SEXUAL ORIENTATION & GENDER IDENTITY (SO/GI) DATA COLLECTION AND PROVIDING CULTURALLY RESPONSIVE LGBTQQI2-S SUD SERVICES.

Focusing the SUD Systems of Care Toward Recovery

SUBSTANCE USE DISORDERS STATEWIDE CONFERENCE
AUGUST 22-24, 2017
SHERATON POMONA

SHARON LOVESETH, LAADC
SHARON.LOVESETH@ACGOV.ORG
R. ANTHONY (TONY) SANDERS-PFEIFER, PHD, MFT, LAADC
TONY.SANDERS@ACGOV.ORG
DO ASK, DO TELL!
COLLECTING DATA ON SEXUAL ORIENTATION AND GENDER IDENTITY / EXPRESSION IN SUBSTANCE USE TREATMENT PROGRAMS.
GROUND RULES

• Be respectful.
  • We may be coming from different places, but we all here to learn from one another.

• Speak from your own experience (use “I statements”).

• Respect confidentiality.

• Be open to hearing other points of view and learning from others experiences.
  • Ask Questions
  • Share thoughts and concerns.
• Learning Objectives when bringing training to your agency on:

SO/GI Data Collection and Providing LGBTQ QI2-S Culturally Responsive SUD Services.
ARE YOU READY FOR SEXUAL ORIENTATION AND GENDER IDENTITY (SO/GI) INCLUSION?

Learning Objectives:

1. Explain why collecting sexual orientation and gender identity SO/GI data is important for SUD treatment centers and client services.
2. Identifying best practices for SO/GI data collection.
3. Preparing staff for SO/GI data collection.
4. Strategies for creating a culture of inclusiveness.
TAILOR THE TRAINING FOR YOUR AUDIENCE(S)

• Executive Board
• Agency Management

• Administrative Support Staff (reception, medical records, billing support, security, custodial, etc.)
• Sub-contractors (including community referrals)

• SUD Counselors & other Clinicians
• Clinical Supervisors

• Clients
MULTIPLE US HEALTH ORGANIZATIONS RECOMMEND COLLECTING SO/GI DATA IN A LGBTQQI²-S INCLUSIVE TREATMENT ENVIRONMENT

• US Office of Disease Prevention and Health Promotion:
  
  **Healthy People 2020 Report**
  
  • [https://www.healthypeople.gov/](https://www.healthypeople.gov/)
National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care:

A Blueprint for Advancing and Sustaining CLAS Policy and Practice
Office of Minority Health
U.S. Department of Health and Human Services
April 2013
MULTIPLE US HEALTH ORGANIZATIONS RECOMMEND COLLECTING SO/GI DATA IN A LGBTQQQI2-S INCLUSIVE TREATMENT ENVIRONMENT

US National Institutes of Health:

The Health of LGBT People Report
Center for Medicare and Medicaid Services (CMS) and The Office Of Health Information Technology Issued *Meaningful Use, Stage 3 (2015)*;

Requires SO/GI data collection and adds sexual orientation and gender identity data to the 2015 EHR definition.

Resource –
Making the Invisible Visible:
LGBTQI2S Mental Health Consumers of Alameda County

Alameda County Behavioral Health Care Services

Innovations Grants
Consultation for Mental Health Analysis and Demographic Profile

Findings and Recommendations

Conducted by
Health and Human Resource Education Center
WHY COLLECT DATA AT INTAKE?

- LGBTQQI2-S people face many health disparities and stigma in all health care settings—including SUD treatment programs.

- Despite this, LGBT people remain largely invisible to their providers.

- Collecting Data along with other activities provides a welcoming, inclusive & affirming environment.

- The data may be used to improve care by reducing health disparities.
  - Determining if populations are proportionally reached and served by clinics and programs (gap analysis).
  - Determining if LGBTQQI2-S clients have disparate outcomes from other SUD clients.

Source: Policy Focus: Why Gather Data on SO and GI in Clinical Settings; The Fenway Institute: http://www.lgbthealtheducation.org/
An understanding of the common health disparities, stigma, oppression and discrimination LGBTQQI2-S individuals and their families commonly face will inform the provider’s health care.

