# Sex Worker Support Training September 11<sup>th</sup>, 2017



## Learning Objective S

By the end of this training, frontline workers will be able to:

- 1. Define and explain the scope of sex work.
- 2. Explain how to best support clients who are current/former sex workers.
- 3. Describe how to navigate clients into care using sex worker specific and peer based resources.



# Agenda

- <u>12:45 1:45pm:</u> Intro to Sex Work, St. James, and Working Agreements
- <u>1:15pm 2:15pm:</u> Happy, Compassionate Transgender Care and Systems of Oppression
- <u>2:15pm 2:30pm:</u>Break
- <u>2:30pm 3:45pm:</u> Sex Work Client Centered Care
- <u>3:45pm 4:05pm</u>: Integration and Reflection
- <u>**4:05pm 4:30pm:**</u> Wrap-Up, Evaluation, and Announcements



### Housekeepin

g

- Bathrooms are at the back of the building (on your left)
- Please be respectful of our speakers and silence your cell phones.
- Training evaluations will be emailed, so please check your emails and respond in the coming days (we can't keep doing this without evaluations!)



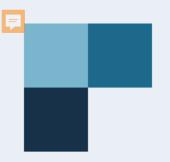
# Communication s Survey

The following slides will contain two survey questions. Answers are completely anonymous.

#### To Begin:

- 1. Text <u>SFHIVFOG</u> to <u>22333</u> or use the following URL: <u>PollEv.com/sfhivfog</u>
- 2. If texting: wait until you receive a confirmation text stating "You've joined SF HIV FOG's session (SFHIVFOG)."
- 3. Text the corresponding answer letter to be counted or touch your answer if you are using the URL.





## To show this poll



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## SE **RESIDENT?**

#### Treatment is within reach.

#### **POSITIVE RESOURCE CENTER**

ZERO Sponsored by San Francisco Department of Public Health



SF resident and HIV+? Call **POSITIVE RESOURCE CENTER** at 415.777.0333 for more info. Sponsored by San Francisco



 Medication costs Copays for labs and doctor visits Premiums for health, vision, and dental insurance

SF resident and HIV+? Call POSITIVE RESOURCE CENTER at 415.777.0333 for more info.

Sponsored by San Francisco Department of Public Health

Save your cash! One year of **HIV**treatment can cost more than **10,000** Muni rides!

SF resident and HIV+? Call **POSITIVE RESOURCE CENTER** at 415.777.0333 for more info.

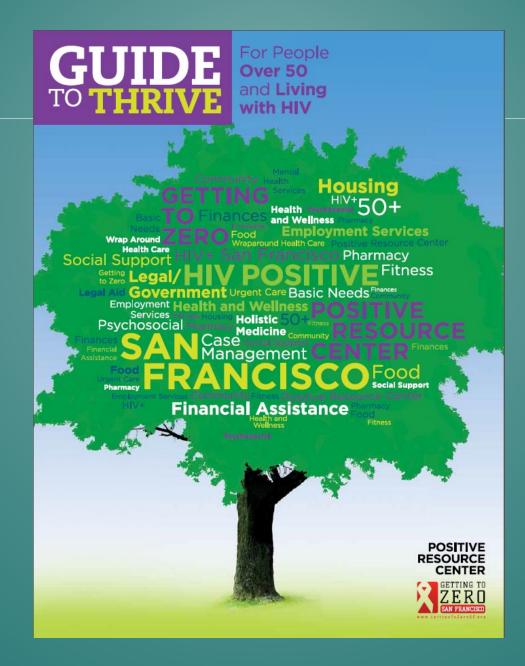


Sponsored by San Francisco

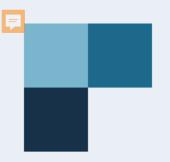
**HIV+ SF RESIDENT?** 

Treatment is within reach. POSITIVE RESOURCE CENTER









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#### **Sex Worker Training Learning Objectives**

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FOG Sex Work Training- September 11th 11:30am - 4:30pm

