NYS OASAS Part 830
LGBTQ-Affirming Program Endorsement
Standards and Guidance

Updated Winter 2022

LGBTQ-Affirming Program Endorsement Standards for OASAS-Certified Programs

Contents

I Introduction

The purpose of this document is to offer guidance to providers seeking designation pursuant to 14 NYCRR Part 830 that endorses a program as providing affirming addiction services to members of the lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) community under a specialty endorsement, referred to herein as the "LGBTQ Endorsement." The acronym "LGBTQ" may be used interchangeably with "LGBTQ+" "LGBTQQIP2SAA+," which are further inclusive options.

An LGBTQ Endorsement demonstrates an OASAS certified program's proficiency in meeting the unique needs of the LGBTQ community as it relates to substance use disorder (SUD) services. This endorsement provides an opportunity to increase visibility of and enhance access to LGBTQ-affirming SUD services at both the state and provider levels, and is available to OASAS certified, funded, or otherwise authorized programs. Furthermore, programs in receipt of the LGBTQ Endorsement will have the designation added to their operating certificate and will be included on a public list of OASAS-endorsed LGBTQ-affirming programs.

Programs with an LGBTQ Endorsement must adhere to the standards set forth in this document in addition to all other operating and programmatic regulations, guidance, and contractual requirements. This document reflects the most current terminology, best practices, and research at the time of its creation and is in no way comprehensive. Additional resources can be found in Appendix C of this document.

II Definitions

Ally: A person who is not LGBTQ but shows support for LGBTQ people and promotes equity and inclusion.

Attestation: Providers' written affirmation of meeting the Part 830 regulatory requirements for the delivery of LGBTQ-affirming addiction services.

Birth Name/Deadname: A term used by people who have changed their name to reference the name they were given at birth. Many trans and non-binary folx do not like to have their birth name referenced and find it to be upsetting and disrespectful for others to do so.

Biphobia: Negative attitudes, feelings, and actions toward bisexuality or people who are bisexual, which can manifest as hatred, aversion, contempt, ignorance, discrimination, and violence; a type of prejudice.

Closeted: Describes an LGBTQ person who has not disclosed their sexual orientation or gender identity.

Coming Out: A lifelong process through which a person shares their sexual orientation and/or gender identity with others.

Gender Dysphoria: Clinically significant distress caused by the incongruence of the sex a person was assigned at birth and the gender with which they identify.

Gender Expression: How a person presents their gender to others. This is usually done through behavior, body language, clothing, accessories, make-up, haircut, voice, etc.

Gender Identity: A person's internal sense of their own gender. A person may identify as a woman, a man, both, neither, or anywhere along the gender spectrum and their gender identity may differ from the sex they were assigned at birth. A person's gender identity may be consistent for their entire life or may change over time. Gender identity is separate from sexual orientation. One's gender identity may not align with their gender expression (e.g., an individual may use he/him pronouns and dress traditionally feminine). Some gender identities are*:

- **Agender:** An umbrella term for people who identify as having no gender or having a gender that they describe as neutral.
- **Cisgender:** A term used to describe a person whose gender identity aligns with the sex assigned to them at birth.
- **Gender Diverse/Expansive:** An umbrella term for people whose gender identity and/or expression differs from the cultural norms and expected societal gender roles prescribed for people of a particular sex. These terms may be more affirming and less stigmatizing than "gender non-conforming" (GNC).
- **Non-Binary:** A term used to describe a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. Many nonbinary people also identify as transgender, but some do not.
- **Transgender:** An umbrella term for people whose gender identity and/or expression is different from the sex they were assigned at birth; often abbreviated to "trans."
- **Two-Spirit:** An umbrella term used in indigenous communities for people who embody both masculine and feminine traits, identities, expressions, sprits, and/or roles.

**Note: This list of gender identities is not exhaustive*

Gender Transition: The process through which some people strive to align with their internal knowledge of gender more closely with their outward appearance. There are three general aspects to transitioning: social (e.g., name, pronouns, interactions), medical (e.g., hormones, surgery), and legal (e.g., gender marker, name change). A trans individual may pursue any combination, or none, of these as part of their transition.

Homophobia: Negative attitudes, feelings, and actions toward homosexuality or people who are not straight, which can manifest as hatred, aversion, contempt, ignorance, discrimination, and violence; a type of prejudice.

Heteronormative: The attitude or belief that heterosexuality, predicated on the gender binary, is the default, preferred, or normal mode of sexual orientation.

- **Gender Binary:** The system in which a society allocates its members into one of two sets of gender roles, gender identities, and attributes based on physical sex/genitalia.

Heterosexism: A harmful system of attitudes, bias, and discrimination in favor of opposite-sex sexuality and relationships, which can include the presumption that other people are heterosexual or that opposite-sex attractions and relationships are the only norm and are superior.

LGBTQ: An acronym for "lesbian, gay, bisexual, transgender, and queer." The "Q" also stands for "questioning."

Other common acronyms:

- LGBTQ+: "lesbian, gay, bisexual, transgender, queer, and questioning"
- LGBTQQIP2SAA+: "lesbian, gay, bisexual, transgender, queer, questioning, intersex, pansexual, asexual/agender, and allies"

The "+" is to be inclusive of other LGBTQ identities.

LGBTQ-Affirming Services: Those that respect, validate, and support the needs of clients in the LGBTQ community.

Microaggression: Verbal, behavioral, or environmental slights and insults that, regardless of intent, communicate hostile, derogatory, or negative attitudes toward stigmatized or marginalized groups. See Clinical Considerations for examples and further explanation.

Misgendering: Attributing a gender to someone that is incorrect or does not align with their gender identity.

Pronouns/Personal Gender Pronouns (PGPs): The set of pronouns a person chooses to use for themselves and that others should use to refer to them in sentences and conversations. Examples of commonly used pronouns are:

- she/her
- he/him
- they/them
- ze/hir or ze/zir
- xe/xem

Queer: The term *queer* can include a variety of sexual orientations and gender identities that are anything except heterosexual and cisgender. In the past, the word queer was used to hurt and insult people. Some people find it offensive, particularly those who remember when the word was used in a painful way. Others use the word with pride to identify themselves. If you are unsure if it is appropriate to use queer to describe a person or a group of persons, ask them what label(s) they use for themselves.

Questioning: A term used to describe people who are in the process of exploring their sexual orientation and/or gender identity.

Sex/Sex Assigned at Birth: The classification of people as male, female, or intersex, based on physical anatomy, genitalia at birth, and/or karyotyping. One's sex does not determine their gender identity, or gender expression.

- **Intersex:** An umbrella term for people with a variety of differences in their sex characteristics and reproductive anatomy that do not fit into traditional definitions of male and female.

Sexual Orientation: An inherent or enduring emotional, romantic, and/or sexual attraction. A person's sexual orientation may be consistent for their entire life or may change over time. Some sexual orientations are**:

- **Asexual:** A person who partially or completely lacks sexual attraction or interest in sexual activities with others; may be shortened to "ace."
- **Bisexual:** A person who is emotionally, romantically, and/or sexually attracted to more than one sex, gender, or gender identity.
- **Gay:** A person who is emotionally, romantically, and/or sexually attracted to members of the same gender.
- **Lesbian:** A woman who is emotionally, romantically, and/or sexually attracted to other women.
- **Pansexual:** A person who is emotionally, romantically, and/or sexually attracted to people of all genders.
- **Straight/Heterosexual:** A person who is emotionally, romantically, and/or sexually attracted to people with a gender different from their own. Heterosexual relationships most often exist between a cisgender man and a cisgender woman, but this is not always the case.

***Note: This list of sexual orientations is not exhaustive.*

TGNC: An acronym used to refer to people who fall under the trans and gender nonconforming umbrella. This term can include people who are nonbinary, gender fluid, or genderqueer.

Tokenism: The practice of making only a perfunctory or symbolic effort to be inclusive. See Clinical Considerations for examples and further explanation.

