2019–2020

LGBTQ+ COMMUNITY ENGAGEMENT PROJECT

Your Way Home Montgomery County

Introduction

As part of [Healthspark Foundation's Innovation Lab](#), Your Way Home Montgomery County launched a qualitative research project to better understand and bring awareness to the unique needs of LGBTQ individuals experiencing poverty in Montgomery County and accessing Montgomery County Department of Health and Human Services. An LGBTQ Action Team was formed in February 2019 consisting of the following partners:

- The Montgomery County Office of Housing & Community Development/Your Way Home
- The Montgomery County LGBT Business Council
- Laurel House
- Abramson Senior Care
- The Montgomery County Office of Public Health
- The Montgomery County Office of Community Connections
- The Montgomery County Office of Children & Youth
- The Montgomery County Office of Senior Services
- Valley Youth House
- Two Spirit Society
- Family Services of Montgomery County
- Housing Equality Center
- Main Line HealthCare
- Senior Adult Activities Center of Montgomery County

The mission of this initiative is to better understand the unmet health and human service needs of the LGBTQ population in Montgomery County by gathering qualitative feedback directly from people who identify as part of the LGBTQ+ community. The result of the pilot is to identify and recommend tangible ways in which the safety net can be more inclusive and culturally competent to members of the LGBTQ community. Major findings and recommendations from the project are outlined herein.

Methodology

The LGBTQ Action Team met monthly from February to December 2019 to provide overall strategic guidance and input on the project. The Action Team recommended specific ways in which to better engage people, build trust in the community, and ways to make the project more visible and more accessible to people in the community. The Action Team consisted of representatives from numerous disciplines, including direct providers, Health & Human Service county employees, and people with lived expertise, who all offered diverse perspectives and collectively interpreted the results of the interviews to develop final recommendations.

The LGBTQ community outreach and face-to-face interviews were conducted by two Community Advocates, hired specifically for this project. Interviewees were screened through an initial survey, advertised via a flyer designed by the LGBTQ Action Team (Appendix A). The

flyer was posted by the Community Advocates in Montgomery County coffee shops, social service centers, libraries, and via social media. Full survey results are shown in Appendix B.

- Forty-one individuals responded to the online survey.
- Thirty-seven respondents (90%) identified as members of the LGBTQ Community.
- The majority of respondents (25 respondents) contacted or accessed services from Public or Mental Health Services.
  - Other services respondents accessed or received include Housing and Basic Needs (6), Adult & Senior Services (6), Community Connections (6), Children & Family Services (5), Teens & Young Adult Services (4), and Intellectual Disabilities & Autism Services (3).
  - No respondents contacted or accessed Veterans Services, and 4 respondents preferred not to respond to this question.
- When asked to rate their satisfaction of services in Montgomery County, the majority were "somewhat satisfied" (41%) by the Quality of Services provided and "somewhat satisfied" (36%) with Courteousness of Staff
- Thirty-six respondents left their name, preferred pronouns, phone number or email where they can be reached in order to participate in a face-to-face interview with a Community Advocate.

When survey participants agreed to be contacted, a Community Advocate reached out within one business week to arrange a safe time and place for a face-to-face interview. The interview consisted of a set questions that were constructed collectively by the LGBTQ Action Team (Appendix C). Of the thirty-six survey respondents who agreed to participate in an interview, twenty-seven people completed the interview process. In addition, one focus group (consisting of two participants) was held. Of note, one survey participant who initially agreed to meet for a face-to-face interview cancelled day-of, citing that she was "having a bad feeling as though I am being set up" and did not feel comfortable participating. Throughout initial phone engagement with the Community Advocate, she brought up how people in the LGBTQ community have been misled and faced consequences before.

During interviews, information was collected about each person's own unique experience from being part of the LGBTQ community. To the maximum extent possible, the Community Advocates attempted to engage and interview a wide range of demographics and intersectionality of identities within the LGBTQ community. Each interviewee was given the option to respond to an inclusive list of demographic questions on age, relationship status, race, ethnicity, gender, and sexual orientation (Appendix D).

- The two largest age groups interviewed were 25-30 (6 interviewees) and 51-60 (7 interviewees).
- The large majority of interviewees (21) listed their relationship status as "single."
- The majority of interviewees (21) listed "White" as their race and "Non-Hispanic" (17) as their Ethnicity.

- Many interviewees chose multiple gender identities and sexual orientations on the demographic form, highlighting the importance of form inclusiveness that is not always offered in social services.

Interview questions centered on barriers faced, comfort felt while accessing services, services that are missing, how to make services more welcoming, and the inclusiveness of services that were being utilized. People were given space to discuss their experiences as well as recommendations for change. In exchange for their time and willingness to be vulnerable by sharing their experience they received a $25 gift card incentive.