Having clients speak directly to providers about their experiences as LGBTQQI2-S individuals (especially in SUD treatment programs) allows providers to begin to “put themselves in the client’s shoes”.

LGBTQQI2-S: STORIES FROM THE FIELD

• Families: Rethinking Approaches to Reduce Risk and Promote Well-Being for LGBT Youth, Caitlin Ryan, PhD, ACSW Family Acceptance Project, SFSU (starts at 1:03 on presentation): https://vimeo.com/14108071 (or search for title on Vimeo.com)

• Film trailer for “Always My Son” created by the Family Acceptance Project, SF State University: https://vimeo.com/74871461 (or search for title on Vimeo.com). Request film at: http://familyproject.sfsu.edu/

• Film trailer for “Family Acceptance Project: A Mormon Family” created by the Family Acceptance Project, SF State University: https://vimeo.com/68462504 (or search for title on Vimeo.com). Request film and at: http://familyproject.sfsu.edu/

  • http://familyproject.sfsu.edu/publications
LGBTQQI2-S: STORIES FROM THE FIELD CONT.

- **Breaking the Silence: Lesbian, Gay, Bisexual, Transgender and Queer Foster Youth Tell their Stories.** NCLRights.org, DVD & Training Resources

- **TRANSforming Health Care, CA DPH, Office of AIDS.** DVD

- **Saving Our Lives: Preventing Suicide in Transgender Communities.** Massachusetts Transgender Political Coalition. DVD
UTILIZE EXISTING WEBINARS AND TRAINING RESOURCES

- Fenway Institute Webinars & Video Training
  - Introduction to LGBT Health
  - Do Ask, Do Tell! Collecting Data on Sexual Orientation and Gender Identity in Health Centers
  - Collecting and Reporting Sexual Orientation and Gender Identity Data: Stories from the Field
  - Collecting Data on Sexual Orientation and Gender Identity: Data Integrity and Quality Improvement
  - Training Frontline Staff to Collect Data on Sexual Orientation and Gender Identity
  - Ten Things: Providing an Inclusive and Affirmative Health Care Environment for LGBT People
- Calidad de cuidado para lesbianas, gays, bisexuales, transgéneros y transexuales: Eliminando la invisibilidad y las disparidades en salud
- Understanding Bisexuality: Challenging Stigma, Reducing Disparities, and Caring for Patients
- Reaching LGBTQ Communities and Engaging them in Health Care

- YMSM + LGBT CENTER OF EXCELLENCE—UCLA Trainings, Webinars, Resources & Tools.
  - WWW.YMSMLGBT.ORG
PROVIDE EVIDENCE-BASED RESOURCES

- A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals

This manual informs clinicians and administrators about substance use disorder treatment approaches that are sensitive to patients among the lesbian, gay, bisexual, and transgender (LGBT) population. It covers cultural, clinical, health, administrative, and legal issues as well as alliance building.
UNDERSTANDING LGBTTQQI2-S PEOPLE

• It is important for health care providers to understand who are LGBT people and to have a common understanding of terms and definitions.

• This allows for effective and respectful communication and the delivery of culturally competent care with humility.

• Health care providers will be better equipped to serve their clients and LGBT communities.

• L, G, B, T, Q, Q, I, 2-S people are very diverse groups with many unique issues, and many common bonds.
<table>
<thead>
<tr>
<th>MYTH or FACT</th>
<th>It is easy to tell if someone is LGBTQI2-S by their mannerisms, dress and interests.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MYTH or FACT</td>
<td>Asexual people who don’t experience sexual attraction can have positive romantic relationships.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>There is one unified LGBTQI2-S community.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>Bisexuals are people confused about being heterosexual or homosexual.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>Someone’s sexual orientation and gender identity can change over a lifetime.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>Being LGBTQI2-S is a conscious decision to be that way; it is not natural.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>In order for someone to be transgender they have to have gender alignment surgery and take hormones.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>LGBTQI2-S people have higher rates of substance use, depression and anxiety compared to heterosexual counterparts.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>Children as young, as young as 3 or 4, can identify as transgender.</td>
</tr>
<tr>
<td>MYTH or FACT</td>
<td>In order for a LGBTQI2-S person to be healthy they must “come out”.</td>
</tr>
</tbody>
</table>
LGBTQQI2-S PEOPLE