Transphobia: Negative attitudes, feelings, or actions toward trans people or transness in general, which can manifest as hatred, aversion, contempt, ignorance, discrimination, and violence; a type of prejudice.

III Providing LGBTQ-Affirming Addiction Services

The New York State Office of Addiction Services and Supports (NYS OASAS) is committed to the provision of equitable, culturally responsive addiction services for all New Yorkers, which includes progressing the system from LGBTQ-tolerant to LGBTQ-affirming. To aid in this, providers should be knowledgeable about the LGBTQ community (and its history) and, more importantly, be constantly open and willing to learn.

A Historical Context

In the last century alone, the LGBTQ community has endured systemic oppression, discrimination, and violence in the United States, which continues to have negative effects on the health and safety of

LGBTQ people. Understanding this context is pivotal for providing affirming, effective care for the LGBTQ population.

During the early 1900s, the Harlem Renaissance was flourishing in New York City. Historians have stated that the Harlem Renaissance was "as gay as it was black," allowing for greater visibility of LGBTQ people despite centuries of persecution on American shores. After World War II, however, attitudes towards LGBTQ people took steps back with the United States Congress issuing a report titled "Employment of Homosexuals and Other Sex Perverts in Government." This document likened homosexuality to a mental illness and led to what is now referred to as the "Lavender Scare." Despite this, in the same year, one of the first gay rights groups was formed in Los Angeles: The Mattachine Society. Unfortunately, three years after the beginning of the Lavender Scare, President Dwight D. Eisenhour signed Executive Order 10450, which banned homosexuals from working for the government; this was later replaced in 1993 by President Bill Clinton's "Don't Ask, Don't Tell" Law (Morris, n.d.).

In 1966, the Compton's Cafeteria Riot in San Francisco laid the groundwork for the more famous Stonewall Riots in 1969. During the Compton's Cafeteria Riot, transgender people and drag queens reacted to police brutality and harassment, leading to days of protest. On June 27th in 1969, the police conducted an unprovoked raid on the Stonewall Inn, a well-known gay bar in Greenwich Village. This led to six nights of riots protesting the treatment of LGBTQ people. It is extremely important to note the importance of folx like Sylvia Rivera and Marsha P. Johnson, two self-identified drag queens of color who played pivotal roles in the uprising (Morris, n.d.).

The Stonewall Riots in 1969 led to an organized gay rights movement, including the first gay pride marches on their anniversary in 1970. In 1973, the American Psychiatric Association removed homosexuality as a category of disorder or illness from the Diagnostic and Statistical Manual of Mental Disorders (DSM). Though problematic diagnoses regarding sexual orientation and/or gender identity remained, in one form or another, in the DSM for many years to come, this marked an important change in how the United States viewed LGBTQ identities (Morris, n.d.).

In 1977, Harvey Milk was elected and became the third openly gay elected official in the United States. He used his position as a city supervisor to pass bills banning discrimination in public accommodations, housing, and employment based on sexual orientation. He was later assassinated by another city supervisor, Dan White, on November 27, 1978 (Morris, 2009).

In 1981, the AIDS Epidemic began when reports started to circulate of gay men developing a rare form of pneumonia normally found in severely immunocompromised patients. By 1990, there were over 160,000 cases of AIDS reported worldwide with over 120,000 deaths, many of whom were gay men ("HIV/AIDS: Snapshots of an Epidemic," n.d.). Anti-gay movements in the United States were galvanized by the epidemic (Morris, n.d.).

Despite this, the LGBTQ community continues to make strides towards acceptance. In 2000, same-sex civil unions were recognized under Vermont law; Massachusetts began performing same-sex marriages in 2004. In 2015, the Supreme Court case Obergefell v. Hodges led to the national legalization of same-sex marriage in the United States (Morris, n.d.).

These and countless other events have affected generations of LGBTQ folx, many of whom enter the addiction service system. Clinicians should, in partnership with their LGBTQ clients, explore the ways, if any, that events like the ones above have impacted their clients. Doing so may bring greater understanding to the clinician and better equip them to serve those individuals.

B Present Day

It is important to recognize that discrimination against the LGBTQ community is not a thing of the past. Every day, LGBTQ Americans face the results of the homophobia and transphobia ingrained in American society.

The Harvard T. H. School of Public Health conducted a nationwide survey in partnership with the National Public Radio (NPR) and the Robert Wood Johnson Foundation to explore the discrimination experienced by LGBTQ Americans. They found that 57% of LGBTQ Americans personally experienced slurs and verbal harassment about their sexual orientation or gender identity. Furthermore, 51% of LGBTQ Americans reported that they or an LGBTQ friend or family member experienced physical violence because of their identity. The same percentage of LGBTQ respondents reported that they, a friend, or a family member experienced sexual harassment due to their identity ("Discrimination in America," 2017).

Further, in the last seven years, at least 157 trans and non-binary folx have been the victims of fatal violence, with at least 139 (or 89%) of these victims being people of color (POC). The Human Rights Campaign states that this number is likely higher, as data collection is "incomplete or unreliable when it comes to fatal crimes against transgender and gender non-conforming people" (2019).

This raises an important point about the intersection of identities and the way that having multiple minority identities makes a person more vulnerable to discrimination and, at worst, violence. For example, a 2017 study suggests that a white, cisgender gay man is less likely to be the victim of murder than a young, Black trans woman (Stotzer, 2017). Therefore, it is vital to utilize an intersectional lens in all work with the LGBTQ population, with special attention to racial equity. More information about intersectionality can be found under the next subsection, Intersectionality and the Minority Stress Model.

Some displays of discrimination are not verbal or physical, but institutional. Discrimination also occurs in the workplace – between 42% and 68% of LGBTQ individuals report experiencing employment discrimination. Approximately 47% of transgender adults reported being discriminated against in the workplace, with over 25% reporting losing their jobs due to discrimination ("Lesbian, Gay, Bisexual and Transgender Persons & Socioeconomic Status," 2010). In 2020, the Supreme Court ruled that the Civil Rights Act bans employment discrimination based on sexual orientation and gender identity, taking a major step towards curbing discrimination. However, the fact remains that 27 states have no explicit statewide laws protecting LGBTQ individuals from discrimination in employment, housing, and public accommodations (Thoreson, 2020).

Continuing in that vein, according to the APA there are major income disparities between LGBTQ adults and cisgender, heterosexual adults; in general, LGB adults live in poverty at higher rates than heterosexual adults. Furthermore, transgender adults are 4 times more likely to have a household

income of less than $10,000 per year compared to the general United States population ("Lesbian, Gay, Bisexual and Transgender Persons & Socioeconomic Status," 2010).

C Intersectionality and the Minority Stress Model

The minority stress model explores the relationship between minority and dominant values and the conflict that results in the social environment. This conflict creates chronic stressors unique to the minority population in question that have major implications for their health and that can lead to psychological distress and physical illness. In this way, the minority stress model explains the health disparities found between minority populations and the general populations (Denato, 2012).

This theory has three tenets:

1. Minority status leads to increased exposure to external stressors (e.g., rejection, prejudice, discrimination)
2. Minority status leads to increased exposure to internal stressors (e.g., concealment of one's minority identity, vigilance and anxiety about prejudice, and negative feelings about one's own minority group) which are byproducts of the external stressors
3. Minority individuals suffer adverse health outcomes because of the external and internal stressors

With that said, there are a few ways the addiction service system can help ameliorate the effects of minority stress. On the individual level, clinicians can work with their clients to develop coping skills and identify social supports. On a macro level, programs can employ interventions (e.g., policy change, staff training, etc.) to decrease the amount and severity of external stressors to foster a more affirming service space for LGBTQ folx.

Related to the minority stress model is intersectionality, a term coined in 1989 by Kimberlé Crenshaw, a law professor, civil rights advocate, and leading scholar of critical race theory. Intersectionality is an analytical framework for understanding how aspects of an individual's many identities combine to create layers of privilege and/or discrimination. Examples of identity factors are race, ethnicity, gender identity, sexual orientation, class, disability, and religion.