Major Findings

The Community Advocates used active listening techniques and open-ended questions in order to build trust and listen closely to the experiences of people from the LGBTQ community accessing Health and Human Services. The Community Advocates noted that common themes across the interviews emerged. These include:

1. **There is a lack of trust in health and human service providers.**
   "Providers need to change their mindset – hetero-norms are expected then put upon the clients."
   "I don't trust any service provider in the community right now."
   "DHS is the least inclusive of all. They don't look at you, they are more concerned about statistics. They also don't ask about these LGBT topics."

   Many interview participants indicated that heteronormative and binary standards are assumed upon accessing services, which becomes an immediate barrier to trust, accessing services, and maintaining services. Most interview participants identified a stigma upon accessing services. *"I don't know who it is safe to tell that I am part of the community. Some people or services claim they're safe then they aren't educated in the specific needs or resources in the area."* Another interview participant indicated that *"you never know if the doctor really serves the community... You don't know who's on your side."* Multiple interview participants shared stories of discrimination and open hate expressed by service providers. For example, one participant disclosed *"In the past, a therapist told me that I was just going through a phase [with my sexuality] and tried to talk me out of being with my partner."* Another participant disclosed that a nurse refused to treat them in a Montgomery County hospital after the nurse learned of their sexual orientation.

2. **The transgender interview participants identified multiple specific deficits across services.**
   "Doctors need to be aware of how to treat people, including being knowledgeable about how medications will interact with hormone therapy, what will be needed in crisis situations, and how to properly address medical aspects of transition surgery."

"There are not a lot of services offered in the suburbs, so many trans people go to the city. Healthcare around here does not seem to be educated on specific trans needs."
"There are no trans-specific services in Montgomery County."
"In therapy I circled both genders because I feel like both. Then my therapist had a conversation with me about doing that. She then erased female and kept male just wrote bi next to my name. It was invalidating."
"Trans people get it the worst."

All transgender interview participants related times that they had providers ignore or refuse to use preferred pronouns. One interviewee also reported that they have had to explain themselves to providers and inform them of their trans-identity and educate them in their own care. A major topic that was brought up was that services are gendered, which limits access to services. Participants talked about how changing their name as well as gender marker can impact insurance coverage for the services that are deemed appropriate due to services being gendered. This leaves people's basic health needs unattended and invalidates people's lived experience.

3. **A comprehensive list of LGBTQ specific services and directories are not available to the Montgomery County community.**
"There is nothing geared or advertised specifically toward the LGBTQ community in this area."
"There needs to be resource guides created by queer agencies."
"It would be great to see visible and out providers. I want to know the services that are offered for the community. We are doing the research and still can't find people who state that they meet or address our needs."

Many interviewees expressed a need for services inclusive to the LGBTQ community to be more well-advertised and visible. Most interviewees cited Philadelphia as a community that has visible service providers well-advertised and well-known in the LGBTQ community, but that Montgomery County does not have this. There are a few agencies known via word-of-mouth to serve the LGBTQ community well; SAGA Community Center and Family Services' Project Hope were two of the agencies most often identified. However, there are limited resources online, in directories, or resource guides that identify LGBTQ inclusive and competent services.

4. **There is a lack of safe spaces or drop-in centers for the LGBTQ community**.
"[Montgomery County needs] a youth center to help kids have a safe haven, a place where they can be themselves and get support."
"I would love to network, a place for community, a place to go that is LGBTQ specific."
"We need small groups, support groups, or meet-ups."

Some agencies, including Laurel House and the LGBT Business Council, host events that are inclusive and geared towards the LGBTQ community. However, almost all interviewees still expressed a desire to have an ongoing, known community center or

drop-in space that would offer a stronger sense of community year-round. Current social service spaces are either not a drop-in community center or, if they do host clients, are decidedly not advertised as inclusive (e.g., no gender neutral bathrooms, no visible pride signage).

5. **Overall, there are no easily-identified LGBTQ vetted and competent health and human service providers across all fields.**
"The unique needs of the LGBTQ population do not seem to be met, are not acknowledged, or are pushed off to the side."
"I feel like providers can't relate or does not know about the struggles we face in the community."
"The provider community really needs to be educated."

The most glaring common theme across all interviews is that there is an overall lack of competency in the provider community when serving the LGBTQ population. No one agency was named consistently as providing direct LGBTQ inclusive, affirming health and human services within Montgomery County. Competent individuals within agencies were sometimes named, and some agencies were named as setting a good example, but overall there is no dedicated LGBTQ vetted and visible program, service, or provider in the area. This was true of all Health and Human Service fields, including mental health, community connections, public health, children and youth services, housing and homeless services, and senior services.

