



LEARNING FROM THE FIELD:

EXPERT PANEL ON
YOUTH WHO ARE LGBTQI2-S
AND HOMELESS

SUMMARY OF PROCEEDINGS



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration

FEBRUARY 4, 2010
SAMHSA
1 CHOKE CHERRY ROAD
ROCKVILLE, MARYLAND

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ACKNOWLEDGEMENTS

This summary of proceedings was co-authored by Justine Hanson, Wayne Centrone, Megan Grandin, and Rachael Kenney. Special thanks to the Center for Social Innovation team, especially Kristen Paquette, Jeffrey Olivet, Laura Winn, and Katy Hanlon. Additionally, the HRC would like to thank Dr. Deborah Stone, Dr. Sylvia Fisher, and Dr. Gretchen Stiers for their leadership, guidance, and support of this project. Finally, a very special thanks to all of the Expert Panel participants for their commitment to serving the underserved and their dedication to ending homelessness.

DISCLAIMER

This document was developed by the Homelessness Resource Center under Contract No. HHSS280200600029C from the Homeless Programs Branch, Division of Service and Systems Improvement, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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SUMMARY OF PROCEEDINGS

FEBRUARY 4, 2010

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
ADMINISTRATION

1 CHOKE CHERRY ROAD

ROCKVILLE, MARYLAND

ABOUT THE HOMELESSNESS RESOURCE CENTER

The Homelessness Resource Center fosters the development of an interactive learning community of providers, consumers, policymakers, researchers, and government agencies at federal, state, and community levels—with the goal of bringing together state-of-the-art knowledge and promising practices to prevent and end homelessness among people with mental health and substance use disorders, and trauma histories.

The Homelessness Resource Center seeks to improve the daily lives of people affected by homelessness and who have mental health and substance use problems and trauma histories.

HOW WE ACHIEVE OUR MISSION

- » Increasing awareness, knowledge of resources, and capacity to help people experiencing homelessness
- » Integrating and transforming homeless service systems
- » Supporting the implementation of 10-year plans to end homelessness
- » Supporting the integration of PATH and SSH within HRC
- » Facilitating communication and collaboration among providers, researchers, policy makers, and consumers

WHAT IS THE HOMELESSNESS RESOURCE CENTER?

In all of its work, HRC strives to be a:

- » Continuous learning community
- » Center of excellence
- » Clearinghouse for state-of-the-art information and resources
- » Capacity builder

OUR WORK

- » Training and technical assistance
- » Publications
- » On-line learning opportunities
- » Networking

OUR WORK IS GUIDED BY A COMMITMENT TO:

- » Fostering a trauma-informed recovery system
- » Integrating consumers in all aspects of our activities
- » Ensuring cultural and linguistic competence
- » Improving access to mainstream services for people experiencing homelessness
- » Supporting the PATH and SSH programs
- » Coordinating our activities with other federal efforts

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About the Expert Panel

Commonly Used Terms

Scope of the Problem

PART I: BACKGROUND

ABOUT THE EXPERT PANEL

The SAMHSA/CMHS Homelessness Resource Center (HRC) convened an Expert Panel to better understand the needs of youth who are experiencing homelessness and identify as lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S). The Expert Panel also discussed youth who are homeless and perceived as LGBTQI2-S, as the research demonstrates a clear level of vulnerability and adversity resulting from the perception of sexual identity.¹ Various stakeholders have identified an urgent need to increase capacity to serve this vulnerable group. As a national training and technical assistance center supporting homeless service providers, the HRC is committed to advancing cultural competence and building the knowledge base of best practices for serving youth who are LGBTQI2-S and experiencing homelessness.

To identify and respond to the constantly evolving needs of this group, the HRC sought input from diverse consumers, service providers, researchers, advocates, and policy makers. An Expert Panel met on February 4, 2010 to share ideas, challenges, and creative solutions. The desired outcomes of this Panel were to identify next steps for the field and concrete actions the HRC can take to support providers.

The objectives for the Expert Panel were as follows:

Objective 1: Explore the spectrum of best practices and policies that address the needs of youth who are LGBTQI2-S and are experiencing homelessness.

Objective 2: Recommend next steps for the homelessness field and the HRC to address the needs of youth who are LGBTQI2-S. This may include continued development or enhancement of training products and knowledge dissemination.

Objective 3: Identify the most useful modes of dissemination (e.g., web-based learning, on-site technical assistance, coordination with Ten Year Plans to End Homelessness, etc.) of relevant materials and resources and how the HRC can support these strategies.

Objective 4: Identify opportunities for Expert Panel members and federal partners to collaborate and ensure that development and dissemination goals are met.

Given the lack of formalized programs and specialized services available to serve this population, the Expert Panel was asked to identify strategies and best practices for working with youth who are LGBTQI2-S and homeless that could be used more broadly. The Expert Panel was comprised of experts with extensive knowledge of sexual minority populations, adolescent medicine, homelessness, homeless service systems, quantitative and qualitative research, and lived experiences of youth homelessness. Panelists included researchers, providers, program directors, policymakers, and consumers. A complete list of invited panel members can be found in Appendix 2.

The purpose of this report is to summarize the Expert Panel discussions by highlighting key issues, strategies, best practices, and next steps for collaboration between the Homelessness Resource Center, stakeholders in the homelessness field, and federal partners. This summary is not intended to report verbatim what occurred at the Expert Panel event, but rather to capture key messages, salient themes, and overarching concepts discussed by the panel participants.

COMMONLY USED TERMS

Unaccompanied homeless youth are a distinct group, and are often not counted among adults experiencing homelessness or children in homeless families by research and population studies. Unaccompanied youth include runaways, street youth, youth who have “aged out” of the foster care system, those exiting the juvenile justice system, and those who are thrown out of their homes.² This broad definition of youth experiencing homelessness includes those between 12 and 25 years of age.³ However, much of the literature to date has focused on unaccompanied youth and young adults who are “not more than 21 years of age.”⁴ For the purposes of this report, youth is broadly defined and determined by the authors of the referenced research. No single definition or parameter of “youth” is proposed in this summary.

Additionally, there are many variations on the descriptive acronym and definitions describing sexual minority populations. Various service providers, researchers, advocates, and consumers use different acronyms when working with different populations. For the purposes of this report, youth who are homeless and identify as sexual minorities will be described with the acronym used by the referenced research.

Terms cited in this paper include:

LGBTQI2-S: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit

LGBTQ: Lesbian, Gay, Bisexual, Transgender, and Questioning

LGBT: Lesbian, Gay, Bisexual, and Transgender

LGB: Lesbian, Gay, and Bisexual

A list of definitions is included below but should not be considered complete or definitive:⁵

LESBIAN: Women who are emotionally and sexually attracted to women only, and may partner exclusively with women.

GAY: Men who are emotionally and sexually attracted to men only, and may partner exclusively with men. The term “gay” is also used as an umbrella term to refer to sexual minority individuals.

