

**Identifying and Serving LGBTQ
Youth: Case Studies of Runaway
and Homeless Youth Program
Grantees**

Final Report

February 14, 2014

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This report, which summarizes findings from four case studies of Runaway and Homeless Youth Program grantees serving lesbian, gay, bisexual, transgender, and questioning youth, benefited from the contributions of many people. The case studies were conducted by Mathematica Policy Research and its subcontractor, the Williams Institute, under contract to the Office of the Assistant Secretary for Planning and Evaluation (ASPE) in the U.S. Department of Health and Human Services (HHS) and the Office for Planning, Research and Evaluation (OPRE) in HHS's Administration for Children and Families (ACF).

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EXECUTIVE SUMMARY

Some government and private organizations are interested in improving services for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth who run away from home or experience homelessness. These efforts are prompted, in part, by research suggesting LGBTQ youth may be at greater risk for experiencing homelessness and, if they become homeless, more likely than their heterosexual counterparts to experience victimization, engage in high-risk sexual behaviors, and have poor mental health.

To better understand provider experiences serving LGBTQ runaway and homeless youth (RHY), the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services (HHS), in collaboration with the Office of Planning, Research and Evaluation (OPRE) in HHS's Administration for Children and Families (ACF), sponsored case studies of four local agencies receiving grants from ACF's RHY Program. The purpose of the study, conducted by Mathematica and its subcontractor, the Williams Institute, was to learn about programs' strategies for identifying and serving LGBTQ RHY, the challenges programs face in understanding and addressing the needs of this population, and potential areas for future research.

The four study sites are federally funded RHY programs that provide a range of services, operate in different regions of the country, and have experience serving LGBTQ youth. They include agencies with urban and rural service areas in Colorado, Minnesota, Ohio, and Texas. One agency receives RHY Program funding for basic center services, two for transitional living, and two for street outreach. The share of clients identified as LGBTQ ranges from 5 to 28 percent.

Drawing on site visit interviews as well as reviews of agency documents and forms, this report presents findings on four topics: (1) agencies' collection and use of data on clients' sexual orientation and gender identity, (2) providers' assessment and perceptions of needs and capacities among LGBTQ RHY, (3) providers' approaches to serving LGBTQ RHY, and (4) providers' perceptions of research gaps and data needs related to services for LGBTQ RHY. We conclude by suggesting issues for policymakers and practitioners to consider related to collecting data on, and serving, this population.

Collection and Use of Sexual Orientation and Gender Identity Data

The study sites' approaches to gathering information on sexual orientation and gender identity include asking direct questions on intake and assessment forms and relying on youths' self-disclosure during less formal conversations with staff. Two of the four agencies collect information on sexual orientation through questions on intake or assessment forms completed by staff or youth. In three agencies, intake or assessment forms include questions on gender identity that feature response options for transgender status.

Staff at all agencies reported using information on youths' sexual orientation and gender identity when planning individual services. Staff use this information to tailor some services (such as referrals for counseling). In addition, staff use information on sexual orientation and gender identity (1) to determine housing and bathroom accommodations, (2) for assignment to case managers, and (3) in making appropriate health care referrals. No agencies reported that they analyze patterns of service use or outcome by sexual orientation and gender identity (or any other demographic characteristic). Agencies do not conduct these analyses because they do not record client-level sexual orientation or gender identity information in the agency's management information system or other records, or because it is not their general practice to break down service use data by demographic group.

The accuracy of data on the number of LGBTQ youth served at the agency level and reported to the federal government is uncertain and might vary widely among agencies. Factors that appear to affect complete or accurate collection of sexual orientation and gender identity data include youths' reticence in answering questions, concerns among staff members about protecting youths' privacy and recording these characteristics in agency records, and the absence in some agencies of standardized protocols for gathering sexual orientation or gender identity information.

Assessment and Perceptions of Needs and Capacities of LGBTQ RHY

Agency staff conduct assessments during initial intake sessions and subsequent meetings with youth to determine immediate needs, detail personal circumstances, and identify risk factors or barriers that may need to be addressed through longer-term services. Assessment tools used by some agencies inquire about sexual orientation and gender identity, but no agencies reported using tools that specifically target LGBTQ youth. Some staff reported that they assess needs or circumstances related to LGBTQ identity based on their own knowledge of these issues and techniques for exploring them with clients.

Many staff felt that homeless youth face similar types of risks, regardless of sexual orientation and gender identity. Nevertheless, some types of risks—emotional distress and poor mental health, substance abuse and sexual risk behavior, and problems with family and personal relationships—were perceived to be particularly salient or frequent among LGBTQ youth. According to staff reports, LGBTQ youth of color and transgender youth are at the highest risk of encountering barriers to accessing appropriate services or resources, especially those related to health and employment. Staff also perceived some distinctive protective factors among LGBTQ youth. In particular, LGBTQ youth may be “survivors” who develop positive self-protection skills after experiencing stigma and rejection.

Approaches to Serving LGBTQ RHY

All agencies visited implement some organizational strategies that focus on LGBTQ youth, including adopting nondiscrimination and nonharassment policies and protecting the confidentiality of information shared by youth. Agencies differ in the extent to which they have implemented other organizational strategies, such as establishing a safe and affirming environment, developing staff skills in serving LGBTQ youth, and creating partnerships with other organizations serving LGBTQ youth. Opportunities to improve cultural competency in serving LGBTQ youth ranged from annual trainings on site in two agencies to occasional attendance at sessions offered at universities or conferences for staff at another agency.

Agencies also tailor a variety of services to make them more accessible or relevant to the needs and circumstances of LGBTQ youth. For example, agencies tailored housing programs to the needs of LGBTQ youth by assigning shared accommodations based on self-reported gender identity and providing private accommodations, when available, to address youths' concerns about safety. These approaches were perceived to be especially helpful for transgender youth who could be concerned about sleeping in male or female dormitories. Two agencies offered services specifically for LGBTQ youth. One agency employs an LGBTQ case manager who develops individual service plans for LGBTQ-identified youth in its housing programs. Another operates a host home program specifically for LGBTQ youth, matching these youth with LGBTQ-supportive adults who offer youth transitional housing in private homes.

Staff in two agencies reported that they aim to facilitate reconciliation between LGBTQ youth and families when possible, but that such assistance is offered only to the extent a youth wishes to

engage with her or his family. Agency staff did not report that efforts at family acceptance for LGBTQ youth are based on a formal intervention model. Rather, staff use general mediation strategies in their attempts to work with families.

Two factors that appear to affect tailoring of services to LGBTQ youth are the presence of staff with LGBTQ expertise and the perceived proportion of youth served who identify as LGBTQ. Having staff with appropriate expertise and a visible LGBTQ clientele may encourage agencies to take steps to better serve this population. Challenges that can impede efforts to improve or tailor services for LGBTQ RHY include (1) a lack of local resources that focus on LGBTQ youth; (2) the difficulty of overcoming social stigma, especially toward LGBTQ youth of color and transgender or gender-nonconforming youth; and (3) staff concerns about singling out a specific population of RHY while still being able to help all youth who need an agency's services.

Research Needs

We asked staff in case study agencies to identify the kinds of information and research that might help them understand the characteristics and experiences of LGBTQ RHY more completely and provide effective services to this population. Staff recommended future research in six general areas:

1. **Size of the LGBTQ RHY population in local areas.** According to agency staff, community-level data on the number of RHY who identify as LGBTQ would help agencies understand whether they are reaching this population successfully. These data also may help them gauge whether current services align with the characteristics of the local RHY population.
2. **Characteristics of subpopulations of LGBTQ youth.** Staff perceived transgender youth (including transgender youth of color) and LGBTQ RHY of color in general to be at particularly high risk of poor outcomes, but little is known about the proportion of the RHY population these youth comprise, the specific risk factors prevalent among them, or their outcomes.
3. **Risk and protective factors among LGBTQ RHY.** Staff members pointed to three risk factors that appear to be prevalent among LGBTQ RHY and could be better understood: (1) types and severity of mental health disorders, (2) prevalence and factors contributing to human trafficking and sexual exploitation, and (3) prevalence of intimate partner and dating violence among LGBTQ RHY. According to staff, experiences among LGBTQ youth also have the potential to support development of protective factors or personal capacities. In particular, resiliency among LGBTQ homeless youth may increase as they learn to contend with discrimination.
4. **Factors contributing to LGBTQ youth homelessness.** Additional research on the reasons LGBTQ youth become homeless would help providers identify and address the potentially varied and distinct factors contributing to this problem.
5. **Experiences of LGBTQ youth involved in multiple systems.** Homeless youth may be involved in several public systems, especially the juvenile justice and child welfare systems. Staff in case study agencies indicated a need for information on the perceptions of these systems among LGBTQ RHY and efforts to link across systems to better serve this population.
6. **Service models and administrative strategies that focus on LGBTQ RHY.** Agency staff frequently expressed a need for intervention models targeting LGBTQ RHY and

information on the effectiveness of these interventions in various service contexts (for example, urban or rural areas). Staff mentioned a particular interest in models for promoting family engagement and reunification and positive youth development among LGBTQ youth.

Issues for Policymakers and Practitioners

The case study findings point to four issues related to serving LGBTQ RHY for policymakers and practitioners to consider:

1. **Ensuring consistency and accuracy in data collection.** To improve the consistency and accuracy of administrative data on these topics, it may be beneficial to offer providers guidance on preferred content for questions about sexual orientation and gender identity and recommended methods for asking them. Providers also may need to consider whether different processes might be used to collect data for administrative purposes (for example, to understand the demographics of an agency's clientele overall) and for guiding service provision. Collecting administrative data anonymously (for example, through an online questionnaire) would allow an agency to gather data on the number of youth who identify as LGBTQ without asking youth to disclose the information to a staff member during an initial intake session or assessment. To help staff plan services appropriately, they could record in individual case files any information gathered later about a youth's LGBTQ status.
2. **Management and analysis of data on LGBTQ identity.** In addition to standardized practices for asking questions on sexual orientation and gender identity, guidance on when this information should be recorded in case records, as well as on when and to whom it should be disclosed, may benefit agencies. Programs might also benefit from information on how analyzing data by demographic characteristics might be used for assessing service delivery, and from assistance to build capacity for internal data management and analysis.
3. **Technical assistance for agencies whose service areas lack extensive LGBTQ resources.** Offering technical assistance or training on LGBTQ issues regularly and making it easily accessible via online participation would help agencies in areas without access to local LGBTQ resources. Another option would be to create opportunities for RHY providers to share information on strategies for serving LGBTQ RHY, perhaps by creating an online repository for documents on best practices.
4. **Developing and evaluating interventions targeting LGBTQ youth.** RHY providers will likely benefit from specification, dissemination, and evaluation of models for serving LGBTQ youth effectively. Evaluations of program models targeting LGBTQ RHY might explore whether the models are most effective when offered as separate program components or as modifications to services available to RHY in general. Studies might also address the effectiveness of tailoring specific types of services, such as family reunification support or individual counseling, to the particular needs and circumstances of LGBTQ RHY.

I. INTRODUCTION

Research suggests that young people who are lesbian, gay, bisexual, transgender, or questioning their sexuality (LGBTQ) face a disproportionate risk of homelessness. Available data on youth homelessness are limited and not nationally representative, but studies of homeless youth served by individual providers or in local areas have found that 6 to 35 percent identify themselves as LGBTQ (Substance Abuse and Mental Health Administration 2011).¹ In comparison, analyses of data from the National Longitudinal Study of Adolescent Health found that 7.4 percent of boys and 5.3 percent of girls in grades 7–12 reported same-sex romantic attraction, and results of a recent nationally representative survey of U.S. adults indicate that approximately 3.4 percent identify as LGBT (Russell et al. 2001; Gates and Newport 2012). According to a study of a representative sample of high school students in one state, lesbian, gay, and bisexual youth and heterosexual youth who have same-sex sexual partners are 4 to 13 times more likely than exclusively heterosexual youth to be homeless (Corliss et al. 2011). Providers serving homeless youth also report that LGBTQ youth are overrepresented among the youth they serve. Respondents to a national nonrepresentative survey of providers estimated that LGBTQ youth comprise 40 percent of their clientele, on average (Durso and Gates 2012).