An individual's overlapping and intersecting social identities can be empowering, oppressing, or a mixture of both. A client with multiple oppressed identities may face discrimination based on any combination of those identities. This concept is known as multiple discrimination and may lead to the individual facing more difficulties in accessing and engaging in treatment. This makes them far more likely to experience minority stress and subsequent adverse health outcomes than their peers with a greater number of privileged or empowering identities.

An awareness of intersectionality is beneficial to every person who interacts with the addiction service system. The first step is understanding one's own intersecting identities and considering the impacts of one's identities. For example, one might ask themself:

- What parts of my identity empower me or grant me privilege? What parts of my identity put me at a disadvantage?
- What implicit biases may I have developed based on my intersecting identities? Is there work I can do to decrease those biases?

From there, one is better able to identify and help dismantle systems and instances of oppression and discrimination. Further, a clinician's understanding of intersectionality may make them better suited to understand and address the stressors and difficulties faced by marginalized populations, including LGBTQ folx and black, indigenous, and other people of color (BIPOC). More information and resources about intersectionality and minority stress can be found in Appendices C (Additional Resources) and D (Social Identity Wheel)

D Substance Use and the LGBTQ Community

Research indicates that rates of substance use and substance use disorders are higher among LGBTQ-identifying persons than the general population. In 2015, SAMHSA published data regarding substance use among sexual minority, or LGB, adults. Of the respondents to their survey, 39.1% of LGB adults reported illicit substance use versus 17.1% of heterosexual adults; this trend continues when looking at individual drug categories, with LGB adults consistently more likely than heterosexual adults to report past year use. This same study found that LGB adults were more likely to be current alcohol and alcohol binge drinkers than heterosexual adults. It should be noted that being an LGB person of color further increased these disparities. Overall, 15.1% of LGB adults reported having a substance use disorder compared to 7.8% of heterosexual adults (Medley, Lipari, & Bose, 2015).

Similar patterns of substance use can also be seen among transgender adults. In 2015, the National Center for Transgender Equality conducted a national study on discrimination against transgender people; this study also included assessing health disparities within the community. They found that 29% of respondents reported current illicit drug, marijuana, and/or prescription drug use compared to 10% of the general U.S. population. Transgender adults were also more likely to report current use of alcohol and reported slightly elevated levels of binge drinking compared to the general U.S. adult population (James et al., 2016).

The disparities between LGBTQ adults and heterosexual, cisgender adults run even deeper. Research conducted by Cochran and Cauce (2006) reported that openly LGBTQ clients presented with more severe substance use disorders. In the same study, they found that openly LGBTQ clients reported that they were receiving or needed mental health treatment more frequently than their heterosexual, cisgender peers, indicating co-occurring mental health concerns (Cochran & Cauce, 2006). This is supported by SAMHSA, who found in 2015 that LGB adults were more likely than heterosexual adults to have any mental illness and/or severe mental illness in the past year. LGB adults were also more likely than heterosexual adults to report a major depressive episode. Given this information, it is clear to see that there is a serious need for LGBTQ-affirming addiction treatment.

With that said, it's important to remember that being LGBTQ is not, in itself, a risk factor, but social stigma, discrimination, unsafe home, work, and/or school environment(s), lack of social spaces outside of LGBTQ bars and clubs, and other risk factors can all contribute to substance use and other mental health issues for folx in the LGBTQ community. By doing our part to create and maintain affirming environments and addiction services, we may lessen the impact of these risk factors and are can better support our LGBTQ clients in achieving their treatment and recovery goals.

E Clinical Considerations

While LGBTQ clients benefit from the same interventions and approaches as their cisgender, heterosexual peers, substance use services are generally less accessible to the LGBTQ community due

to factors like homophobia, heteronormativity, and discrimination. However, there are a number of strategies clinicians and other program staff can utilize to be allies and create a supportive and LGBTQ-affirming SUD service environment. A few of those strategies are:

1. **Use inclusive, person-centered language.**
   Using inclusive language means being mindful in our interactions. The first step, however, is for all staff members to be knowledgeable about LGBTQ terminology, from reception staff to clinical staff to administration and everyone in between.

   Further, it is always important to be aware of the parts of speech you are using because many words can be considered offensive if used incorrectly. The general rule is to follow person-centered language. That means that almost all sexual orientations and gender identities should be used as adjectives and not as nouns, with the exception being the binary terms "male" and "female."

   For example, you would say, "I have a client who is transgender" and not, "I have a client who is a transgender."

   The definitions in this document provide a baseline but language is always evolving, and staff should make efforts to review language used by the LGBTQ community on a regular basis. For links to more resources, see Appendix C. From there, staff should:

   a. Revise forms
      → Include a fill-in for pronouns and name in use/correct name (if different than legal name)
      → Expand options for gender identity and sexual orientation and ask questions about gender and sexual orientation in an affirming manner
         - See Appendix C for resources
      → For adolescent assessments/forms, change "Mother's Name"/ "Father's Name" and associated fields to "Parent 1" and "Parent 2"
   b. Reflect the language a client uses
      → e.g., if someone uses "gay" to describe their sexual orientation, do not refer to them as "homosexual"
   c. Ask about correct names and pronouns
   d. Avoid heteronormative assumptions
      → e.g., assuming a child has a "mom" and a "dad," assuming someone's sexuality or gender based on qualities/traits that are traditionally considered masculine or feminine ("he's athletic so he can't be gay," "she wears dresses and make-up so she must be straight")
   e. Use gender-neutral language when talking about romantic relationships
   f. Practice sharing your pronouns when introducing yourself to a group of people or a new client

2. **Create a welcoming space.**

With the exception of phone contacts with reception and/or intake staff, a program's physical space is often a person's first interaction with the program and, therefore, has a major impact on a client or staff member's comfort. A person who enters your program and feels unwelcome is unlikely to engage in treatment in a meaningful way, but there are simple ways that a physical environment can show LGBTQ clients and staff members they are welcome and respected:

a. Include LGBTQ-affirming information in brochures and other educational materials throughout the facility, including intake and waiting areas
b. If your program has media available to clients in waiting areas or group rooms, include LGBTQ-inclusive media
    → e.g., LGBTQ nonfiction books on a community bookshelf
c. Ensure access to all gender and/or single-use restrooms
d. Display posters and other signs of LGBTQ inclusivity and celebration throughout the facility
    → e.g., Safe Space signs/stickers on doors to clinician offices and/or group rooms
e. Create and enforce a code of conduct that encourages an inclusive environment

3. Respect and protect confidentiality.

The collection of information about sexual orientation and gender identity can be anxiety-provoking, but explaining the 5Ws can help to decrease these feelings: WHAT info is being collected? WHY is it being collected? WHERE is it stored? WHO has access to it? WHEN is it disclosed to external entities (e.g., family/caregivers, drug court, juvenile justice, probation, etc.)?

Paramount to providing LGBTQ-affirming care is not outing anyone. When a client comes out to you, they are exhibiting trust in you and while most would never maliciously out a client as being part of the LGBTQ community, even accidental disclosures can have devastating effects to the client's health and well-being, including being put at risk of harassment, rejection, and violence, within and without the program. A client who has been outed is also less likely to engage in their treatment. For these reasons, a client's sexual orientation and/or gender identity should be discussed only when clinically relevant and with the client's consent.

This includes using discretion with a client's pronouns and preferred name. For example, a trans client using a name different from their legal one may not be out to their family. In this case, using the client's preferred name when speaking with a family member or other contact may inadvertently out the client and put them in danger. Communicate with your client to ensure you are using language that keeps them safe.

This is especially important when an LGBTQ client is also a minor. Information about a youth client's sexual orientation and/or gender identity should never be disclosed to parents, caregivers, or other family members without the youth's explicit consent.

