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

Spring 2021

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 "LGBTQ Endorsement." 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. This endorsement is available to all levels of care in the OASAS certified system. Furthermore, programs in receipt of the LGBTQ Endorsement will have the designation added to their operating certificate and 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 equality.

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 members of the trans and gender non-conforming (TGNC) communities do not like to have their birth name referenced and find it to be upsetting and disrespectful for others to do so.

Biphobia: Prejudice, fear, or hatred directed toward bisexual people.

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, clothing, haircut, or voice.

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.

- **Agender:** An umbrella term that includes many different genders of 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.
- **Non-binary:** An adjective describing 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."
- **Gender Non-Conforming (GNC):** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

Gender Transition: The process through which some people strive to more closely align their internal knowledge of gender 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: Prejudice or hatred of people who are attracted to members of the same sex.

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."

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

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

Pronouns/Personal Gender Pronouns: 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 (adj.): 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, gender identity, or gender expression.

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*:
- **Aromantic:** The lack of romantic attraction for other people; may be shortened to "aro."
- **Asexual:** The lack of sexual attraction to others (or low to absent interest in or desire for sexual activity); may be shortened to "ace."
- **Bisexual:** A person emotionally, romantically, 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 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.

Transphobia: Prejudice or hatred directed toward trans people.

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 proficient 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 lead 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 27 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 women like Sylvia Rivera and Marsha P.

Johnson, two self-identified drag queens of color, that played pivotal roles in the uprising (Morris, n.d.).

The Stonewall Riots led to a defined gay rights movement, leading to the first gay pride marches in 1970 on their anniversary. 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 on the basis of sexual orientation. He was later assassinated by another supervisor, Supervisor Dan White, on November 27, 1978 (Morris, 2009).

In 1981, the AIDS Epidemic began when reports began 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 folks, 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 or friends or family members experienced sexual harassment due to their identity ("Discrimination in America," 2017).

Further, in the last seven years, at least 157 trans and gender non-conforming folks 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 a racial equity lens in all work with the LGBTQ population.

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 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   Minority Stress Model

The minority stress model explores the relationship between minority and dominant social values and the conflict that results from those differences. This conflict creates stressors that are unique to the minority population in question and are chronic in nature due to the fact that the conflict arises from social and cultural structures and institutions. These stressors have major implications for the health status of the population in question, leading 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).

The LGBTQ population has coped with centuries of persecution, discrimination, homophobia, and transphobia; these same issues still exist within our current culture. It is imperative that

clinicians keep the minority stress model in mind when working with LGBTQ clients as it holds major implications for the care we provide.

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 or 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 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 call contribute to substance use and other mental health issues for folks 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 able to 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 an ally and create a supportive and LGBTQ-affirming SUD service environment. A few of those strategies are to:

1. **Use inclusive 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 everything in between. 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 Attachment C. From there, staff should:

   a. Revise forms
      → e.g., include a fill-in for pronouns and name in use/preferred name (if different than legal name) and expand options for gender identity and sexual orientation
   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. 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. Ensure access to all gender and/or single-use restrooms
   c. 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

d. 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 likely to engage less in their treatment. For these reasons, a client's sexual orientation 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're 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 identify formation and the ways their identities intersect. Especially with youth and young adult clients, it's 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's 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. **If you aren't sure, ask!**

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

6. **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's best practice to acknowledge your mistake, apologize for and/or correct it, and move forward.

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

7. **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's also important to help uphold nondiscrimination and antiharassment 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 HR department.

8. **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 queer 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

choose to, 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 (Attachment A) Attestation (Attachment B) 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, where 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 by 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** 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.

Prior to delivering endorsed LGBTQ-affirming services, program policies, procedures, and practices addressing the unique features of the endorsement must be in place addressing, at a minimum, the topics listed below. For more detail on the indicators for each standard, please see [Attachment 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, non-discriminatory 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 (which is to be 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 Board of Directors, Advisory Board, and other institutional bodies includes representation from LGBTQ communities

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Attachment A: Program Self-Assessment Tool

The purpose of this self-assessment tool is to identify the ability and readiness of your program to provide OASAS-endorsed substance use disorder (SUD) treatment to members of the LGBTQ community. Each standard and its indicator(s) reflect primary features of effective and affirming SUD treatment services for this population 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 and comment(s) providing corroborating information for every component of each standard. The self-assessment tool must be completed by the Program Director and signed by the Executive Director, attesting that all the information provided in this tool is accurate to the best of their ability and knowledge. **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 seven LGBTQ-Affirming Program Endorsement Standards using the 5-point Likert scale (defined below).