Homeless LGBTQ youth also might be more likely than their heterosexual counterparts to experience victimization, engage in high-risk sexual behaviors, and have poor mental health. Several studies have found that lesbian, gay, and bisexual youth are more likely than heterosexual youth to (1) have been physically or sexually victimized, (2) engage in survival sex or sex work, (3) have attempted suicide, (4) use illicit substances, and (5) have greater mental health concerns (Cochran et al. 2002; Van Leeuwen et al. 2006; Ray 2006; Toro et al. 2007; Tyler 2008). Although these studies are not representative of the entire homeless youth population, considered together, they suggest that LGBTQ homeless youth are at high risk of poor outcomes.

In response to these indications of higher prevalence of homelessness among LGBTQ youth and potentially greater risks for those experiencing homelessness, government and private organizations have suggested approaches for enhancing services for LGBTQ youth in out-of-home care (see, for example, National Alliance to End Homelessness et al. 2009; Wilber et al. 2006; Ray 2006; SAMHSA n.d.). Common suggestions include the following:

- Establishing nondiscrimination, antiharassment, and confidentiality policies that address sexual orientation and gender identity, and creating safe and inclusive agency environments
- Enhancing LGBTQ cultural competency among staff through training and other supports
- Providing flexible and tailored programming for LGBTQ youth, including interventions that focus on family acceptance and reunification
- Addressing the unique health and shelter needs of transgender clients

¹ The ages of young people in these studies vary. For this study, we adopt the definition of *youth* that the U.S. Interagency Council on Homelessness (USICH) uses: people up to 24 years old. The Runaway and Homeless Youth Program of the Administration for Children and Families, U.S. Department of Health and Human Services serves youth up to 22 years old.

- Establishing connections with other community organizations serving LGBTQ youth
- Collecting data on LGBTQ youth receiving services and using these data to educate decision makers and assess patterns in service provision and outcomes

Some agencies serving homeless youth have already accomplished one or more of these suggested steps. Agencies that serve primarily LGBTQ homeless youth operate in several large cities and tailor many services to this population.² The Williams Institute's Homeless Youth Provider Survey (HYPS) gathered information from 354 organizations nationwide on their experiences providing services to homeless LGBTQ youth. Approximately 24 percent of services and activities offered by agencies responding to the survey targeted LGBTQ clients (Durso and Gates 2012).³ In addition, 85 percent of survey respondents agreed with the statement, "I am very knowledgeable about LGBT homeless youth," indicating they believe themselves competent to work with this population (Durso and Gates 2012).

Yet much remains to be learned about whether and how agencies serving runaway and homeless youth (RHY) implement practices to address the specific needs or circumstances of LGBTQ youth. To better understand provider experiences serving LGBTQ RHY, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) of the U.S. Department of Health and Human Services (HHS), in collaboration with the Office of Planning, Research and Evaluation (OPRE) in the Administration for Children and Families (ACF), HHS, sponsored case studies of local agencies receiving grants from ACF's RHY Program. The purpose of the study, conducted by Mathematica and its subcontractor, the Williams Institute, was to learn about programs' strategies for identifying and serving LGBTQ RHY, the challenges programs face in understanding and addressing the needs of this population, and potential areas for future research.

The study addressed four sets of questions:

1. **What are providers' approaches to collecting and using data on the sexual orientation and gender identity of the youth they serve?** What information do providers collect, and when? Do providers use data on sexual orientation or gender identity to tailor services to individual clients or assess program performance? What challenges do providers experience in collecting data on LGBTQ RHY?
2. **What do providers perceive to be the key needs and capacities of LGBTQ RHY?** How do programs assess these needs and capacities? Do program staff perceive differences in needs and capacities of LGBTQ and non-LGBTQ youth?
3. **What strategies do providers implement in working with LGBTQ RHY?** How, if at all, do organizations tailor their services to LGBTQ RHY? What successes and challenges have providers experienced providing services to these youth?
4. **What research gaps affect providers' ability to understand and meet the human service needs of LGBTQ RHY?** What data or information are needed to provide services more effectively to this population?

² Examples include the Ali Forney Center and Green Chimneys in New York City; the Ruth Ellis Center in Detroit, Michigan; and the Gay and Lesbian Community Center in Los Angeles, California.

³ A total of 381 people, representing 354 agencies, responded to the survey.

The study aimed to document agency experiences and staff perspectives among a select group of RHY Program grantees, rather than to identify best practices in serving LGBTQ RHY.

Two government initiatives related to services for LGBTQ youth inform the study questions. The first is the United States Interagency Council on Homelessness (USICH) Framework to End Youth Homelessness, which prioritizes improving (1) data collection and quality; and (2) providers' capacity to serve especially vulnerable groups, including LGBTQ youth (USICH 2013). (We describe the USICH Framework in more detail later in this chapter.) The second initiative is an OPRE project to develop a research agenda on the human service needs of LGBT populations.⁴ The case studies provided an opportunity to gather input from providers on research priorities related to LGBT populations, especially homeless youth.

Key Terms: Sexual Orientation, Gender Identity, Gender Expression, and Transgender

According to the American Psychological Association (2011):

- *Sexual orientation* refers to “the sex of those to whom an individual is sexually and romantically attracted” and generally includes the categories lesbian, gay, bisexual, and heterosexual.
- *Gender identity* refers to “one’s sense of oneself as male, female, or transgender.”
- *Gender expression* is “the way a person communicates gender identity to others through behavior, clothing, hairstyles, voice, or body characteristics.”
- *Transgender* is a broad term describing people whose self-identified gender or gender expression does not correspond to their biological sex or sex assigned at birth.

Next, we describe the RHY Program and other key federal efforts related to youth homelessness, site selection criteria and characteristics of the four case study sites, data collection methods, and the organization of the rest of the report.

A. The RHY Program and Other Federal Responses to Youth Homelessness

Because homeless youth can be involved in many public systems (such as child welfare, juvenile justice, and homeless assistance), many policies and programs can affect them. With respect to shelter, housing, and outreach services for RHY, key elements of the federal policy and program context include the RHY Program structure, U.S. Department of Housing and Urban Development (HUD) funding for homeless services, and the USICH Framework to End Youth Homelessness. We describe each of these next.

RHY Program. The federal RHY Program, administered by the Family and Youth Services Bureau (FYSB) in ACF (part of the U.S. Department of Health and Human Services), funds community-based organizations and shelters serving young people. The program makes annual grants totaling more than \$100 million to support four types of direct services:

⁴ For more information on this project—the Research Development Project on the Human Service Needs of LGBT Populations—please visit <http://www.acf.hhs.gov/programs/opre/research/project/research-development-project-on-human-service-needs-of-lgbt-populations>.

1. **Basic center.** Basic center grantees provide up to 21 days of emergency shelter to youth under age 18, along with counseling to support the return of youth to their families, if appropriate.
2. **Transitional living and maternity group homes.** These grants support longer-term housing (up to 21 months), such as supervised apartments and host home programs, in which youth live in the homes of screened and trained adult volunteers. Transitional living programs offer supportive services to youth ages 16 to 22 to promote self-sufficiency and social and emotional well-being. Some transitional living grants fund housing for pregnant and parenting youth. As with other transitional living programs, maternity group homes offer services to make it easier to transition to self-sufficiency, but they also offer parenting skills training.
3. **Street outreach.** Street outreach grantees contact youth living on the streets to build relationships, provide basic living supplies, and offer information on shelters and other services. The primary goal of such programs is to protect youth and prevent sexual exploitation or other harm.

In addition to direct services, the RHY Program supports the National Runaway Safeline, which connects youth in crisis to available services, and a training and technical assistance network for RHY grantees.⁵

FYSB requires grantees of the RHY Basic Center and Transitional Living programs to report semiannually the number and demographics of youth they serve, the types of services provided, and the status of youth when they exit RHY programs. Grantees record and submit these data to the federal government through the Runaway Homeless Youth Management Information System (RHYMIS), a database created for this purpose. Agencies create entry and exit records for each youth served, including youth who reenter services. Entry records document the young person's (1) demographic characteristics, (2) living situation at entry, (3) referral source, (4) school status, and (5) involvement in the child welfare or juvenile justice system. Exit records document (1) youths' "critical issues" or needs identified by program staff, including issues related to sexual orientation or gender identity; (2) services provided to youth, (3) plans for providing transitional support or referrals after program exit, and (4) youths' living situation at exit.

RHYMIS records include fields for reporting the sexual orientation and gender identity of clients served, among other demographic characteristics. This feature distinguishes RHYMIS from the administrative databases of other ACF programs, which do not collect information on participants' sexual orientation or gender identity. According to the RHY Program's 2010-2011 Report to Congress, among youth whose sexual orientation was reported in RHYMIS, lesbian, gay, and bisexual youth accounted for 6 or 7 percent served in the Basic Center Program and 9 or 10 percent served in the Transitional Living Program during fiscal years 2010 and 2011 (HHS 2013). Transgender youth accounted for less than 1 percent of youth served in each program during these years (HHS 2013). However, the Report to Congress notes that RHYMIS data may underreport the percentage of youth served who are LGBT, since youth are not always asked these questions or do

⁵ For additional information on the Runaway and Homeless Youth Program, please see the program's most recent Report to Congress (http://www.acf.hhs.gov/sites/default/files/fysb/rhy_congress_2010_11.pdf).

not always provide responses to them. (We discuss additional challenges related to data collection on sexual orientation and gender identity in Chapter II.)

HUD homeless assistance programs. Many programs serving homeless youth receive funding from multiple government and private sources, including HUD. HUD homeless assistance programs support emergency shelter, supportive services, transitional housing, homelessness prevention, and other services through Continuum of Care (CoC) awards to coalitions of nonprofit organizations, State agencies, and/or local government agencies operating in a specific geographic area. HUD awarded \$1.67 billion in CoC grants in fiscal year 2012. Lead agencies receiving CoC awards may subaward funds to individual service providers. This approach to funding is intended to promote collaborative planning and service delivery among agencies that address the various needs of homeless people in a local area. HUD requires most agencies receiving CoC awards or subawards to implement a Homeless Management Information System (HMIS) to collect and report on client characteristics and services provided in their local areas. Some agencies also use HMIS as an internal case management system. HUD does not require that HMISs report clients' sexual orientation and gender identity, but agencies may choose to collect such data through their locally developed HMIS.

USICH Framework to End Youth Homelessness. The USICH is an independent agency within the federal executive branch whose mission is to coordinate the federal response to homelessness and to create partnerships to reduce and end homelessness in the nation. The USICH's 2010 strategic plan to prevent and end homelessness established a goal of ending homelessness among children, families, and youth by 2020 (USICH 2010). In February 2013, USICH released a framework proposing two strategies for addressing youth homelessness: (1) improving data collection; and (2) improving the capacity of federal, state, and local systems that serve youth experiencing homelessness or at risk of becoming homeless (USICH 2013). Both strategies have implications for providers serving LGBTQ youth.

The first strategy focuses on creating systems to gather and communicate accurate information on the number and circumstances of homeless youth. It emphasizes such steps as including youth in point-in-time counts of the homeless population, integrating or coordinating federal information systems that record data on homeless youth receiving services, and undertaking national studies to address information gaps regarding the number and characteristics of homeless youth. As one step in this strategy, USICH and several other federal agencies have launched Youth Count!, an effort to identify promising methods for counting unaccompanied homeless youth in local areas. Improved data on homeless youth will incorporate information on key subpopulations, including LGBTQ youth.

The framework's second strategy is to create and disseminate an intervention model for serving homeless youth and helping them achieve desired outcomes: stable housing, enhanced connections with sources of social support, increased participation in education or employment, and improved health and well-being. The preliminary model posits screening and assessment, followed by provision of services (housing or shelter, mental or physical health care, and social supports) matched to youth circumstances and risk levels (USICH 2013). A key principle of the model that USICH proposes is that services should be culturally appropriate and tailored to youth characteristics, including sexual orientation and gender identity.

B. Site Selection and Characteristics

In selecting study sites, we aimed to identify federally funded RHY programs that provide a range of services, operate in different regions of the country, and have experience serving LGBTQ youth. We used three main criteria to identify potential case study sites:

1. **Receipt of RHY funding.** Because the study focuses on HHS-funded service providers, we included only agencies that had received RHY basic center, transitional living, or street outreach grants in 2012.
2. **Participation in the HYPS.**⁶ We limited candidates to agencies that responded to the HYPS. This narrowed the number of potential sites and increased access to data about each site. In addition, participation in the survey signaled that at least one person at each agency was interested in issues facing LGBT-identified homeless youth.
3. **Experience serving LGBTQ youth.** To ensure we could address questions regarding approaches to serving LGBTQ-identified youth, we aimed to identify sites with relevant experience. We established two indicators of this experience: (1) the agency offers services expressly for LGBTQ-identified youth and/or (2) the agency reported in the HYPS that it serves LGBTQ youth.