BISEXUAL: A man or woman who is emotionally and sexually attracted to and may partner with both men and women.

TRANSGENDER: A person who identifies as a gender that differs from their birth-assigned gender.

QUESTIONING: A person who is exploring his or her sexual orientation and/or gender identity.

INTERSEX: A person born with an indeterminate sexual anatomy or developmental hormone pattern that is neither definitively male or female. Intersex individuals are often “assigned” a gender at birth that may differ from their gender identity later in life. Intersex individuals include a wide range of gender identities and sexual orientations. Many consider themselves part of the sexual minority, as it is a community that can offer support.

TWO-SPIRIT: A term describing a Native American who possesses the sacred gifts of the female-male spirit, which exist in harmony with those of female and male. Traditionally, a person who is two-spirit is believed to bridge both the social categories of male and female and the spirit and human worlds. Native American people who are two-spirit may also identify as LGBT. The term is not universally accepted among Native American communities and nations; some also use terms from their own nations.

SCOPE OF THE PROBLEM

NATURE OF THE CHALLENGE

Approximately 2.3 to 3.5 million Americans experience homelessness at least once annually.⁶ People who experience homelessness are typically divided into three main subgroups: single adults; unaccompanied youth; and families with children. Each group has distinct characteristics and special service needs. Federal, state, and community-based programs often target their services to one particular group. Among the three groups, unaccompanied youth receive the lowest levels of federal funding for targeted homeless assistance services.⁷

Every year, an estimated 575,000 to 1.6 million unaccompanied youth between the ages of 12 to 17 experience homelessness in the United States.⁸ It is estimated that between 20 and 40 percent of youth experiencing homelessness identify as lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S).⁹ In general, youth who are LGBTQI2-S face stigma and discrimination, and are more likely to experience bullying, rejection, and verbal, sexual, and physical abuse from both peers and adults. They are also more likely to drop out of school.¹⁰ LGBTQI2-S youth are found in all communities, across all socio-economic classes, and all cultural, ethnic, and racial groups. These youth experience homelessness as a result of multiple, often interrelated factors, and a growing literature documents the risks and vulnerabilities they face.¹¹

Youth who identify as LGBTQI2-S and are homeless are more than twice as likely to attempt suicide, and will experience an average of 7.4 more acts of sexual violence than their heterosexual counterparts.¹² LGBTQI2-S youth who are homeless are also more likely to have a history of involvement with the social service system. One-third of LGBTQI2-S youth who are homeless or are in the care of social services experience a violent physical assault as a consequence of disclosing their sexual orientation.¹³ In addition, youth who are LGBTQI2-S and homeless are at high risk for substance use, mental health issues, self-harming behavior, and sexually transmitted diseases.¹⁴ They experience higher rates of physical and sexual exploitation than heterosexual, non-transgender homeless youth.¹⁵ The literature also points to the extreme vulnerability of youth identifying as transgender. Transgender involves a broad continuum of gender identities. Transgender youth appear to be at much greater risk for exploitation, drug abuse, survival sex, and HIV.¹⁶ However, it can be difficult to tease out the specific risk factors associated with any one sub-group within the homeless youth sexual minority population.

Although some research has focused on the needs of LGBTQI2-S youth who are experiencing homelessness, there is much to learn about this population of youth and ways to address their unmet service needs. The existing research suggests that these youth experience greater vulnerabilities and increased risk factors when compared to heterosexual youth who are experiencing homelessness. It also suggests that these youth are frequently misunderstood by service providers, highlighting an urgent need to improve capacity to provide respectful, sensitive, and culturally competent care to LGBTQI2-S youth who are experiencing homelessness. A handful of programs across the country have developed promising models for serving youth who are LGBTQI2-S and experiencing homelessness. Additionally, national advocacy groups have created best practice recommendations for serving LGBTQ youth in homelessness settings.¹⁷

“In general, youth homelessness is off the radar. We need to get more attention for youth homelessness.”

—SETH AMMERMAN

FACTORS CONTRIBUTING TO THE HOMELESSNESS OF YOUTH WHO ARE LGBTQI2-S

The research literature documents multiple pathways into homelessness for youth and young adults.¹⁸ Both sexual minority and heterosexual youth experience multiple and overlapping contributing factors, including intense family conflict, abuse, mental illness, neglect, poverty, and abandonment. In the section below, the most commonly identified pathways into homelessness for youth who are LGBTQI2-S are described.

Family Conflict

Family conflict is the primary cause of homelessness for all youth, both heterosexual and LGBT, but for the latter group it is often related to their sexual orientation.¹⁹ Specifically, conflict over a youth’s sexual orientation or gender identity is a significant factor that leads to homelessness or the need for out-of-home care.²⁰ Parents frequently lack resources to help resolve emotions when a youth shares his or her minority sexual orientation or gender identity with them. In one study, nearly half of LGBT teens report experiencing hostile reactions when revealing their sexual identity to their parents. Twenty-six percent of LGBT youth reported being forced from their home upon revealing their sexual identity to their parents.²¹

Foster Care

LGBT youth leave home at higher rates than their heterosexual peers, and are more likely to receive social services, including foster care.²² Anecdotal evidence suggests that up to ten percent of the total youth foster care population identify as LGBTQ.²³ The prevalence of LGBT youth in the foster care population may be related to widespread abuse and discrimination they face in their families of origin or school environments.²⁴

LGBT youth are also more likely than their heterosexual peers to run away from foster care. Reported reasons for this include perceived hostility from staff and peers, rejection, abuse, and the perception of the youth's sexual orientation or gender identity as being “problematic.”²⁵ Foster parents are also more likely to request that LGBT youth be moved out of a home. This is often due to a lack of understanding or misperceptions about the implications of the youth's sexuality or gender identity, resulting in difficulties identifying appropriate placements.²⁶

EVEN MORE PROFOUND IS THE LEVEL OF VICTIMIZATION AND VIOLENCE THAT LGBTQ youth face in the foster care system. LGBT youth are frequently placed in child welfare settings to escape abuse at home, only to experience further abuse in foster care.²⁷ One report documents that close to 78 percent of youth describe harassment or abuse in their placement home.²⁸ LGBT youth report frequent physical and sexual harassment from their peers in child welfare settings. In one study, several youth reported being raped in a child welfare setting, and several others reported a constant fear of such an incident. Youth reported that staff members did not come to their aid and sometimes implied that the youth deserved the abuse.²⁹ As a result, many youth feel safer living on the streets than being subject to the violence and discrimination experienced in social service settings.³⁰ However, once on the street, LGBT youth face more challenges and threats.

