# WELCOME

Leveraging SOGI & REAL Data to Advance Equity in Behavioral Health

February 22nd, 2023

What is Delta Center CA?

A nearly 3-year initiative (July 2020-March 2022) funded by the California Health Care Foundation and the Robert Wood Johnson Foundation that **brings together behavioral health and primary care leaders to accelerate care improvement and integration through policy and practice change.**
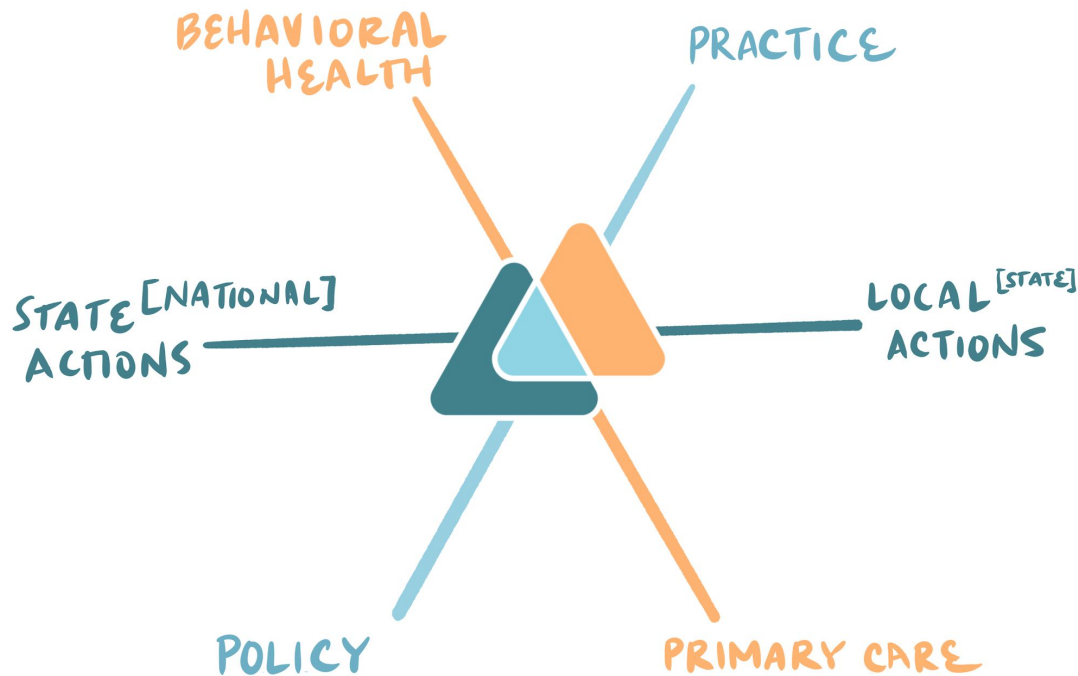
Leveraging Sexual Orientation and Gender Identity (SOGI) and Race, Ethnicity, and Language (REAL) Data to Advance Equity in Behavioral Health

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Achieving Health Equity through Patient Sexual Orientation and Gender Identity Data

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Collecting Patient Sexual Orientation and Gender Identity (SOGI) Data

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Continuing Medical Education Disclosure

- <u>Program Faculty</u>: Alex S. Keuroghlian, MD, MPH;

- <u>Current Position</u>: Director of the Division of Education and Training at the Fenway Institute; Associate Professor of Psychiatry, Harvard Medical School

- <u>Disclosure</u>: Royalties as editor of a textbook with McGraw Hill on transgender and gender diverse health care.

Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy

LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
  - Webinars, Learning Modules
  - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org

Creating a Transgender Health Program at Your Health Center:
From Planning to Implementation
SEPTEMBER 2018

NATIONAL LGBTQIA+ HEALTH
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Why Programs for LGBTQIA+ People?
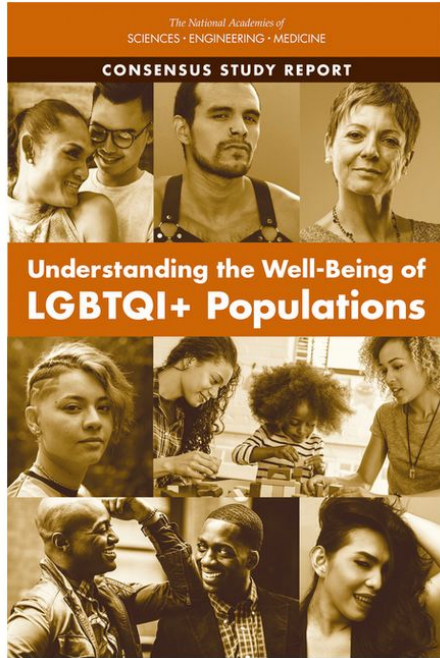
BOX 1-1
Statement of Task

The Committee on Population (CPOP) of the National Academies of Sciences, Engineering, and Medicine will undertake a consensus study that will review the available data and future research needs on persons of diverse sexualities and genders (e.g., LGBTQ+ and MSM), as well as persons with differences in sex development (sometimes known as intersex), along multiple intersecting dimensions across the life course. Areas of focus will include, but are not limited to, the following:

- Families and social relationships
- Patterns of stigma, violence, and victimization
- Role of community, cultural, educational, healthcare, and religious organizations and institutions
- Civic engagement, political participation, and military service
- Socioeconomic status/stratification, housing, and workforce issues
- Justice and legal systems
- Social change and geographic variations in public attitudes and public policies
- Population health and well-being

From NASEM Consensus Study Report: Understanding the Well-Being of LGBTQI+ Populations (2020)

