

THE COMMONWEALTH OF MASSACHUSETTS

COMMISSION ON LESBIAN, GAY, BISEXUAL,
TRANSGENDER, QUEER, AND QUESTIONING
YOUTH

ANNUAL POLICY RECOMMENDATIONS

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WHO WE ARE

Enabling Statute and Structure

The Massachusetts Legislature established the Massachusetts Commission on Gay and Lesbian Youth in 2006 (Act of Jul. 1, 2006, Ch. 139 §4, codified in Mass. Gen. Laws Ch. 3 §67), replacing the earlier Governor's Commission created in 1992. The Commission's leadership includes a Chair, two Vice Chairs, and an Executive Committee. Commission members, representing twelve key public education, public health, and LGBTQ organizations and every state region, are inducted for two-year terms. Up to 50 members may be appointed to the Commission.

The Commission has since adjusted its name to more fully reflect the youth it serves. As of 2013, we are the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Youth.

Values

The Commission is committed to the elimination of disparities in health, wellness, and achievement outcomes for LGBTQ youth, and to ensuring access to services for LGBTQ youth in all life arenas, including physical and mental health, education, social services, housing, and employment. Information from providers who serve LGBTQ populations, LGBTQ youth themselves, and state and national surveillance data indicates that LGBTQ youth are a vulnerable population, with transgender youth and youth of color facing unique challenges.¹

Strategy

The recommendations for Fiscal Year 2015 (FY2015) set forth in this publication are intended to guide Massachusetts state agencies toward policies and practices that are responsive to the needs of LGBTQ populations from infancy to young adulthood in the Commonwealth. The Commission is committed to working collaboratively with state agencies to assist in the implementation of these recommendations, and will monitor and report on progress made toward their implementation. Individual members of the Commission are designated as liaisons to each agency; these liaisons are able to provide support and guidance as agencies develop and implement plans to more effectively serve LGBTQ youth.

¹ Institute of Medicine, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press; Consolación, T., Russell, S., & Sue, S. (2004). Sex, race/ethnicity, and romantic attractions: Multiple minority status adolescents and mental health. *Cultural Diversity & Ethnic Minority Psychology, 10*(3), 200-214; Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G.W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to- female transgender youth. *Journal of Adolescent Health, 38*(3), 230-236; Harper, G. W., Jernewall, N., & Zea, M. C. (2004). Giving voice to emerging science and theory for lesbian, gay, and bisexual people of color. *Cultural Diversity and Ethnic Minority Psychology, 10*(3), 187-199; O'Donnell, L., O'Donnell, C., Wardlaw, D. M., & Stueve, A. (2004). Risk and resiliency factors influencing suicidality among urban African American and Latino youth. *American Journal of Community Psychology, 33*(1-2), 37-49.

For example, nearly four times as many sexual minority youth report experiencing dating violence at some time in their lives, when compared with other youth (36.1 percent versus 9.5 percent).⁶ Additionally, sexual minority students are more likely to engage in risk behaviors such as substance and alcohol use. Combined data from the state's 2011 MYHS and MYRBS surveys indicates that 83.3 percent of LGB students reported lifetime alcohol use, compared to 67.3 percent of other youth; 63.3 percent of LGB students reported having smoked a cigarette, compared to only 34.8 percent of heterosexual students.⁷ Data also indicates that gay and bisexual men and transgender women, especially African Americans, experience a disproportionate burden of HIV and other sexually transmitted infections (STIs), though further research on STIs among LGBTQ youth, especially youth of color, is needed.⁸

Suicide and suicidal ideation continue to be an alarming concern afflicting LGB youth.⁹ In Massachusetts, 34.1 percent of LGB youth compared to 4.5 percent of non-LGB youth reported a suicide attempt in the past year alone.¹⁰ Furthermore, 8.4 percent of sexual minority youth have attempted suicide in the past 12 months that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse—a figure more than four times greater than that for heterosexual youth.¹¹ Suicidal ideation and suicide attempts among LGB youth have been consistently reported at much higher rates than heterosexual youth. Despite longstanding awareness of the problem, this disparity continues to grow. The Commission supports programs like the nationwide Trevor Project, which provides a lifeline to youth in need. We also support the American Foundation for Suicide Prevention's national recommendations,¹² and urge the speedy inclusion of a focus on LGBTQ youth in any statewide strategy for suicide prevention.

Data also show that sexual minority youth disproportionately experience homelessness. In Massachusetts, 33.4 percent of homeless youth identified as LGB or were unsure of their sexual orientation.¹³ Homeless sexual minority youth are at greater risk for negative health outcomes

⁶ Massachusetts Department of Public Health. (2012). [2011 Youth health survey, data analysis by sexual orientation]. Unpublished data.

⁷ Massachusetts Department of Public Health. (2012). [2011 Massachusetts youth risk behavior survey and youth health survey combined data, LGB analysis]. Unpublished data; Gonsalves, D., McKenna, M., Hawk, H., & Tinsley, L. (2012). A Profile of Health Among Massachusetts Middle and High School Students, 2011: Results from the Massachusetts Youth Health Survey (MYHS) (D. o. R. a. Epidemiology, Trans.). Boston, MA: Massachusetts Department of Public Health.

⁸ Centers for Disease Control and Prevention. (2011) HIV surveillance in men who have sex with men (MSM). HIV/AIDS Statistics and Surveillance, 6 June, <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/msm/index.htm?source=govdelivery>

⁹ Liu, R. T. & Mustanski, B. (2012). Suicidal ideation and self-harm in lesbian, gay, bisexual, and transgender youth. *American Journal of Preventive Medicine* 42(3), 221-228.

¹⁰ Goodenow, C. (2011). Prevention needs of sexual minority youth, MYRBS 1995-2009.

¹¹ Ibid.

¹² Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D.,... Clayton, P. J. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51. Retrieved from <http://www.tandfonline.com/doi/citedby/10.1080/00918369.2011.534038#tabModule>

¹³ Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101(9), 1683-1689.

RECOMMENDATIONS

For the first time since its inception, the Commission held Public Hearings for youth and adults across the Commonwealth in June 2012. The hearings were designed for youth and the public to share their experiences and aide the Commission in understanding the concerns of and challenges for LGBTQ youth. Several themes emerged from those hearings and informed last year's recommendations. This year's recommendations expand upon the many steps already taken to meet the needs of LGBTQ youth since then.

Throughout our recommendations, the Commission prioritizes the following topic areas this year:

Data Collection: The Commission supports routine, state-led collection of data on sexual orientation (including, where relevant, data on same-sex behavior), and gender identity of all young people in Massachusetts. Such data is critical to understanding the needs of LGBTQ youth and adequately targeting programming to LGBTQ youth. In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population. More complete quantitative and qualitative data would provide the foundation needed to conduct assessments of the efficacy of LGBTQ-related policies and programming. When possible, we suggest that agencies involve and rely on experts to identify the most efficient and confidential mechanisms to collect, maintain, and use this data. If government agencies are to successfully change the ways in which LGBTQ youth interact with youth-serving institutions (e.g. foster care, correctional facilities, homeless services and shelters, and congregate living facilities), it is essential that these agencies gather data on sexual orientation and gender identity – with due attention to confidentiality and privacy. Members of the Commission and community-based researchers are willing to collaborate with agencies to develop and pilot test methodology and protocol for capturing relevant data. Where relevant, all youth-serving staff should be trained in how to ask these questions in sensitive and age-appropriate ways.

Resources: Agencies can make an immediate and marked difference for LGBTQ youth by identifying and strengthening LGBTQ-affirming resources, both internal and external. The Commission recommends that agencies refer to and emulate the models already established at two state agencies: (1) the Department of Children & Families LGBTQ liaison program, and (2) the Department of Elementary and Secondary Education's network of Gay / Straight Alliance (GSA) advisors. Both initiatives establish designated resources within agency staff to address the needs of LGBTQ youth. In addition, we invite agencies to send key staff members to regularly scheduled Commission meetings to assist in coordinating our work together. We also support collaborative partnerships between agencies, the Commission, and other organizations across the Commonwealth, and are eager to work with agencies to foster those partnerships. For example, the Commission recently formalized such a partnership through a Memorandum of Understanding with the Department of Elementary and Secondary Education.

Training: Youth and their allies report a need for increased LGBTQ cultural competency among state employees and contracting entities – including schools, foster care providers, and

1. HEALTH & HUMAN SERVICES RECOMMENDATIONS

The Commission's collaborative relationship with the Executive Office of Health and Human Services (EOHHS) and its agencies continues to grow, bolstering our work with the Department of Transitional Assistance (DTA), the Department of Public Health (DPH), the Department of Children & Families (DCF), and the Department of Youth Services (DYS). Since the 2012 public hearings, the Commission has met regularly with all EOHHS agencies in the Children, Youth, and Families (CYF) Cluster through our agency liaisons and through a working group under the direction of Assistant Secretary Kathy Betts and Office for Refugees & Immigrants (ORI) Executive Director Josiane Martinez.