Below are both local and global recommendations to address these concerns. There is a recognition that this will require culture change and will request that services be more inclusive for diverse populations.

Recommendations

1. **The LGBTQ resource guide currently provided on the Health and Human Services website needs to be updated and be more easily accessible.** Participants reported that they could not find it through searches and even then found the resources to be limited. It is recommended that the list be updated and shared with different agencies to promote the knowledge of resources. Participants consistently indicated that they struggled to find clinicians in the county that serve the LGBTQ population. People discussed how they often look for affirming messages online so they feel safe accessing the services, but had difficulty obtaining that security.

2. **It is recommended that there be an identifiable contact person who would be familiar with what is available in Montgomery County for the LGBTQ community, perhaps through Community Connections.** This was recommended directly by a participant in an interview. This person noted that it would help them feel more connected to get advice from someone who perhaps identifies with the community or is an ally to the community, who specifically knows what LGBTQ services are available,

and is trained and knowledgeable on the unique needs of the LGBTQ+ community.

3. **With the understanding of limited funding and physical space to create a brick-and-mortar LGBTQ community center, it is recommended that a community center without walls is created.** This would mean that local business and agencies start this by hosting special events catered to the LGBTQ community. This would be initiated and promoted by the LGBTQ Action Team. This would help build a sense of community that nearly all participants indicated was missing in Montgomery County. The recommendation would be to involve more services, agencies, programs and community members across the county. Acknowledging that Montgomery County is a geographically large area, and that within the LGBTQ community there is intersectionality and multiple layers of identity, it is vital to make the community without walls inclusive, accessible, and diverse. This would also aid in informing people of the different resources available and give them an opportunity to network with particular social service agencies. While creating community, it also provides an opportunity to build trust with providers and other people at the events.

4. **Strategic and inclusive policy changes and training for Health and Human Services is needed.** This report is recommending that Health and Human Service leadership take seriously the findings and recommendations from this project and see that they are being addressed with dignity. With safety being a main concern expressed by many interviewees, there needs to be some form of accountability. Health and Human Services provided in the community, as well as Health and Human Service-funded agencies, cannot just claim to offer services to the LGBTQ community; there is a standard to be upheld. But this standard is not currently written and does not yet exist within Health and Human Services. It is the recommendation of this report to publish a written LGBTQ competency standard for all Health and Human Services provided in the community. Many participants indicated that they often had to educate providers of all kinds about their physical health, mental health, and health maintenance. By creating an expectation of baseline training, competency, and service standards within the Health and Human Service Department, the department would be a national leader in the area of promoting inclusive LGBTQ safety net services.

5. **Health and Human Service intake, assessment, and case management forms and processes need to be revised to include a variety of indicators when it comes to gender and sexual orientation.** Participants indicated that there often were only binary options or their identities were not included at all on various intake and assessment forms. To add to this, people noted that there was no place to report the omission, and often this information was not brought up again while continuing to receive services. Intake is meant to be welcoming and build trust. Assessments are meant to be a tool which are trauma-informed and used to collect information vital to treatment or services. By not using the information or collecting invalid information on gender and/or sexual orientation, there is a disservice not only to the agency and program, but it invalidates the client's experience. If this information could be collected and used more effectively, it

would create more of a community and sense of trust between provider and client. Of note, it is of the utmost importance that the providers administering intake and assessment forms and processes fully understand and are trained in the spectrum of gender identities and sexual orientations.

6. **Create LGBTQ-inclusive accountability by making changes to the Request for Proposals (RFPs) process within Montgomery County Department of Health and Human Services.** By mandating that county-funded agencies respond to questions about their inclusiveness and services for people in the LGBTQ community, agencies will be held accountable and have an understanding of value-based expectations from county leadership. In turn, this would likely lead to the other recommendations listed above, such as staff trainings as well as internal agency policy and procedure alterations.

7. **On a national scale, it is recommended that a research scan be completed on what other counties are doing and what they have done to create change in service to the LGBTQ community.** Right now, the LGBTQ Action Team is creating a concept and creating a communal change with people in the LGBTQ community. The recommendation request is that there is a push for other services to be accountable and work on addressing the LGBTQ community more effectively. Since other counties have been successful at this already, it would be beneficial to learn what exactly worked. Montgomery County could then use a more informed approach to instill change. Most participants were able to identify LGBTQ-specific and inclusive services in other counties and if it was safe to be "out" in that space. According to most participants, there often were safety concerns surrounding being "out" in Montgomery County. By doing an external scan on other communities who are perceived as being "safe to be out", the environmental trauma within Montgomery County could possibly be improved upon which could impact many aspects of these individual's lives.

