Implementing an Inclusive LGBTQ+ System of Care

Amanda Maurier, MSW, ADC (they/them)
Lila Rosenbloom, MSW, LADC (she/her)
&
the Clara Martin Center LGBTQ+ Committee
Introduction

How did this all start?

- Access/Child and Family programming needs
- Chief Operating Team discussions
- Staff interest
- Monthly meetings
What would you like to get out of this hour?
Objectives

• Engage participants in a conversation on the importance of including LBGТQ+ cultural competencies and considerations into systems of care
• Discuss the potential barriers to implementing inclusive care
• Provide participants with a model of implementing agency-wide inclusive practices and LBGТQ+ best care
• LGBTQ+: “Collectively refers to individuals who are lesbian, gay, bisexual, transgender, or queer.” (PFLAG).

• Q can stand for queer or questioning, and the plus sign is meant to include all additional gender and sexual orientation identities not captured in LGBT.

• Sexual orientation: “Emotional, romantic, or sexual feelings toward other people” (PFLAG).
• Gender Identity: “One’s deeply held core sense of being a woman, man, some of both, or neither” (PFLAG).

• Cisgender: “Refers to an individual whose gender identity aligns with the one typically associated with the sex assigned to them at birth” (PFLAG).

• www.pflag.org -This website has an expansive and evolving list of helpful terms
Objective 1

• Engage participants in a conversation on the importance of including LBGTQ+ cultural competencies and considerations into systems of care
Why is this Important/Relevant?

- Codes of Ethics
- Population size and prevalence
- Multiple risk factors for substance use and mental health concerns
- Stigma can prevent LGBTQ+ individuals from seeking services, or from receiving affirming treatment
“Social Workers shall possess and continue to develop specialized knowledge and understanding that is inclusive of, but not limited to, the history, traditions, values, family systems, and artistic expressions such as race and ethnicity; immigration and refugee status; tribal groups; religion and spirituality; sexual orientation; gender identity or expression; social class; and mental or physical abilities of various cultural groups” (NASW)
“NCCs shall demonstrate multicultural competence. NCCs shall not use counseling techniques or engage in any professional activities that discriminate against or show hostility towards individuals or groups based on gender, ethnicity, race, national origin, sexual orientation, disability, religion or any other legally prohibited basis. Techniques shall be based on established, clinically sound theory. (National Board For Certified Counselors)
“Addiction Professionals shall develop multicultural counseling competency by gaining knowledge specific to multiculturalism, increasing awareness of cultural identifications of clients, evolving cultural humility, displaying a disposition favorable to difference, and increasing skills pertinent to being a culturally-sensitive Provider” (NAADAC: The Association for Addiction Professionals)
“Marriage and family therapists provide professional assistance to persons without discrimination on the basis of race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status” (American Association for Marriage and Family Therapy)
“STANDARD 26 Human service professionals seek the training, experience, education and supervision necessary to ensure their effectiveness in working with culturally diverse individuals based on age, ethnicity, culture, race, ability, gender, language preference, religion, sexual orientation, socioeconomic status, nationality, or other historically oppressive groups. In addition, they will strive to increase their competence in methods which are known to be the best fit for the population(s) with whom they work.” (National Organization for Human Services).
Vermont Same Sex Couples

Per 1,000 households as reported on the 2010 Census

Williams Institute
### Counties with 50+ same-sex couples ranked by same-sex couples per 1,000 households

