

in placements serving youth experiencing homelessness. Regulations in the District of Columbia and New York are specific to programs serving runaway and homeless youth.

Sex and Sexual Orientation as Protected Classes

- **Statute or Regulation**

Six states prohibit discrimination based on sexual orientation and either sex, gender or both sex and gender in regulation: Colorado, Delaware, Louisiana, Massachusetts, Minnesota and Pennsylvania (residential care facilities serving youth experiencing homelessness).

Sex as a Protected Class

- **Statute or Regulation**

Two states, Maine and New Mexico, prohibit discrimination based on sex (or gender) in regulation.

Neither Sexual Orientation, Gender Identity nor Sex as Protected Classes

The remaining 48 states provide no explicit protections specific to programs and facilities serving youth experiencing homelessness in statute, regulation or policy.

Recommended Regulatory Language:

The District of Columbia provides a good example of regulatory language in the context of programs for runaway and homeless youth:

Youth Shelters, Runaway Shelters, Emergency Care Facilities and Youth Group Homes.

6203.1 A resident in a facility not intended exclusively for children who have been abused or neglected has the following rights: (h) In accordance with the District of Columbia Human Rights Act of 1977, as amended, effective December 13, 1977 (D.C. Law 2-38, D.C. Official Code §§ 1-2501 et seq.) not to be discriminated against on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, familial status, family responsibilities, matriculation, political affiliation, disability, source of income or place of residence or business.¹⁴⁸

State-Based Nondiscrimination Law and Policy Reform Recommendations

- States should enact laws or promulgate regulations that explicitly prohibit discrimination based on sexual orientation, gender identity and gender expression in out-

of-home care systems, including an explicit prohibition against “conversion therapy” and any similar attempt to change, suppress, condemn or pathologize LGBTQ+ youth.

- State and local government agencies and contract providers should include SOGIE-inclusive nondiscrimination protections in their policies, including an explicit prohibition against “conversion therapy” and any similar attempt to change, suppress, condemn or pathologize LGBTQ+ youth.
- State and local government agencies should develop mandatory practice guidelines with detailed expectations for meeting the needs of LGBTQ+ youth generally and TGNC youth specifically.

Additional resources, including publications offering guidance regarding out-of-home care policy development, may be found in Appendix B.

C. STATE-BASED LICENSING, TRAINING AND OTHER REQUIREMENTS

State-administered systems of care for youth rely on a variety of regulations to guide everything from living arrangements to clothing provided and training for staff. Through licensing regulations, states have significant opportunities to better support TGNC youth. States can develop inclusive organizational structures that promote the well-being of TGNC youth through regulations that require affirming placement and classification procedures, promote healthy gender identity development and expression, mandate affirming gender-responsive programming and activities while in care and require clear and ongoing training and competency requirements for staff.

The following research¹⁴⁹ presents a survey of 50 states and D.C. on current¹⁵⁰ licensing regulations for state child welfare, juvenile justice¹⁵¹ and runaway and homeless systems as they relate to sex (or gender), gender identity and gender expression.¹⁵² All regulations referenced here may be found in the full report included as Appendix A. This research is divided into several categories:

1. Definitions of *sex* (or *gender*)
2. Admission procedures and facility licensing
3. Sleeping arrangements
4. Clothing
5. Supervision
6. Body searches
7. Training requirements

1. Definitions of sex (or gender)

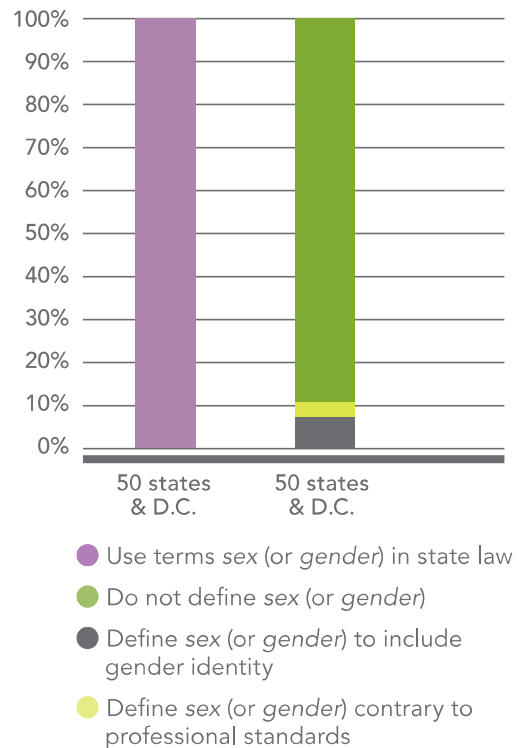
Professional standards rightly describe gender identity as the defining component of sex, rather than sex simply being based on anatomy or the sex assigned or presumed at birth.¹⁵³ To be consistent with professional standards, states should define *sex* (or *gender*) in a way that explicitly acknowledges that sex is determined by gender identity. The vast majority of jurisdictions provide no clear definition of *sex* (or *gender*), leaving these terms open to interpretation. States should enact statutes or promulgate regulations and issue agency policy clarifying that sex (or gender) is determined by gender identity, based on an accurate understanding of gender identity's central role.¹⁵⁴

The definition of *sex* has a profound impact on systems of out-of-home care. Throughout licensing regulations, states use the terms *sex* (or *gender*) when prescribing admissions procedures and in facility licensing, placement determinations, sleeping arrangements, bathroom requirements, clothing distribution, training, supervision and body searches.

While some states may define these terms through agency policy, only three—California, New York and Florida—provide explicit definitions of these terms in statute or regulation that accurately describe gender identity as a defining component of *sex* (or *gender*). Of these three states, only Florida explicitly defines *gender* in the context of out-of-home care licensing regulations. In the absence of explicit definitions in statute, regulation or agency policy, front line workers and administrators are left to interpret the meaning of *sex* (or *gender*) on their own. Workers in different systems, such as the child welfare and the juvenile justice system, or in different counties or jurisdictions within the same state, may disagree on the proper interpretation. This may result in discriminatory treatment, specifically a failure to respect a youth's gender identity and inconsistent treatment and services. In a worst-case scenario, this can mean a youth is housed improperly, refused affirming health care or denied clothing consistent with who they are. These practices are contrary to the child's safety and well-being and can have long-term detrimental effects on a young person.¹⁵⁵

Tennessee is the only state that defines *sex* in a way that explicitly contradicts professional standards and binds sex to an assignment at birth. Tennessee statute says *sex* is "the designation of an individual person as male or female as indicated on the individual's birth certificate,"¹⁵⁶ ignoring gender identity entirely. This is problematic in many ways but specifically because it inaccurately assumes that gender is binary and that a person can only be designated as *male* or *female*, excluding people who identify elsewhere along the spectrum, including intersex people. Illinois's

DEFINITION OF THE TERMS SEX (OR GENDER) IN STATE LAW



definition of *sex* also contradicts professional standards and fails to affirm TGNC people by excluding non-binary individuals from its definition of *sex* as the "status of being male or female."¹⁵⁷

As an example of the conundrum created for professionals when states do not explicitly define *sex* (or *gender*) in statute or regulation, a child welfare administrator may choose to place a transgender girl in an all-female congregate care facility if the administrator correctly interprets "gender-specific" facilities or services to mean facilities or services that correspond to a person's gender identity, regardless of the youth's sex assigned at birth. However, if that same young person enters care in a different county or becomes involved in the juvenile justice system, a different administrator may interpret "gender-specific" to mean the provision of facilities and services in accordance with a person's sex assigned at birth and place that youth in a facility for all males. Placements and provision of services that are inconsistent with a youth's gender identity can be particularly harmful for that youth, as they can contribute to gender dysphoria,¹⁵⁸ exacerbate other mental health conditions and further complicate an already difficult period of adolescent development.

States should provide clear and concise definitions of *sex* similar to New York's definition, found in

statute but not regulation, which helpfully clarifies that the term *gender* means the same thing as *sex* and is inclusive of gender identity and expression:

(d) The term “gender” mean[s] a person’s actual or perceived sex and shall include a person’s gender identity or expression.¹⁵⁹

Florida provides a definition of *gender* in its licensing regulations for group homes that clarifies the term as defined by identity and explicitly includes *non-binary* as a way a youth may identify:

(2) “Gender” or “gender identity” means a person’s internal identification or self-image as male or female. Gender identity may or may not correspond to the gender that is listed on the person’s birth certificate. The terms “male,” “female,” or “nonbinary” describe how a person identifies.¹⁶⁰

California, Colorado, Florida, Hawai‘i, Nevada,¹⁶¹ New Jersey, New York and Tennessee define the terms *sexual orientation*, *gender identity* and/or *gender expression* in statute or regulation. The authors recommend that states define these terms in statute or regulation and agency policy to provide clarity for professionals working with youth in out-of-home care. Defining these terms, however, does not eliminate ambiguity regarding licensing regulations that contain the term *sex* or *gender*.

