Treatment Provider Adoption of Best Practices for Serving LGBTQ Clients

Results of the Tri-County Cultural Competency Survey

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Background

- The Tri-County Cultural Competency Survey is a project of Q Center, Portland, Oregon's LGBTQ Community Center

- Expenses funded by a grant from Regence BlueCross BlueShield of Oregon

Relevance

- Advancements in recent years in guidelines for culturally competent care for LGBTQ people

- Growing awareness about creating a welcoming environment for LGBTQ clients to improve engagement, retention, and outcomes

- Little knowledge of current status of behavioral health treatment field in relation to best practices
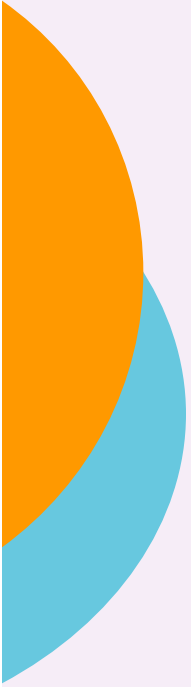
Purpose of the Survey

- To determine to what extent behavioral health agencies in Portland, Oregon are aware of or utilizing existing best practice guidelines for LGBTQ clients

  - Focus on general agency-wide practices and policies rather than specific clinical tools

  - Designed to examine which guidelines agencies have found most feasible, and any barriers to implementation

LGBTQ Cultural Competence: Why does it matter?

- Relevant to engagement and retention. LGBT clients are: *
  - more willing to attend tx programs that address gay issues;
  - less likely to comply with providers they perceive as homophobic;
  - often "pre-screen" or seek indication of gay-affirmative attitudes.
- Relevant to treatment planning. Issues can include:
  - high rates of victimization, suicide attempts, sexual risk-taking among LGBTQ adolescents;
  - internalized shame and isolation;
  - culturally-specific substance use patterns.

  * (Paul et al 1991, O'Hanlan et al 1997, Liddle 1997.)

Existing Research on Providers' LGBTQ Cultural Competence

- Existing research has focused on clinician attitudes and knowledge. Gap in knowledge of agency-level institutional practices related to LGBTQ cultural competence.

- Many studies outdated and reveal negative clinician attitudes that may not reflect current provider beliefs.

- However, a recent study (Prairielands ATTC, 2001) surveyed Iowa substance abuse counselors and found:
  - 50% reported they had no training/education related to lesbian, gay, and bisexual people, and 80% had no education regarding transgendered clients.
  - 50% had ambivalent attitudes toward LGBT clients and 25% had negative attitudes.

Why Examine Agency-Level Practices?

- Agency administration can have impact on cues client sees and hears when they walk in door.

- Administration can institutionalize welcoming procedures and clinical practices, rather than relying on individual staff.

- By setting a clear tone and creating an LGBT-friendly reputation, agency can attract and maintain LGBT-knowledgeable staff and expand LGBT client base.

Methods

- A written survey mailed to behavioral health providers in the tri-county area that encompasses Portland, Oregon, and its major suburbs.

- Sample composed of facilities licensed by the state of Oregon to provide substance abuse or mental health services. Facilities grouped by agency.

  - Agency directors asked to complete or assign a designee to complete the survey.

- Survey received the endorsement of Health or Behavioral Health Department of all 3 counties in order to encourage provider participation.

Survey Instrument

- Domains:
  - Agency Characteristics
  - Program Policies and Procedures
  - Program Practices
  - Personnel Policies and Procedures
  - Training and Education
  - Community Outreach
  - Resources
  - Barriers

- Sources of best practice recommendations:
  - Center for Substance Abuse Treatment (2001). A provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals.
  - GLBT Health Access Project and Massachusetts Department of Public Health (1999). Community standards of practice for provision of quality health care services for gay, lesbian, bisexual, and transgendered clients.

