### National Workgroup To Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families

#### VISION

All children, youth, and families in the populations of interest live, work, play, thrive, and participate fully in supportive communities where culturally and linguistically competent services and supports are available, accessible, and appropriate.

#### MISSION

Promote accessible, strength-based, and culturally and linguistically competent services and supports that improve the lives of children, youth, and families in the populations of interest.

#### PURPOSE

This national workgroup includes a diverse group of individuals (e.g., youth, family members, researchers, direct service providers, policy makers, program administrators, etc.) who help guide development of policies, programs, materials, products, and other resources to improve the lives of children, youth, and families in the populations of interest.

#### POPULATIONS OF INTEREST

Children and youth who (1) are lesbian, gay, bisexual, transgender, questioning, intersex, or two-spirit (LGBTQI2-S) and (2) have lived for any period of time in a non-LGBTQI2-S family or environment, and are in need of, or are receiving, services from a Child and Adolescent Family Branch (CAF/B) program through the U.S. territories—along with their families.

#### CHALLENGES

Experiences of Children, Youth and Families

- Exclusion, stigma, prejudice, and discrimination-related consequences (e.g., shame, secrecy, and embarrassment associated with negative societal attitudes and behavior such as heteronormative bias)
- Social inequalities and disparities in health and access to health care
- Health disparities in emotional, mental, physical, and spiritual wellness
- Potential for at-risk behaviors (e.g., suicidal ideation, substance abuse) and unsafe environments (e.g., homelessness)
- Lack of full support from familial/cultural/social/educational/faith-based groups and institutions
- Perceptions that non-conforming youth with one’s birth-assigned gender is pathological and unacceptable
- Requirements that youth not identifying with their birth-assigned gender—Receive a Gender Identity Disorder (GID) diagnosis to receive medical services and hormone therapy and other transition-related therapies
- Be at least 18 years of age in many jurisdictions to begin gender-transition therapies

#### OBJECTIVES

**Objective One**

Promote full, positive inclusion of children, youth, and families in the populations of interest in the planning and functioning of federally funded SOC grantee communities and in the programs and initiatives of the CAF/B (CA-SIG, Circles of Care, Healthy Transitions, Statewide Family Networks, Systems of Care, etc.).

**Objective Two**

Foster collaborative partnerships among individuals, providers, organizations, and the larger community to increase awareness, promote acceptance, and address the needs of the populations of interest.

**Objective Three**

Support development and implementation of assets-based and culturally and linguistically competent and appropriate policies, programs, services, supports, resources, and other materials to increase awareness, promote acceptance, and address the needs of the populations of interest.

#### ACTIVITIES

**Supports for Children, Youth, Families, and Caregivers**

- Promote family acceptance and appropriate engagement among families and communities to facilitate treatment interventions and improve related outcomes
- Develop and institute plans of care that reflect acceptance of youth choices in positive youth development and treatment services and supports
- Develop outreach and engagement strategies to promote help-seeking behavior to access needed services

**Supports for System of Care Communities**

- Promote organized access to, and availability of, assets-based and culturally and linguistically appropriate services and supports in SOC grantee communities
- Foster collaboration across agencies, including formal and informal LGBTQI2-S organizations and agencies, to support full, positive inclusion of the populations of interest
- Identify and implement financing mechanisms that support other national workgroup activities and efforts to address the needs of the populations of interest
- Provide ongoing training and learning opportunities about LGBTQI2-S issues and topics to staff, providers, youth, and families, other community members, technical assistance providers, evaluators, and consultants
- Build partnerships with varied organizations and networks (e.g., faith based, community based) to identify, develop, and/or promote appropriate services and supports
- Develop, maintain, and continually update a database of contacts with pertinent expertise for referral and access purposes
- Develop and disseminate information and resource products, including practice briefs to inform communities; a trauma curriculum based on principles of trauma, resilience, and recovery; and a resource toolkit for SOC communities
- Identify social marketing strategies to increase awareness, reduce stigma, promote acceptance, and encourage help-seeking behavior among the populations of interest
- Develop cultural and linguistic guidelines for providers to ensure provision and delivery of culturally and linguistically competent practices
- Liaison with guilds and professional organizations (e.g., NAMI, CWLA, LGBT Health Coalition) to collect information and identify related dissemination strategies and delivery systems
- Develop an evaluation plan to assess the effectiveness of activities, products, and deliverables resulting from national workgroup efforts and its subcommittees

#### PRINCIPLES

- A public health framework for providing and delivering services and supports
- Acceptance of oneself and others among children, youth, and families within the populations of interest, and among providers and the larger community
- Mental, emotional, physical, and spiritual health and wellness
- Family-related approaches to services and care
- Empowerment and full inclusion of grantee populations of interest in system of care (SOC) activities supported by the CAF/B, treatment planning, etc.
- Empowerment of youth in guiding the support they need
- Delivery of culturally and linguistically appropriate services for all persons, regardless of racial/ethnic identity and geographic location (e.g., Native American, Latino, Asian, African American/Black, territorial, reservation, rural/urban)
- Development of assets-based and culturally and linguistically competent services and supports, and strengthening of existing services and supports that embrace these values for the populations of interest
- For service providers from all geographic locations (e.g., Native American, Latino, Asian, African American/Black, territorial, reservation, rural/urban)
- Experiences of Children, Youth, and Families
- Exclusion, stigma, prejudice, and discrimination-related consequences (e.g., shame, secrecy, and embarrassment associated with negative societal attitudes and behavior such as heteronormative bias)
- Social inequalities and disparities in health and access to health care
- Health disparities in emotional, mental, physical, and spiritual wellness
- Potential for at-risk behaviors (e.g., suicidal ideation, substance abuse) and unsafe environments (e.g., homelessness)
- Lack of full support from familial/cultural/social/educational/faith-based groups and institutions
- Perceptions that non-conforming youth with one’s birth-assigned gender is pathological and unacceptable
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#### PROVISIONS OF SERVICES AND SUPPORTS

- Lack of culturally and linguistically competent services
- Inadequate access to, or knowledge of, existing supports and services
- Inadequate awareness about gender and sexual identity development
- Inadequate information and misinformation regarding service needs of the populations of interest
- Reduction of traditional cultural beliefs and supports for indigenous persons due to colonization of tribal and territorial areas
- Varied and sometimes inadequate commitment, experience, training, and (or) knowledge of service providers (e.g., clinicians, behavioral health professionals, and administrators), which can be due to prejudice, lack of awareness, or lack of appropriate tools/expertise

#### OUTCOMES

- Develop, maintain, and continually update a database of contacts with pertinent expertise for referral and access purposes
- Develop and disseminate information and resource products, including practice briefs to inform communities; a trauma curriculum based on principles of trauma, resilience, and recovery; and a resource toolkit for SOC communities
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For More Information

You would like to access information about the workgroup online including this logic model, summaries of past annual workgroup meetings, a contact list of workgroup members, and Resources including CAF/B websites, please visit:

[http://tapartnership.org/CO/PLIC/lgbtqi2s.php](http://tapartnership.org/CO/PLIC/lgbtqi2s.php)

Updated 9/15/10