Health Issues Throughout the Life Course

Childhood & Adolescence

Early & Middle Adulthood

Later Adulthood
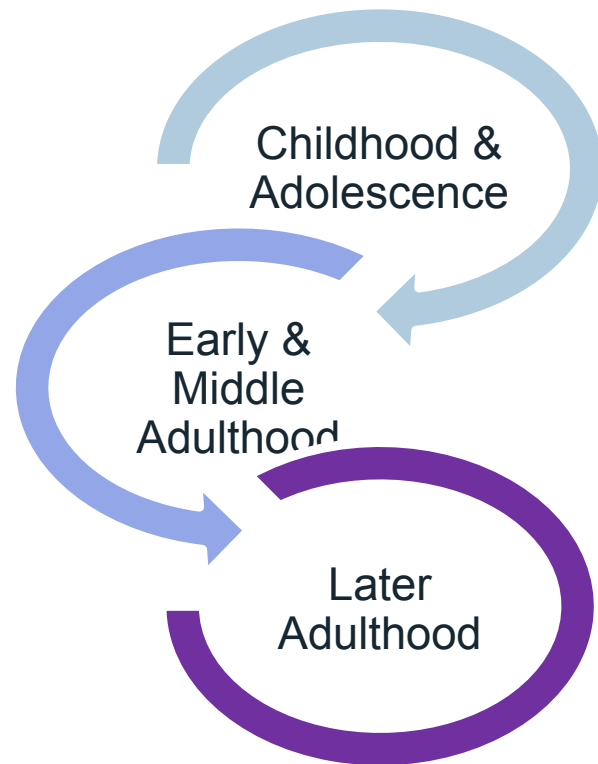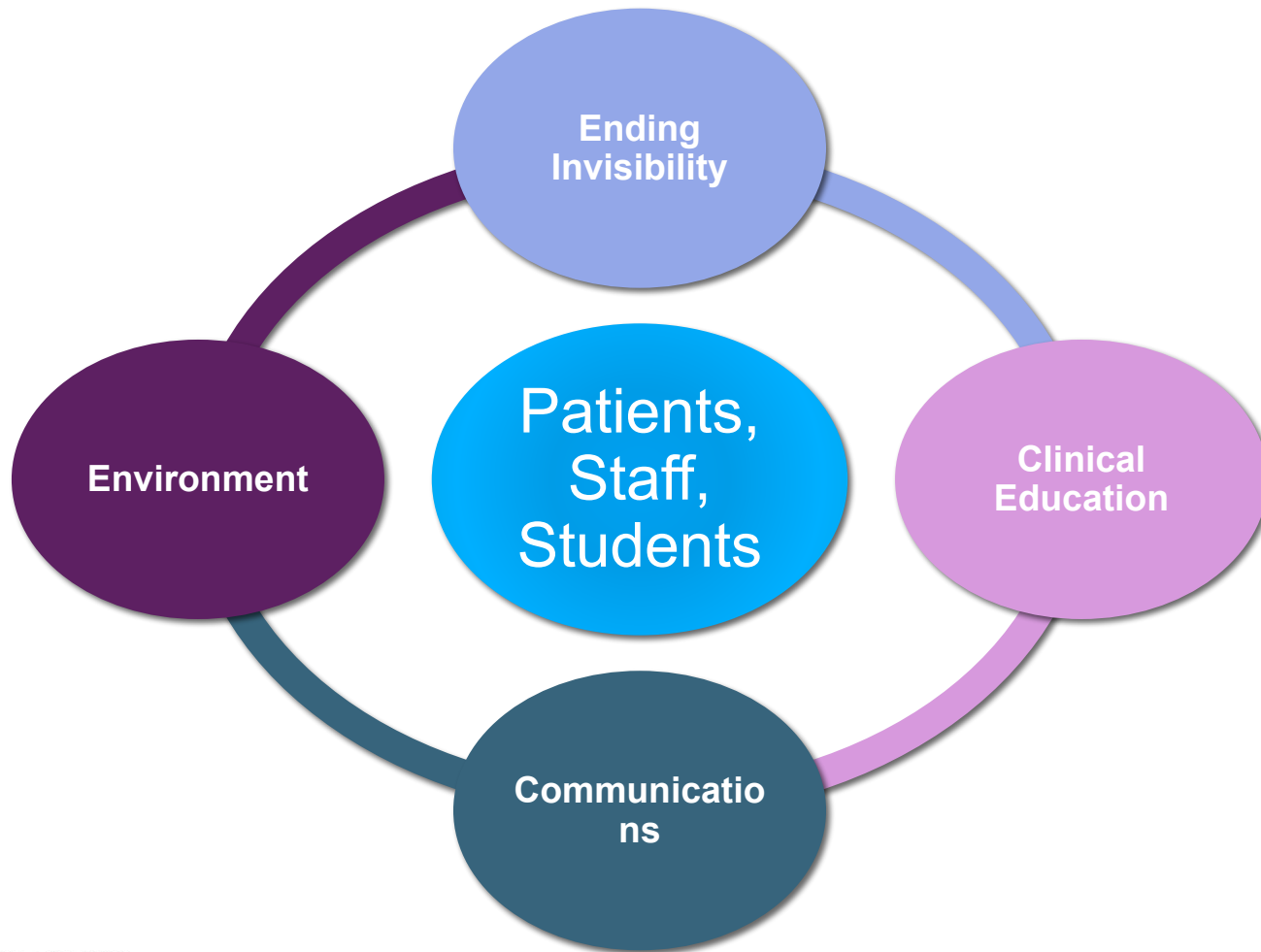
Population Health: Ending LGBTQIA+ Invisibility in Health Care

- Has a clinician ever asked you about your history of sexual health, your sexual orientation or your gender identity?

- How often do you talk with your patients about their sexual history, sexual orientation, or gender identity?

Appropriate Screening: Rodrigo's Story

- 40-year-old trans man who came in with pelvic pain and spotting

- A biopsy determined that Rodrigo had cervical cancer

- No one had told Rodrigo that he needed routine cervical Pap tests

Are Patients Likely to be Offended by SOGI Questions?

- A study of 301 patients from four racially and geographically diverse U.S. health centers found high acceptability by patients of routine SOGI data collection: most expressed believing the questions are important and reported they would answer these again in the future (Cahill, et al., 2014).

- 78% of clinicians nationally believe patients would refuse to provide sexual orientation, however only 10% of patients say they would refuse to provide sexual orientation (Haider et al., 2017).

- No difference in patient attitudes toward registration forms that include SOGI questions vs. forms that do not; only 3% of patients reported being distressed, upset or offended by SOGI questions (Rullo et al., 2018).

# Collecting Patient Sexual Orientation and Gender Identity Data

Preparation for Collecting Data in Clinical Settings

- **Clinicians**: Need to learn about LGBTQIA+ health and the range of clinically relevant experiences related to sexual orientation and gender identity.

- **Non-clinical staff**: Front desk and patient registration staff must also receive training on LGBTQIA+ health, communicating with LGBTQIA+ patients, and achieving quality care with diverse patient populations

- **Patients**: Need to learn about why it is important to communicate this information, and feel comfortable that it will be used appropriately

Responding to Staff Concerns

- Some staff may need extra coaching and reassurance

- Supervisors should explain that the health center is trying to provide the best care for all patients, and staff do not need to change their own values to collect SOGI data

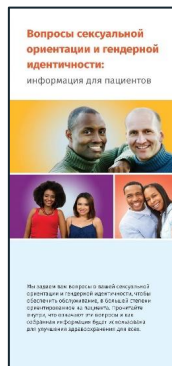- Regular check-ins with staff members will help identify and address their concerns

