



Clinical Education Initiative
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PANEL DISCUSSION ON LGBTQ+ CARE IN SUBSTANCE USE TREATMENT

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Panel Discussion on LGBTQ+ Care in Substance Use Treatment

[video transcript]

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Here we are joined by Carmelita CRUZ The Executive equity officer for Oasis. She is leading the newly created office of justice, equity diversity and inclusion are Jedi, where she leads development and execution of the agency's vision and strategic plan centering on internal equity and trauma informed organizational change. Welcome Carm. We are also joined by Sam cola. She serves as a way SAS, youth and young adult services coordinator for the Division of addiction treatment and recovery or ATAR. In her role, she developed the LGBTQ affirming program designation contributed to the development of LGBTQ related policy guidance and participated in the governor's LGBTQ plus Taskforce. Welcome Sam. We are also joined today by Antonio tobacco Jr. is a licensed clinical social worker and Senior Director of Behavioral Health for the lesbian, gay, bisexual and transgender community center, the first and only LGBT specific Oasis licensed outpatient substance use disorder treatment program. He oversees substance use disorder treatment, youth prevention, harm reduction and recovery support services. Welcome, Antonio. And last but certainly not least, we are joined by Brandon Titus. He is a Credentialed Alcoholism and Substance Abuse Counselor or K sec. Working as the director for housing and community supports for St. Joseph's addiction treatment and recovery centers. They have five locations across several counties in upstate New York. That is all calm. I will hand things over to you to take it from here.

01:48

Thanks so much.

01:54

Grapes.

01:55

Good afternoon, everyone. Thank you so much for for joining us. So as Lauren mentioned, my name is Carmelita Cruz, my pronouns are she and her. I'm the equity Officer here at Alesis. I'm so happy to be here with you today. I'm going to just you know sort of talk a little bit about the Jedi office which is which is new to Oasis right? The Jedi office was created in June of 2022. So we're coming up on on the one year, which is very exciting. And you know, we really, you know, in developing priorities for the Jedi office, we really focused on actions internal to our agency, really embedding Jedi, justice, equity, diversity and inclusion into our decision making and our investments. Looking at our hiring practices or staff development, staff opportunities, and our organizational culture. We've created an internal Jedi Advisory Council comprised of about 30 staff from across the agency, Sam is one of our Jedi advisory council members from HR. And we're actually working on implementing an equity assessment agency wide right now, which rolls up this month, which is really exciting. It to really, you know, find out more information about how our staff perceive our organizational culture and decision making processes. And it's something that we've planned to do continually over time so we can see how we develop and

evolve as an agency. Externally, we're also working with our treatment Equity Council, which is a subcommittee of our behavioral health services advisory council, which is a group of members who represent providers and persons with lived in living experience from across the state, were really tasked with identifying recommendations to overcome barriers and accessing services for vulnerable communities and populations across the state. And we've implemented equity focused criteria, which is really exciting. It's 10 points of every procurement that the agency issues will be dedicated exclusively to equity focused criteria. There isn't a lot I can say about our equity procurement criteria, because we have open procurements right now. But I think it's really important to note that this was a priority for the agency. I also want to note that we recently issued a link of requirement that our providers complete a language access plan, which will be done every two years and really focuses on policies and procedures for programs to provide services in languages other than English. And you know, the Jedi office here is working with our indigenous nations and tribes in New York to ensure that we identify opportunities to collaborate and partner develop training opportunities and ensure culturally affirming service provision in our addiction treatment programs. So a little bit about some of our LGBTQ specific initiatives, Oasis issued and LGBTQ local search This is bullet in, which is an administrative directive for the first time in 2017. It's been updated twice since then. And this was really our agency's first step in delivering guidance and requirements around service provision to our field for LGBTQ folks served in our, in our system. The initial guidance really just focused on being person centered, right, we required each program to have an LGBTQ liaison who could serve as a resource both for staff in the program and for for patients in the program. And we, we identified requirements for transgender gender non conforming and non binary patients themes like respecting and using appropriate names and gender pronouns, allowing folks to select gender segregated placements, and programs based on their gender identity. Can we follow that up in 2018, or 2019, with a procurement for a vendor to develop a training series specific to working with LGBTQ folks in our system? And there were some hiccups with getting that out, right? Because it was right. Right on the the eve of COVID. So we had a couple of presentations in person around the state, and then they switched to virtual, but I think that at least is beginning to deliver those trainings in person again. And then we also have other treatments available on our website, which are free and available to the public. We've also really focused on providing affirming that language updates, right. So really looking at the terminology that we use in our system. Overall, right, we changed our agency name a couple of years ago to be more person centered and try to remove stigmatizing language from the language that we use when we talk about addiction. We've similarly updated all of the language that we use in our interagency forums. In our databases, we use gender neutral language. And we really try to use affirming language. We've also added the availability of the X gender marker to all of our forms and databases as of the beginning of 2023. And this was really a result of legislation that was signed last year by Governor Kathy hopeful. And we've partnered with the Division of Human Rights to educate our provider community about the New York State Human Rights Law, which provides civil rights protections to people in New York, on the basis of sexual orientation and gender identity, among other characteristics. And these protections extend to to folks accessing services in Oasis programs. And for the first time that I'm aware of, we participated as a state agency and private events last year, which was really exciting. We had staff and patients in our addiction treatment centers from around the state participate in pride parades. One of our addiction treatment centers, patients and staff did built their own float to participate in one of the

