Equal Access Rule, Involuntary Family Separation and Creating Spaces of Inclusion

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#### **Connecticut Balance of State Continuum of Care**

Ending Homelessness in Connecticut | Email: ctboscoc@gmail.com | Website: www.ctbos.org

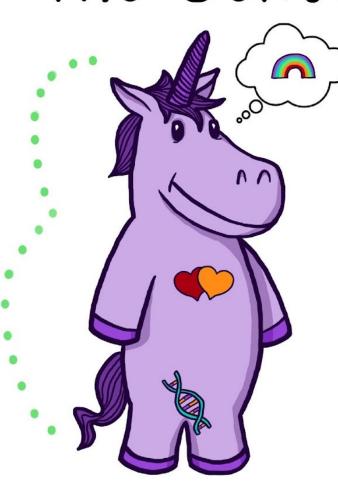
#### What we're here to do

- Learn how queer and trans people identify and what terms we use
- Understand the risks, vulnerabilities, and discrimination that queer and trans people face in the US
- Understand requirements of HUD's 2012 and 2016 Equal Access Rules
- Understand requirements of HUD's policy prohibiting involuntary family separation
- Learn about your CoC's LGBTQIA2S+ antidiscrimination policies
- Explore ways to create and maintain safe and inclusive projects through planning ahead, setting great policies, training staff, and practicing inclusivity in every interaction



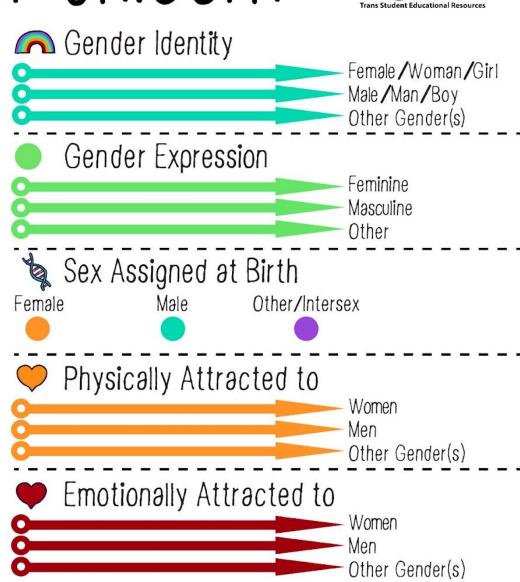
## The Gender Unicorn





To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



## Realities faced by Adult Trans and Queer Individuals

Gender nonconforming and sexual minority people were more likely to live in poverty, have household debt, and experience eviction.

Gender nonconforming women were about twice as likely to live in poverty compared to their gender-conforming peers.

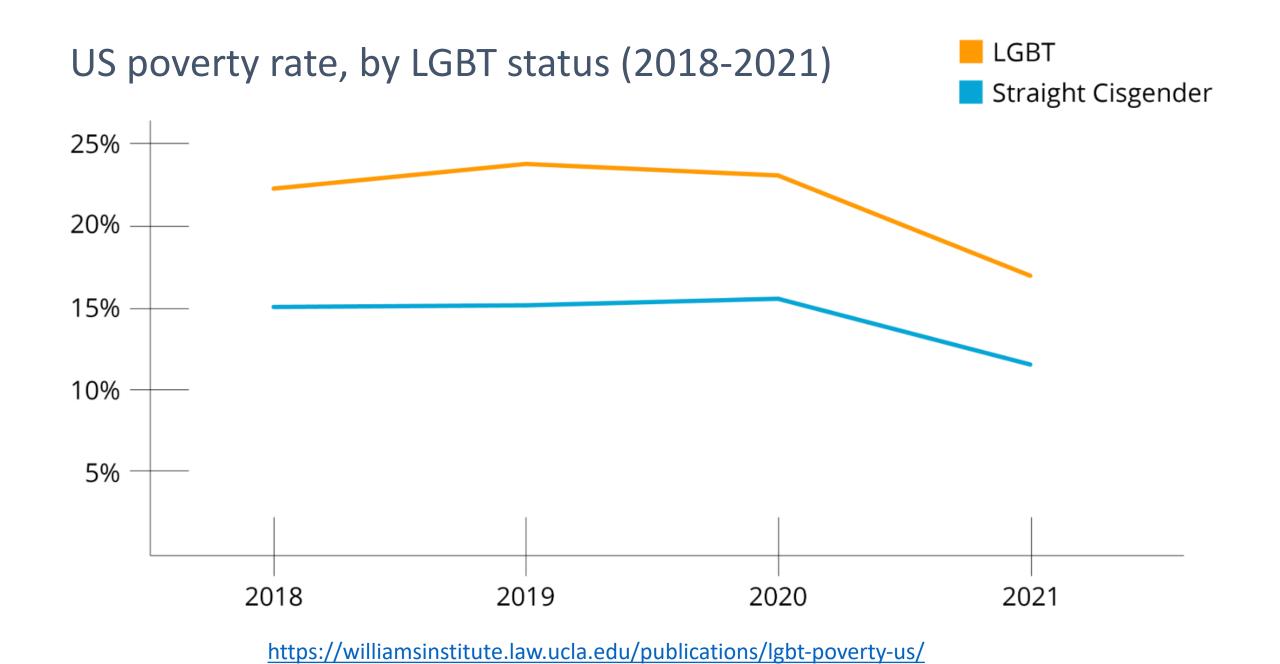
Gender conforming sexual minority men were nearly twice as likely as gender conforming heterosexuals to have fallen behind on bills.