8. **As the Montgomery County Department of Health and Human Services advances its commitment to diversity, equity, and inclusion (DEI), our recommendation is that the explicit recognition of the unique needs of the LGBTQ population is made as part of this initiative.** Health and Human Service DEI committees, initiatives, and trainings should explicitly incorporate the voices and viewpoints of people from the LGBTQ community, and training with an explicit focus on LGBTQ competency should be offered. Instilling diversity, equity, and inclusion as core competencies among all staff within Health and Human Services should remain a priority and special attention should be given to the needs of the LGBTQ community as part of this effort. This will serve as a vital aspect to create a cultural shift within the county as a whole.

Conclusion

The LGBTQ Action Team acknowledges the voices of interview participants who were brave enough to discuss barriers, struggles, and successes they experienced while accessing or receiving safety net services. The LGBTQ Community Engagement Project served as a unique opportunity to hear first-hand experiences from an underserved population. It was a personal and informative project that provided insight into the opportunities for change within Montgomery County. Health and Human Services provide treatment to a diverse array of individuals. It would be a disservice to continue to do things the same way when there is room for positive and plausible change. Individuals discussed not feeling safe, not having resources, and not being validated. These are contributors to preventable risks that end up being costly to the county. The LGBTQ Community Action Team is working on initiating the change and there is hope that change can continue at a higher level.

"The project was extremely interesting, not only to give voice to people who don't usually have that opportunity, but it was a way to discuss generational queerness. It provided a bridge to discuss different conflicts that have come up for the LGBTQ community that people have been directly impacted by. It spoke to the perceptions of these problems as well as what is tolerable "these days." It was humbling to be the person to hold these conversations with these individuals and to learn so much about the dynamic issues that are confronted in a diverse manner for the community." – Community Advocate, LGBTQ Community Engagement Project
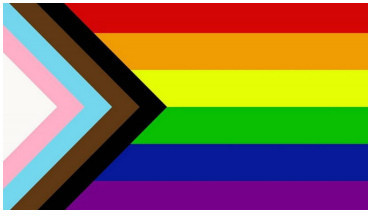
LGBTQ
COMMUNITY ENGAGEMENT PROJECT

PARTICIPANTS WANTED

The purpose of this conversation is to listen to the perspective of individuals, identifying as LGBTQ, who have been connected with any **Health & Human Services** in Montgomery County. This information will be used to identify specific needs and improvements to services in the County.

Participants will be met in a safe and secure location of their choosing and will receive a **$25** gift card to compensate their time.
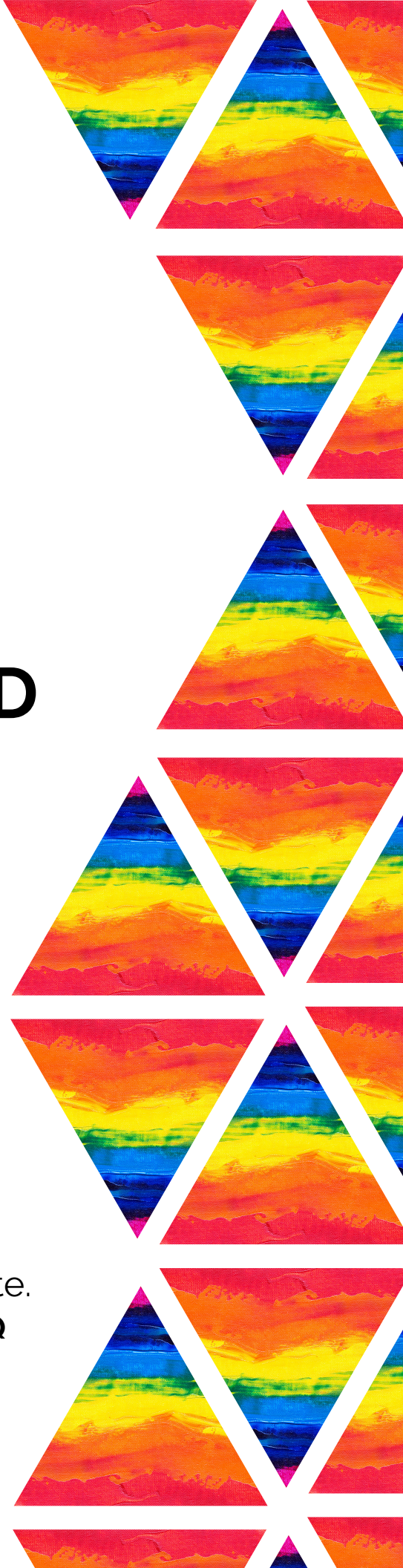
Please take this brief survey to determine eligibility and to be connected with an advocate.
https://www.surveymonkey.com/r/YWH_LGBTQ