2. Admission procedures and facility licensing

As discussed above, out-of-home care facilities, including congregate care facilities, individual foster homes, juvenile detention settings and shelters for runaway or homeless youth may be licensed to serve young people of a specific sex (or gender) (e.g., a boys’ group home or a girl’s shelter). Throughout state facility licensing and admissions procedures, the terms *sex* and *gender* are used interchangeably and, except for as noted above in California and New York statute and Florida regulation, are not defined to include gender identity and expression.

In order to best serve these youth, facilities should also have specific admissions and placement procedures for youth who identify as LGBQ or TGNC, specifying that their placement in a particular facility should be determined in consultation with the youth.¹⁶² Unfortunately, only four states have such procedures in licensing regulations or statute—California’s child welfare placement procedures of transgender youth are specified in statute and Florida regulation provides a protocol for placing transgender youth in accordance with identity.¹⁶³ Nevada requires, in statute, that each child who is placed in child welfare and juvenile justice settings be treated in all respects in accordance with their gender identity or

expression. The law requires Nevada Department of Children and Family Services (DCFS) to establish factors via regulation for the court to follow to ensure transgender youth are placed appropriately. Significantly, DCFS, in adopting the regulation, must consult with LGBTQ children who are current or former residents of “foster homes, facilities for the detention of children, child care facilities and mental health facilities” and representatives of LGBTQ persons.¹⁶⁴ Florida, Louisiana and Texas have licensing regulations governing the placement of LGBTQ+ youth in juvenile justice systems.¹⁶⁵

California’s straightforward approach is a recommended example in the child welfare context:

Placement Consistent with Gender Identity. Youth who are placed in settings licensed by Community Care Licensing (foster homes or group homes) are entitled to be placed according to their gender identity, regardless of the gender listed in their court records.¹⁶⁶

In licensing regulation, Florida provides a protocol for placement of transgender youth that requires consideration of the youth’s safety and well-being, consultation with the youth and recommendations from professionals working with the youth:

(f) For transgender youth, a determination whether the youth should be placed with their gender listed on their birth certificate or their identified gender. Factors to be considered shall include:

1. The physical safety of the transgender youth,
2. The emotional well-being of the transgender youth,
3. The youth’s preference,
4. The recommendation of the youth’s guardian *ad litem*,
5. The recommendation of the youth’s parent, when parental rights have not been terminated,
6. The recommendation of the youth’s case manager; and,
7. The recommendation of the youth’s therapist, if applicable.¹⁶⁷

Examples of regulatory language in the juvenile justice context may be found in Louisiana’s juvenile detention facilities’ admissions regulations:

Decisions for housing or programming of youth who are or are perceived to be gay, lesbian, bisexual, or transgender youth on the basis of their actual or perceived sexual orientation shall be made on an individual basis in consultation with the youth and the reason(s) for the particular treatment shall be documented in the youth’s file. The administrator or designee shall review each decision.¹⁶⁸

In the context of its regulation governing public accommodations, Colorado prohibits discrimination in housing on account of gender identity. Its provisions should be interpreted to cover settings such as group homes or shelters and provide clear direction regarding housing expectations:

(A) Nothing in the Act prohibits segregation of facilities on the basis of gender.

(B) All covered entities shall allow individuals the use of gender-segregated facilities that are consistent with their gender identity. Gender-segregated facilities include, but are not limited to, restrooms, locker rooms, dressing rooms, and dormitories.

(C) In gender-segregated facilities where undressing in the presence of others occurs, covered entities shall make reasonable accommodations to allow access consistent with an individual's gender identity.¹⁶⁹

Overall, only ten states do not mention sex (or gender) in their regulations governing facility licensing and admissions procedures in child welfare, juvenile justice or runaway and homeless systems.

In child welfare admissions procedures and facility licensing, 14 states make no mention of sex (or gender). Thirty-six states and D.C. license child welfare facilities or foster family homes to serve children and youth by sex (or gender) in licensing regulations. As noted above, California, via state statute but not regulation, requires transgender youth in foster care to be placed in accord with their gender identity.¹⁷⁰

In juvenile justice licensing regulations, 14 states mention sex (or gender) in their facility licensing and admissions procedures. Of those, nine states license juvenile justice facilities to serve children and youth by sex (or gender), and two states license facilities designated as *male* or *female*. Three states—Florida, Louisiana and Texas—have specific juvenile justice placement and admission procedures related to youth who identify as LGBTQ+. Louisiana and Texas require these placement decisions to be made on a case-by-case basis and in consultation with the youth.

In admissions procedures and facility licensing for facilities serving runaway and homeless youth, 20 states license those facilities to serve children and youth by sex (or gender). Thirty states make no mention of sex (or gender) in admission procedures or facility licensing for systems serving runaway and homeless youth.

The importance of ensuring that TGNC youth are placed in facilities in accordance with their gender identity should not be underestimated. In the absence of comprehensive definitions of *sex* (or *gender*) that are inclusive of gender identity, states should adopt

regulations governing facility licensing and admissions procedures that require placement based on gender identity and require that such decisions be made in ongoing consultation with TGNC youth. Licensing regulations should specify that initial placement determinations are not permanent and that staff should continue to check in with TGNC youth to ensure that they feel safe and affirmed in their current placements.

3. Sleeping Arrangements

In addition to individualized considerations for their placement in a gender-specific facility, best practice literature makes it clear that children should be placed in bedrooms, or other sleeping quarters, according to their gender identity and in consultation with their wishes.¹⁷¹ However, in child welfare licensing regulations, only one state (California) specifically places children in bedrooms in accordance with their gender identity. Thirty-nine states place youth in bedrooms according to their sex (or gender); three use *boy/girl* or *male/female* in their placement language; and eight use *male/female*, *boy/girl* and *gender/sex* interchangeably.

In juvenile justice licensing regulations, two states, Florida and Texas, use individualized classification procedures to place children and youth in bedrooms that take into account the youth's preference. Eight states place youth in bedrooms according to their sex (or gender); nine use *boy/girl* or *male/female* in their placement language; and seven use *male/female*, *boy/girl* and *gender/sex* interchangeably.

In states where explicit language was found for bedroom placement procedures in facilities serving runaway and homeless youth, no state specifically places children according to their gender identity. Twenty states place children and youth in bedrooms according to their sex (or gender); three use *boy/girl* or *male/female* in their placement language; and four use *male/female*, *boy/girl* and *gender/sex* interchangeably.

Notably, not one state specifically requires placement of children in sleeping arrangements in accordance with their gender identity in all three settings as a matter of explicit statute or regulation.

States should adopt regulatory language governing sleeping arrangements similar to California's foster family homes:

(B) Nothing in this section shall preclude a caregiver from requesting a Documented Alternative Plan (LIC 973) permitting a "child" to be in a bedroom based on their gender identity.¹⁷²

4. Clothing

Best practice literature regarding safe and equitable treatment of TGNC youth makes clear that it is essential for well-being that they be allowed to dress and groom themselves in accordance with their gender identity and expression.¹⁷³ However, in child welfare licensing regulations, only three states (California, Florida and Ohio) require children and youth to be provided clothing in accordance with their gender identity. Twenty-three states require children to be provided clothing in accordance with their sex (or gender). New York allows for young people to select their own clothing. The remaining twenty-three states do not explicitly mention sex (or gender) in their child welfare licensing regulations for the prescription of clothing.

Ohio regulations governing both family foster care and congregate care facilities require the provision of clothing, toiletry supplies and instruction on habits of personal care and grooming in accordance with gender identity:

Residential Centers, Group Homes, Residential Parenting Facilities

(C) Clothing provided by a residential facility shall be appropriate to the child's age and gender identity.

(D) A residential facility shall provide each child with adequate personal toiletry supplies. These supplies shall be appropriate to the child's age, gender identity, race, and cultural background and shall be

considered to be the child's personal property.

(E) A residential facility shall provide instruction on good habits of personal care, hygiene, and grooming. This instruction shall be appropriate to each child's age, gender identity, race, cultural background, and need for training.¹⁷⁴

In juvenile justice regulations, one state, Tennessee, requires children and youth in juvenile justice settings to be provided with gender-neutral clothing. Three states, California, Florida and Texas, use *male/female* language in their requirements and seven states (Colorado, Michigan, Maine, New Jersey, Oregon, Pennsylvania and Wyoming) require children and youth to be provided clothing in accordance with their sex (or gender). New York allows for young people to select their own clothing. The remaining 39 states do not explicitly mention sex (or gender) in their juvenile justice licensing regulations for clothing.

In licensing provisions for systems serving runaway and homeless youth, only 16 states and D.C. explicitly mention sex (or gender) in their regulations on provision of clothing (Arkansas, Colorado, Connecticut, Delaware, D.C., Hawai'i, Idaho, Indiana, Maryland, Massachusetts, Maine, Michigan, Mississippi, New Jersey, Pennsylvania, Rhode Island and West Virginia). One state, Ohio, requires children and youth to be provided with clothing in accordance with their gender identity. As mentioned above, New York allows for young people to select their own clothing.



