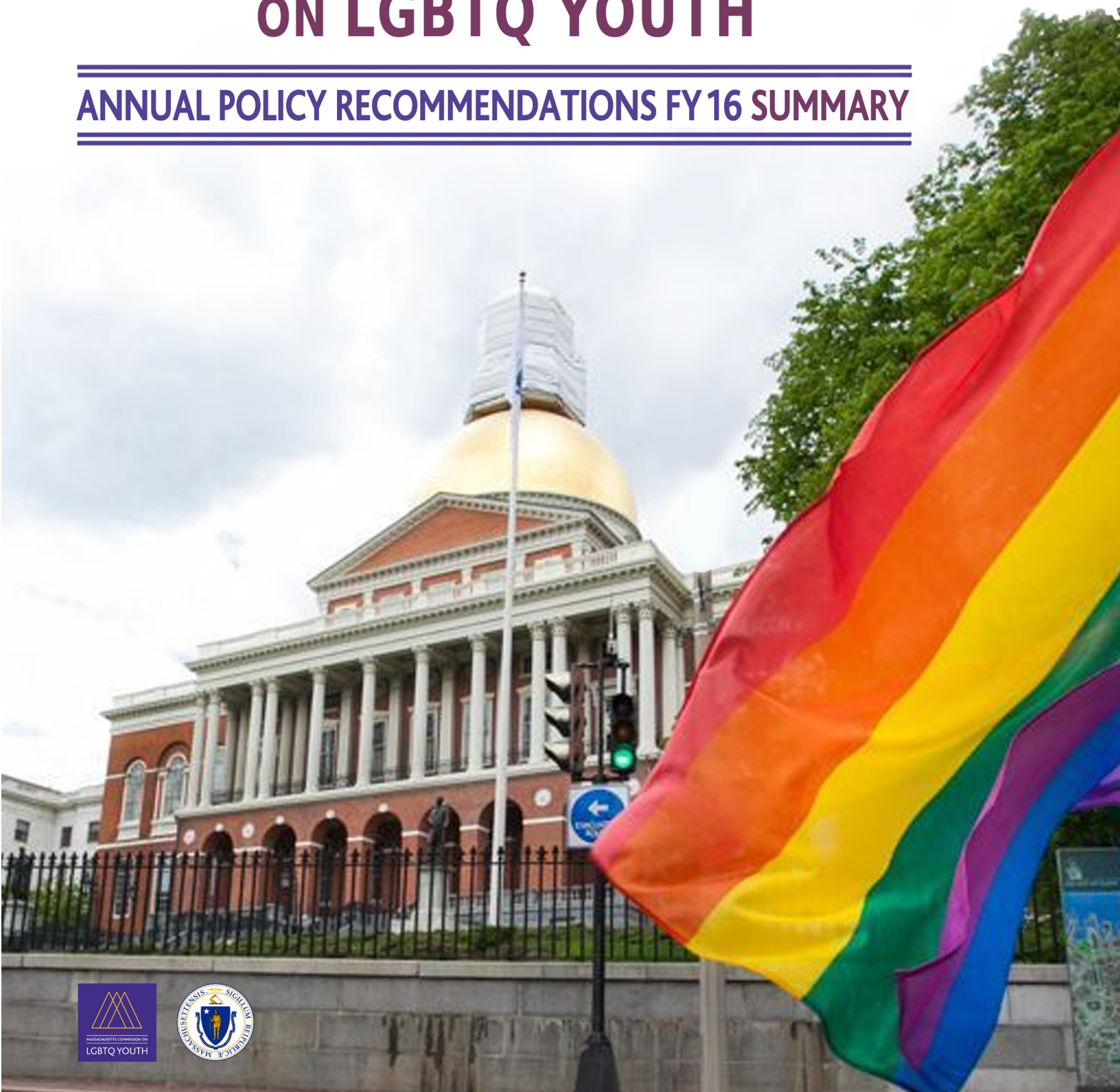
MASSACHUSETTS COMMISSION ON LGBTQ YOUTH

ANNUAL POLICY RECOMMENDATIONS FY 16 SUMMARY



Letter from the Officers

Since the establishment of the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth, substantial improvement in the availability of services, legal protections, and visibility for LGBTQ people has been realized. Despite these advances however, widespread social, economic, and health disparities persist for LGBTQ youth in the state. As the first and only state in the nation with a statutory mandate to advocate effective policies, programs, and resources for LGBTQ youth, the Commission remains committed to promoting the well-being of LGBTQ youth.

