

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

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**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. The Pride Center also works collaboratively with the Pride Initiative of the BHRS Office of Diversity and Equity and the County of San Mateo LGBTQ Commission, co-sponsoring and consulting across many events, efforts and policy priorities.

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

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

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

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





## 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.<sup>1</sup> Across the United States, a majority (70%) of LGBTQ+ students report having experienced harassment at school because of their sexual orientation and/or gender identity, and suicide is the second leading cause of death for LGBTQ+ youths aged 10-24.<sup>2</sup>

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.<sup>3</sup>

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

## Project Description and Timeline

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

1. *Social and Community Activities:* The Pride Center aims to outreach, engage, reduce isolation, educate, and provide support to high-risk LGBTQ+ individuals through peer-based models of wellness and recovery that include educational and stigma reduction activities.
2. *Clinical Services:* The Pride Center provides mental health services focusing on individuals at high risk of or already with moderate to severe mental health challenges.
3. *Resource Services:* The Pride Center serves as a hub for local, county, and national LGBTQ+ resources, including the creation of an online and social media presence.

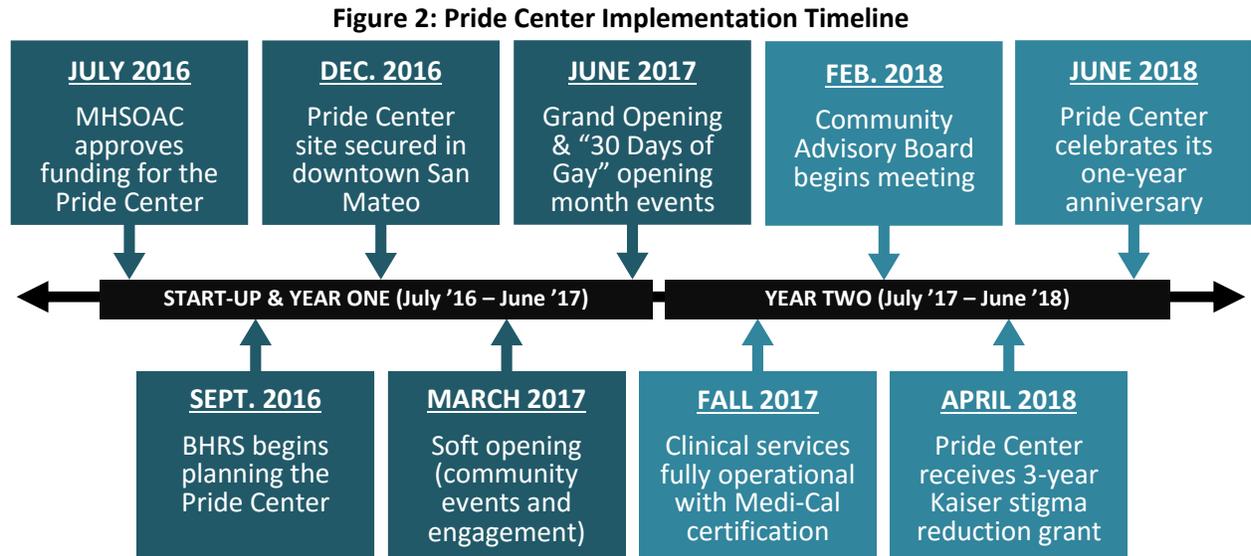
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<sup>1</sup> King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8:70

<sup>2</sup> GLSEN, *2017 National School Climate Survey*; The Trevor Project, "Facts About Suicide."  
<<<https://www.thetrevorproject.org/resources/preventing-suicide/facts-about-suicide/>>>

<sup>3</sup> San Mateo County LGBTQ Commission, "Survey Results of San Mateo County LGBTQ+ Residents and Employees," 2018 ed.

Figure 2 illustrates the key activities that have occurred since the Pride Center was first approved as an MHSA INN project in July 2016.