- Make up at least 10% of the population
- Have existed across cultures and generations
- Frequently do not fit stereotypes
- Experience their sexual orientation and gender identity as natural, not a choice
ALPHABET SOUP

Gender Identity, Transgender, Queer, Sexual Orientation, Bisexual, Ally, Desire, Behavior, Trans-Woman, Trans-Man, Trans-Masculine, Asexual, Non-Binary, MSM, FTM, Lesbian, Gay, Masculine, Feminine.
SEXUAL ORIENTATION & GENDER IDENTITY ARE NOT THE SAME

- All people have a sexual orientation and gender identity
- How people identify can change
- Terminology varies
- Sexual Orientation ≠ Gender Identity
SEXUAL ORIENTATION: HOW A PERSON IDENTIFIES THEIR PHYSICAL AND EMOTIONAL ATTRACTION TO OTHERS:

- **Desire**
  - Same sex attraction

- **Behavior**:
  - Men who have sex with men-MSM (MSMW)
  - Women who have sex with women-WSW (WSWM)

- **Identity**:
  - Straight, gay, lesbian, bisexual, queer--other

**Sexual Orientation** – Lesbian, gay, bisexual. Who a person is attracted to and falls in love with.
GENDER IDENTITY AND GENDER EXPRESSION

- **Sex** - Identified at birth; listed on the birth certificate;

- **Gender identity**
  - A person's internal sense of their gender (do I consider myself male, female, both, neither?)
  - All people have a gender identity

- **Gender expression**
  - How one presents themselves through their behavior, mannerisms, speech patterns, dress, and hairstyles
  - Their “maleness” or “femaleness” AND May be on a spectrum
DEFINITIONS

• Lesbian—Women attracted (emotional, romantic, sexual or affectional) to other women.

• Gay—Men attracted (emotional, romantic, sexual or affectional) to other men.

• Bisexual—Individuals attracted (emotional, romantic, sexual or affectional) to both women and men.

• Queer—Umbrella term regarding Sexual Orientation and common in younger individuals.

• Questioning—Individuals unsure of their Sexual Orientation, sometimes indicated as “Questioning Youth”

• Two-Spirit—A historically positive Native American spiritual role that embraced same-sex relationships and/or non-conforming gender expression.

Definitions:
www.hrc.org/resources/glossary-of-terms
Native/Indigenous cultures throughout the world, prior to colonization, believed in the existence of cross-gender roles, the male-female, the female-male, what we now call the two-spirited person.

“Our Elders tell us of people who were gifted among all beings because they carried two spirits, that of male and female. It is told that women engaged in tribal warfare and married other women, as there were men who married other men.”

Roscoe, W. 1988. Living the Spirit: A gay American Indian Anthology
DEFINITIONS CONT.

• Transgender—When one’s Gender Identity (self-perception as male or female) is incongruent with their birth sex. Not related to Sexual Orientation, many Transgender folks are heterosexual. As well, may not identify as Transgender—just male or female. See following slides.

• Both Sexual Orientation & Gender Identity may change over time—especially with youth.

Definitions:
www.hrc.org/resources/glossary-of-terms
REVIEWING TERMINOLOGY

**Sexual Orientation**
- Whom you are physically and emotionally attracted to
- Whom you have sex with
- How you identify your sexuality

**Gender Identity**
- What your internal sense tells you your gender is

**Sex**
- Refers to the presence of specific anatomy. Also may be referred to as ‘Assigned Sex at Birth’

**Gender Expression**
- How you present your gender to society through clothing, mannerisms, etc.
**ONE COMMUNITY: INTERSEX**

- *Intersex* is a relatively common anatomical variation from the “standard” male and female types; just as skin and hair color vary along a wide spectrum, so does sexual and reproductive anatomy. (Antiquated term: hermaphrodite)

- Intersex is neither a medical nor a social pathology. It might be stressful to the family to make decisions and accept that their child is intersex.

