

Supportive Housing and Health Services for LGBTQIA+ Youth Experiencing Homelessness: Promising Practices

2020



BACKGROUND

From 2017 to 2019, the National LGBT Education Center, the Corporation for Supportive Housing (CSH), and the National Healthcare for the Homeless Council organized a Learning Collaborative series to build partnerships among health centers and supportive housing agencies engaged in reducing homelessness among youth.¹ (We define “youth who experience homelessness” as people up to 29 years old who are unaccompanied--i.e., on their own--and who lack a fixed, regular, and adequate nighttime residence.) A major focus of the Learning Collaborative was to increase the engagement of lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and all sexual and gender minority (LGBTQIA+) youth into health and housing programs.

LGBTQIA+ youth experience a disproportionate burden of homelessness in the United States.² Among all youth experiencing homelessness, **an estimated 20% to 45% are LGBTQIA+.**²⁻⁴ According to the U.S. Department of Housing and Urban Development, which collects gender identity information, 3% of all unaccompanied youth (up to 25 years) who experience homelessness are transgender or gender-diverse (sexual orientation data is not collected).¹

Table 1 presents race and ethnicity data of LGBTQIA+ youth experiencing homelessness based on a 2014 survey of 138 human service agencies.³ As with other populations experiencing homelessness, a larger percentage of LGBTQIA+ youth identified as having a minority race/ethnicity than identified as White.