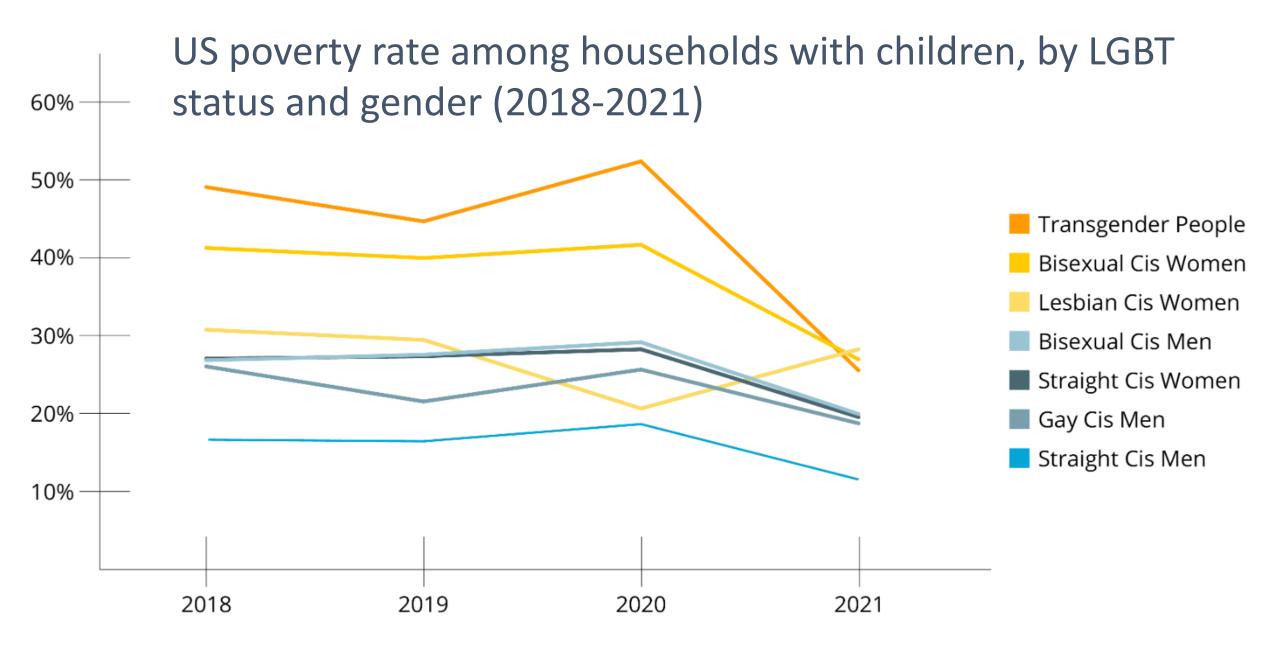
https://williamsinstitute.law.ucla.edu/publications/sgm-ses-add-health/

Across racial and ethnic groups, LGBT people are more likely than non-LGBT people to be victims of violent crime. Within each racial and ethnic group, LGBT people have higher rates of victimization involving someone they know than non-LGBT people.

White and Hispanic lesbian and bisexual females have higher violent victimization rates than Black females.

https://williamsinstitute.law.ucla.edu/publications/lgbt-victimization-and-race/





https://williamsinstitute.law.ucla.edu/publications/lgbt-poverty-us/

"While attacks on the transgender community are not new, we are experiencing alarmingly blatant attempts to use legislation, policy and political rhetoric to restrict or eliminate the autonomy, freedom and existence of transgender people across the country"

Equality California, Sept 2022



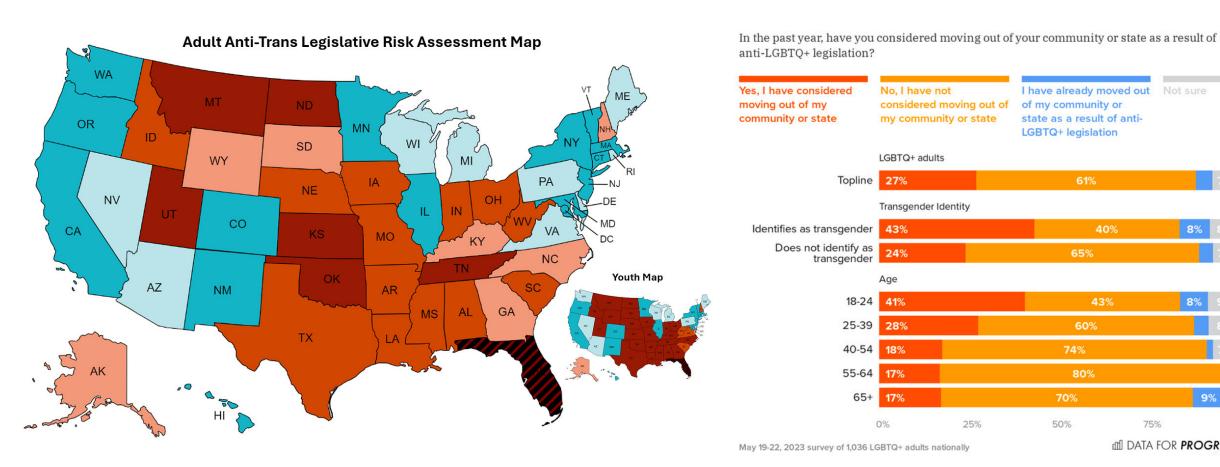








#### Anti-trans legislation, healthcare access, and family migration



anti-LGBTQ+ legislation? Yes, I have considered No, I have not I have already moved out Not sure moving out of my considered moving out of of my community or community or state my community or state state as a result of anti-LGBTQ+ legislation LGBTQ+ adults Topline 27% Transgender Identity Identifies as transgender Does not identify as transgender Age 18-24 41%

