

2000 Embarcadero Cove, Suite 400 Oakland, Ca 94606 510-567-8100 / TTY 510-533-5018 Karyn L. Tribble, PsyD, LCSW

## - MEMORANDUM -

SUBJECT:	Sexual Orientation & Gender Identity/Expression (SOGI/E) InSyst Data Entry
FROM:	ACBH Quality Assurance Office
TO:	Alameda County Behavioral Health (ACBH) Providers
DATE:	April 1, 2021

On May 15th, 2017, an ACBH Memo was issued implementing the collection of client SOGI/E data during the assessment/intake period (initial and all subsequent assessments). http://www.acbhcs.org/providers/QA/memos/2017/SOGI\_Data\_Collection\_Memo\_051517.pdf

To date, SOGI/E client information (which is voluntarily provided by the client to their Assessment Clinician or Counselor) has been maintained in the client Assessment or Intake (MH or SUD Treatment).

Effective April 12, 2021, ACBH will provide an additional mechanism to collect SOGI/E client information via InSyst entries. This data will be utilized in aggregate form for Quality Improvement purposes such as identifying gaps in services for the various Lesbian, Gay, Bisexual, Transgender, Queer or Questioning Youth, Asexual, Intersex and Two-Spirit, and other (LGBTQIA2S+) populations.

For those providers that utilize Clinician's Gateway (CG) Electronic Health Record (EHR), the SOGI/E data will move automatically into InSyst and will not need to be entered directly.

All other providers will need to enter the SOGI/E data into the InSyst Client Registration screen after completion of their Initial Assessment/Intake, per Reporting Unit (RU) and annually thereafter.

The SOGI/E data fields include: Client's Preferred First, Middle and Last Name; Sex Assigned at Birth; Personal Pronoun; Gender Identity; and Sexual Orientation. These will apply to both MH and SUD clients.

Please reference the new **INSYST Client Registration SOGI/E Screens Addendum** below showing the location of each the new SOGI/E data fields.

The revised ACBH MH and SUD Client Registration Forms and InSyst Mini Manuals are available: <u>BHCS Providers Website</u> (acbhcs.org)

Please note, it is the responsibility of every ACBH provider, both County and ACBH-contracted, to ensure that their staff are trained in the provision of culturally appropriate services, including working with LGBTQIA2S+ individuals and their families. The ACBH Training Unit will also continue to provide learning opportunities.

Please contact ACBH Quality Assurance Technical Assistance with any questions or concerns at QATA@acgov.org





## InSyst Client Registration SOGI/E Screens Addendum

New MHS Client screen – 3<sup>rd</sup> screen<sup>1</sup> Client Preferred Name: Prefer Last Name: Client Sexual Orientation/Gender Identity Info: Sex Assigned at Birth: X Current Gender Identity: X X X X X X X X X X Personal (or preferred) Pronoun: X X X X X Sexual Orientation (Select all that apply): X X X X X X X X X X Santa Rita Booking Info: PFN #: XXXXXX SRMR #: XXXXXXXXXXX Child & Youth ONLY Info: Child Welfare: X Juvenile Prob: X Presumptive Transfer or Waivered Presumptive Transfer Info: OOC Foster: XX ALCO Foster: XX OOC From County: XX ALCO To County: XX OOC Effective Date: 99/99/9999 ALCO Effective Date: 99/99/9999

New **SUD** Client screen – 3<sup>rd</sup> screen<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Note: Personal (or preferred) Pronoun; Gender Identity Expression; and Sexual Orientation fields allow all options that apply to be entered (rather than the limitation of one selection)