San Mateo County Pride Center
Fiscal Year 2018-19 Evaluation Report

A Mental Health Services Act Innovation Project

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Introduction

Project Overview and Learning Goals

The San Mateo County Pride Center is an Innovation (INN) program under the Mental Health Services Act (MHSA) that is funded by the San Mateo County Behavioral Health Recovery Services (BHRS) department. The San Mateo County Pride Center (Pride Center or the Center) is a formal collaboration of four partner organizations: StarVista, Peninsula Family Services, Adolescent Counseling Services, and Daly City Partnership.

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

The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved the project on July 28, 2016, and BHRS began implementation in September 2016. The Pride Center opened to the public on June 1, 2017. The following report provides findings from the third year of implementing the San Mateo County Pride Center, from July 1, 2018 to June 30, 2019.[1]

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

Figure 1: San Mateo County Pride Center Learning Goals

Learning Goal 1 (Collaboration)	Learning Goal 2 (Access)
• Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?	• Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

[1] Because the first year of implementation was devoted to planning, development, and startup of the Pride Center, this report sometimes refers to this third year of the program as the "second year of operations." That is, the Pride Center itself has been open to the public for two years, while the Innovation program has been active for 3 years.

Project Need

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and other (LGBTQ+) individuals commonly experience depression, anxiety, suicidal thoughts, substance abuse, homelessness, social isolation, bullying, harassment, and discrimination. LGBTQ+ individuals are at higher risk of mental health issues compared to non-LGBTQ+ individuals given that they face multiple levels of stress, including subtle or covert homophobia, biphobia, and transphobia.[2] Across the United States, a majority (70%) of LGBTQ+ students report having experienced harassment at school because of their sexual orientation and/or gender identity, and suicide is the second leading cause of death for LGBTQ+ youth ages 10-24.[3]

These nationwide trends are no less evident in San Mateo County. According to the San Mateo County LGBTQ Commission's 2018 countywide survey of 546 LGBTQ+ residents and employees, nearly half of adult respondents (44%) identified a time in the past 12 months when they felt like they needed to see a professional for concerns about their mental health, emotions, or substance use. At the same time, 62% of adult respondents felt that there are not enough local health professionals adequately trained to care for people who are LGBT, and fewer than half (43%) felt their mental health care provider had the expertise to care for their needs. Among LGBTQ+ youth who responded to the survey, three-quarters (74%) reported that they had considered harming themselves in the past 12 months, and two-thirds (65%) did not know where to access LGBTQ+ friendly health care.[4]

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

Project Description and Timeline

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

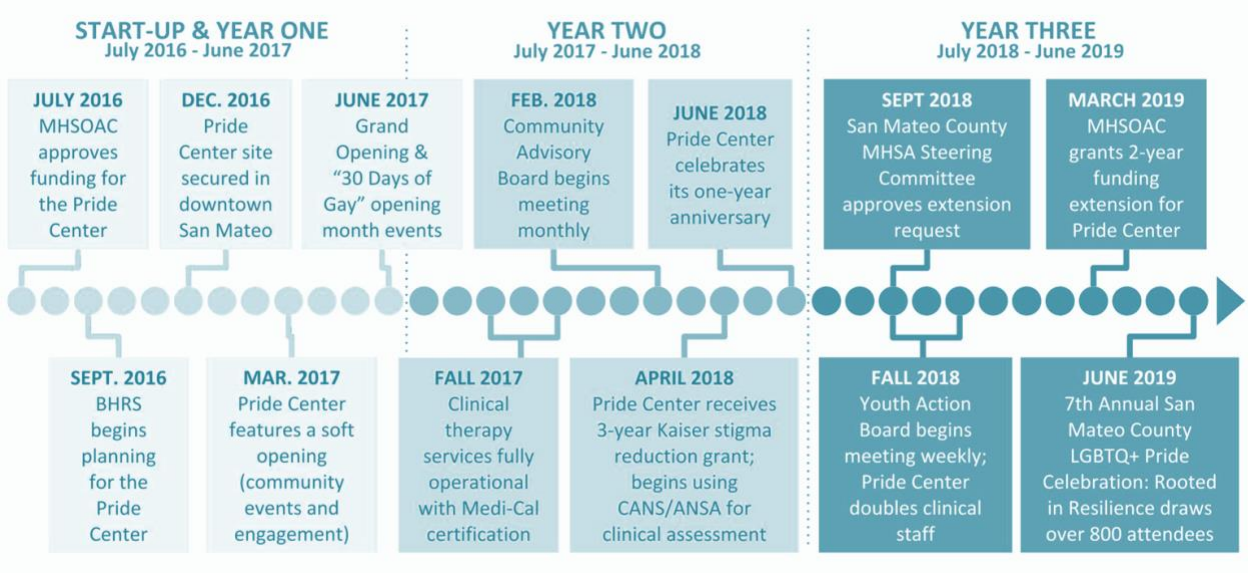
[2] King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. BMC Psychiatry, 8:70
[3] GLSEN, *2017 National School Climate Survey*; The Trevor Project, "Facts About Suicide." <<https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>>
[4] San Mateo County LGBTQ Commission, "Survey Results of San Mateo County LGBTQ+ Residents and Employees," 2018 ed.

year-round trainings and educational events for youth, local public and private sector employees, community service providers, and other community members. Common topics include understanding sexual orientation and gender identity, surveying common LGBTQ+ issues and mental health challenges, and learning how to provide culturally affirmative services to LGBTQ+ clients.

Project Timeline

Figure 2 illustrates some of the key activities that have occurred since the Pride Center first became an MHSA Innovation project in July 2016.

Figure 2: Pride Center Project Timeline

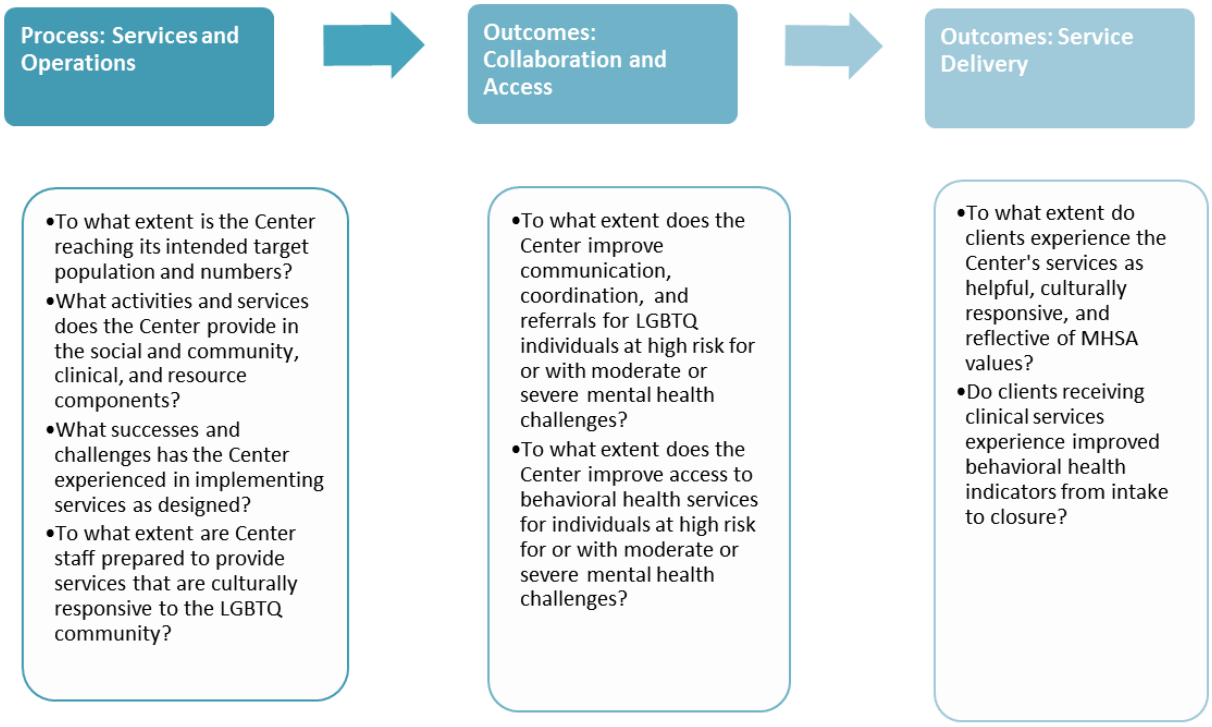


Evaluation Overview

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

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

Figure 3. Evaluation Domains and Questions



Evaluation Methods

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

- A **mixed methods** approach allows the evaluation to track quantitative measures of service delivery and outcomes, while also gathering qualitative input on how and why activities and outcomes occurred. Using multiple sources to explore the evaluation questions also enables comparison and corroboration of findings across data sources.
- The **process evaluation** component explores the extent to which the Pride Center has been implemented as planned, as well as the strengths and challenges the county has experienced in implementation. The process evaluation considers the perspective of various stakeholders, including Pride Center staff and participants alike. Evaluating the implementation of Pride Center activities and services enables BHRS, Pride Center leadership staff, and Center partners to make real-time adjustments that may improve the operations and outcomes of the Center.
- The **outcome evaluation** component assesses the extent to which the Pride Center—through its collaborative approach to service delivery—improves access to services and client-level behavioral health outcomes.

Data Collection

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

Collaboration Survey

As collaboration is the core innovative element of this MHSA INN project, it was crucial for the evaluation team to operationalize the concept of collaboration so that it could be measured over time. RDA researched validated survey tools intended to measure collaboration among a team of service providers, including both management-level staff (who may not work directly with clients) and direct service staff. RDA and BHRS selected the Assessment of Interprofessional Team Collaboration Scale II (AITCS-II), developed by Dr. Carole Orchard.[5]

AITCS-II is a diagnostic instrument that is designed to measure the interpersonal dynamics and teamwork among health services coworkers. It consists of 23 statements, representing three elements that are considered to be key to interprofessional collaborative practice: 1) Partnership, 2) Cooperation, and 3)

[5] 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

Coordination. Respondents indicate their general level of agreement with each statement on a 5-point Likert scale that ranges from 1 (Never) to 5 (Always). The survey takes approximately 10 minutes to complete. To facilitate survey administration, RDA transferred the survey onto the online platform Survey Gizmo. RDA obtained permission from Dr. Orchard to make some slight modifications to the survey language in order to be more appropriate for the Pride Center team. For example, we replaced "his/her" with "their" as a gender-neutral pronoun. See Appendix B for RDA's online version of the AITCS-II.

Attendance and Demographic Reporting

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

The Pride Center serves marginalized individuals who may be hesitant to provide personal information on paper, even anonymously. Asking new attendees to fill out an extensive demographic form could feel unwelcoming to individuals who have experienced fear, stigma, and trauma related to their LGBTQ+ identity or other life circumstances. In order to maintain a welcoming environment, Center staff determined that individuals who attend the Center *more than once*, as well as any clients receiving clinical services, would be considered meaningful participants and would be asked to complete a demographic form. To capture the total number of individuals served, the Pride Center decided to also track attendance through a sign-in sheet that captures basic personal information, but does not include the full range of demographic variables listed in the updated INN regulations.

The demographic form was designed to capture all elements required by the MHSOAC. The Pride Center and its partners decided to add additional categories to the questions regarding sexual orientation and gender identity in order to include a wider spectrum of LGBTQ+ identities. These revisions were aligned with BHRS's initiative to revise Sexual Orientation and Gender Identity (SOGI) questions on health intake forms. The Pride Center and its partners also decided to add three additional items to the demographic form: housing status, income, and employment status. In the summer of 2019, the Pride Center staff and RDA made a few additional changes to some of the demographic categories: rewording some of the options for sexual orientation and gender identity, streamlining the options for ethnicity, adding a separate question about intersex identity, and revising the options for housing status to align better with commonplace categories in homelessness services systems.

