Insightful Partnerships:

Moving Towards Best Practices in Serving the LGBT Community in California

San Francisco, December 2007

Study conducted by:
Gil Gerald and Associates
Gil Gerald, Project Director
Roberto Coto, Technical Assistance and Training Coordinator
Niels Teunis, Research Consultant
Kenric Bailey, Technical Assistance and Training/Research Assistant

Under contract No. 07-00135 with the California Department of Alcohol and Drug Programs.

Table of Contents

Credit and Disclaimer Statements

Support for the LGBT-TRISTAR Project and this report has been provided by the State of California, Health and Human Services Agency, Department of Alcohol and Drug Programs through a contract with Gil Gerald & Associates, Inc. The opinions, findings, and conclusions herein stated are those of the authors and not necessarily those of the Sate of California, Department of Alcohol and Drug Programs.

Alternative Formats

This publication can be made available in Braille, large print, computer disk, or tape cassettes as a disability-related reasonable accommodation for an individual with a disability.

Executive Summary

Gil Gerald and Associates, Inc. conducted a needs assessment and gap analysis to prioritize technical assistance and training activities to be conducted to assist alcohol and other drug (AOD) prevention, treatment and recovery support services providers in the State of California to improve the availability, access to, and quality of AOD-related services for lesbians, gays, bisexuals and transgenders (LGBT) in California.

The needs assessment included a survey in which all fifty-seven[1] county AOD administrators and 150 randomly selected AOD prevention, treatment and recovery support service providers were asked to participate. Sixty-three responses to the survey were received, including forty-four from county AOD administrators. In addition to the survey, eight semi-structured interviews were conducted with randomly selected executives of AOD prevention and treatment providers, county AOD administrators, and with a representative of the California Department of Alcohol and Drug Programs (ADP).

The responses to the survey conveyed a high level of professionalism and interest, as well as a strong apparent willingness among respondents to deliver AOD prevention and treatment services that respond to the needs of the LGBT community. Nevertheless, this needs assessment concludes that the LGBT population in California does not receive even adequate AOD treatment, prevention and recovery support services that are culturally responsive to this diverse population. We also conclude that services are also not responsive to other needs in this population that must be addressed concurrently with AOD prevention or treatment.

Except for one county and a handful of providers, no baseline data are being systematically collected to provide the basis for a proper evaluation of services being provided to the LGBT population. The absence of baseline data prevents effective targeting of prevention as well as statewide, county and provider level strategic and program planning for capacity expansion and service enhancement in the area of AOD treatment and recovery support services for California's LGBT population. Moreover, comprehensive, individualized assessment, treatment planning and counseling services are highly dependent on the collection of this data.

The majority of respondents reported that they did not carry out any service enhancements specifically intended to benefit the LGBT population in the past thirty-six months. Furthermore, a majority does not plan to conduct service enhancements in the coming thirty-six months. There is a general lack of connection between AOD prevention, treatment and recovery support services providers on the one hand and the LGBT community on the other hand. AOD organizations that are not based in the LGBT community are as a result not up to date on community needs, cannot efficiently make use of existing community expertise, and do not as a rule follow established and emerging best practices.

[1] Two of California's fifty-eight counties have combined their efforts under one county AOD agency.

This report recommends focusing the technical assistance and training activities to be provided by LGBT-TRISTAR in the following three areas:

1. Improving data collection about sexual and gender identity, and about the sexual behavior, of clients of AOD services, and improving the use of the data to provide client-centered services and to evaluate the impact and outcome of services delivered to LGBT.

2. Establishing and strengthening linkages between AOD providers and LGBT community organizations and resources to improve planning for services, outreach and marketing, use of available technical assistance and expertise, as well as accountability to California's LGBT community.

3. Implementing, at the service delivery level, emerging best practices for the delivery of AOD prevention, treatment and recovery support services to the LGBT population.