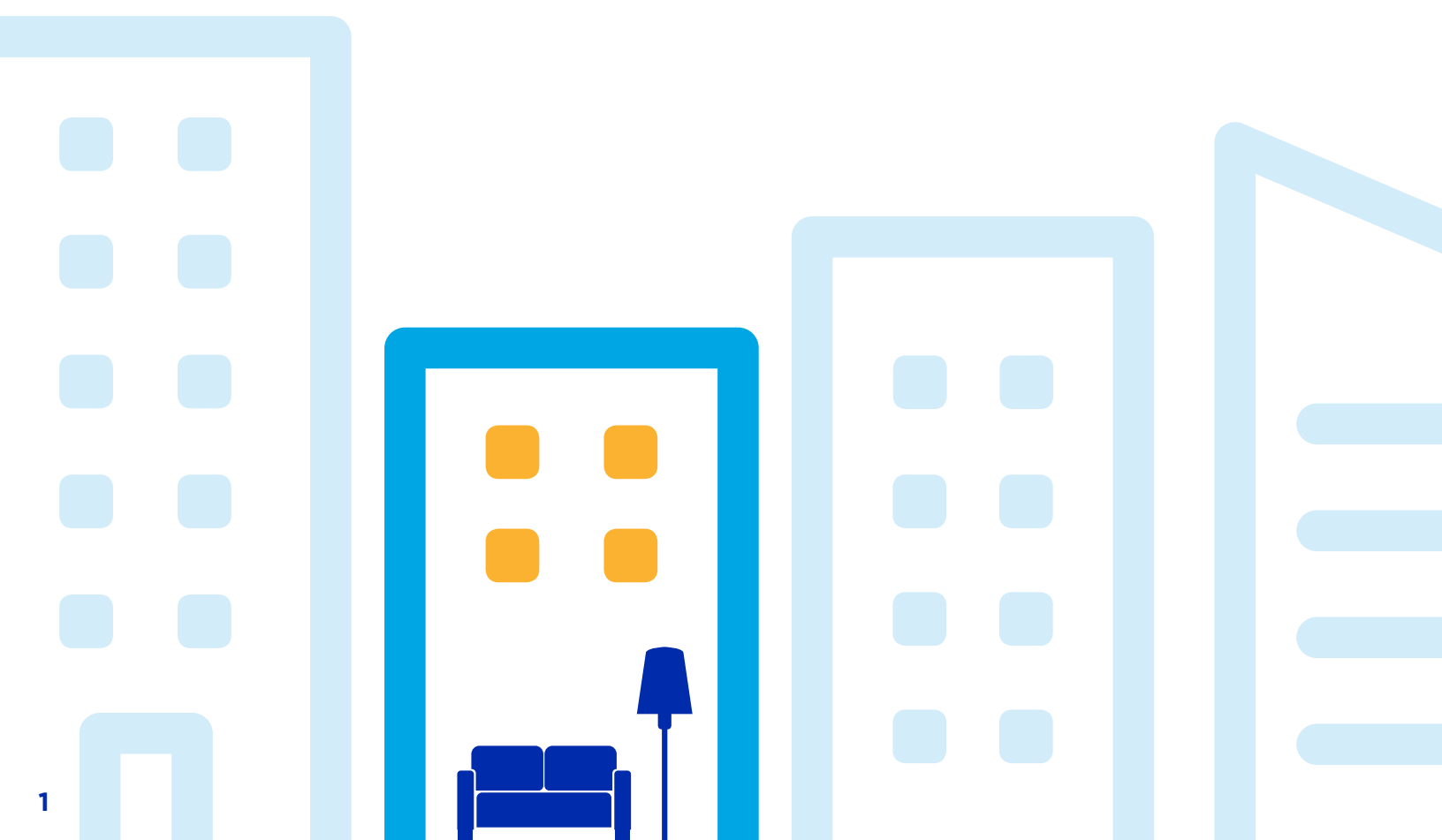


Table 1. Race and Ethnicity of LGBTQIA+ Youth Experiencing Homelessness in the U.S.³

Race/ethnicity	Percent
White (non-Latinx)	39.5
Black (non-Latinx)	30.5
Latinx	13.5
Asian/Pacific Islander	1.0
Native American	1.0

While all youth experiencing homelessness have an increased risk of substance use and mental health disorders, those who are LGBTQIA+ have an even higher prevalence of depression, post-traumatic stress disorder, and suicidal ideation and attempts.²⁻⁵ Disproportionate traumatic childhood experiences contribute to these health disparities.⁶ The majority of LGBTQIA+ youth experiencing homelessness report running away from or being forced out by their families because of their sexual orientation or gender identity. In addition, many of these youth have aged out of foster care or have fled the system to escape stigma, violence, and harassment.¹⁻⁷ Because of perceived and experienced discrimination and stigma in health care, many LGBTQIA+ youth delay or avoid accessing health care and other services, further exacerbating disparities.⁸



MODEL PROGRAMS FOR LGBTQIA+ YOUTH EXPERIENCING HOMELESSNESS

Fortunately, a growing number of organizations in various parts of the U.S. have developed culturally-tailored programs to engage and support LGBTQIA+ youth experiencing homelessness. Below we briefly describe three notable programs located in three U.S. cities, followed by promising practices based on common themes among the programs. The information in this publication was adapted from virtual presentations and discussion sessions led by program staff members invited to speak with the Learning Collaborative participants.



RUTH ELLIS CENTER

**Website**

www.ruthelliscenter.org

**Location**

Highland Park (Detroit), MI

**Population Served**

LGBTQIA+ youth and young adults of color at-risk for or experiencing homelessness

The Ruth Ellis Center (REC) offers integrated services and programming for LGBTQIA+ youth of color who are at risk for or experiencing homelessness. The mission of REC is to create opportunities with LGBTQIA+ young people to develop their vision for a positive future, using a trauma-informed, positive strengths-based service model that embeds the concepts of racial equity and transformative justice.

At the heart of REC is their Drop-in Center, which attracts and engages youth by offering a free, safe space for people to be themselves and socialize with each other. No referrals are required. The center also provides food, laundry facilities, clothes, beauty/hygiene supplies, safer sex products, job assistance, peer support groups, and a computer lab.

Through the Drop-in center, REC establishes a foundation of trust with youth, which then enables them to successfully engage youth with its Health & Wellness Center, located on the floor directly below the Drop-in Center. Health and wellness services, which are offered in partnership with the Henry Ford Health System of metro Detroit, provide care tailored to the unique needs of LGBTQIA+ youth, including STI and HIV testing, treatment, and prevention (e.g., pre-exposure prophylaxis, or PrEP), gender-affirming hormone therapy, primary care, substance use treatment, case management, and counseling for individuals, groups and families.

Located at the same property is Ruths' House, a residential "home-like" foster care program focused on building coping skills specifically for LGBTQIA+ youth. REC is currently in the process of building permanent supportive housing units for LGBTQIA+ people 18-25 years old. REC also helps youth to access emergency shelter as needed.

REC has also developed a Family Preservation Program in collaboration with the Family Acceptance Project at San Francisco State University (familyproject.sfsu.edu) to prevent homelessness by supporting families with LGBTQIA+ children who may be at risk for removal from their families due to parental mistreatment. The program uses evidence-informed strategies to reduce family conflict and to help families increase their understanding and acceptance of their child's sexual orientation, gender identity, and gender expression.

The Ruth Ellis Institute, which is a research, evaluation, and training institute that uses a community participatory approach with LGBTQIA+ youth, is also co-located and fully integrated with REC's other services. The institute implements and evaluates several evidence-informed interventions in partnership with REC clients to improve health outcomes and reduce homelessness for all LGBTQIA+ youth. The institute also provides training in LGBTQIA+ cultural humility to partner agencies, such as Michigan's Child Protective Services.