Interested?
Contact: Blair Dawson (she|her)
610-278-3929
bdawson@montcopa.org
www.yourwayhome.org/lgbtq
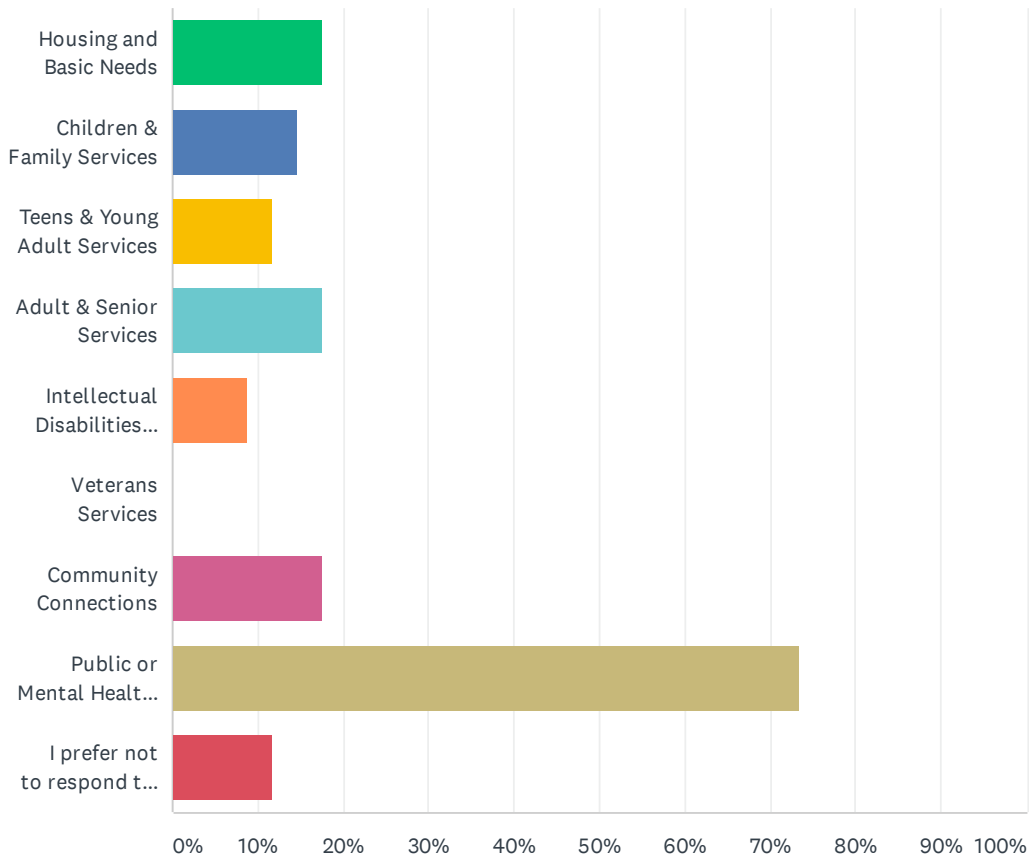
Q1 Do you identify as a member of the LGBTQ Community?

Answered: 41   Skipped: 0
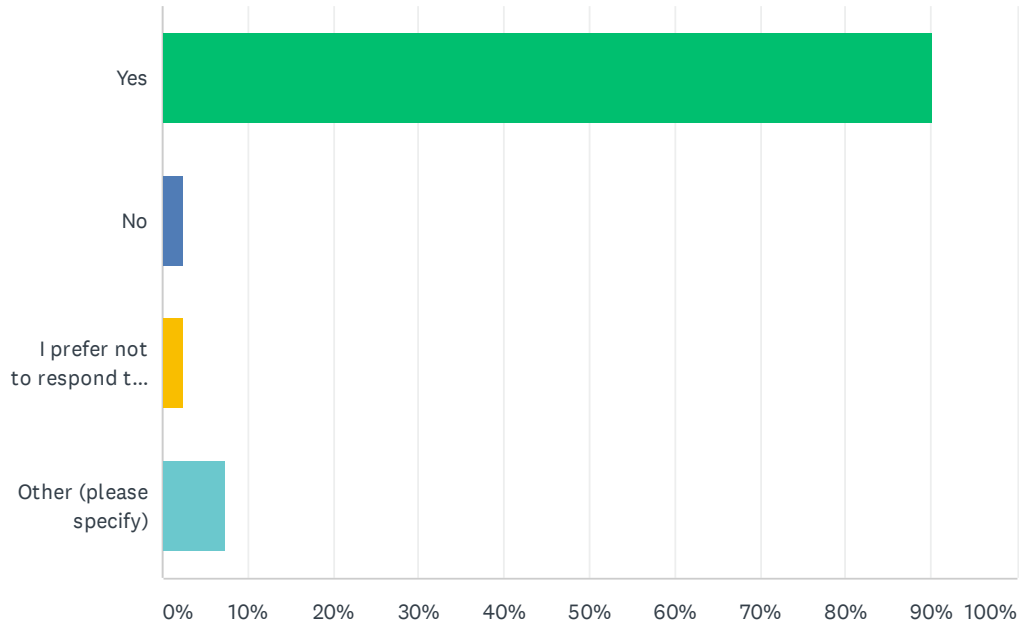
ANSWER CHOICES	RESPONSES	
Yes	90.24%	37
No	2.44%	1
I prefer not to respond to this question	2.44%	1
Other (please specify)	7.32%	3
Total Respondents: 41		