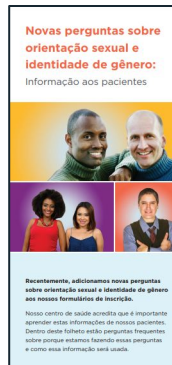# SOGI Data Collection Demonstration Videos
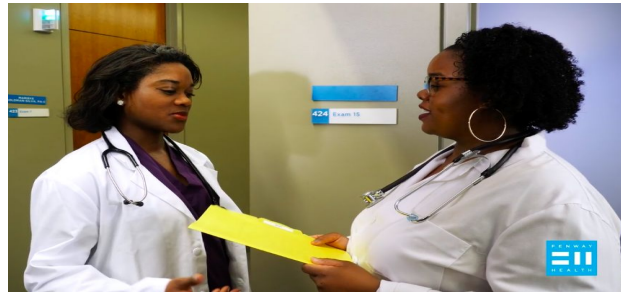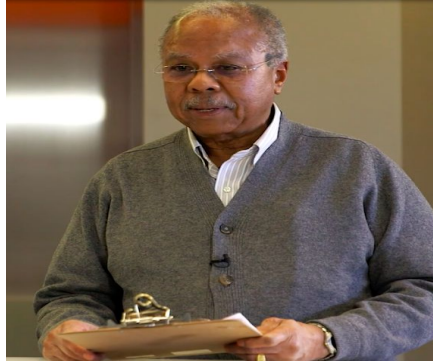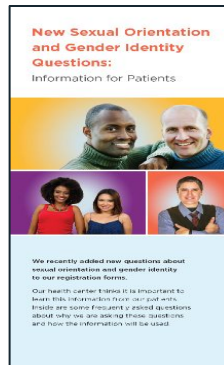
SOGI Patient Pamphlet Translations
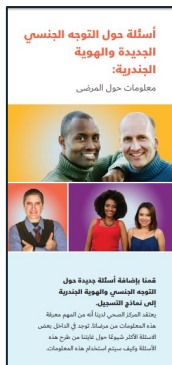
Arabic

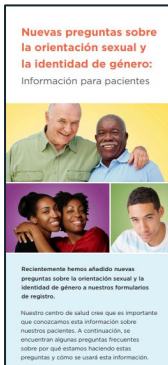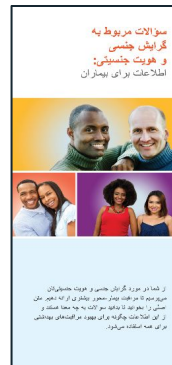Brazilian Portuguese
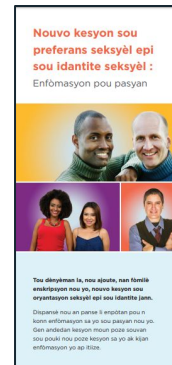
English

Farsi

Haitian Creole

Russian

Simplified Chinese

Spanish
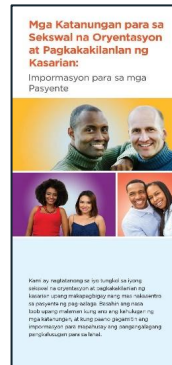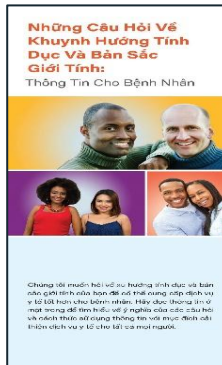
Tagalog

Vietnamese
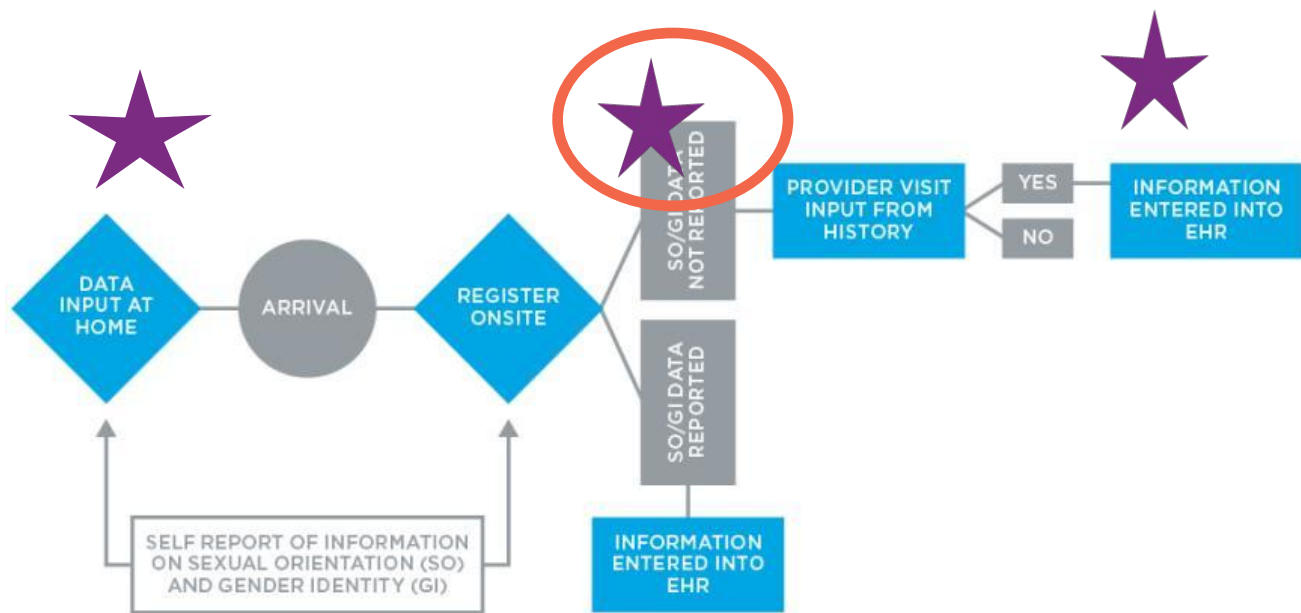
Gathering SOGI Data During the Process of Care

Fig. 2. Diagram from "Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health."[13]
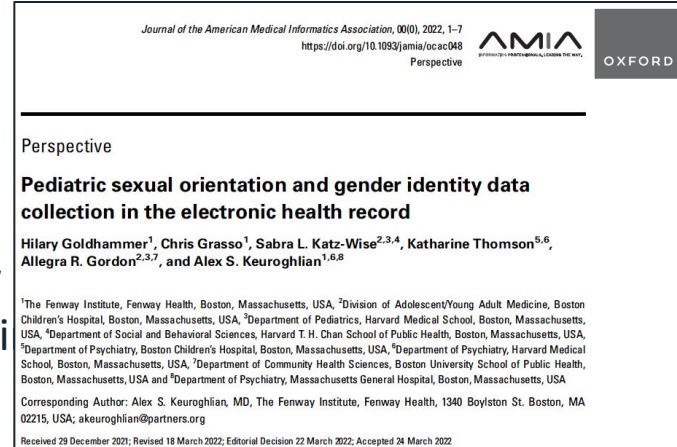
Collecting Data on Gender Identity

- What name do you go by?

- What are your pronouns (e.g., she/her, he/him, they/them)?

- What name is on your insurance records?

- What is your current gender identity?

- What sex were you assigned at birth?