These three recommendations respond to five categories of goals of technical assistance and training that respondents identified for their own organizations and that represent some level of demand, although the demand is from a small number of organizations. These five categories of goals are: "increase program capacity," improve existing treatment services," "increase the number and types of services," "enhance cultural competency," and "identify the agency as friendly to LGBT."

Summary of Recommendations

1. Improving data collection about sexual, and gender identity, and about the sexual behavior of clients of AOD services, and improving the use of the data to provide client centered services and evaluate the outcome of services for LGBT

2. Establishing and strengthening linkages between AOD providers and LGBT community organizations and resources to improve planning for services, outreach and marketing, use of available technical assistance and expertise, as well as accountability to California's LGBT community

3. Implementing, at the service delivery level, emerging best practices for the delivery of AOD prevention, treatment and recovery support services to the LGBT population

Goals of Technical Assistance and Training as Stated by Respondents	Implementation Providing Technical Assistance and Training that:	Outcomes
➢ "Increase program capacity" ➢ "Improve existing treatment services" ➢ "Increase the number and types of services"	➢ Assists providers in effectively obtaining client-level sexual behavior, gender identity and sexual identity and employing this information as part of comprehensive assessment, treatment planning, and counseling services. ➢ Assists counties and providers in effectively collecting and utilizing client-level and community/county level data to evaluate service outcomes and service need. ➢ Assists providers in involving LGBT community members in program planning and service delivery. ➢ Increases county and provider capacity for obtaining resources for service capacity expansion and service enhancement. ➢ Increases provider use of promising or best practices.	➢ Comprehensive assessment, treatment planning and services that incorporate sexual health issues, and address mental health, social support, physical health and other needs that are specific to LGBT. ➢ Improved and increased data and resources for strategic and program planning for service delivery to the LGBT population in California's communities. ➢ Improved prioritization of services based on valid data. ➢ Increased availability of, and accessibility to services that employ established and promising best practices as well as demonstrated models of prevention and treatment.
➢ "Enhance cultural competency" ➢ "Identify agency as friendly to LGBT"	➢ Develops strategic partnerships between AOD providers and local and regional LGBT organizations. ➢ Includes a mix of online resources and other technical assistance and training strategies that increase knowledge about the LGBT community, especially about Transgender identities. ➢ Develops provider ability to market services to the LGBT community. ➢ Increase LGBT community involvement in provider-level governance, community advisory boards, and community planning for AOD services, including implementation sites of SAMHSA's Strategic Prevention Framework.	➢ Increased awareness in the LGBT community about available prevention and treatment services that are culturally responsive to LGBT. ➢ Increased and improved partnerships involving the LGBT community, county agencies and providers. ➢ Increased collaboration between AOD providers and LGBT community resources in professional, peer-to-peer, sharing and dissemination knowledge about the LGBT community and about emerging or demonstrated service models and best practices. ➢ Increased knowledge about the local LGBT community.

Introduction

This report presents the conclusions of a needs assessment and gap analysis conducted by Gil Gerald and Associates, Inc, a consulting firm contracted by the California Department of Alcohol and Drug Programs (ADP) to provide technical assistance and training to improve alcohol and other drug (AOD) prevention and treatment services for lesbians, gays, bisexuals and transgenders (LGBT) in California.

The question that the study leading to this report sought to answer is: what are the technical assistance and training needs and gaps in these services that can be addressed with the resources of the current contract to improve the availability, access to, and quality of AOD-related services for LGBT in California? To answer this question, this report includes, to the extent possible, an assessment of the current state of these services. Given the scope of the investigation, the statements made here can never be generalized beyond the sample collected in this study.

The needs assessment found a considerable openness among respondents to increasing their understanding about the needs of the LGBT population and a clear willingness to seriously consider how this population can effectively be targeted and provided with quality AOD prevention, treatment and recovery support services. Besides a demonstrated high level of professionalism, there are several specific factors that may explain this encouraging attitude regarding the needs of LGBT.