In conclusion, no state consistently provides that youth should be allowed to dress in accordance with their gender identity or expression across all three systems, with the exception of New York, which allows young people to select their own clothing unless the facility in which they are placed provides a uniform. Even New York's regulation fails to require that a youth's uniform align with their gender identity or expression. In addition, 19 states have no mention of sex or gender in any of their licensing regulations. Thus, no state is fully explicitly protecting TGNC youth with respect to their critical need to wear clothing consistent with their gender identity in the context of statute or regulation. States with LGBTQ+-specific policies may clarify expectations regarding clothing and expression in those policies.

5. Supervision

Many states also use the term *sex* (or *gender*) in regulations guiding supervision of youth in general or during showering, using the bathroom or attending to personal hygiene. Twenty-one states in the juvenile justice system, seven states in the child welfare system and five states in systems serving runaway and homeless youth use either term. As with other aspects of programming discussed in this section, lack of clarity regarding the definition of *sex* (or *gender*) creates ambiguity and potential harm for TGNC youth. For safe and equitable treatment of TGNC youth, states should adopt definitions of *sex* and *gender* as the same concept and determined by gender identity. By doing so, professionals can understand supervision requirements in a manner that affirms youth's identity and youth may find instructions easier to follow.

6. Body searches

Best practices for ensuring safe and equitable treatment of TGNC youth require that systems that use pat-down searches prohibit cross-gender body pat-downs. Under PREA, such searches are prohibited absent exigent circumstances.¹⁷⁵ However, as mentioned above, ambiguity regarding the definition of *sex* or *gender* leads to confusion in this area as well. The PREA Resource Center recommends that in order to remain in compliance with PREA standards, searches of transgender detainees should be conducted by medical professionals, or else transgender youth should be allowed to state a preference of the sex of the staff who conducts a search.¹⁷⁶

Most states that explicitly mention sex (or gender) in their licensing regulations governing body searches only authorize the use of pat-down or body searches when agency staff have determined a search is necessary to discourage the introduction



of contraband. In licensing regulations for child welfare systems and facilities serving runaway and homeless youth, four states (Arizona, Idaho, Montana and Virginia) prohibit cross-gender pat-down or body searches. Three states (Arkansas, Minnesota and New York) prohibit strip searches from being conducted by staff members of a different sex as the youth being searched in their child welfare licensing regulations.¹⁷⁷ One state, Illinois,¹⁷⁸ authorizes the use of body inspections or strip searches in its child welfare licensing regulations only when the agency has decided such a search is necessary to determine if a child or youth is engaging in self-mutilation or self-destructive behavior that may be hidden by their clothing. Illinois requires that such searches be conducted by staff who are the same sex as the youth being searched. One state, Oregon, prohibits cross-gender pat down searches in its regulations licensing systems serving runaway and homeless youth.¹⁷⁹

In juvenile justice settings, 13 states (Arizona, California, Idaho, Iowa, Louisiana, Montana, Nebraska, New Jersey, New Mexico, Ohio, Pennsylvania, Tennessee and Texas) prohibit cross-gender body and pat-down searches. Eighteen states prohibit cross-gender strip or body cavity searches. Notably, Idaho's regulations specifically prohibit the searching of transgender or intersex youths for the purposes of ascertaining their "genital status," which complies with professional standards and PREA and offer a good example for other states to follow:

h. Prohibition on searches or physical examinations of transgender or intersex residents for the sole purpose of determining genital status.¹⁸⁰

One state, Alaska, permits body searches for the purpose of ascertaining a youth's "true identity"¹⁸¹ in its juvenile detention licensing regulations. Although the regulation does not explicitly reference searching to determine genital status, the vagueness of the regulation could allow for such searches in the absence of clear policy to the contrary. The regulation should be amended to avoid such an invasive and psychologically damaging invasion of a young person's bodily integrity.

States should enact regulations that ensure youth are not searched merely to ascertain their genital status. In addition, states should place PREA standards into regulation and provide that transgender and intersex youth are able to select the sex or gender of the person who searches them.

7. Training requirements

Best practice literature makes clear that staff working with youth should receive initial and ongoing coaching and training regarding healthy sexual and identity development. This should include training about sexual orientation, gender identity and expression and other issues specific to LGBTQ+ youth.¹⁸² The vast majority of states require no training about sexual orientation, gender identity and expression, healthy sexual development or issues specific to LGBTQ+ youth for staff working in child welfare (39 states), juvenile justice (43 states) or runaway and homeless systems (49 states) in statute or regulation. Requirements may appear in policy, however, in states with LGBTQ+-specific policies protecting youth in these systems.

Six states (Massachusetts, Minnesota, New Mexico, Rhode Island,¹⁸³ Washington¹⁸⁴ and West Virginia) include training requirements in regulation related to sexual orientation and gender identity for those working with children in the child welfare system. Three states (North Carolina, Ohio and Wisconsin) require workers in child welfare settings to receive training related to human sexuality and sexual development. Nevada, in statute, requires agencies, facility staff and foster parents to receive training on working with LGBTQ+ youth. One state, California, in statute, requires staff working in child welfare systems or facilities serving runaway and homeless youth to receive training on nondiscrimination policies related to sex (or gender), sexual orientation and gender identity.

In juvenile justice settings, three states (Florida, Idaho and Rhode Island) require workers to be trained to provide gender-specific programming.¹⁸⁵ Four states (Louisiana, Minnesota, Nevada and Texas) require

EXISTING TRAINING REQUIREMENTS FOR STAFF



- No training requirements
- Requirements related to sexual orientation and gender identity, human sexuality developmental, sexual development, gender-specific programming or nondiscrimination policies in any of the three systems

workers to receive cultural competency training that includes sexual orientation and gender identity and expression.

Notably, no state requires initial and ongoing coaching and training regarding sexual orientation, gender identity and expression, healthy sexual development *and* issues specific to LGBTQ+ youth for staff across all three systems. Ensuring that these issues are part of basic competency requirements and providing ongoing support and assistance around these issues for staff working with young people is particularly important to ensure that young people receive consistent, competent treatment while in out-of-home care. States should adopt comprehensive coaching and training requirements regarding healthy sexual and identity development with a particular emphasis on issues particular to TGNC young people.

State-Based Recommendations for Reform – Licensing, Training and Other Requirements

- States should, via statute or regulation, expressly define *sex* (or *gender*) as inclusive of gender identity and explicitly acknowledge non-binary identity. States should also define *sexual orientation*, *gender identity* and *gender expression*.
- States should, via statute or regulation, require placement in accordance with gender identity after initial and ongoing consultation with the youth.

- States should eliminate *sex* (or *gender*) from regulations regarding clothing, grooming and expression in order to avoid unnecessarily stereotyping of young people and harm to TGNC youth.
- States should promulgate regulations that specify that youth are allowed to express themselves regardless of their gender identity or expression.
- States should promulgate regulations that permit transgender youth to elect the gender of the person that will perform a search of their person.
- States, via statute or regulation, should require initial and ongoing training for agency staff and all contract providers in their out-of-home care systems regarding the experiences and needs of LGBTQ+ youth, with a special emphasis on TGNC youth.
- Agencies and their contractors should place the recommendations above in agency policy, even if they are not found in statute or regulation.

IV. ELIMINATING PRACTICE BARRIERS: LESSONS FROM AFFIRMING PROGRAMS AND POSITIVE EXPERIENCES OF TGNC YOUTH

Around the country, an increasing number of youth-serving agencies and providers are taking the wealth of guidance available regarding recommended practices for affirming TGNC youth and making them reality.¹⁸⁶ TGNC youth¹⁸⁷ who have experienced affirmation and support in programs and services have vital insights to share with professionals about how and why their positive experience made a big difference in their lives and how professionals can reform their practice to better support and affirm TGNC youth.

A. Affirmation and Support from Families, Kin and Guardians

Research by the Family Acceptance Project at San Francisco State University confirms that higher rates of family rejection are associated with poorer health outcomes for lesbian, gay and bisexual youth. Lesbian,



gay and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection.¹⁸⁸ In light of this, the Family Acceptance Project, in collaboration with Child and Adolescent Services at San Francisco General Hospital/University of California, San Francisco and community providers, developed a new model of family-related care to enable families to accept and support their LGBTQ+ children and to prevent health and mental health risks, keep families together and promote well-being for LGBTQ+ children and adolescents.¹⁸⁹

The model is of critical importance for youth in out-of-home care, since “conflict related to the adolescent’s sexual and gender identity is a primary cause of ejection or removal from the home.”¹⁹⁰ Thus, “[e]arly intervention to help educate families about the impact of rejecting behaviors is important to help maintain these youth in their homes.”¹⁹¹ This new approach helps ethnically and religiously diverse families by decreasing rejection of youth and resulting risks while increasing support to help parents promote their LGBTQ+ children’s well-being. The Family

Acceptance Project provides training and consultation on family support strategies; resources; and an intervention model to providers, families and religious leaders across the United States and in other countries. The Family Acceptance Project also developed a screening tool for use by health, mental health, school-based, social service and other care providers in a wide range of settings to identify those LGBTQ+ youth who are at risk for serious health problems related to family rejection that may also lead to removal or ejection from the home.