Q2 Have you contacted or accessed services from any of the following areas in Montgomery County? Check all that apply.

Answered: 34   Skipped: 7

ANSWER CHOICES	RESPONSES	
Housing and Basic Needs	17.65%	6
Children & Family Services	14.71%	5
Teens & Young Adult Services	11.76%	4
Adult & Senior Services	17.65%	6
Intellectual Disabilities & Autism Services	8.82%	3
Veterans Services	0.00%	0
Community Connections	17.65%	6
Public or Mental Health Services	73.53%	25
I prefer not to respond to this question	11.76%	4
Total Respondents: 34		

Q3 If you have accessed services in Montgomery County, how would you rate your satisfaction in terms of:

Answered: 39   Skipped: 2
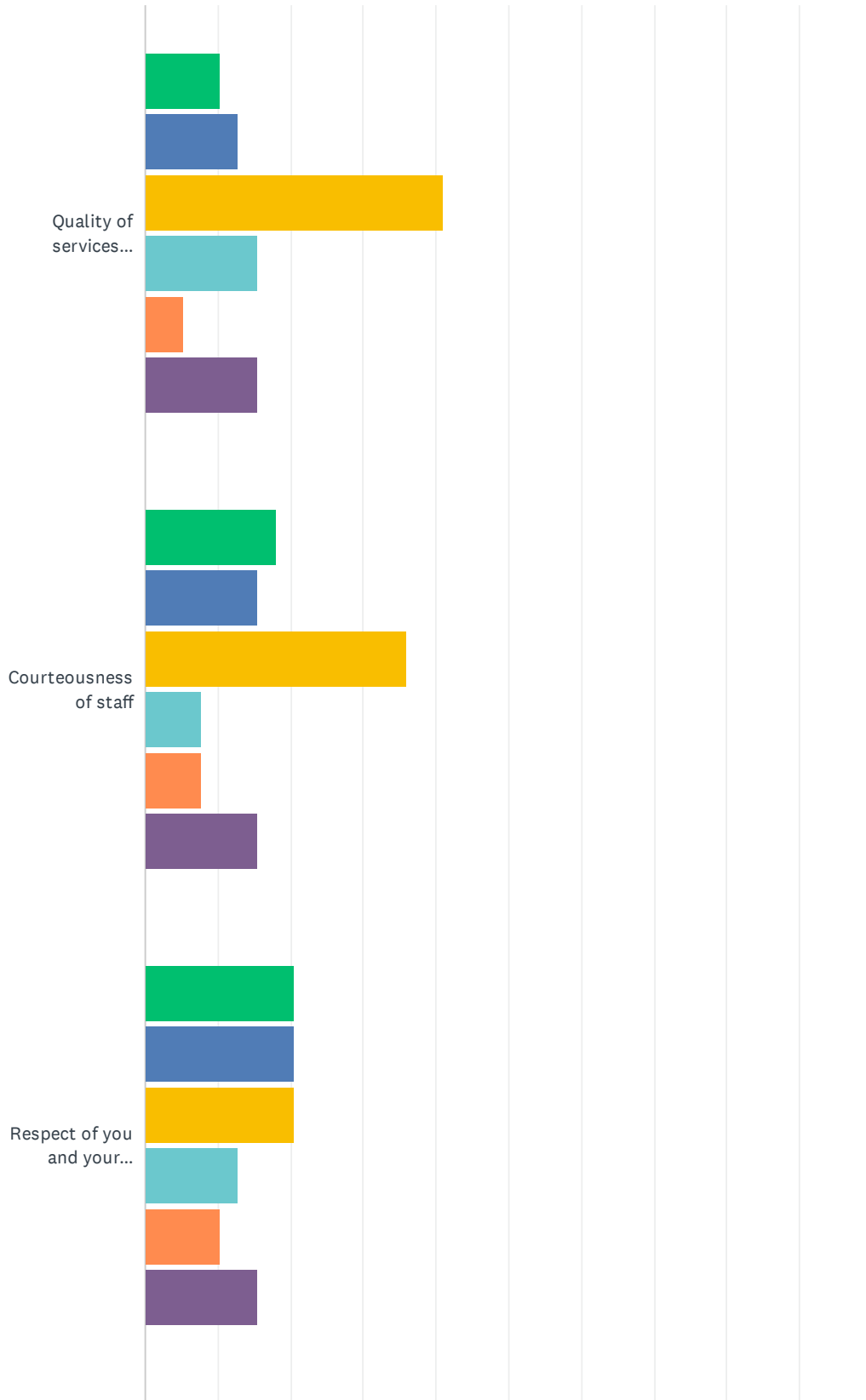