- [http://www.isna.org/](http://www.isna.org/)
AVOIDING ASSUMPTIONS

• You cannot assume someone’s gender or sexual orientation based on how they look or sound

• To avoid assuming gender or sexual orientation with new clients:
  • Instead of: “How may I help you, sir?”
    • Say: “How may I help you?”
  • Instead of: “He is here for his appointment.”
    • Say: “The client (or preferred name) is here in the waiting room.”
  • Instead of: “Do you have a wife?”
    • Say: “Are you in a relationship?”
  • Instead of: “What are your mother and fathers’ names?”
    • Say: “What are your parents’ names.”
NOW THAT YOU KNOW,
CLINICAL APPLICATIONS

• Lesbian, gay, bisexual, and transgender (LGBT) clients have unique health needs and experience.

• Numerous health disparities have been identified.
WHY THE GAY AND TRANSGENDER POPULATION EXPERIENCES HIGHER RATES OF SUBSTANCE USE

• Many Use to Cope with Discrimination and Prejudice; By Jerome Hunt March 9, 2012

  Tobacco
  • Gay and transgender people smoke tobacco up to 200 percent more than their heterosexual and nontransgender peers.

  Alcohol
  • Twenty-five percent of gay and transgender people abuse alcohol, compared to 5 to 10 percent of the general population.

  Drugs
  • Men who have sex with men are 3.5 times more likely to use marijuana than men who do not have sex with men.
  • These men also are 12.2 times more likely to use amphetamines than men who do not have sex with men.
  • They are also 9.5 times more likely to use heroin than men who do not have sex with men.

THE NEED TO DO THIS WORK

Why?
- LGBTQI2-S individuals and their families have experienced a lifetime of challenges and discrimination.

- Studies have found client rates of non-disclosure of SO/GI with their healthcare providers as high as 65%.

- When asked what the provider could do: 64% of clients said “Just ask me” to make the talking about their SO/GI more comfortable.
Social determinants affecting the health of LGBTQ individuals largely relate to **systemic oppression and discrimination**.

**Only 21 states ban discrimination on Sexual Orientation and Gender Identity.**

**Employment:**
May 13, 2017; Court: Discrimination against Gay Workers not Prohibited

**Child Custody or Visitation:**
Some courts prohibit parents from bringing their children to gay-affirming churches/synagogues or from living with an unmarried adult as a condition.
STIGMA, DISCRIMINATION & HEALTH

- Hatzenbuehler, ML, Link, BG. 2014
EXAMPLES INCLUDE:

- Legal discrimination in access to health insurance, employment, housing, marriage, adoption, and retirement benefits
- Lack of laws protecting against bullying in schools
- Lack of social programs targeted to and/or appropriate for LG BTQ youth, adults, and elders
- Shortage of healthcare providers who are knowledgeable and culturally competent in LG BTQ health providers.

*From healthy people 2020.*
**NATIONAL DATA ON LGBTQQI2-S HEALTH INEQUITIES: HEALTHY PEOPLE 2020:**

**LGBT youth** are 2 to 3 times more likely to attempt suicide.

**LGBT youth** are more likely to be homeless.

**Gay men** are at higher risk of HIV and other STDs, especially among communities of color.

**Transgender** individuals have a high prevalence of HIV/STDs, victimization, mental health issues, suicide and are less likely to have health insurance than heterosexual or LGB individuals.

- 70% report being harassed at school.
- 90% report feeling unsafe at school

**Elderly** LGBT individuals face additional barriers to health because of isolation and a lack of social services and culturally competent providers.

**LGBT populations** have the highest rates of tobacco, alcohol, and other drug use.

National Resource Ctr for Youth Development: Fact Sheet & Healthy People 2020

The most common mental health concerns described by LGBTQ youth were isolation, depression, suicide, and drug and alcohol abuse.