First of all, LGBT people serve openly in many if not most of the agencies that were surveyed or interviewed, including ADP. The presence of LGBT staff that is open about their own sexual and gender identities contributes to increasing awareness of and sensitivity to the needs of LGBT people. For instance, non-LGBT staff of surveyed AOD providers has clearly derived some benefit from either training or the visible presence of colleagues who are LGBT in terms of their use of language, and respondents reported no complaints or problems regarding insensitive language as a result. At the same time, most agencies recognize the need for continual training to increase appropriate and non-offensive language use. This need is particularly continual due to staff turnover, and a clear need to improve knowledge about transgenders.

It is clear from the data we captured that most agencies in our sample are in the dark as to the meaning of, and what is encompassed by the term “transgender,” and staff is equally in the dark about language and terminology that relates to this population. The strong presence of LGBT staff in these agencies is to some extend the result of purposeful hiring. Fifty-seven percent of the agencies hired openly LGBT personnel; 65.6% report having given training to their staff to ensure cultural competency; and, 82% of agencies have provided some training in the use of non-judgmental language.

At the same time, agencies rely perhaps overly on their general professional attitude, a perception of being open and accepting of LGBT people, and the presence of LGBT staff to address most of the issues their LGBT clients face. One problem with relying on

the LGBT staff is that a few personnel cannot possible respond to the diversity and diverse needs that are evident in the LGBT community, and being LGBT does not necessarily equate with being competent in providing culturally responsive services to all members of the LGBT community. For instance, having LGBT personnel doesn't necessarily address the issues of men who have sex with men (MSM) but don't identify as gay. We were not able to assess the racial and ethnic diversity among LGBT staff, but did recognize that very few of the agencies consider the LGBT population to be diverse. None of the respondents to our survey indicated that this diversity might be a concern.

Additionally, we suspect that the presence of LGBT staff leads to the practice of referring LGBT clients to this particular staff and overly relying on this group or individual. The survey contains no data about this, but the qualitative interviews we conducted suggested as much.

In this needs assessment we make references to two previously published reports. In 2001 the Substance Abuse and Mental Health Services Administration (SAMHSA) published *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*.[2] This publication is extensive and makes substantive recommendations for the improvement of AOD treatment services for LGBT. We have to acknowledge that most of these recommendations are as valid and to the point today as they were at the time of their publication.

The second publication is the report written by the ADP Lesbian, Gay, Bisexual, and Transgender Constituent Committee titled *Invisible Californians: Lesbian, Gay, Bisexual, Transgender Substance Abuse Clients and Their access to prevention, treatment, and recovery support services in the State*.[3] This report made recommendations specifically to the Department of Alcohol and Drug Programs, most of which still need to be implemented.

Following the section describing the methodology for conducting the needs assessment, the report provides an overview of the main findings of the needs assessment and concludes with a series of recommendations about the focus and intended outcomes of the technical assistance and training that Gil Gerald and Associates plans to provide with $197,329 in annual funding under contract to ADP.

---

[2] Substance Abuse and Mental Health Services Administration, A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2001, www.samhsa.gov

[3] California Department of Alcohol and Drug Programs, Lesbian, Gay, Bisexual and Transgender Constituent Committee, Invisible Californians: Lesbian, Gay, Bisexual, Transgender Substance Abuse Clients and Their access to prevention, treatment, and recovery support services in the State, A Report to the Director, CA Department of Alcohol and Drug Programs, May 2004, www.lgbt-tristar.com

Methods

Survey

A letter soliciting their participation in the survey for the needs assessment was sent to the county AOD administrators for each of the state's 58 counties, of which two share a common AOD administrator. The letter of solicitation provided the website (URL) address for accessing and completing the survey online, via the LGBT-TRISTAR website, www.lgbt-tristar.com. LGBT-TRISTAR is the service division of Gil Gerald & Associates, Inc. that will provide the technical assistance and training services.