In addition to the screening criteria, we specified agency characteristics that would help us assess whether sites varied in ways that might influence an agency's service approaches and the challenges it faces in serving LGBTQ youth. These characteristics included the agency's size in terms of staff and budget, types of services provided, and geographic location. Drawing on a variety of information sources, including the HYPS and agency websites, we developed a list of 10 potential sites.

After consultations with ASPE and OPRE, as well as discussions with representatives of the RHY Program and advocacy organizations that focus on homeless youth, we selected four sites for inclusion in the study. The selection of the four sites prioritized (1) diversity among the agencies in size, reported proportion of youth served who are LGBTQ, and urban or rural service area; (2) inclusion of some agencies that had not participated in previous studies of RHY providers; and (3) inclusion of all three types of RHY Program grantees.

Table I.1 summarizes characteristics of the study sites. (Appendix A includes a brief profile of each site.) The group includes agencies with urban and rural service areas in four states: Colorado, Minnesota, Ohio, and Texas. The agencies employ from 19 to 65 staff members and serve from 157 to as many as 2,550 youth annually. One agency receives RHY Program funding for basic center services, two for transitional living, and two for street outreach. The share of clients identified as LGBTQ ranges widely, from 5 to 28 percent. (These figures, based on staff estimates or agency reports, were not always consistent with the data provided in response to the HYPS or reported to RHYMIS; we present percentages reported by program staff or in program documents.) Two of the agencies offer services designed specifically for LGBTQ homeless youth: a host home program and a designated LGBTQ case manager.

⁶ The Homeless Youth Provider Survey (HYPS), conducted by the Williams Institute, gathered information from 354 organizations nationwide on their experiences working with homeless LGBTQ youth.

Table I.1. Characteristics of Study Sites

Agency Name	Location	Annual Budget (FY 2012) ^{a,c}	Services Offered	RHY Program Funding (2012)	Number of Youth Served (FY 2012)	Percentage of Clients Identified as LGBTQ ^a	LGBTQ-Specific Services
Avenues for Homeless Youth	Minneapolis, MN	\$1.0 million	Emergency shelter, transitional living	Transitional living (\$175,000)	157 ^c	25 to 28 ^b	LGBT host home program
Central Texas Youth Services Bureau	Belton, TX	\$1.3 million	Emergency shelter, transitional living, maternity group home, independent living, street outreach, employment/education, drop-in center, hotline	Transitional living, maternity group home, and street outreach (\$500,000)	Up to 5,000 (200 to 500 in shelter/housing) ^b	2 to 5 ^b	None
Daybreak	Dayton, OH	\$3.8 million	Emergency shelter, transitional living, group home, street outreach, employment/education, hotline, mental health services	Basic center, transitional living, and street outreach (\$525,000)	2,246 (354 in shelter/housing) ^c	10 to 20 ^{b, c}	None
Urban Peak	Denver, CO	\$4.2 million	Emergency shelter, transitional living, permanent housing, street outreach, employment/education, drop-in center	Basic center and street outreach (\$237,000)	2,550 (574 in shelter/housing) ^c	15 ^c	Designated LGBTQ case manager, social/recreational activities

Sources: Agency documents and site visits conducted April to June 2013.

^aAll programs.

^bStaff estimate.

^cReported in agency's annual or evaluation report.

FY = fiscal year; LGBTQ = lesbian, gay, bisexual, transgender, or questioning.

C. Data Collection Methods

During spring 2013, the research team completed calls and visits to the four selected sites. Two team members spent a day and a half at each agency, conducting semistructured individual and group interviews with five types of respondents: (1) executive directors; (2) program supervisors; (3) direct service staff, such as case managers; (4) evaluation specialists or database administrators (in programs with such staff members); and (5) representatives of partner organizations working with the selected agencies to serve LGBTQ youth.⁷ In addition, we asked contacts at each site for information on the number of RHY served annually and client demographics, including the proportion of youth identifying as LGBTQ. Finally, we requested copies of intake and assessment forms and documents describing agency services (such as annual or evaluation reports).

Our review of case study data included preparation of site visit summaries and team discussions to develop findings. After each site visit, researchers prepared two documents: (1) an initial memo identifying broad findings and (2) a detailed summary of information gathered on each research topic and subtopic. As researchers prepared these documents, they compared responses of individual agency staff members to confirm information or identify divergent views. The entire research team reviewed the memos and detailed summaries and, during structured discussions focusing on the research topics, identified key findings and practices within and across the four sites.

D. Organization of this Report

The rest of this report is organized into the following sections, addressing each of the study's research questions:

- **Chapter II** presents findings on whether and how providers collect and use client data on sexual orientation and gender identity.
- **Chapter III** describes how programs conduct assessments of RHY; whether assessments take LGBTQ identity into account; and staff perceptions of risk factors, needs, and capacities among LGBTQ RHY.
- **Chapter IV** outlines providers' approaches for serving LGBTQ youth, especially organizational-level strategies and service tailoring.
- **Chapter V** summarizes RHY program staff perspectives on data gaps and research needs related to services and outcomes for LGBTQ RHY and discusses issues for policymakers and practitioners to consider related to collecting data on, and serving, this population.

⁷ We did not gather information from youth receiving services, due to limitations on the number of interviews conducted for this study.

II. AGENCIES' COLLECTION AND USE OF SEXUAL ORIENTATION AND GENDER IDENTITY DATA

Understanding the number and characteristics of homeless youth is important for policy and planning at the provider, local, and national levels. Reliable data on who experiences homelessness can help researchers identify population groups that are at higher risk. Providers can consider information on the size and characteristics of the local homeless youth population to assess whether service capacity and offerings align with the number and circumstances of homeless youth in their communities. Data on the homeless youth population can also help raise awareness of this problem and help local and national stakeholders allocate resources for responding to it. Funders, including the RHY Program, require providers to collect and report information so the funders will know who benefits from programs they support.

Yet barriers exist to collecting accurate information on the characteristics of homeless youth, especially their sexual orientation and gender identity. As a vulnerable population, homeless youth can be difficult to locate or hesitant to share information about themselves with service providers or researchers. Questions on sexual orientation and gender identity are likely to be particularly sensitive for young people, who may fear harassment by peers and others, or have concerns that information will be disclosed to their families. Such fears or concerns may result in inaccurate responses to questions or refusals to answer. Adolescents also may have trouble responding to questions on these topics because they are in the midst of sexual and gender identity development (Sexual Minority Assessment Research Team 2009; Austin et al. 2007; Saewyc et al. 2004).

In addition, the multifaceted nature of sexual orientation and gender identity creates challenges to gathering this information through standardized forms or surveys (Sexual Minority Assessment Research Team 2009). Sexual orientation may refer to a person's self-identification, sexual behavior, or sexual attraction. Gender identity—a person's innate sense of being male, female, or transgender—includes a range of experiences, from expressing gender in a manner that may or may not conform to societal expectations to medical interventions to change one's sex. These complexities require attention to question wording, response options, and modality, so that respondents interpret questions consistently and provide accurate information.

In this chapter, we review the experiences of case study sites in collecting and using demographic data, especially sexual orientation and gender identity, on the homeless youth they serve. Our study found the following:

- Two of the four agencies collect information on sexual orientation through questions on intake or assessment forms completed by staff or youth, and all agencies sometimes gather this information when youth share it during less structured interactions. In three agencies, intake or assessment forms include questions on gender identity that feature response options for transgender status.
- Staff at all agencies reported using information on youths' sexual orientation and gender identity when planning individual services, but no agencies examine program-level service delivery or outcome data by any demographic characteristics (including sexual orientation and gender identity, race/ethnicity, or others).
- Factors that appear to affect complete or accurate collection of sexual orientation and gender identity data include youths' reticence in answering questions, concerns among staff members about recording these characteristics in agency records, and the absence in

some agencies of standardized protocols for gathering sexual orientation or gender identity information.

A. Approaches to Collecting and Recording Data on Youth Demographics

Agencies collect demographic information on youth during initial intake sessions and subsequent meetings or conversations with youth. Staff conducting intake sessions for shelter or housing services use forms to gather such information as a youth's name, age, birth date, race and ethnicity, disability and marital status, and last permanent address. These forms can be completed by staff through interviews with youth or completed by youth themselves. Staff members reported that they also gather information on youths' backgrounds during case management meetings and informal conversations that occur after intake, once youth and staff have had an opportunity to build rapport.

As would be expected, services that involve extended contact between staff and youth allow for collection of more comprehensive demographic data than services featuring briefer and less consistent interactions. Information is regularly gathered from youth accessing emergency shelter or transitional housing, which tend to require formal enrollment procedures and regular case management meetings. For street outreach or drop-in center services, staff complete logs to document contacts with youth and attempt to record basic information, such as name, age, physical characteristics, and living situation. Because these service contacts tend to be brief, however, opportunities for additional data collection may be limited.

To record and manage client data, three study agencies use an HMIS and one maintains paper records. All the agencies use RHYMIS to report client and service data for programs receiving federal RHY grants, but RHYMIS is not used as a tool for ongoing case management. At agencies using an HMIS, staff reported that they duplicated entry of information into RHYMIS to meet reporting requirements.

B. Collection and Use of Information on Sexual Orientation and Gender Identity

The study sites' approaches to gathering information on sexual orientation and gender identity include asking direct questions on intake and assessment forms and relying on youths' self-disclosure during less formal conversations with staff. Staff at all agencies reported that they consider sexual orientation and gender identity information, when it is available, in planning services for individual clients.

Collection of sexual orientation and gender identity data. Two of the four study sites systematically collect and record data on the *sexual orientation* of youth enrolling in shelter programs, using questions specified on agency forms. The format and placement of questions differ between the two agencies. One agency collects this information through an item on its intake form (see Box II.1, Agency A). The form does not specify question phrasing but does indicate response categories: (1) heterosexual, (2) bisexual, (3) gay, (4) lesbian, (5) questioning, and (6) self-identified orientation.

Box II.1. Sexual Orientation and Gender Identity Questions on Agency Forms and in RHYMIS

Agency A: Emergency Shelter Intake Form

Gender

- Male Female
- Transgender male to female
- Transgender female to male
- Other
- Don't Know
- Refused

Sexual Orientation

- Heterosexual
- Bisexual
- Gay
- Lesbian
- Questioning
- Self-Identified Orientation

Agency B: Health Risk Assessment Form

What is your sexual orientation and/or gender identity?

- Heterosexual (straight)
- Homosexual (gay or lesbian)
- Bisexual
- Transgender
- Gender confused

Agency C: Emergency Shelter and Transitional Housing Intake Forms

Gender options:

- Female
- Male
- Transgendered (female to male)
- Transgendered (male to female)
- Client does not know
- Client refused
- Other

RHYMIS Basic Center and Transitional Living Entrance Reports

Gender: Choose one code indicating how the youth describes his/her gender identity.

- Male
- Female
- Transgender female to male
- Transgender male to female
- Other
- Not known or not determined

Sexual Orientation: Choose one code indicating how the youth describes his/her sexual orientation.

- Heterosexual
- Gay
- Lesbian
- Bisexual
- Questioning/Unsure
- Not known or not determined

Sources: Intake and assessment forms provided by study sites and RHYMIS forms for entrance to basic shelter and transitional living programs.

Note: One of four study sites does not collect information on sexual orientation or gender identity on intake forms.

RHYMIS = Runaway and Homeless Youth Management Information System.

The second agency includes a single, combined question on sexual orientation and gender identity on its health risk assessment form (Box II.1, Agency B): “What is your sexual orientation and/or gender identity?” Response options for this question include (1) heterosexual (straight), (2) homosexual (gay or lesbian), (3) bisexual, (4) transgender, or (5) gender confused.⁸ All options that apply can be selected.

Three agencies gather *gender identity* information (including transgender status) on intake or assessment forms. In addition to the agency that uses a combined sexual orientation/transgender status question, two agencies ask separate questions about gender identity (Box II.1, Agencies A and C). Response categories are similar for these two agencies’ questions and include (1) male; (2) female; (3) male-to-female transgender; (4) female-to-male transgender; and (5) other, don’t know, or refusal. In general, these categories align with the gender identity item in RHYMIS.

