

Attachment D: ACS LGBTQ Incident/Inquiry Form

Please complete appropriate information. You do not need to have all information indicated for request to be processed.

Type of Request: Resources Placement Harassment Other

Incident/Inquiry Occurrence: Internal External

Client/Family Date: _____

Youth Name:	DOB:
Case Name:	Case #:

Source of Referral

Name:	Agency:
Relation to youth:	Telephone #:

Agency Contact Information

Contract Agency:	Site/Location:
Agency Worker:	Telephone #:
Supervisor:	Telephone #:
Director:	Telephone #:

ACS Contact Information

Borough:	Site/Location:
Worker:	Telephone #:
Supervisor:	Telephone #:
Manager:	Telephone #:

Legal Information

FCLS Attorney:	Telephone #:
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Narrative Description of Presenting Concern and Requested Service:

Reporting LGBTQ Incidents and Inquiries

Children's Services and our contracted provider agencies are committed to providing all youth and families a safe, healthy, inclusive, affirming and discrimination-free environment. This includes any child, youth or family member receiving services from Children's Services or Children's Services contracted providers and contracted provider agency staff involved in any way with custodial and/or community-based services provided directly by Children's Services staff or under contract with Children's Services, including child protective and preventive services, alternative-to-detention/placement programs, foster care, congregate care, juvenile justice placements, and detention facilities.

When bias, harassment, and discrimination of LGBTQ youth and/or families arise, supervisory and management staff are required to treat all such incidents as serious and follow up promptly. In accordance with Children's Services' policy and procedures, alleged violations of the ACS LGBTQ Policy: Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice System by staff, parents, or youth will be investigated promptly and, if determined to have occurred, will result in the enforcement of corrective and/or disciplinary action.

Concrete examples of incidents to report are included below. Inquiries to report include questions of reportable incidents and resource requests. For all legal-related inquiries, the assigned FCLS attorney must first be informed. When filing an incident or inquiry, please be sure to fill out *FSS 009, ACS LGBTQ Incident/Inquiry Form*, and submit it electronically to LGBTQ@dfa.state.ny.us.

LGBTQ-Related Incidents/Inquiries to Report

1. Disclosure and Confidentiality Violations
2. Censorship of LGBTQ Affirming Resources
3. Coercion and Imposition of Beliefs
4. Inappropriate Housing Placements
5. Inappropriate Staff Conduct
6. Medical and Mental Health Clinician Misconduct
7. Mistreatment of Transgender and Gender Non-Conforming (TGNC) Youth
8. Non-Discrimination Violations
9. Outdated or Absence of LGBTQ-101 Curricula /Trainings
10. Use of Inappropriate Language

1. Disclosure and Confidentiality Violations

- Disclosure of youth's sexual orientation and/or gender identity to a parent or primary caretaker without the youth's consent (except when required by law) and/or in an inappropriate manner.
- Intentional failure to protect and/or maintain the confidentiality of the LGBTQ youth and families served.
- Intentional failure to inform youth during engagement of services, and when age-appropriate, of the need for their case record information to be shared with other legally authorized individuals, including but not limited to, the courts, school, medical services, agency staff, and all other legally authorized persons.
- Disclosing a youth's sexual orientation and/or gender identity to other individuals or agencies, without the youth's permission, unless such disclosure is consistent with state or federal law or regulation.
- Failure to take appropriate measures to speak privately with youth during interviews (i.e. case management/planning meetings, etc), and staff failure to use sensitive and inclusive language that signals to the young person that they will be treated with respect and dignity, regardless of how they identify.

2. Censorship of LGBTQ Affirming Resources

- Intentional censorship of LGBTQ affirming literature, visible signage displaying the agency LGBTQ point person, and resources to all youth and families served by the agencies.
- Non-affirming programming that fails to create supportive environments (e.g. lacking LGBTQ culturally specific art or social events, such as "LGBTQ Pride" into general schedule or curricula).
- Failure to connect and refer youth and families to LGBTQ affirming counseling, health, mental health, or other services as needed and appropriate.
- Staff failure to refer youth who identify as LGBTQ to community-based providers who have demonstrated that they are culturally competent in working with LGBTQ youth upon discharge and transition planning.