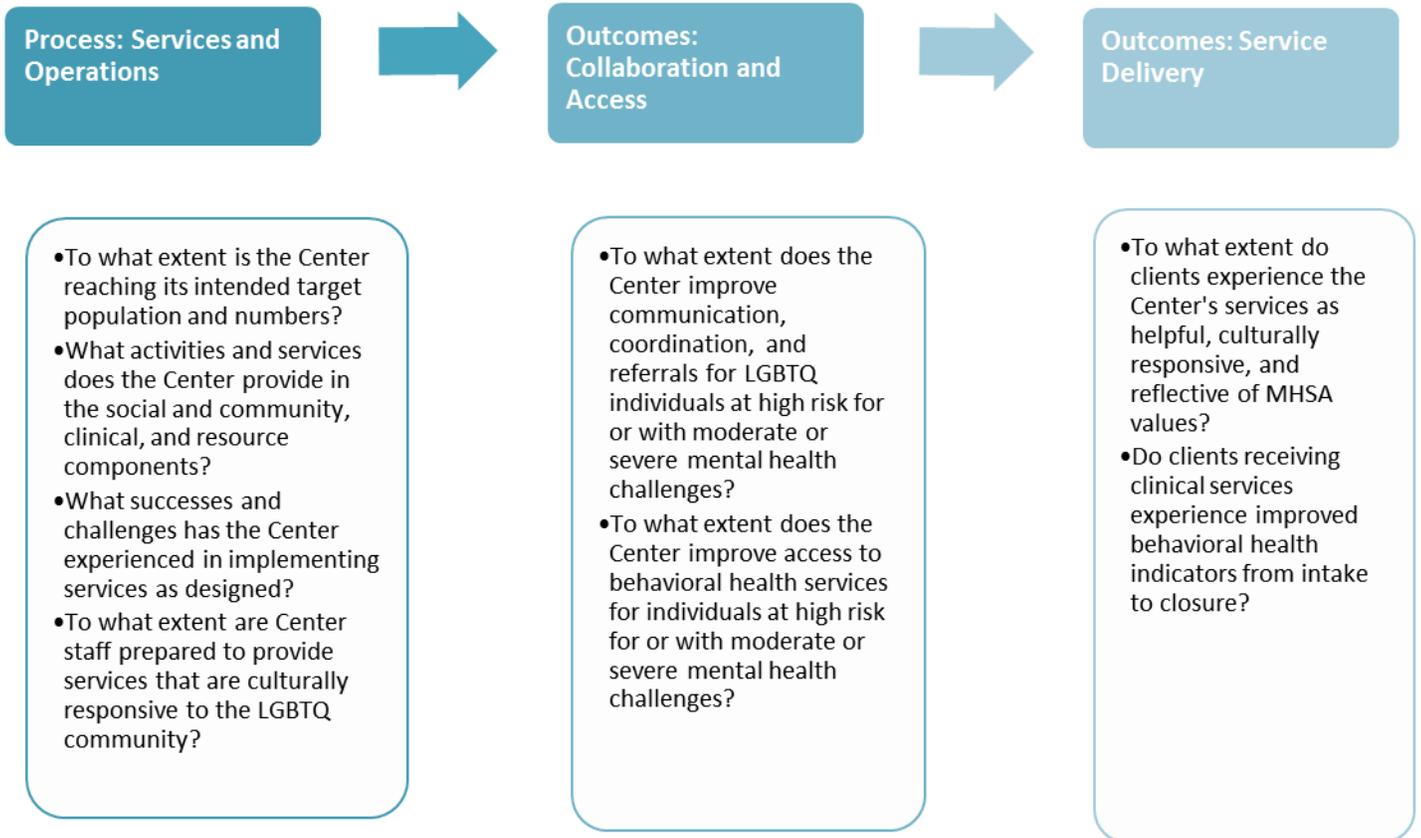


## Evaluation Overview

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 MHSAs 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.<sup>4</sup>

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

### Attendance and Demographic Reporting

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

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

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<sup>4</sup> Orchard, C. A., King, G. A., Khalili, H. and Bezzina, M. B. (2012), Assessment of Interprofessional Team Collaboration Scale (AITCS): Development and testing of the instrument. *J. Contin. Educ. Health Prof.*, 32: 58–67. doi:10.1002/chp.21123



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. RDA developed an online format of the demographic survey using a HIPAA-compliant version of SurveyGizmo; the Pride Center administrative specialist enters the demographic forms into the online form monthly. The demographic form designed for the Pride Center is included in Appendix C.

### **Participant Experience Survey**

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

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

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

## Measures and Data Sources

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

**Table 1. Evaluation Measures and Data Sources**

Outreach and Implementation of Services	Data Sources
<b>Number of individuals reached</b>	<ul style="list-style-type: none"> <li>Participant Demographic Form</li> <li>Participant Sign-In Sheets</li> <li>Outreach and Meeting Tracking Sheets</li> </ul>
<b>Types of activities and services provided in the social and community, clinical, and resource components</b>	<ul style="list-style-type: none"> <li>Participant Services Data</li> <li>Focus Groups with Participants</li> <li>Quarterly progress reports</li> </ul>
<b>Successes and challenges of implementing services as designed</b>	<ul style="list-style-type: none"> <li>Focus Group with Community Advisory Board (CAB)</li> <li>Regular communications with Pride Center leadership and staff</li> </ul>
<b>Cultural responsiveness of services</b>	<ul style="list-style-type: none"> <li>Focus Groups with Participants</li> <li>Participant Experience Survey</li> </ul>
Collaboration and Access to Services	Data Sources
<b>Effectiveness of communication, coordination, and referrals for LGBTQ+ individuals with moderate to severe mental health challenges</b>	<ul style="list-style-type: none"> <li>Focus Group with CAB</li> <li>Focus Groups with Participants</li> <li>Participant Experience Survey</li> <li>Partner Collaboration Survey (AITCS-II)</li> </ul>
<b>Improved access to behavioral health services for individuals with moderate to severe health challenges</b>	<ul style="list-style-type: none"> <li>Focus Groups with Participants</li> <li>Participant Experience Survey</li> </ul>
Service Delivery Outcomes	Data Sources
<b>Client service experience (E.g., Experience with services, facility, and service providers)</b>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Focus Groups with Participants</li> </ul>
<b>Improved health outcomes among clients</b>	<ul style="list-style-type: none"> <li>Participant Experience Survey</li> <li>Focus Groups with Participants</li> </ul>

## Data Analysis

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

## Implementation Update

### Changes to Innovation Project during Reporting Period

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

### Key Accomplishments

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

#### Implementing Programs and Services

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

**The Pride Center implemented a wide array of programs, resources, and events for LGBTQ+ individuals with mental illness or at risk of mental illness.**

In addition to therapy and case management services, the Pride Center organizes eleven peer support groups for particular subsets of the LGBTQ+ community. The Center also hosts a number of recurring community events, like movie nights, arts and crafts gatherings, and community forums. The Pride Center also offers a Resource Library with informational materials and directories to other services.

**Figure 4: Excerpt from Pride Center Flyer Promoting Mental Health Services**



The flyer features the San Mateo County Pride Center logo at the top. The main heading is "LGBTQ+ COUNSELING AND MENTAL HEALTH SERVICES" in large, bold, black letters. Below this, it says "Seeking support? We can help." in a smaller font. A list of specialties is provided, including Coming Out, Depression & Anxiety, Sex & Sexuality, Self-Harm, Bullying, Gender Identity & Transitioning, Trauma & PTSD, Group for Parents/Caregivers of LGBTQ+ Youth, Couple & Relationship Counseling, Family Counseling, Healthy Dating and Relationships, Survivors of Violent Crime, and Assistance with Housing, Employment, & More. Contact information is listed in a purple banner at the bottom right: www.sanmateopride.org, info@sanmateopride.org, and P: 650-591-0133.

**LGBTQ+ COUNSELING AND MENTAL HEALTH SERVICES**

*Seeking support?  
We can help.*

**Specialties Include:**

- Coming Out
- Depression & Anxiety
- Sex & Sexuality
- Self-Harm
- Bullying
- Gender Identity & Transitioning
- Trauma & PTSD
- Group for Parents/Caregivers of LGBTQ+ Youth
- Couple & Relationship Counseling
- Family Counseling
- Healthy Dating and Relationships
- Survivors of Violent Crime
- Assistance with Housing, Employment, & More

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info@sanmateopride.org  
P: 650-591-0133

Figure 5 features a full list of onsite programming during FY2017-18. Figure 6 displays examples of the promotional materials that staff produce for Center programs and events.