This document contains annual policy and program recommendations intended to provide Massachusetts policymakers with a roadmap to better meet the needs of LGBTQ youth in Fiscal Year 2016. We look forward to working with incoming Governor Baker and his Administration to advance policies and programs across state agencies so that all young people in Massachusetts reach their full potential.

LGBTQ youth live in urban and rural neighborhoods across Massachusetts; they are of all races, physical and cognitive abilities, nationalities, socioeconomic backgrounds, religious backgrounds, and families. In our work, we strive to recognize the needs of LGBTQ youth who experience intersecting forms of inequity. In examining disparities and opportunities for policy change, we have identified state agencies not traditionally associated with LGBTQ youth, but who in fact serve and can improve the state's support of this population. Partnerships with agencies responsible for transportation, refugee support, housing, disability services, and the workforce will facilitate broader benefits for LGBTQ youth beyond the arenas of education and health.

Recent progress has been encouraging. With focus, determination, and dedicated resources, we can continue to close gaps and address disparities that have lingered too long. To meet the urgent needs that remain, all parties must coordinate to fashion policies that meaningfully reduce the institutionalized inequalities that we know differentially impact LGBTQ youth populations. This is especially critical for youth who are of color, who are transgender, who reside in rural areas, and/or who are living in out-of-home settings. We believe these aims are consistent with priorities of the Baker administration.

We look forward to continuing this important work. Indeed, sustained advancement of health, safety, and educational outcomes for LGBTQ youth in Massachusetts is on the horizon. Together, we can foster an environment where all youth in the Commonwealth can continue to thrive.

RESPECTFULLY,

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Acknowledgements

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Who we are

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

In the years since its founding, the Commonwealth has adjusted the Commission's name to more fully and comprehensively reflect the youth it serves. In 2014, the Legislature enacted and Governor Deval L. Patrick signed an amendment to the Commission's authorizing legislation, expanding the name to the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth.

To meet its statutory mandate, the Commission evaluates programs and policies across state government and issues annual recommendations. The Commission also works directly with state agencies on implementing recommendations to meet the needs of LGBTQ youth. Individual members of the Commission are designated as liaisons to each agency; these liaisons provide support and guidance as agencies develop and implement plans to more effectively serve LGBTQ youth.

Values
The Commission is committed to the elimination of health disparities, and promoting achievement among LGBTQ youth. Commission members work collaboratively with state agencies to assist in the implementation of recommendations, and monitors and reports on progress made toward their implementation.

Policy Roadmap
The Commission's core mandate, according to authorizing legislation, is "to recommend policies and make recommendations to agencies and officers of the Commonwealth and local subdivisions of government" relating to the concerns of LGBTQ youth. M.G.L. ch. 3, § 67.

The recommendations for Fiscal Year 2016 (FY2016) set forth in this document are intended to guide Massachusetts state agencies toward tangible policies and practices that are responsive to the needs of LGBTQ youth populations in the Commonwealth from infancy to young adulthood.

Priorities

Working for a Commonwealth where *all* youth thrive.

As a Commission, our role in state government is multifold.

+ We **recommend** and implement a policy roadmap in partnership with state agencies;
+ We **convene** and bring together researchers, community-based organizations, government entities, and community members throughout the Commonwealth;
+ We **advocate** for resources targeted at LGBTQ youth;
+ We **develop** initiatives:
  - In Education, we **partner** with state agencies in leading school-based programs and policies (e.g., the Safe Schools Program for LGBTQ Students jointly administered by the Commission and the Department of Elementary and Secondary Education);
  - In Health and Human Services, we serve as an **incubator** for pilot projects that address the needs of LGBTQ youth of color, transgender youth, and out-of-home youth (e.g., an Inter-Agency Geomapping Initiative); and **support** existing efforts by state agencies and community-based organizations.

Defining Target Populations

When discussing LGBTQ youth as a population, it is important to recognize that young people, particularly young people of color, may not fit or define themselves according to prevailing definitions of lesbian, gay, bisexual, or transgender.[1] These youth may not use the terms "lesbian," "gay," or "bisexual" to identify themselves or their sexuality, although they may be engaging in same-sex sexual or romantic relationships. Further, young people may or may not identify themselves as "youth." While we respect the definitions of youth used by individual agencies, the term is used broadly here to refer to minors under the age of 18 as well as to young people in early adulthood.

