

NEW YORK STATE LGBTQ+ HEALTH AND HUMAN SERVICES NEEDS ASSESSMENT

2020 Providers Report



NEW YORK STATE LGBTQ+ HEALTH AND HUMAN SERVICES NEEDS ASSESSMENT: 2020 Providers Report

By: John A. Guidry, Erin P. Hou, Kevin Williams, Mayra Lopez,
and Maddy Hatch for TRX Development Solutions
in collaboration with The New York State Network for
LGBTQ+ Health and Human Services. New York,
The New York State Network for LGBT Health and Human Services,
copyright 2023.

TRX Development Solutions, LLC

Brooklyn, New York

www.trxdevelopment.com

info@trxdevelopment.com

When referencing this document, we recommend the following citation: Guidry JA, Hou EP, Williams K, Lopez M, Hatch M, “New York State LGBTQ+ Health and Human Services Needs Assessment: 2020 Providers Report,” New York: The New York State Network for LGBTQ Health and Human Services, 2022.

Report design: Adam Fredericks

Cover photos courtesy of The Lesbian, Gay, Bisexual, and Transgender Community Center of New York

Electronic versions of this report and all other Network research reports are available at:
<https://gaycenter.org/recovery-health/health/lgbt-health-network/#reports>

Table of Contents

ACKNOWLEDGMENTS	v
EXECUTIVE SUMMARY	vii
I. INTRODUCTION.....	1
A. Components of the needs assessment	2
B. Background of the needs assessment and the Office of LGBTQ Services	3
C. Needs assessment design	5
D. Analysis of the focus groups.....	8
E. Limits and interpretation of provider focus groups	9
II. RESULTS AND FINDINGS.....	11
A. Methodology for thematic analysis	12
B. Major themes and policy implications.....	14
1. Staff concerns: On doing the job	14
2. Fragmentation vs. networks	14
3. TGNB Youth: Acute need for services, especially medical services and hormone replacement therapy (HRT)	15
4. Diversity in the LGBTQ+ communities	15
5. Representation and cultural responsiveness are about whole systems	16
6. Representation is reflected in programs, services, and employment	16
7. Youth services: Lack of access	17
8. Elder services: Lack of competence and cultural sensitivity	17
9. COVID-19 pandemic: Challenges and opportunities	17
10. Housing access	18
11. Other issues in service access or availability	18
III. TRANSCRIPT EXCERPTS	19
A. Transcripts and excerpts.....	20
B. Coding and indexing the excerpts	21
C. Provider focus group excerpts	23
Endnotes.....	69
IV. APPENDICES	70
A: Thematic codes used to analyze the focus group transcripts	70
B: Excerpt codes	74
C: Excerpt index by sequence number and title.....	75
D: Themes used in coding.....	79
E: Index of excerpts by themes.....	85
F: Index of excerpts by focus group	93

LIST OF TABLES AND FIGURES

Table 1.	Regional provider focus groups.....	6
Table 2.	Population provider focus groups.....	6
Table 3.	Orientation and gender.....	7
Table 4.	Participant positions or job titles.....	7
Table 5.	Coding by regions of New York State.....	12
Table 6.	Frequency of population codes.....	12
Table 7.	Frequency of first-order codes.....	12
Table 8.	Second-order codes with >50 mentions.....	13
Table 9.	Third-order codes with >30 mentions.....	13
Figure 1.	Race.....	7
Figure 2.	Age.....	7

ACKNOWLEDGMENTS

The 2021 New York State LGBTQ+ Health and Human Services Needs Assessment has involved dozens of individuals across New York State over a three-year span from late 2019 through the end of 2022. It has been a multi-phase project, and the current Community Survey Report is one-half of the work provided in the needs assessment. The other report, on 28 focus groups with 180 providers across the state, provides deeper, contextual insight into the trends, experiences, and emerging needs that have been surfaced in the community survey. Those who have contributed to the process includes the following persons and organizations.

The New York State Network for LGBTQ Health and Human Services comprises over 60 agencies and organizations working to serve the LGBTQ+ community in primary care, physical health, behavioral health, social services, and community advocacy. The members of The Network Advisory Board provided invaluable guidance to the needs assessment team throughout the three years of the process. Dozens of individuals working in Network agencies collaborated directly with Erin Hou, Kevin Williams, and TRX Development Solutions to implement 28 focus groups with 180 providers who worked with Network agencies. Many of the same Network members also worked as outreach liaisons for survey recruitment.

Sixty-nine individuals recruited by The Network piloted the survey instrument in English and Spanish, helping the team refine the questionnaire and ensure its accessibility to the community.

The Network is administered by a team located at The Lesbian, Gay, Bisexual, and Transgender Community Center in New York City (The Center). The Network's administrative team provided ongoing guidance and material support to the team at TRX Development Solutions, liaising between The Network, the Department of Health's Office of LGBTQ Services, other members of the Department of Health, Network agencies, and community stakeholders. The Network's administrative team is led by Vladimir Tlali, Director of The Network; Louisa Benarbane, Network Coordinator; and Charlie Kerr, Network Associate.

The Network and the Needs Assessment is supported by The New York State Department of Health Office of LGBTQ Services, which is led by Kraig Pannell, Director, Office of LGBTQ Services. Kraig's intellectual guidance, moral support, and creative approach to problem solving were crucial to the success of the project. As well, the Office of LGBTQ Services drew other members of the Department of Health into the process, bringing several ideas and suggestions that helped to refine the survey questionnaire.

The New York Academy of Medicine's Institutional Review Board reviewed the project for approval within federal regulations aimed at ensuring that research with human subjects respects the integrity and safety of individuals who participate in research.

The evaluation team was provided by TRX Development Solutions, led by John A. Guidry, who designed the project and coordinated its implementation. Erin Hou coordinated day-to-day work, liaised with the Network's Administrative Team and The Center, and implemented the 28 provider focus groups. The staff and other associates of TRX who contributed to the project included Joie Otting, Mayra Lopez, Maddy Hatch, Shivang Shah, Alexa Kreisberg, Caroline Bastian, and Kevin Williams. Dr. Miguel Muñoz-Laboy of the Stony Brook School of Social Welfare served as the project's Academic Advisor, providing guidance and creative support for the project's design and data analysis. Adam Fredericks provided graphic design for the report. The perspectives and views provided in this report are solely those of the authors and do not reflect those of the Department of Health, The Center, or The Network. John A. Guidry was responsible for the research design, implementation and dissemination of the project and thus bears sole responsibility for any errors herein.



Department
of Health

AIDS
Institute

**THE
CENTER**
THE LESBIAN, GAY, BISEXUAL &
TRANSGENDER COMMUNITY CENTER

THE NETWORK
The New York State LGBT Health
& Human Services Network



TRX Development Solutions, LLC
Brooklyn NY | info@trxdevelopment.com
www.trxdevelopment.com



EXECUTIVE SUMMARY

The New York State LGBTQ+ Health and Human Services Needs Assessment (“The Needs Assessment”) is a project of the New York State LGBTQ Health and Human Services Network (“The Network”). The Network is part of the “Health and Human Services Initiative” of the New York State Office of LGBTQ Services and convenes over 60 agencies or organizations that provide services in community and primary health, behavioral health, and a variety of social services such as legal services, housing, shelter, safety and violence prevention, food justice, and LGBTQ+ community advocacy. The current Needs Assessment is the third, following and updating earlier needs assessments in 2009 and 2015.

The needs assessment included two main sources of data: A Community Survey and a series of Provider Focus Groups. The Community Survey was completed in the fall of 2021 and the results were released in 2023 as the New York State LGBTQ+ Health and Human Services Needs Assessment: 2021 Community Survey. The survey report provides background and contexts for the needs assessment, as well as a discussion of the survey methodology and results. The current volume is the companion report, New York State LGBTQ+ Health and Human Services Needs Assessment: 2020 Providers Report. The Provider Focus Groups were implemented before the community survey with two purposes: first, to understand the supply side of service delivery; and second, to surface prominent issues, gaps, and needs in the community. The Providers Report includes transcript data from a series of 28 focus groups implemented with providers in The Network. The focus groups were organized around specific population groups and regions of the state. The Network providers not only contributed their professional experience to the needs assessment, over 80% also contributed lived experience as members of the LGBTQ+ communities.

Themes and policy implications

Eleven major themes for policy development emerged from a global consideration of the transcripts. These themes pull from all tiers of coding, including first-, second-, and third-order codes. They reflect important trends the providers have noticed in their work and their communities. After each theme, excerpts from Section III of the report are provided as illustrations of these themes.

The 11 themes presented here are not exhaustive. These are among the most prominent themes mentioned several times across multiple focus groups and, in most cases, in different regions of the state. They resonate with current social discourse and issues that The Network’s members have indicated are very important to the development of policy. Readers are encouraged to utilize the index to explore the excerpts in the next section and develop other themes that emerge from the material. The themes are:

1 Staff concerns: On doing the job. Across the 28 focus groups, participants reflected on a number of ways in which service provision and community needs brought to light job-related concerns.

2 Fragmentation vs. networks. Staff reflected on service gaps and other challenges to service provision that pointed to a tension between fragmentation of services (which leads to siloed services) and high barriers to receiving services (due, for example, to lack of affirming agencies, shortages of mental health providers, or a concentration of services in the largest metropolitan areas of the state). Consumers must enroll for each service at each agency, which results in duplicate intakes, documentation and other bureaucratic hurdles.

3 Transgender, Gender Non-conforming, Genderqueer, and Nonbinary (TGNB) Youth: Acute need for services, especially medical services and hormone replacement therapy (HRT). Concerns facing youth who identify as transgender, nonbinary or other gender non-conforming identities were a prominent theme throughout the focus groups, across all regions and within other population categories as well.

4 Diversity in the LGBTQ+ communities. A major, recurring theme in the focus groups was the diversity of populations in the LGBTQ+ communities and how these communities often replicate racism and other stigma present in our world.

5 Representation and cultural responsiveness are about whole systems. Rather than isolated cultural competence trainings and what staff see as surface-level inclusiveness and language, providers emphasized that inclusion and cultural responsiveness must be reflected at every level of the organization, from the Board of Directors, through Senior Management, in both back-office and client-facing positions.

6 Representation is reflected in programs, services, and employment. Providers told stories about service delivery and inclusiveness that showed how programs tend to reflect the values of the individual staff members that developed them. It is not enough to hire line staff who reflect the community and its lived experience. Management, grant writers, and development officers cannot create appropriate programs for the community if they are not, themselves, representative of that community or have access to the lived experience of their constituents.

7 Youth services: Lack of access. Youth were discussed in focus groups across the state's regions as well as in several population-themed groups. There is a sense of awareness of heightened demand for services, insufficient services in some regions of the state, and elevated barriers to obtaining services even when such services are available.

8 Services for older adults: Lack of competence and cultural sensitivity. Providers indicated older community members are a growing constituency whose needs are underserved, misunderstood, or in many cases unknown. They recognize that the field lacks the appropriate training and capacity to meet older adults' needs and see this as an important area for growth in the field.

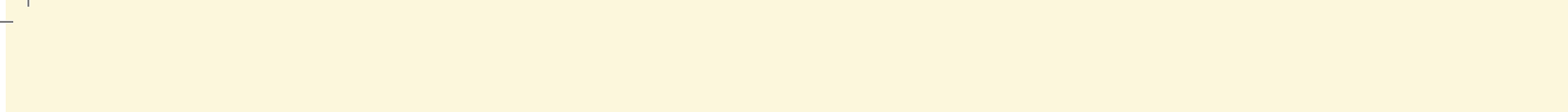
9 COVID-19 pandemic: Challenges and opportunities. The focus groups were implemented at the onset of the COVID-19 pandemic and completed during the most intense period of lockdown and throughout the racial reckoning protests that followed the killing of George Floyd by the Minneapolis police. Each focus group reflected a point in time in the spring and summer of 2020, as providers were trying to develop ways to reach clients around the restrictions of lockdown and as issues of racial inclusiveness were becoming intensely discussed within Network agencies.

10 Housing access. Housing was a prominently mentioned issue in the focus groups. Usually, housing issues were raised in the light of issues related to a specific group or sub-population in the community, but this tends to reflect an overall shortage affecting LGBTQ+ communities.

11 Other Issues in service access or availability. Lack of access to services and lack of availability of services was a constant refrain in the focus groups. The reasons are diverse and run the gamut from transportation to insurance access, cost, location, and lack of LGBTQ+ affirming care.

Utilizing the data

In the third section of the report, we provide 153 excerpts from the transcripts. They excerpts provide a comprehensive and deep view of how providers and community members see the environment in which LGBTQ+ community members identify, pursue, and gain access to services in health and human services. These were pulled from over 760 excerpts that were thematically coded. Each excerpt includes indexing information by theme, focus group, and subject matter. All indexes are provided in the appendices and enable any reader to pull excerpts based on combinations of themes that interest the reader. Each excerpt is also titled, to provide a cue for the reader as to content. These 153 excerpts were chosen as the best concise examples of the main topics they reference. The focus group transcripts are maintained by The New York State Department of Health Office of LGBTQ Services, as discussed in the acknowledgements and introduction to this volume. The themes found in the excerpts presented in this volume are not meant to be representative of the relative frequency with which each topic was mentioned in the groups, but, as noted, as the best examples of the themes they explore.





I. INTRODUCTION

The New York State LGBTQ+ Health and Human Services Needs Assessment (“The Needs Assessment”) is a project of the New York State LGBTQ Health and Human Services Network (“The Network”). The Network is part of the “Health and Human Services Initiative” of the New York State Office of LGBTQ Services and convenes over 60 agencies or organizations that provide services in community and primary health, behavioral health, and a variety of social services such as legal services, housing, shelter, safety and violence prevention, food justice, and LGBTQ+ community advocacy. Some of the organizations are broad in their scope, and others are more tightly focused on specific populations (e.g. medical services for transgender, gender non-conforming, and nonbinary community members), specific service areas (e.g. HIV services, youth services, etc.) or services to a specific geographic community (e.g. the Hudson Valley LGBTQ+ Community Center and many others around the state). The current Needs Assessment is the third, following and updating earlier needs assessments in 2009 and 2015.

A COMPONENTS OF THE NEEDS ASSESSMENT

The needs assessment included two main sources of data: A Community Survey and a series of Provider Focus Groups. The Community Survey was completed in the fall of 2021 and the results were released in 2023 as the New York State LGBTQ+ Health and Human Services Needs Assessment: 2021 Community Survey. The survey report provides background and contexts for the needs assessment, as well as a discussion of the survey methodology and results.

The current volume is the companion report, New York State LGBTQ+ Health and Human Services Needs Assessment: 2020 Providers’ Report. The Provider Focus Groups were implemented before the community survey with two purposes: first, to understand the supply side of service delivery; and second, to surface prominent issues, gaps, and needs in the community.

The Providers Report includes transcript data from a series of 28 focus groups implemented with providers in The Network. The focus groups were organized around specific population groups and regions of the state. The Network providers not only contributed their professional experience to the needs assessment, over 80% also contributed lived experience as members of the LGBTQ+ communities.



B BACKGROUND OF THE NEEDS ASSESSMENT AND THE OFFICE OF LGBTQ SERVICES

The Office of LGBTQ Services comprehensively addresses the intersections of LGBTQ+ Health and Human Services programs; other community services; and the prevention, care, and treatment of HIV, sexually transmitted diseases (STDs), and hepatitis C (HCV). Its objective is to elevate and address the emerging needs and gaps in services for all LGBTQ New Yorkers. The Office of LGBTQ+ Services grew out of the Department of Health’s (DOH) AIDS Institute, which has a long and exemplary history of working with communities around the state for the prevention, care, and treatment of HIV.

1 About the Office of LGBTQ Services¹ and the Health and Human Services Initiative

The Health and Human Services Initiative is at the core of the Office of LGBTQ Services. The initiative provides grants to support The Network and its member agencies across the state in providing non-HIV/AIDS-related health and human services, improving access to health care, reducing stigma, and increasing the number of providers in New York State trained to provide sensitive and affirming care to LGBTQ+ individuals and their families. The initiative also funds two statewide technical assistance and capacity building components for current grantees and emerging organizations. The first component provides leadership development, program development, coordination, health promotion/awareness, and education and support. The second component helps organizations design and implement a LGBTQ+ cultural competence plan, addressing the priority areas of race, ethnicity, sexual orientation, and gender identity/expression

The overall goals of the initiative are to:

- Improve health outcomes and quality of life for LGBTQ+ individuals and families.

- Expand health promotion and increase access to healthcare.
- Increase access to behavioral health services.
- Improve the health outcomes and quality of life for LGBTQ+ individuals who use substances.
- Promote access to prevention and support services.
- Improve the quality and appropriateness of LGBTQ+ health and human services.
- Enhance LGBTQ+ cultural competency for health and human service providers.
- Eliminate bias and discrimination based on sexual orientation and gender identity among health and human service providers in New York State.
- Increase access to educational opportunities for LGBTQ+ individuals.
- Expand program models that support mentorship, employment, and life skills training.
- Expand resources to improve access to housing and decrease housing discrimination.
- Provide technical assistance in program and organizational development and enhance the capacity of LGBTQ+ service providers.

2 About The Network and the Needs Assessment

The Network supports the objectives of the LGBTQ+ Health and Human Services Initiative and helps to advocate for the kinds of programs and policies that The Network’s members have identified to address gaps in care and access in the community. The Network’s administrative staff are housed in the Lesbian, Gay, Bisexual, and Transgender Community Center of New York City (“The Center”). Network staff help to coordinate technical assistance, advocacy, and program development among The Network’s grantees. Since 2009, The Network has periodically

commissioned a statewide needs assessment as part of its mission. The purpose of the needs assessment is to document the shape of the community, its diversity, the services most in demand, the areas of services that are emerging and present new needs and opportunities, gaps in services, and disparities and inequities in needs and access to services.

The results of the needs assessment are utilized by The Network, its member agencies, and other advocates to provide policymakers with

alternatives to shape programming and the distribution of resources in the field. In this way, the needs assessment is a crucial representation of the LGBTQ+ community in New York State and a critical platform for community voices. In 2019, The Network released a Request for Proposals for the Needs Assessment resulting in the selection of a private consulting firm, TRX Development Solutions (TRX), to implement the Needs Assessment. The Needs Assessment began in early 2020, with a statewide series of focus groups with providers from The Network’s member agencies (March–September 2020), the development of a state-wide survey instrument (January–July 2021), and the implementation of the statewide survey (July–November 2021). Throughout 2022 and 2023,

The Network and TRX have worked to develop the findings and compile two main reports: (a) The Community Survey and (b) Provider Focus Groups. The datasets and accompanying codebooks are property of the New York State Department of Health’s Office of LGBTQ Services and may be available for further analysis.

More information about The Network can be found on the website of the LGBT Center in New York City (<https://gaycenter.org/recovery-health/health/lgbt-health-network/#reports>), including The Network’s Annual Report for 2016, previous New York State LGBTQ+ Needs Assessment reports, and other resources.



C NEEDS ASSESSMENT DESIGN

The 2021 New York State LGBTQ+ Health and Human Services Needs Assessment utilized two main data sources: a series of focus groups with providers in The Network across 2020 and a statewide Community Survey provided online from July through November of 2021.

The design called for the first year, 2020, to consist of formative research with Network providers, utilizing focus groups that were organized either to reflect a specific region of the state or to bring together providers whose work or experience addressed specific “priority populations.”

1 Provider focus groups

A series of 28 focus groups were held with 180 providers from The Network agencies around New York State. The focus groups served two fundamental purposes for the needs assessment. First, provider experiences are crucial to understanding how The Network’s agencies perceive the community they are serving; the needs presented by the community; and the resources, opportunities, and gaps service providers face in fulfilling their mission. In this

sense, the focus groups help us to understand the supply side of LGBTQ+ health and human services needs. Second, 84% of the providers who participated in the focus groups identify as members of the LGBTQ+ community. They share lived experience with community members. The analysis of the focus groups provided fundamental insights that helped to shape the community survey instrument and the issues explored in the needs assessment.

2 The community survey

The community survey was designed to be taken online over the Qualtrics survey platform. The survey was designed to be available to all regions of the state, utilizing The Network to market the survey. The questionnaire was developed from multiple sources from September 2020 through April 2021 and fielded from July through

November 2021. Details on the development and methodology of the Community Survey are available in the **New York State LGBTQ+ Health and Human Services Needs Assessment: 2021 Community Survey**, which is available online through The Center’s website.

3 Focus group structure

Twenty-eight focus groups were held from March 2020 through September 2020. Fourteen were focused on issues related to specific populations within the LGBTQ+ communities, while another 14 addressed issues common in a specific region of the state. Overall, 180 providers participated across the state, 124 in region-themed focus groups and 56 in population-themed focus groups (Tables 1 and 2).

Each focus group was facilitated by two staff members from TRX Development Solutions, one of whom facilitated the discussion while the other took notes and operated a Google chart that participants utilized during the discussion to record lists of different characteristics in the services delivery system (e.g. challenges to seeking services, supports for obtaining services, services

gaps, and other issues).

Virtual focus groups

The initial focus group design was to implement the regional focus groups in-person, starting in the spring of 2020. Population-themed focus groups were planned as virtual events, to begin in the summer of 2020. However, the beginning of the COVID-19 pandemic and lockdown resulted in a change of plan, and all 28 focus groups were held virtually over Zoom.com.

Recruitment

Focus group participants were recruited through announcements to The Network and by Network Liaisons, who received stipends to recruit participants in specific regions or for population groups. The focus group methodology and

Table 1. Regional provider focus groups

Region of New York State	Date held	Participants
1 Mid-Hudson, 1	3/23/2020	11
2 Long Island	4/6/2020	9
3 Western New York	4/8/2020	9
4 Mid-Hudson, 2	4/10/2020	10
5 North Country, 1	4/17/2020	15
6 Southern Tier	5/01/2020	5
7 North Country, 2	5/11/2020	4
8 New York City, 1	4/23/2020	6
9 New York City, 2 (Spanish)	4/28/2020	16
10 Finger Lakes and Southern Tier	5/5/2020	8
11 Mohawk Valley and Central New York	5/13/2020	14
12 New York City, 3	6/29/2020	5
13 Capital District, Mohawk Valley and North Country	7/16/2020	10
14 Finger Lakes and Western New York	9/11/2020	2
Total participants		124

process was provided to Network members in their all-member meeting, with research team members available to take questions. Focus group scheduling and themes were provided to Network members so they could choose to participate in a specific group. Each member was allowed to participate in one focus group, and individuals needed to choose to participate in their regional theme or to discuss a specific population group they served. The target for focus group recruitment was 10–12 participants. The number of participants per group varied from two to 16, with the average being six. Overall, the number of participants for focus groups held later in the process was lower, with feedback to the research team that the process was reaching the upper limit of providers who wished to participate in the focus groups.

Participant characteristics²

In terms of race and ethnic identity, participants were 63% White and 37% Non-White, with further breakdown shown in Figure 1. Half (53%) of the participants were ages 31–50, with another 30% 22 through 30 (Figure 2). As noted, most of the participants shared lived experience in the LGBTQ+ community: 84% of participants reported orientations other than straight, while 31% reported

Table 2. Population provider focus groups

Population groups	Date held	Participants
15 Black, Indigenous, Latinx, Asian and Middle Eastern Communities	7/13/2020	4
16 Adolescents (13–20)	7/15/2020	3
17 Older Adults (50+)	7/22/2020	3
18 Rural and Suburban Communities	7/23/2020	2
19 Transgender, Gender Non-conforming, Nonbinary and Intersex Communities	7/29/2020	5
20 Mental Health Service Users	8/13/2020	4
21 Individuals Experiencing Homelessness	8/14/2020	2
22 Individuals with Disabilities	8/18/2020	4
23 Immigrants, Migrants and Refugees	8/21/2020	6
24 Lesbian, Bisexual and Queer Women	9/01/2020	6
25 Young Adults (21–30)	9/02/2020	8
26 Sex Workers	9/03/2020	3
27 Individuals in Recovery	9/04/2020	3
28 COVID-19 discussion group	9/09/2020	3
Total participants		56

transgender (8%) and other nonbinary identities (23%) (Table 3). Table 4 reports participant positions and job titles, which are half client-facing provider staff (coordinator, community health worker, outreach, or peer) and one-third management (program director, executive, manger, or senior manager).

Questions and discussion

The focus groups used “eliciting exercises” to build inventories of “needs” for health or human services in the community, “challenges” to obtaining services, “supports” for obtaining services, and “what is working” in service provision. In regional-themed focus groups, participants were further asked to distinguish between needs that reflected regional concerns and those that reflected population concerns. Population-themed focus groups were asked to concentrate discussion on service provision to a specific group. The lists were tallied in real time over a Google form that participants could access throughout the discussion. The real-time lists enabled facilitators for each focus group to keep track of the items brought up by the group members.

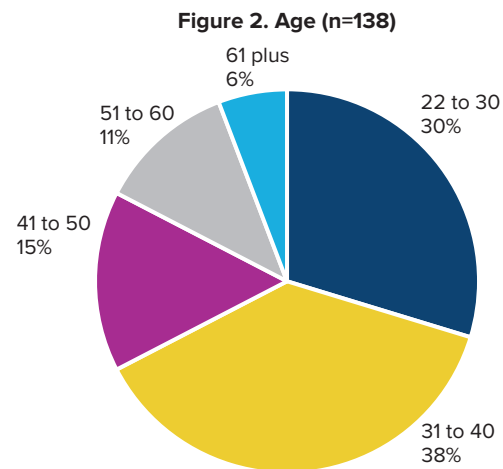
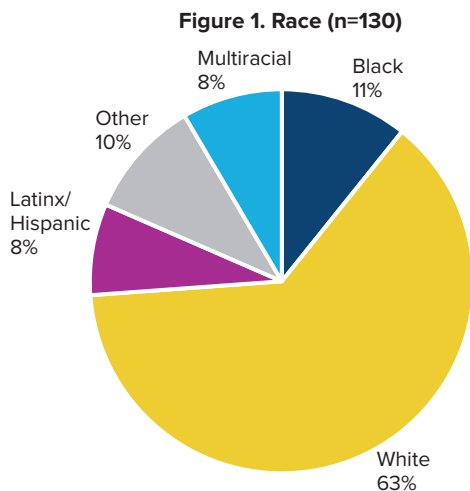


Table 3. Orientation and gender

Orientation	Participants	Gender	Participants
Gay	40 (30%)	Cisgender Female	51 (38%)
Queer	40 (30%)	Cisgender Male	42 (31%)
Straight	21 (16%)	Nonbinary and other identities	31 (23%)
Other orientations	10 (8%)	Trans Man	10 (7%)
Pansexual	9 (7%)	Trans Woman	2 (1%)
Lesbian	6 (5%)		
Bisexual	6 (5%)		
Total	132 (100%)	Total	136 (100%)

4 Institutional Review Board

The Needs Assessment was reviewed by the Institutional Review Board (IRB) of the New York Academy of Medicine. IRB review provides a formal assessment of a research project’s alignment with Federal Regulation on the conduct of research with human participants. The regulations were developed to prevent the kinds of abuses in research that were common prior to the regulation.³ Thus, each focus group began with an “informed consent script” that explained the purpose of the needs assessment, the theme of the focus group, ground rules for participation, and incentives for participants. Consent was documented by audio recording, and potential participants were then offered the opportunity to leave the discussion if they did not consent.

Table 4. Participant positions or job titles

Position or Job Title	Participants
Coordinator	28 (21%)
Other	23 (17%)
Program Director	21 (16%)
Community Health Worker	19 (14%)
Executive Level	13 (10%)
Manager	8 (6%)
Outreach	7 (5%)
Senior Management	5 (4%)
Peer (volunteer or paid)	5 (4%)
Stakeholder	4 (3%)
Total	136 (100%)

D ANALYSIS OF THE FOCUS GROUPS

The focus groups were transcribed and coded for thematic content by the TRX team members. There were nine main coding themes, each of which could include second-, third- or fourth-order sub-themes. Appendix A provides a detailed mapping of the thematic codes.

The first-order themes were:

- Availability of services
- COVID-19 pandemic
- Population sub-groups
- Regions of New York State
- Safety
- Social support and community resources
- Specific SOGI needs and capacity to address them
- Structural and systematic barriers
- Transportation

Other subthemes documented content referring to the major areas of behavioral and non-behavioral health services, barriers to obtaining services, supports for obtaining services, regions of New York State and the five boroughs of New York City, and each of the specific population groups covered by the needs assessment.

Four TRX staff members coded focus group transcripts using the coding scheme documented in Appendix A. Initial rounds of coding included comparison of individual coding across the same transcripts in order to establish intercoder reliability in the analysis.



E LIMITS AND INTERPRETATION OF PROVIDER FOCUS GROUPS

1 Representation

The individuals who participated in this survey are a respondent-driven sample of convenience. They do not provide a proportionately representative sample of the provider community. Nor do they provide a representative sample of the LGBTQ+ community. The focus group facilitators worked to

ensure diversity of participants to be as inclusive as possible. We believe that the group of providers in these focus groups fairly represent the trends and concerns involved with providing health and human services to the LGBTQ+ community in New York State.