0	1	2	3	4
No Activity	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 Info and Director Signatures

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

I, the undersigned, Executive Director of (Click here to enter program name.), verify that the following Self-Assessment Tool is completed with accuracy.

Executive Director Name: Click here to enter text. Executive Director Signature: _____

Program Director Name: Click here to enter text. Program Director Signature: _____

Program Director Email: Click here to enter text. Program Director Phone Number: Click here to enter text.

PRU: Click or tap here to enter text.

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	*Click or tap here to enter text.*
1b. Inclusion of LGBTQ information in brochures and other educational materials in waiting rooms and throughout the facility	Select	*Click or tap here to enter text.*
1c. Visible signs of LGBTQ acceptance and celebration throughout the facility (e.g., Pride flag, Safe Space stickers, LGBTQ-inclusive posters, etc)	Select	*Click or tap here to enter text.*
1d. Absence of discriminatory printed language and art (including graffiti), both within the facility and on/around its building	Select	*Click or tap here to enter text.*
2. The program has established an inclusive, non-discriminatory workplace environment for LGBTQ employees, as indicated by:		
Indicator	**Score**	**Justification**
2a. Written policies, including but not limited to non-discrimination, diversity, and anti-harassment policies, that explicitly include sexual orientation and gender identity/expression (SOGIE)	Select	*Click or tap here to enter text.*
2b. Inclusion of policies in employee handbook and new employee orientation programs and associated materials for all staff	Select	*Click or tap here to enter text.*

	Select	Click or tap here to enter text.
2c. Written sign-off on policies by all employees, indicating their understanding and cooperation	Select	Click or tap here to enter text.
2d. Discussion of policies with job applicants during the interview process	Select	Click or tap here to enter text.
2e. Hiring practices that assess applicants for awareness and understanding of LGBTQ issues. (Justification should include examples of interview and/or recruitment materials reflecting this element. These items may be included as an attachment to the program's endorsement application.)	Select	Click or tap here to enter text.
2f. Annual review of all policies, which should include the opportunity for ongoing employee input and training	Select	Click or tap here to enter text.
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 TGNC clients, and/or 1-2 current and/or former LGB clients willing to participate	Select	Click or tap here to enter text.
3. The program supports and encourages visibility of LGBTQ employees, as indicated by:		
Indicator	Score	Justification
3a. The presence of at least one openly LGBTQ person on the program's clinical staff	Select	Click or tap here to enter text.

3b. Active employment recruitment that includes outreach to LGBTQ organizations	Select	Click or tap here to enter text.
3c. Creation/Revision and implementation of conflict and grievance resolution processes to effectively and appropriately handle and resolve employee complaints of discrimination or harassment based on sexual orientation, gender identity, and/or gender expression	Select	Click or tap here to enter text.
3d. Written policy that discrimination and/or harassment of other employees on the basis of sexual orientation, gender identification, and/or gender expression (SOGIE) are grounds for appropriate levels of discipline, up to and including dismissal	Select	Click or tap here to enter text.

4. The program ensures that LGBTQ employees of all ages 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)	Select	Click or tap here to enter text.
4b. 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	Click or tap here to enter text.
4c. Accessible mechanisms to appropriately share LGBTQ-related policies and relevant trainings to employees at all levels	Select	Click or tap here to enter text.

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	Select	Click or tap here to enter text.
5b. Annual training for all staff on current LGBTQ terminology and allyship	Select	Click or tap here to enter text.

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.)	Select	Click or tap here to enter text.
6b. Conspicuous posting of non-discrimination 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	Click or tap here to enter text.
6c. Mechanisms to communicate non-discrimination policies and procedures to all clients, including those with disabilities and those with a primary language other than English.	Select	Click or tap here to enter text.

6d. Inclusion of these policies in the program's Client Bill of Rights, which is visibly posted in the facility, provided to each client upon admission, and available on the program's website and/or by request.	Select	Click or tap here to enter text.