There is a link between involvement in foster care and adult homelessness, and about 25 percent of youth who age out of foster care will experience homelessness.³¹ A metropolitan Detroit study identified an alarming trend among young people who aged out of the foster care system over a two-year period. Of the youth surveyed, 17 percent experienced literal homelessness during the follow-up period. Only two percent of a comparative population of U.S. adults are literally homeless over a five-year period.³² “Literal” homelessness was associated with much higher rates of high-risk behaviors, psychological distress, and substance use when compared to continuously housed youth. Recent research from the Midwest Evaluation of the Adult Functioning of Former Foster Youth indicates that almost 30% of youth studied had reported experiencing homelessness for at least one night after exiting foster care.³³

Lack of Appropriate Housing

In shelters, sexual minority youth face myriad challenges. Shelters are frequently no better than out-of-home care settings at providing culturally and linguistically appropriate environments. Youth may be exposed to homophobic attitudes among staff, strict dress codes, and discrimination and harassment from their peers.³⁴ Many youth are asked to leave shelters upon revealing a LGB sexual orientation. Hostile shelter situations mean that LGBT youth are more likely to live on the streets than their heterosexual peers. All youth who experience homelessness are at a high risk for physical and sexual exploitation on the streets, and within this group, youth who are LGBTI2-S are especially vulnerable.³⁵ While experiencing homelessness, it can be very difficult for youth to obtain and maintain stable housing for reasons ranging from minor legal status to the lack of appropriate housing options.

But, even when placed in transitional or permanent housing, the supportive services necessary to meet the unique, age-appropriate needs of LGBTQI2-S youth may be lacking or underdeveloped. These services may include: protecting LGBTI2-S youth from harassment and abuse; providing safe spaces; offering family reconciliation services; helping transgender youth access the services they need; or connecting LGBTQI2-S youth with local LGBT community resources.

“We need everyone at the same table.”

—MARC LEJEUNE

Many transitional or permanent housing programs are failing LGBTQI2-S youth who come to the door seeking support by not offering safe spaces for them and/or by lacking cultural and linguistic competence to adequately serve them.

Housing programs for adolescents must take on the responsibility of being a “guardian and life coach for homeless youth by providing services that encourage positive youth development.”³⁶ Various programs have developed promising approaches to providing housing and supports for youth who are LGBTQI2-S, such as group homes, host home programs, scattered site apartments—with and without supervision—and various types of transitional and independent living programs.³⁷ However, there is a need for further program evaluation and longitudinal data to determine whether these programs manifest more positive outcomes than “practice as usual.” This information will help to assess the effectiveness of different supportive housing approaches for LGBTQI2-S youth who cannot safely be reunited with their families.

Educational Issues

Factors such as lack of education and employment opportunities contribute to long-term homelessness among LGBT youth.³⁸ For LGBT teens, conflict is experienced in schools as well as at home and can make it difficult to attend and complete school. A study found that nearly 80 percent of LGBT youth report conflicts in school related to their sexual orientation, including verbal harassment (reported by 86 percent of LGBT youth), physical harassment (reported by 44 percent of LGBT youth), and physical assault (reported by 22 percent of LGBT youth). The study reported that 74 percent of students hear slurs such as “faggot” and “dyke” in school. Not surprisingly, 61 percent of LGBT youth report feeling unsafe at school. Indeed, 33 percent of LGBT students report missing school within the last month because of safety fears. As a result, LGBT teens report more academic struggles than their heterosexual peers and are at higher risk for dropping out of school.³⁹

UNMET NEEDS

All youth experiencing homelessness are vulnerable to the devastations of life on the streets, and LGBTQI2-S youth are especially vulnerable. By adolescence, a youth identifying as LGBTQI2-S may have experienced discrimination, harassment, and/or family rejection. These youth may also lack positive role models. By the time an adolescent identifying as LGBTQI2-S becomes homeless, it is likely that he or she has experienced verbal and physical abuse from peers and authority figures, anxiety, suicidal feelings, or out-of-home care.⁴⁰ LGBTQ youth who are homeless are less likely to have social support networks than their heterosexual peers and are at higher risk for using substances and resorting to survival sex.⁴¹ The following section reviews some of the most commonly recognized needs and challenges experienced by youth who are LGBTQI2-S and experiencing homelessness.

Mental Health Issues and Suicide Risk

LGBT youth experience mental health issues at a higher rate than their heterosexual peers.⁴² LGBTQ youth face stigma and discrimination, which can lead to higher rates of depression, psychosomatic illness, social problems, and delinquency. Youth who are homeless and identify as LGBT experience high rates of conduct disorder, post-traumatic stress, and suicidal behavior.⁴³ Research suggests that the relationship between sexual identity and mental health issues is more significant for females than males.⁴⁴ Recent research by the Family Acceptance Project demonstrates a strong link between family rejection of a LGBT youth and negative health and mental health outcomes later in life.⁴⁵

Homeless youth in general are more likely than their housed peers to have histories of physical or sexual abuse, placing them at further risk for mental illness.⁴⁶ Homelessness contributes to feelings of loneliness and isolation, increasing the impact of depression and other mental illnesses.⁴⁷

LIFETIME SUICIDE ATTEMPTS FOR LGBT youth who are homeless are significantly higher than their heterosexual peers.⁴⁸ Forty-four percent of LGBT homeless adolescent males and 52 percent of LGBT homeless adolescent females have attempted suicide.⁴⁹ Discrimination and stigma make accessing services more difficult for LGBT youth—within an already fragmented homeless service system.⁵⁰

Substance Use

Studies have suggested that LGBT youth have high rates of substance use because they turn to substances as a way of coping with discrimination.⁵¹ LGBT youth are also more likely to have spent time in foster care, run away from home, been incarcerated, and been exposed to illegal substances—all of which are risk factors for substance use.⁵²

According to research by the Substance Abuse and Mental Health Services (SAMHSA), approximately 50 percent of youth who have run away from home will have used alcohol in the past year, compared to 33 percent of their housed counterparts.⁵³ Similarly, youth who have run away from home use illicit drugs (e.g. marijuana, cocaine, methamphetamine, mushrooms, PCP, heroin, etc.)

at rates twice as high as those who have not left home.⁵⁴

“Draw upon strengths of the individual, things that they identify with, that make things more comfortable.”

—J. DANEÉ SERGEANT

Survival Sex and Health Implications

Youth experiencing homelessness are especially vulnerable to engaging in risky sexual behaviors because their basic needs for food and shelter are not being met. Furthermore, youth with histories of abuse are more likely to experience sexual

victimization on the streets. Youth who are LGBTQ experience sexual victimization before becoming homeless at twice the rate of their heterosexual peers.⁵⁵ One study reported that homeless youth who reported being physically abused by a family member were twice as likely to report having engaged in survival sex.⁵⁶ “Survival sex” is defined as “exchanging sex for anything needed, including money, food, clothes, a place to stay or drugs.”⁵⁷ Research indicates that LGBT homeless youth are at especially high risk for engaging in survival sex.⁵⁸ A study of youth who were homeless in Canada found that those who identify as LGBT were three times more likely to engage in survival sex than their heterosexual peers.⁵⁹

Youth who engage in survival sex are not likely to practice safe sex and are therefore at high risk for sexually transmitted diseases, pregnancy, and HIV infection.⁶⁰ Fifty percent of homeless youth in another study considered it likely or very likely that they will someday test positive for HIV.⁶¹ LGBT youth are at a particularly high risk for HIV infection.⁶² Health care programs that adequately address the health needs of youth who are LGBT and homeless are rare.⁶³

Trauma and Physical and Sexual Exploitation

Youth who are homeless often experience trauma prior to becoming homeless and are at increased risk of trauma after they become homeless.⁶⁴ Research on rates of post-traumatic stress among youth who are homeless is minimal, but one 1989 study found that rates are up to three times higher than their housed peers.⁶⁵ Another study that compared LGB and heterosexual homeless youth found that 47 percent of LGB homeless youth experienced post-traumatic stress disorder compared to 33 percent of their heterosexual peers. Lesbian youth who are homeless experience post-traumatic stress disorder at a particularly high prevalence, with rates as high as 59 percent.⁶⁶

“We have an opportunity to really make a difference in the lives of a group of young people who often do not have a vocal advocate.”

