Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Commission

MEETING AGENDA

Tuesday, February 5, 2019
San Mateo County Pride Center
1021 S. El Camino Real San Mateo, CA 94402 (11th Ave & El Camino)
6:30 PM – 8:30 PM

1. **Call to Order**

2. **Roll Call**

3. **Communications from Commissioners**

4. **Public Comment** is an opportunity for members of the public to address the Commission on any topic that is not on the agenda. If your subject is not on the agenda, the Chair will recognize you at this time. Speakers are customarily limited to two minutes.

5. **Approval & Adoption of Agenda**

6. **Approval of January 8, 2019 Regular Meeting Minutes**

7. **REPORTS (5 minutes each)** see material packet
   - Pride Initiative & Pride Center
   - Report from Co-Chairs: BOS Presentation
   - Report from LGBTQ Commission Director

8. **Community Outreach Plan for Survey** (Tanya Beat)
   - Proposed Community Conversations
     - Geographic Focus: North County, Coastside, South County
     - Proposed Meeting Structure & Logistics with PCRC

9. **Policy Recommendations Brainstorming**
   - Safety; Welcome & Included; Health; Access to Resources & Services; Visibility
   - Sub-Committee to draft menu of policies: Present at March Meeting
10. **Adjournment**

Public records that relate to any item on the open session agenda for a regular LGBTQ Commission meeting are available for public inspection. Those records that are distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Commission. Those public records are available for public inspection at the Human Resources office located at 455 County Center, 5th Floor, Redwood City, CA 94063. The documents are also available to be sent electronically by e-mailing tbeat@smcgov.org.

In compliance with California Government Code and the Americans with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three days’ notice. Please call (650) 363-4467 (voice) or e-mail tbeat@smcgov.org.
## Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) Commission

**Tuesday, January 8, 2019**  
San Mateo County Pride Center  
1021 S. El Camino Real San Mateo, CA 94402 (11th Ave & El Camino)  
6:30 PM – 8:30 PM

### MEETING MINUTES

<table>
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<th>Call to Order</th>
<th>Action</th>
<th>Craig Wiesner</th>
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| 2. | Roll Call:    | **Present:** Craig Wiesner, Kris Perez, Terri Echelbarger, Jose Betancourt, Stan Kiino, Jenny Walter, Rebecca Carabez, Gabe Garcia, Grant Whitman, Jeannine Menger, Tanya Beat  
**Absent:** Lynn Schuette |
| 3. | Communications from Commissioners | • Announcement about a news piece from Grant  
• CA DMV gender status now available  
• Appreciation for the work on the presentation |
| 4. | Public Comment | Theresa Vallez-Kelly from SMCOE: update on YAASS in Dec.; Vince Bravo summarizes event; over 100 participants, 13 high schools; cost $10,000; transportation provided by Zoom; made all bathrooms gender neutral; 24 outside orgs tabled; GSA Coordinator meetings held at the Pride Center. Call to Action is for **funding** to make this an annual event.  
CA School Climate, Health, and Learning Surveys (CalSCHLS) has a survey that includes LGBTQ youth. That data is with SMC Public Health for analysis (CHKS).  
SMCOE is looking at an event for middle school teachers. Youth Commission did a youth survey a few years ago (Public Health has that too).  
Randy Torrijos is present (from Sup Pine Office) |
| 5. | Adoption/Approval of Agenda | **Action** | Terri Echelbarger motions. Jenny Walter seconds the motion.  
Passed unanimously |
| 6. | Approval of December 2018 Minutes | **Action** | Terri Echelbarger motions. Kris Perez seconds the motion.  
Passed unanimously. |
7. **Reflection 2018 and Intention 2019:**
   Tanya Beat

   - Reflection 2018 as a Commission
   - Intention 2019 as an Individual

8. **REPORTS:**
   - Pride Initiative
   - Pride Center
   - Commission Co-Chairs
   - Commission Director

   **Report Out**

   - Pride Initiative: Training for Executive Management for SMC Probation Dept; Would love to have representation of the Commission at Initiative meetings.
   - Pride Center: Calendar events shared; Looking for CAB members; staff transition; Adult Prom mtg Jan 15 – encourage Commissioners to participate in planning (Mas“queer”ade). Make it a fundraiser.
   - Co-Chairs: nothing to report
   - Commission Director: SOGI Training, Tues Feb 12 5:30-7:30pm, food provided; Transgender Policy now ready to be approved by BOS, slated Feb 12 BOS meeting.

9. **BOS Presentation**
   a. PowerPoint Presentation run through – Craig Wiesner
   b. Feedback from Commission
   c. Next Steps

   **Presentation**

   - Craig Wiesner presents
   - Feedback: Excellent presentation and rapport. Various feedback was provided to revise the actual PowerPoint file and for Talking Points.
   - Next Step: Review & Revision, approval from Public Health and Human Resources

10. **Community Outreach Plan for Survey**
    - Get Healthy SMC, Youth Provider recs
    - Focus: North & South County, Coastside
    - Logistics & PCRC

   **Update & Discussion**

   - Postpone and move to February meeting.

11. **Adjournment**

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To: Members of the San Mateo County LGBTQ Commission  
From: Dana Johnson, Co-Chair, Pride Initiative  
Date: February 5, 2019

- Pride Initiative has a new meeting time at the San Mateo County Pride Center, we will still meet every Second Wednesday but the new time is from 4:30-6pm. All are welcome, even if you attend after the meeting start. Next Meeting is Wednesday, February 13, 2019 from 4:30-6pm.

- Pride Initiative will be having the Pride Celebration 2019 planning meeting Wednesday February 13, 2019 from 5:30-6pm. San Mateo County Pride Celebration will be Saturday June 15, 2019 from 11am-5pm at San Mateo Central Park. Currently Save the Date flyers are being created and should be available at the next Pride Initiative Meeting on 2/13/19

- San Mateo County Pride Celebration 2019 Theme is:  
  “San Mateo County Pride-Rooted in Resilience”

- Pride Initiative is interested in collaborating with the LGBTQ Commission and Pride Center for a possible LGBTQ collaborative event for the community

- Pride Initiative Co-Chair Dana Johnson (who is also Probation Department LGBTQ+ Representative) advocated and worked with the Probation department management team and Administrative Secretary to bring an “All Gender Restroom” with correct signage and in compliance with Bill AB1732 to the department, it’s located in the Juvenile Probation Division Unit.

Dana and Regina  
PRIDE Initiative Co-Chairs
To: LGBTQ Commission
From: Lisa Putkey, Director, San Mateo County Pride Center
Date: February 5, 2019

- MHSA OAC extension request pushed back to April 25th
- MHSA Innovations Evaluation attached (July 2017-June 2018)
- Intergenerational dinner 2/21
- In Bloom TDOV installation going up at Burlingame Philz
- TDOV -week long social media campaign featuring photos and video clips of local trans community
- Adult Prom September 14th - planning meetings biweekly, next one on Feb 12th 6-7:30 (during our training)
- MediCal Audit set for April
- Starting interviews for Community Outreach Coordinator
- Looking for parttime Administration and Program Assistant - must be 55+
- Crafternoon moved to 1st & 3rd Tuesday
- Received Outstanding Community Partner Award from Stanford Office of Community Engagement for Schweitzer Fellows collaboration
- List of vetted service providers attached (ongoing project of casemanager, fellows and resource committee)
- Applied to work with Stanford Alumni Consulting Team to support creation of a Pride Center Sustainability plan
- Oral Histories Final presentation: April 18th from 6:30pm-8:00pm @ Pride Center
- Two new CAB members
- Launching a Queer Women’s Peer group in February along with a new facilitator training
- Recruiting Clinical Associates/Trainees/Interns for next year
- Training Request Form: https://goo.gl/forms/mvRe3G8UKpJ4eVNY2
- If you haven’t already seen and shared Office of Diversity and Equity’s Gender Recognition Act video with Britta: https://www.youtube.com/watch?v=Q6_x8BMgC04

Youth Programming:

- Youth Karaoke 5-7pm 2/12/19 at ACS
- Queer Youth Prom 4/27 @ Box in Redwood City - Community planning meeting 2/26, 5-6PM @ Center
- Expanding work in North county school districts

Older Adult Programming:

- Feb 4, 10:05 AM - Mindfulness Meditation, breakfast, and discussion @ Pride Center
- Feb 6, 4:30 PM, LGBTQ Book Club “Boy Erased” @ Pride Center
• Feb 11, 10:30 AM -11:30 AM -Trivia for the Day – brain exercises @ Pride Center
• Feb 11, 1 PM -Senior Peer Counseling Openhouse @ Peninsula Family Service
• Feb 25 -Dine Around: Honoring Lunar New Year at local Chinese Restaurant
• Feb 26 -Men’s Group at 6 PM @ Pride Center
LGBTQ+ Affirming Service Providers List

Updated 11/2018: The San Mateo County Pride Center has been developing a database of local community service providers for the LGBTQ+ community. It is our goal for this list to help empower and enable community members to assess whether they will feel safe and have their needs met by local providers. To see their full responses to our survey, visit: www.bit.ly/lgbtq-survey-responses.

COASTSIDE

✱▲‡☮ Coastside Clinic
225 South Cabrillo Highway, Suite 100A
Half Moon Bay, CA 94019
650-574-3941; New patients: 650-372-3200
Services: Primary care for adults and children; Family planning; OB/GYN; Nutrition; Sexually transmitted disease screening and therapy; Mental Health
Insurance: HPSM/Medi-Cal
Ages served: All ages

▲✎ Main Street Medical
799 Main St D
Half Moon Bay, CA 94019
650-726-1200
Services: Primary care for adults and children; Women’s Health/Gynecology; Sports Medicine; Geriatrics; Mental Health
Insurance: Medicare, Anthem Blue Cross, Blue Shield, United Healthcare - call for more info
Ages served: All ages

NORTH COUNTY

NOTE: The providers listed are not affiliated with the Pride Center and we cannot be held responsible for their actions.

LEGEND: ✱ = has experience working with LGBTQ+ community; ✭ = LGBTQ+ members on staff
▲ = gender neutral restrooms; † = received LGBTQ+ training; ‡ = Inclusive forms; ☬ = ask pronouns

COASTSIDE (cont.)

NORTH COUNTY

El Granada, Half Moon Bay, Miramar, Montara, Moss Beach, La Honda, Loma Mar, Pescadero, San Gregorio

Broadmoor, Colma, Daly City, South San Francisco, San Bruno, Brisbane, Pacifica

BELMONT, Burlingame, Foster City, Hillsborough, Millbrae, San Carlos, San Mateo

CENTRAL COUNTY

Central County

Avalon Skin Care & Electrolysis
430 Peninsula Avenue, Suite #8
San Mateo, CA 94401
650-344-5555
Services: Cosmetic Facials; Electrolysis; Waxing for Men, Women, MTF, FTM
Insurance: Kaiser Permanente
Ages served: All ages

CENTRAL COUNTY (cont.)

South County

East Palo Alto, Menlo Park, Atherton, north Fair Oaks, Portola Valley, Redwood City,

Woodside

North County

Daly City Health Center
380 90th Street
Daly City, CA 94015
(650) 301-8600; New patients: 650-372-3200
Services: Primary Care, Family planning, Women’s health, Podiatry, Nutrition, Dental services, Mental health services, STD screening & therapy, HIV healthcare
Insurance: HPSM/Medi-Cal, Private insurance
Ages: All ages
Aesthetic Surgery - Dr. Joel Beck, MD, FACS
1241 East Hillsdale Boulevard #190
Foster City, CA 94404
650-249-3169
Services: FTM Top Surgery; Male Body Sculpting, Facial Masculinization Surgery (FMS) and Hair Grafting
Insurance: None; Works with out of network providers - call for more info
Ages served: 21+

Edison Gender Care/STD Clinic
222 W 39th Ave
San Mateo, CA 94403
650-573-2385
Services: Transgender health clinic offered last Friday of the Month; Outpatient medical care for people with HIV/AIDS; Hormone therapy, Gender-affirming surgery referrals, hair removal referrals; Mental health support/therapy focused on gender needs; Evaluation for support letters for gender-affirming surgery, Support with letters and other documents needed to change name and gender markers; Case Management;
Coverage/Benefits
Insurance: HPSM/Medi-Cal, Medicare, Private insurance - call for more info
Ages: 18+ - call for more info

Jennifer Lee, DDS.
324 North San Mateo Drive Suite #2
San Mateo, CA 94401
650-343-5555
Services: General, Family & Cosmetic Dentistry; For those without insurance
Insurance: Etna, Signa, Delta, Metlife, Guardian
Ages served: All ages

June Martin, Ph.D
1100 S El Camino Real #3
San Mateo, CA 94402
650-348-4835
Services: Mental Health; Couples Therapy, Individual Therapy, Sex Therapy
Insurance: None - call for more info
Ages served: 18+

Paula-Jo Husack, LMFT, CGP, EMDR
1838 El Camino Real #203
Burlingame, CA 94010
650-619-6521
Services: Mental health; School advocacy; Family wellness; Self-esteem coaching
Insurance: Anthem Blue Cross, LYRA, EAP
Ages served: All ages

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LGBTQ+ Affirming Service Providers List

Tide Natural Health - Dr. Laura Enfield
205 E. 3rd Avenue, Suite #206
San Mateo, CA 94401
650-777-7966

Services: Naturopathic medicine, Chinese Medicine; Acupuncture; Prolozone; Flower Essence Therapy; Homeopathy - drainage therapies; B vitamin shots; PRP Facials; Nutritional IV Therapy;

Insurance: None - call for more info

Ages served: All ages

SOUTH COUNTY

Fair Oaks Health Center
2710 Middlefield Road
Redwood City, CA 94063
650-578-7141; New patients: 650-372-3200

Services: Primary care for adults and children; OB/GYN; Dental services; Women’s health; Family planning; Podiatry; Optometry; Nutrition; Mental health services; WIC: Women, Infants and Children Program

Insurance: HPSM/Medi-Cal, Private insurance - call for more info

Ages served: All ages; Teens referred to Sequoia Teen Clinic

ADDITIONAL RESOURCES:

- To find other community services and/or resources throughout San Mateo County, please visit www.smc-connect.org or www.bit.ly/pride-center-resources.

- For free and confidential support available 24/7 and in multiple languages, you may also dial 2-1-1 to get connected to a specialist for personalized assistance. Further information is also available at www.211bayarea.org.