As we propose recommendations for FY15, we are encouraged by emerging partnerships with ORI, the Department of Mental Health (DMH), the Massachusetts Commission for the Blind (MCB), the Massachusetts Commission for the Deaf & Hard of Hearing (MCDHH), and the Massachusetts Rehabilitation Commission (MRC).

Across all EOHHS agencies that interact with youth, we recommend implementing the following:

Consistent Data Collection: We recommend that EOHHS adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation and gender identity. This is especially important in addressing the dearth of information explaining risk factors and behaviors among LGBTQ youth. While we do know that LGBTQ youth are at greater risk for a variety of negative health and safety outcomes, further identification and collection of LGBTQ youth specific data is needed to more fully comprehend the challenges facing LGBTQ youth and best practices for addressing them. Furthermore, we advise EOHHS to train both incoming and experienced staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ youth in youth-serving institutions. Finally, we recommend that EOHHS seek ways to adopt data collection procedures that document the experiences of LGBTQ youth with state agencies as a way to assess the areas of greatest need within EOHHS as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

Resources:

- (1) Coordination across agencies and dedicated time of designated staff with cultural competence and expertise makes a tremendous difference in moving toward consistent quality services being provided to LGBTQ youth. The recently established DCF LGBTQ liaisons and the CYF Cluster LGBTQ working group exemplify the benefits of this approach. To build on that success, we urge EOHHS agencies to follow DCF's example and establish designated staff within each agency that can address LGBTQ youth needs, with leadership from the Office of the Assistant Secretary. We are eager to explore how EOHHS can recognize and compensate staff who take on additional responsibilities to foster more inclusive policies and practices within agencies. We likewise invite staff with experience or interest in improving services for LGBTQ youth to attend and participate in Commission meetings.

Department of Children & Families

The Department of Children and Families (DCF) provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. Over the past two years, first under Commissioner Angelo McClain and now under Commissioner Olga I. Roche, the agency has made real changes to meet the needs of LGBTQ youth, from revising foster parent training curricula to drafting a toolkit for social workers and foster parents. DCF also partnered with the Commission to promote foster care to potential LGBTQ-friendly parents at the May 2013 Commission meeting. The Commission commends the work of DCF's LGBTQ liaisons for their efforts to foster a safe environment for LGBTQ youth, and we appreciate the presence of DCF liaisons at Commission meetings. We further acknowledge DCF for incorporating LGBTQ youth as a core consideration of ongoing Strategic Plans and Diversity Plans. The groundwork has been laid for making strides against the persistent, systemic issues that have prevented LGBTQ youth in the Commonwealth from receiving appropriate and much-needed services from DCF.

DCF Recommendations

1. Explore opportunities to adapt intake forms to be LGBTQ-inclusive and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Improve access to welcoming and affirming placements by identifying and sharing lists of LGBTQ-friendly foster placements, hotline homes, and residential facilities across regions.
3. Devote one full session of DCF monthly staff meetings to LGBTQ issues this year and subsequently on an annual basis.
4. Expand training program to all workers and supervisors on issues that affect LGBTQ youth and adults, with particular attention to gender identity.
5. Implement and distribute LGBTQ Toolkit for social workers, foster parents, and youth and share the resource as a model for other agencies of the Commonwealth.
6. Add gender identity to all non-discrimination regulations.

Background

Nationally, there are over 500,000 youth in the foster care system and an estimated five to ten percent identify as LGBTQ.²⁰ Approximately 50 percent of LGBTQ youth reported negative reactions upon coming out to their families, and 26 percent reported being kicked out by a member of their family.²¹ Similarly, in Massachusetts, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless, compared to only three percent of heterosexual teens.²²

Family abuse is a serious issue in situations that involve LGBTQ youth. Results from the National Homeless Youth Provider Survey found that family rejection was the most cited factor contributing to youth homelessness (68 percent), and more than half of the respondents (54

²⁰ U.S. Department of Health and Human Services, Administration for Children and Families. (2009). Foster Care Statistics; Marksamer, J. (2006). LGBTQ youth in the foster care system. National Center for Lesbian Rights

²¹ Ray, *Lesbian, gay, bisexual, and transgender youth*.

²² Corliss et al., *High burden of homelessness*.

Identification and tracking of safe homes requires that family resource workers raise the question as part of the home study process for new foster families and the re-licensing process for continuing foster families. In particular, we recommend that DCF add the capability to capture sexual orientation and gender identity information when disclosed by youth as a part of the next iFamilyNet build, and that DCF update its intake forms for youth to capture sexual orientation and gender identity disclosures.

Many LGBTQ-affirming foster families are already working with DCF; it remains only to identify who they are and to share that information across area offices. However, foster families who identify themselves as affirming homes may not necessarily have the tools needed to be so. A complementary approach for identifying LGBTQ-friendly foster families is to offer voluntary trainings on caring for LGBTQ youth and if possible to provide a modest stipend for those trainings. Those foster families who have chosen to attend, who have received training, and who continue to self-identify as accepting homes for LGBTQ youth are more likely to have successful placements.

3. **Devote one full session of DCF monthly staff meetings to LGBTQ issues this year and subsequently on an annual basis.** In a statewide DCF LGBTQ liaisons meeting in early 2012, former Commissioner Angelo McClain and senior staff committed to devoting one full meeting of the monthly all-staff meetings to discussing LGBTQ youth. These meetings would provide the opportunity to focus on the specific issues faced by LGBTQ youth within the system and to work towards finding solutions to their challenges, and could include expert speakers within public policy, mental health, and legal fields to help inform discussions.

Training

4. **Expand training programs for all workers and supervisors on the issues that affect LGBTQ youth and adults, with particular attention to gender identity.** DCF regulation (110 CMR 7.104) requires that licensed foster/adoptive homes must be able to nurture children in the home, “including supporting and respecting a child’s sexual orientation or gender identity.” LGBTQ liaisons have taken it upon themselves to seek out training from organizations such as Adoption & Foster Care Mentoring and the Massachusetts Transgender Political Coalition, and to revise the foster-parent training curriculum (Massachusetts Approach to Partnerships in Parenting, or MAPP). However, outside of the self-identified liaisons, many caseworkers, foster parents, and supervisors have never received training on the needs of LGBTQ youth in their care. DCF is eligible, as a Title IV-E agency, to access resources from the federal government to provide training for caseworkers on LGBTQ competency (see Appendix for further information).

DCF has begun partnering with Health Imperatives to provide LGBTQ cultural competency trainings. We recommend that DCF integrate LGBTQ competency training in its continuing education programs for social workers, as well as its new supervisor training and learning circles.

Massachusetts Commission for the Blind

The Massachusetts Commission for the Blind (MCB) is the principal agency in the Commonwealth that works on behalf of people of all ages who are blind. MCB provides the highest quality rehabilitation and social services to blind individuals, leading to independence and full community participation.

This is our first year proposing policy recommendations for MCB. We look forward to developing a relationship with newly appointed Commissioner Paul Saner and his staff to address the meaningful inclusion of LGBTQ youth in all programs and services.

MCB Recommendations

1. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.

Background

Unfortunately, limited research exists that examines the experiences of LGBTQ populations who are blind, much less LGBTQ youth. We do know that sexual and gender minority identities exist within blind communities. For example, Blind LGBT Pride International, an affiliate of the American Council of the Blind, has been thriving since 1996, conducting annual member conferences.

By considering recommendations for MCB, the Commission hopes to ensure that the unique needs of LGBTQ youth who are blind are met by the MCB.

Expanded Recommendations

1. **Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.** The Commission's "agency relations" model pairs a Commission liaison with one or more agency staff to address the meaningful inclusion of policies and practices responsive to LGBTQ youth, particularly through: the collection of data and conducting of assessments; the development and strengthening of LGBTQ-affirming resources; training to increase cultural competency of staff working with LGBTQ youth; and the development of stronger guidance, model policies, and best practices with regard to sexual orientation and gender identity. The Commission looks forward to collaborating with MCB in identifying opportunities for better serving LGBTQ youth and providing support to MCB in the development and implementation of policies, practices, programs, and resources.

By expanding the Commission's FY15 Recommendations to include MCDHH, we hope that Massachusetts will continue to be at the forefront of responsiveness to the needs of all residents by considering the intersections of LGBTQ and Deaf or hard of hearing identities. In working to implement recommendations that respect the sexual and gender identities of all youth served by MCDHH, the agency will help ensure the wellbeing of all young people in Massachusetts.

Expanded Recommendations

Data Collection

1. **Include categories for sexual orientation (including same-sex behavior) and gender identity in development of new database, and appropriately train staff on implementation.** During the development phase of the new MCDHH database, we recommend that questions related to sexual orientation and gender identity be adopted to include fields for voluntary disclosure of sexual orientation and gender identity. Space should also be made for individuals to share their preferred name to be used by MCDHH staff. Additionally, the agency would enhance capacity to serve LGBTQ populations if it provided appropriate training to staff responsible for client intake and database management to ensure LGBTQ cultural competence and accuracy of information. These trainings should include guidelines for maintaining the privacy and confidentiality of youth disclosing their sexual orientation and gender identity.