A similar letter was sent to a randomized pool of 150 AOD providers, selected from ADP's *Treatment Works* database. A slightly modified survey instrument targeting LGBT community centers was sent to twenty-six LGBT community centers in the state. This whole pool of participants, in all of the above listed categories, was instructed to complete the survey by no later than three weeks from the date on the letter they received through the mail.

The survey was prepared using the Survey Monkey™ web-based tool. The survey's independently variable questions were composed by the LGBT TRISTAR Project Team at Gil Gerald and Associates and Niels Teunis, a consultant to the project, and then tested by a short list of individuals representing the targeted respondents, and by select members of the LGBT Constituency Committee. A link to the survey was placed on the website developed for the project, lgbt-tristar.com, and potential respondents were directed to take the survey by going to this site.

To promote as high a response as possible, potential respondents were sent three postcard reminders and also received reminder calls by telephone. In the cases where an email address was known, they also received a reminder by email. In addition, Gil Gerald & Associates, Inc. was successful in efforts to have the initial letter of solicitation co-signed by the President of California Association of Alcohol and Drug Program Executives (CAADPE), the Executive Director of the County Alcohol and Drug Program Administrators Association of California (CAADPAC), and the Chair of the LGBT Constituency Committee.

Several obstacles were overcome leading to the results obtained. Some of the obstacles included incorrect or lapsed mail addresses in the ADP database, personnel changes, and slow mail handling. In general, the survey was welcomed, but some it saw as an inconvenience because of the "number of surveys they regularly receive." In the end, we received sixty-three responses to the survey, including forty-four respondents who were county AOD administrators. It should be noted that in many California counties, county AOD agencies are the providers of the services.

Once the survey was closed, then the data was reviewed and analyzed. The review process entailed filtering the data to test its validity. The study protocol was designed to control as many extraneous factors as possible so that any potential cause-and-effect

relationship between two objects could be judged accurately. The data presented in this document are derived from three controls placed in the survey: 1) County (AOD) Government Agency; 2) AOD related service provider based in the LGBT community; and 3) AOD related service provider, not based in the LGBT community.

Qualitative semi-structured interviews

An examiner (Gil Gerald, President of Gil Gerald & Associates, and LGBT-TRISTAR's Project Director) conducted eight semi-structured interviews via telephone. The interviewees were randomly selected from among participants who had completed the survey and also included two members of the LGBT Constituency Committee. The contact information for interviewees who were not members of the LGBT Constituency Committee was gathered via a web based data collection page. Upon completing the survey, participants volunteered their contact information for purposes of follow-up. The survey was anonymous and not linked to the contact information.

The examiner interviewed participants individually through phone calls to their office, in a single session lasting twenty minutes on average. The examiner explained to each participant that he or she would be asked questions about topics already covered in the survey and that more probing questions would be asked so that more in-depth information could be obtained. These sessions were recorded following in informed consent process. These recordings will be destroyed upon acceptance of this report by ADP.

Findings

There is Inadequate Collection and Use of LGBT-Relevant Data

Despite stated and evident professional interest in issues related to providing AOD services to the LGBT community, we did find considerable shortcoming in the agencies' operations. These shortcomings hinder LGBT access to and the quality and effectiveness of AOD services provided to the LGBT population in California.

One of the greatest obstacles to even adequate prevention, treatment and recovery support services is the lack of data gathering about sexual behavior and gender and sexual identity. Only 19% of the agencies surveyed collect systematic data that identify and document LGBT people who seek or receive the services these agencies fund or provide. It is therefore not entirely clear what 44% of the agencies mean when they reported that they target prevention services to the LGBT community. Additionally in our qualitative interviews, we have had no further indication that LGBT people were included in the prevention efforts that are aimed at the general population.

