

# San Mateo County Pride Center Fiscal Year 2016-17 Evaluation Report

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**A Mental Health Services Act Innovation Project**



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## Introduction

### Project Overview

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 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 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.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016 and BHRS began implementation in September 2016. In 2017, San Mateo County Behavioral Health Recovery Services (BHRS) contracted Resource Development Associates (RDA) to evaluate the San Mateo County Pride Center implementation and outcomes. This report provides findings from the first year of implementing the San Mateo County Pride Center.

### 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 disorders compared to non-LGBTQ+ individuals given that they face multiple levels of stress, including subtle or covert homophobia, biphobia, and transphobia.<sup>1</sup>

BHRS developed the San Mateo County Pride Center (Pride Center or the Center) as a behavioral health coordinated services center to address the need for culturally specific programs and mental health services for the LGBTQ+ community. The establishment of the Center also fulfills the MHSA principle to promote interagency collaboration and increase access to mental health services for 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.<sup>1</sup>

<sup>1</sup> King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8:70





## Project Description

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

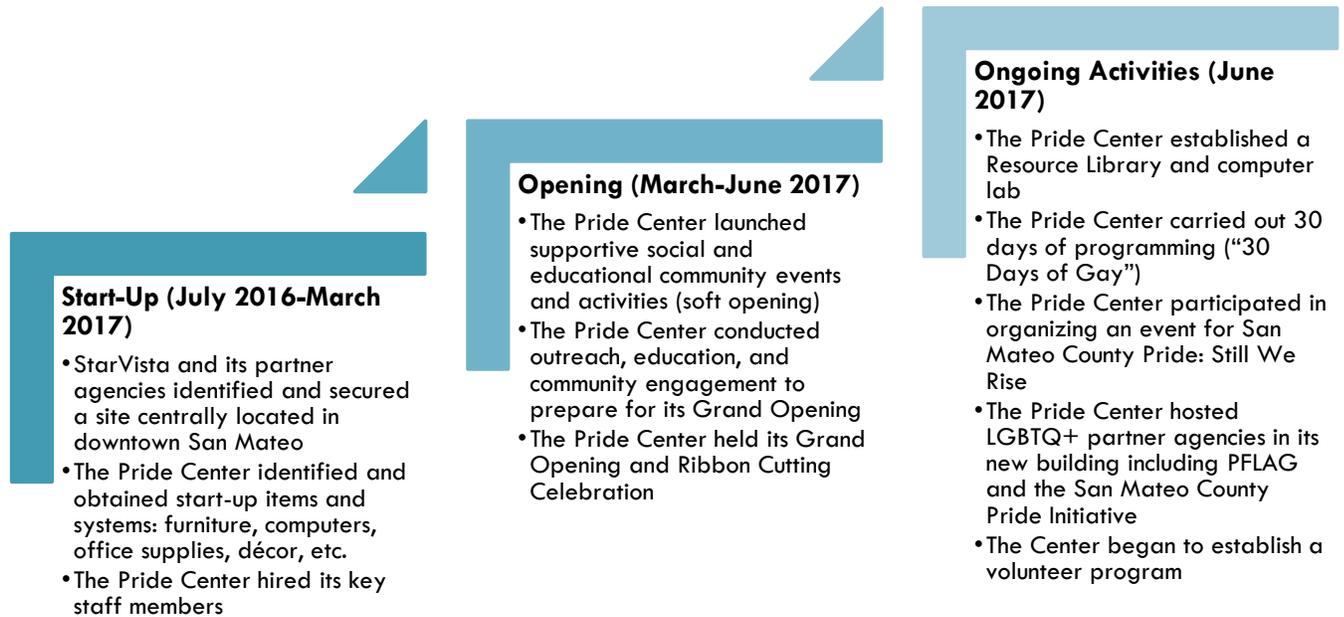
1. *Social and Community Activities:* The Pride Center aims to outreach, engage, reduce isolation, educate, and provide support to high-risk LGBTQ+ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.
2. *Clinical Services:* The Pride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

## Project Timeline and Implementation Update

In the current reporting period, BHRS successfully planned, opened, and began programming at the San Mateo County Pride Center. BHRS contracted the administration of the Pride Center to a collaborative of partner agencies. Initially, when BHRS released its request for proposals (RFP) for the administration of the Pride Center, BHRS was concerned that the applicants did not demonstrate the capacity to effectively serve the community of interest, thus BHRS did not award the grant at this point and instead re-released the RFP. The second time, five partner agencies applied as a collaborative: StarVista (a San Mateo County mental health nonprofit founded in 2003) as the lead agency, along with Daly City Partnership, Peninsula Family Services, Adolescent Counseling Services, and Pyramid Alternatives (which has since merged with StarVista). BHRS was confident that together, the collaborative could effectively serve the demographic and geographic diversity of San Mateo County.

In fiscal year 2016-17, the Pride Center undertook a number of foundational activities related to the planning and startup of the Pride Center (see Figure 1). The Pride Center secured a site in December 2016 and was in a period of “soft opening” from March through May 2017. The Pride Center held its Grand Opening on June 1, 2017 and carried out a full month of programming during June 2017. Beginning during the soft opening period, the Center started six monthly Older Adult LGBTQ+ Peer Counseling meetings. In the month of June, the Youth Program Coordinator successfully made contact with and conducted meetings with six high schools in San Mateo County to learn about youth’s needs and desires for LGBTQ+ programming. **Appendix D includes the Pride Center’s full report to BHRS detailing the activities and accomplishments during the reporting period.**

**Figure 1. Pride Center Key Activities and Accomplishments**



## Evaluation Overview and Learning Goals

BHRS contracted Resource Development Associates (RDA) to carry out 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 every process of this evaluation that include operationalizing goals into measurable outcomes, interpreting, and responding to evaluation findings.

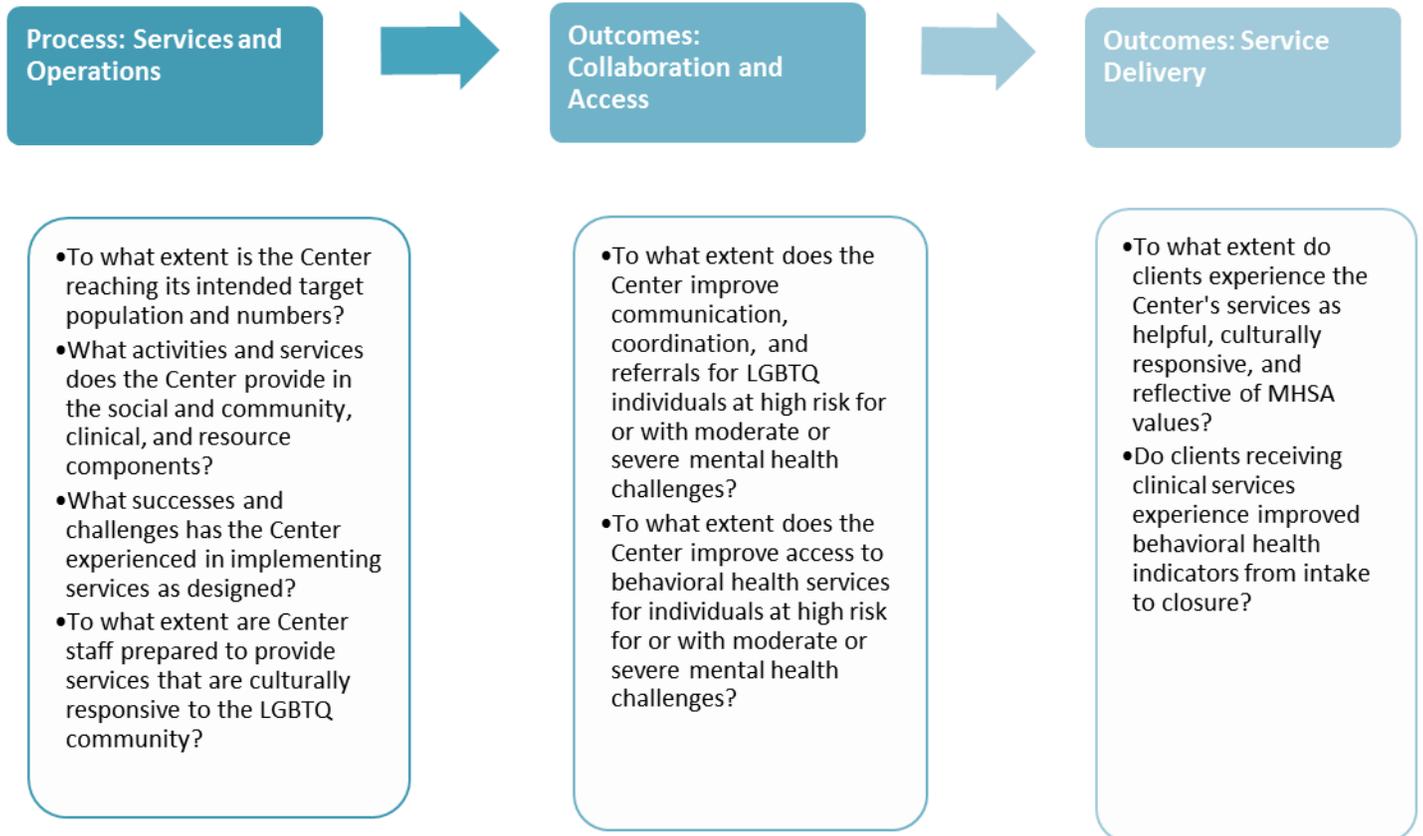
### Pride Center Learning Goals

Learning Goal 1 (Collaboration): Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?

Learning Goal 2 (Access): Does The Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

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 **Error! Not a valid bookmark self-reference.**). 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.

**Figure 2. Evaluation Domains and Questions**



## Evaluation Methods

RDA developed a mixed methods evaluation that incorporates both process evaluation 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 the data sources.
- The **process evaluation** component explores the extent to which the Pride Center has been implemented as planned and the strengths and challenges the county has experienced in implementation from the perspective of various stakeholders. This exploration 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 how the Pride Center—through its collaborative approach to service delivery—produces changes in access to services and in client-level behavioral health outcomes.