- RAD Remedy is another excellent resource to help connect trans, gender non-conforming, intersex, and queer folks to accurate, safe, respectful, and comprehensive care in order to improve individual and community health: www.radremedy.org

THANK YOU to all of the fabulous Pride Center volunteers who helped us in creating this resource guide! If we need to update this list or if you have any questions or comments please contact the Pride Center’s Case Manager, Alex Golding, at 650-465-6795 (call or text) or alex.golding@sanmateopride.org.

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San Mateo County Pride Center
Fiscal Year 2017-18 Evaluation Report

A Mental Health Services Act Innovation Project

Prepared by:

Resource Development Associates

December 2018
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Introduction

Project Overview and Learning Goals

The San Mateo County Pride Center is an Innovation (INN) program under the Mental Health Services Act (MHSA) that is funded by the San Mateo County Behavioral Health Recovery Services (BHRS) department. The San Mateo County Pride Center (Pride Center or the Center) is a formal collaboration of four partner organizations: StarVista, Peninsula Family Services, Adolescent Counseling Services, and Daly City Partnership. The Pride Center also works collaboratively with the Pride Initiative of the BHRS Office of Diversity and Equity and the County of San Mateo LGBTQ Commission, co-sponsoring and consulting across many events, efforts and policy priorities.

- **MHSA INN Project Category:** Introduces a new mental health practice or approach.
- **MHSA Primary Purpose:** 1) Promote interagency collaboration related to mental health services, supports, or outcomes and 2) Increase access to mental health services to underserved groups.
- **Project Innovation:** While it is not new to have an LGBTQ center providing social services, there is no model of a coordinated approach across mental health, social and psycho-educational services for this marginalized community.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016, and BHRS began implementation in September 2016. The Pride Center opened to the public on June 1, 2017. The following report provides findings from the second year of implementing the San Mateo County Pride Center, from July 1, 2017 to June 30, 2018.

In accordance with the requirements for MHSA INN programs, BHRS selected two Learning Goals—Collaboration and Access—as priorities to guide the development of the Pride Center. As Figure 1 demonstrates, BHRS sought to explore how this innovative model of coordinated service delivery and community engagement could enhance access to mental health services within underserved LGBTQ+ populations, particularly for individuals at high risk for, or with, acute mental health challenges. In turn, the program domains of Collaboration and Access are areas in which the Pride Center might serve as a model to expand of mental health services for LGBTQ+ individuals in other regions.

**Figure 1: San Mateo County Pride Center Learning Goals**

<table>
<thead>
<tr>
<th>Learning Goal 1 (Collaboration)</th>
<th>Learning Goal 2 (Access)</th>
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<tbody>
<tr>
<td>Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?</td>
<td>Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?</td>
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Project Need

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other (LGBTQ+) individuals commonly experience depression, anxiety, suicidal thoughts, substance abuse, homelessness, social isolation, bullying, harassment, and discrimination. LGBTQ+ individuals are at higher risk of mental health issues compared to non-LGBTQ+ individuals given that they face multiple levels of stress, including subtle or covert homophobia, biphobia, and transphobia.1 Across the United States, a majority (70%) of LGBTQ+ students report having experienced harassment at school because of their sexual orientation and/or gender identity, and suicide is the second leading cause of death for LGBTQ+ youths aged 10-24.2

These nationwide trends are no less evident in San Mateo County. According to the San Mateo County LGBTQ Commission’s 2018 countywide survey of 546 LGBTQ+ residents and employees, nearly half of adult respondents (44%) identified a time in the past 12 months when they felt like they needed to see a professional for concerns about their mental health, emotions, or substance use. At the same time, 62% of adult respondents felt that there are not enough local health professionals adequately trained to care for people who are LGBT, and fewer than half (43%) felt their mental health care provider had the expertise to care for their needs. Among LGBTQ+ youth who responded to the survey, three-quarters (74%) reported that they had considered harming themselves in the past 12 months, and two-thirds (65%) did not know where to access LGBTQ+ friendly health care.3

In this context, BHRS developed the San Mateo County Pride Center as a coordinated behavioral health services center to address the need for culturally specific programs and mental health services for the LGBTQ+ community. The establishment of the Pride Center also fulfills the MHSA principle to promote interagency collaboration and increase access to mental health services for underserved groups.

Project Description and Timeline

As a coordinated service hub that meets the multiple needs of high-risk LGBTQ+ individuals, the Pride Center offers services in three components:

1. Social and Community Activities: The Pride Center aims to outreach, engage, reduce isolation, educate, and provide support to high-risk LGBTQ+ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.

2. Clinical Services: The Pride Center provides mental health services focusing on individuals at high risk of or already with moderate to severe mental health challenges.

3. Resource Services: The Pride Center serves as a hub for local, county, and national LGBTQ+ resources, including the creation of an online and social media presence.

3 San Mateo County LGBTQ Commission, “Survey Results of San Mateo County LGBTQ+ Residents and Employees,” 2018 ed.
Figure 2 illustrates the key activities that have occurred since the Pride Center was first approved as an MHSA INN project in July 2016.

**Figure 2: Pride Center Implementation Timeline**

- **JULY 2016**
  - MHSOAC approves funding for the Pride Center

- **DEC. 2016**
  - Pride Center site secured in downtown San Mateo

- **JUNE 2017**
  - Grand Opening & “30 Days of Gay” opening month events

- **FEB. 2018**
  - Community Advisory Board begins meeting

- **JUNE 2018**
  - Pride Center celebrates its one-year anniversary

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**Evaluation Overview**

In 2017, BHRS contracted Resource Development Associates (RDA) to conduct the evaluation of the Pride Center implementation and outcomes. RDA collaborated with BHRS staff, Center leadership staff, and Center partners to develop data collection tools measure program and service outcomes. In order to maximize RDA’s role as research partners and fulfill MHSA Innovation evaluation principles, this evaluation uses a collaborative approach throughout, including Pride Center staff and partners in operationalizing the evaluation goals into measurable outcomes and interpreting and responding to evaluation findings.

BHRS seeks to learn how the Pride Center enhances access to culturally responsive services, increases collaboration among providers, and, as a result, improves service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges. To guide the evaluation, RDA and BHRS have developed evaluation questions in three categories (see Figure 3). By reaching the Pride Center’s goals in terms of service and operations, and by improving collaboration, the Pride Center hopes to improve access and overall service outcomes for clients.
Evaluation Methods

RDA developed a mixed methods evaluation that incorporates both process and outcome evaluation components.

- A mixed methods approach allows the evaluation to track quantitative measures of service delivery and outcomes, while also gathering qualitative input on how and why activities and outcomes occurred. Using multiple sources to explore the evaluation questions also enables comparison and corroboration of findings across data sources.

- The process evaluation component explores the extent to which the Pride Center has been implemented as planned, as well as the strengths and challenges the county has experienced in implementation. The process evaluation considers the perspective of various stakeholders, including Pride Center staff and participants alike. Evaluating the implementation of Pride Center activities and services enables BHRS, Pride Center leadership staff, and Center partners to make real-time adjustments that may improve the operations and outcomes of the Center.

- The outcome evaluation component assesses the extent to which the Pride Center—through its collaborative approach to service delivery—improves access to services and client-level behavioral health outcomes.
Data Collection

In line with RDA’s mixed methods approach, this evaluation includes both quantitative and qualitative tools to measure indicators in three domains: Center services and operations, the Center’s Learning Goals (Collaboration and Access to Services), and service delivery outcomes. Below we describe the measures that the evaluation will use along with the data collection methods that we will use to measure each of the indicators. Please see Appendix A for a detailed data collection plan.

Collaboration Survey

As collaboration is the core innovative element of this MHSA INN project, it was crucial for the evaluation team to operationalize the concept of collaboration so that it could be measured over time. RDA researched validated survey tools intended to measure collaboration among a team of service providers, including both management-level staff (who may not work directly with clients) and direct service staff. RDA and BHRS selected the Assessment of Interprofessional Team Collaboration Scale II (AITCS-II), developed by Dr. Carole Orchard.4

AITCS-II is a diagnostic instrument that is designed to measure the interpersonal dynamics and teamwork among health services coworkers. It consists of 23 statements, representing three elements that are considered to be key to interprofessional collaborative practice: 1) Partnership, 2) Cooperation, and 3) Coordination. Respondents indicate their general level of agreement with each statement on a 5-point Likert scale that ranges from 1 (“Never”) to 5 (“Always”). The survey takes approximately 10 minutes to complete. To facilitate survey administration, RDA transferred the survey onto the online platform Survey Gizmo. RDA obtained permission from Dr. Orchard to make some slight modifications to the survey language in order to be more appropriate for the Pride Center team. For example, we replaced "his/her" with "their" as a gender-neutral pronoun. See Appendix B for RDA’s online version of the AITCS-II.

Attendance and Demographic Reporting

To document the Pride Center’s service population, Center staff and RDA collaborated to create a protocol for monitoring the number and characteristics of individuals who participate in onsite programs and services. Because the Pride Center provides an array of services with varying degrees of participation—including drop-in services, one-time community events, ongoing peer support groups, and clinical services—it was important to define what constitutes meaningful participation at the Pride Center for the purposes of collecting and reporting demographic data to the MHSOAC.

The Pride Center serves marginalized individuals who may be hesitant to provide personal information on paper, even anonymously. Asking new attendees to fill out an extensive demographic form could feel unwelcoming to individuals who have experienced fear, stigma, and trauma related to their LGBTQ+ identity or other life circumstances. In order to maintain a welcoming environment, Center staff determined that individuals who attend the Center more than once, as well as any clients receiving clinical

services, would be considered meaningful participants and would be asked to complete a demographic form. To capture the total number of individuals served, the Pride Center decided to also track attendance through a sign-in sheet that captures basic personal information, but does not include the full range of demographic variables listed in the updated INN regulations.

The demographic form was designed to capture all elements required by the MHSA. The Pride Center and its partners decided to add additional categories to the questions regarding sexual orientation and gender identity in order to include a wider spectrum of LGBTQ+ identities. These revisions were aligned with BHRS’s initiative to revise Sexual Orientation and Gender Identity (SOGI) questions on health intake forms. The Pride Center and its partners also decided to add three additional items to the demographic form: housing status, income, and employment status. RDA developed an online format of the demographic survey using a HIPAA-compliant version of SurveyGizmo; the Pride Center administrative specialist enters the demographic forms into the online form monthly. The demographic form designed for the Pride Center is included in Appendix C.

**Participant Experience Survey**

RDA developed a survey to gauge Pride Center participants’ experiences and approval of the Center’s onsite programs, staff members, mental health services, and community space. The survey is designed to be administered annually at a point in time to as many participants as possible, through both paper and online formats. Pride Center staff began to administer the Experience Survey to Center participants and attendees in June 2018. The survey includes 13 statements that invite respondents to indicate their level of agreement with each statement on a four-level Likert scale (“Disagree,” “Somewhat Disagree,” “Somewhat Agree,” “Agree”). In addition, the survey asks the number of times participants have visited the Pride Center and contains an optional section to record respondents’ demographic information. RDA developed an online format of the demographic survey using a HIPAA-compliant version of SurveyGizmo. Paper surveys were entered into the online form. The Participant Experience Survey is included in Appendix D.

**Focus Groups with Pride Center Participants and Community Advisory Board**

RDA conducted three focus groups with Pride Center participants—one each with youth, adult, and older adult participants—to gather in-depth information from individuals who accessed clinical services and participated in Center programs and events. With feedback from BHRS and the Pride Center Director, the evaluation team developed a semi-structured focus group guide to learn from participants about their experiences with programs onsite, to what extent the Pride Center facilitates access to services for LGBTQ+ individuals, and any suggestions for improvement. In addition, RDA held a focus group with members of the Pride Center’s Community Advisory Board (CAB), which formed in early 2018. Speaking to CAB members offered insight into the group’s activities during the first few months of operation, their perspectives on the Pride Center’s successes and challenges, and priorities for the CAB moving forward.
Measures and Data Sources

Table 1 indicates the key measures and data sources the evaluation uses to assess outreach and implementation, collaboration and access to services, and service delivery outcomes.

<table>
<thead>
<tr>
<th>Table 1. Evaluation Measures and Data Sources</th>
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<tbody>
<tr>
<td><strong>Outreach and Implementation of Services</strong></td>
</tr>
<tr>
<td>Number of individuals reached</td>
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<td></td>
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<tr>
<td>Types of activities and services provided in</td>
</tr>
<tr>
<td>the social and community, clinical, and resource components</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Successes and challenges of implementing services as designed</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Cultural responsiveness of services</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Collaboration and Access to Services</strong></td>
</tr>
<tr>
<td>Effectiveness of communication, coordination,</td>
</tr>
<tr>
<td>and referrals for LGBTQ+ individuals with</td>
</tr>
<tr>
<td>moderate to severe mental health challenges</td>
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<tr>
<td></td>
</tr>
<tr>
<td>Improved access to behavioral health services</td>
</tr>
<tr>
<td>for individuals with moderate to severe health challenges</td>
</tr>
<tr>
<td><strong>Service Delivery Outcomes</strong></td>
</tr>
<tr>
<td>Client service experience (E.g., Experience with services, facility, and service providers)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Improved health outcomes among clients</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

Data Analysis

To analyze the quantitative data from demographic forms and the collaboration survey, RDA examined frequencies, averages, and ranges. To analyze qualitative data, RDA transcribed focus group and interview participants’ responses to appropriately capture the responses and reactions of participants. RDA thematically analyzed responses from participants to identify commonalities and differences in participant experiences.
Implementation Update

Changes to Innovation Project during Reporting Period

There were no changes to the Pride Center MHSA Innovation project during FY2017-18.

Key Accomplishments

This section highlights accomplishments of the Pride Center in FY2017-18. The key accomplishments are divided into three categories: implementing onsite programs and services, developing and enhancing the Center’s internal operations, and expanding the Center’s countywide engagement.

Implementing Programs and Services

The Pride Center’s clinical practice became fully operational. Soon after its Grand Opening in June 2017, the Pride Center hired both its Clinical Coordinator and Case Manager, who helped augment the Center’s clinical services into a full-fledged practice. In collaboration with other staff, the Clinical Coordinator oversaw the development of the Center’s clinical policies and procedures in the fall of 2017. The Pride Center obtained Medi-Cal certification in late 2017, which enabled participants with Medi-Cal insurance to access mental health services; previously the Center only offered therapy on a sliding scale. In order to meet the mental health needs of as many participants as possible, the Center also piloted a program for intern and trainee clinicians to gain work experience while offering services onsite. In August 2017 the Pride Center hired an unpaid, part-time clinical trainee, who became a clinical associate and postgraduate intern in January 2018. In 2018, the Center hired two additional part-time, unpaid clinical trainees, whose multilingual skills expanded the Center’s ability to serve Spanish- and Cantonese-speaking participants.

