



THE COMMONWEALTH OF MASSACHUSETTS COMMISSION ON LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND QUESTIONING YOUTH

FY2017 ANNUAL POLICY RECOMMENDATIONS

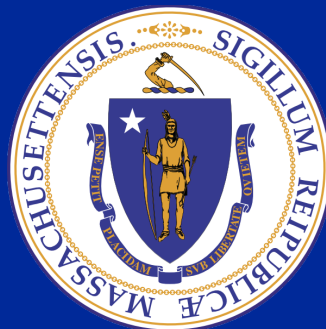


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Letter from Commission Leadership

Monday, February 29th, 2016

Massachusetts has a long history of stepping forward to support LGBTQ communities: in 1992, Governor Weld created the Governor's Commission on Gay and Lesbian Youth. Now the Massachusetts Commission on LGBTQ Youth, it is still the only entity of its kind in the nation. In 2003, Massachusetts became the first state to legalize marriage equality. Today, our education and juvenile justice policies on LGBTQ youth are among the best in the country. Increased funding in Fiscal Year 2016 has allowed the Commission to improve school climate, foster youth leadership, and empower school districts with the tools to provide a quality education to each student regardless of their sexual orientation or gender identity.

Despite our legacy, however, Massachusetts has fallen behind on several key LGBTQ policy indicators. While the Commonwealth hesitates to act, 18 states and Washington, D.C. have passed public accommodations protections on the basis of gender identity. LGBTQ youth may still be subjected to dangerous conversation therapy practices, and they have no right to inclusive, medically accurate sexual health education. Despite growing attention to the issue, the Commission continues to hear from homeless LGBTQ youth who feel they have nowhere to turn.

The data confirms that we cannot rest on past achievements: LGBTQ youth in our state continue to experience severe and persistent disparities in their health, safety, and economic security when compared to their peers. Rates of suicide attempts, mental illness, substance abuse, violence, victimization, and homelessness remain disturbingly high. Recent research conducted in Massachusetts, as well as anecdotal feedback, suggests that youth of color, transgender youth, youth in rural areas, and youth in out-of-home settings experience particular challenges, with many reporting negative interactions with the very state systems that are designed to help.

When LGBTQ young people are equipped to succeed and to give back to those around them, we know that our schools and communities become safer and more supportive spaces for everyone. This document lays out our recommendations to state agencies for Fiscal Year 2017, with a focus on training for staff and providers, nondiscrimination policies, and data collection. The recommendations are based on stories and information from researchers, educators, service providers, and, most importantly, from young people, who show that they are not only the voice of tomorrow, but also the leaders of today.

It is possible for Massachusetts to emerge once again as a leader for LGBTQ communities. In fact, it is vital to the wellbeing of young people across the state that we do so. With courage, creativity, and collaboration, we can address the barriers preventing LGBTQ young people from reaching their full potential and build systems that enable youth to survive and to thrive. We look forward to working together to further strengthen the Commonwealth's commitment to equity and opportunity for all young people.

Sincerely,

Julian Dormitzer, *Chair*

Michel Anteby and Vilma Uribe, *Vice Chairs*

Sasha Goodfriend and Alexander Armand Ribeiro Nally, *Co-Chairs of Government Relations*

Hannah Hussey, *Director of Policy and Research*



Working for a Commonwealth

**WHERE
ALL YOUTH
THRIVE**

MASSACHUSETTS COMMISSION ON LGBTQ YOUTH

Acknowledgements

Examination, discussion, drafting, and compilation of the FY2017 Annual Policy Recommendations led by Government Relations Co-Chair **Alexander Armand Ribeiro Nally**.

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CONTRIBUTING AUTHORS:

Michel Anteby

Miranda Balkin

Aliya Bean

Sasha Goodfriend

Scott Hadland

Hannah Hussey

Harold Jones

Alexander Armand Ribeiro Nally

Brett Nava-Coulter

Erika Rickard

Susan Rees

Vilma Uribe

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The Commission is grateful to our community partners and to the young people, families, and service providers who gave voice to the priorities in their own lives and offered feedback on this document.

Who We Are

Enabling Statute and Structure

The Massachusetts Commission on LGBTQ Youth is established by law as an independent agency of the Commonwealth to recommend and advocate to all branches of state government effective policies, programs, and resources for LGBTQ youth to thrive.

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

The Commission has since adjusted its name to more fully reflect the youth it serves. In 2014, the Legislature approved a change to the Commission's authorizing legislation, changing our name to the Massachusetts Commission on Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) Youth.

Values

The Commission is committed to the elimination of disparities in health, wellness, and achievement for LGBTQ youth, and to working collaboratively with state agencies to assist in the implementation of these recommendations. We will monitor and report on progress made toward their implementation.

Individual members of the Commission are designated as liaisons to each state agency; these liaisons are able to provide support and guidance as agencies develop and implement plans to more effectively serve LGBTQ youth.

Defining Target Populations (see Glossary for Terms)

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.

Overview of the Data

As one of the first states to analyze health and risk behavior assessments of sexual minority youth statewide via the biennial Massachusetts Youth Risk Behavior Survey (MYRBS), Massachusetts is able to draw on considerable data in identifying risk and resiliency factors for LGBTQ youth. Research released within the past year supplements these data to further illuminate the needs of LGBTQ youth communities and opportunities for intervention.

While the MYRBS added a question on transgender status for the first time in 2013, the small number of transgender respondents has limited the analysis of that data. As a result, many of the data presented here refer to lesbian, gay, and bisexual (LGB) youth or youth with same-sex sexual partners, collectively referred to here as sexual minority youth. Unless otherwise noted, MYRBS data mentioned in this document are drawn from analysis performed by the Commission or the Massachusetts Department of Elementary and Secondary Education.

Demographics

The 2013 MYRBS found that nearly eight percent of high school students surveyed identified themselves as LGB and/or reported same-sex sexual contact.¹ These numbers vary across race and ethnicity. An analysis of MYRBS data from 2007 through 2011 found that 12.5 percent of Multiracial youth, 12.2 percent of Latino youth, 9.0 percent of Black youth; 8.8 percent of Caucasian youth; and 8.1 percent of Asian youth identified as LGB or reported same-sex sexual contact.² The disparities measured by the YRBS and other surveys likewise have varying degrees of impact on youth of different races and ethnicities.

Disparities in School

In the 2013 MYRBS survey, 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. In a 2013 survey of LGBT students by GLSEN, approximately three quarters of Massachusetts respondents reported hearing homophobic remarks and negative remarks about someone's gender expression "sometimes", "often," or "frequently," and half of respondents reported regularly hearing negative remarks about transgender people.³

Given these results, it is not surprising that LGB youth are five times more likely to report skipping school than their heterosexual peers as a result of feeling unsafe in school.⁴ Poor school climates can interfere with school completion rates: 11 percent of Massachusetts transgender adults in one survey reported having left a K-12 school or institution of higher education due to harassment,⁵ and nearly 20 percent respondents in a survey of Boston-area LGBTQ youth of color thought the likelihood of graduating high school or obtaining a GED by age 30 was "50-50" or less.⁶

¹ Massachusetts High School Students and Sexual Orientation: Results of the 2013 Youth Risk Behavior Survey. http://www.mass.gov/cgly/YRBS13_FactsheetUpdated.pdf

² Goodenow, C. (2014.) Sexual Minority Youth and Race in 2007, 2009, 2011 Massachusetts Youth Risk Behavior Survey. Internal analysis.

³ GLSEN. (2014). School Climate in Massachusetts (State Snapshot). <http://www.glsen.org/sites/default/files/GLSEN%202013%20Massachusetts%20State%20Snapshot.pdf>

⁴ Massachusetts High School Students and Sexual Orientation

⁵ National Center for Transgender Equality and the National Gay and Lesbian Task Force. (2010). Findings of the National Transgender Discrimination Survey: Massachusetts Results. http://www.endtransdiscrimination.org/PDFs/ntds_state_ma.pdf

⁶ Conron, K., Wilson, J., Cahill, S., Flaherty, J., Tamanaha, M., & Bradford, J. (2015). Our Health Matters: Mental Health, Risk, and Resilience Among LGBTQ Youth of Color Who Live, Work, or Play in Boston. The Fenway Institute. http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report_v5-small.pdf?t=1448898437715

Health Disparities

LGB youth continue to report higher instances of attempted suicides and medical treatment as a result of such attempts than their non-LGB peers, despite decreased rates among LGB youth in recent years. In the 2013 MYRBS, LGB youth remain more than five times as likely to report suicide ideation as their heterosexual counterparts. 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 more than eight times as likely as their non-LGB peers to require medical attention as a result of a suicide attempt.

Additionally, in comparison with their peers, LGB high school students report being nearly 10 times as likely to have used heroin one or more times, and more than three times as likely to have been pregnant or impregnated someone else.⁷

Economic Security

According to the 2013 MYRBS, approximately 15 percent of sexual minority youth report that they meet the federal definition of homelessness, compared to 3 percent of their peers. Further, 68 percent of homeless sexual minority youth respondents in the MYRBS reported that they are unaccompanied, meaning that they do not live with a parent or legal guardian. MYRBS data on homelessness is limited to respondents who are in school and able to take the school-based survey. Rates of homelessness for other communities may be higher: for instance, more than 18 percent of respondents to a Boston survey of LGBTQ youth of color between the ages of 19 and 25 reported their housing status as “unstable / with friends.”⁸

In connection with their housing status, family poverty status, or other factors, LGBTQ young people may be disproportionately at risk for economic instability. The MYRBS indicates that LGB students are more likely than their peers to be enrolled in a free or reduced lunch program. Additionally, the report on LGBTQ Boston-area youth of color showed that nearly one third of respondents reported experiencing food insecurity, and that more than half reported receipt of public benefits or government assistance.⁹

Across the Lifespan

Despite these disparities, many LGBTQ youth are able to overcome challenges, especially where protective factors exist. However, the unavoidable fact is that many gender and sexual minority youth face discrimination, harassment, and environmental stresses that, in the absence of interventions, systems of support, and safe and affirming adult interactions, can carry on throughout their lifespans. Surveillance and research show that the stresses LGBTQ young people experience continue into adulthood, and may further be compounded by intersecting identities such as race, gender, physical and/or intellectual disabilities, and socioeconomic status.