LGBTQ Community Engagement Project
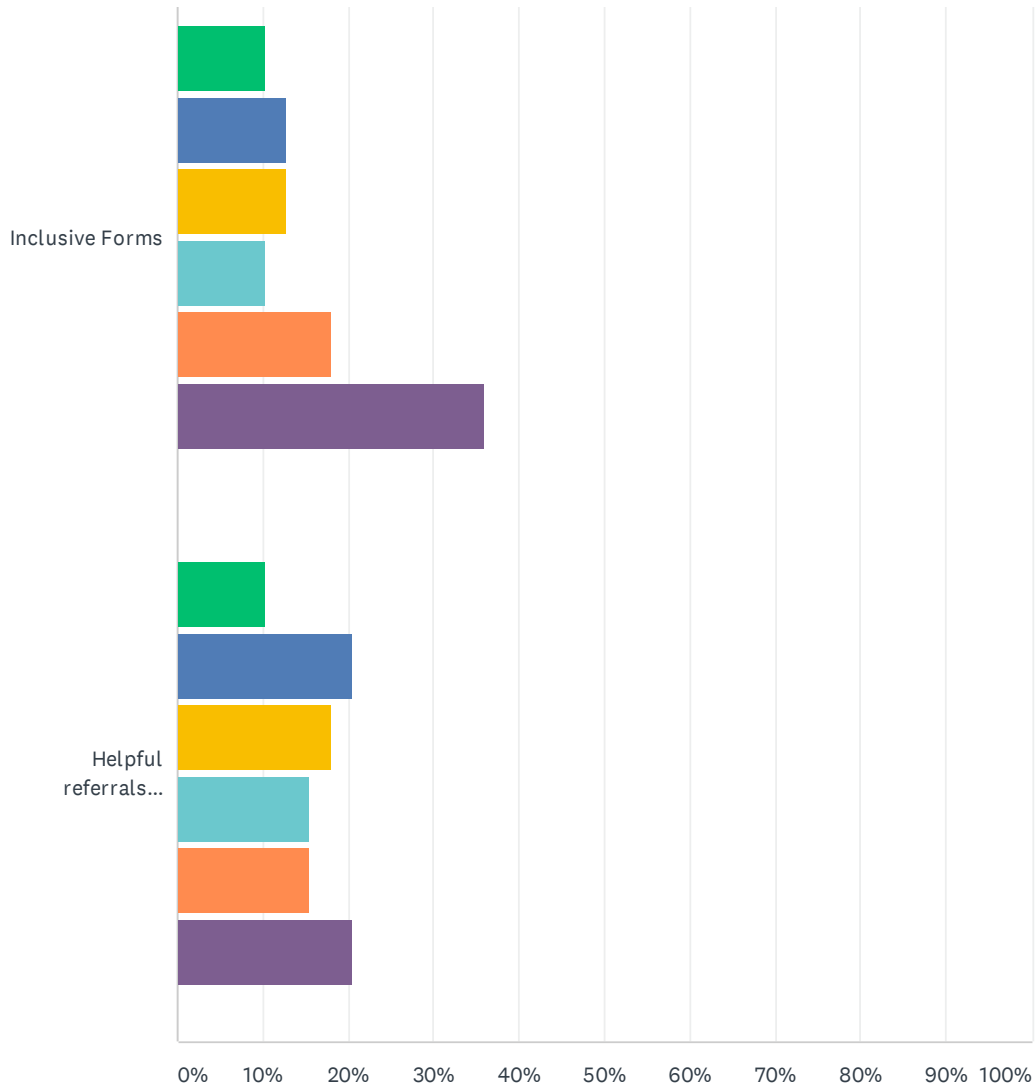
	EXTREMELY SATISFIED	VERY SATISFIED	SOMEWHAT SATISFIED	NOT VERY SATISFIED	NOT AT ALL SATISFIED	DON'T KNOW/NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Quality of services provided	10.26% 4	12.82% 5	41.03% 16	15.38% 6	5.13% 2	15.38% 6	39	2.91
Courteousness of staff	17.95% 7	15.38% 6	35.90% 14	7.69% 3	7.69% 3	15.38% 6	39	2.67
Respect of you and your situation	20.51% 8	20.51% 8	20.51% 8	12.82% 5	10.26% 4	15.38% 6	39	2.67
Inclusive Forms	10.26% 4	12.82% 5	12.82% 5	10.26% 4	17.95% 7	35.90% 14	39	3.20
Helpful referrals provided	10.26% 4	20.51% 8	17.95% 7	15.38% 6	15.38% 6	20.51% 8	39	3.06