Training

2. **Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.** MCDHH Case Managers would benefit from regular and consistent education around LGBTQ youth populations. We recommend a plan for achieving 100 percent training over the next 12 months. We encourage MCDHH to think creatively about collaborating with pre-existing programs to provide training.
3. **Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that agency staff delivering Independent Living Programs for Deaf and Hard of Hearing People attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We recommend a plan for all contracted agencies to provide comprehensive training over the next 12 months. We encourage MCDHH's contracted agencies to rely on pre-existing programs, including other state-funded providers, and to collaborate with other state agencies and community partners to provide training.

Massachusetts Rehabilitation Commission

The Massachusetts Rehabilitation Commission (MRC) promotes equality, empowerment, and independence of individuals with disabilities by enhancing and encouraging personal choice and the right to succeed or fail in the pursuit of independence and employment within the community. The MRC provides comprehensive services to people with disabilities that seek to maximize quality of life and economic self-sufficiency through programs such as vocational rehabilitation services, assistive technology programs, abuse and neglect intervention, community services, and assistance with federal benefits programs.

This is the Commission's first year working with MRC. We welcome the collaboration with Commissioner Charles Carr and his staff and look forward to working with MRC to address the meaningful inclusion of LGBTQ youth in all programs and services.

MRC Recommendations

1. Include categories for sexual orientation and gender identity in MRC intake process and appropriately train staff on implementation procedures.
2. Provide LGBTQ cultural competency training for all youth-serving staff and providers.
3. Adopt "gender identity" as part of the MRC Diversity and Equal Opportunity Statement.

Background

While Massachusetts-specific data is limited, ReachOutUSA estimates there are 4 million LGBTQ people with disabilities in the United States. Preliminary research on LGBTQ people and disability has found significant disparities and unique barriers to accessibility and livelihood for LGBTQ populations when compared to their heterosexual counterparts. While these gaps are best documented in elderly populations, LGBTQ youth likely face many of the same challenges. Incidents of hate crimes, sexual violence, and abuse are more prevalent among LGBTQ and disabled populations, putting individuals who identify as both LGBTQ and as people with disabilities at heightened risk. Available research shows that compared to heterosexuals, LGB individuals exhibit higher prevalence and earlier onset of disabilities.²⁷

By partnering with MRC, the Commission intends to find mechanisms to bridge barriers to accessibility and further address the unique disparities faced by LGBTQ youth with disabilities.

²⁷ Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100, 1953–1960; Fredriksen-Goldsen, K., Kim, H. & Barkan, S. (2012). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health*, 102, e16-e21; Fredriksen-Goldsen, K. & Kim, H. (2012). Hispanic lesbians and bisexual women at heightened risk of health disparities. *American Journal of Public Health*, 102, e9-e15; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

Department of Mental Health

The Commission issued its first recommendations to the Department of Mental Health (DMH) in 2010, urging DMH to develop a plan to ascertain any disparities in service outcomes for LGBTQ youth and to address these disparities with attention to race, ethnicity, culture, and language. Since those preliminary recommendations, DMH has taken proactive steps to more effectively meet the needs of LGBTQ youth through trainings for staff and providers and the identification of resources targeted to LGBTQ youth.

In 2013, the Commission renewed our collaboration with DMH with enthusiastic support from Commissioner Marcia Fowler. We look forward to continuing to support the Department's progress on improving access to mental health services as well as future areas of growth for the LGBTQ youth community. In particular, we are eager to support DMH in continuing to provide training and resources to staff and providers, updating policies on LGBTQ inclusion and language, and collecting data specific to LGBTQ youth.

DMH Recommendations

1. Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Increase LGBTQ-affirming messaging and access to LGBTQ-affirming resources.
3. Require and perform cultural competence training for workers, supervisors, and program providers.
4. Draft and distribute practice guidance to workers, supervisors, and program providers.
5. Update policies on LGBTQ inclusion and language, and ensure compliance with non-discrimination policies by the agency and contractors.
6. Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.

Background

State and national data suggest that although LGBTQ youth are typically well adjusted and mentally healthy, factors such as violence, victimization, and family rejection put them at increased risk for suicidal ideation, depression, and other mental illnesses.²⁸ The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that lesbian, gay, and bisexual (LGB) youth are at significantly higher risk than their heterosexual counterparts for suicide ideation. LGB youth are seven more times likely to have attempted suicide in the past year.²⁹ While MYRBS data on suicide and suicidal thoughts among transgender youth are forthcoming, one study reported that nearly half of transgender youth nationally had seriously contemplated committing suicide.³⁰

²⁸ Institute of Medicine, *The health of lesbian, gay, bisexual, and transgender people*; Levin, A. (2011). LGBT individuals not getting equal attention in research. *Psychiatric News*, 46(11), 17-19.

²⁹ Goodenow, *Prevention needs*

³⁰ Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life Threatening Behavior*, 37(5), 527.

that end, the Commission recommends the visible placement of LGBTQ-affirming messaging and LGBTQ-directed resources in all spaces providing mental health services through DMH. To best reach youth, we recommend that DMH make affirming messages and LGBTQ-focused resources easily accessible and available online. Potential areas of focus include but are not limited to DMH and service providers (both physical locations and websites) and major social media outlets (e.g., Facebook and Twitter). We applaud DMH for its inclusion of available culturally competent LGBTQ resources in its Multicultural Resource Directory and encourage the department to update the directory and increase the number of resources listed. These resources would also be valuable in the joint EOHHS Commission geomapping project to map services available to LGBTQ youth throughout the state.

Training

- 3. Provide LGBTQ cultural competency training for workers, supervisors, and program providers.** The Commission recommends that DMH provide LGBTQ competency trainings for all youth-serving employees, especially program providers and their supervisors. These trainings should include information on how to create trauma-informed, supportive services and environments for transgender and gender-nonconforming youth. We also recommend that the department continue partnering with other agencies in order to offer efficient and effective trainings, as DMH and the Department of Public Health did in May 2011.

Policies and Guidance

- 4. Draft and distribute Practice Guidelines to workers, supervisors, and program providers.** As the Commission's 2012 Public Hearings revealed, many service providers want to appropriately serve LGBTQ youth, yet do not have the expertise to do so. We recommend that DMH adopt practical models and best practices for mental health providers working with LGBTQ youth. We further recommend that DMH look to models provided by the Department of Children and Families and the Department of Elementary and Secondary Education as examples.
- 5. Update policies on LGBTQ inclusion and language, and ensure compliance with non-discrimination policies by the agency and contractors.** We recommend that DMH update all relevant policies and language to ensure inclusion of LGBTQ populations as required by law. In particular, we urge DMH to revise all anti-discrimination regulations to include gender identity as a protected category in compliance with An Act Relative to Gender Identity and to incorporate the use of up-to-date language regarding "sexual orientation" rather than "sexual preference." We also recommend that the department require the compliance of contracting vendors, through which 90 percent of DMH services are offered. These changes do more than simply inform DMH employees of the law; they also serve a symbolic message to LGBTQ youth within the system, emphasizing DMH's commitment to their legal and human rights. Once policies are updated, we suggest their re-distribution among DMH staff with a short memorandum detailing the changes and their purpose.

Department of Public Health

The Department of Public Health (DPH) has long supported policies and programs to meet the health needs of vulnerable populations, including LGBTQ youth. We are particularly grateful to DPH for its continued support of critical programs in a challenging fiscal climate, demonstrated by prior leadership and continued by Commissioner Cheryl Bartlett, a true ally. We also thank DPH for providing vital administrative and operational support to the Commission. DPH hosts most Commission meetings and houses staff that make the work of a volunteer-based membership possible.

We applaud DPH's swift addition of a question about gender identity to its biannual Massachusetts Youth Health Survey, which will provide much-needed data to guide policy relative to this population. Further, we are proud of DPH's efforts to expand LGBTQ-inclusive suicide prevention resources. DPH's suicide prevention materials for transgender communities have received wide acclaim and serve as a national resource as part of the Suicide Prevention Resource Center's best practices registry.

We also recognize the assistance provided to date in mapping the resources available to LGBTQ youth across the Commonwealth. We appreciate the department's continued support in mapping resources and building a database in order to more effectively communicate existing resources to agency staff within EOHHS and to LGBTQ youth. We look forward to working with DPH to better understand the distribution of existing resources for LGBTQ youth and the areas of greatest need.

DPH Recommendations

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.
2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.
3. Convene a Department-wide LGBTQ working group to address best practices and to coordinate LGBTQ-related work, with specific attention to LGBTQ youth.
4. Evaluate youth participation in the Massachusetts Tobacco Cessation and Prevention Program initiatives and include LGBTQ youth in outreach programs such as the Great American Smokeout, Kick Butts Day, and The 84.
5. Ensure that Community Transformation Grant recipients prioritize prevention and health promotion among LGBTQ youth, especially smoking prevention and cessation and obesity prevention efforts.
6. Prioritize HIV prevention and care to address the increase in new infections among LGBTQ youth, particularly Black and Latino gay and bisexual men in Massachusetts, and the sharp rise in Hepatitis C infections among young injection drug users.
7. Expand ongoing efforts to train the service providers funded by the Bureau of Substance Abuse Services in addressing the unique needs of LGBTQ youth.
8. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.
9. Direct the Division of Health Professions Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.

