



## **ACRS Q-in**

queer youth program

### **about us**

Asian Counseling and Referral Service (ACRS) was founded in 1973 out of a grassroots effort by community members and volunteers. The mission of ACRS is to promote social justice and the well-being and empowerment of Asian American Pacific Islander Individuals (AAPIs) and other underserved communities — including immigrants, refugees and American-born — by developing, providing and advocating for innovative, effective and efficient community-based multilingual, multicultural services. Through one door, youth, families and elders can find hope and opportunity with staff who speak over 40 languages and dialects.

The Queer-In Program is designed by and leverages resources across the community to help address the needs of AAPI Lesbian Gay Bisexual Transgender and Questioning (LGBTQ) communities. Q-In combines youth leadership development, peer to peer outreach and cultural competency to address health disparities and awareness among LGBTQ youth. The goal of Q-in Program is to provide culturally competent community education and services targeting LGBTQ youth.

### **history & milestones**

- May 2005, ACRS received the Team Award from the State of Washington for leadership, collaboration and advocacy in meeting of LGBTQ communities in the state.
- 2005-06, ACRS launched the LGBTQ Asian Pacific American Community Outreach Project combining education, outreach ending with an oral history exhibit at ACRS.
- 2015, ACRS launched Queer Vision Access Project (QVAP), a program designed to enhance cultural competency for ACRS staff, volunteers and interns with a goal to increase accessibility of services for LGBTQ individuals.
- Utilizing the strengths of QVAP, ACRS began development of the Queer-in (Q-in) program in 2016.
- Q-in Youth Leadership formally launched in July 2017 with the goal of mentoring and developing 6 emerging youth leaders.

## **engaging community**

LGBTQ youth face health disparities linked to societal stigma, discrimination and denial of their civil and human rights. LGBTQ youth who experience discrimination have been associated with high rates of psychiatric disorders, substance use disorders and suicide. To address these health disparities and to promote a root-cause solution, ACRS began initial planning of the Q-in Program in 2015 by speaking with existing organizations serving the LGBTQ community to determine gaps in services.

Through collaborative partnerships with existing organizations, ACRS shares resources to enhance our services for the LGBTQ community. In July 2017, Q-in launched a Leadership Skills Program for LGBTQ youth to gain training related to outreach, peer-to-peer models and general behavioral health issues. This resource helps share ACRS' culturally competent service models, while building community knowledge and capacity.

We sought input from existing LGBTQ-serving organizations and community leaders to determine gaps in services for LGBTQ youth. ACRS also sought input from staff-led QVAP members, which consists of LGBTQ and straight ACRS staff who are committed to improving cultural competency for services to the LGBTQ community. The Q-In program further engages the LGBTQ community through the programs' mentorship and peer-to-peer model. The Q-in Program is led by LGBTQ staff who train and provide mentorship and leadership development for LGBTQ emerging leaders. These young peer leaders in turn assist in outreach, education/awareness efforts and youth client recruitment.

## **community designed solutions**

The Q-in Program is grounded in mentorship, leadership development and peer-to-peer outreach which expands, deepens and empowers LGBTQ youth to address barriers to healthcare in the community. The Q-in Leadership Skills Program identifies, recruits and trains LGBTQ individuals as peer leaders. These peer leaders help lead LGBTQ youth recruitment, engagement and provide feedback to staff to further develop services.

Staff involve youth and their families in service planning in a positive way through understanding and education on root causes of behavioral health issues. We focus on an individuals' strengths and competencies to establish positive expectations. Finally, family members are empowered to take responsibility for the decisions that will affect their child's life.

## **addressing systemic inequities**

There are very limited programs focused on LGBTQ youth, particularly AAPI LGBTQ youth. The current health and human services landscape is moving towards treatment integration between behavioral health and primary care and the need for client-centered care coordination. By using a peer-to-peer approach, we believe we can better address long-standing barriers to equal access to quality healthcare resources and address health disparities faced by LGBTQ youth.

The Q-in Program uses a strength-based model, focused on increased protective factors for youth to support the impacts of risk factors. Our culturally competent approach helps address cultural stigma within AAPI communities, which becomes a barrier to accessing services.