Workshop Topic	SBC member- leading	Activity/Supplies	Time
About SJI/ What is Sex Work? (60-mins) Intro and Working agreements Agenda for the Day Breakout groups: "What do you think of when you hear the terms sex worker, trafficking, etc." Share results in large group. Powerpoint about SJI History & Services, Sex Worker Stigma, Sex Work vs. Trafficking/Youth Sexual Exploitation.		Tablet, HDMI cord/adaptor, projector, pointer	12:45- 1:45pm
Break 15 mins			1:45-2pm
Happy Compassionate Transgender Care (60-mins) SWAG and Trans Youth Sex Workers Realities Panel ાnclude Q+A	Kalash KaFae & Celestina Intro, SWAG Members panel	SWAG members (3) Video on Trans Youth in Sex Work/Panel Q&A Discussion	2-3pm
Break 15 mins			3-3:15pm
Sex Worker Client Centered Care (45-mins) HIV/STI and Medical Care, Harm Reduction Role Playing	SJI Medical- Durt & Sam QN, Juba	Powerpoint and Scenario Role Play	3:15-4pm
Integration/Reflection What will you take away and apply to your work? Wrap up and Announcements Evaluations (ask for forms back)	Ali	Action plan worksheet	4-4:30pm

Supplies needed: Folders Pens large paper wisherly Back Marlers.

- Auti 60 Folders to SJI to compile. -

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Resource Minde

#### 1. St. James Infirmary (stjamesinfirmary.org)

The Mission of the St. James Infirmary is to provide free, compassionate and nonjudgmental healthcare and social services for sex workers (current or former) of all genders and sexual orientations while preventing occupational illnesses and injuries through a comprehensive continuum of services.

- Sex Worker 101
- Overview of agency programming and services
- Bad Date List
- Peer-based discussion of issues affecting HIV+ sex workers (current & former)

#### 2. Red Light Legal (redlightlegal.org)

Red Light Legal provides direct legal services, legal representation, community education, and effective policy advocacy to sex workers in all corners of the industry. We advocate reducing the stigma, discrimination, and violence associated with the sex industry, particularly for those who face intersectional oppressions due to racism, homophobia, transphobia, xenophobia, and classism.

- Know Your Rights
- Legal Issues Overview
- Arrest Planning
- Litigation Services

#### 3. Bay Area SWOP (Sex Workers Outreach Project) (SWOPBay.org)

SF Bay Area chapter of Sex Workers Outreach Project, a national social justice network dedicated to the fundamental human rights of sex workers and their communities, focusing on ending violence and stigma through education and advocacy.

Navigating the changes and shut-downs of Backpages, Rent Boy, Redbook, etc

#### 4. BAYSWAN (BAYSWAN.org)

Since 1999 BAYSWAN's central project has been production of the San Francisco Bay Area Sex Worker Film and Arts Festival. BAYSWAN also provides consultation about sex worker rights issues to local and international organizations. BAYSWAN also links individuals to resources provided by sex workers' and other rights based organizations.

- Online resource for sex workers/allies created by sex workers
- Could be used in conjunction with St. James to create a resource guide
- Carol leigh, founder and director, could provide stats/info on importance of decriminalization

a. See Christy's notes below

#### VI. Next meeting

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a. Conference call: May 11<sup>th</sup> around 3pm to review scholarship applicants.

#### FOG Sex Worker Training – July 2017

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#### **SF HIV WORKERS MH TRAINING**

12/19/16 - Brainstorm document...throw it all in and we'll whittle it down over the next month.

#### POSSIBLE TOPICS FOR PLENARY AND BREAK-OUT SESSIONS

#### MH & SU Screening tools

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- o What is available
- How to implement, interpret results, and discuss with clients
- When to implement, who does the implementation, desired/required training?
- Discussing Engagement in MH Care w/ Clients 6 How do workers determine what MH intervention is best for a specific client? Not all client have the capacity for 1:1 therapy due to factors such as time, capacity for insight, tolerance for the process, mental status, trauma history, etc. so how does a worker figure out what treatment modality is best each client and when to provide it? Additionally, not all workers have the same background training and expertise on different interventions. The spectrum includes crisis intervention and positive regard to psychiatry to groups to sidewalk counseling to peer support to MH respite to groups to 1:1 therapy and more and workers need to make conscious decisions about what they are linking clients to and when. Further workers need to have the ability to talk to clients about what each treatment modality is and how clients can get the most out of that modality. Numerous times, I've interacted with clients who are offended that a psychiatrist only asked them about specific symptoms and did not delve into therapy with a client when in fact, that was exactly and only what the "prescriber" was supposed to do-manage psych meds.

