



# LGBTQ+ Standards of Practice

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<sup>1</sup> Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Agender

<sup>2</sup> Lesbian, Gay Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

<sup>3</sup> Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

<sup>4</sup> Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Agender



## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Communication Related to Sexual Orientation, Gender Identity, and Expression (SOGIE) Language, Terminology and Chosen Names and Gender Pronouns

The language we use to address and refer to other people matters. All individuals have the right to choose the language for how they identify and describe themselves, including language specific to their sexual orientation, gender identity and gender expression. And this language can change over time. **Staff do not have to understand or agree with someone's sexual orientation, gender identity or gender expression to respect and support the individual's right to be and express themselves.** DHS and contracted provider staff are expected to use inclusive, respectful and gender-neutral language, and to use individuals' chosen names and gender pronouns (ex: he/him/his; she/her/hers; they/them/theirs) as soon as it is known. This applies to both verbal and written communication. Avoid making assumptions about an individual's gender identity, name and gender pronouns. **All staff should make a practice of asking individuals what their chosen name and gender pronouns are and in what situations they want them to be used.** Staff are also encouraged to model this practice to recipients of service and colleagues by sharing their own gender pronouns.

Since some terms may be acceptable and/or preferable to one person and offensive to another, staff should make every effort to use the language and terminology used by the individual (when appropriate) during one-on-one interactions. Acceptable terminology varies considerably by age, so it is **NOT** safe to assume that language used by youth is appropriate to use with older adults (ex: queer).

Unless the individual self-identifies as such, staff are **prohibited from using value-laden and outdated terms**, including but not limited to: "homo," "homosexual," "sexual preference," "alternative lifestyle," "tranny," "transvestite" and "sex change."<sup>1</sup>

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<sup>1</sup> Refer to the LGBTQIA+ Communication Tip Sheet for additional guidance.

## ***Chosen Names and Gender Pronouns***

All individuals served by DHS may request the use of a chosen name and gender pronouns, which may be different than their legal name and/or the gender associated with their sex assigned at birth. Some people are gender fluid and may change their name and/or gender pronouns from time to time. **This does not make their identity less valid**, and it is important to validate and honor the individual's choice and utilize the name and pronouns they select.

When an individual requests the use of a chosen name and/or gender pronoun, DHS and provider staff will ask which name (legal or chosen) staff should use when they refer to them in conversation with family members or other service providers. **Staff must comply with requests regarding preferred name and pronouns at all times** and recognize that use of an incorrect name or pronoun can result in serious safety threats to individuals who have not disclosed their gender identity to family members or other service providers. **Staff will check in with individuals at each service planning review and/or whenever a new provider becomes involved** to see if it is still safe to refer to them by their chosen name and pronouns when conversing with family members or new providers.

While some family members, educators, employers, medical personnel and even public officials (e.g. court personnel) to whom an individual has disclosed their LGBTQIA+ identity may still intentionally use an individual's birth or legal name or pronouns associated with their sex assigned at birth (instead of their chosen name and/or pronouns), it is vital for staff to maintain a respectful and affirming relationship with the individual and continue to honor their preferences even when others do not.

It is important to recognize that, even with the best intentions, mistakes and accidents can and will happen. When a worker utilizes an incorrect name and/or pronoun, they should verbally recognize the mistake, apologize and move forward with the correct name and/or pronoun. It is equally important to be receptive to and accepting of an individual's calling out of these mistakes, and not to take a defensive or retaliatory stance.

If a staff member becomes aware of a colleague refusing to use chosen names and/or gender pronouns, or using derogatory or harmful language towards another individual, staff will report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## **Related Resources & Documents**

### **Policy Statements**

**Allegheny County Department of Human Services**  
DHS Anti-Discrimination Policy

Allegheny County Department of Human Services  
1 Smithfield Street  
Pittsburgh, PA 15222  
412-350-5701  
<http://www.alleghenycounty.us/DHS/index.aspx>

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

**U.S. Department of Health and Human Services**

Non-Discrimination Policy Statement

<http://www.hhs.gov/asa/eo/nondiscrimination/index.html>

**LGBTQIA+ Language and Pronoun Guides**

**Gay Straight Alliance for Safe Schools**

Preferred Gender Pronouns: What the heck is a “PGP”?

<http://www.gsafewi.org/wp-content/uploads/What-the-heck-is-a-PGP1.pdf>

GLAAD (Gay and Lesbian Alliance Against Defamation)

An Ally's Guide to Terminology

[http://www.glaad.org/sites/default/files/allys-guide-to-terminology\\_1.pdf](http://www.glaad.org/sites/default/files/allys-guide-to-terminology_1.pdf)

**Resources**

**Transgender Legal Defense & Education**

The Name Change Project

[http://www.transgenderlegal.org/work\\_show.php?id=7](http://www.transgenderlegal.org/work_show.php?id=7)

**Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>

Allegheny County Department of Human Services  
1 Smithfield Street  
Pittsburgh, PA 15222  
412-350-5701  
<http://www.alleghenycounty.us/DHS/index.aspx>



## Standard of Practice Office of Children, Youth and Families

Effective Date: January 24, 2017  
Approved by: Walter J. Smith, Ph.D.