⁷ Massachusetts High School Students and Sexual Orientation

⁸ Conron and others, *Our Health Matters*

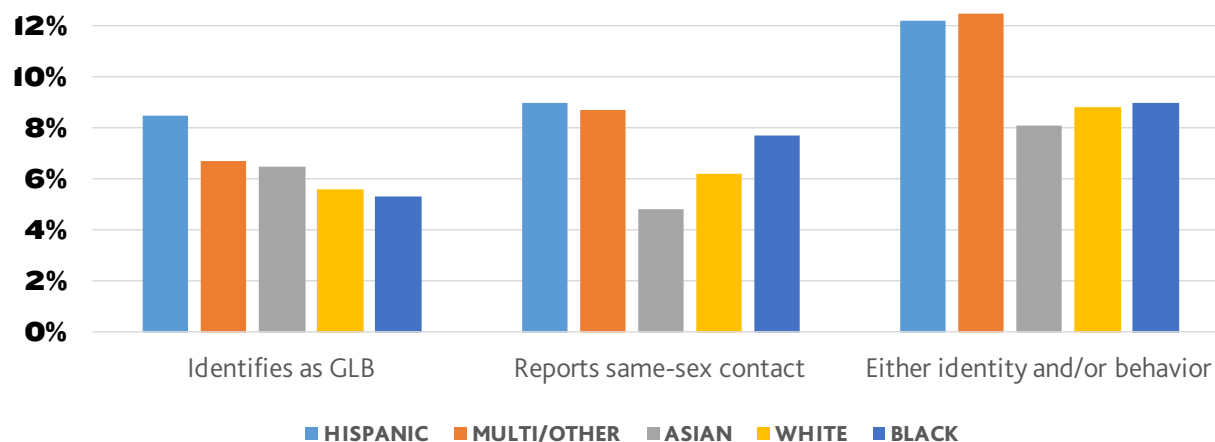
⁹ *Ibid.*

For instance, in one study, LGBTQ young adults who were victimized as youth were three times more likely to suffer from depression, six times more likely to have attempted suicide, and twice as likely to report having been diagnosed with a sexually transmitted infection.¹⁰ Another study found that exposure to victimization and adverse 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.¹¹

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. With adequate prevention mechanisms, the Commonwealth can create cost savings and improve the lives of its residents. For example, a study in Oregon found \$7.45 in savings for every dollar invested in case management and transitional housing programs for homeless and at-risk youth.¹²



WHICH ETHNIC GROUP HAS THE HIGHEST PERCENT OF SEXUAL MINORITY YOUTH?



ABOVE SLIDE FROM 2013 YRBS DATA

¹⁰ Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health*, 81(5), 223-230.

¹¹ McLaughlin, K. A., Hatzenbuehler, M. L., Xuan, Z., & Conron, K. J. (2012). Disproportionate exposure to early-life adversity and sexual orientation disparities in psychiatric morbidity. *Child abuse & neglect*, 36(9), 645-655. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445753/>

¹² New Avenues for Youth. (2006). *The Economic Benefits of Helping Homeless Youth*. Retrieved from http://www.newavenues.org/docs/Cost_Benefit-final_PDF.pdf.

Core Recommendations

Across all agencies, we recommend implementing the following:

Consistent Data Collection

We recommend that each Secretariat and each executive agency adopt LGBTQ-inclusive intake forms and implement routine, state-led collections of data on sexual orientation and gender identity. This is especially important in addressing the dearth of information explaining risk factors and behaviors among LGBTQ youth. While we do know that LGBTQ youth are at greater risk for a variety of negative health and safety outcomes which follow them through their lifespan, further identification and collection of LGBTQ youth specific data is needed to more fully comprehend the challenges facing LGBTQ youth and best practices for addressing them. These relatively small investments in data coordination and culturally competent services have value both for individuals and the state.

Furthermore, we advise agencies to train both incoming and experienced staff on intake and data collection procedures in order to protect the confidentiality and privacy of LGBTQ youth in youth-serving institutions. Finally, we recommend that 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 needs as well as the effectiveness of LGBTQ cultural competency trainings and other areas of progress.

Resources

Our work has shown that coordinated efforts across agencies in combination with dedicated time from designated staff with expertise in cultural competency makes a tremendous difference in moving toward the provision of consistent, quality services to LGBTQ youth. We recommend that agencies provide staff with the time, space, and resources necessary to promote better services for LGBTQ young people and to lead their peers forward.

We have also seen that training provides staff of agencies and contracted organizations with the tools and skills necessary for effectively serving LGBTQ youth—and that by and large, staff are eager to learn pathways they can take to grow in the performance of their jobs. We recommend training staff and service providers in LGBTQ cultural competence to ensure more consistent delivery of services to LGBTQ young people that are in line with state laws and current best practices.

Policies and Guidance

While state law prohibits discrimination on the basis of sexual orientation or gender identity within state agencies, many agencies have yet to update or finalize nondiscrimination policies to reflect current statutes. We urge state agencies to complete this important work. Additionally, we have seen that the development of policies and guidance specific to supporting LGBTQ young people provides staff with a useful tool in delivering services, and assists providers, families, and youth in obtaining appropriate services.

FY2017 Executive Summary

EXECUTIVE OFFICE OF EDUCATION

DEEC Recommendations

-
1. Share information about LGBTQ-affirming residential placements with the Department of Children and Families.
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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.

DESE Recommendations

-
1. Per the MOU signed September 2013, continue to jointly coordinate and administer the Safe Schools Program for LGBTQ Students to build ESE's capacity to deliver technical assistance, training, and support to schools.
-
2. Increase the technical assistance and training that is provided to meet the needs of transgender students, youth of color, English Language Learners, and students in rural communities.
-
3. Issue a revised or new policy to advance sexual health in schools.
-
4. Expand the collection, analysis, and publication of sexual and gender minority data, and make recommendations for revising the gender categories in the ESE student database.
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5. Integrate LGBTQ-related topics into appropriate curricula across all grade levels and promote the LGBTQ model curriculum units.

DHE Recommendations

1. Support LGBTQ cultural competency training efforts for college and university faculty, staff, and administrators.
 2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.
 3. Ensure that Title IX trainings and educational programs include education regarding domestic violence in the LGBTQ community and specific needs for transgender students and students of color.
 4. Support campus efforts to collect LGBTQ student demographic information.
-

EXECUTIVE OFFICE OF HEALTH & HUMAN SERVICES

DCF Recommendations

1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner 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 young adults, with particular attention to gender identity and to the best practices outlined in the new LGBTQ Guide.
-

MCB Recommendations

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

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1. Include categories for sexual orientation and gender identity in development of new MCDHH databases and appropriately train staff on implementation.
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2. Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.
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3. Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.
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4. Develop agency guidelines and best practices to ensure meaningful inclusion and equal opportunity for transgender and gender-nonconforming youth in Summer Transition to Work Program and other MCDHH youth programs.

MRC Recommendations

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1. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.
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2. Provide LGBTQ cultural competency training for all youth-serving staff and providers.
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3. Adopt "gender identity" as part of the MRC Diversity and Equal Opportunity Statement.
-
4. Review policies for incorporation of sexual orientation and gender identity and opportunities to improve services for LGBTQ youth.

DMH Recommendations

1. Finalize the system-wide evaluation and distribute results.
 2. Distribute information to all employees and contractors on LGBTQ affirming resources in all five state regions, especially those that target youth. Ensure that such resources are available to inquiring clients as well.
 3. Initiate agency-wide training for all staff on LGBTQ cultural competency.
 4. Finalize and distribute policy guidance to workers, supervisors, and program providers.
-

DPH Recommendations

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.
 2. Maintain support for suicide prevention services and resources and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.
 3. Prioritize HIV prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.
 4. Intentionally engage LGBTQ youth in tobacco prevention and cessation and teen pregnancy programs and release timely data.
 5. Require vendors to demonstrate their ability to effectively serve LGBTQ individuals, including by providing training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.
 6. Work to ensure adherence to a clear, consistent policy regarding gender markers on birth certificates.
 7. Designate a specific person or agency to address homelessness as a health issue affecting LGBTQ youth and so many others.
-

BORIM Recommendations

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.

ORI Recommendations

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.

DTA Recommendations

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 caseworkers on sexual orientation, gender identity, and the needs of LGBTQ youth.

DYS Recommendations

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1. Continue to test and validate methods to ensure that intake forms are LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity through DYS clinicians.
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2. Review educational and clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DYS care.
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3. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and conduct evaluation of the effectiveness of these trainings.
-
4. Implement training designed for and led by youth aimed at increasing respect for and leadership among LGBTQ young people and allies.
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5. 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.
-

EXECUTIVE OFFICE OF PUBLIC SAFETY & SECURITY

EOPSS Recommendations

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1. Appoint a liaison to work with the Commission.

RMV Recommendations

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1. Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.
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2. Develop an action plan and explore possibilities for broadening gender marker designations beyond existing "male" and "female" categories.
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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.
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4. Establish pilot program in collaboration with the Commission and the DPH Registry of Vital Records and Statistics.

RTA Recommendations

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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.
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2. Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.

MASSACHUSETTS BOARD OF LIBRARY COMMISSIONERS

MBLC Recommendations

-
1. Promote discussion of LGBTQ youth issues or representation from LGBTQ voices within conferences and other spaces where resources are shared between librarians.

EXECUTIVE OFFICE OF HOUSING & ECONOMIC DEVELOPMENT

DHCD Recommendations

-
1. Establish a coordinated and collaborative approach with relevant state agencies to ensure appropriate services for LGBTQ 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. Finalize, adopt, and distribute a policy and guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.
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EXECUTIVE OFFICE OF LABOR & WORKFORCE DEVELOPMENT

DCS Recommendations

-
1. Partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.
 2. Finalize and distribute guidance on best practices for serving LGBTQ youth to all DCS staff and providers.
 3. Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.
-

Department of Early Education and Care

The Department of Early Education and Care (EEC) not only provides guidance on early education, but also has important priorities working with teenage parents and licensing child-serving organizations that work with state government, including temporary shelters and foster homes. While the Commission has only worked with EEC for a short period of time, we are impressed by the Department's commitment to youth of all ages under its care.