> 25-39 28% 40-54 18% 55-64 17% 65+

> > 0%

Thanks to Erin Reed!

https://www.erininthemorning.com/p/ us-internal-refugee-crisis-130-260k

50%

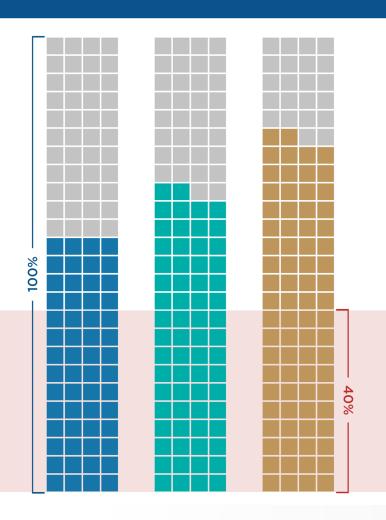
75%

**M** DATA FOR **PROGRESS** 

25%



#### Non-Cisgender Homeless Individuals Face Higher Risk of Being Unsheltered



Of the unhoused non-cisgender population....

**56%** of transgender individuals

66% of non-binary or gender non-conforming individuals

78% of gender questioning individuals

are unsheltered.

Yet, the unsheltered rate for the overall homeless population is **40%**.



#### HUD's Equal Access Rules (2012 and 2016)

Both in effect since October 21, 2016

Equal access is provided in all HUD assisted programs regardless of sexual orientation, marital status or gender identity

Must place and serve individuals in accordance with self-reported gender identity

May not ask intrusive questions or require "proof" of gender identity

Must update policies and procedures to reflect the above

Must take non-discriminatory steps to address privacy concerns





#### Serve All Families

- When projects serve ANY families with children, they must serve ALL families with children.
- That includes families of any composition type: single dad, single mom, same-sex couples, opposite-sex couples, multigenerational, and non-romantic groups who present for services as a family
- For more information, visit
   https://www.hudexchange.info/faqs/1529/
   how-is-the-definition-of-family-that-was-included/

## CT BOS LGBTQIA+ Policies

Conduct	Professionalism and Staff Conduct
Privacy	Confidentiality and Privacy
Info	Collection of Demographic Information
Ask	Ask name, pronouns, and title—do not assume
Intake	Gender Separated Facilities and Services
Safety	Safety, Harassment, Bullying and Violence
Health	Gender-Affirming Healthcare
Dress	Maintaining gender neutral policies

### Inclusive Systems don't happen by accident.

Address
discrimination
NOW while
planning for a
more
responsive
future

What do you know about sexual and gender minority needs in your CoC? If you don't have reliable information locally, what can you learn from other data and information sources?

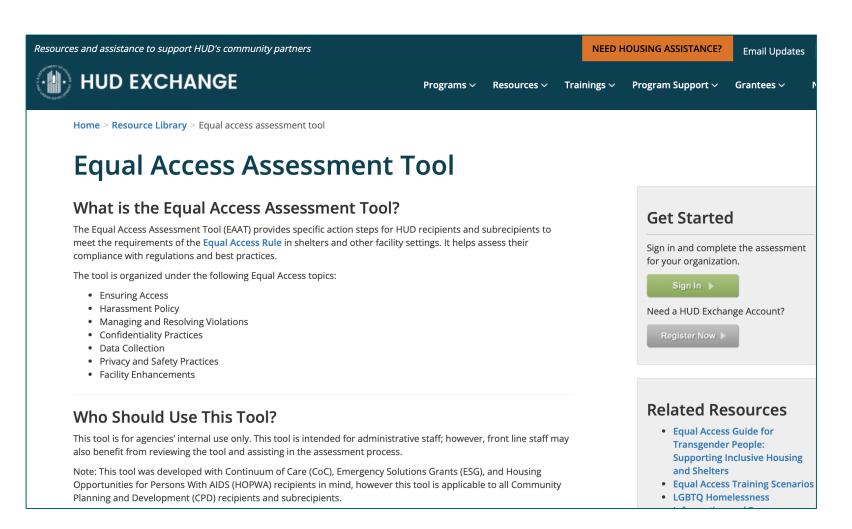
Identify and fix weaknesses in your system: missing services, lack of LGBTQIA2S+ competent providers, lack of agreement that services are needed?

Acknowledge that gender and sexual minorities are everywhere. 36% of LGBTQIA2S+ people live in the US South. We truly live everywhere.