### Documentation of Information Related to Sexual Orientation, Gender Identity, and Expression (SOGIE)

Documentation can be an important tool for communicating and improving outcomes for the individuals we serve. Understanding an individual's identity is an important part of our being able to provide them with appropriately holistic and culturally responsive services. Documenting information related to sexual orientation, gender identity and gender expression (SOGIE) is an important part of that process. This Standard addresses best practice standards for documenting information related to SOGIE, as well as how to manage the limitations of information systems.

A person's SOGIE is often relevant to service planning or a service provider's interactions with them in at least one of two ways. The individual may be seeking services relating to their experience with gender or sexuality, or it may be a piece of their identity that is important to understand since it influences their experience of the world around them and may impact their well-being.

**Everyone has a sexual orientation, gender identity, and gender expression, so this information should be documented for all individuals**—not just those who identify as LGBTQIA+<sup>1</sup>. Tracking this information supports individual case planning as well as program planning and assessment. This information should be discussed with the individual on an ongoing basis and documentation should be updated to reflect any changes in the person's identity or experience.

DHS and provider staff should note that ownership of information related to SOGIE belongs specifically to the individual. Prior to documenting any information regarding an individual's SOGIE, DHS and provider staff must inform the individual about who will have access to these documents and how the information will be used. The delivery of informed consent to individuals must be age or developmentally appropriate to ensure full understanding. To the degree that staff are unable to hold information confidential, recipients of services should be informed.

<sup>1</sup> Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

### **How and When to Document**

Professionals should determine the most appropriate time and manner of identifying each person's SOGIE, based on the individual's age, stage of development, cognitive abilities and personality, as well as the level of trust developed between the worker and the recipient of service.

**Do not document information based only on your assumptions.** In most circumstances, this information should only be documented based on what the individual reports to you. For young children or individuals who are not developmentally or cognitively able to engage in conversations around gender or sexuality, staff may rely on information from the family and reliable third parties, such as service providers or school and medical personnel. Staff may also rely on personal observations supported by objective information.

**Legal Name, Chosen Name and Gender Pronouns:** When documenting in systems of record, case notes and/or other communications, DHS and provider staff should document both legal names and chosen names. If an information system is limited to only allow one name to be entered, staff could use the individual's legal name followed by the chosen name in capital letters (ex: Lisa - LUKE). Staff must clearly distinguish in notes which name is preferred, and in which situations, and which name is the legal name. Using a chosen name with family members or other providers that the individuals is not out to, can result in serious threats to the individual's safety and well-being.

If there is space to document gender pronouns, pronouns should be identified for both legal names and chosen names. The individual's chosen name and associated gender pronouns should be used in narrative sections of case records.

**Gender identity**, which refers to an individual's internal sense of self as male, female, both or neither, should be discussed with all individuals over the age of three who are developmentally and cognitively capable of understanding and discussing gender. Some information systems have a field for documenting gender identity separate from legal sex. If there is not a specific place to document this information on a form or in an information system, include it within narrative case notes.

**Gender expression** refers to the manner in which an individual expresses or externalizes gender through dress, mannerisms and behavior. Gender expression should be discussed with all individuals

**Gender expression** is not exact or objective. It is a relative concept based on an individual or community's subjective perception of gender roles and expectations, which is influenced by beliefs, culture, experiences and frame of reference. For these purposes, the perception or beliefs of the DHS or provider staff are not as important as the individual's experience and the perception and reaction of important people in the individual's life. Individuals may be subjected to ridicule, rejection or humiliation based upon other people's perception that their mannerisms, behavior or dress diverge from that which is expected of their gender (gender-diverse). DHS and provider staff should not classify or evaluate any individual's gender expression for the purposes of redirecting or changing that expression, but to explore the individual's need for support and to monitor their adjustment. Gender-diverse expression by itself is not problematic nor cause for concern. However, gender-diverse individuals may need support to form and integrate a healthy identity safely and in a nonjudgmental space.

over the age of three who are developmentally and cognitively capable of understanding and discussing this information. When an individual's gender expression differs from that which is expected based on social norms or expectations and they are experiencing distress, this should be documented within case notes.

**Sexual orientation**, which refers to an enduring pattern of romantic or sexual attraction to persons of another gender, the same gender or more than one gender or to the absence of romantic or sexual attraction, should be documented for individuals ages ten and older who can understand and discuss this information. Some information systems have a field for documenting sexual orientation. If there is not a specific place to document this information on a form or in an information system, include it within narrative case notes.

