_____ **INFORMATION** **TAB SECTION B**

___X__ **ACTION REQUIRED** **DATE OF MEETING 10/19/17**

MATERIAL PREPARED BY: Smith **DATE MATERIAL PREPARED** 09/11/2017

AGENDA ITEM:	Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ) Youth Paper
ENCLOSURES:	• LGBTQ Paper
OTHER MATERIAL RELATED TO ITEM:	n/a

ISSUE:

As part of the 2016 work plan, the EQI Committee focused on adolescents and youth mental health with an emphasis on LGBTQ youth programs and services in the community. The purpose of this paper is to collect information from community organizations and experts who serve LGBTQ youth. The paper provides summary findings and explores disparities and health concerns for LGBTQ youth, individuals with lived experience, data, suicide rate, family relationships, school climate, homelessness, and health centers in Sacramento, CA including recommendations.

Disparities and Health Concerns for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Youth

The California Reducing Disparities Project LGBTQ Population Report stated that lesbian, gay, bisexual, transgender, and queer/questioning youth are challenged to endure the normal developmental stages of adolescence in the face of a homophobic and heterosexist society. They can be frequently exposed to varying forms of abuse from strangers, peers, and family members that may include harassment, rejection, discrimination, and sometimes violence.[1] In some cases, professionals designated to support youth may also contribute to the abuse.

Homeless LGBTQ Youth

It is estimated that in the United States, up to 1.7 million youth experience homelessness each year. Of that count, up to 40% identify as LGBTQ. Considering that LGBTQ youth represent an estimated 7% of the total youth population, LGBTQ youth are vastly overrepresented among the homeless youth population.[2]

There are very few LGBTQ homeless youth housed in emergency shelters due to lack of beds for youth; shelter admission policies; absence of safe, age appropriate services; or fear due to their sexual orientation, gender identity and/or gender expression (SOGIE). Living on the street or couch surfing (staying temporarily with friends or family), LGBTQ youth who are homeless are at high risk for physical and sexual assault/abuse, sexually-transmitted infections including HIV/AIDS, and other health risks associated with substance abuse. Homeless youth are more likely to:

1) Become involved in prostitution and sex trafficking, as they are forced to engage in "survival sex" to meet their basic needs.
2) To use and abuse substances.
3) To engage in other dangerous or risky behaviors.

> *"A safe and consistent place to live is a critical prerequisite for academic achievement, good physical and mental health, and career development – all of which are, in turn, important for housing stability as adults. For LGBTQ homeless youth, obstacles to success accumulate at each stage of this cycle, pushing the promise of equal opportunity ever further away."*
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> --Center for American Progress, Beyond 4 Walls and a Roof; Feb 2015

[1] (Bontempo & D'Augelli, 2002; Burgess, 1999; Cianciotto & Cahill, 2003; D'Augelli, 2006; D'Augelli, et al., 2006; Ford, 2003; Frankowski, et al., 2004; Hill, et al., 2005; LaSala, 2000; I. H. Meyer, 2003; Miller, et al., 2007; Safren & Heimberg, 1999; Sullivan, 2003)

[2] National Alliance to End Homelessness, "an Emerging Framework for Ending Unaccompanied Youth Homelessness" (2012)

California Mental Health Planning Council Involvement/Lived Experience

The Evaluation and Quality Improvement (EQI) Committee of the California Mental Health Planning Council (CMHPC) invited a panel of presenters to their January 2016 quarterly meeting to engage in a discussion about the mental health needs of LGBTQ youth. The panel consisted of: Max Disposti, Executive Director of North County LGBTQ Resource Center in Oceanside, CA, Jason, consumer and volunteer at North County LGBTQ Resource Center, Kathie Moehlig, Executive Director of Trans-Family Support Services in San Diego, CA, and David, consumer of mental health services. Jason and David's names have been changed for reasons of privacy.

The North County LGBTQ Resource Center offers a safe space for LGBTQ youth who are at risk for abuse, depression, and suicide. Mr. Disposti believes that disparities exist for the LGBTQ youth community which puts them at greater risk for physical abuse, drug and alcohol use, and suicide. He stated that it is difficult to find providers who understand the issues experienced by LGBTQ youth. To address this, Max provides training and education to hospitals, schools, therapists, and parents regarding the issues of LGBTQ youth. The following are "lived experiences" from several LGBTQ youth and their support allies, sharing their experiences in their home, school, the mental health system and community.