- tobacco use (e.g., ever smoked cigarettes)
- alcohol use (e.g., binge drinking)
- other drug use (e.g. current marijuana use)
- sexual behaviors
- weight management

This data reiterates that persistent gaps in health outcomes remain for LGBTQ youth.

Expanded Recommendations

Data Collection

1. **Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.** Although Massachusetts has long gathered information relating to the health of Massachusetts youth through the Massachusetts Youth Health Survey (MYHS) and other surveillance activities, analysis of LGBTQ-specific data has been limited. We recommend that DPH consistently analyze and communicate data collected by the state related to LGBTQ youth, paying particular attention to the intersections of multiple identities, including sexual orientation, gender identity, race, ethnicity, class, and linguistic minorities. We especially prioritize information on transgender youth, in light of the current scarcity of data on this population. We suggest that the MYHS report highlight this data to publically demonstrate the disproportionate risk factors and disparities specific to LGBTQ youth populations.

Resources

2. **Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.** Existing suicide prevention resources are crucial to the lives and safety of LGBTQ youth, and we urge DPH to continue making them available. We appreciate DPH's support of programs that empower LGBTQ youth and that may increase resiliency, such as those funded through the Safe Spaces program and Youth at Risk grants. We also commend the department for its support of specific suicide prevention resources and initiatives addressing LGBTQ youth. We note that DPH has worked closely with the Transgender Suicide Prevention Working Group to offer transgender-specific resources and events, such as the November 2013 Transgender Activist Peer Support Summit. To expand upon these efforts, we recommend that DPH begin to evaluate their effectiveness in reaching LGBTQ youth, with particular attention to transgender and gender-nonconforming youth.
3. **Convene a department-wide LGBTQ working group to address best practices and to coordinate LGBTQ-related work, with specific attention to LGBTQ youth.** We recommend that DPH convene a department-wide LGBTQ working group to develop best practices to meet the unique needs and barriers faced by LGBTQ populations. Development of guidance and policies responsive to LGBTQ youth populations is already underway in several programs within the department, yet with 8 bureaus and 100

6. **Prioritize HIV prevention and care to address the increase in new infections among LGBTQ youth, particularly Black and Latino gay and bisexual men in Massachusetts, and the sharp rise in Hepatitis C infections among young injection drug users.** While Massachusetts has had sustained success in reducing new HIV infections by 45 percent during the past decade, new infections are rising among young Black gay and bisexual men, including adolescents. African Americans and Latinos are disproportionately affected by HIV in Massachusetts, as they are nationally. Unfortunately, Massachusetts has been punished for its success at the national level, with funding for HIV prevention and care dramatically reduced by the federal government and state appropriators. The decline in new HIV infections in the Bay State has leveled out in the last year or so, and the HIV epidemic continues to disproportionately burden gay and bisexual men and transgender women, especially Black and Latino members of these communities. A related concern is Hepatitis C. According to a 2012 DPH report, new Hepatitis C infections among adolescents and young adults who inject drugs increased 74 percent from 2002 to 2009.⁴⁴ Recognizing the challenges posed by the loss of \$4 million in recent years, we recommend that the department think creatively about how to address HIV and Hepatitis C prevention and care, particularly among the populations most heavily impacted, including transgender youth. We urge the department to prioritize increasing the number of individuals tested for HIV and Hepatitis C, improve treatment outcomes for those who test positive, and reduce the spread of these diseases.

Training

7. **Expand ongoing efforts to train the service providers funded by the Bureau of Substance Abuse Services in addressing the unique needs of LGBTQ youth.** Through the support of its LGBTQ Advisory Board, the Bureau of Substance Abuse Services (BSAS) has started to collect data on LGBTQ individuals served through BSAS programs and has issued practice guidance for providers on serving LGBTQ adults. In the past year, BSAS has also developed a multiyear plan to improve the cultural competency of providers, and has offered three trainings with youth residential programs and recovery high schools through a Substance Abuse and Mental Health Services Administration Technical Assistance grant. We encourage the department to support the ongoing work of BSAS to improve treatment accessibility, resources, and services for LGBTQ youth, and to use BSAS as a model for similar initiatives within other DPH bureaus. We also urge BSAS to complement its youth-focused trainings by finalizing and distributing the LGBTQ Youth Practice Guidance currently in development.
8. **Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at various levels of care within contracting organizations participate in mandatory LGBTQ cultural competence training with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We especially prioritize attention to serving LGBTQ youth in the areas of teen pregnancy, substance abuse, tobacco use, homelessness,

⁴⁴ Massachusetts Department of Public Health. (2012). Shifting epidemics: HIV and Hepatitis C Infection among injection drug users in Massachusetts. <http://www.mass.gov/eohhs/docs/dph/aids/shifting-epidemics-report.pdf>

Office for Refugees & Immigrants

The Office for Refugees & Immigrants (ORI) is charged with promoting “the full participation of refugees and immigrants as self-sufficient individuals and families in the economic, social, and civic life of Massachusetts.” Largely through resources from the federal Office of Refugee Resettlement, ORI provides funding to refugee resettlement providers to support some of the most vulnerable refugees to the United States who are admitted on humanitarian grounds, and plays a critical role in ensuring that adequate services are available to LGBTQ immigrant youth. Under the leadership of Executive Director Josiane Martinez, ORI has been a strong supporter of LGBTQ immigrant youth. This is our first year issuing recommendations to ORI, and we look forward to further developing a collaborative relationship. We also thank ORI for its direction of some funding to provider seminars on obstacles facing LGBTQ immigrants, including youth.

ORI Recommendations

1. Collaborate with the Safe Schools Program to incorporate information on LGBTQ youth and bias-based bullying into the Refugee School Impact Program.
2. Distribute resources, visuals and informational materials to refugee resettlement providers and immigration service providers about the LGBTQ community and other resources.
3. Increase access to LGBTQ youth resources that provide assistance in obtaining asylum by making available on ORI’s website a list of organizations providing free legal services.
4. Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.

Background

LGBTQ refugee and immigrant youth live within a system in which their immigration status compounds the challenges and complexities faced by the LGBTQ youth population broadly. As refugees, they must navigate the challenges of living as an “outsider” in the United States, as well as isolation or harassment that they may face within immigrant communities as a result of their sexual orientation and gender identity.⁴⁶ This dual-layer minority status often manifests in fear of and distrust toward figures of authority and obstacles to accessing resources and support. The importance of meeting LGBTQ youth where they are – both geographically and psychologically – is especially pronounced for refugee and immigrant youth populations. These are youth in desperate need of information and, often, protection.

LGBTQ youth who lack legal immigration status are especially vulnerable to coercion and abuse. In some instances, families have threatened not to or refused to sponsor LGBTQ-identified children. Services for LGBTQ immigrant youth should be trauma-informed and culturally competent, taking into account the experiences of LGBTQ youth before becoming refugees as well as the distinct characteristics and dynamics among various immigrant communities,

⁴⁶ Heartland Alliance. (2011). “Rainbow Welcome Initiative: An Assessment and Recommendations Report on LGBT Refugee Resettlement in the United States.” Retrieved from:
http://www.rainbowwelcome.org/uploads/pdfs/ORR%20Report%20MASTER%20COPY_01.2012.pdf

LGBTQ-friendly legal service providers. To further safeguard against exploitation, the page should warn individuals of *notarios* and unlicensed attorneys.

Training

4. **Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.** We recommend that all youth-serving employees at contracting agencies attend mandatory LGBTQ cultural competency trainings, with the specific goal of supporting employees to provide culturally responsive and trauma-informed services for LGBTQ youth. Trainings should include information on the needs of LGBTQ refugee youth and best practices for serving and supporting them and their families in an affirming and culturally sensitive manner; these could be offered through independent workshops or incorporated into preexisting trainings. We urge ORI to provide the resources and support needed to realize such trainings, and to collaborate with the Department of Children and Families or other agencies where appropriate, particularly in offering professional development to case managers in the Unaccompanied Refugee Minors Program.

for familial instability, trauma, and teen pregnancy – some of whom are likely to be the same youth receiving and/or in need of services and support from DTA.⁵²

Expanded Recommendations

Data Collection

1. **Adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on sexual orientation (including same-sex behavior) and gender identity.** DTA tracks benefit applications and utilization through the Common Application/Virtual Gateway. This form is being revised early next year and provides an opportunity for DTA to include fields on the form for disclosure of sexual orientation and gender identity. The form should also provide fields for individuals to share their preferred name to be used by DTA staff. Further, we urge DTA to provide training to staff to protect the confidentiality and privacy of LGBTQ youth. We also suggest that DTA track whether applicants for food stamps and cash assistance identify as LGBTQ in order to better understand and address the specific needs of LGBTQ youth who are or could be accessing DTA services.