We also note that in the ADP *Treatment Works* data base a large number of organizations indicate that they provide special services to LGBT. Even though we understand the sense of inclusion, or the wish, these agencies may express about serving LGBT, our data point out that only a small minority actually conducts specific,

targeted prevention services towards the LGBT community. Only 24% conduct outreach or marketing targeting the LGBT community and a mere twenty agencies reported that they evaluated the need for services targeting the LGBT community.

SAMHSA's *Provider's Introduction* is clear about the need for systematic data gathering and evaluation regarding LGBT clients. "The ability to elicit baseline demographic data about their LGBT client population is an important measure of competency for LGBT care providers. Many, if not most, staff members will need formal training on how to ask the necessary questions" (2001: 141). Without baseline data, there simply exists no ground on which to claim any level of success in serving the LGBT population. This baseline does not exist today.

Cal-OMS

One of the reasons for the lack of data gathering by the agencies is California's data reporting system, Cal-OMS, which does not require data to be gathered about sexual behavior, or transgender or sexual identity. Data about race and ethnicity are a feature in the data set as are HIV status and information about sexually transmitted diseases (STD). Agencies report having a lack of personnel to respond to data collection requirements, and that recent budget cuts have exacerbated the situation. One county AOD agency reported having lost $2 million in recent years alone for AOD services. Reporting data is often described as a burden to providers of AOD services and some express frustration with the lack of return they receive after complying with reporting requirements. It is therefore understandable that most agencies don't gather additional data beyond the effort required by state and federal agencies.

There is no data gathering about the sexual history that might lead or may have led to acquiring STDs or HIV, nor an assessment of sexual risk. Of all the counties in California only San Francisco (for at least five years) and Los Angeles (since October 1, 2007) have data reporting mechanisms to capture client, provider, and county-level data about LGBT-relevant gender, sexual orientation, and sexual behavior. It should be noted that fact-checking with the San Francisco Department of Health indicated that the availability of these data elements for reporting did not mean that providers were asking the questions and completing the available fields for reporting this data. This is important from the standpoint of technical assistance and training that must be made available since Cal-OMS is being revised and the revised reporting may include collection of LGBT-relevant data. The date for the completion of revisions to Cal-OMS is unknown.

Cal-OMS collects data about gender by asking providers to check one of three variables: male, female, or other. The inclusion of 'other' is an important improvement over practices that only allow 'male' or 'female' as answers. Yet, as we indicated before, the category 'other' does not begin to capture the diversity in gender expressions that could be included under the "transgender" category of clients.

Given the limited amount of information about services to LGBT clients, it is perhaps no surprise that most agencies (60.7%) in the sample indicated that they target their

services to the general population. Those targeting special populations focus mainly on adolescents (80%), young adults (70%) and adult populations (70%). Twenty-five percent of the agencies report that they serve the LGBT community, even though only 15% of all the agencies report collecting systematic data about LGBT clients.

There is a Lack of Progress in Making Service Enhancements for LGBT

We tried to ascertain whether agencies conducted any service enhancements in the last thirty-six months intended to benefit LGBT. The period of thirty-six months spans the time between this assessment and the release of the report *Invisible Californians*. In the earlier report the following two recommendations were formulated, among several others:

- That CA ADP work with other State agencies (e.g., Office of AIDS) to increase awareness of the link between substance abuse and HIV/AIDS and the heightened risks for HIV/AIDS faced by California's LGBT populations; to collaborate on efforts to prevent HIV/AIDS among LGBT Californians;

- That CA ADP acknowledge, reference, and include LGBTs in addressing co-occurring substance abuse and mental health problems, and the relationships between ATOD problems and other health and social problems known to affect LGBT people, such as crime and violence, domestic violence, rape and sexual assault, hate crimes, etc.

These recommendations address some of the specific needs of LGBT. This set of recommendations followed the dissemination of conclusions contained in the SAMHSA *Providers' Introduction* pointing to the fact that "studies indicate that, when compared with the general population, LGBT people are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from use, and are more likely to continue heavy drinking into later life" (2001: xiii).