SOGI Reporting For Pediatric Patients

- At what age do you start asking these questions?
  - Recommend asking GI <12yo
  - Recommend asking minors without parent/guardian in the room, and if they are comfortable having this information i health records
- Provider should re-ask after registration if initially filled out by parent/guardian or under their watch
- Many parents/guardians will answer "Don't Know" or leave blank

Perspective

Pediatric sexual orientation and gender identity data collection in the electronic health record

Hilary Goldhammer[1], Chris Grasso[1], Sabra L. Katz-Wise[2,3,4], Katharine Thomson[5,6], Allegra R. Gordon[2,3,7], and Alex S. Keuroghlian[1,6,8]

[1]The Fenway Institute, Fenway Health, Boston, Massachusetts, USA, [2]Division of Adolescent/Young Adult Medicine, Boston Children's Hospital, Boston, Massachusetts, USA, [3]Department of Pediatrics, Harvard Medical School, Boston, Massachusetts, USA, [4]Department of Social and Behavioral Sciences, Harvard T. H. Chan School of Public Health, Boston, Massachusetts, USA, [5]Department of Psychiatry, Boston Children's Hospital, Boston, Massachusetts, USA, [6]Department of Psychiatry, Harvard Medical School, Boston, Massachusetts, USA, [7]Department of Community Health Sciences, Boston University School of Public Health, Boston, Massachusetts, USA and [8]Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts, USA

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Pronouns

People may have a range of pronouns, including she/her/hers and he/him/his, as well as less-common pronouns such as they/them/theirs and ze/hir/hirs (pronounced zee/hear/hears).

Subjective	Objective	Possessive	Examples
He	Him	His	He is in the waiting room. The doctor is ready to see him. That chart is his.
She	Her	Hers	She is in the waiting room. The doctor is ready to see her. That chart is hers.
They	Them	Theirs	They are in the waiting room. The doctor is ready to see them. That chart is theirs.
Ze	Hir	Hirs	Ze is in the waiting room. The doctor is ready to see hir. That chart is hirs.

Anticipating and Managing Expectations

- LGBTQIA+ people have a history of experiencing stigma and discrimination in diverse settings
- Don't be surprised if a mistake results in a patient becoming upset

- Don't personalize the reaction
- Apologizing when patients become upset, even if what was said was well-intentioned, can help defuse a difficult situation and re-establish a constructive dialogue

Avoiding Assumptions

- You cannot assume someone's gender identity or sexual orientation based on how they look or sound.

- To avoid assuming gender identity or sexual orientation:

  - *Instead of*: "How may I help you, Ma'am/Sir?"

  - *Say*: "How may I help you?"

  - *Instead of*: "He/She is here for his/her appointment."

  - *Say*: "The patient is here in the waiting room."

  - *Instead of*: "Do you have a boyfriend/girlfriend?"

  - *Say*: "Are you in a relationship?"

Putting What You Learn into Practice….

- If you are unsure about a patient's name or pronouns:
  - *"I would like be respectful—what are your name and pronouns?"*
- If a patient's name doesn't match insurance or medical records:
  - *"Could your chart/insurance be under a different name?"*
  - *"What is the name on your insurance?"*
- If you accidentally use the wrong term or pronoun:
  - *"I'm sorry. I didn't mean to be disrespectful."*

Accountability

- Creating an environment of accountability and respect requires everyone to work together

- Don't be afraid to politely correct your colleagues if they make insensitive comments
  - *"I wanted to let you know that Jesse's pronouns are they/them. I heard you use she/her, and I wanted to make sure you know for the future."*
  - *"Those kinds of comments are hurtful to others and do not create a respectful work environment."*

- Remember your organization's mission and vision

Inclusive Registration and Medical History Forms

Avoid these terms…	Replace with…
Mother/Father	**Parent/Guardian**
Husband/Wife	**Spouse/Partner(s)**
Marital Status	**Relationship Status**
Family History	**Blood Relatives**
Nursing Mother	**Currently Nursing**
Female Only/Male Only	**Allow patients to choose *not applicable*.**
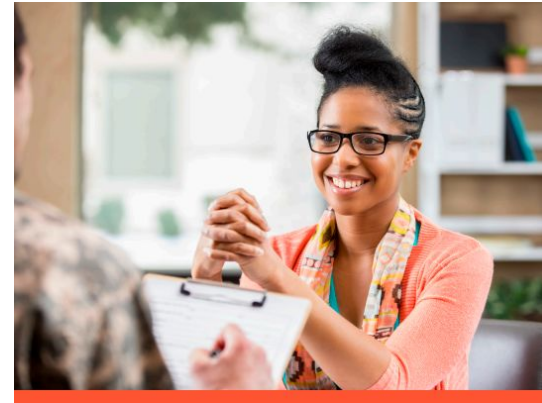
Focus on Forms and Policy:
Creating an Inclusive Environment for LGBT Patients

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Gender-inclusive Diagrams

- Images that have a specific gender may limit identification of certain medical issues
- Use gender-inclusive images to document areas of concern

ANATOMICAL DIAGRAMS-SKIN SURFACE ASSESSMENT

R   L   L   R

Case Number _____   Initials of Examiner _____
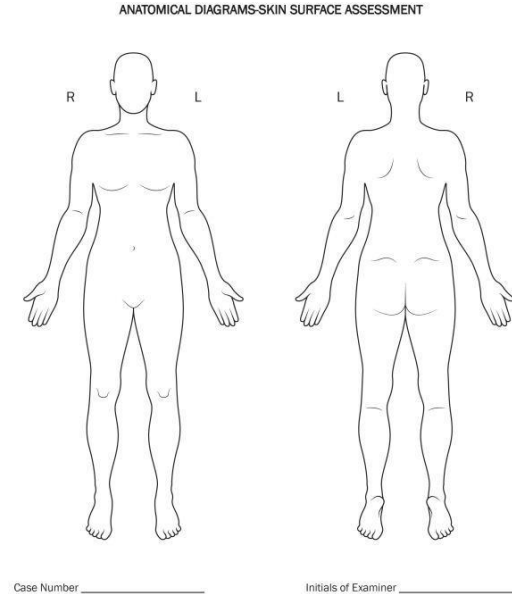
Image by: Katja Tezlaff
(https://ktetzlaff.com/tag/transgender/#jp-carousel-456)

Training All Staff To Mitigate Implicit Bias Against LGBTQIA+ People

Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios

September 2018

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Perspective

Strategies to Mitigate Clinician Implicit Bias Against Sexual and Gender Minority Patients

Michal J. McDowell, M.D., M.P.H., Hilary Goldhammer, S.M., Jennifer E. Potter, M.D., Alex S. Keuroghlian, M.D., M.P.H.

Background: *Implicit bias is an ingrained, unconscious cultural stereotype that can negatively affect a person's interactions with members of stigmatized groups, including sexual and gender minorities. Clinician implicit biases may negatively impact the quality of patient care.* **Methods:** *This article uses 4 case scenarios to illustrate how implicit bias among psychiatrists and other clinicians can affect patient-clinician communication and diminish the quality of health care provided to sexual and* gender minority people. We offer strategies for clinicians to recognize, challenge, and address implicit bias. **Discussion:** *Through continuing education, self-reflection, and practice, psychiatrists and other clinicians can improve communication and foster more affirming care experiences for their sexual and gender minority patients, with the goal of addressing and ultimately eliminating sexual and gender minority health disparities.*

(Psychosomatics 2020; ■:■-■)

Key words: sexual minority, gender minority, implicit bias, unconscious bias, LGBT, communication.

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Thank you!

