Training, Starting SOGIE-Positive Groups in Your Organization, Responding to Pushback	
Question	**Answer**
How to I solidly engage my organization in taking steps to train their staff on inclusive language and LGBTQ+ issues?	One thing that can derail training initiatives is the fear of "getting it wrong," or looking for the "perfect" training. So introducing existing resources like www.lgbthealtheducation.org, Rainbow Center, Gender Diversity, or Gay City, you can move on to discussions of how training will help your organization address health disparities and grow your client/patient/member base. We also encourage you to get colleagues together to request better LGBTQIA+ training and processes, so you can ask as an organized group. Individual requests can be more easily discounted.
Compiled Questions: I'm a therapist for a community mental health agency in Bellingham. I specialize in working with Queer youth. I identify as a cis lesbian, so for many reasons, I have an interest in encouraging my agency to be more inclusive. Any ideas about how to approach management about this? I feel like there has been push back from them about this. ***AND*** How can individuals who are interested in getting more involved in certain groups/ teams such as SOGIE positive teams or other teams go about this? ***AND*** How do we get a LGBTQ+ group started at within our organizations?	See the answer above. And we encourage you to find internal allies and organize, so you're not the only one asking. This is where cis-het people have the opportunity to step up and be real Allies. From Scott Swan: *I directly emailed with some participants about this. In these groups, looking for trainings on creating these groups, creating the groups, and more was shared.* *Honestly…I used https://www.glsen.org/activity/10-steps-start-your-gsa when I built the GSA, and the youth outpatient group I ran for years. These things don't exist out there, they are going to have to be created by these driven people asking these questions.* *Approaching management? Bring up a list of pros and cons as to why a group would be beneficial. i.e. safe space, employees feel seen/heard/valued, practice what they preach, etc.*
Do any of you ever come to agencies to provide education for staff and management? Or do you know of anyone who does or how we could access that? I think my agency could really use that type of on-site training.	Yes, absolutely. Coordinated Care has staff trained by the Fenway Institute consult with provider groups to improve services and processes for LGBTQIA+ patients. Contact Jen Estroff jestroff@coordinatedcarehealth.com. And as a presenter group we recommend national resource Fenway Institute: www.lgbthealtheducation.org, and WA Resources Rainbow Center, Gender Diversity, and Gay City.

Questions About Information Shared in Presentation	
Question	**Answer**
Can you talk about the limitations of the Gender Unicorn?	While the gender unicorn doesn't completely grasp the entire spectrum of sexuality or gender, no tool does this. The spectrum of human sexuality and gender is vast and one tool that can be used unfortunately isn't going to have all genders and all sexualities listed. • The "sex" portion is problematic as it is female, male, or "other." Being intersex doesn't make someone "other". This is an area that can be readily improved upon by changing "Other" to "intersex" or "mosaic" or other acceptable terms from the Intersex community.
What is the logic in including Ally as an identity based around gender or sexuality? In what ways are allies oppressed?	This question was about the basic terms we defined on slide 14, where we included the term "Ally." We did not intend to show allies as an oppressed group within the LGBTQIA+ community, but as a term that has sometimes been included in abbreviations. Ally is also sometimes used to include Queer people who are not out.
Do we have stats on the ethnic/racial breakdown of the stats on the poverty and DV rates?	The source used for much of this information does not contain Intimate Partner Violence statistics broken down by race, only sexual orientation and gender. There may be other resources with more comprehensive information disaggregated by race, but we unfortunately don't have a quick go-to resource.
What are you doing within your insurance companies to address the bias in healthcare decision-makers that impacts insurance coverage of services?	We know that all MCOs have a lot of work to do for our LGBTQ+ community members, we hope that this session will help start creating better health outcomes while keeping ourselves accountable to our LGBTQ+ community members that we serve.

Transgender Health Care Covered Benefits Questions	
Question	**Answer**
Do we know the reason why electrolysis is not included coverage for folks outside of surgery prep? And are there other resources available for those clients?	That is a great question for the HCA Transgender Health Program. transhealth@hca.wa.gov Some electrolysis/laser providers may offer sliding scale fees, local LGBTQIA+ organizations tend to keep lists of these providers. And as we mentioned in the session, we encourage everyone to ask legislators and other policy makers to expand Trans Health covered benefits to recognize that facial electrolysis is a key safety issue for those who are feminizing. https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/transgender-health-program
It used to be the case that HCA did not allow/cover Gender Dysphoria as a primary/solo diagnosis, is this still true?	While this diagnosis is problematic (as being non-cis is not a mental disorder), currently the path of least resistance is to code this diagnosis when a client discloses their struggles with dysphoria. Even in situations where a person may not have distress regarding their gender, in order to qualify for certain services there must be a diagnosis of Gender Dysphoria. This is the case for gender affirming care to be covered by Medicaid in Washington State. As you can see in the Trans Health Grid available in the presentation materials, this a requirement in getting coverage for certain procedures i.e. top/bottom surgery. This is the same predicament that many therapists face. Their clients may not have a diagnosis, and in order to get insurance reimbursement, there must be a diagnosis in the mental/behavioral health realm. This is why Generalized Anxiety Disorder (GAD) and Major depressive disorder (MDD) are so common, and commonly coded in individuals who may be on the border of that diagnosis or only meet certain aspects of that diagnosis. Western/allopathic medicine is diagnosis-focused versus treatment/prevention focused, which is the systemic issue contributing to the need of pathologizing humans by medical professionals in order to get insurance coverage.