#### Use HUD's Equal Access Assessment Tool

#### **Steps in Assessment Process**

- 1. Complete the Assessment: Yes/No/N/A
- 2. Review the Results: Most critical action steps to comply with the Equal Access Rule, with supporting resources
- **3. Prioritize Steps:** Prioritize the actions your community will take this year
- 4. Make a Plan: Work with your team to develop a plan for each action step your community chose to prioritize. Use supporting resources as examples of new policies and trainings your community can develop.
- **5. Return to the Assessment:** Return to the assessment at any time for more priority steps and resources.



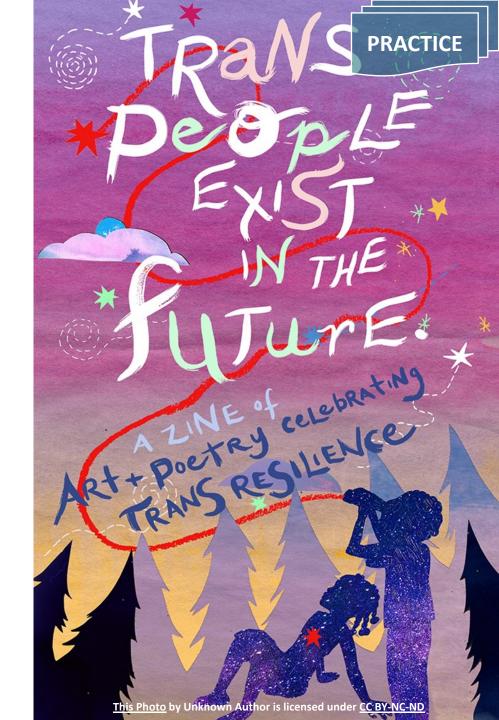


## All Coordinated Entry intake & access staff support informed client decisions:

- LGBTQIA2S+ competent programs
- Programs offering gender-affirming care (onsite or via healthcare partnerships)?
- Programs with private or private-ish sleeping and bathing accommodations
- Programs with adequate staffing for safety and security
- Programs with patterns of discriminatory behavior toward LGBTQIA2S+ folks or specific family compositions
- What else do you need to know?

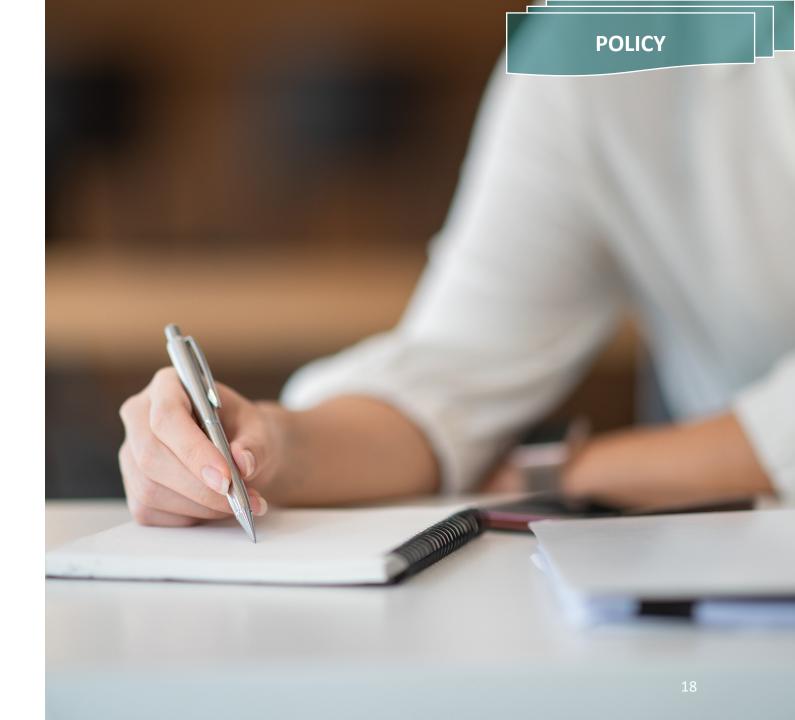
## Supporting gender expansive folks: Navigating a binary shelter system

- Explain how available shelter beds are set up—if all/most serve a single gender (M/F), state that.
- Be clear that you know gender is not binary. Don't defend the system; it's ok to acknowledge the facts.
   Show them you're an ally.
- Provide information that helps them make an informed decision
- Support them to decide which placement would be most appropriate based on their needs for comfort, safety, and relative privacy
- Keep working toward a future that has gender expansive shelter options!



## Establish Your Agency's Policies

- Eligibility for services
- Intake and gender identity
- Physical accommodations
- Confidentiality and privacy
- Name and pronoun usage
- Harassment and discrimination
- Medication
- Healthcare and Reproductive Health
- Dress code
- Permanent housing referrals



## Eligibility for Services

Agencies and programs may not render persons ineligible for their services on the basis of that person's gender identity, gender expression, sexual orientation, or family composition.

Transgender and gender expansive clients who are approved for services must be provided with the same range of services and options available to other similarly situated clients.

#### Staff, volunteers and contractors may NOT:

- Ask questions or seek information concerning a person's anatomy or medical history unless necessary to determine eligibility, e.g. if a program serves medically fragile persons.
- Determine a client or potential client to be ineligible for services if the determination was based on the person's appearance or behavior not conforming to gender stereotypes.