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

Clinical Services	Peer Support Groups	Social/Community Events
Therapy Services (individual, relationship, family, group)	Gay Men's Circle (18+)	Community Forums (quarterly)
Case Management	Grown Folks (18-30)	Movie Nights (weekly)
Drop-In Center	Lesbian Women's Circle (50+)	Crafternoons (2x/month)
Psycho-Education (e.g., Parents of LGBTQ+ Teens Group)	QT Chats (College of San Mateo)	Book Club (monthly)
Specialized Group Therapy (e.g., Trans-Femme Support Group)	Queer Latinx Circle/Queer Cumbia	Intergenerational Dinners (quarterly)
	Queers Have a Higher Power (Alcoholics Anonymous)	Oral History Project
	Queers on the Autism Spectrum	Pride Celebration (annually)
	Trans Support Group (18+)	Queer Youth Prom (annually)
	Youth Support Group (10-18)	Transgender Day of Remembrance (annually)
	Gay Men's Circle (18+)	Transgender Day of Visibility: In Bloom Project
Educational Resources & Supportive Services	Community Partner Meetings	Older Adult Programs
Job Network	PFLAG (San Jose/Peninsula chapter)	Affordable Housing Workshop
Name and Gender Changes for Identity Documents	Pride Initiative (BHRS Office of Diversity and Equity)	Bistro Brio (monthly lunch)
Onsite Resource Library	County of San Mateo LGBTQ Commission	Meditation & Mindfulness group
Public Benefits Support	San Mateo County Office of Education (GSA Coordinators)	Sunshine Series (monthly resource sharing meetings)
Sexual Orientation and Gender Identity (SOGI) trainings (monthly)		
Trans Talks series (monthly)		

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

Figure 6: Examples of Promotional Materials for Pride Center Programming



**Developing and Enhancing Internal Operations**

Pride Center staff created and implemented internal policies and procedures to facilitate the delivery of programs and services. At the start of FY2017-18, the Pride Center had been open to the public for a month, but had yet to develop or implement many of its organizational policies, procedures, and protocols



for the day-to-day operation of its new collaborative model. Consequently, Pride Center staff and partner organization representatives have revised their program manual and internal policies over the past year. Areas in which staff have developed procedures and workflows include:

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

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

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

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

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

**Expanding the Center’s Countywide Engagement**

**The Pride Center served as a hub for a variety of meetings and trainings designed to strengthen community capacity to serve LGBTQ+ individuals.** Staff hold monthly onsite trainings on sexual orientation and gender identity (SOGI) for local service providers, school staff, and other community members. The Pride Center also serves as the meeting site for other community partners: the Pride



Initiative of the BHRS Office of Diversity and Equity, the County of San Mateo’s LGBTQ Commission, the San Jose/Peninsula chapter of the national nonprofit PFLAG, and the San Mateo County Office of Education, which hosts meetings for GSA (Genders and Sexualities Alliance) Coordinators at the Center. In addition, some local GSA student chapters meet at the Pride Center.

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

**The Pride Center led trainings and outreach for over twenty local middle schools, high schools, and colleges.** Pride Center staff facilitated trainings for teachers and staff members at six high schools, as well as the San Mateo Union School District. Center staff and volunteers also held workshops, hosted tables at resource fairs, and supported student organizations at fifteen schools, ranging from junior high schools to

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



four-year colleges. In FY2017-18, Pride Center staff also sponsored a gathering of students representing GSAs from schools across San Mateo County. In addition, the Pride Center formed two longer-term partnerships with staff and students at local schools. The Center contracted with Kennedy Middle School, located in nearby Redwood City, to offer a ten-week therapy group for LGBTQ+ students. In addition, the Center partnered with students from the Queer Identities course at nearby Notre Dame de Namur University to launch the Oral

History Legacy Project, in which students recorded and presented the experiences of older adult participants at the Pride Center.

The Pride Center co-sponsored many informational and recreational events to spread awareness about the Pride Center. The Pride Center sponsored a range of educational events, such as resource-sharing workshops for county residents, in collaboration with other service agencies and departments in San Mateo County. The Center also hosted several social programs and events with local businesses; for instance, the Center held events at Planet Granite, an indoor rock climbing gym, and CuriOdyssey, an interactive science and wildlife center. The Center also held joint events with LGBTQ+ centers in nearby Oakland and San Jose, building intra-regional connections between LGBTQ+ communities in different parts of the Bay Area. Through these community-based events, attendees could learn more

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



about the Center’s onsite programs, and could potentially be connected to needed mental health services. Figure 10 includes a comprehensive list of community engagement and co-sponsorship activities during FY2017-18.

**Figure 9: Participant Volunteers Conducting Outreach at the San Mateo County Pride Celebration**





**Figure 10: Community Engagement Efforts for Pride Center Staff and Participants in FY2017-18**

Workplace/Offsite Trainings	Event Co-sponsorships	School Staff Trainings
ACCESS Call Center*	Aging and Adult Services*	Aragon High School
Aging and Adult Services*	Bay Area Legal Aid	Burlingame High School
Behavioral Health & Recovery Services*	Billy DeFrank LGBT Community Center	Capuchino High School
Boston Private Bank	California Clubhouse	Hillsdale High School
Commission on Aging*	CuriOdyssey	Mid-Peninsula High School
Community Overcoming Relationship Abuse (CORA)	Daly City Youth Health Clinic	Mills High School
Court Appointed Special Advocates (CASA) of San Mateo County	Edgewood Drop-in Center	San Mateo Union H.S. District
CuriOdyssey	Elder & Adult Protection Team*	
Diversity and Equity Council (San Mateo County Health)*	Franklin Templeton Investments	Student Outreach
Health Insurance Counseling and Advocacy Program*	Gilead Sciences, Inc.	Carlmont High School
HomeBase	Health Services Agency*	College of San Mateo
Human Resources Department*	Heart and Soul, Inc.	Garfield Middle School
The Parent Project (in Spanish)	HomeBase	Half Moon Bay High School
Rape Trauma Services	LifeMoves	Hillsdale High School
Resource Families (Human Services)*	Many Journeys Metropolitan Community Church	Ingrid B. Lacy Middle School
Sequoias - Portola Valley	Oakland LGBTQ Community Center	Mercy High School
Youth Services Center (Probation)*	Office of Education*	Notre Dame de Namur University
	Planet Granite Belmont	Notre Dame Middle School
	Planned Parenthood	Pescadero High School
	Silicon Valley Community Foundation	Sequoia High School
	Youth Leadership Institute	Skyline College
		Thomas R. Pollicita Middle School
		Westmoor High School
		Woodside High School
Long-Term Partnerships		
County of San Mateo LGBTQ Commission	Pride Initiative (BHRS Office of Diversity and Equity)	San Mateo County Office of Education
Kennedy Middle School	Notre Dame de Namur University	PFLAG

\*County of San Mateo public agency



## Consumer Population Served

### Participant Numbers

In FY2017-18, a total of 3,056 unique individuals accessed Pride Center programs, trainings, and services.<sup>5</sup> This includes 1,092 people who completed a sign-in sheet onsite or attended a peer group at the Pride Center, and 2,045 people who attended offsite events or trainings run by Center staff and/or participants. Table 3 includes a head count of unique individuals who signed a Pride Center attendance sheet, or whom Pride Center staff tallied, during the past year.

