



**National Resource Center for
Permanency and Family Connections**
Silberman School of Social Work at Hunter College



*A Service of the Children's Bureau
& A Member of the T/TA Network*

Toolkit for Practitioners/Researchers Working with Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Runaway and Homeless Youth (RHY)

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National Resource Center for Permanency and Family Connections

The National Resource Center for Permanency and Family Connections (NRCPFC) at the Silberman School of Social Work at Hunter College is a training, technical assistance, and information services organization dedicated to help strengthen the capacity of State, local, Tribal and other publicly administered or supported child welfare agencies to: institutionalize a safety-focused, family-centered, and community-based approach to meet the needs of children, youth and families. The National Resource Center for Permanency and Family Connections is a service of the Children's Bureau – ACF/DHHS and member of the T&TA Network.

<http://www.nrcpfc.org/>

NRCPFC is available to provide free on-site Technical Assistance (TA) and off-site Information Services to promote competent and affirming services, policies, and practices for working with LGBTQ children, youth, and families. For example, NRCPFC recently worked with the State of Minnesota to develop a best practice guide for child welfare staff working with LGBTQ youth (<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-6500-ENG>). To request on-site TA from NRCPFC, contact your Regional Office staff (http://www.nrcpfc.org/tta/regional_office_contact.html). To make an Information Request, visit the NRCPFC website at to fill out a brief online Information Request Form (<http://www.nrcpfc.org/contact-us.html#isrf>). For more information, please contact NRCPFC Executive Director, Dr. Gerald P. Mallon, at gmallon@hunter.cuny.edu.

T&TA Network

On April 6, 2011, the Children's Bureau issued an Information Memorandum (ACYF-CB-IM-11-03) to State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations. This IM on Lesbian, Gay, Bisexual, Transgender and Questioning Youth in Foster Care encourages child welfare agencies, foster and adoptive parents and others who work with young people in foster care to ensure that children are protected and supported while they are in foster care.

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2011/im1103.htm

The National Resource Center for Permanency and Family Connections and other members of the Children's Bureau's Training & Technical Assistance (TA) Network are available to provide support in achieving these goals. For instance, the University of Oklahoma, National Resource Center for Youth Development's (NRCYD) (<http://www.nrcyd.ou.edu/>) overall goal is to build the capacity of States and Tribes to provide high quality services to their youth in out of home placements, former foster youth, and other youth in at-risk situations. Additionally, the Child Welfare Information Gateway (<http://www.childwelfare.gov/>) connects child welfare and related professionals to information and resources to help protect children and strengthen families, and provides information to support effective work with LGBTQ children, youth and families.

To learn more about the T&TA Network, visit: <http://www.nrcpfc.org/tta-network.html>.

GLOSSARY

As cultures evolve, so too do definitions within them. Below is a brief glossary of terms used throughout the toolkit and in larger discussions of LGBTQ (lesbian, gay, bisexual, transgender, questioning) issues. The LGBTQ experience is one that is unique to each individual; therefore, LGBTQ people may relate to these terms in very different ways. This glossary is meant not to define the experience of any one LGBTQ person, but to provide a general understanding of the terms we use in this resource. Additional resources on terms and concepts are provided in Appendix E.

Born-sex/born-gender: Born-sex is the sex one is assigned at birth, determined by the appearance of the external genitalia, while born-gender is the gender with which one is born, which may or may not match one's born-sex.

Cisgender: Those who experience congruity between their sex and gender are identified as cisgender. They may also be known as gender normative or gender straight.

Coming out: "Coming out" is a colloquialism for an individual's disclosing his or her sexual or gender identity. The term is an abbreviated reference to "coming out of the closet," meaning to be open about one's identity.

Gender: Gender is the internal experience of maleness, femaleness, both, neither, or somewhere in between (androgyny). Understandings of gender and gender categories and norms are socially constructed. Moreover, some people's experience, perception, or expression of their gender may evolve over time.

Gender expression: Gender expression is the way in which one presents his or her gender and, like sexual orientation, can be thought of on a continuum from extremely feminine to extremely masculine. Hairstyle, clothing, cosmetics, jewelry, and mannerisms are just some of the many ways individuals can express their gender. Moreover, gender expression may, for some people, be fluid and change at various points over the lifespan. Those who express their gender in relatively equal parts or in a way that is gender indistinguishable may consider themselves androgynous. One's gender expression may or may not match his or her sexual orientation or gender identity.

Gender identity: Like sexual identity, gender identity is one's self-label, in this case regarding gender. (Gender identity reflects a person's understanding of his, her, or their--for those outside the gender binary--own gender.) For example, one may identify as a man, woman, transgender man, transgender woman, some other gender, or may choose not to label their gender at all.

Gender queer: Individuals who do not adhere to society's gender-specific expectations (whose gender expression or identity does not fit neatly into the gender binary) may be considered gender non-conforming. Stepping outside of gender expectations with regard to employment (e.g., women in male-dominated fields), household tasks (e.g., men as primary caregivers), and apparel and accessories (e.g., wearing clothes or jewelry common to another gender) are examples of gender non-conformity.

Runaway-homeless youth: Runaway-homeless youth are those youth who 1) leave home without permission and stay away overnight; 2) are under the age of 14 years (or older and mentally incompetent), choose not to come home when expected to, and stay away overnight; or 3) are 15 years old or older, choose not to come home, and stay away 2 or more nights. *Thrownaway* youth are those youth who 1) are asked or told to leave home by a parent or other household adult, have no adequate alternative care arranged for them by a parent or household adult, and are out of the household overnight; or 2) are prevented from returning home by a parent or other household adult, have no adequate alternative care arranged for them by a parent or household adult, and are out of the household overnight.¹ The agencies that contributed to this toolkit serve both runaway-homeless youth and thrownaway youth.

Sex: Sex is defined by one's primary (i.e., internal and external sex organs) and secondary (i.e., pubertal-onset physiological changes) sex characteristics. Sex is usually determined at birth by the appearance of external genitalia. Sex categories include male, female, and intersex, an umbrella term for any number of physical anomalies resulting in ambiguous, malformed, or both male and female internal and/or external sex organs.

Sexual identity: Sexual identity refers to the label one gives oneself in light of his or her self-perceived sexual orientation. (Sexual identity reflects a person's understanding of his, her, or their--for those outside the gender binary--own sexual orientation.) Therefore, homosexual males and females often refer to themselves as gay men and lesbians, respectively, while heterosexuals may refer to themselves as straight. Bisexuals often retain the term and refer to themselves as bisexuals or bi. There are many additional ways that people refer to their sexual identities.

Sexual orientation: Alfred Kinsey and his colleagues postulated that sexual orientation exists on a continuum from exclusive heterosexuality to exclusive homosexuality, with bisexuality occupying the middle ground. Thus, the clinical terms for sexual orientation are heterosexual, homosexual (or same-sex-oriented), and bisexual. Sexual orientation consists of one's sexual thoughts, feelings, and behaviors. While behaviors are for the most part controllable, thoughts and feelings are less so. The direction of one's sexual orientation is largely thought to result from a combination of biological and environmental influences.

Transgender: Transgender is an umbrella term for any number of gender experiences, including people who identify as androgynous/gender queer, transvestites/cross-dressers, drag performers, and, most often, transsexuals. Those who identify as *androgynous* may express both masculine and feminine qualities in relatively equal proportion, whether consciously or unconsciously, or they may choose not to define their gender expression as either masculine or feminine. *Gender queer*, a more recent term, refers to those who do not see a gender binary but instead see gender as a singular experience that is fluid and undefinable. *Transvestites* and *cross-dressers*, those who for various reasons enjoy wearing clothing of another gender unrelated to entertainment purposes (such as with drag performers) or to sex-gender incongruity (such as with transsexuals), are typically heterosexual males who may not consider themselves part of the transgender spectrum. *Drag performers*, on the other hand, may or may not see themselves as sex-gender

¹ Hammer, H., Finkelhor, D., & Sedlak, A.J.

incongruent but nonetheless wear clothing of another gender for entertainment purposes. Drag queens and drag kings, typically gay men and lesbians, respectively, wear clothing of the other gender for the sole purpose of passing as or parodying the gender they are impersonating. *Transsexual* people see their sex and their gender as incongruent. That is, their inner experience of their gender stands in stark contrast to the sex they were assigned at birth. Transsexual individuals may or may not seek treatments for bringing their sex in line with their gender, such as through hormones or sex-reassignment surgery. Those who do may identify as pre-op transgender (or transsexual) before surgery and post-op transgender (or transsexual) after surgery. Those who do not undergo surgery may identify as non-op.

I. INTRODUCTION

- **Scope of RHY issue**

In 1999, more than 1.6 million youth under the age of 18 ran away from home or were kicked out of their home in the United States (i.e., thrown away; Hammer, Finkelhor, & Sedlak, 2002).¹ Most of them (68%) were between the ages of 15 and 17, and 81% stayed away from home for 24 hours or more (Hammer et al., 2002). In statistics reported for 2005-2006, more than 1.5 million children under the age of 18 were homeless.

- **Particular relevance to LGBTQ RHY**

The National Network for Youth estimates that 20-40% of all homeless youth are LGBTQ.² Given that LGBTQ youth comprise less than 10% of the general youth population (ages 15-21),³ they are overrepresented in the RHY population. This suggests that 300,000-600,000 homeless youth may identify as LGBTQ.

- **Need for LGBTQ-specific resources for RHY service providers/practitioners**

Given the disproportionate number of LGBTQ RHY, service providers must be prepared to work with them. Meeting the needs of this population begins with an understanding of their unique circumstances and challenges, and includes culturally competent practice at the micro, mezzo, and macro levels, as well as funding and policies that facilitate service provision.

- **Purpose of toolkit and explanation of content (e.g., table construction/contents)**

To prepare this toolkit, the authors solicited human subjects' approval from their respective universities. Following approval, we conducted a comprehensive Internet search for RHY programs and service providers around the country serving sizable numbers of youth (see Appendix A). We made an effort to include agencies whose mission and federal funding are aimed exclusively at serving LGBTQ RHY as well as RHY agencies that serve all youth regardless of sexual orientation or gender identity. Next, we developed a list of interview questions based on gaps we identified in the literature in working with this population (see Appendix B). From March-May 2012, we conducted 1-hour telephone interviews with staff from both types of agencies. We also used a snowball sampling technique in which we asked service providers from these identified agencies to recommend other agencies that serve this population. Varied staff members (including program directors, executive directors, and chief operating officers) from 19 LGBTQ RHY-serving agencies from around the country participated in the telephone interviews. Their input is incorporated anonymously into this toolkit in an effort to highlight and disseminate the important work being conducted with LGBTQ RHY around the country.

Additionally, we conducted a review of the literature for existing resources, programs and services for LGBTQ RHY. To date, there have been several efforts to compile and publicize information about this population for service providers. In 2009, Lambda Legal, the National Alliance to End Homelessness, the National Center for Lesbian Rights, and the National

² Available online at <http://www.highbeam.com/doc/1G1-114238855.html>

³ McCabe, J., Brewster, K. L., & Tillman, K. H.

Network for Youth published the *National Recommended Best Practices for Serving LGBT Homeless Youth*.⁴ Then in 2010, the Child Welfare League of America and Lambda Legal published *Getting Down to Basics: Tools for Working with LGBTQ Youth in Care*.⁵ In 2011, the Substance Abuse and Mental Health Services Administration (2011) published *Learning from the Field: Programs Serving Youth Who are LGBTQI2-S and Experiencing Homelessness*,⁶ the product of SAMHSA's nationwide listening tour of some of the most effective programs in the country. Most recently in 2012, the Child Welfare League of America published the *Recommended Practices to Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings*.⁷ All four resources offer agency service providers and youth with a foundation of knowledge and recommendations for improving services for LGBTQ RHY.

Our current toolkit builds on existing efforts in five ways. First, this toolkit outlines specific evidence-based (i.e., motivational interviewing, supported employment, Street Smart) and evidence-informed (i.e., Sanctuary Model, Living Room, Streetwise & Safe) programs, practice models, and assessment/evaluation tools that agency staff are using with LGBTQ RHY. Second, we highlight available cultural sensitivity and standards of care training curricula for staff and youth from LGBTQ RHY-serving agencies. Third, we include sample agency non-discrimination policies (e.g., harassment and non-discrimination, affirmative action, client rights, safety, and sexuality and reproductive health policies) that can be adapted and customized to other agencies. Fourth, we draw findings in this toolkit from first-hand accounts from individual interviews, literature reviews, and from empirical research. This toolkit, then, reflects evidence-based and evidence-informed practices, programs, methods, and techniques whose success has been demonstrated elsewhere. Fifth, we infuse cultural considerations throughout our toolkit, rather than presenting LGBTQ RHY as monolithic and homogeneous. Although their homelessness and sexual/gender minority status are what they share, the similarities end there. Consideration is given to diversity across the spectrum, including race/ethnicity, class/socioeconomic status, physical/mental abilities, spirituality/religious beliefs, and national origin/citizenship status.

⁴ Available online at: <http://www.endhomelessness.org/content/general/detail/2239>

⁵ Available online at: <http://www.lambdalegal.org/publications/getting-down-to-basics>

⁶ Available online at: http://homeless.samhsa.gov/ResourceFiles/lgbt_listening_tour_report_v.3.6.pdf

⁷ Available online at: <http://www.cwla.org/newsevents/recommended-practices-youth.pdf>

II. LGBTQ RHY POPULATION

- Demographics (age, race/ethnicity, gender identity, sexual identity, etc.)
 - In New York City (NYC), the average age of LGB homeless youth is 20 years, and the average age of transgender homeless youth is 20.7 years.⁸ NYC youth of color are overrepresented in the LGBTQ RHY population, with 27.8% identifying as Black and 31.6% as Hispanic compared to just 25.5% Black and 28.6% Hispanic in the general NYC population (youth and adults).⁹ Among 884 RHY reporting their sexual orientation and gender identity, 36.2% of males identified as gay and 9.2% as transgender (male to female), while 24.6% of females identified as lesbian and 1.9% as transgender (female to male).¹⁰
- Homelessness history (age left home, reasons left/thrown out of home [abuse, neglect, familial violence], transience/geographic mobility, survival strategies, safety and coping strategies; violence/victimization/stigma/discrimination [at home, on the streets, in placements/shelters])
 - NYC LGB youth become homeless at an average age of 14.4 years, and transgender youth, 13.5 years.⁵ Reasons for LGBT youth leaving home are sometimes the same as those for heterosexual youth, such as physical abuse of the youth or alcohol use by a parent, but reasons may differ, such as discord with parents over the youth's sexual orientation.¹¹ LGB RHY, especially males,⁶ are subjected to sexual victimization more than their heterosexual counterparts,¹² and are more likely to have engaged in survival sex (i.e., trading sex for food, clothing, or shelter) and prostitution.^{7,9}
- Mental health/substance use issues (including trauma and suicide histories)
 - LGBT RHY reported more depression^{6,7} and other problematic symptoms and behavior than did heterosexual youth.⁶ Relevant to their trauma histories, LGBT RHY were more often found to have posttraumatic stress disorder than were their heterosexual peers.¹³ Suicide attempts were up to twice as common among LGB than heterosexual RHY.^{8,9} LGBT RHY also use substances at greater rates, and use more types of substances, than do heterosexual RHY,^{6,9} particularly cocaine, crack, and speed/crystal methamphetamine.⁶
- Health issues
 - LGBT RHY seek HIV and hepatitis C testing more often than heterosexual RHY. They also engage more often in behaviors that put them at risk for these

⁸ Available online at: http://www.americanprogress.org/issues/2010/06/homelessness_numbers.html

⁹ Available online at: <http://quickfacts.census.gov/qfd/states/36/3651000.html#>

¹⁰ Available online at: http://www.citylimits.org/images_pdfs/pdfs/HomelessYouth.pdf

¹¹ Cochran, B. N., Stewart, A. J., Ginzler, J. A., & Cauce, A. M.

¹² Tyler, K. A.

¹³ Whitbeck, L. B., Chen, X., Hoyt, D. R., Tyler, K. A., & Johnson, K. D.