Two thirds of the agencies in the sample did not conduct any service enhancement targeting the LGBT population in the last three years. The reason that most of these agencies give is that there is no identified need for service enhancements in their community (58.5%). The existence of other priorities was reported by 39% of these agencies. In addition to competing priorities financial obstacles are clearly identified by respondents as another major problem.

Financial obstacles were encountered by all organizations. Lack of resources, budget cuts and staff shortages ranked high among the problems the agencies face in enhancing service for the LGBT population (34.1%). However, higher was the number of agencies who explained that they did not implement service enhancements because they did not perceive the need (58.5%).

When service enhancements were carried out, these agencies did so in 80% of the cases without technical assistance. Almost half of these organizations were not aware of available technical assistance. Most of those that did obtain technical assistance acquired this from community organizations with expertise in LGBT issues. The context for this may be the limited amount of technical assistance and training resources available to address these needs in a large and populous state such as California.

Given the reliance on use of community organizations, it is important to note that not all those who have expertise in LGBT issues have expertise in AOD prevention, treatment, and recovery support services. This leaves it up the AOD agency to combine information about the LGBT population with their own professional experience and expertise. The strongest and perhaps most beneficial collaboration we observed took place in San Diego. Stepping Stone (not a participant in this assessment) is an alcohol and drug treatment organization that targets the LGBT community. They have made their expertise readily available to other service providers in the county.

In terms of the near future, 69% of the agencies have no plans to carry out any service enhancements for LGBT in the coming thirty-six months. Of those who do plan to carry out such enhancements, 65% face significant financial obstacles and 48% report that the existence of other priorities is an obstacle.

Transgenders are Especially Invisible

It is fair to say that most service providers are in the dark with regard to the growing transgender population in the state. This is no surprise given their marginalized status, even within LGBT social circles or concentrations. However, we see an urgent need; all organizations but one expressed having insufficient information to even speak respectfully with transgenders who seek their services.

Services Targeted to LGBT or Designed to Meet LGBT-Specific Needs are Lacking

The majority of agencies (60.7%) reported serving the general population rather than specific targeted groups. As we noted before, within these agencies, there exists considerable recognition of the need to inclusively serve the LGBT population. Most agencies report that their cultural competency training allows them to serve the LGBT population adequately as part of the general population. However, it should be noted that there are targeted groups being served in the state and in many cases the targeting is driven by external factors. Available federal funding and state mandates (e.g., Proposition 36) drive the choices for specialized services. The following are the groups most often singled out:

- Pregnant and perinatal women
- HIV/AIDS diagnosed individuals
- Dually diagnosed individuals
- Criminal justice involved individuals.

The majority of agencies report that they serve LGBT people in their community. However, only 8% of the agencies surveyed provide treatment specifically targeting gay men using methamphetamine. Given the overwhelming nature of the methamphetamine problem among young gay men in California, this result alone serves as a strong indicator that the special needs of this population are unknown and inadequately met.

The treatment practices that may work for some groups in the general population will not address significant risk factors in the LGBT population. “Providers of substance abuse treatment for LGBT clients should, as with any client, screen for other health problems—for possible co-occurring mental health disorders, poor nutrition, poor dental care, liver disease, STDs, HIV/AIDS, and sexual abuse” (*Providers’ Introduction*: xxi). In particular the mechanisms for assessing clients at intake for cofactors related to sexual identity and sexual behavior are absent from most agencies we surveyed.

We did not ask specifically about sexual health counseling except in the instances where agencies indicated that they target gay men who use methamphetamine. Given statements in the qualitative interviews, lack of systematic documentation of sexual orientation and identity, and the silence on the part of the agencies on this topic in the survey, we conclude, that sexual health counseling is not a standard part of treatment and prevention services provided to LGBT. As one of our respondents explained, treatment provided to people at risk of HIV that does not include sexual health counseling is worse than inadequate; “So they are calling it treatment, somebody is being reimbursed for treatment and in fact they are going backwards”—the client is being harmed! Such a practice increases the risk for HIV infection or transmission because it reinforces the shame and secrecy that is already harming the person.