## Data Collection

In line with RDA’s mixed methods approach to evaluation, the evaluation includes quantitative and qualitative tools to measure indicators in the domains of services and operations, 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 key 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 that are intended to measure collaboration among a team of service providers, with a specific focus on tools that would measure levels of coordination, which forms the core of the Pride Center’s innovative approach to service delivery. It was important to locate a tool that contained questions that could apply both to management-level staff (who may not work directly with clients) as well as direct service staff. RDA and BHRS selected the *Assessment of Interprofessional Team Collaboration Scale II (AITCS-II)*, developed by Dr. Carole Orchard.<sup>2</sup>

The AITCS-II is a diagnostic instrument that is designed to measure the interprofessional collaboration among health services team members. It consists of 23 statements considered characteristic of interprofessional collaboration, representing three elements that are considered to be central to a

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<sup>2</sup> Orchard, C. A., King, G. A., Khalili, H. and Bezzina, M. B. (2012), Assessment of Interprofessional Team Collaboration Scale (AITCS): Development and testing of the instrument. *J. Contin. Educ. Health Prof.*, 32: 58–67. doi:10.1002/chp.21123



collaborative practice: 1) Partnership, 2) Cooperation, and 3) Coordination. Measuring levels of partnership and cooperation ultimately inform how well providers are able to coordinate services for clients. 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”. The survey takes approximately 10 minutes to complete. To facilitate survey administration, RDA transferred the survey content into the online survey 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 a copy of RDA’s online version of the AITCS-II.

### Attendance and Demographic Reporting

To document the population that the Pride Center is serving, the Pride Center and RDA collaborated to create a protocol for monitoring the number and characteristics of individuals who participate in Pride Center 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 populations that 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 may otherwise experience distrust around providing personal information. Therefore, the Pride Center determined that individuals who attend the Center *more than once*, as well as any client receiving clinical services, would be considered meaningful participants and would be asked to complete a demographic form. The Center’s Administrative Specialist, who greets all individuals who enter the Center, asks individuals whether they have been to the Center before. If they have not, the Administrative Specialist asks the individual to fill out a paper version of the 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 MHSOAC. The Pride Center and its partners decided to add additional categories to the items about sexual orientation and gender identity in order to be inclusive of the diversity of LGBTQ+ identities. The revision of the response options for the items on sexual orientation and gender identity 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 using a HIPAA-compliant version of Survey Gizmo; 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.





### Focus Groups with Staff and Partners

RDA conducted focus groups with Center staff and partners to enable the evaluation team to gather in-depth information from individuals working directly in the design and implementation of the Pride Center. With feedback from BHRS and the Pride Center Director, the evaluation team developed a semi-structured focus group guide to learn from staff and partners about what is working well and what is challenging about implementation, how they perceive collaboration and access to services for the target population, and any suggestions for improvement. RDA held two focus groups: one with Center partners, who provided their perspective on collaboration at a management level, and one with Center staff, who provided their perspective on collaboration as direct service providers.

### Interview with Center Director

While the Pride Center Director participated in the focus group for partner agencies, RDA also conducted a one-on-one interview to gather any additional information the Director could provide about the Center’s implementation and outcomes. To facilitate the interview, RDA summarized the results of the focus groups conducted with staff and partners and used the summary as a starting point for validating and/or adding to the data gathered up to that point.

### Future Data Collection Activities

Once the Pride Center begins providing clinical services, the evaluation will incorporate the following additional data collection activities:

- **Clinical services data**, including a summary of clinical services and referrals provided and results from a clinical tool to measure client progress over time;
- A **participant satisfaction survey** to learn about clients’ experiences of the Pride Center environment, staff, and impact; and
- **Participant focus groups**, including participation from a Community Advisory Board, to gather in-depth information from participants about their perceptions of the Center service delivery and how the Center has impacted them.

### Measures and Data Sources

The following tables indicate the key measures and data sources the evaluation will use to assess outreach and implementation, collaboration and access to services, and service delivery outcomes.

**Table 1. FY2016-17 Evaluation Measures and Data Sources**

Outreach and Implementation of Services	Data Sources
<b>Number of individuals reached</b>	<ul style="list-style-type: none"> <li>• Participant Demographic Form</li> <li>• Participant Sign-In Sheets</li> <li>• Outreach and Meeting Tracking Sheets</li> </ul>
<b>Types of activities and services provided in the social and community, clinical, and resource components</b>	<ul style="list-style-type: none"> <li>• Participant Services Data</li> <li>• Focus Groups with Participants</li> <li>• Focus Groups with Service Providers</li> </ul>





<b>Successes and challenges of implementing services as designed</b>	<ul style="list-style-type: none"> <li>• Interviews with Center Leadership</li> <li>• Focus Groups with Service Providers</li> </ul>
<b>Cultural responsiveness of services</b>	<ul style="list-style-type: none"> <li>• Focus Groups with Participants</li> <li>• Focus Groups with Service Providers</li> <li>• Interview with Center Leadership</li> <li>• Participant Satisfaction Survey</li> </ul>
<b>Collaboration and Access to Services</b>	<b>Data Sources</b>
<b>Effectiveness of communication, coordination, and referrals for LGBTQ+ individuals with moderate to severe mental health challenges</b>	<ul style="list-style-type: none"> <li>• Focus Group with Service Providers</li> <li>• Focus groups with Participants</li> <li>• Partner Collaboration Survey (AITCS-II)</li> </ul>
<b>Improved access to behavioral health services for individuals with moderate to severe health challenges</b>	<ul style="list-style-type: none"> <li>• Focus groups with Participants</li> <li>• Participant Satisfaction Survey</li> </ul>
<b>Service Delivery Outcomes</b>	<b>Data Sources</b>
<b>Client service experience (E.g., Experience with services, facility, and service providers)</b>	<ul style="list-style-type: none"> <li>• Participant Satisfaction Survey</li> <li>• Focus Groups with Participants</li> </ul>
<b>Improved health outcomes among clients</b>	<ul style="list-style-type: none"> <li>• Clinical Progress Survey</li> <li>• Focus Groups with Participants</li> <li>• Participant Satisfaction Survey</li> </ul>

## Data Analysis

To analyze the quantitative data from demographic forms and the collaboration survey, RDA examined frequencies 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

### Numbers and Characteristics of Individuals Served

As described in the section on Evaluation Methods, the Pride Center tracks attendance for all visits and Center programs and captures demographic data for meaningful participants, defined as individuals who visit the Center more than once.

**Attendance tracking.** The Center has already reached more than 1,000 people including its Grand Opening and programming during the month of June (this number may be duplicated across events). Since its Grand Opening, the Pride Center has hosted several social events intended to foster relationships among the LGBTQ+ community in San Mateo County. Table 2 below shows the number of attendees for its events during the reporting period.

**Table 2. Attendance at Pride Center Events, 2017**

Event	Total Number in attendance
Grand Opening	400
30 Days of Gay	700
Pulse Night of Remembrance	25
1 <sup>st</sup> San Mateo County Queer Prom	60
Queer Cumbia and Noche de Joteria	12
Total	1,197

**Demographic tracking.** Based on the Pride Center’s criteria for meaningful participation, a total of 41 individuals visited the Center more than once and completed a demographic form during the month of June 2017 (after the Center’s Grand Opening). As of June 30, 2017, the Pride Center had not yet begun providing clinical services. The following tables provide an overview of the characteristics of individuals that the Pride Center served during the reporting period.

*Note on reporting:* 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. The total number of responses for each question may not add to 41 because some individuals did not answer every question on the form, and some questions allowed participants to select multiple responses. Tables for questions where it is possible to present categories with at least five responses are presented in Appendix E.

**Table 3. Participant Demographic Background, June 2017 (n=41)**

**Age.** The Pride Center served people from every age range. Most survey respondents (83%) were adults.

**Language.** Nearly all respondents reported that English was their preferred language.

**Race.** Half of respondents reported their race as White/Caucasian. The next most frequently reported race was Asian, followed by Hispanic/Latino/a/x. Other responses included American Indian/Alaskan Native, Black/African American, and Other.

**Ethnicity.** Over one-third of respondents (39%) reported a European or Eastern European ethnicity. Approximately one-third (31%) reported an Asian or South Asian ethnicity and another third (31%) reported a South or Central American or Caribbean ethnicity. Twenty-two percent reported another ethnicity (African, Middle Eastern, or Other) or declined to answer the question.

**Sex.** Just over three-quarters of respondents (76%) reported their assigned sex at birth as female.

**Gender Identity.** The most commonly reported gender was cisgender female (44%), followed by cisgender male (21%). The remaining respondents reported another gender identity.

**Sexual Orientation.** Nearly half (46%) of respondents identified their sexual orientation as gay or lesbian. Another 19% identified as bisexual. The remaining respondents identified in other sexual orientation categories (asexual, queer, pansexual, questioning or unsure of sexual orientation, indigenous sexual orientation, heterosexual or straight).

**Disability Status.** Most respondents reported having no disability. Close to one-third (30%) of respondents reported having a disability.

**Education.** Over half of respondents (56%) reported having an associate's degree, bachelor's degree, or graduate degree. Most remaining respondents either had less than a high school diploma (keep in mind some respondents were high school-aged children), or had a high school diploma, some college, or a vocational or trade certificate.

**Employment.** Approximately one-third of respondents (34%) reported being employed full time, while one-quarter (26%) reported being students. One-quarter (26%) were unemployed or retired, and 13% of respondents were employed part time.

**Housing.** Just over two-thirds of respondents (69%) reported having stable housing. Another 28% reported staying with friends or family (some of these reports may have been from children living with their families), living in a shelter or transitional housing, or another housing status.

