

**All Our Children:
Strategies to Prevent Homelessness,
Strengthen Services and Build Support
for LGBTQ Youth**



**NYC COMMISSION ON LESBIAN, GAY, BISEXUAL, TRANSGENDER
AND QUESTIONING RUNAWAY AND HOMELESS YOUTH**

ANA L. OLIVEIRA, CHAIR

JEANNE B. MULLGRAV, DIRECTOR



Michael R. Bloomberg
Mayor

LETTER TO THE MAYOR

June 2010

Dear Mayor Bloomberg:

We are pleased to present the final report of the Commission on Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Runaway and Homeless Youth.

As you recognized in creating the Commission, addressing the complex needs of LGBTQ youth requires a coordinated agenda. Since you announced the Commission on October 5, 2009, the members have undertaken extensive research and analysis and received critical input from many stakeholders, including national experts and youth with first-hand experience of homelessness.

While the Commission's findings confirm that LGBTQ homeless youth face special challenges, we strongly believe that the recommendations and strategies set out in the report offer actionable steps to promote best practices, foster a culture of respect and acceptance, and address the underlying causes of homelessness among LGBTQ youth.

The members of the Commission are immensely grateful to you for the unprecedented opportunity to work together to help New York City lead the nation in improving the lives of this vulnerable group of young people.

Ana L. Oliveira
Chair

Commissioner Jeanne B. Mullgrav
Director

ACKNOWLEDGMENTS

The New York City Commission for Lesbian, Gay, Bisexual, Transgender and Questioning Runaway and Homeless Youth would like to gratefully acknowledge the City agencies, individuals and organizations whose assistance and expertise informed the work of this Commission.

Many City agencies and the public libraries contributed to the work of the Commission, including, in particular, the New York City Administration for Children's Services, the Department of Health and Mental Hygiene, the Department of Homeless Services, the New York Police Department, the Department of Cultural Affairs, the Department of Parks and Recreation, and the New York City Commission on Human Rights. Alan Gartner and Bill Heinzen from the Office of the Mayor provided the Commission with valuable insights. In addition, Michael Ognibene, Susan Haskell, Lisa Gulick, Cressida Wasserman, Amy Shebar and many other DYCD staff provided vital support throughout the process.

The Commission would also like to thank the experts and practitioners who shared information, data, and research findings with Commission members.

Most importantly, the Commission wishes to thank all those who testified at the two Public Hearings or participated in the Listening Forums and surveys, especially, LGBTQ youth with direct experience of homelessness.

EXECUTIVE SUMMARY

Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are disproportionately represented among New York City’s homeless youth, the majority of whom are youth of color. While all homeless youth may experience negative outcomes, those who identify as LGBTQ are even more vulnerable than heterosexual homeless youth due to factors such as family rejection, high rates of mental illness, and greater use of survival strategies that increase risk for HIV/AIDS.

For most adolescents, the key developmental task of identity formation is often difficult. For LGBTQ youth who may be rejected by parents and lack alternative supports, it can be even harder. For LGBTQ youth of color, the challenges are compounded by racism in society at large and in the predominantly white gay community. Routine stigmatization based on race and sexual identity jeopardizes the healthy development of many LGBTQ youth.

Historically, service providers have focused their efforts on helping youth acquire the skills needed for independent living. Parents and other family members have generally been seen as the cause of the problem, rather than part of the solution. An emerging body of research now suggests that families (or alternative support networks) have crucial roles to play in promoting the positive development of LGBTQ youth and preventing them from becoming homeless.

The Commission’s recommendations focus on a number of key areas and delineate a series of strategies designed to prevent homelessness among LGBTQ youth and young adults, and improve the effectiveness of services delivered to them. The recommendations are as follows:

1. ADOPT AN INCREASED FOCUS ON FAMILIES AND DEVELOP FAMILY AND ALTERNATIVE FAMILY SUPPORT STRATEGIES.

- Train providers on the importance of family acceptance
- Develop specific strategies to engage family members of transgender youth
- Identify and disseminate resources for families of LGBTQ youth
- Offer activities for family and other support persons as part of programming for runaway and homeless youth
- Develop a range of mentoring options for youth and their parents

2. TEST INNOVATIVE APPROACHES TO DEVELOP FAMILY SUPPORT FOR LGBTQ YOUTH TO PREVENT HOMELESSNESS OR SHORTEN ITS DURATION.

- Implement pilot programs based on therapeutic models designed to build family support to help youth avoid homelessness
- Implement and evaluate a “Host Home” program model

3. CREATE A BROAD SYSTEM OF SERVICES FOR LGBTQ RUNAWAY AND HOMELESS YOUTH THAT OPERATES WITHIN A POSITIVE YOUTH DEVELOPMENT FRAMEWORK AND INCORPORATES BEST PRACTICES.

- Promote policy and practice requirements based on best practice guidelines
- Integrate best practices in City agency administrative policies and procedures
- Create policies and protocols to ensure LGBTQ-affirming service environments and explicitly prohibit harassment and other unacceptable behaviors

4. BROADEN ACCESS TO RUNAWAY AND HOMELESS YOUTH SERVICES FOR LGBTQ YOUTH.

- Incorporate additional outreach and drop-in center services to reach LGBTQ homeless youth who are less connected to services
- Advocate for changes to New York State regulations to allow providers of runaway and homeless youth programs to serve young adults ages 21 to 24 years
- Seek ways to expand the number of regulated shelter beds for LGBTQ homeless youth and young adults ages 16 to 24 by at least 200 over the next five years

5. CREATE COMPREHENSIVE AND COORDINATED HEALTH SERVICES INCORPORATING BEST PRACTICES FOR DELIVERY OF MEDICAL CARE TO LGBTQ ADOLESCENTS AND YOUNG ADULTS.

- Provide client-centered, coordinated health services
- Improve access to effective HIV/AIDS prevention and treatment services
- Improve health care services for transgender homeless youth

6. IMPROVE ACCESS TO AND COORDINATION OF MENTAL HEALTH, SUBSTANCE ABUSE, AND TRAUMA TREATMENT SERVICES FOR LGBTQ RUNAWAY AND HOMELESS YOUTH AND YOUNG ADULTS.

- Adopt strong, client-centered case-management systems for mental health and related services
- Work to create better-coordinated services and heighten awareness of mental health issues
- Train providers to identify symptoms of mental health, substance abuse and trauma

7. IDENTIFY AND IMPLEMENT EFFECTIVE PUBLIC EDUCATION STRATEGIES TO COMBAT HOMOPHOBIA AND TRANSPHOBIA AND PROMOTE ACCEPTANCE OF AND SUPPORT FOR LGBTQ YOUTH AND THEIR FAMILIES.

- Launch a public education campaign on LGBTQ issues
- Work with youth and providers to establish protocols for out-of-school time programs and spread awareness of LGBTQ issues

8. CREATE AN LGBTQ-COMPETENT CITY WORKFORCE AND DEVELOP POLICIES AND PRACTICES THAT ARE SENSITIVE TO LGBTQ YOUTH ISSUES.

- Highlight LGBTQ issues as part of Equal Opportunity Training for City employees
- Provide ongoing, in-depth LGBTQ-competency training to frontline staff at all relevant City agencies
- Include measures of LGBTQ-competency in performance evaluations of frontline workers
- Designate the DYCD Runaway and Homeless Youth Coordinator as an LGBTQ runaway and homeless youth liaison with other City agencies

9. FORGE PUBLIC AND PRIVATE PARTNERSHIPS THAT INCLUDE THE ADULT LGBT COMMUNITY TO INCREASE RESOURCES AND FOSTER SUPPORT FOR THE COMMISSION'S RECOMMENDATIONS.

- Encourage the adult LGBT community and not-for-profit providers to engage in sustained advocacy and fund-raising for LGBTQ homeless youth
- Explore ways to expand employment and work experience opportunities for LGBTQ homeless youth
- Encourage faith communities to increase support for and acceptance of LGBTQ youth and their families
- Reach out to the law enforcement community to explore how to improve relations with LGBTQ runaway and homeless youth and increase mutual understanding

10. ENSURE ACCOUNTABILITY.

- Conduct periodic assessments to evaluate progress in implementing the Commission's recommendations and report findings to relevant advisory bodies and create a process for community feedback
- Refine data collection to take account of the Commission's recommendations and strengthen decision-making with regard to future planning and policy for LGBTQ runaway and homeless youth services

COMMISSION MEMBERS

Ana L. Oliveira	President & Chief Executive Officer	The New York Women's Foundation
Jeanne B. Mullgrav	Commissioner	New York City Department of Youth and Community Development
Eliza Byard, PhD	Executive Director	GLSEN
Angela Diaz	Director	Mount Sinai Adolescent Health Center
Jeffrey Fishberger	Board of Directors	Trevor Project
Marjorie Hill	Chief Executive Officer	GMHC
Jerome Kilbane	Executive Director	Covenant House
Rabbi Sharon Kleinbaum	Senior Rabbi	Congregation Beth Simchat Torah
Thomas Krever	Executive Director	Hetrick Martin Institute
Douglas Lasdon	Executive Director	Peter Cicchino Youth Project (Urban Justice Center)
Nancy Mahon	Executive Director	M·A·C AIDS Fund
Rickke Mananzala	Executive Director	FIERCE
Robert J. McMahon	Executive Director	SCO Family of Services
Christine Molnar	Executive Director	Safe Space
Theresa Nolan	Division Director	Green Chimneys
Rev. Franc Perry	Staff Pastor	First Metropolitan Community Church of Atlanta
Cindy Rizzo	Senior Director	Arcus Foundation
Therese Rodriguez	Chief Executive Officer	APICHA
Carl Siciliano	Executive Director	Ali Forney Center
Wendy Stark	Executive Director	Callen-Lorde Community Health
Glenda Testone	Executive Director	LGBT Community Center
Rev. Terry Troia	Executive Director	Project Hospitality
Nancy Wackstein	Executive Director	United Neighborhood Houses
Michael Zisser	Chief Executive Officer	The Door

PREFACE

On October 5, 2009, Mayor Michael R. Bloomberg announced the appointment of a diverse group of civic leaders to the New York City Commission for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Runaway and Homeless Youth. The Commission was charged with devising strategies to address the unique needs of LGBTQ youth:

- The Commission will create an agenda for meeting the diverse needs of LGBTQ youth, who are disproportionately represented among runaway and homeless youth.
- The Commission will make recommendations to address the root causes of homelessness among LGBTQ youth and provide a blueprint for innovative and evidence-based solutions.
- The Commission will evaluate best practices to bolster existing services in order to more effectively foster healthy communication among LGBTQ youth and their families, and provide shelter and effective support services to homeless youth.

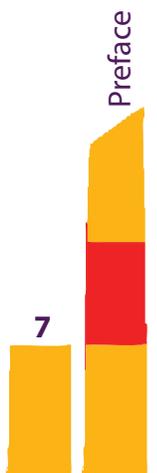


TABLE OF CONTENTS

3	EXECUTIVE SUMMARY
7	PREFACE
9	INTRODUCTION Overview Scope Work of the Commission
10	HOMELESS YOUTH IN AMERICA – SNAPSHOT Definitions Youth Homelessness Special Vulnerability of LGBTQ Homeless Youth LGBTQ Adolescent Development LGBTQ Homeless Youth and Their Families
21	HOMELESS YOUTH IN NEW YORK CITY Key Characteristics Jurisdictional Framework and Funding Sources New York City’s Human Rights Law The DYCD Continuum of Care
25	RECENT INITIATIVES New York City Initiatives Support for Parents Host Home Programs
28	SUMMARY OF KEY FINDINGS
31	RECOMMENDATIONS AND STRATEGIES Preventing Homelessness Strengthening Services Building Support and Accountability
43	APPENDIX A New York City Initiatives
47	APPENDIX B LGBTQ Resources
55	ENDNOTES

INTRODUCTION

OVERVIEW

LGBTQ homeless youth are disproportionately represented among runaway and homeless youth in New York City, as elsewhere in the nation. This disturbing fact calls into question the effectiveness of service systems, family supports and community responses that should be helping these young people successfully transition from adolescence to adulthood. Like all youth, those who identify as LGBTQ need to become confident, self-sufficient adults. In setting up this Commission, Mayor Michael R. Bloomberg is spearheading an effort to develop innovative strategies to prevent homelessness among LGBTQ youth and foster a positive culture and welcoming climate.

Many factors are responsible for homelessness among youth, but young people themselves cite family conflict as the major cause. In the case of LGBTQ youth, family conflict often revolves around issues of sexual identity. As they progress through adolescence, the challenges are compounded by rigid gender norms and stigma that stems from homophobic attitudes encountered at school, in the workplace, and in the community. For LGBTQ youth of color, issues relating to identity formation are further complicated by racism.

The aim of services for runaway and homeless youth is to foster positive youth development. Like all young people, LGBTQ homeless youth need to feel physically and psychologically safe. They need opportunities to build skills, develop meaningful relationships with adults and peers, and acquire positive social norms. In addition to outreach, shelter, and programs designed to encourage family reconciliation and help LGBTQ homeless youth to learn to live independently, the continuum of services must provide or facilitate access to a wide array of support services, including health and mental health services, education, workforce development, and affordable housing. To prevent homelessness among LGBTQ youth, service providers must help parents and other caring adults understand the vital contributions they can make. By simultaneously addressing homophobia and gender identity discrimination, and developing evidence-based strategies that reduce stigma and help LGBTQ youth to become fully integrated members of their communities, New York City will lead the nation in making the American ideal of equal opportunity a reality.

SCOPE

In its research and deliberations, the Commission considered a wide range of issues affecting the healthy development of LGBTQ youth. The discussions and fact-finding generated a host of ideas. The work of the Commission underscored the breadth and complexity of homelessness in New York City and across the nation. The Commission is convinced that meaningful progress can be made by targeting the key challenges that LGBTQ homeless youth, their families and their communities face. Against a background of severe financial constraint, the Commission's recommendations focus on issues where feasible, coordinated efforts can build on emerging research and successful precedents to achieve significant impact within a reasonable timeframe.

WORK OF THE COMMISSION

From the outset, the Commission embraced an open and inclusive process. In addition to surveying the research literature, the Commission sought to learn from the first-hand experience and wisdom of a wide variety of stakeholders. To this end, the Commission provided multiple opportunities for different perspectives to be heard, including two public hearings (December 17, 2009 and January 19, 2010) at which a total of 50 witnesses testified and responded to questions from members of the Commission. Witnesses included LGBTQ youth who had personally experienced homelessness, parents and caregivers, providers of services for homeless youth, providers of health and mental health care, advocates for homeless youth and LGBTQ youth, and representatives of several City agencies. To ensure that there were sufficient opportunities for LGBTQ youth voices to be heard, the Commission convened three "listening forums" at which a total of 65 youth participated and conducted interviews with 31 young adults.

In total, members of the Commission attended 18 meetings. Between meetings, they participated in numerous phone conference calls with the Commission Chair and Director. In addition, Commission members reached out to several experts and notable "best practices" experts around the country, including Andrew Tagliabue, Executive Director of Parents, Families and Friends of Lesbians and Gays (PFLAG NYC); Caitlin Ryan, Director of the Family Acceptance Project; Nancy Chapman, Senior Mental Health Policy Analyst and LGBTQ Coordinator for the Administration for Children's Services (ACS); Rudy Estrada, The Legal Aid Society; Frank Machiarola; and, the Steering Committee of the NYC Youth Funders Network. Other City agencies that participated in Commission proceedings included: Department of Homeless Services (DHS), Department of Health and Mental Hygiene (DOHMH), City's Commission on Human Rights, New York City Police Department (NYPD), Department of Parks and Recreation, and the Department of Cultural Affairs (DCA).