Response Rate

	Surveys Completed	Surveys Mailed	Response Rate
Treatment License Type(s)			
Addictions	14	26	54%
Mental Health	17	33	52%
Both Addictions and Mental Health	10	15	67%
Counties Served*			
Portland Metro Only	24	38	63%
Portland Metro & Suburb	10	18	56%
Suburb Only	7	18	39%
Total	**41**	**74**	**55%**

*Of the 3 study counties: Multnomah (Portland Metro), Washington and Clackamas (Suburb)

Survey Respondents

	N	Percent
Size of Agency (By Number of Staff)		
Small (1-10)	8	32
Medium (11-40)	8	32
Large (41+)	9	36
Age Group(s) Served		
Adults	16	39
Adolescents	7	17
Adults and Adolescents	18	44

Agency Characteristics

- 90% agree/strongly agree that the agency's administrative environment is supportive of LGBTQ cultural competency.

- 22% have specialized programming aimed at LGBTQ clients.

- 63% maintain a list of community resources serving the LGBTQ community.
  - 51% of these have made the list available to all clinical staff.

Program Policies and Procedures

	%
Discrimination complaint process communicated to clients	90
Harassment/discrimination policies related to <u>sexual orientation</u>	85
Harassment/discrimination policies related to <u>gender identity</u>	76
Written confidentiality policies related to sexual orientation	58
Guidelines re: client language/behavior related to LGBTQ	54
Confidentiality policies re: sexual orientation for adolescents	42
Serving LGBTQ community referenced in <u>service literature</u>	29
Serving LGBTQ community referenced in <u>mission statement</u>	22

Program Practices

	%
Family services offered to clients' same-sex domestic partners.	93
Intake paperwork use inclusive terms for family members	85
LGBTQ clinical staff currently employed at the agency.	76
Staff with specialized training/skills with LGBTQ clients	61
Intake/assessment tools give option to designate <u>sexual orientation</u>	55
Intake paperwork allow <u>gender identity</u> other than male/female	28

Program Practices cont.

	% Always/ Most of Time
Staff include domestic partners in family services when indicated.	90
Staff pair LGBTQ clients with LGBTQ clinicians when clinically indicated.	46
Posters, magazines, or brochures aimed at LGBTQ community are available in the waiting areas.	18

Personnel Policies

	%
Discrimination/harassment personnel policies related to <u>sexual orientation</u>	95
Complaint resolution process related to personnel discrimination	95
Discrimination/harassment personnel policies related to <u>gender identity</u>	74
Domestic partner benefits	63
Job openings advertised in LGBTQ publications	13
Policy for recruitment of LGBTQ staff	7

Training and Education

	%
Addressed LGBTQ issues in clinical supervision	85
Made resources available for professional development workshops	68
Provided in-service training around <u>LGB</u> issues	56
Recruited professionals to train on LGBTQ issues	37
Provided in-service training around <u>transgender</u> issues	27
Assessed LGBTQ sensitivity of staff	17

Community Outreach

	%
Distributed material indicating the agency is LGBTQ-friendly	30
Displayed materials with LGBTQ organizations/events	20
Advertised in LGBTQ-oriented publications or directories	18
Given presentations at LGBTQ-oriented events	15
Other outreach	11

Use of Resources

Agency has utilized . . .	%
APA guidelines for psychotherapy with LGB clients	33
CSAT providers' guide to substance abuse treatment for LGBT	21
Competencies for counseling GLBT clients (AGLBIC)	13
Community standards of practice for GLBT clients (Massachusetts)	5
Any of the above resources	41

Barriers

	%
Small numbers of LGBTQ clients served means a low priority	56
Lack of time/resources to make changes	46
Other barriers	15
Concern about legal liability/backlash from adolescents' families	5
Concern about deterring conservative clients from the agency	5
Agency leadership not in agreement about LGBTQ people	3
Do not foresee barriers to implementing practices	31

Interest in Changes

Agency is interested in incorporating/ expanding...	%
Staff training and education	78
Utilization of resources	77
Program practices	76
Program policies and procedures	75
Community outreach activities	61
Personnel policies and procedures	56