pride events. And it really was just an affirming activity, right? It was great to have our leadership really encourage agency participation in these events and support our staff and participating. It's something that we look forward to doing every year. So that is a little bit about our Oasis led initiatives. And I'll turn it over to Sam to talk about the LGBTQ program endorsement.

08:21

Thanks, calm.

08:24

Hi, everyone. My name is Sam koala. My pronouns are she and her. And I work at oasis in the Division of addiction treatment and recovery. It's nice to be with you all today. Before I dive into some of the nitty gritty about the LGBTQ affirming program designation, let's start with what a designation is. Right. So a designation in the oasis system is an optional addition to an operating certificate that indicates a program's ability to provide a specific kind of service. So the most known designation that we have is, is our telehealth designation, but the LGBTQ affirming program designation falls under that same category. So this designation builds off of those local service bulletins that Carm just discussed a little bit and really takes the obligations that are laid out in those LSPs a step further. So like I said, this is an optional, an optional designation for providers, not a requirement, but it lets providers and programs who have who have kind of gone above and beyond to create LGBTQ affirming addiction service spaces to be you know, recognized for that and it helps the the average citizen to be able to identify where those programs might be in the state. So really with this designation, we're looking to increase the visibility of and access to LGBTQ affirming addiction services, and ideally improve outcomes for queer folks with substance use disorders to receive the designation, a program has to submit an application that includes a self assessment that's based on the standards that we established, which I'll talk about in a second. And they also need to include copies of policies and procedures, there's a very long list of them. And all of that, you know, should demonstrate a program's proficiency in serving the queer community. So the standards that we developed, were established based on research and best practices around what it means to be LGBTQ affirming, not only in the addiction setting, but in the wider health care system and even beyond, right, so we looked at policies, procedures, and practices of nonprofits and other organizations really, in every sector that have been recognized as being LGBTQ affirming to help inform what our standards should look like. Those standards fall into seven different categories. And we arranged them that way to really drive home, the fact that it's important that every aspect of a program that we're going to designate as LGBTQ affirming is in fact affirming, right, we want anybody who's going to walk into that space, to feel like it's a safe, inclusive, affirming space, whether that's a client or prospective client, a staff member, the delivery person who's coming in to drop something off, everybody should feel safe in a space that has our LGBTQ designation. So the categories the domains for the LGBTQ designation are the physical environment, program staff, client rights, intake and assessment, service planning and delivery, confidentiality, and outreach and inclusion. So you can see we really look at the whole picture there are standards were then vetted by by providers and trainers at the forefront of this work in New York State because we really wanted to make sure that this wasn't developed in a vacuum, right. And our standards document also includes information and strategies that programs can

use to increase their ability to be LGBTQ affirming. And a major part of that guidance speaks to intersectionality. And the importance of recognizing the intersecting identities of not only our clients, but but us as practitioners and administrators as well. And it's also really important that we recognize the queer community is not a homogenous group, right. It's an incredibly diverse group and the strengths needs and experiences of one queer person or not the strengths, needs and experiences of every queer person. And so the guidance really speaks to how important it is to, to take into account all of a person's intersecting social identities, not just, you know, their gender, gender or sexual orientation. And this awareness and celebration of intersectionality helps us as individual practitioners, as programs and as a system to really better understand and address the stressors and difficulties faced by marginalized populations. So while this designation is centered on the LGBTQ community, the way we built it helps us to expand the perspective on what it means to be culturally responsive and to take intersectionality into account. On that note, I'm going to turn it over to Antonio and ask you to tell us a little bit about the LGBT Center.