2 Complexity

Narrative excerpts from focus groups provide an understanding of the ways in which people weave together multiple threads of argument and description to make a point. This complexity means that the transcribed excerpts were coded for multiple and overlapping issues. The individual excerpts allow readers to see connections between different issues or concerns in the community. Some patterns of connections appear more frequently than others and provide a sense of the more consistently experienced patterns

in the field. Thus, any excerpt that concerns one topic may also be useful to indicate content on another theme—and where possible this report tries to provide the overlaps and indicate speaker intentions in our analysis. For this reason the excerpts here are indexed in three separate ways, in Appendices C, D, and F, to provide readers multiple avenues to access specific points (e.g. racism, fragmentation of services, or rural issues) contextualized within more complex statements by providers.





II. RESULTS AND FINDINGS

The thematic analysis of the transcripts was organized by a hierarchical coding scheme (Appendix A), in which excerpts were sorted first by Regional, Population, or other first-order codes. Tables 5 to 9 provide the frequency of coding by excerpts, through several tiers of the data.

A METHODOLOGY FOR THEMATIC ANALYSIS

Four research staff with TRX pulled 760 excerpts from the 28 transcripts and coded them to record what themes were touched upon by the speakers. The staff piloted different coding regimes and compared results to develop intercoder reliability, which measures the consistency of coding across different coders. Over time, staff converged in their coding and all 28 transcripts was excerpted and coded.

Table 5 provides the coding of focus groups by regions of the state, which records specifically when participants discussed a region by name,

Table 5. Coding by regions of New York State

Item	# of excerpts
Finger Lakes, Southern Tier and Western New York	86
Capital District, Mohawk Valley, North Country and Central New York	77
New York City	75
Mid-Hudson Valley	38
Long Island	13
Total	136 (100%)

Table 6. Frequency of population codes

Item	# of excerpts
Transgender, gender non-confirming, non-binary, intersex communities	135
Adolescents	109
Black, indigenous, Latinx, Asian, Middle Eastern communities	76
Rural and suburban communities	75
Young adults	44
Immigrants, migrants, and refugees	38
Older adults	34
Mental health service users	34
Individuals experiencing homelessness	34
Sex workers	24
Lesbian, bisexual, queer women	16
Individuals with disabilities	16
Individuals in recovery	13

regardless of the focus group’s regional or population composition. For example, if a respondent in a Western New York focus group spoke about Albany, then the excerpt was coded with “Albany,” along with the other codes that applied. Table 6 provides the coding by population subgroups, based on mention of the group in any focus group transcript. In the same way, if a person in the Older Adults focus group spoke about youth services, for whatever reason, the excerpt would receive a “youth” code as well as any other code applied to it.

Table 7 provides the frequency of first-order codes as they applied across all 28 transcripts and were evidenced in at least 750 separate excerpts. The

Table 7. Frequency of first-order codes

First-order codes	# of excerpts
Populations	398
Specific SOGI needs and capacity to address them	343
Availability of services	319
Region	248
Structural and systemic barriers	213
COVID-19 pandemic	101
Social support and community resources	88
Transportation	81
Safety	69

first-order codes are the central structure of the provider focus group analysis. These categories were used to organize the rest of the information. Second-order and third-order codes were applied

in any case in which they were found and are detailed in Tables 8 and 9. The second-order codes provide a topically based coding scheme that can be used to sort the excerpts, as well.

Table 8. Second-order codes with > 50 mentions

Item	# of excerpts
Cultural competence	227
Transgender, gender non-confirming, nonbinary and intersex communities	135
Stigma and discrimination	120
Accessibility of services	116
Adolescents	109
Youth needs	89
Financial stress	87
TGNC needs	77
Black, indigenous, Latinx, Asian, Middle Eastern communities	76
Rural and suburban communities	75
New York City	75
Behavioral health	68
Housing	62
Lack of representation	55
Lack of services	53

Table 9. Third-order codes with >30 mentions

Item	# of excerpts
Training	94
Social support and community resources	88
LGBTQ+ affirming medical or behavioral care	86
Racial and ethnic inclusion	57
From providers (medical, behavioral, social svc)	48
Mental health services	43
Insurance barriers or discrimination	39
Intersectionality	39
Stigma from the regional community	38
Public information about services	34
LGBTQ+ representation in staff and community leadership (esp. TGNC)	34
Education	30

B MAJOR THEMES AND POLICY IMPLICATIONS

Eleven major themes for policy development emerged from a global consideration of the transcripts. These themes pull from all tiers of coding, including first-, second-, and third-order codes. They reflect important trends the providers have noticed in their work and their communities. After each theme, excerpts from Section III of the report are provided as illustrations of these themes. These are only a small sample of suggestive excerpts, and readers are encouraged to utilize the report index to identify other focus group statements that reflect these themes. Each excerpt has an **excerpt source code** (AA###BB-###) that is explained in Section III and is indexed in Appendices B and C. The last number after the hyphen in the code provides the excerpt's place in the sequence of the 153 provided in the report. Thus, TR001SS-006 is excerpt #6 to be found in Section III of this volume. Readers can refer to this last number to find any excerpt in Section III of this report.

The 11 themes presented here are not exhaustive. These are among the most prominent themes mentioned several times across multiple focus groups and, in most cases, in different regions of the state. They resonate with current social discourse and issues that The Network's

members have indicated are very important to the development of policy. Readers are encouraged to utilize the index to explore the excerpts in the next section and develop other themes that emerge from the material.

1 Staff concerns: On doing the job

Across the 28 focus groups, participants reflected on a number of ways in which service provision and community needs brought to light job-related concerns.

a. Subthemes:

- Staff are underpaid, burned out, and under trained.
- Cultural competence training tends to be reactive rather than proactive.
- Reactive training events (e.g. different forms of cultural competence trainings) are perceived as punishment and staff do not respond well to them.
- There is a lack of diverse representation (LGBTQ+, racial and ethnic identities) in

leadership (Board, Upper Management, Middle Management, among service providers in most disciplines).

- Staff that come from the community tend to be hired as peers, with little opportunity for advancement.

b. Sample excerpts:

- Training, Cultural Competence and Staff Support (TR001SS-006)
- Cost and Availability of Health Care for Providers (SF001IP-149)
- Cost and Availability of Mental Health Care for Providers (SF002MH-150)

2 Fragmentation vs. Networks

Staff reflected on service gaps and other challenges to service provision that pointed to a tension between fragmentation of services (which leads to siloed services) and high barriers to receiving services (due, for example, to lack of affirming agencies, shortages of mental health providers, or a concentration of services in the largest metropolitan areas of the state). Consumers must enroll for each service at each agency, which

results in duplicate intakes, documentation and other bureaucratic hurdles.

a. Subthemes:

- There is a great need for more robust referral networks and communication/outreach with other service providers.

- Providers have trouble finding appropriate LGBTQ+ affirming services to refer patients to in their areas.
- The focus group participants were often very excited to meet each other and share resources, reflecting their desire to network and build professional relationships.
- Telehealth does not eliminate waitlists.
- Most salient regional differences are urban/suburban/rural, followed by New York State vs. New York City.

- Transportation: services can require hours of travel time.
- Limited hours of operation.

b. Sample excerpts:

- Dispersed/Fragmented Services (AS003RU-019)
- Access to Services and Health Insurance Problems (AS004IP-022)
- Access to Services and Health Insurance Problems (AS005IP-023)

3 Transgender, gender non-conforming, genderqueer, and nonbinary (TGNB) youth: acute need for services, especially medical services and hormone replacement therapy (HRT)

Concerns facing youth who identify as transgender, nonbinary or other gender non-conforming identities were a prominent theme throughout the focus groups, across all regions and even within other population categories as well.

a. Subthemes:

- TGNB youth experience multiple barriers to services, similar to those of other youth (lack of money, parental or family rejection or non-support, travel restrictions, limitations of parents' insurance).
- Transportation: TGNB services and medical treatment are spread far and wide. Transportation to and from services is especially difficult.
- Services that are available in the New York

City metropolitan area are often not available upstate, and even though providers and TGNB youth know where they are, access is difficult.

- When services are available, staff and facilities are frequently stigmatizing. Staff generally do not utilize appropriate pronouns or chosen names and misgender individuals—including providers within the lesbian, gay, and bisexual communities (LGB).

b. Sample excerpts:

- TGNB Youth, Access to Services and HRT (TG001AS-001)
- TGNB Needs under 18, Upstate (MH003YT-097)
- Training LGBTQ+ Affirming Care in Rural Areas (TR012RU-135)

4 Diversity in the LGBTQ+ communities

A major, recurring theme in the focus groups was diversity of populations in the LGBTQ+ communities and how these communities often replicate racism and other stigma found in society in general.

a. Subthemes:

- Subpopulations within the LGBTQ+ community are not equally recognized.
- Subgroups among LGBTQ+ communities with specific needs that are frequently marginalized or less visible include:
 - Older adults
 - Persons in transition to adulthood
 - Persons with disabilities
 - Transmen and persons in transition from female to male/masculine identity
 - Black, Indigenous, and Other People of Color (BIPOC) community members
 - Sex workers

- Women: lesbian, bisexual, queer, and transwomen
 - Native Americans
 - Immigrants

b. Sample excerpts:

- Black Women, Representation, and Safety (WM002RP-073)
- Immigrants and New York City for Legal Services (IM009LS-059)
- Ageing and Social Support for Older LGBTQ+ (AG001SP-050)
- Treatment of LGBTQ+ in Prisons (ST001LS-045)
- Sex Work and Stigma (SW004ST-065)
- Youth and Coming Out Upstate (YT003AS-070)
- LGBTQ Women and Trauma (WM001TM-072)
- Women Caretakers and Social Drivers of Health (SD003WM-081)
- Native American LGBTQ+ Youth and Suicide (NA001MH-122)

5 Representation and cultural responsiveness are about whole systems

Rather than isolated cultural competence trainings and what staff see as surface-level inclusiveness and language, providers emphasized that inclusion and cultural responsiveness must be reflected at every level of the organization, from the Board of Directors, through Senior Management, in both back-office and client-facing positions.

a. Subthemes:

- Increasing the representation of BIPOC and TGNB staff must be developed with a multiprong, multidirectional blueprint.
- Hiring community members in client-facing and peer roles is only a start.
- Hiring from the community should include all job categories and reach into diverse applicant pools from academic institutions, non-traditional public health industries, data/tech fields, financial sector, etc.
- Cultural competence not only speaks to racial/

ethnic groups but to other concerns as well. These can include: providing educational opportunities and pathways to achievement for individuals systematically challenged by level of education, gender expression, ageism, socio-economic status, implicit biases, stigmatizing tropes (looking gay, not looking gay) and cultural understanding (e.g. two/multi-spirited), as well as others.

b. Sample excerpts:

- Representation and Social Structure (RP001SS-004)
- SOGI Needs and Lack of Representation within LGBTQ+ Communities and Discourse (SG003RP-008)
- Representation, Leadership, Lesbian/Bi/Queer/Transgender Women (RP003WM-009)
- Representation Needed at All Levels of Agencies (RP006RE-148)

6 Representation is reflected in programs, services, and employment

Providers told stories about service delivery and inclusiveness that showed how programs tend to reflect the values of the individual staff members that developed them. It is not enough to hire line staff who reflect the community and its lived experience. Management, grant writers, and development officers cannot create appropriate programs for the community if they are not, themselves, representative of that community or have access to the lived experience of their constituents.

a. Subthemes:

- Upper Management and Boards are not representative of the community. Having one or two members for “diversity” does not resolve the issue.
- Programs are designed by Management and reflect their designers, who usually are not from the communities they serve.
- Community staff members are often located in program implementation, peer educator work, custodial, and security jobs.

- They often do not have opportunities for advancing very far without further education, training, support, and mentoring.
- Many face a glass ceiling due to disadvantages related to race, ethnic, socio-economic background, and orientation or gender identity.
- As a result, services often do not reflect or address the lived experience of the communities they serve.

b. Sample excerpts:

- Language Competence and Access to Services (CC001AS-024)
- Trans Representation Among Staff (TG005RP-030)
- Representation, Inclusion, and Leadership (RP005LD-044)
- Black Women, Representation, and Safety (WM002RP-073)
- Communities of Color Upstate, Lack of Diversity (RE004UP-130)

7 Youth services: Lack of access

Youth were discussed in focus groups across the state's regions as well as in several population-themed groups. There is a sense of awareness of heightened demand for services, insufficient services in some regions of the state, and elevated barriers to obtaining services even when such services are available.

a. Subthemes:

- Youth need more options to access services.
- Transportation is a barrier for youth in rural areas, without funds to pay for travel, or whose families won't support them.
- If parents are not supportive, it is difficult to access services. For many youth, parents may be the only source of funds, transportation, insurance information, or other needed resources for accessing services.
- For those who obtain services, insurance can

be a barrier if they are still on their parents' insurance or are in the process of changing their name.

- Telehealth is an option, but it brings specific challenges of safety, privacy, and internet access.
- Many LGBTQ-affirming youth services are not locally available.
- There is a need for more services to support youth at various life stages: coming out, aging out of foster care, school supports.

b. Sample excerpts:

- Youth and Structural and Systemic Barriers (YT001SS-017)
- Homeless Youth in Finger Lakes/Upstate Areas (YT004HS-041)
- Youth Homelessness, Exploitation, and Housing (HS003YT-049)

8 Services for older adults: Lack of competence and cultural sensitivity

Providers indicated older community members are a growing constituency whose needs are underserved, misunderstood, or in many cases unknown. They recognize that the field lacks the appropriate training and capacity to meet older adults' needs and see this as an important area for growth in the field.

a. Subthemes:

- Older adults' needs in the community are not well understood by providers.
- Isolation is a severe problem for many older adults in the community.
- Providers do not engage older adults as whole individuals, especially in their sexual health.

- Providers face severe lack of competence in the sexual health and practices of older LGBTQ+ persons.
- Older LGBTQ+ community members' #1 desire for social services is to socialize with others in non-programmed space.

b. Sample excerpts:

- Older LGBTQ+ Adults in Nursing Homes (OA005HS-124)
- Older Adults and Intergenerational Housing (OA006HS-125)
- Older Adults and Social Engagement (OA007CE-126)

9 COVID-19 pandemic: Challenges and opportunities

The focus groups were implemented at the onset of the COVID-19 pandemic and completed during the most intense period of lockdown and throughout the racial reckoning protests that followed the killing of George Floyd by the Minneapolis police. Each focus group reflected a point in time in the spring and summer of 2020, as providers were trying to develop ways to reach clients around the restrictions of lockdown and as issues of racial inclusiveness were becoming intensely discussed within Network agencies.

a. Subthemes:

- Many health and human services were disrupted due to shutdowns and social distancing measures.
- Telehealth solved some problems (e.g., relaxed HIPAA regulations to allow for telehealth services, no transportation needed) and surfaced new ones (internet availability, safety, and privacy).
- Provider focus groups reveal snapshots of the most challenging time of the COVID-19 pandemic in NY (March-September).

b. Sample excerpts:

- COVID-19 Lessons Learned and Telehealth (CV001TH-003)
- COVID-19 and Racial and Ethnic Inclusion (CV002RE-013)
- COVID-19 and Safety of Services

(CV003SF-014)

- Telehealth, Privacy, and Transgender Persons (TH002TG-096)
- COVID-19 Displaced Care for People Living with HIV (CV005AS-152)

10 Housing access

Housing was a prominently mentioned issue in the focus groups. Usually, housing issues were raised in the light of issues related to a specific group or sub-population in the community, but this tends to reflect an overall shortage affecting the LGBTQ+ communities.

a. Subthemes:

- Shelters and other temporary housing are frequently unsafe for LGBTQ+ community members, especially transpersons and youth.
- Some specific communities lack shelter, temporary, or transitional housing, especially transpersons, immigrants, youth, and older adults.
- Affordable housing in retirement or assisted living for LGBTQ+ older adults is not available.

b. Sample excerpts:

- Housing and Undocumented Persons (IM002HS-026)
- Trans Housing Issues (TG004HS-027)
- Trans Housing Issues (TG005HS-028)
- Housing and LGBTQ+ Homelessness (HS001SS-038)
- Older Adults and Housing in Upstate Areas (OA002HS-064)
- Housing and LGBTQ+ Homelessness (HS002SS-039)
- Transwomen, Substance Use, Housing and Safety (TG013SA-077)
- Housing and Trans Rights (TG015HS-115)

11 Other issues in service access or availability

Lack of access to services and lack of availability of services was a constant refrain in the focus groups. The reasons are diverse and run the gamut from transportation to insurance access, cost, location, and lack of LGBTQ+ affirming care.

a. Subthemes:

- Youth often lack access due to transportation, insurance issues, homelessness, and lack of information about where to go.
- Transportation is an issue that affects everyone, including in large cities, but it is especially acute in upstate areas that can require an hour or more of driving to reach a provider.
- Culturally and linguistically affirming care is a prominent barrier for immigrants and other ethnically diverse communities.
- Stigma and lack of affirming care prevent many from even seeking services.

b. Sample excerpts:

- Access to Services and Health Insurance Problems (AS005IP-023)
- Language Competence and Access to Services (CC001AS-024)
- TGNC Sex Workers and Access to Clinics (SW002AS-025)
- Disabilities and Access to Care, Transportation (DS001AC-036)
- Transportation and Access to Services in Mid-Hudson (TR002UP-046)
- Immigrants and Benefits Access (IM006AS-056)
- Rural Areas and Transportation (TR004RU-062)
- Shortage of LGBTQ-affirming Behavioral Health Care, Upstate (AS007LK-071)
- Lack of LGBTQ-specific Services (WM003UP-074)



III. TRANSCRIPT EXCERPTS

In this section, we provide excerpts from the focus group transcripts. Each excerpt includes its source focus group and the main thematic codes for the material. The codes are indexed for the report, so that readers can pull excerpts from themes. Each excerpt is also titled, to provide a cue for the reader as to content. The excerpts are highly indexed, so that readers can search for very specific topics in the data. They were chosen as the best concise examples of the main topics they reference. The result is 153 sample excerpts of over 700 coded excerpts from hundreds of pages of transcripts from the 28 focus groups. The focus group transcripts are maintained by the New York State Department of Health Office of LGBTQ Services, as discussed in the acknowledgements and introduction to this volume. The themes found in the excerpts presented in this volume are not meant to be representative of the relative frequency with which each topic was mentioned in the groups, but, as noted, as the best examples of the themes they impart.

A TRANSCRIPTS AND EXCERPTS

Each excerpt has been provided verbatim, with light editing to enhance the legibility and clarity of the statement. Editing conventions are as follows:

- Quotation marks, “...” Quotation marks indicate the beginning and end of verbatim material taken from a transcript.
- Brackets, [words words words] Bracketed words or phrases are not from the transcript. Bracketed edits replace and reduce quoted material to provide continuity to the statement. Sometimes bracketed material may be used to indicate an appropriate reference, such as replacing a pronoun with the antecedent for clarity, as in: “I gave it to them” excerpted as “I gave it to [my case manager].” Sometimes brackets can be used to expand an initialized term, such as “HRT” [hormone replacement therapy].
- Ellipses, ... Ellipses are used to indicate that material from the transcript has been left out. Ellipses are used to eliminate unnecessary words, tangents that go off the excerpt’s topic, or a passage that was not recorded clearly and is unintelligible. Appropriate use of ellipses helps to provide clear excerpts that will make sense to people who read them or hear them.

Please keep in mind that the quotations are extended and attempt to preserve as much of the original as possible. This can result in run-on sentences or lists and shifts in tense or focus as a person is speaking naturally in a group of people who have contextual familiarity with the subject matter.

B CODING AND INDEXING THE EXCERPTS

The excerpts were “coded” by the staff of TRX Development Solutions. Coding is a process in which researchers tag specific passages or “excerpts” with topical codes that indicate what the passage refers to. Each excerpt can have multiple codes, depending on the scope and breadth of the statement. Most statements refer to more than one thing at a time—a provider in Western New York might refer to Native American populations, transgender needs, transportation, and affirming care in one statement about the difficulty of Native American transgender individuals in travelling to reach affirming care. To allow readers to find excerpts by many pathways, we have provided multiple indexes and reference points in the Appendices to this volume:

- Appendix B: The two-letter codes used in the excerpt source codes
- Appendix C: Index of excerpts by title and excerpt source code
- Appendix D: Definition of each theme used for the excerpts
- Appendix E: Index of excerpts by theme
- Appendix F: Index of excerpts by their focus group (as listed in Tables 1 and 2)

1 Excerpt titles and source codes

Excerpts include two general ways to understand their themes and meaning: (a) the excerpt title and

(b) the excerpt source code.

For example, excerpt titles: 1 TGNB Youth, Access to Services and HRT (TG001AS-001)

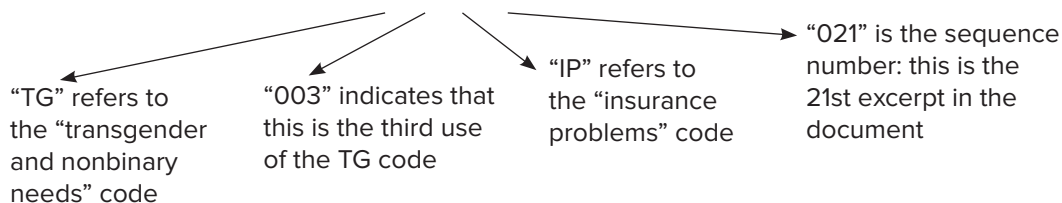


“Sequence number” refers to list of excerpts and where this excerpt is in the sequence. It matches exactly the last number in the “excerpt source code.” This example is Excerpt #1, the first one. “Excerpt title” is given to provide a brief narrative reference for each excerpt. Readers may use the excerpt title to identify the broader narratives found in the provider focus groups.

is composed of 2 letters, 3 digits, and 2 letters (LL###LL), followed by the hyphenated sequential number of the excerpt. The first two letters signify a primary code, the digits indicate the sequence of the excerpt in the primary code, and the final letters indicate a secondary code. The codes all consist of two uppercase letters, and they are defined in Appendix B. After a hyphen, the final numeral (up to 3 digits) indicates the place of the excerpt in the sequence provided in this section, from 1 to 153.

“Excerpt source code” refers to a code that identifies the main themes of the passage. It

For example, excerpt source codes: TG003IP-021



Appendix C provides a list of all 153 excerpts by excerpt source code and title. Readers can find any excerpt there and use the title and code to identify its subjects. Use the sequence number (last three

digits) to find it in Section III, where all 153 excerpts are presented in the order of their sequence number, 001 through 153.

2 Themes

Another layer of coding below the titles and sources is the individual themes. Overall, there are over 70 individual themes used in this volume. We opted to include more themes, so that readers would be able to search for more specific codes and themes in the excerpts. This means there are many codes that apply to less than three excerpts, but readers may go to these excerpts with the confidence that they will find what they are looking

for. Most excerpts have several themes that apply to them. Together, these themes show how the excerpts provide narratives of a full, multifaceted experience of services and service provision in New York. Appendix D provides a full explanation of the themes named, and Appendix E indexes the excerpts by theme. Readers can use the index to locate excerpts that address specific topics of interest.

3 Focus groups

The final index (Appendix F) provides the focus group from which each excerpt was taken. Each excerpt includes reference to its focus group. As noted, 14 of the focus groups were held in specific regions of the state. Some regions hosted more than one focus group, to provide extra opportunities to participate in large and geographically far flung regions, such as the North Country (focus groups 5 and 7), or for densely packed regions such as New York City (i.e., focus groups 8 and 12 in English and focus group 9 in Spanish). The other 14 focus groups concentrated

on specific populations. Readers should be aware that each focus group was wide ranging, and the participants touched on diverse topics. “Regional” focus groups involved many discussions of specific populations, while population-based focus groups included participants who described the population’s experience in a specific region of the state. Other excerpts show participants comparing different regions. Across the 28 focus groups, the entire state and diverse populations of the LGBTQ+ communities were explored.



C PROVIDER FOCUS GROUP EXCERPTS

Following are the 153 excerpts with title, source code, focus group, and themes.

1 TGNB Youth, Access to Services and HRT (TG001AS0-01)

Focus Group: 1 Mid-Hudson

Themes: SOGI Needs, TGNB Needs, Access to Surgical/Hormonal Treatment, Availability of Services

"... [finding a] medical primary care doc who, specifically, will do transgender and nonbinary affirming care is a huge barrier. Currently, we have two primary care docs in Rockland County who are doing this work because of our push. But we need more and we need more providers who will provide HRT [hormone replacement therapy] and other lifesaving medical needs for trans and nonbinary folks. Going to the city is not a viable option. And it's one that is kind of thrown out there on a whim, particularly to our LGBTQ community. And we don't subscribe to that. To get from Rockland to New York City, it's over an hour and a half by bus. And that means you have to take the day off from work and you have to have the funds to do it and all of those things. So, definitely, affirming healthcare is, I think, a No. 1 priority, especially in our list of things that we want to see happen in Rockland and then, also in other counties as well."

2 SOGI Needs and Cultural Competence (SG001CC-002)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: SOGI Needs, Cultural Competence, Structural/Systemic Barriers, Lack of Representation/Diversity, Intersectionality

"[There's a] lack of understanding of those intersections between race and LGBTQ+ identity with healthcare providers. I know some of my students and some of the community members that I work with, but also just myself being a person of color and going into these spaces, there's still a lot of explaining I'm having to do with healthcare providers about my race identity. That's a real barrier for me and for other folks to continue to engage in those systems without feeling really frustrated."

3 COVID-19 Lessons Learned and Telehealth (CV001TH-003)

Focus Group: 14 Finger Lakes and Western New York

Themes: COVID-19, Covid Lessons Learned, Efficacy of Responses to the Pandemic, Telehealth, Structural/Systemic Barriers

"I don't know the politics around telehealth. I don't know why it was so hard for us to institute— or so many people to institute, and it took a pandemic, literally, to get the ball rolling. I mean, certain parts of our institution did have telehealth options, but there was so much red tape around it. It had to be a certain place. It had to have medical staff. It had to have a certain platform. There was so much red tape that made it inaccessible and unfeasible for so many people. And yet, this global pandemic happens, and suddenly, appropriately, none of that mattered."

4 Representation and Social Structure (RP001SS-004)

Focus Group: 1 Mid-Hudson

Themes: Structural/Systemic Barriers, Social Supports and Community Resources, Racial/Ethnic Inclusion

“But I just thought that it was important to, I guess, verbalize it and talk about what it means to have leadership that is of color that is folded into organization or is representing at the table, which is not necessarily the case, especially in the Mid-Hudson Valley. There aren’t a lot of leaders that look like me or look like J. that are leading work and getting paid for it. And so, really thinking about that because queer people of color really feel the impacts, the negative impacts in society, in really hard ways.”

5 Representation and Social Structure (RP002SS-005)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Structural/Systemic Barriers, Lack of Representation, Social Supports and Community Needs, Racial/Ethnic Inclusion, Cultural Competence

“I think one thing to note is just the wild diversity in Ithaca in terms of socioeconomic status. As [my colleagues] mentioned, folks who’re employed by or [are] students at Ithaca College and Cornell University, by and large—not always but by and large—have just this great access to more resources, to greater financial access, healthcare access, all of these things. I mean, having an Aetna insurance plan is going to go a lot further for you than a Fidelis plan. You know? Let alone the differences in being in Ithaca versus the surrounding area. I think that’s one thing that really strikes me about Ithaca in particular compared to other locations is just things are so diverse. There is so much difference in terms of what people need and what people have access to. I think that the points about race are huge in this as well. We’re even as we look across this meeting, Ithaca is a place that in general is maybe better at a lot of diversity factors compared to other areas of upstate New York. Race is certainly not one of them.”

6 Training, Cultural Competence and Staff Support (TR001SS-006)

Focus Group: 5 North Country

Themes: SOGI needs, Cultural Competence, Structural/Systemic Barriers, Training

“I think in social agencies around here, and even in any type of medical provider too, there is a lot of turnover. So, when staff are getting trained maybe once a year, or maybe something happens and they reactively get told that they need a cultural competency training, they’re leaving out a whole bunch of people because they’re not training new staff as they come in to be culturally competent. And so, a lot of times, it’s more like someone messed up, we’re about to get in trouble, we have to have a training now. And then, you’re trying to talk to people who are there because of a punishment, essentially, so it’s just like no one’s receptive to it.”

7 SOGI Needs and Cultural Competence (SG02SS-007)

Focus Group: 25 Young Adults

Themes: SOGI Needs, Cultural Competence, Intersectionality, Structural/Systemic Barriers, Racial/Ethnic Inclusion

“So, speaking to cultural competency, I think [it] is really critical because [of] that connection between race and ethnic background, access to citizenship and queerness, access to sexuality education. These connections are really important for our youth, in particular, is what I’m seeing.”

8 SOGI Needs and Lack of Representation within LGBTQ+ Communities and Discourse (SG003RP-008)

Focus Group: 24 Lesbian, Bisexual, Queer, Transgender Women

Themes: Structural/Systemic Barriers, Lack of Representation, Race/Ethnic Inclusion, SOGI Needs, Cultural Competence

“And if we think about how healthcare is structured, right, I mean, who has access to go to medical school? It’s primarily white, cis men, right? And so, that’s who doctors are. So, even if you’re accessing healthcare, that’s the who the face of healthcare is, that’s what it looks like. And then I think for us at Callen-Lorde, we’re an LGBTQ clinic, right, but, I mean, the majority of our patients historically have been gay, cis, white men, right? And that’s where a lot of historical reasons around HIV and who has access to care, who has insurance, who can walk in these doors and feel safe, and so, yeah. I mean, women of color, trans women of color are the ones who are marginalized even within the setting because that’s not who healthcare is built for.”