Most of the mental health issues faced by LGBTQ youth were directly related to the harassment and bullying they face in their daily lives, and rejection and isolation by their families, peers, and social organizations (e.g., churches).

LGBTQ youth also described how straight allies also got harassed.

Isolation and the feeling of “not belonging” were particularly salient for the transgendered community.

CA STATEWIDE DATA CONT.

- LGBTQ youth related experiences of not being understood and not being taken seriously by counselors and therapists.

- Participants also described experiences of discrimination with health care providers—doctors, nurses, and office staff—who had been disrespectful or had expressed antagonism and discomfort because of the sexual orientation of the person seeking care.

- Participants complained of the poor quality of care they receive, the inappropriateness of services, and the lack of awareness on the part of providers about LGBTQ issues.

- These experiences create a sense of mistrust in LGBTQ youth and a reluctance to seek services.

- LGBTQ youth of color present a special challenge for service providers in that therapists need to be able to relate to both their experiences faced as LGBTQs and also as LGBTQs of color.
A concept often used in critical theories to describe the ways in which oppressive institutions (racism, sexism, homophobia, transphobia, ableism, xenophobia, classism, etc.) and identities (race, gender identity, sexual orientation, ethnicity, etc.) are interconnected and cannot be examined separately from one another.
• Because of the rejection and isolation that LGBTQ youth experience at home, particularly around the coming out process, youth expressed the need for strategies to increase parental involvement in substance use treatment, providing counseling for the whole family, and targeting parents who have difficulty dealing with the sexual orientation of their child.

• See the Family Acceptance Project Resources, Videos and Booklets for strategies in working with parents who have rejecting behaviors towards their LGBTQ child (be they youth or adult).
CLIENT WILLINGNESS TO DISCLOSE SO/GI

- Modes of Data Collection Strategy (UC Davis Health Systems)
  - LGBT who were Somewhat or Very Likely to disclose SO/GI information when asked:
    - 67% In-person with your provider
    - 52% Paper form filled at office
    - 48% Online form filled out on your own time
    - 38% Over the phone
  - Heterosexuals were more willing as Somewhat or Very Likely to disclose SO/GI information when asked:
    - 81% In-person with your provider
    - 71% Paper form filled out at the office
    - 60% Online form filled out on your own time
    - 45% Over the phone
IDENTIFYING BEST PRACTICES:

• Creating the right team for SO/GI data collection (MH Staff, Registration/Support Staff, medical records, EHR).

• Privacy & sensitivity issues (awareness of legal protections).

• Appropriate language and client safety.

• 2-step gender question.
THE SO/GI DATA COLLECTED

• Modify EHR and/or Intake Templates to include Sexual Orientation and Gender Identity (SO/GI) data collection.

• The Data collection will serve to identify LG BTQQI2-S populations which have historically been underserved as well as to assist the provider in providing culturally sensitive & responsive services.
RECOMMENDED QUESTIONS

• Questions vetted and recommended by national LGBTQ organizations include two-step sex/gender question and a sexual orientation question:

  • What is your current gender identity: male, female, transgender, or other?  (For written—select all from list that apply.)

  • What was your sex at birth: male or female? (For written—select from list.)
    • If sex and gender identity is not congruent, ask: what is your personal pronoun, She/Hers, He/Him, They/Them, or Something Else? (For written—select from list.)

  • Do you consider yourself to be: Straight or Heterosexual; Gay or Lesbian, Bisexual, another sexual orientation, or don’t know?
SO/GI DATA FIELDS

- For Gender Identity, Sexual Orientation and “My Pronoun” select all that apply.
- For Sex Assigned at Birth, ask what sex was listed on your birth certificate.
- When collecting “caretaker/guardian” information—use that label rather than mother/father (may be same-sex household), parent (may be extended family members), etc. Only exception would be biological parents if genetic information is needed.
- If spouse is being requested: indicate “spouse or significant-other”.
ONGOING STAFF TRAINING AND COMMUNICATION (COUNSELING AND ALL SUPPORT STAFF)