- diseases.¹⁴ For example, LGB RHY engage in sexual activity earlier than their heterosexual peers, and survival sex in particular predicts HIV risk.¹⁵
- Prior research suggests that some transgender subgroups are at risk for adulterated injection liquid silicone (AILS) use, or the injection of illicit silicone to augment physical appearance. Considered an illegal substance in the United States, individuals may choose to access liquid silicone illegally on the streets or at pumping parties. A pumping party is a gathering at which individuals purchase and inject or pump adulterated liquid silicone. Specific health risks associated with AILS include swelling, allergic reactions, silicone illness, and death.¹⁶
 - Coming-out process: religious, cultural, emotional factors (with family, peers, on streets, in placements) and gay-affirmative practice (GAP)
 - Coming out can be a difficult experience for anyone, particularly for youth who, unlike adults, are dependent on their parents or other caregiver for shelter, care and financial support, and who must consider the risk of being thrown out of the home following disclosure. Indeed, the youth's lesbian, gay, or bisexual identity has been identified as a risk factor for youth homelessness.⁸
 - Education and employment
 - The ability of this population to attain formal education is compromised, which negatively impacts their socioeconomic status later on.¹⁷ LGBTQ RHY may be hindered by a lack of guardianship, residency, and transportation.¹⁸
 - Finding and keeping a job may be difficult without a permanent address,¹⁹ phone, work-appropriate clothing, transportation to work, and up-to-date identification. Transgender youth may have a particularly difficult time due to the mismatch between their sex and gender, the lack of photo identification that matches their gender, or discrimination by employers or co-workers.²⁰
 - Legal challenges (citizenship status, transgender identity, name changes, etc.)
 - Early adolescent youth are prevented by child labor laws from gaining employment.¹² Non-citizen youth, too, may be unable to access employment, education, or even homeless services, including shelter, due to not having proper documentation or identification.¹³ However, the Violence against Women Act, Special Immigrant Juvenile Status, and seeking asylum are three possibilities to protect non-citizen LGBT RHY from deportation.
 - Criminality/arrests
 - Criminality among LGBTQ RHY is often associated with simply surviving on the streets. Public sleeping, turnstile jumping, fare dodging, prostitution and survival

¹⁴ Van Leeuwen, J. M., Boyle, S., Salomonsen-Sautel, S., Baker, D. N., Garcia, J. T., Hoffman, A., & Hopfer, C. J.

¹⁵ Gangamma, R., Slesnick, N., Toviessi, P., & Serovich, J.

¹⁶ Wallace, P. M.

¹⁷ Available online at: <http://www.apa.org/pi/ses/resources/publications/factsheet-lgbt.aspx>

¹⁸ Available online at: <http://www.nationalhomeless.org/factsheets/youth.html>

¹⁹ Available online at: <http://www.thetaskforce.org/downloads/HomelessYouth.pdf>

²⁰ Available online at: <http://www.siecus.org/data/global/images/SIECUS%20Report%202/32-4.pdf>

sex, and in some cases, restrictions and/or prohibition of feeding homeless people, criminalizes those with few other options.¹³

- Child Welfare System experience (family foster homes, adoption, group homes) and “re-placements” (particularly due to sexual/gender identity)
 - It is not uncommon for LGBT youth to spend more than one year in out-of-home placement, experience multiple placements, and re-enter the foster care system several times.¹⁵ Moreover, foster care is not always the safe haven it is presumed—and expected—to be for LGBT youth.²¹ However, some youth find their foster families more supportive than their workers during the coming-out process, even though most foster parents do not receive formal training or education on LGBT youth.²²
- Cities with large prevalence of LGBTQ RHY
 - Although youth homelessness exists everywhere, RHY tend to be most visible in major cities. However, it is unclear whether this visibility is a result of greater concentration of RHY in these areas or because major cities are where researchers focus their data collection.²³

²¹ Mallon, G. P., Aledort, N., & Ferrera, M.

²² Gallegos, A., White, C. R., Ryan, C., O'Brien, K., Pecora, P. J., & Thomas, P.

²³ Available online at: <http://aspe.hhs.gov/progsys/homeless/symposium/3-youth.htm>

III. PROMISING PRACTICES WITH LGBTQ RHY – TELEPHONE INTERVIEWS

Staff members, including program directors, executive directors, and chief operating officers, from 19 LGBTQ RHY-serving agencies in the U.S. participated in telephone interviews. Below we summarize our findings with input from agency staff regarding evidence-based, evidence-informed, and other promising practices in eight areas: 1) agency philosophy, 2) agency policies, 3) outreach, 4) intake/assessment, 5) programs and services (i.e., health, mental health, family legal and mediation, case management, educational/employment, and housing), 6) youth voice and leadership, 7) cultural diversity training for staff, and 8) sensitivity training for youth.

1. Agency Philosophy

Two complementary client-centered philosophies or frameworks guided agencies in their decision-making and service provision: a) positive youth development and youth-driven space and b) an LGBTQ-affirming and safe environment. A third agency philosophy (c) was more staff-centered in nature and was adapted from the Disney Institute’s Business Excellence Model. Each is illustrated below with examples from participating agencies.

a. Positive Youth Development (PYD) and Youth-Driven Space (YDS):

Common pillars of the positive youth development (PYD) framework²⁴ include respect, dignity, building relationships, and developing trust with youth as well as youth leadership/voice, life-goal achievement, and community service. In PYD agencies, because staff believe in the dignity and worth of each individual, they create an agency climate in which all youth and staff are treated with respect. PYD agency staff also believe in the healing and empowering nature of humane, caring relationships between adults and youth in the community. Agency staff frequently noted that the PYD framework was adopted in response to existing “adultist” (or top-down) agency procedures, in which historically, programs were designed and decisions were made *by staff for youth*. Common ways in which agencies applied the PYD framework were involving youth in 1) developing new programs and evaluating existing programs; 2) determining how funding sources are spent; 3) serving on the agencies’ board of directors, 4) evaluating staff in annual reviews; 5) serving as peer counselors and peer mentors; 6) forming an advisory council and resident council; and 6) co-authoring agency policies and program guidelines (e.g., eligibility criteria, rules, and rule-breaking consequences for transitional-living programs). PYD agencies are those that are solidarity-based, not charity-based, in which staff and youth collaborate at all levels of decision-making. Youth and staff hold each other accountable, give each other permission to make mistakes, and use such mistakes as learning opportunities.

Similarly, the youth-driven space (YDS) model²⁵ was noted as the guiding framework of various agencies. This model draws from the social work philosophy of self-determination and recognition that youth are experts in their own lives. YDS agencies develop and support opportunities for youth to authentically lead programs and share in the organizational governance. Common ways in which agencies applied the YDS model were involving youth in

²⁴ More on the positive youth development (PYD) framework at the National Conference of State Legislators (NCSL): <http://www.ncsl.org/issues-research/human-services/positive-youth-development-pyd.aspx> and at the Department of Health and Human Services (DHHS): <http://aspe.hhs.gov/hsp/positiveyouthdev99>

²⁵ More on the youth-driven space (YDS) model at: <http://youthdrivenspace.org/about-yds>

1) selecting colors to paint the agency walls, 2) creating new programs, 3) co-authoring the assessment and evaluation forms, 4) meeting with funders and making agency funding requests, 5) co-authoring agency and local school policies (e.g., anti-bullying and discrimination policies), and 6) updating agency websites to make them more “youth-friendly.”

b. LGBTQ-Affirming and Safe Environment:

All agencies had developed methods to make concrete what it means to be an LGBTQ-affirming (vs. an LGBTQ-accepting) environment. Oft-cited visual reminders that were displayed on agency walls and throughout work spaces included the rainbow pride flag, safety guidelines, and anti-discrimination policies. Additionally, in several agencies, youth created and maintained bulletin boards with LGBTQ-affirming messages. In other agencies, the youth created a welcome banner that was posted at the front entrance, which read “All Are Welcome Here!” and pictured multiple symbols of diversity. In addition to these visual symbols, several agencies created and displayed agency affirmations and assurance statements in all work spaces throughout the agency. A sample of these assurance statements follows:²⁶

[INSERT AGENCY NAME] is committed to maintaining an LGBTQ-affirming environment. We assure this by:

-  Challenging bias/hateful statements consistently.
-  Using affirming gender language or gender-neutral language. This includes calling a youth by their chosen name and using their preferred pronouns.
-  Understanding that sexual identity and gender expression are fluid by doing our best to respect each young person’s self-identity as it changes.
-  Not making assumptions. This includes not assuming someone’s orientation label or gender ID based on appearance or behavior.
-  Valuing everyone. We treat everyone, whether resident, staff, or visitor, with unconditional professional regard.

In order to ensure that all staff, volunteers and collaborating partners from external agencies were LGBTQ-affirming in their own beliefs and practices, agencies commonly developed and used screening procedures. Across agencies, screening questions queried staff, volunteers, and providers on their attitudes regarding heterocentrism, heterosexism, racism, classism, ableism, HIV/AIDS, and white privilege.

To assess whether local shelters to which agency staff referred LGBTQ RHY were affirming in their practices and environments, staff from the referring agencies would visit the shelters and speak with staff and residents. Referring staff would often use as a gauge whether they, themselves, would want to sleep there. Similarly, to assess whether there was an affirming

²⁶ Sample agency assurance statements contributed by Green Chimneys: www.greenchimneys.org/nyc. For more information, please contact Theresa C. Nolan, NYC Division Director, LGBTQ Youth Programs, Email: tnolan@greenchimneys

environment at local houses of worship and religious institutions to which agencies referred LGBTQ RHY who requested these services, referring staff would investigate whether these LGBTQ-identified religious institutions (e.g., churches and synagogues) advertised themselves in their mission as LGBTQ-affirming. Staff would often attend services prior to referring the youth or with the youth on a first visit to speak with other congregants about the religious services.

c. Disney Institute’s *Business Excellence* Model:

The Disney Institute’s *Business Excellence* model²⁷ incorporates leadership excellence, people management, quality service, brand loyalty, and inspiring creativity. Executive staff at one participating agency have attended several workshops by the Disney Institute to learn how to adapt this model to their organization, staff and client population. Their focus has shifted to finding new ways to take care of agency staff, who in turn are learning from these practices how to take better care of their youth clients/guests.

Recommendations for Agency Philosophy:

1. Respect the youth you are serving.
2. Place an emphasis on the quality of the relationship between staff and youth.
3. Involve youth in all aspects of service delivery, from program development to program evaluation.
4. Provide a safe environment, and ensure an LGBTQ-affirming experience both within the agency and to outside referrals.
5. Take care of the staff who take care of the youth.
6. Ensure that safety and respect are at the core of all programs.
7. Staff must know how to create and maintain safe spaces and to address homophobic/heterosexist comments when they arise.
8. Refrain from discussing being LGBTQ as a “problem” or a “barrier.” This is not another barrier for youth; it is who they are.

2. Agency Policies

Similar to the agencies’ use of visual reminders of the safe and affirming environment, staff highlighted the use of various agency policies to guide agency interactions for youth, staff, administration, volunteers and members of the boards of directors. Staff noted that such policies were often created in collaboration with the youth. This was commonly done through the use of youth focus groups to generate ideas and language from the youth for the policies as well as to have youth review and edit draft copies of agency policies. Once the policies were finalized, staff noted that their visual display throughout the agencies created a safe, respectful and affirming environment that originates with the policies. Common agency policies included 1) Anti-Discrimination Policies, 2) Equal Employment Opportunity Policies, 3) Harassment Policies, 4) Client Rights’ Policies, 5) Sexuality and Reproductive Health Policies, and 6) Policies on Interviewing New Staff.

²⁷ More on Disney Institute’s *Business Excellence* at: http://disneyinstitute.com/topics/business_excellence.aspx

Sample Equal Employment Opportunity Policy:²⁸

Equal Employment Opportunity Statement

[INSERT AGENCY NAME], in recognition of its responsibility, not only to its clients and employees, but also to the communities it serves, affirms its policy in regard to Executive Orders No. 11246 and 11141; Title VII of the Civil Rights Act of 1964; and the Americans with Disabilities Act of 1990, to hire qualified applicants and treat employees during their employment, without regard to race, religion, color, sex, age, national origin, sexual orientation, gender identity, and veteran status.

In carrying out the stated Anti-discrimination Policy, this organization will:

1. Recruit, hire and promote for all job classifications without regard to race, ethnicity, creed, color, national origin, sex, sexual orientation, gender identity or expression, disability, age, and veterans status, except when essential job functions indicate other considerations.
2. Base decisions on employment solely upon an individual's qualifications for which the individual is being considered.
3. Make promotional decisions based on the individual's qualifications for the position for which the individual is being considered.
4. Insure that all other personnel actions, such as compensation, benefits, transfers, layoffs, return from layoff, and other related programs will be administered without regard to race, ethnicity, creed, color, national origin, sex, sexual orientation, gender identity or expression, disability, age, veteran status, and/or other characteristics prohibited by state and federal law (except where such constitutes a bona fide qualification permitted by law).

Sample Interview Questions for Hiring New Staff:

The following are examples of questions asked during hiring interviews at participating agencies:

1. Administrative Assistant/Secretary Position: “We provide training on HIV/AIDS prevention and substance abuse. We provide services to gay and lesbian youth and we have condoms and lubricant available for youth at all of our sites. What is your comfort level with these issues? What is your comfort level in answering questions about safe-sex practices and prevention methods from the youth?”

2. Resident Staff – Shelter: “A resident tells you that he/she is gay, lesbian, bisexual, transgender or questioning. How would you respond? How would you handle this youth being teased by others?”

²⁸ Sample Equal Employment Opportunity Statement contributed by New Beginnings: <http://newbeginmaine.org>

3. Dayroom Counselor – Drop-In Center: “You have the afternoon shift on the dayroom floor. A verbal argument breaks out between two youth. One youth makes a derogatory slur about the sexual orientation of the other youth. What do you do? How do you respond?”

4. Administrative/Bookkeeper Position: “A new staff is hired and comes to you to do the necessary employment paperwork. The staff tells you that she is married and that her wife will be on her health-care plan. How would you respond? Please incorporate your existing knowledge of the agency’s domestic-partner policy and/or state same-sex marriage laws into your response.”

Recommendations for Agency Policies:

1. Culturally competent practices should be driven by LGBTQ-affirmative policies.
2. Appropriate staff-youth interaction is dependent on clear, explicit policies and guidelines.
3. Include youth as an integral part of the policy-making process.
4. Prominently display LGBTQ-affirming policies throughout the agency, especially in public and common areas.
5. LGBTQ-affirming policies should not be relegated to a subsection of an agency handbook but rather should permeate all agency interactions and practices.
6. Institutionalize non-discrimination policies into agencies.

3. Outreach

Street outreach teams generally operated through the agencies’ drop-in centers and adopted a harm-reduction approach. Staff commonly went out into the streets to interact with LGBTQ RHY to tell them about the drop-in center and other agency services, and to invite them to visit anytime they wanted. Staff from agencies serving LGBTQ youth exclusively unanimously recognized that many street-involved LGBTQ RHY are not ready to identify with LGBTQ RHY-serving agencies and/or are not ready to leave the streets. Staff also acknowledged that many youth on the streets did not trust authority figures, and that this mistrust was based on previous discriminatory and abusive relationships with adults. Further, in cities with poor public transportation systems, youth often desired to visit agency services but lacked accessible and affordable means to do so. Across all street outreach, services were very low-barrier. For instance, staff would ask minimal information (e.g., name or nickname and birth date) so that staff could identify the youth the next time. Outreach services were designed to approach youth in the areas in which they congregate the most. Multiple agencies offered the youth small cards with the agency phone number, address, hours and a list of services the agency provides. Oftentimes, the outreach cards would include visually and graphically appealing images, such as multiple symbols of diversity or caricatures created by existing agency youth. Outreach teams also frequently provided food and (warm) clothing as well as safe-sex kits (that included condoms and lubricant). Staff relayed basic information to the youth including where they could go to access free, safe, and non-judgmental services, including housing, food, employment and education, if the agency did not already provide these resources and services.