DEEC Recommendations

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.**

Background

Given the disproportionate rates of family rejection and homelessness among LGBTQ young people, temporary shelters, foster families, and other state-licensed care facilities play a significant role in the lives of LGBTQ youth. Unfortunately, many LGBTQ young people continue to report negative experiences in such spaces. While state-based data is limited, according to a report by the American Bar Association, nearly 100 percent of LGBTQ youth in group homes had experienced verbal harassment. In the same study, 70 percent reported being subject to violence, and 78 percent had either run away or been removed from a foster placement for reasons relating to their sexuality.¹³ In other instances, youth find themselves forced “back into the closet” by foster parents or professional staff who encourage youth in care to suppress their identities. Without access to supportive care and caregivers, LGBTQ youth have heightened risks of negative health outcomes and face a more difficult transition to adulthood.¹⁴

Additionally, many LGBTQ youth who live with their families still struggle with unsupportive home environments. Providers of after-school or “out of school time” (OST) programs are well-positioned to reach out to LGBTQ youth searching for alternatives to spending time at home. These same programs also have significant potential to provide strong role models and resources that promote resiliency.

¹³ Laver, M. & Khoury, A. (2008). Opening doors for LGBTQ youth in foster care: A guide for lawyers and judges. American Bar Association.

¹⁴ Child Welfare League of America. (2012). Recommended practices to promote the safety and wellbeing of LGBTQ youth and youth at risk of or living with HIV in child welfare settings. Retrieved from <http://www.cwla.org/newsevents/recommended-practices-youth.pdf>

Expanded Recommendations

1. Share information about LGBTQ-affirming residential placements with the Department of Children and Families.

EEC works closely with the Department of Children and Families on child welfare matters. We urge both agencies to prioritize LGBTQ youth and share information about LGBTQ-affirming placements.

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.

State agencies and licensees alike are obligated to comply with established state law under *An Act Relative to Gender Identity* and Executive Order 526. We recommend that all youth-serving employees at EEC licensed or approved programs and facilities attend mandatory LGBTQ cultural competency training, and we encourage EEC to support licensees in providing the resources staff need to effectively serve LGBTQ youth. Training and professional development should include information on LGBTQ cultural competency and best practices for creating safe, affirming, and trauma-informed environments. We urge EEC to collaborate with community partners and other state agencies where appropriate to ensure that educators and staff receive adequate training and professional development. We also understand that EEC relies upon online training modules for many of its trainings, and are eager to work with EEC to develop a module specific to LGBTQ cultural competency.

3. Work with all EEC licensed or approved programs and facilities to ensure that they are affirming of LGBTQ youth.

All EEC licensed or approved programs and facilities that receive government funds to provide social services or that care for children in state custody regardless of religious affiliation must adhere to professional and legal standards of care: providing nondiscriminatory, competent and nonjudgmental services to LGBTQ youth and foster and adoptive parents. We recommend that EEC licensed or approved programs and facilities agree not only to comply with nondiscrimination policies but also commit to proactively creating safe and affirming services for LGBTQ youth.

Department of Elementary and Secondary Education

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

The Commission has been working in collaboration with ESE on multiple initiatives for several years: trainings for school personnel on bias-based bullying; the formation of a statewide network of Gender and Sexuality Alliances / Gay-Straight Alliances (GSAs) and similar organizations; and implementation of policy guidance to fully implement *An Act Relative to Gender Identity* and the *Principles for Ensuring Safe and Supportive Learning Environments for Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ) Students*, the latter approved unanimously by the Board of Elementary and Secondary Education in March 2015. We are grateful to Commissioner Mitchell Chester for his leadership on these issues and the support of key staff, including Associate Commissioner John Bynoe. We also thank the Department for providing space and support for Safe Schools staff. We are pleased that Massachusetts is now collecting information on the experiences of transgender students through the Massachusetts Youth Risk Behavior Survey (MYRBS) and support the continued inclusion of questions on gender identity and transgender students on the MYRBS and the School Health Profiles.

Through the establishment of a Memorandum of Understanding (MOU) with the Department, the Commission has been able to further coordinate its efforts with ESE. We look forward to continuing this partnership while expanding our mutual capacity to support schools and LGBTQ students. As an illustration, recognizing the importance of GSAs in school climate change and the promotion of student leadership and resiliency, the Commission and ESE launched the student-run, adult-supported Massachusetts GSA Leadership Council. Modeled on the State Student Advisory Council to the Board of Elementary and Secondary Education, the GSA Leadership Council is comprised of a State GSA Leadership Council and five Regional GSA Leadership Councils. Councils composed of approximately 250 student leaders and 50 school personnel advisors meet bimonthly to develop recommendations to ESE and to the Commission and to support students in developing leadership skills and improving school climate. In addition, the Commission and ESE have collaborated for the past five years to offer a three-day leadership summit for student leaders and advisors from across Massachusetts. Seventy student leaders and advisors attended the 2015 summit at UMASS Amherst.

DESE Recommendations

1. Per the MOU signed September 2013, continue to jointly coordinate and administer the Safe Schools Program for LGBTQ Students to build ESE's capacity to deliver technical assistance, training, and support to schools.
2. Increase the technical assistance and training that is provided to meet the needs of transgender students, youth of color, English Language Learners, and students in rural communities.
3. Issue a revised or new policy to advance sexual health in schools.
4. Expand the collection, analysis, and publication of sexual and gender minority data, and make recommendations for revising the gender categories in the ESE student database.
5. Integrate LGBTQ-related topics into appropriate curricula across all grade levels and promote the LGBTQ model curriculum units.

Background

Acknowledging the above efforts and the fact that there are many well-adjusted, well-supported LGBTQ students who are thriving in inclusive schools, LGBTQ students still face significant barriers to accessing a quality education and remain at much higher risk for a variety of negative outcomes. Data from the 2013 Massachusetts Youth Risk Behavior Survey (MYRBS) and other sources indicate the following:

- Sexual minority students are significantly more likely than other students to skip school due to feeling unsafe, experience bullying, be threatened or injured by a weapon at school, carry a weapon at school, use heroin, become pregnant or get someone else pregnant, and be involved in a gang.¹⁵
- Sexual minority students remain at much higher risk for a variety of negative health outcomes: 24.4 percent of LGB students attempted suicide in the past 12 months, compared to 4.4 percent of their heterosexual peers.¹⁶
- LGB students are more than three times as likely to be homeless as heterosexual students.¹⁷
- LGBTQ students, particularly LGBTQ students of color, are more likely to experience suspensions and other punitive discipline methods that interfere with learning and, in some instances, increase the likelihood of school dropout and involvement with the juvenile justice system.¹⁸

¹⁵ 2013 MYRBS

¹⁶ 2013 MYRBS

¹⁷ 2013 MYRBS

¹⁸ Preston Mitchum and Aisha Moodie-Mills, Beyond Bullying, Center for American Progress (2014), <https://www.americanprogress.org/issues/lgbt/report/2014/02/27/84179/beyond-bullying/>

Expanded Recommendations

- 1. Per the MOU signed September 2013, continue to jointly coordinate and administer the Safe Schools Program for LGBTQ Students to build ESE's capacity to deliver technical assistance, training, and support to schools.**

Continue jointly to promote and coordinate the Safe Schools Program for LGBTQ Students to maximize the effectiveness of its efforts and limited resources. The Commission, in collaboration with the Department, will continue to seek funding and opportunities to restore the Safe Schools Program's historical capacity to provide services to schools. Adequate space, workstations, support, and coordination will be provided by the Department for Commission-funded staff and consultants. The Commission will continue to support a team to provide technical assistance and professional development services to school district personnel and student leaders. ESE and the Commission will jointly investigate opportunities for collaboration and for institutionalization of the Safe Schools Program at the Department, including: ensuring Safe Schools Program representation on the Department's safe schools task force; investigating effective models and structures for the GSA Leadership Council that will promote and increase student leadership and advocacy similar to the Massachusetts State Student Advisory Council model; and implementing in a timely manner the school climate survey mandated by the Anti-Bullying Law with fields to collect sexual orientation and gender identity demographic information. Subject to available funding, ESE and the Commission will coordinate a mini-grant program that will promote safe and supportive schools for LGBTQ students. We recommend a continued annual meeting between Commission leadership and the Commissioner and continued quarterly meetings with the Associate Commissioner to facilitate and increase collaborative efforts.

Disseminate an annual communication to schools reinforcing the requirements of the anti-bullying and anti-discrimination laws with regard to implications for LGBTQ students. We urge ESE to continue to disseminate an annual communication that encourages school superintendents and elementary, middle, and high school principals to be proactive in creating safe learning environments for LGBTQ students. This communication should include specific references to policies supporting LGBTQ students, technical assistance resources available through the Safe Schools Program, and the importance of middle and high schools' participation in the GSA Leadership Council. The communication should also ask schools to identify a primary contact on LGBTQ issues in districts and schools to facilitate communication and disseminate information.

Maintain and expand the presence of the Safe Schools Program for LGBTQ Students on the ESE Website. The Commission recommends that the web presence is maintained and expanded to include more resources, including training materials, resources for middle school and high school GSAs, and webinars.

Provide meeting space and staff support for the statewide GSA Leadership Council. Modeled on the State Student Advisory Council to the Board of Education, the GSA Leadership Council is comprised of a State GSA Leadership Council and five Regional GSA Leadership Councils. Councils meet bimonthly to develop recommendations to ESE and the Commission and to support students in networking, developing leadership skills, and improving school climates for LGBTQ students. The Commission and ESE have collaborated since 2011 to offer a three-day leadership summit for student leaders and advisors from across Massachusetts. The State GSA Leadership Council and the Greater Boston GSA Leadership Council meet bimonthly in Malden at ESE in the Board Room, which provides the opportunity for ESE staff to attend and participate in meetings. The Commission recommends that these Councils continue to meet there, and that ESE staff serve in advisory roles for the Council, as they do for the Student Advisory Council.

Provide information to school library staff on internet filters and how to ensure access to learning about LGBTQ identity and health issues. School libraries should include a selection of high interest LGBTQ books

and media. In addition, computer-filtering software should not inhibit age-appropriate access to medical and social information. Schools are encouraged to review computer filtering protocols to ensure that LGBTQ students and other school community members can access information related to LGBTQ youth, local and national resources, and LGBTQ health information.