13:31

Thanks so much, Sam. Hi, everyone. I'm Anthony Oberto Jr, I'm the Senior Director of Behavioral Health. As noted earlier, I use all pronouns. So yeah, I've been at the center on and off for about 17 years. Our mission here on the slide is empowering LGBT people building strong community, empowering our people to lead healthy, successful lives and celebrating our diversity and advocating for justice and opportunity. So the center has been around for 40 years. This year, we're celebrating our 40th anniversary, which is really exciting. We were founded in 1983, at the height of the AIDS epidemic, and we've always been a gathering place for LGBTQ folks in New York and really from around the country and around the world. We primarily serve as folks across all five boroughs we get, again, people coming in from a lot of different places. We're first and foremost a community center. So you know, it's we're in an old New York City school building from the 1800s. It's been renovated many times, we provide a rental space and community space for outside groups. So 12 Step groups are one of the larger utilizers of space in our building, for example. And then we run our own set of social services and programs across the agency of which I oversee our behavioral health programming for youth and young adults and adults. So speak more specifically to our substance use treatment since 2007. We've had an LGBT specific Oasis licensed outpatient substance use treatment program. The program started out, serving folks 18 And up I'm parallel to that we've we've had a youth program for about 30 years that serve young people ages 13 to 2425, depending on the program. So in 2016, we basically launched a second outpatient services treatment program and reset our adult program to be 26 and up and have a youth young adults substance use treatment program that's up 13 to 25. The teams meet together weekly for clinical connection and work. And also, you know, to trail transition clients that are moving from one program to another as they aged out of the youth and adult program. And within those two programs, we offer the full set of services typically found in an outpatient program from assessment, medical assessment, psychiatric evaluation, ongoing net management, suboxone group and individual supports and counseling. We appear appears service provider, and you know, all the various services that I can talk a little bit more about, et cetera, that could wrap around depending on the person's age or demographics, as well. And just so we're located on West 13th Street in the West Village, Chelsea border and Manhattan, we do again, service folks from all across the city

and a little bit of the metro area as well outside of the city proper. And we've been providing both telehealth and in person services. Since 2020, ones about a year after pandemic started, we went to full fully virtual services for about a year. And then it brought back on with the telehealth designation from Oasis services really depending on the person's need, either in person or virtually. So we've finding a mix and kind of shift that as the community demands as well. And we have about at any given time about 140 folks in our two treatment programs and the youth and young adult adult programs that probably another 60 or so continuing care clients from those two programs. So at any any given time, anywhere between 180 and 200. Folks are receiving services under the umbrella of our treatment programs specifically.

17:08

That's great. Excuse me. That's great. Thank you so much, Antonio. Brandon, can you share a bit of information about St. Joseph's addiction and treatment recovery centers?

17:21

Yes, absolutely.

17:23

Awesome. Hello, everybody. I'm Brandon Titus. I'm the Director of Housing and Community Support here at St. Joe's. I've been here with the agency for about five years, but then associated with the field for much longer. And Mike, I like to share that it was serendipitous. My first clinical experience was with my parents when I was a child when my father went through your St. Joe's treatment services. And it was a success story. So I'm proud of that too. So St. Joe's began serving the community back in the 70s Serving largely alcohol use individuals, largely males and and over time has transitioned and expanded services. The St. Joe's that most people are familiar with is the inpatient facility in Saranac Lake that's located way up to the tippy top of of New York in Franklin County, where we have a 67 bed facility there. But we also serve many more individuals across New York state and in different different service programs. We have Rose Hill, which is an adolescent residential program, it's an RRSP. So we'll talk about that a little bit more in a few minutes. That's a 28 bed facility in St. Lawrence County, where we also have outpatient facilities in St. Lawrence, Franklin, in Essex counties. And we've served about 275 individuals on our outpatient services at any given time. Additionally, we have permanent supportive housing, we have 26 units of permanent supportive housing spread across those counties that I've mentioned. And then we also operate in emergency shelter. So we have a full gamut of services supporting the individuals and communities in which we live in. So at St. Joe's is really dedicated to our mission, promoting healing and recovery for individuals at every step of the way, through their journeys. So we're really dedicated to our culture, we subscribe to the sanctuary model, and that's something that we're very proud of. And I think I'd like to take this moment to mention that we've, early on in this journey, we developed a Jedi committee at the agency, I actually chaired that committee, and it's comprised of multiple individuals from every department in the agency that helps sort of consult and guide us in developing programming and new initiatives agency wide, and it's been a really, really helpful addition. And I also act as our LGBTQ liaison at St. Joe's.

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That's great. Thank you so much. We have a wealth of knowledge with us today of the addiction treatment system, from New York City to the North Country. So thanks you both so much for for sharing. And I want to say, you know, for providers looking at at replicating some of what these agencies are doing, starting an internal Jedi advisory council or dei focused counsel internal to your internal internal to your agency, with your, with your staff, and even with your patients and clients, right is a great first step and moving along in the process of providing affirming services.

20:28

So we'll turn it back over and

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I'm gonna pitch a question out to to both Antonio and Brandon, we'll start with so what What elements do you think are most crucial to your site's success in terms of providing culturally responsive care to LGBTQ clients?