Defining and measuring these populations can be difficult, since most instruments rely on sexual identity, sexual orientation, sexual behavior or a combination of the three.[2] While the Commission urges the use of the inclusive term "LGBTQ," we recognize that this term can be limiting for some and should not be read to suggest only youth identifying as LGBTQ, but also include those who would be represented by broader measures such as same-sex sexual behavior, same-sex attraction, nontraditional or non-binary gender presentation. We believe that a broader understanding of these terms, beginning with our own name, takes into account the complexity of the development of sexual orientation and gender identity, and further allows for more specific and effective strategies to address the known disparities that youth populations face.[3]

Call to Action

All youth deserve to be treated in ways that are **supportive** of their development, dignity, voice, and their identities, without discrimination, victimization, or harassment.

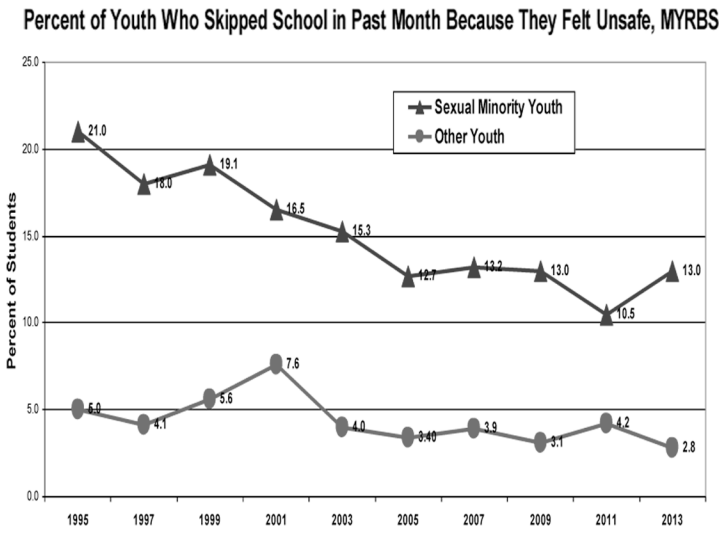
In essence, a "safe" environment. If we respond to the needs of this most vulnerable population, by improving the health and social outcomes of LGBTQ young people – and future adults – in the Commonwealth, we can diminish the costs of social services and health care interventions. This intention does not simply meet the requirements of existing law and is a matter of common sense, but is also a matter of fiscal responsibility and responsive governance. Interventions for LGBTQ youth not only have relevance from infancy into early adulthood, but also through the lifespan of LGBTQ residents in Massachusetts.

What the Data Shows

Massachusetts was among the first states to analyze health and risk behavior assessments of sexual minority youth statewide via the biennial Massachusetts Youth Risk Behavior Survey (MYRBS), part of a national surveillance activity that monitors youth behaviors contributing to mortality and morbidity.[4] Every two years the Massachusetts Department of Elementary and Secondary Education (DESE) – in collaboration with the U.S. Centers for Disease Control (CDC) and the Massachusetts Department of Public Health (DPH) – conducts the MYRBS, a survey distributed to 57 randomly selected public high schools, which includes questions about tobacco use, alcohol and other drug use, sexual health, dietary behaviors, physical activity, and behaviors associated with intentional or unintentional injuries. In total, over 2,700 students participate in this anonymous and voluntary survey each time it is administered.

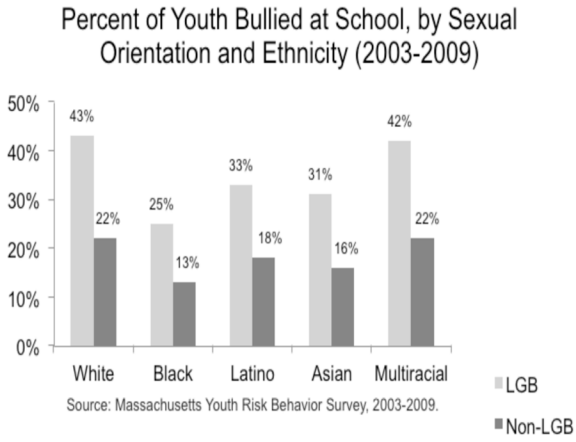
The data collected has provided a stark look at the many social and health disparities faced by lesbian, gay, and bisexual (LGB[5]) youth. In MYRBS and subsequent analysis by DESE, these respondents are referred to as sexual minority youth.