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.	Select	Click or tap here to enter text.
7b. Designation of one or more persons responsible for ensuring agency compliance, as described in OASAS LSB 2019-07.	Select	Click or tap here to enter text.
7c. Conspicuous posting of complaint procedures and inclusion of procedures in informational materials given to new and prospective clients and/or their families	Select	Click or tap here to enter text.
7d. Translation of procedures into and provision of information in all languages appropriate to populations the agency serves	Select	Click or tap here to enter text.

8. Intake and assessment procedures are inclusive, affirming, and meet the needs of LGBTQ clients of all ages 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 named used for billing purposes.	Select	Click or tap here to enter text.

8b. Intake and assessment forms that use inclusive language and provide for optional self-identification related to, at minimum, name, gender, pronouns, sexual orientation, and partnership/marital status.	Select	Click or tap here to enter text.
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	Click or tap here to enter text.

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 gender, gender identity, and sexual orientation. A policy and procedure are established to address instances of this rule being violated.	Select	Click or tap here to enter text.
9b. The program ensures the availability of peers who are LGBTQ-affirming and/or share common lived experience.	Select	Click or tap here to enter text.
9c. The program has options for clients who would like an opportunity to explore LGBTQ issues in a group setting.	Select	Click or tap here to enter text.

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

	Score	Justification
10a. Creation/Revision and implementation of agency training, programs, and other materials on diversity, harassment, and anti-discrimination to assure explicit inclusion of LGBTQ issues. All are subject to review and approval by OASAS.	Select	Click or tap here to enter text.
10b. Provision of training for all intake, assessment, supervisory, human resource, case management, and direct care staff upon hire and annually on LGBTQ issues.	Select	Click or tap here to enter text.
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	Click or tap here to enter text.

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**
10a. 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	Click or tap here to enter text.
10b. Provision of training for direct care staff on how, when, and where to make appropriate referrals for LGBTQ clients and their families.	Select	Click or tap here to enter text.
10c. Development and maintenance of a list of LGBTQ-affirming referral sources for LGBTQ clients with medical, legal, financial, educational, vocational, and other concerns.	Select	Click or tap here to enter text.

10d. Outreach to and development of relationships with other agencies and providers with expertise in LGBTQ issues.	Select	Click or tap here to enter text.
10e. Evidence of a connection to a local (or the nearest) LGBTQ center.	Select	Click or tap here to enter text.
10f. Memorandums of Agreement (MOUs)/Linkages with LGB-affirming providers that offer services, such as specialized physical and behavioral health care.	Select	Click or tap here to enter text.
10g. 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.	Select	Click or tap here to enter text.
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
11a. Treatment plan forms and/or eHR systems include options for goals related to sexual orientation, gender identity, and/or gender expression.	Select	Click or tap here to enter text.
11b. All patient records are LGBTQ-affirming and reflect, at minimum, proper pronouns and name in use, as identified by the client.	Select	Click or tap here to enter text.
11c. 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 proficient manner.	Select	Click or tap here to enter text.

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**
12a. The existence and enforcement of written confidentiality policies that include sexual orientation and gender identity/expression as protected health information (PHI).	Select	Click or tap here to enter text.
12b. The existence and enforcement of written confidentiality policies that reinforce the client's right to self-identify and to have final say as to the sexual orientation and/or gender identity/expression option(s) are noted in agency forms and records.	Select	Click or tap here to enter text.
12c. Comprehensive training for appropriate staff on data collection and reporting issues as they relate to confidentiality, updated annually.	Select	Click or tap here to enter text.
12d. 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.	Select	Click or tap here to enter text.
14. The agency provides developmentally appropriate, safe, and confidential treatment to LGBTQ minors, as indicated by:		
Indicator	**Score**	**Justification**
13a. Staff education regarding the legal rights of minors.	Select	Click or tap here to enter text.