## organizational culture & capacity

Diversity and inclusion is at the heart of who we are as an agency. ACRS' commitment to diversity is reflected in our programs, the diversity of our staff, board and volunteers. It is embedded in our strategic planning process through the deep engagement of these groups and other allies and stakeholders.

Although our agency was formed to address the unique needs facing the various AAPI communities, we serve all who come through our doors and have worked with clients reflecting a variety of ethnic and cultural backgrounds across our programs. Beyond racial and ethnic diversity, ACRS promotes inclusion of gender diversity and religious diversity. We recently re-modeled our building to include gender neutral bathrooms, private space for nursing parents, and a private room for those who need space for religious prayer.

By providing education and culturally competent services, we respect each individual's culture and enable them to receive services while maintaining their dignity at a time when they are most vulnerable. Through Q-in Program, participants have a forum to discuss issues around sexual orientation, gender identity, ethnic identity, self-esteem and other topics. Every meeting begins with a "check in time" which will be a reminder that they have entered a safe, supportive environment of people who are dealing with the same issues that they are. When participants face difficult issues, facilitators will link them up to appropriate resources within ACRS and/or community to help resolve them. While serious subjects will be discussed, ACRS aims to establish an ongoing, fun and supportive network that may include field trips to cultural/Pride events, relevant movies or other activities that will support their efforts to learn more about the LGBTQ community.

The Q-in Program works closely with QVAP to increase awareness among staff throughout the agency to further develop competency in serving LGBTQ youth including all-gender restroom to increase accessibility at ACRS, a AAPI transgender panel who shared their experiences during an all-staff meeting, and an upcoming talent show featuring LGBTQ community members this July.



## **challenges & lessons learned**

Although culturally competent theory and practice have been integrated into many aspects of ACRS' behavioral health and primary care services, there continues to be a shortage of providers in community settings who are equipped to work with LGBTQ youth. These shortages impacted the recruitment of LGBTQ participants for the Q-in Program. Additionally, finding resources and funding to provide training, mentorship and leadership development was another challenge. Obtaining ongoing funding support is a key barrier to hiring and retaining LGBTQ workforce to provide and sustain services.

Although ACRS has QVAP to provide resources for employees, QVAP is volunteer-driven and not a formal program resulting in limitations to further develop capacity. We recognize that we can continue to enhance this competency by providing more education, and having both formal and informal meetings to generate awareness and cultural sensitivity. We hope to formalize QVAP as a program with additional funding for long-term sustainability.

## **the future**

Since the Q-in Program was launched in 2017, ACRS had trained 6 self-identified youth emerging leaders. Of which, ACRS was able to hire 4 of them to provide behavioral health services for LGBTQ youth. Since its founding, our work has been fueled and defined by the stories and experiences of community members and clients who share their challenges with us. We believe that Q-in will bring a much needed public spotlight on multicultural LGBTQ identities and promote safer spaces for LGBTQ AAPIs. Q-in Program in partnership with QVAP has enhanced cultural competency among staff in serving LGBTQ youth, more LGBTQ youths are able to access culturally appropriate services, and there will be an overall increase in access for LGBTQIA youth.

The Q-in Program initiates the building blocks for achieving the ultimate vision—to provide culturally competent, safe and accessible services that address the health disparities and needs of vulnerable and underserved LGBTQ youth within an integrated behavioral health and primary care system. To reduce health disparities for vulnerable LGBTQ youth, and address the barriers that may arise to integrate two different disciplines with different service delivery models (including financing, separate medical record systems, performance and productivity standards and cultural differences across disciplines and organizations). ACRS believes the strong commitment to common goals, positive leadership, the development of clear roles and task clarification and effective data tracking will serve to mitigate these challenges. Enhancing infrastructure development by including intensive training on health education, development of health care goals and plan as a part of care management plan, developing a resources list for linkages and referrals to services is also another critical component to improve integration efforts.

## gratitude

With deep gratitude, Asian Counseling and Referral Service thanks you for your support of the Q-in Program. As a small token of our appreciation, we invite you to visit with us at ACRS for a tour and opportunity to see our programs in action. If you're able to join us, please contact Special Events and Grants Manager, Martha Reyes at 206-695-7600 or email [marthar@acrs.org](mailto:marthar@acrs.org).

## questions

Your questions are welcome! Please feel free to reach out to Martha Reyes, Special Events and Grants Manager or Victor Loo, Director of Recovery Services.

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