Disparities in school. In the 2013 MYRBS survey,[6] LGB youth were twice as likely as their heterosexual peers to report experiences of bullying, and three times as likely to report being threatened in school. While experiencing these increased school-based risks, LGB youth reported that they were less likely to have teachers to turn to for help. According to the report, only 55.2% of LGB youth responded that they felt their teachers cared about them and wanted them to do well, compared to 70.7% of their peers. Given these results, it is not surprising that LGB youth are 5 times more likely to report skipping school as a result of feeling unsafe in school.

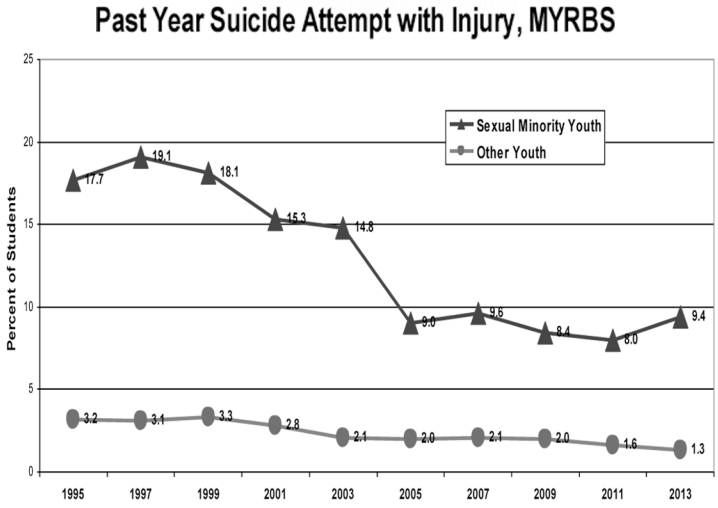


While no Massachusetts specific surveillance is available related to gender identity, some data is available via national surveys. On a national level, students "who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); in some cases harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education."[7]

As MYRBS surveillance shows, LGBTQ youth report stresses in school environments that are obstacles to a constructive and safe learning environment. A national study demonstrated that LGBTQ youth are focused on immediate concerns of safety and security, while their heterosexual peers are focused on schoolwork and finances.[8] LGBT-identified youth reported the most important problems facing them were non-accepting families, school/bullying problems, and fear of being out open about their identity, while their peers identified their most important problems as classes, college or career preparation, and financial pressures related to college or job.[9]



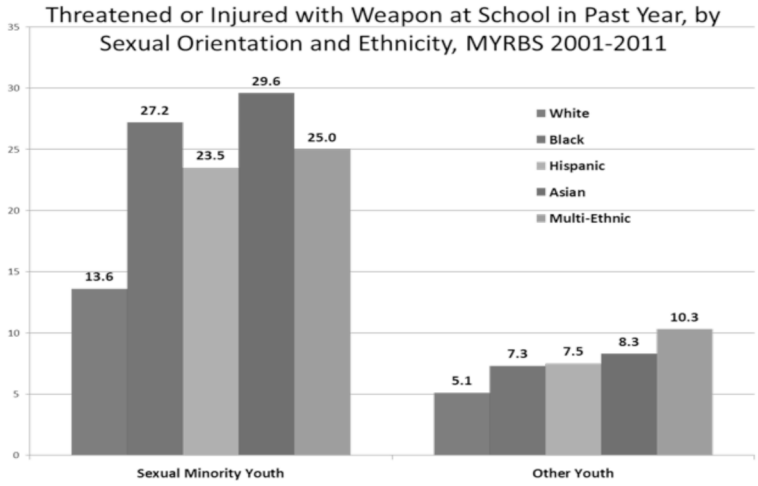
Suicidal ideation. LGB youth continue to report higher instances of attempted suicides and medical treatment as a result of such attempts than their peers. The results of MYRBS indicate that suicide ideation among LGB has decreased in recent years, how ever suicide ideation still remains statistically significantly elevated when comparing LGB youth to their straight peers (i.e. LGB youth reported being more than 7 times more likely than their peers to have attempted suicide in 2011 MYRBS; in 2013 MYRBS, LGB remain over 5 times more likely to report suicide ideation). Recent MYRBS findings also show that reported medical treatment as a result of suicide attempts jumped dramatically for LGB youth over the past four years. LGB youth now report that they are over 8 times more likely than their straight peers to require medical attention as a result of a suicide attempt.