RDA developed an online format of the demographic survey using a HIPAA-compliant version of Survey Gizmo, which Pride Center staff used to input data for paper surveys through the end of 2018. Starting in January 2019, the Pride Center began collecting participant demographic data in Efforts to Outcomes (ETO), StarVista's client management database. The current version of the demographic questions is included in Appendix C.

Participant Experience Survey

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

Clinical Assessment and Survey Data

This program year marks the first time that the evaluation analyzes Pride Center data on clinical services utilization and patient assessments. There are four main data sources in this subset for all participants who accessed clinical services between July 1, 2018 and June 30, 2019:

1. **Type of service and average durations of treatment.** This data indicates the type of service (individual, couple, family, or group) and the average number of months clients were enrolled in clinical services.
2. **Demographic data for participants.** Analyzing the demographic background of clinical participants allows for a comparison with the demographics of all Pride Center participants.
3. **Baseline results from the Child and Adolescent Needs and Strengths (CANS) and Adult Needs and Strengths Assessment (ANSA)**. The CANS and ANSA are open domain tools for use in multiple individual-serving systems that address the needs and strengths of individuals, adolescents, and their families. San Mateo County BHRS has designated the CANS as the required tool for its contracted providers. The Pride Center standardized the use of the CANS and ANSA for all clinical clients during the 2018-2019 program year, and trained staff to conduct the assessment and enter the data into ETO. Staff administer the assessment at intake, at regular follow-up intervals, and at discharge to gauge clients' progress during their time in clinical services. For this program year, the evaluation team is only analyzing intake data as a baseline, as there is only a small number of follow-up assessments completed to date. The CANS and ANSA are included in Appendix E.
4. **Baseline results from a brief mental health self-assessment.** This short, three-question survey that the Pride Center developed in consultation with RDA asks participants about their mental health, anxiety levels, and emotional wellbeing over the past 30 days:
    - How would you rate your mental health in the last 30 days? (Poor/Fair/Good/Excellent)
    - How would you rate your ability to cope with stress in the last 30 days? (Poor/Fair/Good/Excellent)
    - I have benefited from the services that I am receiving or participating in at the Pride Center. (Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree)

    By administering the survey alongside the more comprehensive CANS and ANSA assessments, Pride Center staff have a quick method to gauge changes in patients' wellness over time.

Focus Groups with Pride Center Participants, Staff, and Community Advisory Board

RDA conducted four focus groups with Pride Center participants—one each with youth and older adults, and two with adult participants—to gather in-depth information from individuals who accessed clinical services and participated in Center programs and events. With feedback from BHRS and the Pride Center Director, the evaluation team developed a semi-structured focus group guide to learn from participants about their experiences with programs onsite, to what extent the Pride Center facilitates access to services for LGBTQ+ individuals, and any suggestions for improvement. In addition, RDA held two other focus groups: one with Pride Center staff (minus the Program Director), and one with the Community Advisory Board. These focus groups offered insight into the Pride Center's operations, including the extent to which staff members have been able to collaborate with each other, the CAB, and the partner organizations.

Key Informant Interviews with Partner Organizational Staff

In October 2019, the evaluation team conducted separate phone interviews with staff members from StarVista and Peninsula Family Services to gain insight into the roles and responsibilities of partner organizations vis-à-vis the Pride Center, the kinds of regular support that the partner organizations provide, and staff's perspectives on the Pride Center's major successes and challenges.

Measures and Data Sources

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

Table 1. Evaluation Measures and Data Sources

Outreach and Implementation of Services	Data Sources
Number of individuals reached	• Participant Demographic Form • Participant Sign-In Sheets • Outreach and Meeting Tracking Sheets
Types of activities and services provided in the social and community, clinical, and resource components	• Participant Services Data • Focus Groups with Participants • Focus Group with Staff • Quarterly progress reports
Successes and challenges of implementing services as designed	• Focus Group with Staff • Interviews with Center Leadership and partners • Focus Group with Community Advisory Board (CAB) • Regular communications with Pride Center leadership and staff
Cultural responsiveness of services	• Focus Groups with Participants • Focus Group with Staff • Participant Experience Survey

Collaboration and Access to Services	Data Sources
Effectiveness of communication, coordination, and referrals for LGBTQ+ individuals with moderate to severe mental health challenges	• Focus Group with Staff • Focus Group with CAB • Focus Groups with Participants • Participant Experience Survey • Partner Collaboration Survey (AITCS-II)
Improved access to behavioral health services for individuals with moderate to severe health challenges	• Focus Groups with Participants • Participant Experience Survey
Service Delivery Outcomes	**Data Sources**
Client service experience (E.g., Experience with services, facility, and service providers)	• Participant Experience Survey • Focus Groups with Participants
Improved health outcomes among clients	• Clinical Service Data • Participant Experience Survey • Focus Groups with Participants

Data Analysis

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

Implementation Update

Changes to Innovation Project during Reporting Period

In March 2019, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved a two-year funding extension for the Pride Center as an MHSA Innovation Program. The MHSOAC unanimously approved the extension request, following a panel presentation to the Commission. Nearly fifty Pride Center participants traveled to Sacramento to demonstrate their support, and celebrate in the success.

Pride Center staff worked closely with BHRS, RDA, and community partner to build a case for the extension. Center staff and supporters successfully made the case that two additional years of MHSA funding would help the Center strengthen its internal and countywide collaboration efforts, measure clients' clinical outcomes, and develop a set of best practices for others to replicate the Pride Center's service delivery model.

Key Accomplishments

Services, Programs, and Community Presence

In its second year of operations, the Pride Center continued to operate many of the programs, services, and events that Center staff and participants launched during the first year. These ongoing activities include:

- *Providing psychotherapy services for individuals, groups, couples, and families.* Staff provided clinical services to 88 individuals during the program year. Pride Center clinicians employ a range of different modalities, including cognitive and dialectical behavioral therapy (CBT and DBT), mindfulness-based therapy, emotionally focused couples' therapy, narrative therapy, play therapy, and expressive arts therapy.

- *Providing case management services*. A dedicated case manager supports participants in accessing supportive resources and coordinating services. These services include both weekly drop-in hours and long-term case management

- *Operating the Center as a "one-stop shop" and resource hub for LGBTQ+ community members.* The Pride Center continues to host an LBGTQ+ resource library, and provides community members with free amenities like clothing, toiletries, makeup products, shoes, bags, safer sex products, and chest binders (gender-affirming items used by the transgender, genderqueer, and nonbinary community). In addition, Pride Center staff help to field participants' ad hoc needs and requests for support.

- *Hosting multiple peer support groups* (PSGs). PSGs active during the program year include:
    - Coffee Break (Ages 50+)
    - Gay Men's Group (Ages 18+)

- Grown Folks (Ages 18-30)
- LGBTQ+ Youth Group (ages 10-17)
- Polyamory Peer Power (Ages 18+)
- Queer Trans People of Color "QTPOC" Group hosted in East Palo Alto (Ages 18+)
- Queer Woxmn's Group (Ages 18+)
- Sunshine Series (Ages 50+)
- Trans Group (Ages 18+)

- *Operating Youth Programs, for participants ages 10 to 25*. The Youth Group meets on a weekly basis, and regularly draws one to two dozen participants. Over the program year, 53 unique individuals participated in the Youth Group. Other Youth Programs include Grown Folks, a smaller group for participates between the ages of 18 and 30; coordination of Gender and Sexuality Alliance (GSA) student organizations across campuses; and regular outreach to high schools across the county. The Pride Center also partnered with Outlet to host the third annual Queer Youth Prom in the spring of 2019, which drew youth from 12 different high schools and raised around $7,000. The Pride Center has contracted with the Cupertino Union School District to offer a multipart program at Kennedy Middle School, which includes two therapy groups for students with mental health care needs, a bilingual discussion and training session for parents, an educational assembly for all students, and SOGI trainings for school staff.

- *Operating Older Adult Programs, for people ages 50 and older who live or work in San Mateo County*. A total of 88 unique individuals participated during the program year. Programs and activities for older adults include a weekly Mindfulness Meditation, a monthly lunch, a monthly book club, and a quarterly Senior Affordable Housing Workshop. For the second year in a row, older adult participants also shared their life stories for the Oral History Legacy Project, a student research project for the “Queer Identities” class at Notre Dame de Namur University.

- *Running many different educational events, social activities, and community-based programs at the Center throughout the year*. These events include regular film screenings, speakers’ events and discussions, meals and coffee breaks, informational sessions, and events cosponsored with other organizations and companies. In addition, during the 2018-19 program year, Pride Center staff continued to host periodic activities begun in the first year of public operations:

    - The Center continues to host quarterly intergenerational meals, which bring together participants of all ages to share food and build community.

    - For the second year in a row, the Center coordinated the “In Bloom” project. During the 2018 Transgender Day of Visibility, staff hosted a photograph shoot featuring transgender and gender nonconforming participants. The goals of “In Bloom” include supporting participants’ self esteem, increasing the visibility of non-cisgender community members, decreasing participants’ social isolation, and shifting the broader community’s perceptions and understanding of gender identity. "In Bloom" photos were used in a Pride

Center social media outreach campaign and also displayed as part of an art installation at a prominent local coffee shop (Philz in Burlingame).

- *Training public agencies and private organizations on matters of sexual orientation and gender identity, both at the Pride Center and throughout the county*. Staff regularly conduct trainings for service providers, public employees, youth, and many other community members throughout the county. The most common training module involves core information about SOGI and LGBTQ+ inclusion. Staff also conducted trainings on transgender rights, trans-inclusive policies, gender pronouns, and cultural humility. Between January and June 2019, Pride Center staff trained 966 people across 37 separate trainings across the county. While precise data are unavailable for the first half of the program year, Pride Center staff estimate that they hosted around 50 trainings for over 1,500 people over the entire year.

- *Conducting year-round outreach across San Mateo County.* Pride Center staff regularly attempt to establish new partnerships with clinical providers, community organizations, schools, and other key stakeholders across the county. Staff members make educational presentations, staff tables at health fairs and other informational events, and participate in other community gatherings. Outreach serves multiple purposes: establishing referral pathways with other service providers, building a greater community presence, informing the broader public about the Center, SOGI, and LGBTQ+ issues, and engaging potential participants, particularly youths and older adults.

- *Partnering with other LGBTQ+ inclusive county events and programs*. The Center continues to serve as a meeting space for the San Mateo County PRIDE Initiative and the LGBTQ Commission. In addition, Pride Center staff regularly collaborate with these community partners to host educational and social events. Among the Center's collaborative efforts this program year included:
    - The first Youth Advocacy and Support Summit (YAASS) for LGBTQ+ high school students and allies in San Mateo County, which the Youth Program Coordinator helped to plan;
    - A youth speakers' panel for the Transgender Day of Remembrance, in partnership with the county's Office of Equity and Diversity, the LGBTQ Commission, and Communities Overcoming Relationship Abuse;
    - A Youth Pride Night for young people in the North Bay, in collaboration with the Daly City Youth Health Center;
    - The first-ever Family Pride Day at the San Mateo County Fair, which represented a new partnership between the Center and the County Fair

Center staff expanded programming for, and about, LGBTQ+ people of color. Among the Pride Center's long-term goals has been increasing participation among nonwhite community members, and ensuring that its services and programs are culturally affirmative. In February 2019, the Pride Center held its quarterly Intergenerational Dinner in honor of Black History Month, featuring a trivia competition about Black LGBTQ+ social movements. During the following Pride Month, Pride Center staff partnered with the county's African American Community Initiative to host an educational event, "Black Queer Identities: An

Introduction to Black LGBTQ+ Identities and Culture." While participation fluctuated over the program year, Pride Center staff also continued to support Noches de Cumbia, a peer group for Latinx LGBTQ+ participants. The Pride Center's Peer Support Worker also started a new Queer Trans People of Color "QTPOC" peer group hosted at the Barbara A. Mouton Multicultural Wellness Center in East Palo Alto. These events affirmed the Center's commitment to exploring and accommodating *intersectional* notions of identity and belonging (e.g., identifying with multiple marginalized communities, as an LGBTQ+ person and as a person of color).