Jason is a transgendered male who has received support at the North County Resource Center. Jason has been hospitalized several times for depression and speaks to others about his experiences in the psychiatric facilities. Jason was born biologically female but has been in the process of transitioning to male for several years. He attended a public high school where he discovered that school personnel were not always helpful or understanding. He was sent to the Principal's office several times for using the men's bathroom. He believes that school personnel need more training in making the school grounds a safe place for LGBTQ youth. Jason also highlighted the treatment he received while in psychiatric facilities and stated that he often was not addressed by his identified gender pronoun. On one occasion, a therapist flatly refused to call him "he" or "him" because he was "just a pretty girl." This may not seem like much to most people, but for a person who sees themselves as male and in the process of transitioning, it constitutes an offense to their core identity.

Kathie Moehlig is an advocate for families who are navigating the world of parenting LGBTQ youth in a sometimes hostile environment. She operates support groups for trans-families. Kathy believes that her county mental health program is not always a safe place for an LGBTQ youth to land. She, like Jason, spoke of insensitivity and a lack of knowledge about the LGBTQ culture. Because of this, the support group works to provide a full scope of services to each member so that they can avoid potentially harmful hospital stays. She noted that depression and suicidal thoughts can deepen when clinicians, who are perceived as helpers, can unintentionally do more harm by their lack of knowledge and skills.

David is a freshman in high school and is currently home schooled. While born biologically female, he transitioned to male in 2011. He knew from the age of 8 that he did not feel right in a female body. When David learned that he could transition to a boy, he told his mom, "Yep,

sign me up." David had a therapist who did not understand his experiences, but instead of remaining uninformed about the subject she decided to educate herself by attending trainings so that she could continue to work with him. David stated that, in his case, an educated and empathetic therapist was the key to successful therapeutic outcomes.

The personal stories told by Jason and David, as well as the family member and provider perspectives shared by Max and Kathie, shed much light on the need for additional training for mental health providers and school personnel to provide insight to LGBTQ culture, issues, and awareness. Training, along with policy reforms in California's schools, would help to reduce the health inequities experienced by this population of youth. In summer of 2015, the CMHPC held two public forums with the LGBTQ communities in Santa Clara and Orange Counties. While both forums highlighted a number of needs, the resounding message from both was that there is a dearth of knowledgeable and/or experienced providers for this vulnerable population. Those providers who have knowledge to be effective experience high demands, long wait lists, and an overwhelming workload. It is important to recognize the urgency to address the scarcity in providers and research to serve this population.

The Data

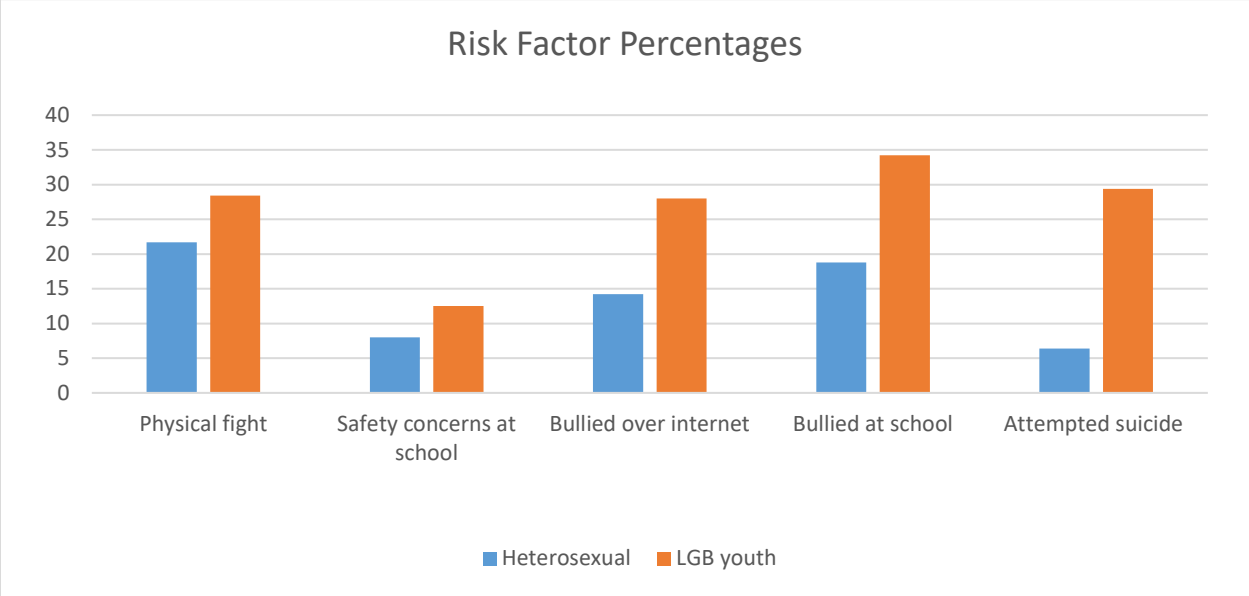
There is data on the health disparities and mental health needs of LGBTQ youth. While it may not be exhaustive or harmonized into one data collection storehouse, there are strong indications about the needs of LGBTQ youth. We hope for and will advocate for better data collection that will tell the story of LGBTQ youth struggles across the state. The most important first step toward addressing disparities for LGBTQ youth is to collect accurate data that effectively exemplifies the population. If sexual orientation, gender identity, and/or gender expression (SOGIE) is captured in more health and education settings, advocacy and legislation may follow which will improve programming and outcomes for LGBTQ youth. However, because data does exist, it can be utilized to guide efforts toward improving the well-being for this specific cultural group.