Family rejection and homelessness. According to the 2013 MYRBS, approximately 14.5% of sexual minority youth report that they meet the federal definition of homelessness, compared to 3.3% of their peers. Further, 68% of homeless sexual minority youth MYRBS respondents report that they are unaccompanied, meaning that they do not live with a parent or legal guardians. Of note, MYRBS data on homelessness is limited to respondents who are in school and able to take the school-based survey. A national survey of over 300 homeless service provider organizations conducted by the Williams Institute at the University of California Los Angles and other collaborators found that 40% of all homeless or at-risk youth in the U.S. identify as LGBTQ.[10] Findings point to LGBTQ youth of color being particularly at risk, with national studies showing 65% of homeless individuals identifying as a racial minority.[11]

Intersection of race and sexual orientation. LGB youth come from a variety of families, backgrounds, and races. According to 2007-2011 MYRBS data, multiracial youth and Latino youth are most likely to either identify as sexual minority youth or have reported same-sex contact: 12.5% of Multiracial youth; 12.2% of Latino youth; 9.0% of Black youth; 8.8% of White youth; and 8.1% of Asian youth.[12] The disparities that affect LGB youth are not "one size fits all," but have varying degrees of impact on youth of different races.

Across the Lifespan. Despite these disparities, many LGBTQ youth are able to overcome challenges when protective and resiliency factors abound. However, the unavoidable fact is that many sexual minority and gender minority youth face discrimination, harassment, and environmental stress that, in the absence of interventions, systems of support, and safe and affirming adult interactions, can carry on throughout the life span.



Surveillance and research shows that stresses that LGBTQ young people experience continue into adulthood, and may be further compounded by intersecting identities such as race, gender, physical and/or cognitive disabilities, and socioeconomic status.[13] The prevalence of increased tobacco use,[14] suicide ideation,[15] and other high risk behaviors observed in sexual minority youth affects adult populations as well.

In one study, LGBTQ young adults who were victimized as youth were 2.6 times more likely to suffer from depression, 5.6 times more likely to have attempted suicide, and twice as likely to report having been diagnosed with a sexually transmitted infection.[16] Among the same cohort, young adults who expressed some level of gender nonconformity in adolescence had a strong correlation with higher levels of depression as young adults.[17] Exposure to victimization and adversity experiences in childhood and adolescence significantly mediated the association of both gay/lesbian and bisexual orientation with suicidality, depressive symptoms, tobacco use, and alcohol abuse.[18] Risk behaviors exhibited in youth (e.g alcohol and tobacco use) are also more likely to cause cancer.[19] Some of these behavioral risks may also have implications for a variety of other physical health conditions, including increased likelihood of contraction of infectious disease, among them HIV transmission, Hepatitis-C and other sexually transmitted infections.[20]

Long-term adverse outcomes disproportionately found among LGBTQ populations do not solely impact individuals, but also have an effect on social service and public health systems

The long-term adverse outcomes disproportionately found among LGBTQ populations do not solely impact individuals, but also have an effect on social service and public health systems, leading to higher health care and social program costs to the government.[21] For example, an adult who becomes HIV-positive in Massachusetts will cost the Commonwealth ~$19,000 a year in antiretroviral drug assistance monies for the rest of their lives. With adequate prevention mechanisms, the Commonwealth can improve the lives of its residents and gain efficiency of government expenditures.

Progress of Note

Safe Schools for LGBTQ Students. In 1993, under the leadership of Governor William Weld, the Commonwealth established the Safe Schools Program for Lesbian & Gay Students within the Massachusetts DESE. In 2014 focus was expanded to include all sexual minority and gender minority youth.The program continues to be a national leader in fostering safe and supportive learning environments for LGBTQ students. Since the 1990's and until the reappropriation of tobacco settlement monies in the 2000s, DESE was funded to administer the Safe Schools Program at up to $800,000 annually. With the reappropriation of tobacco settlement monies, DESE ceased activities associated with the Safe Schools Program. In 2010, the Commission was able to successfully secure monies in the state budget to reinstate the Safe Schools Program with a direct appropriation beginning in Fiscal Year 2011. These resources have grown from $50,000 in Fiscal Year 2011 to $300,000 in Fiscal Year 2015, however are far short of funding levels a decade earlier. The Safe Schools Program again provides training, technical assistance and support to schools across the Commonwealth related to implementation of *An Act Relative to Gender Identity* and *An Act Relative to Bullying in Schools.*