The Pride Center launched its Youth Action Board in the fall of 2018. The YAB meets on a weekly basis, and provides a space for students from different schools to convene, discuss LGBTQ+ issues, and coordinate student activities across campuses. The YAB is intended to provide a space for youth to develop their leadership skills and explore new avenues for LGBTQ+ community advocacy. A total of 13 students attended a YAB meeting during the program year, though a minority of those students have participated on a weekly basis.

The Pride Center initiated a name change workshop. The Pride Center began its monthly Legal Name and Gender Change Workshop to support transgender, genderqueer, and nonbinary individuals in July 2018. As the only local center providing this type of workshop on a monthly basis, the name change workshop has grown to be a sought-after service that has gained widespread recognition and referrals. In FY 2018-19, the clinic served 55 unique individuals from San Mateo County. Beyond San Mateo County, the clinic also served individuals from counties including Alameda, Contra Costa, Marin, San Francisco, Santa Clara, San Joaquin, and San Diego.

Infrastructure and Capacity Building

The Pride Center expanded its clinical policies and procedures to improve service delivery. With an established clinical program in place and additional clinical staff, the Pride Center was able to implement a number of workflow improvements. The Center's Clinical Coordinator oversaw the streamlining of the Center's waitlist procedures for prospective clinical patients, which helped reduce the time it took for staff to do initial follow-ups and phone screenings with clients, and the time it takes to bring in clients for assessment and intake. In addition, Center staff standardized the referral forms for other providers to use when directing their clients to the Pride Center.

Pride Center staff implemented a new standardized assessment procedure for clinical services participants. All clinical patients take two surveys at intake and during periodic follow-ups: a short screener about their current mental health and emotional wellbeing; and either the Adult Needs and Strengths Assessment (ANSA) or the Child and Adolescent Needs and Strengths (CANS), based on their age. CANS and ANSA are validated mental health surveys that help providers and patients develop care plans based on patients' core strengths and skills. Put together, these survey tools will help Pride Center staff to track clinical services and better gauge clients' progress and growth over time.

The Pride Center strengthened its data capacity by integrating with StarVista's database. During the 2018-2019 program year, Pride Center staff transferred their data tracking practices from Google Spreadsheets to ETO, StarVista's client management data system. Despite the challenges of training staff to use the new system, ETO has provided palpable benefits. For one, the database offers a safer and securer way to store clinical patients' protected health information, and maintain compliance with HIPAA regulations. ETO also offers a more stable way for staff to maintain updated numbers on their community engagement efforts, and allows the Pride Center to maintain its own participant demographic data instead of relying on SurveyGizmo.

The Community Advisory Board (CAB) expanded its roles and responsibilities. In its first full year of existence, the CAB was able to build out some key duties for its members. For instance, the CAB assigned various members to support individual staff members, as one strategy to reduce staff workloads and lessen the chance for burnout. CAB members also continue to explore potential funding sources and avenues for sustainability; support the Youth Action Board; and help to plan Center events, such as the Adult Prom.

The Pride Center grew capacity and experience in grantwriting and development over the program year, strengthening the Center's efforts to build a larger base of donations. During the program year, the Pride Center's Grant Writer and Development Associate participated in a fellowship through the American Fundraising Professionals, which provided professional skill-building in donor development and fundraising strategy. The Development Associate also worked with StarVista's Development staff to create a corporate sponsorship package for future fundraising events and efforts.

The Pride Center recruited new staff members, both to replace outgoing staff and to expand the number of employees. During the third quarter of 2018, the Center added three new clinicians, doubling the number of clinical staff. During the second quarter of 2019, the Center hired a Community Outreach Coordinator to replace an outgoing staff member. As well, the Center brought on a participant from the Senior Community Service Employment Program (SCSEP), who helps out with administrative and outreach activities on a part-time basis. SCSEP provides on-the-job training opportunities for low-income seniors. In addition, multiple existing staff members stepped into new roles and responsibilities: the Case Manager was promoted to Lead Case Manager and Clinical Data Coordinator, the Lead Mental Health Clinician became the Clinical Coordinator, and the Peer Support Worker assumed the role of Training and Peer Group Coordinator.

Consumer Population

Numbers Served

All Participants

During FY 2018-19, nearly 3,000 people accessed Pride Center programs, trainings, and services. This includes 1,213 unique individuals who completed a sign-in sheet onsite, and 1,526 people who participated in a training held by Pride Center staff. The total number of people is larger than the sum of these two, as Pride Center staff were unable to tally the number of unique individuals (ages 18 and older) who attended a peer group, or who were members of other programs (such as PFLAG or Alcoholics Anonymous) who convened at the Pride Center. In addition, the Pride Center engaged many thousands more individuals through dozens of outreach efforts throughout the year. As of the end of the fiscal year, 1,280 users had accessed the Pride Center website and the Pride Center had 868 Instagram followers, 848 Facebook followers, and 200 Twitter followers.

Clinical Services

During the program year, 88 people accessed psychotherapy services. As of June 30, 2019, 34 unique individuals were actively receiving clinical services. Among all participants who accessed therapy during the program year, the average duration of service was six and a half months. Among participants who had completed clinical services, the average duration of service was five months.

Participant Background

All Participants

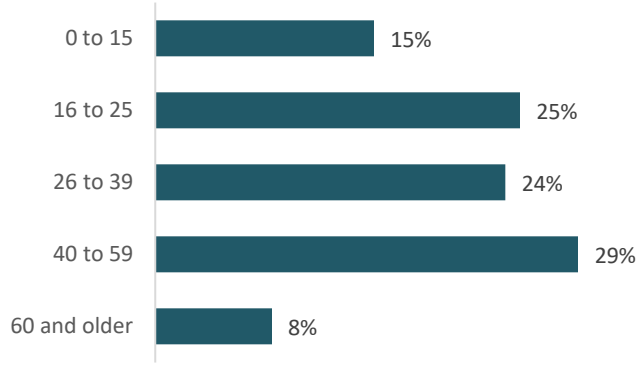
In FY2018-19, only *new participants* were asked to complete the Pride Center Participant Demographic Survey. Participants who visited the Pride Center during FY2018-19 and had already completed a demographic form in a previous year are not included in the FY2018-19 demographic calculations. Table 2 below includes a comparison of new participants in FY2018-19 to all participants from the Pride Center opening through June 30, 2019.

During FY2018-19, a total of 201 new participants completed the demographic survey. The results are summarized below and presented in full in Appendix F.[6]

[6] *Note on reporting:* To comply with HIPAA requirements and protect the confidentiality of participating individuals, this report only presents data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined.

Age: The majority of participants (78%) reported being between the ages of 16 and 59. Eight percent were 60 or older, and 15% were 15 or younger. See Figure 4 for the full range of participants' ages.

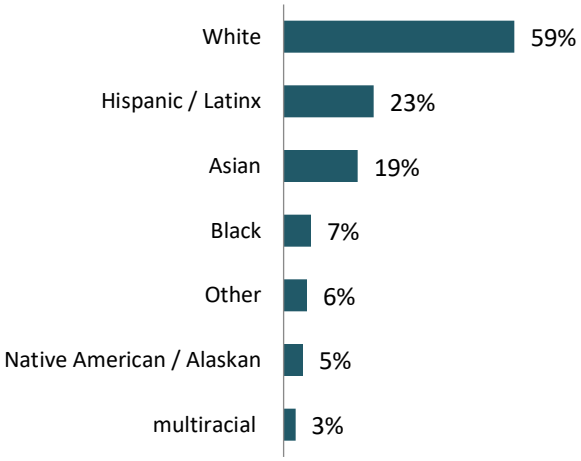
Figure 4: Center Participants by Age in FY2018-19 (n=199)



Language: Nearly all participants (96%) reported speaking English in their households. Other responses included Spanish, Cantonese, Tagalog and other languages.

Race: Slightly more than half of participants (59%) identified as white (48% identified as white only). This was followed by participants who identified as Hispanic or Latino/a/x (23%) and Asian or Asian American (19%). In total, 52% of participants identified as either multiracial or people of color (See Figure 5).

Figure 5: Pride Center Participants by Race in FY2018-19 (n=193)
note: participants could select multiple answers



When comparing the race of Pride Center participants to the population of San Mateo County in 2018, the Pride Center saw a slightly higher percentage of white participants (39% of the county, vs. 48% of participants who identified as only white) and a smaller percentage of Asian participants (30% of the county, vs. 19% of Pride Center participants). One-quarter (24%) of county residents are Hispanic or Latino/a/x, which is consistent with Latinx representation at the Pride Center (23%). Black, Native American, and Hawaiian or Pacific Islander participants and American Indian were also represented at rates somewhat comparable to the population of San Mateo County (3%, 2%, and 1% of county residents, respectively).[7]

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

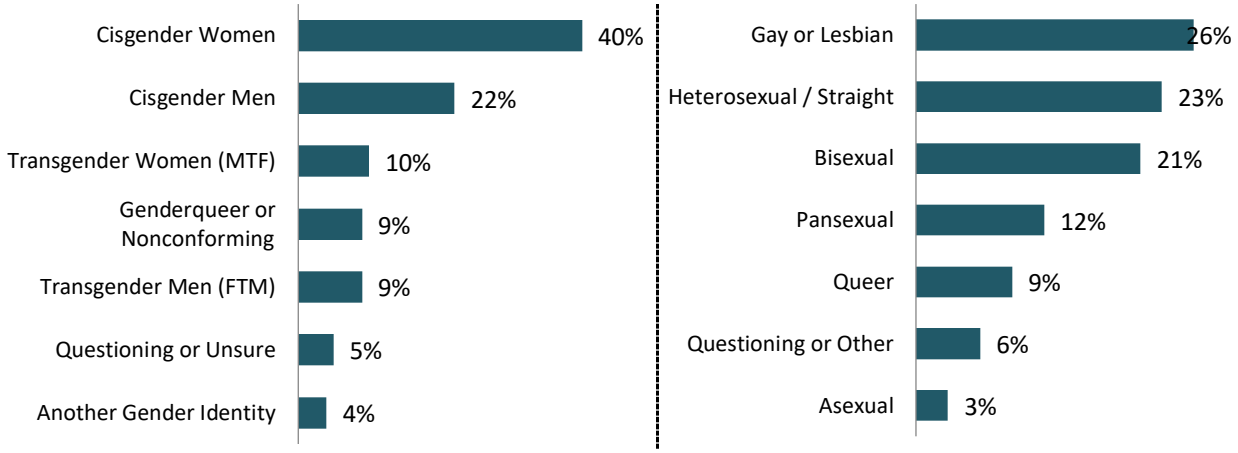
[7] "U.S. Census Bureau Quick Facts: San Mateo County, California," *U.S. Census Bureau website*. <<https://www.census.gov/quickfacts/sanmateocountycalifornia>>

Sex: Fifty-nine percent of participants responded that they were female at birth, and 40% responded that they were male at birth. Other participants identified as intersex at birth or declined to respond.

Gender Identity: In all, 62% of participants identified as cisgender: 40% percent identified as cisgender women and 22% identified as cisgender men. Nineteen percent of participants identified as either transgender men or women, and nine percent identified as genderqueer or gender non-conforming. The remainder of respondents identified as another gender identity, or as questioning or unsure of their gender identity. See Figure 6 for the full range of responses.

Sexual Orientation: Gay and lesbian individuals accounted for 26% of survey responses, and 23% of the participants identified as heterosexual or straight.[8] Twenty-one percent identified as bisexual, 12% identified as pansexual, and 9% identified as queer. The remaining participants reported that they were asexual, questioning, or identified with another sexual orientation. Figure 6 shows the full range of responses for participants' sexual orientations.

Figure 6: Participants by Gender Identity (Left) and Sexual Orientation (Right) in FY2018-19 (n=186)



[8] The high proportion of respondents who identified as straight or heterosexual is likely due to multiple factors: Pride Center staff originally administered the demographic survey to service providers who attended onsite trainings (but stopped doing so in the middle of the year); parents of LBGTQ+ youth visit the Center to access resources or attend parenting classes and peer groups, and some of these parents have completed the survey; a number of the Pride Center's transgender participants identify as heterosexual; because the Pride Center does not turn away people who are not LGBTQ+, it is possible some straight people accessed drop-in services.