**Income.** Of respondents over age 18, one-third (34%) reported making less than \$25,000 a year. Sixteen percent reported making between \$25,000 and \$50,000 a year, and just over one-third (34%) reported making above \$50,000.

**Veteran Status.** Of those over age 18, no respondents reported being a veteran; respondents either stated they were not a veteran or declined to answer the question.

## Changes to Innovation Project during Reporting Period

There have been several minor operational and staffing changes at the Pride Center during the reporting period.

- The professional background requirements for the Pride Center director changed from the initial RFP. The initial RFP requested that the Pride Center Director have a background in clinical services. However, in order to fulfill its vision of creating a collaborative hub for the LGBTQ+ community, BHRS prioritized hiring a director with a background in community building and community organizing.
- The starting salary for the Pride Center's Clinical Coordinator was increased. Additionally, the Clinical Coordinator was given management responsibilities.
- The Pride Center changed the role of the receptionist to an Administrative Specialist who would take on the responsibility of managing the Pride Center's social media platforms in addition to



reception duties. The Pride Center leadership made this change after realizing that the Pride Center needed a staff person to take on some marketing and communications duties.

- The Pride Center decided to wait to convene its Community Advisory Board until after the initial planning and startup process to avoid confusion of roles with the Center partners.
- One of the collaborative partners, Pyramid Alternatives, has merged with StarVista; thus four collaborative partners, not five, now operate the Pride Center.

## Implementation Successes and Challenges

This section highlights successes and challenges in the early implementation of the San Mateo County Pride Center. The key findings below are presented according to the following domains: planning and startup, staffing, and target population and outreach.

### Planning and Startup

Pride Center partners agreed that as a collaborative, they were able to combine their strengths to launch the Pride Center more effectively than any one partner could have done alone. After an initial struggle to find a space for the Pride Center that would be centrally located and accessible, the Center partners identified a prime location in downtown San Mateo. Center partners also leveraged their professional expertise and resources in building the Center's capacity to serve diverse demographics.

Planning for the Pride Center was done collaboratively among partner agencies as well as with the community, with stakeholders weighing in on decisions about the Center's name and logo, the design of the Center interior, and the direction of Center programming. To fulfill the Center's mission of stakeholder engagement at all phases of planning and implementation, in March 2017 the Center began conducting monthly community meetings with local community members to ask for community input regarding the Center.

Pride Center partners reported that as their partnership matures, they will benefit from guidance and training on best practices in working together as a collaborative, including how to develop policies and procedures for delineating tasks, decision-making structures, accountability structures, and processes for handling disagreements among partners. The Pride Center is also in the process of establishing a Community Advisory Board (CAB) with members from different parts of the community to help guide the direction and evaluation of the Center.

### Hiring and Staffing

StarVista, as the lead agency, manages the hiring process for the Pride Center with input from other partner agencies. Because StarVista and BHRS were committed to hiring competent staff with experience working with the LGBTQ+ population, hiring for the staff positions took somewhat longer than originally anticipated. One of the initial challenges in getting the Center off the ground was hiring a Center Program Director who was qualified to manage a new collaborative and who had experience working with the LGBTQ+ population. StarVista took the task of hiring the Center Program Director seriously, taking time



to make sure they found the right fit. Ultimately, StarVista selected a Program Director with a background in peace and justice studies as well as community organizing and who has successfully hired a strong team of staff, built a sense of team engagement, and provided support and supervision to staff.

In hiring the Pride Center staff, the Director prioritized the following qualities: 1) knowledge and understanding of issues impacting the LGBTQ+ youth, families, and older adults, 2) experience and passion for serving the LGBTQ+ community, 3) understanding of social justice and cultural humility, and 4) lived-experience, cultural identities, and linguistic abilities that are reflective of San Mateo County's LGBTQ+ community and enhance the Center's capacity to provide culturally responsive services.

A challenge with hiring during the reporting period was filling the position of Lead Clinical Supervisor with someone who is licensed, can supervise, has expertise in working with the LGBTQ+ population, reflects the diversity of the community, and would accept the salary StarVista can afford to offer. StarVista met with the Office of Diversity to creatively address the clinical vacancy, and ultimately decided to increase the starting salary of the Clinical Coordinator, given the extremely high cost of living in San Mateo County. Another challenge during the reporting period was that the Pride Center does not have Chinese and Tongan language abilities on staff. The partners are working to address these challenges with support from the language capabilities among their own staff. Another staffing challenge is that the RFP did not specify staff positions to oversee education and training as well as marketing and communication roles. Consequently, other Center staff must take on these tasks in addition to their assigned roles.

Center staff noted that collaboration can increase staff's workload if staff are providing services for outside agencies while simultaneously providing services at the Center. Center staff felt it would be mutually beneficial for the Center to support these outside organizations on a consultation basis, rather than by providing services directly. This would allow the Center to focus on service delivery within the Center, while also building the service delivery capacity of external partners.

## Target Population and Outreach

The Pride Center's mission is to serve the full spectrum of the LGBTQ+ population in San Mateo County, with a focus on serving high-risk individuals who have not had access to LGBTQ-competent services in the past. Drawing on connections from the partners, the Center has established relationships with a number of public agencies and community-based organizations (CBOs) throughout the county to enhance its outreaching efforts (*see discussion of partnerships in Collaboration section*). The Center has hired a Community Outreach Coordinator, though all staff are involved in outreach to some degree. Staff have conducted extensive outreach at high-traffic public areas such as libraries, community centers, restaurants, and senior centers, and have so far covered most of North County and the Coast.

Unlike in other parts of the Bay Area where LGBTQ centers are located (e.g., San Francisco and San Jose), it has been challenging for the Pride Center to reach LGBTQ+ communities of color due to the socio-economic climate of San Mateo County and stigma related to being LGBTQ+ and/or to seeking mental health services. Consequently, high-income and white individuals primarily visit the Center. Center staff also reported challenges in reaching all of the geographic areas of the county. Center staff expressed the desire to serve clients in cities and neighborhoods like Half Moon Bay and Pescadero but staffing remains



a barrier to penetrate those geographic communities. As one staff member responded, “It’s hard to reach people or have them reach us outside of the city of San Mateo.”

## Preliminary Outcomes

The purpose of this MHSAs Innovation project is to achieve two goals: 1) promote interagency collaboration related to mental health services, supports, or outcomes, and 2) increase access to mental health services to underserved groups. The following sections discuss preliminary outcomes that the Pride Center has seen in its early stages of implementation. It is important to note that because the Pride Center was only in operation for approximately one month before the end of the reporting period, outcomes are preliminary and, for the most part, cover process rather than outcome components.

### Learning Goal 1: Collaboration

To measure the Pride Center’s progress toward achieving its goals related to collaboration, BHRS identified both process and outcome evaluation components. The process component explores the mechanics of collaboration among service providers, while the outcome component explores how this collaboration influences the client experience (see Table 4).

**Table 4. Collaboration Process and Outcome Measures**

Process Evaluation	Outcome Evaluation
<p><b>Baseline Objective.</b> Examines how systems effectively collaborate currently to serve the population of interest</p> <p><b>Process Measures.</b> Examines the increase in communication, referrals, and interaction between service providers</p>	<p>Measures improved behavioral health indicators from pre/post scales and client satisfaction surveys</p>

*Note on measurement:* The measures of collaboration presented in this report represent early levels of collaboration—after the Pride Center collaborative was formed, but still in the beginning stages of implementation. Because the Pride Center partners started operating collaboratively in the RFP phase and before the project evaluation began, it is not possible to measure a true baseline level of collaboration before the existence of the Pride Center. That being said, based on BHRS’s knowledge of the service landscape in San Mateo County, it is clear that before the Pride Center launched, county partners may have been working together on an informal and case-by-case basis, but there was not a formal structure for collaboration around serving LGBTQ+ consumers. Subsequent reports will compare how collaboration evolves from the early stages of collaboration documented in this report. Because the Pride Center is early in its implementation and did not begin providing clinical services during the current reporting period, it is too early to measure the outcomes of the Center’s collaborative approach. During the next reporting period, the Pride Center will work with RDA to develop and implement measures of client progress.

When looking at levels of communication, referrals, and interaction between service providers, it is useful to distinguish between collaboration *internally* among Pride Center staff and collaboration *externally*

between Pride Center staff and service providers outside the Center. The sections below discuss early levels of collaboration in each of these arenas.

### Internal Collaboration among Center Partners and Staff

Leadership from the Center’s four partner agencies emphasized that in coming together to design and implement the Pride Center, they have shared information, resources, and knowledge that has enabled the Center to create programming for the diverse members of the LGBTQ+ community. For example, the Center partner from Peninsula Family Services specializes in older adult services, and brings her expertise to designing programs for older adults. The Center partner and staff from Adolescent Counseling Services specializes in youth programming, and contribute their expertise to creating youth and peer programs at the Center. Partners agreed that their interaction has strengthened the development of the Pride Center as a whole.

*“Everyone [on staff] has something to offer. I’m always learning new things, for example, how to facilitate a training, or wording on how to approach a subject with a client. We bounce ideas off each other.”*

*-Pride Center staff*

From the time that the Pride Center service providers were hired, the team has collaborated with one another to build their internal capacity for service delivery. Center staff reported that their skill levels, for example in conducting outreach, have increased simply by observing other staff.

Staff retreats and meetings have also helped create team cohesion and wellbeing among staff. One staff member shared, *“My first day [as an employee] was a staff retreat and we all took a hike. It seemed like [the Center Director] really cared and was thinking about the wellbeing of the staff and everyone getting to know each other.”*

**Collaboration Survey Results.** Ten staff and six partners responded to the survey for a total of 16 responses. Center staff were asked to complete all sections of the survey, while partners were instructed to indicate “not applicable” for questions that focus on direct service provision, as most partners are in leadership positions and do not provide direct services.

Responses to the collaboration survey demonstrate that even at early stages, the reported level of partnership around serving clients was high, with nearly all respondents rating the items in the *partnership* and *cooperation* sections as occurring most of the time or always. These responses illustrate that partners and staff perceive their work together as inclusive of one another and clients and founded on a sense of trust and honesty.