Interagency Working Group. The Massachusetts Commission on LGBTQ Youth partnered with the Patrick Administration to promote uniform and complete implementation of *An Act Relative to Gender Identity* across state agencies. This was executed through a collaborative working group among general counsel and senior policy staff of fifteen state agencies, as well as secretariat-level representation. Agencies represented include: Department of Insurance, MassHealth, the Registry of Motor Vehicles, Office of Diversity and Equal Opportunity, Department of Transitional Assistance, Group Insurance Commission, Early Education and Care, Executive Office of Labor and Workforce Development, Department of Housing and Community Development, Department of Conservation and Recreation, Department of Children and Families, Department of Public Health, Department of Mental Health, and the Office of Refugees and Immigrants. The Department of Youth Services and Department of Elementary and Secondary Education served in an advisory capacity, having already produced comprehensive nondiscrimination policies and practice guidance on working with LGBTQ youth.

The Interagency Working Group sought to update agency policies to ensure the protection of transgender and gender nonconforming residents from discrimination in state services required by law. In addition, some agencies created "best-practice" guides for direct service providers and "consumer affairs bulletins" as a tool and guide to support direct service providers working with youth.

Several of the policies and guidelines contain plans for implementation of necessary data collection. Current data collection tools are insufficient to accurately capture demographic data on sexual minority and gender minority consumers of state services. Several agencies have also developed action plans for training and will offer implementation and LGBTQ cultural competency training to direct service staff. The Commission and other agencies have learned from the successful model of the Department of Youth Services policy that training is competency critical tool. The Commission urges all agencies to adopt comprehensive plans and designate resources for training on these policies.

Core Recommendations

Based upon health outcomes surveillance data, much work remains to be done to address disparities among LGBTQ youth in Massachusetts. Across *all* agencies, we recommend implementing the following:

Consistent Data Collection

Each Secretariat and executive agency should adopt LGBTQ-inclusive intake forms and implement routine, state-led collection of data on gender identity and sexual orientation (including, where relevant, data on sexual behavior). This is especially important in addressing the dearth of information explaining risk factors and behaviors among LGBTQ youth. In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population.

When possible, agencies should involve and rely on experts to identify the most efficient and confidential mechanisms to collect, maintain, and use this data. In particular, adhering to the data collection guidelines established by the Gender Identity in U.S. Surveillance (GenIUSS) group, a multi-disciplinary and multi-institutional collaboration including the Fenway Institute, Williams Institute, and LGBT HealthLink is critical.[22] If government agencies are to successfully change the ways in which LGBTQ youth interact with youth-serving institutions (e.g. foster care, correctional facilities, homeless services and shelters, and congregate living facilities), it is essential that these agencies gather data on sexual orientation and gender identity – with due attention to confidentiality and privacy. Members of the Commission and community-based researchers are eager to collaborate with agencies to develop and pilot test methodology and protocol for capturing relevant data. These relatively small investments in data coordination & culturally competent services have value both for individuals and the state.

Furthermore, we advise agencies to train both existing and incoming staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ individuals, particularly LGBTQ youth in youth-serving institutions. Finally, we recommend that agencies collaborate to seek ways to adopt data collection procedures that document the experiences of LGBTQ youth with state agencies as a way to assess the areas of greatest need as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

In light of scarce quantitative data on transgender youth in Massachusetts, we especially urge prioritization of the collection of transgender-specific and transgender-inclusive data to better identify the needs of this population.

Core Recommendations

Resources
Agencies can make an immediate and marked difference for LGBTQ youth by identifying and strengthening LGBTQ-affirming resources, both internal and external. The Commission recommends developing internal working groups with dedicated staff hours to address the particular issues that individual agencies face staff. Coordination within and across agencies and dedicated time of designated staff with cultural competence and expertise can make an important difference in moving toward consistent quality services being provided to LGBTQ youth.