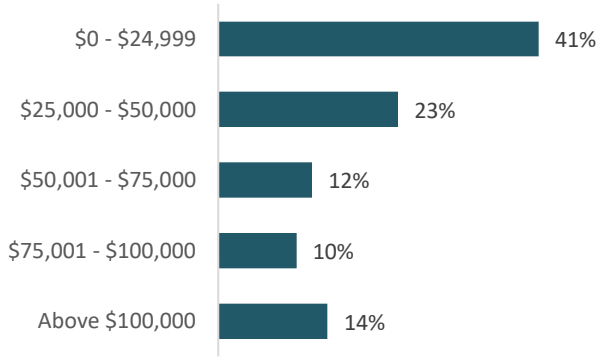
Disability Status: Two-thirds of participants (67%) reported having no disabilities or health conditions. Of those that reported some type of disability, the most commonly reported were other health problems (13%), limited physical mobility (6%), and learning disabilities (6%).

Education:[9] As a whole, adult Pride Center participants are highly educated. Among respondents, most of the participants had either earned their bachelor's degree (24%) or a graduate degree (17%). Twenty-three percent reported having some college education. The remaining respondents had an associate's degree, a vocational or trade certification, a high school diploma or GED, or less than a high school diploma.

Employment: Less than half of participants (38%) reported having full-time employment, with 17% reporting part-time employment and 24% identifying as students. Ten percent of participants were unemployed and looking at the time of the survey, and 6% were retired. The remaining participants were unemployed and not looking for a job.

Income: As Figure 7 shows, the Pride Center draws adult participants across the socioeconomic spectrum. Among survey respondents ages 26 or older, most are considered Extremely Low Income (less than $33,850) or Very Low Income (less than 56,450) for San Mateo County, based on 2019 US Department of Housing and Urban Development (HUD) income levels.[10]

Figure 7: Adult Participants by Personal Income (n=139)



Housing: Over three-quarters of participants ages 26 and older (77%) reported having stable housing, and an additional 12% reported that they were staying with family or friends. The remaining respondents reported that they were homeless, living in a shelter or transitional housing, or had another form of housing.

Veteran Status: Over 96% of adult participants reported that they were not armed forces veterans.

[9] Adult participants aged 25 and younger are not included because the Pride Center's demographic survey includes an age category between 16 and 25, which would include current high school students as well.
[10] 2019 San Mateo County Income Limits as determined by HUD. Retrieved from https://housing.smcgov.org/sites/housing.smcgov.org/files/AFFORD2019x_0.pdf

Demographic Comparison

In order to understand participant demographic trends, the table below highlights key differences and similarities between FY2018-19 participants and A) participants receiving clinical services in FY2018-19, and B) all participants from the Pride Center opening through FY2018-19. The comparison shows that among *clinical service participants,* higher proportions were children or transition age youth, transgender or gender nonconforming, and Latinx. Among *new participants*, higher proportions were children, male, and transgender women.

Table 2. Demographic Comparison to FY2018-19 Participants

Category	A. Clinical Participants FY2018-19	B. Pride Center Opening through FY2018-19
Age	Compared to all FY2018-19 participants, a **higher** percentage of clinical participants were age 25 or under.	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2018-19 were children ages 0-15.
Race	Compared to all FY2018-19 participants, a **higher** percentage of clinical participants identified as Latinx/o/a, and a **lower** percentage identified as White.	Overall, the racial breakdown was generally the same for new FY2018-19 participants and participants across all years.
Sex at Birth	Compared to all FY2018-19 participants, a **higher** percentage of clinical participants reported that they were assigned male at birth.	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2018-19 reported that they were assigned male at birth.
Sexual Orientation	Compared to all FY2018-19 participants, a **higher** percentage of clinical participants identified as pansexual and a **lower** percentage identified as heterosexual.	Compared to participants across all years, **slightly lower** percentages of new participants in FY2018-19 identified as gay/lesbian or as heterosexual, and **slightly higher** percentages identified as bisexual or pansexual.
Gender Identity	Compared to all FY2018-19 participants, a **slightly higher** percentage identified as gender nonconforming.	Compared to participants across all years, a **slightly higher** percentage of new participants in FY2018-19 identified as transgender women, while a **slightly lower** percentage identified as cisgender women.

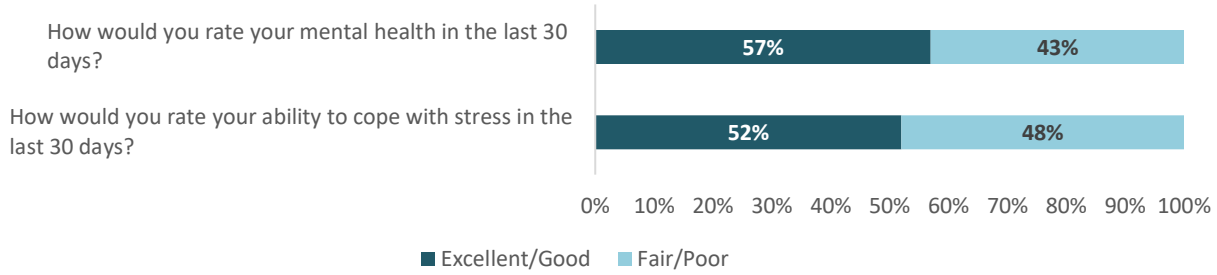
Clinical Services Baseline Data

The FY2018-19 report contains baseline clinical data. Subsequent years will examine changes from baseline to follow-up for clinical participants.

Client Self-Assessment

The Client Self-Assessment asks clinical participants to rate how they felt about their mental health and their ability to cope with stress in the last 30 days. At intake, respondents to the survey were almost evenly split between positive and negative assessments of their mental health and stress levels in the last 30 days (see Figure 8). For both self-assessment questions, “good” was the most common response, followed by “fair.” “Excellent” was the least common response.

Figure 8. Participants Initial Screening Experiences in FY 2018-19 (n=28)



Client Strengths and Needs

Table 3 summarizes the results of the assessments administered to clinical service participants—the CANS for children, and the ANSA for adults. The table below presents the strengths that most frequently emerged for each age group, as well as the needs that most frequently emerged in the "actionable" range (described as a rating of 2 or 3 on a scale of 0-3). As noted in the table, some of the needs and strengths domains received equal responses and are therefore listed as the same rank.

Table 3. Top Need and Strength Domains for Clinical Participants at Intake

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

RANK	STRENGTHS	RANK	NEEDS
1	Family Strengths	1	Anxiety
2	Relationship Permanence	2	Family Functioning
2	Resiliency	2	Cultural Stress
3	Optimism	3	Physical/Medical
3	Educational setting	3	Depression
3	Natural Supports	3	Involvement with Care

ADULT NEEDS AND STRENGTHS ASSESSMENT

RANK	STRENGTHS	RANK	NEEDS
1	Resiliency	1	Anxiety
2	Resourcefulness	2	Family Relationships
3	Optimism	3	Depression
3	Vocational	4	Social Functioning
4	Job History	5	Adjustment to Trauma

Progress Toward Learning Goals

This section discusses the progress that the San Mateo County Pride Center has made toward achieving its two learning goals. A summary of key findings is presented below, followed by a detailed discussion of each learning goal.

Learning Goal 1: Impact of Coordinated Service Delivery Model

Staff Coordination and Collaboration. Strong collaboration among staff has led to improved coordination of services for clinical and case management clients. The collaborative approach of Pride Center staff helps participants feel welcome, supported, and empowered.

Collaboration with External Partners. Beyond internal coordination, the Pride Center has become a key part of a larger network of providers advancing LGBTQ+ inclusion, equality, and empowerment in San Mateo County and beyond.

Collaborative Organizational Model. The Pride Center has continued to build and refine a collaborative organizational model. The Pride Center is working to define the appropriate level of oversight and involvement of the partner agencies. Pride Center staff continue to face heavy workloads with only modest resources, which increases the risk of staff burnout and turnover.

Learning Goal 2: Improved Access to Mental Health Services

Access to Culturally Responsive Psychotherapy. Participants continued to cite the importance and quality of the Pride Center's culturally affirmative mental health services, and most clinical participants strongly agreed or agreed that they have benefited from services offered to them at the Pride Center.

Community as Protective Factor. The Pride Center demonstrates how having a safe space to build community can be a significant protective factor for LGBTQ+ residents. Many participants feel that the Pride Center is a therapeutic experience, including many community members who do not use the Pride Center for formal clinical services.

Services for Marginalized Groups. The Pride Center prioritizes its mental health services for members of underserved and marginalized communities, including youth and older adults. The Pride Center has made progress in fostering a welcoming and inclusive environment for LGBTQ+ people of color, and this remains a priority for continued efforts.

Access and Inclusion in County Mental Health System. Increased awareness and integration of the Pride Center in the San Mateo County behavioral health system has improved access to inclusive and responsive mental health services.

Unmet Need. Space and staff capacity constraints limit the Pride Center's ability to address the needs of all LGBTQ+ community members with moderate to severe mental health challenges.

Learning Goal 1: Impact of Coordinated Service Delivery Model

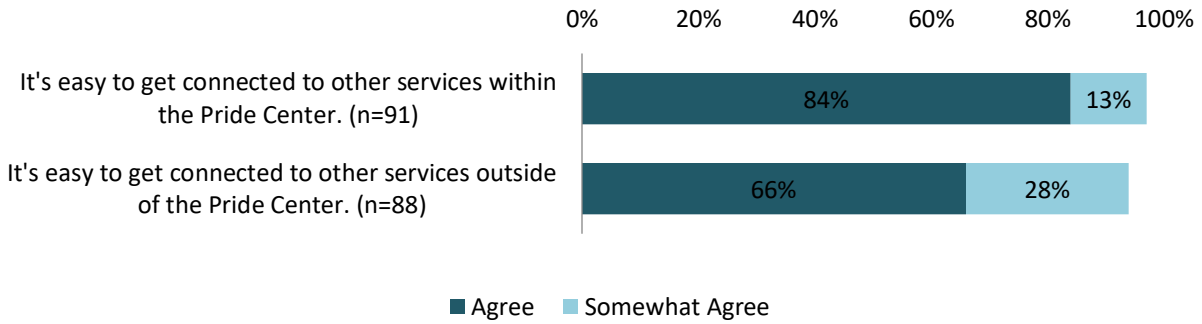
Staff Coordination and Collaboration

Strong collaboration among staff has led to improved coordination of services for clinical and case management clients. The Pride Center's clinical programs emphasize the importance of preventive care for all clients: not just treating acute symptoms that are currently presenting, but setting up clinical clients for long-term wellness by developing care plans, building resilience, and providing patients with psychoeducational resources. Pride Center staff continue to collaborate with each other to serve clients and facilitate linkages to services within and outside of the Pride Center. The clinical team and Case Manager often work together to establish care plans for client. Pride Center staff have instated multiple new policies and procedures for clinical programs, which have improved the referral, waitlist, and intake and assessment process for new clients. All of these developments required close collaboration between staff members: ensuring that staff were familiar with new workflows, training staff in survey administration and database entry, and coordinating contact with a single client between multiple team members.

> *"Staff have dynamic collaborations working with case management, mental health; [in a] one-stop-shop, we can do warm handoffs, introduce [clients] to someone on staff, bring them in gently to a new environment—it's really cool."*
>
> –Pride Center Staff

On the Staff Collaboration Survey, the highest ratings continued to be in the "Partnership" domain, which encompasses staff coordination with each other and with participants to develop a care plan (see Appendix F for full results of the Staff Collaboration Survey). Participants corroborated staff members' observations that this team-based approach to service delivery has enhanced participants' wellbeing. As noted in Figure 9 below, 97% of respondents to the Participant Experience Survey either fully or somewhat agreed that it was easy to connect to other services within the Pride Center, which points to staff members' ability to facilitate those service linkages.