Similarly, outreach staff also publicized national crisis hotlines for RHY, such as the National Runaway Switchboard’s (NRS) toll-free hotline: 1-800-RUNAWAY.²⁹ The NRS has

²⁹ For other city- and state-specific hotlines, please visit: http://www.1800runaway.org/youth/nrs_can_help/referrals

access to more than 13,000 resources throughout the country, such as support groups, counseling and drug treatment centers, youth shelters, legal services, and medical services.

In one participating city, outreach workers provided youth on the streets with information on the “Bad Encounter Line” (BEL),³⁰ developed by the Young Women’s Empowerment Project (YWEP). The BEL was originally created for youth involved in trading sex for money, gifts, drugs, or survival needs, like food or a place to stay for the night, but has expanded to serve as a tool for all street-involved youth. A bad encounter is a negative experience with an institution or system, such as child welfare, health care, police, or schools. This venue gives youth a voice to write about (and to evaluate) adults, authority figures and service providers.

Recommendations for Outreach:

1. Offer low-barrier services (request minimal information).
2. Provide basic-needs services (food, clothing, preventive health).
3. Foster an ongoing-relationship with youth on their turf when they are not ready to identify with LGBTQ RHY services and/or to leave the streets.
4. Offer a comprehensive list of local resources and services, outside of those your own agency provides, including phone numbers of national hotlines.
5. Provide resources that empower youth to learn about, advocate for, and ensure the protection of their civil and human rights.

4. Intake/Assessment Procedures

All agencies used intake and/or assessment surveys to collect information from the youth, including basic demographics; information on sexual orientation, gender identity, and preferred gender pronouns; life and treatment goals; homelessness history; mental health and health issues; services requested; and high-risk behaviors.

Intake:

Agencies frequently had a shorter initial intake form that collected basic demographic information on the young people. Staff performing the intakes commonly noted to the youth that the purpose of the intake interviews was to get to know the young people by asking them a few brief (e.g., demographic) questions and to make them feel welcomed and safe. Staff also indicated to youth that the information gathered in the intakes would be used to improve agency programs and for agency funding proposals. Intake formats varied across agencies. Some used an interview format in which an intake worker asked the questions of the youth. Other agencies used a self-administered format in which the youth filled out the questions. Still other agencies used a computer-assisted or online intake form in which the youth filled out initial information electronically. In each case, the intake forms were brief, questions queried basic demographic information, and youth could use pseudonyms if desired. Intake questions regarding sexual orientation, gender identity, and preferred gender pronoun included boxes listing common terms, which the youth could check off, as well as responses of “Other” with a blank line on which the youth could self-identify. Intakes also included questions for LGBTQ allies, such as whether

³⁰ For more information on the Bad Encounter Line, please visit: <http://www.chitaskforce.org/occasional-papers-series/bad-encounter-line> . The Bad Encounter Line online form is located at: https://spreadsheets.google.com/viewform?formkey=dHFaOHR1MFh3cktTcjMtTEJiRV_RrZUE6MQ

they feel they can contribute to an LGBTQ-affirming environment. Some agencies conducted intakes that did not directly inquire about sexual orientation and/or gender identity. Instead, they would ask questions that indirectly led to discussions around sexuality and gender identity (e.g., “Who are you attracted to?”), or they simply gathered the information only if the youth volunteered it. Staff at agencies that used intake forms that did not inquire specifically about sexual orientation and gender identity noted that these questions are omitted early on in the interview process so that the youth do not feel pressured to self-identify until they feel comfortable with staff and safe in the agency space.

Several agencies used focus groups with the youth to establish the common identity terms listed on the survey. Other agencies continuously updated their intake forms with new terms provided by the youth. One agency commissioned its existing youth clients to co-create the intake form with staff for incoming youth. Another agency adopted an intake policy in which staff are required to conduct the intakes within the first 15 minutes of the youths’ arrival (should the youth want to do an intake). This agency policy prioritized intakes over all other staff functions in an effort to immediately connect with youth and make them feel welcome, comfortable and relaxed.

Assessments:

Once youth felt more comfortable and safe at the agencies and with the staff, they were invited to complete a lengthier, one-on-one assessment with a staff member. Staff performing the assessments commonly told the youth that the purpose of the assessment interviews was to determine the youths’ needs, strengths, and life goals, as well as the types of agency services and/or referrals the youth may want. The assessment interviews were largely strengths-based and included questions regarding the youths’ holistic selves (i.e., mind, body and spirit), including demographics, strengths, interests, life and treatment goals, willingness to exit the streets, mental health and health issues, services requested, and high-risk behaviors. Staff commonly noted the importance of providing or locating referrals for spiritual and religious services for those youth who expressed interest. To assess the youths’ interest in pursuing religious/spirituality programming, assessment tools often included a question such as, “In what ways (if any) can we accommodate your spiritual/religious needs?”

Assessment interviews were often conducted in private quarters within the agency or in another intimate space at a time that was convenient for the youth. Again, the interview-style format was commonly used, although multiple agencies used self-assessment and computer-assisted software to enable the youth to respond to more personal questions (e.g., around high-risk or illegal behaviors). Assessments included questions on the youths’ sexual practices and sexual partners in an effort to provide staff with more information on sexual risk and health behaviors. Similar to intake forms, agencies frequently included youths’ voices in creating, expanding and improving the assessment forms.

Sample Questions on Sexual Orientation, Gender Identity and Preferred Gender Pronoun:

Below are sample questions that commonly appeared on participating agencies' intake and/or assessment forms:

What is your sexual orientation?

- gay, lesbian, bisexual, straight, MSM [men who have sex with men],
 unsure/questioning, refused, _____

What is your gender identity?

- male, female, trans (male to female), trans (female to male), gender queer, intersex,
 refused, _____

What is your preferred gender pronoun?

- he/him, she/her, ze/zir, refused, _____

Other variations of these questions included:

How do you identify?

- affirmed female, affirmed male, gender queer, refused, _____

Who are you attracted to?

- men/males, women/females both, neither, refused, _____

Available Online Assessment Tools:

Staff from several agencies reported using formal and standardized assessment measures that are available online for public use:

1. 20-Question Mental Health Screening Form from Howard Brown
➔ Available at: <http://www.howardbrown.org/default.asp>
2. Ansell Casey Life-Skills Assessment (also referred to as Casey Life Skills)
➔ Available at: <http://www.caseylifeskills.org/pages/assess/whatis.htm>

Recommendations for Intake and Assessment Procedures:

1. Perform brief initial intakes using interview, self-assessment and online formats.
2. Use follow-up assessment interviews that identify both strengths and areas of growth.
3. Include a variety of response options for questions on sexual orientation, gender identity and preferred gender pronoun, including an option for a response not listed to be written in.
4. Incorporate youth voice into continuously updating intake/assessment forms based on youths' feedback.
5. Ensure the youths' confidentiality by allowing them to respond privately to questions about sexual orientation/gender identity.
6. Refrain from assuming gender identity and sexual orientation on intake/assessment forms at the agency level.

5. Programs and Services

A few agencies served LGBTQ RHY only (i.e., “LGBTQ mission-specific”), while the majority served all RHY regardless of sexual orientation or gender identity (i.e., “general”), some of whom offered separate LGBTQ housing. Of the general agencies, some offered LGBTQ-specific programming (e.g., groups and other services), although heterosexual youth were often invited. Many agencies, whether mission-specific or general, offered two types of programs: 1) *integrated* programs that included services for all sub-groups of LGBTQ RHY, as well as for straight and allied youth; and 2) *separate* programs that included services for specific sub-groups of LGBTQ RHY, such as psychoeducational groups for transgender youth, lesbian youth, or for men who have sex with men (MSM). Despite the marketing of these separate services to specific sub-groups, all LGBTQ, straight and allied youth were welcome to attend. This section includes an overview of the *integrated* promising programs and services used by participating agencies in the areas of a) health services, b) mental health services, c) family services, d) legal and mediation services, e) case-management services, f) educational/employment services, and g) housing services. Subsequently, we highlight the *separate* promising programs and services used by participating agencies for specific sub-populations of LGBTQ RHY. Additional evidence-based programs and treatments are listed in Appendix C.

Integrated Services for all LGBTQ RHY:

a. Health Services:

Participating agencies used several evidence-based and evidence-informed health-care interventions, including:

Intervention: Be proud! Be responsible!

Source: Centers for Disease Control and Prevention (CDC)

Description: Be Proud! Be Responsible! is a small-group skills-building and motivational intervention to increase knowledge of AIDS and sexually transmitted diseases (STDs) and to reduce positive attitudes and intentions toward risky sexual behaviors among African-American male adolescents. The intervention consists of one 5-hour session delivered to groups of 5-6 youth. The intervention includes facts about HIV/AIDS and risks associated with intravenous drug use and sex behaviors, clarifies myths about HIV, and helps adolescents realize their vulnerability to AIDS and STDs. Videos, games, exercises, and other culturally and developmentally appropriate materials are used to reinforce learning and build a sense of pride and responsibility in reducing HIV risk. Adolescents also engage in role-playing situations to practice implementing abstinence and other safer-sex practices, including practicing proper use of condoms.

Website: http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/Be_Proud.htm

Other promising health-care services within participating agencies consisted of:

- partnerships with LGBTQ-affirming medical doctors or health centers in the community that provide the youth with health care free of cost, or at a very low cost;
- peer health educator programs in which peer health educators go to schools and juvenile halls and present workshops on myths and stereotypes regarding the LGBTQ community;

- health workshops on HIV/AIDS, sexually transmitted infections (STIs), healthy relationships, and dating violence.

b. Mental Health Services:

Promising mental health service models were identified to address LGBTQ youths' mental-health challenges in two areas: 1) trauma and 2) substance use and high-risk sexual behaviors.

b.1. Trauma Interventions:

Given the high incidence of trauma among LGBTQ RHY, agency staff collectively aim to be trauma-informed in their approach. This means that trauma-related information is incorporated into every conversation staff have with youth as well as in dealing with behavioral consequences (e.g., if youth break house rules, staff approach the consequence from a trauma-informed perspective).

Intervention: Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Source: Mandy Habib (mhabib@sparcstraining.com) and Victor Labruna (vlabruna@sparcstraining.com)

Description: SPARCS is a 16-session group intervention that was specifically designed to address the needs of chronically traumatized adolescents who may still be living with ongoing stress and may be experiencing problems in several areas of functioning. These areas include difficulties with affect regulation and impulsivity, self-perception, relationships, somatization, dissociation, numbing and avoidance, and struggles with their own purpose and meaning in life as well as worldviews that make it difficult for them to see a future for themselves. Overall goals of the program are to help teens cope more effectively in the moment, enhance self-efficacy, connect with others and establish supportive relationships, cultivate awareness, and create meaning in their lives. Group members learn and practice each of the core SPARCS skills throughout the intervention and frequently report use of these skills outside of group. Core components of this intervention include Mindfulness practice, relationship building/communication skills, Distress Tolerance, and Problem-solving and Meaning Making. Treatment also includes psychoeducation regarding stress, trauma, and triggers.

Website: <http://sparcstraining.com/index.php>

Intervention: Sanctuary Model

Source: Sanctuary Institute (Andrus Children's Center and Dr. Sandra L. Bloom)

Description: The Sanctuary Model represents a theory-based, trauma-informed, evidence-supported, whole-culture approach that has a clear and structured methodology for creating or changing an organizational culture.

Website: <http://www.sanctuaryweb.com/index.php>

Intervention: Transitions Ahead

Source: William Bridges

Description: Author William Bridges has developed a simple "Transition Framework" to help people understand and talk with others about the powerful emotions involved. In the Bridges' Framework, the inner process of adjustment is referred to as a "Transition," and each Transition is made up of three stages: "Endings," which produce sadness, anger and remorse; the "neutral

zone,” which brings fear and confusion along with space for creativity; and a “new beginning,” a mix of confidence over what has been gained and anxiety over sliding backwards.

Website: <http://www.cooppower.coop/index.php/understanding-change-and-transition>

Sample Curriculum:

http://www.transitionandsocialchange.org/pdf/Bridges_to_Independence_Facilitator_Guide.pdf

Intervention: Community Trauma Treatment Center for Runaway and Homeless Youth

Source: National Child Traumatic Stress Network (NCTSN)

Description: The Community Trauma Treatment Center for Runaway and Homeless Youth establishes and sustains evidence-based clinical treatment and trauma-informed services for runaway and homeless youth aged 13 to 21 in the Hollywood community.

Website: <http://homeless.samhsa.gov/Resource/Community-Trauma-Treatment-for-Runaway-and-Homeless-Youth-Childrens-Hospital-Los-Angeles-47847.aspx>

Interventions: Additional Effective Treatments for Youth Trauma

Source: National Child Traumatic Stress Network (NCTSN)

Description: Additional treatments for traumatic stress that are based on cognitive-behavioral approaches are discussed, including learning relaxation and stress management techniques, correcting distorted thoughts, and developing a trauma narrative.

Website: <http://www.nctsn.org/resources/audiences/parents-caregivers/treatments-that-work>

Interventions: Additional Effective Treatments for Youth Trauma

Source: SAMHSA’s National Center for Trauma-Informed Care

Description: Additional well-known, trauma-specific interventions are discussed, which are based upon psychosocial educational empowerment principles that have been used extensively in public system settings.

Website: <http://www.samhsa.gov/nctic/trauma.asp>

b.2. Substance Use and High-Risk Sexual Behaviors:

Agencies largely adopted a harm-reduction approach for all interactions with youth around their high-risk behaviors (e.g., substance use, sexual practices, etc.).

Intervention: Street Smart: Reducing HIV Risk Among Runaway and Homeless Youth

Source: Centers for Disease Control and Prevention (CDC) and Rotheram-Borus, M. J., Koopman, C., Haignere, C., & Davies, M. (1991). Reducing HIV sexual risk behaviors among runaway adolescents. *Journal of the American Medical Association*, 266(9), 1237-1241.

Description: Street Smart is a multisession, skills-building program designed to help groups of runaway youth reduce unprotected sex, number of sex partners, and substance use. The program is based on social learning theory, which describes the relationship between behavior change and a person’s beliefs that he/she has the ability to change a behavior and that changing that behavior will produce a specific result.

Website: http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/streetsmart.htm

Intervention: Seeking Safety

Source: Lisa M. Najavits (lisa.najavits@va.gov)

Description: Seeking Safety is a present-focused therapy to help people attain safety from trauma/PTSD and substance abuse. The treatment is available as a book, providing both client handouts and guidance for clinicians. The treatment was designed for flexible use. It has been conducted in group and individual format; for women, men, and mixed-gender; using all topics or fewer topics; in a variety of settings (outpatient, inpatient, residential); and for both substance abuse and dependence. It has also been used with people who have a trauma history, but do not meet criteria for PTSD.

Website: <http://www.seekingsafety.org/3-03-06/aboutSS.html>

Intervention: Motivational Interviewing (MI)

Source: Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: Guilford Press.

Description: Motivational Interviewing (MI) is a collaborative, goal-oriented method of communication with particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own arguments for change.

Website: <http://www.motivationalinterview.org>

c. Family Services:

Multiple agencies incorporated family-reunification services into their programming, in particular for younger LGBTQ RHY. For young people still connected to their families, agency staff participated in family therapy, individual counseling and preservation services.

Intervention: Family Acceptance Project

Source: Caitlin Ryan, Director of the Family Acceptance Project

Description: The Family Acceptance Project (FAP) is the only community research, intervention, education and policy initiative that works to decrease major health and related risks for LGBTQ youth, such as suicide, substance abuse, HIV and homelessness—in the context of their families. FAP uses a research-based, culturally grounded approach to help ethnically, socially and religiously diverse families decrease rejection and increase support for their LGBT children.

Website: <http://familyproject.sfsu.edu>

Intervention: Family Preservation Program

Source: Family Support Services of the Bay Area (FSSBA)

Description: The family preservation programs support families to improve parenting and to address their life challenges. The goal of the program is to improve family functioning so children will receive appropriate care and the family will be able to remain intact.