	Score	Justification
13b. Staff training regarding adolescent development.	Select	Click or tap here to enter text.
13c. Development and implementation of procedures for intake, assessment, and treatment of minors that are sensitive to gender identity and sexual orientation.	Select	Click or tap here to enter text.
13d. 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.	Select	Click or tap here to enter text.
13e. Reception staff are trained to be sensitive to issues of LGBTQ youth.	Select	Click or tap here to enter text.
15. The agency includes people from the LGBTQ community and their families in outreach and health promotion efforts, as indicated by:		
Indicator	Score	Justification
14a. Agency advertising and promotional materials clearly indicate nondiscrimination policies regarding sexual orientation, gender identification, and gender expression.	Select	Click or tap here to enter text.
14b. Agency outreach efforts to social service, medical, and other providers promote services to LGBTQ clients and their families.	Select	Click or tap here to enter text.
14c. Agency outreach and promotional efforts accurately reflect the level and quality of services available to LGBTQ clients and their families.	Select	Click or tap here to enter text.
16. The composition of the agency Board of Directors, Advisory Board, and other institutional bodies includes representation from LGBTQ communities, as indicated by:		
Indicator	Score	Justification
15a. The process for electing or appointing members of the Board of Directors and other institutional bodies includes outreach to and inclusion of LGBTQ candidates.	Select	Click or tap here to enter text.

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 (including how to address overt bias and microaggressions, how to reduce stigma)				
	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 and/or 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 of 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 by 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.**

Training Resources:
→ Examples of Ally or Safe Zone Trainings:
  o 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

Attachment B: Application and 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 or by US mail to: NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany, NY 12203. Use additional pages if necessary.

Note: 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's Legal Name	
Operating Certificate Number	PRU Number
Originating Site Address (PRU Location)	
Name of Contact Person	Position/Affiliation with Applicant
Administrative Office Address (Street, City, State, Zip Code)	
Telephone Number for Contact Person	E-mail Address of Contact Person
Do you want to include the additional locations that are on the operating certificate addendum? ☐ Yes ☐ No	

Application
1. Describe the agency's experience providing substance use disorder (SUD) services to the LGBTQ community.
2. How are information and issues related to the LGBTQ community currently integrated into agency trainings, programs, and other materials on diversity, harassment, and anti-discrimination?
3. 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?
4. Use the space below to provide any additional information that may be useful to OASAS in reviewing this application.
5. Provide the name(s) and contact information of the applicant program's LGBTQ liaison.

	Attestation
1.	Services offered by the applicant provider are in accordance with OASAS Part 830.
2.	Clinical staff is trained on trauma-informed care, LGBTQ allyship, and the intersection of substance use disorders and the LGBTQ community. A list of agency trainings and associated materials (e.g., PowerPoint slides) are included with the applicant's submission.
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.
4.	Applicant program meets all LGBTQ-Affirming Program Endorsement Standards, as evidenced by the Program Self-Assessment Tool. The program's completed Self-Assessment Tool is included with the applicant's submission.
5.	LGBTQ-affirming policies and procedures are in place, enforced, and include, but are not limited to, the following: *For Employees* • Non-discrimination, diversity, and anti-harassment in hiring, compensation, and provision of employee benefits • Non-discrimination, anti-bullying, and anti-harassment in the work environment • Conflict and grievance resolution addressing discrimination/harassment based on SOGIE for employees *For Clients (including prospective clients)* • Non-discrimination in the provision of addiction services • Confidentiality of SOGIE information • Conflict, grievance, and complaint procedures regarding the above policies • All policies and procedures related to LGBTQ client rights are included in the program's Client Bill of Rights **Copies of the above-listed policies and procedures are included with the applicant's submission.**
6.	The following written notices exist, are given to clients upon admission, and are available upon request: • Disclosure statement regarding SOGIE information • Mandated reporting laws and their implications for LGBTQ youth • Minor's rights related to confidentiality and treatment without parental consent
7.	Above-noted provider agrees to provide OASAS with data reporting as requested.
8.	Letters of support from program's Board of Directors, and at least one LGBTQ-affirming community partner (e.g., local pride center) are included with the applicant's submission.
9.	**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 permits the provision of designated 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. This form attests to compliance with such regulatory requirements.