The survey results corroborate findings from the partner and staff focus groups that pointed to areas for improvement in defining roles, responsibilities, and procedures for the collaborative operation of the Pride Center. Those who responded to the survey indicated that they only occasionally “understand the boundaries of what each partner can do,” which aligns with feedback from focus group discussions that the Center would benefit from external guidance on how to best define roles and responsibilities in a collaborative project. Items in the *coordination* section were generally rated highly. At the same time, the



*coordination* section had the most items that respondents noted occurred occasionally or rarely, including: “equally (equitably) dividing agreed upon goals amongst the team,” and “using an agreed upon process to resolve conflicts.” These responses suggest that while the Pride Center is beginning its implementation with strong values and practices around partnership and coordination, there is more work to do to put infrastructure in place to ensure streamlined coordination. The collaboration survey results reflect observations in focus groups that the Pride Center will need to set policies and procedures for how to make decisions when conflicts or disagreements arise. Partners also explained that work responsibilities are not intended to be divided equally, as different partners take on tasks based on their areas of expertise and receive different levels of funding for their role in the Center.

### External Collaboration with Stakeholders and Partners

Since its opening, the Center has received high levels of support from community members and other county stakeholders. These new or strengthened relationships have helped publicize the Center’s services across the county. Center staff and partners expressed that County stakeholders have been supportive of the Center and assist with outreach by sharing flyers. To promote the Center, staff have presented information about the Center’s services to county collaboratives including school-based mental health collaboratives, culturally specific Mental Health Initiatives of the BHRS department, the San Mateo County Board of Education, and the Commission on Aging. The Center has received press through local television stations and cultural-specific newspapers and numerous recognitions from multiple sectors such as the Bay Area Municipal Elections Committee (BAYMEC), a four-county lesbian, gay, bisexual, and transgender (LGBT) political action committee (PAC). Partners attribute the high attendance at the Grand Opening, which included an opening address by Board of Supervisor, David Pine, to their collective knowledge and relationships in the county. Center partners and staff agreed that the existence of the Center has added legitimacy to the work of individual partner agencies, which has positively affected the access that Center partners have to other county-level groups. One staff member shared, “*I work with a lot of contractors in the County, [and] people are talking about the Center—how we are amazing; and it changes the conversations.*”

*“I have worked with the Center on organizing a trans clothing donation drive, as well as San Mateo’s first queer prom. The people at the Center are more than willing to help and educate the community; their event coordinators have been speakers at my high school’s Gender and Sexuality Alliance.”*

*-High school student in San Mateo County*

In addition to support from external partners in publicizing the Pride Center’s activities, the creation of the Center has led to opportunities to build knowledge about LGBTQ+ issues and increase LGBTQ+ competence among other service providers in the county. For example, Center staff have provided trainings to other healthcare professionals on the county’s adoption of Sexual Orientation and Gender Identity (SOGI) identifiers on healthcare forms.

## Learning Goal 2: Access

Considering that the Center opened on June 1, 2017, it is too early to measure whether access to behavioral health services has increased for the LGBTQ+ population. Nevertheless, the Center has already reached hundreds of individuals in its short period of operation. The high attendance rate of over 400 people at the Center's Grand Opening (some attendees remarked that it was one of the best events the county had ever had), the positive response to the county's first ever Queer Prom, and participation throughout the month of June's "30 Days of Gay" suggest that the Pride Center is filling a longstanding need in the community for many individuals who have not had access to health and social services designed to address their specific needs.

*"The Pride Center is a great place where me and my family can just be. I love the atmosphere, the support, the intersectionality, and all the rainbows!"*

*-High school student in San Mateo County*

*"I'm proud to be a part of San Mateo County and LGBTQ family. The San Mateo Pride Center is a great place to do just that—to be proud of who we are, no matter where we are on our journey...I'm grateful this center opened up in my community. Finally a safer place for the people who just want to feel supported and accepted, and more importantly, for people to be proud of who they are as individuals and feel welcomed in their community."*

*-Community member and Pride Center volunteer*

The central location of the Center provides access by public transportation, and the presence of co-located services reduces barriers to accessing multiple services at once. The Pride Center also provides offsite services, such as its peer support group at the College of San Mateo, which has had regular participation. However, Center staff and partners do recognize that there are barriers to ensuring access for all geographic and demographic subgroups in the county,

and are internally developing strategies to address those barriers to increase access for community members. Lastly, the Center will be receiving Medi-Cal certification for its clinical services, which may increase the number of people it can serve.

## Conclusion

The San Mateo County Pride Center aims to develop a coordinated approach across mental health, social and psycho-educational services for high-risk LGBTQ+ individuals. As a service hub that meets the multiple needs of high-risk LGBTQ+ individuals, the Pride Center offers social and community activities, clinical services, and resource services.

In fiscal year 2016-17, the Pride Center undertook a number of activities related to the planning and startup of the Pride Center. Securing a location and creating a warm and welcoming environment for diverse members of the LGBTQ+ community, the Center reached more than 1,000 people during its first



month of opening, June 2017, through its Grand Opening, special events, and peer counseling meetings. The Center’s four partner agencies have built a collaborative relationship at both the leadership and staff levels. Partners make collaborative decisions and together lead the direction of the Center. A team of dedicated staff who are culturally reflective of the LGBTQ+ community support one another to strengthen each other’s capacity to serve Center participants. Along with strong internal collaboration, the Pride Center partners have leveraged existing relationships to enhance partnerships with a number of external organizations, thereby increasing the capacity of agencies across the county to provide culturally responsive services to LGBTQ+ individuals and families.

*“We are making history right now with this place. There will be moments of, ‘What did I get myself into? This is hard.’ At the end of the day, [it’s about] remembering that we’re building something beautiful that will live on after us.”*

*-Pride Center staff*



## Appendix A: San Mateo Pride Center Data Collection Plan

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





## Appendix B: Collaboration Survey

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### 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... \*

	1- Never	2- Rarely	3- Occasionally	4- Most of the time	5- Always	Not Applicable
a. include patients in setting goals for their care	( )	( )	( )	( )	( )	( )
b. listen to the wishes of their patients when determining the process of care chosen by the team	( )	( )	( )	( )	( )	( )
c. meet and discuss patient care on a regular basis	( )	( )	( )	( )	( )	( )
d. coordinate health and social services (e.g. financial,	( )	( )	( )	( )	( )	( )



occupation, housing, connections with community, spiritual) based upon patient care needs						
e. use consistent communication with the team to discuss patient care	( )	( )	( )	( )	( )	( )
f. are involved in goal setting for each patient	( )	( )	( )	( )	( )	( )
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	( )	( )	( )	( )	( )	( )
h. work with the patient and their relatives in adjusting care plans	( )	( )	( )	( )	( )	( )

**\*Partners may select "Not Applicable" for this section**

## Section 2. COOPERATION

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

	1- Never	2- Rarely	3- Occasionally	4- Most of the time	5- Always	Not Applicable
a. share power with each other	( )	( )	( )	( )	( )	( )
b. respect and trust each other	( )	( )	( )	( )	( )	( )
c. are open and honest with each other	( )	( )	( )	( )	( )	( )
d. make changes to their team functioning based on reflective reviews	( )	( )	( )	( )	( )	( )
e. strive to achieve mutually satisfying resolution for differences of opinions	( )	( )	( )	( )	( )	( )



f. understand the boundaries of what each other can do	( )	( )	( )	( )	( )	( )
g. understand that there are shared knowledge and skills between health providers on the team	( )	( )	( )	( )	( )	( )
h. establish a sense of trust among the team members	( )	( )	( )	( )	( )	( )



### Section 3. COORDINATION

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

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



the needs of our patients						
f. together select the leader for our team	( )	( )	( )	( )	( )	( )
g. openly support inclusion of the patient in our team meetings	( )	( )	( )	( )	( )	( )

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### Additional Comments

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

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## 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





- Genderqueer
- Indigenous gender identity: \_\_\_\_\_
- Questioning or unsure of gender identity
- Another gender identity: \_\_\_\_\_
- Decline to answer

*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/Trans-masculine/Man
- Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine/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

- 5. **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

- 6. **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

- 7. **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**

- 8. **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

- 9. **Are you a veteran?** (mark one)

- Yes, I am a veteran
- No, I am not a veteran
- Decline to answer



## Appendix D: San Mateo County Pride Center End of Year Report

**San Mateo County Pride Center**  
**End of Year Report**  
**July 1, 2017**  
**Submitted by Lisa Putkey**

### **Background**

Over a decade in the making, the San Mateo County Pride Center is the first LGBTQ+ (lesbian, gay, bisexual, trans, non-binary, queer, questioning, asexual, intersex, pansexual, polyamorous) community center to open in San Mateo County. It is an innovative collaboration operated by five partner organizations: Daly City Partnership, Outlet of Adolescent Counseling Services, Peninsula Family Service, Pyramid Alternatives, and StarVista who is the lead fiscal agent. The Pride Center combines direct mental health services with community building and educational programming.

The LGBTQ+ community experiences disproportionately higher rates of depression, anxiety, suicidal thoughts, substance abuse, homelessness, social isolation, bullying, harassment, and discrimination. The Pride Center seeks to mitigate these risks by increasing access to and quality of behavioral health and wellness services for the LGBTQ community. LGBTQ+ individuals and communities in San Mateo County finally have a space to call their own, whether to seek services or to just gather in community with others, building a foundation of peer acceptance and support.