One agency (Agency C) that collects information on gender identity does not collect information on sexual orientation. Staff at this agency indicated that they prefer not to ask about sexual orientation at intake, allowing youth to provide that information later if they choose. Agency staff do inquire about transgender status, however, to ensure that they offer appropriate housing options to clients.

In all sites, agencies developed phrasing for questions and response categories internally, rather than using outside resources for guidance. The phrasing includes nonspecific response options, such as *self-identified orientation* and *other*, to accommodate the wide range of replies youth provide to these questions.

In general, staff offer clients the option to refuse to answer questions about sexual orientation and gender identity, but some reported taking special steps to collect the information when appropriate. For example, one staff member noted that she would ask youth to mark the appropriate box on an intake form (rather than completing it herself) if the youth seemed reluctant to respond verbally. Other staff noted that they conducted intake interviews in private offices to offer confidentiality for potentially sensitive topics.

Staff from agencies not collecting information on sexual orientation at intake noted that, with this approach, youth can share this information later, or not at all. Study participants at all agencies concurred that some youth discuss their sexual orientation or gender identity only after building a relationship with a staff member. Referrals from partner organizations may also suggest that a youth is LGBTQ (for example, when youth are referred to shelter services by an LGBT community organization).

Use of information on sexual orientation and gender identity. Many staff providing direct services indicated that they consider the sexual orientation or gender identity of individual youth as they create service plans. Staff use this information to tailor some services (such as referrals for counseling). In addition, staff use information on sexual orientation and gender identity (1) to determine housing and bathroom accommodations, (2) for assignment to case managers, and (3) in making appropriate health care referrals. We describe these approaches to service tailoring further in Chapter IV.

⁸ We did not determine the criteria used to identify gender-confused clients.

Staff consider information on the sexual orientation and gender identity of individual youth to be sensitive but reported they would discuss it internally when it was pertinent to planning or coordinating services. Staff in one agency also noted that information on LGBTQ identity might be communicated between partner agencies when considered relevant to a referral. In contrast, another agency took a stricter approach to information disclosure, emphasizing that clients should be in control of whether such information is shared. Staff at this agency typically do not reveal clients' sexual orientation or gender identity to providers outside the agency, unless legally required to do so.

Agencies also use data on sexual orientation and gender identity for grant and annual reporting, including reporting to FYSB through RHYMIS. The two agencies that systematically collect sexual orientation information at intake present summaries of this information, along with other client demographics, in annual or evaluation reports.

No sites reported assessing patterns of service use or outcome by sexual orientation and gender identity. Agencies do not conduct these analyses because they do not record client-level sexual orientation or gender identity information in the agency's MIS or other records, or because it is not their general practice to break down service use data by demographic group. Some staff members expressed interest in demographic analyses but noted that limited resources constrain their agencies' capacity for data analysis and management. Others questioned whether exploring potential differences in service experiences among demographic groups could promote segmenting of services for specific RHY populations, in contrast to efforts to meet the needs of all RHY or identify and address the unique circumstances and needs of each individual youth.

C. Challenges and Considerations in Data Collection and Interpretation

Agencies' experiences collecting information on sexual orientation and gender identity of youth highlight factors that may affect data completeness and accuracy. They also suggest issues for policymakers and other stakeholders to consider when interpreting sexual orientation and gender identity data on RHY.

Community context, agency reputation, and youths' personal interactions with staff appear to influence whether youth answer questions on sexual orientation and gender identity. Staff at one agency noted that youth in their service area generally do not have difficulty responding to questions on sexual orientation or gender identity. Staff speculated that the agency's urban location and its reputation as welcoming to LGBTQ people likely contribute to youths' comfort revealing their LGBTQ identities. Staff from several agencies affirmed that a clearly welcoming environment encourages LGBTQ youth to seek services and increases the likelihood they will be open about issues of sexual orientation and gender identity. Training in LGBTQ issues, which may give staff members more comfort addressing these topics, may also support youth reporting of sexual orientation or gender identity. In contrast, staff working at another agency noted that community mores appeared to discourage youth from revealing their sexual orientation and gender identity, even to staff who identify as LGBTQ. In all sites, staff highlighted the importance of establishing a rapport with youth to facilitate communication on sensitive issues, including sexual orientation and gender identity.

Concerns about risk of disclosure make some staff reluctant to collect data on sexual orientation and gender identity. Although staff across agencies generally agreed that collection of data on sexual orientation and gender identity could be useful for service provision, they voiced differing opinions about whether an agency ought to collect this type of information. Some staff members reported few concerns about collecting, documenting, or disclosing sexual orientation or

gender identity data, as long as agency guidelines on confidentiality were followed. However, one agency director noted that a tension exists in administrative data collection between the public's desire for information and the agency's interest in maintaining the privacy of its clients. A few staff members across agencies voiced the view that reporting data on the sexual orientation and transgender identity of youth served should be optional for programs, since clients may not feel safe sharing this information.

A minority of staff at RHY providers and their partner agencies expressed concern that information, particularly on youth under age 18, could be disclosed outside the agency. For example, a representative of one partner agency serving homeless minors noted that the agency could be required to release information in case files to parents or child welfare officials without the consent of the youth involved. Such disclosure could create problems for young people whose families might not accept their sexual orientation or gender identity, or for youth referred to a child welfare agency perceived to be unsupportive of LGBTQ youth. Staff members at another agency described their service area as socially conservative and voiced concern that disclosure of a youth's sexual orientation or gender identity could result in harassment by others in the community. For that reason, staff preferred not to push youth to share such information.

The presentation of questions on sexual orientation and gender identity affects how data are collected and can be interpreted. Staff from an agency that incorporates sexual orientation and gender identity questions on its intake form affirmed that the inclusion of such questions encourages routine collection of these data. In agencies without clear protocols for asking about sexual orientation or gender identity, staff members' skills influence whether and how these data are collected. One direct service provider observed that the absence of specific sexual orientation and gender identity questions on the agency's intake or assessment forms places the burden on the staff member to initiate a conversation and phrase questions appropriately. The success of the process then relies heavily on the provider's comfort level with, and knowledge of, LGBTQ issues.

When agencies include sexual orientation and gender identity questions on forms, they do not always use similar question formats. Some agencies include an "other" category, for example, to accommodate those who wish to avoid labels or embrace a fluid concept of sexuality. In addition, questions and response options in agency forms are not always consistent with items in RHYMIS. Agencies' current approaches may support identification of individual LGBTQ clients and estimates of the size of the LGBTQ population served at the agency level. However, because agencies do not use standardized questions or response categories, and response modalities to these questions vary (questions may be self-administered or asked by staff during an interview), caution is required in comparing reported proportions of LGBTQ youth among agencies or aggregating data across them.

Information on LGBTQ identification and information gathered after initial intake sessions or assessments is not likely to be recorded in agencies' management information systems (MIS). Agencies that record information on sexual orientation and gender identity usually do so during intake sessions or initial assessments with youth. Some youth seeking services might not wish to disclose their sexual orientation or gender identity during early contacts with staff, and others might not yet be developmentally ready to articulate their sexual orientation or gender identity. Therefore, agency information systems are not likely to reflect information on sexual orientation and gender identity shared after these early contacts. Moreover, staff in three of the four case study agencies reported that it is not uncommon for LGBTQ-identified youth to change how they describe their sexual orientation or gender identity while they participate in services. Staff adjusted to these transitions (for example, by changing pronouns used to refer to a youth). However,

they usually did not update any demographic data initially collected from youth and stored in their agency's records or MIS.

The accuracy of RHYMIS data on the number of LGBTQ youth served is uncertain and might vary widely among agencies. Staff in sites that collect and record information on sexual orientation, gender identity, or both believed that statistics reported to RHYMIS accurately indicate the number of youth willing to disclose their LGBTQ identity during intake sessions. However, they noted that RHYMIS data probably underreport the number of LGBTQ youth served, because (1) not all programs within agencies include intake processes that address sexual orientation and gender identity and (2) youth were not always willing to provide responses to questions on LGBTQ identity. In sites that do not have systematic processes for collecting or recording information on sexual orientation or gender identity, data on LGBTQ identification reported in RHYMIS are also likely to be incomplete and based on staff estimates.

III. ASSESSMENT AND PERCEPTIONS OF NEEDS AND CAPACITIES OF LGBTQ RUNAWAY AND HOMELESS YOUTH

The USICH intervention model for homeless youth identifies screening and assessment of youth as a first step toward targeting services appropriately. Assessments identify risk factors, which are “problematic symptoms, behaviors, and associations” that may contribute to poor outcomes, and protective factors, which are “positive skills, attitudes, behaviors, and associations” that counteract the effects of risk (U.S. Interagency Council on Homelessness 2012).⁹ According to the model, assessments should help providers determine how long a youth has been homeless (because a longer time on the streets is likely to put youth at higher risk), the risk factors that services should mitigate, and the protective factors that should be enhanced.

LGBTQ homeless youth may experience different patterns of risk from other homeless youth. One study of homeless youth in Seattle, for example, found that LGBT youth exhibit mental health or behavioral issues at higher rates than heterosexual youth, including such traits as delinquency, aggression, and withdrawn behavior (Cohran et al. 2002). Another survey found that lesbian, gay, and bisexual (LGB) youth in six states were more likely than non-LGB youth to engage in survival sex and substance abuse (Van Leuwen et al. 2006). LGBTQ youth also may be more likely to experience rejection by parents, which contributes to youth homelessness (Quintana et al. 2010). According to existing research, transgender people, including youth, appear to face widespread discrimination in employment and housing, and tend to have difficulty accessing safe and appropriate shelter when homeless (Grant et al. 2011; Mottet and Ohle 2003).

LGBTQ youth may also benefit from protective factors in distinct ways. Support of friends and family may be especially important for youth who are sexual minorities. According to one study, this type of support positively affects measures of well-being among LGB youth, with family support, in particular, associated with reduced mental distress (Shilo and Savaya 2011). In another study, perceptions of social support, a sense of being connected to other people, and self-esteem in being part of a larger community (such as the LGBT community) were linked to psychological well-being among LGB youth (Detrie and Lease 2007). An emerging area of research focuses on the potential for resiliency—the ability to overcome challenges or trauma—to lessen the psychological harm that LGBT victims of harassment or violence may experience.

Our discussions with agency staff explored approaches to conducting assessments of homeless youth and addressing issues of sexual orientation and gender identity in this process. To better understand service provider perceptions, we also asked staff about the risks or needs exhibited among LGBTQ youth they serve, and how, in their experience, they compare between LGBTQ and non-LGBTQ youth. We found the following:

- Assessment tools may help staff explore risks or needs related to LGBTQ identity, but these issues are more often addressed during less structured discussions with youth.

⁹ Risk factors specified in the USICH model include (1) trauma, (2) emotional distress, (3) sexual risk behavior, (4) family problems, (5) criminal or delinquent behavior, and (6) substance abuse. Protective factors specified include (1) family cohesion and support, (2) school engagement or employment, (3) survival skills, (4) positive connections, (5) positive future expectations, (6) decision-making skills, (7) self-esteem and self-efficacy, and (8) health.

- Many staff felt that homeless youth face similar types of risks, regardless of sexual orientation and gender identity. Nevertheless, some types of risks—emotional distress and poor mental health, substance abuse and sexual risk behavior, and problems with family and personal relationships—were perceived to be particularly salient or frequent among LGBTQ youth.
- According to staff reports, some LGBTQ youth encounter barriers to accessing services or resources that may enhance protective factors, including health and employment. These barriers may be especially high for transgender youth.

A. Addressing LGBTQ Identity in Assessments

Agency staff conduct assessments during initial intake sessions and subsequent meetings with youth. These assessments focus on triaging to determine immediate needs, detailing personal circumstances, and identifying risk factors or barriers that may need to be addressed through longer-term services. Intake forms gather information on such topics as (1) living situation and reasons for homelessness; (2) physical and mental health status; (3) education history; (4) employment history and income; (5) involvement with other agencies (such as child welfare or juvenile justice); (6) experience with domestic violence; and (7) needs for food, shelter, and identification. Subsequent meetings, such as conversations between youth and licensed mental health staff, may address a broader range of issues and include more detailed assessments of risks and needs related to mental health status, experience with abuse or neglect, and substance abuse.

Some agencies' assessment tools address sexual orientation and gender identity, but no agencies reported using tools that specifically target LGBTQ youth. Questions on life skills or health assessments can prompt discussion of issues related to LGBTQ identity. For example, according to staff at one agency, administration of the Casey Life Skills Assessment, which includes a question on comprehension of sexual orientation and gender identity concepts, sometimes leads to further conversations about these topics.¹⁰ Another agency's health risk assessment form includes a question on sexual orientation and gender identity. This question helps staff put into context later items addressing safer sex practices and may also trigger discussions with youth about concerns related to sexual orientation or gender identity development.