Structural and Cultural Obstacles are Preventing Access to and Enhancement of Services

There are several structural obstacles that inhibit agencies from implementing service enhancements for LGBT. Several rural counties report that they have a small LGBT community, suggesting that there is not a large enough demand to develop specialized services. Furthermore, according to their reports, the social climate is less than fully accepting of LGBT. In one case, an agency stated that the conservative ethics of a funder created an obstacle to targeting services to LGBT. Of course, a negative social climate has been found to negatively influence alcohol and other drugs use among LGBT. The State could decide to make an extra effort in exactly these locations for these very reasons.

As stated earlier, agencies also indicate that the financial constraints the AOD agencies face are an inhibiting factor. These constraints are considerable and the need for AOD services is likely to outweigh capacity in the near future. How scarce resources can best be allocated should be decided on the basis of available data, which, as we noted before, are lacking with respect to the LGBT population.

There is a Need to Build Community Relations with Respect to LGBT

Many agencies report they are having difficulty establishing strong relationships with the LGBT community, and we have found that only a minority have LGBT, who are open about who they are, involved in agency governance, advisory groups or community planning efforts. LGBT participation in boards of directors is particularly low, and only 9% of agencies in the sample have LGBT people on their board of directors. LGBT serve on advisory boards of 27% of the agencies and 43% indicate they have task forces and community planning groups on which LGBT people serve. Moreover, more than three-quarters of respondents (75.8%) do not fund or conduct outreach and marketing specifically targeting LGBT.

There is a Lack of Knowledge of Available TA

Most organizations were not aware of the availability of technical assistance, yet more than half, 52% said they would need technical assistance to carry out service enhancements that would benefit LGBT. Lack of knowledge about available technical assistance was evident even among established AOD service providers to LGBT in large urban centers. The marketing of technical assistance and training services to AOD agencies in California is clearly a need.

LGBT Centers in California do not Fill the Need

The report *Invisible Californians* reported that many agencies assume that the growing number of LGBT community centers provide adequate and culturally specific AOD services. There are now twenty-eight such centers in California according to listing information available from the National Association of Lesbian, Gay, Bisexual, and Transgender Community Centers (NALGBTCC). *Invisible Californians* reported that these centers do not provide these services to any significant extent and that health care providers and prevention agencies cannot rely on these centers to serve the LGBT community. Our survey clearly confirms this finding and again we note that in three years no improvement can be reported. Of the ten LGBT centers we surveyed only four reported having AOD services. These consisted mainly of Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) self-help groups, which meet on the premises of these centers.

Recommendations

The need for improvement in AOD services to the LGBT population is urgent. The report *Invisible Californians* already signaled this urgency three years ago. Since then, a majority of sampled counties and agencies have not carried out any service enhancement nor are they planning to do so. Regardless of the reasons, we are convinced that the LGBT population in California does not receive adequate and culturally responsive AOD treatment and recovery support services, nor are prevention efforts sufficiently and specifically targeting this population. Moreover, services cannot possibly address the comprehensive treatment needs of clients from this population

given the lack of inquiry and collection of information that is vital in assessment and treatment planning, as well as in planning and evaluating services for this community.

The service enhancements that a minority of agencies report having planned for the coming thirty-six months provide a basis for ascertaining the kind of technical assistance and training for which there is some demand and from which some benefit can be derived given the limited resources available for technical assistance and training. Agencies that indicated they will require technical assistance indicated they would expect assistance in the form of training (83.3%), consultation (83.3%), facilitation (58.3%), and product development (50%). These forms of assistance, according to respondents, could address their goals for:

- Expanding program capacity
- Improving existing treatment services
- Increasing the number of services
- Enhancing cultural competence
- Identifying their agency as LGBT friendly.