### **Timeline**

#### *Phase 1: Location and Outreach*

Accomplished:

- Identified and secured site
- Ongoing outreach, education and community engagement
- Identified and obtained start-up items and systems: furniture, computers, phones, office and program supplies, security system, painting, décor, databases, etc
- Recruited Staff: Program Director, Administrative Specialist, Community Outreach Coordinator, Peer Support Worker, Youth Program Coordinator, Older Adult Program Coordinator, Mental Health Clinician, Case Manager, Temporary Event Planner, and Temporary Administrative Assistant
- Established Resource Library and computer lab
- Launched supportive social and educational community events and activities
- Grand Opening and Ribbon Cutting Celebration
- Active in organizing San Mateo County Pride Celebration: Still We Rise



#### Still in Progress:

- Establish Core Advisory Board
- Recruit Lead Clinical Supervisor
- Develop and implement clinical programs at the Center
- Develop policy and procedure manual
- Develop website
- Develop training services
- Develop data system

#### Space

##### *Accessibility*

Pride Center staff have been reviewing accessibility requirements and audits such as [this one](#) to improve accessibility at the Center. The center is located one block north of the ECR and 12th Avenue stop for Samtrans 397 and ECR. There is one disabled parking spot located in the lot behind the center off of 11th street. There is a wheel-chair accessible entrance to the rear of the building, located in the parking lot off of 11th street. Signage posted on the front entrance directs the public to this accessible entrance. Our kitchen and conference room are not wheelchair accessible and cannot be improved upon due to the existing building structure, so we installed a water dispenser and a miniature refrigerator in our main facilities downstairs for accessibility.

We have two single stall gender neutral bathrooms located near the front and rear entrances with railing for accessibility. One is a family bathroom in which we installed a baby changing table. We installed a motion detector light in one of the bathrooms and are working with an electrician to prepare the second bathroom for sensor installation to support our older adults and others who have difficulty seeing in the dark. To further accommodate our older adult community, we obtained sturdy office chairs with armrests. This is currently not a scent-free/fragrance-free space. To make the space more accessible to those with Multiple Chemical Sensitivities we have placed cups of baking soda around the center with educational descriptions on how this helps neutralize chemical fragrances. The center is a smoke free space.

##### *Information Technology*

StarVista's IT team has worked hard to get the Center technology set-up and running. The Center has seven phones installed with voicemail and conference call capabilities. All phones are connected to StarVista's main office phone system. The main line for the Pride Center is 650-591-0133. The Program Director and Outreach Coordinator have been assigned cell phones. Key clinical staff will also be assigned cell phones. The Center has two Internet connections: one for center staff and one for guests. We have obtained a total of eight desktop computers for staff, three desktop computers for the resource lab, a laptop computer, a tablet (for reception, donations, and outreach tabling), and an external disk drive (to screen





documentaries). We also purchased a Bose speaker for Center activities, a larger portable speaker for major events, a handheld microphone, a projector and installed a motorized screen.

### *Art and Décor*

We have received some art donations from the community and have purchased additional posters and frames to bring the Center to life. We purchased art from local and queer artists of color. To create a safer space we sought out art that our culturally diverse community members could see themselves in, resonate with, and be inspired by. The posters depict intersectional LGBTQ communities, centering queer, trans and non-binary communities of color with affirming messages of unity, empowerment, healing, and justice.

One of our walls is dedicated to a collective art piece started at the Grand Opening in which community members are invited to share their vision and hopes for the Center. We also envision creating a community mural on one of our walls and hope to showcase art from program participants. We have met with a San Mateo County Arts Commissioner to brainstorm collaboration and plan for an exhibit in June 2018 for Pride Month.

### *Community Agreements*

Drawing upon our collective experience working and organizing in community spaces as well as the work of community-based organizations like the Anti-Oppression Resource and Training Alliance, Pride Center staff collectively created a living document of community agreements to create safer space at the Center. The agreements are ever evolving and provide a guideline for respectful interactions and community building within the Center. They are posted at the Center and reviewed by staff, volunteers and participants at Center meetings, events, and forums. The Community Agreements are attached in the appendices.

### *Security*

We replaced the locks on the building and installed lighting in the back parking lot. We are currently working with Suntech to install five security cameras around the building with the ability to access recoded footage from within the past two weeks. Anyone that uses the space is briefed on procedures for opening and closing the space. A hard copy of these will soon be accessible in our Policies and Procedures manual.

### *Furnishing and Layout*

The Pride Center is located at 1021 S. El Camino Real in San Mateo. The Center is roughly 3,000 square feet and has two main entrances, a reception area, one large multipurpose room with a lounge area, a staff office, a director office that doubles as clinical meeting space, a clinical meeting lounge, an outdoor patio space, a conference room, a kitchen, two bathrooms, and four supply closets. There is a space with four offices adjacent to the Pride Center that we are



subletting to StarVista’s Counseling Center. StarVista’s operations team has been working hard with Pride Center director and staff to prepare the space for operations. The Pride Center has been furnished with the following:

- 2 oval high tables
- 8 high office chairs
- 3 6ft, 9 4ft, and 3 5ft tables
- 5 foldable tables
- 30 Office chairs
- 59 foldable chairs
- 4 large double-sided locked file cabinets
- 2 small and 6 medium locked file cabinets
- 3 couches
- 2 lounge chairs
- 3 coffee tables
- 1 reception desk
- 4 bookshelves
- 1 armoire
- 1 rolling whiteboard
- 1 water dispenser
- 1 mini refrigerator

We have obtained office supplies, art supplies, kitchenware, cleaning and bathroom supplies, and a color printer/copy machine. We continue to seek furniture donations and discounts from local community and LGBTQ+ friendly businesses on Pink Spots. We have an ever-evolving wish list that we share with community and donors.

### Staff and Hiring

The collaborative partners collectively hired Program Director Lisa Putkey, a local LGBTQ+ community member with a background in peace and justice education and community organizing. Lisa started mid February and began recruiting staff in March. She prioritized the following qualities in hiring Pride Center staff: 1) knowledge and understanding of issues impacting the LGBTQ+ youth, families, and older adults, 2) experience and passion for serving LGBTQ community, 3) lived-experience, cultural identities and linguistic abilities that are reflective of and relevant to the community we serve, 4) understanding of social justice and cultural humility, 5) balancing the staff make-up as a whole. The positions were posted on StarVista’s website, Craigslist, Indeed, Localwise, Idealist, Gaylesta, schools and community boards, social media and online forums, forwarded to partner list serves and shared with local community organizations. The program director screened resumes and cover letters and then conducted screening phone interviews with candidates. Qualified applicants were then invited to interview at the Center with panels made up of collaborative partners. For clinical positions, applicants were also required to respond to a written question set of hypothetical scenarios.

The following positions were hired under StarVista between April and May:

- Administrative Specialist: Lowellyn Sunga
- Peer Support Worker: Andres Loyola
- Community Outreach Coordinator: Kilani Louis
- Temporary Administrative Assistant: Alyssa Canfield
- Temporary Event Planner Leila Perreras
- Case Manager, Alexander Golding



The following positions were assigned to the Center by Partner Organizations:

- Older Adult Program Coordinator: Elyn Bloomfield of Peninsula Family Service
- Youth Program Coordinator: Gilbert Gammad of Outlet
- Mental Health Clinician: Cat Haueter of Pyramid Alternatives

Currently, all staff are a part of the LGBTQ community themselves, with non-binary, lesbian, pansexual, gay, Bakla, polyamorous, and queer identities represented. Two of the county threshold languages are represented: Spanish and Tagalog. Half of the staff members are people of color.

Staff meetings are every Tuesday from 1-2:30. Staff have taken trainings on the following topics since joining the Pride Center team:

- Compassion Fatigue
- Cultural Humility for non-clinical staff
- Mental Health First Aid
- Latino Collaborative Cultural Humility Training
- HIPPA and Confidentiality
- Sexual Harassment
- Bystander Intervention
- Social Media
- Embracing the LGBTQ Experience
- Creating an LGBTQ Affirming Organization
- Transgender Student Rights
- Rape Trauma Services
- LGBTQQI Youth work
- LGBTQQI and Addiction
- Active Substance Abuse
- Motivational Interviewing
- Domestic Violence
- StarVista Leadership Institute
- Human Trafficking, CSEC



## **Partner Collaboration**

The San Mateo County Pride Center is an innovative collaborative between five longstanding local nonprofits, each with strong community roots who came together to create a safer space for LGBTQ community to thrive with faster, easier access to direct services. The five partner agencies are: StarVista, Peninsula Family Service, Outlet of Adolescent Counseling Services, Daly City Partnership and Pyramid Alternatives. During this first phase the partners have met biweekly and then weekly leading up to the Grand Opening on June 1.

The partners have been active in organizing event logistics and conducting outreach throughout the County to promote visibility of the Pride Center and build strategic relationships. Each partner holds a programmatic piece of the Pride Center program: Outlet –youth program, Peninsula Family Service –older adult program, Pyramid Alternatives –mental health clinician and coast side outreach, Daly City Partnership –north county outreach and training, and StarVista-fiscal sponsor and infrastructure support. The partner agencies are the ultimate decision making body for major decisions regarding the Center’s program (ie: Grand Opening, logo, website, etc).

## **Grand Opening**

From March through May the Pride Center was in a period of "soft opening," in which we held increased social/community programming (from partners and groups outlined in our proposal) while we built our capacity and hired staff. The collaborative partners chose to officially open the Pride Center on June 1<sup>st</sup> to kick off Pride Month. It was a historic day for San Mateo County as over 400 people gathered to celebrate the Grand Opening and Ribbon Cutting Ceremony of the first ever LGBTQ+ Pride Center in the county. A sense of community, joy and hope was palpable amongst the culturally diverse and intergenerational crowd of LGBTQ+ community members and allies. The celebration included dynamic speakers, powerful performances, lively bands, a community art project and delicious food. Speakers included Pride Center staff Andres Loyola, Health System Chief Louise Rogers, former Assembly Member Rich Gordon, and Supervisor Dave Pine. Performers included Broadway by the Bay, the San Francisco Gay/Lesbian Freedom Band and the Dixieland Dykes. There were opportunities for community and business sponsorships through which the Pride Center raised over \$5,000. Many community leaders, nonprofits, and elected officials were in attendance and various sectors were represented including the San Mateo County Health System, Human Services Agency, probation, teachers and School Districts, Law Enforcement, and communities of faith.

