

# Monterey County Behavioral Health, Quality Improvement

RE:	LGBTQ+ Admission Information
FORM REFERENCE	Admission Update Client Data Special Considerations
EFFECTIVE	February 26 <sup>nd</sup> , 2021

**February 26, 2021**

## **TOPIC**

Monterey County Behavioral Health (MCBH) is committed to improving culturally responsive care. We are aware that persons may have a gender identity that differ from those assigned at birth or those listed on their California identification and Medi-Cal Benefits Identification Card (BIC). Additionally, MCBH recognizes that many of its beneficiaries use names other than their legal names to identify themselves. Identifying sex assigned at birth, gender identity, sexual orientation, and using a client's name and pronouns will help provide a positive experience and make it more likely that persons-served will seek future care.

## **PROCEDURE**

In order to meet the health needs of the LGBTQ+ community and provide a safe and inclusive setting, all staff and providers must enter client's gender identity and sexual orientation into the client's record. This information must be entered:

- a. at time of admission and/or;
- b. updated in client's record as information when new information is obtained

Additionally, staff will enter name and pronouns into client's assessment, treatment plan and progress notes regardless of Legal Name status or how name is shown on MediCal BIC card. Persons-Served will also be addressed by their name and pronouns by all staff. This information may be highlighted in Special Considerations Form for coordination across the treatment team as appropriate.

**IMPORTANT: The name reflected on the client's MediCal Benefits Card card must be the name under which the client's record must be created.**

## **PROCEDURES**

### **At admission:**

1. All admission forms require completion of **Gender/sex assigned at birth**. This selection should match the gender/sex assigned at birth that was reported to Department of Social Services. Options are:

- a. Female
- b. Male
- c. Unknown

Additionally, at admission, staff have the option of selecting clients **gender identity**. Options are:

- a. Another gender Identity
- b. Female
- c. Genderqueer
- d. Male
- e. Questioning/unsure
- f. Transgender
- g. Don't want to answer

2. **At admission:** All admission forms include the option to identify client's **sexual orientation**.

The options include:

- a. Heterosexual/ Straight
- b. Gay (male)
- c. Unsure/Questioning
- d. Transgender: MCBH recognizes that Transgender is not a sexual orientation, please disregard this option.
- e. Lesbian (female)
- f. Bisexual
- g. Decline to state

**Update client data:** This form should be used when updating client demographics as new information presents it's self over the course of treatment.

3. Client's **sex** may change over the course of treatment. The options include:

- a. Female
- b. Male
- c. Unknown
- d. Transgender (F to M)
- e. Transgender (M to F)

4. Additionally, client's sexual orientation can be updated at any time during the course of treatment. Options include:

- a. Heterosexual/straight
- b. Gay (male)
- c. Unsure/Questioning
- d. Transgender: MCBH recognizes that Transgender is not a sexual orientation, please disregard this option.
- e. Lesbian (female)
- f. Bisexual
- g. Decline to state

Chart Update Client Data

Update Client Data

Submit

Online Documentation

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Client Name  
TEST, CINDY

Client Last Name  
TEST

Client First Name  
CINDY

Client's Middle Initial

Suffix  
 Sr  Jr  III  IV  V  VI

Prefix

Sex  
 Female  Male  Unknown  
 Transgender (F to M)  Transgender (M to F)

Sexual Orientation  
 Heterosexual / Straight  Lesbian (female)  Gay (male)  Bisexual  Unsure / Questioning  Declined To State  Transgender

Date Of Birth

Social Security Number 999-55-9999

Facility Chart Number

Client Race White

Ethnic Origin Not Hispanic

Client Declined To Provide Information On The Following  
 Ethnic Origin  Race  Language

Religion Other

Place Of Birth Santa Cruz

Country Of Origin United States

Maiden Name

Client's Physical Address

Client's P.O. Box Address (If Any)

Client's Address - Zipcode

Client's Address - City

Client's Address - County

Client's Address - State California

Client's Home Phone

Client's Work Phone

Client's Cell Phone

Client's Email Address

Communication Preference  
 Email  Regular Mail  Home Phone  
 Work Phone  Cell Phone

Primary Language English

Mother's Maiden Name

Thank you,

Monterey County Behavioral Health Quality Improvement Department