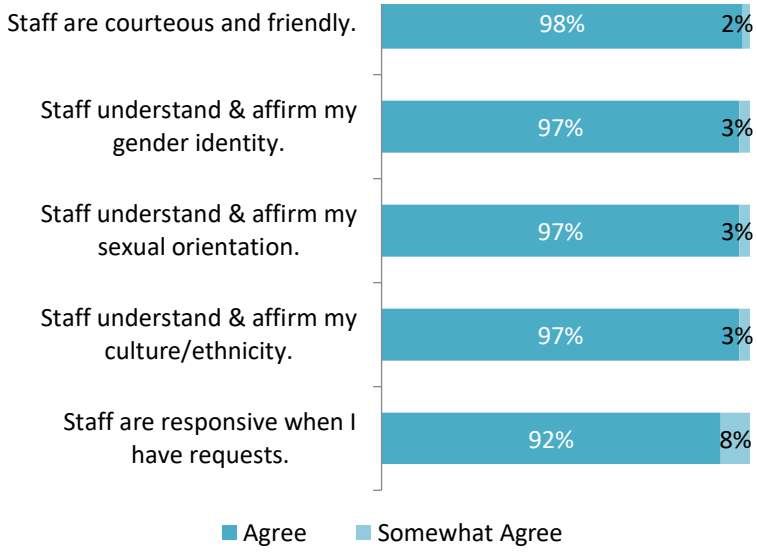
Figure 9: Participant Approval of Service Linkages at the Pride Center in FY2018-19
Source: Participant Experience Survey



Similar to last year's findings, survey respondents found it easier to connect to other services *within* the Center than *outside* the Center: about two-thirds (66%) agreed that it was easy to connect to other services outside of the Center. This finding can be interpreted in two ways: on one hand, it points to the inherent ease of access in a one-stop-shop model; on the other hand, it may suggest an area for improvement in linking participants from the Pride Center with outside agencies.

The collaborative approach of Pride Center staff helps participants feel welcome, supported, and empowered. Staff members' skills in working together help to create overwhelmingly positive participant experiences. Many participants praise staff for being welcoming and supportive at all points of contact, from the front desk to chance encounters within the Center to community outreach events. The Participant Experience Survey items that received the highest ratings were all related to participants' impressions of Pride Center staff (see Figure 10).

Figure 10: Participant Experience Survey Results, Percentage of Respondents who Agree with Statements About Staff (n=92)



Collaboration with External Partners

Beyond internal coordination, the Pride Center has become a key part of a larger network of providers advancing LGBTQ+ inclusion, equality, and empowerment in San Mateo County and beyond. The Pride Center's year-round outreach efforts and organizational partnerships have helped Center staff to build a large, countywide network in just two years of program operations. The Center's early successes have bolstered its reputation in the county as an authoritative source on LGBTQ+ inclusion, community building, and mental health care. Moreover, Pride Center staff continue to build on their network by advancing new partnerships and joint initiatives. In addition, Pride Center staff engaged with LGBTQ+ inclusive service providers and other stakeholders in venues beyond the county. For instance, in 2019 the Center's Program Director was invited to speak at a statewide LBGTQ+ convening, to talk about the Pride Center and the prospects of replicating its service delivery model in other communities.

Pride Center staff continue to train hundreds of county staff members about SOGI and LGBTQ+ inclusion. Among these trainings were sessions specifically for BHRS staff and Probation staff. The Center has also helped to advance symbolic support for LGBTQ+ community members within local government, such as participating in the raising of LGBTQ+ flags at city and county government buildings during Pride Month. In turn, local officials, including a County Supervisor, have demonstrated consistent support for the Pride Center as an important community institution.

Collaborative Organizational Model

The Pride Center has continued to build and refine a collaborative organizational model. The Pride Center is working to define the appropriate level of oversight and involvement of the partner agencies in its collaborative organizational model. The partner organizations continue to serve in an oversight and advisory role to Center leadership. Management from the four partner organizations meet on a monthly basis to discuss key administrative and financial matters, plan for upcoming programs and events, explore development and sustainability opportunities, and address emergent problems. Based on feedback from staff and partners, there is not yet a shared vision of the intended roles and responsibilities of the partner agencies. In general, Pride Center staff seek a greater level of direct support than they currently receive. Pride Center staff noted that they would benefit from more strategic direction, professional development, and program planning guidance from the partner organizations' leadership, which could improve efficiency when developing new programs and policies for the Center.

Pride Center staff continue to face heavy workloads with only modest resources, which increases the risk of staff burnout and turnover. Staff members continue to receive modest compensation for high-volume, demanding work. While staff maintain high-quality services and a welcoming environment at the Pride Center, many face challenges of making relatively low salaries as professionals in a region with very high costs of living. In addition, urgent capacity needs have led some staff members to step into coordinating or managerial roles that they had felt unprepared to do. However, some staff have also struggled to find adequate support when taking on these responsibilities.

Learning Goal 2: Improved Access to Mental Health Services

Access to Culturally Responsive Psychotherapy

Participants continue to cite the importance and quality of the Pride Center's culturally affirmative mental health services. Participants receiving therapy services emphasized that having a LGBTQ+ therapist has supported their mental health treatment. With LGBTQ+ therapists who understand participants' lived experiences, participants feel more understood and supported compared to previous experience with non-LGBTQ+ therapists. Similar to last year's findings, focus group participants noted that they struggled to find adequate mental health care locally beforehand, and had faced issues when their providers were not trained to work with LGBTQ+ clients. On the clinical self-assessment survey, most clinical participants strongly agreed or agreed that they have benefited from services offered to them at the Pride Center.

> *"When I decided to transition, I came here for counseling…. The clinical services here are great. [Gender] transitions are scary, so it's great to come here—where people remember your pronouns, your name. My home situation isn't validating, so having a place that is safe helps me continue to transition when otherwise I might not have and would still suffer from the mental health issues that I was going through."*
>
> –Focus Group Participant

The Pride Center's clinical services have been a beacon for transgender, genderqueer, and nonbinary individuals. Several participants shared experiences of Pride Center therapists remembering their correct pronouns and offering support through their gender transition. One transgender participant noted that while she could have accessed mental health services through private insurance, she chose to seek therapy at the Pride Center because of the Center's expertise in gender identity.

Community as Protective Factor

The Pride Center demonstrates how having a safe space to build community can be a significant protective factor for LGBTQ+ residents. Many participants feel that the Pride Center is a therapeutic experience, including many community members who do not use the Pride Center for formal clinical services. Although only 27% of participants who took the Participant Experience Survey in June 2019 indicated that they received therapy from the Pride Center, 85% of respondents agreed that the services they receive at the Pride Center have improved their mental health (nearly all respondents either agreed or somewhat agreed with this statement).

Several participants also described the sense of community that the Pride Center provided, and how those feelings of belonging helped to boost their confidence, morale, or general emotional wellbeing. Focus group participants described many features that helped to ground the Pride Center in a sense of community: the warmth and support of staff members at all points of contact, the familial environment, the intergenerational meals and social events, and the accessibility of the Center for regular visitors. Others described how the Center's visibility on El Camino Real, and the Center's prominence in San Mateo County, was a source of pride and self-esteem. Results from the Participant Experience Survey follow this trend. Among respondents who had been to the Center at least once before, 86% agreed that the Pride Center gives them a sense of community, and 96% either agreed or somewhat agreed.

> *"The staff here are very accepting; they accept who I am. I come here with my partner; they treat us like family. I feel connected with them, even though I don't come here often, I know that they're here."*
>
> –Focus Group Participant

In other words, while only a fraction of respondents uses formal therapy services at the Pride Center, virtually all participants can benefit from the inclusive and supportive community space that the Center offers on a daily basis. We can think of this sense of community as a *protective factor*: something that helps LGBTQ+ community members and their allies build resilience and reduce the risk of experiencing mental health challenges.

The Pride Center has cultivated a devoted community of regular participants, many of whom are frequent visitors and/or have been long-term participants. Among the 93 individuals who completed the Participant Experience Survey in June 2019, just under half (49%) had been coming to the Pride Center for a year or more, and nearly one-quarter (23%) had been participants since the Pride Center opened in 2017. Furthermore, 40% of respondents noted that they attend the Pride Center at least once a week,

and an additional 30% attend at least once a month. In addition, several participants have joined the evaluation team's focus groups for two years in a row. These participants are among those who have reiterated how the Pride Center offers a safe and inclusive community environment, and a sense of belonging.

> *"I remember living in the County without the Pride Center existing—it felt like I was alone, very alone…. Just knowing the Pride Center is here in my community makes me feel more comfortable. The fact that it's supported by the County, the Board of Supervisors, I feel more welcome in this county, more comfortable to be who I am. It's empowering."*
>
> –Focus Group Participant

Figure 11: Participant Experience Survey Respondents, by Frequency of Visits to the Pride Center (n=93)

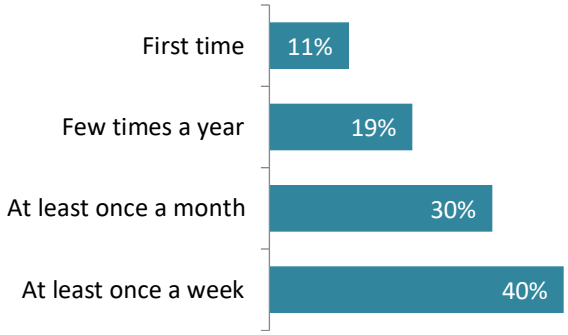
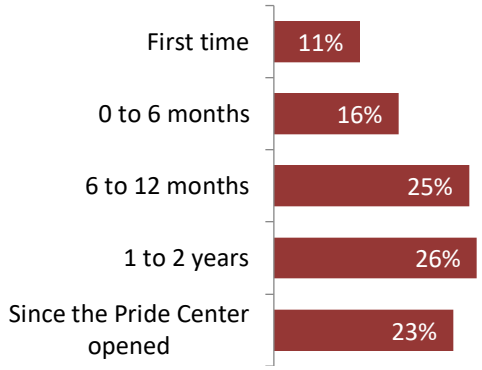


Figure 12: Participant Experience Survey Respondents, by How Long They Have Been Visiting (n=93)



Services for Marginalized Groups

The Pride Center prioritizes its mental health services for members of underserved and marginalized communities, including youth and older adults. In developing policies and procedures for its clinical programs, Pride Center staff ensured that their services would be consistent with their commitment to inclusivity, equity, and social justice. When clinical staff have the capacity to see new clients or take people off the waitlist, they prioritize participants who represent marginalized identities within the larger LGBTQ+ community: non-heterosexual and non-cisgender individuals, genderqueer and gender nonconforming people, people of color, low-income individuals, and survivors or victims of abuse, among others. The Center also offers low-fee or pro bono services for undocumented individuals and people with financial hardships. During the program year, 65% of clinical patients identified as people of color or as multiracial, and 30% identified as genderqueer, gender nonconforming, or transgender.

In addition, the Pride Center has emphasized clinical services for its younger clients with moderate to severe mental health challenges. This decision derives from the understanding that the earlier a person receives care for mental illness or trauma, the more likely they will achieve long-term wellness. During the program year, 49% of clinical participants were under the age of 26.

> *"I found out about the Pride Center from my school therapist. I talked to her about my sexuality and how I feel about it, she recommended the peer groups for me. Since I've started coming, I feel happy and I'm accepting myself more."*
>
> –Focus Group Participant

The Pride Center has built capacity to provide services to Spanish-speaking participants, and has witnessed a significant rise in Spanish-speaking community members seeking mental health services. The Center's primary Spanish-speaking clinician worked with fellow staff members and clinicians from the partner organizations to develop a network of referrals for monolingual Spanish-speaking clients. The same clinician hosts a Bilingual Consultation Group in partnership with a staff member from the Felton Institute, which provides guidance to bilingual providers around sexual orientation, gender identity, and LGBTQ+ issues.