21:00

Have Antonio go first.

21:03

Things like Brandon was about to go off mute. Thanks, Sam. So you know, it's a little I will want to acknowledge it's a little different for us, right, as an LGBT specific community center. So a little different from an organization that is focused on the population specifically. But I think, for us, you know, it's still about creating an environment that's welcoming. You know, from the exterior, you know, back in 1983. You know, we're an all school building. So we actually didn't have a lot of signage, because we weren't sure how, you know, community, even in New York City in 1983, we're going to approach an LGBT center. So over the years, we've done things like, you know, replace our doors with like glass paneled doors that are more open and welcoming. You know, there's a large flag that hasn't been outside for us over the last few years. In particular, we've actually wrote We actually rotate those flags. So depending on the month or week or day, the visibility for, you know, trends, apart trends of folks in our community, by sexual awareness, you know, month or week, even not a romantic, we have a flag for a romantic folks as well. So there's, there's different flags that we shift throughout the year, kind of show the breadth and diversity of our community. Within the space itself, it's, again, creating an environment that doesn't feel because it feels like an institution or too much like hospital or to antiseptic, if you will. So creating like a warm, welcoming environment, we have, we're lucky to have a little bit of a garden space between our main building and our one story. wing in the back, which is where most of our social services, including our treatment, programming, sits, you know, we have a reception desk, there's welcoming colors and signage, plants, you know, all the various things to make folks feel like it's, it's an environment that isn't just about the substance use treatment, and, you know, working with staff and our reception folks to be friendly and welcoming, and all of that and keeping folks informed. Because even though we are the LGBT Center, there's often shifts in language and changes. And you know, years ago, we use the term preferred pronoun, and now we just say, pronoun, right, that's a shift in how we view that aspect of, of identity within our culture. So you know, keeping abreast of those making sure our staff are educated. And then, you know, breaking that down further into, like, our

actual, like, forms and the systems we use internally. You know, in terms of gender markers, and how folks now identify, one of the things we did do for our internal system was really looking at folks legal names versus the names that they're living by, particularly, particularly for trans folks, but not always, Southern folks use different names for various reasons, and making sure we had a system that was compatible with that. So folks were utilizing someone's, you know, former name or dead name as it's sometimes referred by trans members, our community. So I know it's a bunch of different things. But that's a little bit of a start.

24:02

Thank you, Antonio. Brandon, over to you.

24:04

Yeah, I think that was a great introduction, and Tony and a great start. All those pieces are so important to establishing a safe space and promoting engagement with the clients that we serve. We definitely recognize that early on and are pursuing nourishment and serving particularly in serving the clients within this population in our residential services. So in our s y Rosehill. We quickly learned that promoting a safe space and not not just our safe spaces, like we used to call always our clinical offices, but the entire program, promoting it as a safe space and a welcoming space and an understanding an open space makes such a difference. And this this can be little things like like changing labeling or pronoun usage, but also it can be structural parts of the program. We transitioned restaurants to be more I bid. So now we don't have gender specific restrooms we have, we have some parts of the program with private restrooms, private changing areas. We restructured some of our recreational activities to be less gender specific. And this has promoted, but an atmosphere of safety across the program. It seems like within the community word spreads. And not only that, but the reception of individuals that screen has transitioned currently, we sit right around 20% of our population, and these are adolescents aged 12 to 21. About 20% of the population identifies as trans and roughly 60% 50 to 60%, at any given time, identify as LGBTQ. And this has been a development over the past few years, I would say, and it's a welcome transition, I think that it's a really important thing for not only the community, but for the individuals that identify as allies and their family members to recognize that there are safe spaces, and there's a treatment options for the ones that they love.

26:11

Thank you so much for that Brandon, you know, for for both of your programs, I think it speaks to your programs, really embracing visible ways to support your communities, the communities that you serve, right, to really promote and reinforce that you're creating safe spaces for folks. So I would like to thank you for that. And obviously, based on the statistics, you're sharing in terms of the patient population you're serving, where it is getting out, right, that you're providing the performing services, and folks know where to go to to access those services. So I have a question, what makes you passionate about this work? What makes you really, you know, what? Shine? And what would you recommend to other clinicians who are struggling with motivation? So Brandon, we'll start with you some simple meal started last time.

27:00

Great question. I think the probably the driving force behind most most of us in this field, is the reward that we get from serving others and, and having those experiences where individuals that you've made a difference with or impact on have come back and either given back to the community, or works to share and expand upon the successes with others. To me, that's a motivating factor and a driving force for me, and I'm sure for many others, too. So I wanted to share that.