Website: <http://www.fssba-oak.org/programs/familypres.htm>

d. Legal and Mediation Services:

d.1. Legal Services:

Staff across cities reported that the most common legal services for LGBTQ RHY include: 1) name changes and document replacements, 2) street encounters with the police, 3) engagement in sex-work services (e.g., training youth on safety around police involvement, how to interact with the police based on their rights, and how to deal with police who discriminate based on

sexual orientation/gender), and 4) “quality-of-life” offenses (e.g., criminalization of homeless people, such as sleeping in public spaces even though there are no available shelter beds, or jumping a turnstile at the metro to make an appointment with a probation officer). To address the legal needs of LGBTQ RHY, agencies frequently collaborated with affirming legal clinics, law schools, or pro-bono attorneys. The following legal-service interventions were used by participating agencies:

Intervention: “Know your Rights” Trainings

Source: Urban Justice Center, New York

Description: The main goal of the “Know your Rights” trainings is to support LGBTQ RHY’s self-advocacy and self-efficacy. Legal services and a variety of civil rights’ trainings are provided to help them meet their own survival needs by knowing and advocating for their civil rights. To create each curriculum module, legal staff use a grassroots approach to develop and test the curriculum in the community by surveying staff and youth at LGBTQ RHY partner agencies. Legal staff inquire regarding the specific legal issues with which the youth most struggle and in what areas the youth would like to have training. From these inquiries, legal staff develop the training modules.

Website: <http://www.urbanjustice.org/ujc/projects/peter.html>

Intervention: Streetwise & Safe (SAS)

Source: Streetwise & Safe (SAS)

Description: SAS is a project by and for youth of color in New York City that shares the ins & outs, dos & don’ts, and street politics of police encounters between LGBTQ youth of color and the police. Participants in the 15-week SAS “know your rights” leadership development curriculum collectively 1) identify key messages for street-based LGBTQ youth of color who are experiencing “quality-of-life” policing and policing of prostitution, 2) decide the most effective way of sharing this information, and 3) develop youth-designed and youth-led “know your rights” workshops and outreach materials.

Website: <http://www.streetwiseandsafe.org>

d.2. Conflict Mediation:

Conflict mediation services were also noted by staff as necessary to confront, process and overcome conflicts LGBTQ RHY encountered with surrounding systems, adults and peers. The following conflict-mediation intervention was used by several participating agencies:

Intervention: Conflict Mediation based on Transformative Justice Model

Sources: Fisher, T. (2006). Transformative mediation: Differentiating principles from illusions-Part 1. *ADR Bulletin*, 9(3, Article 2), 1-4. Available at:

<http://epublications.bond.edu.au/adr/vol9/iss3/2>

Fisher, T. (2007). Transformative mediation: Differentiating principles from illusions-Part 2.

ADR Bulletin, 9(5, Article 4), 1-6. Available at: <http://epublications.bond.edu.au/adr/vol9/iss5/4>

Description: Drawing from principles of the transformative justice model, staff adopting conflict mediation services use the following steps to deescalate conflict in which LGBTQ youth are involved:

Ask the youth to state the following:

1. *This is the story* – the youth tells what happened and what the situation was about.

2. *This is what I tell myself about my story* – the youth shares feelings, thoughts, personal issues.
3. *This is where I know myself to be* – the youth articulates his/her image (e.g., I am a strong, articulate young lesbian woman).
4. *This is what I need from you* – the youth makes a clear statement of his/her needs to the system, adult or peer.
5. *This is what I am willing to compromise* – the youth states what he/she is willing to do or give up.

Websites: <http://epublications.bond.edu.au/adr/vol9/iss3/2> and <http://epublications.bond.edu.au/adr/vol9/iss5/4>

e. Case-Management Services:

Participating agencies used a variety of evidence-based and evidence-informed case-management services:

Intervention: Comprehensive Case Management for Substance Abuse Treatment

Source: Center for Substance Abuse Treatment. Comprehensive Case Management for Substance Abuse Treatment. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 1998. (Treatment Improvement Protocol (TIP) Series, No. 27.)

Description: Comprehensive Case Management for Substance Abuse Treatment presents an overview of case management for substance abuse treatment providers. What studies support is also proven every day in the field--substance abusers have better treatment outcomes if their other problems are addressed concurrently.

Website: <http://www.ncbi.nlm.nih.gov/books/NBK64863>

Intervention: “Living Room” Program

Source: Lori Ashcraft, Executive Director, META Services Recovery Education Center

Description: A peer-operated crisis alternative, named the *Living Room*, offers a comfortable, natural setting for clients entering an agency. For example, the space may include couches and a TV, a refrigerator with snacks, and small individual rooms around the perimeter with futons for comfortable sleeping (if desired). Peer support specialists (PSS; i.e., employees having experienced behavioral health crises themselves who are now stable) are hired to staff the Living Room and to meet with new clients upon their entry. Rather than scheduling clients upon intake to meet with a psychiatrist, as is commonly done in community mental health and psychiatric rehabilitation centers, the client first meets with a PSS in the “living room” space. The PSS assesses the clients’ presenting needs and initiates referrals to the appropriate agency staff (e.g., psychiatrists, mental health counselors, substance abuse counselor, physicians, etc.).

Website: <http://www.recoveryinnovations.org/pdf/LivingRoom.pdf>

Intervention: Comprehensive Services’ Model

Sources: Various LGBTQ RHY drop-in centers around the country

Description: This model entails bringing in a comprehensive array of LGBTQ-affirming service providers to the drop-in center. Within the drop-in center, youth can obtain basic needs services (e.g., food, showers, clothing). They have case managers (referred to in some agencies as *transitional advocates*, due to the frequent negative interactions youth experienced with case managers within in-system care). They use a strengths-based case-management/transitional advocacy model in which staff and youth co-author a “life road map” (i.e., treatment plan). On

this map, the young person states his/her goal(s) and completion date(s), barriers, and action steps. There are 10 domains on the life road map (e.g., housing, education, future goals, etc.). The youth also indicates on the road map what staff support he/she needs for each goal. Youth are in the driver's seat in creating this road map. Other providers who are present in the drop-in centers include LGBTQ-affirming Medicaid enrollment specialists, physicians, medical teams, and veterinarians (for those youth who care for pets). Attorneys from local legal clinics also provide the youth each week with legal services (e.g., clearing records for jumping turnstiles, changing gender markers on identification cards, addressing legal charges for sex work, etc.). Youth can access on-site mental health services with affirming psychiatrists, clinicians, and substance-use counselors as well. Staff and peers offer psychoeducational groups all day long to the youth.

f. Educational/Employment Services:

Agencies with educational and/or employment services combined a variety of models, including supported employment, social enterprises, and referrals to existing job-placement programs such as Job Corps and YouthBuild.

Intervention: Supported Employment (Individual Placement and Support [IPS])

Source: Robert Drake and Deborah Becker, Dartmouth Psychiatric Research Center

Description: Supported employment helps people with severe mental illness work at regular jobs of their choosing in the formal economy. Although variations of supported employment exist, IPS (Individual Placement and Support) refers to the evidence-based practice of supported employment. Characteristics of IPS Supported Employment are 1) IPS is an evidence-based practice, 2) IPS practitioners focus on client strengths, 3) work can promote recovery and wellness, 4) IPS practitioners work in collaboration with state vocational rehabilitation, 5) IPS uses a multidisciplinary team approach, 6) IPS services are individualized and long-lasting, and 7) the IPS approach changes the way mental health services are delivered.

Website: <http://www.dartmouth.edu/~ips>

Adaptation Study of IPS Supported Employment with Homeless Youth: Ferguson, K., Xie, B., & Glynn, S. (2012). Adapting the Individual Placement and Support model with homeless young adults. *Child & Youth Care Forum*, 41(3), 277-294. doi:10.1007/s10566-011-9163-5

Intervention: Agency-Based Social Enterprise (e.g., farm, café, landscaping, graphic design, multi-media, silk-screening)

Source: Various LGBTQ RHY agencies

Source: Teasdale, S. (2012): Negotiating tensions: How do social enterprises in the homelessness field balance social and commercial considerations? *Housing Studies*, doi:10.1080/02673037.2012.677015. Available at:

<http://dx.doi.org/10.1080/02673037.2012.677015>

Description: In agencies that operate social enterprises, LGBTQ RHY receive training from career professionals in vocational/technical, business and life skills that are required to start up agency-run businesses. Agencies create internships for LGBTQ youth to acquire job skills as well as develop social enterprises in which the youth work. In both cases, youth develop and hone career skills, and agencies are able to offer a career pipeline into select careers.

Program: YouthBuild AmeriCorps

Description: A fulltime, 10-month workforce development and GED program that serves low-income young people ages 18-24. Young people enrolled in the program work toward their GED or high school diploma while learning job skills by building affordable housing for homeless and low-income people. Strong emphasis is placed on leadership development and community service.

Website: <https://youthbuild.org/amicorps>

Program: Job Corps

Description: Job Corps is a free education and training program that helps young people learn a career, earn a high school diploma or GED, and find and keep a good job. For eligible young people at least 16 years of age who qualify as low income, Job Corps provides the all-around skills needed to succeed in a career and in life.

Website: <http://www.jobcorps.gov/home.aspx>

g. Housing Services:

Participating agencies that provided housing services offered combinations of short-term emergency and crisis shelters, as well as long-term Transitional Independent Living (TIL) Programs and Transitional Living Programs (TLPs) and other supportive housing, such as scattered apartments in the community and “host homes”. The host home is an innovative housing model providing an alternative to the shelter system for LGBTQ RHY. Through this program, Host Home volunteers are trained and supported in housing homeless LGBTQ youth in their homes for 1-2 years. The goal of the Host Home program is to facilitate the transition to adulthood for LGBTQ RHY and to assist them on their path of independent living by providing a safe home and the stability needed to focus on pursuing educational and vocational opportunities.³¹

Staff from participating agencies noted that funding sources often dictated whether and how agencies housed LGBTQ RHY. Some agencies refused to accept any federal or state funding for housing, so in these cases, staff had more flexibility to house youth as they wished, giving preference to the youths’ preferred sleeping arrangements. In these cases, staff prioritized the youths’ safety above all else in making housing decisions with the youth. One such agency is currently experimenting with housing three youth from the same street family together—with adult supervision—as a way to honor the young people’s existing natural supports. In contrast, for agencies that accepted public housing monies, staff shared various strategies designed to ensure the youths’ safety and to meet their individual housing needs.

Agency staff commonly contacted their local, state or federal shelter-funding staff on a case-by-case basis to successfully arrange beds to meet the youths’ housing needs. Staff conducted considerable education and advocacy on behalf of clients to meet their individual housing needs. For instance, agency staff engaged funding staff in multiple conversations regarding why separating beds by gender identity is not always appropriate, safe, or in the best interests of the youth. Agency staff conducted trainings with funding staff regarding the “gender fluidity” of the youth, in particular regarding transgender youth who were transitioning from one gender to the other or undergoing hormone treatments. With respect to advocacy efforts, agency staff frequently sought permissions or waivers from state funding staff to house youth separately or

³¹ For more information on Host Home Programs, please visit: <http://www.ucanchicago.org/host-home/> (IL) and <http://www.avenuesforyouth.org/programs-glbthosthome.html> (MN)

with youth of a different gender in cases of bullying, discrimination or abuse. In some cases, agency staff had the flexibility within their infrastructure to reserve a single room for cases in which transgender youth did not want to choose a preferred gender with whom to be housed, or for youth who had been victimized in shared housing and thus preferred a single room. In these cases, youth often felt assured knowing that they had multiple options from which to choose to ensure that their housing needs were met in a safe manner.

Staff at agencies that did not have housing on-site or that were over capacity with their on-site housing referred youth out to local shelters. Staff commonly noted that they would take the time to visit the local emergency shelters and to assess the safety, cleanliness and livability of the space. Agency staff indicated that they would only refer youth to those emergency shelters at which they, too, would want to sleep. These staff would also conduct frequent trainings with staff from local emergency shelters on how to create safer living spaces for LGBTQ RHY.

Across many states, state housing regulations require agencies to house youth of the same born-sex together. In some cases, agency staff would obtain the youths' sex from their driver's license or another identification document. Although this practice may be affirming in some cases, it may be problematic in other cases in which the sex listed on a youth's identification document does not match their identity. When working with youth whose born-sex did not match their identity, staff commonly asked the youth to identify their sex. In other cases, staff would not ask for legal documentation at all, but rather would ask the youth to identify their sex. Still in other cases, agency staff would work with the youth and the funders to determine the best fit for housing for the youth. In all cases, youths' safety was at the forefront of all housing placements. In some states, agency staff would provide state funding and oversight staff with a written overview addressing all potential safety issues and concerns in housing transgender male-to-female youth with other females, or transgender female-to-male youth with other males. This written document was used to demonstrate to funding and oversight staff the benefit of housing transgender youth in this manner given agency staffs' awareness of and attention to all identified safety issues and concerns. Another strategy agency staff used to ensure youths' safety was to draft a "Roommate Agreement," in which guidelines for safe, appropriate behaviors and interactions were devised by the youth and signed by the youth. A final strategy to ensure youths' safety was to increase staff supervision and room checks and/or to instate peer resident monitors to perform the supervision and room-check functions.

At a local level, various cities have passed policies that allow youth to self-identify their gender. These more flexible policies enabled agency staff to house youth based on their own identified gender. In these cases, agency staff frequently assigned transgender youth to beds according to their self-identified gender. Scattered-site apartments allowed transgender youth to live in their own apartments. For those who desired roommates, staff worked with the youth to find appropriate roommates who were the best fit for them.

Despite agencies' strategic and institutionalized efforts to ensure the youths' safety in their housing, conflicts and tensions nonetheless arose between youth (and between youth and staff) regarding the youths' gender identity and sexual orientation. In these cases, staff commonly addressed these conflicts through individual and small-group counseling, house meetings, resident councils, conflict mediation, and cultural sensitivity trainings for both staff and youth.

Specific Services for Sub-populations of LGBTQ Youth:

In this final section on promising programs and services identified by participating agencies, we review specific programs and services targeted at transgender youth.

Transgender and Gender Non-Conforming Youth:

Multiple agencies recognized the unique health, mental health, employment and legal issues related to transgender and non-conforming youth. As such, agencies commonly offered specific support groups for them. In some cases, these groups were offered on-site by an internal staff or a collaborating agency staff who would come to the host agency to facilitate groups. Oftentimes, integrated agencies had an LGBTQ Activity Specialist who would run weekly LGBTQ-specific groups (e.g., transgender and non-conforming youth groups). In other cases, the youth were referred to a collaborating community agency that offered transgender and non-conforming youth support groups. In this latter case, the host agency was often able to provide youth with transportation (e.g., van ride or bus tokens) to the off-site support group. Despite these groups being targeted specifically at transgender and non-conforming youth, all agency youth were welcome to attend.

Topics frequently covered in the transgender and non-conforming youth support groups included how to address different forms of discrimination in employment settings and in society in general; how to navigate health care and mental health systems before, during and after gender transitioning; and how to make legal name changes on identification documents. Several agencies have created “transgender best-practices workgroups” to generate solutions from the youth and staff in response to barriers that transgender youth experience (e.g., changing gender markers on identification cards; obtaining public assistance, such as Medicaid; facing employment discrimination; and locating safe, appropriate and affirming medical services).