Suggest:
- Communication, Communication, Communication!!!
- On-line and In-Person trainings
- Regular Staff Meeting—all Direct Staff & Admin Support Staff (i.e. Reception, Medical Records, etc.) attend
  - Topics example:
    - Staff feedback or questions regarding day to day experiences with our clients to improve
    - How to deal with questions from clients who need explanation about SO/GI
- Regular Services Staff Meeting & Clinical Supervision
  - More opportunity feedback and training ideas
- Ways to build teamwork and improve communication
- Dealing with Homophobia and/or Transphobia among staff
UTILIZING PLAN, DO, STUDY, ACT (PDSA) IMPLEMENTATION:

Testing the normalization and standardization of SO/GI collection.

Proposed project: Improve data capture rate by asking SO/GI questions during SUD Intake and increase staff comfort and welcoming of LG BTQ clients through training.

Cycle 1 –
a) For those counselors who feel comfortable and competent, over 1-2 months will ask SO/GI questions either verbally or initially using a confidential paper questionnaire that client can mark.
b) In follow-up meeting those clinician’s will meet with Program Sup/Mgt and evaluate counselor, provider, client experience.
c) study and develop next cycle of improvement for best administration.
Proposed project: Improve data capture rate by asking SO/GI questions during MH Assessment by Counselor Staff and increase staff comfort and welcoming of LGBTQ clients through training continued:

Cycle 2 –

a) Send all staff (direct services & Admin Support) to LG BTQ QI2-S Data Collection and Cultural Responsiveness Trainings.

e) Utilize Staff Meetings to review & develop Clinic Procedures to best serve LG BTQ QI2-S clients.
TRACKING DATA

• Tracking:
  • Agencies do their own tracking for internal purposes.
  • County wide tracking.
    • Data points:
      • Who are we serving (data at intake)?
      • Satisfaction Surveys (differences by SO/GI)?
      • Outcomes such as retention, return rates, other measures (differences by SO/GI)?
      • Changes over time?
ESTABLISHING A WELCOMING ENVIRONMENT

- Providers can facilitate open conversations about being lesbian, gay, bisexual, or transgender by sending a message that LGBT people are welcome in their offices:

- This can be signaled by posting in the Lobby: a rainbow flag, affirming images of LGBT people, LGBT community resource materials, and all genders” sign on single use restrooms; etc.

- When seeing a client for the first time, providers should also ask questions about sexual orientation, behavior, and gender identity during the client’s visit.

- Providers should start with an open-ended question, such as “Tell me a bit about yourself.”

- In talking about his or her life and family, the client may bring up issues related to sexual orientation or gender identity.
• **Recommendations for SUD Counselors—Language and Client Choice to Disclose:**

  • Providers can also use inclusive or neutral language, such as “Do you have a partner?” instead of asking “Are you married?” which to most people still refers to heterosexual relationships.

  • Providers should ask permission to include information about a client’s sexual orientation and gender identity in the medical record, and assure confidentiality.

  • Clients may decline to disclose, may wish to discuss but not have recorded in the medical record, etc.
• **Recommendations for Intake Counselor—Confidentiality & Privacy (cont.):**

  - LGBT clients may be hesitant to disclose information about their sexual orientation or gender identity due to fears about confidentiality and privacy.
  
  - These fears may have to do with the fact that one hands a filled out intake/registration form to a reception staff person.
  
  - Clients may be reluctant to provide such personal information to office staff in a waiting room, because it feels less private than answering the question of a provider in a private office.
SUPPORTING SAFE SELF-DISCLOSURE CONT.

• **Recommendations for Assessment Clinician--Barriers (cont.):**

  • During provider-client interaction there are several potential barriers to gathering this information.

  • Providers may not be comfortable asking these questions, or lack knowledge on how to elicit this information.

  • Some worry LGBT people will be reluctant to disclose due to anti-LGBT stigma and prejudice.