Q4 Would you be open to speaking with an LGBTQ Community Engagement Advocate for 30-40 minutes, in a safe and secure location of your choosing, to have a more in depth conversation about your experiences? Upon completion of the in person interview, you will receive a $25 gift card to compensate you for your time. If yes, please comment with your name, preferred pronouns, phone number/email where you can be reached.

Answered: 36   Skipped: 5

Appendix C

Your Way Home
LGBTQ Community Engagement Project Questionnaire - Interview

1. **Have you accessed any Health and Human services?**

   o Housing & Basic Needs
   o Children & Family Services
   o Teens & Young Adult Services
   o Adult & Senior Services
   o Public or Mental Health Services
   o Intellectual Disabilities & Autism Services
   o Veterans Services
   o Community Connections

   Yes- How was that experience, would you like to talk more about it?

   o What are the barriers?
   o Did you identify yourself as part of the LGBTQ Community? If no, why?
   o What resources are you currently using?
   o Were forms inclusive?
   o Did you feel safe?
   o How were you connected to these services?

   No- Why didn't you?

   o Are there other services that we do not offer that would be helpful?
   o Are there resources available that you are not accessing and why?

2. **What resources are missing in Montgomery County?**

3. **What is your perception of Health and Human Services?**

4. **How can services be more welcoming?**

5. **Who do you trust to give good advice for services/who do you trust in the community?**

6. **If we want to connect to others in need- how should we spread the word?**

7. **What have you done in the past in a moment of crisis? Did you identify yourself as part of the LGBTQ community?**

8. **Is there anything else you'd like to share?**

Appendix D

Montgomery County LGBTQ Community Engagement Project

This information is used to identify specific needs and improvements to Montgomery County Health and Human Services, as well as to identify specific trends experienced by demographics, individuals, or population groups.

Only the manager of this project will have access to your personal information. Your responses will be kept private and secure.

The information will not be used for a discriminatory purpose. Any reported data will be de-identified (without names/emails/etc.)

Contact Information		
If you would like to be made aware of the project finding.		Name:
		Email:
		Phone:

Montgomery County		
		Zip Code:

Age Range		
		under 18
		18-24
		25-30
		31-40
		41-50
		51-60
		61-70
		70+

Relationship Status		
		single, never married
		married or partnership
		widowed
		divored
		seperated

Race		
check all that apply		American Indian or Alaska Native
		Asian
		Black or African American
		Native Hawaiian or Other Pacific Islander
		White
		Other:
		Prefer Not to Disclose:

Ethnicity		
check all that apply		Non-Hispanic/Non-Latino
		Hispanic/Latino
		Other:
		Prefer Not to Disclose:

Gender		
		Agender
		Androgyne
		Demigender
		Gender Fluid
		Genderqueer
		Intersex
		Man
		Non-binary
		Questioning or Unsure
		Trans Man
		Trans Woman
		Two Spirit
		Woman
		Other:
		Prefer Not to Disclose

Sexual Orientation		
		Asexual
		Bisexual
		Gay
		Heterosexual
		Straight
		Lesbian
		Pansexual
		Queer
		Questioning or Unsure
		Other:
		Prefer Not to Disclose

Interview Demographics
Interview Count = 29

Age:
18-24: 3
25-30: 6
31-40: 4
41-50: 4
51-60: 7
61-70: 3
70+: 1
Declined to answer: 1

Relationships:
Single: 21
Married/partnership: 3
Divorced: 2
Separated: 2
Declined to answer: 2

Race:
American Indian: 2
White: 21
Black or African American: 4
Middle Eastern: 1
Other: 2
Don't want to disclose: 1

Ethnicity:
Non-hispanic: 17
Hispanic/Latino: 2
Don't want to disclose: 7
Other: 2
Jewish: 2

Gender:
Agender: 2
Androgyne: 1
Demigender: 1
Woman: 9

Man: 10
FTM: 1
MTF: 3
Genderqueer: 3
Genderfluid: 2
Nonbinary: 3
2 spirit: 3
Questioning or Unsure: 1

Sexual orientation:
Straight: 1
Lesbian: 7
Gay: 9
Bisexual: 10
Pansexual: 2
Queer: 4
Asexual: 3
Questioning/unsure: 4
Other: 1