Below are several resources for agencies to develop and strengthen their programming and services for transgender, non-conforming, gay and bisexual homeless and runaway youth:

Transgender Youth Clinic of Children’s Hospital Los Angeles:

<http://www.transyouthla.com/index.html>

The University of Minnesota, Family Medicine and Community Health, Transgender Health Services:

<http://www.phs.umn.edu/clinic/transgender/home.html>

The University of Minnesota Transgender Commission:

<http://glbta.umn.edu/trans>

The Centers for Disease Control and Prevention (CDC): HIV among Transgender People:

<http://www.cdc.gov/hiv/transgender>

The Centers for Disease Control and Prevention (CDC): Gay and Bisexual Men’s Health:

<http://www.cdc.gov/msmhealth/msm-programs.htm>

Recommendations for Programs and Services:

1. Incorporate safer-sex education into program curricula.
2. Address youths' trauma histories and high-risk behaviors (e.g., unsafe sex, substance use) as part of mental health screening, assessment, and intervention.
3. Consider family involvement for those youth who remain connected to, or wish to reconnect with, their families of origin.
4. Facilitate access to legal and mediation services for youth who may be involved in the criminal justice system, who need assistance obtaining or replacing their identification documents, or who otherwise need guidance on navigating interactions with law enforcement and other systems with which they may come into contact.
5. Provide holistic coverage of youths' needs with staff dedicated to overseeing every aspect of care.
6. Promote personal growth activities such as educational and vocational services available either on-site or in the community.
7. Ensure safe housing for LGBTQ youth, paying particular attention to the unique challenges posed to transgender youth who may feel more comfortable being housed with others of their born-sex or of their identified gender.
8. Ensure equal access to all opportunities and services that heterosexual youth have.
9. Offer both LGBTQ-specific services and integrated programming to straight youth. LGBTQ youth desire a choice of whether they want separate or integrated services. LGBTQ youth benefit from opportunities to interact with both other LGBTQ peers and their straight, allied peers. It is essential to have some LGBTQ-specific services within integrated facilities. It is also crucial to have an LGBTQ point person on staff in integrated agencies so youth know to whom they can go.
10. Adopt harm-reduction and safe-sex practices to address high-risk sexual behaviors.
11. Adopt a trauma-informed approach throughout all agency services.
12. Create additional employment resources for transgender youth (e.g., legal services for name and gender changes on identification cards, identification of affirming establishments, interview preparation, etc.).
13. Develop evidence-based practices for nature-based career training for nature-based professions, such as forest rangers, horticulturists, gardeners, landscape designers, and farmers.
14. Partner with federal work training programs to help LGBTQ RHY find employment.
15. Adopt efforts to strengthen communities in which LGBTQ youth live so that their needs can be met through responsive self-help groups in the community.
16. Identify existing and train new identity-affirming service providers in the community.
17. Institute parent-mentoring programs to educate and support parents with LGBTQ children.
18. Institute family preventive intervention programs to help families with LGBTQ children to strengthen or repair communication and bonds before the youth run away or are kicked out.

6. Youth Voice and Leadership:

Youth regularly had a voice in the assessment processes, in designing and evaluating new and existing programs, in creating and administering staff and peer trainings, in drafting agency

policies, and in overall administrative decision-making procedures. Some concrete and creative examples of how agencies incorporated youths' voice include:

- Youth participate in Youth Advisory Councils and Youth Advisory Boards and provide input in decision-making procedures in the agency.
- Youth serve on Youth Resident Councils and bring issues and concerns in housing to the staff and administration.
- Youth serve as “Floor Reps” or “Floor Monitors” in rotating positions within transitional living programs.
- Youth facilitate daily Community House Meetings in which they discuss house-related issues, generate solutions to identified problems, and liaise with agency administration.
- Youth author housing handbooks for their residences that include their own disciplinary policies and consequences for violating house rules.
- Youth facilitate Community Discussion Groups at drop-in centers by selecting topics they want to address and providing information and feedback to staff.
- Youth participate on an agency Alumni Council (comprised of youth between 1-5-years-post program), who devise ways to contribute back to the agencies, programs and youth.
- Youth facilitate and co-facilitate support groups on select topics with other youth.
- Youth serve as Peer Mentors and as members of Peer Groups in which they mentor each other.
- Youth participate in a Life Coach Program in which they work with mentors to conduct monthly retreats in a variety of life-skills areas.
- Youth participate in best-practices working groups for transgender youth to develop best practices for working with this population.
- Youth participate in local, state and national conferences (e.g., National Network for Youth <http://www.nn4youth.org> and the National Teen Leadership Program <http://www.ntlp.org>).
- Youth participate in annual leadership forums in which they learn leadership skills and offer recommendations to administrative staff that are used for strategic plans and regular agency programming.
- Youth help interview and train new staff as well as evaluate existing staff in their annual reviews.

- Youth hold paid staff positions in the agencies (e.g., for trainings, peer work, internships, etc.).
- Youth are later hired as adults by the agencies that served them.
- Youth complete program evaluation forms, satisfaction surveys, focus groups, and comment cards; in turn, staff make changes in programs and services based on the youths' feedback.
- Youth participate in focus groups to offer ideas for new programs, services, and training or changes to existing programs. Staff use youths' input and testimonies to solicit funding for new programs, services and trainings. Staff also use the youths' input to improve existing programs. One way staff invite youth to exercise their leadership skills is to provide feedback on programs as if the youth were running these programs. Staff ask the youth, "If you were running X program at this agency, what changes would you make? How would you make them? How would you fund these changes?"
- Youth participate in focus groups to determine how agencies will spend select donations.
- Youth participate in pilot studies of the agencies' intake/assessment forms and offer feedback on the language and content of questions; from there, staff update the intake/assessment forms.
- Youth participate in Peer Review Panels to help staff develop cultural sensitivity and diversity training curricula.
- Youth meet with funders to share their experiences at the agencies and to help promote new and existing programs.
- Youth meet with graphic designers and web developers to provide their input on making the agencies' promotional materials and websites more youth-friendly.
- Youth develop, update and maintain monthly bulletin boards at the agencies with LGBTQ-affirming messages.
- Youth travel with staff to state capitols to participate in "Student Day at the Legislature" where they meet with state legislators and speak with them about important issues related to the LGBTQ RHY population.
- Youth share their experiences of being bullied, where they are in their healing process, and the work that they are involved with to bring public and legislative attention to the issue.³²

³² For more information on *Out and Upfront*, a collaborative youth leadership program between the ACLU and the Ruth Ellis Center, please visit: <http://pridesource.com/article.html?article=44670>

Recommendations for Youth Voice and Leadership:

1. Develop youth advisory boards and resident councils, and include youth in staff meetings and other administrative functions.
2. Solicit youths' input into policies and decisions that affect them.
3. Involve youth in developing youth-friendly materials and signage.
4. Engage youth in professional and youth conferences and in meetings with legislators on issues relevant to the youth.
5. Hire youth volunteers and employees within the agency.
6. Allow youth to choose their own names and use their chosen names within agencies. Agency policies should not require that youth show their legal identification cards to qualify or register for services. Youth may also change their name or preferred gender pronoun while at the agency, and staff should be supportive. These practices show respect for all youths' gender self-identity.
7. Adopt models that work horizontally with youth (e.g., Youth Advisory Councils that provide input to agency administrative staff; fundraising to send youth to higher education with the commitment that the youth then come back and serve the community in some way in return for the financial assistance).
8. Adopt shared-leadership models at the agency level between staff and youth. For instance, agencies could adopt a clinical co-director or co-manager model in which a youth and clinician/manager share the director's/manager's position. Under this model, the youth would receive ongoing supervision from existing staff to support them in their roles.

7. Cultural Diversity and Standards of Care Training for Agency Staff:

All participating agencies offered their staff various trainings in cultural diversity and standards of care related to working with LGBTQ youth and homeless and runaway youth. Common themes covered in cultural diversity and standards-of-care trainings were LGBTQ terminology (including sexual orientation, gender identity, and preferred gender pronouns), the coming-out process, LGBTQ-affirmative practice models, safe-sex practices, substance abuse, harm reduction, stress and resiliency, trauma-informed care, adolescent development, family conflict, anti-oppression,³³⁻³⁴ how to interact with LGBTQ RHY, and how to create safe, affirming environments for LGBTQ RHY.

In some cases, agency staff had developed their training curricula from existing sources, including their own experiences working with LGBTQ RHY. In other cases, agencies hired external trainers to offer on-site trainings to staff.³⁵ Still other agencies mandated staff to attend trainings at local community colleges, universities, and LGBTQ-affirming organizations in the community. Multiple agencies used combinations of in-person and free online trainings and webinars for their staff. Various agencies also used youth clients to co-facilitate portions of the trainings in an effort to personalize the trainings by incorporating clients' lived experiences. Staff

³³ As part of their anti-oppression training, staff used Martin Rochlin's (1972) *Heterosexual Questionnaire*: <http://queersunited.blogspot.com/2008/04/heterosexual-questionnaire.html>

³⁴ As part of their anti-oppression training, staff used Peggy McIntosh's (1988) *White Privilege: Unpacking the Invisible Knapsack*: <http://www.nymbp.org/reference/WhitePrivilege.pdf>

³⁵ For more information on the training curriculum on *Standards of Care for LGBTQ Youth Experiencing Homelessness*, please contact Jama Shelton from the Ali Forney Center, New York, at: shelton@aliforneycenter.org

in-services, weekly staff forums, staff retreats, and staff meetings were also common venues at which additional trainings were administered. Areas of training needs that were often identified across agencies included more advanced curricula on working with transgender youth, legal trainings on LGBTQ RHY, and sexual and reproductive health of lesbian women and adolescents.

Below we include the websites to national and local organizations that offer a variety of free and low-cost, in-person and online (live and on-demand) trainings, webinars and technical assistance.

a. The Runaway and Homeless Youth Training and Technical Assistance Center

(RHYTTAC): A centralized national resource for Family and Youth Services Bureau (FYSB) funded Runaway and Homeless Youth (RHY) grantees. Training and Technical Assistance Services are directed at assisting RHY grantees to engage in continuous quality improvement of their services and to build their capacity to effectively serve runaway and homeless youth.

RHYTTAC Website: <http://www.rhyttac.ou.edu>

Training Website: <http://www.rhyttac.ou.edu/rhyttac-e-learning>

b. SAMHSA Homelessness Resource Center: An interactive community of providers, consumers, policymakers, researchers, and public agencies at federal, state, and local levels, who share state-of-the-art knowledge and promising practices to prevent and end homelessness through training and technical assistance, publications and materials, online learning opportunities, networking and collaboration.

Homelessness Resource Center Website: <http://homeless.samhsa.gov/About.aspx>

Training Website: <http://homeless.samhsa.gov/Channel/Training-26.aspx>

c. The National Center for Trauma-Informed Care (NCTIC): A national resource that provides training for staff, leaders, consumers, and others to facilitate the implementation of trauma-informed care in a range of service systems, including mental health, substance abuse, criminal justice, victim assistance, peer support, education, primary care, domestic violence, child welfare, and others. This training may be offered either in brief sessions to diverse meeting/conference audiences or over several hours or days to specific programs or agencies.

NCTIC Website: <http://www.samhsa.gov/nctic/default.asp>

Training Website: <http://www.samhsa.gov/nctic/training.asp>

d. The National Child Traumatic Stress Network (NCTSN): A national network that is dedicated to providing state-of-the-art training to enhance the quality of clinical assessment, treatment, and services for traumatized children, adolescents, their families, and communities. To that end, the Network offers a variety of in-person and online (live and on-demand) training opportunities.

NCTSN Website: <http://www.nctsnet.org>

Training Website: <http://www.nctsnet.org/resources/training-and-education>

e. United States Department of Labor: The Department of Labor (DOL) administers programs providing employment and training services that are crucial components in the comprehensive efforts to address the cycle of homelessness. The Department offers both mainstream and

targeted employment-focused programs that help lead to self-sufficiency. The DOL strategy focuses on helping homeless Americans who want to work or can become job-ready. DOL's objectives are to: 1) provide access to mainstream employment assistance and services, and 2) identify skill needs in today's workforce and address skill deficiencies of this population.

DOL Website: <https://www.dol.gov>

Training Website: <https://www.dol.gov/dol/audience/aud-homeless.htm>

f. Hollywood Homeless Youth Partnership (HHYP): A Hollywood, CA-based partnership of youth-serving agencies that prevent and reduce homelessness among youth and young adults through direct service, research, policy development, training and capacity-building efforts. HHYP hosts the eLearning site for Trauma-Informed Services for Runaway and Homeless Youth, developed by the Community Trauma Treatment Center for Runaway and Homeless Youth and the Hollywood Homeless Youth Partnership. These learning modules are designed to help orient and educate direct service staff working with homeless youth. You can select any of the courses from the eLearning catalog and complete them at your own pace. The eLearning site was developed with funding from SAMHSA (grant #1 U79 SM57247), and all courses are available free of charge.

HHYP Website: <http://hhyp.org>

Training Website: <http://hhyp.networkofcare4elearning.org/default.aspx>

g. The Ali Forney Center (AFC): A New York City-based non-profit organization that provides a continuum of services for LGBTQ youth experiencing homelessness. AFC also provides low-cost trainings to organizations, both locally and nationally, who wish to either a) increase their capacity to provide services to LGBTQ youth experiencing homelessness; or b) begin a program specifically to meet the needs of the LGBTQ youth population. Trainings can be catered to organizational need. Past trainings have included Strengths-based Case Management, Trauma-informed Care, Heterosexism & Homophobia, LGBTQ Issues as a Precursor to Homelessness, and Standards of Care for LGBTQ Youth Experiencing Homelessness.

AFC Website: <http://www.aliforneycenter.org>

* For more information on AFC trainings, please contact Jama Shelton, Coordinator of Research, Evaluation and Training, Ali Forney Center, New York; Email: shelton@aliforneycenter.org

Recommendations for Cultural Diversity and Standards of Care Training for Staff:

1. Require diversity training of all employees and volunteers, from direct-services workers to program directors to executive directors and board of director presidents.
2. Cultural competence training and standards of care training, more specific and in-depth than diversity training, should be mandated for all direct-services workers.
3. Training should be comprehensive and cover all aspects of LGBTQ youth development, biopsychosocial risks, and LGBTQ-affirmative practice.
4. Rely on evidence-based curricula and reputable experts in the field of LGBTQ health and wellness for staff training.
5. Consider topics often overlooked in LGBTQ trainings, such as reproductive health, legal concerns and needs, and transgender issues.
6. Train staff to be diligent in intervening whenever there are homophobic/heterosexist comments within agencies. Staff must be comfortable re-directing young people when homophobic/heterosexist comments are made.

8. Sensitivity and Diversity Training for Youth:

Agency staff also offered sensitivity and diversity training for youth. These trainings were often provided as workshops, community meetings, or as part of existing psychoeducational groups, life-skills workshops, or other support groups. Other smaller agencies adopted a more integrated approach with the youth and addressed sensitivity and diversity issues on an on-going basis through daily “learning moments.” Common themes across sensitivity and diversity trainings included respecting diversity, LGBTQ terminology (including sexual orientation, gender identity and preferred gender pronouns), the coming-out process, discrimination, civil rights (including shelter rights, public benefits, and interactions with the police), self-advocacy, prevention, safe-sex practices, substance abuse, harm reduction, stress and resiliency, trauma, adolescent development, family conflict, and anti-oppression. Training curricula for youth frequently focused on empowerment, transformation, and change within the youth.

The following resources were suggested by participating agency staff as integral to their sensitivity and diversity trainings for youth.

a. Program for Intergroup Relations (IGR) – CommonGround Workshops: IGR’s co-curricular programs are developed for students to learn about social inequalities and social justice outside the classroom. The CommonGround Workshop Program is one way that student organizations, residence halls, Greek life, classes, and other campus communities can request workshops on topics such as (but not limited to) racism, sexism, classism, or heterosexism. Workshops are designed around a 1.5- to 3-hour time frame and engage participants in dialogues about these complex issues within society. The goal is to increase awareness and knowledge on issues of social justice, identity, diversity, and intergroup relations.

IGR Website: <http://www.igr.umich.edu>

Training Website: <http://www.igr.umich.edu/programs/information>

b. Personal Identity and Social Identity Wheels – Arizona State University, Intergroup Relations Center: The goal of the personal and social identity wheels is to help youth learn the ways in which their personal and social identities impact them as individuals.

Website: <http://www.tmcec.com/public/files/File/Course%20Materials/FY09/CA/Clark%20-%20Personal%20Identity%20handout.pdf>

c. Streetwise to Sex-Wise Sexuality Education for High-Risk Youth

Source: Steve Brown, Steve, & Taverner, Bill. (2001). *Streetwise to Sex-Wise Sexuality Education for High-Risk Youth*. Morristown, NJ: Center for Family Life Education, Planned Parenthood of Greater Northern New Jersey.