3. Coercion and Imposition of Beliefs

- Convincing a LGBTQ youth to reject or modify their sexual orientation, gender identity and/or gender expression.
- Imposing personal, organizational and/or religious beliefs on all families, including LGBTQ youth or families, negatively impacting the way individual needs of youth or families are met.
- Employing, contracting with, or making referrals to, mental health providers and/or other service providers who attempt to change a youth's sexual orientation, gender identity, and/or gender expression.
- Excusing a parent or caretaker's abusive or neglectful behavior towards a LGBTQ youth on account of a foster parent's cultural and/or religious beliefs.

4. Inappropriate Housing Placements

- Failure of staff to make appropriate efforts to place a LGBTQ youth in an affirming home or facility that treats them with respect and works to ensure the youth's needs are recognized and met.
- Failure to assess whether a prospective foster parent's attitude about the child's actual or perceived sexual orientation and/or gender identity will impact the child's safety or places the child at risk. Attitudes include:
 - Refusal to foster/adopt a LGBTQ youth, and only willing to accept a child who identifies as "straight," or non-LGBTQ.
 - Upon asking if a prospective foster parent would be willing to house a LGBTQ youth, the individual reacts with verbally offensive language, ridicules, or expresses negative views about LGBTQ people.
 - Upon asking if a prospective foster parent would be willing to house a transgender or gender non-conforming youth, the prospective foster parent states that they would not allow the child to dress or participate in gender-specific activities in accordance with their gender identity and/or refusal to respect their chosen name and/or gender pronouns.
 - LGBTQ youth has expressed concern about a recent placement due to fear that the foster parent would harm them, or allow them to be harmed because of their sexual orientation, gender identity, and/or another reason.
 - Upon disclosure of a youth's sexual orientation and/or gender identity to current foster parent, foster parent request to remove LGBTQ youth from home.

5. Inappropriate Staff Conduct

- Failure to report staff conduct to supervisor, agency designated LGBTQ Point Person, and/or ACS's LGBTQ Office that violates the agency's Non-Discrimination Policy, the LGBTQ Policy, the Recognition of Same-Sex Marriage Policy, and/or the Non-Medicaid Reimbursable Policy.
- Tolerating bias, discrimination, bullying or harassment by staff or by youth towards youth and/or families, and staff failure to immediately take action to intervene in any such situations.
- Failure to treat all incidents of discrimination and harassment as serious and follow-up promptly through investigation, and if determined to have occurred, enforcement of corrective and/or disciplinary action.
- Failure to adhere to ACS policies and establish practices to maintain a culture where the dignity of every youth is respected and all youth feel safe, regardless of gender identity, gender expression, and/or sexual orientation, among other protected classes.
- Failure to respect the differences among all youth, and the encouragement of healthy self-esteem in LGBTQ youth by helping them manage the stigma often associated with difference.
- Over emphasis or specific focus on gender identity, gender expression, and/or sexual orientation issues with youth.

- Failure to set a good example and make youth and families aware that any anti-LGBTQ threats of violence, and/or disrespectful, suggestive comments or gestures towards any youth will not be tolerated.
- Uneven application of punishment/leniency for LGBTQ youth who violate the rules regarding appropriate behavior including romantic and/or sexual behavior that applies to all residents.
- Failure to include LGBTQ youth eligible for program activities on account of the youth's sexual orientation and/or gender identity.

6. Medical and Mental Health Clinician Misconduct

- Clinician's intentional avoidance of exploring any LGBTQ issues with youth in an open, non-judgmental and empathetic manner.
- Assumption by clinicians that any mental illness/pathology derives from a youth's sexual orientation, gender identity and/or gender expression.
- Clinician's failure to employ a comprehensive approach to counseling and facilitate family reconciliation where indicated and possible for LGBTQ youth.
- Clinician's failure to receive ongoing clinical training specific to the unique forms of trauma LGBTQ youth experience (e.g. violence, sexual abuse, verbal harassment, etc).
- Clinician's refusal to help LGBTQ youth explore their feelings about their gender identity and/or sexual orientation along with related issues and questions in a safe and affirming manner.
- Failure to be familiar with community resources available to LGBTQ youth for the purposes of both collaboration and referral.
- Clinician's failure to receive training and become versed in World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders and the Endocrine Society's Clinical Guidelines on the Endocrine Treatment of Transsexual Persons. Lacking ability to meaningfully integrate counseling and mental health services with medical care that transgender and gender non-conforming youth may be receiving and meaningfully integrating counseling and mental health services with medical care that transgender and gender non-conforming youth may be receiving.
- Clinician's attempt to "correct" or change youth's sexual orientation, gender identity and/or gender expression through corrective or reparative therapy – attempts to do so are strictly prohibited by ACS.
- Clinical staff's failure to refer LGBTQ youth to appropriate specialist.
- Clinician asks about a youth's sexual orientation or gender identity when screening and treating for medical conditions as opposed to asking about behaviors (i.e. when youth are screened for sexual activity, they shall be asked the sex of sexual partners, rather than whether the young person identifies as LGBTQ).
- Failure of contracted medical service providers to offer appropriate medical information and education for all youth, inclusive of any related LGBTQ medical and mental health issue.