The Pride Center implemented a wide array of programs, resources, and events for LGBTQ+ individuals with mental illness or at risk of mental illness. In addition to therapy and case management services, the Pride Center organizes eleven peer support groups for particular subsets of the LGBTQ+ community. The Center also hosts a number of recurring community events, like movie nights, arts and crafts gatherings, and community forums. The Pride Center also offers a Resource Library with informational materials and directories to other services.
Figure 5 features a full list of onsite programming during FY2017-18. Figure 6 displays examples of the promotional materials that staff produce for Center programs and events.

**Figure 5: Onsite Programs and Services at the Pride Center in FY18**

<table>
<thead>
<tr>
<th>Clinical Services</th>
<th>Peer Support Groups</th>
<th>Social/Community Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapy Services</td>
<td>Gay Men’s Circle (18+)</td>
<td>Community Forums (quarterly)</td>
</tr>
<tr>
<td>(individual, relationship, family, group)</td>
<td>Grown Folks (18-30)</td>
<td>Movie Nights (weekly)</td>
</tr>
<tr>
<td>Case Management</td>
<td>Lesbian Women’s Circle (50+)</td>
<td>Crafternoons (2x/month)</td>
</tr>
<tr>
<td>Drop-In Center</td>
<td>QT Chats (College of San Mateo)</td>
<td>Book Club (monthly)</td>
</tr>
<tr>
<td>Psycho-Education (e.g., Parents of LGBTQ+ Teens Group)</td>
<td>Queer Latinx Circle/Queer Cumbia</td>
<td>Intergenerational Dinners (quarterly)</td>
</tr>
<tr>
<td>Specialized Group Therapy (e.g., Trans-Femme Support Group)</td>
<td>Queers Have a Higher Power (Alcoholics Anonymous)</td>
<td>Oral History Project</td>
</tr>
<tr>
<td>Educational Resources &amp; Supportive Services</td>
<td>Queers on the Autism Spectrum</td>
<td>Pride Celebration (annually)</td>
</tr>
<tr>
<td>Job Network</td>
<td>Trans Support Group (18+)</td>
<td>Queer Youth Prom (annually)</td>
</tr>
<tr>
<td>Name and Gender Changes for Identity Documents</td>
<td>Youth Support Group (10-18)</td>
<td>Transgender Day of Remembrance (annually)</td>
</tr>
<tr>
<td>Onsite Resource Library</td>
<td>Gay Men’s Circle (18+)</td>
<td>Transgender Day of Visibility: In Bloom Project</td>
</tr>
<tr>
<td>Public Benefits Support</td>
<td>Lesbian Women’s Circle (50+)</td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation and Gender Identity (SOGI) trainings (monthly)</td>
<td>QT Chats (College of San Mateo)</td>
<td></td>
</tr>
<tr>
<td>Trans Talks series (monthly)</td>
<td>Queer Latinx Circle/Queer Cumbia</td>
<td></td>
</tr>
</tbody>
</table>

**Community Partner Meetings**
- PFLAG (San Jose/Peninsula chapter)
- Pride Initiative (BHRS Office of Diversity and Equity)
- County of San Mateo LGBTQ Commission
- San Mateo County Office of Education (GSA Coordinators)

**Older Adult Programs**
- Affordable Housing Workshop
- Bistro Brio (monthly lunch)
- Meditation & Mindfulness group
- Sunshine Series (monthly resource sharing meetings)

**Pride Center participants have taken active roles in expanding the Center’s programming.** Pride Center staff launched a volunteer program in FY2017-18, with regular orientations to train new volunteers. According to Pride Center staff, participant volunteers were most active in helping out with administrative tasks, the Resource Library, and assisting fellow participants with accessing resources. In addition, Pride Center attendees have worked with staff to create new supportive services. For instance, some participants organized a job network and employment search program to assist fellow participants who are looking for work. Another participant started a support group for people on the autism spectrum. These collaborative efforts exemplify the enthusiasm of Pride Center participants for the community that the Center supports, as well as the openness and flexibility of the staff to support programs initiated by participants.
Developing and Enhancing Internal Operations

Pride Center staff created and implemented internal policies and procedures to facilitate the delivery of programs and services. At the start of FY2017-18, the Pride Center had been open to the public for a month, but had yet to develop or implement many of its organizational policies, procedures, and protocols.
for the day-to-day operation of its new collaborative model. Consequently, Pride Center staff and partner organization representatives have revised their program manual and internal policies over the past year. Areas in which staff have developed procedures and workflows include:

- Policies and procedures for the Center’s clinical program;
- Protocols for data collection in both clinical and nonclinical programs;
- Standards and best practices in development and fundraising;
- Safety policies, i.e. in the event of an onsite health crisis;
- Role clarity between staff members and between Pride Center and partner organizations’ staff;
- Operational procedures for emergency preparedness; and
- Integrating matters of cultural humility into organizational policy.

The Pride Center expanded its capacity by hiring additional staff. As mentioned above, the Center hired two full-time clinical staff members in the summer of 2017 to enhance the Center’s therapy and case management services. A part-time Grant Writer and Development Associate joined the Center in early 2018 to spearhead the search for additional funding and sustainability opportunities. In addition, Center staff operates a volunteer program, whose members support a wide range of activities, including events planning and programming, outreach efforts, research, data entry, and more. Table 2 includes a full list of new staff members, trainees, and interns during FY2017-18.

Table 2: New Staff Members and Volunteers Onboarded in FY2017-18

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Staff Member / Volunteer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2017</td>
<td>Clinical Coordinator and Lead Clinical Supervisor</td>
</tr>
<tr>
<td>Q3 2017</td>
<td>Case Manager</td>
</tr>
<tr>
<td>Q3 2017</td>
<td>Clinical Trainee (part-time unpaid intern)</td>
</tr>
<tr>
<td>Q4 2017</td>
<td>Youth Intern (part-time)</td>
</tr>
<tr>
<td>Q1 2018</td>
<td>Grant Writer and Development Associate (part-time)</td>
</tr>
<tr>
<td>Q2 2018</td>
<td>Clinical Associate (part-time unpaid intern)</td>
</tr>
<tr>
<td>Q2 2018</td>
<td>Clinical Trainee (part-time unpaid intern)</td>
</tr>
</tbody>
</table>

The Pride Center launched its Community Advisory Board (CAB) in February 2018. The CAB draws together a diverse group of community representatives who are committed to expanding the Pride Center’s engagement within and beyond San Mateo County. During the first few months of meeting, the CAB worked to establish clear roles among its members, while exploring alternatives to a hierarchical decision-making structure for the group as a whole. In addition, CAB members engaged in multiple forms of outreach, building partnerships with community-based organizations and seeking potential sponsorships from the private sector.

Expanding the Center’s Countywide Engagement

The Pride Center served as a hub for a variety of meetings and trainings designed to strengthen community capacity to serve LGBTQ+ individuals. Staff hold monthly onsite trainings on sexual orientation and gender identity (SOGI) for local service providers, school staff, and other community members. The Pride Center also serves as the meeting site for other community partners: the Pride
Initiative of the BHRS Office of Diversity and Equity, the County of San Mateo’s LGBTQ Commission, the San Jose/Peninsula chapter of the national nonprofit PFLAG, and the San Mateo County Office of Education, which hosts meetings for GSA (Genders and Sexualities Alliance) Coordinators at the Center. In addition, some local GSA student chapters meet at the Pride Center.

Pride Center staff trained an array of private and public organizations on matters of sexual orientation and gender identity, establishing the Pride Center as a resource for the broader San Mateo County population. In the fall of 2017, Pride Center staff developed a comprehensive training program to educate BHRS staff, local service providers, and local businesses on working with LGBTQ+ individuals. The Center’s staff conducted over 60 trainings across San Mateo County in FY2017-18, averaging five per month. Training participants included employees from the public, private, and nonprofit sectors, as well as attendees of a Trauma Informed Schools Conference. Furthermore, Pride Center staff also spoke at professional conferences, including the Multicultural Symposium of the Northern California branch of the National Alliance for Mental Illness and the Stanford Adolescent Wellness Conference. Through helping other organizations and agencies better serve their LGBTQ+ consumers and constituents, the Pride Center’s staff helped to promote the Center as a source of expert knowledge within the wider community. Figure 10 includes a partial list of workplace trainings that Pride Center staff conducted in FY2017-18.

The Pride Center led trainings and outreach for over twenty local middle schools, high schools, and colleges. Pride Center staff facilitated trainings for teachers and staff members at six high schools, as well as the San Mateo Union School District. Center staff and volunteers also held workshops, hosted tables at resource fairs, and supported student organizations at fifteen schools, ranging from junior high schools to four-year colleges. In FY2017-18, Pride Center staff also sponsored a gathering of students representing GSAs from schools across San Mateo County. In addition, the Pride Center formed two longer-term partnerships with staff and students at local schools. The Center contracted with Kennedy Middle School, located in nearby Redwood City, to offer a ten-week therapy group for LGBTQ+ students. In addition, the Center partnered with students from the Queer Identities course at nearby Notre Dame de Namur University to launch the Oral History Legacy Project, in which students recorded and presented the experiences of older adult participants at the Pride Center.

Figure 7: Pride Center Staff and Volunteers Conducting a Training at Thomas R. Pollicita Middle School

History Legacy Project, in which students recorded and presented the experiences of older adult participants at the Pride Center.
The Pride Center co-sponsored many informational and recreational events to spread awareness about the Pride Center. The Pride Center sponsored a range of educational events, such as resource-sharing workshops for county residents, in collaboration with other service agencies and departments in San Mateo County. The Center also hosted several social programs and events with local businesses; for instance, the Center held events at Planet Granite, an indoor rock climbing gym, and CuriOdyssey, an interactive science and wildlife center. The Center also held joint events with LGBTQ+ centers in nearby Oakland and San Jose, building intra-regional connections between LGBTQ+ communities in different parts of the Bay Area. Through these community-based events, attendees could learn more about the Center’s onsite programs, and could potentially be connected to needed mental health services. Figure 10 includes a comprehensive list of community engagement and co-sponsorship activities during FY2017-18.

Figure 8: Participants at Rainbow Climb, an Event Co-Sponsored by the Pride Center and Planet Granite

Figure 9: Participant Volunteers Conducting Outreach at the San Mateo County Pride Celebration
Figure 10: Community Engagement Efforts for Pride Center Staff and Participants in FY2017-18

<table>
<thead>
<tr>
<th>Workplace/Offsite Trainings</th>
<th>Event Co-sponsorships</th>
<th>School Staff Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACCESS Call Center*</td>
<td>Aging and Adult Services*</td>
<td>Aragon High School</td>
</tr>
<tr>
<td>Aging and Adult Services*</td>
<td>Bay Area Legal Aid</td>
<td>Burlingame High School</td>
</tr>
<tr>
<td>Behavioral Health &amp; Recovery Services*</td>
<td>Billy DeFrank LGBT Community Center</td>
<td>Capuchino High School</td>
</tr>
<tr>
<td>Boston Private Bank</td>
<td>California Clubhouse</td>
<td>Hillsdale High School</td>
</tr>
<tr>
<td>Commission on Aging*</td>
<td>CuriOdyssey</td>
<td>Mid-Peninsula High School</td>
</tr>
<tr>
<td>Community Overcoming</td>
<td>Daly City Youth Health Clinic</td>
<td>Mills High School</td>
</tr>
<tr>
<td>Relationship Abuse (CORA)</td>
<td>Edgewood Drop-in Center</td>
<td>San Mateo Union H.S. District</td>
</tr>
<tr>
<td>Court Appointed Special Advocates (CASA) of San Mateo County</td>
<td>Elder &amp; Adult Protection Team*</td>
<td></td>
</tr>
<tr>
<td>CuriOdyssey</td>
<td>Franklin Templeton Investments</td>
<td></td>
</tr>
<tr>
<td>Diversity and Equity Council (San Mateo County Health)*</td>
<td>Gilead Sciences, Inc.</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Counseling and Advocacy Program*</td>
<td>Health Services Agency*</td>
<td></td>
</tr>
<tr>
<td>HomeBase</td>
<td>Heart and Soul, Inc.</td>
<td></td>
</tr>
<tr>
<td>Human Resources Department*</td>
<td>HomeBase</td>
<td></td>
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<tr>
<td>The Parent Project (in Spanish)</td>
<td>LifeMoves</td>
<td></td>
</tr>
<tr>
<td>Rape Trauma Services</td>
<td>Many Journeys Metropolitan Community Church</td>
<td></td>
</tr>
<tr>
<td>Resource Families (Human Services)*</td>
<td>Oakland LGBTQ Community Center</td>
<td></td>
</tr>
<tr>
<td>Sequoias - Portola Valley</td>
<td>Office of Education*</td>
<td></td>
</tr>
<tr>
<td>Youth Services Center (Probation)*</td>
<td>Planet Granite Belmont</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Planned Parenthood</td>
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<tr>
<td></td>
<td>Silicon Valley Community Foundation</td>
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<tr>
<td></td>
<td>Youth Leadership Institute</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Long-Term Partnerships</th>
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</thead>
<tbody>
<tr>
<td>County of San Mateo LGBTQ Commission</td>
</tr>
<tr>
<td>Kennedy Middle School</td>
</tr>
<tr>
<td>Pride Initiative (BHRSC Office of Diversity and Equity)</td>
</tr>
<tr>
<td>Notre Dame de Namur University</td>
</tr>
<tr>
<td>San Mateo County Office of Education</td>
</tr>
<tr>
<td>PFLAG</td>
</tr>
</tbody>
</table>

*County of San Mateo public agency
Consumer Population Served

Participant Numbers

In FY2017-18, a total of 3,056 unique individuals accessed Pride Center programs, trainings, and services. This includes 1,092 people who completed a sign-in sheet onsite or attended a peer group at the Pride Center, and 2,045 people who attended offsite events or trainings run by Center staff and/or participants. Table 3 includes a head count of unique individuals who signed a Pride Center attendance sheet, or whom Pride Center staff tallied, during the past year.