Description: *Streetwise to Sex-Wise* provides an easy-to-use yet comprehensive model for a basic series on human sexuality for high-risk teens. It applies a current “state-of-the-art” methodology of sexuality education to teens in non-traditional settings who often have limited academic skills and are resistant to classroom-based learning. The lessons are simple, concrete and actively involve group members in the learning process. They extend beyond mere factual information and address attitudes, values, and skills, an approach that experts find is more likely to lead to positive behavior change in young people.

Available for purchase at: <http://bookstore.nearipress.org/index.php/books/healthy-sexuality/streetwise-to-sex-wise-sexuality-education-for-high-risk-youth.html>

Recommendations for Sensitivity and Diversity Training for Youth:

1. Extend diversity and sensitivity education opportunities to youth clients and residents.
2. Integrate factual information with activities that promote positive, prosocial attitudes, values and skills.
3. Include LGBTQ youth as educators and group leaders.
4. Rely on evidence-based education curricula.
5. Invite LGBTQ as well as heterosexual youth to attend and interact during the sessions.
6. Provide education for straight and allied youth about LGBTQ issues.

IV. POLICY/LEGISLATION FOR LGBTQ RHY

In this section, we provide an overview of legislation that has both helped and hindered opportunities for LGBTQ RHY at the federal, state and local levels. We illustrate with examples of select federal, state and city policies.

1. Legislation that has Helped LGBTQ RHY:

a. Anti-Discrimination in Housing:

1. In January 2012, **Department of Housing and Urban Development (HUD)** Secretary Shaun Donovan announced a new HUD policy to fight discrimination against LGBT people in federally supported housing programs. The new rules will help LGBT people and their families across the country stay in their homes, get the loans they need to buy homes, and access life-saving federal assistance programs to help get low-income people and families back on their feet.

Read the speech transcript at:

http://portal.hud.gov/hudportal/HUD?src=/press/speeches_remarks_statements/2012/Speech_01282012

Watch the speech at: <http://youtu.be/jf1MDDulyEM>

More on HUD's Live Free Fair Housing Education and Outreach Campaign:

http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/adcampaign

2. In January 2006, the **New York City Department of Homeless Services (DHS)** passed a policy that allows LGBTQ individuals to self-identify their gender for placement in NYC shelters. This policy has allowed LGBTQ RHY to enter shelters based on their own self-identified gender, not on their birth gender.

Read the policy at: http://srtp.org/files/DHS_trans_policy.pdf

Source: http://srtp.org/dhs_policy

3. In March 2008, the **New York State Office of Children and Family Services (OCFS)** adopted the OCFS Lesbian, Gay, Bisexual, Transgender and Questioning Youth Policy, enabling LGBTQ youth to self-identify their gender. This policy protects from discrimination youth who self-identify as LGBTQ and those who are perceived by others as LGBTQ.

Source:

<http://www.wcl.american.edu/nictemp/documents/NewYorkDepartmentofChildrenandFamilyServices.pdf?rd=1>

4. In June 2008, **New York City's Administration for Children's Services (ACS)** passed the Nondiscrimination – Youth & Families Policy, which protects LGBTQ youth in care from discrimination based on actual or perceived race, color, creed, age, national origin, alienage, citizenship status, gender, gender identity, sexual orientation, disability, marital status or partnership status, ethnicity, or religion.

Source: <http://www.nyc.gov/html/acs/downloads/pdf/lgbtq/Non-Discrimination-YouthandFamilies.pdf>

b. Foster Care:

Agency staff reported that many of their youth clients are either currently in the foster-care system or have emancipated from the system. The following foster-care legislation was cited as helpful to LGBTQ RHY who have current or former experience with the foster-care system:

1. P.L. 110–351: Fostering Connections to Success and Increasing Adoptions Act of 2008:

Law designed to amend parts B and E of title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for tribal foster care and adoption access, improve incentives for adoption, and for other purposes. Title II, Section 201 of the Act provides states with the option to continue providing Title IV-E reimbursable foster care, adoption, or guardianship assistance payments to children up to the age of 19, 20 or 21 if the youth is 1) completing secondary education or a program leading to an equivalent credential; 2) enrolled in an institution that provides post-secondary or vocational education; 3) participating in a program or activity designed to promote, or remove barriers to, employment; 4) employed for at least 80 hours per month; or 5) incapable of doing any [of the above] due to a medical condition.

Source: <http://www.fosteringconnections.org> and <http://www.govtrack.us/congress/bills/110/hr6893> and http://www.chapinhall.org/sites/default/files/publications/Issue_Brief%2006_23_09.pdf

2. P.L. 106-169: Foster Care Independence Act (FCIA) of 1999: Law designed to amend part E of title IV of the Social Security Act to provide States with more funding and greater flexibility in carrying out programs designed to help children make the transition from foster care to self-sufficiency. Provisions of the Act relevant to older youth include allowing states to 1) use up to 30% of their Independent Living Program funds for room and board for youth ages 18 to 21 who have left foster care, and 2) extend Medicaid to 18-, 19- and 20-year-olds who have been emancipated from foster care.

Source: http://www.childwelfare.gov/systemwide/laws_policies/federal/index.cfm?event=federalLegislation.viewLegis&id=48 and http://www.ssa.gov/legislation/legis_bulletin_112499.html

c. Education and Bullying:

1. Safe Schools Improvement Act (S. 506, 2011) – Sponsor: Sen. Bob Casey (D-PA): a bill to amend the Elementary and Secondary Education Act of 1965 to address and take action to prevent bullying and harassment of students due to actual or perceived sexual orientation or gender identity.

Source: <http://thomas.loc.gov/cgi-bin/query/z?c112:S.506>:

2. Student Non-Discrimination Act (S. 555, 2011) – Sponsor: Sen. Al Franken (D-MN): a bill introduced to end discrimination based on actual or perceived sexual orientation or gender identity in public schools, and for other purposes.

Source: <http://thomas.loc.gov/cgi-bin/query/z?c112:S.555>:

3. Reconnecting Youth to Prevent Homelessness Act (S. 961, 2011) – Sponsor Sen. John Kerry (D-MA): a bill to develop programs to improve family relationships and decrease

homelessness for LGBT youth. The act does so by creating programs that help parents increase acceptance of their LGBT children.

Source: <http://kerry.senate.gov/press/release/?id=8fed610b-757b-4a73-a645-4a74175e32c6> and <http://thomas.loc.gov/cgi-bin/query/z?c112:S.961.IS>:

4. Homeless students are able to check “unaccompanied” or “homeless” as options on the Free Application for Federal Student Aid (FAFSA) forms for student loans.

Source: http://www.fafsonline.org/pdf/scholarship/fafsa/fafsa_tip_sheet.pdf

5. New York State’s Dignity for All Students Act (The Dignity Act): law that seeks to provide the State’s public elementary and secondary school students with a safe and supportive environment free from discrimination, intimidation, taunting, harassment, and bullying on school property, a school bus and/or at a school function. The Dignity Act was signed into law on September 13, 2010, and takes effect on July 1, 2012.

Source: <http://www.p12.nysed.gov/dignityact>

6. New York City and State laws protect transgender students’ right to use the restroom or locker room that corresponds with their gender identity. NYC and NYS laws also protect students’ rights to wear clothing that corresponds to their gender identity and expression.

Source: <http://srlp.org/resources/publications/fact-sheet-transgender-gender-nonconforming-youth-school>

d. Hate Crimes:

Various agency staff noted the strong hate-crimes legislation in their states that helped protect LGBTQ RHY. Despite variations in state laws, current statutes permit federal prosecution of hate crimes committed on the basis of an individual’s protected characteristics of race, religion, ethnicity, nationality, gender, sexual orientation, gender identity, and disability. For a map of U.S. states’ hate crimes statutory provisions, including data-collection and training efforts across states, visit: http://www.adl.org/learn/hate_crimes_laws/map_frameset.html

e. Adoptions:

Like other policies that affect LGBTQ people, adoption laws are becoming more inclusive. Fifteen states and the District of Columbia have laws that allow both joint adoption and second-parent adoption, another three allow joint adoption, and still three more allow second-parent adoption. Same-sex couples in several other states have been successful in their legal attempts for the second parent to adopt.

Source: Human Rights Campaign:

http://www.hrc.org/files/images/general/2nd_Parent_Adoption.pdf

f. Same-Sex Marriage:

An increasing number of states have passed legislation on same-sex marriage. As noted by one participating agency staff, “This sends an important message to our LGBTQ RHY that says, ‘You are important just as you are. You can plan your future. You can define yourself and your relationship and we accept you.’” As of the writing of this toolkit, the states that currently issue marriage licenses to same-sex couples are Massachusetts, Connecticut, Iowa, Vermont, New Hampshire, and New York, as well as the District of Columbia. (Note: Legislation passed in

Washington and Maryland in February 2012 will allow same-sex marriages, but those laws have not yet taken effect. In California, a federal appeals court found that the state constitution's restriction on same-sex marriage was invalid, but has postponed enforcement pending appeal. Maryland and Rhode Island, although not permitting same-sex marriages, recognize those granted by other states.)

Sources: <http://www.ncsl.org/issues-research/human-services/same-sex-marriage-overview.aspx>, [http://www.hrc.org/files/assets/resources/Relationship_Recognition_Laws_Map\(1\).pdf](http://www.hrc.org/files/assets/resources/Relationship_Recognition_Laws_Map(1).pdf) and <http://www.reuters.com/article/2012/05/14/us-usa-gaymarriage-rhodeisland-idUSBRE84D1AT20120514>

g. LGBTQ Youth and LGBTQ RHY Funding Mandates:

Many federal, state and local funding agencies now issue requests for proposals (RFPs) that explicitly require services for LGBTQ youth (See Appendix D: Funding Sources for LGBTQ RHY). Participating agency staff also highlighted their strategic efforts to develop and strengthen relationships with city council members, state legislators, and federal representatives. Through these political relationships, agencies received invaluable moral and financial support for LGBTQ RHY services. Their political advocacy efforts also helped raise public awareness of and sensitivity to the issues of LGBTQ RHY.

2. Legislation that has Hindered LGBTQ RHY:

a. Parental Permission:

Minor right-to-consent laws vary by state and by area of need. For example, all 50 states and the District of Columbia allow minors to give consent to receive treatment for STIs, but only 20 states do so for mental health care, fewer than the number of states granting permission for youth to access contraception. In states that disallow minors from giving consent to receive mental health and related services, LGBTQ RHY may be unable to access programs that would otherwise help them cope with the challenges of being marginalized in an already disenfranchised population.

Source: Guttmacher Institute: <http://www.guttmacher.org/pubs/tgr/03/4/gr030404.html>

b. Federal, State and Local Mandates:

1. Federally funded programs are prohibited from providing services to youth who are in state-run systems such as foster care, or at least require shelters to be licensed, although standards and practices are inconsistent between and within states. Moreover, becoming licensed, for example as a group home, requires parental notification and 24-hour supervision. Conflicting funding requirements, then, create unintended consequences of barriers in service provision by emergency shelters.

Sources:

<http://www.forumfyi.org/files/Barriers%20to%20Serving%20Youth%20in%20Residential%20Care.pdf> and <http://cahomelessyouth.org/pdf/Legislative%20Fact%20Sheet%20-%20Regulating%20Emergency%20Youth%20Shelters.pdf>

2. In many states, **gender-segregation regulations by state funders** for shelters prevent agency staff from placing youth in all available beds. For example, when a bed is specifically designated as a male bed and staff have a transgender female, gender-segregation regulations keep staff from placing this youth in the bed. The bed thus can go unused and the youth does not have a

bed. Staff note that not only is this an antiquated regulation, but that it further perpetuates homelessness and transgender vulnerability.

3. **The New York City Mayor's Office** has made it much more difficult for homeless youth (and in particular for LGBTQ RHY) to get their birth certificates and vital records. Due to increasing cases of identity theft and fraud in NYC, the mayor recently issued a new policy for birth certificates and vital records. Vital Records will now no longer accept letters from social-service agencies (i.e., third-party letters) attesting the youths' identity. To obtain a birth certificate and other vital records, Vital Records requires the youths' driver's license, benefit card, and/or other legal documents. Youth are also required to show proof of address. Showing legal documents and proof of address can be difficult for many LGBTQ RHY, who often do not have their original documents or a stable address. This is further complicated with transgender youth who frequently have (or need) name changes and gender changes on their identification documents.

Source: <http://www.nyc.gov/html/records/html/vitalrecords/home.shtml>

d. Discrimination:

1. Across many states, one can still be **denied housing** (funded by non-HUD sources) and terminated from employment if one identifies as LGBTQ.

2. Stop-and-Frisk Policies:

According to the Cornell University Legal Information Institute (http://www.law.cornell.edu/wex/stop_and_frisk), *Stop and Frisk* is a brief, non-intrusive, police stop of a suspect. The Fourth Amendment requires that the police have a reasonable suspicion that a crime has been, is being, or is about to be committed before stopping a suspect. If the police reasonably suspect the person is armed and dangerous, they may conduct a frisk, a quick pat-down of the person's outer clothing. See *Terry v Ohio*, 392 US 1, (1967). Stop-and-frisk practices raise serious concerns over racial profiling, illegal stops and privacy rights. For instance, the New York Police Department's own reports on its stop-and-frisk activity confirm that police are stopping hundreds of thousands of law-abiding New Yorkers every year, and the vast majority are black and Latino .

Source: <http://www.nyclu.org/issues/racial-justice/stop-and-frisk-practices>

e. Legislation around the criminalization of LGBTQ RHY/Quality-of-Life Offenses:

Several agency staff noted increased policing practices that have been particularly difficult for LGBTQ RHY. For example, youth clients note that police are targeting them for their gender identity and/or sexual orientation. Transgender youth indicate that they are being profiled as sex workers and arrested for walking in particular parts of the city at particular times of the day and night. Also, youth note that they are being arrested for sleeping outside and in parks in cities where there are insufficient shelter beds and/or where shelters are not deemed safe. Youth further note that they are frequently ticketed for turnstile jumping (fare evasion) in trying to get to appointments with social workers and probation officers, but do not have the needed metro fare. For instance, in New York City, fines for turnstile jumping (fare evasion) were increased from \$60 to \$100 in 2008. Staff at NYC agencies note that their LGBTQ RHY clients frequently do not have the regular metro fare of \$2.25 and if caught jumping a turnstile, they do not have \$100 for the fine. In NYC, turnstile jumping is considered a "theft of services" (Penal Law 165.15.3),

which is often a misdemeanor, but can lead to fines, jail time, adverse effects with immigration procedures, and other severe consequences.

Sources: <http://www.nytimes.com/2008/07/08/nyregion/08fare.html> and http://law.onecle.com/new-york/penal/PEN0165.15_165.15.html

f. Funding Cuts to LGBTQ and RHY Services:

Federal, state and local funding cuts for health and mental health services for these youth are problematic. Fewer dollars for agencies over time have resulted in staff layoffs, elimination of programs, and the inability to expand services to the increasing population of LGBTQ RHY.

Recommendations for Policy Advocacy:

1. Inform youth, staff and the broader society of existing policies, or advocate for the development and implementation of new policies that:
 - a. ban discrimination on the basis of sexual orientation or gender identity in admission to housing, in general, and access to beds, in particular;
 - b. allow a full range of service provision to LGBTQ RHY regardless of their guardianship or system involvement;
 - c. prevent and address bullying in the broadest sense;
 - d. support the larger LGBTQ population, thereby sending the message to LGBTQ youth that they are valued members of society; and
 - e. decriminalize youth homelessness and poverty.
2. Advocate with federal, state and local funders as well as with oversight and licensing authorities to:
 - a. require that agencies develop, display and enforce non-discriminatory policies and treat LGBTQ RHY with dignity and respect;
 - b. require agencies to be LGBTQ-affirming and to delineate in their funded programs for society and for other agencies how they make their programs LGBTQ-affirming;
 - c. publicize in their written materials and online the specific steps they are taking to concretize what it means to be LGBTQ-affirming;
 - d. continue to include LGBTQ RHY in grant funding announcements so that providers can further develop, evaluate and replicate effective interventions for this population; and
 - e. encourage and support proposals that adopt peer-mentor and peer-support policies and practices at the agency level, which allow for trained youth to provide peer mentoring to other youth.
3. Engage youth, staff, and the broader society in advocacy efforts to recognize and challenge:
 - a. exclusionary, obstructive policies due to dual jurisdiction over the youth (e.g., child welfare and homeless);
 - b. racism within the child-welfare, juvenile-justice and criminal-justice systems by developing and implementing training curricula to make staff in these systems more affirming and by adopting client-safety standards as the core of any systematic reforms;
 - c. birth-sex-segregation policies in residential programs at the local, state and federal levels;

- d. discriminatory policies in housing at the local and state levels; and
- e. policies with unrealistic housing eligibility criteria for LGBTQ RHY (e.g., length-of-stay policies of only 30 days for emergency/crisis housing, self-sufficiency age limits of only 21 years, etc.).