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

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

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

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

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

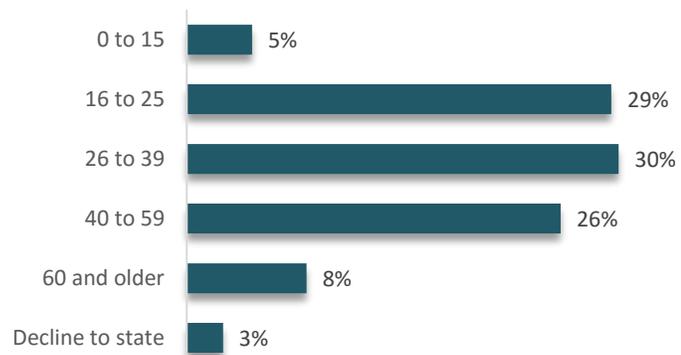


## Participant Demographics

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

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

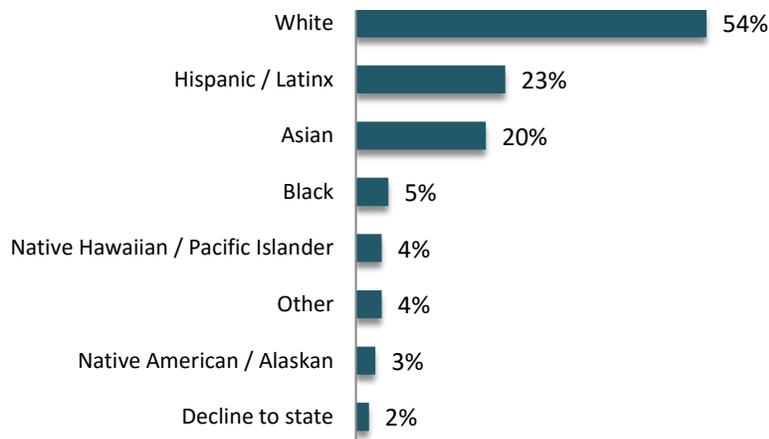
**Figure 11: Center Participants by Age in FY2017-18 (n=400)**



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

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

**Figure 12: Pride Center Participants by Race in FY18 (n=400)**  
*note: participants could select multiple answers*



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

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

<sup>7</sup> *Note on reporting:* To comply with HIPAA requirements and protect the confidentiality of participating individuals, this report only presents data for response categories with at least five responses. Where fewer than five responses were received, some categories have been combined.

consistent with Latinx representation at the Pride Center (23%). Black, Native American, and Hawaiian or Pacific Islander participants were also represented at rates comparable to the population of San Mateo County (3%, 1%, and 2% of county residents, respectively).<sup>8</sup> While the Pride Center has improved in achieving a racially diverse and representative participant base, recruiting participants of color and sustaining culturally sensitive programming remains a priority for Center staff.

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

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

**Gender Identity:** In all, 62% of participants identified as cisgender: 39% percent identified as cisgender women, and slightly less than one-quarter (23%) identified as cisgender men. Nine percent of participants identified as genderqueer or gender non-conforming, and 7% identified as either transgender men or women. Nearly one-fifth of participants (18%) declined to state their gender identity; the remainder of respondents identified as another gender identity, or as questioning or unsure of their gender identity. Figure 13 **Error! Reference source not found.** shows the full range of responses for Pride Center participants' gender identities.

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

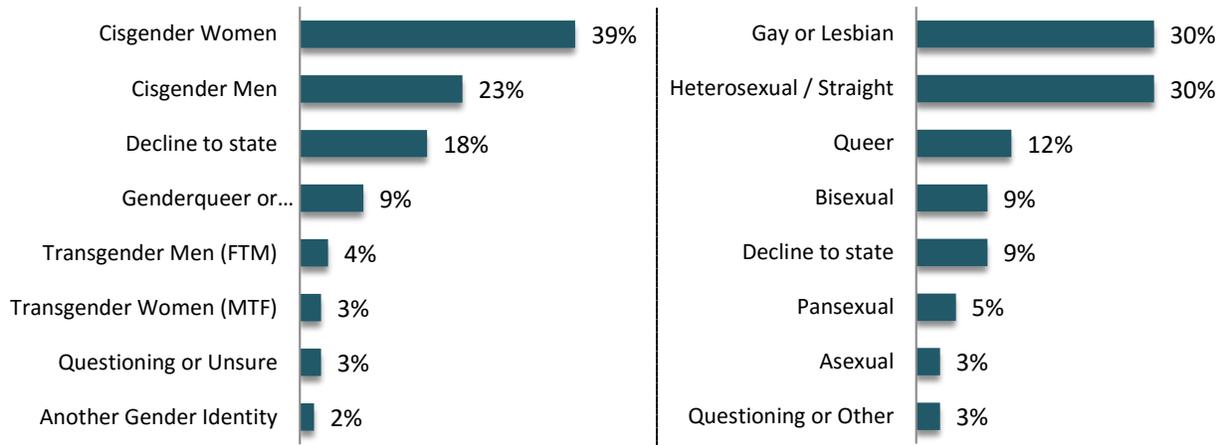
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<sup>8</sup> "U.S. Census Bureau Quick Facts: San Mateo County, California," *U.S. Census Bureau website*. <<<https://www.census.gov/quickfacts/sanmateocountycalifornia>>>

<sup>9</sup> 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 LGBTQ+ 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.

**Figure 13: Participants by Gender Identity (Left) and Sexual Orientation (Right) in FY2017-18 (n=400)**



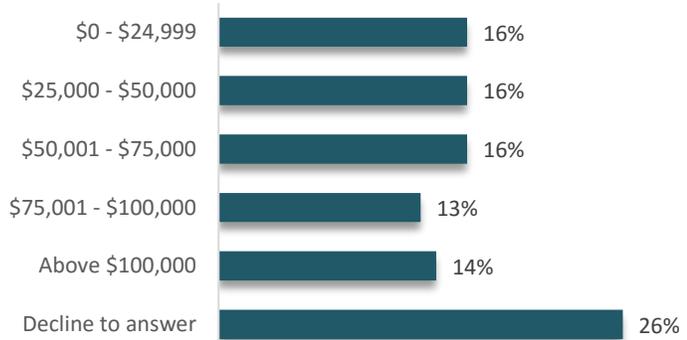
**Disability Status:** The majority of participants (59%) reported having no disabilities, while 35% reported some disability. The most commonly reported disabilities were chronic health problems (6% of participants), difficulty seeing (5%), and learning disabilities (4%).