## Intake and Gender Identity

#### Clients shall NOT be turned away, referred elsewhere, or served offsite because:

- They are transgender, gender expansive, or otherwise LGBTQIA2S+ identifying
- Staff deems the person's length or extent of their gender transition insufficient
- They have not received gender affirming medical treatment (hormone blockers, hormones, surgeries, and other medical remedies) or
- Their appearance or behavior does not meet the staff's expectations of what a man or woman is supposed to look/act like.

#### Staff, volunteers, and contractors SHALL:

- Rely on self-reported gender and informed consent to record gender in HMIS
- Rely on self-reported gender to offer any gender-specific accommodations

#### Staff, volunteers, and contractors shall NOT:

- Make assumptions about gender based on appearance
- Require a person's self-reported gender to match their ID, birth certificate or other official records of sex assigned at birth
- Single out clients to ask their medical or surgical status. Inquiries must be necessary and asked of all clients, e.g., current medications, physical and mental health needs, and other information for service provision or referral



#### Practicing Inclusive Intake:

How to ask about gender and educate clients on their rights

HMIS Data Element 3.06: Gender		
What is your current gender identity? (Check ALL that apply)		
☐ Woman (Girl, if child)		
☐ Man (Boy, if Child)		
☐ Culturally Specific Identity (e.g. Two-Spirit)		
☐ Transgender		
☐ Non-Binary		
☐ Questioning		
☐ Different Identity (fill in; free text box)		
☐ Client doesn't know		
☐ Client prefers not to answer		
☐ Data not collected		

- ✓ Review agency policies with client, emphasizing rights to non-discrimination
- ✓ Notify of right to request reasonable accommodations
- ✓ Review participant agreement with client, emphasizing inclusivity of the facility
- ✓ Notify of right and process to submit a grievance
- ✓ Notify of right and process to file a complaint with the local, state, and/or federal government

#### Name and Pronouns

Staff shall only refer to clients using the name and pronouns that the client uses, including all verbal or written communications with or in reference to the client, e.g., with other staff or clients, and in all reports and documents relating to the client's case.



Thanks to True Colors United! www.truecolorsunited.org

## Names and Pronouns in Practice: Daily Exercises of Respect and Humanity

#### **HMIS Data Element 3.01: Name**

- Client may provide their preferred name
- "Legal name" not required unless required by the funder, e.g. VA

#### **Even if not in HMIS, ask:**

What pronouns do you use? (he/him, they/them, she/her, she/they, ze/zim, etc)

\_\_\_\_\_



https://www.youtube.com/watch?v=NEHxImFBRrA

## Confidentiality & Privacy

#### All clients have the right to privacy.

Staff may NOT disclose a client's transgender or gender expansive status or medical history to anyone without the client's direct permission. This applies to both private and professional settings, including conversations with other staff members.

If necessary, staff may share the name and pronouns that the client uses to ensure that staff and clients respectfully address the client.



# Confidentiality and Privacy in Practice

- ✓ **Don't wait!** Review your privacy policy, informed consent language and Release of Information form today. Update based on changes happening within your state and to improve client understanding
  - ✓ Great example from Boston Healthcare for the Homeless Program
  - Use HUD's HMIS Privacy Notice Development Template
- ✓ Educate all agency staff on responsibilities to the client
  when a disclosure request or demand is made
- ✓ Have a conversation with clients about why and how sharing their information can improve their experience, but also...
- ✓ Be transparent about who will see their information. If you are operating in a state taking anti-trans or transprotection measures, tell people what the risks and protections are for their data (and selves)
- ✓ Make sure clients get a hard copy of the privacy notice.



# Physical Accommodations

Gender-appropriate bathroom and bedroom facilities, as well as changing areas, will be made available to transgender and gender non-conforming clients in accordance with their gender identity.





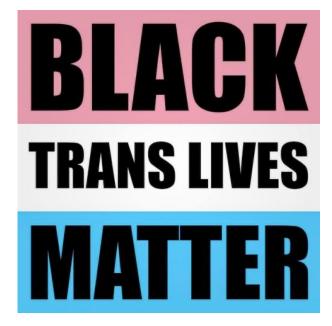
## Creating Safe(r) Spaces: Accommodations in Practice

#### When trying to access services, people will ask:

- Is this a place where I can be myself, or will I have to hide who I am?
- Is this a place where I will experience violence from people around me—employees, volunteers, or other residents?
- Will the people who work here understand what I need?
- Am I safe enough here to stay off the streets tonight?

Post visible materials that communicate to a diverse group of people that all are welcome here.







#### Reasonable Accommodations

Reasonable accommodations may be made for any individual who has expressed privacy needs. Reasonable accommodations are made according to each person's needs and the ability of the agency to provide such accommodations.

Staff, volunteers and contractors may NOT require clients to use alternative facilities, including situations where the alternative facility is offered as an accommodation requested by another client due to their discomfort sharing sleeping or bathing quarters. Another client's discomfort is not a reason to deny access to or equal treatment for a client.

Staff shall work with clients expressing discomfort to reach an understanding about behaviors that support a broadly inclusive environment that respects and values all clients.