9 Representation, Leadership, Lesbian/Bi/Queer/Transgender Women (RP003WM-009)

Focus Group: 24 Lesbian, Bisexual, Queer, Transgender Women

Themes: Structural/Systemic Barriers, Lack of Representation, Leadership, Availability of Services, Cultural Competence, Workplace Supports

“When we think about inequality in the workplace, some of what you were talking [about], I mean, so queer women and trans women and women and femmes are doing the work. And they’re the peers that are paid \$10.00 an hour, and they’re the care managers that make \$29,000.00 a year with \$50,000.00 worth of school debt. And who are the CEOs? The CEOs are white, gay men, right. And that is what happened at our local LGBTQ Resource Center. It happened in health centers I have previously worked in, right. People are doing the work, and then what that work also entails is repairing relationships with community members that those leaders break. And so, the inequality is there, right. And it doesn’t look like it because you add up the tally of who’s working at your agency, and you count your brown and Black people, and you count your queer women, and you count your trans people. And you say, ‘Oh, yeah. We have 30 members of our staff that are in these groups.’ And their pay equals a CEO and a Department Director. Their power equals a CEO and a Department Director. And then when they speak up, they don’t get opportunities for raises. They get opportunities for growth, right. And we see it happen in this non-profit, industrial complex. I mean, it’s a huge issue.”

10 Structural/Systemic Barriers and Provider Bias (SS001ST-010)

Focus Group: 4 Mid-Hudson

Themes: Structural/Systemic Barriers, Provider Bias, Stigma and Discrimination

“I think all of that unconscious attitude and behavior comes out and it is picked up on because of the heightened sense by members of this community that this is what they’re experiencing. And it will cause them not to come back. It will cause them not to seek necessary medical treatment.”

11 Access to Services and Cultural Humility (AS001CH-011)

Focus Group: 26 Sex Workers

Themes: SOGI Needs, LGBTQ+ Affirming Medical or Behavioral Care, Stigma and Discrimination, Intersectionality, Accessibility of Services

“I think, especially, within the LGBTQ+ community, I think that sex work is, frequently, not necessarily sex in exchange for money, but is, also, very often sex in exchange for housing or food or drugs. I think that we see that often as well. I also think that sometimes people don’t identify—like people who are engaging in what we as providers might consider sex

work, don't always, necessarily, use that terminology themselves, especially some of the younger folks. I had someone, not too long ago, tell me that he's got some friends who give him money sometimes and definitely didn't identify it as sex work. But from a provider perspective, I do think that is what I would call it. And it took some, sort of, open question asking to kind of get to the bottom of that. And I think that it's tough for folks to disclose that ... I think that there are a lot of gaps before we even get to the point of, actually, providing services to folks who engage in sex work. I think that there's still that first gap which is actually like reaching folks who do sex work and letting them know that, like, what services are available for them, and that are friendly towards that, and not coming in and in judgment of that. And then, also, actually making sure that we are able to provide services that are truly friendly and nonjudgmental towards that."

12 Availability of Services and Cultural Competence (AS002CC-012)

Focus Group: 5 North Country

Themes: Availability of Services, Service Navigation, Referral Networks, SOGI Needs, LGBTQ+ Affirming Medical or Behavioral Care, Cultural Competence

"And I keep hearing the same names over and over in Clinton, and Essex, and Franklin, and I know I'm overwhelming certain practitioners, and I just don't know what else is out there, and I don't know where else to go. But I'm literally walking down the street to like different health facilities in order to make sure that it's a safe space before I send any people in there. And unfortunately, most of the time the answer is, 'No, I don't think I'm comfortable sending anybody in here,' so now what do we do? And now, what other services are there, and who else can I ask? You know what I mean?"

13 COVID-19 and Racial and Ethnic Inclusion (CV002RE-013)

Focus Group: 2 Long Island

Themes: COVID-19, Efficacy of Responses to the Pandemic, Racial and Ethnic Inclusion

"The towns where it's very low income and high populations of Latinos, they're the ones that are being hit the hardest by Covid-19 out on Long Island. Those towns have the highest rates of coronavirus positives in probably most likely the state. So, a lot of the clients that I've noticed have low health literacy regarding Covid-19, [for example] when it comes to like wearing face masks, when it comes to sanitizing, how long the virus can stay on inanimate objects. So, a lot of the work that J. and myself had been doing with the clients has been facilitating that educational piece so they can overcome this health literacy issue, and kind of start taking the necessary precautions they can, even though they might be putting themselves at risk by going out to work, and doing what they need to do to kinda stay afloat."

14 COVID-19 and Safety of Services (CV003SF-014)

Focus Group: 27 Individuals in Recovery

Themes: Covid-19 Pandemic, Safety of Services in Pandemic Response, Availability of Services, Mental Health, Substance Use

"I was thinking about just in general terms in terms of the difficulty and the problems. But when you do add this pandemic into it and with substance use disorder, tends to be a potentially more compromised clientele medically, physically, etc. So, leaving the house to potentially be put into risk physical, medically, literally with a life then makes a determination of, 'I need services. And even if there are services available is it literally worth risking my life to leave the house? Because even taking transportation or coming in contact with somebody could literally make me ill and potentially kill me.' So, that adds a whole other layer of fear and anxiety and, if you will, the negative feelings or the negative issues that come up that further exasperate someone's being able and feeling comfortable in getting help."

15 Sex Work and Immigrants (SW001IM-015)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Availability of Services, Employment, Sex Work, Structural/Systemic Barriers, Immigrant Services

"I think the decriminalization movement, obviously, around sex work is a really super important thing. So many undocumented immigrants have no access to food, money, housing, anything, and engage in survival sex. People get arrested; that has an impact on their immigration options going forward. So, those laws that serve no purpose but to create barriers for our clients need to go away, to start with."

16 Immigrant Barriers and Legal Services (IM001LS-016)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Structural/Systemic Barriers, Immigrant Services, Availability of Services, Legal Services, Stigma and Discrimination

"I have several clients either working on applying for asylum or they're currently in that process, working with lawyers and things, and a lot of them talk about the anxiety and the relief they have. Being in New York, they feel very relieved, like 'I can be myself, I can be queer, I can build community around my queer identity,' and then, the anxiety of 'I'm very afraid that if this process doesn't go well or in my favor, I'll have to go back to my home country and go back to the closet or be at risk of violence,' and some of them have fled family after their coming out, so wondering, 'Am I going to be in danger going back? Is my father going to have access to me again?', that kind of thing. I've heard the sentiment that they feel hesitant expressing this to their lawyers or disclosing experiences of trauma and abuse to lawyers because sometimes, lawyers victim-blame, or—I have heard that complaint from a client – or sometimes, their reaction isn't supportive."

17 Youth and Structural and Systemic Barriers (YT001SS-017)

Focus Group: 25 Young Adults

Themes: Structural/Systemic Barriers, Legal Services, Youth Needs, Behavioral Risk

"I will [not] forget calling DSS to report children that were 16 being sex trafficked and them telling me, 'It's probably better if we don't respond to that because we're just gonna arrest those kids' ... We're working with these homeless kids who have nowhere to go and are under 18 and can't access anything on their own, can't enroll themselves in a school, can't get healthcare, can't get legal services. All of these things, and instead the system only picks them up when it's time to get in trouble and put them in jail because it's failed them in every way until they got there. So, if they had just had access to things to make decisions of themselves, I work with so many young people. It's like, 'You've survived things that many people can't imagine.' They can make decisions about their healthcare and their schooling and things like that if they're figuring out how to survive every day. So, it's a huge barrier."

18 Lack of Program Funding (SS002AS-018)

Focus Group: 1 Mid-Hudson

Themes: Structural/Systemic Barriers, Financial Stress, Lack of Funding for Programs, Availability of Services

"People in our community directly are dealing with these issues without having access to resources that don't restrict our ability to do the work necessary. So it's important to have guidelines, but it also can be really difficult depending on where the funding is coming from. That funding can restrict the good work that we're trying to do if there are certain kinds of rules and regulations that are attached to it."

19 Dispersed/Fragmented Services (AS003RU-019)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Availability of Services, Dispersed/Fragmented Services, Availability in Rural Areas

“As somebody who gets referrals and clients who self-find me through other means... the number of people I have to turn away and not be able to find somebody else to refer them to is, it’s really disturbing to feel like we’re not even close to being able to attend to all of the requests. That’s both true in Ithaca where there are way more robust services, but also in the surrounding areas. It’s really hard.”

20 TGNB Needs and Structural/Systemic Barriers (TG002SS-020)

Focus Group: 8 New York City

Themes: TGNB Needs, Structural/Systemic Barriers, Identity Documentation, Name Change

“A lot of the clients that I’ve worked with ... are also coming from states that don’t allow you to change your birth certificate, so if you can’t change your birth certificate, how likely are you to be able to change your driver’s license, or your passport, or social security. There’s a lot that goes into it, and there’s also, you know ... across the country, some really fucked up transphobic policies that require you to put things in the newspaper, which costs money, which outs you if you’re living stealth. It’s not just identity documents. It’s so many more things, I think. Thank you to whoever put that in there. It’s so much bigger than not having a driver’s license that reflects your name. I think it also speaks to socio-economics. It speaks to class. It also speaks to culture. And it also, I think, speaks to this rigid bureaucratic process that says we need to have a document that has our name attached to it regardless of what our clients want to be called.”

21 TGNB Services and Insurance Problems (TG003IP-021)

Focus Group: 19 Transgender, Gender Non-confirming, Non-binary and Intersex Communities

Themes: Mental Health, Availability of Services, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Insurance Barriers

“I very much want to highlight that in regards to people in poverty and people who don’t have access to insurance, many trans and gender nonconforming people and just LGBTQ people, in general, they aren’t able to receive healthcare or mental healthcare, any service that falls under the need for insurance because they are out of their network or they just don’t have insurance. And it ends up causing – I know for me, specifically, as a nonbinary person and from the things that I’ve heard from the many different people that I’ve worked with, we often find ourselves in situations where we’re with providers that don’t understand who we are and our identities. And either we have to push back on that, we have to assert ourselves, or we simply have to let them go and go without the service. And both of those things are incredibly tiring and frustrating.”

22 Access to Services and Health Insurance Problems (AS004IP-022)

Focus Group: 9 New York City (Spanish)

Themes: Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“... the key to having effective services in this state, in this city, is to have good health insurance. I don’t know, because there are programs that offer insurance for– there are programs that offer support for undocumented people. In other words, in my clinic, for example, which is a huge clinic, there is a service for consultation, access to tests; but there is a border where people cannot go, especially undocumented people, especially people who do not have a job ... if you don’t have a job, how do you insure yourself? So, you have to go to another program.”

23 Access to Services and Health Insurance Problems (AS005IP-023)

Focus Group: 9 New York City (Spanish)
Themes: Availability of Services, Accessibility of Services

“What is access to primary medical services? Many ... clients ... do not have the benefit of being able to apply for insurance or pay for it, either because they do not have any legal status here to be able to access it. [They may receive] primary services ... [but] any other disease, they don’t have access and they don’t have access to medication and that is generally too expensive. And also, those extended hours, in which they can go to medical appointments—because many of them work until six, seven in the evening—but, very few clinics offer extended services until eight at night, nine at night for those people who cannot go during the day or weekends.”

24 Language Competence and Access to Services (CC001AS-024)

Focus Group: 9 New York City (Spanish)
Themes: Accessibility of Services, Availability of Services, Mental Health, Cultural Competence

“Speaking of health in general, I think I’m going to identify health providers, but who are Hispanic, who speak Spanish. Let it go beyond just having a phone that translates for me, because if [it’s on the phone], I can let you know how I feel, but physically, I don’t feel like you understand me, detect my body language of how I’m feeling at the moment ... [It’s] like I am telling another person who does not speak Spanish [is] what I am saying.”

25 TGNC Sex Workers and Access to Clinics (SW002AS-025)

Focus Group: 9 New York City (Spanish)
Themes: TGNB Needs, Availability of Services, Accessibility of Services

“One of the barriers we have as a trans community and, above all, as sex workers is ... the established hours of most of the clinics, right? Settling down like nine to five, what’s up with this community that day is night and night is day? No? What happened? Why are there no services that attend after six in the evening? So this is a limitation that also has an impact and a negative impact, especially in the community. Because, for example, there are fellow workers and sex workers, they are exposed to HIV, to sexually transmitted infection, and having a medical care service at a time that doesn’t work for me. During the day I have to sleep to get up again the next day. So it’s like a very big limitation.”

26 Housing and Undocumented Persons (IM002HS-026)

Focus Group: 9 New York City (Spanish)
Themes: Availability of Services, Housing, Shelters for Homeless LGBTQ+ Persons, Non-discriminatory Housing

“I think the housing issue is a problem, it is a very serious problem in New York... There are laws, there are things, but really in practice, that [access to housing] doesn’t exist. ... I’m telling you that at some point I was undocumented, but now that I am a person who has documents, it has become so difficult for me and even though I have a permanent job for three years to have access to a house. Then for my companions who live in a room of two by two, it is much more difficult—and [they’re] undocumented.”

27 Trans Housing Issues (TG004HS-027)

Focus Group: 9 New York City (Spanish)
Themes: Availability of Services, Housing, Shelters for homeless LGBTQ+ Persons, Non-discriminatory Housing

“There are not enough shelters that can help the trans community that does not live with HIV, since mostly or most of the programs are specific for people living with HIV. But what about that community that is homeless and that is not living with HIV and that often has to choose to become infected with HIV? Because the reality is that there is no analysis [or] clear study [on this], but the reality is that, well, if I expose myself, I will probably access help or access decent housing ... because I know that they are not going to help me [if I don’t already have HIV]. There is not going to be a program that will help me or initiatives that will favor my needs.”

28 Trans Housing Issues (TG005HS-028)

Focus Group: 9 New York City (Spanish)
Themes: Availability of Services, Housing

“It’s true, people who are HIV negative, more than anything in the trans community [have trouble getting housing]. I [gave a positive HIV test result] to some girls and they said ‘thank you’ ... because now yes I can have housing.’ So this is a very unfortunate situation, because if the person is negative, they must have a mental health condition. And if [they don’t] have health insurance, how [do they] get a mental health certificate, too? They cannot.”

29 Sex Workers, Mental Health and Criminalization (SW003MH-029)

Focus Group: 9 New York City (Spanish)
Themes: TGNB needs; Availability of Services

“We, from our organization, created an emergency fund to support sex workers specifically. So far we have 160 people who have asked for support with housing, with food, with mobilization ... A lot of community that is mentally affected, their mental health is broken. There will be many people from the trans community who will have other needs, but unfortunately sometimes they cannot go and access those services because the reality is different ... These health providers who generally always ‘give you health care, give health care,’ but sometimes also limit access to health care for trans people. So, the reality for many of us is that it is a lack of housing. There is a lack of access or projects or initiatives that have the specific objective of helping the population. Well, New York is one of the states where to talk about the issue of sex work is to criminalize it. And therefore a lot [of people for example]– ‘I, as a sex worker, am not going to access a health care service because, well, the state is saying that I have no right and what I am doing is illegal.”

30 Trans Representation Among Staff (TG005RP-030)

Focus Group: 9 New York City (Spanish)
Themes: TGNB needs; Social Structure

“Organizations that have gender non-conforming and transgender people are very few, very few. So, I think that this is a very big barrier and I think that in the future there should be more initiatives, or the state [should] promote projects or give proposals to organizations that require those organizations to hire trans or gender non-conforming people to carry out these initiatives.”

31 Youth Centers and Safety (YT002SA-031)

Focus Group: 9 New York City (Spanish)

Themes: Youth needs, Safety, Availability of Services, Accessibility of Services

"I think it is very important that more centers can be generated where the young community, youth can have more different access [than just] Manhattan. I think that all the centers where they can go to socialize are concentrated in Manhattan. But there are others ... like, for example, Brooklyn, which is where I live and where I have worked most of the time. They [LGBT community centers] are very, very, very few [where] boys, young people [who] are part of the LGBT community, young boys, transgender can go to socialize, to share, to go out a bit and get away from just being at home or school. So I think it is very important to be able to expand those centers where they can socialize and feel safe."

32 Trans Employment, Retention and Support (TG006EMP-032)

Focus Group: 8 New York City

Themes: TGNB needs; Structural and Systemic Barriers, Workplace Support, Availability of Services, Employment, Support for Specific Populations

"[We need] employment support for trans folks along the lines of retention, because I think that trans people are half as likely to get hired but twice as likely to get fired. And so, what we're seeing is these organizations that tout supporting and hiring trans people, leave them on the front lines, don't provide them with support, and now that we're heading into a recession/depression, we know that those are the jobs that are gonna be cut first before upper management. And I think that it speaks to – it's counter to the narrative that they push, which is that, yeah, we support this community. But the reality is there's no means of support internally that allows for people to stay and grow with the organizations as well."

33 Mental Health in Immigrant Communities (IM003MH-033)

Focus Group: 8 New York City

Themes: Mental Health Service Users, Structural and Systemic Barriers; Financial Stress; Lack of Funding for Programs and Services; Cost; Availability of Services; Behavioral Health; Mental Health; Affordable, Sliding Scale, and No-fee Services; and Immigrant Services

"I think ... it would be great to have more mental health services providers that are equipped to work with our [immigrant] community. And also, who are equipped to work with immigrant populations. So, providing ... services, but also culturally sensitive [services] and in various languages. Because we are really struggling. Like, we have our small mental health and healing program, but we're really struggling to find folks therapy – free therapy. Right? Because, it seems like organizations who are providing it are pretty much at their capacity, and it's really hard for us to find mental health services providers who are working within different languages, and that is so important ... One thing we tried to do with our membership is also to introduce the idea of mental health support, since it's very often a taboo for us, or something that is not as accessible and easily imaginable than for a population who is born in the U.S. There's a lot of obstacles to access that. So, some kinds of programs or trainings would be great too. And also, the way to, maybe, train the mental health service providers within that area, and thinking about screening processes etc., intake processes, keeping in mind immigrant population."

34 Representation and Cultural Competence (South Asian) (RP004CC-034)

Focus Group: 8 New York City

Themes: SOGI Needs, Cultural Competence, Intersectionality, Racial and Ethnic Inclusion, LGBTQ+ Affirming Medical or Behavioral Care, Availability of Services, Lack of Services

“As someone who is South Asian in this organization, I do get directed [to South Asian clients, and] I get South Asian clients who come to me. And it’s a mixed bag. Right? Because, again, it’s a broad generalization of a category. And I’m intern. I’m not a fully staffed person at the organization, and ... when I’ve had to point to resources, especially when it comes to language access, there have been negative experiences with organizations that are equipped to speak in the language but aren’t equipped to handle trans folks or queer folks.”

35 Transgender Needs and Gender-Affirming Treatments (TG007TX-035)

Focus Group: 8 New York City

Themes: TGNB Needs, SOGI Needs, Stigma and Discrimination, Access to HRT, Surgery and Puberty Suppressing Treatment, Structural and Systemic Barriers, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“[For trans people and others], I also think there’s some stigma around syringes and needles because of harm reduction policies. I have had more luck going to the Lower East Side to get free needles, free sharp containers, for our community to have them inside of our office building, than as a patient to buy needles for myself. And that shouldn’t be the case. I shouldn’t have to go to the harm reduction center to try to get free needles when the clinic says, ‘I’m sorry. I can only give you five and five of this.’ What if I need multiple? What if I needed insulin, and HRT, and whatever? Maybe I’ve got rheumatoid arthritis, I’ve got to take an injection for that too. Like, all of these different things, and we’re limited because the state says we can’t buy more than any one amount at one time. We’ve had clients who have had doctors write prescriptions for needles and syringes, and that’s just been flat out refused, even if it were for accessibility.”

36 Disabilities and Access to Care, Transportation (DS001AC-036)

Focus Group: 8 New York City

Themes: Disabilities, Availability of Services, Accessibility of Services, Access to Disabled Persons, SOGI Needs, TGNB Needs, Access to HRT, Surgery and Puberty Suppressing Treatment

“We work with a lot of folks who are living with disabilities. What does it mean to have to wait for Access-a-Ride every day, multiple times a week, or multiple times a month, to get you to where you need to go just to buy needles because you’re not allowed to buy more than a certain amount [of needles and syringes] at any one time? I think it can, though probably small and incremental, put real challenges, and people are having to make really hard decisions about rationing their hormones right now.”

37 Transgender Safety Nets (TG008SS-037)

Focus Group: 8 New York City

Themes: TGNB Needs, Structural and Systemic Barriers, Financial Stress, Cost, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination, SOGI Needs, Financial Services

“There should be a safety net specifically designed for trans gender non-conforming queer folks that if they lose their employment, which we know they will, that they don’t lose their health insurance, that they don’t lose their hormone coverage, that they don’t lose their surgery funds. I cannot tell you how many trans people I know that have crowd funded for surgeries, and that money has not been able to go to the surgery. It’s had to go to car

payments. It's had to go to some major life expense because rent is due, or because now someone is sick and dying. There's so many things that come up and because so many trans people have to ultimately crowd source to get the thing that is not elective, that it's medically necessary. Especially right now, right? Because a lot of folks' surgeries have been canceled who are now tasked with taking the money that we were gonna use for their surgery, to now pay their rent so that they don't end up on the street again."

38 Housing and LGBTQ+ Homelessness (HS001SS-038)

Focus Group: 8 New York City

Themes: Individuals Experiencing Homelessness, Availability of Services, Housing, Shelters for Homeless LGBTQ+ Persons, TGNB Needs, SOGI Needs, Cultural Competence, Racial and Ethnic Inclusion, Intersectionality

"I don't think we talked about this a lot, but it's the urgent need for housing for queer folks, transgender, non-conforming folks. Especially adults, and also for youths because [there] is just one center. Right? And within all the shelter system, also [there's] the incompetency regarding languages and culturally different contexts ... housing is one of the huge problems in New York City for queer and trans folks."

39 Housing and LGBTQ+ Homelessness (HS002SS-039)

Focus Group: 8 New York City

Themes: Individuals Experiencing Homelessness, Availability of Services, Housing, Shelters for Homeless LGBTQ+ Persons, TGNB Needs, SOGI Needs, Youth Needs

"I do think that housing is the thing that feels, for me, the most daunting to try to tackle. There aren't enough youth shelters. New York is an empty city, and there doesn't seem to be a way for us to utilize all of the empty apartments and buildings. You know, we could sit here and talk about eminent domain. We could talk about forfeiture. We could talk about all the different ways that the city could do something, that the state could do something, and that they're not."

40 Food Insecurity in Trans Communities (FI001TG-040)

Focus Group: 8 New York City

Themes: Availability of Services, Food Insecurity, Accessibility of Services

"We talked a little bit about food resources and the ability [to] access those because of whether or not you have a smart phone and stuff. But we didn't talk about food insecurity a whole lot. So, I just wanted to throw that on the table to as an issue. I don't know a single trans person who hasn't had food insecurity in the last year. It's just a constant – if you're not experiencing it, it's like, how soon will you again?"

41 Homeless Youth in Finger Lakes/Upstate Areas (YT004HS-041)

Focus Group: 16 Youth, 13–20

Themes: SOGI Needs, Youth Needs, Availability of Services, Shelters for Homeless LGBTQ+ Persons, Cultural Competence, Housing

"I can speak to the homeless youth piece. We do a lot of work with the Center for Youth, who is Rochester's go-to homeless place for any homeless youth issues. The problem is it's hard to guarantee affirming care for LGBTQ youth. They've done a decent job of training staff, but what we're seeing is that you can't always control other youth and their staff who may not be as affirming as they seem. Especially our trans youth struggle. They actually are building an LGBT-specific home for folks as an independent living facility for older youth who are on their way to adulthood. The problem is I think it only has four to six slots. We know that LGT youth are over-represented in the homeless youth population, so what about the folks who are falling through the cracks?"

42 TGNB Youth and Gender Affirming Care (TG009YT-042)

Focus Group: 16 Youth, 13–20

Themes: Youth Needs, Structural and Systemic Barriers, Financial Stress, SOGI Needs, TGNB Needs, Access to HRT, Surgery and Puberty Suppressing Treatment, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“I’ve got youth who, they want to go on hormone blockers or they want to start testosterone or something, but their insurance makes it very complicated. I’ve gone through insurance policies with clients and tried to figure out, okay this is what you need to get and then trying to find people with those credentials to be able to sign off on insurance requirements, especially in rural areas, is really hard. Like you said, I’m often sending folks to Syracuse not even just because we may have folks locally who are affirming, but they don’t have the right special credential for the insurance company. They get into therapy, but then it’s like, oh it’s the wrong credentials and I’ve got to start all over with somebody else. That’s definitely a struggle, especially since the Planned Parenthood access to hormones is 18 plus. A lot of my youth are 15 and 16.”

43 Gender-affirming Care and Suicidality (TG010HR-043)

Focus Group: 16 Youth, 13–20

Themes: Availability of Services, Behavioral Health, Suicide, TGNB Needs, Youth Needs, Access to HRT, Surgery and Puberty Suppressing Treatment

“Yeah, [access to hormone treatment] really is a huge difference. I work with a youth who, in the year that I’ve known him has just chronically struggled with thoughts of suicide. He’s been on testosterone for four or six months now and it’s like night and day. I have never seen him in better mental health, and it was just that fast. I’m sure it’s not every single person, but in that particular case it made just a world of difference.”

44 Representation, Inclusion, and Leadership (RP005LD-044)

Focus Group: 1 Mid-Hudson

Themes: Structural and Systemic Barriers, Racism/Ethnic Discrimination, Lack of Representation, Leadership, Mid-Hudson, Non-white Communities, SOGI Needs, TGNB Needs, Legal Services, Availability of Services, Housing

“I just thought that it was important to ... talk about what it means to have leadership that is of color, that is folded into organization or is representing at the table, which is not necessarily the case [in this field], especially in the Mid-Hudson Valley. There aren’t a lot of leaders that look like me or look like [my colleague here] that are leading work and getting paid for it. And so, really thinking about that because queer people or color really feel the impacts, the negative impacts in society, in really hard ways. Just this week, I have had to, besides mitigating automatic needs about food and making sure people feel okay as we’re going through this health crisis, I’ve also had an increase of policing that has been impacting people in my community. And so, I think I wrote on there something about legal services with lawyers and, no offense to anybody who might be working with legal services, but we need actual attorneys who will show up and do work for us, especially around things like criminal cases, which is a really huge thing.”

45 Treatment of LGBTQ+ in Prisons (ST001LS-045)

Focus Group: 1 Mid-Hudson

Themes: Structural and Systemic Barriers, Racism/Ethnic Discrimination, Lack of Representation, Leadership, Mid-Hudson, Non-white Communities, SOGI Needs, TGNB Needs, Legal Services, Availability of Services, Housing

“A lot of the work that we’ve been doing just in the past couple of months has been about LGBTQ identified people being mistreated within prisons. And I have a person who is working on that right now. And it’s become a really serious thing in the Orange County criminal justice system. And we’re working with the ACLU right now to potentially leverage a lawsuit. But it’s really hard to find criminal justice attorneys or even folks who do work on workplace discrimination. I fielded a couple of those kinds of inquiries last year and did not have adequate resources to get people connected. So, that’s been a really huge pull coming from the community, specifically, people of color who are experiencing these things.”

46 Transportation and Access to Services in Mid-Hudson (TR002UP-046)

Focus Group: 1 Mid-Hudson

Themes: Transportation, Availability of Services, Housing, Shelters for Homeless LGBTQ+

“Housing and transportation are huge [challenges] in Rockland. We are the smallest county in New York State but getting around is – if you don’t drive, excuse my language, but you’re shit out of luck. And then, housing. We are in a housing crisis. We have no shelter in Rockland County, which means what are we going to do, send people over to Westchester? No way. Taking people out of their home communities, specifically, trans women of color. Our warming centers are not safe. There is no accessible housing right now in Rockland. So, those are two things that are going to be repetitive as far as needs assessment as well as far as a huge challenge. And then, doing radical acts of kindness like opening your home to somebody in the community. These are things that we’re talking about internally about how do we do this like radical hospitality, radical transportation. We don’t get any funding. But we’re not going to let somebody not be able to come to an event or program or not have access to a service. So, we’re kind of triaging every step of the way.”

47 Access to TGNB Care in Rural and Suburban Communities (TG011RU-047)

Focus Group: 18 Rural and Suburban Communities

Themes: Rural and Suburban Communities, TGNB Needs, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Access to HRT, Surgery and Puberty Suppressing Treatment, Availability of Services, Continuity of Care, Medical Services, Dispersed/Fragmented Services, Lack of Services, Accessibility of Services, Insurance Barriers or Discrimination, Availability in Rural Areas, Transportation, Structural and Systemic Barriers

“Ithaca has Planned Parenthood, which does do some trans and LGBT health services there. And then the other one is Oneonta. So, from Binghamton, each of them are at least an hour away. We don’t have anything in the Binghamton area or in Broome County that specializes in trans care or LGBT, like healthcare. So, the issue that we have or that I have when people call asking for referrals and where do I go for this is that, if they don’t have access to a car and the time where they can actually drive an hour to and from for an appointment, they can’t go some place that actually specializes in comprehensive care for trans or gender nonconforming folks. And then the other issue is, if they’re on Medicaid, the Medicare or the Medicaid cab won’t take them out of the county because they don’t wanna pay for it, right. So, what ends up happening is, there are some providers here who will do it, but it’s not like going to the gender wellness center where that is there

focus. They're gonna take, not only your medical health needs, but your psychological health needs and all those things into consideration. Where in Binghamton, you might be able to go and get somebody to give you your hormone treatment. But if you still have to go to a gynecologist, is that person gonna be affirming for a transgender [or] gender-nonconforming body? Are you gonna go and get a mammogram where everything is about pink, and it talks about being a woman, and you're there as a transmasculine person? Right. Like, all of that. So, while that one provider that provides you your treatment, your hormone therapy, might be really affirming, all those other people that you have to interact with, and doctors, and specialists might not necessarily be that way than if you go to a health center that's really devoted to creating affirming care. So, that's one of the issues. And like I said, again, the transportation – if you have Medicaid, you have to jump through a lot of hoops to get the county to pay for you transportation to one of those providers.”