27:37

Yeah, I would say,

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for me, I think I mentioned earlier, I've been involved in one way or another for quite a while as I changed careers, my early 30s and went back to social work school, and did my final your internship here at the center, and then an opportunity to work here for a bit in harm reduction around crystal meth, left for a few years and came back and have been back about 12 years and different roles and to my current role. So for me, it's really, you know, kind of that working with the community during the work, the clinical work I, I love, you know, started out really more counseling and direct service focused, but utilizing my own, you know, background and experience, you know, to continue to grow these programs to continue to advocate for our community, really to provide affirming LGBT care in a setting that is identity focused like ours has been really an honor and a privilege for me. One of the things that center has embarked on the last more attention over the last three or four years is our race equity work. So we really did a real deep dive internally, starting at our executive level, and kind of working way down to our senior director level, which is where I'm at and through the rest of the staff, and then over to the board as well, to really look at our policies and practices and really work to transform the organization into one that is anti racist, and where the where are the intersections between LGBTQ folks, specifically, race and ethnicity. For us, we're also looking at gender and gender identity specifically, because our trans and non binary and non conforming community members have oftentimes a different experience than our LGB community members. So really looking more specifically at that, within that we've developed values to support our written values, I should say, to support our mission, we haven't had a written set of values and all our many years. So I'm really trying to find a balance in that. So one of them is racial, gender and economic justice. And then there's collaboration and community driven approach. And then the final one is healing and joy, which I think speaks to you know, what any program wants to do for its members, right? Or for people that are participating in either services or programs is to create a space where you feel connected and can heal but also can experience happiness and joy as well. So we're excited to kind of really start we really kind of just started rolling those out internally and sharing those with the larger community.

30:02

Thank you so much. That's really that's, that's great to hear. We know that in order to overcome barriers in accessing services, we'd need really tailored intentional actions. So it's, it's great to hear about all of the work that the center is doing. At this time, I think we're ready to open up to other questions from, from the audience learn, do

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we have other questions?

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We do not. But I'm going to use this as a call to action for everyone on the call. If you have any questions, for anyone on the panel about what a way SAS is doing, why this is important to always is what you can do no need to reinvent the wheel, we have some excellent practitioners here who have kind of figured this out. So now is your time to copy and paste what they've done so wonderfully in their programs.

30:50

And we actually have a

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question that we can share, which might be helpful to share some practical information with the other providers that are with us today. So Brandon, Antonio, you know, how would you work with a client who's being disrespectful to another client in your program? And what are some best practices for intervening and addressing those types of situations?

31:28

Okay, don't know, necessarily, if there's like a one size fits all answer for it, I mean, every situation is going to be different on there. They're contributing factors to everything. But it's, I feel like it's always important to to make clinically sound decisions when a person things like this, but also to make sure that we're understanding and we're open, and we're taking, you know, a full a full wide picture of the event that things that have led up to the event, triggers that could have caused this and how we can create a safety plan moving forward, after the events to help promote healing. What we do run into situations like this, I mean, I think then in every treatment center and location, we're working with people you're gonna run into situations like this, how we've handled a couple in the past and more and more recently is we took a more clinical approach, we first established safety, and then we're able to, to sort of dive into individually with the individuals just discover, you know, what, what was the trigger leading into this? And how can we can we make a suitable plan to move forward, and then use that as an opportunity to start our discussion? So we took something that we were able to take from a damaging sort of exchange to something that we could create safety and growth for with multiple people, and not just the individuals that were involved? That was one instance, how we manage that approach.

32:59

Yeah, I would agree with Brandon, it really is, there's so many different ways that can happen. Right? So I think it really does depend on the situation. And even like the staff person, I'm saying, managing either the situation directly or maybe mad at, you know, supporting a staff person who this experiences maybe within their group or with, you know, usually it's group setting, right, rather than a one on one. I think, you know, for us, again, a clip sometimes is a bit easier, because we are an LGBT specific organization doesn't mean some of these things don't come up in other ways, or in different ways within the community, or, again, with the intersection

of other identities. So I think, you know, I don't know, most programs, if not all already doing things like this, but really that emphasis at assessment, and in training staff who are providing assessment around like, you know, expectations for participants coming in and and as Brandon said, like, folks are human, it doesn't mean like, if you go over once, you're gonna just adhere to what you know what expectations are. But starting with that, with that expectation, you know, going back to creating a welcoming space, right, like signage or things that support that, again, not just for LGBTQ folks, but generally in waiting spaces, or in counseling rooms or group rooms, depending on how things are a regular review of group norms, we like to call them rules, but group norms with folks, especially in our treatment programs are tend to be like kind of an on ongoing, folks coming into different groups rather than like a beginning, middle and end. So going over that, and then when you know, something does happen, right, like, you know, are your staff and power to act in the moment? Do they have that training? And then what is the follow up like, sometimes it is hard within a group setting where there's a lot of other folks to address something directly, but what is the follow up with the person that was perhaps being disrespectful or was being disrespectful and wants to follow up with the person that was impacted? Right, is there a check in is there someone who that they aren't connected without the program to say, hey, that wasn't right. We're sorry that happened to you. I think, not being afraid to say we're sorry that happened to you I've heard folks that don't get that acknowledgement in programs. So I think it's important to, you know, again, provide a affirmation for what the person felt in that moment and you know, look at, again, taking a look back at training for for staff and how to manage those situations. We have a

