LGBTQ-Affirming Program Endorsement Attestation

Programs seeking OASAS endorsement and designation as an LGBTQ-affirming addiction services space must complete this Attestation and submit it by e-mail to Certification@oasas.ny.gov with the subject line "LGBTQ Endorsement Application." Only complete applications will be reviewed.

<u>Note</u>: This application and its attachments should contain info that pertains to a single PRU. Providers wishing to apply for the LGBTQ-Affirming Endorsement under more than one PRU must submit separate applications, self-assessments, and associated materials.

General Information		
Applicant Program's Legal Name		
Operating Certificate Number	PRU	
Originating Site Address (PRU Location)		
Name of Contact Person	Position/Affiliation with Applicant	
	, and the property of the prop	
Telephone Number for Contact Person	E-mail Address of Contact Person	
Applica		
Please respond to the questions below		
Describe the agency's experience providing substance use disorder (SUD) services to the LGBTQ community.		
How are information and issues related to the LGBTQ community currently integrated into agency trainings, programs,		
and other materials on diversity, harassment, and nondiscrimination?		
The presence of all gender restrooms and pride flags are examples of effective ways of cultivating an LGBTQ-affirming		
physical environment. In what other ways does your program's space achieve this?		

-	your program applying for the LGBTQ-Affirming Program Endorsement? What, if any, benefit(s) do you anticipate dorsement having on your program?	
Use the	e space below to provide any additional information that may be useful to OASAS in reviewing this application.	
Provide <u>07</u> .	e the name(s) and contact information of the applicant program's LGBTQ liaison, as required by OASAS LSB 2019-	
Attestation		
1.	Services offered by the applicant provider are in accordance with OASAS Part 830.	
2.	Clinical staff is trained on LGBTQ terminology, trauma-informed care, allyship, intersectionality, and SUDs among LGBTQ folks. The "Required Annual Trainings" table in the Self-Assessment tool is completed and materials and/or a list of trainers is included with the applicant's submission in accordance with the instructions for the "Required Annual Trainings" table.	
3.	Assessments, screenings, treatment plans, and patient records use inclusive language and provide for optional self-identification related to, at minimum, name, gender, pronouns, sexual orientation, and partnership/marital status. Examples of these records and forms are included with the applicant's submission. (See standards 5a and 8b)	
4.	Applicant program meets all LGBTQ-Affirming Program Endorsement Standards, as evidenced by the Program Self-Assessment. The program's completed Self-Assessment is included with the applicant's submission.	
5.	 LGBTQ-affirming policies and procedures for program employees are in place, enforced, and included in the employee handbook, which is included with the applicant's submission. (See standard 2b) These policies and procedures include, but are not limited to, the following: Nondiscrimination, diversity, and anti-harassment in hiring, compensation, and provision of employee benefits (see standards 3e and 4a) Nondiscrimination, anti-bullying, and anti-harassment in the work environment (see standard 2a) Conflict and grievance resolution addressing discrimination/harassment based on SOGIE for employees (see standard 3d) Staff responsibility in responding to threats of violence and disrespectful comments/actions based on known or perceived SOGIE. (see standard 9a) 	

6.	LGBTQ-affirming policies and procedures for clients (and prospective clients) are in place, enforced, and included with the applicant's submission: Nondiscrimination in the provision of addiction services (see standard 6a) Confidentiality of SOGIE information and the client's right to self-identify (see standards 13a and 13b) Conflict, grievance, and complaint procedures regarding the above policies (7a)		
	All policies and procedures related to LGBTQ client rights are included in the program's Client Bill of Rights or Client Handbook. (See standard 6d)		
	The following written LGBTQ-affirming notices exist, are given to and discussed with clients upon admission, and are included with the applicant's submission:		
7.	 Disclosure statement regarding SOGIE information (see standard 13d) Mandated reporting laws and their implications for LGBTQ youth (see standard 14d) Minor's rights related to confidentiality and treatment without parental consent (see standard 14d) Program Code of Conduct (see standard 9a) 		
8.	The following written LGBTQ-affirming procedures are established, utilized, and included with the applicant's submission: • Addressing hate speech (see standard 9a) • Intake, assessment, and service provision to minors (see standard 14c)		
9.	Letters of support from or evidence of MOUs with at least one LGBTQ-affirming community partner (e.g., local pride center), at least two LGB-affirming providers, and at least two TGNCNB providers are included with the applicant's submission. (See standards 11e-g)		
10.	Letters of support from the program's Board of Directors, internal advisory committee, and workplace inclusion panel are included with the applicant's submission. (See standards 16a, 2g, and 3c respectively)		
11.	The applicant has brochures and other educational material that includes LGBTQ information throughout the program (including the waiting area) and advertising materials that address non-discrimination policies. Examples of these materials are included with the applicant's submission. (See standards 1b and 15a, respectively)		
12.	The applicant program understands that to be eligible to receive and retain an LGBTQ-Affirming Program Endorsement, the applicant must have an OASAS Operating Certificate in good standing.		
Part 830 allows designation of LGBTQ-affirming services by programs certified pursuant to Article 32 of the NYS Mental Hygiene Law if approved to do so by OASAS. Approval shall be based upon acceptance of this written Attestation following a review of the applicants Self-Assessment and attached policies, procedures, and other materials. This form attests to compliance with regulatory requirements.			
Statement of Compliance and Signature (Program Director)			
I, , hereby attest that the items on this Attestation form are true, accurate, and complete to the best of my knowledge and that the provider noted above is in compliance with OASAS Part 830 "Designated Services." I understand that any falsification, omission, or concealment of material fact may result in revocation of LGBTQ-Affirming Program Endorsement at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability.			
Progran	n Director Signature	Date	
LGU Sig	nature	Date	