48 Access to Services in Rural and Suburban Communities (AS006SG0-048)

Focus Group: 18 Rural and Suburban Communities

Themes: Rural and Suburban Communities, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, TGNB Needs, Availability of Services, Lack of Services, Stigma and Discrimination

“I can simply imagine that you're a kid who grew up on a farm, and you're looking for something. You're looking for some help. And you're not gonna be able to get that in – you might have a health center in your community, but they're not gonna be [culturally competent with this community]. I think that they're gonna try to help, but that could do more damage because they're not specifically trained to kind of handle this type of population. So, they're used to coming in to someone have a broken leg. They're not used to someone needing hormone shots or needing to have the mammogram. They're gonna do more harm by perhaps using the wrong pronouns, perhaps upsetting someone and doing more mental health damage sometimes, I think. They could probably handle the actual administering of hormones or doing that tests. But all of the other things that go into care for the LGB community, tends to get lost as you get out of those population centers. So, I think that that's what I'm talking about, stigma-free.”

49 Youth Homelessness, Exploitation, and Housing (HS003YT-049)

Focus Group: 18 Rural and Suburban Communities

Themes: Individuals Experiencing Homelessness, SOGI Needs, Youth Needs, Availability of Services, Housing, Shelters for Homeless LGBTQ+ Persons, Sex Workers, Adolescents, Lack of Services

“In Broome County, there is no emergency housing for basically that population between 16- and 18-years-old. So, we actually have kids who are homeless and living on the streets and exchanging sex for money, for food, for housing, all of those types of things because we don't have any sort of emergency-type housing, so they are being exploited by people to fill that need. So, the other program that we have in the area that serves that age is a transitional housing program, but it's run by Catholic Charities. And while they do try to be inclusive, they have work to do in some of the – they can't even talk to the kids about condoms, or getting an STI test, or anything like that as part of their agency sort of thing, which I just think is ridiculous. So, yeah. And they have so many rules that sometimes kids who are homeless, who've been abandoned by everybody in their life, who now have a boyfriend or girlfriend, and they're trying to tell them that they can't stay over. They can't visit you in your apartment. If that's the only person that's providing that person any sort of connection, and then you're gonna be like, 'You can't have that,' they're not gonna choose to do it. They not gonna be successful, right. So, that's one of the issues.”

50 Ageing and Social Support for Older LGBTQ+ (AG001SP-050)

Focus Group: 18 Rural and Suburban Communities

Themes: Older Adults, Rural and Suburban Communities, Availability of Services, Housing, Non-discriminatory Housing, Social Support and Community Resources, Personal Friendship Groups, Structural and Systemic Barriers, Financial Stress, Family Supports, SOGI Needs, Stigma and Discrimination, Faith-based Supports

“Now what happens is a lot of older or elder queer people don’t necessarily have the same family structure as heterosexual sorts of couples, right. They [heterosexual couples] have kids. And then your kids take care of you when you’re old and all of that sort of thing. So, we see a lot of social isolation in older [queer] populations who then are going back to this communal living situation, right, in either retirement communities, or nursing homes, or assisted living facilities where some folks have to go back into the closet because Binghamton, our area, is a bit more conservative than I would prefer. But there’s that as well.”

51 Telehealth and Privacy in Rural and Suburban Communities (TH001RU-051)

Focus Group: 18 Rural and Suburban Communities

Themes: Rural and Suburban Communities, COVID-19, Telehealth, Efficacy of Responses to Pandemic, Social Support and Community Resources, Personal Friendship Groups, Community Supports, Availability of Services, Outreach, SOGI Needs, Stigma and Discrimination

“I was just gonna say that I think that telehealth or telemedicine ... certainly does have its place ... I would think that this would be a way for someone who lives far away from services to be able to connect with people and give them that sense of community, that sense of belonging without actually putting themselves out in a small town. They may not be able to connect with people in their town because of the wildfire rumor mill the goes around. But ... away in a corner somewhere of their house, they could get together with people, and share experiences, and build from that. I think that it’s a good tool. It shouldn’t necessarily be the only tool. But I think that in a pinch it’s a decent tool, especially if you’re trying to reach people who you can’t necessarily reach because of where they live. So, it would allow them to connect to people that they normally wouldn’t be able to connect with and not have to risk putting themselves out there in a small town.”

52 Stigma and Privacy in Rural Services (ST002RU-052)

Focus Group: 18 Rural and Suburban Communities

Themes: Rural and Suburban Communities, Structural and Systemic Barriers, Financial Stress, Lack of Funding for Programs and Services, SOGI Needs, Stigma and Discrimination, Availability of Services, Dispersed/Fragmented Services, Availability in Rural Areas

“If you’re not going to invest in a small medical center in a small town, then you’ve gotta bring the stuff from the center [i.e., the state] that has the funding out to that place. And I think the struggle is that, if you do that, then you’re also opening those people up for the stigma that goes along with ... ‘I saw the mental health van in town, and I saw you getting out of it.’ So, there has to be a way to avoid that if we’re gonna do that ... It wouldn’t be a big deal to drive from Syracuse to—or Binghamton to some place—or Ithaca to some place. The problem is that eventually, somebody’s gonna put two and two together and go, ‘Oh, you’re getting services for this.’ And I think that becomes the struggle with that one. How do you maintain the privacy of people? Because, again, that small town, rumors go. That’s the problem.”

53 Funding, Stigma, and Lack of Affirming Rural Services (ST003RU-053)

Focus Group: 18 Rural and Suburban Communities

Themes: Rural and Suburban Communities, Structural and Systemic Barriers, Financial Stress, Lack of Funding for Programs and Services, SOGI Needs, Stigma and Discrimination, Availability of Services, Dispersed/Fragmented Services, Availability in Rural Areas

“I would love to be able to take what we do and staff out to some of these places. But the moment that you see Southern Tier AIDS Program blasted across the masthead, or the van, or something like that, then you’re automatically – it’s kind of like, ‘ugh,’ especially in – some of the smaller towns are like that still. Maybe we need to kinda figure out how to get the funds from the big town to the small town, or from the big city to the small areas, or vice – somehow, we have to figure that out. But I think that a lot of the funding generally tends to come into Ithaca or Binghamton instead of making its way – say for Binghamton instead of making its way to Windsor, or in Ithaca out to Candor. It makes it to this place, but never makes it outside of those. So, I think we need to explore how to make that happen. That would be a big key, is to get it out there and get it out there in a way that it doesn’t put people in a stigmatizing position, or labeling position, or things like that.”

54 Challenges and Safety for Immigrants in New York (IM004SF-054)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, Structural and Systemic Barriers, Immigrant Services, SOGI Needs, Stigma and Discrimination, Availability of Services, Legal Services, LGBTQ+ Affirming Legal Resources, Behavioral Health, Mental Health

“I have several clients either working on applying for asylum or they’re currently in that process, working with lawyers and things. And a lot of them talk about the anxiety and the relief they have. Being in New York, they feel very relieved, like ‘I can be myself, I can be queer, I can build community around my queer identity,’ and then, the anxiety of ‘I’m very afraid that if this process doesn’t go well or in my favor, I’ll have to go back to my home country and go back to the closet or be at risk of violence.’ And some of them have fled family after their coming out, so [they’re] wondering, ‘Am I going to be in danger going back? Is my father going to have access to me again?’ that kind of thing. I’ve heard the sentiment that they feel hesitant expressing this to their lawyers or disclosing experiences of trauma and abuse to lawyers because sometimes, lawyers victim-blame—have heard that complaint from a client—or sometimes, their [lawyer’s] reaction isn’t supportive, so clients are hesitant to talk to them more about certain experiences.”

55 Immigrants, Sex Work, and Survival (IM005SW-055)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, Sex Workers, Availability of Services, Housing, Transitional Housing for New Immigrants, Employment, Sex Work, Food Insecurity, Legal Services

“I think the decriminalization movement, obviously, around sex work is a really super important thing. So many undocumented immigrants have no access to food, money, housing, anything, and engage in survival sex. People get arrested; that has an impact on their immigration options going forward. So, those laws that serve no purpose but to create barriers for our clients need to go away, to start with.”

56 Immigrants and Benefits Access (IM006AS-056)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, Structural and Systemic Barriers, Immigrant Services, Eligibility for Government Benefits, Availability of Services, Food Insecurity, Housing, COVID-19, Safety, DV/IPV Services, New York City

“Not being eligible for healthcare, like Medicaid, [or] being able to access the same services that U.S. citizens can get, is very, very significant. I think all of these things have been highlighted by COVID. As we’ve seen, people who are undocumented can’t get unemployment benefits. People who are undocumented couldn’t necessarily get the tax money that a lot of Americans have access to [and] that made a big difference in their lives at this difficult time ... We don’t have a very good safety net system in this country, and for people who are undocumented, it’s much worse. Access to homeless shelters, access to support for survivors of intimate partner violence—something that we see frequently—is also very difficult when you’re undocumented ... the lack of assistance.”

57 Linguistic Responsiveness, African Immigrants (IM007CC-057)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, SOGI Needs, Cultural Competence, Racial and Ethnic Inclusion, Availability of Services, Behavioral Health, Mental Health

“We manage African services ... but there’s a dire lack of qualified mental health counselors who speak any African languages, French, or Portuguese. So the burden really lays on ... our internal capacity, which is overwhelmed. And then we get referrals from other organizations asking for the same ... I’m not sure what the answer is, whether it’s more funding for organizations to be able to hire multilingual mental health ... Because mental health is just one of those services that to do over the phone is not optimum. Using a Language Line interpreter for a number of reasons – a lot less comfort and confidentiality.”

58 HIV and Benefits in New York for Immigrants (IM008AS-058)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, New York City, Structural and Systemic Barriers, Immigrant Services, Eligibility for Government Benefits Enrollment, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“Well, they [immigrants] definitely feel at ease staying in New York and knowing that their medication and their medical services are covered, at least the HIV. And most of them have access to mental health services as well, so to know that is just very important for them because they lack that in their own countries. Sometimes they have—especially in Latin America—sometimes they do have access to doctors, but not the medication. So every month they have to deal with where to get my medication, how to pay for my medication, and it’s quite expensive.”

59 Immigrants and New York City for Legal Services (IM009LS-059)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, New York City, TGNB Needs, Structural and Systemic Barriers, Immigrant Services, Transitional Services, Availability of Services, Legal Services, LGBTQ+ Affirming Legal Resources, SOGI Needs, Cultural Competence

“We ... represent a ton of trans women who are in removal, in deportation proceedings, who were detained at the border ... If they’re able to get out of immigration detention, they tend to come to New York because they know it’s more friendly, it’s more queer-friendly or trans-friendly, there’s more services here ... The court system ... it’s a more welcoming court system than you’re gonna find in Texas and other places in the South. So I think

that while we are altogether here talking about what more services we need, I think it is important to take a minute ... and talk about that we are all here and doing all this work in the community ... that is making New York City/New York State more welcoming, a special place that is providing better supports for LGBTQ immigrants and recent arrivals. I do think that that is a plus, that we do have programming, that people are coming here for that purpose, even people coming from the West Coast. Every week, I have a new client who has not only traveled from many countries to get to the U.S. to safety, but then traveled all the way to New York specifically because maybe a peer had reached out and said, 'Come, we have these groups here, we have these organizations, and we can try to help.' And, it's hard going. It's not easy, and there's certainly much more that's needed, but we do have that here. We do have a culture of really wanting to welcome newcomers and be supportive of everyone."

60 Immigrants and Trauma (IM010TM-060)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, New York City, Availability of Services, Behavioral Health, Mental Health, Trauma

"I have a client, a gay man from Nigeria over here, a pending asylum case. And he met this guy, spent the night with this guy in Queens. The next morning, the guy takes him to the subway—very gentlemanly like—walks into the subway, and at the platform, he kissed him goodbye. The client froze—all kinds of persecutorial trauma—because ... not just that it was in public, but also that there was a cop on the platform ... He had to remind himself that they were not gonna be arrested and beaten up. But just something as innocuous as that led the client into a 48-hour traumatic experience."

61 Immigrants and Trauma (IM011TM-061)

Focus Group: 23 Immigrants, Migrants and Refugees

Themes: Immigrants, Availability of Services, Behavioral Health, Mental Health, SOGI Needs, Cultural Competence, Training, Intersectionality, Trauma

"I was not only working with people from Latin America, but also the Caribbean and Africa. I found them, that some of them, were hesitant to receive help. I don't know if because they—I think some of them or most of them—suffer from PTSD, and that is something that I personally don't have training [for] ... I've found myself in weird situations where I don't understand the way they [immigrant clients] acted, or they talk, or they respond to certain situations. And I think now that I can see in the distance because I've been doing this for more than a year [that] it has to do with PTSD, because those are the clients who have suffered the most violence, the ones who come especially from the Caribbean and Africa. And I think it's something that we need to understand more how the brain works having – experiencing PTSD."

62 Rural Areas and Transportation (TR004RU-062)

Focus Group: 13 Capital District, Mohawk Valley and North Country

Themes: Transportation, Availability of Services, Dispersed/Fragmented Services, Upstate, Availability in Rural Areas

"There are a lot of people who cannot afford to have their own vehicle and do rely on either the cab services in our area or on the bus routes wherever they do go. [But] there are a lot of gaps that are not covered by those routes. And so, one of the questions that we've been exploring for ourselves has been, 'Are there locations that we can provide services for children that are on those routes in an attempt to be more inclusive to the overall community?' So that more families can access what we are providing. But I feel like that just speaks to the general need of Greene County. [There are people who] get

vehicles but they're not really reliable. They can't necessarily drive long distances in them. They don't know that they're going to be able to make it all the way. They can do it for like short term driving. Or that if they want to go somewhere, they need to ask others whether it be personal connections or trying to get taxi cabs to be able to go."

63 Older Adults and Lack of Social Support (OA001SP-063)

Focus Group: 13 Capital District, Mohawk Valley and North Country
Themes: SOGI Needs, Rural Areas, Older Adults, Social Support and Community Resources, Community Supports, Availability of Services, Outreach, Housing, Lack of Services

"In terms of services for men [who are] seniors—or LGBTQ people—I usually host [an event] twice a year in my home. It's mostly men, gay men, it's called Gay Men's Rejuvenation Day. And we'll have about 40 guys here for the day, and I invite usually past colleagues or social workers or therapists to address things like body image and body shaming. Growing old and being gay. Those types of things. But I'm not funded. That's just my commitment to the community. And being 60, looking at the things that people my age are talking about. But trying to develop and build that community. But [I have] no support. And I'm not talking about a support group or just coming together again and eating food. But really bringing folks in to address some issues where they could leave my house and be connected to a therapist and other people who can provide services. So, the creative resource within that ... I mean in the capital region, we've had to create a lot of stuff ourselves if we want it to happen, and a lot of times ... some of this expense comes out of pocket. We do what we can do to make it happen. And that's what works. But that's not getting the funding. It's not getting the attention of the AIDS Institute."

64 Older Adults and Housing in Upstate Areas (OA002HS-064)

Focus Group: 13 Capital District, Mohawk Valley and North Country
Themes: Older Adults, Disabilities, Upstate, Availability of Services, Behavioral Health, Mental Health, Housing

"I had someone come to me looking for a senior living center for someone who was older. Gay male. And they only could come up with places or like nursing homes that were really Christian-based and wasn't really LGBTQ. And so, and that is an issue. Like there need to be some nursing homes or some of – for our aging LGBTQ members where it does not go against who they are."

65 Sex Work and Stigma (SW004ST-065)

Focus Group: 26 Sex Workers
Themes: Sex Workers, Availability of Services, Employment, Outreach, Accessibility of Services, SOGI Needs, Stigma and Discrimination, Cultural Competence, Structural and Systemic Barriers, Financial Stress, Lack of Funding for Programs and Services

"I think, especially within the LGBTQ+ community, I think that sex work is, frequently, not necessarily sex in exchange for money. It is, also, very often sex in exchange for housing or food or drugs. I think that we see that often as well. I also think that sometimes people, who are engaging in what we as providers might consider sex work, don't always, necessarily, use that terminology themselves, especially some of the younger folks. I had someone, not too long ago, tell me that he's got some friends who give him money sometimes and definitely didn't identify it as sex work. But from a provider perspective, I do think that is what I would call it. And it took some, sort of, open question asking to kind of get to the bottom of that. And I think that it's tough for folks to disclose that."

66 Sex Workers, Outreach, and Engagement (SW005AS-066)

Focus Group: 26 Sex Workers

Themes: Sex Workers, Long Island, Availability of Services, Outreach, Accessibility of Services, Public Information About Services, Lack of Services, Dispersed/Fragmented Services, Urban/Suburban Distinction

“So, as far as outreaching, specifically, to sex workers, that’s been a real challenge for us for a few different reasons. We do, sort of, some social media-based outreach, and we get some results that way through dating or hook-up apps, and that kind of thing. Generally, things that are used by things like Grindr apps in that realm, generally speaking. And as far as it’s - that’s really the best we’ve got right now. Even pre-COVID out here on Long Island, there aren’t a ton of physical locations where folks gather. And then, there’s trying to respect people’s space. So, there’s always a balance. For a while, there [was] a spot off of the Long Island Expressway, like off of a park-and-ride that’s like sort of a notorious hook-up spot. And for a little while, we were actually attaching program information to some [trees]—it’s like a wooded area. So, we were actually attaching it to the trees until one of my staff members was approached by a cop telling [my staffer] that it didn’t matter why he was there. If [the cop] found [my staffer] there again, he was going to get arrested. So, it’s nice to have the support of local law enforcement! ... We do Fire Island, [which] is part of Long Island. And so, we’d done some outreach there, and naturally [it’s] been challenging. The most I really feel comfortable to do there is a lot of sort of hanging up fliers and just leaving. Some of the establishments will let us ... put some little goody bags into a bowl and make them available. In that sort of sense, I’ve been much more comfortable to do passive outreach there to try not to intrude on people’s space. So, it’s a tricky balance.”

67 Sex Workers, Outreach, and Engagement (SW006AS-067)

Focus Group: 26 Sex Workers

Themes: Sex Workers, Availability of Services, Accessibility of Services, Outreach, Employment, Support for Specific Populations

“I think, first and foremost, if we’re gonna do outreach, or if we’re going to expect to hear more from people in the sex trade, we need to make it as accessible for them as possible. So, like, metro cards, covering transportation, food, right. The reality is, I have been told many a times, ‘I’m glad I came to this protest, or I’m glad I came to this valley, or I’m glad I came to this meeting, but frankly, I could have been working and making way more than I would have been paid for this focus group, or this meeting, or whatever this is,’ which is real, right? Because if they’re charging \$175, \$100, whatever, \$300—it sort of ranges—we need to make it as accessible and incentivize it as much as possible, because time is money. Hello! So, I think addressing the barriers for them to participate is something incredibly important in the beginning. Again, making it so that it’s by identity groups recognizing the sort of diversities of that ... The work with them and the outreach with them needs to be done very intentionally, so that when they’re in spaces, they feel like they’re really being heard, and that they were supported in getting to where they need to get to.”

68 Sex Work, Criminalization, and Access to Services (SW007AS-068)

Focus Group: 26 Sex Workers

Themes: Sex Workers, Structural and Systemic Barriers, Financial Stress, Availability of Services, Housing, Employment, Support for Specific Populations, SOGI Needs, Stigma and Discrimination

“A lot of this stuff is systemic, right? People in the sex trade need to not be criminalized as much as they are. They need housing, they need employment, they need services that are not stigmatized or sort of in any way connected to consequences. Or if they don’t comply, right, we think about human trafficking intervention courts, and the ways in which those services are mandated. Some of us who are service providers want to think that that’s helpful, but in fact, that’s really hindering. And it’s really problematic. And it goes into this sort of identity, this idea that health and human service providers are like saviors and rescuers when people don’t need to be rescued. They need systemic issues to change so that they can be in the economy that they choose to be in however they choose to be it.”

69 Sex Work, Trauma, and Criminalization (SW008TM-069)

Focus Group: 26 Sex Workers

Themes: Sex Workers, New York City, Structural and Systemic Barriers, SOGI Needs, Stigma and Discrimination, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination, TGNB Needs, Non-White Communities, Medical Services, Behavioral Health, Mental Health, Legal Services, Financial Stress, Housing, Employment, Support for Specific Populations, Safety

“And then, as a result of it being criminalized as well, it makes it really difficult for people in a sex trade to approach police when things happen like crimes against sex workers, right. So, if someone robs a sex worker or sexually assaults them, right, they feel like they can’t go to the police then, because then they can get arrested on all these charges ... Again, from a mental health perspective, how do you address your trauma about sexual assault if you can’t even go to a system that’s supposed to protect you, because it constantly targets you and criminalizes you for simply being and trying to survive in a world that is inherently violent to people of color, [sex workers], trans folks, LGBTQ folks, non-binary folks. So, yeah, I could go on and on.”

70 Youth and Coming Out Upstate (YT003AS-070)

Focus Group: 26 Sex Workers

Themes: Upstate, Adolescents, COVID-19, SOGI Needs, Youth Needs, Coming Out, Availability of Services, Accessibility of Services, Public Information about Services, Outreach, Urban/Suburban Distinction, Duplication of Services, Services that do not require Internet/Tech Access, Education, School Standards for LGBTQ+ Affirmation

“I have a teen right now, and a lot of her high school friends are identifying in different ways, and they’re finding their own sexuality and genders. So, really working more with the kids—I think that was our biggest challenge during this whole pandemic—is that my daughter has been stuck at home, and we’ve had a lot of really great conversations about her reaching out online to find people like-minded and kids that are in the same situations of learning about themselves. [But] that was a danger component that we were just working on. So, finding more resources for teens, especially, in the high schools [and] the middle schools, to learn more about things without having to go online would be, from a Monroe County perspective, would be something great. We do have organizations within Rochester, but I don’t think enough kids know about them. So, more of that work on the teen level would be fantastic from our perspective over here.”

71 Shortage of LGBTQ-Affirming Behavioral Health Care, Upstate (AS007LK-071)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: Upstate, Availability of Services, Behavioral Health, Mental Health, Lack of Services, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care

“We have a couple fantastic places for people to go here. The problem is there aren’t enough of them, and they are a lot of providers who claim to be supportive and affirming of the community [but] who aren’t actually trained in [our community], and they give out terrible advice and often leave people, frankly, more screwed up than before they went in there. And it’s a real problem that I see, and it has a cascading effect that affects everybody in the community from there on out.”

72 LGBTQ Women and Trauma (CW001TM-072)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: Trauma, Availability of Services, Behavioral Health, Mental Health

“I don’t think we’re recognizing also the impacts of trauma on this population and that the mental health services are definitely needed maybe not even to work on the trauma but just to help people as they’re retraumatized every day to be able to get through their day-to-day activities.”

73 Black Women, Representation, and Safety (CW002RP-073)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: New York City, Non-White Populations, LGBTQ Women’s Needs, TGNB Needs, Availability of Services, Medical Services, Structural and Systemic Barriers, Racism/Ethnic Discrimination, Safety

“I work mainly with the black-women population. We have a group called ‘Lez Keep it Real’ with GMHC that meets twice a month to give black women a safe place. Callen-Lorde supports that by providing us a doctor to talk to black women specifically. Because as you know, we don’t go to the doctor like we should, or when we do go, we’re hemorrhaging, we’re at Stage Four cancer, or our teeth are rotten, about to poison our bodies. We’re so broken from mental health abuse, etc., etc. So, those [are] really the things that Circle of Voices fight for. And thank God we have Callen-Lorde because we had no place for LGBT to think about gynecological care, and Callen-Lorde helped us to find GYN support. And it was difficult for them to find GYN doctors that would stay for over a year so we could try to build up data so we can understand GYN between trans community when people are going through the transformation, that was another problem. We had no data. And also, I used to work with the Lesbian Cancer Initiative, and I, too, am a 10-year cancer survivor. So, we couldn’t find data on lesbians with any kind of cancer, breast cancer, or below cancer. So, that was another problem. And now, the Lesbian Cancer Initiative has been gone for several years. It’s so hard to get the data, but I was able to testify at City Council. And right now, Beth Israel/Mount Sinai is doing a form which allows you to say who you are if you want to and also include your GPP. So, I’m letting you know some change is coming, but it’s just too, too slowly. So ... hear my voice. I’m not a angry black woman. I’m a real black woman. Black people and people of color have been affected in every way, health, education, economics, employment, so we’re just hemorrhaging. And it’s coming out through all these riots and things, so, thank you.”

74 Lack of LGBTQ-specific Services (WM001UP-074)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: Upstate Regions, Availability of Services, Medical Services, Lack of Services, Structural and Systemic Barriers, Financial Stress, Lack of Funding for Programs and Services

"I'm glad you brought up the rural areas because that's one thing in the Capital Region we're definitely lacking are is any type of clinic or service that is LGBT-specific because we don't have the volume. At the Damien Center, we had looked into potentially opening up a clinic, and what we are told by in doing our research [was that] we wouldn't have the volume to make it sustainable. Well, that just doesn't seem right. There seems to be that there's gotta be another way to make something sustainable even if ... we're not seeing a ton of people to be able to financially run a clinic."

75 Need for Services Outside of Business Hours, Women (AS008WM-075)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: Availability of Services, Behavioral Health, Mental Health, Accessibility of Services, Cost, Transportation

"When we think about accessible mental health services, what is the time of day, right? So, everything is 9:00 to 5:00, and if you can't get time off, or you're not getting paid for your time off, it's not accessible. So, accessibility means outside of 9:00 to 5:00. Accessibility is cost. Accessibility is location. It's really all-encompassing, but time especially is important."

76 Threat of Violence to Transwomen (TG012SA-076)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: TGNB Needs, Safety, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination, Medical Services, PEP and PrEP

"I think another huge barrier is the violence that we see and the fear of violence. And that stops a lot of women from getting the services that they deserve. Especially I see this within the Capital Region with our trans community. The fear of violence, the fear of being attacked is so prevalent that it stops them from getting HIV care. It stops them from getting PrEP because they really fear that if it is known that they are positive, that they are going to be the victim of something physical which just continues to astound me that that is out there and that we have not done more to be able to address that."

77 Transwomen, Substance Use, Housing and Safety (TG013SA-077)

Focus Group: 24 Lesbian, Bisexual, Queer Women

Themes: TGNB Needs, Safety, SOGI Needs, Stigma and Discrimination, Availability of Services, Behavioral Health, Substance Use

"... within the trans community, there's a huge problem with addiction. And I've had clients who've gone and gotten primary care for the addiction and in-patient therapy. But when they make the transition to a halfway house afterwards, they're told that they can't stay with the men, talking trans women specifically, because the violence is gonna be perpetrated against them, and they can't stay with the women because of the fear that the transwoman's gonna perpetrate violence against them. And so, they're basically told, 'You're out on your own, and good luck to you.' And it's hard to maintain sobriety when you can't get that support afterwards."

78 Food Insecurity in Vulnerable LGBTQ+ Groups (FI002TG-078)

Focus Group: 24 Lesbian, Bisexual, Queer Women
Themes: New York City, TGNB Needs, Availability of Services, Food Insecurity

"I wanted to add one of the biggest problems that we faced is feeding. A lot of these people are on all kinds of meds from trans care to just psychological stuff and just medicine. And you have to eat good food when you have this stuff. Otherwise, your liver and your stomach is torn up on top of your problems. GMHC made a great model because they have a big cafeteria so their patients and clients could at least have one or two meals a day. We have to start feeding our people when they come to facilities. They have to have a kitchen or something nearby. SAGE feeds their seniors a free meal, a guest \$3.00 or \$4.00 because people need to eat in this community especially in New York City with \$3,000.00, \$4,000.00 a month rent, people don't know have no place to cook or heat up no food. One of the things that we worked on are the Advisory Board was to have a pantry that also have food stamps access."

79 Housing, Food, and Social Drivers of Health for Women (SD001WM-079)

Focus Group: 24 Lesbian, Bisexual, Queer Women
Themes: Capital/Northern/Central New York State, Lesbian, Bisexual and Queer Women, Availability of Services, Lack of Services, Food Insecurity, Housing

"When we're talking about just the basic social determinates of health, we are not in 2020. We're not doing a good job with this. We're not doing a great job with housing for women. We're not doing a great job with food. And how can anybody expect somebody to have success if they're hungry if they're homeless? Let's even call 'homelessness' what it is. When we talk about the HUD definition of 'homeless,' you have to be on the street or in a shelter. Homeless could be living in someplace that somebody gave you their couch. That's not having a home. That's not a healthy situation. We have way too many people that are doing that."