—GRETCHEN STIERS

Youth who are homeless experience high rates of physical and sexual victimization, and are more likely to be victims of assault or rape than their housed peers. LGBT homeless youth are more likely than heterosexual homeless youth to report experiencing neglect, physical victimization, sexual victimization by a caretaker, and sexual victimization on the street.⁶⁷ Research indicates that LGBTQ youth experience 7.4 more acts of sexual violence during their lifetime than heterosexual youth who are homeless.⁶⁸ Research shows that female youth who are homeless experience higher rates of sexual assault than male youth, but other studies indicate that male youth who are homeless experience higher rates of survival sex and prostitution.⁶⁹ Stigma and discrimination may make it difficult for males to safely report abuse and access appropriate services.

Strong anecdotal evidence from providers suggests that youth who are homeless rarely report or seek treatment for sexual assault and exploitation. Incidence rates are likely under-reported.⁷⁰ More research is needed to assess the prevalence of post-traumatic stress disorder among youth who are LGBTQI2-S and homeless and survivors of rape, sexual assault, and sexual exploitation, and to determine the appropriate interventions.

RESEARCH: CHALLENGES AND CONSIDERATIONS

Data about homeless youth are sparse. Most national studies focus on minors (under age 18) and do not include youth ages 18 to 24. Furthermore, existing incidence studies do not document the length of time that youth typically spend homeless.⁷¹ There is an urgent need to document the numbers of youth who are homeless, and specifically youth who are LGBTQI2-S and homeless. Data would help communities understand the scope of the problem, assess needs, advocate for resources, and develop appropriate services.

There are many challenges to conducting research among youth who identify as LGBTQI2-S and experience homelessness. This group represents a mobile and hard to reach population that may not feel comfortable self-identifying as a sexual minority. Furthermore, large numbers of youth who are homeless experience short-term episodic homelessness.

In addition, research is limited on interventions and best practices for serving LGBTQI2-S youth who are homeless. The National Advisory Council on LGBTQ Homeless Youth and others have recommended best practices for serving LGBTQ youth, yet there is much to learn about how programs are implementing these best practices. Efforts to collect data, document, and evaluate the outcomes of these programs must be supported. There is a need to identify strategies for continuing to build, translate, and disseminate the knowledge base about effective interventions.

SERVICE DELIVERY CHALLENGES

HRC has identified the following service delivery challenges as a starting point for discussion by the Expert Panel. The list is not intended to be comprehensive.

Identifying the Target Population

Youth who experience homelessness are difficult to identify. Most youth, especially older youth, do not access services. Research suggests that those who engage in services are younger and experience fewer or shorter episodes of homelessness.⁷² The population is “invisible” and many youth may not consider themselves homeless. Instead, they may identify as “travellers” or are doubled-up, couch surfing, squatting, or living in other temporary arrangements.⁷³ Identifying and serving LGBTQI2-S youth who experience homelessness is complicated by the fact that youth may not disclose their sexual orientation or gender identity. Many youth do not feel comfortable disclosing, service providers may not feel comfortable asking, or the question may simply not come up.

Engaging Youth in Services

Engaging youth who are homeless in services is challenging, and little is known about why so few youth access services.⁷⁴ Many youth have had negative past experiences with social services, and LGBTQI2-S youth in particular may not feel safe accessing services. Youth with histories of abuse may have difficulty trusting adults to provide support and assistance.⁷⁵ One study in Detroit, Michigan found that only two percent of homeless youth reported accessing soup kitchens or outreach services, while 18 percent reported utilizing inpatient or outpatient mental health services.⁷⁶ Another study notes that youth may be resistant to homeless assistance programs that tend to be “deficit-focused.”⁷⁷

Providers and youth advocates who work with youth who are LGBTQI2-S emphasize the importance of “meeting youth where they are.” This includes meeting them in the physical space where they already are comfortable, accepting them as they are, and providing low barrier services. Service providers and youth advocates emphasize the importance of focusing on youth’s strengths and resiliency.

“The more they are injured, the sicker they get. Harm reduction is key. Keep them safe, because if they get hurt again, the damage is serious and lifelong.”

—LES WHITBECK

Creating Safe Spaces for LGBTQI2-S Youth

Youth who are LGBTQI2-S experience high levels of discrimination and harassment, and need safe spaces. A safe space is a place where youth will not face discrimination or harassment from staff or peers. If discrimination or harassment occurs, these spaces have measures in place to address it appropriately. Agencies can create safe spaces by training staff, building a program culture that is inclusive and accepting of differences, displaying posters or flyers that demonstrate acceptance, and implementing nondiscrimination policies with grievance procedures. In some communities, especially in more rural or isolated parts of the country, youth may not feel safe enough to self identify. Creating spaces where LGBTQI2-S youth can be safe, accepted, and affirmed can help mitigate other risk factors.⁷⁸

Few communities have shelters or other emergency housing available specifically for youth experiencing homelessness. Furthermore, youth who are old enough to access the adult shelter system are often reluctant to do so because of previous experiences or peers' stories of victimization and discrimination. In shelters, youth who are transgender face sex-segregated sleeping arrangements. A transgender youth may be required to sleep in the section for his or her biological sex, putting the youth at risk for harassment or abuse from other youth. In response to this, and other problems that transgender individuals face in shelters, The National Gay and Lesbian Task Force developed a comprehensive guide, "Transitioning Our Shelters," to making shelters safe for transgender people. The guide includes a model policy and concrete steps shelters can take to become trans-friendly. However, making changes requires an organizational commitment to nondiscrimination and cultural competence at all levels.⁷⁹

Training Providers to Offer Services that are Culturally and Linguistically Competent

Many homeless service providers, child welfare workers, and youth advocates do not have the knowledge, skills, and language to discuss issues of sexual orientation and gender identity with youth. As a result, they may feel uncomfortable or unable to adequately identify and care for the needs of youth who are LGBTQI2-S. Youth who are LGBTQI2-S are members of a sexual minority population that is often discriminated against in American society. These youth may come from diverse ethnic and racial backgrounds and have multiple, overlapping identities. The diversity of identities among sexual minority youth shapes each youth's individual and collective experience of stigma and discrimination.⁸⁰

It is crucial to provide services for LGBTQI2-S youth that are culturally and linguistically competent.⁸¹ There is an urgent need for LGBTQI2-S cultural competence training for homeless service providers, child welfare workers, youth advocates, and all others who serve youth who are homeless.⁸² Agencies that serve youth experiencing homelessness can take the first step toward cultural competency by conducting an agency self-assessment to assess readiness to appropriately serve LGBTQI2-S youth.⁸³ Organizational assessments can help determine if programs are providing adequate services to LGBTQI2-S youth in a non-discriminatory manner.