HEALTH OUTREACH TO TEENS (HOTT)

**Website**

callen-lorde.org/hott

**Location**

New York, NY

**Population**

LGBTQIA+ youth and young adults experiencing homelessness

Served

or marginal housing

HOTT is a program within Callen-Lorde Community Health Center, a multi-site federally qualified health center and health care for the homeless program serving LGBTQIA+ communities and people with HIV.

HOTT provides welcoming primary care, transgender care, HIV prevention and care, and mental health counseling in a youth-only medical suite and through a mobile medical unit. HOTT also offers bi-directional referrals with housing shelters.

HOTT's fully equipped medical mobile unit brings health care services to LGBTQIA+ youth experiencing homelessness who feel uncomfortable coming into an office-based clinic, or do not have the resources to visit the clinic. The mobile unit travels to all five New York City boroughs, partnering with homeless youth drop-in centers, emergency shelters, parks, and other outdoor areas, as well as late-night events, such as house and ballroom community events. HOTT staff conduct a regular needs assessment to stay up-to-date on where young people are staying and gathering.

Recognizing a strong need for therapists at the outreach sites, HOTT offers mental health counseling on many of the mobile unit trips. Counselors offer non-judgmental and confidential therapy to youth that can be a one-time session or can continue each week. Once clients see that therapy is helpful and staff are non-judgmental, many move on to longer-term counseling at an office-based HOTT clinic. HOTT is currently piloting a model to share a therapist's time between HOTT and a rapid rehousing program.

HOTT staff frequently evaluate the needs of LGBTQIA+ youth from the clinics and outreach sites. As needs are identified, HOTT staff receive professional development to help them understand and address those needs. For example, recent assessments found a need for addressing crystal methamphetamine use and family engagement challenges.

MOZAIC

**Website**

www.mozaicohio.org

**Location**

Columbus, OH

**Population Served**

Transgender, non-binary, and other gender diverse youth of color (13 to 29 years), many of whom are experiencing homelessness or marginal housing

Mozaic is a program of Equitas Health, a nonprofit community health care system and federally qualified health center that is one of the largest LGBTQIA+ and HIV health care organizations in the United States.

Mozaic is a wellness program and community drop-in center created by and for gender-diverse youth of color. As a stand-alone space designed to meet the unique needs of the community, and with staff who represent the population being served, Mozaic clients feel centered and accepted as soon as they walk in the door. As they say on their website: Mozaic is “a place where instead of explaining yourself, you can just be yourself.”

Funded by the Centers for Disease Control and Prevention, Mozaic’s health services focus primarily on HIV prevention, testing, and linkage to care. However, staff are also trained to link youth to essential support services, like gender-affirming medical care, housing, transportation, and food assistance.

Mozaic also offers a range of educational, social, holistic health, and community-building programs to engage gender-diverse youth, such as peer mentoring, yoga, parties, a free thrift store, resume building, resource navigation, gender-affirming sexual health care, and PrEP education.

PROMISING PRACTICES

Based on the three model programs described above, we have identified cross-cutting themes and promising practices for health centers, supportive housing agencies, and other organizations looking to create culturally responsive services for LGBTQIA+ youth experiencing homelessness. Additional recommendations for LGBTQIA+ youth programs can be found in the Resources below.



Create a space where LGBTQIA+ youth can be themselves



Many LGBTQIA+ youth come from communities that do not fully accept their sexual orientation or gender identity and expression. Too many LGBTQIA+ young people have experienced rejection from family, spiritual communities, and peers for expressing who they are.²⁻⁴ For these reasons, model programs provide a dedicated and safe space where LGBTQIA+ youth can be themselves without fear of judgment, bias, or stigma. If it is not feasible to create a standalone space for LGBTQIA+ youth, organizations can still create environments in which the community feels welcomed and represented. Such environments can be accomplished through hiring peer staff, using images of diverse LGBTQIA+ people in marketing and educational materials, offering community-building events, and providing services tailored to the community.

Make the space attractive and engaging

Creating a comforting and joyful atmosphere goes a long way towards engaging and retaining LGBTQIA+ youth. For example, Mozaic and REC provide ping pong tables, dance floors, lounge furniture, and artwork created by staff and clients.



Provide essentials

Whether they are providing hot meals, showers, beauty products, or a free thrift store with attractive clothing, model programs ensure that their clients have access to the essentials needed for maintaining health, dignity, and self-esteem.