Develop an ESE equity committee. In order to increase awareness and build bridges between the Safe Schools Program and other programs within ESE, and to increase the involvement of ESE staff in the activities of the Safe Schools Program, the Commission hosted a roundtable discussion in 2015 in the ESE Board Room that was attended by more than 20 ESE staff. One of the recommendations of the roundtable was to develop an ESE equity committee. The Commission recommends that the Department support ongoing meetings and recommendations of a Department-wide equity committee.

Deliver a presentation to the Board of Elementary and Secondary Education at least once every two years on data and best practices related to sexual orientation and gender identity. To coincide with the availability of new MYRBS and other data related to sexual orientation and gender identity, the Safe Schools Program for LGBTQ Students should deliver a presentation to the Board of Elementary and Secondary Education.

2. Increase the technical assistance and training that is provided to meet the needs of transgender students, youth of color, English Language Learners, and students in rural communities.

Provide expanded resources and technical assistance to schools, LGBTQ students, and families through the establishment of partnerships with other state agencies, families, community-based groups, organizations, and associations. We recommend that ESE continue to investigate the feasibility of adding additional partners to the existing MOU with the Commission in order to expand the availability of resources to schools, students, and families through the establishment of partnerships with community-based groups, state agencies, organizations, and associations. In particular, we recommend that ESE leverage its connections with the Massachusetts Association of School Superintendents, Massachusetts Association of School Committees, Massachusetts Secondary School Administrators Association, Massachusetts Interscholastic Athletic Association, Massachusetts Association of Vocational Administrators, and Massachusetts School Counselors Association to present on teaching and supporting LGBTQ students at their annual conferences.

Encourage schools to offer training for all school personnel in violence prevention and suicide prevention with a specific emphasis on LGBTQ students. State regulation 603 CMR 26.07 requires the school committee and the superintendent to "provide in-service training for all school personnel at least annually regarding the prevention of discrimination and harassment based upon race, color, sex, gender identity, religion, national origin and sexual orientation, and the appropriate methods for responding to such discrimination and harassment in a school setting." Training for personnel should include the particular issues that lead to LGBTQ students being harmed or harming themselves. *An Act Relative to Bullying in Schools* states that the content of anti-bullying professional development shall include developmentally appropriate strategies for immediate, effective interventions to stop bullying incidents and research findings on bullying, including information about specific categories of students particularly at risk. The trained staff should include educators, administrators, school nurses, counselors, librarians, cafeteria workers, custodians, administrative assistants, bus drivers, athletic coaches, activity advisors, all support staff, and paraprofessionals.

The Commission encourages ESE to take into account the increased risk factors that transgender students and youth of color face when developing new policies and making resource allocation decisions. According to a national study, LGBTQ students of color in particular face frequent bias-based bullying and harassment from both peers and school staff. In this study, LGBTQ students of color reported that they were

overwhelmingly more likely to be targeted with increased surveillance and policing by school staff, and many stated they felt that they were "not liked" by school staff.¹⁹ There is a significant overlap between race-based and sexual orientation-based bullying. Students who are bullied because of both race and sexual orientation are more likely to feel unsafe in school than students who are bullied because of only race or only sexual orientation. Transgender students also report high rates of harassment at school. In a 2013 national school climate survey, 74 percent of transgender youth reported experiencing verbal assault while at school, and 63 percent of transgender students responded that they avoid the bathroom at school because it feels unsafe.²⁰ In light of these data, the Commission is eager to work with ESE to prioritize the needs of transgender students and LGBTQ students of color.

The Commission recommends that the Department analyze the MYRBS and School Health Profiles data in relation to rural LGBTQ students, and increase technical assistance and training that can meet the specific needs of school districts in rural communities. A 2012 GLSEN report indicated that LGBTQ youth living in rural areas were significantly less likely to have access to community groups or programs that provide affirming spaces and vital support services. The finding indicated that only 30 percent of rural LGBTQ youth reported having access to such a group in their community compared to 51 percent of their urban counterparts.²¹

In 2012, the Commission held public hearings in Boston and Holyoke for LGBTQ youth, families, and service providers from across the state. Youth and adults at the Holyoke hearing spoke of difficulty in accessing resources – and each other – due to a lack of public transit options in western Massachusetts. **As one provider testified:**

“Communities like Holyoke are really isolated. There’s nowhere to get on the bus. Unless you’re downtown where everyone is, you’re not accessible to a youth. When you live in Holyoke and when you live in communities where there’s not a lot of transportation, you’re so much more isolated.”

Isolation also emerged as a theme in focus groups that the Commission conducted with LGBTQ youth in western Massachusetts in collaboration with the Executive Office of Health and Human Services following the hearings. Youth reported that they struggled to access spaces where they could find safety, support, and affirmation from other LGBTQ youth. Focus group participants also spoke to the difficulty of accessing local health resources and other service providers. Youth explained that they often resorted to unsafe transit options, including walking on roads without sidewalks or in areas where they feared being targeted for street harassment related to their sexual orientation or gender identity and expression.

¹⁹ Burdge, H., Licona, A. C., Hemingway, Z. T. (2014). LGBTQ Youth of Color: Discipline Disparities, School Push-Out, and the School-to-Prison Pipeline. San Francisco, CA: Gay-Straight Alliance Network and Tucson, AZ: Crossroads Collaborative at the University of Arizona.

²⁰ Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN.

²¹ Palmer, N. A., Kosciw, J. G., and Bartkiewicz, M. J. (2012). Strengths and Silences: The Experiences of Lesbian, Gay, Bisexual, and Transgender Students in Rural and Small Town Schools." GLSEN. Retrieved from: <http://www.glsen.org/sites/default/files/Strengths%20%26%20Silences.pdf>

3. Issue a revised or new policy to advance Sexual Health in schools.

The Commission urges the Massachusetts Department of Elementary and Secondary Education to update the 1990/91 AIDS/HIV Prevention Education Policy of the Board of Education, or to develop a new policy, recommending that school districts implement age-appropriate, medically-accurate, research-based, comprehensive sexual health education programs consistent with the Massachusetts Comprehensive Health Curriculum Framework; and that school districts develop policies that communicate the availability of condoms and other prevention methods to students in school-based and/or community-based venues. **Healthy adulthood is a state of well-being that includes physical, emotional, sexual, and social health.** Schools play a vital role in assuring a health-promoting environment and preparing students for healthy adulthood. In 2009, the National Association of State Boards of Education (NASBE) encouraged all state boards of education to revise their HIV education policies to align with current research and best practices. The Commission, in partnership with the Massachusetts PTA and the AIDS Advisory Panel to ESE, proposes that the 1990/91 AIDS/HIV Prevention Education Policy of the Board of Education be revised to reflect current research and best practices, or that new guidance for schools to advance sexual health be developed. Sexual coercion, sexually transmitted infection (STI) rates, and teen births are correlated with poor academic outcomes and high dropout rates.²² An updated policy recognizing that HIV prevention education is most effective when delivered in the context of broader comprehensive sexual health education would guide schools in implementing programs that reflect current research and Centers for Disease Control (CDC) best practices.

4. Expand the collection, analysis, and publication of sexual and gender minority data, and make recommendations for revising gender categories in the ESE student database.

Analyze and publicize the MYRBS and School Health Profiles data on sexual orientation, gender identity, and same-sex behavior. Massachusetts has been at the forefront of collecting data regarding sexual orientation, same-sex sexual behavior, and gender identity. ESE currently prints a one-page fact sheet with data related to sexual identity of high school students. The Commission recommends that ESE print a one-page fact sheet on sexual orientation, gender identity, and same-sex behavior, including the data from the School Health Profiles Survey, and that it incorporate these data into at least one page of the ESE/DPH joint report. In addition, the Commission recommends that ESE publish an expanded analysis of the LGBTQ-related data in an extended report. The Commission also recommends that ESE, in collaboration with the Safe Schools Program, gather, analyze, and publicize sexual orientation and gender identity data related to middle school students. Finally, the Commission requests that the cross-tabulations of the sexual orientation, gender identity, and same-sex behavior questions be provided to the Commission, and that ESE does follow-up interviews with the principals from the School Health Profiles Survey regarding their successes and challenges related to supporting transgender students.

Research and provide additional gender categories in the ESE student database. In light of the inclusion of gender identity in the student anti-discrimination law, and the increasing demand on school districts to provide additional gender categories in their student databases, the Commission recommends that ESE research and provide additional gender categories in the state student database.

²² Shuger, L. (2012). Teen Pregnancy and High School Dropout: What Communities are Doing to Address These Issues. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy and America's Promise Alliance. www.thenationalcampaign.org/resources/pdf/teen-preg-hsdropout.pdf; Advocates for Youth, Comprehensive Sex Education and Academic Success: effective Programs Foster Student Achievement. <http://www.advocatesforyouth.org/publications/1745-comprehensive-sex-education-and-academic-success>; Massachusetts Department of Elementary and Secondary Education. (2007). 2005 YRBS Chapter Five Violence Related Behaviors and Experiences, <http://www.doe.mass.edu/cnp/hprograms/yrebs/05/ch5.pdf>

5. Integrate LGBTQ-related topics into appropriate curricula across all grade levels and promote the LGBTQ model curriculum units.

Develop and promote curriculum units that include LGBTQ content. Research shows that inclusion of LGBTQ topics in curricula corresponds to all students reporting feeling safer in school, regardless of sexual orientation or gender identity.²³ The Commission recommends that the Safe Schools Program continue its work with the curriculum unit at ESE to develop and post model curriculum units in history and english language arts. Curriculum content and study, where relevant across disciplines, should incorporate topics related to sexual orientation and gender identity, including, but not limited to, comprehensive health/sexual health, social science, language arts, and family life.

²³ Burdge, H., Sinclair, K., Laub, C., and Russell, S. (2012). Lessons that matter: LGBTQ inclusivity and school safety. Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14. Retrieved from [http://www.gsanetwork.org/files/aboutus/PS H%20Report%206_2012.pdf](http://www.gsanetwork.org/files/aboutus/PS%20Report%206_2012.pdf).