Tailoring Services and Holistic Care Delivery

The needs of LGBTQI2-S youth who experience homelessness are similar to their housed peers, but often are more complex. LGBTQI2-S youth who experience homelessness are more likely to have experienced abuse, mental health issues, substance use, and physical and sexual exploitation.⁸⁴ Providers serving these youth need to ensure that they create linkages to the appropriate support services to help address these issues comprehensively.

One of the salient questions regarding service delivery for LGBTQI2-S youth is which services are best integrated with services for all youth, and which services are best delivered separately. Consultations with experts suggest that both service models are important. Experts suggest that programs that are inclusive of LGBTQI2-S youth but also include heterosexual youth play an important role in normalizing sexual and gender minority identities. At the same time, programs that are specifically focused on LGBTQI2-S youth celebrate these identities and play a vital role in helping LGBTQI2-S youth accept, celebrate, and take pride in their identities.

Prevention and Family Reconciliation

Service providers and youth advocates working with LGBTQI2-S youth experiencing homelessness emphasize the importance of interventions to encourage family acceptance and promote family reconciliation. Research on resiliency and youth who are LGBTQI2-S documents that secure attachment to a positive role model or family member during the coming out process helps a youth to cope with homophobia and enhances self-esteem and self-acceptance.⁸⁵ Interventions that promote family acceptance of youth who are LGBTQI2-S and family reconciliation can help prevent and end homelessness. However, in instances where youth cannot be safely reunited with family, other approaches to providing positive adult role models and mentors for youth can help support youth as they transition toward adulthood.

POLICY AND PLANNING

While unaccompanied youth who are homeless may access mainstream homeless assistance programs, as a subgroup they receive the lowest levels of targeted and dedicated federal funding.⁸⁶ In 2010, programs funded under the Runaway and Homeless Youth Act will receive \$117 million from Congress, an increase of \$2 million from 2009. In 2008, this funding supported 740,000 outreach contacts, but funded transitional living programs for only 4,000 homeless youth.⁸⁷

In addition, youth are often overlooked in community planning to end homelessness. According to an analysis by the National Alliance to End Homelessness, roughly half of all Ten Year Plans to End Homelessness include strategies to end homelessness for youth. Only 19 percent of these plans address homelessness among youth involved in the foster care system.⁸⁸ Evidence suggests that few, if any, Ten Year Plans address the specific needs of LGBTQI2-S youth who are homeless.⁸⁹ In contrast, 83 percent of the plans target people experiencing chronic homelessness.⁹⁰

Over the past decade, a national consensus has emerged around the best models for ending chronic homelessness, such as Housing First. There is an urgent need to develop, disseminate, and support

implementation of similar models to respond to the crisis of youth homelessness. Specifically, this model will need to address or be adaptable to the specific needs and life experiences of youth who are LGBTQI2-S.

Best Practice Recommendations

Given the complex service needs of LGBTQI2-S youth who are homeless, what are the best practices for service delivery? Significant progress has been made toward identifying selected best practices. In 2009, the National Alliance to End Homelessness, the National Network for Youth, Lambda Legal, and the National Center for Lesbian Rights published “National Recommended Best Practices for Serving LGBT Homeless Youth.”

These recommendations are based on extensive consultations with LGBTQI2-S youth, service providers, and youth advocates.

Other important contributions to establishing national best practices include:

- » [“Practice Brief 1: Providing Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, or Two-Spirit,” published in 2008 by Georgetown University’s National Center for Cultural Competence.](#)
- » [“Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care,” published in 2006 by the Child Welfare League of America and Lambda Legal Defense and Education Fund.](#)
- » [“CWLA Best Practice Guidelines: Serving LGBT Youth in Out-of-Home Care,” published in 2006 by the Child Welfare League of America.](#)
- » [“Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness,” published in 2006 by the National Gay and Lesbian Task Force Policy Institute and the National Coalition for the Homeless](#)

Discussion Themes
Questions to Consider

PART II: SUMMARY OF PROCEEDINGS

The agenda for the Expert Panel meeting was designed to bring together researchers, clinicians, advocates, consumers, and administrators into small discussion groups. These groups facilitated in-depth discussions and brainstorming around what is known and what is not known about youth who are LGBTQI2-S and experiencing homelessness. Working within a small group format, the Expert Panel participants were asked to address gaps in knowledge and lags in translating research into practice recommendations. The groups focused their discussions on distinct areas: services, engagement, best practices, and building connections to improve care and advocacy for LGBTQI2-S youth who are experiencing homelessness.

Each group was initially asked to engage in a conversation about what is “currently known” about youth who are LGBTQI2-S and homeless. The afternoon breakout sessions focused on what is “not known” about services delivery to youth who are LGBTQI2-S and homeless. Each small group session was followed by a larger “report back” time that encouraged discussion on the major themes of the breakout groups. The plenary discussions allowed for a collegial exchange of ideas and feedback. Finally, a closing session was dedicated to brainstorming concrete ways that the HRC could partner with providers in the field to better serve this population.

DISCUSSION THEMES

Serving LGBTQI2-S Youth: Unmet Needs, Limited Resources

Expert Panel participants noted that in general, individuals who are homeless have a wide range of service needs including medical, mental health, social, economic, and legal. For youth who are homeless and self-identified as LGBTQI2-S, the panelists described additional obstacles in accessing services, advocacy and entitlements. Providers and programs may fail LGBTQI2-S youth by not offering safe spaces for them and/or by lacking sensitivity and cultural and linguistic competence. Likewise, LGBTQI2-S youth may disengage from services because they feel they cannot trust providers or programs. Participants noted the vital importance of offering youth opportunities to develop trusting relationships with service providers and programs.

Homeless youth are often seen as a “hard to serve” population. The general sense of the participants was that sexual minority youth are viewed as an even “harder to serve” population. The panelists agreed that it can be challenging to bring the needs of sexual minority who are experiencing homelessness to the attention of policy makers and funders because many do not fully understand this population and its unique needs.