## **Social/Community Program**

Since officially opening on June 1<sup>st</sup>, the programmatic focus has been on building community visibility, assessing needs and fostering relationships. The Center celebrated Pride Month with 30 Days of Gay, which included community-based events such as the 5th Annual San Mateo County Pride Celebration: Still We Rise (estimated 700 in attendance), a Pulse Night of Remembrance (partnership with Skylawn with 25 in attendance), and the county’s first Queer Prom on June 17<sup>th</sup>



(over 50 youth and 10 volunteer chaperones). We have also hosted culturally responsive events such as Queer Cumbia and Noche de Joteria (attended by 12).

### *Assessing Community Needs*

There is little documented data about LGBTQ community demographics and needs in San Mateo Community. The Pride Center aims to be responsive to the needs of local community members, particularly of the most marginalized. To assess the community needs we are employing a variety of tactics. We actively promote the LGBTQ Community Wellness Survey created by the LGBTQ Commission and look forward to analyzing the responses. Pride Center Staff have been making visits to school GSAs, collaborative meetings of local community-based organizations and providers, and community centers to present about the center and solicit feedback on LGBTQ community needs.

Every month since April, we have hosted a Community Forum at the Center in which we invite community to share about their vision and hopes for the Center, what specific programming they would like to see, what they do not want to see, who we should reach out to, how we can make the center a safer space, and how they would like to get involved. Ten community members attended the first Community Forum, and the participation doubled to 20 community members at the second forum. We also created a collective art piece on one of the Center walls for visitors to add to with their visions and commitment to the Center. There is a suggestion box at the center to collect anonymous feedback.

### *Drop in Center*

The newly opened Pride Center combines direct behavioral health services, such as counseling, peer support, and case management, with community supports and services. The Pride Center is a safer space that welcomes everyone. Community members are invited to drop in during open hours, which are 10-7pm Monday through Thursday, 10-9pm Friday, and 11-4 on Saturday. Since our Administrative Specialist started on May 1st, we have been tracking visitors to the center via a sign in sheet at our reception desk. Throughout May and June, 183 visitors have signed in at the Center (this does not include the over 400 people who attended the Grand Opening, the over 50 youth that attended Queer Prom, AA participants, or visitors who are uncomfortable signing in for various reasons such as not being documented). Upon arrival, visitors of the Pride Center are warmly welcomed by a receptionist who offers them refreshments, takes them on a Center tour, introduces them to staff, and connects them with resources or peer support.

### *Youth Program*

Outlet leads the Pride Center's youth program. The Youth Program Coordinator Gilbert Gammad has done an excellent job engaging youth. Over the course of one month, the YPC was able to get into contact with and create meetings/forums for 6 different high schools in the middle and

northern San Mateo county region before the end of the school year. The following is a summary of youth feedback gathered:

*What do you want to see?* High school participants in the GSA forums shared a strong desire for three types of programming: workshops (educational and skill-sharing), long-term consistent programming (support groups, discussions, book clubs and advisory council) and annual or one-time events (dances, music festivals, etc..).

*How can we make the center safe?* A number of students are concerned for physical safety at the center and in the area in general. Many suggested the creation of a self-defense curriculum for folks to participate in so that they know what to do if they experience violent attacks. There is also desire for a level of official security on the site, meaning cubbies/lockers and security cameras; as well as a protocol for what happens when a physical emergency/crisis situation does occur.

*How do you want to get involved?* Many youth were interested in volunteering in any sort of capacity available as long as they could put this on their resumé. The idea of the youth council seemed to strike folks the most.

*What might keep you from coming to the center?* Two big barriers arose for folks: (1) Not being out of the closet and figuring out how to access and do work with the center without outing one's self. (2) Timing of events, because many youth have after school activities such as jobs, sports, other volunteering activities and other forms of commitment that are preventing them from accessing services. Creating programming centered on weekends and Friday evenings as well as emphasizing the participation of "allies" seems to be the best way to reach the most folks.

In addition to assessing the needs and vision of local youth, Gilbert and Pride Center staff have collaborated with local youth and youth serving organizations to organize several events at the Pride Center and throughout the community:

*Queer Prom:* Shortly after the Center's location was secured, a number of local youth came forward expressing the desire to have a Queer Prom, where they could be free to be themselves without the fear of bullying and violence. A group of about 10 youth met regularly at the Pride Center from February-June to plan event logistics. Pride Center Staff and an LGBTQ commissioner provided guidance and support for the youth leaders. The theme for Queer Prom was masquerade, and the Center hosted a Prom Prep and mask-making event that was attended by 15 youth. Queer Prom was held on Saturday June 17<sup>th</sup> at the Pride Center and was a huge success as the first ever LGBTQ prom in San Mateo County. They sold out of tickets with over 50 youth in attendance and 11 adult volunteer chaperones including professional photographers. [Here is a link](#) to youth interviews in one of two segments by Channel 7 News covering the event. We hope it was the first of many to come.



*Teen Booth:* Pride Center staff coordinated with the Pride Initiative and youth volunteers to plan, fundraise for, and implement a teen area for the 5<sup>th</sup> Annual Pride Celebration: Still We Rise. Their booth was a great success and included art and wellness activities to engage dozens of local youth that attended the festival.

*Film Screenings:* Outlet organized a screening and discussion of *Major!* -a documentary about the life and campaigns of Miss Major, a formerly incarcerated Black trans woman who has been an active leader in trans justice movements for over four decades. The showing brought over 15 community members to the Pride Center. Since then, the Center has hosted movie nights that have brought in up to 15 youth at a time.

*Trans Talks:* Outlet has organized two Trans Talks events for youth and families to learn about transitioning from a UCSF clinician. One was held at the Center and attended by 15 community members. Another is going to be held at Daly City Partnership to improve access for North County residents. We hope to hold them monthly.

*Peer Support:* Outlet has moved their San Mateo LGBTQ youth peer support group to the Pride Center in June and thus far there have been 1-5 youth that are attending. We believe that participation will increase when school starts in the Fall, as summer groups at Outlet have tended to have lower attendance than during the school year.

### *Older Adult Program*

Peninsula Family Service leads the Pride Center’s older adult program. The Older Adult Program Coordinator for the Center is Ellyn Bloomfield. Her expertise and experience in providing affirming and supportive services for LGBTQ seniors is evident in her coordination of the Center’s older adult LGBTQ peer counseling and programs. She worked diligently to support the opening of the San Mateo County Pride Center this year by participating in regular, ongoing operational partners’ meetings, as well as staff meetings and interview panels to help hire staff for the Center. In addition, six regular monthly Older Adult LGBTQ Peer Counseling & Programs meetings are held at the Center on a continuing basis. The programs include the following:

- “Coffee Break” is an opportunity to socialize with other LGBTQ community members.
- “Sunshine Series” invites a community member to provide community resources.

Examples of past sessions include:

- Helen Greve from Pets in Need presented in March about animal companions for LGBTQ seniors.
- Older adult LGBTQ Peer Counseling and Programs held a workshop on “Senior Affordable Housing” in May when seven people came to the Pride Center, most for the very first time.
- Brenda Gilbert, Job Developer, spoke in June about strategies to explore when seeking employment after age 55.



- “Bistro Brio” is a monthly lunch program, with pizza, salads and sandwiches and a lively discussion.
- “All That Jazz” is an afternoon dedicated to art, music, poetry, and crafts. A movie matinee on the “Life and Times of Harvey Milk” headlined our May event.
- “Accepting Ourselves” is a monthly discussion group.
- Senior Peer Counseling LGBTQ volunteers also meet monthly at the Pride Center. Volunteer counselors and staff have seen six LGBTQ clients this quarter.

The Older adult LGBTQ Peer Counseling and Programs team was well represented at the annual San Mateo County Pride event, with staff and five volunteers present on June 10. Ten people came to the Pride Center to celebrate Gay Pride as a community on June 19 including several older adults had not been to the Center previously. Older adult LGBTQ Peer Counseling outreached at the Senior Expo, held in the East Palo Alto Senior Center and established a presence with fourteen members on Meetup, a social media platform.

#### *Collaboration with External Groups*

*Alcoholic Anonymous:* An LGBTQ AA group, Queers Have a Higher Power, formed at the Pride Center in March and has been holding open meetings every Thursday room 7-8pm. They have a range of 5-12 people in attendance each week.

*PFLAG:* A local PFLAG chapter has been meeting at the Center on the second Monday of each month from 7-9pm since March. They have roughly a dozen community members attend and often have new families and parents join. PFLAG and the Pride Center held our first event in collaboration on June 23. It was a documentary screening and discussion on the National Geographic’s film Gender Revolution. There were 10 community members in attendance and it was the first of many film screenings we plan to host together.

*Pride Initiative:* The Pride Initiative meets at the Pride Center on the second Wednesday of each month from 3:30-5pm. Pride Center Staff attend the Initiative meetings and were very active in organizing *Still We Rise*, the 5<sup>th</sup> annual Pride celebration for San Mateo County, which had an estimate of 700 community members participate. Pride Staff were responsible for a number of components for the Pride celebration including the teen space, raffle, performances, information booths, and decoration of the stage which brought over 13 community members to the center for an art party.

*County Commissions:* The LGBTQ Commission has been meeting at the Pride Center on the first Tuesday of the month from 6:30-8:30 since February. We have collaborated on several events including a documentary showing and Queer Prom. The Pride Center has also met with the Arts Commission to brainstorm future collaboration on projects such as an art exhibit to be held in June 2018 for Pride month.



Pride Center staff have been on a number of training panels for organizations throughout the community (CORA, StarVista, etc) to share their experience being a part of the LGBTQ community. State and National wide, we have connected with Center link and the California Health and Human Services Network.