Significant Differences between Adolescent-Serving and Adult-Only Agencies

Adolescent agencies were:

- Less likely than adult agencies to have intake/assessment tools that give the option to designate sexual orientation (38% v 81%)**

- More likely to have recruited professionals to train on LGBTQ issues (52% v 13%)*

- More likely to be interested in expanding staff training on LGBTQ issues (91% v 60%)*

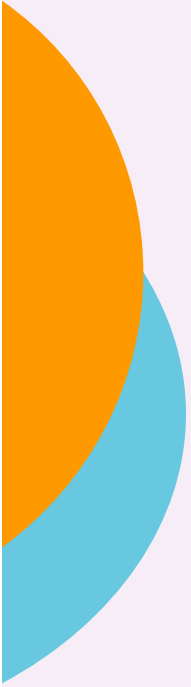- More likely to have domestic partner benefits (76% v 44%)*

*p < .05; **p < .01

Significant Differences by Agency Size*

- Small agencies were less likely than medium or large agencies to have LGBTQ clinical staff.

- Large agencies were more likely than small or medium agencies to have a policy for recruitment of LGBTQ staff.

- Small agencies were less likely than large agencies to have utilized APA guidelines for psychotherapy with LGB clients, and less likely to have used any of the listed provider guidelines.

*All significant at $p < .05$

Significant Differences by License Type (AOD, MH, Both)*

- No significant differences between MH and Both agencies.
- Differences between AOD and MH agencies:
  - AOD less likely to have written confidentiality polices regarding sexual orientation for adolescent clients
  - AOD more likely to be interested in expanding personnel policies
- Differences between AOD and Both agencies:
  - AOD less likely to have provided staff training around transgender issues, to have done community outreach, or to have utilized provider guidelines
  - AOD more likely to reference LGBTQ community in mission statement, and to be interested in expanding program policies

*All significant at $p < .05$

Key Findings

○ Most agencies have already implemented a number of recommended practices

- Most common implemented practices are discrimination/ harassment policies and complaint resolution procedures for clients and staff.

- Inclusive practices for domestic partners also widely used (e.g. intake paperwork use inclusive terms for family members, partners included in family services).

Key Findings (2 of 4)

○ Most agencies have not openly identified themselves as LGBT-friendly (e.g. implemented community outreach, displayed LGBT-friendly posters/brochures, or included LGBTQ in service literature).

○ 44% of agencies have not held staff training; 59% have not utilized LGBTQ cultural competency guidelines.

○ Agencies are more likely to have implemented policies, training, and practices related to LGB clients than to transgender clients.

Key Findings (3 of 4)

○ Most agencies are interested in implementing best practices (particularly in the area of staff training) and have administration supportive of LGBTQ cultural competency.

○ Primary reported barriers to implementation are low numbers of LGBTQ clients and lack of time/resources.

Key Findings

○ Adolescent-serving agencies are less likely to include questions about sexual orientation at assessment than adult agencies, but more likely to have provided professional trainings to staff.

○ Agencies focused on addiction treatment are less likely to have implemented a number of the practices than agencies with a mental health license.

Recommendations

- Support and advocacy for agencies to visibly identify themselves as LGBTQ-friendly. Agencies need easy access to posters, sample materials, etc.

- Expansion of trainer pool, especially with expertise in treatment for transgender clients.

- Encouragement to agencies to complete survey as self-assessment tool (diversity committees may be receptive).

- Identification of local funding sources for trainings.

- Work with ATTC network and state AOD/MH authorities in supporting dissemination and trainings (new CSAT/Prairielands ATTC curriculum).

- Advocacy and training for adolescent agencies in confidential documentation of sexual orientation.

Limitations

- Does not include agencies not licensed by the state (e.g. many private MH practitioners).

- Respondent sample may not be representative (e.g. LGBT-friendly agencies may be more likely to respond).

- Response rates highest in metro Portland and lowest in suburban counties.

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Q Center's Tri-County Cultural Competency Survey
Q Center: www.pdxqcenter.org