10

Charged with completing a report including recommendations within the current fiscal year, the Commission decided to divide its work among three subgroups: Family Matters, Improving LGBTQ Runaway and Homeless Youth

Services, and Building Constituencies. Each subgroup was asked to consider a specific set of issues, identify priorities and best practices, and make preliminary recommendations in its particular area of focus. The subgroups were invited to expand their charge, as necessary, to cover any related matters judged to be important.

The Family Matters subgroup focused on recommendations designed to reduce homelessness among LGBTQ youth through family strengthening and reunification, development of family support networks, and, where necessary, alternative family structures. The Improving Services subgroup formulated recommendations designed to create a safe environment and an inclusive culture, build provider competency and professionalism around LGBTQ issues, promote positive youth development, and expand the reach of LGBTQ-specific services. The Building Constituencies subgroup considered ways to increase awareness of and promote LGBTQ-friendly policies and practices among all youth-serving organizations and agencies. Members of all three subgroups were invited to participate in a special workgroup to develop recommendations relating to health and mental health issues.

HOMELESS YOUTH IN AMERICA - SNAPSHOT¹

DEFINITIONS

In New York State, the Office of Children and Family Services (OCFS) regulates runaway and homeless youth services provided by Youth Bureaus² across the state, adhering to the framework of the federal Runaway and Homeless Youth Act of 1978 (RHYA).³ The OCFS regulations pertaining to residential services for runaway and homeless youth define the term “homeless youth” as “a person under the age of 21 years who is in need of services and is without a place of shelter where supervision and care are available.”⁴ The regulations define the term “runaway” as “a person under the age of 18 years who is absent from his or her legal residence without the consent of his or her parent, legal guardian or custodian.”

Advocates and researchers may adopt broader definitions, especially with respect to age, for example, “youth and young adults 13 to 24 years who lack family support and live in shelters, in the streets or other places not intended for human habitation such as cars or subways, or “couch-surfing.”⁵

In addition to classifications by age and circumstance, some experts use the following taxonomy to distinguish different groups of homeless youth: runaways (youth who have left home without parental permission); throwaways (youth who have been forced out of their homes by parents or other caregivers)⁶; street youth (youth who spend time living on the streets); and systems youth (youth who have become homeless after aging out of foster care or exiting from the juvenile justice system). The common factor that youth in all the above categories share is that they live on their own without an adult caretaker.⁷

YOUTH HOMELESSNESS

Quantifying the Population

*Homelessness among youth is a problem defined by a constellation of constantly changing variables in the lives of youth – where they live, the status of their relationship with caregivers, and their age.*⁸

Calculating how many youth in the United States are homeless presents various challenges. In addition to definitional and methodological issues, the inherent characteristics of homeless youth present problems for researchers: in particular, the fact that they move in and out of different living situations and are often visually indistinguishable from other young people.⁹

National estimates vary significantly depending on a variety of factors, including the definition of “homeless youth” adopted by the researchers, the age range of the sample, and sampling and estimation techniques.¹⁰ National estimates range from 575,000,¹¹ to 1.6 million,¹² to 1.7 million,¹³ to 2.8 million¹⁴ leading some experts to conclude: “the actual numbers remain unknown.”¹⁵

New York City faces similar challenges in seeking to calculate its homeless youth population. Estimates range from a few hundred to 20,000 youth¹⁶ and it is impossible to know the true picture. The most recent attempt was a pilot study that, on the basis of data collected from 945 youth, extrapolated that there were 3,800 homeless youth in New York City in July 2007.¹⁷ It should be noted, however, that the target population for the survey was youth 13-24 years old, a significantly broader definition than that used by New York State to determine eligibility for runaway and homeless youth residential services (see above).

Prevalence of LGBTQ Homeless Youth

Just as calculations of the total number of homeless youth vary, so do findings regarding the proportion of homeless youth who identify as LGBTQ. A cluster of studies show results ranging from 15 to 25 percent, but some advocates suggest figures as high as 40 percent.¹⁸ In any event, almost all studies indicate that LGBTQ youth are disproportionately represented among the homeless youth population.

Causes of Youth Homelessness

Multiple and overlapping factors may be responsible for homelessness among both heterosexual and LGBTQ youth. These include lack of access to affordable housing, poverty, child abuse and neglect, alcohol or drug problems among family members, and discharge of youth and young adults from the child welfare and juvenile/criminal justice systems before they have access to safe, permanent homes.¹⁹ However, youth themselves consistently report family conflict as the major reason for their homelessness, and, in the case of LGBTQ youth, their sexual orientation or gender identity is often the primary cause of the conflict.²⁰

Duration of Youth Homelessness

*A surprisingly large proportion of youth age 16 to 24 will experience at least one night of homelessness. A much smaller proportion will spend a lot of time homeless, as youth and later as adults.*²¹

Several studies suggest that youth homelessness is typically episodic, with significant numbers of homeless youth returning home after short periods, notwithstanding histories of family neglect and abuse.²² Most youth remain homeless for less than three months, with approximately half of all runaways returning home within a few days and 75 to 80 percent returning within a



week.²³ It is estimated that one in five of all youth run away at some point in their lives: about half do so only once, 22 percent do so twice, 30 percent, three or more times, and 12.5 percent, six or more times. Half of all youth who run away, do so before their 14th birthday and 23 percent before their 12th birthday.²⁴ Some researchers have found that the average length of stay for youth entering RHYA-funded emergency shelters is only 16 days, but others have highlighted the more chronic homeless experiences of street youth and older youth.²⁵

SPECIAL VULNERABILITY OF LGBTQ HOMELESS YOUTH

*In addition to the public health risks that young people face merely by being homeless, the risks are exacerbated for those who self-identify as lesbian, gay, or bisexual.*²⁶

LGBTQ homeless youth are even more vulnerable than heterosexual homeless youth.²⁷ They experience “more frequent departures from home, greater vulnerability to physical and sexual victimization, higher rates of addictive substance use, more psychopathology, and riskier sexual behavior in comparison with homeless heterosexual adolescents.”²⁸

Mental Health and Substance Abuse

Some studies show that lesbian, gay and bisexual homeless youth are twice as likely to attempt suicide compared to heterosexual homeless youth (62 percent versus 29 percent).²⁹ Lesbian homeless youth have been found to be at greater risk for post-traumatic stress syndrome, conduct disorder, and alcohol and drug abuse, and gay homeless males appear to be more likely to meet the criteria for major depressive episodes than their heterosexual counterparts.³⁰

Substance abuse has been described not only as a cause and consequence of youth homelessness but also as something “inextricably linked to other behavioral and mental health concerns.”³¹ One study showed lesbian, gay and bisexual homeless youth used substances more frequently than heterosexual youth, especially cocaine, crack, and crystal methamphetamines. However, the results seemed to highlight experimental drug use rather than drug dependency.³²

14 While LGBTQ homeless youth may be in critical need of mental health treatment, they may not always access services for reasons such as the stigma associated with mental illness in some communities, or because many providers do not understand them or their concerns. While some mental health resources exist in walk-in clinics and homeless youth shelters, utilization of these services varies.³³ The data are limited, but one study found, for example, that minority homeless youth with histories of abuse by family members or caretakers were less likely to access professional mental health services than white homeless youth.³⁴

Sexual violence, victimization and “survival sex”

LGBTQ homeless youth report more acts of sexual violence and greater victimization on the streets³⁵ and twice the rate of sexual victimization and sexual abuse before age 12 than homeless heterosexual youth.³⁶

HIV/AIDS

It has been estimated on the basis of studies conducted in the early 1990s that between 10 percent and 30 percent of homeless youth in New York City have HIV, with males who identify as gay or bisexual found to be the most vulnerable group.³⁷ These estimates may not reflect rates of HIV infection among the City’s homeless youth population today, but some LGBTQ homeless youth may, nevertheless, be at higher risk for HIV as a result of their social dislocation and lifestyles that include substance use and unprotected sex. While there is little empirical evidence on differences in risks for HIV among heterosexual and LGBTQ homeless youth, it is notable that in one recent study, survival sex was found to be the strongest predictor of HIV risk for gay, lesbian and bisexual homeless youth. This is especially disturbing since LGBTQ youth report more frequent risky sexual behavior and use of survival sex to obtain money, food, clothing, shelter, and drugs, compared to heterosexual homeless youth.³⁸

Transgender and Gender Non-Conforming Homeless Youth

“My mom kicked me out when I was seventeen because she found out I was a transgender; she would not have a transgender child in her house ...there have been times where I have not had a bed in a program and I had to fend for myself. I have slept on the train, in parks, have done sex work, and spent hours just on the train to figure out what am I going to do next.”
[Testimony at Public Hearing]

If gay and lesbian people have achieved some modicum of acceptance in the United States over the past several decades, transgender people remain misunderstood at best and vilified at worst ... Not surprisingly, youth who identify as or are perceived to be transgender face relentless harassment and live with overwhelming isolation.³⁹

The research literature suggests that transgender youth represent a high proportion of homeless youth.⁴⁰ “Transgender” is an umbrella term that includes anyone whose gender identity and/or gender expression does not match society’s expectations of how an individual who was assigned a particular sex at birth should behave in relation to their gender.⁴¹ Discrimination, harassment, and fear of rejection places many transgender youth at risk developmentally, emotionally, social, and physically.⁴² It is common for transgender youth to be rejected by family, school, peers,



communities of faith, and communities of origin, making them even more marginalized than other sexual minorities.⁴³ They are especially at risk for discrimination during middle and high school⁴⁴ and later may encounter job and housing discrimination and harassment.⁴⁵ They find it harder to access needed services due to issues such as difficulty updating identification documents, and they often feel unfairly targeted by the police for “quality of life” crimes.

Even crisis shelters in some parts of the country are unwelcoming to transgender youth who find themselves confronted by gender-behavioral rules and dress codes as well as by bias among staff and other residents.⁴⁶ Yet, if they remain on the street, they may adopt dangerous survival strategies.⁴⁷ More than half of all transgender youth (60 percent) experience violent assaults and it has been demonstrated that cross-gender role⁴⁸ is a unique predictor of suicidal symptoms.⁴⁹

A recent meta-analysis of the prevalence of HIV/AIDS among transgender populations in the United States found that nearly 28 percent of male-to-female (MTF) transgender women tested positive for HIV;⁵⁰ among African-American MTFs, just over 56 percent tested positive.⁵¹ While the HIV risk-related behavior of transgender persons is not fully understood, the percentage of MTFs self-reporting engagement in risky sexual behavior (including multiple casual partners and sex work) has been found in research studies to range from 27 to 48 percent. Significantly, a new report from the White House Office of National AIDS Policy expresses concern about the effectiveness of HIV/AIDS prevention strategies with respect to transgender individuals.⁵²

LGBTQ ADOLESCENT DEVELOPMENT

Stigma

*LGBTQ adolescents may feel isolated as they struggle to maintain a healthy developmental trajectory in an environment that is dismissive, hostile, or openly rejecting of their sexual orientation.*⁵³

One of the hallmarks of adolescence is the process of identity formation. For LGBTQ youth, this is often a more challenging process than it is for their heterosexual peers. Many LGBTQ youth encounter homophobic attitudes at school, in the community and in the family. Without the benefit of adult or peer support, the problem of stigma may become a major issue.⁵⁴ If LGBTQ youth hide their emerging sexual and gender identities, they risk isolation and stress that may push them to adopt unhealthy coping strategies such as use of drugs and alcohol; if they “come out,” it may help them feel better but increase the likelihood of abuse from family members.⁵⁵

Young Adults 21 to 24 years

Gay and lesbian adolescents are challenged with the awareness of being different and intense feelings of isolation, which can result in adolescents internalizing some homophobia and even experiencing self-hatred.⁵⁶

Adolescence has been described as “a unique biological, psychological, social and cognitive developmental phase during which a youth transitions from childhood to adulthood.”⁵⁷ It has three main stages: early (10-13 years), middle (14-17 years) and late adolescence (18-24 years).

There is growing support among advocates and policymakers for changes to allow residential programs for runaway and homeless youth to serve young adults from the age of 21 up to and including 24 years. Practitioner experience and research evidence suggest that many homeless youth continue to need youth development services until at least age 24, due to prior histories of trauma and family crises and the concurrence of adolescence and homelessness. “Displacement and homelessness occur during critical youth development stages, which may result in subsequent challenges to healthy and productive adult years.”⁵⁸ Neuropsychological research also supports a policy change to allow young adults up to age 24 to be served within the runaway and homeless youth continuum of services. Studies of the adolescent brain show, for example, that critical mechanisms of impulsivity and behavioral control may not be achieved until the mid-20s.⁵⁹

Thus, on the one hand, development often continues until an individual reaches his or her mid-20s; on the other, during late adolescence and early adulthood, provision of appropriate supports for LGBTQ youth are likely to make an especially important difference to their outcomes.⁶⁰

Sexual Identity and Religion

“I was made to leave my home at 18 years old because I was made to convert to my mother’s religion or in absence of that, join an ex-gay camp.”
[Testimony of formerly homeless youth at Public Hearing]

Sexual identity is shaped by many factors including stereotypes about gender and sex roles, religious beliefs, and attitudes prevalent in the community and family.⁶¹ Since these factors may overlap (for example, attitudes towards gender and sexual orientation may be shaped or reinforced by the faith community to which the family belongs) it can be even harder for LGBTQ youth to find adults to support and guide them. While some churches and

other faith communities make concerted efforts to encourage participation by LGBTQ individuals and their families,⁶² not all are equally welcoming. Fewer than half of the respondents to a recent survey reported that their church accepts sexual minorities and nearly one third reported that they had heard their faith leader condemn LGBTQ people from the pulpit.⁶³ Rejection of LGBTQ youth based on religious beliefs was also highlighted in testimony at the two public hearings convened by the Commission and in findings from the survey conducted by the Family Matters subgroup.

Sexual Identity and Race

For LGBTQ youth of color, issues relating to identity formation are further complicated by racism. As psychologist Eduardo Morales pointed out: “LGBTQ youth of color still struggle with racism and lack of validation from predominantly white gay communities and mainstream society in attempting to meet a range of social, education, career development, and support needs.”⁶⁴

A recent survey found that discrimination and violence based on race or ethnicity was perceived to be more prevalent than discrimination or violence based on sexual orientation or gender identity.⁶⁵ Nearly two in five LGBT people of color who were surveyed did not feel part of the larger LGBT community, with one participant stating: “there is as much racism among the LGBT population as there is among non-LGBT people.” The study found that racial discrimination was more commonly experienced by African-American LGBT people (74 percent) than by Latinos (54 percent) or Asian-Pacific Islanders (60 percent).⁶⁶

It is notable, given research findings on the intersection of race, sexuality and gender that, historically, only a tiny proportion of the professional literature on lesbian, gay and bisexual youth has focused on LGBT youth of color.⁶⁷

LGBTQ HOMELESS YOUTH AND THEIR FAMILIES

Impact of Family Attitudes

“I was in shock. I couldn’t breathe. I could not talk...I felt killed. I felt ashamed. I felt very angry. I feel helpless. I felt dirty. And I see she is ready to be rejected; she is ready to be hit by me ... and I suddenly understood that she is trying with little hope to hear ‘I’m not rejecting you.’ ...I want to help myself, and I want to help my family.” [Parent Testimony at Public Hearing]

For too long, we've served LGBT youth without involving their parents, often because we have feared the parents would reject their child. But to ensure that LGBT youth develop into healthy adults, we need to involve parents, teaching them how their acceptance of their child impacts their health outcomes.”⁶⁸

Although family conflict has long been recognized as a primary cause of youth homelessness, the major focus for most service providers is not prevention or early intervention strategies designed to improve family relationships.⁶⁹ Instead, the family is often viewed as the cause of the problem rather than a potential part of the solution. Given that the vast majority of runaway and homeless youth return to their families sooner or later - notwithstanding the risk of renewed conflict - and recent research demonstrating the critical impact of parental attitudes on LGBTQ adolescents, support is growing for a change in approach.