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The National LGBTQIA+ Health Education Center provides educational programs, resources, and consultation to health care organizations with the goal of optimizing quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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  www.acponline.org/fenway

TRANSTALKS

TRANSGENDER TRAINING FOR
HEALTHCARE PROVIDERS

Dr. David Tian, MD, MPP, FASAM (he/him)
Medical Consultant, Quality and Population Health Management, DHCS

Capturing SOGI & REAL Data in California's Medi-Cal Program

David Tian, MD, MPP, FASM (he/him), is a Medical Consultant in the Division of Quality and Population Health at the California Department of Health Care Services (DHCS). His portfolio at DHCS includes a focus on behavioral health and chronic disease management. Clinically, David is a general internist and addiction medicine specialist. Prior to joining DHCS, David previously served as Division Chief of Primary Care at Highland Hospital, Alameda Health System, and was Founding Medical Director of the Buprenorphine Induction Clinic. His professional focuses include promoting health equity, expanding access to care for substance use disorders, and integrating addiction services into primary care. He is a graduate of the Harvard Medical School, the Kennedy School of Government, UCSF primary care internal medicine residency track at San Francisco General Hospital, and the California Health Care Foundation Leadership Program.

Capturing SOGI and REAL Data in California's Medi-Cal Program

February 22, 2023

David Tian, MD, MPP, FASAM (he/him)
Medical Consultant, Quality and Population Health Management

What is DHCS?

» California's Department of Health Care Services (DHCS) funds health care services for nearly **15 million beneficiaries of California's Medicaid program: Medi-Cal**

» California's Medi-Cal program is a national leader in expanding access to health services for diverse communities, including the provision of full-scope services for many California residents who do not meet Federal immigration status requirements for Medi-Cal (Link)

» In addition to administering the Medi-Cal program, DHCS further oversees incentive payments to **Public Hospital Delivery Systems** through programs such as Public Hospital Redesign and Incentives in Medi-Cal (PRIME) and Quality Incentive Program (QIP)

The Importance of SOGI/REAL Data

DHCS's Health Equity Framework

Our vision: "Complete, accurate data on race, ethnicity, disability, and language and SOGI (Sexual Orientation and Gender Identity) information for Medi-Cal members will be utilized to illuminate and address healthcare inequities across DHCS programs."

DHCS's Ongoing Efforts in Data Collection and Stratification

» **Changes to Medi–Cal application and other program applications** to better collect demographic information in REAL and SOGI

» **Creating DHCS–wide standards for measuring race and ethnicity,** in alignment with federal standards

» **Disaggregating quality reporting by race and ethnicity**, to identify and address health care disparities

BOLD GOALS: 50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

Improve maternal and adolescent depression screening by 50%

Improve follow up for mental health and substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Considerations: DHCS Data Collection

In its treatment of REAL and SOGI information, DHCS must consider laws, regulations, data mapping standards, and guidance at the State and Federal levels on the collection of REAL and SOGI data.

» Federal guidance from the Center for Medicare and Medicaid Services, e.g.
  » Standard application requirements for Medicaid programs
  » United States Core Data for Interoperability (USCDI) data mapping requirements

» State laws, e.g.
  » **AB 959 (Chiu, 2015)** mandating the collection of SOGI data using 3 standard questions on current gender identity, sex assigned at birth, and sexual orientation
  » **SB 179 (2017)** or CA's Gender Recognition Bill allowing for noting non–binary gender identity
  » **AB 1726 (Bonta, 2016)** requiring CA agencies to collect ethnicity data for each major Asian and Pacific Islander group

SOGI Data Collection

» DHCS aims to collect increasingly complete and accurate data on sexual and orientation through multiple venues given the complex requirements on the Department

» DHCS collects member information at enrollment in Medi–Cal, with limitations imposed by federal rules and State database programs, e.g. what data can be required

Sex Field, Paper
Application

"Sex" Field, Online
Application

» More comprehensive SOGI data are encouraged through opportunities, e.g.:
- Gender identity information collected via the online application for Medi-Cal as optional fields
- Data is received by DHCS from other public programs
- DHCS leveraged incentive payments to Public Hospital Systems in the **PRIME (Public Hospital Redesign and Incentives in Medi-Cal)** Program to encourage collection of SOGI data with increasing data completeness requirements
- DHCS has launched a **Beneficiary Contact and Demographic Information Initiative**, with ongoing consideration of how to SOGI data and pronouns

Race and Ethnicity Data Collection

» DHCS is engaged in an ongoing effort to standardize how data on race and ethnicity are collected across the organization

» Current practices align with national data standards (such as the CDC Race and Ethnicity Code Set) and also State law, such as AB 1726 (Bonta, 2016), which requires disaggregation of AAPI ethnic groups

Race and Ethnicity Fields in Medi-Cal Application

What is your race? *(optional; check all that apply)*
- [ ] White
- [ ] Black or African American
- [ ] American Indian or Alaska Native
- [ ] Asian Indian
- [ ] Cambodian
- [ ] Chinese
- [ ] Filipino
- [ ] Hmong
- [ ] Japanese
- [ ] Korean
- [ ] Laotian
- [ ] Vietnamese
- [ ] Native Hawaiian
- [ ] Guamanian or Chamorro
- [ ] Samoan
- [ ] Other
_____

Are you of Hispanic, Latino, or Spanish origin? *(optional)* [ ] Yes [ ] No
If yes, check which ones:
- [ ] Mexican, Mexican American, Chicano
- [ ] Salvadoran
- [ ] Cuban
- [ ] Guatemalan
- [ ] Puerto Rican
- [ ] Other Hispanic, Latino, or Spanish origin: _____

» DHCS further requires **stratification of quality reporting for Managed Care Plans** by race and ethnicity in several areas to identify and address health disparities due systemic drivers of inequity such as racism (see: DHCS's Comprehensive Quality Strategy)

» Design barrier: High rate of "no response" since providing data on race is optional

Appendix Slide: Managed Care Quality Measures Required to be Stratified by Race and Ethnicity, Measurement Year 2022

- Child and Adolescent WellCare Visits

- Childhood Immunization Status: Combination 10

- Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%)

- Controlling High Blood Pressure

- Immunization for Adolescents: Combination 2

- Prenatal and Postpartum Care: Postpartum Care

- Prenatal and Postpartum Care: Timeliness of Prenatal Care

- Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence – 30 days

- Follow-Up After ED Visit for Mental Illness – 30 day

- Colorectal Cancer Screening

- Depression Screening and Follow Up for Adolescents and Adults

Reference: DHCS Comprehensive Quality Strategy, pgs. 71–74. The measures noted with an asterisk (*) require stratification by race and ethnicity to inform future health disparity reduction targets

Appendix Slide: Language Data for Medi-Cal

» Threshold Languages (Spoken)
  » Arabic
  » Armenian
  » Cambodian
  » Chinese
  » Farsi
  » Hindi
  » Hmong
  » Japanese
  » Korean

» Laotian
» Mien
» Punjabi
» Russian
» Spanish
» Tagalog
» Thai
» Ukrainian
» Vietnamese