Work to assist parents, kin and legal guardians to affirm and accept their LGBTQ+ children takes many forms across the country, ranging from informal referrals to therapists, chapters of Parents and Friends of Lesbians and Gays (PFLAG) and more formal evidence-based interventions such as Multi-Systemic Family Therapy or Functional Family Therapy that incorporate family acceptance work. Family acceptance work is significant given states' obligation under federal law to make reasonable efforts to prevent removal and to return children home safely, absent extreme circumstances, once they have been removed.¹⁹² Featured here is a pilot project that is both a community resource and a source of formal referrals when family rejection emerges as an issue in a child welfare investigation in Wayne County (Detroit), Michigan's child welfare system.



Overview. For 17 years, the Ruth Ellis Center (REC) has served LGBTQ+ youth in the Detroit area through Second Stories Street Outreach, Ruth's House residential foster care and a recently added Health and Wellness Center. Historically, social services specific to LGBTQ+ youth have operated as grassroots non-profits. REC was founded in response to a crisis situation: For its first seven years of existence, REC operated primarily as a drop-in center for homeless LGBTQ+ youth.

Eventually, the agency plugged into federal runaway and homeless youth programs, state-funded residential foster care and Medicaid dollars for outpatient community mental health services. Through these more established systems of care, youth and families are now referred to LGBTQ+-specific services with which they would be unlikely to engage otherwise. Additionally, REC is now able to work with clients who are younger than the youth accessing

"WHEN PRESENTING THE CASE FOR A NEED FOR A FAMILY PRESERVATION PROGRAM, REC DID NOT LEAD WITH THE LGBTQ IDENTITY COMPONENT OF THE WORK. INSTEAD, REC PRESENTED STORIES AND STATISTICS RELATED TO THE SAFETY OF VULNERABLE CHILDREN ALREADY IN THEIR SYSTEM OF CARE AND/OR CHILDREN LIKELY TO END UP IN THEIR SYSTEM OF CARE."

– JERRY PETERSON, RUTH ELLIS CENTER

the drop-in center. Working with different systems of care allows REC to provide services to families *before* youth are kicked out of their homes, saving them from the compounded trauma of family rejection and living on the streets. This represents REC's primary work to prevent homelessness: engaging families while youth are still in the home, mitigating the harm youth experience from rejection and supporting families in their efforts to stay together, when possible.

Family Preservation Program. In October 2015, REC began a Family Preservation pilot program designed to help LGBTQ+ youth at risk for removal from their families. The key goals of this program are family engagement, preservation and support. The program is a collaboration between REC and Dr. Caitlin Ryan from the Family Acceptance Project. Dr. Ryan is working with REC staff to integrate the Family Acceptance Project's research-based family intervention strategies into a Family Group Decision Making (FGDM) model. As an established international model, FGDM engages parents, caregivers, youth and others to provide services to keep children safe, preserve families and improve family connections.

REC receives referrals primarily through the county's Child Protective Services (CPS). Referrals can also come from juvenile justice, foster care, community mental health, runaway and homeless youth providers, primary health care providers or other community-based agencies. REC has trained front line protective service investigators on the core needs and experiences of LGBTQ+ youth. REC has also trained investigators on the Family Acceptance Project's research, including its findings about the critical role of family support and how to identify abusive and harmful behaviors related to a child's LGBTQ+ identity.

This approach empowers families to support their LGBTQ+ children in a culturally congruent framework that allows them to address other pressing

needs such as housing stability, food security and health and mental health care. This work aims to reduce the number of LGBTQ+ youth placed in foster care, which can otherwise be a pathway to homelessness or involvement in the juvenile or criminal justice systems. REC has trained almost every CPS caseworker in the county and is working to increase connectedness and support for families and their LGBTQ+ children through this project.

Initial Recommendations. Communities and systems can be complex and the FGDM model is not intended to be a one-size-fits-all solution. However, looking at the success of certain steps that REC took could be helpful to other communities seeking to enhance services for LGBTQ+ youth and their families. Agencies should:

(1) Take note of all possible systems of care that they are able to contract with through city, county or state. Based on the agency's relationship with the system, availability of contracts and the contract application or bid process, create a shortlist of systems to approach. REC built relationships with individual child welfare administrators who already had a record of serving LGBTQ+ youth in care. These individuals also understood the available funding structures and were able to make recommendations about where and when an application for a contract would be most likely to succeed.

(2) Examine potential referral sources in the system of care that would connect the most vulnerable LGBTQ+ youth and families to agency services. For REC, this was a Family Preservation contract intended to refer families via CPS and/or adoption cases at risk for disruption related to SOGIE rejection. The goal of REC's awarded contract was to keep children in the home with their families and families were referred to REC as an added element of support.

(3) Work with state child welfare systems to learn more about funded models of service. REC worked with the child welfare system at the state level to learn more about models of service within the framework of family preservation. The State of Michigan funded the aforementioned FDGM model, which REC implemented with the help of the Family Acceptance Project. Once the model was chosen, REC set up meetings at the county level to check in with child welfare leaders with the intention of educating them on the benefits the FGDM model could have on their counties.

(4) Match the state contract money with a foundation grant, which could make the application



for the contract more competitive. The Andrus Family Foundation also funded the REC pilot. This additional funding allowed REC to develop, implement and evaluate training for CPS workers, as well as to work with families referred through systems of care other than CPS. An unanticipated benefit of these trainings was that they led workers to refer more families to REC services. This also encouraged families to continue accessing services, possibly as a means to avoid further system involvement.

REC and the Family Acceptance Project will continue to evaluate the work of the Family Preservation program and share lessons and considerations moving forward. Family preservation to prevent or mitigate LGBTQ+ youth homelessness will look different in every community, but most agencies can engage in this vital piece of system work.



MOHAMMED,¹⁹³ who is 15 years old and African American, was assigned female at birth but identifies as male. He was referred to REC through a primary care physician who specializes in transgender health care. Mohammed, who is excellent at advocating for his identity-based needs, contacted the physician because he desperately wanted to begin taking testosterone (T) to help him feel more like

himself in his body. He felt continuously traumatized by experiencing female puberty and knew T would relieve these symptoms. He believes taking T is necessary to affirm his gender identity.

Mohammed lives with his grandmother, who is his primary caretaker. His mother is his legal parent, but she struggles with addiction. The family loves Mohammed and wants him to be successful, but they have difficulty accepting his gender identity. They use *she/her* pronouns and the words *daughter* and *granddaughter* when referring to him. Mohammed's mother refuses to consent to Mohammed's medical transition, including his obtaining a prescription for T, due to her belief that he will "change her mind when she's older." Conflating sexual orientation and gender identity, his grandmother shared with a counselor that she believes "Homosexuality is grotesque and against nature... My granddaughter drawing thick eyebrows and facial hair on her face is ridiculous and embarrassing." However, Mohammed's family does demonstrate some accepting strengths, such as a willingness to provide him with gender-neutral clothing and agreeing to participate in the REC Family Preservation program.

According to REC, Mohammed is at a clear high risk for suicide and additional negative health and safety outcomes. Because a doctor referred the family to the Family Preservation program, the family was more open to the program, and to discussing the prospect of Mohammed medically transitioning, than they would have been if the referral had come from another source. While there are many barriers facing this family, they have attended a family group conference and set goals that aim to minimize their rejecting behaviors. With time, and with the maintenance of a strong support system that includes clergy, community and school, REC is hopeful that Mohammed's family will come to affirm his identity. Additionally, and critically, the REC intervention has provided Mohammed with the support he needs to continue living at home.

Mohammed has the following recommendation for professionals:

➤ ***Work with qualified and trusted providers.***

Mohammed recommends that family preservation programs work closely with clinical practitioners and those to whom families look as trusted sources in their area, including doctors, nurses, teachers, caseworkers and administrators, in order to ensure that referrals to their programming are met with appropriate weight from the family. He also recommends that these programs ensure families are connected with affirming resources in their communities and have access to external social supports.

B. Affirmation and Support in Congregate Care Settings



1. CHILD WELFARE

Around the country, child welfare systems range from being administered primarily at the state level to county-based systems and others that are almost completely privatized via government grants to providers. In all models, state child welfare or county or municipal agencies contract with non-profits to deliver programs and services, including housing. This section features an affirming agency, CHRIS 180, which contracts with the Georgia Department of Children and Family Services (DFCS) to provide a whole host of services to youth, including congregate care.

Following the profile of CHRIS 180, the report details recommendations from three young women, Ashley, Savannah and Jennifer, who are transgender and were or are in child welfare custody. While they all experienced discrimination at points during their time in care, they all had the experience of being affirmed and supported by placement in either an LGBTQ+-specific congregate care facility or a gender-specific congregate care facility in accordance with their gender identity. They share their recommendations for professionals working with TGNC youth in out-of-home care.