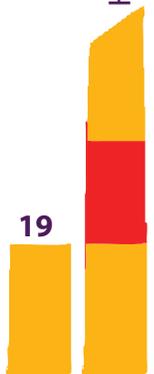
A report published in the American Journal of Public Health in 2002 concluded that to prevent homelessness among LGBTQ youth it is important to focus on the family, improve home environments, and include services that help parents accept their child's sexual orientation and gender identity.⁷⁰

Caitlin Ryan's research changes the paradigm for how we think about serving LGBT youth in the context of their families, and will have a profound impact on the safety and health of LGBT youth. These findings need to be shared with everyone who works with youth and their families.⁷¹

More recently, research conducted by the Family Acceptance Project, led by Caitlin Ryan, has dramatically demonstrated the negative impact family rejection can have on lesbian, gay and bisexual adolescents and the significant role families can play in promoting their children's well-being.⁷² Specifically, this work shows that young lesbian, gay and bisexual adults who face higher levels of family rejection during adolescence (compared to those who face lower levels or no rejection) are 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report unprotected sexual intercourse.

The Family Acceptance Project is in the process of developing resource materials and designing interventions to engage parents and families in a nonjudgmental environment to help them understand the harm they can cause by rejecting their lesbian, gay and bisexual adolescent children, and the critical difference acceptance of their child's sexual orientation or gender identity can make. “We found that parents and caregivers can modify rejecting behaviors when they understand how their reactions to their LGBT children – their specific words, actions, and behaviors – affect their children's health, mental health, and well-being.”⁷³

Other research is also pointing to the potential role that family members can play in helping youth disengage from risk behaviors that lead to negative



outcomes. For example, Slesnick and Prestopnik have looked at the impact of ecologically-based family therapy (EBFT) and functional family therapy (FFT) on alcohol-abusing runaway adolescents. They found, at 15-months post-baseline, that both the home-based EBFT and office-based FFT interventions significantly reduced alcohol and drug use compared with typical shelter-based interventions.⁷⁴ Similarly, a comparison of six HIV-prevention programs for homeless youth (that included EBFT) suggests that families can play a critical role in helping youth modify risk behaviors and avoid homelessness.⁷⁵

Another example of efforts to build and maintain family support for LGBTQ youth is the work of Parents and Families of Color and Allies in New York City (PFLAG FCA, NYC), an organization that provides an opportunity for dialogue about sexual orientation and gender identity and seeks to create a society that is respectful of human diversity. The primary aim of PFLAG FCA, NYC is to make ethnic communities safe for lesbian, gay, bisexual and transgender persons through education and advocacy. It provides information and numerous resources for parents of LGBTQ youth through its website. (See, http://www.pflagfamiliesofcolor.org/admin/eng_home.php).

HOMELESS YOUTH IN NEW YORK CITY

KEY CHARACTERISTICS ⁷⁶

New York is a city of immigrants and a magnet for youth from other parts of the nation and the world. Nevertheless, most of New York's homeless youth were born here and share many of the key characteristics of homeless youth in other places. One distinctive feature in New York City, is the high representation of Black and Latino/a homeless youth. DYCD 2009 data on youth in crisis shelters indicates that 58 percent of homeless youth identified as Black and 24 percent as Hispanic.⁷⁷ Figures reported by the Empire State Coalition of Youth & Family Services are slightly lower (nearly 45 percent and just under 24 percent, respectively). As elsewhere, many of New York's homeless youth have low educational skills and attainment and prior involvement in the foster care or juvenile or criminal justice systems, and frequently identify family conflict as the main reason for their homelessness. More than half the youth in DYCD crisis shelters ran away from their homes and approximately 30 percent were thrown out or abandoned by their families. The Empire State Coalition pilot study found that 29 percent of the youth who were surveyed had been thrown out by their families and 15 percent had run away.

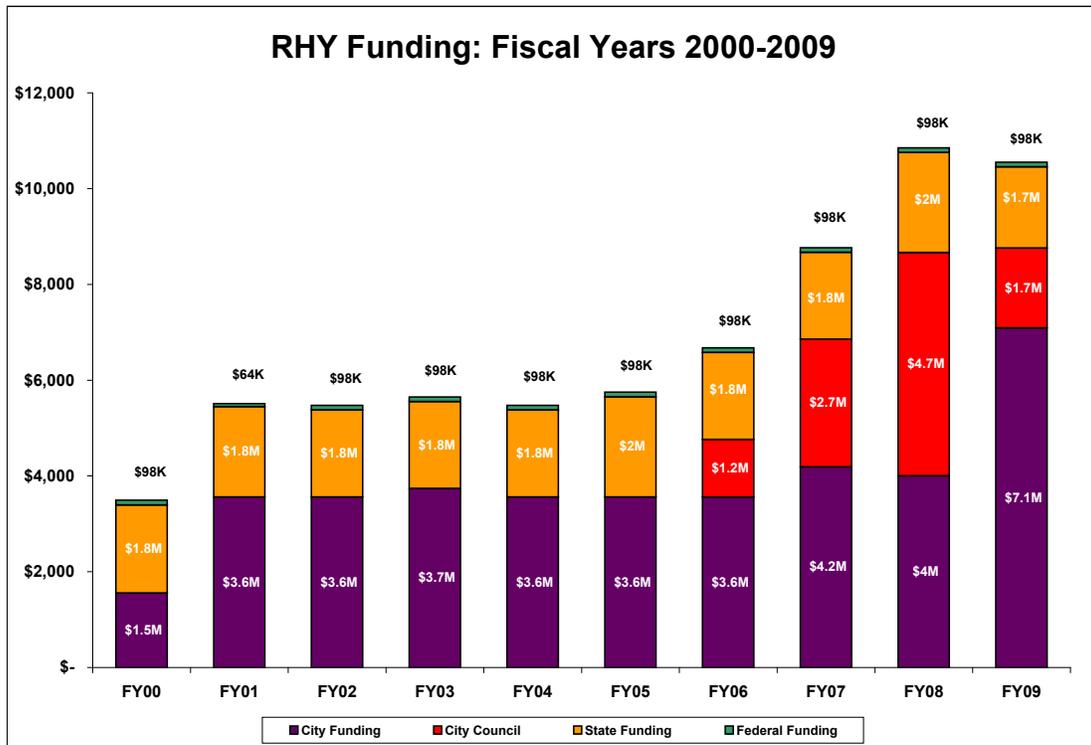
Findings for the percentage of the City's homeless youth population who identify as LGBTQ range from 13 percent to 36 percent or more.⁷⁸ For example, data collected by DYCD suggest that 20.3 percent of homeless youth entering crisis shelters identify as LGBTQ, with 15 percent identifying as gay, lesbian or bisexual and 5.3 percent identifying as transgender.⁷⁹ In a study of youth entering the Covenant House crisis shelter, 86 percent identified as heterosexual, 8 percent as lesbian or gay, and 5 percent as bisexual.⁸⁰ In the 2007 Empire State Coalition survey, 18 percent identified as homosexual, 11 percent as bisexual, and 5 percent as transgender.⁸¹ Despite the variations in the data, given that LGBTQ youth are estimated to comprise, at most, only 10 percent of youth in the general population, there is a broad consensus that they are significantly overrepresented in the City's homeless youth population.⁸²

JURISDICTIONAL FRAMEWORK AND FUNDING SOURCES

The New York City Charter designates DYCD as the City's Youth Bureau. As such, it is the agency assigned to provide the continuum of voluntary services for runaway and homeless youth under 21. Other City agencies that intersect with and contribute to the range of services for runaways and homeless young people include ACS, the Department of Education (DOE), DOHMH, the Department of Homeless Services (DHS), the Department of Juvenile Justice (DJJ), the Department of Probation (DOP), OCFS, and NYPD.



The City receives an allocation of funding for services for runaway and homeless youth services from the State that is matched by City funds. Currently, the City's contribution far exceeds the required match: about 10 percent of runaway and homeless youth funding comes from OCFS and 90 percent from City tax levy funds. A substantial proportion of the current City allocation comes from the City Council as a result of efforts made on behalf of LGBTQ homeless youth by Speaker Christine Quinn and Council Member Lewis A. Fidler, Chair of the Youth Services Committee. DYCD does not currently receive any direct funding from federal government sources.



NEW YORK CITY'S HUMAN RIGHTS LAW

The New York City Human Rights Law is one of the most comprehensive civil rights laws in the nation, prohibiting discrimination in employment, housing and public accommodations based on race, color, creed, age, national origin, alienage or citizenship status, gender (including gender identity and sexual harassment), sexual orientation, disability, marital status, and partnership status. In addition, the Law affords protection against discrimination in employment based on arrest or conviction record and status as a victim of domestic violence, stalking and sex offenses. In housing, the Law affords additional protections based on lawful occupation, family status, and any lawful source of income. Retaliation and bias-related harassment are also prohibited under the City Human Rights Law.

22

There have been many amendments to the City's Human Rights Law over the years. Notably, in April 2002, the Law was amended to define "gender" to include actual or perceived sex as well as a "person's gender identity, self-

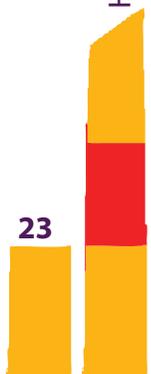
image, appearance, behavior or expression, whether or not that gender identity, self-image, appearance, behavior or expression is different from that traditionally associated with the legal sex assigned to that person at birth.” In October 2005, the City’s Human Rights Law was amended by the Local Civil Rights Restoration Act of 2005. This law is designed to ensure that the rights of those who live and work in New York City will continue to be protected by the strongest civil rights law in the country, despite recent State and Federal court decisions diminishing the impact of civil rights legislation and 50 years of legal precedents.

THE DYCD CONTINUUM OF CARE

The DYCD runaway and homeless youth continuum of services is designed to protect runaway and homeless youth under age 21, and, whenever possible, reunite them with their families. In cases where reunification is not immediately appropriate, the programs help youth progress from crisis to transitional care to independent living. The system seeks to connect young people to educational and career opportunities, thereby helping them move from dependency to self-sufficiency. While the regulations specify that runaway and homeless youth residential services must be limited to young people under age 21, non-residential services funded by DYCD can offer services to young adults 21 years and older, in addition to younger youth.

In 2006, DYCD strengthened its runaway and homeless youth services portfolio by establishing a “continuum of care” system that includes drop-in centers located in each borough, enhanced street outreach services, specialized residential services for LGBTQ youth, sexually exploited youth and pregnant and parenting youth, and expanded shelter options. In 2008, DYCD further refined the continuum of care to reflect a greater emphasis on specialized services. Current contracts relating to the following services began on July 1, 2009:

- **Borough-based Drop-In Centers** - Drop-In Centers provide young people and their families with services, counseling, and referrals in a youth development framework. Drop-In Centers are open six days/week between the hours of 11 a.m. and 9 p.m., including weekends. *Drop-In Centers are contracted to serve 8,462 youth annually.*
- **Crisis Shelters** - Crisis Shelters for runaway and homeless youth offer emergency shelter for up to 30 days, with a possible 30-day extension, and are the entry-point for residential services in DYCD’s continuum of care. These voluntary, short-term residential programs provide emergency shelter and crisis intervention services aimed at reuniting youth with their families or, if family reunification is not possible, arranging appropriate transitional and long-term placements. *In FY09, Crisis Shelters served 1,713 youth.*



- **Transitional Independent Living (TIL) programs** - TIL programs serve homeless youth 16-20 years, including homeless mothers in that age range and their children. TILs provide support and shelter for up to 18 months to help residents establish an independent life. All Transitional Independent Living Programs are open 24 hours a day, 365 days per year. A young person in need of these longer-term residential services must first be assessed by a Crisis Shelter and obtain a referral to a TIL program. *In FY09, TIL programs served 275 youth.*
- **Street Outreach Services** - DYCD's citywide, vehicle-based street outreach service is focused on areas where youth are known to gather at night. The role of each street outreach worker is to distribute information about services for vulnerable youth and transport youth to a safe environment, be it their home, another safe environment, or a Crisis Shelter. Street Outreach Services operate between the hours of 9:00 pm and 5:00 am, seven days a week. *Street Outreach services are contracted to make 8,000 contacts annually.*

DYCD's funding and services for runaway and homeless youth have grown significantly in recent years. In its efforts to diversify residential programs and provide more options to young people, DYCD, in partnership with OCFS and the City Council under the leadership of Speaker Christine Quinn and Youth Services Committee Chair Lewis A. Fidler, has helped develop additional capacity to serve runaway and homeless youth. Since 2006, 10 new facilities have received NYS-certification, and at least seven of these provide specialized services to LGBTQ youth. Through these efforts, the number of DYCD Crisis Shelter beds increased by 93 percent (from 60 to 116 funded beds) and the number of TIL program beds by 56 percent (from 88 to 137) in FY 2010. In addition to the DYCD-funded beds, there are currently 186 State-certified Crisis Shelter beds and 7 State-certified TIL beds funded through other sources.

In FY 2010, DYCD-funded runaway and homeless youth programs are projected to serve approximately 8,000 young people through borough-based drop-in centers, another 8,000 through street outreach services, and approximately 2,000 through crisis shelters and transitional programs.

RECENT INITIATIVES

NEW YORK CITY INITIATIVES

Under the Bloomberg Administration, City agencies are taking important steps to promote the interests of LGBTQ youth. The Commission received information from a broad range of City agencies, and the public libraries, regarding programs and policies relating to LGBTQ youth. These initiatives include:

- The Department of Homeless Services (DHS) Statement of Client Rights and Client Code of Conduct establishes expectations for safety in the shelters and apprises residents of their various rights, including fair and respectful treatment and a grievance procedure. (DHS serves youth ages 18 to 25 through two shelters dedicated to homeless young adults.)
- The Department of Health and Mental Hygiene (DOHMH) funds a variety of services for LGBTQ youth that include free screenings for sexually transmitted infections and rapid HIV-testing among hard-to-reach populations that include transgender youth, young men who have sex with men and women who have sex with women. DOHMH also funds supportive housing programs for African-American and Hispanic LGBTQ homeless youth, and has launched an anti-stigma campaign that focuses on young men of color who have sex with men, using social network strategies.
- The Administration for Children’s Services (ACS) has developed broad measures to improve the care provided to LGBTQ youth and families within the child welfare system, with input from its LGBTQ Action Group. Since April 2009, an ACS LGBTQ Youth Advocate has been able to connect directly with LGBTQ-identifying youth and advocate on their behalf, for example, at Family Team Conferences. As part of its LGBTQ Strategic Plan, ACS is also seeking more “gay friendly” foster parents for LGBTQ youth.
- The Department of Education’s (DOE) Respect for All policy was launched in the fall of 2007. This established a framework for creating the cultural change necessary to make NYC public schools safe and supportive for all students and included distribution of a free LGBT Youth Support and Resource Kit to public school staff. In addition, the DOE Citywide Discipline Code prohibits bullying or taunting involving gender expression and sexual orientation (among other characteristics). Any staff member witnessing harassment or discriminatory behavior must report such incidents and intervene to stop discriminatory behavior.
- The Department of Cultural Affairs (DCA) funds an array of programs that incorporate LGBTQ youth issues.

(See Appendix A for additional details about initiatives taken by City agencies and the public libraries.)



