Ending LGBT Youth Homelessness: A Call to Action

Technical Assistance Partnership for Child and Family Mental Health Webinar

July 10, 2013
Welcome to Today’s Webinar

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Presenters:

• Jeffrey Poirier, Senior Researcher, American Institutes for Research (AIR); TA Partnership Cultural and Linguistic Competence Community of Practice LGBTQI2-S Learning Community

• Christina Murphy, Director of Communications, The National Center on Family Homelessness, AIR

• Jama Shelton, Director, Forty to None Project, True Colors Fund

• Simon Costello, Associate Director of Child, Youth & Family Services, L.A. Gay & Lesbian Center
Webinar Overview

The webinar has four goals:

1. To highlight issues contributing to homelessness among LGBT youth;
2. To describe strategies to reduce homelessness among LGBT youth and provide trauma-informed care to them;
3. To showcase the Forty to None Project, a national program of the True Colors Fund; and
4. To share lessons learned from the field, including the experiences of a leading provider.
Chat Question

What is your primary community role (e.g., program administrator, clinician, family member)?
Why a Call to Action?

LGBT youth experiences such as…

• Social bias & stigma
• Family conflict & rejection
• Peer rejection & harassment
• Lack of appropriate housing options
• Violence, including emotional/physical abuse & assault
• Unwelcoming/hostile foster care & other service system settings

Can lead to running away, homelessness, and other related negative outcomes such as:

• Survival sex
• Traumatic stress
• Substance abuse
• Re/entry into child welfare system
• Self-harm & suicide attempts/completion
• Re/entry into criminal/juvenile justice systems
• School failure or poor school outcomes
• Increased health & mental health challenges (e.g., depression)
Polling Question
Why a Call to Action?

• A growing understanding of the experiences and needs of the population and increasing attention on service strategies and preventing homelessness

• High percentages of youth who are homeless and LGBT: 20–40% (Ray, 2006)

• Histories of physical or sexual abuse, placing them at further risk for mental health challenges (Ray, 2006; Whitbeck et al., 2004)
Traumatic Stressors

Research has shown....

• 73% of homeless LGB youth reported suicidal ideation compared with 53% of their homeless non-LGB peers (Whitbeck et al., 2004)

• 77% of clients at the Ali Forney Center in New York City reported that they experienced physical or emotional abuse from family members (Quintana, Rosenthal, & Krehely, 2010)

• 47% of LGB homeless youth experienced posttraumatic stress disorder compared with 33% of their non-LGB peers in one study (Whitbeck et al., 2004)
Chat Question

What types of traumas have the LGBT youth you are working with experienced?
Trauma-Informed Care for LGBT Youth: A Paradigm Shift

Christina Murphy
The National Center on Family Homelessness
American Institutes for Research
Traumatic Stress is Different from Other Kinds of Stress

- Is an overwhelming experience
- Involves a threat
- Results in vulnerability and loss of control
- Leaves people feeling helpless and fearful
- Interferes with relationships and beliefs

(Herman, 1992)
Traumatic experiences can have a significant impact on day-to-day survival and quality of life.

- The world is an unsafe place to live in.
- Other people are unsafe and cannot be trusted.
- The client’s own thoughts and feelings are unsafe.
- Clients anticipate continued crises, danger, and loss.
- Lack of belief in self-worth and capabilities.
“Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.” (Hopper, Bassuk, & Olivet, 2010, p. 82)
Learning how traumatic experiences impact the ways that people think, feel, respond, and cope.

Viewing behaviors and responses through a “trauma lens.”
Becoming Trauma-Informed

Using knowledge of trauma and recovery to design and deliver services.