V. SERVICE GAPS/LIMITATIONS

Across participating agencies, staff noted common gaps or limitations in existing services in the following areas: a) housing services, b) educational services, c) employment services, d) family services, e) prevention services, f) LGBTQ-specific and affirming services, g) diversity and cultural competency training, h) consciousness-raising in society, and i) structural changes in society.

1. Housing Services:

- Lack of housing and shelter programs around the country; more crisis beds for LGBTQ homeless youth, since up to 40% of the over 2 million homeless youth identify as LGBTQ.
- Lack of permanent supported living for LGBTQ youth in particular in cases in which family reunification is not possible; independent-living facilities; more transitional living programs (TLP) models; more stabilized long-term housing, such as the True Colors Residence, New York state's first permanent supportive housing facility for LGBT youth with a history of homelessness. Read more at: <http://intergenerational.org/category/true-colors-residence> and <http://www.nyc.gov/html/hpd/html/pr2011/pr-09-09-11.shtml>
- More long-term housing needed for older LGBTQ RHY (ages 21-24), since many housing programs are time-limited for youth under 21. There are very few long-term housing options for older LGBTQ RHY (ages 21-24), in particular for youth aging out of foster care, given the high rate of homelessness for this population.
- Life-after-housing services needed (i.e., independent living skills and services for youth) to ensure that once LGBTQ youth are placed in supportive housing, they can thrive there.

2. Educational Services:

- Need for more educational-related programming for the youth who have dropped out of school or were homeless and could not continue and complete their formal schooling. Staff stated the need for additional services to help LGBTQ RHY obtain their high-school diploma or GED, and to connect them to college.
- For LGBTQ RHY attending college, policies are needed that support youth without other homes, for example, keeping some campus housing and dining facilities open during school breaks for youth who do not have homes to which to return.

3. Employment Services:

- Greater employment opportunities and career centers are needed for LGBTQ RHY in which youth can acquire employment skills, receive mentoring in the job-search process, and prepare for employment interviews. More jobs for this population are needed, in particular for LGBTQ RHY with criminal records or who are undocumented. Career development programming is also needed. It is vital to build relationships with employers in the community to provide jobs and employment mentoring to LGBTQ RHY.

Employment internship programs are needed for youth with no employment experience and limited education and job skills. Also crucial is the need to address discrimination of LGBTQ RHY by employers through partnering with attorneys from legal aid organizations.

- More funding is needed to build vocational-educational programs that link LGBTQ RHY to employment careers based on their present-day educational achievements.
- Funding is also needed for LGBTQ RHY to be able to pursue work-related opportunities, for example, to enroll in a vocational certificate program that will enhance their job search, to purchase required work uniforms or other equipment, and to travel to and from their work sites.

4. Family Services:

- Need for family-based resources and interventions that help families accept, support and communicate with their LGBTQ children.
- Lack of resources for working with immigrant families; staff lack knowledge about families' cultural beliefs regarding LGBTQ people and sexual orientation and gender identity; effective practices are needed for families with immigrant parents and U.S.-born children.
- Family prevention-intervention programs are needed for youth who are still attached to their biological, adoptive or foster-care families to help them restore or maintain their family connections so that they do not become or remain homeless. Youth who can stay home with their families have better prospects with their mental health and life outcomes than youth who are homeless.
- Training is needed for foster parents to support LGBTQ youth as well as for all child welfare staff around LGBTQ youth issues to work with biological, adoptive, foster, and kinship families to support LGBTQ youth.

5. Prevention Services:

- Lack of HIV/AIDS and sexually transmitted illness (STI) prevention services.

6. LGBTQ-Specific and Affirming Services:

- Very few LGBTQ-specific opportunities exist (e.g., support groups to work with LGBTQ youth pre-, during- and post-coming out, groups for transgender youth, pregnancy-prevention services for lesbian adolescents).
- Lack of LGBTQ-affirming medical providers who are familiar with transgender issues (e.g., street hormones and pump parties).

- Lack of general programming for LGBTQ young women. More outreach to and programming for young women are needed. Staff noted that there appears to be more federal funding for MSM (men-who-have-sex-with men) programs due to HIV/AIDS research and prevention. Staff would like to see women's services at an equal level of funding for research, prevention and intervention programs.
- Lack of LGBTQ-youth-friendly mental health services. Staff highlighted that young people can be very intimidated by adult facilities. While mental health services for LGBTQ adults are available, fewer mental health services are available for LGBTQ youth. Staff also noted the need for high-quality mental health resources, counseling, and residential treatment programs for youth with mental illness and substance abuse, since mental illness is prevalent among their youth clients (in particular, staff noted the high rates of trauma, schizophrenia, substance addiction, and depression). Also, staff noted a need to integrate mental health services more fully into housing services, as many transitional-living programs have stringent eligibility requirements for the youth (e.g., ability to obtain/maintain a job or to be in school full time). Staff indicated that many of their LGBTQ RHY clients have serious mental illness, which hinders their progress in satisfying housing eligibility requirements.
- Affirming case-management services to assist LGBTQ RHY youth in accessing needed resources and in navigating systems that can be very discriminatory towards them.

7. Diversity and Cultural Competency Training:

- Cultural competency training in shelters is needed (e.g., ways to make shelter environments more respectful of and safe for LGBTQ RHY).
- More advanced training curricula are needed for other service providers to help them create more identity-affirming services in agencies that offer integrated services to LGBTQ and straight and allied RHY.
- Specific services for LGBTQ youth are needed that can be integrated within larger agencies and that work for straight youth as well. Staff noted that agencies often do not do a good job establishing a cultural connection between LGBTQ and straight youth. The services for both populations are not always interconnected and are often segregated, which is damaging for youths' identity. It is hard to grow personally and culturally when services are segregated because this sends a damaging message to the youth that says, "You are different." Bullying and violence can emerge as a result of youth feeling "different". Staff identified the need to train youth to see the commonalities among them, not to focus on the differences. By focusing on differences and by segregating programs for LGBTQ and straight youth, agencies are creating silos in their youth programming. In contrast, with integrated services and cultural connections between LGBTQ and straight youth, staff observed greater competencies among youth.
- Top-down and adultist programs need to be transformed. Staff noted the need to have more young people at the decision-making tables who work in partnership with adults to develop and evaluate services *for* youth and *by* youth.

8. Advocacy/Organizing:

- Consciousness-raising efforts are needed at the societal level. Staff noted that smaller communities and some areas of the South and Midwest can be very unfriendly for LGBTQ RHY. They recommended coalition work and public-awareness campaigns to help raise awareness of LGBTQ RHY at the community level.

9. Structural Changes in Society:

- Improved inter-city transportation systems are needed that enable LGBTQ RHY to access agency-based services and to travel from residential programs to educational and employment settings.

VI. DIRECTIONS FOR FUTURE RESEARCH AND INQUIRY

Staff at participating agencies identified recommendations for next steps in research to further understand LGBTQ RHY and their needs. This section is divided among suggestions for future research in the areas of 1) advocacy, 2) coming out, 3) criminal justice, 4) education, 5) employment, 6) immigration, 7) child welfare, 8) LGBT-affirming Practices, 9) LGBTQ Youth Needs, 10) outcomes, 11) outreach, and 12) research. We provide references from the literature in each section to highlight existing work in these areas. Additional Internet resources are located in Appendix E.

1. Advocacy:

- What are the effective advocacy strategies for sensitizing funding bodies and politicians regarding LGBTQ RHY issues? How can we better use data to inform politicians of the need for funding and support for this population?
- How can we help families, employers, providers and society at large to be more LGBTQ-affirming?

Heybach, L. M., Nix-Hodes, P., & Price, S. (2000). *The education of homeless children: Rules, rights and practical solutions. A training manual for shelter providers, staff, advocates, and parents*. Chicago, IL: Chicago Coalition for the Homeless.

Thaler, C., Bermudez, F., & Sommer, S. (2009). Legal advocacy on behalf of transgender and gender nonconforming youth. In G. P. Mallon (Ed.), *Social work practice with transgender and gender variant youth* (2nd ed., pp. 139-162). New York: Routledge/Taylor Francis.

2. Coming Out:

- What helped LGBTQ youth in coming out with their own biological, adoptive, foster, and kinship families and with themselves? What inter-personal and psychological experiences did they have? How can these inter-personal and psychological experiences help other youth to come out in a safe and affirming environment?
- What are some ways to reconcile biological, adoptive, foster, and kinship families with children and youth who come out as LGBTQ?
- What are the effective family engagement and cultural engagement factors that keep LGBTQ youth connected to and supported by their biological, adoptive, foster, and kinship families?

Cox, N., Dewaele, A., van Houtte, M., & Vincke, J. (2011). Stress-related growth, coming out, and internalized homonegativity in lesbian, gay, and bisexual youth. An examination of stress-related growth within the minority stress model. *Journal of Homosexuality*, 58(1), 117-137.

Mallon, G. P. (1999). *Let's get this straight: A gay- and lesbian-affirming approach to child welfare*. New York: Columbia University Press.

Sherriff, N. S., Hamilton, W. E., Wigmore, S., & Giambrine, B. L. B. (2011). "What do you say to them?" Investigating and supporting the needs of lesbian, gay, bisexual, trans, and questioning (LGBTQ) young people. *Journal of Community Psychology*, 39(8), 939-955.

3. Criminal Justice:

- How do LGBTQ youth navigate the criminal-justice system?

- What are the experiences of transgender youth in jail?

Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts

http://www.equityproject.org/pdfs/hidden_injustice.pdf

Himmelstein, K. E. W., & Bruckner, H. (2011). Criminal-justice and school sanctions against nonheterosexual youth: A national longitudinal study. *Pediatrics*, *127*(1), 49-57.

http://www.equityproject.org/pdfs/Criminilization_of_non-heterosexual_youth.pdf

Thaler, C., Bermudez, F., & Sommer, S. (2009). Legal advocacy on behalf of transgender and gender nonconforming youth. In G. P. Mallon (Ed.), *Social work practice with transgender and gender variant youth* (2nd. ed., pp. 139-162). New York: Routledge/Taylor Francis.

4. Education

- What are the educational barriers for transgender youth?

Heybach, L. M., Nix-Hodes, P., & Price, S. (2000). *The education of homeless children: Rules, rights and practical solutions. A training manual for shelter providers, staff, advocates, and parents*. Chicago, IL: Chicago Coalition for the Homeless.

5. Employment

- What are the employment barriers for transgender youth?
- What effective employment models have been used with LGBTQ RHY?

Working with transgender youth. (2010). In Lambda Legal & Child Welfare League of America (Eds.), *Getting down to basics: Tools to support LGBTQ youth in care*. Retrieved from http://data.lambdalegal.org/publications/downloads/gdtb_working-with-transgender-youth.pdf

Ferguson, K., Xie, B., & Glynn, S. (2012). Adapting the Individual Placement and Support model with homeless young adults. *Child & Youth Care Forum*, *41*(3), 277-294.

6. Immigration

- For undocumented and immigrant LGBTQ RHY, what are the conditions in their countries of origins? What happens to youth who are ultimately deported back to their countries of origin? Are they persecuted or harmed for their sexual orientation and gender identity?

Diaz, V. (2011). *Gay immigrant youth in New York struggle with homelessness*. Retrieved from the Feet in 2 Worlds website: <http://news.feetintwoworlds.org/2011/02/23/gay-immigrant-youth-in-new-york-struggle-with-homelessness/>

Rehaag, S. (2009). Bisexuals need not apply: A comparative appraisal of refugee law and policy in Canada, the United States, and Australia. *International Journal of Human Rights*, *13*(2/3), 415-436.

7. Child Welfare

- What are some effective practices used by child welfare agencies to work with biological, adoptive, foster, and kinship families to support LGBTQ youth?
- What collaborations exist between child welfare systems and homeless-youth serving agencies to maximize opportunities and supports for LGBTQ RHY through the child welfare system (e.g., knowing what services exist and how to access them as well as

learning about updates in child welfare laws that affect youths' eligibility, access and duration of services)?

- For those LGBTQ RHY returning to the child welfare system from RHY-serving agency shelters or transitional living programs, how can agency staff support them in the process?

Child Welfare League of America, & Lambda Legal Defense and Education Fund. (2006). *Out of the margins: A report on regional listening forums highlighting the experiences of lesbian, gay, bisexual, and transgender, and questioning youth in care*. Available at <http://www.cwla.org/programs/culture/OutOfTheMargins.pdf>

Mallon, G.P. (2010). *Working with LBGQT youth: A youth worker's perspective*. Washington, DC: CWLA.

Mallon, G. P. (1999). *Let's get this straight: A gay- and lesbian-affirming approach to child welfare*. New York: Columbia University Press.

Mallon, G. P., & Woronoff, R. (2006). Busting out of the child welfare closet: Lesbian, gay, bisexual, and transgender-affirming approaches to child welfare. *Child Welfare*, 85(2), 115-122.

Saewyc, E. M., Skay, C. L., Pettingell, S. L., Reis, E. A., Bearinger, L., Resnick, M.,...Combs, L. (2006). Hazards of stigma: The sexual and physical abuse of gay, lesbian, and bisexual adolescents in the United States and Canada. *Child Welfare*, 85(2), 195-213.

Wilber, S., Reyes, C., & Marksamer, J. (2006). The Model Standards Project: Creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare*, 85(2), 133-149.

8. LGBT-affirming Practices

- What do LGBTQ RHY consider to be effective practices? What makes LGBTQ youth feel welcome and safe at agencies by their staff and peers?
- What are the effective practices for teaching straight and allied youth about the experiences of LGBTQ youth? How can straight and allied youth better understand issues related to the LGBTQ community?

Mallon, G. P. (1999). *Let's get this straight: A gay- and lesbian-affirming approach to child welfare*. New York: Columbia University Press.

Mottet, L., & Ohle, J. (2006). Transitioning our shelters: Making homeless shelters safe for transgender people. *Journal of Poverty*, 10(2), 77-101.

Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345.

9. LGBTQ Youth Needs

- What are the needs of LGBTQ RHY who live on the streets?
- Once LGBTQ RHY are in agency care, what are their specific needs? What are the gaps in their soft skills (e.g., educational attainment, talking to supervisors, taking positive or critical feedback) that agencies can fill with educational, employment and clinical services?
- How do LGBTQ RHY fare in adult-housing models, such as permanent supported housing? Do LGBTQ RHY youth first need help transitioning to permanent housing before moving to permanent supported housing?

Brown, T. L., & Amundson, N. E. (2010). Youth experience of trying to get off the street: What

has helped and hindered. *Canadian Journal of Counselling and Psychotherapy*, 44(2), 100-114.

Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare*, 85(2), 385-4406.

Yu, V. (2010). Shelter and transitional housing for transgender youth. *Journal of Gay & Lesbian Mental Health*, 14(4), 340-345.

Wallace, P. M. (2010). Finding self: A qualitative study of transgender, transitioning, and adulterated silicone. *Health Education Journal*, 69, 439-446.

10. Outcomes

- What combination of services facilitates the best outcomes for LGBTQ RHY?
- What are the success stories of LGBTQ RHY? Why do some youth succeed in exiting the streets while some remain trapped on the streets?
- What are the social returns on investment and costs/benefits of funding housing programs for LGBTQ RHY? How much does it cost to house RHY per year, versus to have them living on the streets, or incarcerated?
- How are non-profit organizations shaped by the LGBTQ RHY who are served by them?