35:21

related comment and a question from the audience. So just want to put out there that sometimes patients don't even realize that they're being disrespectful. Great comments, Elizabeth. She said she just had a situation in her own site. So I feel like we're all kind of speaking the same language today. A question comes from Amanda, thanks for asking any advice for getting connected with an LGBTQ affirming community partner, Amanda is the LGBTQ liaison for a small outpatient in Tompkins County and would love to connect, learn what everybody's doing and connect patients as well.

36:00

I can, I can put this in the chat as well. But the center is the administrator for the New York State LGBT Health and Human Services Network, which is it fluctuates. But I think at this point, a little over 60 organizations statewide, a lot aren't New York City, but they are we're in all the different counties of New York State. And different programs provide different things, but I can put the link in the chat. Within that link, you'll find a link to our network members, which will show all the members and basically their websites and where they're located. So that might be a place to start and seeing who the closest work is to you all. And you know, these days with telehealth, and with that sort of virtual connection, there might be even if it's a little further away, geographically, you might be able to waive connecting, regardless, regardless of the geographic distance. Lauren, put it in there. Great.

36:46

Thanks, Lauren. I want to add to that and say they in rural settings, it's a little bit different for us, we sort of have to reach far and wide to grasp resources. And I had a similar experience. When I first accepted the role of LGBTQ liaison here. And we lucky lucky for us, we were blessed with a local provider that provides hormone therapy. And they had a whole list of resources throughout the state in the country that they were able to link individuals to. So we were able to glean some from that. And we also have local gender Alliance organizations that they support the community and are willing to partner with us to provide trainings. community wide, that's been a great resource. So I would say in if you're struggling with things like this, medical providers may may be great resources in rural areas.

37:46

And I'll add for me, Oasis standpoint, that, you know, we have also utilized that health and human services list that Lauren shared in the chat. And then Antonio mentioned that we I know that we have local providers here in the capital district that have partnered with the local LGBT center to to do some some staff training. So they're, they're really fantastic agencies that have great resources.

38:13

Wonderful.

38:14

Next questions from the audience. Andre, thank you for your question. What supports do individuals receive outside of both of your programs? So in society in the community, when they are in crisis, especially with all of the negative policy? Oh, sorry, misread that, with negative policies against this particular population, ie, I would imagine people who use drugs regarding multiple discrete degrees of discrimination, so what supports are available in the community or beyond the walls of your centers?

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So I want

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to expand on something that Tony I mentioned just just a minute ago, COVID was a blessing because it links us so well, to resources that were long distances from us, but available immediately. And I think that the use of video has changed the game. So in the past, prior prior, I think that we really would have struggled with this, but it's it's definitely changed. So resources in the communities, I probably have very few and a very rural communities, such as we experience in the upper parts of New York, and I'm expecting the enchantment, Antonio to have a different answer. But I think that the the use of electronics and video conferencing has really changed the game and allowed us to work together. So if I have resources are intangible and 20 as resources that I think that we could likely support all of you and like ain't connecting. I think

39:54

that Thanks, Brian. I think part of the answer to this question is are really I think is kind of two parts of this There's the actual, like getting support, maybe around, you know, it's not substitutes

treatment is mental health counseling or therapy, that sort of like clinical support, right for how you're feeling or how, you know, anxiety and or depressed mood or things manifest from the larger societal pressures and discrimination that's put on on this community. And again, thinking about intersections with folks that have experienced discrimination or other aspects of their identity as well. And then, you know, for us, you know, the healing and joy value that I spoke about earlier, really, as part of that, right. So actually connecting to your community. And again, that could happen virtually doesn't have to be in person, especially in in parts of the state where they're more rural, or people are further apart from each other geographically, we have a small advocacy arm that does work across the state and tries to engage people across the state. And we also do arts and cultural work here at the center, which again, started providing virtual options for these events as well, post pandemic. So we really encourage folks and doesn't have to be at the center, but connecting to community connecting to organizations and interests. That are, you know, outside of necessarily just kind of like clinical support for what they're dealing with. I can drop the arts advocacy link in the chat as well. There, I also wanted to just kind of step back and note, I'm gonna try to target all the programs we offer here, but we do something called Lift, which is the LGBTQ Institute for Family Therapy. It's a really small program. So we don't, doesn't get a ton of promotion. But essentially, we provide education for it started out providing education for folks that are in the family system. So like clinicians that provide a family services support to ACS and things like that, to really educate them around LGBTQ issues, we've expanded to clinicians outside of New York City so that we've had our first cohort with some folks from upstate upstate New York City, and are looking to hopefully expand that further to not just clinician so I'll drop both of the arts and advocacy link is there. I'll see if I can get to the lift leg, which I think is varied a little bit in our current website is lowered if you're looking. So yeah, I'll see if I can put that in there as well.