SUPPORT FOR PARENTS OF LGBTQ YOUTH

Among the witnesses who testified before the Commission were parents of LGBTQ youth who discussed their need for support to help them come to terms with their children's sexual orientation or gender identity. A witness, prompted by her father's experience coming to terms with her sexual identity, founded Families Matter. This non-profit organization addresses a gap in services, providing telephone peer mentoring for parents of LGBTQ youth.⁸³ Families Matter aims to increase family cohesion and understanding regarding sexual orientation, gender identity and/or gender expression. Parents from diverse cultural communities who have struggled with these issues mentor other parents in a safe, supportive and confidential telephone environment. Families Matter is currently piloting its service through the Internet, by word of mouth, and by partnering with local organizations in the New York City area.

HOST HOME PROGRAMS

Host Home programs offer homeless youth temporary or longer-term housing in a family setting together with supportive counseling and other services. While the basic concept is the same, models vary in their details.⁸⁴ For example, stipends are sometimes paid to help defray costs incurred by the host family, while in other cases, the hosts are unpaid volunteers. The two Host Home models described below were created specifically to serve LGBTQ homeless youth.

The Minneapolis Host Home program⁸⁵ is a national model for expanding housing options for LGBTQ homeless youth. The program offers youth 12 to 18 months of shelter, food, clothing, and school expenses.⁸⁶ The model began with the efforts of YouthLink, a Minneapolis nonprofit serving homeless and at-risk youth. Between 1998 and 2003, YouthLink created and supported a host home program that matched homeless gay, lesbian, bisexual and transgender youth ages 17-21 with an LGBT host family (adult community volunteers) willing to provide shelter and support to exceptionally vulnerable youth.

This program model is distinctive in two important ways: first, hosts are unpaid volunteers able to absorb the cost of providing youth with a home; second, youth receive information about potential hosts and have some choice as to where they go.⁸⁷ For many LGBT youth, the program provides a critical opportunity to build healthy relationships with adults and transition out of homelessness. After the first year, the youth must get a job and contribute to the family income. Hosts must meet specified criteria, including satisfactory background checks, and complete an intensive interview process and 14 hours of training. Over a 5-year period, Youthlink found host homes for 50 youth. The majority (43) stayed off the streets, 30 finished high school, and 28 of those went on to college. In 2006/7 (after a 3-year hiatus) the program was reinstated and is now operated by Avenues for Homeless Youth (a youth shelter in north Minneapolis) with the support of YouthLink and other community members.

Chicago's Host Home Program for LGBT homeless youth ages 17-21 years⁸⁸ was created as an alternative to the emergency shelter system by Uchich Children's Advantage Network (UCAN), a social service agency that provides programming for abused, neglected and orphaned youth, and Howard Brown Health Center's Broadway Youth Center (BYC). Chicago's Host Home program is an intergenerational model that pairs homeless young people with members of the community willing to open up their homes and be mentors. LGBT homeless youth in Chicago are disproportionately African American and Latino, but the Home Host program seeks a diverse array of volunteer hosts from straight allies to people of color and HIV-positive individuals. UCAN reaches out to community groups, churches, synagogues, and LGBT groups. The aim is to recruit volunteer hosts willing to listen, learn and give youth room to grow, explore, develop skills and think about their future. The ultimate goal is to provide a permanent transition to independence. The program targets homeless LGBT youth who are motivated to leave the streets and become self-sufficient. There is a rigorous screening process for the volunteer "home hosts" who must be at least 25, pass criminal background checks, provide three references, complete a series of interviews, have an extra bedroom for the youth and possess renter/homeowner's insurance, and complete training.



SUMMARY OF KEY FINDINGS

Promoting a culture of respect and promoting positive youth development.

LGBTQ youth are disproportionately represented among homeless youth and in other systems and are often more stigmatized than heterosexual homeless youth. This troubling phenomenon requires government agencies, not-for-profit organizations, the private sector and faith-based communities to join together to eliminate prejudice and stigma and create affirming environments and equal opportunities for LGBTQ homeless youth, taking account of factors such as culture, race, religion and needs relating to mental health, substance abuse, and prior histories of family conflict. Many LGBTQ youth, and especially, transgender youth, have histories of family abuse and rejection, and may experience bullying and taunting at school, and discrimination in employment and housing. To address their needs effectively, programs must focus on their strengths and provide the adult guidance and support that fosters positive youth development.

Examining the role of family in preventing homelessness. Family conflict relating to an adolescent child's sexual orientation or gender identity is a significant cause of homelessness among LGBTQ youth. The Family Acceptance Project has dramatically demonstrated the impact of family non-acceptance on the health and mental welfare of their gay, lesbian and bisexual adolescent children in terms of high rates of attempted suicide, serious depression, use of illegal drugs and engagement in unprotected sex. However, since the vast majority of runaway and homeless youth return to their families despite conflicts, and emerging research suggests the family has a key role to play in preventing homelessness and building resiliency among LGBTQ youth, it is crucial for services to focus on the family as well as the individual youth. Testimony presented to the Commission underscored the need to educate and support families to help them address LGBTQ issues. To avoid homelessness in the first place, and minimize the risk of repeated episodes of homelessness, LGBTQ youth need the support of their families or other adults. In the absence of biological family members, alternative family structures can fulfill the vital mentoring and supportive roles that help youth thrive.

Improving health and mental health care. Due to factors such as housing instability, poverty, histories of abuse, and utilization of risky survival strategies, many LGBTQ homeless youth have physical and mental health issues that require comprehensive medical care. As a group, LGBTQ homeless youth experience high rates of mental illness, substance abuse, and exposure to HIV/AIDS and other sexually transmitted diseases (STDs). While some providers respond effectively to the needs of LGBTQ homeless youth, too often delivery of health and mental health care is uncoordinated and fragmented, with

poor follow-through on treatment plans. In addition, LGBTQ homeless youth may face a variety of barriers that make it harder for them to access care: for example, financial barriers or difficulties obtaining documentation needed to enroll in health programs; previous negative encounters with health professionals; challenges navigating systems that work in silos; failure to recognize mental health issues; and, in the case of transgender youth, limited availability of healthcare solutions tailored to their special health and mental health needs.

Serving older youth. Youth under 21 years are currently served within the runaway and homeless youth continuum of care, while youth 18 years and older may access the adult shelter system. Studies on adolescent brain development and other research as well as testimony presented to the Commission indicate that young adults in the 18-24 year age-range have distinct developmental needs. Many homeless LGBTQ youth have prior histories of trauma and abuse and experience displacement and homelessness during identity formation, the most critical stage of their development, in the absence of adequate support networks. To reduce risk and ensure their long-term health, all services for LGBTQ homeless young adults ages 18 through 24 need to be delivered by LGBTQ-competent staff who understand the principles and practices of youth development.

Addressing the special needs of transgender and gender-nonconforming youth. Transgender youth become homeless for many of the same reasons as their non-transgender peers but they face some distinct challenges. Often rejected by family, school, peers, communities of faith and other communities of origin, they are even more stigmatized and marginalized than other sexual minorities and represent a high proportion of homeless youth. Many are bullied and harassed in middle and high school and are especially vulnerable to employment discrimination despite explicit prohibitions in the City's Human Rights Law. System biases and financial barriers may make it hard for these youth to update identification documents and legally change their name to reflect the gender they are living and access education, jobs, and other services. Faced with so many challenges, transgender youth may adopt dangerous survival strategies that increase their risk for negative outcomes such as violent victimization, sexually transmitted diseases, drug addiction, and severe mental illness, requiring a range of health and mental health services tailored to their specific needs.

Adopting best practices. For runaway and homeless youth programs to be effective, LGBTQ youth need nurturing environments where they feel safe. New York City has been at the forefront of a number of innovative efforts to create supportive cultures and environments in which all youth, including LGBTQ youth, can thrive. National advocates and experts have created best practices guides and models designed to ensure that services to LGBTQ youth are welcoming and effectively address their multiple and often complex needs.

Broadening Access to Services. Some homeless LGBTQ youth have no place to go early in the morning and late evenings due to current shelter and other program service hours. Among the youth who are least connected to services, many congregate in or near the West Village where LGBTQ youth feel they can openly express their sexual orientation and gender identity. Service providers must make multiple contacts to develop trusting relationships with youth living on the streets. Once relationships are established, youth are more likely to accept the health, mental health, and substance abuse treatment that they need in order to access shelter and other housing options.

LGBTQ youth tend to be most impacted by the limited availability of shelter beds due to their disproportionate representation among the homeless youth population. There is widespread agreement that, despite the growth in runaway and homeless youth residential services under the Bloomberg Administration, there is a need to enhance the current inventory of public and privately funded beds to increase access to LGBTQ-specific services in New York City . Although it is difficult to quantify precisely how many additional beds are needed, DYCD Crisis Shelter beds remain at or close to 100 percent utilization and there is little slack in the system. Young LGBTQ witnesses testified at the Commission’s public hearings as to the need for additional public and private housing services rooted in the principles and practices of positive youth development. Providers and experts also point to the need for specialized housing services for certain subgroups of LGBTQ homeless youth, in particular, those with severe mental health issues and transgender youth.

RECOMMENDATIONS AND STRATEGIES

The NYC Commission for LGBTQ Runaway and Homeless Youth was charged with identifying innovative, evidence-based strategies to address the root causes of homelessness and improve existing services for LGBTQ runaway and homeless youth. As highlighted in the report, multiple and complex issues are involved that cannot be the sole responsibility of government or any one group of stakeholders. In addition, the work of the Commission has taken place against a backdrop of severe financial constraint stemming from the worst national recession in more than 60 years. City agencies are closely examining services supported by City tax levy funding and identifying where they can achieve savings while preserving core services with the least impact on vulnerable youth and their families. Accordingly, the recommendations set out below focus on matters where, notwithstanding the complicated nature of the challenges and the current fiscal climate, the Commission is convinced significant progress can be made, provided the key players work together in partnership. In some cases, implementation will lie, primarily, with a single City agency or several agencies working in concert. In other cases, it will require joint efforts on the part of a wide range of stakeholders: providers of services to runaway and homeless youth; leaders of the adult LGBT community; youth development providers; City, State and Federal government agencies; corporate entities and foundations; faith leaders, advocates and experts; and, families of LGBTQ youth and other caring adults in their communities.

PREVENTING HOMELESSNESS AMONG LGBTQ YOUTH

RECOMMENDATION 1

Adopt an increased focus on families and develop family and alternative family support strategies.

Family conflict concerning sexual orientation and gender identity is a significant cause of homelessness among LGBTQ youth and young adults. However, emerging research, notably work conducted by Caitlin Ryan and colleagues at the Family Acceptance Project,¹ has demonstrated both the detrimental impact of family rejection on mental health outcomes for lesbian, gay and bisexual youth and the critical difference that family acceptance and support can make to positive youth development. Historically, service providers have focused on the individual homeless youth, with the family typically viewed more as the problem than part of the solution. To prevent homelessness and promote the welfare of LGBTQ youth, deliberate efforts are needed to repair and improve family relationships and marshal family or “alternative family” supports, while bearing in mind critical safety and confidentiality issues. Alternative family denotes any caring adults willing to

¹ See <http://familyproject.sfsu.edu/home>

take on nurturing and mentoring roles. To ensure their healthy development, LGBTQ youth and young adults need the support and encouragement of family members or other adults; similarly, all supportive adults (whether or not they are biologically related) need guidance and help so they can effectively fulfill these important roles. The adult LGBT community and non-specialist youth development providers are potential resources to help create the supportive environments that LGBTQ youth need.

Strategy 1.1

As part of LGBTQ-competency training for service providers, highlight the importance of family acceptance and supports in improving outcomes for LGBTQ homeless youth.

Strategy 1.2

Develop family or “alternative family” support networks.

- Include as a goal of each youth’s Individualized Service Plan the identification of caring adults as resources.
- Gather family members, friends and others identified by each youth to form a team of allies, while always taking into account safety and confidentiality issues.
- Encourage initiatives to increase the pool of LGBTQ-affirming foster parents and the number of LGBT adults willing to become foster/ adoptive parents, building on important efforts already underway at ACS.

Strategy 1.3

Support and monitor safe family-engagement efforts by developing tools and resources and implementing training in family mediation for frontline runaway and homeless youth staff.

Strategy 1.4

Develop specific strategies to engage family members of transgender runaway and homeless youth.

Strategy 1.5

Encourage all youth services providers to identify and disseminate information about resources for parents and families of LGBTQ youth.

- Conduct outreach and establish linkages with family support programs to which families of LGBTQ youth can be referred.
- Identify and make available resources for parents and families of LGBTQ youth, including resources accessible online and through existing telephone hotlines.
- Provide information about local community-based resources and national resources such as the National Runaway Switchboard toll free number² and the Parents, Families & Friends of Lesbians and Gays (PFLAG) website³ to parents calling from outside the New York City

² 1-800-786-2929; <http://www.nrscrisisline.org>.

³ <http://community.pflag.org/Page.aspx?pid=194&srcid=-2>

area.

Strategy 1.6

Integrate family activities for parents/family members/other support persons into programming taking into account diverse family cultures and traditions and the safety and confidentiality of all program participants. Strategies might include workshops or events that family members attend with youth, support groups or educational groups for family members only, individual counseling for parents, and family counseling for parents and their children.

Strategy 1.7

Include a range of mentoring options in runaway and homeless youth services to increase supports for LGBTQ youth and their parents.

- Explore available mentoring resources for LGBTQ youth who request to be connected to non-family caring adults, while maintaining confidentiality.
- Train formerly homeless LGBTQ youth to mentor current LGBTQ runaway and homeless youth.
- Explore ways in which caring adults in the LGBT and youth development provider communities can become involved in mentoring initiatives for LGBTQ runaway and homeless youth.
- Train parents of LGBTQ youth to conduct outreach and offer support to other parents.

RECOMMENDATION 2

Test innovative approaches to develop family support for LGBTQ homeless youth to prevent homelessness or shorten its duration.

In the search for solutions to youth homelessness and related problems, a number of promising approaches are in place or are in the process of being developed. They include strategies to engage families and develop family support networks, such as The Family Acceptance Project referenced above, and therapeutic interventions involving family members shown to be effective in reducing risky behaviors among homeless youth associated with HIV, alcohol abuse, and other mental health problems. Another innovative model is the Host Home program that operates in Minneapolis and Chicago and offers additional housing options for some LGBTQ homeless youth. The Host Home program is based on a foster care model and provides LGBTQ homeless youth with a caring and supportive “alternative family.” (New York State’s runaway and homeless youth regulations relating to Interim Family programs would allow Host Home models to be implemented in New York City.) Pilot programs based on these promising approaches can help the City develop evidence-based policies to prevent homelessness among LGBTQ youth.

Strategy 2.1

Implement one or more pilot programs based on therapeutic models that engage families in helping youth modify their risk behaviors and avoid

homelessness and help families accept their LGBTQ children.

Strategy 2.2

Implement and evaluate a Host Home or Interim Family program model to provide LGBTQ homeless youth with alternative family structures and support networks.

STRENGTHENING SERVICES

RECOMMENDATION 3

Create a broad system of services for LGBTQ runaway and homeless youth that operates within a positive youth development framework and incorporates best practices.

The extreme vulnerability of LGBTQ homeless youth, especially LGBTQ homeless youth of color and transgender youth, makes it essential for service providers to consistently build on youth strengths and, in line with emerging research, engage family and other caring adults to create the affirming and supportive environments essential for healthy youth development. A variety of publications on best practices for serving LGBTQ homeless youth and LGBTQ youth are now available.

Strategy 3.1

Promote policy and practice requirements based on the following best practices guidelines:

- *National Recommended Best Practices for Serving LGBT Homeless Youth.*⁴
- *Lesbian, Gay, Bisexual and Transgender Youth—An Epidemic of Homelessness.*⁵
- *Serving LGBT Youth in Out-of-Home Care: CWLA Best Practice Guidelines.*⁶
- *Community Standards of Practice For Provision of Quality Health Care For Gay, Lesbian, Bisexual, And Transgendered Clients.*⁷

Strategy 3.2

Reflect the best practices referred to in Strategy 3.1 in the administrative policies and procedures of all City agencies, including contract monitoring.