<table>
<thead>
<tr>
<th>State rank</th>
<th>US rank among 1,142 counties with 50+ same-sex couples</th>
<th>County</th>
<th>Same-sex couples (adjusted)</th>
<th>Same-sex couples per 1,000 households (adjusted)</th>
<th>Same-sex male couples (adjusted)</th>
<th>Same-sex female couples (adjusted)</th>
<th>% Raising “own” children among same-sex couples (adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>14</td>
<td>Windham</td>
<td>264</td>
<td>13.67</td>
<td>116</td>
<td>148</td>
<td>14%</td>
</tr>
<tr>
<td>2</td>
<td>26</td>
<td>Chittenden</td>
<td>691</td>
<td>11.18</td>
<td>236</td>
<td>456</td>
<td>24%</td>
</tr>
<tr>
<td>3</td>
<td>48</td>
<td>Orange</td>
<td>110</td>
<td>9.28</td>
<td>42</td>
<td>69</td>
<td>23%</td>
</tr>
<tr>
<td>4</td>
<td>68</td>
<td>Windsor</td>
<td>209</td>
<td>8.45</td>
<td>91</td>
<td>119</td>
<td>12%</td>
</tr>
<tr>
<td>5</td>
<td>82</td>
<td>Addison</td>
<td>112</td>
<td>7.93</td>
<td>25</td>
<td>87</td>
<td>16%</td>
</tr>
<tr>
<td>6</td>
<td>84</td>
<td>Washington</td>
<td>197</td>
<td>7.86</td>
<td>52</td>
<td>145</td>
<td>21%</td>
</tr>
<tr>
<td>7</td>
<td>128</td>
<td>Lamoille</td>
<td>68</td>
<td>6.82</td>
<td>32</td>
<td>36</td>
<td>14%</td>
</tr>
<tr>
<td>8</td>
<td>140</td>
<td>Bennington</td>
<td>101</td>
<td>6.56</td>
<td>28</td>
<td>73</td>
<td>5%</td>
</tr>
<tr>
<td>9</td>
<td>266</td>
<td>Caledonia</td>
<td>69</td>
<td>5.50</td>
<td>10</td>
<td>59</td>
<td>18%</td>
</tr>
<tr>
<td>10</td>
<td>313</td>
<td>Rutland</td>
<td>135</td>
<td>5.19</td>
<td>31</td>
<td>103</td>
<td>17%</td>
</tr>
<tr>
<td>11</td>
<td>371</td>
<td>Franklin</td>
<td>91</td>
<td>4.90</td>
<td>15</td>
<td>75</td>
<td>29%</td>
</tr>
</tbody>
</table>

### Counties with <50 same-sex couples

<table>
<thead>
<tr>
<th>County</th>
<th>Same-sex couples (adjusted)</th>
<th>Same-sex couples per 1,000 households (adjusted)</th>
<th>Same-sex male couples (adjusted)</th>
<th>Same-sex female couples (adjusted)</th>
<th>% Raising “own” children among same-sex couples (adjusted)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essex</td>
<td>11</td>
<td>4.02</td>
<td>2</td>
<td>10</td>
<td>19%</td>
</tr>
<tr>
<td>Grand Isle</td>
<td>34</td>
<td>11.82</td>
<td>17</td>
<td>17</td>
<td>24%</td>
</tr>
<tr>
<td>Orleans</td>
<td>50</td>
<td>4.42</td>
<td>13</td>
<td>37</td>
<td>0%</td>
</tr>
</tbody>
</table>
LGBTQ+ Risk Factors

- Health Concerns
- Bullying/Intimate Partner Violence
- Mental health concerns
- Isolation/Rejection from family/peers
- Minority stress/Stigma + Bias
- Substance use disorders

National LGBT Health Education Center Institute, 2018
Durso and Gates, 2012
At Risk – Transgender Adults

- Transgender women are 4.3 times more likely to be homicide victims than the general female population (HRC, 2016)
- In 2016 at least 95% transgender violence victims were people of color and 85% were women (HRC, 2016)
- At least 29 transgender people were killed due to fatal violence in 2017 (HRC, 2018)
- At least 24 transgender people were homicide victims in 2018
- By mid-December 2019, 21 transgender people had been killed in the US, all but one were women of color
- By June 2020 there have already been 12 transgender/gender non-conforming individuals killed by violence (HRC, 2020)
50% of transgender individuals report needing to educate their provider on how to provide care.