The Pride Center has made progress in fostering a welcoming and inclusive environment for LGBTQ+ people of color, and this remains a priority for continued efforts. The Pride Center has continued to offer dedicated programming for people of color, including launching several new events and peer groups. In some cases, it has been a challenge to encourage regular and repeated participation in such events. For instance, during the program year, the Pride Center retired Noches de Cumbia, a peer group for Latinx adult participants, due to minimal attendance. Staff capacity issues and resource constrains have also limited the Center's ability to outreach to or serve non-English speaking participants. In some cases, only one staff member speaks a non-English language, which places the onus on them to support members of that language community. Staff members have also had to translate forms that were not offered in participants' primary languages, which takes considerable time and effort. Nonetheless, it should be emphasized that Pride Center staff remain committed to serving LBGTQ+ community members of color, and being an inclusive space for their families and allies of color.

> *"My experience has been a little rocky. The first year I tried coming, it was hard, because it was a predominantly white space and didn't feel okay, as a queer person of color in a white space. I tried coming to support groups and there was someone who made me feel uncomfortable, that I wasn't affirmed…*
>
> *Throughout the years the Pride Center has been evolving, there's been other queer people of color here, and spaces for queer people of color. Not just queer people or people of color, but both—I don't have to choose."*
>
> –Focus Group Participant

Access and Inclusion in County Mental Health System

Increased awareness and integration of the Pride Center in the San Mateo County behavioral health system has improved access to inclusive and responsive mental health services. Because the Pride Center has filled a crucial gap in mental health services, and has undertaken a wide array of activities and services, the Center has quickly become an established organization within San Mateo County's network of mental health care. During FY18-19, staff expanded their outreach to other mental health providers throughout the county, while also improving their internal coordination and management of clinical services. These changes resulted in an upsurge in referrals from schools and other agencies, while also expanding their capacity to accommodate and serve clinical patients. Beyond its direct service to LGBTQ+ community members, the Pride Center has taken a leading role in advancing LGBTQ+ inclusivity and cultural humility within the county's mental health and social services systems as a whole. In particular, the Pride Center has helped to support other organizations through its extensive training program.

Unmet Need

Space and staff capacity constraints limit the Pride Center's ability to address the needs of all LGBTQ+ community members with moderate to severe mental health challenges. Because the Center provides clinical services alongside daily onsite activities, as well as general support and resources for drop-in guests, it can be a challenge to accommodate the range of participant needs in such a small location. The limited number of private rooms is a challenge for the expansion of clinical services, case management, or any other activities that require privacy for participants.

- **Clinical Services**: Pride Center staff noted a significant increase in sliding-scale referrals for clinical services at the end of the program year, which resulted in many of those referrals being waitlisted. With minimal capacity to see Medi-Cal clients, and no ability to see Medicare clients, the Pride Center is limited in its ability to provide mental health services to low-income and older adult participants. The Pride Center has faced setbacks in its clinical capacity due to changing regulations dictating whether clinical trainees can see Medi-Cal patients. Two predoctoral trainees joined the clinical staff in August 2019, but due to recent regulatory changes for doctoral students, these trainees will only be able to see clients on a sliding scale. Several Pride Center participants reflected that they experienced delays in accessing clinical services due to having Medi-Cal or not having insurance.
- **Case Management** Because the Pride Center has only one case manager, the capacity to offer case management services is limited. As such, Center staff prioritize these services for participants with more critical and/or complex needs.

Staff members' heavy workloads can sometimes impede participants' timely access to staff. While participants overwhelmingly praise Pride Center staff for their work, some focus group participants noted that they had occasionally experienced difficulties in reaching

> *"Sometimes staff—as wonderful as they are—their plates are so full."*
>
> –Focus Group Participant

staff members. The focus group participants who brought up these challenges were nonetheless forgiving. They had come to attend Pride Center services or events on a regular basis, and had many positive experiences with staff members otherwise. In general, the Pride Center's devoted participants who joined the focus groups were well aware of staff members' intense work commitments, and demonstrated care and concern for staff members' wellbeing. However, this limited capacity could prevent timely communication with potential new participants who are making their first effort to contact staff.

Moreover, staff members' limited capacity is likely constraining their ability to run a more extensive volunteer program, which in turn could help to ease some of their responsibilities. With so many devoted and regular participants, the Center has a community where many people are willing to help out in some way. However, the Pride Center does not currently have the staff resources necessary to coordinate such a program.

The Pride Center's physical location, layout, and hours continue to restrict access for some community members, those who live further away from downtown San Mateo, and participants with disabilities or physical limitations. San Mateo is a geographically large county, and has few east-west transportation routes that connect the smaller coastal communities to the metropolitan areas on the eastside. Although the Pride Center is centrally located within the county, in downtown San Mateo, participants (and potential participants) who live further away may find it challenging to access services or visit the Center on a regular basis. This is especially true for participants who rely on public transit, participants with limited physical mobility, or participants who suffer from agoraphobia (fear of leaving the house).

In addition, the physical layout of the Pride Center itself can be a challenge for some older adult participants and disabled participants. As mentioned above, one of the main meeting rooms lies at the top of a steep flight of stairs, making it inaccessible to some participants. This problem of inaccessibility for disabled clients has also invalidated a potential solution to the Center's space issues. A second-story office in the same building became vacant during the program year, but without an elevator the space would not be compliant with the Americans with Disabilities Act.

Finally, some participants cannot attend Pride Center activities or receive clinical services, because their work hours overlap with the Pride Center's regular hours of operation. For instance, some older adult participants with jobs have had difficulty attending activities run by Older Adult Programs, many of which are held during the daytime.

Recommendations

Based on the evaluation findings, below are recommendations to support the Pride Center's operations and programming.

Operations and Governance

Facilitate discussions between Pride Center staff, partner organizational representatives, and Community Advisory Board (CAB) members, to establish a mutual understanding of roles and responsibilities. It is clear that there are differences in perspective regarding the desired roles of the partner organizations. It is important that all parties can make space for creating shared expectations of each party's primary roles and responsibilities, and their accountability and obligations to each other.

Explore areas where partner organization staff and CAB members can provide additional organizational development support for Pride Center staff. Pride Center staff have developed organizational policies, practices, and procedures for the Pride Center, for which the partner organizations might already have a template or model in place. To maximize staff time for program and service delivery, the partner organizations should work together to establish a process for reviewing the Pride Center's organizational development needs and identifying how the partner organizations could support through technical assistance or guidance.

Explore additional strategies to reduce staff members' workload, such as providing support to develop a participant volunteer program. Staff members' workloads are unsustainable, and the CAB and partner organizations should continue to find ways to alleviate some of staff's responsibilities. For instance, additional support could help staff members launch a full-fledged volunteer program, which could help lighten staff workloads once the program is up and running.

Programs and Services

Collaborate with other providers to fill gaps in services for the LGBTQ+ community. Given that the Pride Center has been operating at or above full capacity, there are opportunities to leverage the partnerships that the Pride Center has cultivated to address unmet needs within the LGBTQ+ community. These partnerships include not only the Pride Center's organizational partners (StarVista, Peninsula Family Services, Adolescent Counseling Services, and Daly City Partnership), but also the many providers of clinical and social services that the Pride Center has trained in LGBTQ+ cultural sensitivity. The Pride Center should work with these partners to create referral systems and establish new services to expand culturally appropriate mental health and social services for the LGBTQ+ community. Unmet service needs include:

- **Activities for adult participants on evenings and weekends.** Multiple participants noted that they had trouble attending Pride Center events during or soon after regular business hours, because of work or the time it takes to commute from work to the Center. This is especially true for older adults who are still working, as the majority of Older Adult Programs occur during weekdays.
- **Clinical services that meet the needs of clients with Serious Mental Illness (SMI).** Given its organizational structure, regulations surrounding Medi-Cal and Medicare billing, and staff

capacity, the Pride Center is only able to serve a fraction of the LGBTQ+ SMI community. In order to create a sustainable system of LGBTQ+ affirming mental health services, it will be necessary to coordinate with outside providers to help meet this need. The Pride Center could leverage and enhance its training model for providers to include learning collaboratives and ongoing consultation. In this way, providers could participate in continuous learning and support to provide responsive services for LGBTQ+ clients.

- **Group therapy services to accommodate additional clinical participants and provide group therapeutic support.** Group therapy would both expand capacity to serve more clients and offer an additional therapeutic modality that may be supportive for some LGBTQ+ clients with mental health needs.
- **Programs for LGBTQ+ families.** Some participants expressed a desire that the Pride Center build out additional programming for LGBTQ+ parents and their children, or families with children who identify as LGBTQ+. Family-oriented events would help to draw out additional community members, and in general provide visibility and acceptance around different kinds of families within the LGBTQ+ community.

Conclusion

The 2018-19 fiscal year marked the second full year of operation of the San Mateo County Pride Center. In this short time, the Pride Center has established a wide array of clinical services and community-oriented programs and has become a crucial community resource. The Pride Center has not only filled a critical gap in local mental health care services; it has also demonstrated the benefit of its unprecedented model of coordinated service delivery. The Center allows participants to access mental health services with LGBTQ+ therapists, which for many participants is a welcome departure from their previous difficulties in finding mental health care providers both knowledgeable and respectful of their sexual orientation and gender identity. In addition, the Pride Center offers a safe space for community members who often experience discrimination or social isolation to gather. Through community outreach and workplace trainings, the Pride Center has built the skills of non-LGBTQ+ providers to better serve their LGBTQ+ clients and students and helped build awareness of the Center across San Mateo County.

The process of building a collaborative model has highlighted the importance of—and challenges with—developing a shared vision of roles and responsibilities among all partners, containing the scope and volume of services to fit staff capacity, addressing barriers to providing low-cost mental health care services, and preventing staff burnout. In March 2019, the Pride Center received approval to extend the innovation study period through June 2021. Having two additional years to evaluate how the Pride Center's collaborative model influences access to services and client outcomes will support the County in documenting a replicable best practice model that can benefit behavioral health services statewide and nationally.

Appendix A: San Mateo Pride Center Data Collection Plan

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

Appendix B: Collaboration Survey

Assessment of Interprofessional Team Collaboration Scale

Instructions:

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

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

It takes approximately 10 minutes to complete.

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

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

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

Respondent Information

*1) Please select your affiliation status at the Center**

[ ] Staff member at the Center

[ ] Partner with the Center

Section 1. PARTNERSHIP

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

	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…*

	1 - Never	2- Rarely	3 - Occasionally	4 - Most of the time	5 - Always	Not Applicable
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	( )	( )	( )	( )	( )	( )

Additional Comments

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

_____

_____

_____

_____

Demographics

6) What is your age category?

( ) 0-15

( ) 16-25

( ) 26-39

( ) 40-59

( ) Ages 60 and above

( ) Decline to answer

7) Which race/ethnicity do you identify with? (Check all that apply)

[ ] American Indian

[ ] Asian

[ ] Black or African American

[ ] Hispanic or Latino/a/x

[ ] Native Hawaiian or Pacific Islander

[ ] White

[ ] Other: _____

[ ] Decline to answer

8) What is your assigned sex at birth?

( ) Male

( ) Female

( ) Intersex

( ) Decline to answer

9) What is your current gender identity?

( ) Cisgender Man

( ) Cisgender Woman

( ) Trans Man

( ) Trans Woman

( ) 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
2019 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: _____ **What city do you live in?** _____

What is your primary reason for visiting the Pride Center? (Please pick one.) ❑ Clinical/social services ❑ Peer groups or social activities ❑ Organizational meetings ❑ Education/ trainings

1. What is your age category?

- ❑ 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
- ❑ Cantonese
- ❑ Mandarin
- ❑ Spanish
- ❑ Tagalog
- ❑ Vietnamese
- ❑ American Sign Language
- ❑ Another: _____
- ❑ Decline to answer

3. How do you define your race? (Mark all that apply.)

- ❑ American Indian / Native Alaskan
- ❑ Asian / Asian American
- ❑ Black / African American
- ❑ Hispanic / Latinx/a/o
- ❑ Native Hawaiian / Pacific Islander
- ❑ White / Caucasian
- ❑ Another race: _____
- ❑ Decline to answer

4. How do you define your ethnicity? (Mark all that apply.)

- ❑ African: _____
- ❑ Cambodian
- ❑ Caribbean: _____
- ❑ Chinese
- ❑ Central American: _____
- ❑ Eastern European: _____
- ❑ European: _____
- ❑ Filipinx/a/o
- ❑ Indigenous Nation: _____
- ❑ Japanese
- ❑ Korean
- ❑ Mexican / Chicanx/a/o
- ❑ Middle Eastern: _____
- ❑ Pacific Islander: _____
- ❑ Puerto Rican
- ❑ South American: _____
- ❑ Vietnamese
- ❑ Another ethnicity: _____
- ❑ Decline to answer

5. What is your assigned sex at birth?

- ❑ Male
- ❑ Female
- ❑ Another sex: _____
- ❑ Decline to answer

6. Do you identify as intersex?

❑ Yes ❑ No ❑ Decline to answer

Please turn the page over to continue.