**Table 3: Number of Unique Individuals Accessing Pride Center Programs and Services in FY2017-18**

<table>
<thead>
<tr>
<th>Source</th>
<th># Unique Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onsite sign-in sheets during drop-in hours</td>
<td>1,011</td>
</tr>
<tr>
<td>Peer group attendance</td>
<td>81</td>
</tr>
<tr>
<td>Community-based trainings (tally of participants)</td>
<td>1,309</td>
</tr>
<tr>
<td>BHRS SOGI trainings (sign-in sheets)</td>
<td>655</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>3,056</strong></td>
</tr>
</tbody>
</table>

Moreover, when considering all points of meaningful contact—which also include engaging with Center representatives at an outreach event or tabling event and following the Center on social media—the Pride Center had over 10,000 meaningful encounters in its first full year of implementation.

Of those who visited the Pride Center, 151 accessed clinical psychotherapy services, and 45 utilized case management services onsite. These numbers include 13 individuals who accessed both therapy and case management services. Because the Pride Center only has one case manager, its capacity to offer case management services is limited. As such, Center staff prioritize these services for participants with more critical and/or complex needs. To date, over a third (37%) of the participants receiving case management were experiencing homelessness at the time. Housing instability is a common challenge for participants receiving case management; to date, the case manager has helped over half (52%) of their clients either maintain or obtain housing or shelter.

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5 To produce a count of unique individuals, Pride Center staff aggregated the sign-in sheets and manually unduplicated any names that appeared multiple times.
Participant Demographics

During FY2017-18, a total of 400 individuals completed the Pride Center’s Participant Demographic Survey. The results are summarized below.6,7

Age: The majority of participants in FY2017-18 (85%) reported being between the ages of 16 and 59. Eight percent were 60 or older, and 5% were 15 or younger. See Figure 11 for the full range of participants’ ages.

Language: Nearly all participants (92%) reported speaking English in their households. Spanish was the second most common language; other responses included Cantonese, Tagalog, Tongan, and Armenian.

Race: Slightly more than half of participants (54%) identified as white, followed by Hispanic or Latino/a/x (23%) and Asian or Asian American (20%) participants. Because participants could select multiple racial identities, 8% of participants identified as both white and another racial identity. In total, 52% of participants identified as either multiracial or people of color. (See Figure 12 for the full results.)

When comparing the race of Pride Center participants to the population of San Mateo County in 2017, the Pride Center saw a slightly higher percentage of white participants (39% of the county, vs. 46% of participants who identified as only white) and a slightly smaller percentage of Asian participants (30% of the county, vs. 20% of Pride Center participants). One-quarter (25%) of county residents are Hispanic or Latino/a/x, which is

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6 While participants are asked to fill out the demographic form upon their second visit to the Center, it is possible that a small number of participants may have accidentally completed the form more than once. Thus, 400 is likely close to an unduplicated count, but may include some duplicates.

7 Note on reporting: To comply with HIPAA requirements and protect the confidentiality of participating individuals, this report only presents data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined.
consistent with Latinx representation at the Pride Center (23%). Black, Native American, and Hawaiian or Pacific Islander participants were also represented at rates comparable to the population of San Mateo County (3%, 1%, and 2% of county residents, respectively). While the Pride Center has improved in achieving a racially diverse and representative participant base, recruiting participants of color and sustaining culturally sensitive programming remains a priority for Center staff.

**Ethnicity:** For participants in Year Two, the most commonly identified ethnicity was European. Latinx participants most commonly identified as Mexican or Chicano/a/x, followed by South American. Among Asian American participants, the most common ethnicities were Filipino/a/x and Chinese, with other participants identifying as South Asian, Japanese, Korean, or other Southeast Asian ethnicities. Smaller proportions of identified as African or Middle Eastern.

**Sex:** Sixty-one percent of participants responded that they were female at birth, and 31% responded that they were male at birth. Other participants identified as intersex at birth or declined to respond.

**Gender Identity:** In all, 62% of participants identified as cisgender: 39% percent identified as cisgender women, and slightly less than one-quarter (23%) identified as cisgender men. Nine percent of participants identified as genderqueer or gender non-conforming, and 7% identified as either transgender men or women. Nearly one-fifth of participants (18%) declined to state their gender identity; the remainder of respondents identified as another gender identity, or as questioning or unsure of their gender identity. Figure 13 shows the full range of responses for Pride Center participants’ gender identities.

**Sexual Orientation:** Gay and lesbian individuals accounted for 30% of survey responses, as did participants who identified as heterosexual or straight. Twelve percent identified as queer, 9% identified as bisexual, and 5% identified as pansexual. Aside from those who declined to answer (9%), the remaining participants reported that they were asexual, questioning, or identified with another sexual orientation. Figure 13 shows the full range of responses for participants’ sexual orientations.

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8 “U.S. Census Bureau Quick Facts: San Mateo County, California,” U.S. Census Bureau website. [https://www.census.gov/quickfacts/sanmateocountycalifornia](https://www.census.gov/quickfacts/sanmateocountycalifornia)

9 The high proportion of respondents who identified as straight or heterosexual is likely due to multiple factors:
- Pride Center staff originally administered the demographic survey to service providers who attended onsite trainings (but stopped doing so in the middle of the year);
- Parents of LBGTQ+ youth visit the Center to access resources or attend parenting classes and peer groups, and some of these parents have completed the survey;
- A number of the Pride Center’s transgender participants identify as heterosexual;
- Because the Pride Center does not turn away people who are not LGBTQ+, it is possible some straight people accessed drop-in services.
Disability Status: The majority of participants (59%) reported having no disabilities, while 35% reported some disability. The most commonly reported disabilities were chronic health problems (6% of participants), difficulty seeing (5%), and learning disabilities (4%).

Education: As a whole, adult Pride Center participants are highly educated. Among respondents aged 26 or older (n=254), three-quarters of participants had either earned their bachelor’s degree (37%) or a graduate degree (38%). Nine percent reported having some college education, and 7% declined to answer. The remaining respondents had an associate’s degree, a vocational or trade certification, a high school diploma or GED, or less than a high school diploma.

Employment: Slightly less than half of participants (44%) reported having full-time employment, with 14% reporting part-time employment and 17% identifying as students. Ten percent of participants were unemployed and looking at the time of the survey, and 5% were retired. The remaining participants declined to answer.

Income: As Figure 14 shows, the Pride Center draws adult participants across the socioeconomic spectrum. Among survey respondents aged 26 or older, there was a fairly even distribution of reported incomes across the five different response options. However, over a quarter (26%) of respondents declined to answer.

Housing: Over three-quarters of participants ages 26 and older (79%) reported having stable housing, and an additional 5% reported that they were
staying with family or friends. Ten percent declined to answer. The remaining respondents reported that they were homeless, living in a shelter or transitional housing, or had another form of housing.

**Veteran Status:** Over 95% of adult participants reported that they were not armed forces veterans.
Progress Toward Learning Goals

This section discusses the progress that the San Mateo County Pride Center has made toward achieving its two learning goals:

• **Collaboration.** Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?

• **Access.** Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

A summary of key findings is presented below, followed by a detailed discussion of each learning goal.

### Summary of Key Findings

#### Learning Goal 1: Impact of Coordinated Service Delivery Model

- **Wide Range of Services** - The Pride Center’s collaborative organizational model has been instrumental in developing clinical and other services for LGBTQ+ participants across age groups, identities, race/ethnicities, incomes, and languages. Partner agencies each bring their own areas of expertise and coordinate with each other to provide mental health and supportive services for participants with multiple needs.

- **High-Quality Services** - Among Pride Center staff, strong team cohesion has enabled the Center to provide high quality services while they learn how to best operate in a collaborative service delivery model.

- **Increased Capacity** - With outside partner agencies, the Pride Center has developed strong relationships that facilitate referral pathways to the Pride Center as well as improved capacity to serve LGBTQ+ individuals outside of the Pride Center.

#### Learning Goal 2: Improved Access to Mental Health Services

- **Culturally Responsive Services** - The Pride Center’s model increases participant access to quality mental health care by offering therapists who identify as LGBTQ+ and who provide culturally sensitive services for San Mateo County’s diverse community.

- **Reduced Stigma** - Having a physical building in a prominent location, highly competent staff, and responsive programs and services, creates an inclusive and welcoming community that promotes entry into and continued participation in mental health and other supportive services for the LGBTQ+ community.
Learning Goal 1: Impact of Coordinated Service Delivery Model

Wide Range of Services

Bringing together multiple organizations to operate the Pride Center has helped ensure that programming and services accommodate a wide range of participants. Because the Center’s four partner organizations have different service specializations—for instance, Peninsula Family Services works primarily with older adults, and Adolescent Counseling Services works with youth—the Center can serve a much wider array of people than one organization on their own. In addition, the partner organizations, which had existed long prior in San Mateo County, offered the fledgling Pride Center a stamp of approval as a trustworthy institution.

Having an array of services available onsite, along with assistance connecting with outside services, has helped Pride Center clients get the services they need more quickly and with less stress than before the Pride Center. Participants noted that the Center’s coordinated model was a major help to individuals who would otherwise have to travel to several different offices to access mental health care and other needed services. The concentration of supportive programs at the Center particularly eases the burden on individuals with mental health challenges, individuals who have experienced homelessness, and/or low-income participants without adequate access to transportation. Besides offering mental health services, the Center case manager addresses some of the practical challenges that low-income LGBTQ+ people might face, like offering assistance in finding employment opportunities, writing a resume, securing necessary documentation, applying for public assistance, and searching for stable housing.

High-Quality Services

Strong internal cohesion among staff members facilitates the delivery of high-quality services to Pride Center participants. Staff and participants both agreed that the Pride Center takes a coordinated approach to serving clients. On the Staff Collaboration Survey, nearly all respondents (90% or more) felt that their team had strongly coordinated health and social services based on participants’ needs, regularly communicated as a team regarding participants’ care, encouraged and cultivated each team members’ particular skills, and worked with participants and their families to adjust care plans. Participants corroborated staff members’ internal assessment that this team-based approach to service delivery has enhanced their own wellbeing. As noted in Figure 15 below, 99% of respondents to the Participant
Experience Survey either fully or somewhat agreed that it was easy to connect to other services within the Pride Center, which points to staff members’ ability to facilitate those service linkages.

**Figure 15: Participant Approval of Service Linkages at the Pride Center in FY2017-18**

*Source: Participant Experience Survey*

Notably, survey respondents found it easier to connect to other services within the Center than outside the Center: slightly over two-thirds (69%) agreed that it was easy to connect to other services outside of the Center. This finding can be interpreted in two ways: on one hand, it points to the inherent ease of access in a one-stop-shop model; on the other hand, it may suggest an area for improvement in linking participants from the Pride Center with outside agencies.

**Increased Capacity**

The connections the Pride Center has cultivated with outside agencies have improved coordination and access to mental health services by establishing referral pathways and increasing capacity for LGBTQ+ appropriate care. As discussed in the *Implementation Update* section above, the Pride Center has carried out trainings and outreach with a multitude of County and community partners. These external collaborations have improved access to mental health services for LGBTQ+ individuals—both by raising awareness about the Pride Center and by building capacity for LGBTQ-appropriate services outside the Center.

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**Learning Goal 2: Improved Access to Mental Health Services**

**Culturally Responsive Services**

With a clinical model that offers therapy *by and for* LGBTQ+ individuals, the Pride Center improves access to mental health services for LGBTQ+ individuals who would be less likely to seek or remain in care with non-LGBTQ+ providers. Having a LGBTQ+ therapist has supported many participants’ mental
health treatment, as participants feel more understood and supported compared to previous experience with non-LGBTQ+ therapists. Several focus group participants noted that they struggled to find adequate mental health care locally beforehand, and had faced issues when their providers were not trained to work with LGBTQ+ clients. According to participants, LGBTQ+ therapists are more likely to understand their lived experiences; this means that participants are not spending valuable treatment hours explaining terminology, identities, or types of relationships that non-LGBTQ+ therapists may not understand. Not having to worry about whether their therapist will understand them relieves anxiety that many LGBTQ+ individuals experienced when receiving services from non-LGBTQ+ providers. As a result, participants are able to begin treatment with a fundamental sense of trust that they may not have been able to establish with their previous mental health care providers. This trust sets a foundation for a strong patient/provider relationship, which ultimately supports a productive treatment process.

In addition to the clinical services at the Pride Center, all participants have the opportunity to access drop-in services, join a relevant peer support group, attend Center events, and otherwise benefit from the informal therapeutic gains of the Center as a safe, inclusive space. On the Participant Experience Survey, 100% of respondents (n=134) either agreed (85%) or somewhat agreed (15%) that the services they were receiving at the Center were improving their mental health.

The Pride Center fills a particular gap in access to mental health services and supports for participants who identify as transgender or nonbinary. The Center’s clinical services, peer support groups, and other programs are responsive to participants across the LGBTQ+ spectrum, particularly those who are marginalized within health care and public systems, such as transgender and nonbinary individuals. Center staff regularly help transgender or nonbinary participants change their name and/or gender on their personal identification and public records, a process than can be difficult and frustrating when undertaken alone. Clinicians on staff have written letters of support for participants to receive hormonal therapy and gender reaffirming surgeries. One youth participant noted that the Center was the only local facility to offer voice therapy services for transgender people looking to match their voice with their gender identity and expression. The Center’s Resource Library also includes chest binders that are made available free of charge to participants. In addition to these regular programs and resources, the Center has also sponsored events such as the annual Transgender Day of Remembrance, and a photo project and social media campaign called In Bloom: Transgender Day of Visibility. Put broadly, Center staff and leadership are aware of the complex mental health and supportive service needs that transgender and nonbinary participants can face and can coordinate service delivery to meet these needs across multiple domains.

When I went to cisgender, heteronormative therapists, I got a blank look. They didn’t get it. The [therapists] here understand it on the inside.

– Adult participant

It’s incredibly important to have someone you can talk shorthand with.

– Older adult participant
Staff members’ warmth, client-centered approach, and follow-through has encouraged participants to engage in and remain connected with Pride Center services. Participants of all ages credit the Pride Center staff—clinicians, program staff, and administrative staff alike—for fostering the Center as a welcoming and accessible environment. For instance, one participant noted that the staff member at the front door remembered their name upon a return visit, even though they had not attended any programs in several months. In turn, staff members’ helpful disposition has helped some participants to overcome the stigma they had felt around seeking mental health care, and/or their sexual orientation or gender identity. Another adult participant described how they had found the Center when they were questioning their sexual orientation, and how staff members had met with them offsite until they felt comfortable enough to visit the Center.

Staff and participants both agreed that the Pride Center uses a client-centered approach that is collaborative and inclusive of participants. On the Staff Collaboration Survey, 100% of respondents agreed that their team: 1) includes patients in setting goals for the patients’ care; and 2) listens to the wishes of their patients in determining the process of care chosen by the team. Participants concurred that staff members invite their perspectives in setting their care plans: 99% of respondents (n=135) either agreed (81%) or somewhat agreed (18%) that staff included them in deciding what services were best for them.

