

Assessing Community Referral Resources for Sensitivity to Lesbian and Gay Adolescents

- YES NO Has the agency (provider) worked with lesbian, gay, and bisexual clients in the past?
If so, how often are lesbian, gay, and bisexual clients seen?
 Rarely Several times per year Monthly Weekly
- YES NO Do any open lesbians, gay male, or bisexual staff work for the agency?
- YES NO Does the agency routinely provide care for adolescents (ages 10-21)?
- YES NO Is the agency (provider) supportive of lesbian, gay, and bisexual youth?

Describe treatment philosophy/approach to working with lesbian/gay/bisexual youth.

- YES NO Are providers familiar with adolescent developmental needs?
- YES NO Are providers familiar with the needs of gay, lesbian, and bisexual adolescents?
- YES NO Has the agency sponsored special training or supported continuing education for staff on the needs of lesbian, gay, and bisexual clients?
- YES NO Does the agency provide services to people with HIV/AIDS?
- YES NO Is agency staff knowledgeable about HIV/AIDS?
- YES NO Does the agency provide on-site HIV counseling and testing?

If counseling and testing are provided elsewhere, what kind of linkages are in place to ensure access to follow-up care?

- YES NO Does the agency have linkages to programs serving adolescents?
- YES NO Does the agency have linkages to programs serving gay, lesbian, and bisexual youth?
- YES NO Do agency policies include lesbian, gay, and bisexual clients?
- YES NO Do agency brochures and outreach materials include lesbian, gay, and bisexual clients?

Comments:

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