Policies and Guidance
Agencies should develop stronger guidance, best practices, and model policies for working with LGBTQ youth throughout the Commonwealth. Increasingly, educators, service providers, and policy makers want to be supportive to the needs of LGBTQ youth, but do not necessarily know how. Guidance, best practices, and model policies provide valuable information to youth-serving individuals and agencies to do just that. We look to the leadership of the recent interagency working group, and are eager to continue the momentum that has been generated by the working group's efforts.

Regulatory Changes
An Act Relative to Gender Identity took effect on July 1, 2012. All agencies should be directed to comply with the law and expand their agency-specific non-discrimination policies to include gender identity as defined by the statute. This would ensure compliance with the law as well as Executive Orders 526 and 527, which extend nondiscrimination protections to all state employees and businesses that contract with the state. In addition, we urge agencies to think broadly about how to ensure that transgender and gender-nonconforming youth are not subject to discrimination or biased treatment by agencies or contracting organizations.

Recommendations for 15 state agencies across five secretariats as directed by Mass. Gen. Laws ch. 3, §67 are listed in the next pages; more comprehensive recommendations specific to each agency can be found in the pages that follow.

An Act Relative to Gender Identity took effect on **July 1, 2012**. All agencies should be directed to comply with the law and expand their agency-specific non-discrimination policies to include gender identity as defined by the statute.

Executive summary of Recommendations

Interagency Council on Housing and Homelessness

1. Establish a designated programmatic and funding stream to provide appropriate services to homeless youth.
2. Adopt guidelines to promote safety and privacy of transgender and gender non-conforming individuals in shelters.

Department of Early Education and Care

1. Share information about LGBTQ affirming residential placements with the Department of Children and Families.
2. Amend licensing regulations and guidance to require licensees to provide training and professional development to staff on sexual orientation, gender identity, and LGBTQ youth.
3. Work with all EEC licensed or approved programs and facilities to ensure they are affirming of LGBTQ youth.

Department of Elementary and Secondary Education

1. Provide expanded resources and technical assistance to schools, LGBTQ students, and families through the establisthment of partnerships with other state agencies, families, community-based groups, organizations, and associations.
2. Recognize the increased risks faced by transgender and/or racial and ethnic minority students when making resource allocation decisions.
3. Provide meeting space and staff support for the statewide GSA Leadership Council, including having a presence at the annual GSA Leadership Summit.
4. Maintain and expand the Safe Schools Program for LGBTQ Students presence on the DESE website.
5. Continue to jointly coordinate the Safe Schools Program for LGBTQ Students to build DESE's capacity to deliver technical assistance, training, and support to schools.
6. Encourage schools to offer training to all school personnel in violence prevention and suicide prevention with a specific emphasis on their impact on LGBTQ students.
7. Provide information to school library staff on internet filters and how to avoid blocking youth from learning about LGBTQ identity and health issues.
8. Host a roundtable discussion for DESE staff at the Dept. of Elementary and Secondary Education.
9. Work to integrate LGBTQ-related topics into appropriate curricula across all grade levels.
10. Continue to disseminate an annual communication to schools reinforcing the requirements of anti-bullying and anti-discrimination laws with regard to implications for LGBTQ students.
11. Analyze the MYRBS and Schools Health Profiles Data on Sexual Orientation and Gender Identity and compile it in one-page sheets and in an annual report. Make available to the Commission the CDC cross-tabulations of the same-sex sexual behavior questions and sexual identity question.
12. Deliver a presentation on LGBTQ students to the Board of Elementary and Secondary Education at least every two years to coincide with the availability of new MYRBS and other data.
13. Update and expand the 1993 Board of Education Recommendations on the Support and Safety of Gay and Lesbian Students to reflect current policies, best practicies, and terminology.

Department of Higher Education

1. Promote LGBTQ cultural competency training for college and university faculty and staff.
2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.
3. Consider LGBTQ identities in model guidance and best practices.

Department of Children and Families

1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth; create a database to store this information, and ensure this information easily accessible to DCF workers (maintaining appropriate levels of privacy).
2. Devote one full session of a DCF monthly staff meeting to LGBTQ issues each year.
3. Expand training programs to all workers and supervisors on issues that affect LGBTQ youth and youth adults, with particular attention to gender identity and expression.
4. Distribute an LGBTQ Toolkit for social workers, foster parents, and youth. Share this Toolkit with other agencies of the Commonwealth as a model of an accessible and LGBTQ-affirmative resource.