New Enrollees to Medi-Cal, 9/2021 to 8/2022

Sep2021 - Aug2022 - Total 1,075,570

1.3% Other Non-English is the largest of the remaining languages

28.4%

8.6%

55.8%

■ English   ■ Spanish   ■ Not Reported   ■ Other Non-English
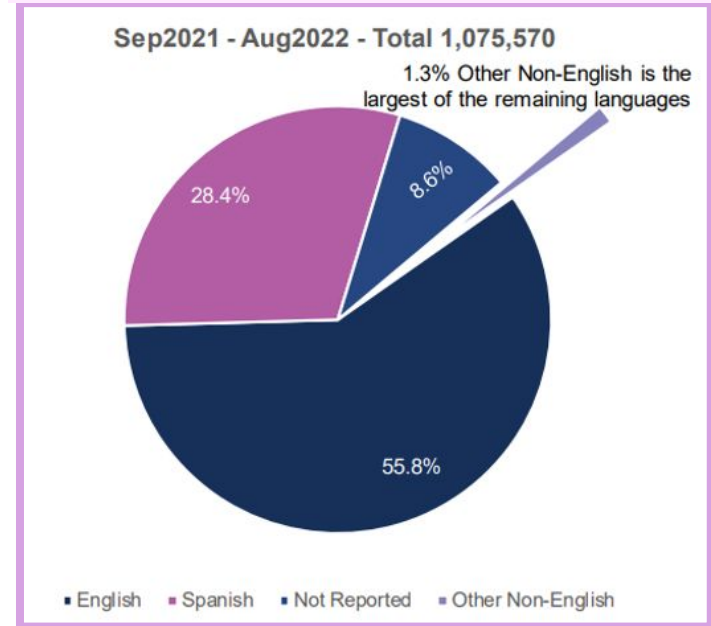
Medi-Cal Enrollment August 2022

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Dr. Vanessa Blum, PhD (she/her)

Clinical Psychologist, Marin County Behavioral Health & Recovery Services

SOGI Implementation in Marin County Behavioral Health and Recovery Services

Vanessa Blum, PhD (she/her) is a Clinical Psychologist with Marin County Behavioral Health and Recovery Services. Vanessa has presented as well as published on issues of racism, discrimination, and equity and their impact on the behavioral health of historically marginalized communities. She has partnered with brilliant and talented individuals in Contra Costa County and currently in Marin County on advancing LGBTQ+ equity, inclusion, and belonging efforts.

SUPPORT

TRUST

UNITY

EXCELLENCE

SOGI Implementation in Marin County Behavioral Health and Recovery Services

Vanessa Blum, PhD

MARIN HEALTH & HUMAN SERVICES
Health, Well-being & Safety

COUNTY OF MARIN

Delta Learning Lab

- Team Peacock
  - CA LGBTQ HHS Network
    - Mandy Taylor and Amanda McAllister-Wallner
  - Marin County BHRS
  - LGBTQ+ community member with
   lived experience
  - Coach Jen Powell

- Team BHRS
  - Audie Vera
  - LGBTQ+ Collaborative – Suze Mitchell
  - Leadership support
    - Jei Africa and Todd Schirmer
    - QM Team
    - jenn moore
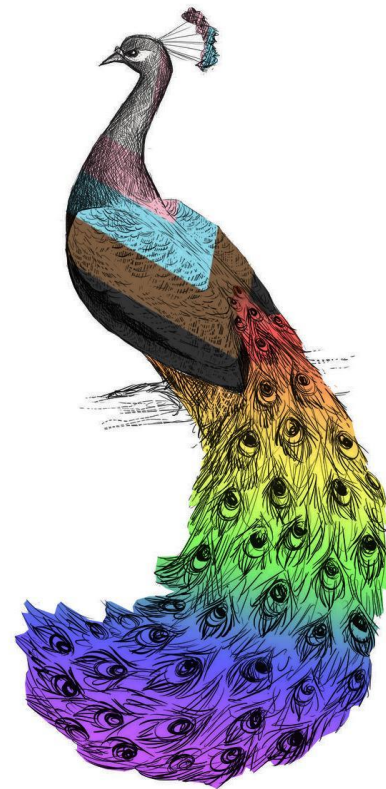
Implementation Goals

- Researched
  - Other Counties
  - Health Resources and Services Administration Uniform Data System

- Received feedback from stakeholders

- Updated Client Profile Form to reflect more inclusive LGBTQ+ language
  - Gender Identity values include:
    - Female; Male; Transgender Woman/Female/Feminine; Transgender Man/Male/Masculine; Genderqueer; Nonbinary; Additional Gender Category (requires write in); Declined to State
  - Sexual Orientation values include:
    - Asexual; Bisexual; Gay; Heterosexual/Straight; Lesbian; Pansexual; Additional Sexual Orientation (requires write in); Declined to State

- Trained BHRS staff on updated form
  - SOGI "Roadshow" presented to all teams to ensure staff participation
    - Emphasis on importance of gathering SOGI demographics
    - Additional resources (e.g., how to ask)

- Updated electronic health records with SOGI values

- Developed client resources to explain SOGI terms

Sustainability Aims

- Continue to elevate lived experience

    - Presenting feedback from individuals served to BHRS staff

- Continue to train staff

    - Onboarding procedure

    - Providing trainings that go beyond 101

- Create inclusive environments (e.g., bathrooms, posters, pronoun pins)

- Utilize SOGI data in practice

  - Measure and report outcomes to guide services

  - Model best practices for culturally responsive trauma-informed services

- Collaborate with other counties to advance the collection and dissemination of SOGI data at the state level

Gabriel Garcia-Lopez (he/him)

Director of Health Information Systems, LA LGBT Center

Providing Care and Collecting Data for the LGBTQ+ Community

Gabriel Garcia-Lopez is a mission-driven Health IT professional with 16 years of experience in health IT/IS, specifically non-profit HIV/AIDS and LGBTQ+ healthcare. Gabriel currently oversees the health informatics ecosystem for the world's largest LGBTQ+ services provider, whose mission is building a world where LGBT people thrive as healthy, equal, and complete members of society.

PROVIDING CARE AND COLLECTING DATA FOR THE LGBTQ+ COMMUNITY

Gabriel Garcia-Lopez – Director, Health Information Systems

Claudia Alvarez – Director, Performance Improvement

Lisa Kimsey – Director, Operations

WHAT IS SOGI?

» Sexual Orientation and Gender Identity (SOGI)
  » **Sex assigned at birth**
    » Female, Male, Intersex
  » **Gender identity**
    » Female, Male, Genderqueer, Non-binary, Trans Male, Trans Female, etc.
  » **Sexual Orientation**
    » Bi, Queer, Lesbian, Pansexual, Gay, Straight, etc.
  » **Gender Expression**
    » Gender Neutral, Feminine, Masculine, etc.

https://www.genderbread.org

Identity
Attraction
Expression
Sex
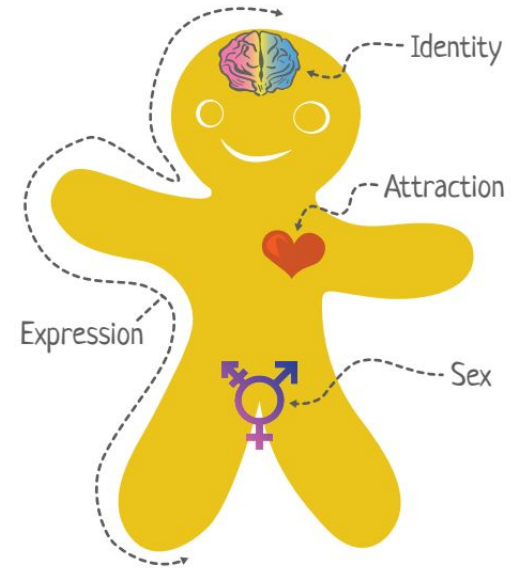
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WHY SOGI IS RELEVANT TO CLINICAL PRACTICE