Some staff reported that they assess needs or circumstances related to LGBTQ identity based on their own knowledge of these issues and techniques for exploring them with clients. For example, one staff member reported that she discusses sexual orientation and gender identity development milestones during individual meetings with youth, if these topics are of concern. With LGBTQ-identified youth, she inquires whether and to whom youth have disclosed their LGBTQ status, and, if so, the kinds of responses they have received.

¹⁰ The Casey Life Skills Assessment is a self-administered or interview-based questionnaire that assesses youths' behaviors, knowledge, and awareness in eight life skill areas. Youth indicate whether statements presented in the tool "are like me" using a five-point scale. Under the Relationships and Communication area, the assessment presents the statement, "I can explain the difference between sexual orientation and gender identity." For more information about this tool, see: <http://www.casey.org/Resources/Tools/cls/default.htm>.

B. Perceptions of Needs, Risks, and Capacities of LGBTQ RHY

In general, staff in case study agencies did not perceive major differences in the *types* of risks faced by LGBTQ and non-LGBTQ RHY. However, they did indicate that certain risks may be especially frequent among LGBTQ RHY or have distinctive contributing factors. For example, staff at one agency explained that they provide services using a trauma-informed perspective to understand how experiences of violence, abuse, and other adverse experiences shape all youths' thoughts, feelings and behaviors. Although all RHY are likely to have experienced trauma, among LGBTQ RHY, these experiences may be connected with negative responses to the youths' sexual orientation or gender identity from family, peers, and others.

Agency staff considered several risk factors to be salient for LGBTQ RHY. Although data are not available to confirm whether these risks affect LGBTQ youth disproportionately in case study agencies, staff perspectives concur with findings from existing research (summarized in the introduction to this chapter). Risk factors highlighted by staff include the following:

- **Emotional distress, poor mental health, and substance abuse.** Staff in all case study agencies perceived that LGBTQ RHY often contend with issues related to mental health. At two sites, staff reported that LGBTQ youth are more frequently referred than other youth for mental health treatment. Emotional distress among LGBTQ RHY may be a result of life trauma intensified by negative reactions from family and community to disclosure of sexual orientation, gender identity, or both. Staff noted that LGBTQ RHY appear to be likely to exhibit signs of depression, heightened anger and issues with conflict resolution, and uncertainty around identity development. Staff also reported that LGBTQ RHY frequently experience problems with drug or alcohol abuse, a perception consistent with findings from previous research.
- **Sexual risk behavior and sexual exploitation.** A few staff members noted a propensity among LGBTQ RHY to engage in risky sexual behavior and face exposure to sexually transmitted infections, a perception supported by analyses of data from the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (Kann et al. 2011). This pattern may be linked to a general tendency among youth to take risks, but studies also have found an association between stressors related specifically to gay, lesbian, or bisexual sexual orientation (such as social isolation or victimization) and high-risk sexual behavior and other problem behaviors (Rotheram-Borus et al. 1995). Similar factors may contribute to problems LGBTQ RHY experience related to sexual exploitation, including human trafficking, which staff at one agency perceived to be more common among LGBTQ youth than other youth they serve.
- **Family problems, relationship issues, and intimate partner violence (IPV).** Staff in all agencies indicated that LGBTQ RHY are likely to have endured family and social rejection, sometimes directly linked to their sexual orientation or gender identity. However, a few expressed caution about assuming that family conflict is the primary driver of LGBTQ youth homelessness, which can also result from families' difficult economic circumstances or parents' personal issues. LGBTQ RHY may also have general difficulty forming trusting relationships, according to some staff, possibly because of experiencing IPV, an absence of adult role models, or efforts to avoid disclosing their sexual orientation or gender identity. Some staff members highlighted IPV, in particular, as a problem among LGBTQ RHY. Indeed, results of one study of violence and abuse within dating relationships among a sample of 5,647 middle- and

high-school youth in three states confirms this impression. The study found that lesbian, gay, and bisexual youth were at elevated risk for dating violence victimization and perpetration, compared to their heterosexual peers, and that transgender youth were more likely than non-transgender male or female youth to be victimized and to perpetrate violence (except psychological abuse) (Dank et al. 2013).

Staff also mentioned risks relevant to subpopulations of LGBTQ youth, particularly transgender youth and youth of color. Staff in one agency felt that it was sometimes difficult when working with transgender youth to balance youths' understandable focus on gender transition with the need to address other concerns, including housing and employment. Transgender youth also were perceived to be at particular risk of emotional distress resulting from discrimination or harassment, both by peers and within the larger community.

Staff in two agencies noted that LGBTQ youth of color face particular obstacles related to family and community acceptance. Staff shared the impression that minority racial and ethnic communities may be more likely to be connected to cultural or religious institutions that are not supportive of LGBTQ people and that LGBTQ youth in these communities may be likely to experience rejection by families and others as a result. These impressions echo findings in other research indicating that LGBTQ youth who are racial or ethnic minorities encounter challenges in family and community relationships. One study of Latino and non-Latino LGBT young adults, for example, found that Latino families, immigrant families, and families with high religious involvement were less likely to be accepting of LGBTQ youth (Ryan et al. 2010). In another study, representatives of schools and community organizations working with LGBT youth of color in Los Angeles indicated that gay, bisexual, and transgender male youth may have difficulty accessing services in racial or ethnic minority communities where religious organizations are prominent providers, due to stigma or prejudice (Durso et al. 2013).

According to agency staff, experiences among LGBTQ youth have the potential to support development of protective factors or personal capacities. In particular, resiliency among LGBTQ homeless youth may increase as they learn to contend with discrimination. Staff perceived LGBTQ youth to be "survivors" who develop self-protection skills after experiencing stigma and rejection. LGBTQ youth may also build resiliency by successfully connecting with other youth who share their sexual orientation or gender identity.

C. Service and Resource Barriers Affecting LGBTQ Youth

To enhance protective factors for RHY, agency staff attempt to provide or link youth with services that address identified needs and mitigate risks. Staff in case study agencies noted that some LGBTQ youth face barriers in accessing services or opportunities that may be important for achieving positive outcomes. Staff commonly mentioned barriers to two resources in particular:

1. **Health care.** Staff noted that LGBTQ youth face challenges accessing care to address their unique health needs. Youth may find it difficult to locate health care providers who are knowledgeable about LGBTQ issues and prepared to discuss the particular risks LGBTQ youth face. Transgender RHY seeking assistance with gender transition may be unable to access this type of care. Staff in three of the four sites visited indicated that they face challenges trying to locate health care providers with expertise serving transgender people in their area.

2. **Employment.** Staff also reported that LGBTQ RHY tend to encounter distinct obstacles to employment. Employers are not always accepting of LGBTQ youth, especially those whose gender expression does not conform to societal expectations. LGBTQ youth, and transgender youth in particular, may also experience harassment from fellow workers, decreasing their motivation to maintain employment.

Some agencies take steps to mitigate these barriers as they provide services to LGBTQ RHY. We describe these efforts in Chapter IV.

IV. APPROACHES TO SERVING LGBTQ RUNAWAY AND HOMELESS YOUTH

Research suggests that barriers to service access for LGBTQ youth result from societal, provider, and youth factors (Acevedo-Polakovich et al. 2011). Social stigma and prejudice may negatively influence providers' attitudes toward LGBTQ youth. Providers' lack of knowledge about LGBTQ youth or difficulty identifying them might reduce their ability to deliver appropriate services to these populations. In addition, youth might be reluctant to access services because of their own fears of rejection or concerns about personal safety if their LGBTQ status is disclosed.

Agencies serving RHY have taken steps to reduce access barriers for LGBTQ youth and ensure their programs address risks LGBTQ youth are likely to face. These steps may include organizational changes to improve the safety and friendliness of the overall service environment for LGBTQ youth, increase staff skills in serving these populations, and enhance access to relevant local resources. Agencies also tailor individual services in an effort to increase their accessibility and effectiveness for LGBTQ youth. As a whole, such strategies may support a key element of the USICH intervention model for homeless youth: matching interventions (including treatment, housing, and skill-building programs) to the characteristics of subgroups of youth and individual youth.

We explored the types of strategies case study agencies had implemented and the challenges and successes they encountered in doing so. Our discussions with staff distinguished between (1) strategies that focus on the organization as a whole and (2) adjustments to the delivery of specific services. We found the following:

- All agencies we visited implement some organizational strategies that focus on LGBTQ youth, including adopting nondiscrimination and nonharassment policies and protecting the confidentiality of information shared by youth.
- Agencies differ in the extent to which they have implemented other organizational strategies, such as establishing a safe and affirming environment, developing staff skills in serving LGBTQ youth, and creating partnerships with other organizations serving LGBTQ youth.
- Agencies tailor a variety of services to make them more accessible or relevant to the needs and circumstances of LGBTQ youth. Adjustments to emergency shelter and physical and mental health services are common.
- Challenges that affect efforts to improve services for LGBTQ RHY include (1) lack of local resources that focus on LGBTQ youth; (2) difficulty of overcoming social stigma, especially toward LGBTQ youth of color and transgender or gender-nonconforming youth; and (3) staff concerns about singling out a specific population of RHY, while continuing to help all youth who need an agency's services.

A. Organizational Strategies

We explored agencies' implementation of six main organizational strategies for serving LGBTQ RHY, focusing on recommendations frequently made in publications addressing service provision to these populations: (1) adopting policies prohibiting discrimination and harassment, (2) protecting the confidentiality of information about youth, (3) establishing a safe and affirming service environment, (4) developing staff cultural competency, (5) hiring staff with relevant expertise, and (6) partnering with other organizations serving LGBTQ youth (National Alliance to End Homelessness et al. 2009;

Wilber et al. 2006; Ray 2006). Table IV.1 presents key examples of the implementation of each of these strategies in the case study sites.

Table IV.1. Organizational Strategies for Serving LGBTQ Runaway and Homeless Youth

Strategy	Examples from Study Sites	Number of Sites Reporting ^a
Adopting Policies Prohibiting Discrimination and Harassment	Maintaining a written nondiscrimination and nonharassment policy inclusive of sexual orientation and gender identity	4
	Communicating policies to youth in a formal client rights statement	1
	Communicating that incidents of discrimination or harassment by youth can be a reason for restricting access to drop-in center services	1
Protecting Confidentiality of Information on Youth	Adopting policies and procedures to ensure information in client files is treated as confidential	4
	Not disclosing information (including sexual orientation or gender identity) outside the agency without client permission, unless required by law	4
	Requiring staff to sign confidentiality agreements	1
	Offering a procedure for client complaints about information protection	1
Establishing a Safe and Affirming Service Environment	Offering safe sleeping and bathroom arrangements consistent with individual gender identity expression (including providing private rooms)	4
	Displaying posters, symbols, and other materials (such as “Safe Zone” signs) to communicate that facilities are welcoming for LGBTQ youth	2
	Promoting an inclusive organizational culture by communicating to staff and clients that the agency values diversity of all kinds	2
	Identifying peer and staff role models for LGBTQ youth	2
	Intervening to address instances of harassment or mediate conflicts	2
	Establishing written policies on appropriate emergency shelter accommodations for transgender youth	1
	Making reading materials on LGBTQ subjects available	1
Developing LGBTQ Cultural Competency Among Staff	Providing regular (usually annual) staff trainings on LGBTQ cultural competency topics	2
	Organizing ad hoc staff discussions in response to specific concerns or issues that arise related to serving LGBTQ youth	2
	Occasionally participating in LGBTQ-related trainings offered at local universities or conferences	1
Involving Staff and Volunteers with Expertise Serving LGBTQ Youth	Involving staff who openly identify as LGBTQ	4
	Including people who openly identify as LGBTQ on boards of directors	2
	Communicating during interviews with job candidates that the agency is supportive of LGBTQ youth and employs LGBTQ-identified staff	1
	Prioritizing LGBTQ cultural competency in hiring for some positions	1
Partnering with Other Organizations Serving LGBTQ Youth	Making referrals to non-LGBTQ organizations offering support or social groups for LGBTQ people	4
	Connecting with LGBTQ organizations operating community centers and/or support groups	3
	Partnering with providers of mental health services that target LGBTQ youth	1
	Connecting youth to LGBTQ-affirming religious groups	1

Source: Discussions with agency staff during site visits conducted April–June 2013.