### **Special Considerations**

**Safety Concerns:** In a limited number of circumstances, documenting SOGIE-related information may pose a safety risk for an individual. If an individual identifies as LGBTQIA+ and information is being documented in a place where people who are not LGBTQIA+ affirming may have access to the record, the following key questions should be discussed with the individual prior to documenting any information. If you answer "yes" to the last question, a risk reduction plan must be put in place:

- Is the individual out?
- Who are they out to?
- Who else has access to this record?
- How would they feel about others knowing?
- Could a potential disclosure pose any safety risks?

**Assessments and Service Plans:** Permission to include explicit SOGIE references in assessments and service plans must be obtained from the individual. If the individual does not or cannot give permission, general references regarding "identity" and "relationships" may be substituted. If someone uses a chosen name and pronouns that individuals reviewing the documents are aware of, then that name and those pronouns should be reflected in the documentation. Service plans must incorporate any recommendations pertaining to specific daily living, emotional, behavioral or safety concerns. These may include recommendations for counseling or support groups "to address identity and relationship issues" but there should be no explicit reference to LGBTQIA+ services without the express consent of the individual.

Within the context of a teaming model, individuals need to be made aware of the limits on confidentiality within team meetings. SOGIE information may be inferred or apparent within case notes or plans, and individuals must affirm that they are ready and/or willing for that information to be disclosed.

**Court Records:** DHS and provider staff should document information related to an individual's sexual orientation or gender identity and expression in a court document only when the information is directly relevant to the issue to be decided by the court and rationale for its inclusion can be clearly stated. Staff preparing the court document must discuss the matter with the individual in advance and take

precautions to minimize any potential negative ramifications that may stem from unnecessary disclosure of the information to third parties.

DHS and provider agency staff must also initiate contact with relevant legal services attorneys if records are being produced or subpoenaed by the court and the individual's different names are noted in the records. If the individual wishes to keep certain names confidential from the court, the attorney, in consultation with their client, will determine whether to request that the records be redacted before they are provided to the other parties involved in the case.

Please refer to the Standard of Practice, **Understanding Disclosure of Information Related to SOGIE**, for additional information.

If a staff member becomes aware of a colleague documenting an individual's SOGIE information without the individual's permission and/or not related to the delivery of services, staff will report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## Related Resources & Document

### Policy Statements

#### **Allegheny County Department of Human Services**

DHS Anti-Discrimination Policy

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

### Resources

#### **Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>

#### **American Psychological Association**

Best Practices for Mental Health Facilities Working with LGBT Clients

<http://www.apa.org/pi/lgbt/resources/promoting-good-practices.aspx>

#### **Child Welfare League of America**

CWLA Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care

<http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf>

#### **Child Welfare League of America**

Recommended Practices to Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning Youth and Youth at Risk of or Living with HIV in Child Welfare Settings

<http://www.lambdalegal.org/sites/default/files/publications/downloads/recommended-practices-youth.pdf>

#### **Guidelines for Managing Information Related to Sexual Orientation & Gender Identity/Expression of Children in Child Welfare Systems**

Allegheny County Department of Human Services  
1 Smithfield Street  
Pittsburgh, PA 15222  
412-350-5701

<http://www.alleghenycounty.us/DHS/index.aspx>



<http://www.cssp.org/reform/child-welfare/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf>

**HMIS Data Standards (2014) – DATA Manual**

This manual is designed for CoCs, HMIS Lead Agencies, HMIS System Administrators, and HMIS Users to help them understand the data elements that are required in an HMIS to meet Participation and reporting requirements established by the U.S. Department of Housing and Urban Development (HUD) and the federal partners.

<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>

**Human Rights Campaign Foundation**

Promising Practices in Adoption and Foster Care

[http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/Promising\\_Practices\\_Guide\\_4th\\_Edition.pdf](http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/Promising_Practices_Guide_4th_Edition.pdf)

**Lambda Legal**

National Recommended Best Practices for Serving LGBT Homeless Youth

[http://b.3cdn.net/naeh/9edec5bddd88cea03d\\_yum6be7c4.pdf](http://b.3cdn.net/naeh/9edec5bddd88cea03d_yum6be7c4.pdf)



## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Expectations for Serving LGBTQIA+<sup>1</sup> Individuals

*"All communities and populations have unique cultural characteristics. Services will be delivered in a manner that is inclusive, competent and respectful of these characteristics"* (DHS Values and Principles for Integrated Practice).

This Standard of Practice is intended to provide guidance for DHS and contracted provider staff to enhance their interactions and service delivery with individuals who identify as LGBTQIA+.