Statement of Compliance and Signature
I, *(Type full name and title of applicant),* 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
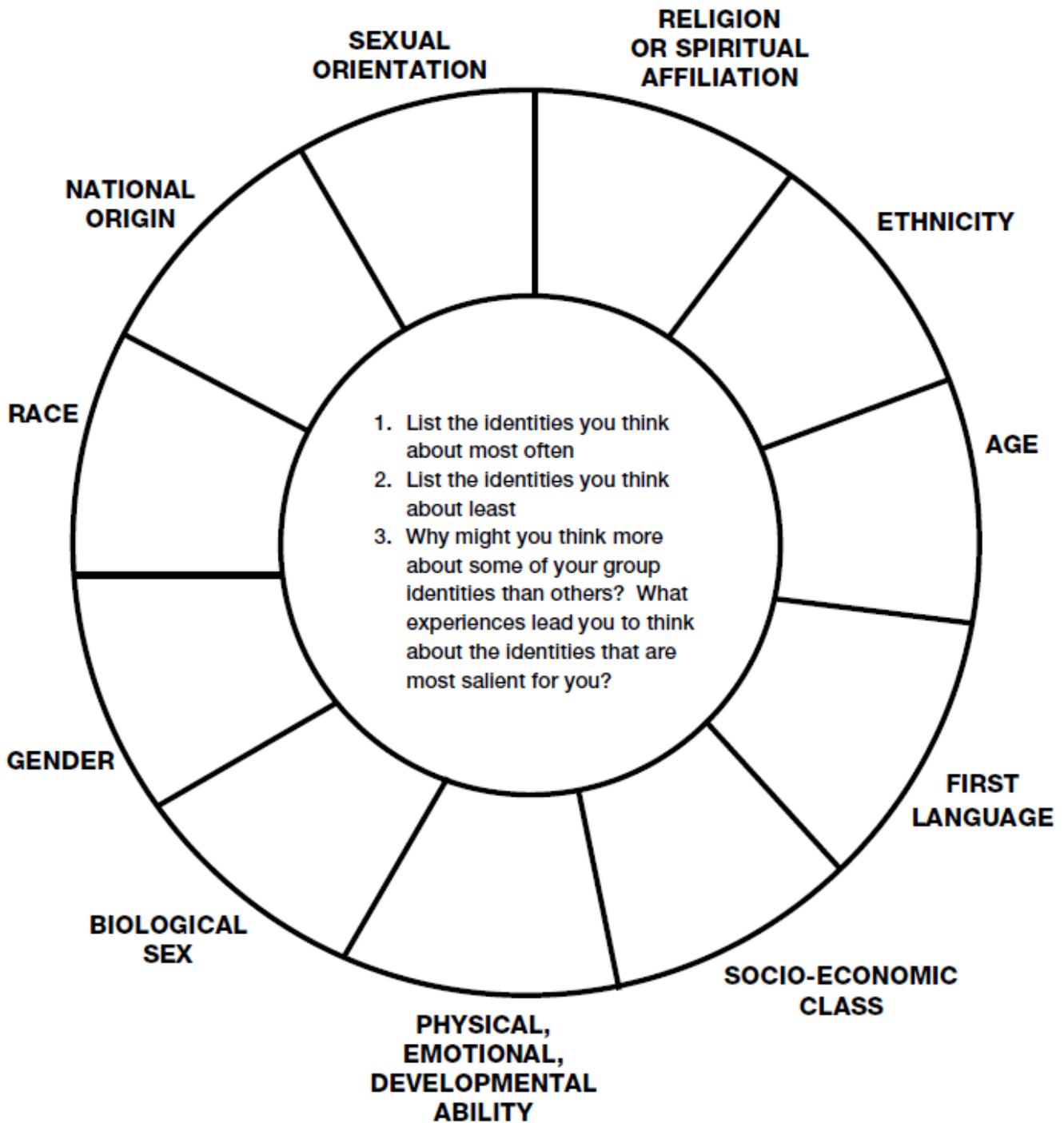
For Addiction Service Providers:
- → SAMHSA's *Helping Families to Support Their LGBT Children*: https://store.samhsa.gov/product/A-Practitioner-s-Resource-Guide-Helping-Families-to-Support-Their-LGBT-Children/PEP14-LGBTKIDS
- → SAMHSA's *A Provider's Introduction to Substance Abuse Treatment for Lesbian, 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

Appendix D: Social Identity Wheel

RELIGION OR SPIRITUAL AFFILIATION

SEXUAL ORIENTATION

NATIONAL ORIGIN

ETHNICITY

RACE

AGE

1. List the identities you think about most often
2. List the identities you think about least
3. Why might you think more about some of your group identities than others? What experiences lead you to think about the identities that are most salient for you?

GENDER

FIRST LANGUAGE

BIOLOGICAL SEX

SOCIO-ECONOMIC CLASS

PHYSICAL, EMOTIONAL, DEVELOPMENTAL ABILITY