» **Pronouns** – Show respect for clients

» **Gender Identity** – Need for gender affirming care, awareness of how gender/body part-based care quality measures are tracked

» **Sexual Orientation** – While orientation and practice are different, both are important to screen for need for care such as family planning, certain vaccines, HIV prophylaxis

» **Safety** – Mail, text messages, parents

» **Social Determinants** - inform ways to address health disparities

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SOGI DATA DEFINITIONS

Birth Sex   (sex assigned at birth)

Identifies As   (gender identity)

PGP   (pronoun or personal pronoun)

Sexual Orientation   (sexual orientation)

Administrative Sex   (legally recognized name)

Preferred Name   (preferred name used by patient)

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SOGI DATA AT PATIENT INTAKE

Question Name	Question Text			Question Type	Answer Choices
Patient Privacy					
Birth Sex	*For medical purposes, please tell us the sex you were assigned at birth.*	*		Multiple	Male, Female, Intersex
Birth Sex Other	*If you answered other, please explain*	*		Text	
Gender Identity	*What is your gender identity?*	*		Multiple	Male, Female, Trans Female, Trans Male, Non Binary, GenderQueer, Other, Decline to answer, Unknown
Sexual Orientation	*I consider myself*	*		Multiple	Gay, Bi, Straight, Lesbian, Queer, Pansexual, Questioning, Other, Decline to answer, Unknown
Sexual Orientation Other	*If you answered other, please explain*	*		Text	
Gender Pronoun	*My gender pronouns are:*	*		Multiple	He/Him, She/Her, They/Them, No Pronoun
Gender Pronoun Other	*If you answered other, please explain*	*		Text	

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EHR DEMOGRAPHICS

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EHR PROGRESS NOTE

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Tracy Lacey, LMFT (she/her)

Senior Mental Health Services Manager, Solano County Behavioral Health

The Importance of the Community Voice & Helping the Invisible be Seen

Tracy Lacey, LMFT is a Senior Mental Health Services Manager and has been in the role of the Mental Health Services Act (MHSA) Coordinator for Solano County Behavioral Health since 2016. Ms. Lacey is also the Chair of the Solano County Suicide Prevention Committee working closely with community partners to work towards communitywide stigma reduction and targeted efforts to prevent suicide deaths in Solano County including prevention through an equity lens. Ms. Lacey was the lead from Solano County for the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) Innovation Project which included the implementation of fourteen community-defined quality improvement action plans focused on reducing health disparities. Ms. Lacey received her undergraduate degree in Psychology from Sonoma State University and a Master's in Counseling Psychology from Dominican University. Having over two decades of experience working in behavioral health and child welfare organizations—both nonprofit and government sectors—has greatly contributed to her passion for breaking down silos, social justice and health equity.

The Importance of the Community Voice & Helping the Invisible be Seen

February 22, 2023

Tracy Lacey, LMFT| Senior Mental Health Services Manager & MHSA Coordinator

Solano County Behavioral Health

Solano County Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) 2016-2021

3 Communities of Focus –Latino, Filipino and LGBTQQ+

Project Partners: County Behavioral Health, UC Davis Center for Reducing Health Disparities, Solano Pride Center, Fighting Back Partnership, Rio Vista CARE and the **COMMUNITY**

Core Components: Anchored in the CLAS Standards & Community Engagement

Outcomes of ICCTM
- Increased calls to Access by all 3 communities
- Reduction in accessing services through crisis entry point for all 3 communities
- Increase in all 3 communities receiving mental health services
- Improved consumer satisfaction

Link to **Final Evaluation Report**

Link to **14 Community-Defined Quality Improvement (QI) Action Plans**

SOLANO COUNTY INTERDISCIPLINARY COLLABORATION AND CULTURAL TRANSFORMATION MODEL (ICCTM) INNOVATION PROJECT: FINAL EVALUATION REPORT

How We Started Collecting Sexual Orientation & Gender Identity Expression (SOGIE) Data

- Communication and education for the system of care **(Normalize)**
- Transition from using narrative text boxes in our EHR to data fields to collect the following data: **(Organize)**
  - **Sexual Orientation** added 2016
  - **Gender Identity** added 2016
  - **Gender Assigned at Birth** added 2017
  - **Preferred/Chosen Name** added 2017 and added to EHR ribbon bar 2020
  - **Pronouns** added 2021
- Access Line staff began to ask gender identity and sexual orientation at point of first call in 2016 **(Normalize)**
- Data collection process – convened a workgroup to create culturally responsive self-reporting tools to collect information from new and existing consumers **(Organize & Operationalize)**
  - **Solicited feedback from LGBTQQ+ community members regarding languaging for questions on forms**
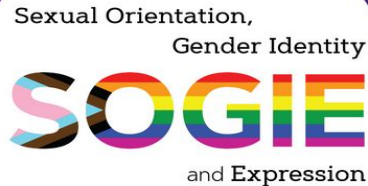
LGBTQ+ Ethnic Visibility QI Action Plan

Sana Alam Mo |
I Hope You Know

Bakla Is Love |
Gay Is Love

Somos Uno |
We Are One
Más Fuertes Juntos |
Stronger Together

Helping the Invisible be Seen

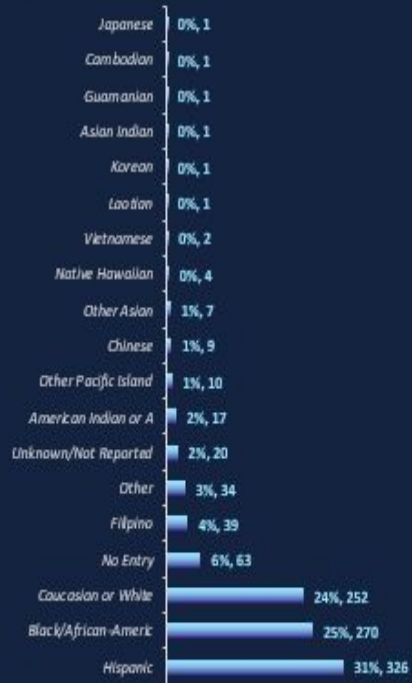Intentional efforts to create **welcoming**, **inclusive** and **safe spaces** for **ALL** consumers.

- County & Contractor Clinics
- Culturally Responsive School Wellness Centers
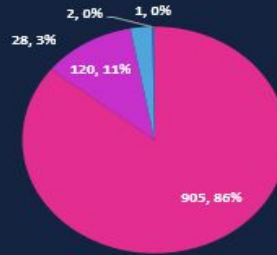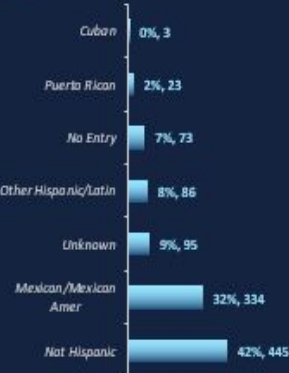- Telehealth Platforms – Virtual Backgrounds

#ALL are welcome!