### *Volunteers*

Over 30 individuals have come forth excited to be a part of the Pride Center and contribute their time, energy, skills and talents as volunteers. We had 15 community members attend our Volunteer Orientation in June and fill out applications. We have also had three inquiries from local corporations who want to donate staff time for larger projects. Examples of specific services and skills our volunteer would like to offer for the Pride Center include professional development and job search mentoring, personal finance consulting, a sex therapy group, cooking and nutrition classes, yoga, zumba, crafts activities, library management, reception support, maintenance and handiwork, health and wellness classes, social meet-ups, and general support for special events and regular programming.

### **Clinical Program**

#### *Counseling*

Our Clinical program is still in progress and is set to launch in full by the end of the summer. Our main challenge to implementing this program has been the hiring of a Lead Clinical Supervisor whose role it is to design and implement our clinical program component. The major roadblock we have encountered is that we have not been able to pay a high enough salary to recruit a licensed supervisor in the Bay Area who is an expert in working with LGBTQ community and reflects the diversity of the populations we will serve. We have worked to remedy this is by offering other incentives such as flexible hours, generous benefits, and lowering the work week to 32 hours so that the Supervisor can maintain a private practice. As we continue recruiting for this position, we have been building a foundation for the program. We have been forging relationships with key community providers and resources outside of the Center to build our referral sources. We are in talks with BHRS staff to support clinical training of our staff.

We have on-boarded our Mental Health Clinician from Pyramid Alternatives, Catherine Haueter. Catherine is a part of the LGBTQ community herself and has experience providing therapy and support to LGBTQ clients. She is an MFTI currently being supervised by Clinical Director Clarise Blanchard and is ready to counsel individuals, couples and families for the Center as she winds down her Pyramid caseload. The site will be medical certified in mid July at which point she can start seeing clients in need. She will also be providing parenting classes to provide support and education to parents of LGBTQ youth -particularly those struggling to accept and understand their child's LGBTQ identities so that parents can provide more supportive and affirming care. She has obtained play therapy toys for the Center and is in conversation with the Program Director



and Clinical Director to build the foundations of our counseling program while we continue to search for a Lead Clinical Supervisor.

### *Peer Support*

Our Peer Support program will begin in July with the goal of reducing high-risk symptoms such as self-harming behaviors and trauma symptoms by providing space for affirming peer support and education. Our bilingual Peer Support Worker Andres Loyola, was brought on board for her ability to provide knowledge, experience, emotional, social and practical support to clients based on her lived experience. She has built a solid foundation for the Center's peer support groups by reaching out to community groups and individuals to assess needs and identify community leaders to help facilitate groups. Andres is finalizing the creation of a facilitator application, screening and training program as well as documentation such as intake forms and tools to track client and group progress. She has connected with other organizations offering peer support groups and attends a group at the Pacific Center to become familiar with their model for group facilitation.

Our Youth Program Coordinator is already leading a weekly peer support group for LGBTQ youth. The weekly AA group, *Queers Have a Higher Power*, provides recovery peer support. Specific peer support groups to start this July at the Pride Center include:

- Trans Support Group: for Trans individuals, held on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesday
- Questioning Support Group: for individuals who are questioning their sexual orientation and gender identity, held on the 2<sup>nd</sup> and 4<sup>th</sup> Monday
- Queer Latinx Support Group: to provide culturally specific support, held on the 2<sup>nd</sup> and 4<sup>th</sup> Friday
- Lesbians 40+ Support Group: for Lesbians age 40+, held on the 1<sup>st</sup> and 3<sup>rd</sup> Thursday
- LGBTQ TAY Support Group: for transitional age youth, held on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday

Each peer support group will be 1.5 hours and run by two facilitators. Additional peer support groups in the making include ones for Asian and Pacific Islanders, Queer People of Color, Disabled LGBTQ Community, and a Spanish PFLAG group.

### *Case Management*

Our part-time Temporary Administrative Assistant Alyssa Canfield is an experienced case manager and had been creating a foundation for our case management program by developing a binder of documents to manage our caseload including intake and progress forms. Alyssa and Michaela Woodward, LCSW from Daly City Partnership have developed scenarios for applicants to our Case Manager position and reviewed candidate responses. We have hired our Case Manager who is set to start in July.

### **Resource Hub**





The Pride Center is building its capacity to provides access to LGBTQ safe and affirming support services within the county and the larger Bay Area for crisis, mental health, health and wellness, financial and vocational, affordable and emergency housing, legal, education, transportation, disabilities, spiritual communities, and community enrichment. A resource committee composed of Pride Center staff is meeting to collect, review and compile these resources and services for a comprehensive database that will be housed on our website and printed pamphlets. We will develop a process to vet referral sources to designate which resources are safe and affirming. Currently, we have local and national crisis hotlines posted on site and refer to the LGBTQ section of the San Mateo Community Handbook and other existing databases for community members seeking services.

In the entryway of the Pride Center we have a large community bulletin board and a wall of mounted flyer and brochure holders full of flyers and pamphlets about LGBTQ affirmative community organizations, resources, and upcoming events and services. Literature such as Pink Spot magazines and Bay Area Reporter newspapers are delivered in bulk to the center for community distribution.

One of the rooms in the Pride Center is designated as our Resource Room. Pride Center staff are continually organizing and building out our resource room. Inside there are three computers for guests to access online resources, classes, and trainings as well as print out documents. The room contains three large bookshelves with LGBTQ literature, reports, and resource guides. We have secured several donations of books from places like Reach and Teach, Good Vibrations, and PFLAG. From children’s books to health and wellness guides, the library includes a variety of LGBTQ affirming literature and multimedia for all ages. There is also a wardrobe in the resource room that we aim to fill with hygiene products and trans specific items such as chest binders and make-up for community members to access free of charge.

We are building credibility as a go-to resource for accessing LGBTQ information, resources, and education. We are in the initial phases of creating workshops, presentations and trainings to provide at the Pride Center and throughout the community in schools and community mental health agencies to reduce stigma. Training topics we have discussed providing in response to emerging needs include Sexual Orientation and Gender Identity, working with LGBTQ and trans clients, and best practices in working with LGBTQ youth, families, and older adults. Curriculum will be created in collaboration with Outlet and ODE.

We have partnered with outside organizations such as the Transgender Clinic at San Mateo Hospital and UCSF Gender Clinicians to provide Trans Talks for youth and families hosted at the Center and Daly City Partnership. Two volunteers from the local LGBTQ community have begun hosting Job Network at the Center twice a month to provide mentorship with resume design, job search tricks, networking techniques, and mock interviews.

## **Outreach**





The San Mateo County Pride Center firmly believes in community. As a centralized hub for the LGBTQ+ community, the Center makes a conscious effort to remain open, malleable, and capable of addressing the needs and wants of the people we serve. To do so successfully, the Center places a very strong value and emphasis on outreach.

We want all members of the LGBTQ+ community to feel like they are part of the Center, regardless of their geographical location. So far, our Outreach Coordinator Kilani Louis has made a heavy effort to cast a wide net and reach out to areas further from the center such as Coastside, Northern and Southern County. We have also deliberately engaged other community centers, libraries, and organizations to help spread the word about the Center.

The LGBTQ+ community is incredibly expansive and diverse. To further our efforts to meet our community where they are, the Center has been invited to and represented at a number of different events including a mental health film festival, a roller derby bout, and a vigil hosted by the Skylawn Funeral Home. Just as we want members of our community to feel like they have a place when they come to us, we also want them to know that we are supportive and will come to them as well.

We continuously seek out and build relationships of reciprocity and trust with community leaders of non-represented intersectional community stakeholders. We've worked to identify engagement barriers (transportation, location, childcare, timing and time commitment, food, incentives, power dynamics, stigma, and language) and come up with ways to bridge divides (interpretation, food at meetings, family friendly facilities, promoting allies involvement so people don't have to out themselves, accessibility, varying hours of meetings, meeting community where they are throughout the county, community agreements, hiring queer people of color, hosting cultural events, providing diverse opportunities to get involved).

Moving forward, the Center aims to increase outreach by visiting every city within the county to get the word out and make people aware of this great new resource. We are continuing to form partnerships and work with various other community centers, organizations, and corporations. A volunteer program is currently being developed and has already engaged 20 individuals who are interested in helping the Center grow and thrive. We are also looking to increase communication with our community by means of creating a monthly newsletter to keep folks up-to-date with what is happening at the Center, as well as developing a quarterly Zine to provide greater detail about what we are doing. Most importantly, we are striving to be as responsive to feedback from our community as possible. Monthly forums will continue to be held so we can hear directly from this population and make sure that we are suiting and addressing their needs in the best ways we can.

## **Marketing and Development**

*Logo*



The Pride Center contracted with Design Action Collective to design the Center's logo. This decision was made in the interests of time, budget, and integrity with our values. They are a worker-owned and managed cooperative and a union shop made up of social justice activists and organizers who are majority people of color, women, and trans folks. After initial information gathering, they developed several design concepts that the partners voted on. We then went through several rounds of revision to refine the concept, typography and colors. The final version was presented on May 2nd along with a style guide. The Pride Center logo represents the values of inspiration, hope, growth, diversity, and empowerment. It employs a lot of movement and there is an energy of collective power radiating from the center. It reflects the story of the Pride Center originating from the vision and work of a diversity of partners and community leaders who came together to build a vision larger than the sum of their parts. The overall look and feel is modern and minimal, reflecting clarity looking towards the future.

### *Promotional Materials*

Working with the beautiful logo and branding created by Design Action Collective, the Pride Center Staff and StarVista Marketing Manager have developed content for, designed and produced a number of promotional and informative outreach materials including an English and Spanish brochure, business cards, nametags, banners, signs, decals, stickers, totebags, t-shirts, a table runner, pens, event flyers, letterhead, remittance envelopes and the Grand Opening program.

### *Online Communications*

We are currently working with Look Agency (local: San Carlos and female led agency) to develop our website. We have reserved the domain name [www.sanmateopride.org](http://www.sanmateopride.org) and currently we have a temporary webpage where community members and clients can sign up for our list serve and access the Center calendar. In the month of June we had 210 people visit our website –a 213% increase from May, and 164 people ask for direction to the Center on Google –a 193% increase from May.