**Education:**<sup>10</sup> As a whole, adult Pride Center participants are highly educated. Among respondents aged 26 or older (n=254), three-quarters of participants had either earned their bachelor’s degree (37%) or a graduate degree (38%). Nine percent reported having some college education, and 7% declined to answer. The remaining respondents had an associate’s degree, a vocational or trade certification, a high school diploma or GED, or less than a high school diploma.

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

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

**Figure 14: Adult Participants by Personal Income (n=265)**



**Housing:** Over three-quarters of participants ages 26 and older (79%) reported having stable housing, and an additional 5% reported that they were

<sup>10</sup> 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.



staying with family or friends. Ten percent declined to answer. The remaining respondents reported that they were homeless, living in a shelter or transitional housing, or had another form of housing.

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



## Progress Toward Learning Goals

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

- **Collaboration.** Does a coordinated approach improve service delivery for LGBTQ+ individuals at high risk for or with moderate to severe mental health challenges?
- **Access.** Does the Pride Center improve access to behavioral health services for LGBTQ+ individuals at high risk for or with moderate or severe mental health challenges?

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

### Summary of Key Findings

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

- **Wide Range of Services** - The Pride Center’s collaborative organizational model has been instrumental in developing clinical and other services for LGBTQ+ participants across age groups, identities, race/ethnicities, incomes, and languages. Partner agencies each bring their own areas of expertise and coordinate with each other to provide mental health and supportive services for participants with multiple needs.
- **High-Quality Services** - Among Pride Center staff, strong team cohesion has enabled the Center to provide high quality services while they learn how to best operate in a collaborative service delivery model.
- **Increased Capacity** - With outside partner agencies, the Pride Center has developed strong relationships that facilitate referral pathways to the Pride Center as well as improved capacity to serve LGBTQ+ individuals outside of the Pride Center.

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

- **Culturally Responsive Services** - The Pride Center’s model increases participant access to quality mental health care by offering therapists who identify as LGBTQ+ and who provide culturally sensitive services for San Mateo County’s diverse community.
- **Reduced Stigma** - Having a physical building in a prominent location, highly competent staff, and responsive programs and services, creates an inclusive and welcoming community that promotes entry into and continued participation in mental health and other supportive services for the LGBTQ+ community.



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

### Wide Range of Services

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

*The partners [are each involved] in specializations... one organization could never have done it [alone].*

– Community Advisory Board member

*The Center had a lot of “street cred” before the beginning...[t]he Center didn’t have to sell itself to the community, because the community was already in.*

– Community Advisory Board member

**Having an array of services available onsite, along with assistance connecting with outside services, has helped Pride Center clients get the services they need more quickly and with less stress than before the Pride Center.** Participants noted that the Center’s coordinated model was a major help to individuals who would otherwise have to travel to several different offices to access mental health care and other needed services. The concentration of supportive programs at the Center particularly eases the burden on individuals with mental health challenges, individuals who have experienced homelessness, and/or low-

*It’s a one-stop shop...[which is important] especially when you’re homeless and you have to get everywhere on foot. There’s only so many places you can go in a day.*

– Adult participant

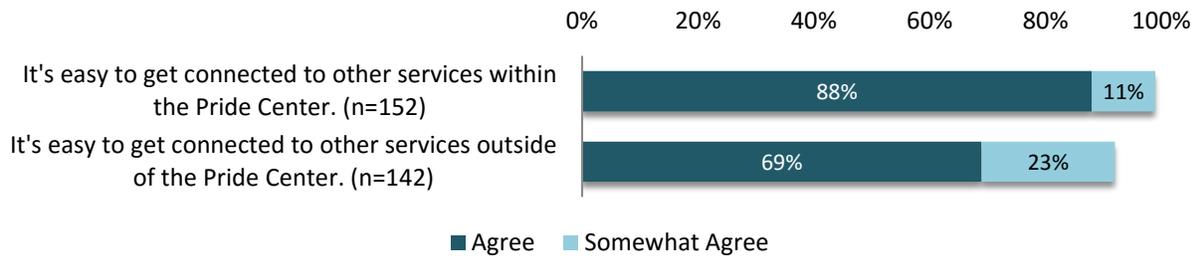
income participants without adequate access to transportation. Besides offering mental health services, the Center case manager addresses some of the practical challenges that low-income LGBTQ+ people might face, like offering assistance in finding employment opportunities, writing a resume, securing necessary documentation, applying for public assistance, and searching for stable housing.

### High-Quality Services

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

Experience Survey either fully or somewhat agreed that it was easy to connect to other services within the Pride Center, which points to staff members’ ability to facilitate those service linkages.

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



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

### Increased Capacity

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

*We’re a gigantic resource for the San Mateo County community. We’re educating the educators and the social service providers, we’re building all kinds of networks: GSAs in the schools, alliances in adult groups.*

– Community Advisory Board member

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

### Culturally Responsive Services

**With a clinical model that offers therapy *by and for* LGBTQ+ individuals, the Pride Center improves access to mental health services for LGBTQ+ individuals who would be less likely to seek or remain in care with non-LGBTQ+ providers.** Having a LGBTQ+ therapist has supported many participants’ mental

health treatment, as participants feel more understood and supported compared to previous experience with non-LGBTQ+ therapists. Several focus group participants noted that they struggled to find adequate mental health care locally beforehand, and had faced issues when their providers were not trained to work with LGBTQ+ clients. According to participants, LGBTQ+ therapists are more likely to understand their lived experiences; this means that participants are not spending valuable treatment hours explaining terminology, identities, or types of relationships that non-LGBTQ+ therapists may not understand.

Not having to worry about whether their therapist will understand them relieves anxiety that many LGBTQ+ individuals experienced when receiving services from non-LGBTQ+ providers. As a result, participants are able to begin treatment with a fundamental sense of trust that they may not have been able to establish with their previous mental health care providers. This trust sets a foundation for a strong patient/provider relationship, which ultimately supports a productive treatment process.

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

**The Pride Center fills a particular gap in access to mental health services and supports for participants who identify as transgender or nonbinary.**

The Center's clinical services, peer support groups, and other programs are responsive to participants across the LGBTQ+ spectrum, particularly those who are marginalized within health care and public systems, such as transgender and nonbinary individuals.