42:16

So I want to just thank both of you for for talking about telehealth. And I know I saw Lauren share the link to the telehealth standards. document in the in the chat. Oasis tried very hard to make telehealth very easy to implement in programs even free COVID. Right we we tried to really streamline the process for receiving the the designation for all of our programs. And we try to impose as few restrictions as possible on programs so that, you know everyone could really try to embrace the use of telehealth in their in their programs. As of you know, some point last year, the last time I checked, almost every single outpatient program in our system had the telehealth designation. Right, we were already on a pretty good upward trajectory pre COVID. But COVID really changed the game right for how we deliver addiction services for how healthcare services are delivered in general. So pretty much every provider in the oasis system is delivering services and via telehealth in some capacity. So thank you for mentioning that. I just wanted to to recognize that as well. All right,

43:32

moving down our list of questions here. This one comes to you from Richard, who works at a long term residential facility has been trying to include LGBTQ groups for those who identify in proposals, but they have not been supported. This is a bit of a theoretical question, but what do you guys think is going on here? Why are programs that are endorsing LGBTQ clients and services not being funded? And what can we do about it?

44:11

I'll speak from the Oasis perspective first. So I, you know, it's hard to know what the causation is there. I think, you know, certainly in Oasis, we would we would support the groups for LGBTQ folks being held to being available, right, especially based on client need, or even just even just groups that are educational in nature, right, because, you know, as as Elizabeth's comment spoke to earlier, I think there's there's still a lot that we can all be learning about gender and sexual orientation, right. But I think in terms of working with your, you know, your leadership or your administration, if you're looking to establish LGBTQ groups and you're facing resistance, you know, probe a little bit deeper. Why is there concern? Are there safety concerns? Is there a misunderstanding of the importance of, of having LGBTQ affirming groups available? I think diving, diving a little bit deeper, and you know, being able to speak to how useful it can be for folks to be able to have a safe group space to talk about their identities is might be a tool for you.

45:30

Yeah, well, again, I don't know the specific situation. But you know, perhaps a way of getting started would be to pilot, you know, offer it as a pilot, right? We're gonna try this for six months, or we're gonna try this for three months. It can depending on the setting, I'm assuming if you're opposing it, there's a need. Imagine there's a need in all programs. So yeah, anyway, you know, we can support offline, please feel free to reach out.

46:05

To a couple of comments

46:05

in the chat, but no questions. Um, I don't know if our panelists, Carmen, Sam, if you have any last minute questions to ask or anything else that folks are wondering about while we have the time.

46:22

So I will say, you know, I made myself a note here that both of you at some point, Brandon and Infineon have talked about the provision of trauma informed services. Can you just tell us a little bit about what training staff in your facility receive in order to deliver trauma informed services to

46:41

your patient population?

46:45

Yeah, I can, I can jump in quickly. We we work with a lot of community partners, to sort of take advantage of all free and available trauma trainings that are posted and available throughout the communities. But I want to I want to make a special mention to to the that we, we use very often one is we subscribe to the sanctuary model here at the agency, which really has allowed us to expand our knowledge and, you know, put to practice our training for trauma informed care. And also in our residential, adolescent Rs, why we work to implement TCI training. So therapeutic

crisis intervention training has been very helpful. And we try to link and connect individuals that are coming in or individuals that would be resources on the outside with training resources that would, you know, allow us to speak the same language and provide fluid transfer of care for individuals.

47:51

We've utilized some trainings in the past. Surely, NYU, offered a trauma certification program that a few of us attended, obviously, just kind of keep abreast and see what's available out there. And what's also within the free or within our budgets, as well, for staff especially as staff coming in and out. I think for us, we approach trauma, really, within the context of working with our population, and on many of us identify as LGBTQ plus, as well, is really understanding that, you know, as a population where we're not inherently we don't inherently use more substances or have higher rates of mental health. These are, you know, really a symptom of larger systemic discrimination and oppression. So it really it we're population placed at higher risk because of our identities, and really taking that approach and, and educating staff as they come in, we have a robust intern program here for K second and Msw and other master's level interns. So you know, oftentimes those are, are not LGBTQ identified folks are really working with those future clinicians to get that work out there. SEO it's a constant it's ongoing learning. It's it's ongoing learning for all of us as well. It's not something you kind of just like learn and you know it and that's, that's it so I think keeping that in mind as well.