Medicaid/Insurance/Managed Care Organization Coverage Questions *Note: While the state is now covered by Integrated Managed Care, there are still many aspects that need to be worked out and systems that can be improved. Provider, patient, and community partner input is crucial to make the system work well, and address health disparities.*	
Question	**Answer**
Can insurance providers be changed mid-month? Is it a lengthy process?	Yes, MCO members can change their plan mid-month with a Navigator or through WAHealthPlanFinder, but without special circumstances, the change won't happen until the 1st day of the next month.
If an MCO is not available in a county-for instance Pierce County does not have Community Health Plan of WA, does that mean the person would have to change the MCO?	Yes. If an MCO is not available in a certain region in the state, you can find your options on WAHealthPlanFinder to choose a new MCO. www.wahealthplanfinder.org
I am curious why crisis sessions are not covered for a private practitioner. If I know my client, I may be better able to provide crisis care, yet it is often denied as a service as I am a private practitioner. Jumping through hoops to get things covered is not appealing to providers and that's why it seems so many private practitioners do not want to take Medicaid and community mental health is so over packed. Would it not be more efficient and effective for members to be able to have their own provider do this?	This is a question for the WA HCA Division of Behavioral Health and Recovery, **Phone:** 1-360-725-1500, https://www.hca.wa.gov/contact-hca Current information on crisis lines can be found here: https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines
How come it seems so many people lack education on the differences between these or that there is a difference? *For example, I find myself explaining even to doctors' offices, that just because I take CCW (Coordinated Care) does not mean I take Molina.*	*Short answer:* Medicaid and managed care is complicated. There are a lot of federal and state rules and a lot of moving pieces. *Longer answer:* All of the presenters, and anyone in the Call Center, Provider Relations, or Community Relations teams of the MCOs, as well as the staff at WAHealthPlanFinder can help provide support and training about Medicaid. That's our job, just contact us and let us help you out.

Questions about LGBTQIA+ Competency Skills Needed by Providers	
Question	**Answer**
As a visibly identifiable trans person I sometimes feel the providers feel entitled to ask questions that are not always necessary for the course of care being addressed at the appointment. What are some ideas on how to address this in a respectful way with the provider/organization?	We've heard this situation referred to as *#transbrokenarmsyndrome.* Providers who are not competent working with LGBTQIA+ patients "zoom in" on sexual behavior or which genitals a patient has, rather than addressing the medical or behavioral issue that led the patient to seek care. • Level 1 answer: http://www.qcardproject.com/ • Level 2 answer: For a PCP or longer-term provider relationship, ask some key questions when picking which provider you want to see, including asking if they have worked with LGBTQIA+ patients before, and what training they and their staff have received. • Level 3 answer: Statewide resource through HCA or the Washington State LGBTQ Commission listing LGBTQIA+ competent providers
Data Collection Questions	
I have somewhat of a long question. I work at HCA on a Roadmap to Recovery Planning Grant, which seeks to integrate SUD/OUD txt and prevention services into our whole health healthcare delivery system...Part of our work is identifying vulnerable populations that are disproportionately impacted by SUD/OUD. As mentioned, our community faces disproportionate impacts of SUD/OUD, but the LGBTQ+ community is currently not one of our target populations because Medicaid doesn't collect identifying information... ***AND*** Are there resources (National LGBTQ+ Health Education Center) that could help begin to identify and collect this information in WA?	As a solid starting place for ANY data collection conversation, we recommend *Ready, Set, Go! Guidelines and Tips For Collecting Patient Data on Sexual Orientation and Gender Identity (SOGI) – 2020 Update* https://www.lgbthealtheducation.org/publication/ready-set-go-guidelines-tips-collecting-patient-data-sexual-orientation-gender-identity For more coordination in data collection in Washington Apple Health plans, Health Care Authority would need to include requirements in MCO contracts.

Youth Accessing Gender Affirming Care *Note: This was a hot topic, and there is clearly a need for statewide guidance for medical and behavioral health providers working with youth.*	
Question	**Answer**
Do youth in foster care have access to hormone blockers as well? Do you know what role their birth parents or their foster parents play in decision making, if any?	Yes, youth in out-of-home care (foster care) can access hormone blockers when they meet the HCA criteria. Bio-parents are consulted. Providers can operate under the "mature minor" doctrine, and if there is a legal concern, caseworkers, with child advocates (formerly known as CASAs), or GALs, can get a court order to ensure youth can access needed gender-affirming care. If you have more questions, you can contact Dae Shogren, Administrator in the Office of Racial Equity & Social Justice for the Department of Children, Youth, and Families (DCYF) dae.shogren@dcyf.wa.gov. You can also look at DCYF policy 6900 Supporting LGBTQ+ Identified Children and Youth, we will try to have it uploaded to the SIOL site as well.
Can you touch on client rights versus parent rights for underage?	Providers should be able to explain the benefits and risks of hormone blockers and hormone treatment to parents/caregivers. Seattle Children's and Mary Bridge hospitals have Gender Clinics that may be able to provide guidance, and Northwest Justice Project has provided guidance via legal memo in the past about the "mature minor" doctrine to guide care.