- Failure to supply a copy of the ACS LGBTQ Policy to all clinician's upon first appointment (with the exception of emergency medical treatment).
- Provider agency failure to confirm with the clinician, prior to the youth receiving clinical services, that the clinician has received professional LGBTQ cultural competency training tailored to the medical profession.

7. Mistreatment of Transgender and Gender Non-Conforming (TGNC) Youth

- Denial of using a youth's preferred name, pronoun and acknowledging the gender with which they identify and failure to appropriately document accurate identifying information in CONNECTIONS, Family Court, and other related agencies and service providers.
- Upon medical assessment and approval, failure to continue, monitor, or begin medically necessary hormone therapy treatment or other trans-related treatment and services for TGNC youth.
- Upon learning a youth obtained hormones without a prescription, failure for provider to refer youth to a medical and mental health provider versed in World Professional Association for Transgender Health's Standards of Care for Gender Identity Disorders and the Endocrine Society's Clinical Guidelines on the Endocrine Treatment of Transsexual Persons, and confirming that all medically necessary treatment continues if deemed necessary.
- Failure to initiate a request for approval for medical treatment and financial support through the Children's Services Non-Medicaid Reimbursable (NMR) Policy when youth in foster care or juvenile justice placement makes a request to begin hormone therapy treatment and/or access gender affirming medical treatment and services while in care.
- Failure to appropriately house TGNC youth based upon their gender identity (i.e. their internal, personal sense of being male, female, both, or neither) and their individualized needs prioritizing the youth's emotional and physical safety.
- Failure to include TGNC youth in the decision making process of where they would feel most comfortable in a housing placement.
- Failure to take into account the safety and privacy needs of TGNC youth when accessing bathroom facilities, and prohibiting TGNC youth from using individual stalls and to shower privately.
- Preventing TGNC youth from using, or disciplining them for using, a form of hair and other personal grooming standards because it does not match with traditional notions of gender norms.
- Prohibiting TGNC youth from wearing clothing, including undergarments, consistent with their gender identity.

8. Non-Discrimination Violations

- Tolerating bias, discrimination, harassment and/or bullying on the basis of sexual orientation, gender identity, gender expression, marital status or partnership status.

9. Outdated or Absence of LGBTQ-101 Curricula /Trainings

- Failure to offer training to Children’s Services and provider agency staff and foster parents having direct contact with children and families on the goals and expectations of this policy during initial staff and foster parent orientation, and at least once every two years thereafter.
- Training curriculum on the ACS LGBTQ Policy fails to include the following elements:
 - Assessing, identifying, and addressing the specific needs of LGBTQ youth and their families;
 - Recognizing the differences between their personal values and their professional responsibilities;
 - Guidance on how to implement the ACS LGBTQ Policy and related policies;
 - For supervisory staff, monitoring the implementation of this policy and related services.
 - Developing the skills needed to assist families in negotiating the difficulties that may emerge when a youth self-identifies as LGBTQ;
 - Demonstrating sensitivity when addressing this issue with parents, and helping parents sustain a positive and healthy relationship with their child;
- Training not offered in appropriate classroom setting, or using various technology resources (e.g. e-learning, webinars, or teleconferences).
- Failure to vet training curriculum with ACS (LGBTQ@dfa.state.ny.us) for approval.

10. Use of Inappropriate Language

- Intentional use of disrespectful, non-inclusive, and inappropriate gender-specific language. Examples of such language include, but are not limited to: “faggot,” “dyke,” “homo,” “homosexual,” “sexual preference,” “alternative lifestyle,” “trannie,” “transvestite,” “he/she,” “it,” “sex change,” etc. Refer to updated ACS LGBTQ Policy, *Glossary of Terms* – Attachment A for explanation of appropriate terminology.
- Intentional failure to assist youth and family members in understanding, and using appropriate language that is respectful to all parties.