- Include LGBTQ-competency in monitoring tools used to assess the performance of runaway and homeless youth service providers.

Strategy 3.3

Integrate positive youth development principles and practices into all

⁴ *National Recommended Best Practices For Serving LGBT Homeless Youth*. April 2009. <http://www.endhomelessness.org/content/article/detail/2239>.

⁵ National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless 2006. See, in particular, the chapters on approaches adopted by Ozone House (Making Every Space A Safe Space) and Urban Peak (Working With Homeless Transgender Youth In A Shelter Environment). <http://www.thetaskforce.org/downloads/HomelessYouth.pdf>.

⁶ Shannan Wilber, Caitlin Ryan, and Jody Marksamer. *Serving LGBT Youth in Out-of-Home Care*. Child Welfare League of America. 2006. http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01000019b/80/1b/d6/e3.pdf.

⁷ *Community Standards of Practice For Provision of Quality Health care For Gay, Lesbian, Bisexual, And Transgendered Clients*. GLBT Health Access Project, 130 Boylston Street, Boston, MA 02116, <http://www.glbthealth.org/documents/SOP.pdf>.

programming, focusing on youth assets, relationships with caring adults, and maintaining high expectations for achievement of educational and employment goals, to help youth transition to successful adulthood.

Strategy 3.4

Create policies and protocols, including grievance procedures, to establish and maintain clear standards of acceptable behavior for an LGBTQ-affirming environment.

- Include non-harassment policies that explicitly prohibit unacceptable behavior such as bullying or taunting through use of epithets or slurs involving gender identity and expression or sexual orientation.
- Inform youth at intake about the standards of behavior and grievance procedures for reporting and addressing complaints.

RECOMMENDATION 4

Broaden access to runaway and homeless youth services for LGBTQ youth.

Testimony presented to the Commission by youth and service providers, as well as research on adolescent development, suggest the need to expand services for New York City's LGBTQ homeless youth in several ways. First, the particular challenges of reaching and serving some of the highest-risk, most disconnected LGBTQ homeless youth suggest the need for new approaches or reorganization of service hours at drop-in centers. One model would be an overnight program that would allow case managers to conduct outreach and address mental health, substance abuse, and other issues that create barriers to residential placements and prevent youth from benefiting from other programming. Once youth are stabilized, they can be connected to appropriate shelter and other housing options. Thereafter, although they would no longer be eligible to receive overnight services, they could continue to participate in daytime programming, including educational and vocational services and support groups. Second, there is a growing local and national consensus that homeless young adults 18-24 years can most effectively be served within a youth development framework. Third, while it is difficult to estimate precisely the number of homeless youth in New York City and proportion who identify as LGBTQ, there is broad agreement that there are, currently, too few LGBTQ-specific crisis shelter beds in relation to demand.

Strategy 4.1

Incorporate additional outreach and drop-in center services that target disconnected LGBTQ homeless youth and provide services in locations where youth feel safe.

- Review current drop-in center hours and explore how to provide overnight respite where relationships can be established and initial services provided prior to connecting youth to residential services and daytime programming.
- Develop a plan that takes into account current OCFS regulations and

an estimate of the costs of providing a 24-hour drop-in center model.

Strategy 4.2

Provide a coordinated, seamless continuum of developmentally-appropriate, specialized services for all homeless youth and young adults ages 18 to 24.

Strategy 4.3

Advocate for amendment of the OCFS runaway and homeless youth regulations to:

- Extend runaway and homeless youth shelter and transitional independent living services to young adults ages 21 to 24.
- Include LGBTQ competency among the topics covered by mandated training.

Strategy 4.4

Encourage young adults ages 21 to 24 to access drop-in center services through active outreach to this age group, as well as younger youth and families.

Strategy 4.5

Seek ways to expand the number of regulated shelter beds for LGBTQ homeless youth and young adults ages 16 to 24 by at least 200 over the next five years.

- The additional beds might be funded through new funding from City, State, Federal, and private resources or could be existing beds that City housing agencies are in a position to make accessible to LGBTQ homeless youth.
- Some of the additional beds should include specialized mental health services to meet the needs of LGBTQ youth who suffer from severe mental illness and specialized services for transgender youth.

RECOMMENDATION 5

Create comprehensive and coordinated health services incorporating best practices for delivery of medical care to LGBTQ adolescents and young adults.

Many factors contribute to poor health among LGBTQ homeless youth and young adults. While New York State and the City have been leaders in developing approaches to HIV/AIDS prevention and care, high rates of HIV/AIDS and other sexually transmitted diseases among homeless youth remain of particular concern. Mental health and substance abuse issues compound the health care challenges and represent two of the primary barriers preventing adherence to effective anti-retroviral treatment for HIV. To effectively address the complex array of health needs among LGBTQ homeless youth, providers need to adopt best practices for delivery of health care to adolescents and young adults.

Strategy 5.1

Provide client-centered health services within a positive youth development framework through a single provider or through several providers located at the same site or at different sites but closely coordinated.

- Encourage provision of services by LGBTQ-competent staff committed to working with LGBTQ homeless youth.
- Provide coordinated case management to ensure effective service delivery and adherence to treatment plans.
- Identify appropriate citywide health information exchange (HIE) network(s) and facilitate HIE readiness and implementation among health care providers serving LGBTQ runaway and homeless youth while maintaining informed consent procedures.⁸
- Explore ways to improve access to medical, mental health, and substance abuse services through changes in health insurance rules that would make it easier for LGBTQ homeless youth to prove eligibility.

Strategy 5.2

Improve access to effective HIV/AIDS prevention and treatment services for LGBTQ runaway and homeless youth through collaborative efforts involving City and State agencies, health care providers and youth services providers.

- Promote prevention of HIV/AIDS through outreach that takes into account the specific vulnerabilities of LGBTQ runaway and homeless youth.
- Improve access to HIV screening and treatment by delivering HIV specialist medical services in crisis shelters and drop-in centers and through mobile units.
- Provide anti-retroviral (ARV) medications on-site to help ensure adherence to treatment plans and decrease lapses in the continuity of ARV use.
- Provide comprehensive information about HIV treatment including HIV-related research designed to improve patient care so that LGBTQ runaway and homeless youth are aware of current clinical research programs and related protocols and empowered to become active participants in decisions about their medical care.

Strategy 5.3

Improve effectiveness of health care services for transgender homeless youth.

- Create a compendium of best practices for the delivery of care to transgender youth.
- Improve the quality of health data for transgender individuals by encouraging health care providers to include a separate question about current gender identity in addition to gender assigned at birth.
- Explore medical insurance coverage policies relating to transgender health care services.

⁸ Several vehicles for HIE already exist or are being created in New York City.

RECOMMENDATION 6

Improve access to and coordination of mental health, substance abuse, and trauma treatment services for LGBTQ runaway and homeless youth and young adults.

Mental health issues feature prominently in the literature on LGBTQ homeless youth, many of whom have histories of trauma and are at higher risk for sexual violence and victimization compared to heterosexual homeless youth. In addition to substance abuse and other risk behaviors, studies suggest LGBTQ homeless youth, and especially transgender youth, experience alarming rates of mental illness, including serious depression, anxiety, and suicidal tendencies. To deliver effective treatments that address these issues requires the dismantling of barriers to access, including the stigma that is often attached to mental illness. It also requires creating systems of care that promote adherence to treatment plans, including strong case-management. In many cases, since mental health and substance abuse issues have to be addressed before LGBTQ homeless youth can access or fully benefit from housing and programming, providers of services to runaway and homeless youth need to be able to identify and respond to mental health concerns among the youth they serve, either directly or by way of referrals to LGBTQ-respectful mental health specialists.

Strategy 6.1

Provide mental health, substance abuse, and trauma services as part of primary health care services using strong client-centered case management systems, with strict adherence to confidentiality rules.

- In the absence of full integration of medical and mental health care, co-locate these services or create a network of strong linkages.
- In the case of referrals to a co-locator or a network provider, special arrangements may be needed to ensure follow-through by the patient.
- Ensure that transgender youth receive effective mental health, substance abuse and trauma services.
- Harm reduction approaches may be needed to maximize the long-term chances of successful treatment.

Strategy 6.2

Convene City, State and Federal agencies, runaway and homeless youth service providers and health care providers to foster collaboration and improve access to mental health, substance abuse and trauma services for LGBTQ runaway and homeless youth.

- Work to create better-coordinated services through exchange of information, and undertake joint efforts to heighten awareness of the mental health issues affecting LGBTQ homeless youth.

38 Strategy 6.3

Train runaway and homeless youth service providers to identify symptoms of mental health, substance abuse and trauma and address these issues directly or by way of referrals to appropriate specialists.

BUILDING SUPPORT

RECOMMENDATION 7

Identify and implement effective public education strategies to combat homophobia and transphobia and promote acceptance of and support for LGBTQ youth and their families.

LGBTQ youth encounter homophobia and transphobia in many arenas including schools, housing, jobs, and health care. Even in youth programs, LGBTQ youth may not feel safe or welcome. In New York City, some important steps have been taken to address these problems. For example, the *Respect for All* initiative, launched by the DOE, is designed to combat bullying and harassment in public schools, and DCA funds a wide variety of projects that seek to broaden knowledge and awareness of LGBTQ issues. At this juncture, it is vital to build on what has already been achieved and maintain the momentum.

Strategy 7.1

Launch a public education campaign on LGBTQ issues, with particular attention to transgender and gender-nonconforming youth, drawing on existing resources and models and using traditional and new media, including social networking and other Internet technologies.

- Target the City's diverse communities by using schools, faith institutions, libraries, health care, transportation and social service facilities, and other public spaces.
- Tailor images and messages to ensure they are culturally and linguistically competent and age-appropriate.

Strategy 7.2

Work with youth and providers in out-of-school time settings, and with the City's Human Rights Commission, to build on the *Respect for All* initiative and spread awareness of LGBTQ issues.

- Establish protocols for use in out-of-school time programs. Include definitions of unacceptable language and behaviors and guidance regarding intervention and reporting requirements.
- Provide training for out-of-school time providers about issues such as the impact of bullying and taunting on LGBTQ youth and the City's Human Rights Law.

RECOMMENDATION 8

Create an LGBTQ-competent City workforce and develop policies and practices that are sensitive to LGBTQ youth issues.

Many City agencies serve or come into contact in some way with homeless youth. These interactions can have a significant impact on LGBTQ youth, for better or worse. City employees are especially well-placed to promote the well-being of these vulnerable young people by consistently treating them

with dignity and respect, protecting their rights, and demonstrating sensitivity to LGBTQ issues. Accordingly, it is critical that City employees understand the major issues affecting LGBTQ youth and their relationship to the City's Human Rights Law and can recognize and combat homophobic and transphobic behavior whenever it occurs.

Strategy 8.1

Highlight LGBTQ issues and information regarding the protections afforded by the City's Human Rights Law as part of the City's Equal Employment Opportunity training for City employees that is conducted by the Department of Citywide Administrative Services (DCAS).

Strategy 8.2

Provide ongoing, in-depth LGBTQ-competency training to frontline staff at Interagency Coordinating Council for Youth (ICC) agencies, including DYCD, DJJ, ACS and NYPD, and for staff in all other relevant agencies such as the Mayor's Office of Immigrant Affairs and the Department of Homeless Services. In keeping with ACS policies and procedures, include training designed to help staff identify homophobic/transphobic behavior by families that may constitute abuse under child protection laws.

Strategy 8.3

Include measures of LGBTQ-competency in performance evaluations of frontline workers.

Strategy 8.4

Designate the DYCD Runaway and Homeless Youth Coordinator as an LGBTQ runaway and homeless youth liaison with other City agencies. Create an LGBTQ Subcommittee of the ICC (inviting other relevant City agencies as appropriate) to identify gaps in services and make recommendations for improvements in LGBTQ youth policies and practices.

RECOMMENDATION 9

Forge public and private partnerships that include the adult LGBT community to increase support and garner support for the Commission's recommendations.

Preventing homelessness and expanding opportunities and resources for LGBTQ youth requires the involvement of a wide variety of stakeholders in addition to public sector agencies. At a time when the City is being forced to impose major budget cuts, the participation of non-government entities is even more critical, and there are numerous ways in which they can contribute. By contributing experience, expertise, and resources, the adult LGBT community and youth development service providers can take the lead in efforts to support LGBTQ youth and advocate on their behalf. Many foundations that do not have a specific LGBTQ-focus may nevertheless be willing to get involved if their mission is to alleviate poverty, improve the

lives of children, youth and families, or stop the spread of HIV/AIDS. Faith leaders are in a position to influence their congregations and others about the need to provide LGBTQ homeless youth with emotional, spiritual and practical support. Private sector employers and not-for-profit organizations can offer LGBTQ homeless youth employment and internship opportunities to enable them to gain work experience. Increased dialogue and collaboration between government, nonprofit, and private sector entities can foster greater awareness and understanding of the key issues affecting LGBTQ homeless youth.

Strategy 9.1

Convene private funders for a briefing on the Commission's recommendations, including LGBTQ-focused funders, corporations and foundations focused on child and family welfare, poverty, and HIV/AIDS.

Strategy 9.2

Encourage the adult LGBT community and not-for-profit providers to join together for the purpose of sustained advocacy and fund-raising in support of LGBTQ runaway and homeless youth.

Strategy 9.3

Explore ways to expand employment and work experience opportunities for LGBTQ youth.

- Raise awareness among employers of the City's Human Rights Law, including the "Guidelines Regarding Gender Identity Discrimination."⁹
- Encourage private sector employers, including their LGBT employee networks, and not-for-profit youth service providers to offer employment opportunities, including paid and unpaid internships, to LGBTQ runaway and homeless youth, especially transgender youth.
- Train providers of workforce development program on LGBTQ issues and encourage them to make concerted efforts to recruit LGBTQ runaway and homeless youth.
- Advocate for additional federal funding for youth employment and, where feasible, allocate funding for jobs for vulnerable youth, including LGBTQ youth.

Strategy 9.4

Reach out to faith leaders to encourage them to engage their congregations in efforts to increase support for and acceptance of LGBTQ homeless youth.

- Engage elected officials and other leaders to foster dialogue with diverse faith-based institutions and community groups around issues relating to LGBTQ homeless youth and their families.
- Provide information about LGBTQ-affirming faith communities to youth-serving organizations to help them connect LGBTQ young people with supportive spiritual leaders.
- Develop and disseminate resources such as LGBTQ-affirming educational curricula and best practices for pastoral care for LGBTQ

⁹ The Guidelines are based on a 2002 amendment to the City's Human Rights Law. See http://www.nyc.gov/html/cchr/html/trans_guide.html.

youth and their families.

- Encourage faith leaders to educate their congregants about opportunities to help LGBTQ youth and their families, such as providing support services and offering paid or unpaid work experience.

Strategy 9.5

Reach out to the law enforcement community to explore how to improve relations with LGBTQ runaway and homeless youth and increase mutual understanding.

- Build on the efforts of the New York City Police Department, including the work of the LGBT advisory committee.

RECOMMENDATION 10

Ensure accountability for improvements to services to LGBTQ runaway and homeless youth.

The Commission is convinced that implementation of its recommendations will make a significant difference in the lives of LGBTQ runaway and homeless youth and that most of them can be implemented within a reasonable timeframe, notwithstanding the current economic realities. Over time, improved practices and services should result in long-term savings. To track progress, there needs to be an effective process for receiving feedback from the community and a system of accountability for implementation of these recommendations. In addition, to facilitate evidence-based policymaking going forward, there need to be effective systems of data collection and analysis relating to key issues affecting LGBTQ homeless youth in New York City.