Accessing Therapy and Psychiatry Services with Insurance Products

In some ways, it was a little easier for HIV Frontline Workers to get clients into behavioral health care pre-ACA. Many clients had no insurance and only qualified for Ryan White-funded BH Care services or they had Medi-Cal or Medicare and accessed care via the systems already set up to support them. Clients with private insurance via an employer have traditionally struggled to find therapists who accepted this coverage—if it provided for therapy, that is. With MH parity laws rolled out with the ACA, Ryan White payer-of-last-resort provisions, and increased access to private insurance via Covered CA, many clients have coverage and now do not qualify for Ryan White and/or Medi-Cal funded services. Medi-Cal provides for behavioral health services via SF Health Plan & Beacon Health Strategies

(<u>http://www.sfhp.org/members/medi-cal/behavioral-health-services/</u>) but these services are often underutilized. Also underutilized are the low-cost and sliding scale therapy centers such as Access Institute and Queer Therapy Collective or linkage to care via groups such as GAYLESTA. Workers need to be adept at navigating the public and private insurance systems to link clients to the MH care they desire.

- Therapy and MH Care Options in SF
- From South Van Ness Adult Behavioral Health to SOMA Mental Health to Westside Crisis to sliding scale places like Access Institute and Queer Therapy Collective. What's out

there and how do you get clients in? (related to the above, but focused less on insurance?)

#### Crisis Services

Focus on when and how to efficiently use Mobile Crisis, PES, Dore Urgent Care, etc. We may also want to cover how to work with clients after they have had interaction with one of these services, especially after involuntary detention, which can be filled with shame, anger and many other reactions. It may be smart to review the criteria for 5150 based in grave disability, SI, and HI and also to cover Tarasoff...a lot, I know... **LW:** could we also please discuss how to work with these entities after they release clients or how we can collaborate prior to client release? I know staffing and resources are scarce but I often worry about releasing a client with suicidal ideation after just a few hours hold.

#### • Motivating Clients to Participate in Groups

Covering how to encourage participation, the range of groups (process, socialization, support, etc.). I personally find it extremely difficult to motivate clients to participate in groups such as PozForce's PLUS or Shanti LIFE or AHP's groups

#### Stigma re: HIV and Mental Health

Recognizing it in ourselves, colleagues, and clients and how to intervene LW: this is so big, how we ask questions, our body language, our own triggers etc.

#### POSSIBLE PLANNING COMMITTEE MEMBERS

- Zachary Davenport, LMFT SFDPH, South Van Ness Services & SF City Clinic
- Andrea Mize, MSW (LCSW...did you finish the exams?) St. Mary's Sister Mary Philippa
- Andy Scheer, LCSW SFDPH, SF City Clinic
- Linda Walubengo, MPH Catholic Charities

#### POSSIBLE PRESENTERS

Remember: we have a budget and so can provide respectable honorariums!

- Jeannie Little, LCSW Harm Reduction Therapy Center
- Daniel Yu, LCSW and other members of Coalition for Clinical Social Work (Andy made contact, he's interested in helping re: motivating clients to engage in therapy and educating them on how to be the most out of therapy)
  LW: awesome!!

#### GENERAL THOUGHTS/QUESTIONS TO CONSIDER

- I'm inclined to steer away from providing training on Motivational Interviewing, Harm Reduction, or other techniques as those seem to be other trainings completely and I really don't think we could do them justice in this training.
  LW: Agreed <sup>(2)</sup>
- Is this a ½ day training? Full day training? Two separate sessions (ex: two Tuesday mornings in a row?)

LW: Thinking about frontline workers time restrains and program staffing issues, perhaps two Tuesday morning sessions might be better than a full or half day training.

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#### SF HIV WORKERS MH TRAINING cont'd

Should we address substance use separately? Integrate it into this training? Do a separate training entirely on this subject in the same vein as this training (i.e. assessment, access to care, insurance navigation)? I vote for a separate training on SU as it is it's own challenge, even though it goes hand in hand with MH.

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