# Creating Safe(r) Spaces: Physical Improvements & Alternative Accommodations

- Latching/locking stall doors (toilet and shower stalls)
- Separate single-use toilets or showers (lockable bathroom) made available upon request
- Heavy canvas room dividers, shower curtains, hard partitions or other privacy enhancing method in bathrooms or showers
- Alternate bathroom or shower times (scheduled and one-offs), w/ staff monitoring facility entrance/exit during those times
- Provision of hotel/motel voucher as alternative to onsite sleeping
- Set-aside onsite sleeping, e.g., private rooms, private-ish beds, set of more private rooms, or rooms with multiple beds for clients with higher vulnerabilities
- Availability of beds close to night staff



The U.S. Department of Housing and Urban Development enforces regulations that ensure its programs are open to all eligible individuals regardless of actual or perceived sexual orientation or gender identity.



#### Harassment and Discrimination

This agency does not tolerate verbal, physical, or any other kind of harassment. Discriminatory and prejudice-motivated comments or other hostile behavior are NOT tolerated from staff, volunteers, contractors, or clients.

Incidents of harassment shall be reported to a staff member immediately. Staff shall take immediate action to ensure the safety of the client experiencing harassment, including rule enforcement, 1:1 expectation setting with the harassing individual, and documenting the incident in writing.

If harassment is committed by a staff, volunteer or contractor, witnesses shall report the incident to the appropriate supervisor(s) as soon as possible. Supervisor(s) shall take immediate action to ensure the safety of the client and document the incident in writing.

Any staff, contractor, or volunteer refusal to work with a client due to the client's characteristics or demographics, e.g. sex, transgender status, gender identity, gender expression, sexual orientation, marital status or civil union status shall result in disciplinary action.

https://www.hud.gov/sites/documents/LGBTFLYER.PDF

## Practicing Anti-Discrimination

- ✓ **Don't wait!** Proactively educate staff, volunteers and contractors about the LGBTOIA2S+ community and the beautiful diversity within it.
- **Train** staff, volunteers and contractors on your agency's behavioral expectations toward all clients
  - Use a signed agreement to clarify expectations
- Use conflict as an opportunity to educate and work with the harassing client
  - ✓ Take ALL threats of violence seriously
  - Don't ignore bullying or microaggressions
- ✓ Educate all clients about the agency's commitment to inclusivity and anti-harassment
  - Use a participant agreement to set the tone for all clients residing in a project

#### **SAMPLE DOCUMENT:**

Date:

#### **Communicating Anti-Discrimination Policy to Clients**

(Project Name) welcomes individuals who are heterosexual, bisexual, gay, lesbian, transgender queer and/or gender non-conforming of different races, classes, religions, ages and backgrounds. I will be respectful of the other program participants and staff. I understand that any oppressive or abusive language or actions are not acceptable. If I have any questions about this policy, I can ask a staff member to explain it to me.

	pant or staff member is acting in an abusive or oppressive know that I can report this behavior to a staff member. If
	nas not been addressed, I can then report it to the project
	If the issue has still not been appropriately
addressed, I can bri	ng the issue to the executive director,
Signed:	



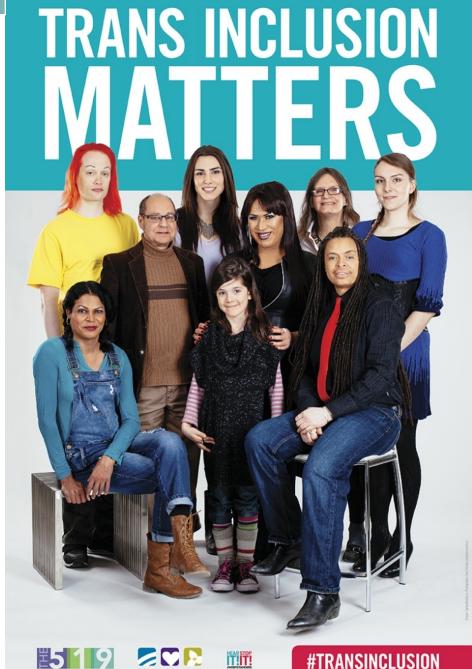
## Healthcare & Reproductive Health Policy

Transgender and gender expansive clients may avoid seeking out healthcare due to past mistreatment or fear of mistreatment. As our agency policy, we affirm the need for quality healthcare and attempt to connect our clients to responsive healthcare providers.

Staff, volunteers and contractors shall refrain from making assumptions about patients' contraceptive plans, sexual orientation and gender identity and expression.

Staff, volunteers and contractors must offer all clients access to the same variety of reproductive health information and services regardless of client's appearance or self-reported gender.

Staff, volunteers and contractors may NOT offer sex-specific reproductive health information based on assumptions about a client's reproductive status.