1 in 3 transgender adults delay preventative care due to fear of discrimination including pelvic exams and STI screenings.

Stigma contributes to poorer health outcomes, and also contributes to/exacerbates mental health conditions.
Prevalence of Adult Intimate Partner Violence

- Heterosexual
- Bisexual
- Gay/lesbian
Occurrence of Mental Illness (2015)

1 in 3 LGBQ adults

1 in 5 straight adults
Serious Mental Illness of those with Mental Illness

- Heterosexual
- LGBQ

Heterosexual: 0%
LGBQ: 13%
Suicide - Adults

LGBQ adults are 2x more at risk of attempting suicide than straight peers

Some studies show higher suicide rates of LGB older adults (65+)

In a 2015 survey, 40% of trans adults reported attempting suicide in their lifetime (James, 2016)

National LGBT Health Education Center, 2015
Figure 11. Substance Use Disorder in the Past Year among Sexual Minority and Sexual Majority Adults Aged 18 or Older: Percentages, 2015

- Illicit Drug or Alcohol Use Disorder: Sexual Minority 15.1%, Sexual Majority 7.8%
- Alcohol Use Disorder: Sexual Minority 10.8%, Sexual Majority 6.1%
- Illicit Drug Use Disorder: Sexual Minority 7.8%
- Marijuana Use Disorder: Sexual Minority 3.9%, Sexual Majority 1.3%
- Pain Reliever Use Disorder: Sexual Minority 2.0%, Sexual Majority 0.7%

*Difference between this estimate and the sexual majority estimate is statistically significant at the .05 level.

Note: The estimated percentages of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

Note: Sexual minority adults identified as being lesbian, gay, or bisexual. Sexual majority adults identified as being heterosexual or straight.
Vermont Youth: Sex and Dating Violence

- Unwanted Sexual Contact
- Emotionally Abusive Relationship
- IPV
- Sexting

Green bars represent LGBT individuals, while blue bars represent Heterosexual/Cisgender individuals.
Vermont Youth: Wellness

- Overweight
- No Physical Activity
- 3+ Hours Screen Time
- Soda

- Heterosexual/Cisgender
- LGBT
### Experiences of people who were out as transgender in K–12 or believed classmates, teachers, or school staff thought they were transgender

<table>
<thead>
<tr>
<th>EXPERIENCES</th>
<th>% OF THOSE WHO WERE OUT OR PERCEIVED AS TRANSGENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbally harassed because people thought they were transgender</td>
<td>54%</td>
</tr>
<tr>
<td>Not allowed to dress in a way that fit their gender identity or expression</td>
<td>52%</td>
</tr>
<tr>
<td>Disciplined for fighting back against bullies</td>
<td>36%</td>
</tr>
<tr>
<td>Physically attacked because people thought they were transgender</td>
<td>24%</td>
</tr>
<tr>
<td>Believe they were disciplined more harshly because teachers or staff thought</td>
<td>20%</td>
</tr>
<tr>
<td>they were transgender</td>
<td></td>
</tr>
<tr>
<td>Left a school because the mistreatment was so bad</td>
<td>17%</td>
</tr>
<tr>
<td>Sexually assaulted because people thought they were transgender</td>
<td>13%</td>
</tr>
<tr>
<td>Expelled from school</td>
<td>6%</td>
</tr>
<tr>
<td><strong>One or more experiences listed</strong></td>
<td><strong>77%</strong></td>
</tr>
</tbody>
</table>
This does not mean that all LGBTQ+ people are suicidal or struggling with mental health and substance use!

However, it does mean that this is a population that benefits from additional support, validation, acceptance, and clinical care in order to enhance resiliency.