49:09

Make shameless plug if I can calm that this is what CEI does. So if you are looking for trauma informed care training or anything related, you can find us at [www dot cei training.org](http://www.cei.training.org). And I did put a direct link in there to a CEE accredited session that we have already. You can also reach out to me directly just to chat and figure out what we can do at CEI to meet your training needs.

49:34

Great, thank you. And I you know, I also want to add to to plug away this regulations. Last year, you know, the the agency really went through a process of looking at our regulations and doing a bit of an overhaul right. And we included some very specific terminology around the delivery of trauma informed services right person centered, strength based trauma informed services. in all of our programs, so I, you know, thank you so much for for sharing those training opportunities, Lauren, hopefully, folks are taking advantage of those and other training opportunities to really make sure that your staff are educated in the delivery of trauma informed services. I think that's, you know, so, so important in in addressing, you know, issues among the folks that we serve in all of our programs.

50:31

We had one additional question come in from the audience. And I think we have just about enough time to tackle it. So this question comes to us from Elizabeth, she has the LGBTQ plus contact at her facility, and they are looking to open a group, but they're having a hard time connecting with the population. Any suggestions to get the word out there or to market a group for LGBTQ plus,

50:55
folks?

50:57

I think it really, again, depends on the actual what the actual setting is inpatient, or outpatient or other. I'm often of the opinion that, you know, you may, you have to kind of plan in for like, a, maybe a slow start, like it may be a trickle or maybe even no one showing up for a bit to kind of get, you know the word out there. So like not not kind of giving up. Because the first few weeks or first couple of sessions, there isn't a lot of folks showing interest, depending on the setting, it might also be helpful to open it up to allies. So you know, if it's like an inpatient setting, folks may feel, Oh, I'm going to be identified as going to the peer group, you know, not everyone is out, not everyone comes out at a inpatient or other setting. So if you open it up to allies, and we see it a lot in our youth space, where folks, you will get allies attending, but you can get folks that would be like, I'm an ally, but maybe they actually identify as LGBTQ. And it gets them participating in a way that feels, you know, less, less unsafe for them potentially, again, depending on the setting,

51:57

as well. And obviously, in

52:00

terms of like, if you have any sort of budget can do any sort of like, even like, you know, if your agency has an Instagram account, or Facebook account, and can do just a simple flyer or something that recurs so few folks that are gonna be following you all see it. That's what we utilize for just some of our own new groups and things not just in our substance use area, but across the agency.

52:24

Except Brandon had a thought, but it looks like Antonio stole it right out of his mouth. So I have

52:29

to agree with everything that he said. I mean, it nailed him. The use of alloys really, really was helpful in getting some groups off the off the ground and running. So I mean, I agree with everything you said,

52:42

a follow up question,

52:44

Donald, please correct me if I'm misunderstanding, but are your groups held virtually, at either

52:53

St. Joe's or the center?

52:57

We offer we are right now, like we have set certain type of groups that are virtual and a certain set that are in person, and then the clinician work with the individual client to put together a treatment plan that works best for them. We're kind of probably a little bit of a pivot point in this kind of like, pseudo post pandemic period where we're trying to find the mix that works. Particularly for groups right individual can be really whatever folks want week to week, but same thing with assessments, but for groups, you know, we while we're probably gonna shift a few more in person, as we move into the

53:31

summer months. Yeah, I

53:34

think it's probably the same answer again, here. The post post pandemic transition has been more toward in person, but we still are having some success with with some remote stuff, that we're definitely transitioning toward more more in person. And I'm hoping that changes pretty dramatically here once the warm weather opens up. And we have more availability and flexibility. So more in person to

53:57

come. Just a few minutes

54:01

left. Carmen, Sam, I didn't know if you had any final questions. I don't want to step on toes and wrap us up before we are finished. So I'll hand it back over to you.

54:12

I don't have any final questions. I did want to provide one update for everyone. You know, I mentioned the LGBTQ plus affirming services local services bulletin that Oasis has and is in the process of being updated again. So I just wanted to give everyone a heads up. We're hopeful to have that out in the coming months. And that'll be shared, you know, across our communication flips listserv with all of

54:40

our providers. So just Just a heads up.

54:44

Many things to keep our eyes open for thanks. Thanks for that. Carm well, just a few minutes left here. So I want to ask all of our participants and attendees to please join me in thanking our panel. This has been

[End Transcript]