



UCSF Alliance Health Project Program Progress Report Implementing and Sustaining Cultural and Linguistic Appropriate Services

The staff, volunteers and Community Advisory Board of the UCSF Alliance Health Project have a 32-year history of commitment to the values of cultural and linguistic competency. We believe that embracing individual difference is a cornerstone of providing professional mental health and substance use disorder care and as such, we hold as a core value that each client brings his or her own “culture” to the behavioral health encounter. To that end, we are dedicated to providing services that are as sensitive to the linguistic, racial, ethnic, gender and sexual minority needs of our clients as possible.

Part of the genesis of AHP arose from the need to provide HIV prevention and mental health services to gay and bisexual men and intravenous drug users—the two groups most commonly infected with HIV—both of which have historically suffered from societal discrimination and stigma. For these reasons, AHP has always been committed to services that are culturally competent, client centered and community based.

AHP utilizes the federal Culturally and Linguistically Appropriate Services (CLAS) standards as guidelines to promote cultural competency within our agency and in our direct client services.

We continue to use staff openings at every level as an opportunity to recruit staff/volunteers who reflect the diverse clients with whom we work in race, ethnicity, gender identity, age, recovery history and sexual orientation. We offer interventions, including psychological testing and psychotherapy, in English and Spanish, and can accommodate other languages through the use of interpreters.

When job openings occur, specific outreach is made to recruit diverse staff. As staff are retained, efforts to promote diverse staff into leadership are identified as one of a range of issues to consider when promoting from within.

AHP provides clinical staff with at least three culturally oriented trainings each year. In 2016/17 those trainings included the topics listed on page 2 of this report.

In the past year, an AHP clinical supervisor began leading a monthly Cultural Humility Consultation group to provide clinical staff with the opportunity to consult with each other about how to navigate issues of difference across numerous (e.g., gender, race, ethnicity, class, sexual orientation, etc.) intersecting levels with clients.

This consultation group creates a space for AHP staff to talk about the challenges and rewards they are experiencing as part of understanding clients from a stance of cultural humility. Cultural humility is an attitude that implies it is the client who must teach the clinician about the client’s culture and the clinician can learn only by listening. Three important features of cultural humility are:

- A) ongoing self-evaluation and self-critique regarding cultural issues, such as, race, ethnicity, socioeconomic class, HIV status, recovery history, gender identity, sexual orientation and religion;
- B) the awareness of power imbalances between clients and clinicians and how they can impact the quality and effectiveness of care; and

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C) developing partnerships with other community agencies that support the health and wellness of our clients.

Through Community Advisory Board members, Client Satisfaction Surveys, and ongoing community outreach and engagement, AHP strives to provide services that respond to the cultural and linguistic diversity of the LGBTQ and HIV-affected communities.

Other ways that AHP welcomes community input is through surveys and focus groups. Most recently, between March and November 2016, AHP gathered information to assess the mental health needs of the LGBTQ community in San Francisco. Surveys were gathered online via social media, at the AHP Services Center, and through AHP's mobile HIV testing service.

Survey results indicate there is a high need for mental health support in the LGBTQ community, particularly around anxiety (55%) and depression (54%). Respondents reported loneliness (36%) and aging (50%) as concerns.

Money and finances appear to be among the biggest challenges respondents face when accessing mental health support. Although this answer was not pre-populated in the survey, nearly 60% of the write in responses were about cost. AHP would like to do further research to understand the kinds of insurance respondents have and how our service eligibility requirements could adapt. Time and lack of evening hours were also concerns for respondents.

In October 2016, 14 people completed AHP's Volunteer Support Group Facilitator training. Since then two trainees have been placed with support groups and the other 12 are awaiting support group assignments. With additional funding, AHP could offer more support groups focused to address specific needs of lesbian, bisexual, and transgender folks.

2016/17 Culturally Oriented Staff Trainings at AHP

Language Matters: Changing the Way We Think About Mental Health Challenges by Changing the Way We Speak presented by Stephen K. Marks, PhD, and Terri Byrne, Mental Health Association of San Francisco

PrEP Use Among Young Black MSM presented by Greg Rebchook, PhD, UCSF Center for AIDS Prevention Studies

Unearthing, Understanding, and Challenging Racism and its Impacts a workshop presented by Natalie Thoreson of inVision Consulting

LGBTQ Veterans & Mental Health Service presented by David Jull-Patterson, PhD, Clinical Professor UCSF School of Medicine

Overdose Prevention and Response presented by Eliza Wheeler, DOPE Project Manager, Harm Reduction Coalition

Exploring Intersections of Privilege, Discrimination, and Ally-ship presented by Nancy Arvold, PhD, MFT.