Often, youth who are LGBTQI2-S and experiencing homelessness will not reveal their sexual identity for fear of being stigmatized or victimized. Providers are often unaware of their client’s sexuality, as the individual will protect or withhold this information. Not feeling welcome, a LGBTQI2-S youth who is homeless may be less likely to access services. Without support, a LGBTQI2-S youth who is homeless may struggle alone to overcome a multitude of complex challenges associated with homelessness and being a member of a sexual minority that is discriminated against. Youth who are experiencing homelessness are often seen as an “invisible population” and those who identify as LGBTQI2-S and are homeless experience even greater marginalization. Consequently, given limited resources, youth who are LGBTQI2-S and homeless often lose out in the game of “musical chairs” for housing and services.

Risk Factors and Sub-Populations of LGBTQI2-S Youth

Since adolescents who are homeless develop their sexuality as they mature, youth who are LGBTQI2-S may be under-identified in screening. As a result, they may grow into adults who are highly vulnerable to a number of risk factors. Several panelists reported that the prevalence of high-risk behaviors (i.e., alcohol and drug

use, sex work, criminalized behaviors) and its associated influence on fracturing healthy social connectedness may lead to even greater marginalization and vulnerability. Finally, transgender homeless youth were noted as being particularly vulnerable to a number of high-risk behaviors because they are more likely to be exposed to violence and suffer greater risks for psychiatric disorders, certain infectious diseases, and chronic homelessness.

“There are a handful of models around the country doing great things, but how do we do coalition-building around the country. How do we create and standardize a model?”

—JAMES M. VAN LEEUWEN

The panelists identified youth who are LGBTQI2-S in the foster care system as at high risk for homelessness. Subgroups among youth who are LGBTQI2-S—including individuals with certain psychiatric illnesses and substance use disorders—require even greater levels of advocacy, early diagnosis, and treatment to prevent homelessness.

One of the panelists shared a citation to research demonstrating a connection between a homeless adolescent’s risk of chronic homelessness and their sexual orientation:

MILBURN NG, AYALA G, RICE E, BATTERHAM P, ROTHERAM-BORUS MJ. Discrimination and exiting homelessness among homeless adolescents. *Cultural Diversity Ethnic Minority Psychology*. 2006 Oct;12(4):658-72.

Cultural and Linguistic Awareness

Several panelists identified a lack of cultural and linguistic awareness among service providers about youth who are LGBTQI2-S and homeless. Yet for clinicians, how a young person identifies his or her gender or sexual identity is important for determining an appropriate treatment plan. Other panelists suggested that most clinicians set strict professional boundaries. However, such boundaries might create unnecessary distance that hinders developing trusting relationships with youth who are LGBTQI2-S and experiencing homelessness. Panelists suggested that providers need to be flexible in order to establish authentic and trusting relationships. Finally, educating the broader homeless services community about the cultural, linguistic, and developmental needs of these youth was discussed as a very important strategy.

During the course of this discussion, it became apparent that the terms and definitions related to sexual minority youth who are homeless need clarification. Before moving into the second half of the agenda, a discussion was initiated among the panelists to discuss the wide variability in acronyms and terms that are used to describe the population. Panelists felt that sensitivity to the language used to describe these youth is very important, but also can be very complicated.

“LGBT youth are not a homogenous group. What are the needs of special populations within LGBT youth? Are there different levels of risk within the population? Are we doing LGBT youth a disservice by lumping them together?”

—WAYNE CENTRONE

A Separate System of Care?

Several panelists stated that young people who are homeless and LGBTQI2-S have separate and distinct needs from the broader homeless youth population. One panelist asserted that these youth need a system of care with designated funding streams and should not be considered part of the general homeless population. Another panelist disagreed and stated that services needed to be “mainstreamed” and integrated into conventional care models to avoid stereotyping and typecasting.

The Expert Panel suggested that homeless service providers often overlook homeless youth who identify as LGBTQI2-S. Sometimes a youth who is homeless and LGBTQI2-S is not viewed as facing any unique challenges above and beyond those faced by heterosexual homeless youth. The panelists felt that placing youth into a single homogenous category fails to recognize the heterogeneity or uniqueness that exists within the population. The panelists also noted that providers and agencies must build solid connections with youth who identify as a sexual minorities and experience homelessness. There was a general sense that relationship development and reinforcement is the most important tool that providers have.

Pulling the Pieces Together

Overwhelmingly, the panelists agreed that the “pieces” for developing a service model for youth who are LGBTQI2-S and homeless exist. However, there is a strong need to connect the programmatic pieces. A few panelists suggested that taking parts of the various programs that serve youth who are LGBTQI2-S and homeless and pulling them together into a “best practices” strategy would improve practice and could also help produce cost savings. Two methods were suggested to help incorporate best practices into the everyday care of youth who are LGBTQI2-S and experiencing homelessness. One is to incorporate culturally appropriate signs and symbols into visible locations of homeless services agencies and clinics to encourage inviting care environments. The second is to offer incentives to LGBTQI2-S identified youth to receive routine physical examinations to reduce health risks and to encourage increased relationship development between youth and health care providers. Other panelists stressed that the focus should be on building provider skills regardless of the approach being used.

Critical Issues

Throughout the course of the day, Expert Panel participants raised critical issues. In most cases, these themes were echoed by multiple panelists. Therefore, the following list is not necessarily based on consensus across the entire Expert Panel. Rather, HRC staff identified several points that capture the essence of the dialogue:

- » **Services: Where and how are youth who are LGBTQI2-S and homeless accessing and engaging in services?**
 - > There is a lack of targeted, connected healthcare, housing, and advocacy services that are specifically designed to reach and serve youth who are LGBTQI2-S and homeless. One panelist stated, “the pieces of service delivery are all out there – but there does not seem to be any effective models to connect them all together.”
 - > Suicide risk was identified as a critical issue for youth who are LGBTQI2-S and homeless. Panelists felt that more needs to be done to specifically target prevention and support programs.
 - > HIV prevention, testing, counseling, and treatment was viewed as an initial set of services that are provided to sexual minority homeless youth and can act as a “bridge” into much broader service delivery.
 - > Mental health issues, trauma, and victimization are common problems for youth who are LGBTQI2-S and homeless. Panelists felt that services must be enhanced in such a way to better address these risks and vulnerabilities.

» **Engagement: How do service providers reach youth who are LGBTQI2-S and homeless, yet not accessing services?**

- > **Foster care:** Panelists noted the strong prevalence of homelessness among LGBTQI2-S youth who age out of the foster care system. Given this connection, the panelists expressed a greater need for collaboration between homeless service providers and the foster care system.
- > **Drop-in centers:** Panelists noted that drop-in centers are often the first step in connecting homeless youth with systems of care. However, without sensitivity to the experiences and needs of youth who are LGBTQI2-S, many sexual minority homeless youth do not engage in services from those centers.
- > **Education and school systems:** Panelists discussed the need to build greater “bridges” between homeless service providers and school systems. School systems are seen as a place to reach “at-risk” youth and provide them with prevention programs. Panelists felt that services could be connected with school systems by:
 - Training school counselors about youth who are LGBTQI2-S.
 - Using assessment tools with youth who are LGBTQI2-S in high schools to focus on high risk behaviors and to help provide early identification of family conflicts and issues.
 - Supporting Gay-Straight Alliances to continue to act as valuable support for youth who maybe struggling with their sexual identities while in high school.
 - Developing and promoting Adult Gay-Straight Alliances in schools to help mentor and identify at-risk youth.
 - Educating school faculty about LGBTQI2-S issues, risky behaviors, and how to intervene.
 - Displaying overt symbols of “welcome” (i.e., pink triangle, rainbow flag, etc.) for LGBTQI2-S youth.
 - Supporting policies that allow public school faculty and administrators to openly address LGBTQI2-S issues.