Brown, T. L., & Amundson, N. E. (2010). Youth experience of trying to get off the street: What has helped and hindered. *Canadian Journal of Counselling and Psychotherapy*, 44(2), 100-114.

Nolan, T. C. (2006). Outcomes for a transitional living program serving LGBTQ youth in New York City. *Child Welfare*, 85(2), 385-4406.

11. Outreach

- What are the effective outreach strategies for engaging and retaining street-involved LGBTQ RHY in agency-based services?

Woods, E. R., Samples, C. L., Melchiono, M. W., & Harris, S. K. (2003). Boston HAPPENS Program: HIV-[positive, homeless, and at-risk youth can access care through youth-oriented HIV services. *Seminars in Pediatric Infectious Diseases*, 14(1), 43-53.

12. Research

- How can agency staff better partner with LGBTQ youth using participatory action research (PAR)? What are effective PAR tactics for LGBTQ youth, agencies and communities?
- How can RHY agencies partner with local universities and other research facilities to study working with LGBTQ RHY with severe emotional and behavioral problems?

Toolkit for Participatory Action Research from the Community Development Project. Available at: <http://www.researchfororganizing.org>

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VIII. APPENDICES

APPENDIX A: LGBTQ RHY Shelter/Program Websites

APPENDIX B: Telephone Interview Questions for LGBTQ RHY-Serving Agencies

APPENDIX C: Promising Evidence-Based Treatments

APPENDIX D: LGBTQ RHY Funding Sources

APPENDIX E: Additional Web Resources

APPENDIX A: LGBTQ RHY Shelter/Program Websites

| Name | City | Phone | Website |
|---|---------------|--|---|
| National | | | |
| Covenant House (12 U.S. cities) | | | http://www.covenanthouse.org |
| Gay, Lesbian & Straight Education Network (GLSEN) | | (212)727-0135 New York | http://www.glsen.org/cgi-bin/iowa/all/home/index.html |
| National Gay and Lesbian Taskforce | | (202)393-5177 Washington, DC | http://thetaskforce.org |
| The Trevor Project | | (866)488-7386 (National Hotline) | http://www.thetrevorproject.org |
| Alabama | | | |
| 21 st Century Youth Leadership Network | Selma | (334)874-0065 | http://www.future5000.com/organizations/4/21st_century_youth_leadership_movement/ |
| California | | | |
| Gay & Lesbian Adolescent Social Services (GLASS) | Los Angeles | (310)358-8727 | http://losangeles.networkofcare.org/mh/resource/agencydetail.cfm?pid=GayLesbianAdolescentSocialServicesGLASSWestHollywood_68_2_0 |
| Huckleberry House | San Francisco | (415)621-2929 | http://www.huckleberryyouth.org/house.html |
| Larkin Street Youth Services | San Francisco | (415)673-0911 | http://www.larkinstreetyouth.org |
| Los Angeles Gay and Lesbian Center | Los Angeles | (323)993-7450 | http://laglc.convio.net/site/PageServer?pagename=homepage |
| Colorado | | | |
| Urban Peak Denver | Denver | (303)974-2900 | http://www.urbanpeak.org |

| Florida | | | |
|---|-----------------|---------------------------------|---|
| Florida Keys Children's Shelter | Tavernier | (305)852-4246 | http://www.fkcs.org |
| SunServe Center for Community Services and Family Development | Fort Lauderdale | (954)548-4602 | http://www.sunserve.org |
| Georgia | | | |
| Chris Kids, Inc. | Atlanta | (404)486-9034 | http://www.chriskids.org/home-page |
| Youth Pride | Atlanta | (404)521-9711 | http://www.youthpride.org |
| Illinois | | | |
| Aunt Martha's Youth Service Center | Olympia Fields | (708)747-7100 | http://www.auntmarthas.org |
| The Night Ministry | Chicago | (773)784-9000 | http://www.thenightministry.org |
| Indiana | | | |
| Youth as Resources | Indianapolis | (317)920-2560 | http://www.uwci.org/yar/about_yarci.htm |
| Maine | | | |
| New Beginnings | Lewiston | (207)795-4077 | http://newbeginmaine.org |
| Massachusetts | | | |
| The Home for Little Wanderers | Boston | (617)267-3700 | http://www.thehome.org/site/PageServer |
| Youth on Fire | Boston | (617)437-6200 | http://action.aac.org/site/PageServer?pagename=youth_on_fire |
| Michigan | | | |
| Common Ground ReaLife Street Outreach Program | Pontiac | (248)874-1282 ext. 6100/6201 | http://commongroundhelps.org/?cat=139 |
| Common Ground The Sanctuary | Royal Oak | (248)547-2260 | www.commongroundhelps.org |
| Ruth Ellis Center | Highland | (313)252-1950 | http://www.ruthelliscenter.org |

| | | | |
|------------------------------------|-------------|---------------|---|
| | Park | | |
| Minnesota | | | |
| Avenues for Homeless Youth | Minneapolis | (612)522-1690 | http://www.avenuesforyouth.org/index.html |
| New York | | | |
| Ali Forney Center | New York | (212)222-3427 | http://www.aliforneycenter.org |
| Children's Rights Project | New York | (212)683.2210 | http://www.childrensrights.org/policy-projects/new-york-city |
| Green Chimneys | New York | (718)732-1501 | http://www.greenchimneys.org |
| Sylvia Rivera Law Project | New York | (212)337-8550 | http://srlp.org |
| Sylvia's Place | New York | (212)629-7440 | http://www.homelessshelterdirectory.org/cgi-bin/id/shelter.cgi?shelter=10831 |
| Urban Justice Center (Doug Lasdon) | New York | (646)602-5600 | http://www.urbanjustice.org/ujc/projects/peter.html |
| Youth Action Program/Youth Build | East Harlem | (212)860-8170 | http://www.youthaction-nyc.org |
| Washington | | | |
| YouthCare's Orion Center | Seattle | (206)622-5555 | http://www.youthcare.org |
| Washington, DC | | | |
| Latin American Youth Center | | (202)319-2225 | http://www.layc-dc.org |

APPENDIX B: Telephone Interview Questions for Agencies Serving Lesbian, Gay, Bisexual, Transgender and Questioning Homeless and Runaway Youth (LGBTQ RHY)

1. Describe how your agency gathers information on clients'/consumers' sexual orientation/identity and gender identity.
2. How does your agency welcome RHY who identify as LGBTQ? Describe your outreach, intake and assessment procedures that are specifically tailored to LGBTQ RHY.
3. What portion/percentage of your agency's RHY clients/consumers is LGBTQ?
4. Describe the specific services you provide for LGBTQ youth as a whole. Describe the specific services you provide separately for a) lesbian youth, b) gay male youth, c) bisexual youth, d) transgender youth, and e) questioning youth.
5. Are those services you just described based on a pre-existing model? What kind of evaluations, if any, have you or others conducted on those services? (Or, if the ED understands "EBP"): Describe the type(s) of evidence on which those services are based.
6. What type and amount of LGBTQ-specific training do you require of your staff?
7. What type and amount of LGBTQ-specific training does your agency provide its staff? Describe your training curriculum.
8. Describe the role that religion/spirituality play in the services you provide LGBTQ RHY.
9. What local/state/federal legislation has helped or hindered service provision for your LGBTQ clients/consumers?
10. Does your agency provide separate living quarters for LGBTQ clients/consumers? Describe how your agency houses LGBTQ clients/consumers.
11. Does your agency house transgender clients/consumers with others of their same or opposite biological sex? Describe benefits/challenges of housing transgender clients/consumers with others of their same or opposite sex.
12. Does your agency provide educational programming/sensitivity programming on gender identity and sexual identity/orientation to clients/consumers? Describe your educational/sensitivity programming curriculum.
13. Describe the extent to which LGBTQ youth have a voice in developing programs and services at your agency. Could you illustrate with specific examples?
14. In your opinion, what are the top three service gaps or limitations in current programming for the LGBTQ RHY population?
15. In your opinion, what are your main recommendations for new:
 - a. practice treatments/interventions with LGBTQ RHY?
 - b. policy changes for LGBTQ RHY?
 - c. research to better understand LGBTQ RHY and their needs?
16. Are there any other important questions you think I omitted that I should be asking other agency directors with whom I speak, or other important people with whom I should speak about these issues?

APPENDIX C: Promising Evidence-Based Treatments

| Treatment/ Intervention | Individual | Family | Group | Mood Disorders | Substance Use Disorders | Trauma | Health | Social Functioning |
|---|------------|--------|-----------------------|-------------------------------|-------------------------------|--------|---------------|-----------------------|
| Healthy Living Project for People Living With HIV (uses CBT approach) ¹ | • | | | • (co-occurring disorders) | • | | • (HIV) | • |
| Matrix Model (outpatient treatment approach) ¹ | • | | • | | • | | | |
| Critical Time Intervention (CTI) ^{1,2} | • | • | | • | • | | | • |
| Adolescent Community Reinforcement Approach (A-CRA) ¹ | • | • | • (drop-in center) | • | • | | | • |
| Brief Alcohol Screening and Intervention for College Students (BASICS) (uses motivational interviewing approach) ¹ | • | | | | • | | | • |
| Chestnut Health Systems-Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model (uses Rogerian, behavioral, cognitive, and reality frameworks) ¹ | • | • | • | • | • | | | • |
| Trauma Recovery and Empowerment Model (TREM) ¹ | • | | • | • | • | • | | • |
| Seeking Safety ¹ | • | | • | • | • | • | • (injury) | |
| Say it Straight (SIS) ¹ | • | | • | • | • | | • | • |
| Project ASSERT ¹ | • | | • | | • | | | |

| Treatment/ Intervention | Individual | Family | Group | Mood Disorders | Substance Use Disorders | Trauma | Health | Social Functioning |
|---|------------|--------|-------|-------------------|-------------------------------|--------|-------------------------------------|---------------------------------|
| Pathways' Housing First model ¹ | • | | • | • | • | • | • | • |
| Lions Quest Skills for Adolescence (SFA) ¹ | • | • | • | | • | | | • |
| Curriculum-Based Support Group (CBSG) Program (uses cognitive- behavioral and competence- enhancement models of prevention) ¹ | • | • | • | | • | | | • |
| Multidimensional Treatment Foster Care (MTFC) ² | • | • | • | | | | • (pregnancy and HIV risk) | • (delinquency) |
| Cognitive and behavioral interventions in the queer community: 1) Contingency Management, 2) Gay- Specific Cognitive Behavioral Therapy, and 3) Cognitive Behavioral Therapy ³ | • | | • | • | • | | | • (sexual risk behaviors) |

¹ Retrieved from Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices. Available online at: <http://www.nrepp.samhsa.gov>

² Retrieved from Coalition for Evidence-Based Policy's (CEBP) Social Programs that Work. Available online at: <http://evidencebasedprograms.org/wordpress>

³ Retrieved from the Campbell Collaboration. Available online at: <http://www.campbellcollaboration.org>

APPENDIX D: LGBT RHY Funding Sources

| Name | Funding Region | Phone | Website/Email |
|---|-----------------------|-----------------|---|
| Aurora Group, The | International | +61 2 8323 4041 | http://www.auroragroup.com.au |
| Boston Foundation | Massachusetts | (617) 338-1700 | http://www.tbf.org/Home.aspx |
| Community Foundation of East Central Illinois | Illinois | (217) 351-7512 | cfeci@soltec.net |
| Community Foundation of Western Massachusetts | Massachusetts | (413) 732-2858 | http://www.communityfoundation.org |
| Hawai'i People's Fund | Hawaii | (808) 845-4800 | http://www.hawaiipeoplesfund.org |
| North Star Fund | New York | (212) 620-9110 | http://www.northstarfund.org |
| Paul Rapoport Foundation | New York | (212) 888-6578 | http://foundationcenter.org/grantmaker/rapoport |
| Philadelphia Foundation | Pennsylvania | (215) 563-6417 | https://www.philafound.org/default.aspx |
| Universal Studios Foundation (Discover a Star Foundation) | California | (818) 777-1208 | http://community.universalstudioshollywood.com/com_rel/das.html |

APPENDIX E: Additional Web Resources

National Gay and Lesbian Task Force Factsheets by State:

Atlanta, GA:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthAtlanta012507.pdf

Boston, MA:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthBoston012507.pdf

Chicago, IL:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthChicago012507.pdf

Denver, CO:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthDenver012507.pdf

Detroit, MI:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthDetroit012507.pdf

Florida:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthFlorida012507.pdf

Los Angeles, CA:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthLosAngeles012507.pdf

New York, NY:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthNewYork012507.pdf

San Francisco, CA:

http://thetaskforce.org/downloads/reports/fact_sheets/HomelessYouthSanFrancisco012507.pdf

Further Reading:

Alexander, M. (2010). *The new Jim Crow: Mass incarceration in the age of colorblindness*. New York: The New Press.

Child Welfare League of America. (2012). *Recommended Practices to Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings*. Available online at: <http://www.lambdalegal.org/sites/default/files/publications/downloads/recommended-practices-youth.pdf>

Child Welfare League of America & Lambda Legal. (2010). *Getting Down to Basics: Tools for Working with LGBTQ Youth in Care*. Available online at: <http://www.lambdalegal.org/publications/getting-down-to-basics>

Division of Adolescent Medicine, Children's Hospital Los Angeles, & Hollywood Homeless Youth Partnership. (2010, November). *No Way Home: Understanding the Needs and Experiences of Homeless Youth in Hollywood*. Available online at: <http://www.covenanthousecalifornia.org/PDFs/nowayhome.pdf>

Empire State Coalition of Youth and Family Services. (2012). *State of the City's Homeless Youth Report 2011: A Community-Written Document on Homeless, Runaway and Street-Involved Youth and How They are Impacted by Homelessness in New York City*. Available online at: <http://www.empirestatecoalition.org/main/pdf/2011.nyc.homeless.youth.report.pdf>

Mogul, J.L., Ritchie, A.J., & Whitlock, K. (2011). *Queer (in)justice: A groundbreaking work that turns a "queer eye" on the criminal legal system*. Boston, MA: Beacon Press. Available online at: <http://www.queer injustice.com>

National Resource Center for Permanency and Family Connections (NRCPRC). (2012, June). *Resources on LGBTQ Children and Youth*. Available online at: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/lgbtq-issues-and-child-welfare.html

National Resource Center for Permanency and Family Connections (NRCPRC). (2011, June). *Homeless after Foster Care*. Available online at: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/homeless.html

National Resource Center for Youth Development (NRCYD). (2012, August). *LGBTQ Youth in Care: Information & Resources*. Available online at: <http://www.nrcyd.ou.edu/lgbtq-youth>

Ray, N. (2006). *Lesbian, gay, bisexual and transgender youth: An epidemic of homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless. Available online at: <http://www.thetaskforce.org/downloads/HomelessYouth.pdf>

Organizations:

Andrea Ritchie, author and police misconduct attorney. Andrea Ritchie's Blog Website: <http://andrea jritchie.wordpress.com>

FIERCE: a membership-based organization building the leadership and power of lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth of color in New York City. We develop politically conscious leaders who are invested in improving ourselves and our communities through youth-led campaigns, leadership development programs, and cultural expression through arts and media. FIERCE is dedicated to cultivating the next generation of social justice movement leaders who are dedicated to ending all forms of oppression. Website: <http://www.fierceny.org>

Queers for Economic Justice: a progressive non-profit organization committed to promoting economic justice in a context of sexual and gender liberation. Our goal is to challenge and change the systems that create poverty and economic injustice in our communities, and to promote an economic system that embraces sexual and gender diversity. We are committed to the principle that access to social and economic resources is a fundamental right, and we work to create social and economic equity through grassroots organizing, public education, advocacy and research. Website: <http://q4ej.org>

Further Information on LGBTQ Terminology and Concepts:

There are many additional resources to assist you in understanding language and ideas that are important for working with LGBTQ youth. Below, we have listed a few websites that offer more information on terminology and concepts.

UC San Diego Lesbian, Gay, Bisexual, Transgender Resource Center – LGBTQIA Terminology: http://lgbtro.ucsd.edu/LGBTQIA_Terminology.asp

Intersex Society of North America: <http://www.isna.org>

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