  • This may be true, and as a result not all LGBT clients will disclose their sexual or gender identity.
WELCOMING ENVIRONMENT

TREATMENT GOALS

- Increased self-acceptance
- Reduction of isolation
- Resilience from challenges
- Fewer unhealthy behaviors
  - Substance Use
  - Risky sexual behaviors
- Increased family acceptance
- Connection to community resources
ADDITIONAL ORGANIZATIONAL BARRIERS TO CONSIDER

- Reluctance of agency leadership to target a client population that might offend potential donors or funders.

- Absence of sexual orientation/gender identity nondiscrimination policies in service provision and employment practices.

- Scarcity of agency leaders recognized as affirming role models.

- Absence of culture of inclusiveness within the organization, free from homophobia and transphobia.

- Exclusion of LG BTQ Q12-S concerns from diversity and other staff training.

- Lack of resource directories and related information targeting LG BTQ Q12-S clients and their families.
PORTRAY LGBTQI2-S YOU SERVE (SUCH AS IN LOBBY, CLINIC MATERIALS, RESOURCES FLYERS AND HANDOUTS, ETC.)
PORTRAY LGBTQI2-S YOU SERVE (SUCH AS IN LOBBY, CLINIC MATERIALS, RESOURCES FLYERS AND HANDOUTS, ETC.)

ALL ARE WELCOME

Lisa and Karen had been together for five years and were ready to move to a deeper level of commitment. They came to GLS last fall for couples counseling, looking to build a healthy foundation for their relationship. As an interfaith couple, particularly important to them both was discussing how Karen’s desire to maintain a Jewish household would play a role in their future family. With their therapist’s help, Lisa and Karen explored their shared values and built techniques for positive communication that will strengthen their relationship for years to come.
SINGLE USE RESTROOM SIGNS SIGNAL WELCOMING & INCLUSIVE CLINIC
ALLY SYMBOLS

- SUD Counselor with rainbow flag on name tag to indicate that she is an ally.
BEST PRACTICES IN LGBTQIQI2-S SUD HEALTHCARE:

1. Leadership & Governance
   a. The org’s affirmative action policy and non-discrimination statement includes SO & GI as protected classes.
   b. The org has created an internal initiative and implementation plan to increase cultural responsiveness with regard to serving the SUD healthcare needs of LGBTQI2-S clients and their families.
   c. The Board participates in annual cultural competency training regarding serving LGBTQI2-S clients effectively.
   d. Individual Board members act as liaisons with key LGBTQI2-S organizations in their community.
   e. The Board actively seeks LGBTQI2-S representatives to serve as members, officer & committee members.
1. Leadership & Governance cont.
   f. The Board and staff observe Pride month in one or more formal ways (e.g., advertisement in Pride program book; booth at parade; recognition within the org, etc.).
   g. The Exec Director ensures that a diverse array of vendors is used, including LGBTQI2-S vendors, for events, activities and services.
   h. The Exec Director and other senior managers are actively involved in and advocate on behalf of LGBTQI2-S clients regarding issues and needs in the broader SUD services community.
   i. The Exec Director ensures that managers of programs serving LGBTQI2-S clients understand are up-to-date on laws and local policies applicable to providing SUD services.
1. Leadership & Governance cont.
   
j. The Exec Director and other senior managers assure that staff and volunteers at all levels of the org are involved in developing LGBTQI2-S cultural responsiveness/humility training and related practices.

   k. Senior managers are recognized for their unit’s achievements in enhancing LGBTQI2-S SUC programs and services.
BEST PRACTICES IN LGBTQI2-S SUD HEALTHCARE CONT.:

2. Outreach, Communication & Tools
   a. The org has ongoing relationships with LGBTQI2-S org’s, groups and key individuals and maintains a database of these resources.
   b. The org has a multi-faceted outreach plan to serve LGBTQI2-S clients.
      a. The org includes LGBTQI2-S periodicals and such org’s on it’s mailing lists (e.g., newsletters, annual reports, etc.).
      b. Outreach tools and other promotional materials include positive images and references to LGBTQI2-S clients of races and ethnicities represented in the community.
      c. The org’s website addresses a commitment to and services to LGBTQI2-S clients.
      d. LGBTQI2-S outreach efforts involve LGBTQI2-S partners and advisors.
BEST PRACTICES IN LGBTQI2-S SUD HEALTHCARE CONT.:  