Resources

2. **Improve accessibility of public assistance to LGBTQ youth through welcoming visuals.** We recommend increasing access to services by offering a “rights and responsibilities” or a “what to expect” guide at all DTA offices. Additionally, we urge the display of recognizable supportive symbols on the DTA televisions in regional offices and in written materials. Research shows that publicly identifying allies in social service settings through symbols such as Safe Space stickers and rainbow flags signals to LGBTQ youth that they are in a safe, welcoming setting and promotes a climate of acceptance.⁵³
3. **Create a working group of dedicated DTA staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.** As exemplified by the LGBTQ liaisons within the Department of Children and Families, designating staff to focus on cultural competence and expertise makes a tremendous difference in implementing policies and practices that improve services for LGBTQ youth. We urge the department to create an internal working group and specifically charge the group to: (1) advise on inclusion of clear non-discrimination policies regarding sexual orientation and gender identity; (2) perform quality assurance of providers’ policies; (3) develop guidance on transgender client service and program access; and (4) review contracts with DTA-funded agencies to ensure gender identity anti-discrimination protections. (The Appendix includes sample guidance from Massachusetts Transgender Political Coalition and the National Gay and Lesbian Task Force websites).

⁵² Massachusetts Alliance on Teen Pregnancy. *Living on the Edge: The Conflict and Trauma that Lead to Teen Parent Homelessness*. Boston, MA. Summer 2013. Retrieved from <http://www.massteenpregnancy.org/sites/default/files/publications/matpliving-edgesummer2013.pdf>

⁵³ Poynter, K. J. & Tubbs, N. J. (2007). Safe zones: Creating LGBT safe space ally programs. *Journal of LGBT Youth*, 5(1), 121-132

Department of Youth Services

The Department of Youth Services (DYS) is the state agency charged with serving youth committed as juvenile delinquents or youthful offenders. We commend DHS and former Commissioner Ed Dolan for working on policy and guidelines to address the needs of LGBTQ youth. DHS has considered policies from other jurisdictions, and has held several meetings to consider how best to serve this population. We look forward to working with Commissioner Peter J. Forbes throughout this process, and encourage DHS to continue with the progress made since the Commission's previous recommendations.

DYS Recommendations

1. Modify intake forms to be LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity.
2. Build an internal working group to address the needs of LGBTQ youth in DHS care.
3. Respect the gender identity and expression of all youth, including by (a) housing youth consistent with their gender identity absent a safety-based objection by the youth; and (b) providing medical care for transgender youth that is based on accepted standards of care.
4. Expand LGBTQ training curriculum for incoming and existing staff, and ensure that all training and curriculum for youth in DHS care is LGBTQ-inclusive.
5. Work with vendor providers to develop effective and confidential ways of assessing sexual orientation and gender identity, and continue working towards providing sexual health services accordingly.
6. Continue to develop and implement more inclusive policies for LGBTQ youth beyond the minimum expectations of the federal Prison Rape Elimination Act (PREA), including PREA Juvenile Facility Standards and changes to search and confinement policies.

Background

Based on the risk factors outlined by the U.S. Office of Juvenile Justice Detention Prevention, LGBTQ youth are at a heightened risk of becoming involved with the juvenile justice system.⁵⁴ According to the Journal of Pediatrics, lesbian, gay, and bisexual (LGB) youth are 40 percent more likely than other teens to be punished by school authorities, police, and the courts.⁵⁵

On average, LGB and questioning youth spend more time in the juvenile justice system than their non-LGB counterparts, and are more likely to be targeted by police and/or detained.⁵⁶ Nationally, LGBTQ youth are twice as likely to be detained for non-violent crime, and comprise

⁵⁴ Shader, M. (2003). Risk factors for delinquency: An overview. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from <https://www.ncjrs.gov/pdffiles1/ojjdp/frd030127.pdf>

⁵⁵ Annie E. Casey Foundation. (2011). Lesbian, gay, bisexual teens face harsher punishment. JDAI News. Retrieved from <http://www.aecf.org/MajorInitiatives/JuvenileDetentionAlternativesInitiative/Resources/JDAI/2011/Spring%202011/Juvenile%20Justice%20Updates/Lesbian%20gay%20bisexual%20teens%20face%20harsher%20punishment.aspx>

⁵⁶ Majd K, Marksamer J, & Reyes C. (2009). Hidden injustice: Lesbian, gay, bisexual and transgender youth in juvenile courts. Washington, DC: Legal Services for Children, National Juvenile Defender Center, and National Center for Lesbian Rights. http://www.equityproject.org/pdfs/hidden_injustice.pdf

Further, we recommend that DYS adopt data collection procedures that document the outcomes for LGBTQ youth in state custody to assess the areas of greatest need within DYS as well as the effectiveness of LGBTQ cultural competency trainings.

Resources

2. **Build an internal working group to address the needs of LGBTQ youth in DYS care.** As we have seen in the child welfare context, systemic change to improve the experiences of LGBTQ youth is best achieved through the ongoing efforts of committed personnel within the agency itself. We recommend that DYS explore a scheme similar to the Department of Children and Families liaisons model and designate committed staff at service and management levels to serve as an internal resource for LGBTQ youth in the state's care.
3. **Respect the gender identity and expression of all youth, including by:**
 - a. **Housing youth consistent with their gender identity absent a safety-based objection by the youth; and**
 - b. **Providing medical care for transgender youth that is based on accepted standards of care.**

Proactive changes to these policies are critical to the safety and wellbeing of LGBTQ youth in DYS custody.

Training

4. **Expand LGBTQ training curriculum for incoming and existing staff, and ensure that all training and curriculum for youth in DYS care is LGBTQ-inclusive.** We applaud the department's implementation of a LGBTQ cultural competency training in collaboration with Health Imperatives, and hope that such trainings continue on a routine basis. We also encourage the department to foster ongoing partnerships between DYS and other youth-serving agencies to more efficiently share resources, conduct training, and offer professional development.

Policies and Guidance

5. **Work with vendor providers to develop effective and confidential ways of assessing sexual orientation and gender identity, and continue working towards providing sexual health services accordingly.** In an effort to provide affirming health services to all youth, the Commission recommends that DYS work with vendor providers on overcoming privacy-related obstacles to providing inclusive, quality medical and mental health care. We urge staff to create a confidential and safe environment for LGBTQ youth and ensure that youth are able to comfortably access sexual health services.
6. **Continue to develop and implement more inclusive policies for LGBTQ youth beyond the minimum expectations of the federal Prison Rape Elimination Act (PREA), including PREA Juvenile Facility Standards and changes to search and**

2. EDUCATION RECOMMENDATIONS

The Executive Office of Education is responsible for coordinating initiatives across the Commonwealth's early education, K-12, and public higher education institutions, with an emphasis on ensuring access to quality education for all students, reducing achievement gaps for marginalized populations, and creating an integrated public education system that supports learning from an early age through adulthood. The Commission is pleased to once again be working with agencies within the Executive Office of Education to foster safe and supportive learning environments for all students and to ensure that LGBTQ youth are able to access the education they need to reach their full potential.

The Commission's relationship with Education agencies continues to grow. We point to our recent Memorandum of Understanding with the Department of Elementary and Secondary Education (ESE), and our successful collaborations with ESE on parental notification about bullying incidents and on guidance for schools on implementing *An Act Relative to Gender Identity*. We are also pleased to continue working with the Department of Early Education and Care and to have renewed our partnership with the Department of Higher Education. We look forward to working with the Executive Office of Education to address data, resources, training, and policies and guidance.

Expanded Recommendations

Resources

1. **Share lists of LGBTQ-affirming residential placements with the Department of Children and Families.** There continues to be an urgent need for – and promotion of existing – safe spaces for LGBTQ youth throughout the Commonwealth, particularly in central and western Massachusetts. There is significant overlap in the populations that EEC and the Department of Children and Families serve in the child welfare arena. In addition to Waltham House, a group home designed to provide a safe and supportive living environment for LGBTQ youth, there are dedicated beds for LGBTQ youth in pre-independent living programs in Lowell (The GRIP Project of JRI), the Boston Metro-West area (Wayside Youth & Family), and an additional space in Waltham (Rediscovery House). We urge EEC and DCF to work collaboratively to ensure that DCF workers are aware of these resources, and can make proper referrals.

Training

2. **Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.** We recommend that all youth-serving employees at EEC licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training, and encourage EEC to support licensees in providing the resources staff need to effectively serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. We urge EEC to collaborate with community partners and other state agencies where appropriate to ensure educators and staff receive adequate training and professional development. We also understand that EEC has considered using online training modules for this purpose and are eager to work with EEC to realize this opportunity.

Policies and Guidance

3. **Work with all EEC licensed or approved programs and facilities to ensure that they are affirming of LGBTQ youth.** All EEC licensed or approved programs and facilities that receive government funds to provide social services or that care for children in state custody regardless of religious affiliation must adhere to professional and legal standards of care: providing nondiscriminatory, competent and nonjudgmental services to LGBTQ youth and foster and adoptive parents. We recommend that EEC licensed or approved programs and facilities agree not only to comply with nondiscrimination policies but also commit to proactively creating safe and affirming services for LGBTQ youth. Considering the crossover between EEC, the Department of Children and Families, and Department of Youth Services in oversight and funding of youth-serving programs and facilities, the Commission suggests that these three state agencies jointly coordinate these services.