To further these goals identified by respondents, this report recommends the following goals for technical assistance and training:

- Improving data collection about sexual, and gender identity, and about the sexual behavior of clients of AOD services, and improving the use of the data to provide client centered services and evaluate the outcome of services for LGBT

- Establishing and strengthening linkages between AOD providers and LGBT community organizations and resources to improve planning for services, outreach and marketing, use of available technical assistance and expertise, as well as accountability to California's LGBT community

- Implementing, at the service delivery level, emerging best practices for the delivery of AOD prevention, treatment and recovery support services to the LGBT population.

Discussion of Recommended Goals for Technical Assistance and Training

> *Improving data collection about sexual, and gender identity, and about the sexual behavior of clients of AOD services, and improving the use of the data to provide client-centered services and evaluate the impact and outcome of services delivered to LGBT*

This report, and also *Invisible Californians,* notes the lack of available data about the sexual identity, gender identity and sexual behaviors of those who seek treatment. The first order of business is therefore to increase the knowledge base among providers in

California about their clients. This should precede strategic decision-making about service expansion and enhancements. Likewise, there is no basis for evaluation of the efficacy of services delivered to the LGBT population since base line data do not exist.

Improved data collection will result in greater insights about the diversity and resulting needs of the LGBT population in California, and equally significant, it will improve the provider's ability to tailor prevention, treatment and recovery support services to the needs of the individuals being served. Most of the population served by the agencies in the sample is adult. The literature about LGBT people and drug use strongly suggests that adolescents and young adults are also a vulnerable group for whom coming out to a stranger is more challenging. This is particularly true when the stranger has not communicated any understanding about LGBT. Adults in the LGBT population who are elderly or aging are also emerging as a group with specialized needs.

Few of the organizations specify that they take into account racial and ethnic diversity among LBGT. Only two of the agencies we interviewed had specific plans to target Latino MSM. Other racial and ethnic minorities within the LGBT community do not appear to have been recognized as an important group to be targeted for prevention, treatment and recovery support services. It will be important to incorporate and stress information about diversity within the LGBT population in all technical assistance and training efforts.

> *Establishing and strengthening linkages between AOD providers and LGBT community organizations and resources to improve planning for services, outreach and marketing, use of available technical assistance and expertise, as well as accountability to California's LGBT community*

Several organizations have strong experience in delivering services to the LGBT community. These organizations have no established network for exchange of information and experiences. Furthermore, the experience of these organizations that cannot by themselves fill the need for services, is under utilized by other service providers. Bringing service providers in contact with the organizations, without imposing undue burden, will result in a spread of knowledge and experience across the state. In the critical area of prevention, technical assistance and training should aim to improve communication and linkages between AOD agencies and the LGBT community, including resources such as established community centers. Co-development of prevention messages will not only result in better prevention outcomes, but also in improved relations with the LGBT community and greater knowledge within the LGBT community about available services.

> *Implementing, at the service delivery level, emerging best practices for the delivery of AOD prevention, treatment and recovery support services to the LGBT population*

We recognize that much work has already been done and much remains to be done to establish best practices in prevention, treatment and recovery support services for the

LGBT population. The already cited SAMHSA's *Provider's Introduction* is one example. Establishing functioning communication networks and facilitating linkages between providers and researchers in academic settings, as well as between experienced providers and less experienced providers, and among peer groups of providers focusing on developing services to LGBT will help disseminate emerging best practices and models.

For some LGBT sub-populations, best practices have hardly been developed. This is especially true for the transgender population, but not exclusively. California has large immigrant populations, and the state's racial and ethnic diversity is reflected in the LGBT population. These population characteristics factor into how services must be delivered. The area of sexual health counseling requires considerable development. It is unlikely that AOD providers can all develop their capacity to conduct sexual health counseling without technical assistance and training.

Appendices