4. Encourage positive identity exploration and development.

A person's self-image and self-concept are made up of multiple domains of identity, which include race, class, religion, sexual orientation, and gender identity. All clients should have the

ability to explore and learn more about identity formation and the ways their identities intersect. Especially with youth and young adult clients, it is important to encourage and support exploration of identity and to create a space in which discussions related to that exploration can take place.

This strategy includes your own identity exploration and development! As a clinician, it is useful to be aware of your own multiple identities and the way they impact the social, emotional, and professional aspects of your life. See Appendix D for a worksheet on identity.

5. **Avoid tokenizing and using microaggressions**

In the workplace, tokenism can manifest in the recruitment of people from underrepresented and/or marginalized groups to give the appearance of social inclusivity and diversity. In these instances, the "token" individuals are often burdened with the expectation of being the authority and speaking/performing on behalf of all things related to the underrepresented group(s) to which they belong. This can cause the tokenized individual to feel isolated and experience anxiety, stress, guilt, and burnout.

To avoid tokenism, diversity and inclusion must be an integral part of an organization's standard practice to foster an environment where people feel connected, included, and that they were hired because of their capabilities in the workplace, rather than their gender identity, sexuality, race, or other identity.

A microaggression is a subtle, sometimes unintentional, form of prejudice that can cause considerable harm over time and perpetuate stereotypes. Some examples of microaggressions are:

a. Suggesting an individual's sexual orientation or gender identity is "just a phase"
b. Using the word "preference" in relation to sexual orientation and gender identity
    → e.g., "sexual preference" instead of "sexual orientation"
    "preferred pronouns" instead of "correct pronouns" or "personal gender pronouns"
c. Intentionally using the wrong pronouns
d. Referring to being LGBTQ as a "choice" or "lifestyle"
e. Asking invasive questions about an individual's body or experiences
f. Asking/Saying things like:
    → "Who's the man and who's the woman in the relationship?"
    → "I never would have known you're transgender! You're totally passable as a [man/woman]!"
    → "How can you know you don't like [men/women] if you haven't tried?
    → "Were you born a boy or a girl?"

One way to avoid committing microaggressions is to explore one's own biases (we all have them!). This process can help us to identify our unconscious/implicit biases, which are learned assumptions, beliefs, attitudes, or stereotypes about specific groups of people that we sometimes do not even realize we hold. Once we have identified our biases, our greatest tool for deconstructing them is information. Education, paired with introspection, mindfulness, and

gaining exposure to other groups and ways of thinking, can help us avoid committing microaggressions.

A key point here is to try and do your own research. There is a plethora of resources available online that can help you educate yourself about LGBTQ issues and biases you may have about the LGBTQ community. If you are not sure where to start, asking your agency's LGBTQ Liaison is a good start, but do not place the burden of your education entirely on the shoulders of an LGBTQ person you know, as that would be a form of tokenism!

6. **If you are not sure, ask!**
   It is okay not to have all the answers. What is important is being willing to respectfully ask questions and being open and receptive to the answer(s). For example, if you are not sure what pronouns or name a client or colleague would like you to use when speaking to or about them, just ask them!

7. **When you make a mistake, correct yourself and move forward.**
   Society's understanding of gender and sexuality is constantly expanding, which means allies are likely to make innocent mistakes. This might include using outdated terminology or using incorrect pronouns to refer to someone, but regardless of the transgression it is best practice to acknowledge your mistake, apologize for and/or correct it, and move forward.

   - DO thank them for correcting you
   - DO commit, either verbally or mentally, to avoiding making the mistake in the future
   - DO provide a simple but sincere apology
   - DON'T qualify your error with profuse apologies ("I *never* do that!") or unnecessary excuses

   A natural response to making mistakes or causing harm is to apologize but in this case, it is best to keep the apology brief. The reason for that is apologies and excuses place the responsibility on the other person to provide comfort to you for making a mistake. Though you may only make this mistake once, LGBTQ folx are often on the receiving end of allies' missteps and having to forgive or comfort allies is taxing.

   One way to acknowledge mistakes without centering yourself is by using the Ouch/Oops method. In this framework, an "Ouch" is when someone is negatively affected by a statement or action and an "Oops" is an acknowledgement of the inadvertent harm.

   For example, if a clinician uses the wrong pronouns for a client, the client may say "Ouch" to indicate there has been a misstep and the clinician may respond "Oops" to acknowledge that misstep. When the client said, "Ouch," the clinician may have immediately realized their error. In that case, each can move on in their interaction with renewed mindfulness. Other times, further discussion is needed. If the clinician is unsure about what they said to cause the "Ouch," it would be appropriate for the clinician to follow up "Oops" with a question like, "What can I do better next time?"

Programs and clinicians can implement this framework from intake with a client and orientation with a new hire. If the method is used program-wide, it serves as a simple but effective means of acknowledging and being mindful about inadvertent harm.

8. **Hold others accountable.**
   Being an ally to the LGBTQ community requires holding others accountable for their words and actions. For example, if a client or fellow coworker misgenders or uses the deadname of an openly trans client or staff member, correct them.

   It is also important to help uphold nondiscrimination and anti-harassment policies by addressing or reporting discriminatory jokes, comments, and actions. If clients or fellow coworkers are using slurs or harassing a client or staff member because of their actual or perceived gender identity and/or sexual orientation, step in.

   If you notice a coworker consistently engaging in discriminatory behavior, the issue may need to be elevated to your agency's Human Resources department.

9. **Employ LGBTQ-affirming strategies with every client and colleague.**
   While the intent of this guidance and the standards in section IV of this document is to create affirming spaces for LGBTQ clients, the information here is applicable to clients and coworkers of all gender identities and sexual orientations, including those who are cisgender and heterosexual. Every person has a gender identity (even if they are agender) and every person has a sexual orientation (even if they are aromantic or asexual), which means that everyone has the potential to benefit from an LGBTQ-affirming environment.

   In addition, using the strategies of this section only with clients you know to be LGBTQ-identified is still a form of "othering" and has the potential to cause harm, both to out clients and closeted ones. Do not pick and choose which clients or colleagues with whom you, for example, use inclusive language. Instead, practice and implement these strategies in every interaction and continue to be mindful of the impact your words and actions have on those around you.

IV General Program Standards

Adding a designation to the operating certificate

- Pursuant to 14 NYCRR Part 830, the LGBTQ Endorsement is an optional means of program classification available to OASAS-certified programs. Providers requesting this designation must submit an application consisting of a Provider Self-Assessment (Appendix A), Attestation (Appendix B), and accompanying materials to the OASAS Bureau of Certification by mail to 1450 Western Ave., Albany, NY 12203 or by email to certification@oasas.ny.gov and the appropriate Regional Office.
- Designation may be contingent upon a site review to verify the contents of a program's self-assessment. This site review may take place either virtually or in-person and will consist of discussions with program staff of all levels, a review of the physical space, and, wherever possible, interviews with current and/or past clients.

Attestation

- A program applying for designation as an LGBTQ-Affirming Program must attest to conformance with provisions of Part 830 and the standards and guidance provided by this document.
- Upon acceptance of the application, OASAS will provide a written approval and mail the provider a new operating certificate that includes the designation.

Statement of the types of treatment available

- A statement exists and is available to current and prospective clients indicating the types of treatment that are available, with equal attention given to providing an understanding of treatment types that cannot be provided on-site or will require a referral.