Department of Elementary and Secondary Education

The Department of Elementary and Secondary Education (ESE) enrolls nearly one million students from pre-kindergarten through high school. Since 1993, the Safe Schools Program for LGBTQ Students at ESE has been a national leader in creating policies and programs to foster safe and supportive environments for LGBTQ students. At one time, ESE was able to fund the Safe Schools Program at up to \$800,000 annually, until the loss of tobacco settlement funds in the 2000s. The Commission has supported the department in increasing its capacity to create landmark policies, to provide professional development and technical assistance to schools, and to promote student leadership development.

The Commission has been working in collaboration with ESE on multiple initiatives for several years: trainings for school personnel on bias-based bullying; the formation of a statewide network of Gay / Straight Alliances (GSAs) and similar organizations; and implementation of policy guidance to fully implement An Act Relative to Gender Identity. We are grateful to Commissioner Mitchell Chester for his leadership on these critical issues and the support of key staff, including John Bynoe, Diane Curran, Rachelle Engler-Bennett, Anne Gilligan, Carol Goodenow, Joy Robinson-Lynch, Sarah Slautterback, Donna Taylor, and Carole Thompson. We also thank the department for providing space and support for Safe Schools staff.

We are also pleased that Massachusetts is now collecting information on the experiences of transgender students through the Massachusetts Youth Risk Behavior Survey (MYRBS) and support the continued inclusion of a question on gender identity in the survey. Through the establishment of our first Memorandum of Understanding (MOU) with a state agency to further coordination of the joint Safe Schools Program, we look forward to strengthening our partnership while expanding our mutual capacity to support schools and LGBTQ students.

Recognizing the importance of GSAs in school climate change and the promotion of student leadership and resiliency, the Commission and ESE launched the student-run, adult-supported Massachusetts GSA Network. Modeled on the State Student Advisory Council to the Board of Education, the GSA Network is comprised of a State GSA Leadership Council and five Regional GSA Leadership Councils. Councils meet bimonthly to develop recommendations to ESE and to the Commission and to support students in networking, developing leadership skills, and shifting school culture. As part of the Network, the Commission and ESE have collaborated for the past three years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts.

minority students in schools with a GSA were one third as likely to report multiple past-year suicide attempts. These students were also half as likely to report dating violence, being threatened or injured at school, and skipping school due to fear.⁶⁹ Since 1993, when support for GSAs was included in the *Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students*, the Commission and ESE have invested substantial resources in developing and supporting these school-based groups.

While support for LGBTQ youth is necessary in the family and in the community, it is critical that LGBTQ youth feel safe and affirmed in educational settings. Successful completion of high school is a building block for a self-determined and self-actualized life. The majority of LGBTQ youth share the experience of attending school, and a failure to ensure access to equal educational opportunities increases the likelihood for school drop-out and other health and safety risks. LGBTQ students cannot succeed educationally without deliberate efforts by administrators and staff to erase the culture of homophobia and transphobia that remains prevalent both in and outside of our schools. Effective campaigns to improve school climate for LGBTQ youth and to reduce bullying include faculty training, student education, and LGBTQ support groups. We look forward to continuing to work with ESE to provide and support such resources and promote the safety and inclusion of all students.

Expanded Recommendations

Data Collection

1. **Deliver a presentation on LGBTQ youth to the Board of Elementary and Secondary Education at least every two years.** Jointly develop and deliver a presentation on LGBTQ youth to the Board of Elementary and Secondary Education at least every 24 months. The presentation should include information such as the MYRBS data and our collaborative efforts as outlined in the MOU signed by ESE Commissioner Mitchell Chester and Commission Chair Julian Cyr on September 18, 2013.

Resources

2. **Jointly coordinate the Safe Schools Program to build capacity to deliver technical assistance, training, and support to schools.** Jointly promote and coordinate the Safe

High school gay-straight alliances (GSAs) and young adult well-being: An examination of GSA presence, participation, and perceived effectiveness. *Applied Developmental Science*, 15, 1-11; Walls, N.E., Kane, S.B., & Wisneski, H. (2010). Gay-Straight Alliances and school experiences of sexual minority youth. *Youth and Society*, 41, 307-332; Watson, L. B., Varjas, K., Meyers, J., & Graybill, E. C. (2010). Gay-Straight Alliance advisors: Negotiating multiple ecological systems when advocating for LGBTQ youth. *Journal of LGBT Youth*, 7, 100-128; Russell, S. T., Muraco, A., Subramaniam, A., & Laub, C. (2009). Youth empowerment and high school Gay-Straight Alliances. *Journal of Youth and Adolescence*, 38, 891-903; Goodenow, C., Szalacha, L., & Westheimer, K. (2006). School support groups, other school factors, and the safety of sexual minority adolescents. *Psychology in the Schools*, 43, 573-589; Griffin, P., Lee, C., Waugh, J., & Beyer, C. (2004). Describing roles that Gay-Straight Alliances play in schools: From individual support to social change. *Journal of Gay & Lesbian Issues in Education*, 1, 7-22; Szalacha, L. A. (2003). Safer sexual diversity climates: Lessons learned from an evaluation of Massachusetts Safe Schools Program for gay and lesbian students. *American Journal of Education*, 110, 58-88.

⁶⁹ Goodenow et al., *School support groups*.

groups already enumerated in the state's inclusionary education requirements. Examples of important LGBTQ historical and cultural figures may include Walt Whitman, Magnus Hirshfeld, Gladys Bentley, Gertrude Stein, James Baldwin, Tennessee Williams, and Bayard Rustin, among numerous others. We understand that to integrate LGBTQ-related topics into appropriate curricula, ESE must pursue a deliberate, open and inclusive process for updating curriculum frameworks that will take time. However, efforts to create inclusive curricula are already afoot at the local level in Massachusetts; for example, Lowell Public Schools are already advocating for curricula that include the contributions of LGBTQ individuals. We urge ESE to support Lowell's efforts and encourage local school committees to consider such efforts across the state.

5. **Disseminate an annual communication to schools reinforcing the requirements of the anti-bullying and anti-discrimination laws especially with regard to implications for LGBTQ students.** The negative consequences of bullying and discrimination based on actual or perceived sexual orientation and gender identity are supported by wide-ranging research.⁷¹ In partnership with the Commission, we urge ESE to collaboratively develop an annual communication to school superintendents and principals to encourage schools to be proactive in creating safe environments and identifying services and resources available to provide support and assistance for LBGTQ youth. In addition, the communication should identify a primary contact on LGBTQ issues in districts and schools to facilitate communication and disseminate information.

⁷¹ LeVasseur, M.T., Kelvin, E.A., and Grosskopf, N.A. (2013). Intersecting identities and the association between bullying and suicide attempt among New York City youths: Results from the 2009 New York City Youth Risk Behavior Survey, *American Journal of Public Health*, 103(6), 1082-9; Berlan, E. D., Corliss, H. L., Field, A. E., Goodman, E., & Austin, S. B. (2010). Sexual orientation and bullying among adolescents in the growing up today study. *Journal of Adolescent Health*, 46, 366-371; Russell S.T., Ryan C., Toomey R.B., Diaz R.M., Sanchez J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: implications for young adult health and adjustment. *Journal of School Health*, 81, 223-230; Russell S.T., Sinclair K.O., Poteat V.P., Koenig B.W. (2012) Adolescent health and harassment based on discriminatory bias. *American Journal of Public Health*, 102(3), 493-495

resulting in even higher levels of harassment for LGBTQ people of color in higher educational settings.⁷⁴

Concerns over campus climate can interfere with the education of LGBTQ students, as LGBTQ college students are more likely to consider withdrawing from their institution and to fear for their physical safety.⁷⁵ Additionally, LGBTQ students often feel that their college or university does not provide adequate resources on LGBTQ issues or respond appropriately to issues of campus harassment.⁷⁶ We are particularly concerned that this may be the case in the state public higher education system, especially at community colleges where limited resources exist for student services.

The Commission strongly urges DHE to ensure that gender identity is incorporated into existing anti-discrimination policies and diversity plans consistent with An Act Relative to Gender Identity. Additionally, we encourage DHE to make available to state colleges and universities guidance, training, resources, and technical assistance to promote equal educational opportunities for LGBTQ students.

LGBTQ students interact with every facet of the higher education system, and we recommend that DHE assist public colleges and universities across the state in reexamining diversity plans and policies to ensure effective inclusion of and support for LGBTQ students, including but not limited to policies related to housing, bias incident reporting protocols, health services and health insurance plans, and changing identity documents.

Expanded Recommendations

Data Collection

1. **Research and adopt LGBTQ-inclusive demographic forms and implement routine collection of data on sexual orientation (including same-sex behavior) and gender identity.** We recommend that DHE include LGBTQ students when evaluating and addressing disparities in student success indicators by demographic variables (e.g. the Vision Project, the Patrick Administration's Strategic Plan for public higher education in Massachusetts). By modifying existing demographic collection mechanisms to be inclusive of LGBTQ individuals, public colleges and universities will be able to assess the status of LGBTQ initiatives on campus and subsequently utilize such data to improve policies, programs, and services to better ensure the educational and social success of LGBTQ students. We also suggest that DHE seek methods to adopt data collection procedures that document LGBTQ students' experiences with their respective colleges and universities as a means of assessing cultural competency at the 29 campuses across the state, and to assist individual campuses in doing the same. Data collection should occur in a manner that prioritizes the privacy and confidentiality of LGBTQ students.