^aNumber is based on staff responses to open-ended questions and may not include all agencies implementing each practice.

Adoption of nondiscrimination and nonharassment policies inclusive of sexual orientation and gender identity. A clear and widely communicated statement that an agency does not discriminate or tolerate harassment based on sexual orientation or gender identity is believed to establish an institutional framework for inclusion (National Alliance to End Homelessness et al. 2009). All case study agencies maintained written nondiscrimination and nonharassment policies that mentioned sexual orientation and gender identity. Agencies communicated these policies to staff through employee handbooks and other agency documents. Some agencies took additional steps to communicate and implement these policies. For example, one reported that the statement of client rights youth receive includes a pledge of services free of discrimination. Staff at another agency noted that they might restrict access to their drop-in center for youth who violate policies by harassing others based on sexual orientation or gender identity.

Protection of confidential information. Practices to ensure the confidentiality of sensitive information can help protect LGBTQ youth from potential harm and address concerns that information they share will be disclosed to others without their permission. All agencies reported that their policies and procedures ensure the privacy of client information within guidelines established by federal, state, and local laws. No staff members indicated that their agencies had established specific policies or practices regarding the recording or disclosure of LGBTQ status information. Rather, information on sexual orientation and gender identity, when available, is generally handled in the same way as other private data, such as health information. Staff in one agency reported that they may disclose a youth's LGBTQ status to partner organizations if the youth has provided consent.

Establishing a safe and welcoming service environment. Providing a space that is free of bullying and harassment, and that positively supports homeless youths' LGBTQ identity, can be a key factor in facilitating service access (National Alliance to End Homelessness et al. 2009). To achieve this goal, all agencies we visited take steps to provide youth safe and appropriate accommodations in shelters or transitional living arrangements. These steps include (1) arranging for some youth to sleep in a private area if they do not feel comfortable in a male or female dormitory, (2) offering private rooms to all youth, and (3) establishing a written agency policy specifying that youth are to be assigned to dormitories based on their gender identification or offered the option of a private room if safety is a concern.

Other steps signal that agencies offer a space welcoming to LGBTQ youth. For example, some agencies display posters featuring images of LGBTQ youth or "Safe Zone" signs communicating that staff are open to discussing issues of sexual orientation and gender identity. Staff at one agency created a reading corner featuring books and other materials on LGBTQ-related subjects. Staff who identify as LGBTQ may also promote a welcoming environment by serving as role models and helping to create a sense of community for LGBTQ youth. Finally, staff in two agencies reported that they quickly intervene to address any instances of harassment based on sexual orientation or gender identity observed in their facilities.

Developing LGBTQ cultural competency. Staff members' LGBTQ cultural competency—their ability to understand the perspectives of LGBTQ people and communicate effectively with them—is likely to influence the quality of their interactions with LGBTQ RHY and youths' willingness to use agency services (National Alliance to End Homelessness et al. 2009; Substance Abuse and Mental Health Services Administration, n.d.). Agencies reported that they attempt to improve cultural competency through staff trainings on LGBTQ issues. Training methods and frequency varied among sites. Staff in one agency indicated that they occasionally access LGBTQ cultural competency training through local universities or conferences for RHY providers. Two

other agencies offer an annual in-house training that addresses topics relevant to serving LGBTQ youth, including nonharassment and antidiscrimination policies, appropriate use of language (such as identifying youth with the name or gender pronouns they prefer), and strategies for creating a safe and inclusive environment for youth. In addition, individual staff members sometimes served as experts on LGBTQ issues within an agency, providing training or informal consultation to their colleagues.

Involving staff with expertise serving LGBTQ youth. Agencies can use hiring processes to identify job candidates with expertise on issues related to sexual orientation and gender identity or screen candidates for their openness to working with LGBTQ youth. Sites do not intentionally recruit LGBTQ employees, but all the sites currently have staff who identify as LGBTQ. One manager reported that her agency communicates its nondiscrimination policy to job candidates, and interviews include questions to assess applicants' experiences with LGBTQ people. Another indicated that knowledge of LGBTQ issues could be considered an important qualification for some agency positions. According to staff in two agencies, board members familiar with the LGBTQ community can also be an important resource for information and organizational partnerships that will improve service delivery to sexual minority and transgender youth.

Partnering with organizations serving LGBTQ people. Partnerships with other organizations working with LGBTQ people can help RHY providers link youth to appropriate services and sources of social support. All study sites pursue such relationships. Some partnerships enable referrals to professional organizations that target a broad population but are competent in providing such services as health care and employment assistance to LGBTQ youth. (We describe partnerships to help youth access specific types of services later in this chapter.) These links sometimes feature sharing of information about individual clients through case management contacts, which was perceived to strengthen relationships between agencies and support effective service provision. Staff in three sites refer youth to LGBTQ-specific organizations for social or support groups. For example, staff in one agency reported that they work with a local LGBTQ community center to facilitate the participation of LGBTQ RHY in PrideFest events and youth activities.

Some organizational strategies, especially creating a safe and welcoming environment and developing cultural competency among staff, seemed to require relatively more effort for agencies to implement. Staff in two agencies emphasized that offering a hospitable environment for LGBTQ youth depends on establishing an overall agency culture or philosophy promoting respect for diversity and inclusion. Agency managers must embrace this philosophy, and it must be constantly reinforced among employees and youth to foster consistently welcoming and respectful spaces. Staff in another agency noted that opportunities and resources for participating in LGBTQ cultural competency training locally were limited. In addition, one staff member believed that cultural competency skills are difficult to maintain if agency workers have infrequent interactions with LGBTQ-identified youth.

In addition, the limited availability of LGBTQ-specific resources in a community might constrain sites' ability to connect youth with organizations offering LGBTQ-related services. Staff from two agencies noted a dearth of groups that focus on the LGBTQ community in their service areas. Although both these organizations identified partners able to address the mental health or employment needs of LGBTQ youth, it was more difficult for them to connect youth with supportive, in-person social groups outside the RHY agency. The other two agencies were able to cultivate partnerships to access services offered by multiple LGBTQ organizations in their cities,

such as a drop-in center for LGBTQ youth, transgender-specific health care, and resources to prevent sexual exploitation or human trafficking among LGBTQ youth.

B. Tailoring Services to LGBTQ RHY

As a group, the agencies we studied offer examples of methods for tailoring a variety of services to make them accessible and potentially effective for LGBTQ youth. We discussed with staff their approaches to providing seven types of services to LGBTQ RHY: (1) street outreach; (2) housing, including emergency shelter and transitional living; (3) drop-in centers; (4) physical health care; (5) mental health care; (6) education and employment assistance; and (7) counseling to promote family acceptance or reunification. Table IV.2 presents examples of approaches to tailoring services in each category.

Street outreach. According to staff reports, agencies' approaches to providing street outreach services generally do not differ markedly for LGBTQ and non-LGBTQ youth. However, outreach staff at one agency reported that they display pink triangles or rainbow flags (widely recognized symbols of the gay rights movement) on buttons or clothing to communicate that they are LGBTQ-friendly.

Emergency shelter and transitional living. Agencies tailored housing programs to the needs of LGBTQ youth by assigning shared accommodations based on self-reported gender identity and providing private accommodations, when available, to address youths' concerns about safety. These approaches were perceived to be especially helpful for transgender youth who could be concerned about sleeping in male or female dormitories. One agency provides private rooms to all youth receiving emergency shelter housing; staff saw this arrangement as important to promoting safety and respect in accommodations for all clients. Case managers at two agencies reported helping shelter-housed youth organize discussion groups on LGBTQ issues, including sexual identity development, internalized homophobia, and relevant current events. In addition, two agencies offered services specifically for LGBTQ youth in housing programs. One agency employs an LGBTQ case manager who develops individual service plans for LGBTQ-identified youth in its housing programs and creates opportunities for youth to participate in social and educational programs, including a performance group. In addition, one agency operates a host home program specifically for LGBTQ youth, matching these youth with LGBTQ-supportive adults who offer youth transitional housing in private homes.

Drop-in center. Two case study agencies operate a drop-in centers for RHY. Neither center targets LGBTQ youth specifically, but staff at one agency described efforts to maintain a safe environment for all youth. These include mediating conflicts and quickly addressing incidents of harassment based on sexual orientation or gender identity. Staff at this agency have also organized ad hoc discussion groups to help youth educate one another about issues of sexual orientation and gender identity.

Physical health care. Agencies' partnerships with other providers helped them access physical health services relevant to LGBTQ youth. For example, one site maintains a referral relationship with an organization offering support groups for transgender people and a shot clinic where health care providers can help clients with hormone injections. Staff in two agencies reported that they have identified community providers that are culturally competent in addressing the health care needs of LGBTQ youth.

Table IV.2. Tailoring of RHY Services for LGBTQ Youth in Study Sites

Service	Approaches to Tailoring Services	Number of Sites Reporting ^a
Street Outreach	Street outreach workers may display symbols/buttons communicating that they are welcoming to LGBTQ youth	1
Emergency Shelter and Transitional Living	A limited number of private rooms or other separate accommodations are available in the emergency shelter to accommodate youth who do not wish to be housed in male or female dorms	3
	An LGBTQ-identified case manager works with LGBTQ youth receiving services, conducting individual case planning and organizing social and support programs	2
	Youth are assigned to shelter dorms based on self-reported gender identity. A written policy provides guidance on serving transgender youth in shelter programs	1
	All residents of the emergency shelter have private rooms.	1
	Agency operates a host-home program specifically for LGBTQ youth	1
Drop-in Center	Drop-in center staff intervene to resolve conflicts or instances of harassment related to sexual orientation or gender identity	1
	Center hosts occasional discussion groups for youth on LGBTQ issues	1
Physical Health Care	Agency refers LGBTQ youth to culturally competent providers for health care, including such services as hormone therapy for transgender youth	2
	Agency provides access to LGBTQ-culturally-competent health care providers on site at its emergency shelter and drop-in center	1
Counseling and Treatment Related to Mental and Behavioral Health	Agency employs mental health professionals who are able to assist LGBTQ youth with concerns about sexual orientation or gender identity	3
	Staff refer LGBTQ youth to local mental health providers with the appropriate expertise	3
	Staff make referrals to a partner agency providing mental health and substance abuse treatment programs designed for LGBTQ youth	1
Education and Employment Assistance	Agency or partner staff make efforts to identify employment and volunteer opportunities in organizations that welcome LGBTQ people	3
	Agency staff inform potential employers that some youth seeking jobs identify as LGBTQ to increase employer awareness of this population	1
	Staff counsel youth, including gender-nonconforming youth, on personal presentation when interviewing for a job with a “mainstream” employer	1
Family Acceptance/ Reunification Counseling	Staff work with youth and families on issues of acceptance and reunification, addressing issues of sexual orientation and gender identity if relevant, to the extent that youth wish to engage with their families	2

Source: Discussions with agency staff during site visits conducted April-June 2012.

^aNumber is based on staff responses to open-ended questions and may not include all agencies implementing each practice.

Mental and behavioral health counseling and treatment. Agencies offer tailored mental health care services by employing professionals with expertise in counseling LGBTQ youth and establishing referral relationships with outside providers. In three agencies, staff reported that some in-house staff are qualified to provide psychological counseling to RHY who express concerns about sexual orientation or gender identity development. In addition, staff at three agencies reported that they regularly refer RHY to outside providers with experience offering mental and behavioral health

services to LGBTQ youth. For example, one agency connects youth to an agency providing substance abuse treatment and an empowerment and social networking program aimed at reducing sexual risk-taking among LGBTQ youth.

Education and employment assistance. Staff in all sites reported offering tailored assistance for seeking employment to LGBTQ youth, by working with youth, employers, or both. Staff in one agency reported that they advise some LGBTQ youth to consider personal presentation when applying for job opportunities with employers that are “mainstream.” This approach reflected circumstances in a socially conservative service area. Staff in three other agencies reported that they or their agency partners work proactively to identify LGBTQ-friendly work environments by gauging employers’ comfort in hiring LGBTQ youth. For example, job development staff might inform potential employers that the RHY agency’s clientele includes LGBTQ youth. Staff in one agency reported providing education to both employers and youth on how to address potential or actual coworker conflicts related to sexual orientation or gender identity.