Every single time I come here, it’s a lovely experience. There’s not a single time I cross that door and someone doesn’t ask me how I am, or how my day is going.

– Youth participant
Pride Center staff have developed team cohesion by participating in team-building activities and practicing open communication. All Staff Collaboration Survey respondents indicated that team members respect and trust each other. It is evident from both staff and participants that a collaborative, respectful, and trusting work environment has contributed to staff members’ capacity to collaborate in serving participants. Figure 18 shows how respondents to the Participant Experience Survey were nearly unanimous in agreement that Pride Center staff were personable, helped address participants’ questions, and were respectful of participants’ sexual orientation, gender identity, race, ethnicity, and/or culture.

Figure 18: Participant Approval of Pride Center Staff in FY2017-18 (n=172)

Source: Participant Experience Survey

The Pride Center has cultivated a more racially diverse participant base over time, increasing access to services for historically marginalized LGBTQ+ communities. Last year’s annual report noted that one of the Pride Center’s early challenges was achieving greater representation from LGBTQ+ people of color. All in all, the Center has made strides in ensuring that the Pride Center serves a racially diverse community.
more reflective of San Mateo County and California as a whole. The Center’s clinical protocols stipulate that staff prioritize mental health services for members of underserved and marginalized groups, including people of color. The Center recruited clinical staff and interns who were fluent in languages common to local immigrant communities, such as Spanish and Cantonese. In addition, Center staff developed some programming to specifically support San Mateo County’s large Latinx community, such as a Queer Latinx Circle support group. Partly due to these concerted efforts, the Pride Center was able to grow a more racially diverse community of participants. As noted in the previous section, during the past year a majority of respondents (52%) to the Center’s demographic survey identified as nonwhite or multiracial.

Despite these advances, staff are still committed to improving the representation of participants of color in Pride Center services. For instance, the racial diversity of the Pride Center community was one of the most commonly cited areas for improvement in the write-in responses on the Staff Satisfaction Survey. For FY2018-19, Center staff plan to launch a peer support group for queer and transgender people of color (QTPOC), and to host weekly peer support drop-in services in East Palo Alto and Half Moon Bay, communities with higher concentrations of residents of color.

Reduced Stigma

Providing a physical location and inclusive space for LGBTQ+ individuals improves mental health and wellbeing by reducing social isolation, ameliorating stigma, and creating a sense of community. Participants of all ages noted that the Pride Center provides an important day-to-day community space, where they could go to simply hang out or feel like part of a larger community. Prior to the opening of the Center, many participants had to travel to San Francisco, the East Bay, or San Jose to find an LGBTQ+ friendly community space. Other participants cited that the Pride Center was valuable simply as a space where they could go to find a peaceful, quiet environment. Participants of all ages cited the Pride Center’s intergenerational events as some of their favorite Center programs. Older adults relished talking to younger participants about the struggles they faced in growing up LGBTQ+, and youth participants expressed admiration towards the adults who helped build a foundation for the modern-day LGBTQ+ community. In this way, the Center’s collaborative service model has helped to create an environment where participants who might never otherwise interact could find commonality. As Figure 19 indicates, 100% of the respondents to the Experience Survey agreed or somewhat agreed that the Pride Center is a welcoming and safe environment, and 99% agreed or somewhat agreed that the Center offers participants a sense of community.

What I really like about the Pride Center is that it’s a safe space, and it’s not triggering.  
– Youth participant

People should not have to go to Berkeley or San Francisco or San Jose to feel like a part of something.  
– Adult participant

I think the [Pride Center is] doing a fantastic job of representing the LGBTQ community. It’s nice to see more than just queer white kids.  
– Youth participant
Some participants hailed the Center as a joyous space, noting how the bright and colorful artwork throughout the interior helped to create a welcoming atmosphere. In addition, the artwork and posters promote social inclusion, connecting LGBTQ+ rights to support for civil rights, immigrant rights, disability rights, and racial, gender, and religious equality. That is, the Center supports an intersectional understanding of inclusion within its community of participants. Other participants and CAB members suggested that the very presence of the Pride Center as a physical building on a prominent local thoroughfare (El Camino Real) was itself therapeutic—legitimizing LGBTQ+ residents as equal members of the broader San Mateo County community. Some older adult participants and CAB members contrasted the presence of the Pride Center to their own experiences growing up, when they and their LGBTQ+ peers had no place to publicly gather or express their sexual orientation and gender identity. These individuals thus offered that the very existence of the Center could help to reduce the stress and stigma that LGBTQ+ residents experience from social isolation or discrimination.

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*In my young life, we were always in some back alley, somewhere dark, hiding...[now] we’re here, we’re queer, not in some industrial park. We’re on El Camino!*

— Community Advisory Board member

*Just knowing [the Center] is here [is important]... Just having it here and being in the news, seeing the flags...it’s that visibility, creating a norm.*

— Adult participant
Implementation Lessons

As a new and innovative project, the San Mateo County Pride Center has inevitably experienced challenges as the four partner organizations work together to build a fully operational LGBTQ+ service center. This section highlights the key recommended areas of focus for the Pride Center in establishing a collaborative model that improves access to mental health services for LGBTQ+ residents based on implementation learnings to date.

Despite high levels of collaboration in coordinating service delivery, Pride Center staff observed areas for improvement in establishing and formalizing processes for the internal operations of the Center. As described earlier in this report, Pride Center have developed excellent communication and working relationships. Pride Center staff and partners have also made strides in developing new policies and procedures to guide their work. At the same time, staff recognize that there is still work to do—they are building the Center and its operating procedures from scratch. Staff Collaboration Survey respondents indicated areas for improvement in the following areas:

- Understanding the boundaries of what each other can do;
- Using agreed-upon processes to resolve conflicts; and
- Equally dividing agreed-upon goals among the team.

The above responses indicate potential areas for organizational growth: clarifying staff members’ different responsibilities, ensuring an equitable division of labor, and establishing accountability to a standard for conflict resolution. It stands to reason that improving internal workflows around role clarity will further enhance staff members’ capacity to serve participants. While the four partner organizations have periodically assisted Pride Center staff in developing and implementing organizational protocols, such as sharing planning documents or other resources from their other program areas, multiple staff members commented on the Collaboration Survey that they could benefit from more support from the partner agencies on matters of organizational development.

The widespread demand for mental health services among LGBTQ+ county residents has challenged staff members’ capacity to accommodate all participants’ needs. It is to the credit of the Pride Center’s coordinated service model and countywide engagement strategies that the Center attracted so many county residents who sought culturally sensitive mental health services for LGBTQ+ individuals. However, the Pride Center’s clinical practice lacks the capacity to meet the needs of all participants who access to mental health services through the Center, both in terms of staffing and physical space. As mentioned earlier, in early 2018 Pride Center staff had to relegate some participants seeking mental health care to the clinical practice waitlist. To accommodate the high volume of participant requests for mental health services, Center leadership began to utilize therapist trainees as clinical staff in 2018. This strategy has its limitations, however: because San Mateo County prevents trainees from serving as counselors for mild to moderately mentally ill Medi-Cal clients, the trainees have only been able to work with participants on a sliding scale fee for service. This barrier has proved challenging, as multiple therapist trainees are multilingual and may be best suited to work with Medi-Cal recipients who primarily speak a language other than English.
The high volume of Pride Center activity, combined with the Center’s capacity limitations, heightens the risk of staff burnout. In speaking with the RDA evaluation team, Community Advisory Board members raised concerns that the Center’s staff members were exerting themselves beyond what was sustainable. To be certain, the CAB’s apprehension is a credit to the devotion and commitment that Pride Center staff have demonstrated in making the Pride Center fully operational, coordinating regular onsite and community-based programming, helping clients with needs as they arise, and cultivating the Pride Center as a welcoming space. Nonetheless, the risk of burnout remains among the small body of staff who are responsible for the wide array of Pride Center activities, and who spearheaded the development of the Center into a fully operational service and community space in the past year.

San Mateo County is a difficult region in which to mobilize LGBTQ+ community members. Some participants contrasted the welcome and inclusive environment of the Pride Center to their neighborhoods of residents and other community spaces, which often tended to be culturally or socially conservative. For instance, Center participants who attend the nearby College of San Mateo have remarked that the campus’ climate can make LGBTQ+ students uncomfortable or afraid of expressing their gender identity and/or sexual orientation. In addition, Center staff, participants, and CAB members all noted that the geographic expanse and residential distribution of San Mateo County can make it difficult to reach community members farther away from the Center’s location in downtown San Mateo, particularly residents along the coast or in North County. The county lacks ample west-to-east public transportation routes, and CAB members noted that local bus lines periodically cut back their services. While staff, participants, and CAB members have all pursued engagement opportunities throughout the entire county, they have done so in spite of these ongoing infrastructural and geographic challenges to regular outreach.

Everyone here has such high levels of energy, enthusiasm, knowledge, commitment, heart... [but] you can only sustain that for so long.

– CAB member

[I]t feels like everyone is constantly wearing about eight hats and there’s never enough time.

– Pride Center staff member
Conclusion

The 2017-2018 fiscal year marked the first full year of operation of the San Mateo County Pride Center. At the start of FY2017-18, the Center had been open to the public for one month and had just wrapped up its inaugural month of programming. In the year following its Grand Opening, the Pride Center staff and partner organizations established a wide array of clinical services and community-oriented programs. The range of programming helped to foster a multigenerational, multiracial community of participants who identify across the spectrum of sexual orientation and gender identity.

The Pride Center has not only filled a critical gap in local mental health care services; it has also demonstrated the benefit of its unprecedented model of coordinated service delivery.

The Center allows participants to access mental health services with LGBTQ+ therapists, which for many participants is a welcome departure from their previous difficulties in finding mental health care providers both knowledgeable and respectful of their sexual orientation and gender identity. In addition, the Pride Center offers a safe space for community members who often experience discrimination or social isolation to gather. In turn, the Pride Center’s social events and community-oriented programs provide avenues for participants to connect with mental health care or other supportive services.

In addition, the Center’s staff, participants, and Community Advisory Board have conducted community outreach and engagement activities across the county. Pride Center staff delivered workplace trainings for behavioral health clinicians, service providers, educators, and private sector organizations. These trainings empowered providers in other sectors to better serve their LGBTQ+ clients and students and helped build awareness of the Center across San Mateo County. Staff also conducted outreach to students and older adults across the county, working to address the social isolation that many LGBTQ+ individuals experience. That is, the Pride Center’s extensive community presence was twofold: to draw more people to the onsite services and programming, and to serve as an

Figure 21: Attendees at the Pride Center’s Inaugural Queer Youth Prom

I’ve been involved in a lot of LGBTQ organizations, mostly advocacy groups, focused on a particular issue. This [Center] brings it all together. There’s the social component—part of the sense of community, lots of social activities. And also the activities that are for a purpose – support group[s], intergenerational dinner[s]. Also, things the Center is doing to [increase their visibility in the County]... Most LGBTQ organizations don’t have that range.

– Older adult participant
expert resource in making the county’s entire network of supportive care and services friendly to LGBTQ+ residents.

The Pride Center is not without its struggles. It is still a relatively young organization, and its staff devoted a large amount of time and effort last year to building the Center’s infrastructure, addressing operational challenges, and developing brand-new programs. Staff capacity is limited in its ability to handle the participant demand for mental health care services, and locating sustainable, longer-term sources of funding for the Center remains a concern. Nonetheless, it is clear that the Pride Center has become a crucial community resource within a short amount of time, and has already influenced service providers, employers, and consumers across the county.

The Pride Center is hoping to extend the innovation study period for an additional two years. With additional time, the Pride Center would focus on further developing its internal policies and procedures and serving a larger mental health client base. Having the opportunity to extend the evaluation of how the Pride Center’s collaborative model influences access to services and client outcomes would support in documenting a replicable best practice model that can benefit Behavioral Health Services statewide and nationally.
### Appendix A: San Mateo Pride Center Data Collection Plan

<table>
<thead>
<tr>
<th>Data Collection</th>
<th>Administration Plan</th>
<th>To whom</th>
<th>By whom</th>
<th>What format</th>
<th>What frequency</th>
<th>Data entry plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant Demographic Form</td>
<td>To whom: All participants with a minimum of 2 visits</td>
<td>By whom: Center administration staff</td>
<td>What format: Paper form</td>
<td>What frequency: On individual basis</td>
<td>Data entry plan: Center staff enter into Survey Gizmo</td>
<td></td>
</tr>
<tr>
<td>Participant Experience Survey</td>
<td>To whom: Any participant at a point in time (voluntary)</td>
<td>By whom: Center administration staff</td>
<td>What format: Paper and online survey</td>
<td>What frequency: Annual</td>
<td>Data entry plan: Center staff enter into Survey Gizmo</td>
<td></td>
</tr>
<tr>
<td>Clinical Progress Survey (still in development)</td>
<td>To whom: All clients who receive clinical services</td>
<td>By whom: Center clinicians</td>
<td>What format: Paper survey</td>
<td>What frequency: At intake, at 6-month follow-up, and at discharge</td>
<td>Data entry plan: Center staff enter into ETO database</td>
<td></td>
</tr>
<tr>
<td>Participant Sign-In Sheets</td>
<td>To whom: Any person who enters the Center</td>
<td>By whom: Center front desk staff</td>
<td>What format: Paper form</td>
<td>What frequency: Ongoing</td>
<td>Data entry plan: Center staff enter into ETO database</td>
<td></td>
</tr>
<tr>
<td>Outreach and Meeting Tracking Sheets</td>
<td>To whom: All partner meetings at the Center and All Center outreach activities held outside the Center</td>
<td>By whom: Center administration staff</td>
<td>What format: Paper forms</td>
<td>What frequency: Ongoing</td>
<td>Data entry plan: Center staff enter into ETO database</td>
<td></td>
</tr>
<tr>
<td>Focus Groups with Staff</td>
<td>To whom: One focus group with direct service staff and one focus group with managers from Center partners</td>
<td>By whom: RDA</td>
<td>What format: In-person discussion</td>
<td>What frequency: Semi-annual</td>
<td>Data entry plan: N/A</td>
<td></td>
</tr>
<tr>
<td>Focus Groups with Participants</td>
<td>To whom: Center participants</td>
<td>By whom: RDA</td>
<td>What format: In-person discussion</td>
<td>What frequency: Annual</td>
<td>Data entry plan: N/A</td>
<td></td>
</tr>
<tr>
<td>Interviews with Center Leadership</td>
<td>To whom: Interview with Center Director</td>
<td>By whom: RDA</td>
<td>What format: Telephone interview</td>
<td>What frequency: Annual</td>
<td>Data entry plan: N/A</td>
<td></td>
</tr>
<tr>
<td>Partner Collaboration Survey (AITCS-II)</td>
<td>To whom: All Center staff and leadership</td>
<td>By whom: RDA</td>
<td>What format: Online survey</td>
<td>What frequency: Baseline and annual</td>
<td>Data entry plan: N/A (online)</td>
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</table>
Appendix B: Collaboration Survey

Assessment of Interprofessional Team Collaboration Scale

Instructions:

The Assessment of Interpersonal Team Collaboration Scale (AITCS) is a validated instrument that is designed to measure the interprofessional collaboration among team members. It consists of 23 statements considered characteristic of interprofessional collaboration (how team works and acts). Scale items represent three elements that are considered to be key to collaborative practice. These subscales are: (1) Partnership—8 items, (2) Cooperation—8 items, and (3) Coordination—7 items.