The CDC report states: *"To reduce the disparities in health-related behaviors experienced by sexual minority students, it is important to use this and other reports based on scientifically sound data to raise awareness about the prevalence of priority health-related behaviors among sexual minority students in grades 9–12 among policy makers, the public, and a wide variety of agencies and organizations that work with youth."*[3]

According to the Center for Disease Control Morbidity and Mortality Weekly Report from August 2016, in a nationwide analysis, 88.8% of students identified as heterosexual, 2.0% identified as gay or lesbian, 6.0% identified as bisexual, and 3.2% were not sure of their sexual identity. While LGBTQ youth make up a small percentage of youth, the trauma they're exposed to and the risk factors they face are significantly higher by percentage than they are for their

[3] CDC, *Morbidity and Mortality Weekly Report*, August 2016

heterosexual counterparts. The following graph demonstrates some of these risk factors.



SAMHSA defines health disparities as, *"a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."*[4]

The California Outcomes Measurement System (CalOMS) is the data collection and reporting system for substance use disorder treatment services in the state. Providers and counties submit their treatment data to CalOMS as soon as it is available regarding admissions, discharges, or annual updates. In order to capture data that may indicate health disparities, CalOMS asks, "Are you heterosexual, lesbian, gay, bisexual, transgender, or do you question your sexual orientation?" However, asking this question is currently optional. As a result, complete statewide data may not be collected.[5] In the California Department of Public Health report "First, Do No Harm" it is recommended that demographic information be collected across the lifespan and across all demographic variations for LGBTQ people. They recommend that standards for data collection be developed and that LGBTQ data be collected whenever other demographic data is collected.[6]

[4] SAMHSA, *Health Disparities,* September 15, 2015
[5] DHCS, *CalOMS Tx Data Dictionary*, January 2014
[6] CDPH, *First, Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Populations in California*, February 15, 2013

Suicide Rate Among LGBTQ Youth

Numerous studies have shown that lesbian, gay, and bisexual youth have a higher rate of suicide attempts than do heterosexual youth. The Suicide Prevention Resource Center synthesized these studies and estimated that between 30 and 40% of LGBT youth, depending on age and sex groups, have attempted suicide.

Some of the findings regarding suicide and LGBT youth are quite alarming:

- Suicide is the leading cause of death among gay and lesbian youth nationally.
- 30% of gay youth attempt suicide near the age of 15.
- Gays and lesbians are two to six times more likely to commit suicide than heterosexuals.
- Almost half of the gay and lesbian teens state they have attempted suicide more than once.
- Conservative estimates indicate that 1,500 gay and lesbian youth commit suicide every year in the U.S.

Lastly, information found on the website for the Trevor project which is a leading national organization that provides crisis intervention and suicide prevention services to LGBTQ youth states, "LGBTQ youth who come from highly rejecting families are 8.4 times as likely to have attempted suicide as LGBTQ peers who reported no or low levels of family rejection."