Having access to LGBTQ+ inclusive mental health is a known protective factor.
Objectives 2 and 3

• Discuss the potential barriers to implementing inclusive care
• Provide participants with a model of implementing agency-wide inclusive practices and LBGTQ+ best care
## Areas of Development

### EHR/Billing
- Added LGBTQ+ terminology and identifiers
- Added ability to document “non-legal” name
- Met with billing around implications to their work

### Training
- "Kickoff" at all staff retreat August 2019
- Smaller team trainings specific to EHR changes
- Continue to schedule trainings based on feedback from teams
- Quarterly updates to Chief Operating Team
- Connected with local trans health provider for trainings and support

### Visible Changes
- Put up rainbow All Are Welcome signs in all waiting rooms
- Began to incorporate LGBTQ+ information and materials on our social media
- Used International Pronoun Day as way to introduce pronouns to staff email signatures
Barriers to Implementation

• Where do we start?
• Why are we doing this?
• What if we offend people?
• What terminology do I use?
• Does our EHR do this?
• How do we balance training needs with other commitments?
AVATAR: Client Profile

Client Demographics

- Legal Name: JOEY DOE
- Name Client Goes By: JOE
- Pronouns: He/Him/His
- Gender Identity: Trans Man/Trans Boy
- CLIENT ID: 342
- Address: 555 MAIN STREET,
  WHITE RIVER JUNCTION, VT, 05001
- Home Phone: 333-333-3333
- Work Phone:
- Cell Phone:
- Communication Preference: Work Phone
<table>
<thead>
<tr>
<th>Time</th>
<th>Dur</th>
<th>Client/Episode</th>
<th>Service/Group</th>
<th>Staff</th>
<th>Prog</th>
<th>Location</th>
<th>Co-Practitioners</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 PM</td>
<td>30</td>
<td>DOE JOHN (6653)</td>
<td>BOOKED INTAKE (BOOKED INK)</td>
<td>ROSENBLoom LILLIA</td>
<td>66</td>
<td>(3) PHONE</td>
<td></td>
<td>H: 660-8388</td>
</tr>
</tbody>
</table>

Name Client Goes By: JUNIOR
Personal Gender Pronouns: He/Hi/His

Communication Preferences:
- OK to text? Yes
- OK to text (60)? Yes
- OK to say CMG calling? Yes
- Declined aptte reminder calls? Yes
International Pronoun Day is 10/16

- Invited staff to begin including pronouns in email signatures with all staff email, reinforced in team meetings

Lila Rosenbloom, LADC, MSW, QMHP
Pronouns: She/Her (what's this?)
Clara Martin Center
Access Coordinator
Direct Phone: 802-295-1311 x422
Access Line: 802-295-1311 x468
Trainings

- Trainings for Specific Role Users of EHR
- Not one size fits all – clinical considerations
- Ongoing training opportunities
Signs in Waiting Rooms
“Safe Space”

- “A place intended to be free of bias, conflict, criticism, or potentially threatening actions, ideas, or conversations” – Merriam Webster

- “A place or environment in which a person or category of people can feel confident that they will not be exposed to discrimination, criticism, harassment, or any other emotional or physical harm” – Lexico Dictionary

- Ally: “An ally is an individual who works to end oppression personally and professionally through support and advocacy of an oppressed population, in this context gay, lesbian, bisexual, and transgender individuals.” – SIEU Safe Zone Training Manual
• Offering two Brown Bag trainings this year
  1: Presentation by Pediatric Endocrinologist on Gender Expansive Youth with a focus on medical interventions
  2: History of LGBTQ+ people and movement
Next Steps

• Look at HR Forms and Policies for inclusivity
• Look at language in Client Handbook for inclusivity
• Explore ways for staff to show pronouns on badges
• Continue to have discussions and trainings on mental health letters
• Continue to be a visible presence in the agency
• Continue to make community connections and bring in outside trainers, as well as develop staff knowledge
Resources

- The Fenway Institute
- World Professional Association for Transgender Health
- PFLAG
- DHMC Pediatric Endocrinology
- Pride Center of Vermont
Questions, Comments, Concerns?
References


Durso, L.E., & Gates, G.J. (2012). Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless


References


References