Prepared by RESOURCE DEVELOPMENT ASSOCIATES Updated: June 26, 2019 | 1

7. What is your current gender identity? (Mark all that apply.)

- ❑ Cisgender Man / Man
- ❑ Cisgender Woman / Woman
- ❑ Genderqueer / Gender nonconforming / Neither exclusively male nor female
- ❑ Indigenous gender identity: _____
- ❑ Questioning or unsure of gender identity
- ❑ Trans Man / Transgender Male / Trans-masculine / Female-to-Male (FTM) / Man
- ❑ Trans Woman / Transgender Female / Trans-feminine / Male-to-Female (MTF) / Woman
- ❑ Another gender identity: _____
- ❑ Decline to answer

8. How do you identify your sexual orientation? (Mark all that apply.)

- ❑ Asexual
- ❑ Bisexual
- ❑ Gay or Lesbian
- ❑ Heterosexual or Straight
- ❑ Indigenous sexual orientation: _____
- ❑ Pansexual
- ❑ Queer
- ❑ Questioning or unsure of sexual orientation
- ❑ Another sexual orientation: _____
- ❑ Decline to answer

9. What is your current employment status?

- ❑ Full time employment
- ❑ Part time employment
- ❑ Retired
- ❑ Student
- ❑ Unable to work due to disability or illness
- ❑ Unemployed and looking for work
- ❑ Unemployed and not looking for work
- ❑ Decline to answer

10. 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.

- ❑ Mental health condition: _____
- ❑ Chronic health condition
- ❑ Dementia
- ❑ Developmental disability
- ❑ Difficulty hearing or having speech understood
- ❑ Difficulty seeing
- ❑ Learning disability
- ❑ Limited physical mobility
- ❑ Another challenges with communication: _____
- ❑ Another disability or condition: _____
- ❑ None of the above
- ❑ Decline to answer

11. What is your current housing status?

- ❑ Stable housing (renter, owner, or living permanently with friends or family)
- ❑ Homeless and unsheltered (staying in a place not meant for habitation)
- ❑ Renting with a subsidy, voucher, or supportive services (e.g., Permanent Supportive Housing)
- ❑ Staying in an emergency shelter or transitional housing program
- ❑ Temporarily staying with friends or family
- ❑ Another housing status: _____
- ❑ Decline to answer

Complete questions 12 & 13 only if you are 18 or older.

12. What is your individual annual income?

- ❑ 0 - $24,999
- ❑ $25,000 - $50,000
- ❑ $50,001 - $75,000
- ❑ $75,001 - $100,000
- ❑ Above $100,000
- ❑ Decline to answer

13. Are you a veteran?

- ❑ Yes
- ❑ No
- ❑ Decline to answer

Thank you for taking the time to complete this survey!

Appendix D: Participant Experience Survey

San Mateo County Pride Center Participant Experience Survey

For office use:
Form #_____

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

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

1. How many times have you visited the Pride Center?

❑ 1 time ❑ 2 to 5 times ❑ More than 5 times

2. Please mark the services you have participated in at the Pride Center. (*Check all that apply.*)

❑ Case Management
❑ Community Meetings
❑ Connection to Resources
❑ Education / Training
❑ Drop-In Center
❑ Therapy services
❑ Social Activities / Events
❑ Peer Group:_____
❑ Other: _____

3. Please rate your interactions with the Pride Center's staff.	Disagree	Somewhat Disagree	Somewhat Agree	Agree
Staff are courteous and friendly.	❑	❑	❑	❑
Staff are responsive when I have requests.	❑	❑	❑	❑
Staff understand & affirm my sexual orientation.	❑	❑	❑	❑
Staff understand & affirm my gender identity.	❑	❑	❑	❑
Staff understand & affirm my culture/ethnicity.	❑	❑	❑	❑

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

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

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

[TURN PAGE OVER TO CONTINUE]

6. Please note any other services/programs to which the Pride Center has connected you. (OPTIONAL)

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

Your Background

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

A) What is your age category?

❑ 0 – 15 ❑ 16 – 25 ❑ 26 – 39 ❑ 40 – 59 ❑ 60 & above ❑ Decline to Answer

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

❑ American Indian / Native Alaskan
❑ Asian / Asian American
❑ Black / African American
❑ Hispanic / Latino/a / Latinx
❑ Native Hawaiian / Pacific Islander
❑ White
❑ Other: _____
❑ Decline to Answer

C) What is your assigned sex at birth?

❑ Female ❑ Male ❑ Intersex ❑ Decline to Answer

D) What is your current gender identity?

❑ Cisgender Man
❑ Cisgender Woman
❑ Genderqueer / Gender Nonconforming / Neither exclusively male nor female
❑ Questioning or Unsure of Gender Identity
❑ Female-to-Male (FTM) / Transgender Male / Trans Man / Trans-masculine / Man
❑ Male-to-Female (MTF) / Transgender Woman / Trans Woman / Trans-feminine / Woman
❑ Indigenous gender identity: _____
❑ Other gender identity: _____
❑ Decline to answer

E) How do you identify your sexual orientation?

❑ Gay or Lesbian
❑ Heterosexual or Straight
❑ Bisexual
❑ Questioning / Unsure
❑ Queer
❑ Pansexual
❑ Asexual
❑ Decline to Answer
❑ Indigenous sexual orientation: _____
❑ Other sexual orientation: _____

Appendix E: CANS and ANSA Instruments

ADULT NEEDS AND STRENGTHS ASSESSMENT(ANSA)					STANDARD VERSION 2.0
Individual's Name:		DOB:	Gender:	Race/Ethnicity:	
Caregiver(s):		Form Status:	Initial	Subsequent / Annual / Discharge	
		Case Name:			
		Case Number:			
Assessor:		Date of Assessment:	m m d d y y		

FUNCTIONING				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Family Relationships	○	○	○	○
Physical/Medical	○	○	○	○
Employment Functioning	○	○	○	○
Social Functioning	○	○	○	○
Recreational	○	○	○	○
Developmental/intellectual	○	○	○	○
Sexual Development	○	○	○	○
Living Skills	○	○	○	○
Residential Stability	○	○	○	○
Legal	○	○	○	○
Sleep	○	○	○	○
Self-Care	○	○	○	○
Medication Compliance	○	○	○	○
Transportation	○	○	○	○
Living Situation	○	○	○	○
School	○	○	○	○

STRENGTHS				
**Please note only for the Strengths section 3 is "no evidence"*				
0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family Strengths	○	○	○	○
Interpersonal/Social Connectedness	○	○	○	○
Optimism	○	○	○	○
Educational Setting	○	○	○	○
Job History	○	○	○	○
Talents and interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Connection	○	○	○	○
Natural Supports	○	○	○	○
Resilience	○	○	○	○
Resourcefulness	○	○	○	○
Volunteering	○	○	○	○
Vocational	○	○	○	○

CULTURAL FACTORS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Language	○	○	○	○
Cultural Identity	○	○	○	○
Traditions and Rituals	○	○	○	○
Cultural Stress	○	○	○	○

BEHAVIORAL/EMOTIONAL NEEDS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Psychosis (Thought Disorder)	○	○	○	○
Impulse Control	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Interpersonal Problems	○	○	○	○
Antisocial Behavior	○	○	○	○
Adjustment to Trauma	○	○	○	○
Anger Control	○	○	○	○
Substance Abuse	○	○	○	○
Eating Disturbances	○	○	○	○

RISK BEHAVIORS				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Suicide Risk	○	○	○	○
Non-Suicidal Self-Injurious Behavior	○	○	○	○
Other Self-Harm (Recklessness)	○	○	○	○
Exploitation	○	○	○	○
Danger to Others	○	○	○	○
Gambling	○	○	○	○
Sexual Aggression	○	○	○	○
Criminal Behavior	○	○	○	○

CAREGIVER RESOURCES & NEEDS (OPTIONAL)				
0=no evidence	1=history, suspicion			
2= action needed	3= disabling, dangerous, immediate action			
	0	1	2	3
Physical/Behavioral Health	○	○	○	○
Involvement in Care	○	○	○	○
Knowledge	○	○	○	○
Social Resources	○	○	○	○
Family Stress	○	○	○	○
Safety	○	○	○	○
Organization	○	○	○	○
Residential Stability	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○

Standard ANSA 2.0 March 10, 2017,

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)				STANDARD CANS COMPREHENSIVE
Child's Name:		DOB:	Gender:	Race/Ethnicity:
Caregiver(s):		Form Status:	Initial / Subsequent / Annual / Discharge	
		Case Name:		
		Case Number:		
Assessor:		Date of Assessment:	m m d d y y	

LIFE DOMAIN FUNCTIONING

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Family Functioning	○	○	○	○
Living Situation	○	○	○	○
Social Functioning	○	○	○	○
Recreational	○	○	○	○
Developmental/Intellectual[1]	○	○	○	○
Job Functioning	○	○	○	○
Legal	○	○	○	○
Medical/Physical	○	○	○	○
Sexual Development	○	○	○	○
Sleep	○	○	○	○
School Behavior	○	○	○	○
School Attendance	○	○	○	○
School Achievement	○	○	○	○
Decision-Making	○	○	○	○

STRENGTHS DOMAIN

0=Centerpiece strength; 1=Useful strength; 2=Identified strength; 3=No evidence

	0	1	2	3
Family Strengths	○	○	○	○
Interpersonal	○	○	○	○
Optimism	○	○	○	○
Educational Setting	○	○	○	○
Vocational	○	○	○	○
Talents/Interests	○	○	○	○
Spiritual/Religious	○	○	○	○
Community Life	○	○	○	○
Relationship Permanence	○	○	○	○
Resiliency	○	○	○	○
Resourcefulness	○	○	○	○
Cultural Identity	○	○	○	○
Natural Supports	○	○	○	○

CULTURAL FACTORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Language	○	○	○	○
Traditions and Rituals	○	○	○	○
Cultural Stress	○	○	○	○

CAREGIVER RESOURCES AND NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Supervision	○	○	○	○
Involvement with Care	○	○	○	○
Knowledge	○	○	○	○
Organization	○	○	○	○
Social Resources	○	○	○	○
Residential Stability	○	○	○	○
Medical/Physical	○	○	○	○
Mental Health	○	○	○	○
Substance Use	○	○	○	○
Developmental	○	○	○	○
Safety	○	○	○	○

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Psychosis (Thought Disorder)	○	○	○	○
Impulsivity/Hyperactivity	○	○	○	○
Depression	○	○	○	○
Anxiety	○	○	○	○
Oppositional	○	○	○	○
Conduct	○	○	○	○
Adjustment to Trauma[2]	○	○	○	○
Attachment Difficulties	○	○	○	○
Anger Control	○	○	○	○
Substance Use[3]	○	○	○	○

RISK BEHAVIORS

0=no evidence; 1=history or suspicion; 2=interferes with functioning; action needed; 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Suicide Risk	○	○	○	○
Non-Suicidal Self-Injurious Behavior	○	○	○	○
Other Self-Harm (Recklessness)	○	○	○	○
Danger to Others[4]	○	○	○	○
Sexual Aggression[5]	○	○	○	○
Runaway[6]	○	○	○	○
Delinquent Behavior[7]	○	○	○	○
Fire Setting[9]	○	○	○	○
Intentional Misbehavior	○	○	○	○