We established a membership with Constant Contact to maintain our outreach lists and develop dynamic e-blasts. We currently have about 600 people on our mailing list (from website sign-ups, visitor sign-ins, and our opening day rsvp list). We are currently sending our one e-blast per month and will increase to biweekly. We also plan to host a community blog on our website and print an annual zine: Voices of the Unheard.

Pride Center staff have been meeting to create and implement a comprehensive social media campaign. We received an excellent training on utilizing social media platforms facilitated by the San Mateo County Health System Communications team. We are working with StarVista's Marketing Director to develop more in depth training for our Administrative Specialist who will take the lead on our social media campaigns. We have active Facebook, Instagram, Twitter, LinkedIn and Eventbrite accounts and are looking to utilize Meet Up and Next Door platforms.



Staff and Partners came up with the following hashtags: #sanmateopride, #smcpridecenter, and #herequeersmc. We have received over 300 followers and likes on Facebook and several five star reviews.

### *Press*

Pride Center Partners and staff created and maintain a comprehensive database of press outlets and contacts, which we utilized to send out a press release for our Grand Opening. We have received news coverage from local and LGBTQ focused outlets including the San Mateo Journal, Bay Area Reporter, NBC Bay Area, Philippine News, Rappler, San Francisco Examiner, Outlook Video, KTVU channel 2 (Sunday morning in studio interview about opening), Chron channel 4 (covering Pulse Memorial), and KGO channel 7 (covering Queer Prom).

### *Development*

We have an ever-evolving Wish List that we share with community and donors. Our website has a PayPal link where people can donate. Our opening day provided opportunities for community and business sponsorship through which we raised over \$5,000.

### **Data Tracking and Evaluation**

Resource Development Associates is working hard to create data collection tools and evaluation methods so that we can track and measure the impact of our collaboration and services. Thus far, in collaboration with our partners, we have created a demographics form and surveys to measure our LGBTQ competence, collaboration, and client satisfaction. Since we opened in June we have been asking community members who have meaningfully participated in more than one program or service at the Center to fill out demographics surveys and have collected 60 forms. You will find the results of 56 of these forms attached. Notable indicators are:

- **Age:** 14.3% 0-15; 26.5% 16-25; 26.5% 26-39; 18.4% 50-59; 14.3% 60 and above
- **Race:** 1.9% American Indian/Native Alaskan; 27.8% Asian; 1.9% Black of African American; 22.2% Hispanic or Latinx; 53.7 % White; 1.9% other
- **Ethnicity:** 13.7% Mexican/Mexican-American/Chicanx; 33.3% European; 19.6% Filipino
- **Gender:** 42% Cisgender Woman; 24% Cisgender Man; 6% Trans Man; 6% Questioning/Unsure; 4% Genderqueer; 2% Trans Woman; 2% Two-Spirit
- **Sexual Orientation:** 51% Gay/Lesbian; 13.7% Bisexual; 13.7% Straight; 7.8% Asexual; 3.9% Pansexual; 2% Queer; 2% Questioning; 2% Two-Spirit
- **Housing:** 78% stable; 14% staying w/ family/friends; 4% shelter or transitional housing
- **Income:** 30.4% 0-\$24,999; 17.4% \$25-\$50,000; 17.4% above \$100,000; 15.2% \$50-75,000

We are working with StarVista's Data Manager to create touch points in an Efforts To Outcomes database so that we can securely track client and participant data, attendance, and progress. We also have evaluation forms for participants to fill out after attending Pride Center events.



## **Challenges**

The major challenge we are experiencing is filling the position of Lead Clinician Supervisor with someone who is licensed, can supervise, has expertise in working with the LGBTQ population, reflects the diversity of the community, and will accept the salary we can afford to offer. Another shortcoming is that we do not have Chinese and Tongan language abilities on staff. The partners are working to address these challenges with support from the language capabilities amongst their own staff. We are also meeting with the Office of Diversity and to creatively address our clinical vacancy.

## Appendix E. 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**

Age	Count	Percent
0-15	6	17%
16-25	10	28%
26-39	8	22%
40-59	6	17%
Age 60 and above	6	17%
<b>Total</b>	<b>36</b>	<b>100%</b>

**Table 2. Participants served by race**

Race	Count	Percent
White/Caucasian	20	50%
Other (Asian, Hispanic or Latino/a/x, American Indian/Native Alaskan, Black or African American, Other, Decline to answer)	26	65%

**Table 3. Participants served by ethnicity**

Ethnicity	Count	Percent
European or Eastern European	14	39%
Asian or South Asian (Filipino, Japanese, Korean, Asian Indian/South Asian, Chinese)	11	31%
South or Central American or Caribbean (Mexican/Mexican-American/Chicano/a/x, Central American, El Salvadorian, South American)	11	31%
Other (African, Middle Eastern, Other) or Decline to answer	8	22%

Table 4. Participants served by sex

Sex	Count	Percent
Female	29	76%
Male	8	21%
Decline to answer	1	3%
<b>Total</b>	<b>38</b>	<b>100%</b>

Table 5. Participants served by gender

Gender identity	Count	Percent
Cisgender Woman	17	44%
Cisgender Man	8	21%
Female-to-Male (FTM)/Transgender Male/Trans Man/Trans-masculine/Man; Genderqueer/Gender nonconforming/neither exclusively male nor female; Another gender identity; Male-to-Female (MTF)/Transgender Woman/Trans Woman/Trans-feminine/Woman; Indigenous gender identity; Questioning or unsure of gender identity	14	36%
<b>Total</b>	<b>39</b>	<b>100%</b>

Table 6. Participants served by sexual orientation

Sexual orientation	Count	Percent
Gay or Lesbian	17	46%
Bisexual	7	19%
Heterosexual or Straight, Asexual, Queer, Pansexual, Questioning or unsure of sexual orientation, indigenous sexual orientation	12	32%
Decline to answer	1	3%
<b>Total</b>	<b>37</b>	<b>100%</b>

Table 7. Participants served by disability status

Disability Status	Count	Percent
None	27	73%
Difficulty hearing, or having speech understood, Learning disability, Other communication challenges, Limited physical mobility, Chronic health condition, Decline to answer	5	14%

Other disability or health condition	5	14%
<b>Total</b>	<b>37</b>	<b>100%</b>

Table 8. Participants served by level of education

Level of Education	Count	Percent
Less than a high school diploma	7	18%
High school diploma or GED, Some college, vocational or trade certificate	6	15%
Bachelor's or Associate's Degree	15	38%
Graduate Degree	7	18%
Decline to answer	4	10%
<b>Total</b>	<b>39</b>	<b>100%</b>

Table 9. Participants served by income

Income	Count	Percent
0-\$24,999	11	34%
\$25,000-\$50,000	5	16%
\$50,001-\$100,000	6	19%
Above \$100,000	5	16%
Decline to answer	5	16%
<b>Total</b>	<b>32</b>	<b>100%</b>

Table 10. Participants served by employment status

Employment Status	Count	Percent
Full-time employment	13	34%
Student	10	26%
Part-time employment	5	13%
Unemployed and not looking for work, Retired, Unemployed and looking for work, Decline to answer	10	26%
<b>Totals</b>	<b>38</b>	<b>100%</b>

Table 11. Participants served by housing status

Housing status	Count	Percent
I have stable housing	25	69%
I am staying with friends or family, I am living in a shelter or transitional housing, Other housing status	10	28%



<b>Decline to answer</b>	<b>1</b>	<b>3%</b>
<b>Total</b>	<b>36</b>	<b>100%</b>



## Collaboration Survey Results

### Section 1: Partnership

When we are working as a team, all of my team members...	Total Responses	1-Never	2-Rarely	3-Occasionally	4-Most of the time	5-Always
a. include patients in setting goals for their care	6	0	0	0	1	5
b. listen to the wishes of their patients when determining the process of care chosen by the team	6	0	0	0	1	5
c. meet and discuss patient care on a regular basis	6	0	0	0	1	5
d. coordinate health and social services (e.g. financial, occupation, housing, connections with community, spiritual) based upon patient care needs	7	0	0	0	1	6
e. use consistent communication with the team to discuss patient care	6	0	0	0	2	4
f. are involved in goal setting for each patient	5	0	0	1	2	2
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	5	0	0	0	1	4
h. work with the patient and their relatives in adjusting care plans	5	0	0	0	1	4



**Section 2: Cooperation**

When we are working as a team, all of my team members...	Total Responses	1-Never	2-Rarely	3-Occasionally	4-Most of the time	5-Always
a. share power with each other	12	0	0	0	9	3
b. respect and trust each other	12	0	0	0	8	4
c. are open and honest with each other	12	0	0	1	5	6
d. make changes to their team functioning based on reflective reviews	10	0	0	0	5	5
e. strive to achieve mutually satisfying resolution for differences of opinions	12	0	0	0	4	8
f. understand the boundaries of what each other can do	12	0	0	3	7	2
g. understand that there are shared knowledge and skills between health providers on the team	12	0	0	0	5	7
h. establish a sense of trust among the team members	12	0	0	1	6	5



**Section 3: Coordination**

When we are working as a team, all of my team members...	Total Responses	1-Never	2-Rarely	3-Occasionally	4-Most of the time	5-Always
a. use a new or unique model of collaborative practice	12	0	3	1	6	2
b. equally (equitably) divide agreed upon goals amongst the team	12	0	0	3	4	5
c. encourage and support open communication, including the patients and their relatives during team meetings	9	0	0	0	5	4
d. use an agreed upon process to resolve conflicts	10	2	1	0	5	2
e. support the leader for the team varying depending on the needs of our patients	9	0	0	1	3	5
f. together select the leader for our team	6	0	1	1	3	1
g. openly support inclusion of the patient in our team meetings	5	0	2	0	1	2