DHS staff and provider staff, as well as foster/resource families and Domiciliary Care Providers, will follow these guidelines for practice with lesbian, gay, bisexual, transgender, queer/questioning, Intersex, and Asexual/Agender (LGBTQIA+) individuals and families:

- **Utilize** inclusive and welcoming terminology and display affirming materials and resources.
- **Remember** that individuals are the principal **owners of their own information**. Protecting their confidentiality is critical to ensuring safety, permanency and well-being. Outing an individual without their consent not only undermines trust and rapport between the individual and staff but may also put the individual at risk for harm and discrimination, including self-harm.
- **Demonstrate willingness to explore** openly, non-judgmentally and empathetically any LGBTQIA+ issues that arise and provide welcoming community resources for collaboration and referral as needed.
- **Avoid assuming** any mental illness or pathology solely on the basis of an individual's LGBTQIA+ identity. Understand that being LGBTQIA+ is **NOT** a form of mental illness and, accordingly, staff must not support any form of conversion or reparative therapies for LGBTQIA+ individuals.
- **However, recognize** that LGBTQIA+ individuals are at **greater risk for mental illness or**

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<sup>1</sup> Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Agender

**substance use disorders due to external influences** from their environment. Be aware that LGBTQIA+ individuals frequently experience significant psychosocial stress as a result of explicit and implicit homophobia, biphobia, heterosexism, transphobia, cissexism and the stigma associated with being LGBTQIA+. Individuals may experience depression, anxiety, increased suicide risk, substance abuse and (for youth) truancy or dropping out of school due to how others react to their sexual orientation, gender identity or gender expression (SOGIE), or what others **perceive** their SOGIE to be. Therefore, assisting the individual in getting screened for these behavioral health conditions is critical.

- **Be aware** that many LGBTQ individuals who are system-involved have **experiences of trauma**; all staff should accordingly maintain ongoing training specific to these unique forms of trauma and be able to recognize signs of distress.
- **Demonstrate understanding** of the unique dynamics that can emerge for LGBTQIA+ individuals and their **families** and how that has the potential to lead to involvement with the child welfare, justice, behavioral health and homeless systems.
- **Treat the individual holistically** – recognize that their LGBTQIA+ identity is not all that defines them and that their life experiences are shaped by all of the different aspects of their identity (e.g., race, religion, language, culture, etc.), how they intersect and how society responds to them.
- When working with **transgender, non-binary and gender-diverse** individuals, **give special attention to meaningfully integrating** counseling, mental health services and medical care to support those who choose to pursue a social or medical transition.
- When screening all individuals for medical conditions, clinicians and providers should **seek to understand not only behaviors, but also identities** (ex: not only asking about the sex of an individual's sexual partners but also sensitively inquiring whether the individual identifies as LGBTQIA+). Note that not all individuals who engage in same sex relationships or activities or who express themselves in gender-diverse ways identify as LGBTQIA+.

If a staff member becomes aware of a colleague intentionally disregarding the guidelines outlined in this standard, staff must report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## Related Resources & Documents

### Policy Statements

#### **Allegheny County Department of Human Services**

DHS Anti-Discrimination Policy

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

#### **Commonwealth of Pennsylvania Office of Mental Health and Substance Abuse Services**

Guidelines to Ensure Affirmative Environments and Clinically Appropriate Service to Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Consumers and Their Family Members

[http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin\\_admin/d\\_006028.pdf](http://www.dhs.pa.gov/cs/groups/webcontent/documents/bulletin_admin/d_006028.pdf)

#### **U.S. Dept. of Health and Human Services: Administration on Children, Youth and Families**

Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Foster Care

<http://www.acf.hhs.gov/sites/default/files/cb/im1103.pdf>

### Resources

#### **Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>

#### **American Psychological Association**

Best Practices for Mental Health Facilities Working with LGBT Clients

<http://www.apa.org/pi/lgbt/resources/promoting-good-practices.aspx>

#### **Child Welfare League of America**

CWLA Best Practices for Working with LGBT Youth in Out of Home Care

<http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf>

#### **National Resource Center on LGBT Aging**

Legal Developments and Practical Considerations: Improving the Quality of Care for Older LGBT Adults in the Long Term Care Setting

<http://www.lgbtagingcenter.org/resources/resource.cfm?r=735>

#### **Substance Abuse and Mental Health Services Administration**

Top Health Issues for LGBT Populations Information & Resource Kit

<http://store.samhsa.gov/shin/content/SMA12-4684/SMA12-4684.pdf>

#### **The National Child Traumatic Stress Network**

Trauma Among Lesbian, Gay, Bisexual, Transgender, or Questioning Youth

[http://www.nctsn.org/sites/default/files/assets/pdfs/culture\\_and\\_trauma\\_brief\\_LGBTQ\\_youth.pdf](http://www.nctsn.org/sites/default/files/assets/pdfs/culture_and_trauma_brief_LGBTQ_youth.pdf)

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## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Housing and Placement with LGBTQIA+<sup>1</sup> Individuals

Allegheny County DHS is committed to ensuring that every individual and/or family is afforded the opportunity for safe and appropriate housing or placement resources.

For individuals who identify as LGBTQIA+ or are gender-diverse, access to an appropriate housing environment is especially critical to ensuring individual safety and well-being. If a placement or housing resource is discovered to be rejecting or unwelcoming to LGBTQIA+ individuals, staff will continue to search for an appropriate and welcoming home or facility for the individual.