Requires that staff at all levels and in all roles work from a common set of core values or principles.
Core Principles of Trauma-Informed Care

- Recovery is possible
- Healing happens in relationships
- Sharing power and governance
- Understanding trauma and its impact
- Promoting safety
- Supporting client control, choice, and autonomy
- Focusing on strengths
- Integrating cultural awareness
Understanding Trauma and Its Impact

• Supporting all staff to understand how trauma impacts the brain and the body

• Identifying and reducing triggers to avoid re-traumatization

• Recognizing behaviors as adaptations to trauma

• Acknowledging the impact of vicarious trauma
A range of tests measuring different forms of executive function skills indicates that they begin to develop shortly after birth, with ages 3 to 5 providing a window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline in later life.

Promoting Safety

• Safe physical environment
• Safe emotional environment
  – Clear roles and boundaries
  – Respect
  – Confidentiality
  – Cultural awareness
• Critical to relationship-building and recovery
Supporting Empowerment, Choice and Autonomy

• Control is often taken away in traumatic situations
• Recovery requires empowerment
• Relationships should be respectful and support mastery
• Importance of choice
Focusing on Strengths

• People have successfully survived experiences of trauma and have found ways to manage in the face of trauma

• Focus is strengths-based vs. deficit-oriented
  – What people have done to survive vs. what they have not done
  – What happened to you vs. what is wrong with you

• Focus on future and building skills
Integrating Cultural Awareness

• Cultural context impacts the types of trauma experienced, how survivors manage and express their experiences, risk for continued trauma, and effective supports and interventions

• Healing can only take place within one’s cultural and "meaning-making" context

• Finding concrete ways to show respect for the values and rituals of the population you serve

• Helping survivors can begin to rebuild a sense of self and a connection to their communities

• Building staff awareness, knowledge, and skills in cultural competence
Chat Question

What is your community’s current experience with trauma-informed care—are programs talking about trauma and/or implementing trauma-informed care? In what ways?
Service Delivery Challenges

- Identifying LGBT populations
- Engaging youth in services
- Creating safe spaces
- Training providers
- Tailoring services and holistic care
- Promoting family reconciliation—an important means of preventing/ending homelessness

(SAMHSA, Homelessness Resource Center, 2010)
Strategies for Addressing LGBT Youth Homelessness: Safe Spaces in Homeless Services

• Organizational commitment to nondiscrimination and cultural competence in all aspects of the program
• Involve youth in decisions about service design, delivery, and evaluation
• Often the greatest challenges are sleeping quarters and showers

(Kenney et al., 2012)
Recommended Strategies: Community Connections

- Provide positive LGBT role models—help youth who are experiencing homelessness realize their potential
- Coordinate with LGBT advocacy and service organizations
- Collaborate with other community organizations to build their capacity and create systems of support

(Kenney et al., 2012)
Recommended Strategies: Expanded Public Awareness

• Increased public awareness and education efforts = changing attitudes and assumptions about LGBT youth
• Outreach efforts to expand awareness and knowledge
• Involve LGBT youth in these efforts
• Examples: discussion forums, trainings, visibility of LGBT youth in other social marketing efforts

(Kenney et al., 2012)
Polling Question
Recommended Strategies: Staffing and Training

- Assessment of current staff attitudes, knowledge, and skills
- Recruitment and selection approaches
- Staff knowledge of culturally competent practices—and willingness to learn
- Staff-youth relationships
- Attitudinal changes may take time

(Kenney et al., 2012)
Examples of models for preventing/addressing homelessness among LGBT youth include:

- Ali Forney Center, New York
- Ruth Ellis Center, Highland Park, MI
- LA Gay & Lesbian Center, Los Angeles
- The Night Ministry, Chicago
- True Color Fund’s Forty to None Project
WORKING TO END GAY, LESBIAN, BISEXUAL AND TRANSGENDER YOUTH HOMELESSNESS

Jama Shelton, Director
Forty to None Project

- Year-long, nationwide assessment
- First & only national organization with sole focus on LGBT youth homelessness
- Five key program areas:
  - Education
  - Advocacy
  - Empowerment
  - Research
  - Capacity building & inclusion
Serving Our Youth