Strategy 10.1

Conduct periodic assessments to evaluate progress relating to implementation of these recommendations, report findings to advisory bodies such as the DYCD Youth Board and the Interagency Coordinating Council on Youth, and create a process for community feedback.

- Identify and reach out to agencies or organizations or other entities with primary responsibility for implementing recommended strategies.
- Create a “score card” to monitor implementation progress on an annual or semi-annual basis.

Strategy 10.2

Refine data collection to take account of the Commission’s recommendations and strengthen decision-making with regard to future planning and policy for LGBTQ runaway and homeless youth services.

APPENDIX A

NEW YORK CITY INITIATIVES

Department of Health and Mental Hygiene (DOHMH)

Through its Bureau of HIV/AIDS Prevention and Control, supports a variety of efforts relating to LGBTQ issues. These include use of Federal HOPWA (Housing Opportunities for Persons with AIDS) funds to support emergency housing, supportive home-like housing, intensive case management, mental health assessments and entitlements counseling for African-American and Hispanic LGBTQ homeless youth. DOHMH also supports promotion of rapid HIV-testing among hard-to-reach populations including transgender youth, young men who have sex with men and women who have sex with women through social network strategies, and an anti-stigma campaign focusing on young men of color who have sex with men. In addition, DOHMH funds an onsite rehabilitation program for homeless and runaway youth/young adults (ages 18-21) with psychiatric disabilities or co-occurring psychiatric and addictive disorders. This program provides psychiatric day programming, mental health assessments, case management and referrals to agencies that provide housing and supportive services. In addition, DOHMH sponsors sexually transmitted infection prevention workshops and free chlamydia and gonorrhea screenings for LGBTQ youth at several locations in the City and recently convened a meeting of all providers of adolescent health services to focus on issues relating to LGBTQ youth.

Administration for Children's Services (ACS)

The New York City Administration for Children's Services (ACS) has taken important steps to improve the care provided to LGBTQ youth and families who are involved in the child welfare system, including the development of an LGBTQ Strategic Plan that addresses training, access to community resources, policy/procedures, evaluation/accountability, and staffing. The ACS Strategic Plan is partly a product of the ACS LGBTQ Action Group comprising ACS staff, lawyers and advocates as well as contract foster care staff, which has been meeting bimonthly for nearly a decade. As part of the Strategic Plan, ACS designated an LGBTQ Coordinator to ensure that the work described in the plan is implemented. ACS offers a full-day LGBTQ training through its Satterwhite Training Academy for Child Protective Services staff and preventive and foster care agency staff.

Other ACS initiatives include an updated Non-Discrimination Policy (Youth and Families) for staff in Children's Services, foster care, and preventive provider agencies effective from June 20, 2008 and a comprehensive LGBTQ

Resource Guide that is currently being updated. In addition, since April 2009, an ACS LGBTQ Youth Advocate has been able to connect directly with LGBTQ-identifying youth and advocate on their behalf, for example, at Family Team Conferences, and on May 22, 2009, ACS issued policy guidance on assessing the safety of LGBTQ children and youth.

ACS is trying to recruit more “gay friendly” foster parents for LGBTQ youth in need of foster care. The ACS Parent Support and Recruitment (PSR), LGBTQ Coordinator and LGBTQ Youth Advocate both participate in LGBTQ Parent Recruitment and Meet & Greet events at The Gay and Lesbian Center. PSR has a dedicated person who attends LGBTQ meetings, collaborates with the LGBTQ Coordinator and follows-up with all LGBTQ-affirmative parent inquiries. ACS supported a grant application to enable The LGBT Community Center to hire a coordinator responsible for training of foster care staff and parents, facilitating the LGBTQ Coalition and assisting the ACS PSR Office. Finally, ACS has drafted a Non-Medicaid Reimbursable Policy that is applicable, on a case-by-case basis, to any medical expense not covered by Medicaid. This would include hormones and other Gender Identity Disorder requests.

Department of Education (DOE)

The Department of Education (DOE) has put in place a *Respect for All* policy designed to make NYC public schools safe and supportive for all students. The Citywide Discipline Code (Standards of Discipline and Intervention Measures) prohibits bullying, taunting and intimidation through use of epithets or slurs involving race, color, ethnicity, national origin, religion, gender, gender identity, gender expression, sexual orientation or disability.

The *Respect for All* policy applies to all interactions that take place on school grounds, in school buses and at school sponsored activities, programs and events. A student who believes he/she been the victim of bullying or intimidating behavior by another student and any student who knows of such behavior, should report the incident to a teacher, counselor or school administrator as soon as possible after it occurs, so that the incident can be effectively investigated and resolved. Complaints of discrimination or harassment can be submitted in writing or orally to a teacher, counselor, administrator, or other member of staff who must report the complaint to the appropriate school supervisor. Any staff member who witnesses harassment or discriminatory behavior is also required to report such incidents to the appropriate supervisor and to intervene to stop discriminatory behavior. As part of the two day professional development for teachers, counselors, and parent coordinators in schools serving Grades 6 through 12, specific exercises and activities target issues faced by LGBTQ youth.

44 The Resource and Research Center at the DOE Office of School and Youth Development, distributes *LGBT Youth Support and Resource Kits for School Professionals* at no cost to staff at NYC public schools. Over 250 kits have been sent to NYC public schools and community-based organizations providing services in the NYC public schools, for example, school-based health centers.

The multimedia kits, including two award winning films and accompanying lesson guides and resources, contain the following:

- The Trevor Project DVD and curriculum guide, posters, palm cards with a helpline number, etc.
- I Look Up to the Sky Now DVD and curriculum guide (created by students from New York City, one of whom is now a NYC public school teacher)
- Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators, and School Personnel: <http://www.apa.org/pi/lgbt/resources/just-the-facts.pdf>.
- Answers to Your Questions for a Better Understanding of Sexual Orientation and Homosexuality: <http://www.apa.org/topics/sexuality/sorientation.pdf>

DOE has also taken action, through the Chancellor's Regulation A-780 and the McKinney-Vento Homeless Assistance Act, to ensure that students in temporary living situations have access to the same public education and services available to permanently housed students. The Students in Temporary Housing (STH) Unit (in DOE's Office of School and Youth Development) answers questions on the rights of students in temporary housing situations. STH content experts in the borough Integrated Service Centers provide technical assistance and work directly with schools. There are also programs in place that provide direct services to homeless students including tutoring and related support services (in schools and homeless shelters); summer programs; transportation services (in accordance with Chancellor Regulation A-780); free lunches; and school supplies.

The Department of Cultural Affairs

The Department of Cultural Affairs (DCA) awards grants to support an array of programs provided by some of the City's largest not-for-profit cultural organizations as well as by smaller neighborhood-based groups. DCA-funded programs target LGBTQ youth or promote programming that incorporates issues affecting LGBTQ youth. Examples include the following:

- ***All Out Arts, Inc.*** (AOA) performances in July 2009 which included a one-man show about the Supreme Court decision that upheld the Sodomy Laws, a play about Mormons and the LGBT Community, and a children's puppet show about difference.
- ***Allied Productions, Inc.*** LPV TV (MNN cable TV) programs that have included historical and present conditions surrounding AIDS and HIV in New York and throughout the world and issues of interest to youth concerning the LGBT community.
- ***Arthur Aviles Typical Theatre, Inc.*** presentations of challenging works by women, people of color and/or people from the LGBT community, including in 2010 a Latino, queer retelling of The Wizard of Oz depicting a Latina's personal journey to self discovery and acceptance as a powerful woman and lesbian.
- ***Big Apple Performing Arts Inc.*** operates the Youth Pride Chorus jointly with the LGBT Center of NY, serving 30-45 LGBTQ youth ages 14-21.

LGBTQ-focused Initiatives at the New York City Public Libraries

The New York Public Library (NYPL)¹⁰

NYPL programs for LGBTQ youth include the following:

- **6th Annual High School “Anti-Prom.”** The Anti-Prom, organized by NYPL’s Young Adult Programs, provides an alternative, safe space for all teens who may not feel welcome at official school proms or dances because of their sexual orientation, the way they dress, or any other reason. Stephen A. Schwarzman Building, Celeste Bartos Forum, June 11 at 6 pm.
- **Coming out.** (Ages 12 to 18) Gay/Lesbian/Trans/Bi/Straight/Queer/Questioning/Heteroflexible: Coming out can be a difficult process for LGBT teens and their allies. Mara Gottlieb, LMSW answers your questions on creating safe spaces, finding support, and discovering identity.
- **What’s love got to do with it? Developing and sustaining healthy relationships.** (Ages 12 to 18) Bring your questions to the relationship expert, Mara Gottlieb, LMSW. She’ll answer your questions about first dates, first loves, and everything in between.
- **HIV/AIDS.** (Ages 12 to 18). Learn the facts and strategies to protect yourself against HIV/AIDS infections from Mara Gottlieb, LMSW. She’ll answer your questions about education, prevention, and everything in between.
- **It’s a zine thing.** (Ages 12 to 18) Want to support the LGBT community, talk about issues facing teens, or address homophobia? Join us to learn how to draw, write, and publish your own zine. Work with staff from the Community Word Project to develop your writing and illustrating skills. Check out the publishing party to get copies for your friends.

Queens Borough Public Library (QPL)¹¹

Recent initiatives relating to LGBTQ youth include an LGBTQ Club/Book Group for teens, a LGBTQ book list (for teens and adults), and a series of programs in June for Pride Month. QPL also participates in the Queens Pride Parade and is currently updating its teen website to add new information and resources for LGBTQ youth.

¹⁰ See www.nypl.org or telephone: 212- 676-0278 for additional information.

¹¹ 718-990-5151

APPENDIX B

RESOURCES FOR LGBTQ YOUTH AND FAMILIES

The following list has been compiled from a variety of sources and is not exhaustive. Please note that the inclusion of an organization does not imply endorsement of its services, nor does exclusion of another organization imply disapproval. If you have any questions or concerns, please call DYCD's Youth Connect Hotline: 1-800-246-4646.

NYC COMMUNITY-BASED RESOURCES FOR LGBTQ YOUTH

Ali Forney Center

527 West 22nd Street, 1st Floor, New York, NY 10011

212-206-0574; www.aliforneycenter.org

The Ali Forney Center provides housing and supportive services for youth aged 16-24. Services include emergency and transitional housing, street outreach, a drop-in center, medical and mental health treatment, a vocational/educational program, and a counseling project for the families of LGBT youth.

The Audre Lorde Project

85 South Oxford Street, Brooklyn, NY 11217

718-596-0342; www.alp.org

The Audre Lorde Project is a Lesbian, Gay, Bisexual, Two Spirit, Trans and Gender Non Conforming People of Color center for community organizing, focusing on the New York City area.

Bronx Community Pride Center

448 East 149th Street, Bronx, NY 10455

718-292-4368; www.bronxpride.org

The Bronx Community Pride Center provides social services, cultural sensitivity trainings, and community education to promote the health, education, social growth, and well-being of the Bronx LGBT community.

Cardinal McCloskey Services

333 East 149th St., #1, Bronx, NY 10451

718-993-5495; 718-644-0319 (After Hours Crisis Phone); [www.](http://www.cardinalmccloskeyservices.org)

[cardinalmccloskeyservices.org](http://www.cardinalmccloskeyservices.org)

Cardinal McCloskey Services provides homeless and at-risk youth and their families with information and services including, food, counseling, mediation, educational assistance and referrals to health and mental health services and

substance abuse treatment.

Congregation Beth Simchat Torah

57 Bethune Street, New York, NY 10014

212-929-9498; www.cbst.org

Congregation Beth Simchat Torah is a leader in the movement to secure basic civil rights for gay, lesbian, bisexual, and transgender people and offers educational, cultural, social, spiritual, and other programs in addition to Holiday and Sabbath services.

Covenant House

460 West 41st Street, New York, NY 10036

212-613-0300; 1-800-999-9999 (Helpline) www.covenanthouseny.org

Covenant House is the nation's largest adolescent care agency serving homeless, runaway, and at-risk youth and providing crisis intervention services and programming to help youth transition to adulthood and self-sufficiency.

The Door

555 Broome Street, New York, NY 10013

212-941-9090; www.door.org

The Door provides young people ages 12-21 with a comprehensive range of services including primary health care, health education, mental health counseling, legal services, and educational services, computer classes, career development services and training, job placement, meals, arts, sports, and recreational programs.

EquAsian (APICHA)

400 Broadway, New York, NY 10013

212-334-7940; Infoline: 866-APICHA9 (866-274-2429); www.apicha.org/services/LGBT_program/EquAsian.html

EquAsian is an HIV prevention program providing services to young men who have sex with men (YMSM) ages 24 and under that provides information on HIV risk reduction, referrals for on-site testing, and other HIV-related services.

Families Matter

244 Fifth Avenue, Suite 2362, New York, NY 10001

646-827-3622; www.familiesmatterusa.org

Families Matter is a telephone mentoring program that recruits trained volunteers to help families who are struggling to come to terms with the sexual orientation/gender identity of a loved one.

FIERCE!

147 West 24th Street, 6th Floor, New York, NY 10011

646-336-6789; www.fiercenyc.org

FIERCE is a membership-based organization that seeks to build the leadership and power of LGBTQ youth of color in New York City.

Gay Men's Health Crisis (GMHC)

48 119 West 24th Street, New York, NY 10011

212-367-1000; 212-807-6655 or 1-800-243-7692 (Hotline); www.gmhc.org

GMHC provides HIV/AIDS-related services including education, print and video materials, women's initiative, peer counseling services, support groups, financial advocacy, recreation and meal programs, legal services,

and seminars.

The Gay, Lesbian and Straight Education Network (GLSEN)

90 Broad Street, 2nd Floor, New York, NY 10004

212-727-0135; www.glsen.org

GLSEN works with educators, policy makers, community leaders and students on issues relating to anti-LGBT behavior and bias in schools to ensure that every member of every school community is valued and respected whatever his/her sexual orientation or gender identity/expression.

Gay Men of African Descent (GMAD)

44 Court Street, Suite 1000, Brooklyn, NY 11201

718-222-6300; www.gmad.org

GMAD represents the largest constituency of Black gay men on the East Coast and includes among its services health and wellness counseling, street outreach, and HIV testing.

Gender Spectrum

1 Camino Sobrante, Suite 216, Orinda, CA 94563

1-877-809-4159 (toll free); www.genderspectrum.org/

Gender Spectrum provides education, training and support to help families, educators, and others understand and address the concepts of gender identity and expression to foster a gender sensitive and inclusive environment for all children and teens. Its website includes educational, medical and mental health, legal and athletic resources, and FAQs.

Green Chimneys NYC Division

79 Alexander Avenue, Suite 42A, Bronx NY 10454

718-732-1501; www.greenchimneys.org

Green Chimneys operates several programs for LGBTQ youth including a specialized group home for youth ages 16-20 and one for LGBTQ homeless and foster care youth ages 16-21.

Hetrick-Martin Institute

2 Astor Place, 3rd Floor, New York, NY 10003

212-674-2400; www.hmi.org

The Hetrick-Martin Institute offers a comprehensive package of innovative and creative afterschool programs, internships, and supportive services including group, family and individual counseling for LGBT youth and families, as well as hosting the Harvey Milk High School for children who are in crisis or at risk of physical violence and/or emotional harm in traditional educational environments.

Identity House

39 West 14th Street, Suite 205, New York, NY 10011

212-243-8181; www.identityhouse.org

Identity House is an all-volunteer organization of lesbian, gay, transgender, and bisexual people in New York City that facilitates groups and workshops and offers peer counseling and therapy for adults struggling with issues of sexuality, alienation, relationships, and family.