#### **Family Settings**

***Foster and resource family homes, domiciliary care, family living, lifesharing, etc.***

Paid caregivers and family members (including the roles listed above) must be willing to accept and support the LGBTQIA+ individual in their care at all times, including through their coming out process<sup>2</sup>. Caregivers are encouraged to engage and maintain involvement and advocacy in the individual's service and care planning. Individualized support should be given to these families as they learn and adjust to the individual's sexual orientation, gender identity and expression (SOGIE), with special attention to providing relevant opportunities to engage with community resources and peer supports.

*The below guidelines for group care settings **also apply for family settings.***

#### **Group Care Settings**

***RTFs, group homes, shelters, detention facilities, transitional housing, supportive housing, residential habilitation, nursing homes, assisted living facilities, etc.***

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<sup>1</sup> Lesbian, Gay Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

<sup>2</sup> Refer to the Supporting an Individual in the Coming Out Process Tip Sheet for additional guidance.

### ***Sleeping and Bathroom Spaces***

Providing safe and appropriate bathroom and sleeping quarters for LGBTQIA+ individuals is critical for the individuals' safety and well-being. **Transgender and gender-diverse individuals** will **NOT** be automatically assigned placement based on their sex assigned at birth; their gender identity and other individualized needs for emotional and physical safety must also be considered. For transgender individuals as well as lesbian, gay, and bisexual individuals, staff will take into account the individual's perception of where they will be most secure, as well as recommendations by the individual's medical and/or mental health care provider, if any. For bathrooms and changing, all residents should be allowed to bathe and dress in private, in individual stalls.

Individual sleeping space should also be made available if it is requested by the individual or if it is deemed necessary to assure safety. However, isolation without cause is **NOT** permitted. In shared sleeping situations, utmost concern should be given to ensure roommates do not pose a threat to the individual. Providers should plan in advance for how they will accommodate or address these requests within their facilities.

### ***Romance and Sexual Activity in Care***

All individuals will be held to the same standards of behavior regarding romance and sexual activity in care. The same consequences will apply to all individuals who violate these rules, regardless of sexual orientation, gender identity or marital status. Staff and resource families must also maintain professional boundaries for safe and appropriate behavior with all individuals in their care.

### ***Dress and Grooming***

All individuals will be held to the same standards for dress, grooming and hair regardless of their SOGIE. Individuals will not be restricted from or disciplined for dress and grooming practices that fall outside gender norms; for example, a male identified individual that chooses to wear more typically feminine clothing and uses makeup. Overall, dress codes should not be gender-based, and clothing allotments must provide for the individual's choice or be gender neutral. If a gender must be identified to accompany a formal clothing request/allotment, the listed gender should reflect the individual's wishes.

### ***Resident Activities***

All individuals will be allowed to participate in all activities for which they are eligible. Encouraging or discouraging participation in activities on the basis of SOGIE is not permitted. For example, an individual may wish to attend events or programming at the local LGBTQIA+ center or an individual might be interested in sports or hobbies that are considered outside gender norms. Additionally, individuals should not be forced to hide their identities because of religious objections or be required to participate in religious activities that condemn sexual and gender diversity. In addition, facility staff will not be permitted to intimidate or coerce individuals into adopting any particular religious practices or beliefs. Individuals who wish to participate in religious activities of their choosing will be provided that opportunity.

### ***Conflicts with Other Residents***

While other individuals in placement may state discomfort with sharing space with someone that identifies as LGBTQIA+, discomfort is not an indication of a safety risk. Such statements should be used as an opportunity to create conversation or open a dialogue with other residents to better understand what an LGBTQIA+ identity truly means and that the presence of an LGBTQIA+ person is not a threat. This should be done in the context of a general conversation or in a way that does not result in the outing of any particular individual. If an individual is unable to reconcile their discomfort and poses a safety risk to an LGBTQIA+ person, the situation should be handled according to the facility's procedure for any instance of a safety risk. The LGBTQIA+ individual is not to be isolated or disciplined as a result of someone else's ignorance and hostility. Accordingly, congregate care settings are strongly encouraged to provide age- or generationally-appropriate educational opportunities for the entire population exploring LGBTQIA+ issues and teaching respect and acceptance. Such sessions should be taught and promoted in a way that is not alienating or intrusive to LGBTQIA+ individuals. Further, these sessions should be available in group and individual formats and coincide with the behavior model used by the facilities' programs.

### ***Transition-Related or Gender-Affirming Care***

If an individual in care makes a request to begin or continue hormone therapy and/or pursue surgical means to align their body with their gender identity, they must be promptly referred to an LGBTQIA+-affirming mental health and medical provider for evaluation. For youth under 18, parental permission or a court order must be obtained to pursue hormone therapy. Regardless of whether or not the young person has parental support, staff should remain supportive and affirming of the individual. Parental consent is **NOT** required for youth under 18 who are only interested in making a social transition. The medical provider, in consultation with the individual's case manager or service coordinator, will initiate the request for financial support and treatment when relevant.