Overview. CHRIS 180 (formerly CHRIS Kids) helps children, adults and families who have experienced trauma change the direction of their lives to become more productive, self-sufficient members of the community. It does this through a combination of mental health counseling, training, self-housing and real world skill building. The CHRIS 180 mission is to heal children, strengthen families and build community. The organization's name is an acronym reflecting its core values: Creativity, Honor, Respect, Integrity and Safety. With multiple locations across Atlanta, Georgia and surrounding areas, CHRIS 180 provides a holistic bevy of services to children, adults and families. Their website states, "CHRIS 180 saves, serves, and protects children, young adults and families who have experienced trauma to help them change the direction of their lives."¹⁹⁴ The organization

focuses on trauma-informed care and recognizes the deep impact that trauma can have on a person's life, regardless of age.

CHRIS 180 offers counseling services for children, adults and families, as well as psychiatric support as appropriate. It is committed to keeping youth emotionally, psychologically and physically safe, from birth to young adulthood. Foster youth, particularly those with mental health diagnoses and many of whom are older, have compounded trauma and may be served by JourneyZ group homes. These homes provide safe and supportive housing for youth in the state child welfare system who are considered "highest need" and who cannot thrive in traditional foster homes. In JourneyZ, these youth receive individualized counseling, life skills coaching and

"HOW DO YOU MAKE CHANGE HAPPEN? THE IMPORTANT THING IS HAVING THE COURAGE TO TRY AND TO GIVE STAFF AND YOUTH THE OPPORTUNITY TO GROW AND LEARN."

– CINDY SIMPSON, CHRIS 180

safe, secure housing. Youth who have "aged out" of Georgia's child welfare system and left care can also access supportive housing through CHRIS 180's Summit Trail Apartment Community. There, youth ages 17-24 who have experienced homelessness, have lived in juvenile justice or mental health care facilities or are parenting can receive support and supervision while learning how to manage the responsibilities of adulthood. CHRIS 180's Gateway Foster Home program was designed to reunify siblings in foster care who were separated and to prevent their separation when possible, while providing stability in trauma-informed family environments that prepare them for adoption.

Additionally, CHRIS 180 offers community services designed to strengthen families and empower youth. Families are strengthened through the Keeping Families Together Program. Adoption support is provided for families adopting out of Georgia foster care and the CHRIS Clubhouse is a safe place where young adults ages 15-21 with mental health and substance use challenges can go to meet friends and learn important life skills in a fun environment. CHRIS 180 balances its service provisions with extensive community trainings. As with all of its services, CHRIS 180 trainings are based on trauma-informed care, "directed by an understanding of neurological, biological, psychological and social effects of trauma."¹⁹⁵ They train community partners

on issues ranging from child abuse prevention and anti-bullying work to the challenges of working with LGBTQ+ youth, trauma-informed care and workforce development.

CHRIS 180 makes a determined effort to ensure that the entire organization recognizes and embraces the cultural diversity of the youth they serve. Staff participate in a cultural diversity training annually and youth receive and participate in ongoing training as well. The organization fosters special community groups centered around ethnicity, culture and diversity, in addition to religion and spirituality. Youth who choose to practice a religion have the support of the agency and are taken to any religious venue or service they want to attend.

Affirming LGBTQ+ Youth. CHRIS 180 has a long history of LGBTQ+-affirming policy and practice dating back to 1988, when it added sexual orientation to its nondiscrimination policy. In 1999, it added gender identity. In 2001, it was the first organization in the Southeast to specifically target LGBTQ+ youth among homeless populations, and in 2015 it was designated as a Leader in Supporting and Serving LGBT Families and Youth by the Human Rights Campaign. This track record emphasizes CHRIS 180's longstanding commitment to offering effective and affirming services to youth and families across the state of Georgia.

CHRIS 180 has been working for some time to affirm TGNC youth and to place youth in accordance with their gender identity. Cindy Simpson, the organization's Chief Operating Officer, says, "We have really tried to create a space for them and allow them to articulate the best fit and what they need. We are guided by youth voices. Youth know that the decision they make at intake isn't necessarily where they have to remain and that they can always look at moving. During the interview process at intake we ask youth, 'Where will you be most comfortable?' Some youth are ready to live in a home that corresponds to their gender identity and some aren't quite ready. We talk about their options and they really get to make the choice."


Licensing and Housing. In years past, CHRIS 180 was met with resistance from the local county agency when seeking to place TGNC youth who were in foster care in housing settings consistent with their gender identity. In 2016, they took the important step of directly and proactively reaching out to the DFCS licensing unit on this matter. Simpson told licensing staff what CHRIS 180 wanted to do and asked if such placements were specifically prohibited. Licensing staff informed Simpson that they had no policy specifically addressing this question and instructed her to "do what [she] think[s] is best." This outreach opened up

a dialogue around transgender youth and, as Simpson stated, “got [the licensing unit] to think about this.” As part of the current intake process, CHRIS 180 personnel have a conversation with youth about whether they would like a single room or prefer to share with another youth. It’s also CHRIS 180 policy that after youth consult with staff and CHRIS 180’s therapist, they may choose to be placed in accordance with their gender identity. After that initial placement, staff repeatedly check in with youth to ensure that they continue to feel safe in their placements and youth know that they may always change their minds.

Hiring. In accordance with CHRIS values, CHRIS 180 sets expectations early by alerting job applicants that they will be working with LGBTQ+ youth and using scenarios and asking questions in the hiring process about how applicants would handle situations involving LGBTQ+ youth. Simpson notes that some applicants for positions at CHRIS 180 have left interviews when the agency’s commitment to LGBTQ+ youth was discussed. From her perspective, if an employee cannot support LGBTQ+ youth, then CHRIS 180 is “not the place [they] need to work.” The topic is discussed again during new hire orientation in order to clarify expectations and ensure additional screening. In addition to the interviewing and onboarding process, CHRIS 180 makes ongoing efforts to hire a diverse staff that represents the population of youth served through their programs. For example, they have a therapist on staff who is transgender.

Training. CHRIS 180 provides initial and ongoing training to all staff on working effectively with LGBTQ+ populations. Whenever a transgender youth joins a particular house, additional training is provided to staff before the youth’s arrival. Staff understand that it is up to the youth to share whether they are transgender or not and, if they do, to do so in their own time. Staff are there to offer support and work through any issues with peers. Simpson acknowledges that there are always challenges with direct care staff and that ongoing coaching is critical. Additionally, the youth who come to CHRIS 180 have experienced extensive trauma and discrimination and as a result many face mental health and behavioral issues. At times their behaviors can be challenging, and some of their peers have had issues with TGNC youth. However, by working with TGNC youth on such problems, staff have better understood their own biases and improved their ability to help other staff and young people. Simpson has found that non-LGBTQ+ youth raised by same-sex couples have often been important allies and sources of support for LGBTQ+ youth. Support groups, both general and LGBTQ+-specific, have offered staff and non-LGBTQ+ youth additional opportunities

to work through challenges and create a supportive environment. CHRIS 180’s commitment to trauma-informed care, acceptance, respectful behavior and a values-driven culture is behind its success at helping a range of children, adults and families change the direction of their lives toward positive futures and self-sufficiency.

 **ASHLEY**, a 17-year-old girl who is transgender, is in foster care in a southeastern state.¹⁹⁶ Ashley initially experienced rejection from her family because of her identity. In connection with that rejection, Ashley exhibited behavioral problems, used illegal substances and engaged in sex work to obtain money to purchase hormones. She entered care after her parents sought assistance from the local child welfare agency. While in care, Ashley experienced discrimination in multiple ways on account of her identity: Caseworkers and providers failed to respect her as female and she was placed in non-affirming housing and therapeutic services. While there, she was physically and emotionally victimized.

Ultimately, Ashley was placed in a CHRIS 180 group home for girls, which respects her identity, and her situation rapidly improved. While a couple of Ashley’s placements had been affirming, CHRIS

“NOW THAT I FEEL SAFER, I DON’T HAVE TO WORRY ABOUT ALL OF THOSE OTHER THINGS. I’M ABLE TO FOCUS ON MY FUTURE AND DOING THE THINGS I NEED TO DO TO BE SUCCESSFUL.”

– ASHLEY,
transgender youth in care

180’s home is the first sustained supportive placement that Ashley has had. She and her parents have also benefitted from affirming family therapy, which has increased her family’s acceptance of her as transgender.

While Ashley has had some ups and downs at CHRIS 180, she is very happy to be in a place that affirms her identity. She says being at CHRIS 180 has caused a “complete turnaround” and describes the people who work at the counseling center as sweet and gender-affirming. At CHRIS 180 she feels “not even different” and “not [like] an outsider.” She says she is doing “everything a girl does.”

Ashley has addressed some issues with staff. At one point, she called a sit-down meeting and gave examples of things staff had said and done that made her feel uncomfortable. These things were hurting

her psychologically and causing her gender dysphoria to increase, she said. She was very pleased that they listened and things got better. Ashley let staff know that she needs a little advance notice about getting ready, for instance. For her to feel comfortable, she said, she needs time to shave properly and put on makeup. She said, “If I was forced to go out in the world when I didn’t look like how I felt, it increased my anxiety.” Ashley knows she can trust that Simpson “has her back” and said she has found others in CHRIS 180 leadership to be very supportive as well.