V Minimum Requirements for All Certified, Funded, or Otherwise Authorized Providers

The mandates and obligations laid out in New York State Human Rights Law and in OASAS LSB 2019-07 establish the minimum requirements to which all OASAS-certified programs must adhere. This includes:

1. A Client Bill of Rights that explicitly ensures LGBTQ-affirming service delivery
2. Designation of an LGBTQ Liaison to monitor staff compliance with required cultural competency trainings and to serve as a resource for LGBTQ-identified clients and staff
3. Written policies and procedures that explicitly identify LGBTQ-affirming client services. These policies must include, at minimum:
   - → **Confidentiality**: Information about a client's sexual orientation and/or gender identity shall be treated as protected heath information. Such information may only be disclosed with permission from and in consultation with the client.
   - → **Cultural Competency Training** specific to the LGBTQ community must be delivered to all staff members at least once annually and to all incoming employees as part of their initial orientation.
   - → **Trans, Gender Non-Conforming, and Non-Binary (TGNCNB)-Affirming Policies** which respect, validate, and support the needs of TGNCNB clients
   - → **Gender-Based Program Assignments** honor the gender, pronouns, and name provided by the client, giving client access to room assignments, restrooms, and any other activities and facilities segregated by sex based on their self-identified gender identity
   - → **Access to Gender-Affirming Healthcare**
   - → **Addressing Harassment and Discrimination Policies and Procedures** that identify staff responsibilities in responding to threats of violence, disrespectful and/or suggestive comments or gestures toward an LGBTQ-identified client

See OASAS LSB 2019-07 for more information. Programs unable to demonstrate compliance with these minimum requirements are not eligible to receive the LGBTQ Endorsement.

VI LGBTQ-Affirming Program Standards

The following standards intend to build upon the foundation provided by the above-described minimum requirements to define current best practices as it relates to providing LGBTQ-affirming addiction services. However, many of the minimum requirements are included in these standards as reinforcement of their importance.

Program policies, procedures, and practices addressing the unique features of the endorsement must be in place addressing, at a minimum, the topics listed below prior to receiving the LGBTQ Endorsement. For more detail on the indicators for each standard, please see Appendix A.

Physical Environment

- The program has cultivated a welcoming and affirming physical environment for LGBTQ clients, staff, and family members

Program Staff

- The program has established an inclusive, nondiscriminatory workplace environment for LGBTQ employees
- The program supports and encourages visibility of LGBTQ employees
- The program ensures that LGBTQ employees are subject to the same terms and conditions of employment, including the same benefits and compensation, as all other employees

Client Rights

- The program implements policies prohibiting discrimination in the delivery of services to LGBTQ clients and their families (as defined by the client)
- The agency has accessible procedures in place for clients to file and resolve grievances alleging violations of these policies

Intake and Assessment

- Intake and assessment procedures are inclusive, affirming, and meet the needs of LGBTQ clients and their families (as defined by the client)

Service Planning and Delivery

- All prevention, treatment, and/or recovery service modalities (e.g., individual, group, family, couples, etc.) provided by the program, in every setting (e.g., clinic or office-based, in-community, school-based, etc.) utilized by the program, are welcoming and affirming
- All staff have a basic understanding of LGBTQ experiences as they pertain to services provided by the program
- All direct care staff are able identify and address, within their scope of practice, specific health problems and treatment issues for LGBTQ clients and their families, to provide treatment accordingly, and to provide appropriate referrals when necessary
- All treatment plans and other patient records include and address sexual orientation and gender identity/expression (SOGIE)

Confidentiality

- The agency ensures the confidentiality of client data, including information about sexual orientation and gender identity/expression issues
- The agency provides developmentally appropriate, safe, and confidential treatment to LGBTQ minors

Outreach and Inclusion

- The agency includes people from the LGBTQ community and their families in outreach and health promotion efforts
- The composition of the agency's Board of Directors, Advisory Board, and other institutional bodies includes representation from the LGBTQ community

References

Cochran, B. N. & Cauce, A. M. (2006). Characteristics of lesbian, gay, bisexual, and transgender individuals entering substance abuse treatment. *Journal of Substance Abuse Treatment, 30*(2). doi: 10.1016/j.jsat.2005.11.009.

Crenshaw, Kimberlé (1989) "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8. Available at: http://chicagounbound.uchicago.edu/uclf/vol1989/iss1/8

Denato, M. P. (2012). The minority stress perspective. *Psychology and AIDS Exchange Newsletter.* https://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress

Discrimination in America: Experiences and views of LGBTQ Americans (2017). Harvard T.H. Chan School of Public Health, Robert Wood Foundation, National Public Radio. https://www.rwjf.org/content/dam/farm/reports/surveys_and_polls/2017/rwjf441734.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Motte, L., & Anafi, M. (2016). *The report of the 2015 U.S. Transgender Survey.* Washington, DC: National Center for Transgender Equality.

Medley, G., Lipari, R. N., Bose, J. (2016). Sexual orientation and estimates of adult substance use and mental health: Results from the 2015 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychological bulletin, 129(5), 674–697. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2072932/

Morris, B. J. (n.d.). History of lesbian, gay, bisexual, and transgender social movements. https://www.apa.org/pi/lgbt/resources/history

Thoreson, R. (2020). US Supreme Court Ruling a Victory for LGBT Workers. https://www.hrw.org/news/2020/06/15/us-supreme-court-ruling-victory-lgbt-workers

Appendix A: Program Self-Assessment Tool

The purpose of this self-assessment is to help determine if your program is ready to become an OASAS-designated LGBTQ-Affirming Program. Each standard and its indicator(s) reflect primary features of effective and affirming SUD treatment services for the LGBTQ community and are based in current research and best practices.

Instructions

In order to be accepted for review, the following rating tool must be filled out in its entirety. This includes a score, comment(s) providing corroborating information for every component of each standard, and attachments for components that require additional materials (e.g, policies, contact information, program brochure, etc). **Incomplete self-assessments, including those missing requested documentation, will not be reviewed.**

The self-assessment must be completed by the Program Director and signed by the Executive Director, CEO, or other executive leader. **Programs completing this tool by hand must ensure the resulting submission is legible for an accurate review to be completed. Failure to do so may result in a denial or delay of endorsement.**

Rating Procedure

Indicate the extent to which your program has adopted each element of the sixteen (16) LGBTQ-Affirming Program Endorsement Standards using the 5-point Likert scale (defined below).

0	1	2	3	4
No Activity or Commitment	Commitment The agency has made the decision to work toward implementing and sustaining this element	Planning This element is under development	Initial Implementation This element has been introduced to agency practice, but adjustments are still being made	Full Implementation This element is integrated into standard agency practice

Program Information and Signatures

Note: If applying for the LGBTQ Endorsement in more than one PRU, a separate Self-Assessment Tool must be completed for each PRU.

I, the undersigned, Executive Director of _____, verify that the information provided in this self-assessment is accurate and reflective of current agency practice.
(Provider Name)

Executive Director Name: _____ Executive Director Signature: _____

Program Director Name: _____

Program Director Email: _____ Program Director Signature: _____

Program Director Phone: _____

PRU: _____

1. The program has cultivated a welcoming and affirming physical environment for LGBTQ clients, staff, family members, and other visitors, as indicated by:		
Indicator	Score	Justification
1a. Availability of at least one all gender/single occupancy restroom, which is accessible to all staff, clients, and visitors.	Select	
1b. Inclusion of LGBTQ information in brochures and other educational materials in waiting rooms and throughout the facility. ***Include example with application package***	Select	
1c. Visible signs of LGBTQ acceptance and celebration throughout the facility (e.g., pride flag, Safe Space stickers, LGBTQ-inclusive posters, etc).	Select	
1d. Absence of discriminatory printed language and art (including graffiti), both within the facility and on/around its building.	Select	

2. The program has established an inclusive, nondiscriminatory workplace environment for LGBTQ employees, as indicated by:		
Indicator	Score	Justification
2a. Written policies, including but not limited to nondiscrimination, diversity, and anti-harassment policies, that explicitly include sexual orientation and gender identity/expression (SOGIE).	Select	
2b. Inclusion of policies in employee handbook and new employee orientation programs and associated materials for all staff. ***Include employee handbook with application package***	Select	
2c. Written sign-off on policies by all employees, indicating their understanding and cooperation.	Select	
2d. Discussion of policies with job applicants during the interview process.	Select	
2e. Hiring practices that assess applicants for awareness and understanding of LGBTQ issues. Justification should include examples of application and interview materials reflecting this element. These items may be included as an attachment to the program's endorsement application.	Select	