Department of Higher Education

The Department of Higher Education (DHE) offers vital educational opportunities to nearly 300,000 students at fifteen community colleges, nine state universities, and the five campuses of the University of Massachusetts. The DHE seeks to provide accessible and relevant programs that meet the changing individual and societal needs for education and employment in the Commonwealth. The Commission has been meeting with DHE since 2013 to promote inclusive and welcoming campus climates and to improve educational outcomes for LGBTQ students at the collegiate level. Notably, in our work together, the DHE has ensured that state campuses consider LGBTQ identities in model guidance and best practices. Most recently, DHE has secured funding to update its campus violence prevention guidelines and best practices for public campuses, and has promised its commitment to ensure the protection of all students, especially LGBTQ students and students of color.

DHE Recommendations

- 1. Support LGBTQ cultural competency training efforts for college and university faculty, staff, and administrators.**
 - 2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.**
 - 3. Ensure that Title IX trainings and educational programs include education regarding domestic violence in the LGBTQ community and specific needs for transgender students and students of color.**
 - 4. Support campus efforts to collect LGBTQ student demographic information.**
-

Background

While there is limited information regarding the experience and outcomes of LGBTQ students in public university and college campuses across the country, including in Massachusetts, national research suggests that LGBTQ college students face barriers to access and achievement in higher education programs. Despite the existence of inclusive anti-discrimination policies at some institutions, many LGBTQ students and staff members face harassment or feel pressured to hide their sexual orientation or gender identity on campus. Indeed, the harassment and discrimination that many LGBTQ high school students experience continues beyond secondary school and into higher education. Campus Pride is a nationally recognized organization that rates colleges and universities based on their LGBTQ friendly policies and programs. A report by Campus Pride indicates that LGBTQ individuals are significantly more likely to experience harassment on campus compared to their non-LGBTQ peers.²⁴ Harassment based on sexual orientation or gender identity may also intersect with racial bias, resulting in even higher levels of harassment for LGBTQ people of color in higher educational settings.²⁵ The Commission would like to note that three of the 29 public institutions of higher

²⁴ Rankin, S., Weber, G., Blumenfeld, W., & Frazer, S. (2010). 2010 state of higher education for lesbian, gay, bisexual, and transgender people. Campus Pride. Retrieved from <http://www.campuspride.org/Campus%20Pride%202010%20LGBT%20Report%20Summary.pdf>

²⁵ Rankin, S. (2003). Campus climate for gay, lesbian, bisexual, and transgender people: A national perspective. National Gay and Lesbian Taskforce. Retrieved from <http://www.thetaskforce.org/downloads/reports/reports/CampusClimate.pdf>

education in Massachusetts are listed on the national Campus Pride index; where Salem State University²⁶ and Bridgewater State University²⁷ earned three star ratings and UMass Amherst²⁸ earned a five star rating. The Campus Pride Index issues each campus a rating out of five stars that is determined by the existence of and commitment to forms of LGBTQ student inclusion such as: inclusion policies, institutional support, academic life, housing and residence life, student life, campus safety, counseling and health, and LGBTQ recruitment and retainment efforts.²⁹

Stress and concerns induced by anti-LGBTQ campus climate, whether through lack of support or targeted acts of hate, can interfere with the education of LGBTQ students. We heard from students and campus professionals we surveyed in 2015 that LGBTQ college students are more likely to consider withdrawing from their institution and more likely to fear for their physical safety on campus than their non-LGBTQ peers. Additionally, LGBTQ students often feel that their public college or university does not provide adequate resources on LGBTQ issues or respond appropriately to incidences of harassment on campus. We are particularly concerned that this is the reality on some public campuses, especially at community colleges where limited resources exist for student services.

LGBTQ students interact with every facet of the higher education system. Best practices in policies related to housing, bias incident reporting protocols, health services, health insurance plans, and changing identity documents are increasingly addressing LGBTQ student needs on campuses nationwide, and we are eager to work with DHE to ensure that our public campuses exceed national standards for LGBTQ student support.

Expanded Recommendations

1. Support LGBTQ cultural competency training efforts for college and university faculty and staff.

To better meet the needs of LGBTQ students and provide an academic and student life inclusive of sexual and gender minorities, public colleges and universities would benefit from having faculty, staff, and administrators fluent in LGBTQ cultural competency. We recommend that the DHE promote LGBTQ cultural competency initiatives across the 29 public campuses of the Commonwealth. In conjunction with the Commission, DHE should help direct campuses to provide routine and ongoing training as resources permit. We encourage DHE and campuses to partner with local organizations, as well as to utilize existing state and national resources, to achieve sustainable and adequate training protocols on each individual campus. The Commission is happy to assist in connecting DHE and individual campuses to helpful resources. We especially urge colleges and universities to consider the wide range of administrative and program staff that would benefit from LGBTQ cultural competency training, including deans, professors, counseling personnel, admissions officers, student life professionals, and campus safety officers.

2. Assess institutional response guidelines regarding LGBTQ hate crimes and incidents of bias on campus.

The Board of Higher Education works towards ensuring that appropriate policies and practices are in place to help prevent discriminatory acts committed against members of protected classes, including LGBTQ students. To that end, the Board is currently in the process of reviewing and updating its best practice guidelines for campus safety and violence prevention. Each campus should have response protocols for incidents of bias that allow for LGBTQ students to feel empowered to report discrimination and/or

²⁶ <https://www.campusprideindex.org/campuses/details/588?campus=salem-state-university>

²⁷ <https://www.campusprideindex.org/campuses/details/66?campus=bridgewater-state-university>

²⁸ <https://www.campusprideindex.org/campuses/details/84?campus=university-of-massachusetts,-amherst>

²⁹ <https://www.campusprideindex.org/faqs/index>

harassment that they experience on their campuses in a way that is productive and conducive to improving quality of campus climate among LGBTQ students.

3. Ensure that Title IX trainings and education include education regarding domestic violence in the LGBTQ community, especially amongst transgender persons and persons of color.

Update the *Campus Violence Prevention and Response: Best Practices for Massachusetts Higher Education*³⁰ to reflect modern best practices and standards in ensuring safety for LGBTQ students with special consideration for issues of dating violence prevalent in the LGBTQ community and communities of color.

4. Support campus efforts to collect LGBTQ student demographic information.

Support campus efforts to collect LGBTQ student demographic information to further rationalize and shape initiatives that support and ensure the academic success of LGBTQ students on public campuses in the Commonwealth. Bridgewater State University and UMass Amherst currently record LGBTQ student demographic information and they are leaders in the development for collecting this type of data in anonymous and effective manners.

³⁰ <http://www.mass.edu/library/reports/campusviolencepreventionandresponse.pdf>

Department of Children & Families

The Department of Children and Families (DCF) provides an intricate network of services that support the healthy development of children and youth in the Commonwealth. In addition to supervising child welfare workers and attorneys and licensing individual foster parents, DCF collaborates with state agencies to address the specific needs of discrete youth populations, including teen parents and unaccompanied refugee and immigrant youth.

DCF has had an internal LGBTQ liaison program since 2005, with one or more liaisons from nearly every Area Office across Massachusetts. LGBTQ liaisons are DCF workers who serve on a volunteer basis and act as a resource for fellow workers and area supervisors to address the needs of LGBTQ youth and families. The Commission commends the work of DCF's LGBTQ liaisons for their efforts to foster a safe environment for LGBTQ youth.

DCF has focused on the specific needs of LGBTQ youth in its policies and practices. The DCF Strategic Plan and Diversity Plan both include LGBTQ youth as a priority population. The Department has contracted with consultants to train 60 senior managers, as well as Area Program Managers and Area Clinical Managers on issues specific to the needs of LGBTQ youth.

DCF has also released an LGBTQ Guide for social workers, foster parents, and youth that outlines best practices to support LGBTQ youth in DCF care. We congratulate the Department on this new resource.

DCF Recommendations

- 1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities in every region across the Commonwealth, and store this information in a manner 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 young adults, with particular attention to gender identity and to the best practices outlined in the new LGBTQ Guide.**
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Background

Nationally, there are over 500,000 youth in the foster care system. A study conducted on the foster care system in Los Angeles found that 19 percent of youth in the foster system were LGBTQ - a number significantly higher than estimates of LGBTQ youth in the general population.³¹ The disproportionately high number may be due in part to family rejection: Approximately 50 percent of LGBTQ youth in the U.S. report negative reactions upon coming out to their families, and 26 percent report being kicked out of their home

³¹ Wilson, B. D.M., Cooper, K., Kastanis, A., Nezhad, S. (2014). Sexual and Gender Minority Youth in Los Angeles Foster Care. The Williams Institute. http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf

by a family member.³² Mirroring such disparities in national statistics, 25 percent of lesbian and gay teens and 15 percent of bisexual teens are homeless in Massachusetts, compared to only three percent of heterosexual teens.³³

Further, results from the National Homeless Youth Provider Survey find family rejection and familial abuse significantly contribute to homelessness among LGBTQ youth. According to the survey results, 68 percent of LGBTQ clients who are homeless experienced family rejection, with 54 percent reporting experiences of familial abuse.³⁴ Family rejection poses obstacles to reunification and has the potential to retraumatize vulnerable populations of youth.

Seeking to address these disparities, the federal Administration for Children and Families supports recommendations made by Lambda Legal in 2012, including family assessments that promote understanding of the detrimental impact of family rejection on LGBTQ youth. The California-based Family Acceptance Project developed an assessment tool that may be useful.

In a collaborative effort between DCF and Parents, Families, and Friends of Lesbians and Gays (PFLAG), Caitlin Ryan of the Family Acceptance Project came to Massachusetts in 2012 to provide training on pastoral care for LGBTQ youth. We encourage continued collaborative efforts to create intervention strategies that promote family acceptance of LGBTQ youth.

Expanded Recommendations

1. Identify LGBTQ-friendly foster placements, hotline homes, and residential facilities, and store this information in a manner easily accessible to DCF workers (maintaining appropriate levels of privacy).

All LGBTQ young people need safe housing. Homelessness continues to be a significant challenge for LGBTQ youth, who are disproportionately represented among homeless youth populations. In addition, the lack of safe homes for LGBTQ youth has led to the placement of youth in homes with a higher level of care than necessary and greater numbers of disruptions of foster placements. It is critical that LGBTQ youth involved with DCF are placed in stable living situations, both while in DCF care and after aging out.

The Commission recommends that each DCF area office identify homes that are welcoming and affirming to adolescents and children regardless of sexual orientation and gender identity or expression. This means that a minimum of two LGBTQ affirming foster placements should be identified by each area office, and LGBTQ-friendly “hotline homes” within each region should be shared across area offices.