Respondents indicate their general level of agreement with items on a 5-point rating scale that ranges from 1 = “Never”; 2 = “Rarely”; 3 = “Occasionally”; 4 = “Most of the time”; to 5 = “Always”.

It takes approximately 10 minutes to complete.

Note: Several terms are used for the person who is the recipient of health and social services. For the purpose of this assessment, the term ‘patient’ will be used. We acknowledge that other terms such as ‘client’ ‘consumer’ and ‘service user’ are preferred in some disciplines/jurisdictions.

Please mark the value which best reflects how you currently feel your team and you, as a member of the team, work or act within the team.

1 = Never
2 = Rarely
3 = Occasionally
4 = Most of the time
5 = Always
Respondent Information

1) Please select your affiliation status at the Center*
[ ] Staff member at the Center
[ ] Partner with the Center

Section 1. PARTNERSHIP

2) When we are working as a team, all of my team members... *

<table>
<thead>
<tr>
<th></th>
<th>1-Never</th>
<th>2-Rarely</th>
<th>3-Occasionally</th>
<th>4-Most of the time</th>
<th>5-Always</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>a. include patients in setting goals for their care</td>
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<td>b. listen to the wishes of their patients when determining the process of care chosen by the team</td>
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<td>c. meet and discuss patient care on a regular basis</td>
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<td>d. coordinate health and social services (e.g. financial,</td>
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<td>occupation, housing, connections with community, spiritual) based upon patient care needs</td>
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<td>e. use consistent communication with the team to discuss patient care</td>
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<td>f. are involved in goal setting for each patient</td>
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<td>g. encourage each other and patients and their families to use the knowledge and skills that each of us can bring in developing plans of care</td>
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<td>h. work with the patient and their relatives in adjusting care plans</td>
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*Partners may select "Not Applicable" for this section*
Section 2. COOPERATION

3) *When we are working as a team, all of my team members...*

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<tr>
<th></th>
<th>1- Never</th>
<th>2- Rarely</th>
<th>3- Occasionally</th>
<th>4- Most of the time</th>
<th>5- Always</th>
<th>Not Applicable</th>
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<tr>
<td>a. share power with each other</td>
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<td>b. respect and trust each other</td>
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<td>c. are open and honest with each other</td>
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<td>d. make changes to their team functioning based on reflective reviews</td>
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<td>e. strive to achieve mutually satisfying resolution for differences of opinions</td>
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<td>f. understand the boundaries of what each other can do</td>
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<td>g. understand that there are shared knowledge and skills between health providers on the team</td>
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<td>h. establish a sense of trust among the team members</td>
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Section 3. COORDINATION

4) When we are working as a team, all of my team members...

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<th>1 - Never</th>
<th>2 - Rarely</th>
<th>3 - Occasionally</th>
<th>4 - Most of the time</th>
<th>5 - Always</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>a. use a new or unique model of</td>
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<td>collaborative practice</td>
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<td>b. equally (equitably) divide agreed</td>
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<td>c. encourage and support open</td>
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<td>and their relatives during team</td>
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<td>meetings</td>
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<td></td>
</tr>
<tr>
<td>d. use an agreed upon process to</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>resolve conflicts</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>e. support the leader for the team</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
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</tr>
<tr>
<td>varying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
depending on the needs of our patients

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>f. together select the leader for our team</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
<tr>
<td>g. openly support inclusion of the patient in our team meetings</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
<td>()</td>
</tr>
</tbody>
</table>

Additional Comments

5) Is there anything else you would like to share about your experience with collaboration at the San Mateo County Pride Center?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Demographics

6) What is your age category?
( ) 0-15
( ) 16-25
( ) 26-39
( ) 40-59
( ) Ages 60 and above
( ) Decline to answer

7) Which race/ethnicity do you identify with? (Check all that apply)
[ ] American Indian
[ ] Asian
[ ] Black or African American
[ ] Hispanic or Latino/a/x
[ ] Native Hawaiian or Pacific Islander
[ ] White
[ ] Other: _________________________________________________
[ ] Decline to answer

8) What is your assigned sex at birth?
( ) Male
( ) Female
( ) Intersex
( ) Decline to answer

9) What is your current gender identity?
( ) Cisgender Man
( ) Cisgender Woman
( ) Trans Man
( ) Trans Woman
10) How do you identify your sexual orientation?

( ) Gay or Lesbian

( ) Heterosexual or Straight

( ) Bisexual

( ) Questioning or unsure of sexual orientation

( ) Queer

( ) Pansexual

( ) Asexual

( ) Indigenous sexual orientation: _________________________________________________

( ) Another sexual orientation: _________________________________________________

( ) Decline to answer

11) What is your individual annual income?

( ) 0-$24,000

( ) $25,000-$50,000

( ) $50,001-$75,000

( ) $75,001-$100,000

( ) Above $100,000

( ) Decline to answer
Appendix C: Demographic Form

San Mateo County Pride Center
Participant Information Form

For office use:
Form #_______

Thank you for visiting the San Mateo County Pride Center! This form will help us understand who is receiving services at The Pride Center. Completing this form will support the Center’s efforts in implementing its programs. The questions are voluntary and anonymous. Thank you for your time!

Please write today’s date: _____________

Please write your zip code: ______________

1. What is your age category? (mark one)
   - 0-15
   - 16-25
   - 26-39
   - 40-59
   - Age 60 and above
   - Decline to answer

2. What is your preferred or primary language? (mark one)
   - English
   - Spanish
   - Mandarin
   - Cantonese
   - Russian
   - Vietnamese
   - Tagalog
   - Hindi
   - Farsi
   - American Sign Language
   - Other:____________________
   - Decline to answer

3. How do you define your race?
   (mark all that apply)
   - American Indian/Native American/Native Alaskan
   - Asian
   - Black or African American
   - Hispanic or Latino/a/x
   - Native Hawaiian or other Pacific Islander
   - White/Caucasian
   - Other:____________________
   - Decline to answer

4. How do you define your ethnicity?
   (mark all that apply)
   - Hispanic/Latino Ethnicity:
     - Caribbean
     - Central American:____________________
     - Mexican/Mexican-American/Chicano/a/x
     - Puerto Rican
     - El Salvadorian
     - South American:____________________

   - Non-Hispanic/Latino Ethnicity:
     - African
     - Asian Indian/South Asian
     - Cambodian
     - Chinese
     - Eastern European
     - European
     - Filipino
     - Japanese
     - Korean
     - Middle Eastern
     - Pacific Islander
     - Indigenous Nation
     - Vietnamese
     - Other:____________________
     - Decline to answer
What is your assigned sex at birth? (mark one)
- Male
- Female
- Intersex
- Decline to answer

What is your gender identity? (mark one)
- Cisgender Man
- Cisgender Woman
- Female-to-Male (FTM)/Transgender Male/Trans Man/Transmasculine/Man
- Male-to-Female (MTF)/Transgender Woman/Trans Woman/Transfeminine/Woman
- Genderqueer/Gender nonconforming/neither exclusively male nor female
- Indigenous gender identity:__________________________
- Questioning or unsure of gender identity
- Another gender identity:__________________________
- Decline to answer

How do you identify your sexual orientation? (mark one)
- Gay or Lesbian
- Heterosexual or Straight
- Bisexual
- Questioning or unsure of sexual orientation
- Queer
- Pansexual
- Asexual
- Indigenous sexual orientation:__________________________
- Another sexual orientation:__________________________
- Decline to answer

Do you have any of the following disabilities or health conditions? (mark all that apply)
A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.
- Difficulty seeing
- Difficulty hearing, or having speech understood
- Other communication challenges:__________________________
- Limited physical mobility
- Learning disability
- Developmental disability
- Dementia
- Chronic health condition
- Other disability or health condition:__________________________
- None
- Decline to answer

What is your highest level of education? (mark one)
- Less than high school diploma
- High school diploma or GED
- Some college
- Vocational or trade certificate
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Decline to answer

What is your current employment status? (mark one)
- Full time employment
- Part time employment
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Student
- Decline to answer

What is your current housing status? (mark one)
- I have stable housing
- I am staying with friends or family
- I am living in a shelter or transitional housing
- I am homeless
- Other housing status:__________________________
- Decline to answer

Complete questions 12 & 13 if you are 18 years old and over

What is your individual annual income? (mark one)
- 0-$24,999
- $25,000-$50,000
- $50,001-$75,000
- $75,001-$100,000
- Above $100,000
- Decline to answer

Are you a veteran? (mark one)
- Yes, I am a veteran
- No, I am not a veteran
- Decline to answer
Appendix D: Participant Experience Survey

San Mateo County Pride Center
Participant Experience Survey

Welcome to the Participant Experience Survey! The purpose of this 5-minute survey is to hear from you about the services you have received and/or programs you’ve participated in at the San Mateo County Pride Center. The information you provide will help improve our services and programs to better meet the needs of community members. All of your answers will be anonymous.

We appreciate you taking the time to share your experience with us!

1. How many times have you visited the Pride Center?
   - [ ] 1 time
   - [ ] 2 to 5 times
   - [ ] More than 5 times

2. Please mark the services you have participated in at the Pride Center. (Check all that apply.)
   - [ ] Case Management
   - [ ] Education / Training
   - [ ] Social Activities / Events
   - [ ] Community Meetings
   - [ ] Drop-In Center
   - [ ] Peer Group: ______________________
   - [ ] Connection to Resources
   - [ ] Therapy services
   - [ ] Other: __________________________

3. Please rate your interactions with the Pride Center’s staff.
   - [ ] Staff are courteous and friendly.
   - [ ] Staff are responsive when I have requests.
   - [ ] Staff understand & affirm my sexual orientation.
   - [ ] Staff understand & affirm my gender identity.
   - [ ] Staff understand & affirm my culture/ethnicity.

   (NOTE: “Staff” refers to any professional who provides services/programming.)

4. Please rate your experiences with the facility.
   - [ ] The Pride Center is a welcoming & safe environment.
   - [ ] The Pride Center gives me a sense of community.
   - [ ] The Pride Center is in a convenient location.
   - [ ] The hours of the Pride Center work with my schedule.

5. Please rate your experiences with the services provided at the Pride Center.
   - [ ] It’s easy to get connected to other services within the Pride Center.
   - [ ] It’s easy to get connected to other services outside of the Pride Center.
   - [ ] The Pride Center staff include me in deciding what services are best for me.
   - [ ] The services that I am receiving at the Pride Center are improving my mental health.

[ TURN PAGE OVER TO CONTINUE ]
6. Please note any other services/programs to which the Pride Center has connected you. (OPTIONAL)

7. Please share any positive or negative experiences you have had with the Pride Center. (OPTIONAL)

---

**Your Background**

_The following questions are optional and will help us know more about who responded to our survey._

**A) What is your age category?**

- [ ] 0 – 15
- [ ] 16 – 25
- [ ] 26 – 39
- [ ] 40 – 59
- [ ] 60 & above
- [ ] Decline to Answer

**B) With which race/ethnicity do you identify? (Check all that apply.)**

- [ ] American Indian / Native Alaskan
- [ ] Black / African American
- [ ] Native Hawaiian / Pacific Islander
- [ ] Asian / Asian American
- [ ] Hispanic / Latino/a / Latinx
- [ ] White
- [ ] Other: ________________________________
- [ ] Decline to Answer

**C) What is your assigned sex at birth?**

- [ ] Female
- [ ] Male
- [ ] Intersex
- [ ] Decline to Answer

**D) What is your current gender identity?**

- [ ] Cisgender Man
- [ ] Cisgender Woman
- [ ] Genderqueer / Gender Nonconforming / Neither exclusively male nor female
- [ ] Male-to-Female (MTF) / Transgender Woman / Trans Woman / Trans-feminine / Woman
- [ ] Female-to-Male (FTM) / Transgender Male / Trans Man / Trans-masculine / Man
- [ ] Indigenous gender identity: ________________________________
- [ ] Other gender identity: ________________________________
- [ ] Decline to Answer

**E) How do you identify your sexual orientation?**

- [ ] Gay or Lesbian
- [ ] Heterosexual or Straight
- [ ] Bisexual
- [ ] Questioning / Unsure
- [ ] Queer
- [ ] Pansexual
- [ ] Asexual
- [ ] Decline to Answer
- [ ] Indigenous sexual orientation: ________________________________
- [ ] Other sexual orientation: ________________________________
Appendix E: San Mateo County Pride Center End of Year Report

[replace]
Appendix F. Data Tables

Demographic Data

To comply with HIPAA requirements and protect the confidentiality of participating individuals, the tables below only present data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined. RDA was unable to create a table displaying demographic data on preferred language due to most responses having fewer than five responses. The total number of responses for each question may not add to 41 because some individuals did not answer every question on the form, while some questions allowed participants to select multiple responses.