2f. Annual review of all policies, which should include the opportunity for ongoing employee input and training.	Select	
2g. Existence and utilization of an internal advisory committee that regularly meets to review agency compliance with the standards outlined in this document and to make recommendations. The advisory body must include any willing LGBTQ staff, 1-2 current and/or former TGNCNB clients, and/or 1-2 current and/or former LGB clients willing to participate. NOTE: The panel in Standard 3c may perform this activity. ***Include letter of support from this advisory body with application package***	Select	
3. The program supports and encourages visibility of LGBTQ employees, as indicated by:		
Indicator	Score	Justification
3a. The presence of at least one LGBTQ person on the program's clinical staff, as evidenced by self-identification as LGBTQ via anonymous employee satisfaction surveys or as part of data collection on confidential employee forms. NOTE: This indicator is not meant to tokenize LGBTQ staff, but to help quantify the efficacy of a program's LGBTQ-inclusive strategies.	Select	

3b. LGBTQ employee recruitment efforts with demonstrated reach of LGBTQ applicants. Justification may include a short summary of recruitment events, an estimation of the number of candidates reached, and/or a list of LGBTQ organizations to which the program conducted outreach.	Select	
3c. The utilization of a workplace inclusion panel (WIP) that includes LGBTQ+ and allied people, people of color, veterans, and people of varied abilities and that meets regularly to leverage each unique populations' networks and skills to accomplish goals related to innovation in service provision, recruitment and retention of staff, and outreach to and retention of clients. Justification should include, at minimum, the responsibilities of this group and how often it meets. NOTE: It is recommended for the panel to be specific to a program or a provider. ***Include letter of support from this group with application package***	Select	
3d. Creation/Revision and implementation of conflict and grievance resolution processes to handle and resolve employee complaints of discrimination or harassment based on sexual orientation, gender identity, and/or gender expression effectively and appropriately. ***If in place, include written procedure with application package***	Select	

3e. Written policy stating that discrimination and/or harassment of other employees on the basis of sexual orientation, gender identity, and/or gender expression (SOGIE) are grounds for appropriate levels of discipline, up to and including dismissal. ***Include written policy with application package***	Select	
4. The program ensures that LGBTQ employees are subject to the same terms and conditions of employment, including the same benefits and compensation, as all other employees, as indicated by:		
Indicator	Score	Justification
4a. Written policies explicitly prohibiting discrimination on the basis of sexual orientation, gender identity, or gender expression in providing compensation and benefits (e.g., family leave, medical leave, bereavement leave). ***Include written policy with application package***	Select	
4b. Offering health and life insurance benefits with same-sex partner benefits, medical benefits to support the needs of trans employees, and paid family leave (as opposed to just maternity leave).	Select	
4c. Comprehensive, ongoing training of all human resource and other appropriate staff on sexual orientation and gender identity/expression issues related to employee benefits and the hiring process.	Select	

4d. Accessible mechanisms to appropriately share LGBTQ-related policies and relevant trainings to employees at all levels.	Select	
5. The program ensures that all staff use culturally appropriate language when interacting with all clients, regardless of known or assumed sexual orientation and/or gender identity/expression, and their families, as indicated by:		
Indicator	Score	Justification
5a. Forms and policies using the most current LGBTQ terminology. ***Include examples with application package***	Select	
5b. Annual training for all staff on current LGBTQ terminology and allyship.	Select	

6. The program implements policies prohibiting discrimination in the delivery of services to LGBTQ clients and their families, as indicated by:		
Indicator	Score	Justification
6a. Written policies that explicitly state that the agency does not discriminate on the basis of sexual orientation, gender identity, or gender expression in the provision of services. Such policies shall specifically include families of all clients. Justification for this element should include explicit discussion of ways in which these policies are LGBTQ-affirming. ***Include written policy with application package***	Select	
6b. Conspicuous posting of nondiscrimination policies in all languages appropriate to the populations served by the agency and inclusion of policies in agency brochures and other informational and promotional materials.	Select	
6c. Mechanisms to communicate nondiscrimination policies and procedures to all clients, including those with disabilities and those with a primary language other than English.	Select	

6d. Inclusion of these policies in the program's Client Bill of Rights and/or Client Handbook, which is visibly posted in the facility, provided to each client upon admission, and available on the program's website and/or by request. ***Include Client Bill of Rights with application package***	Select	
7. The agency has accessible procedures in place for clients to file and resolve grievances alleging violations of these policies, as indicated by:		
Indicator	Score	Justification
7a. Existence of written complaint procedures that are easily obtainable. ***Include written procedure with application package***	Select	
7b. Designation of one or more persons responsible for ensuring agency compliance, as described in OASAS LSB 2019-07. ***Include name and contact info of liaison in Attestation***	Select	

7c. Conspicuous posting of complaint procedures and inclusion of procedures in informational materials given to new and prospective clients and/or their families.	Select	
7d. Translation of procedures into and provision of information in all languages appropriate to populations the agency serves.	Select	
8. Intake and assessment procedures are inclusive, affirming, and meet the needs of LGBTQ clients and their families, as indicated by:		
Indicator	Score	Justification
8a. All reception, intake, and assessment staff are trained to use culturally appropriate language upon hire and on an annual basis. This training should include the use of preferred names, even if/when that differs from the legal name used for billing purposes.	Select	

8b. Intake and assessment forms that use inclusive language and provide for optional self-identification related to, at minimum, name, gender identity, pronouns, sexual orientation, and partnership/marital status. ***Include example with application package***	Select	
8c. Training for all intake and assessment staff to assure medically and culturally appropriate referrals for LGBTQ clients and their families to providers within and without the agency.	Select	
9. All prevention, treatment, and/or recovery service modalities (e.g., individual, group, family, couples, etc.) provided by the program, in every setting (e.g. clinic or office-based, in-community, school-based, etc.) utilized by the program, are welcoming and affirming, as indicated by:		
Indicator	Score	Justification
9a. Program code of conduct and group rules explicitly denounce hate speech, to include that which is related to SOGIE. Policies and procedures are established that identify staff responsibility in responding to threats of violence and disrespectful and/or suggestive comments or gestures based on known or perceived/assumed sexual orientation and/or gender identity/expression. ***Include code of conduct and written policy/procedure with application package***	Select	

9b. The program ensures the availability of peers who are LGBTQ-affirming and/or share common lived experience.	Select	
9c. The program has options for clients who would like an opportunity to explore LGBTQ issues in a group setting. In programs with gender-segregated facilities and/or programming, clients are consulted and their choice is respected.	Select	
10. All staff have a basic understanding of LGBTQ experiences as they pertain to services provided by the program, as indicated by:		
Indicator	Score	Justification
10a. Creation/Revision and implementation of agency training, programs, and other materials on diversity, harassment, and nondiscrimination to assure explicit inclusion of LGBTQ issues. All are subject to review and approval by OASAS.	Select	

10b. Provision of training on LGBTQ issues for all intake, assessment, supervisory, human resource, case management, and direct care staff upon hire and annually.	Select	
10c. Regular training is provided to staff to deepen knowledge of their own cultural identities, pervasive social biases, and how to intervene on overt LGBTQ bias and microaggressions, whether from clients or other staff members.	Select	
11. All direct care staff are able identify and address, within their scope of practice, specific health problems and treatment issues for LGBTQ clients and their families, to provide treatment accordingly, and to provide appropriate referrals when necessary, as indicated by:		
Indicator	Score	Justification
11a. Comprehensive, annual training provided for direct care staff to identify and address basic health issues within their field of expertise that may particularly or uniquely affect LGBTQ clients, with special attention to substance use.	Select	