Identification and tracking of safe homes requires family resource workers to directly ask future foster parents about their background and comfort level with LGBTQ-identifying youth during the home study process. This is necessary for both new foster families, and during the re-licensing process for continuing foster families. When foster families identify themselves as affirming of LGBTQ-identified youth, it is critical for these families to have adequate tools to create homes that will nurture and affirm the sexual and gender identities of the children placed in their care.

³² Ray, N. (2006.) *Lesbian, Gay, Bisexual, and Transgender Youth: An Epidemic of Homelessness*. New York: National Gay and Lesbian Task Force Policy Institute and National Coalition for the Homeless.

³³ Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101(9), 1683-1689.

³⁴ Durso, L.E. & Gates, G. (2012). *Serving our youth: Findings from a national survey of service providers working with lesbian, gay, bisexual, and transgender youth who are homeless or at risk of becoming homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

A complementary approach to identifying LGBTQ-affirming foster families is to offer voluntary trainings on caring for LGBTQ youth and to consider providing a modest stipend for attendance at such trainings. Foster families that have chosen to attend and successfully complete training programs, and that continue to self-identify as LGBTQ-affirming homes for youth, are more likely to have successful placements. The information provided in the LGBTQ Guide is a resource for families eager to improve their capacity to affirm LGBTQ young people.

Many LGBTQ-affirming foster families are already working with DCF. It is critical for DCF to identify these families and share that information across area offices. We understand senior staff are in the process of reviewing a letter for distribution to family resource workers explaining the need to ask foster parents about their ability to care for LGBTQ youth during the home study process. We encourage DCF to distribute this letter without delay.

In addition, we recommend that DCF expand its intake forms and iFamilyNet to include information about youth sexual orientation and gender identity. Obtaining this data will help connect youth with LGBTQ-affirming families and services.

2. Devote one full session of a DCF monthly staff meeting to LGBTQ issues this year, and continue this practice on an annual basis.

Staff meetings provide a consistent and useful opportunity to discuss LGBTQ youth needs. Dedicating at least one of these monthly staff meetings per year to the specific issues faced by LGBTQ youth within the system, and subsequently working to address the specific challenges discussed in these meetings, will demonstrate department leadership's commitment to this priority population. These meetings could include experts in areas such as public policy, mental health, and legal issues to provide a foundation for these discussions.

3. Expand training programs for all workers and supervisors on the issues that affect LGBTQ youth and adults, with particular attention to gender identity and to the best practices outlined in the new LGBTQ Guide.

DCF regulation (110 CMR 7.104) requires that licensed foster/adoptive homes must be able to nurture children in the home, "including supporting and respecting a child's sexual orientation or gender identity." LGBTQ liaisons have taken it upon themselves to seek out training from organizations such as Adoption & Foster Care Mentoring and The Massachusetts Transgender Political Coalition, and have revised the foster-parent training curriculum (Massachusetts Approach to Partnerships in Parenting, or MAPP). However, outside of self-identified LGBTQ-liaisons, many caseworkers, foster parents, and supervisors have never received training on the needs of LGBTQ youth in their care.

DCF has begun partnering with local providers to offer LGBTQ cultural competency trainings. We look forward to hearing about the update of the training program in Spring 2016. Further, we recommend that DCF integrate LGBTQ competency training into continuing education programs for social workers, as well as new supervisor trainings and learning circles.

DCF is eligible, as a Title IV-E agency, to access resources from the federal government to provide training for caseworkers on LGBTQ competency (see Appendix for further information). We encourage DCF to learn more about opportunities to access these federal funds in support of LGBTQ-affirmative training programs.

Massachusetts Commission for the Blind

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

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

MCB Recommendations

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

Background

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

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

Expanded Recommendations

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

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

Massachusetts Commission for the Deaf and Hard of Hearing

The Massachusetts Commission for the Deaf and Hard of Hearing (MCDHH) is the principal agency in the Commonwealth that works on behalf of people of all ages who are Deaf and hard of hearing. The mission of MCDHH is to provide accessible communication, education, and advocacy to consumers and private and public entities so that programs, services, and opportunities throughout Massachusetts are fully accessible to persons who are Deaf and hard of hearing.

We welcome collaboration with MCDHH leadership and look forward to working with MCDHH to address the meaningful inclusion of LGBTQ youth in all programs and services.

MCDHH Recommendations

1. **Include categories for sexual orientation and gender identity in development of new MCDHH databases and appropriately train staff on implementation.**
 2. **Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.**
 3. **Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.**
 4. **Develop agency guidelines and best practices to ensure meaningful inclusion and equal opportunity for transgender and gender-nonconforming youth in Summer Transition to Work Program and other MCDHH youth programs.**
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Background

According to the National Association of the Deaf, there are currently 28 million Deaf and hard of hearing people living in the United States. In Massachusetts, a projected 2.8 children per 1,000 are born Deaf or hard of hearing.

While there is limited research and data available on the intersections of LGBTQ identities with Deaf and hard of hearing communities, the available research suggests that people with physical disabilities report low rates of discussing sexuality, sexually transmitted infections, contraception, and reproductive choices with their healthcare providers. For instance, in one study, undergraduate Deaf students scored significantly worse on the HIV/AIDS Knowledge Index than their hearing counterparts. Such research speaks to a likely gap in inclusive resources and education for Deaf or hard of hearing youth on sexuality and sexual identities, while the sheer lack of information available about LGBTQ youth who are Deaf and hard of hearing makes the importance of improving data collection efforts apparent.

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

Expanded Recommendations

1. Include categories for sexual orientation (including same-sex behavior) and gender identity in development of new databases, and appropriately train staff on implementation.

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

2. Provide LGBTQ cultural competency training for all case managers, interpreters, and referral services within the Department of Case Management Services and the Department for Interpreter / CART Services.

MCDHH Case Managers would benefit from regular and consistent education around LGBTQ youth populations. We recommend a plan for achieving 100 percent training over the next 12 months. We encourage MCDHH to think creatively about collaborating with pre-existing programs to provide training.

3. Recommend that contracting agencies delivering Independent Living Programs for Deaf and Hard of Hearing People provide training and professional development to all Independent Living Specialists on sexual orientation, gender identity, and serving LGBTQ youth.

We recommend that agency staff delivering Independent Living Programs for Deaf and Hard of Hearing People attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We recommend a plan for all contracted agencies to provide comprehensive training over the next 12 months. We encourage MCDHH's contracted agencies to collaborate with other state agencies and community partners to provide training.

4. Develop agency guidelines and best practices to ensure meaningful inclusion and equal opportunity for transgender and gender-nonconforming youth in the Summer Transition to Work Program and other MCDHH youth-serving programs.

Inclusion and equal opportunity are improved when there are comprehensive policies that proactively address serving transgender and gender-nonconforming youth. We recommend developing guidance, model policies, and best practices for working with transgender and gender-nonconforming youth. The Commission is eager to provide resources and examples.

Massachusetts Rehabilitation Commission

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

MRC Recommendations

1. **Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.**
 2. **Provide LGBTQ cultural competency training for all youth-serving staff and providers.**
 3. **Adopt "gender identity" as part of the MRC Diversity and Equal Opportunity Statement.**
 4. **Review policies for incorporation of sexual orientation and gender identity and opportunities to improve services for LGBTQ youth.**
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Background

While Massachusetts-specific data are limited, *ReachOutUSA* estimates there are 4 million LGBTQ people with disabilities in the United States. Preliminary research on LGBTQ people with disabilities has found significant disparities and unique barriers to accessibility and livelihood for LGBTQ populations when compared to their heterosexual counterparts. While these gaps are best documented in elderly populations, LGBTQ youth likely face many of the same challenges. Incidents of hate crimes, sexual violence and abuse are more prevalent among LGBTQ and disabled populations, putting individuals who identify with both categories at heightened risk. Available research shows that compared to heterosexuals, LGB individuals exhibit higher prevalence and earlier onset of disabilities.³⁵

By partnering with the MRC, the Commission hopes to help overcome barriers to accessibility and further address the unique disparities faced by LGBTQ youth with disabilities.

³⁵ Conron, K. J., Mimiaga, M. J., & Landers, S. J. (2010). A population-based study of sexual orientation identity and gender differences in adult health. *American Journal of Public Health*, 100, 1953–1960; Fredriksen-Goldsen, K., Kim, H. & Barkan, S. (2012). Disability among lesbian, gay, and bisexual adults: Disparities in prevalence and risk. *American Journal of Public Health*, 102, e16-e21; Fredriksen-Goldsen, K. & Kim, H. (2012). Hispanic lesbians and bisexual women at heightened risk of health disparities. *American Journal of Public Health*, 102, e9-e15; Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548.

Expanded Recommendations

1. Adopt LGBTQ-inclusive intake forms and appropriately train staff on implementation procedures.

In order to address the specific needs of LGBTQ youth who come into contact with the MRC, we recommend the implementation of routine, state-led data collection on sexual orientation (including sexual behavior) and gender identity and expression. Revision of intake forms to include fields for voluntary disclosure of sexual orientation and gender identity should likewise be pursued. These intake forms should also provide spaces for individuals to share their preferred name to be used by staff. Further, we encourage the MRC to provide appropriate training to staff responsible for client intake to protect the privacy and confidentiality of the youth and to ensure that staff ask questions related to sexual orientation and gender identity in a sensitive manner. Finally, we recommend that the MRC adopt data collection procedures that document the experiences of LGBTQ youth within the agency as a mechanism to assess the areas of greatest need within the MRC. Such protocols could also serve as a measure of the effectiveness of LGBTQ cultural competency trainings and other areas of progress. Analysis of this data would improve knowledge of the intersections of sexual orientation and gender identity with disability, where only limited data exist.

2. Provide LGBTQ cultural competency training for all youth-serving staff and providers.

MRC staff and providers would benefit from regular and consistent education on LGBTQ youth populations. We recommend a plan for achieving 100 percent training over the next 12 months within the *Turning 22 Independent Living Programs: Supported Living and Transition to Adulthood*. We encourage the MRC to think creatively about collaborating with pre-existing programs to provide training.

