

DEAR COLLEAGUES,

Thank you again for your participation in the Dignity Model training. Based on your evaluations, it was a dramatic success.

Now the fun starts! During the Jax Youth Equality (JYE) meeting discussions, it was agreed this training would be used as a launch of our endeavor to establish a network of providers committed to the care of LGBTQIA+ children, youth and young adults. Toward that end, JYE invites you to become part of this network. From a systems perspective, this network includes pediatricians, primary care physicians, mental health, endocrinology, urology, gynecology, and surgery services— a system of care you will be able to access for the needs of your patients.

In order to ensure the quality, dignity, and respect required to care for these children, youth and young adults, and their families, we will require each mental health provider in this system of care to:

- ④ *Embrace the attached **Provider Commitment Statement** that outlines the assurances we make as a system of care following best practices derived from these nationally recognized models of care;*
 - Fenway Health
 - University of California San Francisco Center of Excellence for Transgender Health
 - World Professional Association for Transgender Health (WPATH) Standards of Care
 - United Nations Intersex Fact Sheet
- ④ *Commit to ongoing, self-directed, professional education on the holistic care of LGBTQIA+ children, youth and young adults. A basic "curriculum" will be distributed to all participating pediatric providers to complete during their first year of joining the network. CME credits will be offered with an expected time requirement of approximately 2 hours per month;*
- ④ *Train office staff and others participating in the care of our patients and families to provide a safe, nurturing and affirming environment. JYE will provide the training and support necessary to implement and help sustain the cultural and linguistic competency of all involved.*

For those in your practice and other colleagues who were not able to attend the Dignity Model training, there are plans for another offering again in the Fall. Please extend a welcoming invitation to them on our behalf to participate in these trainings. Please call RayKay Santa with any questions at 904.383.1712 or by email at RayKay.Santa@jax.ufl.edu.

Thank you in advance for your commitment to join this system of care. Attached, please find the Partnership Commitment from Mental Health Providers with a signature line. **Your signature will represent your assurance to the above. Once JYE receives your signed form, (by email to Info@JaxYouthEquality.org or by fax, 904.798.4557), your name and practice location(s) will be added to the website (<https://jaxyouthequality.org>).**

Looking forward to working with you in the future in the care of our LGBTQIA+ children, youth and young adults.

Mental and Behavioral Health Providers Partnership Commitment



For the purpose of providing affirming, and competent mental and behavioral health services to LGBTQIA+ children, youth, and young adults, ages 0-26, we agree to commit to a partnership with Jax Youth Equality and their families, and agree to comply with the following:

- 1** Possess a strong sense of compassion and commitment to providing mental and behavioral health services for the whole needs of LGBTQIA+ children, youth, and young adults, and their families.
- 2** Agree to partner with children, youth, and young adults to ensure decisions made are in their best interest.
- 3** Respect the voice of the child, youth, and young adult, regardless of the age, in the context of their evolving development.
- 4** Respect the privacy and integrity of all children, youth, and young adults, including not outing them or discussing high-risk behaviors and sexual encounters to their parents, or caregivers, without their permission.
- 5** Agree to respect the privacy of children, youth, and young adults when providing sexual health psychoeducation and counseling.
- 6** Agree to discuss all available information with the child, youth, and young adult to ensure informed decisions are made.
- 7** Commit to caring for LGBTQIA+ children, youth, and young adults for whom I have been competently trained.
- 8** Refer clients to LGBTQIA+ competently trained providers in the event I am not competently trained to do so.
- 9** Commit to all affirming evidenced-based therapies aligned with ethical guidelines set forth by licensing and credentialing boards, and WPATH standards of care, with a commitment to pursue annual affirming LGBTQIA+ continuing education.
- 10** Agree to ensure the self-determination of gender identity, genital integrity, and genital autonomy for intersex children, youth, and young adults based on the Free & Equal United Nations Intersex Fact Sheet: https://unfe.org/system/unfe-65-Intersex_Factsheet_ENGLISH.pdf
- 11** Agree to not practice or endorse conversion therapy, or any therapies that do not respect the integrity of the child, youth, and young adult, and their right to self-determination.
- 12** Ensure all staff are trained in LGBTQIA+ Cultural and Linguistic Competency and provide a safe and welcoming environment for all children/youth/young adults.
- 13** Treat all children, youth, and young adults with fairness and respect in regard to their race, religion, age, ethnicity, biological sex characteristics, sexual orientation, gender identity, gender expression, abilities or disabilities, culture, economic status, thoughts and options, education level, home environment, or employment status of their parents.
- 14** Respect the name and pronouns requested by the children, youth, and young adults.
- 15** Provide and/or advocate for an affirming practice environment that includes LGBTQIA+ nondiscrimination policies, forms inclusive of affirming language, and affirming physical spaces that includes respecting the client's identity.

By signing this commitment, your agency agrees to refer LGBTQIA+ clients to staff members who have been LGBTQIA+ competently trained and adhere to the commitments outlined above.

Signature _____ Date _____

Print Name _____ Phone _____

Title _____ Organization _____

Contact Information to be listed on JYE Website:

Phone _____ Email _____

Address _____

Insurance Accepted _____ Other _____