“Having someone at the top support you is amazing,” says Ashley. “Knowing that someone is in your corner makes you feel like you can address problems and they will be addressed in a way that is not punitive, but in a way that says, ‘[L]et’s work through this to understand what is going on and why it is important to do better.’” In sum, she says, “The good vibes at CHRIS 180 are really important.”


Ashley has the following recommendations for professionals:

► ***Provide affirming behavioral health and medical care.*** Ashley identifies another important component to her success: a supportive therapist. Ashley says that her therapist is “awesome” and “really understands what I am going through; really has my best interests at heart,” and is simply “on point.” Knowing that her program has a therapist on staff who is transgender sends an important message of inclusion to her. Ashley says that when she was able to get a prescription for hormones (this was before she went to CHRIS 180), she stopped doing sex work because she no longer needed to buy non-prescribed or “street” hormones. She says that before she began hormone therapy it was really difficult for her to get ready to go out into the community. She describes seeing so many things mentally that didn’t match what she saw in the mirror. “Now I love looking in the mirror,” Ashley says. “I’m happier and taking hormones and being able to be myself really helped.”

► ***Ensure placements are going to affirm identity.*** Ashley notes that in the past she was placed in facilities that were supposed to help her when she was contemplating suicide, but says on the contrary that they were actively harming her by failing to acknowledge her identity. Also, she endured harassment. She feels strongly that child welfare agencies should guarantee that youth are not placed in harmful settings, especially when they are at their most vulnerable. This requires solid feedback mechanisms such as follow-up by placement agencies, interviews with young people and ongoing coaching and training for staff to ensure supportive and affirming treatment for all young people in their care.

► ***Give people time to understand.*** “If people need

to take time to understand, that’s okay,” says Ashley. “Just be more careful what you say, because it really matters. At first it irritated me that I was teaching [the staff], because they should know this stuff. But I realized, as I was teaching them, that they were teaching me about being understanding. And I’m glad I was the one teaching them, because I am in a better place to do that than some other kids.”

 **SAVANNAH**, an 18-year-old girl who is transgender, is currently a ward of a state child welfare system in the northeastern part of the United States.¹⁹⁷ According to Savannah, her parents do not “agree” with her identity. While living in their home, Savannah experienced emotional distress and exhibited behavior problems, including self-harm and attempted suicide. After entering the child welfare system, the county child welfare agency and its contracted providers rejected her identity. Thus, Savannah was placed in foster homes that were not affirming. The county refused to allow Savannah to use her clothing stipend to buy female clothing, citing “agency policy.” Neither the county nor their contract agencies ensured that she was able to access trans-affirming behavioral health and medical care. While Savannah was still a minor, she was told that she would have to wait until she was 18 to begin hormone therapy. Because her parents were not supportive, Savannah understood that the agency felt its hands

“SINCE I HAVE BEEN IN AN ACCEPTING PROGRAM THAT AFFIRMS MY IDENTITY I FEEL LIKE A WEIGHT HAS BEEN LIFTED OFF MY SHOULDERS.”

– SAVANNAH,
transgender youth in care

were tied and she could not receive trans-affirming health care, even though a qualified psychologist had recommended that she see a doctor at a local children’s hospital to explore hormone therapy.

During the time she was not affirmed, Savannah said she did not even want to talk to other people involved in her case. She had as limited interaction as possible with her foster families because of how they treated her. Lack of support compounded other problems because Savannah did not want to discuss issues with her caseworker that arose due to conflict and lack of support from both her foster family and representatives of the state child welfare system.

One of Savannah’s caseworkers identified a girl’s

independent living program that accepts girls who are transgender. Eventually, Savannah was moved to a new agency and placed in the independent living program. She now has her own apartment with an efficiency kitchen in a large home divided up into individual units. The staff respect her identity and treat her well. Since placement, she describes her mood as being much better and says the supportive environment has made her feel less alone. She hopes her next move can be to her own apartment.

Savannah has the following recommendations for professionals:


► **Respect builds trust.** Savannah recommends that caseworkers work to create intentional climates of trust by truly listening to the concerns of young people they work with and then adjust their behavior based on the young people's feedback. After constant conflict around her gender identity with the county welfare agency and its contract provider during her initial time in care, Savannah felt completely "unmotivated to speak with [her] workers." She knew that every conversation would end up in conflict, so she wouldn't speak freely. Savannah reminds caseworkers that they should want to build relationships of trust with clients, so that clients will share with them when important things happen. By contrast, now that her identity is affirmed, the comfort and respect she feels at her current program allows her to open up and be herself and reach out when she needs something.

► **Don't replicate the harm.** Savannah recommends that professionals working with young people make sure their actions do not replicate the harm that initially resulted in a child's removal from their family of origin, particularly if that involved rejection of a transgender person's gender identity. Affirmation of gender identity should occur at all points in which young people come into contact with systems of out-of-home care. "Even though your clients are children, they still need to be treated with respect," she says. "Especially in this setting, the trans kids you work with are there for a reason and it's often because their identities were rejected by their parents. When the system is supposed to be there to help, it's critical that it doesn't replicate the situation that [a youth] is trying to get away from."

Savannah also has a recommendation for other youth:

► **Know your rights.** "Get informed and know what you can do about your situation. If you don't think you can do anything about it, you won't." Savannah says the only people who supported and affirmed her until her recent move to the independent living facility were her attorney and her attorney guardian *ad litem*. They helped advocate to the judge for a court order

requiring her prior agency to allow Savannah to use her clothing stipend to purchase feminine clothing.

 **JENNIFER** is an 18-year-old transgender woman who lives in a southern state.¹⁹⁸ During her childhood and adolescence, Jennifer experienced physical and emotional trauma, conflict between her parents and difficulty accepting her transgender identity. These experiences impacted Jennifer's mental health. After threatening to harm herself, she was admitted to an acute psychiatric facility. After a few weeks, Jennifer was stable enough for discharge from the facility, but her parents refused to take her home. They felt her behavior problems and mental health issues were too extreme for them to handle. The state child welfare agency took custody of Jennifer.

Although the facility had deemed Jennifer ready for discharge and the state was legally required to find a less restrictive placement for her since she no longer needed acute care, she remained there for several months. She understood the delay was because no home or facility across the state would accept her as a transgender girl and affirm her identity. Ultimately, due to lack of affirming placements in her state, the child welfare agency placed Jennifer in a residential treatment facility in a neighboring state. Staff at the facility affirmed her identity in most respects. She was able to wear her own clothes and groom herself in a manner consistent with her identity, staff were generally affirming and she had a supportive therapist. However, due to the facility's interpretation of licensing regulations requiring that children of a different gender not share rooms, Jennifer was required to share a room with a cisgender male. She felt very uncomfortable with this arrangement, because she and her roommate did not get along and he would sometimes beat her up. The regulation governing out-of-home placement in the state where Jennifer was staying does not define the term *gender*. According to agency policy, children in child welfare custody in that state are protected from discrimination on account of gender identity, but no statutory, regulatory or policy guidance exists regarding placement of transgender youth in accord with their identity.

While in care, Jennifer experienced additional discrimination due to the fact that her caregivers interpreted *gender* to mean her sex assigned at birth. Jennifer was unable to use her state clothing stipend for female clothing, because the state's "policy"¹⁹⁹ at the time was that "gender appropriate" clothing meant clothing consistent with a youth's sex assigned

at birth. In addition, when staff at one of the facilities got angry with her, they would intentionally misgender her as a punishment.

While Jennifer was placed out of state, Youth Oasis,²⁰⁰ a shelter in Baton Rouge for youth experiencing homelessness, opened an LGBTQ+-specific transitional living facility. The program, called Diversity House,²⁰¹ the first of its kind in the region, was designed to provide housing and support for LGBTQ+ youth experiencing homelessness, in foster care or transitioning from foster care and in need of supportive housing. Youth Oasis created Diversity House after noting staggering numbers of LGBTQ+ youth experiencing homelessness and seeing transgender youth come to the shelter because there were no affirming placements in the foster care system.

Jennifer was able to transition to Diversity House from her out-of-state placement and in many aspects did well there, but she says she became angry and damaged her apartment. Around the same time, Jennifer turned 18, the age at which foster care ends in her state of origin. Her permanency plan had been to transition to the non-state-funded beds for youth 18 to 22 years old at Diversity House, but due to her behavior she was hospitalized again and could no longer remain there. Upon discharge from the hospital, there was no place for Jennifer to go and she ended up at Covenant House, a homeless shelter in another city. Luckily, Jennifer was connected with a disability rights attorney, and through his advocacy around her diagnoses and needs, Jennifer was eventually able to access services and funding for an apartment of her own.