80 Women Caretakers and Social Drivers of Health (SD002WM-080)

Focus Group: 24 Lesbian, Bisexual, Queer Women
Themes: Capital/Northern/Central New York State, Black Women, Availability of Services, Lack of Services, Food Insecurity, Housing

"The other thing to recognize is how many women are in the role of taking care of others and have always done that. So, not only are they trying to take care of themselves, they are trying to take care of others whether it be children, grandparents, their partner. They [put] their needs aside so the other person can have things. And so, a lot of times when there is food insecurity, they're the ones that are starving the most, and so, why aren't they having the top access to some of these services. Seeing that, again, in the Capital Region quite a bit, to watch women who are struggling with some of the basic things that we all take for granted just should not be happening. We need to have more services available not less."

81 Women Caretakers and Social Drivers of Health (SD003WM-081)

Focus Group: 24 Lesbian, Bisexual, Queer Women
Themes: Lesbian, Bisexual and Queer Women, Sex Workers, Safety, Availability of Services, Employment, Structural and Systemic Barriers, Food Insecurity, Transportation, Financial Stress

"I think a lot of times we talk about ... a livable wage that we have to be able to pay people enough to survive on. Otherwise, what other choice do you have then to go out and do something that you know you're good at, that you're gonna get paid dollar for, and, I mean? At the end of the day, [regarding] sex work I always say, 'It's work.' It's

work. It's dangerous. It's not for the faint of heart to be able to do that. If someone had a preference, would they not be working a job that had much more safety involved? And so, that's where, I think, [we] also [need to be] having those real opportunities to get trained, to be able to get to work. And what does that involve? That involves making sure that the person can eat, that they have childcare, that they have transportation, that they have support but be able to get into a job that they—[as] I always say, 'A job that feeds your soul, a job that you love.' Let's stop saying that everybody [can get a job]. You can go work somewhere and clean toilets. Yeah, I get it. We can all clean toilets, and for some people, that is an awesome job, you know what I mean, that they love. But we can do more than that. We can do more than that, and I think that ... again, it's providing someone with that opportunity, yeah. The opportunities are there, but if you can't climb some of these other hills, again, more services that are helping people to be able to get to that point would be—is desperately in my opinion—needed.”

82 Affirming Care for Black Women (SD004RE-082)

Focus Group: 24 Lesbian, Bisexual, Queer Women
Themes: Black Women, Structural and Systemic Barriers, Racism/Ethnic Discrimination, Lack of Representation, LGBTQ+ Needs, Availability of Services, Behavioral Health, Mental Health, Suicide

“[At] Circle of Voices, ... black women is predominantly who come to the group. And they couldn't find a therapist to save their soul that was relatable. And I when I got my cancer diagnosis, they gave me somebody that was white that did not understand what it was like to be a lesbian feeling like you gonna die and nobody to support you, no family. And I had to tell them, 'This ain't working.' So, we find black, lesbian therapists. So, when I sit down, that person can understand my life as a lesbian or a queer or a bi person. B[ecause] you cannot put Brown people with European-natured people because they just don't know what it's like to just go into a Costco and feel the racism while shopping and the hairs standing on the back of your neck or being slighted because they notice that you have brown skin. So, we gotta do better in working on finding relatable people and have some kind of phone service with queer people so if you can't do nothing but call somebody and say, 'Hey, I feel like killing myself. I feel like jumping off a roof. I just drank a whole fifth of Everclear, and I feel sick,' at least [they] can track the call, get a ambulance to you.”

83 Housing, Mental Health, and Rural Communities (MH001HS-083)

Focus Group: 20 Mental Health Services Users
Themes: Availability of Services, Behavioral Health, Mental Health, Housing, Finger Lakes, Western New York

“So, regionally, we have found that we're like a college town. We have a community college, a fairly big SUNY university and then, a small, private religious college. So, a lot of our housing is student housing based, which makes it very difficult for our populations, again, in the Medicaid field who are looking for mental health services, a lot of their concerns come from a place of not having suitable housing. So, we have a lot of issues that individuals will come to us and they have maybe a \$400 budget. And that really is not going to get them anything substantial. They're going to get maybe a shared room somewhere in an area that is not really feasible for their mental health. So, housing is a huge, huge issue in our area for anybody who has any mental health issues.”

84 TGNB-affirming Services in Rural Areas (CC002RU-084)

Focus Group: 20 Mental Health Services Users

Themes: Finger Lakes, Western New York, TGNB Needs, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Training, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“I live in a very liberal area. The companies fly trans and gay pride flags in their windows like year-long. But the nearest hospital to here was woefully ill-equipped to deal with queer people. They didn’t know how to treat them like normal people, especially when it came to trans patients—not even relevant transgender affirming services. And so, they, actually, had to have I believe it was, actually, people from [another agency] who had to go and speak to them and try to give them a sensitivity training, essentially. I had a person experience going to a health provider near here where I was misgendered and dead named the entire time no matter how many times I told them very clearly that is not my name. I know it says that on the legal document. I was fortunate enough to have another provider who went and said something, but that’s just to speak to that I live in a very liberal area.”

85 Self-advocacy, Youth, and Lack Affirming Care (CC002RU-085)

Focus Group: 20 Mental Health Services Users

Themes: Finger Lakes, Western New York, SOGI Needs, Cultural Competence, Training, Accessibility of Services, Education, School Standards for LGBTQ+ Affirmation, Dispersed/ Fragmented Services

“Even services in liberal areas are not treating queer patients with the same basic respect that they would cis-het patients ... When [I] get into work with [my agency, there’s] a lot of [queer] kids—they don’t know how to advocate for themselves properly. And when you’re in an area [like this one]—if you don’t have someone who will tell you how to do that, like how to tell a care provider that this is not okay—then, you’re not going to know to do it. And, unfortunately, not everyone has a parent or a friend who will tell them how to do it. And it shouldn’t be their responsibility to begin with. The care provider should be receiving training on how to treat all queer people like humans just as much as they would cis-het people. And, unfortunately, that’s not the case.”

86 Lack of Affirming Care Upstate (CC003RE-086)

Focus Group: 20 Mental Health Services Users

Themes: SOGI Needs, LGBT+ Affirming Medical or Behavioral Care, Training,, Availability of Services, Employment, Structural and Systemic Barriers, Racism/Ethnic Discrimination, Finger Lakes, Western New York, Non-White Communities

“The other thing about training that I could say is that there are providers in my community that do not give any thought to serving the community. And they will say it to my face and they will say it to patients, including my patients that are black. So, that is the level of discrimination and harassment that I’m dealing with is the community provider where they will, literally, say I do not serve your kind. Get that crap out of my office. That is the level. And these are providers not in private practice. These are providers in big time healthcare institutions. There are two in my community ... [and they] are a monopoly of healthcare agencies ... They own a lot of the healthcare agencies.”

87 Lack of Affirming Mental Health Services (AS009MH-087)

Focus Group: 20 Mental Health Services Users

Themes: New York City, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination, Cost, Transportation, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care

“There are a lot of LGBTQ services in New York City. That being said, it took me nearly six months to find a psychiatrist and a therapist who is LGBTQ affirming. That goes to say, even in those spaces, even in those communities where there is an abundance of care, potentially, they don’t either take Medicaid or insurance or they’re overloaded and the wait list is three months to six months. And so, I think really that access to service because most folks that I interact with are either students that my counseling center providers services to or folks that I happen to be in the community with or so on.”

88 Barriers to Mental Health Services (AS010MH-088)

Focus Group: 20 Mental Health Services Users

Themes: New York City, Availability of Services, Accessibility of Services, Cost, Transportation, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care

“One of the main barriers to accessing service is the cost and transportation. Can I physically get there? This realm of telehealth services is great for some people but some people don’t have Wi-Fi. Some people don’t have a space to go. Some people don’t have a home. So, it’s just like really hard to access services across the board because it’s not there. Folks are overloaded because folks flood to New York City. Folks flood to—we have an LGBTQ center in Westchester—the only one, called The Loft—and people flood there. And they’re overloaded. So, it’s hard to get services when there are all of the LGBTQ folks centered in one area trying to all get the same thing. And so, I think, again, hitting it home again, the need for clinicians to be trained in how to communicate and support LGBTQ folks I think is so essential because there are clinicians who take Medicaid and take insurance but they do not know how to serve the LGBTQ community.”

89 Stigma and Discrimination Upstate (ST005RU-089)

Focus Group: 20 Mental Health Services Users

Themes: Upstate/Downstate, SOGI Needs, Stigma and Discrimination, TGNB Needs, Availability of Services, Lack of Services, Dispersed/Fragmented Services, Urban/Rural Distinction, Mid-Hudson

“Being upstate—and we are a very liberal state—but I feel like that generically refers to downstate because upstate is really not that liberal at all. We are two completely different states, downstate and upstate just because there really isn’t that blue. I step outside and nobody will hang their LGBTQ flags here because there are so many Trump supporters. And it’s just so red and so close minded that it’s a matter of broadcasting who you are identity wise is just not something that people do around here. In our agency, we are taught and we learn to use gender neutral just because we don’t want to assume and we don’t want to make those assumptions. And people, actually, get offended when we ask what is your Medicaid gender. What is your preferred gender? How do you identify?”

90 Upstate/Downstate Differences in Services and Communities (AS011RU-090)

Focus Group: 20 Mental Health Services Users

Themes: Upstate/Downstate, SOGI Needs, Stigma and Discrimination, TGNB Needs, Availability of Services, Lack of Services, Dispersed/Fragmented Services, Urban/Rural Distinction, New York City, The Bronx

“New York upstate and New York downstate are two different states, two completely different environments. I’ve been born and raised in the Bronx and that’s my area. I’m New York City all of the way. But even New York City has a lot still to do. And so, it’s hard. Living in New York City but then, also working with an organization— also working with Candle in Rockland. It’s two completely different environments. Even Westchester in the middle, two completely environments. It’s so much harder to access LGBTQ folks of color in Rockland but they exist. They’re there but it’s hard to access those youth and access those folks because they don’t have access to transportation, or they don’t have safe housing where it’s safe to be themselves. They don’t have access to reach an LGBTQ center ... Candle is [one of] the only LGBTQ organizations in Rockland— one of the only LGBTQ organizations— and they focus on youth. And so, it’s really hard after the fact. After you age out of that, where do you go from there?”

91 Upstate/Downstate Differences in Services and Communities (AS012RU-091)

Focus Group: 20 Mental Health Services Users

Themes: Upstate/Downstate, SOGI Needs, Stigma and Discrimination, TGNB Needs, Availability of Services, Lack of Services, Dispersed/Fragmented Services, Urban/Rural Distinction, Long Island, Suburban New York City

“I grew up on Long Island, which is an extremely conservative area. Nassau and Suffolk are a lot more conservative than even Queens and the Bronx and places really not that far away. So, our state legislation is very liberal especially but we do have to take into consideration ... how it’s comparatively liberal. But most of the way it’s practiced, it is a false sense of security because it’s very different in practice than what it says on paper. And it’s just – I’m trying to think of a good example. Like I said, I live in a really liberal area. I live in Rockland County ... we have two organizations for LGBT services. And that’s about it. We have the [Candle] Youth Pride Center and then, the County Pride Center. And our county pride center, I happen to know, is really full of people from New Jersey and other neighboring counties because they have nothing there. So, even in the areas that are considered very liberal, very accessible, we’re still really limited. And it’s because ... it’s comparatively liberal. We think that a lot of people will think it’s okay until you start to experience it and realize that it’s only better compared to something else.”

92 Need for School-Based Interventions (RU001YT-092)

Focus Group: 11 Mohawk Valley and Central New York

Themes: Adolescents, SOGI Needs, Youth Needs, Education, Availability of Services, Accessibility of Services, Public Information about Services

“We find that a lot of our interactions, particularly with schools, it could be a place of incredible resources or incredible harm for our youth when we encounter that. The school is [a] tenuous dynamic that we know affects a lot of LGBTQ youth. So, are there services, interventions specifically designed for school settings beyond what we do through our youth services of going to those schools? [Maybe, but] the labor is always on the service providers: ‘Well, if you didn’t make it out here, then what does that say?’ Right? So [it’s] just a more supportive network that’s interconnected in that way.”

93 Rural Transportation and Access for Youth (RU002TR-093)

Focus Group: 11 Mohawk Valley and Central New York
Themes: Adolescents, Rural and Suburban Communities, Availability of Services, Dispersed/
Fragmented services, Availability in Rural Areas, Transportation

“In rural areas, we don’t have any public transportation. So, that’s an issue. And then if you’re not out to your family, you can’t get a ride from your mom to a group, or whatever. In my youth group, a lot of the kids that have been coming to my youth group have been from Brookfield, which they have like 16 people in a whole grade in their school. So, it’s like super-tiny, super-conservative, and very rural. And they drive like a half-an-hour to come to group. There’s maybe like two of them, which is a huge portion of their population, but it’s also a tiny little group. And they’re just meeting with each other outside of their school. So, I don’t know. Yeah. It’s definitely a barrier for rural communities.”

94 Lack of Access to Transportation (TR005RU-094)

Focus Group: 11 Mohawk Valley and Central New York
Themes: Disabilities, Transportation, Availability of Services, Accessibility of Services, Upstate

“So, at [my organization] we do have some funding to help out with transportation, but it’s primarily through public transportation. Certainly, anxiety and other related, often mental health related concerns, but sometimes physical ability—[for these things] the public transportation isn’t accessible on the youth side of things. But we also find it on the adult [side of] things that anxiety, post-traumatic stress—those things often prevent folks from utilizing the transportation that is available through funding. It’s just not accessible transportation.”

95 Lack of Mental Health Services Upstate (MH002AS-095)

Focus Group: 10 Finger Lakes and Southern Tier
Themes: TGNB Needs, Availability of Services, Dispersed/Fragmented Services, Lack of Services, Service Navigation, Referral Networks, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Training

“The number of people I have to turn away [for therapy] and not be able to find somebody else to refer them to—it’s really disturbing to feel like we’re not even close to being able to attend to all of the requests. That’s both true in Ithaca where there are way more robust services, but also in the surrounding areas. It’s really hard.”

96 Telehealth, Privacy, and Transgender Persons (TH002TG-096)

Focus Group: 10 Finger Lakes and Southern Tier
Themes: COVID-19, COVID Lessons Learned, Telehealth, Internet Difficulty, Availability of Services, Accessibility of Services, Lack of Services

“In terms of just a scope of my personal practice, my private practice, I definitely am finding [that] I haven’t had anybody not be able to do telehealth because they don’t have computer access or a phone. But a few people do have the privacy issue. They’re either students living with roommates or they can’t get private in their house with their partner or kids or whatever. But one interesting thing that I’ve noticed is there’s a small percentage of folks who I would identify as generally on the trans continuum somewhere who struggle hugely with going out of their house to be in society. And for them, they’ve already figured out how to make social connections online so the shift over to telehealth was super easy and they’re using the resource really skillfully. Like they’re very comfortable doing a conversation with me with their computer because that’s how they’re used to relating, which has been an interesting thing to observe for me.”

97 TGNB Needs under 18, Upstate (MH003YT-097)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Availability of Services, Behavioral Health, Mental Health, Adolescents, Mental Health Service Users, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Youth Needs

“We need providers and accessibility to those providers. Looking at the larger picture, one of the things that I hear is in particular we need mental health providers that focus on dealing with LGBTQ teens and adolescents. I have a couple of neighbors that are both nurses up at [a regional] medical center and they both work in the mental health unit or the ICU. We’ve had a number of conversations once they found out about the Ithaca Transgender Group and my involvement in it. They were very interested in finding out more and they were sad to learn that while we’re gonna welcome pretty much anybody that comes through the door, in general we don’t deal with people under the age of 18 simply because you’re talking about a minor. That was very disappointing for them because they are saying that up at [a regional] medical center they are seeing a huge increase in the number of teens and adolescents coming through the door with mental health issues who also identify as L or G or B or T or simply questioning. I don’t know what the solution is, but it seems to me that that’s gotta be a little bit of a priority on somebody’s list somewhere.”

98 Strained Capacity for Mental Health Services (MH004UP-098)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Availability of Services, Behavioral Health, Mental Health, Lack of Services, Structural and Systemic Barriers, SOGI Needs, Cultural Competence, Training

“I think a challenge with that, too, is that it’s hard for providers to be looking to expand their competence when they already have a full caseload of folks who are within their competence realm. I think this is from both a mental health standpoint and medical standpoint that people are pretty full. A new therapist pops up and instantly their practice is full because we just have such a high need. So, I think that I even look at some of the pediatricians at my practice who have been reaching out to Syracuse and Rochester and doing some additional trainings and even looking at the Fenway Institute and doing some of their free trainings. Folks who are working to expand their competence but if they already have a full caseload of patients that they have to see, one they have less time in their schedule to do that. Two, to take time out of their schedule in the private practice would mean not only not having money to go attend that training but you’re losing from the patients you would be seeing during that time. I think that until we increase the amount of providers, it’s really hard to increase the provider competence because they everyone already feels so overworked and overburdened by over full caseloads that it’s hard to make time and space to do supervision groups, to do more trainings ...”

99 Lack of Services for LGBTQ+ Elders (OA003CC-0-99)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Social Support and Community Resources, Community Supports, Navigation to Services, Personal Friendship Groups, Older Adults, Availability of Services, Accessibility of Services

“I just wanted to toss out [another] population topic area that certainly we get calls on and seeking resources on that we’re not always able to meet ... working with LGBTQ elders. We have a number of residential facilities in our communities. We have ... some training for [the folks] at Ithaca at some point. I know I’ve gone up and done stuff with Longview but the general needs around residential care and what that means to be inclusive of LGBTQ folks in assisted living and housing circumstances as they age has been a profound need. We do have an LGBTQ elders’ group within our county office of the aging

that's been a really robust group. But as people are aging out of that with the ability to serve in a volunteer capacity to gather that, the gap is just becoming more pronounced. So, I do think that for instance we don't have a SAGE chapter in town. We refer and try to bring folks in with expertise from Syracuse. That's an hour and 10-minute drive for someone to come down with some of that expertise. So, I think that around elders there is an invisibility period let alone an access."

100 Lack of Services and Access for Persons with Disabilities (DS002AS-100)

Focus Group: 10 Finger Lakes and Southern Tier

Themes: Social Support and Community Resources, Community Supports, Navigation to Services, Personal Friendship Groups, Availability of Services, Accessibility of Services, Access to Disabled Persons

"[With] folks with disabilities, we have some clients who are deaf and hard of hearing who are trying to navigate trans care and doing that and trying to make that happen. For a long time, we didn't have an option of making an appointment that wasn't a phone call. That's a different thing. Now, that is available through our online appointment system but there are those considerations with folks that I think that as we recognize how we as society, as culture have pushed people to margins. To me, I look at our kind of public health work is what it looks like to bring those margins back in and centering them in the conversation. I do feel like we have some particular work to do around finding that hub. I think that's the theme I'm kind of taking from all of this is we just we have so much work to do and we need a more regular, centralized place to do that."

101 Cultural Competence in School Staff (YT005CC-101)

Focus Group: 4 Mid-Hudson

Themes: Adolescents, SOGI Needs, Cultural Competence, Stigma and Discrimination, Youth Needs, Training, Availability of Services, Education, School Standards for LGBTQ+ Affirmation

"I'm finding that amongst my youth, they are very accepting of the LGBTQ community and using appropriate pronouns if there are transgender youth in their class. The biggest barrier seems to be actually with the educational staff being inappropriate with those students and not setting a good example. So, those would be the two things that I'm advocating for."

102 Trans Identity and Suicidality (TG014MH-102)

Focus Group: 4 Mid-Hudson

Themes: TGNB Needs, Availability of Services, Behavioral Health, Mental Health, Suicide

"From the mental health perspective, I think with people in the trans community, feedback has been that suicide is an issue in their lives. Suicide thoughts and some people the action. So, the concern is the healthcare [and] that we have appropriate, effective, and competent mental health services also. And that anybody who's working in the mental health field needs to identify their own biases and prejudice and really work hard not to let that get in the way of the services they're providing."

103 Transportation and Access to Care Upstate (TR006RU-103)

Focus Group: 4 Mid-Hudson

Themes: Transportation, Cost, Availability of Services, Dispersed/Fragmented Services

"I think one other major need in our areas ... [is] transportation. I think that there are, there's a handful of LGBTQ-affirming providers, for [whom] transportation up here is a huge issue. It's not like the city where you can just hop on the train or hop on a bus. Some areas don't have busses at all. The only kind of public transportation you can get is to

pay for a cab, and that can be cost prohibitive. We offer a lot of services. I know Planned Parenthood in our area also offers a lot of services. A lot of the services that we're talking about, but people can't get to us or can't get to them. So, I think transportation in this area I think is also a huge issue."

104 Transportation and Access to Care Upstate (TR007RU-104)

Focus Group: 4 Mid-Hudson

Themes: COVID-19, Transportation, Availability of Services, Lack of Services, Dispersed/Fragmented Services, Urban/Suburban Distinction, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care

"I don't know if it's transportation [alone], but it's also more the access to services. So, a lot of the feedback that we've heard about people seeking healthcare services is that they're still going into New York City. And they're going there because that's where they believe, that's where they've been told you have providers who are affirming and services that are more affirming. So, one of the things that we've done in our health system, it was planned to launch this June. With COVID, all of that had been kind of put on hold, but it's something we did share with several of our partners earlier this year, was to open our own LGBTQ clinic in Westchester. Right now, we do offer some services."

105 Outreach and Public Knowledge of Services Upstate (AS013RU-105)

Focus Group: 4 Mid-Hudson

Themes: Availability of Services, Lack of Services, Dispersed/Fragmented Services, Public Information about Services, Urban/Suburban Distinction, SOGI Needs

"We really wanted to put our brand on it and say, 'Hey, this is a safe space. This [space has] carved out times and days.' [We should] communicate the fact that we have providers who have sought us out to say, 'Look, I'd like the community to know that I am someone who is culturally intelligent about this and I want to provide these services on a regular basis.' And so, I think for us it was a step in letting people know here's an option. You don't have to go down into Brooklyn. You don't have to go down into Manhattan. If you're from Ulster County, if you're from Dutchess, you can come into Westchester and take part in some of the services that we provide."

106 Outreach and Public Knowledge of Services Upstate (AS014RU-106)

Focus Group: 4 Mid-Hudson

Themes: Availability of Services, Accessibility of Services, Public Information about Services, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care

"Then even just as far as accessibility, people don't know that there are providers up here who are doing gender affirming medication, therapeutic medication. They don't know that exists up here. So, you go into your provider. You say, 'Hey, this is what I need.' And they're like, 'Oh, my God. What?' And they—if anything, it's this panic of 'I don't know what to do with you' at this point. Then that's gonna have some serious effects on the patient. It's gonna have them not want to seek out services at all up here, for sure. And they wind up going into the city for services like that. So, it's stuff like that where it's just as simple as knowing on the questionnaires to say who do you have sex with? What does your sexual history look like? And just knowing that that's something that [is] discussed."

107 Stigma about Sexuality in Schools and Mental Health (CC004ST-107)

Focus Group: 4 Mid-Hudson

Themes: SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Training, Youth Needs, Education, Availability of Services, School Standards for LGBTQ+ Affirmation, Structural and Systemic Barriers

"I've worked with two different school districts across New York state that were interested in creating trauma-informed care practices and implementing those throughout their district. I found that there actually very open to receiving that kind of training. The barrier really came when we were discussing sexual health and exploring sexual health across the school districts with middle and high school students. I found that there was a lot of personal discomfort amongst the staff, particularly administrators in just having open dialogues and using inappropriate language in meetings and so forth. So, really not feeling comfortable having those types of discussions be a part of their sexual health and even healthy relationship practices. However, I ironically find that there there's actually more resistance in the mental health field, meaning on agency level and in terms of individual providers who are therapists being resistant to having some cultural competency training in their agencies or in their group practices with some resistance saying, 'I'm a provider in this field. I already know what I'm talking about.'"

108 Transportation and Access to Care (TR008AS-108)

Focus Group: 4 Mid-Hudson

Themes: Transportation, Social Support and Community Resources, Community Supports, Availability of Services, Dispersed/Fragmented Services, Availability in Rural Areas

"I've been for two years now trying to get [a] transportation program off the ground in Ulster County to bring respect and care to the people that need transportation so they get to their appointments. [So that] they're not the fifth person in a taxi and then they miss their appointment and things like that. Whether they're LGBTQ, low income, disabled, whatever the case is. The problem I had is this volunteer driving program, and I can't get anybody to pass a drug test in the county to drive. I've gone to several meetings in the county to say your organization could benefit from this, your organization can benefit, but it never goes anywhere."

109 Outreach to Non-White Communities (RE001AS-109)

Focus Group: 12 New York City

Themes: Availability of Services, Accessibility of Services, Public Information about Services, Outreach

"I think it's important if you want to reach certain population to have the program to speak to them and to be relevant. And I think a lot of programs are not relevant to a specific population. It can be trans, gay men of color, et cetera. Or women. And I think that we're missing the mark when we don't do the specific targeting program. And I think it's very difficult, but we have to do the work to get those people in and to also make them feel comfortable receiving the services. Because I think people can come in, get their Metro cards, or get their free pizza, and get going. So, how do we make it more meaningful for them when they come to our agencies or when they're online that they leave whole. And they leave with some really good information that they can take back to their community because these are very important times. Because I think we get confused. We think we're the leaders. We're not the gatekeepers. I'm not the gatekeeper. It's the people who don't run nonprofits who are part of social clubs. Who are a part of – you know they may have parties at their house. Those are people that we need to start targeting to. And I think it's a paradigm shift at ... the agency that I just formed three years ago for black gay men. We reach out to party promoters. And you let them bring in the people. I mean because those are the people who are following. The party promoters are more influential in our communities."

110 Outreach to Latino MSM (RE002AS-110)

Focus Group: 12 New York City

Themes: Availability of Services, Accessibility of Services, Public Information about Services, Latinx, Queens

“One example of that is Queens. Where you have a lot of Latino men from different parts of the world. And they’re not hooked up to ... organizations. They belong to social clubs for protection for immigration issues and et cetera. And we’re trying to reach the Latino MSM. We have to go to those social clubs that they participate at. And Queens has tons of them. And I think some people on the line probably know more about what’s going on in Queens and Latin men and how they exist. They’re very – it’s very different compared to white gay men in Chelsea.”

111 Mental Health Stigma in Asian Populations (MH005ST-111)

Focus Group: 15 Black, Indigenous, Latinx, Asian, Middle Eastern Communities

Themes: Asian and Pacific Islander Communities, SOGI Needs, Cultural Competence, Racial and Ethnic Inclusion, Stigma and Discrimination, Availability of Services, Behavioral Health, Mental Health, Social Support and Community Resources, Family Supports

“I guess sort of starting off on destigmatization of mental health, and since my target population is LGBTQ+ API folks, Asian Pacific Islander ... We’re so afraid to talk about mental health, and I think it’s a culturally ingrained thing, which I think is complete BS because we shouldn’t have to hide what we’re going through. It’s been—there’s also like this whole concept of shame like if you talk about your problems. And it’s like, ‘Oh, what are the people going to think about you? You’re going to be dishonor to our family. People aren’t going to like us anymore because you’re so vocal at trying to find this, this, and that.’ And it’s like, ‘Well, you know, how else can a person find the right mental health resources if they’re not trying to ask for help?’ How? If they just keep to themselves? This applies to virtually everyone, if you just keep to yourself, how are you going to find the resources if you don’t try to reach out? Because any effort to reach out, that’s amazing first of all, because it’s very hard. Very, very hard in a lot of context to seek that help. It has improved. Because I’ve noticed in a lot of Filipino college networks I was part of back in undergrad that people are starting to come up more about sexual abuse, sexual violence, as—because some recent events where people just like came out about their stories. I’m like, ‘Okay. The conversation is driving. Let’s keep it going’ ... I guess I don’t know how to tackle stigma at like the family level, because it’s deeply personal. We can’t just go into those spaces and be like, ‘Hey, you need to stop shaming your kids about their anxiety issues.’ We can’t. As much as we would like to do that sometimes, we can’t do that. So, I think that could also tie into maybe community-based health ed workshops built for families to sort of help them understand. I guess it’s like a form of family therapy.”

112 Stigma and Employment (ST006EM-112)

Focus Group: 15 Black, Indigenous, Latinx, Asian, Middle Eastern Communities

Themes: Safety, Structural and Systemic Barriers, Workplace Support, Social Support and Community Resources, Community Supports, Availability of Services, Accessibility of Services, Employment, Workforce Training and Readiness, Non-White Communities

“Well, I would absolutely say that one of the things that continues to come up for the folks that I work with is the vocational services ... My clients either have jobs where they are not safe to come out, they don’t feel safe, they’re treated horribly just in general even, or they’re especially underemployed. And they don’t have knowledge or ways to be able to fall into better employment or paths to employment where they have better income to create a more stable life for themselves. And I do a little career counseling individually, but I think people being able to have access to people who specifically do that and who have connections to community areas and workplaces that are open to hiring I think would be especially helpful.”

113 In-person Trans Services and COVID-19 (CV004TG-113)

Focus Group: 15 Black, Indigenous, Latinx, Asian, Middle Eastern Communities
Themes: TGNB Needs, COVID-19, Telehealth Capabilities, SOGI Needs, Availability of Services, Continuity of Care

“I give a lot of credit to all those who see patients through telehealth. Unfortunately, some of what I do has to be done in person. Especially when it comes to meeting with trans patients. Well, and for any kind of prosthetic. Whether it’s a binder, breast forms, or anything else. So, to help them find what will work with them and not have to be face to face. So, that hasn’t happened since March, which I’m pretty frustrated about, but that’s just what I’m saying. And then the agency. We’re doing really well with trying to get out STI and HIV testing for people to do at home. But also, I have to do that for a person who wants to—like what I do is very hands-on. But I know that as an agency, we could do pretty well with telehealth. Which I think is a credit to anyone who has to do it, because I find it to be kind of difficult to not have that hands-on experience.”