Family Relationships

For the first time, researchers have established a clear link between rejecting behaviors of families towards lesbian, gay, and bisexual (LGB) adolescents and negative health outcomes in early adulthood. The findings are to be published in the January 2015 issue of Pediatrics, the journal of the American Academy of Pediatrics, in a peer-reviewed article titled "Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay and Bisexual Young Adults." The paper, authored by Dr. Caitlin Ryan and her team at the César E. Chávez Institute at San Francisco State University, shows that parents' behaviors of rejection towards their LGB children dramatically compromises their health, has far reaching implications for changing how families relate to their LGB children, and how LGB youth are served by a wide range of providers across systems of care, including HIV prevention and care.

Family Acceptance Project: Family-Based Model of Wellness, Prevention and Care for LGBT Children, Youth and Young Adults

Since the first peer-reviewed research was published on gay and later LGBT adolescents, studies have reported high levels of mental health and health concerns, compared with non-LGBT peers. Social stigma, discrimination, and victimization have marked the experiences of generations of LGBT young people, which significantly contribute to these disparities. Research

on schools, the social environment and families have pointed to the critical role of support in helping to protect against risk for LGBT youth. In particular, research on families points to a low cost, culturally grounded, accessible community resource to increase connectedness, protect against major health risks, including depression, suicide, substance abuse and HIV, and promote well-being for LGBT children and adolescents. Pioneered by the Family Acceptance Project (FAP) at San Francisco State University over the past 15 years, this research and intervention work has demonstrated the critical role of family acceptance and rejection of LGBT adolescents in helping to protect against risk, and contribute to both wellness and serious health and mental health concerns in young adulthood.

Dr. Ryan and her team developed research-based intervention strategies and family education and assessment tools to help parents and caregivers learn to support their LGBT children to reduce risk and foster well-being – even when they believe that being gay or transgender is wrong. These include the first "Best Practice" resources for suicide prevention for LGBT young people in the Best Practices Registry for Suicide Prevention and multilingual, multicultural, and faith-based family education materials to prevent family rejection and increase family support. Dr. Ryan and her team have worked with families of diverse ethnic, cultural, and religious backgrounds and they have found that many families were willing to accept this new family support approach when information and guidance were presented in culturally sensitive ways. Families were able to successfully change rejecting behaviors that increase their LGBT child's risk while increasing supportive behaviors that strengthen the family and the well-being of the child.

Major Family Acceptance Project Findings:

- Higher rates of family rejection during adolescence were significantly associated with poorer health outcomes for LGBT young adults.
- LGBT young adults who reported higher levels of family rejection during adolescence were 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families that reported no or low levels of family rejection.
- Latino males reported the highest number of negative family reactions to their sexual orientation in adolescence.

School Climate for LGBTQ Youth

Going to a school that creates a safe and supportive learning environment for all students is especially important. This helps all youth achieve academic success and maintain good mental and physical health. However, some LGBTQ youth are more likely than their heterosexual peers to experience difficulties in their lives and school environments, such as violence and bullying.

According to data from Youth Risk Behavior Surveys (YRBS) conducted during 2009–2012 in seven states and six large urban school districts, the percentage of LGB students (across the

sites) who were threatened or injured with a weapon on school property in the prior year ranged from 12% to 28%. In addition, across the sites—

- 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence in the prior year.
- 14% to 31% of gay and lesbian students and 17% to 32% of bisexual students had been forced to have sexual intercourse at some point in their lives.[7]

School climate for LGBTQ students can be difficult. Many LGBTQ students are bullied and harassed because of their Gender Nonconformity (GNC). The Gay-Straight Alliance Network defines GNC as those who do not conform to stereotypical expectations of what it means to be, and to look like, a male or a female.[8] Being bullied and harassed from other students interrupts the learning environment. An unsafe or unaccepting learning environment is unproductive and affects youth's academic progress and mental health.[9] When this happens, LGBTQ youth become absent from school to avoid being bullied and harassed. Sometimes prolong absenteeism from school results in expulsion and even pushes them out from school to escape the hostile school environment.

School policies and disciplinary disparities regarding bullying and harassment are not always fair when it comes to punishment. Many LGBTQ youth who have been victimized and discriminated against have reported that they received different discipline and tougher punishments compared to the students who were the aggressor.[10] These challenges in discipline disparities and punishment can build upon one another and produce poor educational outcomes for LGBTQ youth in school.