» **Best Practices: How do service providers and programs identify best practices?**

- > **Disseminating best practices:** Panelists felt that although a very narrow range of best practices currently exists, they need to be shared more broadly.

- > **“It’s a matter of knowledge”**: One panelist felt that a general lack of knowledge in the field is the biggest hurdle to overcome. Participants felt that more efforts are needed to train staff, partners, and programs in the unique service delivery needs of youth who are LGBTQI2-S and homeless.
- > **Medical home and health care continuity**: Panelists felt that given the overlapping medical, mental health, and psychiatric needs facing youth who are LGBTQI2-S and homeless, the most sensible service delivery approach is the “integrated primary care and behavioral health” model. Participants suggested that a “medical home” approach would be the best model to address the complex health and social services needs of LGBTQI2-S youth.

» **Connections: How do providers and programs connect the various services needed to support sexual minority youth?**

- > **Focus on Strengths**: Panelists felt that one of the greatest assets that providers have in working with youth who are LGBTQI2-S and homeless is the resiliency and the strengths youth bring to coping with day-to-day challenges.
- > **Peer Support**: Expert Panel participants noted that some of the most successful programs working with youth who are LGBTQI2-S and homeless encourage peer support.

“They knew that I had dreams for myself. They knew that I wanted to go to school and get clean. That was one of the things that really helped.”

—J. DANEÉ SERGEANT

- > **Mentoring**: Panelists felt that a “mentorship” model that encourages youth to mentor other youth who are LGBTQI2-S and experiencing homelessness is an important tool for connecting them to broader services and programs.
- > **Coordinating housing, health, and behavioral health services**: Panelists felt there needs to be more emphasis placed on building bridges between the various programs that target services to youth.
- > **Regional/cultural and linguistic competency**: Panelists noted that there is a great deal of variation in how sexual minority youth are treated around the country. Developing tools that are broad enough to be inclusive of the diverse cultural variations across the country would help youth who are experiencing homelessness and identify as LGBTQI2-S.

QUESTIONS TO CONSIDER

The panel identified suggested strategies and topics for exploration related to youth who are homeless and self-identify as LGBTQI2-S. Based on the earlier discussions in the breakout sessions of major issues, the panel broke into three small groups: Training and Best Practices, Services and Connections, and Programs and Models. Highlights from each of the group discussions are presented below:

Training and Best Practices

1. How do we train providers to incorporate best practice guidelines and recommendations into their work with youth who are LGBTQI2-S and homeless?
2. How do we disseminate and promote the currently existing best practice recommendations and guidelines?
3. How do we build coalitions between mainstream and queer organizations?
4. Can we develop credentialing standards to professionalize staff?
5. Can we conduct a needs assessment among service providers to identify gaps in knowledge?
6. Can we develop web-based training opportunities to better inform and train staff, both new hires and seasoned providers?
7. Can we develop and promote peer mentoring programs?

Services and Connections

1. What are the needs of different subpopulations of youth who are LGBTQI2-S and homeless?
2. What does it mean to be trans-appropriate?
3. How do youth who are LGBTQI2-S and homeless define safety?
4. What are good discharge planning practices for working with youth who are LGBTQI2-S and homeless?
5. What happens to youth who are LGBTQI2-S and homeless when they become adults?
6. How do we build connections into Ten Year Plans to End Homelessness?
7. How do we assess the needs of rural and urban youth who identify as LGBTQI2-S?

Programs and Models

1. Can we develop a “model” that incorporates the best practices from various service agencies around the country?
2. How can current best practices in “mainstream” service delivery help refine and enhance services for youth who are LGBTQI2-S and homeless?
3. How do we move the idea of “Safety First/Housing First” into work with youth who are LGBTQI2-S and homeless?

“We have a large body of research on the risks and vulnerabilities. It is not an under researched population, yet we do not have a model that helps a city figure out what to do.”

—JAMES M. VAN LEEUWEN

Connections
Training
Developing a Demonstration Model

**PART III:
WHERE DO WE GO FROM HERE?**

At the conclusion of the final breakout session, the three small groups were asked to suggest concrete approaches for addressing the major issues identified in previous sessions. The Expert Panel participants developed global suggestions for policy and practice and HRC-specific recommendations for working with youth who identify as LGBTQI2-S and are experiencing homelessness. Panelists' global recommendations are as follows:

Promote greater cultural and linguistic competency. The Expert Panel participants recommended that emphasis be placed on training and educating service providers and health professionals on the cultural and linguistic nuances of working with youth who identify as LGBTQI2-S. The panelists felt that putting a strong emphasis on training providers and service professionals would create a significant impact.

Develop clear guidelines and best practice recommendations. The Expert Panel participants felt that more work needs to be done to promote best practice standards and recommendations for working with youth experiencing homelessness and identifying as LGBTQI2-S. The panelists noted that some guidelines already exist, but the field lacks a mechanism for making them more accessible to a broad range of professionals and providers. Equally, the Expert Panel participants recommended that more emphasis be placed on refining service guidelines to meet the unique needs of homeless and LGBTQI2-S youth.

Encourage further research. The Expert Panel participants noted that further research focused on the unique service and advocacy needs of youth who are LGBTQI2-S and homeless is needed. The panelists noted that research has pointed to variations in vulnerability for sexual minority populations, but that there is a limited amount of data on the negative experiences and outcomes of youth specifically identified as bisexual, questioning, transgender, intersex, or two-spirit.

In addition, the Expert Panel recommended the following activities specifically for consideration by the Homelessness Resource Center:

CONNECTIONS

What changes to the HRC website will provide more specific information about youth who are LGBTQI2-S and homeless and their service delivery needs?

Expert Panel participants recommended HRC create a dedicated area of the website for compiling, disseminating, and vetting information that is useful to providers, consumers, and programs working with youth who are LGBTQI2-S and homeless. Social networking features could facilitate provider connections and potentially connect consumers-to-consumers and consumers-to-providers. Concrete suggestions include:

- » Online forums where providers, consumers, and advocates could sign in to discuss their thoughts and ideas around “best practices” and service delivery.
- » Developing and promoting social networking connections from the HRC website (e.g. Facebook, Twitter, My Space, YouTube).
- » Linking resources through a common web-based portal on the HRC website.

TRAINING

How can the HRC develop training opportunities geared toward providers working with youth who are LGBTQI2-S and homeless?