⁷⁴ Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Taskforce. Retrieved from <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>

⁷⁵ Rankin et al., 2010 *state of higher education*.

⁷⁶ Ibid.

3. OTHER AGENCIES

LGBTQ youth interact with state agencies and state-funded organizations in a wide range of settings, including shelters and housing programs, public transportation, and job training programs. While the Commission has long worked with agencies in the areas of Health and Human Services and Education, we are pleased to be proposing recommendations to three additional agencies this year to more fully address the needs of LGBTQ youth who are homeless, living in rural areas, and/or seeking employment skills and opportunities.

The Commission seeks to ensure that homeless LGBTQ youth are finding appropriate housing in safe settings that are responsive to their particular needs, including youth who have aged out of foster care or other state-based facilities. The Commission is especially concerned about the unmet needs of transgender populations, who are not currently covered under state non-discrimination laws in relation to public accommodations.

Expanded Recommendations

Resources

1. **Provide at least one private bathroom and shower space for safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.** Shelters serving homeless individuals and families should have LGBTQ-friendly living situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We encourage DHCD to support emergency shelters in providing the option of at least one private bathroom and shower space for the safety and privacy of LGBTQ youth, and to further recommend that youth have access to shared bathroom and changing facilities that are consistent with their gender identity. As is well documented, LGBTQ youth are frequently victims of sexual assault, bullying, ridicule, and physical violence. Testimony received by the Commission at statewide hearings spoke to safety concerns of LGBTQ youth staying in shelters, with several youth and providers reporting harassment by shelter staff and other clients. LGBTQ youth need the added privacy of a private bathing space to contribute to their physical wellbeing and emotional security.

Training

2. **Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.** Many unaccompanied LGBTQ youth have experienced family rejection, discrimination, harassment, and various forms of violence and victimization. LGBTQ young people utilizing services through DHCD need supportive staff who can offer affirming and trauma-informed services. Research indicates that LGBTQ youth are as or more likely than other youth to experience domestic violence,⁸¹ and data shows that homeless LGB young people are significantly more likely to experience dating violence than housed LGB youth and housed or homeless heterosexual youth.⁸² Studies also indicate that even a small change towards support and inclusion of LGBTQ youth achieves improved health and safety outcomes.⁸³ We also advise DHCD to collaborate with community-based organizations and state-funded providers, including those specializing in LGBTQ domestic violence services, to provide cultural competency

⁸¹ Dank, M., Lachman, P., Zweig, J.M. & Yahner, J. 2013. Dating Violence Experiences of Lesbian, Gay, Bisexual, and Transgender Youth. *J Youth Adolesc.* doi: 10.1007/s10964-013-9975-8

⁸² Goodenow, *Homeless and sexual minority youth.*

⁸³ Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. 2009. Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics* 123, 346-352.

Executive Office of Labor and Workforce Development
Department of Career Services

The Department of Career Services (DCS) oversees the state's network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training. This is our first year issuing recommendations in the area of workforce development and we are eager to develop a relationship with Director Alice Sweeney and staff.

Department of Career Services Recommendations

1. Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.
2. Designate a liaison to work with the Commission to identify opportunities for more fully serving LGBTQ youth.

Background

LGBTQ youth are more likely to experience a number of risk factors, such as homelessness, unsafe educational environments, or involvement with the juvenile and criminal justice systems, that make obtaining employment more difficult. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color in particular at a disadvantage in preparing to enter the workforce. The repercussions of obstacles to obtaining employment often follow LGBTQ youth, particularly transgender young people and youth of color, into their adult years, as indicated by unemployment statistics suggesting that transgender adults and LGBTQ adults of color experience unemployment rates significantly higher than the national average.⁸⁴

Expanded Recommendations

Resources

1. **Partner with social service providers to offer career readiness services to LGBTQ youth who face barriers to employment.** The Executive Office of Labor and Workforce Development's Strategic Plan lists increasing youth employment as a goal, with strategies including job readiness services for youth, strengthening connections to youth-serving organizations, and recruiting subsidized and unsubsidized jobs. We urge DCS to ensure the department is meeting the career readiness needs of LGBTQ youth, particularly those who have experienced homelessness, involvement with the juvenile justice system, or other risk factors that create barriers to successful entry into the workforce. We encourage DCS to partner with social service providers and employers to link LGBTQ youth with training and employment opportunities and to provide resources, such as workshops or job fairs, targeted at LGBTQ youth through One-Stop Career Centers. LGBTQ youth-serving organizations are strong potential partners for this work. The New

⁸⁴ Movement Advancement Project. (2013). *A Broken Bargain for LGBT Workers of Color*. Retrieved from <http://www.lgbtmap.org/file/a-broken-bargain-for-lgbt-workers-of-color.pdf>

Executive Office of Transportation
Department of Transportation

The Massachusetts Department of Transportation (MassDOT) provides the United States' safest and most reliable transportation system in a way that strengthens the state economy and quality of life as well as delivers excellent customer service to people who travel within Massachusetts.

The Commission is delighted to be collaborating with MassDOT for the first time to identify and address the needs of LGBTQ youth within public transit and infrastructure. In particular, we look forward to developing innovative solutions to accessibility barriers in collaboration with the MassDOT statewide mobility project and the Statewide Coordinating Council on Community Transportation; and to addressing the challenges faced by homeless LGBTQ youth in accessing identification cards.

MassDOT Recommendations

1. Conduct needs assessments with respect to transportation needs, barriers, or best practices with LGBTQ youth and LGBTQ community groups.
2. Integrate existing transportation resource inventories with interagency geomapping project to help youth more easily access services, and create resource inventories for regions without existing inventories.
3. Include community LGBTQ youth groups in MassDOT-facilitated regional networks and mobility management coordinating meetings.
4. Establish streamlined procedures at the Registry of Motor Vehicles to facilitate access to identification cards for unaccompanied homeless youth.

Background

A 2012 GLSEN report indicated that LGBTQ youth living in rural areas were significantly less likely to have access to community groups or programs providing affirming spaces and support services; only 30 percent of rural LGBTQ youth reported having access to such a group in their community compared to 51 percent of their urban counterparts.⁸⁵ These trends hold true in Massachusetts.

In 2012, the Commission held Public Hearings in Boston and Holyoke for LGBTQ youth, their families, and service providers across the state. In testimony in Western Massachusetts, youth and adult allies spoke of difficulty in accessing resources – and each other – due to a lack of public transit options. As one provider testified, “Communities like Holyoke are really isolated. There’s nowhere to get on the bus. Unless you’re downtown where everyone is, you’re not accessible to a youth. When you live in Holyoke and when you live in communities where there’s not a lot of transportation, you’re so much more isolated.”

⁸⁵ Palmer, N. A., Kosciw, J. G., & Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual and Transgender Students in Rural and Small Town Schools. Gay, Lesbian & Straight Education Network. Retrieved from <http://glsen.org/sites/default/files/Strengths%20%26%20Silences.pdf>

3. **Include LGBTQ youth groups in MassDOT-facilitated regional networks and mobility management coordinating meetings.** Given the reliance on public and community-operated transportation of LGBTQ youth when accessing local and regional resources, we recommend partnering with local LGBTQ youth-serving groups, including the AGLY Network and the Massachusetts GSA Network, in statewide mobility efforts to coordinate regional transportation initiatives. We urge MassDOT to gather input from LGBTQ youth and adult service providers in community discussions regarding meeting transportation needs, resource sharing, and establishing efficient regional transportation networks.

4. **Establish streamlined procedures at the Registry of Motor Vehicles to facilitate access to identification cards for unaccompanied homeless youth.** Identification (ID) cards are critical to obtaining employment and housing for many unaccompanied homeless youth, who are disproportionately likely to identify as LGBTQ. However, current application procedures pose serious challenges for youth experiencing homelessness and poverty. Unaccompanied homeless LGBTQ youth often lack access to multiple forms of supporting identification and documentation, may struggle to obtain a parental signature or to pay the application fee, and may not have transportation to a full-service regional branch office. We urge the Registry of Motor Vehicles (RMV) to establish procedures to facilitate access to ID cards for unaccompanied homeless youth, including: accepting one document to prove residence, date of birth, and signature; accepting additional types of documents to prove residence, including signed letters from social service providers on agency letterhead; allowing portions of the application to be completed over the phone; and working with counselors, educators, or advisors at homeless shelters, government agencies, and educational institutions to support homeless LGBTQ youth seeking to obtain ID cards. New York and Oregon have already instituted policies that facilitate access to ID cards for homeless youth. We urge MassDOT to investigate adopting similar policies in Massachusetts, using the recommendations of the American Bar Association and the National Network for Youth as a resource (see Homelessness Resources in Appendix). The Commission understands that current statutory requirements for ID cards under M.G.L. c. 90 s. 8E do include criteria for applicants to appear in-person to capture an image, secure signature, and verify identity. We encourage the RMV to work with appropriate internal divisions and the Commission to consider how best ID card for unaccompanied homeless youth could be realized. The Commission further suggests piloting such an initiative through one or two RMV branches. We would be glad to assist in collaboration between a branch and local LGBTQ youth-serving organizations.