Findings from a National Survey of Service Providers Who Work with LGBT Homeless Youth

CONDUCTED BY:

The Palette Fund
TRUE COLORS FUND
THE WILLIAMS INSTITUTE
Serving Our Youth

Number of Youth Served Last Year (Homeless and Non-Homeless) by Sexual Orientation

- Straight: 45,058 (61%)
- Gay/Lesbian: 22,209 (30%)
- Bisexual: 6,285 (9%)
Serving Our Youth

Percent of Clients Served – LGBT and Non-LGBT Youth

Street Outreach Programs

Drop-in Centers
- LGBT: 43%
- Non-LGBT: 57%

Housing Programs
- LGBT: 30%
- Non-LGBT: 70%
Serving Our Youth

Percent who Served any LGBT Clients, Over Time

- Ten Years Ago
- Five Years Ago
- In the Past Year

LGB
TRANSGENDER
Serving Our Youth

Majority of LGBT Homeless Youth Get Help from Non-LGBT Specific Providers

- Mainstream: 76%
- LGBT Specific: 24%
Serving Our Youth

Top Five Reasons Why LGBT Youth Are Homeless or At-Risk of Becoming Homeless

- Ran away because of family rejection of sexual orientation or gender identity: 46%
- Forced out by parents because of sexual orientation or gender identity: 43%
- Physical, emotional, or sexual abuse at home: 32%
- Aged out of the foster care system: 17%
- Financial or emotional neglect from family: 14%
Chat Question

What innovative practices does your agency employ to address the unique needs of LGBTQ youth?
FORTY TO NONE APPROACH
OUR APPROACH
Our 3-tiered approach to ending LGBT youth homelessness is infused into and informs all aspects of our programs and our work.

TIER 1: PROMOTING ACCEPTANCE
Goal: To reach families, youth, and communities before young people come out and to provide them with resources about the negative outcomes associated with identity based rejection and homelessness.

TIER 2: FAMILY & COMMUNITY ASSESSMENT
Goal: To provide support to families so that young people may stay in or return to the home. If staying in the home is not an option, assess potential for relationship building. Assess family and community networks for additional support.

TIER 3: AFFIRMING & COMPETENT CARE
Goal: To ensure gay, lesbian, bisexual and transgender youth experiencing homelessness have access to ongoing safe and affirming services so they can make it through the transition to independent adulthood.
Polling Question
Innovative Approaches: Family Therapy Intervention Pilot

- Partnership between NYC Department of Youth and Community Development and SCO Family of Services
- Free family therapy for 30 LGBTQ youth
- Originally conceptualized as intervention program
- Found success as a prevention program
- Most referrals coming from child welfare system and schools
Innovative Approaches: GLBT Host Home Program

- Program of Avenues for Youth in Minneapolis
- “Community response to a community problem”
- Partners those who have resources with those who need resources
- Low-cost
- Relies on community engagement
Lessons Learned: Defining Cultural Competence

- Unique experiences of LGBTQ homeless youth require unique interventions for LGBTQ homeless youth

- Role and impact of family rejection
  - Family assessment as an intervention strategy
  - Impact of trauma on program engagement

- Need for identifying affirming policies and practices
  - Policies sensitive to and affirming of transgender youth identities
Thank you!

www.FortytoNone.org
Services for Homeless LGBTQ Youth

Simon Costello, Associate Director
Department of Children, Youth & Family Services
Background

• 4,000 homeless youth (up to 24 years old) in LA County (point in time)
• In Hollywood, 40% of homeless youth identify as LGBTQ
• In Hollywood, 40% of homeless youth have a history of foster care
Presenting Issues and Challenges for Homeless LGBTQ Youth

- Rejection and isolation
- Discrimination, homophobia, transphobia; harassment; physical, sexual, and emotional abuse
- Negative school experiences and interrupted education
- Absence of role models and mentors
- Lack of a sense of a positive future self
At the L.A. Gay & Lesbian Center