If it is learned that hormone therapy is being obtained by an individual on the street or without a prescription, the individual must be referred immediately to LGBTQIA+ clinically and culturally responsive medical and mental health providers for an evaluation. Staff must ensure continued access to culturally responsive medical and mental health providers if determined necessary by the medical and mental health clinicians.

### ***Family Connections and Natural Supports***

Whenever possible, it is important to work with individuals' families and natural supports throughout the individuals' residential stay to maintain and enhance family and social connectedness. It is recommended that the definition of which individuals constitute family come from the individual's perspective. Emergency contacts or other natural supports do not have to have a biological or legal relationship with the individual to be considered family or natural supports.

Staff must also be mindful that individuals may not wish to disclose their LGBTQIA+ status to family members or certain members of their natural support system, and staff must not disclose that

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information without the individual's consent. There may be occasions when disclosure of an individual's SOGIE might result in physical or emotional/psychological harm to the individual and, as such, staff must take care to assess for safety before any potential disclosure. Staff will become familiar with community resources to support LGBTQIA+ individuals and their families after discharge.

### **Caution Areas**

LGBTQIA+ individuals should never be treated as sex offenders, housed with sex offenders or sent to sex offender treatment programs simply because of their gender identity or sexual orientation. These practices are both discriminatory and extremely harmful. Being wrongly labeled or treated as a sex offender may cause an individual permanent psychological damage. Treating an individual who identifies as LGBTQIA+ as a sex offender solely based upon their gender identity or sexual orientation, without the requisite due process protections, may constitute a civil rights violation and may be deemed actionable. If a facility labels or treats an LGBTQIA+ individual as a sex offender or houses the individual with sex offenders without adequate due process protections, such as a hearing, an evaluation by a qualified mental health professional, and an opportunity to appeal, the facility has violated the individual's constitutional rights and can be prosecuted accordingly.

The Prison Rape Elimination Act requires that all detention facilities screen all residents for potential sexual harassment and/or assault victims, as well as perpetrators, at intake.

If a staff member becomes aware of a colleague intentionally disregarding the guidelines outlined in this standard, staff must report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## **Related Resources & Documents**

### **Policy Statements**

#### **Allegheny County Department of Human Services**

DHS Anti-Discrimination Policy

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

#### **U.S. Department of Housing and Urban Development**

Appropriate Placement for Transgender Persons in Single-Sex Emergency Shelters and Other Facilities

<https://www.hudexchange.info/resources/documents/Notice-CPD-15-02-Appropriate-Placement-for-Transgender-Persons-in-Single-Sex-Emergency-Shelters-and-Other-Facilities.pdf>

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**U.S. Department of Justice**

Justice Department Releases Final Rule to Prevent, Detect and Respond to Prison Rape

<http://www.justice.gov/opa/pr/justice-department-releases-final-rule-prevent-detect-and-respond-prison-rape>

National Standards to Prevent, Detect, and Respond to Prison Rape

[http://ojp.gov/programs/pdfs/prea\\_final\\_rule.pdf](http://ojp.gov/programs/pdfs/prea_final_rule.pdf)

**Resources**

**Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>

**Child Welfare Information Gateway**

Supporting your LGBT Foster Youth: A Guide for Foster Parents

<https://www.childwelfare.gov/pubPDFs/LGBTQIA+youth.pdf>

**Child Welfare League of America**

CWLA Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care

<http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbyouth.pdf>

**National Coalition for the Homeless & National LGBTQIA+ Task Force**

Transitioning Our Shelters

<https://srhp.org/wp-content/uploads/2012/08/TransitioningOurShelters.pdf>

**New York City Administration for Children's Services**

Safe and Respected: Policy, Best Practices, & Guidance for Serving Transgender & Gender Non-Conforming Children and Youth Involved in the Child Welfare, Detention, and Juvenile Justice Systems

<http://www.hivlawandpolicy.org/sites/default/files/Safe%20and%20Respected%20-%20Policy%2C%20Best%20Practices%2C%20and%20Guidance%20for%20Serving%20Transgender%20and%20Gender%20Non-conforming%20Children%20and%20Youth%20Involved%20in%20the%20Child%20Welfare.pdf>

**Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders (SAGE)**

Welcome Home: Improving Housing Security for LGBT Older Adults

<http://www.sageusa.org/resources/publications.cfm?ID=235>

**National Alliance on Mental Illness**

Mental Health Issues for LGBT Individuals

<https://www.nami.org/Find-Support/LGBTQ>

**Resources & Reading on Sexuality and Gender for Persons with Intellectual Disability**

<http://www.fedvol.ie/fileupload/Research/Sexuality%20%20Relationships%20Resources%20%20Grace%20Kelly%20Nov%20'09.pdf>

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**Pride Institute**

Why LGBTQIA+ –Specific Support in Addiction Services?

<https://pride-institute.com/why-lgbtq-treatment/>

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## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Making LGBTQIA+<sup>1</sup> Appropriate Referrals

*"All communities and populations have unique cultural characteristics. Services will be delivered in a manner that is inclusive, competent and respectful of these characteristics"* (DHS Values and Principles for Integrated Practice).

