LGBTQ-Affirming Program Self-Assessment

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