Department of Mental Health

1. Continue DMH LGBTQ Initiative by designating a staff person and continuing to provide support and resources to complete target goals.
2. Identify LGBTQ-affirming organizations and resources in all three state regions.
3. Initiate agency-wide training for all staff on LGBTQ cultural competency.
4. Finalize and distribute policy guidance to workers, supervisors and program providers.

Department of Public Health

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.
2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.
3. Prioritize HIV and Hepatitis-C prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.
4. Include LGBTQ youth as a priority population in tobacco cessation programs and teen pregnancy programs.
5. Ensure that Community Transformation Grants fund prevention and health promotion among LGBTQ youth, especially smoking prevention and cessation and obesity prevention efforts.
6. Prioritize substance abuse prevention, education and treatment in both LGBTQ youth-specific and general youth programs in order to ensure that they are best addressing the unique needs of this population.
7. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.
8. Direct the Division of Health Professionals Licensure to work with their boards of registration and the Board of Registration in Medicine to establish medical information, best practices, and continuing medical education for all health care providers including physicians on issues of care for LGBTQ youth, especially providers serving pediatric populations.
9. Revise the Massachusetts Strategic Plan for Suicide Prevention to address the specific needs of LGBTQ youth.
10. Work with the Registry of Motor Vehicles on a clear, consistent, and uniform policy regarding gender markers on birth certificates.
11. Work with the Interagency Council on Housing and Homelessness and the Department of Housing and Community to establish a designated programmatic and funding stream to provide appropriate services to homeless youth.

Board of Registration in Medicine

1. Work with the Department of Public Health to establish medical information, best practices, and continuing medical education for all healthcare providers on issues of care for LGBTQ youth, especially providers serving pediatric populations.
2. Establish best practices for data collection.

Office for Refugees and Immigrants

1. Identify LGBTQ-affirming medical, housing, legal, and community resources.
2. Require training and professional development for refugee resettlement providers and immigration service providers on sexual orientation, gender identity, and serving LGBTQ refugee and immigrant youth.
3. Require ORI contracting agencies to provide referrals and other services to LGBTQ refugee and immigrant youth.

Department of Transitional Assistance

1. Designate staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.
2. Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.
3. Require vendors to provide training and professional development to case workers on sexual orientation, gender identity, and the needs of LGBTQ youth.

Department of Youth Services

1. Continue to modify, test and validate methods aimed at implementing intake forms to be LGBTQ-inclusive and affirming, and conducting routine, state led collection of data on sexual orientation and gender identify.
2. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and conduct evaluation of the effectiveness of these trainings.
3. Brief the Commission on its efforts to reduce and eliminate physical and sexual harassment of youth in custody, and any data it has on disparities in rates of such harassment affecting LGBTQ youth in custody.

Registry of Motor Vehicles

1. Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.
2. Establish pilot program in collaboration with the Commission and the Registry of Vital Records and Statistics to facilitate access to identification cards for unaccompanied homeless youth.
3. Establish streamlined procedures at the Registry of Motor Vehicles, in coordination with the Department of Public Health Registry of Vital Records and Statistics, to facilitate access to identification cards for unaccompanied homeless youth.

Regional Transit Authorities

1. Establish a pilot project in one or more RTA programs to conduct needs assessments with respect to transportation needs, barriers, and best practices with LGBTQ youth and LGBTQ community groups.
2. Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.
3. Expand access to reduced-rate transportation passes for youth.

Massachusetts Board of Library Commissioners

1. Encourage libraries across the state to collect voluntary data about gender identity and sexual orientation.
2. Conduct outreach to public and academic libraries informing them of existing resources for LGBTQ youth and encouraging them to purchase some items on these lists and display them prominently.
3. Submit a proposal to the Massachusetts Library Association for a presentation on supporting LGBTQ youth in the library community for their spring 2015 conference.
4. Disseminate best practice information to school libraries on internet filters and how to avoid blocking youth from learning about LGBTQ identity and health issues.

Department of Housing and Community Development

1. Collaborate with agencies under the Interagency Council of Housing and Homelessness to establish a designated programmatic and funding stream to provide appropriate services to unaccompanied homeless youth.
2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.
3. Adopt guidelines to promote safety and privacy of transgender and gender-nonconforming individuals in shelters.

Department of Career Services

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

Endnotes

1 Silenzio, V. M. B. (2003). Anthropological assessment for culturally appropriate interventions targeting men who have sex with men. American Journal of Public Health, 93(6), 867–871.

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