2. Outreach, Communication & Tools cont.  
   g. Intake and other forms allow clients to designate their sexual orientation, gender identity, and relationship status, their preferred name if different from current legal name and their personal pronoun.  
   h. Clients partners (and other family members) are recognized and respected by all providers in the delivery of services.  
   i. Org’s consumer satisfaction survey allows agency to identify feedback specifically from LGBTQI2-S clients.  
   j. Facilities (reception areas, lounges, program/group rooms, etc.) display positive LGBTQI2-S images and related images.
BEST PRACTICES IN LGBTQQI2-S SUD HEALTHCARE CONT.: 

2. Outreach, Communication & Tools cont.
   g. Intake and other forms allow clients to designate their sexual orientation, gender identity, and relationship status, as well as preferred name if different from current legal name and their personal pronoun.
   h. Clients partners (and other family members) are recognized and respected by all providers in the delivery of services.
   i. Org’s consumer satisfaction survey allows agency to identify feedback specifically from LGBTQQI2-S clients.
   j. Facilities (reception areas, lounges, program/group rooms, etc.) display positive LGBTQQI2-S images and related images.
BEST PRACTICES IN LGBTQI2-S SUD HEALTHCARE CONT.: 

3. Programs and Services
   a. The delivery of programs and services is based on a philosophy of inclusiveness and respect with regard to interactions with LGBTQI2-S clients and/or indicated family members.
   b. LGBTQI2-S identified people are visible at all levels of staff and volunteer services (e.g. Board or Directors, Senior Managers, Service Delivery Staff, Support Staff, and volunteers, etc.).
   c. All volunteers and paid staff are LGBTQI2-S culturally responsive and understand SUD treatment needs as is appropriate to their positions.
   d. Program forms and materials consider LGBTQI2-S general needs and SUD related concerns and issues.
3. Programs and Services cont.
e. The volunteer and staff “performance review” process includes questions about LGBTQQI2-S cultural responsiveness and SUD healthcare need factors.
f. The organization enlists LGBTQQI2-S individuals and professionals as advisors and evaluators regarding needs assessments, program development and implementation processes.
g. LGBTQQI2-S clients are given an annual opportunity to evaluate the organization's cultural responsiveness and SUD health-related expertise, including individual counselors (e.g., client satisfaction surveys).
3. Human Resources
   a. Recruitment of staff and volunteers includes LG BTQ QI2-S friendly language that actively encourages such applicants.
   b. Employment and volunteer applications are posted in LG BTQ QI2-S publications and on such websites.
   c. The organization has the ability to identify LG BTQ QI2-S clients being served.
   d. LG BTQ QI2-S advisors are involved in the development and implementation of such related trainings.
   e. The org incorporates LG BTQ QI2-S cultural responsiveness/humility training in its materials and orientation for new employees.
3. Human Resources cont.

f. All staff and volunteers participate in LGBTQ+ cultural responsiveness/humility training activities at least annually.

g. LGBTQ+ related training also addresses SUD healthcare issues that are unique to such people. Such trainings and development activities are de-briefed and revised as appropriate by key staff and volunteers.

h. Volunteers and staff are recognized for their participation in appropriate training and development programs related to LGBTQ+ SUD healthcare.

Adapted from: New Leaf & Open House’s: Best Practices in LGBTQ Elder Health Care; Research, Resources & Tools.
National Standards for CLAS in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice

National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care:

A Blueprint for Advancing and Sustaining CLAS Policy and Practice
Office of Minority Health
U.S. Department of Health and Human Services
April 2013
ADDITIONAL RESOURCES

- Sign-up on email list for distribution of resources:
  - 1. Provider Training Tools & Resources
  - 2. LGBTQI2-S Client Community Resources
  - 3. Clinic Welcoming and Inclusive Materials
REQUEST ALL DAY TRAININGS

A Provider’s Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual and Transgender Individuals (2nd Edition)