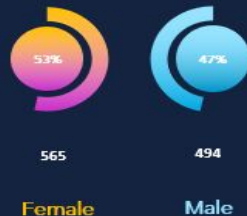# Data Dashboards – Children's System of Care Demographics
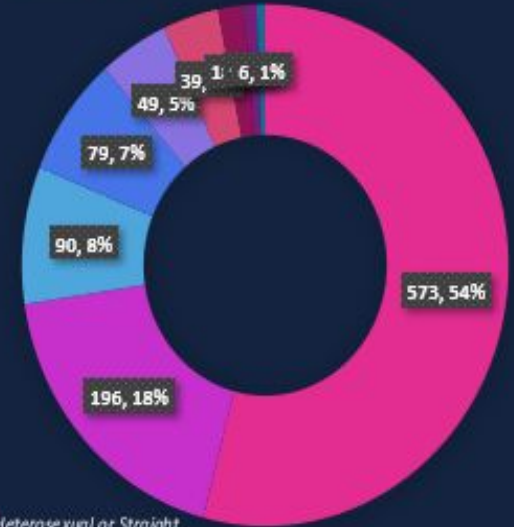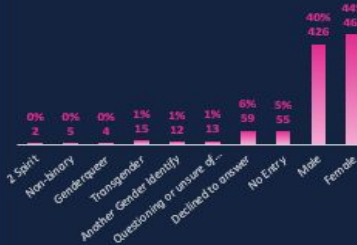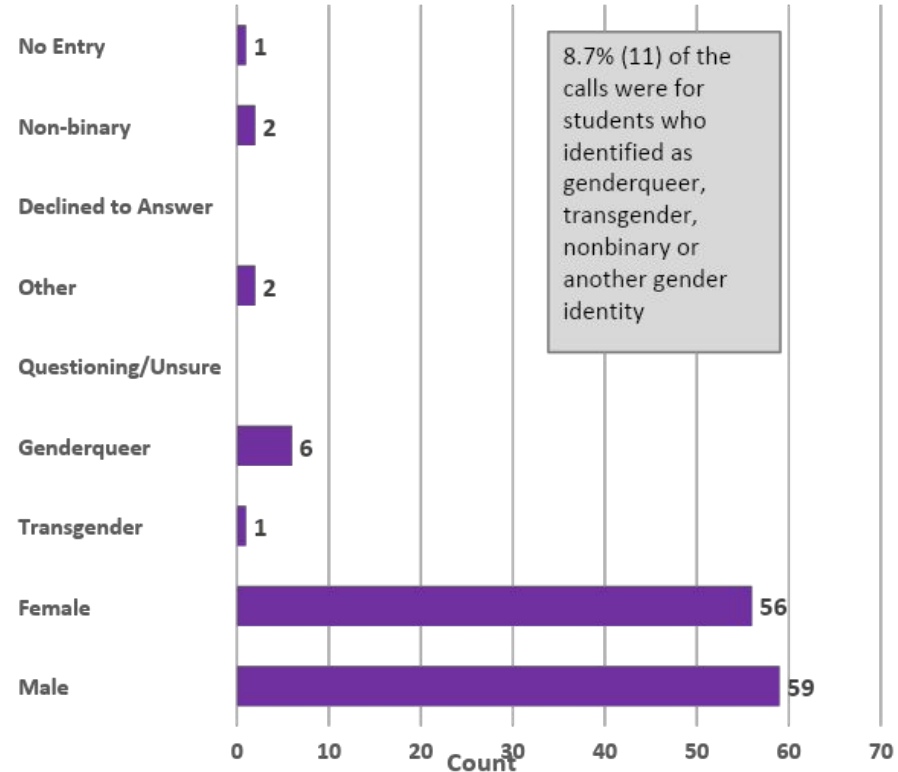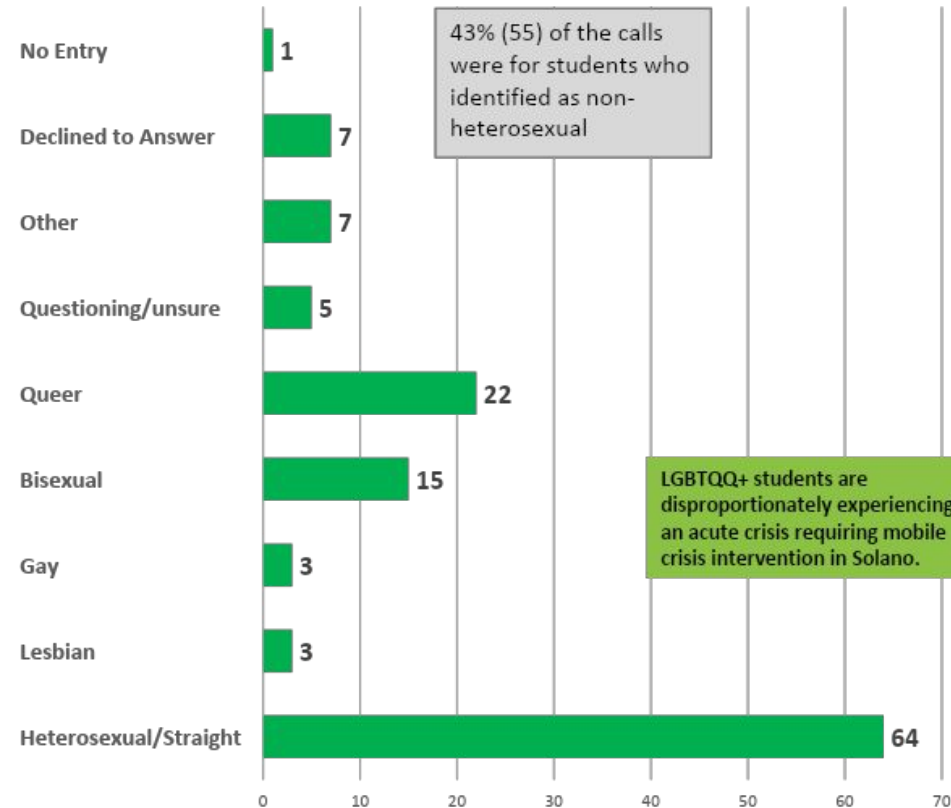
School Based Mobile Crisis Calls by Sexual Orientation & Gender Identity

EVALUATION

iPhone or iPad:

1. Open up the camera app on your iPhone or iPad
2. Hold the device's camera up to the QR code
3. No need to hit the shutter button, your iOS device will automatically recognize the QR code
4. Click the pop-up window that appears and complete the survey
5. Make sure you have mobile signal, or you're connected to Wi-Fi

Android:

For android devices you may need to have a QR code reader app installed on your phone.
You can also type the link into your browser and complete the survey.

https://bit.ly/3EsQUWC