Table 1. Participants served by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-15</td>
<td>18</td>
<td>5%</td>
</tr>
<tr>
<td>16-25</td>
<td>117</td>
<td>29%</td>
</tr>
<tr>
<td>26-39</td>
<td>119</td>
<td>30%</td>
</tr>
<tr>
<td>40-59</td>
<td>103</td>
<td>26%</td>
</tr>
<tr>
<td>Age 60 and above</td>
<td>33</td>
<td>8%</td>
</tr>
<tr>
<td>Decline to Answer</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 2. Participants served by race (some participants are counted more than once, as they could mark all categories that apply)

<table>
<thead>
<tr>
<th>Race</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White or Caucasian</td>
<td>214</td>
<td>54%</td>
</tr>
<tr>
<td>Hispanic or Latino/a/x</td>
<td>93</td>
<td>23%</td>
</tr>
<tr>
<td>Asian or Asian American</td>
<td>78</td>
<td>20%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>19</td>
<td>5%</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>4%</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>Native American or Native Alaskan</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>7</td>
<td>2%</td>
</tr>
</tbody>
</table>
Table 3. Participants served by ethnicity (some participants are counted more than once, as they could mark all categories that apply)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>European</td>
<td>110</td>
<td>28%</td>
</tr>
<tr>
<td>Mexican, Mexican American, or Chicano/a/x</td>
<td>51</td>
<td>13%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>36</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>9%</td>
</tr>
<tr>
<td>Filipino/a/x</td>
<td>33</td>
<td>8%</td>
</tr>
<tr>
<td>Chinese</td>
<td>27</td>
<td>7%</td>
</tr>
<tr>
<td>Eastern European</td>
<td>19</td>
<td>5%</td>
</tr>
<tr>
<td>South American</td>
<td>19</td>
<td>5%</td>
</tr>
<tr>
<td>African</td>
<td>17</td>
<td>4%</td>
</tr>
<tr>
<td>Other Asian ethnicity (Japanese, Korean, Vietnamese, Cambodian)</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>Other Latino/a/x ethnicity (Puerto Rican, Caribbean)</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>Salvadoran</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>South Asian</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Central American</td>
<td>8</td>
<td>2%</td>
</tr>
</tbody>
</table>

Table 4. Participants served by sex at birth

<table>
<thead>
<tr>
<th>Sex</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>243</td>
<td>61%</td>
</tr>
<tr>
<td>Male</td>
<td>122</td>
<td>31%</td>
</tr>
<tr>
<td>Other or Decline to answer</td>
<td>35</td>
<td>9%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>400</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>
### Table 4. Participants served by gender identity

<table>
<thead>
<tr>
<th>Gender identity</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cisgender Woman</td>
<td>156</td>
<td>39%</td>
</tr>
<tr>
<td>Cisgender Man</td>
<td>92</td>
<td>23%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>71</td>
<td>18%</td>
</tr>
<tr>
<td>Genderqueer / Gender nonconforming / Neither exclusively male nor female</td>
<td>36</td>
<td>9%</td>
</tr>
<tr>
<td>Female-to-Male (FTM) / Transgender Male / Trans Man / Trans-masculine / Man</td>
<td>14</td>
<td>4%</td>
</tr>
<tr>
<td>Questioning or unsure of gender identity</td>
<td>11</td>
<td>3%</td>
</tr>
<tr>
<td>Male-to-Female (MTF) / Transgender Woman / Trans Woman / Trans-feminine / Woman</td>
<td>10</td>
<td>3%</td>
</tr>
<tr>
<td>Another gender identity</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 5. Participants served by sexual orientation

<table>
<thead>
<tr>
<th>Sexual orientation</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay or Lesbian</td>
<td>119</td>
<td>30%</td>
</tr>
<tr>
<td>Heterosexual or Straight</td>
<td>119</td>
<td>30%</td>
</tr>
<tr>
<td>Queer</td>
<td>49</td>
<td>12%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>36</td>
<td>9%</td>
</tr>
<tr>
<td>Bisexual</td>
<td>34</td>
<td>9%</td>
</tr>
<tr>
<td>Pansexual</td>
<td>18</td>
<td>5%</td>
</tr>
<tr>
<td>Asexual</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Questioning or unsure of sexual orientation</td>
<td>7</td>
<td>2%</td>
</tr>
<tr>
<td>Another sexual orientation; Indigenous sexual orientation</td>
<td>6</td>
<td>2%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>
Table 6. Participants served by disability status (some participants are counted more than once, as they could mark all categories that apply)

<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>237</td>
<td>59%</td>
</tr>
<tr>
<td>Other ailments</td>
<td>33</td>
<td>8%</td>
</tr>
<tr>
<td>Chronic health problems</td>
<td>22</td>
<td>6%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>22</td>
<td>6%</td>
</tr>
<tr>
<td>Difficulty seeing</td>
<td>20</td>
<td>5%</td>
</tr>
<tr>
<td>Learning disability</td>
<td>14</td>
<td>4%</td>
</tr>
<tr>
<td>Difficulty hearing</td>
<td>12</td>
<td>3%</td>
</tr>
<tr>
<td>Limited physical mobility</td>
<td>9</td>
<td>2%</td>
</tr>
<tr>
<td>Other communication challenges</td>
<td>5</td>
<td>1%</td>
</tr>
</tbody>
</table>

Table 7. Participants served by level of education

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than a high school diploma</td>
<td>29</td>
<td>7%</td>
</tr>
<tr>
<td>High school diploma or GED</td>
<td>24</td>
<td>6%</td>
</tr>
<tr>
<td>Some college</td>
<td>57</td>
<td>14%</td>
</tr>
<tr>
<td>Vocational or trade certificate</td>
<td>8</td>
<td>2%</td>
</tr>
<tr>
<td>Associate’s degree</td>
<td>15</td>
<td>4%</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
<td>127</td>
<td>32%</td>
</tr>
<tr>
<td>Graduate degree</td>
<td>112</td>
<td>28%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>4</td>
<td>10%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>

Table 8. Participants served (aged 26 and older) by income

<table>
<thead>
<tr>
<th>Income</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-$24,999</td>
<td>41</td>
<td>16%</td>
</tr>
<tr>
<td>$25,000-$50,000</td>
<td>43</td>
<td>16%</td>
</tr>
<tr>
<td>$50,001-$75,000</td>
<td>43</td>
<td>16%</td>
</tr>
<tr>
<td>$75,001-$100,00</td>
<td>33</td>
<td>13%</td>
</tr>
<tr>
<td>Above $100,000</td>
<td>36</td>
<td>14%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>69</td>
<td>26%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>265</td>
<td>100%</td>
</tr>
</tbody>
</table>
### Table 9. Participants served by employment status

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-time employment</td>
<td>175</td>
<td>44%</td>
</tr>
<tr>
<td>Student</td>
<td>67</td>
<td>17%</td>
</tr>
<tr>
<td>Part-time employment</td>
<td>55</td>
<td>14%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>43</td>
<td>11%</td>
</tr>
<tr>
<td>Unemployed and looking for work</td>
<td>41</td>
<td>10%</td>
</tr>
<tr>
<td>Retired</td>
<td>19</td>
<td>5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>400</td>
<td>100%</td>
</tr>
</tbody>
</table>

### Table 10. Participants served (aged 26 and older) by housing status

<table>
<thead>
<tr>
<th>Housing status</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have stable housing</td>
<td>209</td>
<td>79%</td>
</tr>
<tr>
<td>Decline to answer</td>
<td>27</td>
<td>10%</td>
</tr>
<tr>
<td>Other housing status; I am living in a shelter or transitional housing; I am homeless</td>
<td>16</td>
<td>4%</td>
</tr>
<tr>
<td>I am staying with friends or family</td>
<td>13</td>
<td>5%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>265</td>
<td>100%</td>
</tr>
</tbody>
</table>
## Collaboration Survey Results

### Section 1: Partnership

<table>
<thead>
<tr>
<th>When we are working as a team, all of my team members...</th>
<th>Total Responses</th>
<th>1-Never</th>
<th>2-Rarely</th>
<th>3-Occasionally</th>
<th>4-Most of the time</th>
<th>5-Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. include patients in setting goals for their care</td>
<td>14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>b. listen to the wishes of their patients when determining the process of care chosen by the team</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>c. meet and discuss patient care on a regular basis</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>d. coordinate health and social services (e.g. financial, occupation, housing, connections with community, spiritual) based upon patient care needs</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>e. use consistent communication with the team to discuss patient care</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>f. are involved in goal setting for each patient</td>
<td>14</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>g. encourage each other and patients and their families to use the knowledge and skills that each of us can bring in developing plans of care</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>h. work with the patient and their relatives in adjusting care plans</td>
<td>15</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>
### Section 2: Cooperation

<table>
<thead>
<tr>
<th>When we are working as a team, all of my team members...</th>
<th>Total Responses</th>
<th>1-Never</th>
<th>2-Rarely</th>
<th>3-Occasionally</th>
<th>4-Most of the time</th>
<th>5-Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. share power with each other</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>b. respect and trust each other</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>c. are open and honest with each other</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>d. make changes to their team functioning based on reflective reviews</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>e. strive to achieve mutually satisfying resolution for differences of opinions</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>12</td>
</tr>
<tr>
<td>f. understand the boundaries of what each other can do</td>
<td>20</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>g. understand that there are shared knowledge and skills between health providers on the team</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>h. establish a sense of trust among the team members</td>
<td>19</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>9</td>
</tr>
</tbody>
</table>
### Section 3: Coordination

<table>
<thead>
<tr>
<th>When we are working as a team, all of my team members...</th>
<th>Total Responses</th>
<th>1-Never</th>
<th>2-Rarely</th>
<th>3-Occasionally</th>
<th>4-Most of the time</th>
<th>5-Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. use a new or unique model of collaborative practice</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>b. equally (equitably) divide agreed upon goals amongst the team</td>
<td>20</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>c. encourage and support open communication, including the patients and their relatives during team meetings</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>8</td>
<td>11</td>
</tr>
<tr>
<td>d. use an agreed upon process to resolve conflicts</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>e. support the leader for the team varying depending on the needs of our patients</td>
<td>18</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>f. together select the leader for our team</td>
<td>16</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>g. openly support inclusion of the patient in our team meetings</td>
<td>15</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>7</td>
</tr>
</tbody>
</table>
February 5, 2019

To: Commissioners, San Mateo County LGBTQ Commission

From: Kris Perez, Co-Chair

Subject: BOS Presentation Follow-up

Many thanks to all the hands that participated in the creation and presentation of the survey results. It truly had all our “fingerprints” on it and was so well received. We received many compliments from folks in the audience. It made clear to me that people are listening and want to know what is happening in the LGBTQ community.

Craig Wiesner did a fantastic job presenting our data. He was an engaging speaker, and presented our material in a compelling way.

Thank you especially to Tanya Beat for her amazing support of the Commission, and in particular her guidance and direction with this project. We could not have done this without help from the staff at Public Health, nor without support from Supervisor Pine, and Linda Wollin.

Thanks to everyone who came to the presentation: Jeannine, Terri, Stan & Gabe. The meetings are videotaped. To see the video (which should be posted soon) click this link and scroll down the page to the 1/29/19 meeting:
https://sanmateocounty.legistar.com/Calendar.aspx

All Survey and Presentation documents:

Discussion:
To: Members of the San Mateo County LGBTQ Commission
From: Tanya Beat, LGBTQ Commission Director
Date: February 5, 2019
Subject: Director’s Report

Updates:

- SOGI Training:
  - Tuesday, February 12, from 5:30-7:30pm at the Pride Center.
  - Pizza, salad, dessert

- Transgender Policy in San Mateo County
  - Consent Agenda for February 12 BOS Meeting

- Pride Initiative is Working Hard to include the Commission
  - Meeting now from 4:30-6:00pm

Action:

- Time to distribute Survey results widely
- Direct people to website
- Director focus is on the broader audience (press, County, SMCOE, email list, etc).
Community Conversations Proposed Plan of Action

Successful implementation of Community Conversations looks like:

- PCRC Introduction & Facilitation
- Commission Presentation on Findings & Presentation on Policy Options (with Q&A)
- Capturing the Community’s feedback about options & recommendations that are not part of the options provided.
- Clarity in the development of specific and measurable policy recommendations to BOS and to SMC Board of Education.

Phase 1

Spread survey results widely.

Phase 2

Invite service providers and community individuals to RSVP for Community Conversations.

Conduct Community Conversations, facilitated by PCRC.

Analyze Community Conversation feedback.

Phase 3

Translation of survey results + learnings from community conversations into solid policy recommendations with measurable results.

Determining Community Conversations (Late March through all of April)

- **Audience:** One meeting that includes both youth, youth service providers, adults and adult service providers. Break out tables would be separated into youth and adult
- **Location:** Heavily encouraged to split into geographic locations such as North County, Coastside, South County.
- **Number of Meetings:** Propose to have three locations; 2 hour meetings
- **Need local partners to get a balanced and diverse group of participants for each meeting. RSVP system for the focus groups will be created; webpage; food and possibly transportation.**

Action Items:

- Confirm Venues, dates, and create rsvp system.
- PCRC can provide translation (identify this need in rsvp system)
- Menu of policy recommendations. The more you have, the longer the conversation. Need to possibly create online poll with list of policy recommendations for ranking/selections.
Recommendations from Collaborators:

Location Suggestions (due to current partners & connections)

North County
- Jefferson High School

Coastside
- Half Moon Bay Library Community Room; provide or learn how to get transportation from Puente in Pescadero

South County: East Palo Alto or Menlo Park / Atherton HS
- East Palo Alto Community Room
- East Palo Alto Academy

Potential Dates and Times

March 27: 5-7pm
April 2: 6-8:30pm
April 9: 5-7pm
April 30: 5-7pm

Was provided feedback that during the week after school would be ideal for youth.

Lens of Engagement that provides Focus for Community Conversation:

- People will probably not read the survey results; however, it was suggested that they will listen to and be open to policy recommendations.
- Start Community Conversations with the Commission’s Interpretation of Results. With each theme/result provide a list of policy recommendation options for the small tables to choose from and discuss.
- Ensure that you have a policy people there to help with questions.
Policy Memorandum Based on the Youth Survey in San Mateo County

**Issue:** National research\(^1\) shows that LGBTQ children and youth, as compared to their non-LGBTQ peers experience substantially higher levels of physical violence and bullying than other students, have a lower sense of school belonging, higher depression, and miss school because they do not feel safe at school. They also experience a lack of support from the adults and public services intended to protect and promote their health and well-being. The San Mateo County youth survey results are consistent with this research.

**General Policy Recommendation:**
Recommend that community leaders, faith leaders, school superintendents, and all county departments use this data to inform practices and the provision of services in the county. Also recommend that resources be allocated to implement these policy recommendations.

**Rationale:**
For children and youth to thrive in schools and communities, they need to feel socially, emotionally, and physically safe and supported. Yet when they look to school, community, and faith leaders, they do not always perceive these supports. In a recent county survey, children and youth ranked teacher-student groups, community leaders, and the faith community last when it came to receiving positive messages about being LGBTQI. Survey respondents reported being careful and selective about whom they would come out to—only a handful reported being out to their religious or spiritual groups, coaches, or counselors.

