CBO contracted employee with the county prior to that. I had the privilege to be a part of bringing case management services to the county and piloting the AB109 program. I am passionate about innovation, inclusiveness and providing client centered services. The LGBTQIA+ workgroup is another opportunity to share these passions and be a part of positive change.
Behavioral Health Clinician II, Drug & Alcohol Services Level 1 Co-occurring treatment Grover Beach Clinic	Kevin Goodman, AMFT	
Behavioral Health Clinician II, Drug & Alcohol Services IOT Co-occurring treatment Atascadero Clinic	Josh Salmeron, M.S., AMFT	I am an Associate Marriage and Family Therapist at the Atascadero DAS clinic where I facilitate the co-occurring treatment track (including Level 2.1 and Level 1 clients). I have my M.S. in Psychology from Cal Poly where a large portion of our training focused on cultural competency and individualizing treatment to meet our client’s needs.
Program Supervisor, Mental Health/Managed Care	Kiana Shelton, LCSW	I is a Licensed Clinical Social Worker with the Health Agency of San Luis Obispo, serving as Program Supervisor for Managed Care. I was part of the first cohort for SLO ACCEPTance staff development project. Within those ten months, there was a profound recognition

		and increased passion for creating more affirming spaces with our agency for marginalized groups. Joining this workgroup is a way of staying connected to our county's most pressing needs. I received the Diversity Leadership scholarship at Concordia University, Irvine, where I received my B.A. in Psychology and Anthropology and was responsible for coordinating programs throughout the year that celebrated diversity, I received the California title IV-E stipend for graduate school. During my time at California State University, Dominguez Hills, I served on the Critical Race Theory committee, which focused on obtaining research and advocating for diverse representation among employees in settings that serve the public.
Administrative Services Officer II, Prevention & Outreach	Tim Siler, M.P.P.	Born and raised in SLO County, my background as a member of the LGBTQIA+ community, prior work as a member of the Board of Directors for the GALA Pride and Diversity Center, and graduate degree in Public Policy led to my interest in contributing to this workgroup to help present policies that can make the department a more welcoming place to support everyone in the community. **Tim's job duties include oversight of the Innovation Project that produced the SLO ACCEPTance training initiative.
Behavioral Health Specialist II DUI Program SLO Clinic	Christine T. Tran	Christine accepted a position with the MH Services Act program in Prevention and Outreach and was not able to maintain level of activity with the workgroup after her transition in the fall.
Behavioral Health Clinician II, AB109 Treatment/Co-occurring SLO Clinic	Melanie Vann, MSW, LCSW	I am a (very recently) Licensed Clinical Social Worker currently serving as the AB109 Co-occurring counselor in the SLO clinic. I love that I have a job that allows me to put into practice the values of social justice, equality, and empowerment. But to be honest, my part in this group wasn't much of a choice. Back in the summer, I was approached by my

		<p>Program Supervisor Clark Guest in the hallway and informed that he needed me to join the LGBTQI+ work group on Tuesday afternoons as “no one else can do it.” I was a little intimidated by the others in the group who seemed to already know what was going on and I didn’t know much about the group’s goal other than what Clark had said about “adding posters in the lobby.” I liked the idea of making the climate of the clinic more inviting and inclusive especially after noticing that our clinic in SLO was pretty bare and the only sign of LGBTQI+ acceptance was a tiny sticker on the front door. Several meetings later, I’m very grateful for the opportunity to be part of this caring group of professionals who are working together in reducing stigma, increasing awareness and education, and creating a more welcoming space for LGBTQI+ clients and staff alike.</p>
<p>Clinician II, CADA Program Lead Clinician for SLO County, Drug & Alcohol Services Workgroup Facilitator</p>	<p>Nancy Jambor, M.A., LMFT</p>	<p>Born and raised in Honolulu, Hawaii, #3 daughter in my family, from an early age I sought ways to be a peace and justice advocate. I was pleased to be offered the opportunity to facilitate this workgroup. My personal and professional experiences as well as my educational background contributes to sustaining my passion for embracing the complexity of human diversity. My educational background includes a B.A. in Psychology, completion of master’s level intercultural communication coursework, M.A. in Human Development, and M.A. in Psychology for licensure. Over time, within my community of friends and relations, I have gained perspective, appreciation, and increased commitment to find ways to promote welcoming and inclusive spaces for everyone.</p>