Jennifer's recommendations for professionals working with TGNC youth:

► **Develop affirming placements.** Jennifer recommends that states ensure they have an adequate number of placements that are affirming of transgender identities so that young people do not have to move out of state or away from their supportive communities to be accepted for who they are. At first Jennifer was excited to go out of state. She thought it would be a “fresh start” and could lead to some new opportunities. She appreciated that staff at the out-of-state facility affirmed her identity, but after a while, Jennifer began to miss her community back home. She had friends there and adults from her church who were supportive, but they were miles away. Also, she just missed the place she grew up and knew well and felt isolated out of state because she knew no one there. The placement out of state had effects on her self-esteem as well. Jennifer says that she knew she was sent away because “no one would accept me because of who I am,” and it made her feel

rejected and unwanted. Although she was glad to be transported back home for court appearances in her child welfare case—it was the only time she got to see her supportive attorneys—it was a long and exhausting trip back and forth.

Jennifer was excited to find out about Diversity House when it opened and excited when she was placed there and got to be closer to home. “It felt very good,” she says. “I loved it. People were more respectful in general and they really accepted you for who you are. I could be myself and not have to think ‘Do I need to be this other person today?’” She recalls an instance when staff at Diversity House took her and other residents to a Pride event in Baton Rouge and shielded them from anti-LGBT protesters. Jennifer also felt accepted in terms of her race and religion and had opportunities to participate in community events and to attend church if she wanted. She appreciated having her own place and liked the independent living programming at Diversity House, where she learned how to cook, clean and manage her own money. Covenant House was also affirming of Jennifer's gender identity and she says she “had a good experience” there. She says it felt great to have the option to “stay on the female floor.” Although she still had some problems in placements that were affirming, Jennifer felt they really made a difference for her, and she was especially glad that Diversity House allowed her to live closer to her community.

► **Promote well-being by accepting and affirming youth.** Jennifer recommends that professionals affirm and support transgender youth because it “really helps their mental health.” She says that when she experienced discrimination from caseworkers, staff at treatment facilities and other professionals in the child welfare system, it “made me feel disrespected and added to my feelings of self-harm and suicidal ideation.” She wasn't sure “what she was supposed to do” if she could not be herself and that felt “really overwhelming.” She emphasizes that “a lot of trans people aren't accepted, and it can make them feel bad about themselves.” She says it “felt weird for people who are supposed to be helping [me] to reject [me].” Jennifer believes that affirming treatment is especially important for youth in care, because “not a lot of people accept trans people.” She adds that when youth are affirmed, “they can actually focus on what the problem is... They can relate to you better and you are able to relate to them better.” Significantly, given that child welfare agencies are legally obligated to ensure safety, permanency and well-being for youth in their care, Jennifer noted that at Diversity House and Covenant House she felt “emotionally and physically safe and stable.”

► **Affirm identity in all aspects.** Jennifer recommends that states ensure continuity in services by adopting and enforcing affirming policy across all systems of care. When she was settling in to her placement out of state, she says, it “felt good... I got to wear female clothing and people were using my name.” She did not, however, like having a cisgender male roommate. It made her “feel uncomfortable and unsafe,” especially because they argue a lot and “he beat me up.” Also, it felt “like they weren’t treating me like a real girl, like all the other girls.” She would have preferred a female roommate and that would have helped make the experience at the facility affirming in all aspects. During her time at the acute psychiatric facility in her out-of-state placement, the state’s refusal to buy Jennifer female clothes impacted her negatively. She felt unsupported and confused, as she was respected in some aspects but not in others and by some of her caseworkers but not others. During her time in care, her state’s administration changed and the “policy” prohibiting the agency from purchasing clothing consistent with gender identity was eliminated. As a result, Jennifer was finally able to use her state-provided stipend to buy clothing that reflected her identity and that made her feel more respected and supported.



2. JUVENILE JUSTICE

Juvenile justice systems across the country operate both long-term secure facilities and short-term detention facilities for youth charged with delinquencies who have met detention criteria such as being a flight risk or a danger to themselves or others. Youth are confined to long-term facilities when a judge has found, after adjudicating a youth as delinquent, that the delinquency is especially severe or that the youth has a long delinquency history. Depending on the type of facility, juvenile detention may be administered by the state, county or city, or by a contract provider. In addition, juvenile justice agencies may administer diversion programs and probation or parole.

Here the report features a short-term juvenile detention facility operated by the City of New York and recommendations from Lydia, a transgender girl who spent time confined in long-term facilities in a southern state and had a very supportive parole officer when she was released. The authors emphasize that most detention facilities pose extreme risk for TGNC youth. Placement in the community is preferred for all youth except when detention is absolutely necessary and strict statutory requirements are met.



Overview. New York City’s Administration for Children’s Services (ACS) oversees both the child welfare and juvenile justice systems in the city. Their website says, “[ACS] protects and promotes safety and well-being of New York City’s children and families by providing child welfare, juvenile justice, and early care and education services. In juvenile justice, ACS manages and funds services, including detention and placement, intensive community-based alternatives for youth and support services for families.”²⁰²

The agency has multiple initiatives, many of which overlap significantly. One area in which ACS is a national leader is the affirmation of LGBTQ+ youth and families who receive services. The agency’s Department of LGBTQ Policy and Practice meets quarterly with an Advocates Council made up of members from across the city. Multiple work groups meet under the oversight of the Department and the Council. The Commercial Sexual Exploitation of Children work group addresses the overlap of LGBTQ+ system-involved youth and those trading sex to meet their basic needs. The Data Collection work group focuses on methods to collect data on the numbers of LGBTQ+ youth in ACS care in a manner that is safe and affirming. The Juvenile Justice work group addresses the needs of LGBTQ+ youth in the justice system. The Training and Coaching Network promotes and facilitates effective training of child welfare workers and foster families citywide. Finally, the Youth Engagement Group invites LGBTQ+ young people from across the city to become involved in developing the service provisions designed to protect them. The Department hosts a yearly LGBTQ & Ally awards ceremony to honor service providers,

THE MOTTO OF ACS’S LGBTQ YOUTH ENGAGEMENT GROUP IS “NOTHING ABOUT US WITHOUT US.”

foster parents and young people who have made a difference on behalf of LGBTQ+ youth and families in New York City.

In 2008, ACS implemented its first policy prohibiting discrimination on a variety of grounds, including sexual orientation and gender identity. In 2012, the agency adopted one of the most comprehensive LGBTQ+ nondiscrimination policies

in the country, and in 2016 it began work with the Advocates' Council to update and refine the policy. The policy is detailed and addresses the rights of LGBTQ+ youth in care. A copy of it is presented to all youth, via a "Know Your Rights" palm card,²⁰³ upon entry into the system.²⁰⁴ In 2014 ACS issued a best practice guide for working with TGNC youth in care.²⁰⁵ Later, in 2015, ACS implemented a policy regarding the coverage of transition-related health care not covered by Medicaid for transgender youth in its care.²⁰⁶ The agency also maintains a resource page for LGBTQ+ youth²⁰⁷ and an LGBTQ+ support page²⁰⁸ where users can find agency nondiscrimination policies.

Affirming Identity in Detention Housing. Over a year ago, ACS began housing youth in detention in accordance with their gender identity. Jennifer Romelien, Executive Director of Program Services, Division of Youth & Family Justice, Detention

"IT'S OKAY TO FAIL AT FIRST WHEN TRYING TO MAKE CHANGE. GO IN WITH AN OPEN HEAD, OPEN HEART AND OPEN MIND, AND COME BACK TO THE TABLE AND FIGURE OUT WHAT WENT WRONG AND HOW TO MAKE IT BETTER."

– JENNIFER ROMELIEN, ACS

Services, in collaboration with others at ACS, helped lead the change in placement policy at detention. She notes that now, "Placing trans youth in accord with their identity is just what we do. It's normal course of business." Romelien views the shift as critical for protecting the emotional and physical safety of youth in their care. She emphasizes that "a big part of safety is cooperation and trust—respecting young people for who they are helps foster that relationship."

"Understanding that identity affirmation is critical to a youth's well-being and safety while at the facility was crucial to helping staff change the way they had always done business," she says. Youth sleep in single rooms and Romelien has not encountered any licensing regulation barriers in housing transgender youth in the section of the facility that corresponds to their identity. Agency policy dictates that transgender youth are to be respected in all aspects of their identity, and their efforts to affirm youth go beyond housing.

Intake. A social worker on the detention unit administers an intake questionnaire and asks youth how they identify in terms of their sexual orientation and gender identity, in an effort to determine

appropriate housing and potential services. Romelien acknowledges that asking SOGIE-related questions at intake was very challenging for staff at first and it took time for them to relax and feel comfortable. Ongoing practice and coaching was critical and helped staff feel more competent at conducting these intakes.

Culture Change. Romelien attributes a change in the environment in detention to an overall cultural shift in the way the agency did business. That shift to being transgender-affirming in housing classifications was driven, in large part, by policy change. Romelien advises other administrators that it is helpful to acknowledge that any change is going to be difficult in a structured environment, but it is essential that the message come from the top down and that all share the same philosophy of care.