11b. Provision of training for direct care staff on how, when, and where to make appropriate referrals for LGBTQ clients and their families.	Select	
11c. Development and maintenance of a list of LGBTQ-affirming referral sources for LGBTQ clients with medical, legal, financial, educational, vocational, and other concerns.	Select	
11d. Outreach to and development of relationships with other agencies and providers with expertise in LGBTQ issues.	Select	

11e. Evidence of a connection to a local (or the nearest) LGBTQ center. ***Include letter of support or other evidence of linkage with application package***	Select	
11f. At least two Memorandums of Understanding (MOUs)/linkages with LGB-affirming providers that offer services, such as specialized physical and behavioral health care. ***Include letter of support or other evidence of linkages with application package***	Select	
11g. At least two MOUs/linkages with TGNC-affirming providers that offer services, such as hormone replacement therapy (HRT), TGNC care, gender affirmation surgery, and specialized physical and behavioral health care. ***Include letter of support or other evidence of linkages with application package***	Select	
12. All treatment plans and other patient records include and address sexual orientation and gender identity/expression (SOGIE) where necessary and appropriate, as indicated by:		
Indicator	Score	Justification
12a. Treatment plan forms and/or eHR systems include options for goals related to sexual orientation, gender identity, and/or gender expression.	Select	

12b. All patient records are LGBTQ-affirming and reflect, at minimum, correct pronouns and name in use, as identified by the client. For clients who come out, transition, and/or otherwise change their name and/or pronouns after admission, records are updated.	Select	
12c. Training for all case management and direct care staff on LGBTQ issues (with special attention to substance use, trauma, and co-occurring mental health disorders) and on how to ask questions related to sexual orientation, gender identity, and gender expression in an affirming, culturally responsive manner.	Select	
13. The agency ensures the confidentiality of client data, including information about sexual orientation and gender identity/expression issues, as indicated by:		
Indicator	Score	Justification
13a. The existence and enforcement of written confidentiality policies that include sexual orientation and gender identity/expression as protected health information (PHI). ***Include written policy with application package***	Select	

13b. The existence and enforcement of written confidentiality policies that reinforce the client's right to: 1. self-identify and to have final say as to the sexual orientation and/or gender identity/expression option(s) noted in agency forms and records. 2. "come out" to staff or other clients. ***Include written policy with application package***	Select	
13c. Comprehensive training for appropriate staff on data collection and reporting issues as they relate to confidentiality, updated annually.	Select	
13d. Written and oral disclosure to clients explaining when information may or must be disclosed to parties internal or external to the agency for payment or other reasons and under what circumstances such disclosures may include SOGIE, name in use, and/or pronouns. e.g., names and pronouns may be shared with other members of a treatment team once that information is obtained at intake to reduce the risk of dead-naming and misgendering a client. ***Include written disclosure with application package***	Select	

14. The agency provides developmentally appropriate, safe, and confidential treatment to LGBTQ minors, as indicated by:		
Indicator	Score	Justification
14a. Staff education regarding the legal rights of minors.	Select	
14b. Staff training regarding adolescent development.	Select	
14c. Development and implementation of procedures for intake, assessment, and treatment of minors that are sensitive to gender identity and sexual orientation. ***Include written procedures with application package***	Select	

14d. Written and oral notice to minors of various mandated reporting laws and their implications, and of the minor's rights regarding confidentiality and treatment without parental consent. ***Include written policy with application package***	Select	
14e. Reception staff are trained to be sensitive to issues of LGBTQ youth.	Select	
15. The agency includes people from the LGBTQ community and their families in outreach and health promotion efforts, as indicated by:		
Indicator	Score	Justification
15a. Agency advertising and promotional materials clearly indicate nondiscrimination policies regarding sexual orientation, gender identity, and gender expression. ***Include example with application package***	Select	

15b. Agency outreach efforts to social service, medical, and other providers promote services to LGBTQ clients and their families.	Select	
15c. Agency outreach and promotional efforts accurately reflect the level and quality of services available to LGBTQ clients and their families.	Select	
16. The composition of the agency's Board of Directors, Advisory Board, and other institutional bodies includes representation from LGBTQ communities, as indicated by:		
Indicator	Score	Justification
16a. The process for electing or appointing members of the Board of Directors and other institutional bodies includes outreach to and inclusion of LGBTQ candidates. ***Include letter of support from Board with application package***	Select	

Required Annual Trainings* Training resources and instructions for completing this table can be found on the next page.					
Training Category**	**Topics**	**Applicable to:**	**Delivered Internally or Externally?**	**If internal, date of last revision?**	**Date of last delivery?**
Ally or Safe Zone Training(s)	LGBTQ Terminology	All Staff			
	Intersectional Identities and Social Biases				
	LGBTQ Healthcare Needs and Disparities				
	SUD and the LGBTQ Community				
	Confidentiality re: SOGIE				
	Addressing Bias and Microaggressions				
	Asking SOGIE Questions in an Affirming Manner				
Trauma-Informed Care	Trauma in the LGBTQ Community	All Staff			
	Trauma's Effect on the Brain and Behavior				
	Appropriately Screening for/Responding to Trauma				
	Resilience				
LGBTQ Youth	Challenges Faced by LGBTQ Youth	All Staff Interacting with Youth Clients			
	Creating a Safer, More Supportive Environment				
	Adolescent Development				
Affirming Workforce Development	LGBTQ-Affirming Recruitment and Retention (intersectionality and utilizing a racial equality lens)	HR and Leadership Staff			
	Issues Affecting LGBTQ Employment				

*Information and materials on all the above topics should be provided to staff at hire.
**As topics in the same category overlap, they may be covered in a single training or in multiple, separate segments, depending on program preference and ability.

Required Annual Trainings Table Instructions:

For each training topic, please indicate whether it is conducted internally or externally and when it was last delivered. An internal training is conducted by agency staff, whereas an external training is conducted by an outside entity.

For topics not currently covered by any agency training, enter "N/A" under "Delivered Internally or Externally?" and leave the date of revision and delivery entries blank.

For trainings conducted by agency staff, please indicate when the training material was last updated and **attach a copy of the training material(s)** with program's submission. In addition, **attach a list of trainers/organizations that most recently conducted any external trainings.**

As topics in the same category overlap, they may be covered in a single training or in multiple, separate segments, depending on program preference and ability. For example, a program may have a single training that covers LGBTQ terminology, intersectionality, social biases, and addresses biases and microaggressions. It is acceptable and recommended for agencies to cover more than one topic in a given category to provide the most efficient training for staff.

Training Resources:

- → Examples of Ally or Safe Zone Trainings:
  - thesafezoneproject.com/curriculum/
- → Working with LGBTQ Youth: thetrevorproject.org/education/

Other Guidance:

- → American Psychiatric Association's Stress and Trauma Toolkit: https://www.psychiatry.org/psychiatrists/cultural-competency/education/stress-and-trauma/lgbtq

Appendix B: Attestation

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

Note: This application and its attachments should contain info that pertains to a single PRU. Providers wishing to apply for the LGBTQ-Affirming Program 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
Telephone Number for Contact Person	E-mail Address of Contact Person

Application Please respond to the questions below. Use additional pages if necessary.
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?

Why is your program applying for the LGBTQ-Affirming Program Endorsement? What, if any, benefit(s) do you anticipate the endorsement having on your program?
Use the space below to provide any additional information that may be useful to OASAS in reviewing this application.
Provide the name(s) and contact information of the applicant program's LGBTQ liaison, as required by OASAS LSB 2019-07.

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)
7.	The following written LGBTQ-affirming notices exist, are given to and discussed with clients upon admission, and are included with the applicant's submission: • 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.

Program Director Signature	Date
LGU Signature	Date

Appendix C: Additional Resources

This section contains additional resources regarding the LGBTQ community, which can also be accessed by visiting OASAS' LGBTQ services webpage at oasas.ny.gov/treatment/lgbtq.