Providing appropriate, sensitive and affirming services to all individuals is core to the mission of DHS. In the event that an individual needs to be referred for additional services or programming, DHS and contracted provider staff will ensure that the individuals and agencies to which referrals are being made demonstrate cultural responsiveness and are welcoming and affirming of the LGBTQIA+ communities.

If an individual discloses their identity as LGBTQIA+ and requests services or demonstrates distress around their sexual orientation, gender identity and/or expression (SOGIE), they should be offered a referral for LGBTQIA+-specialized health, mental health or other services as appropriate.

While some individuals may experience challenges related to their sexual orientation, gender identity, and/or expression, it is important to note that not all LGBTQIA+ individuals are in need of counseling or other services related to their SOGIE.

If DHS or provider staff become aware that an individual has been referred to an organization that is **NOT** culturally responsive or welcoming and affirming of the LGBTQIA+ communities, staff will inform the individual and provide alternate options. Additionally, staff will file a complaint through the [Director's Action Line](#) to report the provider in question.

DHS and provider staff are **NOT permitted** to employ, contract with or make referrals to mental health and other service providers who engage in practices to change an individual's sexual orientation or gender identity. These services are commonly referred to as conversion or reparative

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<sup>1</sup> Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

therapies. If an individual or family requests conversion or reparative therapy in order to change their own or a family member's sexual orientation or gender identity, the worker, at the very least, will provide them with the appropriate literature from the American Medical Association, the American Psychological Association and the National Association of Social Workers which describe why these practices are not recommended and explain why DHS will not support these inadvisable measures<sup>2</sup>.

If a staff member becomes aware of a colleague refusing to provide information and referrals for appropriate and affirming services for individuals who identify as LGBTQIA+, staff must report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## Related Resources & Documents

### Policy Statements

#### **Allegheny County Department of Human Services**

DHS Anti-Discrimination Policy

<https://alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

#### **American Psychological Association**

APA Resolution on So-Called Reparative Therapy

[http://psychology.ucdavis.edu/faculty\\_sites/rainbow/html/resolution97.html](http://psychology.ucdavis.edu/faculty_sites/rainbow/html/resolution97.html)

National Association of Social Workers

"Reparative" and "Conversion" Therapies for Lesbians and Gay Men: Position Statement

<http://www.socialworkers.org/diversity/lgb/reparative.asp>

Lambda Legal

Health and Medical Organization Statements on Sexual Orientation, Gender Identity/Expression and "Reparative Therapy"

<http://www.lambdalegal.org/publications/health-and-med-orgs-stmts-on-sex-orientation-and-gender-identity>

### Local Resource Guides

#### **Allegheny County Department of Human Services**

Allegheny County LGBTQIA+ Resource Guide

<http://www.alleghenycounty.us/dhs/LGBTQIA+-resource-guide.aspx>

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<sup>2</sup> Refer to the Conversion Therapy Tip Sheet for additional guidance.

## Questions to Assess Potential Agencies

### What to Ask Medical and Mental Health Care Providers to Find an Affirming Provider

<https://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=6442461313>

#### 10 Things to Discuss with Your Health Care Provider:

- For gay/bisexual men -  
<https://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147491338>
- For lesbian/bisexual women -  
<https://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147491340>
- For transgender individuals -  
<https://www.alleghenycounty.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147486344>

## Resources

### Allegheny County Department of Human Services

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>

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1 Smithfield Street  
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## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Understanding Disclosure Related to Sexual Orientation, Gender Identity and Expression Information (SOGIE)

*Disclosure (n) – the release of information about a person or entity to a third party*

Individuals are the principal owners of information related to their sexual orientation and gender identity and expression (SOGIE). However, staff may learn about an individual's SOGIE in any number of ways. Regardless of whether staff learn about an individual's SOGIE through direct conversation with them or by some other means (e.g., file note), **prior to any disclosures of an individual's SOGIE, DHS and provider staff must engage the individual in a discussion regarding the potential disclosure of SOGIE information.** This conversation will provide the individual the opportunity to ask questions about potential disclosure scenarios, empower them to assert their wishes, and facilitate collaborative problem-solving between the individual and DHS staff to minimize negative consequences or amend the information to be disclosed.

The ability of an individual to actively engage in these discussions may vary depending on their age, maturity and cognitive abilities. All staff should consider the individual's capacity to understand the options when determining the appropriate course of action.

Individuals who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQIA+<sup>1</sup>) face great risk of emotional and/or physical harm when their sexual orientation and/or gender identity are disclosed to others, particularly when the disclosure occurs without the individual's consent and/or in an inappropriate manner. **Any disclosure that occurs must only be made in an effort to improve outcomes for the individual.**

Confidentiality is of paramount importance. It is the responsibility of DHS and contracted provider staff to treat all personal information shared in the workplace with care and caution. In addition, client confidentiality is protected by a long list of federal and state laws/statutes, regulations and program

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<sup>1</sup> Lesbian, Gay, Bisexual, Queer/Questioning, Intersex, and Asexual/Agender

guidance. Maintaining confidentiality in the workplace is important for building and maintaining trust and for ensuring open and honest communication between clients and staff, as well as between co-workers. Casual discussion of an individual's SOGIE and other personal information in informal interactions (e.g., casual conversation with coworkers) not related to the delivery of services is inappropriate and, further, can put the individual at risk for negative consequences if their information is made known to friends, family or other providers without their consent.