Romelien has seen some tangible benefits. Creating an environment of respect has allowed staff to get to know and understand transgender youth better. Youth often have very short stays in detention, so it can be challenging to get to know them and build their trust. She says that once staff see that affirmation leads to more trust, less conflict and better peer-to-staff communication, it really helps to foster change. Romelien remembers being particularly proud when she witnessed staff helping a youth prepare for a visit with her parents, who were not accepting of her identity. They worked through how she would feel most comfortable presenting herself and supported her every step of the way.

Training and Coaching. Due to the nature of the city hiring process, Romelien does not have much ability to screen potential hires for their attitudes around working with LGBTQ+ youth. ACS does require training on the LGBTQ+ policy and, more generally, on how to work effectively with LGBTQ+ youth. Romelien feels that one key component for providers is to understand that a "one-off" training is not enough and administrators need to commit to ongoing coaching and support. "For some people, it is immediate," she says, while others need extra support and encouragement to "get them there."


Fair Application of the Rules. Romelien says that one challenge faced by her agency was how exactly to allow transgender youth to express themselves through clothing and grooming in a manner consistent with their gender identity. Staff would bring safety concerns to her, worried for instance that youth were hiding contraband within a weave or a bra. Romelien recommends constant but gentle questioning to address safety risks, always with the mindset that "We can be safe and affirm identity." She advises administrators, "If there is a perception of a safety issue, talk through how safety can be

"MY PAROLE OFFICER WAS PHENOMENAL. SHE ASKED ME HOW I IDENTIFIED AND WHETHER I WANTED TO DRESS FEMININE OR MASCULINE. I FELT APPRECIATED AND IT MADE ME WANT TO WORK WITH HER."

– LYDIA,
transgender youth in care

achieved and identity and expression affirmed" rather than taking an "it's-either-this-way-or-that-way approach."

In sum, Romelien finds it helpful to allow staff to share any frustrations they have and acknowledge how challenging some youth can be, but to always return to the overall goal of meeting the individual needs of the child. She reminds staff, "If anything, [TGNC] youth are the ones who are more vulnerable [in detention settings]. Our work must not be generalized but child-centered and specific to the individualized needs of the child."

 **LYDIA**, a 19-year-old woman who is transgender, lives in a southern state with her mother.²⁰⁹ Lydia experienced significant trauma while growing up, including physical and sexual abuse. She was special education-certified at a young age and was bullied at school on account of her gender-nonconformity. Lydia entered the juvenile justice system because of escalating behavior problems, which included fire-setting and assaults on a teacher and others. Ultimately, Lydia was sent to long-term secure juvenile justice facilities. While incarcerated, she experienced discrimination by some staff and volunteers (although some were supportive) and was harassed and assaulted by peers. This was often while on a safety plan because she was deemed to be at risk due to her sexual orientation and gender presentation.

Upon release, Lydia had a brief and problematic stint at a halfway house for young men, where she received death threats from peers and was prohibited from expressing herself as female. Ultimately, Lydia was released to her supportive mother's home and assigned a parole officer. Her experience with her parole officer was very positive. The officer affirmed Lydia's identity and provided her with helpful tools and resources.

When Lydia first met her parole officer, she was terrified because she thought the officer might judge her and not give her a chance. The officer immediately presented herself as supportive, however, and permitted LGBTQ+-affirming community advocates

to join Lydia for their first meeting.

Lydia says her parole officer was enthusiastic but serious, and her main concern "seemed to be making me comfortable with however I identified." In general, she says, "She gave positive advice about how to turn my negative experiences into positive change." Lydia successfully completed parole and is no longer under the supervision of the juvenile justice system.

Lydia wishes other professionals could learn from her former parole officer. She loved the way her parole officer asked Lydia what name she wanted to be called and what pronouns she used. "She didn't skip around it; she didn't assume anything," says Lydia. "She asked first."

Lydia offers the following tips for professionals working with TGNC youth:

► ***Don't blame youth.*** Lydia reminds staff working with young people that characteristics inherent to

LYDIA SUGGESTS THAT IF STAFF IS ABLE TO GET TO KNOW WHO YOUTH REALLY ARE THEN THEY CAN HELP THE YOUTH BE MORE SUCCESSFUL.

a young person's identity, including their gender identity and expression, are not the cause of their mistreatment; rather, abuse is caused by the refusal of adults to accept their gender identity and expression. The mistreatment Lydia experienced made her feel "pathetic," which was especially hard because she was sorting through questions regarding her gender identity. "It made me feel like the mistreatment was my fault," she says, "and I just wanted to kill myself and leave it at that."

► ***Use resources wisely.*** Lydia recommends that professionals focus their attention on providing affirming care rather than policing gender expression. She notes, "We would have saved a lot of trees [if staff] were more supportive and the facilities were safe. I had to write a lot of grievances about my mistreatment."

► ***Allow youth to focus on important things.*** Lydia recommends professionals help young people feel safe and affirmed in their surroundings so that they can focus on important things like school work. "While I was in the facilities, I wasn't able to focus on my classes and what I needed to learn. I was always more focused on who was out to fight me and who was going to jump me today. I was so busy paying attention to my surroundings that I couldn't pay attention to my work. Once I knew my parole officer was going to respect me and treat me fairly, I was able to focus on what I needed to do and working on positive things."

3. Programs for Youth Experiencing Homelessness

Many services for youth experiencing homelessness are provided by non-profit agencies that offer a range of programming, from drop-in centers and meals to storage and shower facilities, short-term housing in shelters and sometimes more long-term independent living arrangements. Many operate on a mixture of federal funding, grant funding and private donations. Featured here is a program in Spokane, Washington that receives funding through HUD in addition to other sources. Barrett, who resides at the shelter, shares his thoughts about being in an affirming place and recommendations for professionals who want to make positive change.



Overview. Crosswalk, part of Volunteers of America of Eastern Washington and Northern Idaho, is a youth serving agency in Spokane, Washington that has provided services to youth experiencing homelessness since 1985. Their website says, “Crosswalk is an emergency shelter, a school drop-out prevention program, and a group of lifesaving and life-changing programs dedicated to breaking the cycle of youth homelessness. In an average year, Crosswalk serves more than 1,000 youth. Emergency shelter is available 365 days a year and all services are free and voluntary.”²¹⁰ Their emergency shelter serves youth between the ages of 13 and 17, while their GED program and drop-in centers serve youth as old as 21. The program offers a plethora of services to address the needs of young people, ranging from the immediate (food to eat and a bed to sleep in) to long-term (independent living training and college scholarships). The compendium of care services offered by Crosswalk is holistic in nature and takes a multifaceted approach to assisting youth in crisis. All of its services are voluntary and free of charge.

Affirmation of LGBTQ+ Youth. Crosswalk seeks to affirm and validate all young people it serves. In the past six years, the program has made a concerted effort to more effectively serve LGBTQ+ youth, whether they arrive at Crosswalk after hearing about it from other youth, through a church referral or targeted by the program’s Street Outreach Team. Each young person coming through the facility doors seeking shelter is asked at intake about their sexual orientation and gender identity, as well as personal pronouns.

AS PART OF ITS HIRING PROCESS, CROSSWALK QUESTIONS APPLICANTS REGARDING THEIR EXPERIENCES WITH AND ATTITUDES TOWARDS LGBTQ+ YOUTH. ESTABLISHING THIS KEY STRENGTH UPFRONT ESTABLISHES THE AFFIRMING ENVIRONMENT FROM DAY ONE.

In order to provide a safe space for all youth who arrive at Crosswalk, it is essential that staff be safe and affirming. In this aspect, robust nondiscrimination policies and consistent training are the keys to success. Crosswalk also pre-screens its staff for affirming attitudes by asking potential hires in interviews about their experience with and perspectives about issues affecting LGBTQ+ youth. The organization also relies on a strong collaboration with community partners such as the YWCA and juvenile probation. In addition to training their own staff, Crosswalk conducts trainings for partner agencies as well, including the police force.

TGNC Youth Accessing Sex-Specific Facilities Consistent with Identity. The shelter is licensed through the State of Washington, which requires sleeping quarters for different genders to be separated by a visual barrier.²¹¹ Crosswalk’s 21 beds are divided between sections for boys and girls, and youth are assigned to the side that matches their gender identity, regardless of whether that aligns with their sex assigned at birth. In the case of a young person who is gender fluid, the place they sleep can vary from night to night. Rather than use separation by sex assigned at birth as a proxy for safety, Crosswalk applies a safety protocol across the facility. For example, youth must be fully clothed when outside of their bedrooms and may not sit or otherwise be on another youth’s bed when that youth is present. Program managers at Crosswalk have a working relationship with their licensing workers who certify that their protocol and sleeping arrangements are in line with the goals of licensing.

The facility’s bathrooms are similarly accessible. There are two of them, both single-user. They originally bore signs designating them as for men or women, but after Crosswalk staff talked with young people at the shelter about what kind of signs they’d prefer to see outside their bathrooms, they made a change. Now instead of gendered signs on the restroom doors, they have a hand-painted dragon above each one, in different colors, painted by young people. Likewise, their two showers, each single stall, are designated with either a sun or a moon.

Culture Change at the Agency. The consistent