Unaccompanied Homeless Youth. Estimates suggest that up to 40 percent of unaccompanied homeless youth in the U.S. are LGBTQ.⁸⁶ These youth face a severe shortage of age-appropriate and culturally competent shelter and housing services and are at significantly higher risk than their housed peers for dating violence, substance use, bullying, suicide attempts, and nonconsensual sex.⁸⁷ If enacted, the Homeless Youth Bill will ensure that homeless LGBTQ youth can access appropriate and affirming services that provide them with pathways out of homelessness. This legislation will provide a range of housing accommodations for unaccompanied homeless youth based on individual need, including options such as emergency shelters, short-term housing, home placements, assistance with family reunification, and transition assistance to independent living programs. Additionally, this legislation will provide education, employment, and health care services. This bill is critical to addressing the immediate, short-term, and long-term housing gaps that continuously plague homeless and unaccompanied youth. We urge the Legislature to pass this bill with adequate accompanying resources needed to make it effective.

2. **HB 154: Support protections from abusive conversion therapy practices as per An Act Relative to Abusive Practices to Change Sexual Orientation and Gender Identity in Minors.** Alarming, some health care providers continue to treat same-sex attraction and gender identity as disorders, despite the opposition to conversion therapy from major health care organizations (including the American Psychological Association, American Academy of Pediatrics, National Association of School Psychologists, National Association of Social Workers, and National Education Association). The American Psychological Association created a task force to review therapeutic responses to sexual orientation and found that conversion therapy is not only ineffective but also causes harm, including significant emotional and spiritual distress and negative self-image.⁸⁸ As filed, HB 154 will prohibit this abusive treatment for minors and ensure that youth are treated in an affirming and supportive manner. California and New Jersey have already passed laws banning conversion therapy and several other states have similar legislation pending, including Pennsylvania, New York, Ohio, and Florida, as well as Washington, D.C.
3. **HB 1589: Pass legislation for gender identity protections in public accommodations as laid out in the Equal Access Bill.** In Massachusetts, access to public accommodations remains uncertain for transgender youth and adults, due to lack of protection from discrimination in areas of public accommodation. Data shows that transgender people in the United States experience disproportionate levels of discrimination in public accommodations. Within Massachusetts, 58 percent of transgender individuals reported experiencing verbal harassment or disrespect in a place of public accommodation, and 22 percent reported being denied equal treatment by a

⁸⁶ Ray, *Lesbian, gay, bisexual, and transgender youth*.

⁸⁷ Goodenow, *Homeless Sexual Minority Youth*.

⁸⁸ APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). Report of the Task Force on Appropriate Therapeutic Responses to Sexual Orientation. Washington, DC: American Psychological Association.

currently comprise the highest rate of new HIV infections, and research by the Centers for Disease Control explicitly states that the increased risk of HIV infection among young gay men is the result of inadequate access to appropriate health information.⁹³ However, student surveys tell us that fewer students are learning about HIV/AIDS in school than they were just 10 years ago. In 2011, only 84 percent of Massachusetts students reported that they received information about HIV/AIDS in school and only half (49 percent) of students reported being taught in school how to use a condom.⁹⁴ Research shows that providing medically accurate, age-appropriate sexual health education helps young people stay healthy by providing vital information about abstinence and delayed sexual activity, effective contraception use, prevention of pregnancy and disease, and the skills needed to form healthy, respectful relationships, communicate with others, and make healthy decisions. HB 3793 would better ensure that students in schools that choose to offer sexual health education receive information that is age-appropriate, medically accurate, and appropriate for students regardless of gender, race, disability status, or sexual orientation.

⁹³ Centers for Disease Control. (2012). Vital Signs: HIV Infection, Testing, and Risk Behaviors Among Youths - United States. MMWR, 61

⁹⁴ Massachusetts Department of Elementary and Secondary Education & Massachusetts Department of Public Health. (2012). 2011 Health and Risk Behaviors of Massachusetts Youth (2011). *Retrieved from* <http://www.doe.mass.edu/cnp/hprograms/yrbs/2011Report.pdf>

Youth: While we respect the definitions of youth used by individual agencies, we use the term here broadly to refer to minors under the age of 18 as well as to young people in early adulthood. We further recognize that all young people may or may not identify themselves as “youth.”

Youth of Color: The Commission defines youth of color broadly, to include those groups that have specific and longstanding relationships with systems of racial or ethnic-based oppression, exploitation, and/or marginalization in the United States. Included in this population are both youth of color (e.g. non-white youth) as well as white-Hispanic youth and/or youth from other minority ethnic or cultural backgrounds that position them as more likely to experience racist or classist oppression.

RESOURCES

Cultural Competency Resources

- Massachusetts Transgender Political Coalition’s trainings and workshops, sessions designed to promote understanding of transgender communities and relevant issues
- The Network / La Red’s Open Minds, Open Doors project, a guide to transforming domestic violence programs to include LGBTQ survivors
- Larkin Street Stories, a three-part video series that offers tips on best practices for providers serving homeless LGBTQ youth and their families
- www.FindYouthInfo.gov, a cross-cutting federal website on youth issues
- Self-Assessment Checklist for Personnel Providing Services and Supports to LGBTQ Youth and Their Families, Georgetown University.

Foster Care Resources

- Federal Administration for Children and Families Information Memorandum with training and resources for LGBTQ youth in foster care; ACF endorses new practice guidelines on LGBTQ youth in foster care, from Lambda Legal, available at <http://www.acf.hhs.gov/sites/default/files/cb/im1103.pdf>
- Child Welfare League of America’s “A Place of Respect”, a guide for group care facilities serving transgender and gender-nonconforming youth
- Human Rights Campaign’s All Children, All Families initiative, which seeks to enhance LGBTQ cultural competence among child welfare professionals and to educate LGBTQ individuals about becoming foster or adoptive parents
- Strategies for Recruiting Lesbian, Gay, Bisexual, and Transgender Foster, Adoptive, and Kinship Families on adoptuskids.org
- Moving the Margins: Training Curriculum for Child Welfare Services with LGBTQ Youth in Out-of-Home Care, a train-the-trainer manual for social workers by the National Association of Social Workers and the Lambda Legal Defense and Education Fund
- Family Acceptance Project assessment tools, designed to assess family rejection and health risks for LGBTQ youth
- New York City Administration for Children’s Services policy for LGBTQ youth and families within the child welfare system, which includes procedures for family prevention services

Education Resources

- Quabbin Mediation’s Training Active Bystanders program, a peer-education model designed to teach students and educators safe intervention techniques and to build community ties
- Stopbullying.gov, a national website with new resources on bullying and LGBTQ youth
- Fair Education Act, the California law requiring the inclusion of LGBTQ individuals in the history curriculum; bill text available at http://www.leginfo.ca.gov/pub/11-12/bill/sen/sb_0001-0050/sb_48_bill_20110714_chaptered.pdf
- Williams Institute legislative and policy recommendations on school climate, curriculum and pedagogy, and school sports
- LGBT Issues in the Curriculum Promotes School Safety (California Safe Schools Coalition Research Brief No. 4), which contains information on the inclusion of LGBT issues in the curriculum and on school climate
- Lessons That Matter: LGBTQ Inclusivity and School Safety (Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14), which considers the impact of including LGBT issues in the curriculum and has recommendations for students, staff, administrators, and community members
- Ready, Set, Respect, for elementary educators on teaching respect and diversity
- GLSEN school climate survey (2011), a report that details the indicators and impact of a hostile school climate and of positive interventions
- GLAD: Got Rights, a collaborative project between GLAD and BAGLY that features a video and workshop on LGBTQ student rights
- Cianciotto, J. & Cahill, S. (2012). LGBT youth in America’s schools. University of Michigan Press. Social science research and best practices for working with youth in schools.

Homelessness Resources

- Homelessness. Massachusetts Transgender Political Coalition. <http://www.masstpc.org/issues/homelessness/>
- Mottet, L., & Ohle, J. (2003). Transitioning Our Shelters: A Guide to Making Homeless Shelters Safe for Transgender People. New York: The National Coalition for the Homeless and the National Gay and Lesbian Task Force Policy Institute. <http://www.thetaskforce.org/downloads/reports/reports/TransitioningOurShelters.pdf>
- The American Bar Association and the National Network for Youth’s “Runaway and Homeless Youth and the Law: Model State Statutes”, which includes model policies for facilitating youth access to identification cards: http://www.americanbar.org/content/dam/aba/publications/division_for_public_services/ABA_Runaway_eBook.authcheckdam.pdf

Immigration Resources

- Immigration Equality: a national organization dedicated to immigration issues affecting LGBTQ people. <http://immigrationequality.org>

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