3. Adopt "gender identity" as part of the MRC Diversity and Equal Opportunity Statement.

To further MRC's strong commitment to equal opportunity for all employees in areas of recruitment, training, promotion, transfer, career counseling and reasonable accommodation, the Commission recommends the MRC expand individual anti-discrimination policies to include gender identity and expression.

4. Review policies for incorporation of sexual orientation and gender identity and opportunities to improve services for LGBTQ youth.

As an agency offering a broad array of services, MRC interacts with LGBTQ young people in multiple capacities. As a result, MRC is uniquely positioned to revise policies and create guidance targeted at serving LGBTQ young people with disabilities. The Commission has worked with other state agencies on similar processes, and has found that clear policies for serving LGBTQ youth improve services for young people and families and provide clarity for employees and vendors.

Department of Mental Health

The Department of Mental Health (DMH) provides access to services and support to meet the mental health needs of individuals of all ages, enabling them to live, work, and participate in their communities. DMH oversees several programs and initiatives that directly affect LGBTQ youth, including residential placements and the Transitional Age Youth Initiative.

Beginning in 2014, then-Commissioner Fowler identified LGBTQ individuals as a population that needed priority attention from DMH services. Continuing under Commissioner Mikula, the Department has taken a number of steps to ensure greater support and services to LGBTQ clients across the age spectrum. The Department is now engaged in a multi-year project to evaluate, strengthen, and further the cultural competency and services it offers to its LGBTQ clients. DMH is one of the first departments in the Commonwealth to take on such a project. In collaboration with MaeBright Group LLC, DMH has already conducted several needs assessments and identified areas where its services and support are strongest and where DMH needs further training and assistance.

DMH Recommendations

1. **Finalize the system-wide evaluation and distribute results.**
 2. **Distribute information to all employees and contractors on LGBTQ affirming resources in all five state regions, especially those that target youth. Ensure that such resources are available to inquiring clients as well.**
 3. **Initiate agency-wide training for all staff on LGBTQ cultural competency.**
 4. **Finalize and distribute policy guidance to workers, supervisors, and program providers.**
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Background

State and national data suggest that although LGBTQ youth are typically well-adjusted and mentally healthy, factors such as violence, victimization, and family rejection increase their risk of mental illness. The Massachusetts Youth Risk Behavior Survey (MYRBS) indicates that lesbian, gay and bisexual (LGB) youth are at significantly higher risk than their heterosexual counterparts for suicidal ideation, eating disorders, and substance abuse. For instance, LGB youth are nearly six times more likely to have attempted suicide in the past year. While MYRBS data on suicide and suicidal thoughts among transgender youth are forthcoming, one national study reported that nearly half of transgender youth have seriously contemplated committing suicide.³⁶

Studies show that LGBTQ youth are at increased risk of mental health problems such as depression and anxiety, and that experiences of violence and victimization based on sexual orientation and gender identity can contribute to post-traumatic stress disorder. One study indicated that almost 25 percent of youth with same-sex romantic or sexual partners had experienced some form of physical or psychological victimization

³⁶ Grossman, A. H. & D'Augelli, A. R. (2007). Transgender youth and life-threatening behaviors. *Suicide and Life Threatening Behavior*, 37(5), 527.

within the previous 18 months.³⁷ Increased victimization among sexual minority youth has been observed to result in increased depression, suicide ideation, and transmission of STIs in adulthood. With such alarming and disproportionate risks, it is critical that mental health providers and policymakers understand what contributes to mental health problems among LGBTQ youth. Providers need to know how best to provide supportive environments and inclusive systems of care that promote positive coping mechanisms. *It is vitally important that all mental health services such as, but not limited to, those in drop-in programs, emergency housing programs, and long term transitional housing programs be trauma-informed.*

Expanded Recommendations

1. Finalize the system-wide evaluation and distribute results.

Once the evaluation has been completed the results should be made available. Distributing the findings will provide a holistic picture of DMH's areas of strength and where there is room to build competency and capacity.

2. Distribute information to all employees and contractors on LGBTQ affirming resources in all five state regions, especially those that target youth. Ensure that such resources are available to inquiring clients as well.

The majority of LGBTQ-affirming agencies noted in the Youth Resource Guide are located in the Boston Metro area. DMH should identify more service providers and vendors that can provide culturally competent care in other areas of the state. These should be available to all employees and outside contractors and easily accessible to clients.

3. Initiate agency-wide training for all staff on LGBTQ cultural competency.

DMH has been in consultation with trainers for LGBTQ cultural competency. We urge DMH to roll out agency-wide training for all staff, without delay. In developing this training, we look to Department of Youth Services (DYS) as a model for comprehensive training that includes 100 percent of staff. We also encourage DMH to create a system to periodically evaluate the efficacy of training and the retention of training information, as well as a strategy to ensure that training is available to contracted vendor staff.

4. Finalize and distribute policy guidance to workers, supervisors, and program providers.

We understand that DMH has drafted guidance which is awaiting further development, finalization, and subsequent distribution. We look forward to seeing this guidance, which will provide an avenue for DMH to update its policies on LGBTQ inclusion and language, as well as an opportunity to ensure compliance with non-discrimination policies by the agency and contractors while promoting best practice expectations in clinical service delivery.

³⁷ Halpern, C. T., Young, M. L., Waller, M. W., Martin, S. L., & Kupper, L. L. (2004). Prevalence of partner violence in same-sex romantic and sexual relationships in a national sample of adolescents. *Journal of Adolescent Health, 35*(2),124-131.

Department of Public Health

The Department of Public Health (DPH) has long supported policies and programs to meet the health needs of vulnerable populations, including LGBTQ youth. DPH clearly recognizes the long-term health and economic benefits of public health interventions with youth. We also thank DPH for providing vital administrative and operational support to the Commission. DPH hosts most Commission meetings and houses staff that make the work of a volunteer-based membership possible.

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

We also commend the Office of Youth and Young Adult Services (OYYAS) within the Bureau of Substance Abuse Services for initiating a plan to train providers at most of its programs on LGBTQ youth cultural competency, to review current policies, and to explore strategies for collecting data related to sexual orientation and gender identity. We urge the rest of the Department to use the work of OYYAS as a model.

DPH Recommendations

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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 prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.**
 4. **Intentionally engage LGBTQ youth in tobacco prevention and cessation and teen pregnancy programs and release timely data.**
 5. **Require vendors to demonstrate their ability to effectively serve LGBTQ individuals, including by providing training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.**
 6. **Work to ensure adherence to a clear, consistent policy regarding gender markers on birth certificates.**
 7. **Designate a specific person or agency to address homelessness as a health issue affecting LGBTQ youth and so many others.**
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Background

In 2011 the Institute of Medicine (IOM) released “The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Building a Foundation for Better Understanding,” which reported on the mental and physical health of LGBTQ populations, including a chapter devoted to LGBTQ youth.³⁸ While the report notes that “LGBT youth are typically well adjusted and mentally healthy,” they consistently have been found to be at increased risk for depressive symptoms and suicidality in comparison to their non-LGBTQ counterparts. Other research suggests that LGBTQ youth are at higher risk for mental illnesses such as depression or suicidality due to factors such as anti-LGBTQ victimization, stigma, and family rejection.³⁹ While state-based data collection has just begun for transgender youth, a national study of transgender adults found that approximately 41 percent of transgender adults – and 47 percent of transgender adults of color – reported having attempted suicide, a rate considerably higher than the 1.6 percent of the general population.⁴⁰

Patterns for physical health suggest a similar trend—that generally LGBTQ youth exhibit good physical health, but disparities do exist for sexual and gender minority youth populations as compared to their heterosexual counterparts. The IOM identifies a number of risk factors that disproportionately affect the health of LGBTQ youth, such as harassment, victimization, violence, substance abuse, homelessness, and child abuse.

Across the country, LGBTQ individuals are disproportionately likely to use substances such as drugs, alcohol, and tobacco, often to cope with the impacts of stigma and discrimination. In Massachusetts, the MYHS and MYRBS demonstrate that LGB youth have a much higher reported likelihood of lifetime alcohol use (83 percent) than their heterosexual peers (67 percent), and that they are nearly two times more likely to have smoked a cigarette than their non-LGB counterparts. Data also show that LGB youth are nearly ten times as likely to have used heroin one or more times in their life than their heterosexual peers.⁴¹

The Centers for Disease Control (CDC) released a report assessing the health-risk behaviors of students in grades 9-12 based on National Youth Risk Behavior Surveillance System data from 2001-2009, collected by seven states and six large urban school districts (including Massachusetts and Boston) that include questions about sexual identity and/or behavior in their biannual study.⁴² According to the CDC report, sexual minority students reported a higher prevalence of health risk behaviors (relative to their heterosexual peers) ranging from 49 percent to 90 percent in seven out of ten categories. The seven categories for which sexual minority students had higher prevalence rates included:

1. violence victimization (e.g., did not go to school because of safety concerns)
2. behaviors that relate to attempted suicide (e.g., made a suicide plan)
3. tobacco use (e.g., ever smoked cigarettes)
4. alcohol use (e.g., binge drinking)
5. other drug use (e.g., current marijuana use)
6. sexual behaviors
7. weight management (e.g., use of diet pills, laxatives to lose weight)

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

³⁸ Institute of Medicine, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington, DC: The National Academies Press

³⁹ Levin, A. (2011). LGBTQ individuals not getting equal attention in research. *Psychiatric News*, 46(11), 17-19.

⁴⁰ National Center for Transgender Equality. (2010). Preventing transgender suicide. Retrieved from http://transequality.org/PDFs/NCTE_Suicide_Prevention.pdf

⁴¹ MYRBS. (2013).

⁴² Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health. (2011). Youth risk behavior surveillance system. Retrieved from <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

Expanded Recommendations

1. Publish data on LGBTQ youth in reports from the Massachusetts Youth Health Survey.

Although Massachusetts has long gathered information relating to the health of Massachusetts youth through the Massachusetts Youth Health Survey (MYHS) and other surveillance activities, analysis of LGBTQ-specific data has been limited. The 2013 MYHS report, for example, included breakdowns by race and gender, but not by sexual orientation or gender identity. We recommend that DPH consistently analyze and communicate data collected by the state related to LGBTQ youth, paying particular attention to the intersections of multiple identities including sexual orientation, gender identity, race, ethnicity, class, and speaking a first language other than English. We suggest that DPH break down answers to questions on bullying and on risk behaviors by sexual orientation and gender identity (SOGI), as it does for other student characteristics such as age and race. We also suggest publishing data on the percentage of youth engaging in same-sex sexual behaviors, as this population is related to but not the same as those who identify as LGBTQ. These data could be helpful in determining the allocation of funding streams for health prevention programs, and in shaping curricula in health classes for all ages. We especially prioritize information on transgender youth, in light of the current scarcity of data on this population. We suggest that the MYHS report highlight this data to publicly demonstrate the disproportionate risk factors and disparities specific to LGBTQ youth populations, in a one page summary of LGBTQ health statistics as compared to their straight, cisgender peers. Such a report will both help to highlight these disparities and help LGBTQ youth know they are not alone.