LGBTQ Homeless Youth in Sacramento and the LGBTQ Community Center

The Sacramento LGBTQ Community Center provides many programs and services such as advocacy, respite, drop-in-services, and health programs for homeless youth. According to their data, forty percent of the homeless population that they serve are LGBTQ youth.[11] Fifty-eight percent of LGBTQ homeless youth, who used these services reported that they have been sexually victimized while living on the streets.[12] Seventy-five percent have also reported that they have emotional difficulty dealing with sexual orientation and gender identity.[13]

[7] Centers for Disease Control and Prevention. Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12—Youth Risk Behavior Surveillance, selected sites, United States, 2009-2012. *MMWR*.
[8] https://gsanetwork.org/files/aboutus/GSA_GNC_FINAL-web.pdf
[9] http://www.glsen.org/article/glsen-releases-new-national-school-climate-survey
[10] http://www.glsen.org/article/glsen-releases-new-national-school-climate-survey
[11] http://saccenter.org/programs-overview/
[12] http://saccenter.org/programs-overview/
[13] http://saccenter.org/programs-overview/

Health issues related to sexually transmitted disease is also a major concern for LGBTQ youth population in Sacramento. According to the program's statistics report, since 2012 the HIV infections have increased to twenty-six percent among young gay men between the ages 13-24, who have intercourse with men.[14] Seeking medical treatment can be challenging. The challenges often cause delays in obtaining medical care, prescriptions, and getting primary care, which increases emergency room visits for care.

SUMMARY AND RECOMMENTATIONS

A young person's identity encompasses a variety of factors; an important aspect comes from sexual orientation, gender identity, and gender expression. The process of developing this sense of self is normal for children and youth to experience. For example, some youth may be unsure of their sexual orientation, whereas others have known since childhood and comfortably expressed it at a young age.[15] According to the Institute of Medicine, expressing and exploring gender identity and roles is also a normal part of development. The process of understanding and expressing one's sexual orientation and gender identity is unique to each individual; and can be influenced by personal, cultural, and social factors.[16] Based on current data, there is evidence that LGBTQ youth and young adults are disproportionately represented in governmental systems, including the child welfare, foster care, juvenile justice, and behavioral health systems.[17] Further conduct of enquiry is needed to document how and why these youth move across these multiple systems (including homelessness) and whether their experiences differ from those of non-LGBTQ youth.

Foremost, there is a dire need for prevention as well as intervention services for LGBTQ youth to keep them from becoming homeless, victims of violence, suicide, and experiencing other health disparities. It is recommended that service providers adopt an approach that focuses on family acceptance for this population. Family acceptance is crucial for foundational well-being of LGBTQ youth. Additional research on the factors that increase or reduce the risk of homelessness and poor sexual health among LGBTQ youth is needed. This research should include studies that identify individual, family, and community characteristics (including policy environments) that affect the likelihood that LGBTQ youth will become homeless or engage in risky sexual behavior. Additional data that would examine risk among subpopulations of LGBTQ youth, including youth of color and transgender youth would also be beneficial for this subject analysis.

It is important for the emotional and mental well-being of LGBTQ youth that stigma, violence and discrimination targeted to this group be addressed by Federal and local policies and practices. The fostering of safe and supportive environments in schools and other settings will undoubtedly have a positive effect for LGBTQ youth. Our intention is that these

[14] http://saccenter.org/programs-overview/
[15] Institute of Medicine, 2011; Poirier, Fisher, Hunt, & Bearse, 2014
[16] Institute of Medicine, 2011; Poirier, Fisher, Hunt, & Bearse, 2014
[17] Williams Institute, LGBT Youth and System that Support Them (2015).

recommendations will not only help LGBTQ homeless youth, but all youth abandoned by their family or forced to leave home. Despite the multitude of challenges LGBTQ youth face, especially those that are homeless and rejected by their families, many have demonstrated remarkable resilience. Regardless of sexual orientation or gender identity, every young person deserves a safe and nurturing environment in which to grow and learn. It is our goal that this presentation of material will bring renewed attention to an issue that has long been inadequately addressed; in order to pave better opportunities for long-term success and overall well-being for young persons in the LGBTQ community.