Youth Center on Highland

• Drop-in and resource center, open 7 days a week

Emergency Overnight Bed Program

• 20 beds for 18–24 year olds, up to 36 days

Transitional Living Program (TLP)

• 24 beds for 18–24 year olds, up to 18 months

Independent Living Program

• 2 single supportive apartments (soon to be 6)

LifeWorks

• Youth Development Program

RISE (Recognize Intervene Support Empower)

• Research project to improve permanency for LGBTQ foster youth
From July 2011 to June 2012, 1,100 unduplicated youth served.

Demographics of Youth

Gender
- Male: 64%
- Female: 27%
- Transgender: 9%

Sexuality
- Straight: 36%
- Gay: 24%
- Bisexual: 24%
- Lesbian: 8%
- Questioning: 8%
Demographics of Youth

Race / Ethnicity

- African American: 36%
- Caucasian: 22%
- Latino/a: 22%
- Other: 20%
Strategies

**Trauma-Informed Approach**
- Takes into consideration the various and multiple sources of trauma that youth have endured and how trauma impacts youth behavior and youth development
- Informs service delivery, training and policy
- Attachment, Self-Regulation and Competency (ARC) Framework
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) multi-session, multi-group intervention

**Positive Youth Development**
Aims to support and increase a young persons ability to make healthier personal choices by providing five resources or promises:
- Caring adults
- Safe places
- A healthy start and future
- Effective education
- Opportunities to help others
Strategies and Outcomes

- Trauma-Informed Services
- Positive Youth Development

Core Outcomes:
- Stable Housing & Self-Sufficiency
- Employment & Education
- Permanent Connections
- Well-Being
Chat Question

What are your experiences in engaging and retaining homeless youth in education and employment services? What are the challenges? What strategies are working?
GED Preparation and Education Program

- GED preparation program
- Microsoft Office training
- Microsoft advanced training
- College exploration, preparation, enrollment and support
Employment: Individual Placement and Support Services

1. Career Awareness: Learn about jobs and careers
2. Career Exploration: Explore and experience career options
3. Career Preparation: Gain work experience, skills and training
Employment: Individual Placement and Support Services

Individual Placement and Support

Community Collaborations

- Community awareness outings
- Workshops – speaker series
- Informative interviews
- Job shadowing
- Volunteer opportunities
- Internships
- Job placements
Outcomes

- In the past 12 months:
  - 90 youth secured employment
  - 75% of youth who exited TLP secured permanent housing
  - Of the 18 internship placements, 3 are still in internships and 15 have secured employment

- Average length of stay at TLP is now 12 months (up from 7 months in the past 2 years)

- 92% of 24 TLP youth are working, in school or both
Again…Why a Call to Action?

• There are still high percentages of youth who are homeless, LGBT, and experiencing related challenges, but…
  – Expanding examples of programmatic approaches with demonstrated success
  – Growing commitment to this issue at the Federal and local levels
  – Accessible resources to address LGBT youth homelessness in your community
Preliminary Outcomes Associated with Trauma-Informed Care

- Improved functioning and decreased psychiatric symptoms in adults
- Increased housing stability
- Decreased use of crisis-based services
- Enhanced self-identity, skills, and safety among children
- Greater collaboration among service providers

(Hopper, Bassuk, & Olivet, 2010)
Examples of Federal Efforts to Date

• SAMHSA’s Homelessness Resource Center

• U.S. Interagency Council on Homelessness
  
  o Federal Strategic Plan to Prevent and End Homelessness

  o 2012 Amendment to Federal Strategic Plan (addresses youth issues)
    http://www.usich.gov/opening_doors/amendment_2012/

  o Framework for Ending Youth Homelessness
    http://www.usich.gov/population/youth/a_framework_for_ending_youth_homelessness_2012/
Sample Resources


Questions or Comments?

Please type your questions into the Q&A box
References

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