**Behavioral, Mental, and Physical Health Policy Recommendations**
1. **Develop and rigorously evaluate interventions** to reduce health disparities for LGBTQI children and youth in the public mental/behavioral and physical health systems (these settings).
2. **Provide culturally competent training** for service providers in these settings to improve the support, validation, and accurate information given to LGBTQI children and youth.

**Rationale**
LGBTQI children and youth are at greater risk for depression and suicide. Survey respondents confirmed feeling high levels of stress and suicidality.
- 74% of youth considered harming themselves in the past 12 months;
- 63% of youth reported they felt stress quite a bit or very much (stress was defined as when a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time); and
- 74% of youth reported that they stopped doing some usual activities during the past 12 months, because they felt so sad, hopeless or anxious almost every day for two weeks or more in a row (usual activities were defined as not seeing friends, skipping meals, skipping school or an after-school activity, and not doing homework).

\(^1\) National survey data is provided as context and can be viewed here [http://www.glsen.org/sites/default/files/NSCS_ExecSumm_2013_DESIGN_FINAL.pdf](http://www.glsen.org/sites/default/files/NSCS_ExecSumm_2013_DESIGN_FINAL.pdf).
In California, LGBTQI youth aged 15-24 have the lowest utilization of medical office visits of any age group. The American Academy of Pediatrics recommends that health care professionals discuss issues of emerging sexuality with all adolescents. Statewide sexual education standards require that when schools have sexual educational classes they give information about safe sex and LGBTQI dating. Children and youth want school and health care professionals to treat them with respect and honesty, to be medically well-educated, and to give them accurate information. Yet most of the respondents did not know where to access healthcare (67% did not know where to go to get LGBTQI friendly healthcare) and did not get safe sex information or information about LGBTQI dating at school (59%; note, 41% reported that their school’s sex education classes had this information, but ranked these classes as second to the internet to learn about safe sex; most of the youth surveyed looked to the internet, friends, and social media to learn about safe sex, and 8 said that they didn’t know of anywhere they could go for this information.)

School Policy Recommendations:
1. **Adopt a comprehensive anti-bullying policy** at schools that enumerates categories such as race, gender, ethnicity, religion, sexual orientation and gender expression/identity.
2. **Support student efforts** to address anti-LGBT bullying and harassment on campus, such as the formation of a Gay-Straight Alliance or participation in events such as the National Day of Silence and Ally Week.
3. **Require staff trainings** to enable school staff to:
   a. Identify and address anti-LGBT name-calling, bullying and harassment effectively and in a timely manner and
   b. Improve compliance with Education Code Section 51933 by including information on LGBTQI dating and safe sex.
4. **Conduct focus groups** to enable schools to identify specific steps they can take to make their schools more safe, welcoming, and inclusive for all children and youth.
5. **Institute age-appropriate, inclusive curricula** to help students understand and respect difference within the school community and society as a whole.

**Rationale:**
A positive school climate has been associated with decreased depression, suicidal feelings, substance use, and unexcused school absences among LGBTQI students. The good news from the survey is that the LGBTQI students in our county felt safer at school than the national average (60% in San Mateo County as opposed to 45% nationally), however, when we explored specific safety questions, we learned:
- 42% avoided gender-segregated bathrooms because they felt unsafe;
- 43% avoided school functions or extracurricular activities because they felt unsafe or unwelcome; and
- 21% skipped at least one day of school in the last month because they felt unsafe.

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2 First, Do No Harm: Reducing Disparities for LGBTQQ Populations in California (2014), HIV and AIDS Chapter
When we asked about the incidence of anti-LGBT and homophobic remarks at school, we learned:

- 94% heard “gay” used in a negative way (e.g., “that’s so gay”) (as compared to 71.4% of LGBT students in a national survey) and
- 83% heard other homophobic remarks (e.g., “dyke” or “faggot”) (as compared to 64.5% in a national survey).

When we asked about harassment and assault at school, we learned:

- 53% reported being verbally harassed in the past year because of their sexual orientation;
- 16% were physically assaulted in the past year because of their sexual orientation; and
- 29% reported harassment, assault or other discrimination to school authorities and school staff did nothing in response.

**Conclusion:**
San Mateo County has demonstrated leadership on behalf of its LGBTQ residents and employees by establishing this Commission and adopting the Commission’s recommended policy on sexual orientation and gender identity (SOGI). We commend the County departments that are routinely asking these questions and using this data to inform practices and the provision of services in the county. We respectfully ask that the Board of Supervisors consider adopting the recommendations in this memorandum and work in partnership with the County Superintendent and faith leaders to implement them on behalf of our LGBTQI children and youth.
Summary of Actionable Data from Youth Survey

**Sense of Belonging- Positive Messages About Being LGBTQI in Our County**
- Youth ranked as most positive: the internet, peers, and GSAs
- Youth ranked as least positive: teacher-student groups, community leaders, and the faith community
- Youth almost always disclosed their sexual orientation selectively— just over half (51%) reported being out to their teachers yet only a handful reported being out to their religious or spiritual groups, coaches, or counselors
- While most youth reported that their schools had a GSA, only half said they were active in their school’s GSA
- Very few middle schools have a GSA and approximately X% of public high schools in the county have a GSA

**School Safety**
- 60% felt safe at school
  (as compared to 55.5% of LGBT students felt unsafe at school because of their sexual orientation, and 37.8% because of their gender expression in a national survey)
- 42% avoided gender-segregated bathrooms because they felt unsafe
  (as compared to 35.4% in a national survey)
- 43% avoided school functions or extracurricular activities because they felt unsafe or unwelcome
  (as compared to 68% school functions and 61% extracurricular activities in a national survey)
- 21% skipped at least one day of school in the last month because they felt unsafe
  (as compared to 30.3% of LGBT students in a national survey)

**Anti-LGBT Remarks at School**
- 94% of LGBT students heard “gay” used in a negative way (e.g., “that’s so gay)
  (as compared to 71.4% of LGBT students in a national survey)
- 83% heard other homophobic remarks (e.g., “dyke” or “faggot”)
  (as compared to 64.5% in a national survey)

**Harassment and Assault at School**
- 53% of LGBT students were verbally harassed (e.g., called names or threatened) in the past year because of their sexual orientation
  (as compared to 74.1% in a national survey).
- 16% were physically assaulted (e.g., punched, kicked, injured with a weapon) in the past year because of their sexual orientation (as compared to 16.5% in a national survey)
- 29% reported harassment, assault or other discrimination to school authorities and school staff did nothing in response. (National survey responses below:
  - 56.7% of LGBT students who were harassed or assaulted in school did not report the incident to school staff, most commonly because they doubted that effective intervention would occur or the situation could become worse if reported.)
61.6% of the students who did report an incident said that school staff did nothing in response.

**Healthcare**
- 67% did not know where to go to get LGBTQI friendly healthcare
- 41% reported that their school’s sex education classes had information about LGBTQI dating and ranked these classes as second to the internet to learn about safe sex; most of the youth surveyed looked to the internet, friends, and social media to learn about safe sex, and 8 said that they didn’t know of anywhere they could go for this information.

**Mental Health**
- 74% of youth considered harming themselves in the past 12 months
- 63% of youth reported they felt stress quite a bit or very much (stress was defined as when a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time)
- 74% of youth reported that they stopped doing some usual activities during the past 12 months, because they felt so sad, hopeless or anxious almost every day for two weeks or more in a row (usual activities were defined as not seeing friends, skipping meals, skipping school or an after-school activity, and not doing homework)
Resources

Schools
1. National Welcoming Schools, a program of the Human Rights Campaign Foundation's Children, Youth and Families Program, is an LGBT-inclusive approach to addressing family diversity, gender stereotyping and bullying and name-calling in K-5 learning environments.

2. School Climate Surveys
   - Self-Assessment Surveys for Schools
     - Creating a Welcoming Early Childhood Education Program
       This early childhood education self-assessment tool that teachers and administrators can use to begin conversations with staff, parents and guardians. Center and Classroom Family Communications Are forms that families complete for application as well as other center record-keeping family-friendly to diverse families? Do they use language such as parent/parent or parent/guardian rather…
       Read More »
     - Assessing Your School Climate
       This School Climate self-assessment has been designed for both informal and formal school safety assessments for K–5 educators and administrators. This tool is based on the main categories that were measured in an evaluation of a multi-state pilot of Welcoming Schools. The evaluation looked at the following areas: Policies and…
       Read More
     - Local School Climate Surveys (K-12)
       Two versions of the LSCS were developed by GLSEN to be used by local communities. The "School-Based (pdf)" version was developed as a tool to be used to assess the climate of a single school. The "Community-Based" version is appropriate when assessing multiple schools or assessing the experiences of students in a city or town. See more at:
       http://www.glsen.org/lscs#sthash.PgttfB8O.dpuf

3. Equality California’s Safe and Supportive Schools
   Together with the law firm of Latham & Watkins LLP, Equality California is developing a Safe and Supportive School Equality Index, a metric to measure school districts’ efforts to prevent bullying and promote LGBTQ acceptance and programs that support LGBTQ students. The metric evaluating each school district will be released publicly to help members of the LGBTQ community and allies to advocate for better school programs supporting at-risk LGBTQ students. The program will also provide training and support for teachers and staff to recognize at-risk LGBTQ students and to prevent bullying.

4. Sexual Health Education in Schools
   - National Standards on Teaching Sexual Education, the GroundSpark is committed to improving school environments for youth everywhere, and our Straightlaced Curriculum and Resource Guide, now aligned with the National Sexuality Education Standards, is a powerful tool to help us all create safer, more inclusive classrooms.
   - Statewide Information on Sexual Health Education, In California, 96% of school districts in provide comprehensive sexual health education. Under Education Code Section 51933 it must be age appropriate; medically accurate and objective; available on an equal basis to English language learners; appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds; and appropriate for and accessible to pupils with disabilities.
**Foster Care**

1. Welcoming Agency, see [Working With LGBTQ Families in Foster Care and Adoption](#).
   LGBTQ foster children, foster parents, and service providers have a right to equal access to all services, placement, care, treatment and benefits of the foster care system, without discrimination or harassment.

2. The Williams Institute
   LGBTQ foster youth are twice as likely to report poor treatment and more likely to live in group homes and to have more foster care placements. Approximately 1 in 5, or 1,400 foster youth in Los Angeles County, home to the nation’s largest population of foster youth, identify as LGBTQ. The finding is twice the estimated percentage of youth not in foster care who are LGBTQ. Generally, LGBTQ foster youth mirror the racial/ethnic demographic of all foster youth in Los Angeles County. The majority are people of color, over 86% are Latino, Black, or API. More than 18% of all respondents reported experiencing discrimination related to their perceived sexual orientation or gender identity/expression, some of whom don’t identify as LGBTQ. The percentage of LGBTQ youth who were hospitalized for emotional reasons (13.5%) was nearly triple the percentage of similar hospitalizations for non-LGBTQ youth (4.2%).
   *Click here for the executive summary.*
   *Click here for the full report.*
   *Click here for the press release.*

**Health Care**

1. CDC Youth Risk Behavior Survey of LGBTQ High School Students (2016)
   CDC released the first nationally representative study on the health risks of U.S. lesbian, gay, and bisexual (LGB) high school students. To understand more about behaviors that can contribute to negative health outcomes among LGB students, a question to ascertain sexual identity and a question to ascertain sex of sexual contacts was added for the first time to the national and standard *Youth Risk Behavior Survey (YRBS)* questionnaires. These new data offer insight into the health risks of approximately 1.3 million LGB high school students and highlight the need for accelerated action to protect their health and well-being. CDC analyzed data from the 2015 national survey (conducted among more than 15,000 students in grades 9–12) plus data from 25 state surveys, and 19 large urban school district surveys. The findings are described in a CDC *Morbidity and Mortality Weekly Report, “Sexual Identity, Sex of Sexual Contacts, and Health-related Behaviors Among Students in Grades 9-12—United States and Selected Sites, 2015.”* The report documents the rates at which LGB students reported experiencing substantially higher levels of physical and sexual violence and bullying than other students.


4. Human Rights Campaign’s Healthcare Equality Index, launched in 2000, is a benchmarking tool that has helped transform hospitals and healthcare facilities into more welcoming and inclusive places for LGBTQ patients, visitors, and employees.
Faith-based

1. Equality California

California Faith for Equality is now a program of the Equality California Institute. After working with faith communities to promote LGBTQ equality and safeguard religious freedom for nearly a decade, California Faith for Equality’s network of hundreds of faith leaders is now working with Equality California to advance acceptance and equality for the LGBT community.

2. Welcoming Churches and Synagogue Movement materials (www.WelcomingResources.org)

- There are several Christian denominations that have been engaged in an ongoing effort to create an LGBTQ Welcoming Congregations Movement for over 20 years. In researching the process, they have found several important links between pro-LGBTQ advocacy and religious community vitality. Jane Heckles (1997) found that, during 11 periods from 1981-1995, churches that took on an Open and Affirming (ONA) process experienced increases in memberships. Open and Affirming is the designation for congregations, campus ministries, and other bodies in the United Church of Christ which make public statements of welcome into their full life and ministry to persons of all sexual orientations, gender identities, and gender expressions. See http://www.ucccoalition.org/programs/ONA/ for more information.

- The Welcoming Synagogues Project was partially developed to conduct a never before assessment of Jewish denominations around LGBT inclusion. As part of the research phase, which began the Welcoming Synagogues Project, every synagogue in the country across denominations (over 3000 synagogues in North America) were surveyed. Of the 760 rabbis who responded, 41% indicated that when their congregations pro-actively reached out to gay and lesbian Jews, they gained members, and only 2% reported losing members (Aviv, Cohen, & Veinstein, 2009). The research shows that congregations that engage in a Welcoming process actually become involved in and hold more progressive attitudes toward a wider breadth of social justice issues (Schlager, 2004). In fact, in To Do Justice, Voelkel found that over half of the pastors of Welcoming congregations felt that their work on LGBT issues made the congregation more active regarding other social justice issues, such as universal human rights, homelessness, immigration, economic justice, racial justice, environmental justice, HIV/AIDS, health care, hunger, women’s rights, disability rights, and hate crimes. That research shows that these same congregations, while attracting new LGBT members, also attract younger heterosexuals and their families and others who want to support an “extravagantly” welcoming congregation.

References & Resources on Welcoming Movement


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4 Open and Affirming is the designation for congregations, campus ministries, and other bodies in the United Church of Christ which make public statements of welcome into their full life and ministry to persons of all sexual orientations, gender identities, and gender expressions. See http://www.ucccoalition.org/programs/ONA/ for more information.