Expert Panel participants recommended that HRC develop webcasts and on-line trainings, as well as face-to-face trainings, for homeless service providers working with youth who are LGBTQI2-S and homeless.

Critical Challenges:

- » Building specific training themes and modalities for serving LGBTQI2-S youth. These would be tailored and personalized to the unique needs of the youth identifying as a sexual minority. For example, youth who identify as lesbian require different interventions and social advocacy than youth who identify as transgender.
- » Involving consumers in planning and development.
- » Identifying programs' “blind spots” in relation to serving youth who are LGBTQI2-S and homeless, with input from consumers, providers and project administrators. This would include developing trainings that specifically address the stereotypes that often blind a provider’s ability to fully engage and serve youth experiencing homelessness.

- » Developing a package of training curriculum geared toward LGBTQI2-S youth providers that would be broad enough to address the range of needs of these youth.

Potential Training Themes or Subjects:

- » Myths and facts about sexual minority homeless youth.
- » Cultural competency when working with youth who are LGBTQI2-S and homeless.
- » Supporting youth who have been rejected by families.
- » Training on legal advocacy for youth who are LGBTQI2-S and homeless.
- » How non-clinical staff can provide trauma-informed care.
- » Motivational Interviewing training for providers who work with youth who are LGBTQI2-S and homeless.

DEVELOPING A DEMONSTRATION MODEL

How do we pull the best practices from programs around the country to create a service model?

Two proposed ideas included: gaining further input from the various federal partners who are involved in services delivery to homeless youth; and working with special programs funded by HRSA to fund a model project. One example proposed by an Expert Panel participant involved collaborating with the SAMHSA supportive housing programs to carve out funding to specifically serve LGBTQI2-S youth.

HRC could convene a meeting with several programs that are working effectively with youth who are LGBTQI2-S and homeless. In addition to program staff and consumers, the meeting would include several federal partners, like the Assistant Secretary for Planning and Evaluation, Administration for Children and Families, Family and Youth Services Bureau, Health Resources and Services Administration, and SAMHSA, in addition to researchers.

Potential Next Steps:

- » Keep Expert Panel participants involved in the process of developing the next steps for a demonstration model.
- » Consider convening another Expert Panel that would inform the development of the model.
- » Involve National Network for Youth (NN4Y) as a resource.
- » Ensure participating programs have uniformity in data collected. Many variations exist in the way that homelessness service programs collect data around youth identified as LGBTQI2-S. Developing a mechanism for ensuring that every program has the ability to collect data on a youth's sexual identity will help to identify the full scope of need.
- » Meet with potential federal partners to identify collaborative opportunities.
- » Consider partnering with HRSA to develop a demonstration model with Health Care for the Homeless networks.
- » Begin to define the components of a demonstration model while engaging the field and consumers in the planning.



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24. In particular, two reports provide in-depth examinations of the challenges faced by LGBTQ youth in foster care placement: (1) *Out of the Margins: A Report on Regional Listening Forums Highlighting the Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth in Care*, published by The Child Welfare League of America and Lambda Legal Defense and Education Fund; and (2) *LGBTQ Youth in the Foster Care System*, published by The National Center for Lesbian Rights.; See also Sullivan, C., Sommer, S., & Moff, J. (2001). *Youth in the Margins: A Report on the Unmet Needs of Lesbian, Gay, Bisexual, and Transgender Adolescents in Foster Care*. New York, New York: Lambda Legal Defense & Education Fund.
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89. Communication with Dr. Jamie Van Leeuwen, Executive Director, Mayor's Office of Community Impact, Denver's Road Home, Denver, Colorado.
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APPENDIX 1: EXPERT PANEL AGENDA

February 4, 2010

Sugar Loaf Room, SAMHSA
 1 Choke Cherry Road
 Rockville, Maryland

- 8:30** Welcome & Opening Remarks
- 8:45** Introductions
- 9:15** Context-Setting for the Day’s Activities
- 9:30** Presentations

- 10:00** Break
- 10:15** Breakout Groups Discuss Specified Topics—
 Theme of Session:
“What do we know?”

- 11:15** Breakout Groups Report Out to Full Panel

**Dr. Gretchen Stiers, Branch Chief,
 Homeless Programs**

Wayne Centrone and Jeff Olivet

**National Recommended
 Best Practices for Serving
 LGBT Homeless Youth**

LaKesha Pope,
 National Alliance to End
 Homelessness

**Voices from the Field: A Consumer
 Perspective**

J. Daneé Sergeant,
 The Drop In Center

Group 1

Services: Where/how are
 LGBTQI2-S homeless youth
 currently accessing and
 engaging services?

Group 2

Engagement: How do we
 reach/engage LGBTQI2-S
 homeless youth?

Group 3

Best Practices: How do we
 identify effective “best”
 practices/programs in the field?

Group 4

Connections: How do we connect
 the various services that focus
 on LGBTQI2-S homeless youth?

12:00 Lunch
Working lunch with large group discussion:
“What about the needs of special populations within LGBTQI2-S?”

1:00 Summary of Morning Work &
Next Steps for Afternoon Session

1:15 Presentations

2:00 Morning Breakout Groups Reconvene—
Theme of Session:
“**What do we need to know?**”

**Research Updates:
From Theory to Practice**

Jamie Van Leeuwen,
Mayor’s Office of
Community Impact and
Denver’s Road Home

**Updates in Prevention and Family
Reunification**

Amy Dworsky,
Chapin Hall at the
University of Chicago

Group 1

Services: Integrating and strengthening services to LGBTQI2-S homeless youth—what needs to be done?

Group 2

Engagement: Future services needs—how do we stay informed of the dynamic needs of LGBTQI2-S homeless youth?

Group 3

Best Practices: Disseminating recommendations and practice standards—how do we get the information into the hands of the providers serving the youth?

Group 4

Connections: Devising a mechanism for training providers and programs—how do we train providers to best serve LGBTQI2-S homeless youth?

3:00 Breakout Groups Report Out to Full Panel

3:30 Break

3:45 **Small Groups Discussions/Report Out—**

Theme of Session: “Where do we go from here? Creating effective collaboration between the HRC and partner agencies, organizations and providers.”

Group 1: Research

Group 2: Consumer involvement

Group 3: Federal Coordination and Leadership

Group 4: Prevention and Family Reunification

4:30 **Large Group Discussion:** Next Steps - Developing a framework for integrating services to meet the diverse needs of LGBTQI2-S Homeless Youth

5:00 Adjourn

APPENDIX 2: PARTICIPANTS

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SARA MINDEL, LICSW, Sexual Minority Youth Assistance League, Washington, DC

LAKESHA POPE, MPA, National Alliance to End Homelessness, Washington, DC

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JAMES M. VAN LEEUWEN, PHD, Denver's Road Home, Denver, CO

LES B. WHITBECK, PHD, University of Nebraska – Lincoln, Lincoln, NE

JENNIFFER ZOGG, New Avenues for Youth, Portland, OR

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration



HRC LEARN › CONNECT › SHARE