Offer drop-in or mobile services

LGBTQIA+ youth who have transient lives need to come and go on their own time, or have the services come to them. Drop-in centers and mobile services reduce the need for youth to schedule services at specific times.



Increase access and entry to care

Low-barrier entry to health care, housing, and other services for youth is essential for bringing in youth experiencing homelessness. To minimize transportation barriers, model programs provide bus passes or car service gift cards, conduct street outreach, and offer services through mobile units. Financial barriers are overcome through free and no-referral services supported by grants and/or Medicaid. Programs have also found it important to create outreach materials that display images of LGBTQIA+ people of color coupled with messages that convey acceptance and community.



Co-locate health, behavioral health, and housing services

Offering services under one roof has many benefits for LGBTQIA+ youth. For example, co-located primary care and behavioral health providers can work together in teams to provide integrated and client-centered care. In addition, youth who visit a location's drop-in center will likely feel more comfortable accessing care and services at the same site, because they already trust that the providers are inclusive and non-judgmental. Finally, co-location reduces transportation and scheduling barriers.



Engage youth stakeholders in decision making

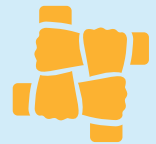
Youth advisory boards (YAB) enable LGBTQIA+ clients to give meaningful input on an organization's strategic planning, program development, procedures, and policies. To reduce barriers to engagement and retention in YABs, model programs offer gift cards, transportation passes, cash, and other forms of compensation and incentives. Organizations should try to include a budget line item for incentives in all grant applications. Model programs ideally offer workforce and leadership skills-building to YAB members, as well as a structured pipeline for members to become employed at the organization. For example, REC's summer internship program leads into a two-year internship, which ultimately leads to full-time staff employment.

To supplement the input and feedback from YABs in adjusting programs and policies, model programs also conduct regular needs assessments with the local community.



Hire, train, and support peer staff

Model programs intentionally hire peer staff that reflect the race/ethnicities, gender identities, sexual orientations, and ages of their clients. Having peers on staff helps LGBTQIA+ youth feel accepted and safe when accessing services. Peer staff typically need training and support beyond what is needed of an experienced new hire. Programs that put in place a system to provide job skills and trauma-informed supervision and coaching to their peer staff and volunteers will see more success with sustaining high-quality staff than those who do not.



Provide trauma-informed care and services

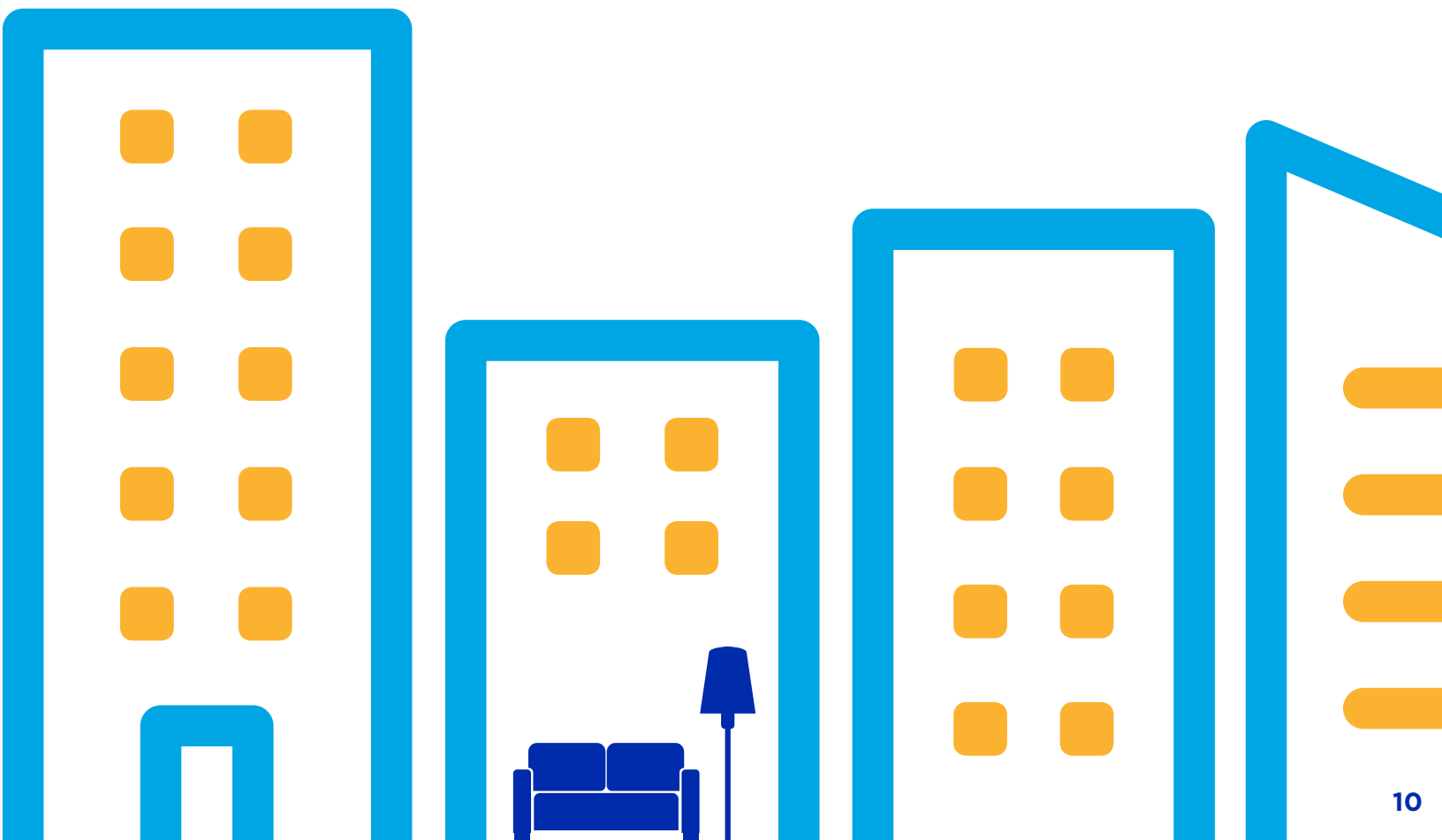
Because a large percentage of LGBTQIA+ youth have experienced multiple adverse and traumatic events,^{4,5} model programs use a trauma-informed approach to care. Trauma-informed care means that staff are trained to understand the impact of trauma on all aspects of health and behaviors, recognize the signs of trauma in clients, help with recovery from trauma, and resist re-traumatization.^{3,10}