### Medication Policy

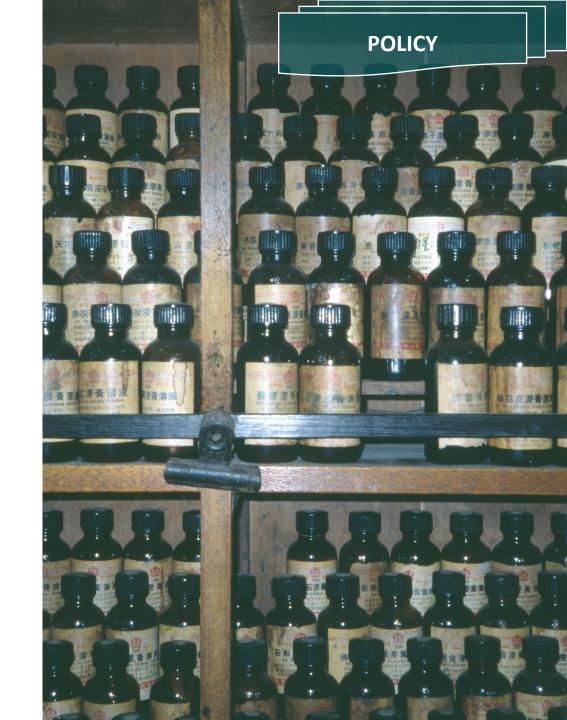
Clients may be undergoing hormone therapy for a variety of reasons, including for menopausal symptoms or gender dysphoria.

Clients may label medications with their chosen name.

Staff, volunteers and contractors shall provide clients with materials to label their medication upon request and must use client's chosen name (if client indicates) when providing access to their medication.

Medication must be accessible at all times. Clients have the right to store their own oral medications. Intravenous medications must be stored in a designated area and made available, along with private and sanitary space to administer medication and sharp disposal containers.

If a client's medication requires refrigeration, staff must store it in the office in a designated refrigerator for medications.



#### Responding to Transgender Healthcare Needs in Practice

- Educate yourself and colleagues about:
  - LGBTQIA2S+ competent medical care available in your area, or, if none exists, available telehealth services
  - LGBTQIA2S+ competent mental health services
  - LGBTQIA2S+ support groups, affinity groups, and other opportunities for community connection



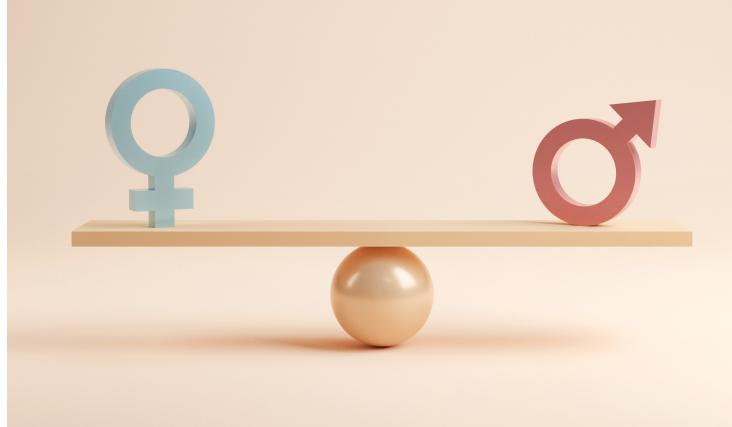
#### Dress Code

No additional dress code restrictions shall be placed on transgender clients outside of what is asked of all clients.

If a dress code is deemed necessary by the agency, it should be gender neutral.

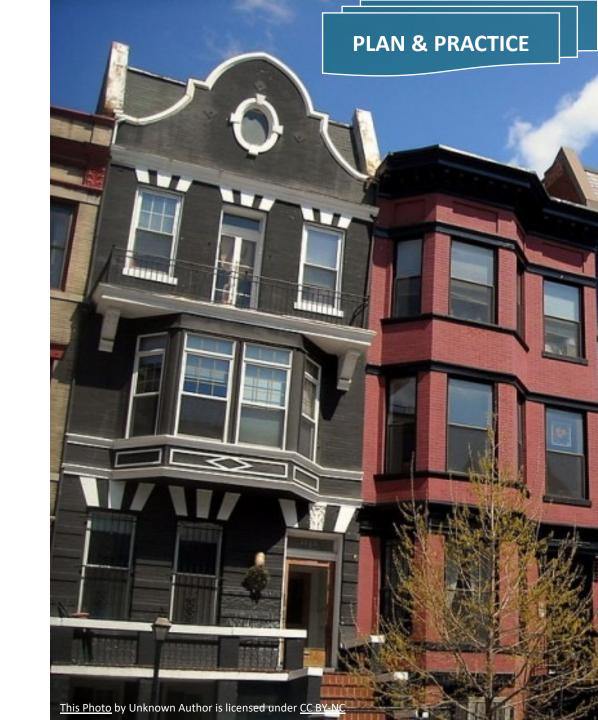
If there are gendered dress codes:

- Transgender clients should comply with the dress code associated with their gender identity
- Gender expansive clients are allowed to choose the dress code with which they feel most comfortable