The Lesbian, Gay, Bisexual & Transgender (LGBT) Community Center

208 West 13th Street, New York, NY 10011

212-620-7310; www.gaycenter.org

The LGBT Community Center provides a range of social services, public policy, educational, and cultural/

recreational programs, including a youth enrichment services program (YES) for lesbian, gay, bisexual, transgender, and questioning young people between the ages of 13 and 21.

Metropolitan Community Church of New York (MCCNY)

446 West 36th Street, New York, NY 10018

212-629-7440; www.mccny.org

The MCCNY is a leader in the struggle for basic human rights and social justice for LGBTQ individuals and offers Sunday services, holy unions, a food pantry and drop-in services for homeless LGBTQ youth in New York City.

Michael Callen-Audre Lorde Community Health Center

356 West 18th Street, New York, NY 10011

212-271-7200; www.callen-lorde.org

The Callen-Lorde Community Health Center provides quality health care and related services primarily to New York's LGBT communities including an adolescent and young adult medical and mental health program that targets homeless youth, integrated HIV/AIDS medical care and support services, and specialized transgender medical care and counseling services.

The Mount Sinai Adolescent Health Center

312 East 94th Street, New York, NY 10128

212-423-3000 (Appointments); 212-423-2981 (Mental Health Services); www.mountsinai.org/patient-care/service-areas/adolescent-health

The Mount Sinai Adolescent Health Center offers affordable, integrated, confidential, comprehensive medical, mental health, family planning, and health education services to adolescents and young adults ages 10-22, including individual, group, and family counseling.

NYC Gay and Lesbian Anti-Violence Project (AVP)

240 West 35th Street, Suite 200, New York, NY 10001

212-714-1184; 212-714-1141 (24 Hour Hotline); www.avp.org

AVP is the nation's largest organization working to end violence in all its forms against lesbian, gay, bisexual, transgender and HIV-affected (LGTBH) communities, providing free and confidential support to victims of bias violence, sexual assault, domestic violence, pick-up crimes, police misconduct, and HIV-related violence.

Parents and Friends of Lesbians and Gays (PFLAG)

119 West 24th Street, 2nd Floor, New York, NY 10011

212-463-0629; www.pflagnyc.org

PFLAGNYC is a partnership of parents, allies, and LGBT people working to make a better future for LGBTQ youth and adults whose efforts include support groups for parents, family members, and friends of LGBTQ people of any age.

Project Hospitality

1546 Castleton Avenue, Staten Island, NY 10302

718-448-1544; www.projecthospitality.org

- 50** Project Hospitality provides homeless and at-risk youth in Staten Island and their families with information and access to a variety of services including, food, counseling, mediation, educational assistance, and referrals to local resources such as health and mental health services, and substance abuse treatment.

Queens Community House

30-74 Steinway Street, Astoria, NY 11103

718-204-5955; www.queenscommunityhouse.org

The Queens Community House provides comprehensive youth development programming for young people ages 5 - 21 including Generation Q, an after school drop-in center program that offers a wide variety of educational, social services, and recreational opportunities for LGBT and ally youth up to age 22.

Safe Homes Project

718-499-2151 (Hotline); www.safehomesproject.org

The Safe Homes Project offers free services in English and Spanish for victims of domestic violence including a hotline, counseling, safety-planning and relocation assistance, legal representation, referrals, and targeted services for special populations such as LGBTQ survivors of partner violence.

Safe Horizon, Inc.

209 West 125th Street, New York, NY 10027

Hotline: 1-800-621-HOPE (4673); Harlem Drop-In Center, 212-695-2220; Lower East Side Drop-In Center, 646-602-6404; www.safehorizon.org/page.php?nav=sb&page=helpingyouth

Safe Horizon provides services for victims of crime and abuse, their families and communities, including a Streetwork program for homeless and street-involved young people offering individual counseling, crisis intervention, access to medical and psychiatric care, referrals to substance abuse treatment, hot meals, showers, and emergency shelter.

Safe Space

295 Lafayette Street, Suite 920, New York, NY 10012

Jamaica Drop-in Center, 718-526-2400; Far Rockaway Drop-in Center, 718-471-6818; www.safespacenyc.org

Safe Space provides prevention services to at-risk youth and families, including drop-in centers in Jamaica and Far Rockaway that provide outreach, crisis counseling, case management, and resources for youth ages 13-21 with involvement in the child welfare system or at-risk of homelessness.

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)

305 7th Ave., 16th Floor, New York, NY 10001

212-741-2247; www.sageusa.org

SAGE provides services and support for lesbian, gay, bisexual, and transgender elders including friendly visiting and support groups for LGBT seniors with HIV.

SCO Family of Services

89 South 10th Street, Brooklyn, New York 11211

718-384-7083/4; 877-437-6746; www.sco.org

SCO Family of Services helps vulnerable individuals and families achieve healthy, stable, and successful futures and stronger communities. Its Scattered Site Supportive Housing Program in Queens provides housing and transitional services for up to 36 young adults 18 to 25 years old who have recently left foster care or who had been in foster care for more than a year past their 16th birthday and are at risk of becoming homeless.

Trans Youth Family Allies (TYFA)

PO Box 1471, Holland, MI 49422-1471

1-888-462-8932; www.imatyfa.org

TYFA provides families with tools and resources to help their gender variant and transgender children thrive,

using educational programs, advocacy efforts, and support for parents, educators, and service providers.

HOTLINES

Youth Connect

1-800-246-4646; Outside NYC: 212-227-4005; www.youthconnect@dycd.nyc.gov

Youth Connect can also be contacted through Facebook, MySpace, YouTube and Twitter.

Youth Connect is the free, confidential information service operated by DYCD that connects youth, families and community agencies to a range of services, including after school programs, employment and internships opportunities, educational programs, and services for runaway and homeless youth.

Gay and Lesbian National Hotline

1-888-843-4564 or 212-989-0999 (Monday - Friday 4:00 pm-12:00 am, Saturday 12:00 noon-5:00 pm)

The Gay, Lesbian, Bisexual and Transgender National Hotline provides telephone and email peer-counseling, as well as factual information and local resources for cities and towns across the United States.

1-800-LIFENET

1-800 LIFE-NET (1-800-543-3638); www.mhaofnyc.org

1-800-LIFE-NET is a 24-hour, confidential, toll-free help line for New York City residents operated by the Mental Health Association of New York City in partnership with the New York City Department of Health and Mental Hygiene offering free, confidential information and referral services.

Samaritans Suicide of New York Hotline

212-673-3000; www.samaritansnyc.org

The Samaritans help people in crisis through a volunteer-run program, using a communications-based response known as “befriending” that emphasizes listening to what the caller is feeling and thinking without expressing personal judgments or opinions. The Samaritans also offer education and training programs for students, parents, teachers, guidance counselors, social workers and others.

The Trevor Project

212-509-0042; 866-4.U.TREVOR; 866-488-7386; (Help Line); www.thetrevorproject.org; www.trevorspace.org

The only nationwide, 24 hour 7 day a week toll free crisis intervention and suicide prevention helpline for LGBTQ youth. The Trevor Project also has a safe, online social networking site for LGBTQ youth ages 13 to 24 their friends and allies.

LEGAL SERVICES

HIV Law Project

15 Maiden Lane, 18th Floor, New York, NY 10038

212-577-3001; www.hivlawproject.org

The HIV Law Project provides free civil legal services to HIV-positive residents Manhattan and the Bronx, and homeless New Yorkers.

Immigration Equality

52 40 Exchange Place, 17th Floor, New York, NY 10005

212-714-2904; www.lgirtf.org

Immigration Equality is a national organization that advocates for equality under the immigration law for lesbian, gay, bisexual, transgender (LGBT), and HIV-positive individuals and helps obtain asylum for those

persecuted in their home country based on sexual orientation, transgender identity, or HIV-status.

Lambda Legal Defense and Education Fund

120 Wall Street, Suite 1500, New York, NY 10005

212-809-8585; www.lambdalegal.org

Lambda Legal Defense and Education Fund is a national organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and those with HIV through impact litigation, education, and public policy work.

Lesbian & Gay Law Association of Greater New York (LeGaL)

799 Broadway #340, New York, NY 10003

212-353-9118 or 212-459-4873; www.le-gal.org

LeGAL is the Bar Association of the LGBT legal community in the New York metropolitan area that that offers a free, walk-in legal clinic at the center every Tuesday at 6:00 pm.

Lawyers for Children, LGBTQ Youth Project

110 Lafayette Street, New York, NY 10013

800.244.2540; www.lawyersforchildren.org/sitecontent.cmf?page=whatwedo-gaylesbian

Lawyers for Children is an advocacy organization that operates a special project for lesbian, gay, bisexual, transgender or questioning foster care children dealing with issues relating to their involvement in the child welfare system.

Peter Cicchino Youth Project at the Urban Justice Center

123 William Street, 16th Floor, New York, NY 10038

646-602-5600; 877-542-8529; www.urbanjusticecenter.org

The Peter Cicchino Youth Project, based at the Urban Justice Center, is a program for homeless teenagers who self-identify as lesbian, gay, bisexual, or transgender, offering legal clinics and one-on-one counseling at drop-in centers for runaways and LGBT youth.

Sylvia Rivera Law Project

322 8th Avenue, 3rd Floor, New York, NY 10001

212-337-8550 or 212-337-1972; www.srlp.org

The Sylvia Rivera Law Project provides free legal services to transgender, intersex, and gender nonconforming low-income people and people of color.

ENDNOTES

- ¹ A variety of sources were used to compile this brief overview of homeless youth, including: Toro, Paul A., Amy Dworsky, and Patrick J. Fowler. *Homeless Youth in the United States: Recent Research Findings and Intervention Approaches*. National Symposium on Homelessness Research. April 2007. <<http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Homeless>>; Ray, N. *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness*. New York: National Gay and Lesbian Task Force, 2006. <www.thetaskforce.org/downloads/HomelessYouth.pdf>, and a variety of publications from the National Alliance to End Homelessness (NAEH) <www.endhomelessness.org>
- ² DYCD is the Youth Bureau for New York City. <www.nyc.gov/html/dycd/html/home/home/shtml>
- ³ Fernandes, Adrienne L. "Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues," *Congressional Research Services*. Jan. 2007. <www.policyarchive.org/handle/10207/bitstreams/3056.pdf> There is no single definition of the term "homeless youth" or "runaway youth" that applies at all federal and state levels of government. For the purpose of administering the federal Runaway and Homeless Youth programs, the U.S. Department of Health and Human Services (HHS) relies on the definitions incorporated into the Runaway and Homeless Youth Act of 1978 (RHYA) and its accompanying regulations. The RHYA defines "homeless youth" as "individuals, under 18 years, who are unable to live in a safe environment with a relative and lack safe alternative living arrangements, and, individuals, ages 18 to 21, without shelter." The regulations further define homeless youth as those "in need of services and shelter that provide supervision and care." The RHYA does not define "runaway youth" but the regulation refers to them as "individuals, under age 18 who absent themselves from their home or legal residence at least overnight without the permission of their families." Under the McKinney-Vento Homeless Assistance Act, the primary federal legislation pertaining to the education of homeless children, youth are defined as homeless if they "lack a fixed, regular, and adequate nighttime residence," a definition that applies not only to unaccompanied youth but also to those who are homeless or doubled up but living with their families. See: <<http://aspe.hhs.gov/hsp/homelessness/symposium07/toro/index.htm#Introduction>>
- ⁴ Subpart 182 of the Runaway and Homeless Youth Regulations for Approved Runaway Programs.
- ⁵ See, Hooks Wayman, R. "Homeless Queer Youth: National Perspectives on Research, Best Practices, and Evidence based Interventions," *Seattle Journal for Social Justice*. Vol. 7(2), 2009, 587-634, 590.; and "Incidence and Vulnerability of LGBTQ Homeless Youth," *Youth Homelessness Series Brief No. 2*. National Alliance to End Homelessness, December 2008, page 1. <www.endhomelessness.org/content/article/detail/2141>. "Couch surfing" is when youth stay with different friends or relatives on a temporary basis.
- ⁶ The National Incidence Study of Missing, Abducted, Runaway, and Thrownaway Children-2 (NISMA2) conducted by the Department of Justice includes in its estimates youth who are "thrownaway" or pushed out by their parents and de-emphasizes distinctions between runaways and thrownaways. See *Runaway and Homeless Youth: Demographics, Programs, and Emerging Issues*, Op. Cit., page 4.
- ⁷ *Homeless Youth in the United States: Recent Research Findings and Intervention Approaches*, Op. Cit., page 2.
- ⁸ "Promising Strategies to End Youth Homelessness: Report to Congress" page 17. U.S. Department of Health and Human Services. Administration on Children, Youth and Families, Family and Youth Services Bureau. 27 June 2007. <www.acf.hhs.gov/programs/fysb/content/docs/reporttocongress_youthhomelessness.pdf>
- ⁹ "Incidence and Prevalence of Homeless and Runaway Youth Final Report" U.S. Department of Health and Human Services. Administration on Children, Youth and Families, Family and Youth Services Bureau. 9 May 2003. <www.acf.hhs.gov/programs/opre/fys/design_opt/reports/incidence/incidence_title.html>

- ¹⁰ Toro, Op. Cit.; “Promising Strategies to End Youth Homelessness,” Op. Cit.
- ¹¹ S. Thompson, Safyer, A. & Pollio, D. “Differences and Predictors of Family Reunification among Subgroups of Runaway Youths Using Shelter Services,” *Social Work Research*. Volume 25(3), Sept. 2001, 163-72.
- ¹² C. Ringwalt, J. Greene, M. Robertson & M. McPheeters, “The Prevalence of Homelessness Among Adolescents in the United States,” *American Journal of Public Health*. Volume 88(9), 1998, 1325-29.
- ¹³ H. Hammer, Finkelhor, D., Sedlak, A. & Porcellini, L., *National Estimates of Missing Children: Selected Trends, 1988, 1999, National Incidence Studies of Missing, Abducted, Runaway, and Thrownaway Children*, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention 2004 <<http://www.ncjrs.gov/pdffiles1/ojjdp/206179.pdf>>
- ¹⁴ Green, J., et al. *Incidence and Prevalence of Homeless and Runaway Youth Research* Triangle Park, NC: Research Triangle Institute. Final Report Under Contract No. HHS-282-98-0022, Task Order No. 17 from the Assistant Secretary of Planning and Evaluation and the Administration on Children, Youth, and Families 2003.; *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 2, citing a variety of research studies.
- ¹⁵ *Incidence and Prevalence of Homeless and Runaway Youth*, Op. Cit. This report provides a detailed overview of the challenges facing researchers seeking to estimate the prevalence and incidence of youth homelessness.
- ¹⁶ See, for example, *Young and Homeless: A Look at Homeless Youth in New York City*. Citizens Committee for Children. March 2006. Most estimates have been based on the number of youth served by homeless youth providers.
- ¹⁷ Freeman, Lance, Darrick Hamilton. *Count of Homeless Youth in New York City*. Empire State Coalition of Youth and Family Services, March 2008. <www.citylimits.org/images_pdfs/pdfs/HomelessYouth.pdf> The authors acknowledge the methodological challenges, pointing out, for example, that most of the street interviews took place in Manhattan, younger runaways were underrepresented, and many agencies were reluctant or unable to help locate youth who might have qualified for an interview. The definition of homeless youth used for the study was: “an individual, living separated from their parent/guardian, who has not reached their 24th birthday who: resides in a program for homeless persons or lacks a fixed, regular, and adequate nighttime residence which may include living in a motel, hotel, or abandoned building, or public or private place not ordinarily used as a regular sleeping accommodation.”
- ¹⁸ See for example, *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 2; and, the National Gay and Lesbian Task Force report suggests that 30 to 40 percent of homeless youth in America are LGBT. See *An Epidemic of Homelessness*, Op. Cit. page 1.
- ¹⁹ *Incidence and Vulnerability of LGBTQ Homeless Youth*, Ibid page 2; *Homeless Youth in the United States: Recent Research Findings and Intervention Approaches*, Op. Cit. page 19.
- ²⁰ *A National Approach to Meeting the Needs of LGBTQ Homeless Youth*. National Alliance to End Homelessness. 10 April 2009. <www.endhomelessness.org/content/article/detail/2240>; *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 2; Milburn, N. G., Ayala, G., Rice, E., Batterham, P., & Rotheram-Borus, M. J. (2006). “Discrimination and Exiting Homelessness Among Homeless Adolescents,” *Cultural Diversity and Ethnic Minority Psychology*. Vol. 12(4), Oct 2006, 658-672., cited in *Recent Research Findings and Intervention Approaches* Op. Cit. Family conflict may, of course, be linked to physical violence, sexual abuse, chronic neglect, substance abuse and mental health issues. See, for example, *Promising Strategies to End Youth Homelessness* Op. Cit. page 14; Fernandes, Op. Cit. page 2. *Homeless Youth in the United States: Recent Research Findings and Intervention Approaches*, Op. Cit. page 13; and “Report to the House of Delegates.” American Bar Association Commission On Homelessness And Poverty, Commission On Youth At Risk, Commission On Domestic Violence.
- ²¹ Testimony submitted by Martha R. Burt, Ph.D, Principal Research Associate and Director, Social Services Research Program Urban Institute before the U.S. House Committee of Ways and Means Subcommittee on Income Security and Family Support. 19 June 2007.
- ²² *Promising Strategies to End Youth Homelessness*, Op. Cit. page 18.
- ²³ The American Bar Association Commission On Homelessness And Poverty, Commission On Youth At Risk, Commission On Domestic Violence <www.abanow.org/wordpress/wp-content/themes/ABANow/wp-content/