114 LGBTQ+ and TGNB Mental Health Needs (TG015MH-114)

Focus Group: 14 Finger Lakes and Western New York
Themes: TGNB Needs, Availability of Services, Behavioral Health, Mental Health, SOGI Needs, Access to HRT, Surgery and Puberty Suppressing Treatment

“To be clear, being LGBTQ+ is not a mental disorder, but the lived experience of marginalized folks deserves ... mental health support. And especially for people who are thinking about transitioning for gender nonconforming or transgender identifying people, to have that space to process their journey and to have that support as they transition—be it socially, medically, surgically, whatever—to have support in training people to be part of that and then having a mechanism in place for patients and families to access—that is gonna be key.”

115 Housing and Trans Rights (TG015HS-115)

Focus Group: 14 Finger Lakes and Western New York
Themes: Individuals Experiencing Homelessness, Availability of Services, Housing, Shelters for Homeless LGBTQ+, Legal Services, Structural and Systemic Barriers

“And then, trying to get them into shelter, I’ve had shelters tell me they won’t take my trans clients unless they’re willing to detransition to be in the shelter. Which technically isn’t legal, but when I have a client who’s in crisis that I’m trying to place, I don’t really have the time to suss that out. So, that universal expectation. And then, too, making sure that my clients know their rights and know that that’s not how that works, not that you want to choose to challenge that and go into that environment. But New York really prides itself on being light years ahead, and it is, but definitely some people haven’t gotten the memo and don’t necessarily have the tools that they need to effectively work with this population. So, that’s the thing that I know frustrates me the most, that I see the most.”

116 Identifying LGBTQ+ Competent Providers Upstate (CC005RU-116)

Focus Group: 3 Western New York
Themes: SOGI Needs, Cultural Competence, TGNB Needs, Public Information About Services

“I also want to add that while we have providers in our area who claim to be competent with gender identity and gender expression, we don’t have a very accurate way of figuring out whether that’s actually true or not, or assessing for that and providing resources to vulnerable populations that ensure that we’re referring to competent providers, rather than folks who just claim to be competent and perhaps are not.”

117 Identifying LGBTQ+ Competent Providers Upstate (CC006RU-117)

Focus Group: 3 Western New York

Themes: SOGI Needs, Cultural Competence, TGNB Needs, Public Information About Services

"[They've] done some great work at GLYS noticing that gap [in being able to identify competent providers]. They just started by creating our own list of competent providers and then we asked parents of minors and children, clients, whomever was receiving services from that provider to sort of give us an overview checklist of how that provider was. We found that that's been really successful. Getting those reviews back from clients who actually received services, and then that way we can go forward recommending those providers with a lot more confidence."

118 Training and Intersectionality (TR009IS-118)

Focus Group: 3 Western New York

Themes: SOGI Needs, Intersectionality, Cultural Competence, Training

"I think that a lot of times what we see in the cultural competency or diversity competency training sort of across that spectrum that are becoming really popular and in demand now is a lack of intersectionality, where they're not recognizing the overlapping racial or ethnic consequences. They're not recognizing class divides. They're not even recognizing, even here in Buffalo, the difference between an LGBTQ youth who is going to a city school and living in an urban environment versus someone who's going to a suburban school. So, I completely agree that there's definitely a disconnect in the intersectionality aspect of those trainings."

119 Racial and Ethnic Inclusion (RE003IS-119)

Focus Group: 3 Western New York

Themes: Cultural Competence, Racial and Ethnic Inclusion, Asian and Pacific Islander Communities, Native American Communities

"When the term 'people of color' is used, often most people, many people I should say, think about African-American and Black communities and Latino, Latina, Latinx and Hispanic communities, which is great. Obviously, tremendous needs and everything. A lot of issues are impacting all those, all the communities. But oftentimes, Asian and Pacific Islanders and Native Americans are often left out of that and not even included with that conversation. So, the term itself needs to be expanded."

120 Telehealth Increasing Access to Mental Health Services (TH003MH-120)

Focus Group: 3 Western New York

Themes: COVID-19, Telehealth, COVID Lessons Learned, Mental Health

"In relation to this COVID-19 that we're in, a lot of services have moved virtually. And what I've noticed and I've heard other mental health providers say they notice is that this has made services, especially counselling services, more accessible to people because they're able to meet virtually and then there's less maybe anxiety around going to a physical space where people will see them and know their purpose there. So, as much as the situation right now has been difficult for everybody, I think that we could also look at it as an opportunity to see our virtual services going to be a more accessible option for different populations in our communities."

121 Transportation for Native American Communities Upstate (TR009NA-121)

Focus Group: 3 Western New York

Themes: Western New York, Accessibility of Services, Lack of Services, Transportation, Native American Communities

“There are four Nation territories in Western New York that are not served ... through public transportation, generally speaking. [One area] has one bus that goes out there, but it’s on one end of the territory. And then they have to find transportation home if they do that. So, the needs on the territories are often not met as well for LGBTQ+ and [Native] persons.”

122 Native American LGBTQ+ Youth and Suicide (NA001MH-122)

Focus Group: 3 Western New York

Themes: Native American Communities, Racial and Ethnic Inclusion, Youth Needs, Suicide

“The groups that had the highest rates of suicide ... have been Native American youth. There’s a lot of reasons for that. A lot having to do with historical trauma, with stereotypes we talked about earlier. But for lesbian, gay, and transgender youth, it’s also how can we create those spaces to be safe so people feel they can be who they are? I just wanted to share those few things from a Native perspective for youth.”

123 Older Adults and Intergenerational Housing (OA004HS-123)

Focus Group: 17 Older Adults

Themes: Older Adults, Availability of Services, Housing

“There is a need for affordable housing for our seniors. And I think it’s important whatever housing we have be intergenerational so that the younger, possibly LGBT residents, can build a community with the seniors so that they can each help each other. That’s just my concept.”

124 Older LGBTQ+ Adults in Nursing Homes (OA005HS-124)

Focus Group: 17 Older Adults

Themes: Older Adults, SOGI Needs, Cultural Competence, Stigma and Discrimination, Training

“I think it’s important that we have sensitivity training for any home health aides or if somebody’s in a nursing home on LGBT issues, because I have a fear that some of the elder LGBT will go back into the closet, especially given that a lot of the nursing homes are staffed by people of different cultures that may not be so open to LGBT people.”

125 Older Adults and Intergenerational Housing (OA006HS-125)

Focus Group: 17 Older Adults

Themes: Older Adults, Availability of Services, Housing

“In the intergenerational concept of housing ... I’m assuming that we would be targeting it to younger LGBT people to live in the same complex. Of course, the only thing that you have to be careful of is that you can’t exclusively do an LGBT senior housing without opening it up to others who may want to live there as well. I think there’s some discrimination issues there. But they seem to be working well. SAGE in New York has one in Brooklyn, and one in the Bronx now, and I think one in Manhattan, and so does Philadelphia.”

126 Older Adults and Social Engagement (OA007CE-126)

Focus Group: 17 Older Adults

Themes: Older Adults, Personal Friendship Groups, Community Engagement

“As far as our clients go, our members, they are older clientele, generally always want more social engagement. Because we’re a community center. We do have some social gatherings. But they are the biggest consumers of those social events. They’re the ones that always want to go. And there definitely is ... the community for that sort of thing. And there are groups that provide those sort of community meals and things like that. But you can only eat so many meals a day. I think it’s really more just about people getting out and doing—being social and seeing each other in the community. So, it definitely is something that, when I talk to our older members, they really want. And transportation to those events, too. That’s always a barrier.”

127 Older Adults and Transportation Issues (OA008TR-127)

Focus Group: 17 Older Adults

Themes: Older Adults, Rural and Suburban Communities, Transportation

“Yeah, there’s never enough funding for transportation. And even on the Medicaid medical ride, there’s difficulties with that at times. But as far as transportation to help alleviate socialization or isolation, no, there’s really not much out there. Which it would make a lot of sense to have that available because, when you think about it, going to a medical appointment is not really socialization. We need it. It is some socialization, but it’s certainly not the type that’s needed. And, no, there’s never been enough funding. There still hasn’t. And I remember this has been a conversation for 20-plus years, especially when people live in rural areas, and they have to travel two or three hours one way to get to a doctor’s appointment. It’s really not. And then you get thrown together with four or five other people in one cab. There’s still problems with transportation.”

128 Older Adults and End of Life Concerns (OA009LS-128)

Focus Group: 17 Older Adults

Themes: Older Adults, Legal Services, Cultural Competence

“Yeah, I do know in past years there’s been—I’m trying to find a good word—situations where a partner has died, so meaning before LGBTQ people were allowed to marry. There have been times where the family will step in and wanna take over everything. We have talked about DNRs. We have talked about certain things. So, you’re right. It’s good. Legal aid can help with some of that, but it can’t help with all of that.”

129 End of Life Planning (OA010LS-129) (2 separate excerpts)

Focus Group: 17 Older Adults

Themes: Older Adults, Legal Services, Public Information About Services

A: “I think it’s very important for people to have a healthcare proxy, living will, will, and a power of attorney. Especially those in my generation who may not have extended family, you need to make sure you designate who makes the decisions for you, what’s gonna happen with your remains. People don’t like to deal with this because they don’t wanna think about their demise. But if you wanna have a say about what happens after you’re not here, you are not able to speak for yourself, these documents should already be in place.”

B: "And there's probably an awareness program that should be put into place to make people or provide them with the services. A lot of these basic forms, you can get off the internet as long as they're notarized. I have a cousin and his wife, who's 80-years-old, they don't have any children, and they just keep putting off having to execute a will. And I just keep saying, well, if you want the state to get all of your wealth, then don't get a will. So, I think it's an important issue that needs to be raised. My theory is, once you own property or you're in a relationship, you should have these documents"

130 Communities of Color Upstate, Lack of Diversity (RE004UP-130) (2 separate excerpts)

Focus Group: 6 Southern Tier

Themes: Non-White Communities, Rural and Suburban Communities, Upstate, SOGI Needs, Cultural Competence, Racial and Ethnic Inclusion, Training

A: "In general, the communities of color are at the colleges. Very small percentages. I don't even know if it's one percent. Some of you may know that. In the various public schools and – we're in the City of Oneonta, the city. City in quotes. It's tiny, but there are two colleges. But we're also serving the outlying rural areas, which are—I'm not even sure statistically if communities of color even register. We go into schools where—they're tiny schools. There might be a couple of hundred people."

B: "There might be two to four families of color there. It's really that skewed, but [it's] in our larger area because we do serve people from a pretty large catchment area. So, I think the places we're really missing are Binghamton, Utica, Syracuse, and even towards the Hudson Valley ... I'm very conscious of the schools that we're going to and doing trainings [that are] are ones that are predominantly, like extremely predominantly, white. And [I understand] that we have not yet been able to do outreach and reach the kids and families of color who are in schools that have much more diversity than we have right in this town."

131 Telehealth and Transportation for Youth Upstate (TR010TE-131)

Focus Group: 6 Southern Tier

Themes: Mental Health Service Users, Adolescents, Young Adults, COVID-19, COVID Lessons Learned, Upstate, Transportation, Availability of Services, Behavioral Health, Mental Health

"It's interesting hearing you talk about the lack of services for mental health [that are] culturally competent. Obviously, we are. That's what we do. But it's a lot harder for kids who don't have their own transportation. We get adults coming in from Troy, Albany, Utica. About 80 to 90 or probably even more mile radius around us. But for kids who are dependent on their parents—we have some that travel an hour, hour and a half, but it's really hard. It's really hard. It's actually been one of the silver linings of COVID is that [through telehealth] we are now able to provide services to people who just couldn't get in who are now more regularly able to see because they don't have to leave home to do it. So, [telehealth] has actually opened doors for kids and for parents that weren't before."

132 Lack of Culturally Responsive Mental Health Services Upstate (RE005MH-132)

Focus Group: 6 Southern Tier

Themes: Upstate, Non-White Communities, Black or African American, Availability of Services, Mental Health, Cultural Competence, Racial and Ethnic Inclusion, Structural and Systemic Barriers, Lack of Representation

"In Binghamton, the racial makeup of African-Americans is about 13%. So, the makeup of anyone who is non-white is under 20%, so about 18% ... we have actively gone and asked everybody that we knew if we have mental health providers in the area that people can go to that are [people] of color. And we found one that's not at Binghamton University, which is strictly for University students. So out in the community, there's one

[clinic] and they are private. So, access to that [clinic] if you don't have financial resources is significantly difficult. And they also came from a faith-centered practice, so if we're dealing with LGBTQ populations, not so comfortable going to someone with that kind of experience. So, that's the challenge. I've asked every therapist, social worker friend that I know in the area, and we have one in Broome County, in Binghamton."

133 Small Non-White Populations and Access to Services (RE006UP-133) (2 separate excerpts)

Focus Group: 6 Southern Tier

Themes: Non-White Communities, Rural and Suburban Communities, Availability of Services, Accessibility of Services, Structural and Systemic Barriers, Public Information About Services

A: "And then in Cortland, we're also very rural ... about 96% white, and then—no, 94%. And then it's sort of like roughly two percent mixed race, two percent African-American Black, and then two percent Latinx, roughly. We're a very rural, white county."

B: "... in Oneonta, eight percent may be the number of percentage point for communities of color ... [But they're] not accessing our services. We're not effectively doing outreach too. There's a definite disconnect."

134 "Clients that are in front of us"—Transportation and Accessibility Upstate (TR011YT-134)

Focus Group: 6 Southern Tier

Themes: Adolescents, Upstate, Transportation, SOGI Needs, Youth Needs, Availability of Services, Lack of Services

"... we have to serve our clients that are in front of us. And ... one of the real challenges is especially with youth, is the transportation issue ... Most of the youth that come to the Identity Center are in the Binghamton area because they can walk or it's right on the bus line. But kids that live further out, like even in Endicott, which is maybe a six-minute car ride, to them seems really far away because they don't have that access to get there. So, we are missing out on serving a lot of folks. The other thing is [that] because in our areas we are typically the only organizations doing the work, even though my center is focused on youth, anytime anybody has any sort of issue or needs a resource, a lot of times we get that phone call or they stop by ... just because there aren't other people doing the work. So, that also becomes sometimes a challenge. "

135 Training LGBTQ+ Affirming Care in Rural Areas (TR012RU-135)

Focus Group: 6 Southern Tier

Themes: Rural and Suburban Communities, Adolescents, SOGI Needs, Cultural Competence, Training, Youth Needs, Education

"... when we talk about wanting more medical providers and mental health providers trained in this [culturally responsive LGBTQ+ youth needs]—we are the group that trains them. But where [we] are is so rural [that] my training that I do with them is very basic 101 level stuff. And often, that's the groundwork that needs to be laid before you can do anything more intensive, but that's all they want. And then I can't get back in to do more in-depth stuff. I'm only—like my center is literally me and one other person, but the other person [is] in the schools teaching gender identity and sexual decision making, those kinds of classes to the students. So, it's really just me doing the training, and I'm only one person."

136 Transportation and Access to Rural Providers (RU003TE-136)

Focus Group: 6 Southern Tier

Themes: Adolescents, Rural and Suburban Communities, COVID-19, Efficacy of Responses to the Pandemic, Accessibility of Services, Transportation, Availability of Services, Dispersed/ Fragmented Services, Availability in Rural Areas, Social Support and Community Resources, Family Supports

“A lot of our kids walk to our center who live in Cortland. [For] the folks who are in the more outer lying towns, it is very rural. If they don’t have the sort of families who can drive them, they’re not coming. [It’s] better now with COVID and we’ve switched to online [to telehealth]. So, I’ve ... helped those same kids who aren’t even in our County, but that’s still great. We’ll talk to them. So, that’s been one nice thing [i.e. positive outcome] of COVID. But typically, most of the kids I see are either from Cortland, like the City of Cortland, which, I mean, city is a relative term. Then the couple of kids who have really supportive parents form the outer lying areas and the kids that I go out [to see]. I do visit [outlying] schools and see their GSAs and things. The kids who I meet and I know need us the most are the ones who have no way to get to us.”

137 Finding Competent Care for Persons with Disabilities (DS003CC-137)

Focus Group: 22 Individuals with Disabilities

Themes: Disabilities, Youth Needs, LGBTQ Affirming Medical or Behavioral Care

“There are a lot of youth on the Autism spectrum ... or they have ADD ... or they’ve been through some trauma. So, being aware of that with that staff is definitely a big deal, and it’s not really talked about in spaces. And then I think the last part for me is references and referrals, because youth need access to stuff. [S]omeone could say they’re LGBTQ-affirming, but are they actually? Will they be validated? If you’re gonna refer someone to a doctor, are they gonna be able to communicate with someone who’s deaf? Are they gonna understand someone that maybe has a different neurodivergent thing going on?”

138 Non-Physical Disabilities (DS004ED-138)

Focus Group: 22 Individuals with Disabilities

Themes: Disabilities, Cultural Competence, Education

“When talking about disabilities, a lot of folks really just assume that it’s physical stuff which is obviously very important We need to be mindful of that, and often people still aren’t really fully mindful of physical access. However, and I guess when it comes to neurodiverse, neurodivergent [persons], ... what’s expected of us as people [is] to be able to pay attention in school, be able to take tests, everything to be average. And that’s definitely not the case for everyone. So, with neurodivergence, it includes those that are affected either with Autism spectrum disorder, ADD, ADHD, dyslexia ... that makes it very hard for traditional learning, traditional spaces to be able to pay attention.”

139 Non-Physical Disabilities (DS005DD-139)

Focus Group: 22 Individuals with Disabilities

Themes: Training, Disabilities, Cultural Competence, Developmental Disabilities

“In my staff and other staffs as well ... talking about different disabilities, different things, different needs [are] often overlooked. Because they’ll be like, ‘Oh, we have a wheelchair,’ or, ‘Oh, we...whatever.’ Wheelchair? We have an elevator for people with wheelchairs, we have this, we have that. But it’s not just that. It’s like the forms. Sometimes, they’ll have a form, and I’ll be like, ‘Okay, but what if someone can’t read this form?’ Or even with parents, we work with ...”

140 Lack of Access for Undocumented Persons (IM011AS-140)

Focus Group: 22 Individuals with Disabilities

Themes: Immigrants, Structural and Systemic Barriers, Immigrant Services, Eligibility for Government Benefits

"... we have one client who had, I guess, come here to escape his country from violence and trauma because of his sexuality and sexual identity. And since being here, some of the services that I guess are typically readily available to our American clients or patients [are] not as easily accessible to someone like him because of his status here in America. So, he finds it to be challenging. I also find it to be challenging as a provider to find the most efficient and I guess timely way of helping him in his needs because there's such a long process that we have to go through in order for him to receive maybe some of the same services where I could just refer an American patient over to an organization. He has a bit more of a process to go through, which takes his needs a little bit longer to be met."

141 Family Rejection and Stigma for Youth (YT006ST-141) (4 separate excerpts)

Focus Group: 7 North Country

Themes: Youth Needs, Social Support and Community Resources, Family Supports, Structural and Systemic Barriers, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination, Education, Transportation

A: "You might have great friends and support and great teachers. But if your parents are beating you down and trying to change with something you're not and not supporting what's going on in your life then, I think kids just really suffer even more. I think bullying begins at home for some kids, unfortunately."

B: "... the majority of time for what I see is that, yes, students are going to those environments where it's not a safe environment for them. So, how can we stop that stigma and how can we educate families and educate our community of providing that safe, inclusive environment? That's a struggle that I've been seeing. There is a lot of – it kind of all intersects. So, if they don't get the support and don't have that inclusive environment, how are they going to be able [to deal] with transportation?"

C: "If these teens don't have the transportation to go get services, oh, well, they might have to use their parents' insurance ... that's where bullying happens or substance abuse issues happen and all of that ... I think sometimes, there are still those internalized views and those stigmas in a lot of people's households in this area. So, it's trying to break that barrier and trying to promote that inclusive education."

D: "And thinking of all of the kids that are stuck at home right now and may not be able to connect with the only support that they may have found, whether it be a teacher or a fellow student. And they're maybe in a family that doesn't support and get them."

142 Young Adults and Transition to Adulthood (YT007AS-142)

Focus Group: 7 North Country

Themes: Young Adults, Rural and Suburban Communities, Safety, Availability of Services

"We kind of have this underlying assumption that you're an adult [if you're 18 or older]. You've got it figured out. You can make your own way. But you can't necessarily, especially young adults like that. They're in that 18, 19, 20 age. They're not adults yet, functionally, most of them. But they're not youth either. So, they're in this kind of liminal space where they don't have their own health insurance or they're a legal adult but they're living at home. They're in that awkward transitional phase. So, how can we think about working with that population also? Because I feel like they kind of get lost in that shuffle sometimes."

143 Sudden Rollout of Telehealth in COVID (TH004AS-143)

Focus Group: 7 North Country

Themes: COVID-19, Internet Difficulty, Telehealth, Rural and Suburban Communities, Safety

"... all we've been talking about for the last two months is telehealth, because we were planning on slowly rolling it out and now, all of a sudden, there it is. So, I think it's interesting. We've heard stories from our staff in the health center about people doing their telehealth visit from Walmart or wherever. So, there is this kind of weird range of folks who, I guess, don't really care. And they're going to do their visit when it's scheduled and there you go. But I think we've also got some infrastructure issues up here as far as things like access to a stable enough connection."

144 Transportation and Access to Services in Rural Areas (TR013RU-144)

Focus Group: 7 North Country

Themes: Rural and Suburban Communities, Transportation, Safety, Social Support and Community Resources, Community Supports, Dispersed/Fragmented Services, Availability in Rural Areas

"So, if somebody down in Ticonderoga needs to get to one of our centers, they've got an hour and a half trip one-way to get to the closest place that we've got, or they drive an hour in the other direction and go to Glens Falls. Those are their options more or less. And there's really no one that can make that trip for them. They're kind of stuck. And it's just a population thing. There's not enough people to fund public transit. And there's not enough stuff in between to make it worth it for anyone to want to even open up private transportation."

145 Home Abuse and Youth Homelessness (YT008HS-145)

Focus Group: 21 Individuals Experiencing Homelessness

Themes: Individuals Experiencing Homelessness, Safety

"For a lot of clients, they're living with parents or guardians but are completely unsafe. They just have no other option ... it's not technically homeless[ness], but there's an abusive situation. And the only thing that's preventing them is lack of economics to leave, and that they would leave very easily if they could. And then sometimes, they do end up leaving, and then I don't know."

146 Lack of Data on SOGI Youth and Homelessness (YT009HS-146)

Focus Group: 21 Individuals Experiencing Homelessness

Themes: Individuals Experiencing Homelessness, Young Adults, Adolescents, Social Support and Community Resources, Family Supports, Support for Transition to Adulthood

"Something that I've literally had an argument with a couple of the Deputy Commissioners of ACS—which was kinda nice 'cause I won it—was the whole idea of ... ACS doesn't collect SOGI information on our young people, which is crazy. Neither does the State Child Welfare. And so, I just feel that almost makes us 'cave people' in that sense. We've got no data right now on the well-being of LGBTQ young people, and I think going back and looking at the homelessness issue ... the reality is that [they] start in Child Welfare end up in the homeless world. And if we can figure out mechanisms to connect or make correlations of those outcomes, I think that would really kind of help the state, the city in our case figure out how to negate the epidemic of homelessness that we see in New York City with these young people. So, I think the importance of data is something that has really been on my mind of late. We need to know how many and who and what they're going through as a base for then figuring out the services that we need to provide to the population."

147 LGBTQ+ Intersectionality, Race, and Service Utilization (RE007AS-147) (2 separate excerpts)

Focus Group: 21 Individuals Experiencing Homelessness
Themes: SOGI Needs, Intersectionality, Racial and Ethnic Inclusion, Non-White Communities, Adolescents

A: "The reality is that even in places like Ithaca or Buffalo where there more white people proportionally than there would be in New York [City], I guarantee to you that people of color still accessing those services that are much higher proportion, right. So, I think we really have to look at intersections of LGBTQ identity and race because that absolutely speaks to the experience our clients are having in these spaces ..."

B: "We just completed a study here at [my organization and we found that] 34% of all kids in foster care identify as LGBTQ+, 34%. Of that 34%, 93% of those kids identify as Black or Brown. So, I think that says it all right there. But also, in systems like these always have more Black and Brown people so this whole idea, that's gonna mirror the same proportion in the LGBTQ community. So, race has to be a part of this conversation."

148 Representation Needed at All Levels of Agencies (RP006RE-148)

Focus Group: 21 Individuals Experiencing Homelessness
Themes: Individuals Experiencing Homelessness, Structural and Systemic Barriers, Lack of Representation, Leadership, SOGI Needs, Cultural Competence, Racial and Ethnic Inclusion

"If we want line staff, direct-service staff, to mirror the population, we should also want leadership staff to mirror the population. And honestly, I think sometimes these organizations skip that step. I really believe that if we have people in leadership who identify as queer or of color or have experienced homelessness, I think trying to figure out then how to have equitable hiring practices would be a lot easier because the perspective is one of an insider, not one of an outsider ... 90% of the time, when I've walked into those spaces without knowing anything, the leadership is always gonna be exclusively white. And the line staff will have more diversity, and I think that's something that we really need to address in New York State and New York City."

149 Cost and Availability of Health Care for Providers (SF001IP-149)

Focus Group: 21 Individuals Experiencing Homelessness
Themes: Mental Health Service Users, SOGI Needs, Cultural Competence, LGBTQ+ Affirming Medical or Behavioral Care, Availability of Services, Behavioral Health, Mental Health, Affordable, Sliding Scale, and No-Fee Services

"...with a few exceptions, I think the vast majority of people ... are working because they care. But then [you have] the burnout, the lack of resources, the underpay, the really expensive healthcare with \$50 copays for mental health. Actually, if I could say one [that is important to have, it's], mental healthcare for our clients and free, adequate, culturally competent mental healthcare for providers, and I'm trans. I have a hard time sometimes finding a therapist who does not make that weird. I don't need to talk about it. I just need a therapist that's not gonna make that an issue."

150 Cost and Availability of Mental Health Care for Providers (SF002MH-150)

Focus Group: 21 Individuals Experiencing Homelessness

Themes: Mental Health Service Users, Structural and Systemic Barriers, Financial Stress, Cost, Availability of Services, Accessibility of Services, Insurance Barriers or Discrimination

“And I am in self-pay therapy now because I just—my insurance—I just kept trying to find one. And I could not find one. So, I don’t know. Maybe some sort of stipend where I could self-pay my therapist out of that fund because most therapists [are also in therapy]. I’m a therapist. I have a lot of therapists that are private-practice clients. I also do private practice outside of this. So, now so much of it’s self-pay ... I can refer people to a number of therapists that are people of color, that are LGBTQ, that are competent in all these different ways, but then how do you pay for that because most of them don’t take insurance?”

151 Intimacy in Homeless Shelters (HS004PN-151)

Focus Group: 21 Individuals Experiencing Homelessness

Themes: Individuals Experiencing Homelessness, Availability of Services, Housing, Shelters for Homeless LGBTQ+ Persons

“Since we are talking about LGBTQ homeless people, and I would say for homelessness in general, there is an inability for people to access physical intimacy, to access sex. The ways that guest policies are, the ways that shelters—you have to have a domestic partnership or a marriage to be housed with a partner. Shelters will not allow access to guests, or sometimes, they’ll have guests but you can have [limited time with them]. I know you can have six nights a month which is better than nothing. But ... these are basic physical needs that people have, and this also goes into dignity of people. And then also in terms of criminality—having clients arrested for trespassing when it’s just [sex] ... because somebody doesn’t have housing doesn’t mean they shouldn’t be allowed to have sex which basically is what it comes down to.”

152 COVID-19 Displaced Care for People Living with HIV (CV005AS-152)

Focus Group: 28 COVID-19 Discussion Group

Themes: COVID-19, Availability of Services, Medical Services, Structural and Systemic Barriers, Lack of Funding for Programs and Services

“One of the things that we’ve come to recognize about the advent of COVID-19, this novel coronavirus situation, is that a lot of the things that we have prioritized, even as providers, to the community in the past took a backseat to coronavirus. I think because of the virulence of the virus and its capacity to impact general population in ways that folks haven’t seen in decades and at such a pace and such a rate—HIV, let’s say, in particular, started to take a backseat. And all of these new funding streams started coming up that focused on coronavirus. People who were working with HIV got pulled off of HIV to begin to work on the coronavirus, which started to kind of isolate a community that, because they may be immunocompromised if they’re living with HIV or at risk for HIV, that if they became infected with coronavirus at the same time, they would be even more duly impacted and affected. And because a lot of the funding and attention and epidemiological data kind of is pointing to particular populations within the LGBTQ+ community that are more at risk for HIV than other populations within the community, those folks just stopped getting the limelight. Those folks aren’t getting attention. “

153 Continuity of Care during the COVID-19 Pandemic (CV005AS-153)

Focus Group: 28 COVID-19 Discussion Group

Themes: COVID-19, Social Support and Community Resources, Community Supports, Availability of Services

“One of the things that worries me is that what has happened is ... this fairly noticeable decline in services that has happened because of COVID. I think we risk damaging some of the trust that worked so hard to build with communities. Long ago, when I started doing outreach, I was taught by a very wise guy that you build trust by consistently showing up. Year on year, you are in the community and you show up consistently. You show them that you are there consistently. And I think that, in some cases, with our drop-in services—and not necessarily upstate but in general ... the perception could be that we’re here for you when we need you, but then something puts us and our staff in a little bit of danger and we drop you pretty quick. So, I worry that that is a potential message that’s come from what’s happened with COVID.”