Staff in three sites indicated that securing employment for LGBTQ RHY of color and transgender RHY can be especially challenging. According to these staff members, racial or ethnic minority youth and transgender youth may confront multiple types of stigma and prejudice that generally increase the difficulties they face in achieving self-sufficiency. Staff reported using strategies similar to those described above to serve these youth populations.

Counseling for family acceptance/reunification. Staff in two agencies reported that they aim to facilitate reconciliation between LGBTQ youth and families when possible, but that such assistance is offered only to the extent a youth wishes to engage with her or his family. Agency staff did not report that efforts at family acceptance for LGBTQ youth are based on a formal intervention model. Rather, staff use more generalized counseling strategies and techniques for reaching out to families. Staff highlighted challenges inherent in this work, including difficulties accessing family members and some families’ reluctance to pursue reunification. In an agency that serves both minors and young adults, staff reported that many older youth are not interested in engaging with their families. In that case, staff work with youth to explore the possibility of reconnecting with their families in the future.

Two factors that appear to be linked to agencies’ tailoring of services to LGBTQ youth are the presence of staff with LGBTQ expertise and the perceived proportion of youth served who identify as LGBTQ. LGBTQ specialists appear to help agencies remain attentive to LGBTQ youths’ specific needs, offering case management services, facilitating discussion groups, organizing social or recreation opportunities, and coordinating housing services that focus on LGBTQ youth. They also consult with other staff members on issues related to serving this population. A perceived demand for tailored services may also prompt agencies to consider how to better address the needs of LGBTQ youth. In a case study agency with a small estimated proportion of LGBTQ-identified youth, fewer types of services are tailored. Staff at this agency noted that they would consider tailoring more services or offering LGBTQ-specific services if LGBTQ youth comprised a larger share of the agency’s clientele.

Although tailoring of services was common among the agencies, some staff members raised concerns about offering separate services targeting LGBTQ RHY. These concerns might reflect an emphasis on meeting the needs of all RHY and not favoring a specific group. A few staff members also worried that allocating funding to LGBTQ-specific services might reduce the resources available for serving the RHY population as a whole. Yet even staff who expressed the opinion that LGBTQ youths’ needs and risk factors are generally the same as the broader population of RHY

offered examples of ways their agencies adjust some services to address the specific circumstances LGBTQ RHY. This suggests that staff generally accept that LGBTQ RHY may benefit from distinct service approaches.

V. RESEARCH NEEDS AND ISSUES FOR POLICYMAKERS AND PRACTITIONERS

Agencies are taking steps to meet the needs of LGBTQ RHY, based on guidance issued by advocacy and professional organizations, staff expertise, and experience working with this population. However, much remains to be learned about the characteristics and experiences of LGBTQ RHY, including how many LGBTQ youth are homeless, the reasons they become homeless, and the nature of risk and protective factors among them. Moreover, limited data sources currently exist to explore these issues. Staff in study sites identified many specific information gaps and potential directions for future research. In addition, the case studies point to several issues regarding data collection and services for LGBTQ RHY for policymakers and program managers to consider.

A. Data Gaps and Research Needs

We asked staff in case study agencies to identify the kinds of information and research that might help them understand the characteristics and experiences of LGBTQ RHY more completely and provide effective services to this population. Staff recommended future research in six general areas: (1) the size of the LGBTQ RHY population in local areas, (2) characteristics of subpopulations of LGBTQ RHY youth, (3) risk and protective factors among LGBTQ RHY, (4) factors contributing to LGBTQ youth homelessness, (5) experiences of LGBTQ youth involved in multiple systems, and (6) service models that focus on LGBTQ RHY.

Size of the LGBTQ RHY population in local areas. According to agency staff, community-level data on the number of RHY who identify as LGBTQ would help agencies understand whether they are reaching this population successfully. These data also may help them gauge whether current services align with the characteristics of the local RHY population. New efforts to enumerate the homeless population may provide some of this information. For example, HUD requires that communities receiving funding conduct annual point-in-time counts of the number of homeless people in shelters and transitional housing and, every other year, of people who are unsheltered. In 2013, these counts will be reported by age categories, including under age 18 and ages 18 to 24, for the first time. In addition, the federal Youth Count! initiative, which is testing strategies for developing accurate counts of unaccompanied homeless youth, may eventually provide the resources to help communities and agencies to gather accurate data. The Youth Count! initiative includes a focus on highly vulnerable subpopulations and has provided guidance to participating cities on asking youth questions about their sexual orientation and gender identity.

Characteristics of subpopulations of LGBTQ youth. Agency staff members expressed an interest in better understanding the characteristics, experiences, and needs of transgender youth (including transgender youth of color) and LGBTQ RHY of color in general. Although staff perceived these subpopulations to be at particularly high risk of poor outcomes, little is known about the proportion of the RHY population these youth comprise, the specific risk factors prevalent among them, or their outcomes. Researchers studying these subpopulations often encounter challenges related to limited sample sizes, but qualitative studies with relatively small numbers of participants may still shed light on potentially distinct circumstances or needs among transgender RHY and racial or ethnic minority LGBTQ RHY. In addition, staff suggested that research would be helpful on the particular challenges that LGBTQ RHY in rural areas face. Understanding how these youth navigate such barriers as a lack of transportation and few nearby LGBTQ organizations may help providers better reach and serve them.

Risk and protective factors among LGBTQ RHY. Staff members pointed to three risk factors that appear to be prevalent among LGBTQ RHY and could be better understood. First, agency staff indicated a need for additional information on the types and severity of mental health disorders among LGBTQ RHY and appropriate services for addressing them in the context of RHY programs. Second, LGBTQ RHY may be at higher risk than non-LGBTQ youth for human trafficking and sexual exploitation. Staff suggested that more research is needed to understand the prevalence of these problems, which youth are most at risk, and why youth enter into relationships that are considered exploitative. This information might help practitioners and researchers identify strategies to prevent youth from being exploited. Third, staff noted that additional information is needed on the prevalence of relationship violence among LGBTQ RHY. Research exploring factors that put LGBTQ youth at risk for intimate partner violence, level of conflict management skills among LGBTQ RHY, and strategies to promote violence prevention would be helpful. In addition, research on promoting resilience among LGBTQ RHY would support efforts to enhance protective factors among these youth.

Factors contributing to LGBTQ youth homelessness. Studies of youth who have run away from home suggest that family stability or lack of parental support, disengagement from school, depression, and substance abuse are among the factors that directly or indirectly increase youths' risk of running away. (Tucker et al. 2011; Tyler et al. 2011). However, it is not known how family, environmental, and individual factors might affect the likelihood of running away for LGBTQ youth specifically. Although family rejection due to sexual orientation or gender identity is believed to contribute to homelessness among LGBTQ youth, a few staff members at case study agencies noted that is not always the case in their experience. These staff shared anecdotes of LGBTQ RHY who remained connected to their families, who did not reject them based on sexuality or gender identity, but simply could not provide for them. Additional research on the reasons LGBTQ youth become homeless would help providers identify and address the potentially varied and distinct factors contributing to this problem.

Experiences of LGBTQ youth involved in multiple systems. Homeless youth may be involved in several public systems, especially the juvenile justice and child welfare systems. Staff in case study agencies indicated a need for information on the frequency of involvement in more than one system among LGBTQ RHY and youths' experiences in these programs. For example, it may be useful to understand whether LGBTQ youth perceive some systems to be more safe and welcoming, or how youths' interactions with staff in one system—such as developing a supportive relationship with a case manager—may influence their outcomes in another. It may also be helpful to learn more about any linking of efforts across systems to serve LGBTQ RHY. For example, research could explore whether aligning training for LGBTQ cultural competency across systems addresses concerns among RHY staff that other agencies may not be welcoming of LGBTQ youth.

Service models and administrative strategies that focus on LGBTQ RHY. Agency staff frequently expressed a need for intervention models targeting LGBTQ RHY and information on the effectiveness of these interventions in various service contexts (for example, urban or rural areas). Staff mentioned a particular interest in models for promoting family engagement and reunification and positive youth development among LGBTQ youth. In addition, staff noted that it would be helpful to identify models that ameliorate risks and enhance protective factors among transgender RHY and LGBTQ RHY of color. With respect to administrative strategies, some staff members noted that additional information on LGBTQ cultural competency training for RHY providers would be helpful. According to these staff members, it would be useful to identify how frequently such training should be delivered and strategies for helping staff retain cultural competency skills after training.

B. Issues for Policymakers and Practitioners to Consider

The case study findings point to four issues related to serving LGBTQ RHY for policymakers and practitioners to consider: (1) ensuring consistency and accuracy in collecting data on clients' sexual orientation and gender identity, (2) providing guidance on management and analysis of these data, (3) providing technical assistance to agencies whose service areas lack extensive LGBTQ resources, and (4) developing and evaluating interventions relevant to LGBTQ RHY.

Ensuring consistency and accuracy in data collection. Data collection practices in case study agencies indicate that not all RHY Program grantees systematically collect and record information on sexual orientation and gender identity. Among case study agencies that do collect these data, the content of questions on agency forms varies. As a result, comparisons of data across organizations are likely to be difficult. In addition, agencies collect information at different times. To improve the consistency and accuracy of administrative data on these topics, it may be beneficial to offer providers guidance on preferred content for questions about sexual orientation and gender identity and recommended methods for asking them. This advice could draw on recommendations for survey questions addressing these topics (see, for example, Sexual Minority Assessment Research Team 2009). In addition, clear communication to RHY program staff about why this information is needed would likely promote more consistent data collection efforts.

Providers also may need to consider whether separate processes are necessary to collect data for administrative purposes (for example, to understand the demographics of an agency's clientele overall) and for guiding service provision. This distinction might help agencies collect more accurate counts of LGBTQ youth served. For example, one representative of a partner agency suggested that agencies might address youths' potential reticence to share information on LGBTQ identity by collecting data through an anonymous online questionnaire administered to youth seeking assistance. This mode would allow an agency to gather data on the number of youth who identify as LGBTQ without youth being asked to disclose the information to a staff member during an initial intake session or assessment. To help staff plan services appropriately, they could record in individual case files any information gathered later about a youth's LGBTQ status.

Management and analysis of data on LGBTQ identity. In addition to standardized practices for asking questions on sexual orientation and gender identity, agencies may benefit from guidance on when this information should be recorded in case records, as well as on when and to whom it should be disclosed. This type of guidance could help address program staff members' concerns about the risk of disclosure, which may discourage them from collecting data on LGBTQ status. Procedures for RHY programs could be modeled on existing guidance for child welfare professionals (Wilber 2013).

Among case study agencies that collect demographic data on youth, none analyze these data to explore whether services received differ among demographic groups. Such analyses could help agencies identify and address disparities that may exist between LGBTQ and non-LGBTQ youth or among subpopulations of LGBTQ youth. Agencies might not examine data in this way because (1) they lack the staff resources, (2) disaggregating service data by demographic group is not the agency's general practice, or (3) their data systems do not support these types of analyses. Programs might benefit from examples of how disaggregated data can be used for assessing service delivery. They might also require assistance building capacity for internal data management and analysis.

Technical assistance for agencies whose service areas lack extensive LGBTQ resources. Developing cultural competency among staff members and identifying community resources to help serve LGBTQ RHY were particularly challenging for agencies in places without an extensive network of LGBTQ organizations. One option for addressing this challenge is to offer technical

assistance or training on LGBTQ issues regularly and make it easily accessible via online participation. Another would be to create opportunities for RHY providers to share information on strategies for serving LGBTQ RHY, perhaps by creating an online repository for documents on best practices.

Developing and evaluating interventions targeting LGBTQ youth. RHY providers will likely benefit from specification, dissemination, and evaluation of models for serving LGBTQ youth effectively. FYSB is providing support for identifying LGBTQ-specific interventions through grants to help build capacity among RHY providers in serving LGBTQ youth. Rigorous evaluations of interventions targeting LGBTQ RHY could help identify models that are effective for these populations.

Evaluations of program models targeting LGBTQ RHY might explore whether the models are most effective when offered as separate program components or as modifications to services available to RHY in general. Studies might also address the effectiveness of tailoring specific types of services, such as family reunification support or individual counseling, to the particular needs and circumstances of LGBTQ RHY.