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Standard CANS Comprehensive

October 3, 2016

INDIVIDUAL ASSESSMENT MODULES (rate if indicated on prior sheets)	[1]Developmental Disabilities Module
	[2]Trauma Module
	[3]Substance Use Module
	[4]Violence Module
	[5] Sexually Aggressive Behaviors Module
	[6]Runaway Module
	[7]Juvenile Justice Module
	[8]Decision Making Module
	[9]Fire Setting Module

DEVELOPMENTAL DISABILITIES MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Cognitive	○	○	○	○
Communication	○	○	○	○
Developmental	○	○	○	○
Self-Care/Daily Living Skills	○	○	○	○

TRAUMA MODULE

No=no evidence of Trauma Yes=Evidence of Trauma

	No	Yes
Sexual Abuse	○	○
Physical Abuse	○	○
Neglect	○	○
Emotional Abuse	○	○
Medical Trauma	○	○
Natural or Manmade Disaster	○	○
Witness to Family Violence	○	○
Witness to Community/School Violence	○	○
Victim/Witness to Criminal Activity	○	○
War/Terrorism Affected	○	○
Disruptions in Caregiving/Attachment Losses	○	○
Parental Criminal Behavior	○	○

If the youth has been sexually abused:

	0	1	2	3
Emotional Closeness to Perpetrator	○	○	○	○
Frequency of Abuse	○	○	○	○
Duration	○	○	○	○
Force	○	○	○	○
Reaction to Disclosure	○	○	○	○

Traumatic Stress Symptoms:

	0	1	2	3
Emotional/Physical Dysregulation	○	○	○	○
Intrusions/Re-Experiencing	○	○	○	○
Hyperarousal	○	○	○	○
Traumatic Grief/Separation	○	○	○	○
Numbing	○	○	○	○
Dissociation	○	○	○	○
Avoidance	○	○	○	○

SUBSTANCE USE MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Severity of Use	○	○	○	○
Duration of Use	○	○	○	○
Stage of Recovery	○	○	○	○
Peer Influences	○	○	○	○
Parental Influences	○	○	○	○
Environmental Influences	○	○	○	○

VIOLENCE MODULE

0=no evidence 1=history or suspicion
2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed

	0	1	2	3
Historical risk factors:				
History of Physical Abuse	○	○	○	○
History of Violence	○	○	○	○
Witness to Domestic Abuse	○	○	○	○
Witness to Environmental Violence	○	○	○	○
Emotional/Behavioral Risks:				
Bullying	○	○	○	○
Frustration Management	○	○	○	○
Hostility	○	○	○	○
Paranoid Thinking	○	○	○	○
Secondary Gains from Anger	○	○	○	○
Violent Thinking	○	○	○	○
Resiliency Factors:				
Aware of Violence Potential	○	○	○	○
Response to Consequences	○	○	○	○
Commitment to Self-Control	○	○	○	○
Treatment Involvement	○	○	○	○

SEXUALLY AGGRESSIVE BEHAVIORS MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Relationship	○	○	○	○
Physical Force/Threat	○	○	○	○
Planning	○	○	○	○
Age Differential	○	○	○	○
Type of Sex Act	○	○	○	○
Response to Accusation	○	○	○	○
Temporal Consistency	○	○	○	○
History of Sexual Abusive Behavior	○	○	○	○
Severity of Sexual Abuse	○	○	○	○
Prior Treatment	○	○	○	○

RUNAWAY MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
Frequency of Running	○	○	○	○
Consistency of Destination	○	○	○	○
Safety of Destination	○	○	○	○
Involvement in Illegal Acts	○	○	○	○
Likelihood of Return on Own	○	○	○	○
Involvement of Others	○	○	○	○
Realistic Expectations	○	○	○	○
Planning	○	○	○	○

9 - JUVENILE JUSTICE MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	○	○	○	○
Seriousness	○	○	○	○
Planning	○	○	○	○
Community Safety	○	○	○	○
Peer Influences	○	○	○	○
Parental Criminal Behavior	○	○	○	○
Environmental Influences	○	○	○	○

FIRE SETTING MODULE				
0=no evidence 2=interferes with functioning; action needed	1=history or suspicion 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
History	○	○	○	○
Seriousness	○	○	○	○
Planning	○	○	○	○
Use of Accelerants	○	○	○	○
Intention to Harm	○	○	○	○
Community Safety	○	○	○	○
Response to Accusation	○	○	○	○
Remorse				
Likelihood of Future Fire Setting				

Appendix F. Data Tables

Demographic Data

To comply with HIPAA requirements and protect the confidentiality of participating individuals, the tables below only present data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined. RDA was unable to create a table displaying demographic data on preferred language due to most responses having fewer than five responses. The tables below reflect demographic data from: 1) Fiscal Year 2018-19 and 2) the opening of the Pride Center through Fiscal Year 2018-19, reflected in the tables as "all time periods."

Table 1. Participants served by age

Age	2018-19 (n=199)		All time periods (n= 631)	
	Count	Percent	Count	Percent
0-15	29	15%	55	9%
16-25	50	25%	178	28%
26-39	47	24%	175	28%
40-59	58	29%	168	27%
Age 60 and above	15	8%	55	9%

Table 2. Participants served by race[11]

Race	2018-19 (n=193)		All time periods (n=625)	
	Count	Percent	Count	Percent
White or Caucasian	113	59%	350	56%
Hispanic or Latino/a/x	44	23%	147	24%
Asian or Asian American	36	19%	127	20%
Black or African American	13	7%	33	5%
Native American or Native Alaskan	9	5%	21	3%
Other	8	4%	31	5%
Native Hawaiian or Pacific Islander	4	2%	19	3%

[11] Some participants are counted more than once, as they could mark all categories that apply

Table 3. Participants served by ethnicity[12]

Ethnicity	2018-19 (n= 159)		All time periods (n=523)	
	Count	Percent	Count	Percent
European	55	35%	178	34%
Mexican, Mexican American, or Chicano/a/x	33	21%	89	17%
Other[13]	22	14%	55	11%
Filipino/a/x	18	11%	59	11%
Other Asian ethnicity (Japanese, Korean, Vietnamese, Cambodian, South Asian)	17	11%	43	8%
Chinese	13	8%	40	8%
Eastern European	8	5%	31	6%
African	7	4%	25	5%
Salvadoran	7	4%	16	3%
South American	6	4%	27	5%
Middle Eastern	-	-	15	3%
Central American	-	-	11	2%
Puerto Rican	-	-	10	2%
Caribbean	-	-	6	1%

Table 4. Participants served by sex at birth

Sex	2018-19 (n=193)		All time periods (n=601)	
	Count	Percent	Count	Percent
Female	114	59%	390	65%
Male	78	40%	209	35%

[12] Some participants are counted more than once, as they could mark all categories that apply
[13] Categories with fewer than five responses are reflected in the Other category

Table 5. Participants served by gender identity

Gender identity	2018-19 (n=181)		All time periods (n=549)	
	Count	Percent	Count	Percent
Cisgender Woman	73	40%	249	45%
Cisgender Man	39	22%	141	26%
Male-to-Female (MTF) / Transgender Woman / Trans Woman / Trans-feminine / Woman	18	10%	29	5%
Genderqueer / Gender nonconforming / Neither exclusively male nor female	17	9%	55	10%
Female-to-Male (FTM) / Transgender Male / Trans Man / Trans-masculine / Man	17	9%	34	6%
Questioning or unsure of gender identity	9	5%	17	3%
Another gender identity	7	4%	18	3%

Table 6. Participants served by sexual orientation

Sexual orientation	2018-19 (n=186)		All time periods (n=591)	
	Count	Percent	Count	Percent
Gay or Lesbian	49	26%	187	32%
Heterosexual or Straight	42	23%	166	28%
Bisexual	39	21%	81	14%
Pansexual	22	12%	42	7%
Queer	17	9%	68	12%
Questioning or unsure of sexual orientation	9	5%	17	3%
Asexual	5	3%	20	3%

Table 7. Participants served by disability status (some participants are counted more than once, as they could mark all categories that apply)

Disability Status	2018-19 (n=163)		All time periods (n=534)	
	Count	Percent	Count	Percent
None	109	67%	375	70%
Other ailments	22	13%	61	11%
Chronic health problems	14	9%	36	7%
Learning disability	10	6%	27	5%
Limited physical mobility	10	6%	20	4%
Difficulty seeing	7	4%	27	5%
Difficulty hearing	-	-	19	4%
Other communication challenges	-	-	8	1%

Table 8. Participants served by level of education

Level of Education	2018-19 (n=188)		All time periods (n=600)	
	Count	Percent	Count	Percent
Less than a high school diploma	28	15%	65	11%
High school diploma or GED	15	8%	44	7%
Some college	43	23%	102	17%
Vocational or trade certificate	7	4%	17	3%
Associate's degree	18	10%	34	6%
Bachelor's degree	45	24%	186	31%
Graduate degree	32	17%	152	25%

Table 9. Participants served (aged 26 and older) by income

Income	2018-19 (n=139)		All time periods (n=444)	
	Count	Percent	Count	Percent
0-$24,999	57	41%	162	36%
$25,000-$50,000	32	23%	94	21%
$50,001-$75,000	17	12%	70	16%
$75,001-$100,00	14	10%	53	12%
Above $100,000	19	14%	65	15%

Table 10. Participants served by employment status

Employment Status	2018-19 (n=186)		All time periods (n=584)	
	Count	Percent	Count	Percent
Full-time employment	71	38%	260	45%
Student	44	24%	123	21%
Part-time employment	31	17%	91	16%
Unemployed and looking for work	19	10%	48	8%
Retired	12	6%	35	6%
Unemployed, not looking for work	9	5%	27	5%

Table 11. Participants served (aged 26 and older) by housing status

Housing status	2018-19 (n=188)		All time periods (n=585)	
	Count	Percent	Count	Percent
I have stable housing	144	77%	465	79%
I am staying with friends or family	23	12%	68	12%
Other housing status; I am living in a shelter or transitional housing; I am homeless	10	5%	12	2%
Other	10	5%	32	5%
Homeless/Unsheltered	5	3%	8	1%

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	**13**	0	0	0	1	12
b. listen to the wishes of their patients when determining the process of care chosen by the team	**12**	0	0	0	2	10
c. meet and discuss patient care on a regular basis	**12**	0	0	0	3	9
d. coordinate health and social services (e.g. financial, occupation, housing, connections with community, spiritual) based upon patient care needs	**13**	0	0	0	4	9
e. use consistent communication with the team to discuss patient care	**13**	0	0	0	4	9
f. are involved in goal setting for each patient	**12**	0	1	4	2	5
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	**12**	0	0	0	3	9
h. work with the patient and their relatives in adjusting care plans	**11**	0	0	1	5	5

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	2	6	4
b. respect and trust each other	**12**	0	0	1	6	5
c. are open and honest with each other	**12**	0	0	1	8	3
d. make changes to their team functioning based on reflective reviews	**12**	0	2	2	4	4
e. strive to achieve mutually satisfying resolution for differences of opinions	**12**	0	0	3	3	6
f. understand the boundaries of what each other can do	**12**	0	0	0	9	3
g. understand that there are shared knowledge and skills between health providers on the team	**12**	0	0	0	1	11
h. establish a sense of trust among the team members	**12**	0	0	1	7	4

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	1	2	4	5
b. equally (equitably) divide agreed upon goals amongst the team	**12**	0	0	4	6	2
c. encourage and support open communication, including the patients and their relatives during team meetings	**10**	0	0	1	1	8
d. use an agreed upon process to resolve conflicts	**12**	1	4	0	5	2
e. support the leader for the team varying depending on the needs of our patients	**11**	0	0	1	8	2
f. together select the leader for our team	**10**	0	1	3	5	1
g. openly support inclusion of the patient in our team meetings	**9**	0	2	2	4	1