ENDNOTES

- 1 The "Office of LGBTQ Services" is the office's title. The report defaults to "LGBTQ+" as the general term of reference, while organizations or programs that utilize other designations are referred to by the way they present themselves (e.g., LGBT, LGBTQ+, or LGBTQIA+).
- 2 Figures in this section are based on voluntary participant demographic surveys completed by 138 (77%) of the 180 participants.
- 3 See Bankert EA, Gordon BG, Hurley EA, and Shriver SP, Institutional Review Board: Management and Function, 3rd ed. (Burlington MA: Jones and Bartlett, 2022), especially Chapter 1-1, "Ethical Foundations of Human Research Protections," and 1-2, "Historical Timeline."

APPENDIX A: THEMATIC CODES USED TO ANALYZE THE FOCUS GROUP TRANSCRIPTS

1. Availability of services

- 1.1. Accessibility of services
 - 1.1.1. Access to disabled persons
 - 1.1.2. Cost of care
 - 1.1.3. Insurance barriers or discrimination
 - 1.1.4. Public information about services
- 1.2. Behavioral health
 - 1.2.1. Clubhouse
 - 1.2.2. Mental health issues/depression/emotional disturbance
 - 1.2.3. Mental health services
 - 1.2.4. Substance use
 - 1.2.5. Suicide/Suicidality
- 1.3. Continuity of care
- 1.4. Dispersed/Fragmented Services
 - 1.4.1. Availability in rural areas
 - 1.4.2. Services that do not require internet/tech access
 - 1.4.3. Urban/rural distinction
 - 1.4.4. Urban/suburban distinction
- 1.5. Duplication of services
- 1.6. Education
 - 1.6.1. Grants to support education
 - 1.6.2. Healthy relationships
 - 1.6.3. School standards for LGBTQ+ readiness and affirmation
 - 1.6.4. Sex-positive education for health providers
 - 1.6.5. Support to keep queer youth in schools
- 1.7. Employment
 - 1.7.1. Sex Work/Client Sex
 - 1.7.2. Support for specific populations
 - 1.7.3. Workforce training and readiness
- 1.8. Food insecurity
- 1.9. Housing
 - 1.9.1. Older and retired adults
 - 1.9.2. Non-discriminatory housing
 - 1.9.3. Shelters for homeless LGBTQ+ persons
 - 1.9.4. Transitional housing for new immigrants
- 1.10. Lack of services
- 1.11. Legal services
 - 1.11.1. Legal navigation
 - 1.11.2. LGBTQ+ affirming legal resources
- 1.12. Medical services
 - 1.12.1. PRP and PrEP
 - 1.12.2. Primary care
 - 1.12.3. Smoking cessation
 - 1.12.4. Surgical and hormone treatments (TGNC)
 - 1.12.5. Telehealth
- 1.13. Outreach
- 1.14. Service navigation
 - 1.14.1. Patient navigation
 - 1.14.2. Referral networks

2. COVID-19 pandemic

- 2.1. COVID Lessons Learned/Novel applications
- 2.2. Efficacy of responses to pandemic
- 2.3. Accessibility of pandemic response services
- 2.4. Internet difficulty/lack of internet
- 2.5. Safety of services in pandemic response
- 2.6. Telehealth capabilities

3. Populations (population focus groups)

- 3.1. Black, Indigenous, Latinx, Asian, Middle Eastern communities
 - 3.1.1. API and Native Hawaiian
 - 3.1.1.1. Chinese and East Asian
 - 3.1.1.2. South Asian
 - 3.1.1.3. Southeast Asian
 - 3.1.2. Black or African American
 - 3.1.3. Indigenous (Native American)
 - 3.1.4. Latinx/Latine and Hispanic communities
 - 3.1.5. Middle Eastern (Arab, Persian, North African)
- 3.2. Lesbian, bisexual, queer women
- 3.3. Adolescents (13–24)
- 3.4. Young adults (21–30)
- 3.5. Older adults (50+)
- 3.6. Rural and suburban communities
- 3.7. Mental health service users
- 3.8. Sex workers
- 3.9. Individuals experiencing homelessness
- 3.10. Transgender, gender non-conforming, nonbinary, intersex communities
- 3.11. Immigrants, migrants, and refugees
- 3.12. Individuals with disabilities
- 3.13. Individuals in recovery

4. Region of NY State (focus groups and other topics)

- 4.1. Westchester, Rockland, Putnam, Sullivan
- 4.2. Tompkins, Steuben, Ontario
- 4.3. Onondaga, Herkimer, Oneida, Oswega, Madison, Cayuga
- 4.4. Albany, Saratoga, Washington, Hamilton, Warren, Fulton, Montgomery, Schenectady, Schoharie, Greene, Columbia, Rennselaer
- 4.5. Monroe, Orleans, Wayne, Genesee, Livingston, Wyoming, Cattaraugus, Allegany
- 4.6. Ulster, Dutchess, Orange
- 4.7. Nassau, Suffolk
- 4.8. Erie, Niagara, Chautauqua
- 4.9. Jefferson, St. Lawrence, Lewis
- 4.10. Otsego, Broome, Cortland, Chenango, Delaware
- 4.11. Clinton, Franklin, Essex
- 4.12. NYC
 - 4.12.1. The Bronx
 - 4.12.2. Brooklyn
 - 4.12.3. Manhattan
 - 4.12.4. Queens
 - 4.12.5. Staten Island
- 4.13. Weather and Topography

5. Safety

- 5.1. Crisis intervention services
- 5.2. DP/IPV services
 - 5.2.1. Prevention
 - 5.2.2. Response
- 5.3. Safe spaces
- 5.4. Safety planning services and supports
 - 5.4.1. Addressing emergent situations
 - 5.4.2. Ensuring that safety planning addresses both regional and population needs
 - 5.4.3. Executing safety plans
 - 5.4.4. Preparing safety plans

6. Social support and community resources

- 6.1. Community supports
- 6.2. Family supports (or rejection)
- 6.3. Personal or friendship groups

7. SOGI needs and capacity to address them

- 7.1. Coming out
 - 7.1.1. LGB coming out
 - 7.1.2. Trans coming out
- 7.2. Cultural competence
 - 7.2.1. Intersectionality
 - 7.2.2. LGBTQ+ affirming medical or behavioral care
 - 7.2.3. LGBTQ+ representation in staff and community leadership
 - 7.2.4. Normalizing pronouns and chosen names
 - 7.2.5. Racial and ethnic inclusion
 - 7.2.6. Training
- 7.3. Stigma and discrimination
 - 7.3.1. Community stigma (MH, SU, BH)
 - 7.3.2. Cultural humility
 - 7.3.3. External stigma
 - 7.3.4. Stigma from providers
 - 7.3.5. Internalized stigma
 - 7.3.6. Stigma from regional community
 - 7.3.7. Stigma from other LGBTQ+ persons
- 7.4. TGNB needs
 - 7.4.1. Access to HRT, surgery, and puberty-suppressing treatment
 - 7.4.2. Financial services to defray expenses and costs associated with transgender experience
 - 7.4.3. Legal services/jails/prisons
- 7.5. Youth needs
 - 7.5.1. Behavioral risks
 - 7.5.2. Education
 - 7.5.3. Unsupportive families

8. Structural and systemic barriers

- 8.1. Financial stress

- 8.1.1. Client fear or apprehension due to cost
- 8.1.2. Lack of funding for programs or services
- 8.1.3. Youth – ageing out of parent’s insurance or other youth supports
- 8.2. Identity documentation
 - 8.2.1. Immigrant documentation needs
 - 8.2.2. Name change
- 8.3. Immigrant services
 - 8.3.1. Compartmentalization of LGBTQ+ services, no overlap
 - 8.3.2. Documentation needs
 - 8.3.3. Eligibility for government benefits enrollment
 - 8.3.4. Lack of knowledge/competency
 - 8.3.5. Sexual health and education for undocumented immigrants
 - 8.3.6. Transitional services
- 8.4. Lack of representation
 - 8.4.1. Leadership
 - 8.4.2. LGBTQ+
 - 8.4.3. Race/ethnic representation
- 8.5. Racism/ethnic discrimination
- 8.6. Workplace support

9. Transportation

- 9.1. Cost of transportation
- 9.2. Ease of transportation/transit

APPENDIX B: EXCERPT CODES

Code	Meaning
AG	Ageing
AS	Access to Services
CC	Cultural competence
CH	Cultural humility
CV	COVID-19 or things related to the COVID-19 pandemic and response measures
CW	Referring to concerns of cisgender women
DD	Development disabilities
DS	Disabilities or concerns of individuals with disabilities
ED	Education
EM	Employment
FI	Food insecurity
HS	Housing
IP	Insurance barriers or problems
IS	Intersectionality
IM	Concerns related to immigrants, refugees, or migrants
LK	Lack of Services
LS	Legal services
MH	Mental health or issues related to mental health services
NA	Native American individuals or communities, and the issues that affect them
OA	Older adults
PN	Physical needs, need for intimacy
RE	Outreach
RP	Representation and diversity
RU	Issues related to rural areas, rural communities, or the people who live there
SD	Social drivers of health (SDOH)
SF	Cost of health and other benefits for providers
SG	Issues or concerns related to sexual orientation, gender identity, or overall status as a LGBTQ+ identified person
SP	Social supports
SS	Issues related to social structure
ST	Stigma (any)
SW	Sex work or sex workers
TG	Concerns of transgender, gender non-conforming, nonbinary, genderqueer, or other diverse non-cis, nonbinary community members
TH	Telehealth
TM	Trauma
TR	Training
UP	Upstate New York, or areas not in metropolitan New York City
WM	Related to women (cisgender or transgender, or not distinguished)
YT	Related to “youth” or individuals generally in the ages 13 through 24

APPENDIX C: EXCERPT INDEX BY SEQUENCE NUMBER AND TITLE

Excerpt	Title
TG001AS-001	TGNC Youth, Access to Services and HRT
SG001CC-002	SOGI Needs and Cultural Competence
CV001TH-003	COVID-19 Lessons Learned and Telehealth
RP001SS-004	Representation and Social Structure
RP002SS-005	Representation and Social Structure
TR001SS-006	Training, Cultural Competence and Staff Support
SG02SS-007	SOGI Needs and Cultural Competence
SG003RP-008	SOGI Needs and Lack of Representation within LGBTQ+ Communities and Discourse
RP003WM-009	Representation, Leadership, Lesbian/Bi/Queer/Transgender Women
SS001ST-010	Structural/Systemic Barriers and Provider Bias
AS001CH-011	Access to Services and Cultural Humility
AS002CC-012	Availability of Services and Cultural Competence
CV002RE-013	COVID-19 and Racial and Ethnic Inclusion
CV003SF-014	COVID-19 and Safety of Services
SW001IM-015	Sex Work and Immigrants
IM001LS-016	Immigrant Barriers and Legal Services
YT001SS-017	Youth and Structural and Systemic Barriers
SS002AS-018	Lack of Program Funding
AS003RU-019	Dispersed/Fragmented Services
TG002SS-020	TGNB Needs and Structural/Systemic Barriers
TG003IP-021	TGNB Services and Insurance Problems
AS004IP-022	Access to Services and Health Insurance Problems
AS005IP-023	Access to Services and Health Insurance Problems
CC001AS-024	Language Competence and Access to Services
SW002AS-025	TGNB Sex Workers and Access to Clinics
IM002HS-026	Housing and Undocumented Persons
TG004HS-027	Trans Housing Issues
TG005HS-028	Trans Housing Issues
SW003MH-029	Sex Workers, Mental Health and Criminalization
TG005RP-030	Trans Representation among Staff
YT002SA-031	Youth Centers and Safety
TG006EM-032	Trans Employment, Retention and Support
IM003MH-033	Mental Health in Immigrant Communities
RP004CC-034	Representation and Cultural Competence (South Asian)
TG007TX-035	Transgender Needs and Gender-Affirming Treatments
DS001AC-036	Disabilities and Access to Care, Transportation
TG008SS-037	Transgender Safety Nets
HS001SS-038	Housing and LGBTQ+ Homelessness
HS002SS-039	Housing and LGBTQ+ Homelessness
FI001TG-040	Food Insecurity in Trans Communities
YT004HS-041	Homeless Youth in Finger Lakes/Upstate Areas
TG009YT-042	TGNB Youth and Gender Affirming Care
TG010HR-043	Gender-affirming Care and Suicidality
RP005LD-044	Representation, Inclusion, and Leadership
ST001LS-045	Treatment of LGBTQ+ in Prisons
TR002UP-046	Transportation and Access to Services in Mid-Hudson
TG011SR-047	Access to TGNB Care in Rural and Suburban Communities

Excerpt	Title
AS006SG-048	Access to Services in Rural and Suburban Communities
HS003YT-049	Youth Homelessness, Exploitation, and Housing
AG001SP-050	Ageing and Social Support for Older LGBTQ+
TH001RU-051	Telehealth and Privacy in Rural and Suburban Communities
ST002RU-052	Stigma and Privacy in Rural Services
ST003RU-053	Funding, Stigma, and Lack of Affirming Rural Services
IM004SF-054	Challenges and Safety for Immigrants in New York
IM005SW-055	Immigrants, Sex Work, and Survival
IM006AS-056	Immigrants and Benefits Access
IM007CC-057	Linguistic Responsiveness, African Immigrants
IM008AS-058	HIV and Benefits in New York for Immigrants
IM009LS-059	Immigrants and New York City for Legal Services
IM010TM-060	Immigrants and Trauma
IM010TM-061	Immigrants and Trauma
TR004RU-062	Rural Areas and Transportation
OA001SP-063	Older Adults and Lack of Social Support
OA002HS-064	Older Adults and Housing in Upstate Areas
SW004ST-065	Sex Work and Stigma
SW005AS-066	Sex Workers, Outreach, and Engagement
SW006AS-067	Sex Workers, Outreach, and Engagement
SW007AS-068	Sex Work, Criminalization, and Access to Services
SW008TM-069	Sex Work, Trauma, and Criminalization
YT003AS-070	Youth and Coming Out Upstate
AS007LK-071	Shortage of LGBTQ-Affirming Behavioral Health Care, Upstate
CW001TM-072	LGBTQ Women and Trauma
CW002RP-073	Black Women, Representation, and Safety
WM001UP-074	Lack of LGBTQ-specific Services
AS008WM-075	Need for Services Outside of Business Hours, Women
TG012SA-076	Threat of Violence to Transwomen
TG013SA-077	Transwomen, Substance Use, Housing and Safety
FI002TG-078	Food Insecurity in Vulnerable LGBTQ+ Groups
SD001WM-079	Housing, Food, and Social Drivers of Health for Women
SD002WM-080	Women Caretakers and Social Drivers of Health
SD003WM-081	Women Caretakers and Social Drivers of Health
SD004RE-082	Affirming Care for Black Women
MH001HS-083	Housing, Mental Health, and Rural Communities
CC002RU-084	TGNB-affirming Services in Rural Areas
CC002RU-085	Self-advocacy, Youth, and Lack Affirming Care
CC003RE-086	Lack of Affirming Care Upstate
AS009MH-087	Lack of Affirming Mental Health Services
AS010MH-088	Barriers to Mental Health Services
ST005RU-089	Stigma and Discrimination Upstate
AS011RU-090	Upstate/Downstate Differences in Services and Communities
AS012RU-091	Upstate/Downstate Differences in Services and Communities
RU001YT-092	Need for School-Based Interventions
RU002TR-093	Rural Transportation and Access for Youth
TR005RU-094	Lack of Access to Transportation
MH002AS-095	Lack of Mental Health Services Upstate
TH002TG-096	Telehealth, Privacy, and Transgender Persons

Excerpt	Title
MH003YT-097	TGNB Needs under 18, Upstate
MH004UP-098	Strained Capacity for Mental Health Services
OA003CC-099	Lack of Services for LGBTQ+ Elders
DS002AS-100	Lack of Services and Access for Persons with Disabilities
YT005CC-101	Cultural Competence in School Staff
TG014MH-102	Trans Identity and Suicidality
TR006RU-103	Transportation and Access to Care Upstate
TR007RU-104	Transportation and Access to Care Upstate
AS013RU-105	Outreach and Public Knowledge of Services Upstate
AS014RU-106	Outreach and Public Knowledge of Services Upstate
CC004ST-107	Stigma about Sexuality in Schools and Mental Health
TR008AS-108	Transportation and Access to Care
RE001AS-109	Outreach to Non-White Communities
RE002AS-110	Outreach to Latino MSM
MH005ST-111	Mental Health Stigma in Asian Populations
ST006EM-112	Stigma and Employment
CV004TG-113	In-person Trans Services and COVID-19
TG015MH-114	LGBTQ+ and TGNB Mental Health Needs
TG015HS-115	Housing and Trans Rights
CC005RU-116	Identifying LGBTQ+ Competent Providers Upstate
CC006RU-117	Identifying LGBTQ+ Competent Providers Upstate
TR009IS-118	Training and Intersectionality
RE003IS-119	Racial and Ethnic Inclusion
TH003MH-120	Telehealth Increasing Access to Mental Health Services
TR009NA-121	Transportation for Native American Communities Upstate
NA001MH-122	Native American LGBTQ+ Youth and Suicide
OA004HS-123	Older Adults and Intergenerational Housing
OA005HS-124	Older LGBTQ+ Adults in Nursing Homes
OA006HS-125	Older Adults and Intergenerational Housing
OA007CE-126	Older Adults and Social Engagement
OA008TR-127	Older Adults and Transportation Issues
OA009LS-128	Older Adults and End of Life Concerns
OA010LS-129	End of Life Planning
RE004UP-130	Communities of Color Upstate, Lack of Diversity
TR010TE-131	Telehealth and Transportation for Youth Upstate
RE005MH-132	Lack of Culturally Responsive Mental Health Services Upstate
RE006UP-133	Small Non-White Populations and Access to Services
TR011YT-134	“Clients that are in front of us”—Transportation and Accessibility Upstate
TR012RU-135	Training LGBTQ+ Affirming Care in Rural Areas
RU003TE-136	Transportation and Access to Rural Providers
DS003CC-137	Finding Competent Care for Persons with Disabilities
DS004ED-138	Non-Physical Disabilities
DS005DD-139	Non-Physical Disabilities
IM011AS-140	Lack of Access for Undocumented Persons
YT006ST-141	Family Rejection and Stigma for Youth
YT007AS-142	Young Adults and Transition to Adulthood
TH004AS-143	Sudden Rollout of Telehealth in COVID
TR013RU-144	Transportation and Access to Services in Rural Areas
YT008HS-145	Home Abuse and Youth Homelessness

Excerpt	Title
YT009HS-146	Lack of Data on SOGI Youth and Homelessness
RE007AS-147	LGBTQ+ Intersectionality, Race, and Service Utilization
RP006RE-148	Representation Needed at All Levels of Agencies
SF001IP-149	Cost and Availability of Health Care for Providers
SF002MH-150	Cost and Availability of Mental Health Care for Providers
HS004PN-151	Intimacy in Homeless Shelters
CV005AS-152	COVID-19 Displaced Care for People Living with HIV
CV005AS-153	Continuity of Care during the COVID-19 Pandemic

APPENDIX D: THEMES USED IN CODING

Access to Disabled Persons

Concerns the ability of disabled persons to access this service.

Access to HRT, Surgery, Puberty Suppressors

Concerns access to hormone replacement therapy (HRT), gender-affirming surgery, or puberty suppressors.

Accessibility of Services

Concerns the accessibility of services to community members, including either barriers to access or supports that enable access.

Adolescents

Specifically references individuals or groups in the ages of 13 through 24.

Affordable, Sliding Scale, and No-fee Services

Specifically references affordable, discounted, and no-fee services available to lower-income community members.

Asian and Pacific Islander Communities

Specifically mentions Asian and/or Pacific Islander individuals or communities.

Availability in Rural Areas

Specifically discusses service availability in rural areas or the effect of availability on individuals who live in rural areas.

Availability of Services

Discusses issues related to the availability of services, whether in support or availability or as challenges to availability. This is the most commonly applied theme, in 111 of the 153 excerpts (72.5%).

Behavioral Health

Discusses issues related to mental health care of substance use services, generally.

Behavioral Risk

References behavioral risks that negatively impact health or social outcomes.

Black or African American

Specifically mentions Black or African American individuals or communities.

Black Women

Specifically mentions Black or African American women.

Coming Out

References issues related to coming out as a member of the LGBTQ+ communities.

Community Engagement

References supports, challenges, or actions related to local or specific communities, including the LGBTQ+ communities, neighborhoods, towns, cities, regions, etc.

Community Supports

References the presence, lack, and/or impact of support(s) that individuals may receive from their communities, usually in reference to the geographic, family, religious, ethnic, or other non-LGBTQ+ social communities in which LGBTQ+ individuals live and work.

Continuity of Care

References specific supports or barriers to the continuity of care or services in the face of disruption, move, or change.

Cost

Specifically references how cost impacts access to care or services.

COVID-19

References the COVID-19 pandemic and how it impacted individuals, communities, and/or access to services.

COVID Lessons Learned

Mentions specific factors or practices that emerged during the COVID-19 pandemic and now contribute to enhanced services or access post-pandemic, usually in reference to telehealth and virtual care.

Cultural Competence

References issues and impacts related to cultural competence of providers, for LGBTQ+ affirming practices as well as cultural responsiveness related to race, ethnic identity, language, or social status.

Developmental Disabilities

Specifically mentions cognitive or developmental disabilities.

Disabilities

Concerns disabilities, in general and specific instances.

Dispersed/Fragmented Services

References the impact of spatial (geographic) or substantive dispersion or fragmentation of services on LGBTQ+ and culturally-affirming service provision.

Duplication of Services

References the impact of duplication of services on either consumers or providers.

DV/IPV Services

Specifically mentions domestic- or interpersonal violence and its impact on the needs of community members and/or their ability to have these needs addressed.

Education

References schools or educational practices and services in relation to the availability or lack of LGBTQ+ affirming services, especially for younger community members.

Efficacy of Responses to the Pandemic

Specially mentions the impact of pandemic responses, positively or negatively, on community members.

Eligibility for Government Benefits

References disparities in access to services due to a lack of eligibility for services or to a lack of knowledge of how to take advantage of services for which one is eligible.

Employment

References the impact of employment on services and access to services, as well as the impact of some services on employment or employability.

Faith-based Supports

References how religious communities, churches, or faith traditions may support, or fail to support, LGBTQ+ individuals; this theme may refer to the positive impact of faith support or the negative impact of rejection by a faith community.

Family Supports

References how the families of LGBTQ+ individuals may support, or fail to support, them; this theme may refer to the positive impact of families or the negative impact of rejection by family members.

Financial Stress

References the impact caused by financial stress on accessing needed services; or how a lack of services may increase financial stress.

Food Insecurity

References the existence of, and impact of, food insecurity on LGBTQ+ individuals or communities.

Housing

References or directly discusses the need for housing, housing services, affordable housing, or other housing-related issues on poverty, need, and access to services.

Identity Documentation

Directly discusses processes for changing identity documents encountered by persons who identify as TGNC.

Immigrant Services

References services that are available to, or should be available to, immigrants, refugees, or migrants.

Immigrants

Directly discusses issues faced by, or related to the status of, immigrants, refugees, or migrants.

Individuals Experiencing Homelessness

Discusses the impact of homelessness on LGBTQ+ community members, as well as the availability or lack of services for individuals experiencing homelessness.

Insurance Barriers or Discrimination

Directly mentions barriers or discrimination caused by inadequate medical insurance coverage, lack of access to medical insurance, or lack of access to independent insurance coverage for persons under 18.

Internet Difficulty

References when a lack of access to the internet becomes a barrier to accessing services or care, as in telehealth or virtual service opportunities.

Intersectionality

References the cross-cutting impact of multiple forms of stigma or oppression, including racial, ethnic, gender-based, sexuality-based, economic or social discrimination.

Lack of Funding for Programs and Services

Refers to ways in which lack of funding for programs affects service availability to the community or how lack of funding affects the ways in which providers can perform their jobs and serve the community.

Lack of Representation

References how a lack of community representation among providers, agency leadership, or policy makers affects the services available to the community and the degree to which they are responsive to specific communities of identity, social background, status, or experience.

Lack of Services

Refers to a lack of services, generally, for the community or subgroups of community members.

Latinx

Specifically mentions Latine, Latinx, or Hispanic individuals or communities.

Leadership

Refers to the impact of leadership on affirming or culturally responsive programs and policies, especially when leadership is not diverse and tends to reflect the views or preferences of more empowered segments of the community.

Legal Services

Directly mentions need for or availability of legal services for specific issues, individuals, or communities.

Lesbian, Bisexual and Queer Women

Specifically mentions lesbian, bisexual, and queer women or communities, or the needs and services related to these communities.

LGBTQ+ Affirming Legal Resources

Specifically mentions LGBTQ+ affirming legal resources, including providers or the specific services in question (e.g. trans-specific legal services).

LGBTQ+ Affirming Medical or Behavioral Care

References the need for, availability of, or lack of LGBTQ+ affirming medical or behavioral care.

LGBTQ+ Women's Needs

References needs that typically affect LGBTQ+ women or communities, across the lifespan.

Medical Services

References medical services, either specifically or generally.

Mental Health

References mental health, issues related to mental health or mental health services either generally or specifically.

Mental Health Service Users

References needs or concerns that typically affect users of mental health services, including stigma, across the lifespan.

Name Change

Specifically mentions issues related to name change for TGNB community members.

Native American Communities

Specifically mentions Native American individuals or communities.

Non-discriminatory Housing

References a need for non-discriminatory housing services for LGBTQ+ identified individuals and groups.

Non-white Communities

References or directly discusses needs of BIPOC and non-White communities generally or specifically, or with reference to multiple non-White identities or experiences.

Older Adults

Specifically mentions needs, services, and access to services for older community members, typically 50 years of age or older or retired persons.

Outreach

References outreach activities or the need for outreach to specific groups or communities.

PEP and PrEP

Specifically mentions Post-Exposure Prophylaxis (PEP) or Pre-Exposure Prophylaxis (PrEP).

Personal Friendship Groups

References support that can or could be provided through personal relationships or friendship groups to individuals in need.

Provider Bias

Refers to ways in which bias by providers can impact the services received by, available to, or responsive to LGBTQ+ individuals.

Public Information About Services

Refers to information available about services and, in most cases, instances in which a lack of publicly available information makes it difficult to access services or care, even when they are available.

Racial and Ethnic Inclusion

References the impact of racial and ethnic inclusion on the availability, accessibility or responsiveness of services or care; instances in which the provision of services or care reflect racial or ethnic inclusion or exclusion; or instances in which racial and ethnic inclusion or the lack thereof affect availability of, and access to, services and care.

Racism/Ethnic Discrimination

References ways in which racism and ethnic discrimination affect the availability of, and access to, services for individuals and communities.

Referral Networks

Specifically discusses referrals and referral networks.

Regions of New York State

Direct mention of specific regions of New York State or regional issues generally.

Rural and Suburban Communities

Refers to issues affecting individuals who live in rural or suburban (i.e. non-urban) communities and are directly related to these types of geographic communities.

Rural Areas

Refers to issues that occur specifically, or typically, in rural areas.

Safety

Directly references safety for LGBTQ+ individuals or communities, in relation to discrimination, LGBTQ+ hate or hate crimes; as a barrier to accessing services; or as an outcome of seeking services (e.g., being outed to one's family through insurance or a lack of privacy).

Safety of Services in Pandemic Response

References the safety of pandemic-responsive services, such as telehealth, that may increase the risk of exposure or outing of individuals to others who may cause them harm.

School Standards for LGBTQ+ Affirmation

Refers to the existence or needs for standards for LGBTQ+ affirmation in schools and other educational settings.

Service Navigation

Direct discussion of service navigation for individuals or groups.

Services that do not require Internet/Tech Access

Refers to services that do not require internet or tech support for access; generally refers to more traditional and in-person services or care.

Sex Work

Directly reference sex work and its impact on care and/or services, including service needs that arise from sex work or stigma and discrimination that are related to performing sex work.

Sex Workers

Directly reference sex workers as a community with specific needs, the typical needs of sex workers, discrimination and stigma faced by sex workers, and the impact of these forms of discrimination toward sex workers.

Shelters for Homeless LGBTQ+ Persons

Directly discusses shelters, shelter life, problems with shelters, lack of shelters, and other issues related to using or obtaining spaces in shelters for LGBTQ+ persons experiencing homelessness.

Social Support and Community Resources

References the existence or lack of social and community supports that would help individuals access medical, behavioral, or social services.

SOGI Needs

Generally or specifically references needs that typically arise from sexual orientation or gender identity across the lifespan. These are needs that are uniquely associated with LGBTQ+ identity or orientation, such as issues around coming out, gender-affirming care or transition, LGBTQ+ affirming therapy, or behavioral risks related to stigma, orientation, or identity.

Stigma and Discrimination

References situations or factors that lead to or enhance the experience of discrimination, marginalization, stigmatization, or exclusion.