*I don't feel like I need to hide things from [the therapists]. It was a major step in my life...I've had transphobic therapists in the past.*

– Youth participant

Center staff regularly help transgender or nonbinary participants change their name and/or gender on their personal identification and public records, a process that can be difficult and frustrating when undertaken alone. Clinicians on staff have written letters of support for participants to receive hormonal therapy and gender reaffirming surgeries. One youth participant noted that the Center was the only local facility to offer voice therapy services for transgender people

looking to match their voice with their gender identity and expression. The Center's Resource Library also includes chest binders that are made available free of charge to participants. In addition to these regular programs and resources, the Center has also sponsored events such as the annual Transgender Day of Remembrance, and a photo project and social media campaign called In Bloom: Transgender Day of Visibility. Put broadly, Center staff and leadership are aware of the complex mental health and supportive service needs that transgender and nonbinary participants can face and can coordinate service delivery to meet these needs across multiple domains.

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

– Adult participant

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

– Older adult participant

**Figure 16: Pride Center Participants in the In Bloom: Transgender Day of Visibility Photo Project**

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

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

– Youth participant

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

**Figure 17: Center Staff at the “One Year of Queer” Pride Center Anniversary Celebration**

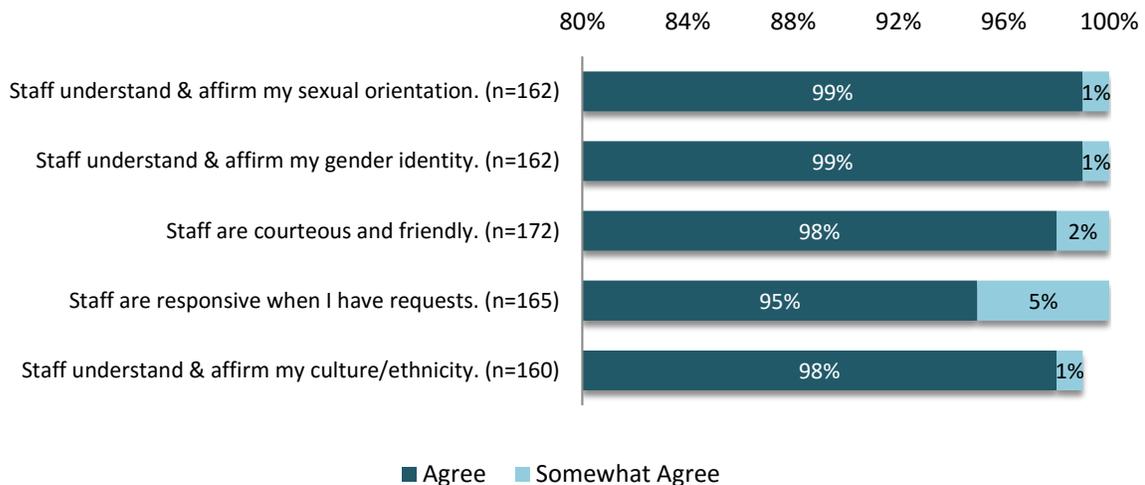


Pride Center staff have developed team cohesion by participating in team-building activities and practicing open communication. All Staff Collaboration Survey respondents indicated that team members respect and trust each other. It is evident from both staff and participants that a collaborative, respectful, and trusting work environment has contributed to staff members’ capacity to collaborate in serving participants. Figure 18 shows how respondents to the Participant Experience Survey were nearly unanimous in agreement that

Pride Center staff were personable, helped address participants’ questions, and were respectful of participants’ sexual orientation, gender identity, race, ethnicity, and/or culture.

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

*Source: Participant Experience Survey*



**The Pride Center has cultivated a more racially diverse participant base over time, increasing access to services for historically marginalized LGBTQ+ communities.** Last year’s annual report noted that one of the Pride Center’s early challenges was achieving greater representation from LGBTQ+ people of color. All in all, the Center has made strides in ensuring that the Pride Center serves a racially diverse community

more reflective of San Mateo County and California as a whole. The Center’s clinical protocols stipulate that staff prioritize mental health services for members of underserved and marginalized groups, including people of color. The Center recruited clinical staff and interns who were fluent in languages common to local immigrant communities, such as Spanish and Cantonese. In addition, Center staff developed some programming to specifically support San Mateo County’s large Latinx community, such as a Queer Latinx Circle support group. Partly due to these concerted efforts, the Pride Center was able to grow a more racially diverse community of participants. As noted in the previous section, during the past year a majority of respondents (52%) to the Center’s demographic survey identified as nonwhite or multiracial.

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*I think the [Pride Center is] doing a fantastic job of representing the LGBTQ community. It’s nice to see more than just queer white kids.*

– Youth participant

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

## Reduced Stigma

### **Providing a physical location and inclusive space for LGBTQ+ individuals improves mental health and wellbeing by reducing social isolation, ameliorating stigma, and creating a sense of community.**

Participants of all ages noted that the Pride Center provides an important day-to-day community space, where they could go to simply hang out or feel like part of a larger community. Prior to the opening of the Center, many participants had to travel to San Francisco, the East Bay, or San Jose to find an LGBTQ+ friendly community space. Other participants

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

– Youth participant

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

– Adult participant

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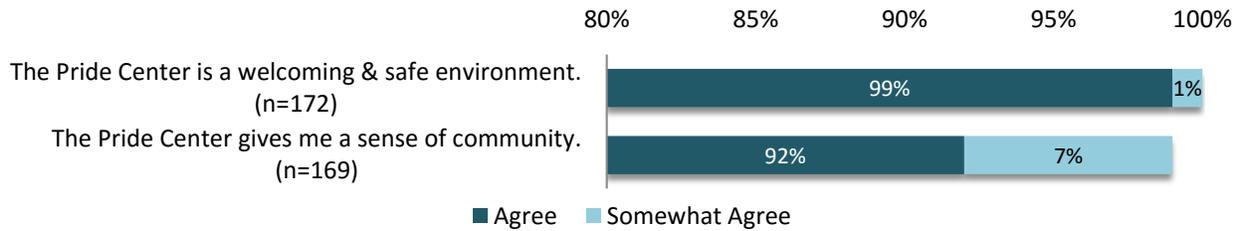
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cited that the Pride Center was valuable simply as a space where they could go to find a peaceful, quiet environment. Participants of all ages cited the Pride Center’s intergenerational events as some of their favorite Center programs. Older adults relished talking to younger participants about the struggles they faced in growing up LGBTQ+, and youth participants expressed admiration towards the

adults who helped build a foundation for the modern-day LGBTQ+ community. In this way, the Center’s collaborative service model has helped to create an environment where participants who might never otherwise interact could find commonality. As Figure 19 indicates, 100% of the respondents to the Experience Survey agreed or somewhat agreed that the Pride Center is a welcoming and safe environment, and 99% agreed or somewhat agreed that the Center offers participants a sense of community.