General Resources

- → Human Rights Campaign (HRC): hrc.org
- → Equality Federation: equalityfederation.org
- → PFLAG: pflag.org
- → National LGBTQ Task Force: thetaskforce.org
- → Find an LGBT Center: lgbtcenters.org/LGBTCenters
- → LGBTQ Student Resources and Support: accreditedschoolsonline.org/resources/lgbtq-student-support
- → Matthew Shepard Foundation: matthewshepard.org
- → Movement Advancement Project: lgbtmap.org
- → Out and Equal: outandequal.org
- → The Williams Institute: williamsinstitute.law.ucla.edu
- → Anti-Violence Project: avp.org
- → The Safe Zone Project: thesafezoneproject.com/resources

Legal Resources

- → American Civil Liberties Union (ACLU): aclu.org/issues/lgbt-rights
- → Lambda Legal: lambdalegal.org
- → The LGBT Bar: lgbtbar.org
- → National Center for Lesbian Rights (NCLR): nclrights.org

Health Resources

- → Gay Men's Health Crisis: gmhc.org
- → Fenway Health: fenwayhealth.org
- → Callen-Lorde Community Health Center: callen-lorde.org/our-services
- → Healthy People 2020: healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

For Trans Folx

- → National Center for Transgender Equality (NCTE): transequality.org
- → Sylvia Rivera Law Project: srlp.org
- → Transgender Law Center: transgenderlawcenter.org
- → Transgender Legal Defense and Education Fund: transgenderlegal.org

For Youth and Young Adults

- → The Trevor Project: thetrevorproject.org
- → Gay, Lesbian, and Straight Education Network (GLSEN): glsen.org
- → GSA Network: gsanetwork.org
- → Point Foundation: pointfoundation.org
- → Safe Schools Coalition: safeschoolscoalition.org

For Aging Adults

- → National Resource Center on LGBT Aging: lgbtagingcenter.org
- → Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders: sageusa.org

For Military

→ Modern Military Association of America: modernmilitary.org
→ NYS Restoration of Honor: veterans.ny.gov/content/restoration-honor-act

For Addiction Service Providers:

→ SAMHSA's *Helping Families to Support Their LGBT Children*: https://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS
→ SAMHSA's *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals*: https://store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104

For Allies

→ PFLAG's Guide to Being a Straight Ally (2020, 4th edition): https://pflag.org/sites/default/files/2020-Straight%20Ally%20Guide%20Revised.pdf
→ COLAGE: www.colage.org
→ Straight for Equality: straightforequality.org

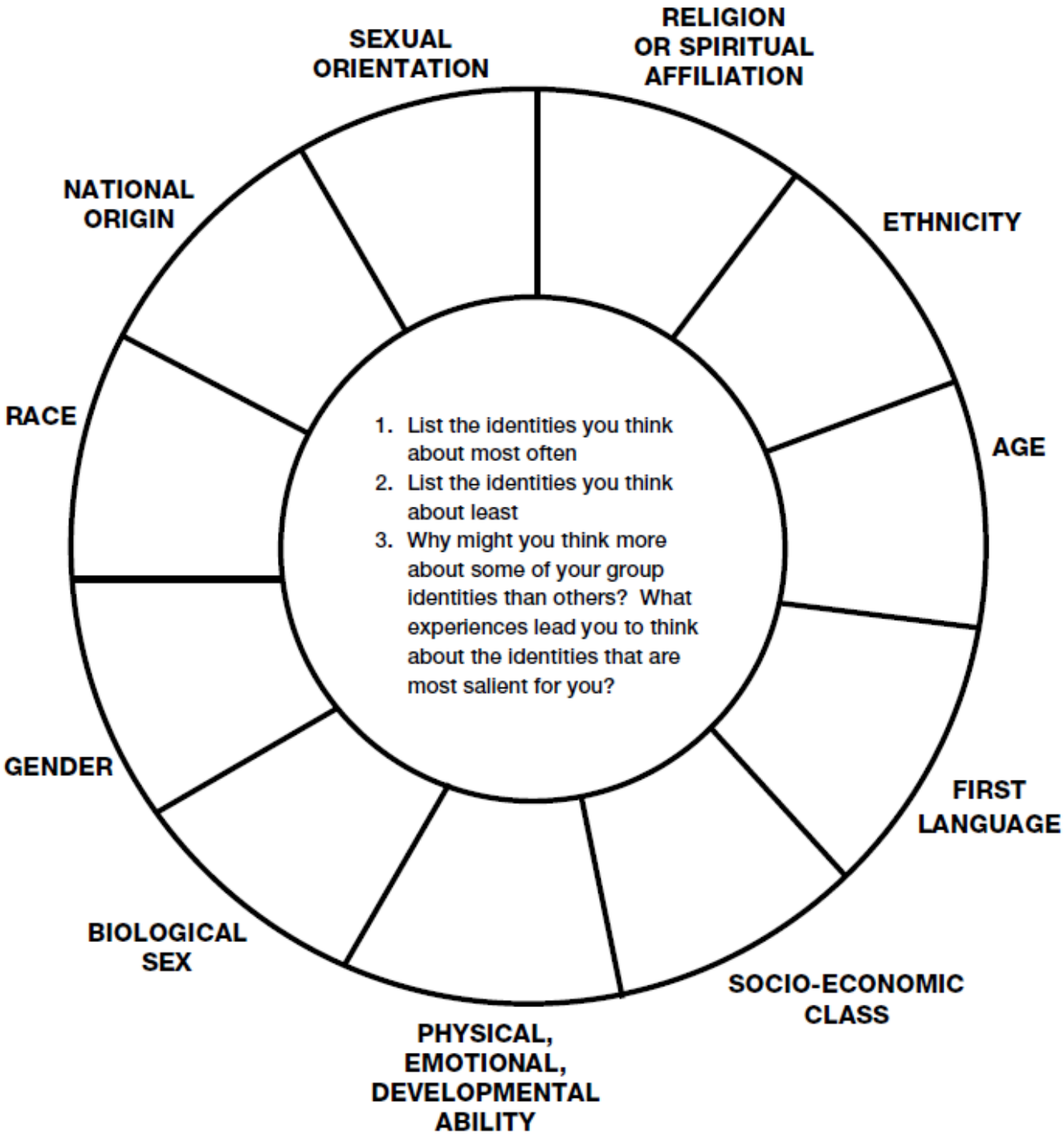
On Intersectionality

→ Kimberlé Crenshaw's *Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics*: https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1052&context=uclf
→ Mereish, E. H., & Bradford, J. B. (2014). Intersecting identities and substance use problems: sexual orientation, gender, race, and lifetime substance use problems. Journal of studies on alcohol and drugs, 75(1), 179–188.
→ The BIPOC Project: www.thebipocproject.org/
→ TEDTalk: The Urgency of Intersectionality (https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality)
→ Ten Tips for Putting Intersectionality into Practice: https://www.opportunityagenda.org/explore/resources-publications/ten-tips-putting-intersectionality-practice

On Collecting SOGIE Data

→ Human Rights Campaign's *SOGIE Data Collection Guide*: http://assets2.hrc.org/files/assets/resources/HRC_ACAF_SOGIE_Data_Collection_Guide.pdf
→ Oregon Health Authority's data collection recommendations: https://www.oregon.gov/oha/OEI/Documents/Draft-SOGI-Data-Recommendations.pdf
→ The Fenway Institute's *The Nuts and Bolts of SOGI Data Implementation: A Troubleshooting Toolkit*: https://assets2.hrc.org/files/assets/resources/Implementing_SOGI_Data_Collection_Practices.pdf
→ The University of Pittsburgh Medical Center's *Promoting Best Practices for the Care of LGBTQ+ People*: https://www.oerp.pitt.edu/wp-content/uploads/2022/01/SOGI-Data-Collection-Promoting-Best-Practices-for-the-Care-of-LGBTQ-People.pdf

Appendix D: Social Identity Wheel



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