[uploads/resolution-pdfs/MY2010/105B.pdf](#)>citing Windle, M. "Substance Use and Abuse Among Adolescent Runaways: A Four-Year Follow-Up Study," *Youth & Adolescents* 18(4) J, 1989, 331-44.; Brennan, T., D. Huizinga, & D. Elliott, The Social Psychology of Runaways. Lexington Books. Lexington, MA: 1978; and *Overview of Youth and Young Adult Homelessness in Minnesota*. Amherst H. Wilder Foundation Wilder Research Center, St. Paul. June 2008. <www.wilder.org/download.0.html?report=2087> cited in "Amended Report to the House of Delegates."

- ²⁴ Remarks by Michael Pergamit, Senior Research Associate, Center on Labor, Human Services, and Population, Urban Institute during an event on "Runaway and Homeless Youth: Prevalence, Programs, and Policy" 8 April 2010 on Runaway and Homeless Youth: Prevalence, Programs, and Policy. <www.urban.org/events/thursdayschild/runaway_and_homeless_youth.cfm.>
- ²⁵ *Promising Strategies to End Youth Homelessness*, Op. Cit. page 18
- ²⁶ Van Leeuwen J.M., S. Boyle, S. Salomonsen-Sautel, Baker DN, Garcia JT, Hoffman A, Hopfer CJ "Lesbian, gay, and bisexual homeless youth: an eight-city public health perspective," *Child Welfare*. Mar-Apr; Vol. 85 (2), 2006, 151-70. <<http://www.ncbi.nlm.nih.gov/pubmed/16846110>>
- ²⁷ Gangamma, Rashmi, Natasha Slesnick, Paula Toviessi, and Julianne Serovich. "Comparison of HIV Risks among Gay, Lesbian, Bisexual and Heterosexual Homeless Youth," *Journal of Youth and Adolescence*. 37(4), 2008, 456-464.
- ²⁸ Cochran, Bryan N., Angela J. Stewart, Joshua A. Ginzler, and Ana Mari Cauce. "Challenges Faced by Homeless Sexual Minorities: Comparison of Gay, Lesbian, Bisexual, and Transgender Homeless Adolescents With Their Heterosexual Counterparts," *American Journal of Public Health*. Vol. 92 (5), May 2002. <<http://ajph.aphapublications.org/cgi/reprint/92/5/773.pdf>>
- ²⁹ Ibid.
- ³⁰ *A National Approach to Meeting the Needs of LGBTQ Homeless Youth*, Op. Cit.
- ³¹ *An Epidemic of Homelessness*, Op. Cit., page 46.
- ³² *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 4; Cochran, Op. Cit.
- ³³ *An Epidemic of Homelessness*, Op. Cit. pages 5 and 45.
- ³⁴ Ibid. page 46
- ³⁵ *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 3 and 4; *An Epidemic of Homelessness*, Op. Cit., pages 1-5 et seq.
- ³⁶ Ibid.
- ³⁷ *State of the City's Homeless Youth Report 2009*. The New York City Association of Homeless and Street-Involved Youth Organizations. 2010 <www.empirestatecoalition.org/main/pdf/State%20of%20the%20City%Report%20FINAL%201-21-10.pdf.>
- ³⁸ *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 4.
- ³⁹ Bochenek, M. and A.W. Brown. Hatred in the Hallways: Violence and Discrimination against Lesbian, Gay, Bisexual, and Transgender Students in U.S. Schools. Human Rights Watch. New York, NY 2001.
- ⁴⁰ *An Epidemic of Homelessness*, Op. Cit.
- ⁴¹ Guidelines Regarding Gender Identity Discrimination. A Form of Gender Discrimination Prohibited by The New York City Human Rights law. Title 8 of the Administrative Code of the City of New York. December 2006; Cianciotto, J. & Cahill, S. (2003) *Education Policy: Issues Affecting Lesbian, Gay, Bisexual and Transgender Youth*. New York. Gay & Lesbian Task Force Policy Institute. Some transgender youth are transsexual and may seek to modify their bodies with hormones and/or gender reassignment surgery, but the term covers all those who identify with the gender of the opposite birth sex.

- 42 Pardo, Tamara "Growing Up Transgender: Research and Theory," *Act for Youth Center for Excellence Research Facts and Findings. Act for Youth Excellence.* March 2008 <www.actforyouth.net/documents/GrowingUpTransPt1_March08.pdf>
- 43 See, for example, *Lesbian, Gay, Bisexual and Transgender Youth: An Epidemic of Homelessness.* National Gay and Lesbian Task Force, January 2007. <www.thetaskforce.org/downloads/HomelessYouth.pdf>
- 44 Pardo, Op. Cit.
- 45 See, for example, *Transgender Need Not Apply. A Report on Gender Identity Job Discrimination. Make the Road New York.* Make the Road New York. March 2010. <www.maketheroad.org/pix_reports/TransNeedNotApplyReport.pdf>
- 46 *An Epidemic of Homelessness, Op Cit.,* page 59.
- 47 Ibid.
- 48 That is, personality traits associated with the opposite sex.
- 49 After accounting for gender role, sexual orientation was found to contribute little to variance in suicidal symptoms, associated pathology or problem-solving deficits. Fitzpatrick, K.K., S.J. Euton , J.N. Jones, N.B. Schmidt. "Gender role, sexual orientation and suicide risk," *Journal of Affective Disorders.* 87(1), July 2005, 35-42. <www.ncbi.nlm.nih.gov/pubmed/15893824>; Pardo, Op. Cit.
- 50 Herbst, Jeffrey H., Elizabeth D. Jacobs, Teresa J. Finlayson, Vel S. McKleroy, Mary Spink Neumann, Nicole Crepaz "Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review," *AIDS and Behavior.* Vol. 12 (1), 2008, 1-17 <www.medscape.com/viewarticle/571708>
- 51 The self-reports of HIV- positive status were much lower: 11.8 and 30.8 percent, respectively. Ibid.
- 52 *Community Ideas for Improving the Response to the Domestic HIV Epidemic: A Report on a National Dialogue on HIV/AIDS.* White House Office of National Aids Policy. April 2010. <www.whitehouse.gov/sites/default/files/microsites/ONAP_rpt.pdf>
- 53 Coker, Tumaini R., S. Bryn Austin, and Mark A. Schuster, "The Health and Health Care of Lesbian, Gay, and Bisexual Adolescents," *Annual Review of Public Health* Vol. 31, March 2010, 457-477. <<http://arjournals.annualreviews.org/doi/abs/10.1146/annurev.publhealth.012809.103636>>
- 54 Ryan, C. "LGBT Youth: Health Concerns, Services and Care," *Clinical Research and Regulatory Affairs.* Vol. 20(2), 2003, 137-158.
- 55 Cochran et al., Op. Cit.
- 56 *Comparison of HIV Risks among Gay, Lesbian, Bisexual and Heterosexual Homeless Youth* (2008) Op. Cit. <www.ncbi.nlm.nih.gov/pmc/articles/PMC2443720/>
- 57 *Homeless Young Adults Ages 18-24. Examining Service Delivery Adaptations.* National Health Care for the Homeless Council. September 2004, page 2. <www.nhchc.org/Publications/younghomelessadult1.pdf>
- 58 *A National Approach to Meeting the Needs of LGBTQ Homeless Youth.* NAEH April 2009. <<http://www.endhomelessness.org/content/article/detail/2559/>> ; Incidence and Vulnerability of LGBTQ Homeless Youth, Op. Cit. page 1
- 59 See, for example, Shepherd, Robert E. Jr. "The Relevance of Brain Research to Juvenile Defense." *Criminal Justice.* American Bar Association. Winter 2005. <www.njjn.org/media/resources/public/resource_241.pdf>; Gur, Ruben C., Ph.D. "Brain Maturation in Juveniles: Some Implications for Behavior and its Control." <www.njjn.org/media/resources/public/resource_243.pdf>
- 60 See, for example, comments by the Homeless Resources Center, Substance Abuse and Mental Health Services Administration on the 2004 National Health Care for the Homeless Council Report Op. Cit.

<<http://homelessnessamhsa.gov/Resource/View.aspx?id=23441&AspxAutoDetectCookieSupport=1>>

⁶¹ Ryan, C. Op. Cit.

⁶² For example, the Interfaith Assembly on Homelessness and Housing (<http://www.iahh.org/>); Kings Highway United Methodist Church (<http://www.gbgm-umc.org/kingshwyucm/>); New Utrecht Reformed Church (<http://www.newutrechtchurch.org/about.htm>); the Marble Collegiate Church (<http://marblechurch.org>) and other Collegiate Churches of New York; and the Cathedral Church of Saint John the Divine (<http://www.stjohndivine.org/news.html>)

⁶³ Ruddell-Tabisol, Ché Juan Gonzales. ed. *At The Intersection: Race, Sexuality, and Gender*. Human Rights Campaign Foundation. 2009. <www.hrc.org/documents/HRC_Equality_Forward_2009.pdf>

⁶⁴ Ryan, C. Op. Cit. citing Eduardo Morales.

⁶⁵ Ruddell-Tabisol, Op. Cit.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ Carolyn Laub, Executive Director of California's Gay-Straight Alliance Network, quoted in article: Rudolph, Dana. "Treating Families as Allies, Not Enemies," *365 Gay*. 8 Jan. 2009. <www.365gay.com/living/treating-families-as-allies-not-enemies/2/>

⁶⁹ *Ending Youth Homelessness Before It Begins: Prevention and Early Intervention for Older Youth*. National Alliance to End Homelessness. August 2009. <www.endhomelessness.org/content/article/detail/2455>

⁷⁰ Cochran et al., Op. Cit.

⁷¹ Rudolph, Op. Cit.

⁷² The Family Acceptance Project is a community research intervention and education initiative led by Dr. Caitlin Ryan that began in 2001 and is located at the César E. Chávez Institute of San Francisco State University. The study, published in the journal *Pediatrics* in January 2009, was based on a survey of white and Latino young adults, ages 21-25, recruited from diverse venues in and around San Francisco. <<http://familyproject.sfsu.edu/home>>

⁷³ Caitlin Ryan quoted in article: Sadowki, Michael. "Beyond Gay-Straight Alliances," *Harvard Education Letter*. March/April 2010.

⁷⁴ Slesnick, Natasha and Jillian L. Prestopnik. "Comparison of Family Therapy Outcome with Alcohol-Abusing, Runaway Adolescents," *Journal of Marital and Family Therapy*. Vol. 35 (3), Jul 2009, 255-277. <http://findarticles.com/p/articles/mi_qa3658/is_200907/ain32422585/>

⁷⁵ Arnold, Elizabeth Mayfield and Mary Jane Rotheram-Borus. "Comparisons of HIV Prevention Programs for Homeless Youth." *Prevention Science*. 9 Dec. 2008. <www.springerlink.com/content/t2112j1m612875h1/fulltext.html>

⁷⁶ The characteristics described in this section are based on data collected by DYCD; *Youth in Crisis - Characteristics of Homeless Youth Serviced by Covenant House New York*. Covenant House Institute March 2009. <www.covenanthouse.org/sites/default/files/file/Youth%20In%20Crisis%20CHNY%FINAL.pdf>; and *Count of Homeless Youth*, Op. Cit.

⁷⁷ In the Covenant House Institute study, Op. Cit., the percentages were very similar to the DYCD data (56 percent and 27 percent, respectively).

⁷⁸ See for example, *Count of Homeless Youth in New York City*, Op. Cit. and, *Youth in Crisis - Characteristics of Homeless Youth Serviced by Covenant House New York*. Op. Cit. The findings in this study are based on a survey of 444 youth who entered the Covenant House crisis shelter between October 2007 and the end of February 2008.

- ⁷⁹ DYCD statistics are based on data submitted by DYCD-funded crisis shelters.
- ⁸⁰ See Table 4, page 11 of *Youth in Crisis - Characteristics of Homeless Youth Serviced by Covenant House New York*. Op. Cit. Note: only 1 percent of youth refused to answer this question
- ⁸¹ However, 18 percent did not give a definitive “no” to the transgender question. *A Count of Homeless Youth in New York City*, Op. Cit.
- ⁸² Where studies do not demonstrate disproportionate representation, this tends to be explained in terms of bias in the samples (e.g., crisis shelter samples in which LGBT youth under-represented or samples that exclude young adults). *Incidence and Vulnerability of LGBTQ Homeless Youth*, Op. Cit. page 2.
- ⁸³ For additional information about Families Matter, see <www.familiesmatterusa.org>
- ⁸⁴ See, for example, Julianelle, Patricia. *Housing + High School = Success: Schools and Communities Uniting to House Unaccompanied Youth*. National Association for the Education of Homeless Children and Youth (NAEHCY) Nov. 2009. <www.naehcy.org/dl/youthhousing.pdf>; Host Homes for Homeless Youth is administered by Catholic Human Services. See <www.catholichumanservicees.org/host-home-program-149>
- ⁸⁵ “GLB Host Homes Project,” Reasonably Logic. 19 Jan. 2007. <<http://reames.wordpress.com/2007/01/19/glb-youth-host-home-program/>>
- ⁸⁶ Edible Woman’s Blog. 26 May 2008. <www.progressiveu.org/023807-glb-homeless-youth-where-do-you-go-when-no-one-wants-you>
- ⁸⁷ Evans, Wendy Grace. *WANTED: Generally Nice People Who Care About Youth*. Homelessness Resource Center 2010 <<http://homeless.samhsa.gov/Resource/View.aspx?id=47492&AspxAutoDetectCookieSupport=1>>
- ⁸⁸ Wooten, Amy. “Program Seeks People Willing to Open Homes to Homeless GLBT Youth,” *Chicago Free Press* Vol. 11 (16), 17 Dec. 2009. <www.chicagofreepress.com/node/3916>. See also: <www.ucanichicago.org/site/files/682/84472/305758/434113/HHP_brochure.pdf>; and, <www.avenuesforyouth.org/Images/HHPBrochure-Current%209.08.pdf>