In addition, behavioral health programs can offer individual and group support for coping with trauma. For example, HOTT's clients have access to services that focus on mindfulness, coping, and other evidence-based methods that teach coping skills for addressing trauma and issues with being on the streets.



CONCLUSION

LGBTQIA+ youth experience a disproportionate burden of homelessness and marginal housing due to rejection by families and communities. Providing culturally-tailored spaces with low-barrier entry to care can go a long way towards engaging these youth in much-needed health care and housing services. Promising practices from the Ruth Ellis Center in Highland Park, Michigan, Health Outreach to Teens in New York City, New York, and Mozaic in Columbus, Ohio, include offering a relaxed and inviting drop-in center or mobile unit with peer staff, free essential goods, and culturally-responsive services, such as gender-affirming hormone therapy and PrEP. Programs work best when they are co-located, trauma-informed, and engage youth in decisions regarding programs and policies. For additional information and resources, see the Resource and Acknowledgment sections below.



RESOURCES

National Health Care for the Homeless Council: www.nhchc.org

See especially:

[Engaging Homeless Youth Report](#)

Corporation for Supportive Housing: www.csh.org

See especially:

[Promising Practices for Health Centers: Engaging Youth Experiencing Homelessness.](#)

National LGBT Health Education Center: www.lgbthealtheducation.org

See especially:

- [Providing Affirmative Care for Patients with Non-binary Gender Identities](#)
- [Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff](#)
- [Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients](#)
- [Resources on Collecting Sexual Orientation and Gender Identity information](#)

True Colors United: truecolorsunited.org

See especially:

- [Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness](#)
- [Community-Wide Prevention of LGBTQ Youth Homelessness: Lessons Learned During Planning Phase](#)

Lambda Legal, National Alliance to End Homelessness, National Network for Youth, National Center for Lesbian Rights:

- www.lambdalegal.org
- endhomelessness.org
- nn4youth.org/
- www.nclrights.org

See especially:

[National Recommended Best Practices for Serving LGBT Homeless Youth](#)

Canadian Observatory on Homelessness: www.homelesshub.ca

See especially:

[Where Am I Going to Go? Intersectional Approaches to Ending LGBTQ2S Youth Homelessness in Canada & the U.S.](#)

Substance Abuse and Mental Health Services Administration: www.samhsa.gov

See especially:

- [Learning from the Field: Programs Serving Youth Who Are LGBTQI2-S and Experiencing Homelessness](#)
- [Treatment Improvement Protocol 57: Trauma-Informed Care in Behavioral Health Services](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)

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