**Figure 19: Participant Approval of the Pride Center’s Environment and Atmosphere in FY2017-18**

Source: Participant Experience Survey



**Figure 20: Pride Center Participants at an Intergenerational Dinner**



Some participants hailed the Center as a joyous space, noting how the bright and colorful artwork throughout the interior helped to create a welcoming atmosphere. In addition, the artwork and posters promote social inclusion, connecting LGBTQ+ rights to support for civil rights, immigrant rights, disability rights, and racial, gender, and religious equality. That is, the Center supports an intersectional understanding of inclusion within its community of participants. Other participants and CAB members suggested that the very presence of the Pride Center as a physical building on a prominent local thoroughfare (El Camino Real) was itself therapeutic—legitimizing LGBTQ+ residents as equal members of the broader San Mateo County community. Some older adult participants and CAB members contrasted the presence of the Pride Center to their own experiences growing up, when

they and their LGBTQ+ peers had no place to publicly gather or express their sexual orientation and gender identity. These individuals thus offered that the very existence of the Center could help to reduce the stress and stigma that LGBTQ+ residents experience from social isolation or discrimination.

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

– Community Advisory Board member

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

– Adult participant

## Implementation Lessons

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

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

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

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

**The widespread demand for mental health services among LGBTQ+ county residents has challenged staff members' capacity to accommodate all participants' needs.** It is to the credit of the Pride Center's coordinated service model and countywide engagement strategies that the Center attracted so many county residents who sought culturally sensitive mental health services for LGBTQ+ individuals. However, the Pride Center's clinical practice lacks the capacity to meet the needs of all participants who access to mental health services through the Center, both in terms of staffing and physical space. As mentioned earlier, in early 2018 Pride Center staff had to relegate some participants seeking mental health care to the clinical practice waitlist. To accommodate the high volume of participant requests for mental health services, Center leadership began to utilize therapist trainees as clinical staff in 2018. This strategy has its limitations, however: because San Mateo County prevents trainees from serving as counselors for mild to moderately mentally ill Medi-Cal clients, the trainees have only been able to work with participants on a sliding scale fee for service. This barrier has proved challenging, as multiple therapist trainees are multilingual and may be best suited to work with Medi-Cal recipients who primarily speak a language other than English.

**The high volume of Pride Center activity, combined with the Center’s capacity limitations, heightens the risk of staff burnout.** In speaking with the RDA evaluation team, Community Advisory Board members raised concerns that the Center’s staff members were exerting themselves beyond what was sustainable.

To be certain, the CAB’s apprehension is a credit to the devotion and commitment that Pride Center staff have demonstrated in making the Pride Center fully operational, coordinating regular onsite and community-based programming, helping clients with needs as they arise, and cultivating the Pride Center as a welcoming space. Nonetheless, the risk of burnout remains among the small body of staff who are responsible for the wide array of Pride Center activities, and who spearheaded the development of the Center into a fully operational service and community space in the past year.

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

– CAB member

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

– Pride Center staff member

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

## Conclusion

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

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

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

– Older adult participant

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

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



participants to connect with mental health care or other supportive services.

In addition, the Center's staff, participants, and Community Advisory Board have conducted community outreach and engagement activities across the county. Pride Center staff delivered workplace trainings for behavioral health clinicians, service providers, educators, and private sector organizations. These trainings empowered providers in other sectors to better serve their

LGBTQ+ clients and students and helped build awareness of the Center across San Mateo County. Staff also conducted outreach to students and older adults across the county, working to address the social isolation that many LGBTQ+ individuals experience. That is, the Pride Center's extensive community presence was twofold: to draw more people to the onsite services and programming, and to serve as an



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

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

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



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

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



## Appendix B: Collaboration Survey

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### Assessment of Interprofessional Team Collaboration Scale

#### *Instructions:*

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

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

It takes approximately 10 minutes to complete.

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

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

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



## Respondent Information

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

Staff member at the Center

Partner with the Center

## Section 1. PARTNERSHIP

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

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



occupation, housing, connections with community, spiritual) based upon patient care needs						
e. use consistent communication with the team to discuss patient care	( )	( )	( )	( )	( )	( )
f. are involved in goal setting for each patient	( )	( )	( )	( )	( )	( )
g. encourage each other and patients and their families to use the knowledge and skills that each of us can bring in developing plans of care	( )	( )	( )	( )	( )	( )
h. work with the patient and their relatives in adjusting care plans	( )	( )	( )	( )	( )	( )

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



## Section 2. COOPERATION

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

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



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



### Section 3. COORDINATION

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

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



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

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### Additional Comments

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

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## Demographics

6) *What is your age category?*

- 0-15
- 16-25
- 26-39
- 40-59
- Ages 60 and above
- Decline to answer

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

- American Indian
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or Pacific Islander
- White
- Other: \_\_\_\_\_
- Decline to answer

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

- Male
- Female
- Intersex
- Decline to answer

9) *What is your current gender identity?*

- Cisgender Man
- Cisgender Woman
- Trans Man
- Trans Woman



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

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

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

*11) What is your individual annual income?*

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



## Appendix C: Demographic Form



### San Mateo County Pride Center Participant Information Form

For office use:

Form # \_\_\_\_\_

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

Please write today’s date: \_\_\_\_\_

Please write your zip code: \_\_\_\_\_

**1. What is your age category? (mark one)**

- 0-15
- 16-25
- 26-39
- 40-59
- Age 60 and above
- Decline to answer

**2. What is your preferred or primary language? (mark one)**

- English
- Spanish
- Mandarin
- Cantonese
- Russian
- Vietnamese
- Tagalog
- Hindi
- Farsi
- American Sign Language
- Other: \_\_\_\_\_
- Decline to answer

**3. How do you define your race?**

*(mark all that apply)*

- American Indian/Native American/Native Alaskan
- Asian
- Black or African American
- Hispanic or Latino/a/x
- Native Hawaiian or other Pacific Islander
- White/Caucasian
- Other: \_\_\_\_\_
- Decline to answer