C. Themes in Study Findings

The case studies suggest that approaches to identifying and serving LGBTQ youth are likely to range widely among RHY providers. Key themes in study findings include the following:

- Among practitioners we interviewed, there did not appear to be general agreement on the need or approaches for collecting and using information on clients' sexual orientation and gender identity. Recommendations for collecting these data while respecting youths' privacy and additional information on the potential uses of the data could help providers take steps to better understand the LGBTQ RHY population.
- Staff perceive that LGBTQ youth generally face risk factors similar to those of non-LGBTQ youth but also note that the frequency of these risks and circumstances contributing to them may differ for the two populations. In addition, transgender youth and LGBTQ youth of color may face distinctive patterns of risk. These issues could be explored further through future research.
- Some recommended steps for serving LGBTQ RHY may be implemented more readily than others. For instance, adopting policies prohibiting discrimination based on sexual orientation and gender identity may be relatively easy for agencies to accomplish, but establishing safer and more welcoming environments, increasing cultural competency among staff, and linking LGBTQ youth to appropriate services may require more sustained effort. In addition, some practitioners appear to be uncertain about the appropriateness of targeting a specific subpopulation of RHY by tailoring services or developing programs especially for them. As agencies are encouraged to address the needs of LGBTQ RHY, providers may benefit from support for implementing practices that have been recommended to promote positive outcomes among these youth.

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APPENDIX A
SITE PROFILES

AVENUES FOR HOMELESS YOUTH

Mission	Avenues for Homeless Youth seeks to help youth achieve their personal goals and make a positive transition into young adulthood by providing emergency shelter, short-term housing, and supportive services for homeless youth in a safe and nurturing environment.
Services/Programs	Emergency shelter and transitional living, including three host-home programs
Service Area	Metropolitan Minneapolis, Minnesota
Target Population(s)	RHY ages 16 to 21
Annual Budget	Total budget in FY 2011–2012 was \$1.02 million; in 2012, Avenues received \$175,000 in federal RHY program funding for transitional living
Number of Youth Served Annually	157 youth across all programs in FY 2011–2012; 132 youth through shelter and transitional housing programs and 15 youth through the GLBT Host Home Program
Percentage of Youth Identifying as LGBTQ	25 percent lesbian, gay, or bisexual; 2 to 3 percent transgender (based on staff estimate)
Organizational Strategies for Serving LGBTQ Youth	<p>Avenues has implemented the following organizational strategies:</p> <ul style="list-style-type: none"> • Nondiscrimination/nonharassment policy. Avenues has written policies that are inclusive of sexual orientation and gender identity and communicates these policies to both clients and staff. • Protection of confidentiality. Agency policies prioritize maintenance of confidentiality of personal information. Staff reported that personal information about youth is not shared outside the agency unless there is a legal requirement to do so. • Cultural competency training. The agency offers regular trainings to develop culturally competent practices (including LGBTQ cultural competency) among employees. Issues related to cultural competency are addressed informally during discussions among staff and youth. • Connections to LGBTQ organizations. Avenues maintains partnerships with other organizations serving LGBTQ youth in its area, including the Trans Youth Support Network (an advocacy organization), YouthLink (a provider serving homeless youth), and the YMCA (a provider of mentoring and sexual health education programs).
Services Tailored for LGBTQ Youth	<p>Avenues tailors several services to address the needs of LGBTQ youth:</p> <ul style="list-style-type: none"> • Physical health. Avenues refers youth to a local health provider when the youth have need of gender transition-related health care. The agency also offers on-site testing for sexually transmitted diseases. • Mental health. Mental health professionals on staff are able to assist LGBTQ youth who present with concerns about sexual orientation or gender identity. • Emergency shelter. Youth who are not comfortable in male or female dorms can access private accommodation (a single-bed room) on a first-come, first-served basis. • Transitional living. Youth are served according to their self-reported gender identity. If there are concerns for a youth's safety or well-being, the youth can be offered private space in the housing program. The agency also makes accommodations related to access to bathroom facilities, particularly for transgender youth. In addition, Avenues offers a host home program specifically for LGBT-identified homeless youth. • Employment. Staff seek to connect clients with community volunteer and employment opportunities that are welcoming of LGBTQ youth.

Sources: Agency documents and discussions with staff during site visit in May 2013.

FY = fiscal year; LGBTQ = lesbian, gay, bisexual, transgender, or questioning; RHY = runaway and homeless youth.

CENTRAL TEXAS YOUTH SERVICES BUREAU

Mission	The mission of the Central Texas Youth Services Bureau is to assist troubled children, youth, and families toward development of their full potential through provision of quality community-based services.
Services/ Programs	Emergency shelter, transitional living program, street outreach program, maternity group home, independent living program, self sufficiency/employment program, drop-in center, and national hotline
Target Population(s)	RHY up to age 21 and their children
Service Area	Three-county area in central Texas, including the cities of Belton, Killeen, and Waco
Annual Budget	2012 budget is \$1.3 million, including \$500,000 in federal RHY program funding for street outreach, transitional living, and maternity group home services
Number of Youth Served Annually	Up to 5,000; 200 to 500 in shelter and housing programs (staff estimate)
Percentage of Youth Identifying as LGBTQ	4 percent lesbian, gay, bisexual, or questioning; 1 percent transgender (all percentages based on staff estimates)
Organizational Strategies for Serving LGBTQ Youth	<p>Central Texas Youth Services Bureau (CTYS) implements the following organizational strategies:</p> <ul style="list-style-type: none"> • Nondiscrimination and nonharassment policy. CTYS has a written nondiscrimination and nonharassment policy that is inclusive of sexual orientation and gender identity. • Protection of confidentiality. Staff are required to participate in confidentiality training and sign confidentiality agreements. Information about youth served is not disclosed outside the agency unless legally required. • Cultural competency training. Staff receive occasional LGBTQ cultural competency training through local universities and participation in conferences.
Services Tailored for LGBTQ Youth	<p>CTYS tailors three types of services to the needs and circumstances of LGBTQs:</p> <ul style="list-style-type: none"> • Mental health. Staff refer LGBTQ youth to a support group at a local college and culturally competent mental health providers. • Emergency shelter. Staff will provide separate accommodations for LGBTQ youth in the emergency shelter based on safety concerns (including protection from harassment by other youth) or youth preferences. • Employment assistance. Staff advise youth on personal presentation for the purposes of finding jobs with “mainstream” employers.

Source: Discussions with program staff during site visit in April 2013.

LGBTQ = lesbian, gay, bisexual, transgender, or questioning; RHY = runaway and homeless youth.

DAYBREAK

Mission	The mission of Daybreak is to eliminate youth homelessness in Ohio's Miami Valley through comprehensive and results-oriented programs that provide safety and stability for runaway, troubled, and homeless youth.
Services/ Programs	Street outreach, emergency shelter, transitional housing, group home, education and employment assistance, crisis hotline, and mental health services
Service Area	Miami Valley, Ohio, including the city of Dayton
Target Population(s)	RHY and youth at risk of becoming homeless, ages 10 to 21 (up to 24 for some programs)
Annual Budget	\$3.86 million in FY 2011–2012, including \$525,000 in federal RHY funding for basic center, street outreach, and transitional living services
Number of Youth Served Annually	2,246 in FY 2011–2012
Percentage of Youth Identifying as LGBTQ	10 to 20 percent (based on agency evaluation report and staff estimate); no separate estimate of the percentage of youth identifying as transgender
Organizational Strategies for Serving LGBTQ Youth	<p>Daybreak has implemented the following strategies:</p> <ul style="list-style-type: none"> • Safe and inclusive environment. “Safe Zone” signs and other materials are posted to communicate the agency’s philosophy of valuing diversity and nondiscrimination. Staff reported that they intervene quickly to address issues or conflicts among youth that are related to sexual orientation or gender identity. • Nondiscrimination/nonharassment policy. Daybreak maintains a written nondiscrimination policy that is inclusive of sexual orientation and gender identity. • Protection of confidentiality. Daybreak staff ensure the confidentiality of all client information, as regulated by state and federal laws. Staff do not disclose information about a youth’s sexual orientation or gender identity without written permission from the youth. • Staff training/cultural competency. Staff receive regular training that includes LGBTQ-related topics such as LGBT community issues, local LGBT resources, and the use of culturally appropriate language. • Recruitment and hiring practices. During staff hiring processes, staff communicate that the agency is supportive of LGBTQ youth and employs LGBTQ-identified staff. • Connections to LGBTQ organizations. Daybreak actively maintains partnerships with organizations that offer LGBTQ-related services.
Services Tailored for LGBTQ Youth	<p>LGBTQ youth are referred to an LGBTQ-identified staff member who connects them with appropriate services in the community and serves as a resource for other staff on LGBTQ issues. Other services are tailored as follows:</p> <ul style="list-style-type: none"> • Housing. Daybreak offers all youth single rooms in its emergency shelter and transitional housing. These facilities help address safety issues and potential concerns among LGBTQ (and non-LGBTQ) youth regarding accommodations segregated by gender. • Physical and mental health. To the extent that LGBTQ youth require services specifically related to sexual orientation or gender identity, staff work to connect them to local providers with the appropriate expertise. In addition, HIV testing is offered to all youth quarterly. • Employment assistance. Daybreak’s partner agency (Goodwill Easter Seals) seeks out LGBTQ-friendly employment opportunities for youth. • Family acceptance and reunification. Staff work with youth and families to the extent that youth wish to engage with their families. Issues of acceptance and understanding of sexual orientation or gender orientation can be addressed in these services.

Sources: Agency documents and site visit conducted in June 2013.

FY = fiscal year; LGBTQ = lesbian, gay, bisexual, transgender, or questioning; RHY = runaway and homeless youth.

URBAN PEAK

Mission	Urban Peak helps youth experiencing homelessness and youth at risk of experiencing homelessness overcome challenges by providing essential services and a supportive community, empowering them to become self-sufficient adults.
Services/Programs	Street outreach, drop-in center, emergency shelter for youth ages 15 to 21, education and employment assistance, and transitional and permanent housing
Service Area	Denver metropolitan area, Colorado
Annual Budget	\$4.15 million in FY 2011–2012, including \$237,000 in RHY program funding for basic center and street outreach services
Target Population(s)	Runaway and homeless youth and youth at risk of becoming homeless, ages 15 to 21
Number of Youth Served Annually	2,550 in FY 2011–2012
Percentage of Youth Identifying as LGBTQ	14.5 percent lesbian, gay, or bisexual and 0.4 percent transgender (as reported in the agency’s FY 2010–2011 annual report)
Services Tailored for LGBTQ Youth	<p>Urban Peak employs a designated LGBTQ case manager who helps connect youth with appropriate services and recreational/social opportunities, including a theater/performance group for LGBTQ youth. The LGBTQ case manager also serves as a resource for other Urban Peak staff members. In addition, the agency tailors the following services:</p> <ul style="list-style-type: none"> • Physical health. Providers working at the shelter clinic and drop-in center are competent regarding LGBTQ health needs. In addition, HIV testing is offered three times per week to all youth at the shelter and drop-in center. • Mental health. Urban Peak provides or makes referrals for counseling intended to improve mental health and reduce sexual risk-taking among LGBTQ youth. • Emergency shelter. A private room is available for youth not comfortable in either male or female dormitories. Agency policies stipulate that youth who do not clearly identify as male or female are to sleep in the dorm of their choosing and use the bathroom in which they feel safest. • Employment. Job developers make efforts to inform potential employers that the organization serves LGBTQ youth issues and identify employers who are LGBTQ-friendly.
Organizational Strategies for Serving LGBTQ Youth	<p>Urban Peak has implemented the following strategies:</p> <ul style="list-style-type: none"> • Safe and inclusive environment. Urban Peak posts “safe zone” signs and other materials relevant to LGBTQ youth in its facilities. Staff promote a safe environment and intervene when they observe instances of harassment. • Nondiscrimination/nonharassment policy. The agency has a written nondiscrimination and nonharassment policy, which stipulates that services can be terminated for a client who harasses others based on LGBTQ identity. • Protection of confidentiality. Staff consider information collected from youth to be confidential. Information can be disclosed to partner agencies with a youth’s consent or if the agency is legally required to do so. • Staff training/cultural competency. Staff participate in cultural competency training annually. Trainings address procedures for accommodating transgender clients and appropriate language to use with LGBTQ clients (for example, preferred pronouns), among other issues. • Connections to LGBTQ organizations. Urban Peak partners with several organizations with LGBTQ expertise, including the Mile High Council, a mental health provider; the Center, an LGBT community organization; and Prax(us), an organization that aims to prevent human trafficking among homeless youth.

Sources: Agency documents and site visit in April 2013.

FY = fiscal year; LGBTQ = lesbian, gay, bisexual, transgender, or questioning; RHY = runaway and homeless youth.

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