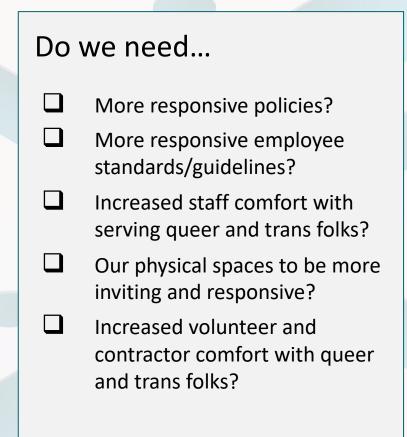


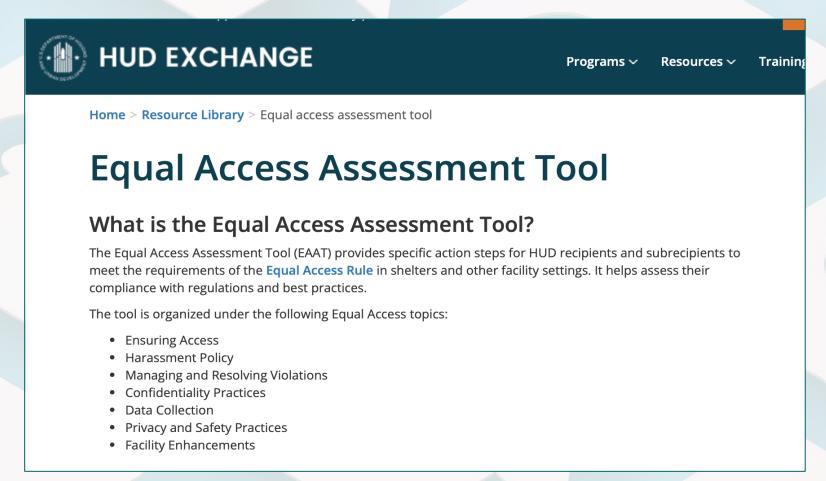
## Permanent Housing Referrals and Client Choice Considerations

- Consider higher rent standards (up to reasonable rent) to live in a safer neighborhood
- Consider unreimbursed medical expense deductions in rent calculations
- Extended case management enrollment (as long as allowable) post-subsidy if someone cannot find affirming care elsewhere
- Build a list of affirming landlords
- Ask clients about safety concerns:
  - Do you feel safe in your home? Neighborhood?
     Where you're getting services? What can we do to help you feel safer?



#### Where should we focus programmatic improvements?





Use HUD's resources as you explore and plan for improvements:

https://www.hudexchange.info/resource/6836/shelter-safety-guide/

#### Read more about terminology:

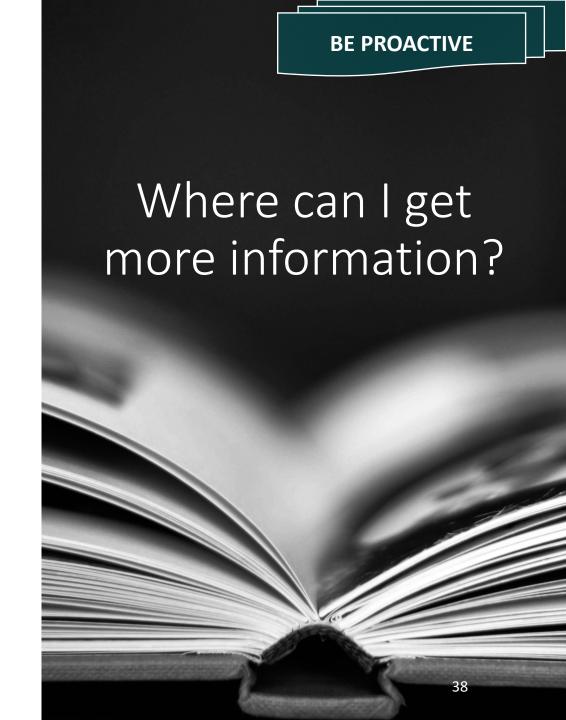
- https://transequality.org/issues/resources/understandingtransgender-people-the-basics
- https://www.apa.org/pi/lgbt/programs/safesupportive/lgbt/key-terms.pdf
- Deadnaming:
   https://www.healthline.com/health/transgender/deadnaming#if
   -you're-the-one-being-deadnamed/
- Non-binary: <a href="https://www.psycom.net/nonbinary">https://www.psycom.net/nonbinary</a>

#### Find trainings and other practical materials:

- https://truecolorsunited.org/out-work/trainingeducation/network/
- https://hudexchange.info/resource/4951/equal-access-stafftraining-scenarios/
- https://www.hudexchange.info/resource/4959/equal-access-fortransgender-people-supporting-inclusive-housing-and-shelters/
- https://www.tnlr.org/en/training-education/

#### Follow state legislative bills:

https://www.erininthemorning.com/



# How do I maximize support for my clients?

Find Connecticut-based LGBTQIA+ services at:

- https://portal.ct.gov/DMHAS/Programs-and-Services/Finding-Services/LGBT-Services
- https://ctcommunitycare.org/lgbt-resources

Utilize Connecticut's fair housing materials:

 https://www.hud.gov/program offices/fair housing equal opp/online-complaint

Get familiar with CT state laws on name changes, and gender marker changes to drivers' licenses and birth certificates:

- https://portal.ct.gov/DPH/Vital-Records/Gender-Change
- https://www.glad.org/connecticut-birth-certificatetool-kit/



## Where Can I File a Complaint?

- File complaints at the federal level: <a href="https://www.hud.gov/program offices/fair housing equal opp/online-complaint">https://www.hud.gov/program offices/fair housing equal opp/online-complaint</a>
- Or Call 1-800-669-9777
- File complaints at the state level: https://portal.ct.gov/CHRO/Commission/Commission/Contact-Us
- Or Call 1-800-477-5737 (TDD: 860-541-3400)
- File complaints with CT BOS Grievance Committee by emailing <u>ctboscoc@gmail.com</u> or call 917-449-3918



Thank you for participating today!