**4. How do you define your ethnicity?**

*(mark all that apply)*

*Hispanic/Latino Ethnicity:*

- Caribbean
- Central American: \_\_\_\_\_
- Mexican/Mexican-American/Chicano/a/x
- Puerto Rican
- El Salvadorian
- South American: \_\_\_\_\_

*Non-Hispanic/Latino Ethnicity:*

- African
- Asian Indian/South Asian
- Cambodian
- Chinese
- Eastern European
- European
- Filipino
- Japanese
- Korean
- Middle Eastern
- Pacific Islander
- Indigenous Nation
- Vietnamese
- Other: \_\_\_\_\_
- Decline to answer



**What is your assigned sex at birth?** (mark one)

- Male
- Female
- Intersex
- Decline to answer

**What is your gender identity?** (mark one)

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

**How do you identify your sexual orientation?** (mark one)

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

**Do you have any of the following disabilities or health conditions?** (mark all that apply)

A disability is defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

- Difficulty seeing
- Difficulty hearing, or having speech understood
- Other communication challenges: \_\_\_\_\_
- Limited physical mobility
- Learning disability
- Developmental disability
- Dementia
- Chronic health condition
- Other disability or health condition: \_\_\_\_\_
- None
- Decline to answer

**5. What is your highest level of education?** (mark one)

- Less than high school diploma
- High school diploma or GED
- Some college
- Vocational or trade certificate
- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Decline to answer

**6. What is your current employment status?** (mark one)

- Full time employment
- Part time employment
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Student
- Decline to answer

**7. What is your current housing status?** (mark one)

- I have stable housing
- I am staying with friends or family
- I am living in a shelter or transitional housing
- I am homeless
- Other housing status: \_\_\_\_\_
- Decline to answer

**Complete questions 12 & 13 if you are 18 years old**

**and over**

**8. What is your individual annual income?** (mark one)

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

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

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



## Appendix D: 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       Education / Training       Social Activities / Events  
 Community Meetings       Drop-In Center       Peer Group: \_\_\_\_\_  
 Connection to Resources       Therapy services       Other: \_\_\_\_\_

#### 3. Please rate your interactions with the Pride Center's staff.

	Disagree	Somewhat Disagree	Somewhat Agree	Agree
Staff are courteous and friendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff are responsive when I have requests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff understand & affirm my sexual orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff understand & affirm my gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff understand & affirm my culture/ethnicity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pride Center gives me a sense of community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pride Center is in a convenient location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The hours of the Pride Center work with my schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 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 <u>within</u> the Pride Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It's easy to get connected to other services <u>outside of</u> the Pride Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The Pride Center staff include me in deciding what services are best for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The services that I am receiving at the Pride Center are improving my mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[ TURN PAGE OVER TO CONTINUE ]





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

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

**Your Background**

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

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

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

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

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

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

- Female     Male     Intersex     Decline to Answer

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

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

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

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





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

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*[replace]*

## Appendix F. Data Tables

### Demographic Data

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

**Table 1. Participants served by age**

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

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

Race	Count	Percent
<b>White or Caucasian</b>	214	54%
<b>Hispanic or Latino/a/x</b>	93	23%
<b>Asian or Asian American</b>	78	20%
<b>Black or African American</b>	19	5%
<b>Other</b>	17	4%
<b>Native Hawaiian or Pacific Islander</b>	16	4%
<b>Native American or Native Alaskan</b>	11	3%
<b>Decline to answer</b>	7	2%

**Table 3. Participants served by ethnicity (some participants are counted more than once, as they could mark all categories that apply)**

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

**Table 4. Participants served by sex at birth**

Sex	Count	Percent
Female	243	61%
Male	122	31%
Other or Decline to answer	35	9%
<b>TOTAL</b>	<b>400</b>	<b>100%</b>

Table 4. Participants served by gender identity

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

Table 5. Participants served by sexual orientation

Sexual orientation	Count	Percent
Gay or Lesbian	119	30%
Heterosexual or Straight	119	30%
Queer	49	12%
Decline to answer	36	9%
Bisexual	34	9%
Pansexual	18	5%
Asexual	12	3%
Questioning or unsure of sexual orientation	7	2%
Another sexual orientation; Indigenous sexual orientation	6	2%
<b>TOTAL</b>	<b>400</b>	<b>100%</b>

**Table 6. Participants served by disability status (some participants are counted more than once, as they could mark all categories that apply)**

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

**Table 7. Participants served by level of education**

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

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

Income	Count	Percent
0-\$24,999	41	16%
\$25,000-\$50,000	43	16%
\$50,001-\$75,000	43	16%
\$75,001-\$100,00	33	13%
Above \$100,000	36	14%
Decline to answer	69	26%
<b>TOTAL</b>	<b>265</b>	<b>100%</b>

**Table 9. Participants served by employment status**

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

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

Housing status	Count	Percent
I have stable housing	209	79%
Decline to answer	27	10%
Other housing status; I am living in a shelter or transitional housing; I am homeless	16	4%
I am staying with friends or family	13	5%
<b>TOTAL</b>	<b>265</b>	<b>100%</b>



## Collaboration Survey Results

### Section 1: Partnership

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



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	20	0	0	3	10	7
b. respect and trust each other	20	0	0	0	10	10
c. are open and honest with each other	20	0	0	1	9	10
d. make changes to their team functioning based on reflective reviews	20	0	0	3	9	8
e. strive to achieve mutually satisfying resolution for differences of opinions	20	0	0	1	7	12
f. understand the boundaries of what each other can do	20	0	1	4	8	7
g. understand that there are shared knowledge and skills between health providers on the team	19	0	0	1	5	13
h. establish a sense of trust among the team members	19	0	0	0	10	9



**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
<b>a. use a new or unique model of collaborative practice</b>	<b>20</b>	0	0	5	6	9
<b>b. equally (equitably) divide agreed upon goals amongst the team</b>	<b>20</b>	0	3	1	9	7
<b>c. encourage and support open communication, including the patients and their relatives during team meetings</b>	<b>20</b>	0	0	1	8	11
<b>d. use an agreed upon process to resolve conflicts</b>	<b>18</b>	1	1	2	7	7
<b>e. support the leader for the team varying depending on the needs of our patients</b>	<b>18</b>	0	0	2	4	12
<b>f. together select the leader for our team</b>	<b>16</b>	0	1	2	6	7
<b>g. openly support inclusion of the patient in our team meetings</b>	<b>15</b>	0	2	1	5	7