Structural and Systemic Barriers

References issues that are caused by, reflect, or contribute to the social structures or systems that enhance barriers to accessibility of services, lack of services, stigma, or other problems with seeking and receiving medical, behavioral, or social services.

Substance Use

Directly discusses substance use or concerns and barriers to service that either arise from substance use (stigmatization) or constitute barriers to seeking services for substance use or abuse.

Suicide

Directly mentions suicide among LGBTQ+ individuals.

Support for Specific Populations

References or identifies supports that could help specific populations who are the subject of the excerpt (e.g. racial and ethnic groups, disabled persons, older adults, youth, etc.).

Support for Transition to Adulthood

Directly mentions supports uniquely related to the transition to adulthood among persons who identify in the LGBTQ+ communities.

Telehealth

Directly discusses telehealth and issues related to the uptake of, or barriers to, telehealth for either consumers or providers (or both).

TGNB Needs

Generally or specifically references needs that typically arise from gender identity across the lifespan. These are needs that are uniquely associated with transgender, genderqueer, and other non-conforming and nonbinary gender identities, such as issues around coming out, gender-affirming care or transition, TGNB-affirming therapy, or behavioral risks associated with TGNB identities.

Training

References training for providers, including the need for training and/or problems created by either a lack of training or by training itself.

Transitional Housing for New Immigrants

Directly discusses the housing needs of newly-arrived migrants or other immigrants experiencing housing needs, as related to either immigration status or LGBTQ+ identity or needs.

Transportation

References the difficulty that accessing transportation can impose for individuals seeking medical, behavioral, or social services. The theme is related to both the availability or lack of transportation, as well as the cost of transportation.

Trauma

Directly mentions trauma, traumatic experiences, and the impact of trauma on community members both in terms of seeking services as well as the services they need in light of their experiences.

Upstate

Refers to issues or concerns that are uniquely related to living in upstate New York, as defined by outside of the New York City Metropolitan area and Nassau, Suffolk, Rockland, and Westchester counties.

Upstate/Downstate

Refers to issues or concerns that highlight the differences between access and availability of services upstate as opposed to downstate, with downstate roughly equivalent to the New York City metropolitan area.

Urban/Rural Distinction

Refers to issues or concerns that highlight the differences between access and availability of services in urban, as opposed to rural areas.

Urban/Suburban Distinction

Refers to issues or concerns that highlight the differences between access and availability of services in urban, as opposed to suburban areas, regardless of where they are in the state.

Western New York

Excerpt directly mentions Western New York.

Workplace Support

References the existence of, or lack of, workplace support for LGBTQ+ individuals, including the need for workforce development and vocational training, as well as support for those already employed.

Young Adults

Directly discusses issues or concerns common to individuals who are generally in the ages of 18 through 24.

Youth Needs

Generally or specifically references needs that typically arise in the experiences of younger community members, from grade school or middle school, through high school and adolescence (13 to 24 years of age).

APPENDIX E: INDEX OF EXCERPTS BY THEMES

Access to Disabled Persons

DS001AC-036
DS002AS-100

Access to HRT, Surgery, Puberty Suppressors

TG001AS-001
TG007TX-035
DS001AC-036
TG009YT-042
TG010HR-043
TG011SR-047
TG015MH-114

Accessibility of Services

AS001CH-011
AS004IP-022
AS005IP-023
CC001AS-024
SW002AS-025
YT002SA-031
TG007TX-035
DS001AC-036
TG008SS-037
FI001TG-040
TG009YT-042
TG011SR-047
IM008AS-058
SW004ST-065
SW005AS-066
SW006AS-067
SW008TM-069
YT003AS-070
AS008WM-075
TG012SA-076
CC002RU-084
CC002RU-085
AS009MH-087
AS010MH-088
RU001YT-092
TR005RU-094
TH002TG-096
OA003CC-099
DS002AS-100
AS014RU-106
RE001AS-109
RE002AS-110
TR009NA-121
RE006UP-133
YT006ST-141
SF002MH-150

Adolescents

HS003YT-049
YT003AS-070
RU001YT-092
RU002TR-093
MH003YT-097
YT005CC-101
TR010TE-131
TR011YT-134
TR012RU-135
RU003TE-136
YT009HS-146
RE007AS-147

Affordable, Sliding Scale, and No-fee Services

IM003MH-033
SF001IP-149

Asian and Pacific Islander Communities

MH005ST-111
RE003IS-119

Availability in Rural Areas

AS003RU-019
TG011SR-047
ST002RU-052
ST003RU-053
TR004RU-062
RU002TR-093
TR005RU-094
TR008AS-108
OA004HS-123
RU003TE-136
TR013RU-144

Availability of Services

TG001AS-001
RP003WM-009
AS002CC-012
CV003SF-014
SW001IM-015
IM001LS-016
SS002AS-018
AS003RU-019
TG003IP-021
AS004IP-022
AS005IP-023
CC001AS-024
SW002AS-025
IM002HS-026

TG004HS-027
TG005HS-028
SW003MH-029
YT002SA-031
TG006EM-032
IM003MH-033
RP004CC-034
TG007TX-035
DS001AC-036
TG008SS-037
HS001SS-038
HS002SS-039
FI001TG-040
YT004HS-041
TG009YT-042
TG010HR-043
RP005LD-044
ST001LS-045
TR002UP-046
TG011SR-047
AS006SG-048
HS003YT-049
AG001SP-050
TH001RU-051
ST002RU-052
ST003RU-053
IM004SF-054
IM005SW-055
IM006AS-056
IM008AS-058
IM009LS-059
IM010TM-060
IM011TM-061
TR004RU-062
OA001SP-063
OA002HS-064
SW004ST-065
SW005AS-066
SW006AS-067
SW007AS-068
SW008TM-069
YT003AS-070
AS007LK-071
CW001TM-072
CW002RP-073
WM001UP-074
AS008WM-075
TG012SA-076
TG013SA-077
FI002TG-078
SD001WM-079
SD002WM-080

Availability of Services (cont'd)

SD003WM-081
SD004RE-082
MH001HS-083
CC002RU-084
CC003RE-086
AS009MH-087
AS010MH-088
ST005RU-089
AS011RU-090
AS012RU-091
RU001YT-092
RU002TR-093
MH002AS-095
TH002TG-096
MH003YT-097
MH004UP-098
OA003CC-099
DS002AS-100
YT005CC-101
TG014MH-102
TR006RU-103
TR007RU-104
AS013RU-105
AS014RU-106
CC004ST-107
TR008AS-108
RE001AS-109
RE002AS-110
MH005ST-111
CV004TG-113
TG015MH-114
TG015HS-115
OA006HS-125
TR010TE-131
RE005MH-132
RE006UP-133
TR011YT-134
RU003TE-136
YT006ST-141
YT007AS-142
SF001IP-149
SF002MH-150
HS004PN-151
CV005AS-152
CV005AS-153

Behavioral Health

IM003MH-033
TG010HR-043
IM004SF-054
IM007CC-057
IM010TM-060
IM011TM-061

OA002HS-064
SW008TM-069
AS007LK-071
CW001TM-072
AS008WM-075
TG013SA-077
SD004RE-082
MH001HS-083
MH003YT-097
MH004UP-098
TG014MH-102
RE002AS-110
MH005ST-111
TG015MH-114
TR010TE-131
SF001IP-149

Behavioral Risk

YT001SS-017
IM007CC-057

Black or African American

RE005MH-132

Black Women

SD002WM-080
SD004RE-082

Coming Out

YT003AS-070

Community Engagement

OA007CE-126

Community Supports

TH001RU-051
OA001SP-063
OA003CC-099
DS002AS-100
TR008AS-108
TR013RU-144
CV005AS-153

Continuity of Care

TG011SR-047

Cost

IM003MH-033
TG008SS-037
AS008WM-075
AS009MH-087
AS010MH-088
TR006RU-103
SF002MH-150

COVID-019
CV001TH-003
CV002RE-013
CV003SF-014
TH001RU-051
IM006AS-056
YT003AS-070
TH002TG-096
TR007RU-104
CV004TG-113
CC006RU-117
TH003MH-120
TR010TE-131
RU003TE-136
TH004AS-143
CV005AS-152
CV005AS-153

COVID Lessons Learned

CV001TH-003
TH002TG-096
TH003MH-120
TR010TE-131

Cultural Competence

SG001CC-002
RP002SS-005
TR001SS-006
SG02SS-007
SG003RP-008
RP003WM-009
TG003IP-021
CC001AS-024
RP004CC-034
HS001SS-038
YT004HS-041
TG011SR-047
AS006SG-048
IM007CC-057
IM009LS-059
IM011TM-061
SW004ST-065
AS007LK-071
CC002RU-084
CC002RU-085
AS009MH-087
AS010MH-088
MH002AS-095
MH003YT-097
MH004UP-098
YT005CC-101
TR007RU-104
AS014RU-106
CC004ST-107

Cultural Competence (cont'd)

MH005ST-111
 CC005RU-116
 TR009IS-118
 RE003IS-119
 OA005HS-124
 OA009LS-128
 RE004UP-130
 RE005MH-132
 TR012RU-135
 DS004ED-138
 DS005DD-139
 RP006RE-148
 SF001IP-149

Disabilities

DS001AC-036
 OA002HS-064
 TR005RU-094
 DS003CC-137
 DS004ED-138
 DS005DD-139

Developmental Disabilities

DS005DD-139

Dispersed/Fragmented Services

AS003RU-019
 TG011SR-047
 ST002RU-052
 ST003RU-053
 TR004RU-062
 SW005AS-066
 CC002RU-085
 ST005RU8-009
 AS011RU-090
 AS012RU-091
 RU002TR-093
 MH002AS-095
 TR006RU-103
 TR007RU-104
 AS013RU-105
 TR008AS-108
 RU003TE-136
 TR013RU-144

Duplication of Services

YT003AS-070

DV/IPV Services

IM006AS-056

Education

YT003AS-070
 CC002RU-085
 RU001YT-092
 CC002RU-085
 RU001YT-092
 YT005CC-101
 CC004ST-107
 TR012RU-135
 DS004ED-138
 YT006ST-141

Efficacy of Responses to the Pandemic

CV001TH-003
 CV002RE-013
 TH001RU-051
 RU003TE-136

Eligibility for Government Benefits

IM006AS-056
 IM008AS-058
 IM011AS-140

Employment

SW001IM-015
 TG006EM-032
 IM005SW-055
 SW004ST-065
 SW006AS-067
 SW007AS-068
 SW008TM-069
 SD003WM-081
 CC003RE-086

Faith-based Supports

AG001SP-050

Family Supports

AG001SP-050
 MH005ST-111
 RU003TE-136
 YT006ST-141
 YT009HS-146

Financial Stress

SS002AS-018
 IM003MH-033
 TG008SS-037
 TG009YT-042
 AG001SP-050
 ST002RU-052
 ST003RU-053

SW004ST-065
 SW007AS-068
 SW008TM-069
 WM001UP-074
 SD003WM-081
 SF002MH-150
 Food Insecurity
 FI001TG-040
 IM005SW-055
 IM006AS-056
 FI002TG-078
 SD001WM-079
 SD002WM-080
 SD003WM-081

Housing

IM002HS-026
 TG004HS-027
 TG005HS-028
 HS001SS-038
 HS002SS-039
 YT004HS-041
 RP005LD-044
 ST001LS-045
 TR002UP-046
 HS003YT-049
 AG001SP-050
 IM005SW-055
 IM006AS-056
 OA001SP-063
 OA002HS-064
 SW007AS-068
 SW008TM-069
 SD001WM-079
 SD002WM-080
 MH001HS-083
 TG015HS-115
 OA004HS-123
 OA006HS-125
 HS004PN-151

Identity Documentation

TG002SS-020

Immigrants

IM004SF-054
 IM005SW-055
 IM006AS-056
 IM007CC-057
 IM008AS-058
 IM009LS-059
 IM010TM-060
 IM011TM-061
 IM011AS-140

Immigrant Services

SW001IM-015
 IM001LS-016
 IM003MH-033
 IM004SF-054
 IM006AS-056
 IM008AS-058
 IM009LS-059
 IM011AS-140

Individuals Experiencing Homelessness

HS001SS-038
 HS002SS-039
 HS003YT-049
 TG015HS-115
 YT008HS-145
 YT009HS-146
 RP006RE-148
 HS004PN-151

Insurance Barriers or Discrimination

TG003IP-021
 AS004IP-022
 TG007TX-035
 TG008SS-037
 TG009YT-042
 TG011SR-047
 IM008AS-058
 SW008TM-069
 TG012SA-076
 CC002RU-084
 AS009MH-087
 YT006ST-141
 SF002MH-150

Internet Difficulty

TH002TG-096
 TH004AS-143

Intersectionality

SG001CC-002
 SG02SS-007
 AS001CH-011
 RP004CC-034
 HS001SS-038
 IM011TM-061
 TR009IS-118
 RE007AS-147

Lack of Funding for Programs and Services

SS002AS-018
 IM003MH-033
 ST002RU-052
 ST003RU-053
 SW004ST-165
 WM001UP-074
 CV005AS-152

Lack of Representation

SG001CC-002
 RP002SS-005
 SG003RP-008
 RP003WM-009
 RP005LD-044
 ST001LS-045
 SD004RE-082
 RP006RE-148

Lack of Services

RP004CC-034
 TG011SR-047
 AS006SG-048
 HS003YT-049
 OA001SP-063
 SW005AS-066
 AS007LK-071
 WM001UP-074
 SD001WM-079
 SD002WM-080
 ST005RU-089
 AS011RU-090
 AS012RU-091
 MH002AS-095
 TH002TG-096
 MH004UP-098
 TR007RU-104
 AS013RU-105
 TR009NA-121
 TR011YT-134

Latinx

RE002AS-110

Leadership

RP003WM-009
 RP005LD-044
 ST001LS-045
 RP006RE-148

Legal Services

IM001LS-016
 YT001SS-017
 RP005LD-044
 ST001LS-045
 IM005SW-055
 IM009LS-059
 SW008TM-069
 TG015HS-115
 OA009LS-128
 OA010LS-129

Lesbian, Bisexual and Queer Women

SD001WM-079
 SD003WM-081

LGBTQ+ Affirming Legal Resources

IM004SF-054
 IM009LS-059

LGBTQ+ Affirming Medical or Behavioral Care

AS001CH-011
 AS002CC-012
 TG003IP-021
 RP004CC-034
 TG011SR-047
 AS006SG-048
 AS007LK-071
 CC002RU-084
 CC003RE-086
 AS009MH-087
 AS010MH-088
 MH002AS-095
 MH003YT-097
 TR007RU-104
 AS014RU-106
 CC004ST-107
 DS003CC-137
 SF001IP-149

LGBTQ+ Women's Needs

CW002RP-073

Medical Services

TG011SR-047
 SW008TM-069
 CW002RP-073
 WM001UP-074
 TG012SA-076
 CV005AS-152

Mental Health

CV003SF-014
 TG003IP-021
 CC001AS-024
 IM003MH-033
 IM004SF-054
 IM007CC-057
 IM010TM-060
 IM011TM-061
 OA002HS-064
 SW008TM-069
 AS007LK-071
 CW001TM-72
 AS008WM-075
 SD004RE-082
 MH001HS-083
 MH003YT-097
 MH004UP-098
 TG014MH-102
 MH005ST-111
 TG015MH-114
 TH003MH-120
 TR010TE-131
 RE005MH-132
 SF001IP-149

Mental Health Service Users

IM003MH-033
 MH003YT-097
 TR010TE-131
 SF001IP-149
 SF002MH-150

Name Change

TG002SS-020

Native American Communities

RE003IS-119
 TR009NA-121
 NA001MH-122

Non-discriminatory Housing

IM002HS-026
 TG004HS-027
 AG001SP-050

Non-white Communities

RP005LD-044
 ST001LS-045
 SW008TM-069
 CW002RP-073

CC003RE-086
 RE004UP-130
 RE005MH-132
 RE006UP-133
 RE007AS1-47

Asian and Pacific Islander Communities

MH005ST-111
 RE003IS-119

Black or African American

RE005MH-132

Black Women

SD002WM-080
 SD004RE-082

Latinx

RE002AS-110

Older Adults

AG001SP-050
 OA001SP-063
 OA002HS-064
 OA003CC-099
 OA004HS-123
 OA005HS-124
 OA006HS-125
 OA007CE-126
 OA008TR-127
 OA009LS-128
 OA010LS-129

Outreach

TH001RU-051
 OA001SP-063
 SW004ST-065
 SW005AS-066
 SW006AS-067
 YT003AS-070
 RE001AS-109

PEP and PrEP

TG012SA-076

Personal Friendship Groups

AG001SP-050
 TH001RU-051
 OA003CC-099
 OA007CE-126

Provider Bias

SS001ST-010

Public Information About Services

SW005AS-066
 YT003AS-070
 RU001YT-092
 AS013RU-105
 AS014RU-106
 RE001AS-109
 RE002AS-110
 CC005RU-116
 CC006RU-117
 OA010LS-129
 RE006UP-133

Racial and Ethnic Inclusion

RP001SS-004
 RP002SS-005
 SG02SS-007
 CV002RE-013
 RP004CC-034
 HS001SS-038
 IM007CC-057
 MH005ST-111
 RE003IS-119
 NA001MH-122
 RE004UP-130
 RE007AS-147
 RP006RE-148

Racism/Ethnic Discrimination

SG003RP-008
 RP005LD-044
 ST001LS-045
 CW002RP-073
 SD004RE-082
 CC003RE-086
 RE005MH-132

Referral Networks

AS002CC-012
 MH002AS-095

Regions of New York State**Capital/Northern/
Central New York State**SD001WM-079
SD002WM-080**Finger Lakes**MH001HS-083
CC002RU-084
CC002RU-085
CC003RE-086**Long Island**SW005AS-066
AS012RU-091**Mid-Hudson**RP005LD-044
ST001LS-045
ST005RU-089**New York City**IM006AS-056
IM008AS-058
IM009LS-059
IM010TM-060
SW008TM-069
CW002RP-073
FI002TG-078
AS009MH-087
AS010MH-088
AS011RU-090**Queens**

RE002AS-110

The Bronx

AS011RU-090

Suburban New York City

AS012RU-091

**Rural and Suburban
Communities**TG011SR-047
AS006SG-048
AG001SP-050
TH001RU-051
ST002RU-052
ST003RU-053
RU002TR-093
OA008TR-127
RE004UP-130RE006UP-133
TR012RU-135
RU003TE-136
YT007AS-142
TH004AS-143
TR013RU-144**Rural Areas**

OA001SP-063

SafetyYT002SA-031
IM006AS-056
SW008TM-069
CW002RP-073
TG012SA-076
TG013SA-077
SD003WM-081
YT007AS-142
TH004AS-143
TR013RU-144
YT008HS-145**Safety of Services in
Pandemic Response**

CV003SF-014

**School Standards for
LGBTQ+ Affirmation**YT003AS-070
CC002RU-085
YT005CC-101
CC004ST-107**Service Navigation**AS002CC-012
MH002AS-095
OA003CC-099
DS002AS-100**Services that do not require
Internet/Tech Access**

YT003AS-070

Sex WorkSW001IM-015
IM005SW-055**Sex Workers**HS003YT-049
IM005SW-055
SW004ST-065
SW005AS-066SW006AS-067
SW007AS-068
SW008TM-069
SD003WM-081**Shelters for Homeless
LGBTQ+ Persons**IM002HS-026
TG004HS-027
HS001SS-038
HS002SS-039
YT004HS-041
TR002UP-046
HS003YT-049
TG015HS-115
HS004PN-151**Social Support and
Community Resources**RP001SS-004
RP002SS-005
SG02SS-007
AG001SP-050
TH001RU-051
OA001SP-063
OA003CC-099
DS002AS-100
TR008AS-108
MH005ST-111
RU003TE-136
YT006ST-141
TR013RU-144
YT009HS-146
CV005AS-153**SOGI Needs**TG001AS-001
SG001CC-002
TR001SS-006
SG003RP-008
AS001CH-011
AS002CC-012
TG007TX-035
DS001AC-036
TG008SS-037
HS001SS-038
HS002SS-039
YT004HS-041
TG009YT-042
RP005LD-044
ST001LS-045
TG011SR-047
AS006SG-048
HS003YT-049

SOGI Needs (cont'd)

AG001SP-050
 TH001RU-051
 ST002RU-052
 ST003RU-053
 IM004SF-054
 IM007CC-057
 IM009LS-059
 IM011TM-061
 OA001SP-063
 SW004ST-065
 SW007AS-068
 SW008TM-069
 YT003AS-070
 AS007LK-071
 TG013SA-077
 SD004RE-082
 CC002RU-084
 CC002RU-085
 CC003RE-086
 AS009MH-087
 AS010MH-088
 ST005RU-089
 AS011RU-090
 AS012RU-091
 RU001YT-092
 MH002AS-095
 MH003YT-097
 MH004UP-098
 YT005CC-101
 TR007RU-104
 AS013RU-105
 AS014RU-106
 CC004ST-107
 MH005ST-111
 CV004TG-113
 CC005RU-116
 CC006RU-117
 TR009IS-118
 OA005HS-124
 RE004UP-130
 TR011YT-134
 TR012RU-135
 RE007AS-147
 RP006RE-148
 SF001IP-149

Stigma and Discrimination

SS001ST-010
 AS001CH-011
 IM001LS-016
 TG007TX-035
 AS006SG-048
 AG001SP-050
 TH001RU-051

ST002RU-052
 ST003RU-053
 IM004SF-054
 SW004ST-065
 SW007AS-068
 SW008TM-069
 TG013SA-077
 ST005RU-089
 AS011RU-090
 AS012RU-091
 YT005CC-0101
 MH005ST-111
 OA005HS-124

Structural and Systemic Barriers

SS001ST-010
 SW001IM-015
 IM001LS-016
 YT001SS-017
 SS002AS-018
 TG002SS-020
 TG005RP-030
 TG006EM-032
 IM003MH-033
 TG007TX-035
 TG008SS-037
 TG009YT-042
 RP005LD-044
 ST001LS-045
 TG011SR-047
 AG001SP-050
 ST002RU-052
 ST003RU-053
 IM004SF-054
 IM006AS-056
 IM008AS-058
 IM009LS-059
 SW004ST-065
 SW007AS-068
 SW008TM-069
 CW002RP-073
 WM001UP-074
 SD003WM-081
 SD004RE-082
 MH004UP-098
 CC004ST-107
 TG015HS-115
 RE005MH-132
 RE006UP-133
 IM011AS-140
 YT006ST-141
 RP006RE-148
 SF002MH-150
 CV005AS-152

Substance Use

CV003SF-014
 TG013SA-077

Suicide

TG010HR-043
 SD004RE-082
 TG014MH-102
 NA001MH-122

Support for Specific Populations

TG006EM-032
 SW006AS-067
 SW007AS-068
 SW008TM-069

Support for Transition to Adulthood

CC003RE-086
 YT009HS-146

Telehealth

CV001TH-003
 TH001RU-051
 TH002TG-096
 CV004TG-113
 TH003MH-120
 TH004AS-143
 TGNB Needs
 TG001AS-001
 TG002SS-020
 SW002AS-025
 SW003MH-029
 TG005RP-030
 TG006EM-032
 TG007TX-035
 DS001AC-036
 TG008SS-037
 HS001SS-038
 HS002SS-039
 TG009YT-042
 TG010HR-043
 RP005LD-044
 ST001LS-045
 TG011SR-047
 AS006SG-048
 IM009LS-059
 SW008TM-069
 CW002RP-073
 TG012SA-076
 TG013SA-077
 FI002TG-078
 CC002RU-084
 ST005RU-089

Telehealth (cont'd)

AS011RU-090
AS012RU-091
MH002AS-095
TG014MH-102
CV004TG-113
TG015MH-114
CC005RU-116
CC006RU-117

Training

TR001SS-006
IM011TM-061
CC002RU-085
CC003RE-086
MH002AS-095
MH004UP-098
YT005CC-101
CC004ST-107
TR009IS-118
OA005HS-124
RE004UP-130
TR012RU-135
DS005DD-139

**Transitional Housing for
New Immigrants**

IM005SW-055

Transportation

TR002UP-046
TG011SR-047
TR004RU-062
AS008WM-075
SD003WM-081
AS009MH-087
AS010MH-088

RU002TR-093
TR005RU-094
TR006RU-103
TR007RU-104
TR009NA-121
OA008TR-127
TR010TE-131
TR011YT-134
RU003TE-136
YT006ST-141
TR013RU-144

Trauma

IM010TM-060
IM010TM-061
CW001TM-072
TR008AS-108

Upstate

TR004RU-062
OA002HS-064
YT003AS-070
AS007LK-071
WM001UP-074
TR005RU-094
TR010TE-131
RE005MH-132
TR011YT-134

Upstate/Downstate

ST005RU-089
AS011RU-090
AS012RU-091

Urban/Rural Distinction

ST005RU-089
AS011RU-090
AS012RU-091

Western New York

MH001HS-083
CC002RU-084
CC002RU-085
CC003RE-086
TR009NA-121

Workplace Support

RP003WM-009
TG006EM-032

Young Adults

YT007AS-142
YT009HS-146

Youth Needs

YT001SS-017
YT002SA-031
HS002SS-039
YT004HS-041
TG009YT-042
TG010HR-043
HS003YT-049
YT003AS-070
RU001YT-092
MH003YT-097
YT005CC-101
CC004ST-107
NA001MH-122
TR011YT-134
TR012RU-135
DS003CC-137
YT006ST-141

APPENDIX F: INDEX OF EXCERPTS BY FOCUS GROUP

1 Mid-Hudson

TG001AS-001
RP001SS-004
SS002AS-018
RP005LD-044
ST001LS-045
TR002UP-046

2 Long Island

CV002RE-013

3 Western New York

CC005RU-116
CC006RU-117
TR009IS-118
RE003IS-119
TH003MH-120
TR009NA-121
NA001MH-122

4 Mid-Hudson

SS001ST1-00
YT005CC1-001
TG014MH-102
TR006RU-103
TR007RU-104
AS013RU-105
AS014RU-106
CC004ST-107
TR008AS-108

5 North Country

TR001SS-006
AS002CC-012

6 Southern Tier

RE004UP-130
TR010TE-131
RE005MH-132
RE006UP-133
TR011YT-134
TR012RU-135
RU003TE-136

7 North Country

YT006ST-141
YT007AS-142
TE001AS-143
TR013RU-144

8 New York City

TG002SS-020
TG006EM-032
IM003MH-033
RP004CC-034
TG007TX-035
DS001AC-036
TG008SS-037
HS001SS-038
HS002SS-039
FIO01TG-040

9 New York City (Spanish)

AS004IP-022
AS005IP-023
CC001AS-024
SW002AS-025
IM002HS-026
TG004HS-027
TG005HS-028
SW003MH-029
TG005RP-030
YT002SA-031

10 Finger Lakes and Southern Tier

MH002AS-095
TH002TG-096
MH003YT-097
MH004UP-098
OA003CC-099
DS002AS-100

11 Mohawk Valley and Central New York

RU001YT-092
RU002TR-093
TR005RU-094

12 New York City

RE001AS-109
RE002AS-110

13 Capital District, Mohawk Valley and North Country

TR004RU-062
OA001SP-063
OA002HS-064

14 Finger Lakes and Western New York

CV001TH-003
TG015MH-114
TG015HS-115

15 Black, Indigenous, Latinx, Asian, Middle Eastern Communities

MH005ST-111
ST006EM-112
CV004TG-113

16 Youth, 13–20

YT004HS-041
TG009YT-042
TG010HR-043

17 Older Adults

OA004HS-123
OA005HS-124
OA006HS-125
OA007CE-126
OA008TR-127
OA009LS-128
OA010LS-129

18 Rural and Suburban Communities

TG011SR-047
AS006SG-048
HS003YT-049
AG001SP-050
TH001RU-051
ST002RU-052
ST003RU-053

19 Transgender, Gender Non-confirming, Non-binary and Intersex Communities

TG003IP-021

20 Mental Health Services Users

MH001HS-083
CC002RU-084
CC002RU-085
CC003RE-086
AS009MH-087
AS010MH-088
ST005RU-089
AS011RU-090
AS012RU-091

21 Individuals Experiencing Homelessness

YT008HS-145
YT009HS-146
RE007AS-147
RP006RE-148
SF001IP-149
SF002MH-150
HS004PN-151

22 Individuals with Disabilities

DS003CC-137
DS004ED-138
DS005DD-139
IM011AS-140

23 Immigrants, Migrants and Refugees

SW001IM-015
IM001LS-016
IM004SF-054
IM005SW-055
IM006AS-056
IM007CC-057
IM008AS-058
IM009LS-059
IM010TM-060
IM011TM-061

24 Lesbian, Bisexual, Queer, Transgender Women

SG003RP-008
RP003WM-009
AS007LK-071
CW001TM-072
CW002RP-073
WM001UP-074
AS008WM-075
TG012SA-076
TG013SA-077
FI002TG-078
SD001WM-079
SD002WM-080
SD003WM-081
SD004RE-082

25 Young Adults

SG02SS-007
YT001SS-017

26 Sex Workers

AS001CH-011
SW004ST-065
SW005AS-066
SW006AS-067
SW007AS-068
SW008TM-069
YT003AS-070

27 Individuals in Recovery

CV003SF-014

28 COVID-19 Discussion Group

CV005AS-152
CV005AS-153