In rare circumstances, staff may determine that they are legally or ethically obligated as a mandated reporter to disclose this information against the individual's wishes, such as in the event that their SOGIE status is directly tied with abuse or self-harm. In this situation, the staff member should carefully explain the reason for disclosure and should limit the disclosure to that information necessary to protect the individual's safety and well-being.

When SOGIE-related information is truly relevant to a decision being made during a court proceeding and it is determined that it is not safe to share the information in open court, workers should request a private (out of open court) discussion in which the information shared is limited to that which is directly relevant to the court proceedings. Workers should request that the judge issue a protective or gag order prohibiting re-disclosure of the information.

In any event of disclosure without the individual's consent, staff will make every effort possible to lessen any negative consequences that could occur and strive to reestablish trust with the individual. Considerations will be made on the part of staff to minimize risks and maximize supports to individuals.

There are some situations when it is appropriate for staff to encourage an individual to consider disclosing that they identify as LGBTQIA+. Staff should explain why they think it may be beneficial and leave the decision to the individual to decide if they would like to disclose. This subject could potentially be raised when discussing placement options, medical and/or community supports or when engaging biological family members or other natural supports. The individual should be provided the opportunity to have the support of another person present when the information is being shared.

Any inadvertent and/or inappropriate disclosures should be reported to the worker's immediate supervisor so that a plan can be made for how to stop any further disclosures and/or provide appropriate supports for the individual whose information was shared.

**Documentation of SOGIE information** in a client file is a form of disclosure when other individuals have access to that file. Staff should be thoughtful about who has access to paper or electronic records and, when making a decision to document, should always operate under the same values and protocols as described above.

If a staff member becomes aware of a colleague disclosing an individual's SOGIE information without the individual's permission and/or not related to the delivery of services, staff will report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#).

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Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

## Related Resources & Documents

### Resources

#### **Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

#### **Guidelines for Managing Information Related to Sexual Orientation and Gender Expression and Identity of Children in Child Welfare Systems**

<http://www.cssp.org/reform/child-welfare/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf>

#### **University of South Florida Multicultural Affairs**

Using Theory to Understand Gay and Lesbian Identity Development

[http://multicultural.usf.edu/pdf/safezone/support\\_identity.pdf](http://multicultural.usf.edu/pdf/safezone/support_identity.pdf)

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## Standard of Practice

Effective Date: August 5, 2015

Approved by: Pat Valentine

### Working with LGBTQIA+<sup>1</sup> Individuals Professional Expectations

*"All communities and populations have unique cultural characteristics. Services will be delivered in a manner that is inclusive, competent and respectful of these characteristics" (DHS Values and Principles for Integrated Practice).*

DHS and contracted provider staff are required to respect the personal and/or religious beliefs of all individuals and families, including LGBTQIA+ families. Personal beliefs of staff shall not, under any circumstance, impact the delivery of service to meet individuals' and families' needs, nor will it impact day to day interactions with colleagues.

Accordingly, DHS and contracted provider staff are not permitted to:

- Impose their personal, organizational and/or religious beliefs on colleagues, individuals and families, including LGBTQIA+ families.
- Force an individual to disclose or reveal their sexual orientation or gender identity to anyone.
- Attempt to convince, coerce or otherwise steer any individual to reject or modify their sexual orientation or gender identity or expression (ex: suggesting an individual undergo conversion or reparative therapies, forcing an individual to present as a gender with which they do not identify through dress or grooming, addressing an individual using names or pronouns with which they do not identify).

If a staff member becomes aware of a colleague attempting to coerce an individual to change or modify their sexual orientation or gender identity, staff must report the incident to their direct supervisor **OR** to their Human Resources department **OR** to the [Director's Action Line](#). Contracted provider staff should follow the appropriate reporting procedures as determined by their specific organization.

<sup>1</sup> Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual/Agender

## Related Resources & Documents

### Policy Statements

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DHS Anti-Discrimination Policy

<https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>

**American Medical Association**

AMA Policies on LGBT Issues

<https://www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues>

American Psychiatric Association

Policy Statements on Lesbian, Gay, Bisexual and Transgender Concerns

<http://www.apa.org/about/policy/booklet.pdf>

National Association of Social Workers

Code of Ethics

<https://www.socialworkers.org/about/ethics/code-of-ethics/code-of-ethics-english>

### Resources

**Allegheny County Department of Human Services**

Director's Action Line 1-800-862-6783

<http://www.alleghenycounty.us/dhs/dal.aspx>