2. Maintain support for suicide prevention services and resources, and evaluate whether they are effectively reaching transgender and gender-nonconforming youth.

Existing suicide prevention resources are crucial to the lives and safety of LGBTQ youth, and we urge DPH to continue making them available. We appreciate DPH's support of programs that empower LGBTQ youth and increase their resiliency, such as those funded through the Safe Spaces program and Youth at Risk grants. We also commend the department for its support of specific suicide prevention resources and initiatives addressing LGBTQ youth, including projects like the 2014 conference on promoting resiliency in LGBTQ communities and a joint training with substance abuse providers on supporting LGBTQ youth. We note that DPH has worked closely with the Transgender Suicide Prevention Working Group to offer transgender-specific resources and events, such as the November 2013 Transgender Activist Peer Support Summit. To expand upon these efforts, we recommend that DPH begin to evaluate their effectiveness in reaching LGBTQ youth, with particular attention to transgender and gender-nonconforming youth.

3. Prioritize HIV prevention and care to address the increase in new infections among young Black and Latino gay and bisexual men and transwomen in Massachusetts.

At the national level, significant numbers of HIV-infected youth are unaware of their diagnosis, are not engaged or retained in medical care, and do not achieve viral suppression. Indeed, one estimate suggests that less than 6 percent of HIV-infected youth in the United States remain virally suppressed.⁴³ While Massachusetts has had sustained success in reducing new HIV infections by 37 percent between 2002 and 2011, new infections continue to rise among young Black gay and bisexual men, including adolescents. African Americans and Latinos are disproportionately affected by HIV in Massachusetts, as they are nationally. Unfortunately, Massachusetts has been punished for its success at the national level, with funding for HIV

⁴³ Zanon, B. C., & Mayer, K. H. (2014). The adolescent and young adult HIV cascade of care in the United States: Exaggerated health disparities. *AIDS patient care and STDs*, 28(3), 128-135. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/24601734>.

prevention and care dramatically reduced by the federal government and state appropriators. The decline in new HIV infections in the Bay State has leveled out in the last year or so, and the HIV epidemic continues to disproportionately burden gay and bisexual men and transgender women, especially Black and Latino members of these communities. We applaud the Healthy Men and Boys initiative at UMass Amherst and we hope this development in proactive promotion of feminist masculinity can be extended to younger populations through age-appropriate healthy sexuality training.

A related concern is Hepatitis C. According to a 2012 DPH report, new Hepatitis C infections among adolescents and young adults who inject drugs increased 74 percent from 2002 to 2009.⁴⁴ Recognizing the challenges posed by limited funding, we recommend that the department think creatively about how to address HIV and Hepatitis C prevention and care, particularly among the populations most heavily impacted. With increasing attention being paid to the opioid epidemic, there may be new funding streams available given that youth who inject heroin or prescription opioids are disproportionately at risk for infection, particularly if they are men who have sex with other men.

We urge the department to prioritize increasing the number of individuals tested for HIV and hepatitis C, improve treatment outcomes for those who test positive, and reduce the spread of these diseases.

4. Intentionally engage LGBTQ youth in tobacco prevention and cessation and teen pregnancy programs and release timely data.

The Commission applauds the work that the Massachusetts Tobacco Cessation and Prevention Program (MTCP) has done to create partnerships with LGBTQ youth networks and to include LGBTQ communities in program planning. In light of disproportionate rates of tobacco use among LGBTQ youth, we urge MTCP to further direct prevention and cessation resources toward this population and evaluate whether its initiatives are effectively reaching LGBTQ youth. We encourage MTCP to recognize the diverse factors contributing to LGBTQ youth nicotine use and to adopt a culturally sensitive and trauma-informed approach in addressing the issue, including the use of e-cigarettes and other electronic nicotine delivery systems. Additionally, in light of pregnancy rates among young LGBTQ young people that are similar to or even higher than those of their heterosexual peers, we are encouraged by the work DPH has already done toward ensuring that pregnancy prevention programs include LGBTQ young people as a priority population.⁴⁵ We encourage the Department to further publicize data related to prevention and health outcomes among LGBTQ youth in these areas, and we are eager to collaborate to make that possible.

5. Require vendors to provide training and professional development to youth-serving staff on sexual orientation, gender identity, and serving LGBTQ youth.

We recommend that all youth-serving employees at various levels of care within contracting organizations participate in mandatory LGBTQ cultural competence training with the specific goal of supporting employees to provide culturally responsive and trauma-informed care for LGBTQ youth. We especially prioritize attention to serving LGBTQ youth in the areas of teen pregnancy, substance abuse, tobacco use, homelessness, violence prevention, domestic violence, sexual assault services, behavioral emergency services, and suicide prevention. We also recommend that hospital staff, DPH Sexual Assault Nurse Examiners, school health center nurses, and all other health care providers under the purview of DPH become familiar with the World Professional

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

⁴⁵ U.S. Department of Health and Human Services, Office of Adolescent Health. LGB Youth: Challenges, Risks and Protective Factors. http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/tip_sheets/lgb-youth-508.pdf

Association of Transgender Health (WPATH) Standards of Care for Transgender, Transsexual, and Gender Nonconforming People (7th ed., July 2012), as well as the Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, published by the American College of Physicians (see Appendix). Both of these publications offer practical guidelines and sample questions for providing confidential, compassionate, clinically appropriate, and culturally responsive health care to LGBTQ patients. We also suggest that DPH look to New York City's training program for the citywide public healthcare system as a model.⁴⁶

6. Work to ensure adherence to a clear, consistent policy regarding gender marker documents in the Registry of Vital Records.

The Registry is responsible for birth certificates, marriage and divorce records, and death certificates. We commend the Department for its work to update the R408 form, and we are pleased that a new policy allows for gender marker change based on medical intervention rather than sex reassignment surgery, although we hope in the future no such certification will be required at all. In order to further clarify the process, we encourage DPH to issue training or guidance to town clerks. In addition, we look forward to bringing together the Registry of Motor Vehicles and the Registry of Vital Records to ensure that the process for obtaining documents with accurate gender markers is streamlined across agencies.

7. Designate a specific person or agency to address homelessness as a health issue affecting LGBTQ youth and so many others.

An analysis of Massachusetts Youth Risk Behavior Survey data by Dr. Heather Corliss revealed that LGBTQ youth were 4 to 13 times more likely than their heterosexual peers to be homeless.⁴⁷ These alarming statistics highlight the need to address homelessness among LGBTQ youth, and indeed, among all youth. Since homelessness is related to a wide range of adverse health outcomes, including mental illness, substance abuse, sex trade involvement, and resultant risk for infectious diseases such as HIV and Hepatitis C, further exploring how homelessness can be prevented and resolved among LGBTQ youth is a public health priority. We recommend the Department consider appointing a specific individual or set of individuals to become a local expert(s) on the topic of LGBTQ youth homelessness and its health consequences.

⁴⁶ New York City Health and Hospitals Corporation (HHC). (May 2011.) Press release: HHC Will Adopt Mandatory Cultural Competence Training for Staff to Improve the Health of Lesbian, Gay, Bisexual, Transgender New Yorkers. Retrieved from: <http://www.nyc.gov/html/hhc/html/news/press-release-20110525-lgbt-training.shtml>. The HHC curriculum includes a video, entitled "To Treat Me, You Have to Know Who I Am: Welcoming Lesbian, Gay, Bisexual and Transgender Patients into Healthcare," which is available on YouTube at <https://www.youtube.com/watch?v=NUhvJgxAac&feature=kp>.

⁴⁷ Corliss, H. L., Goodenow, C. S., Nichols, L., & Austin, S. B. (2011). High burden of homelessness among sexual-minority adolescents: Findings from a representative Massachusetts high school sample. *American Journal of Public Health*, 101(9), 1683-1689.

Board of Registration in Medicine

The Board of Registration in Medicine (BORIM) licenses and oversees over 40,000 physicians and acupuncturists in the Commonwealth. In addition to licensing and disciplinary matters, the BORIM issues best practice information to physicians on a range of matters, in service of its mission that physicians and healthcare institutions in which they practice provide to their patients a high standard of care, and support an environment that maximizes the high quality of health care in Massachusetts.

BORIM Recommendations

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.**

Background

In 2014, the Fenway Institute released the results of a survey of transgender residents of Massachusetts. The survey found that approximately one in five respondents had postponed or did not try to get medical care when they were sick or injured in the past year because of prior experiences of mistreatment in healthcare settings related to their gender identity. Nearly one third of the respondents reported that they had to teach their healthcare provider about transgender or gender-nonconforming people in order to get care that met their needs, and a small but disturbing five percent indicated that a healthcare provider had refused to treat them in the previous year due to their gender identity or expression.⁴⁸

These numbers are in line with a national study of LGBT people and people living with HIV, indicating that more than half of respondents experienced some form of discrimination in healthcare settings, including having providers who refused to touch them or used excessive precautions; providers who used harsh or abusive language; providers who were physically rough or abusive; or providers who blamed them for their health status.⁴⁹

While many physicians are eager to provide high-quality care to their patients, the data suggest that they often lack the tools to do so. For example, the majority of medical schools dedicate five hours or less to LGBTQ topics and a full third of schools spend no time on this topic at all.⁵⁰ Given significant inequities in health outcomes for LGBTQ individuals, increased resources on serving LGBTQ patients will benefit both the patients themselves and the providers who work with them.

⁴⁸ Reisner SL, White JM, Dunham EE, Heflin K, Begenyi J, Cahill S, & The Project Voice Team. (2014). Discrimination and Health in Massachusetts: A Statewide Survey of Transgender and Gender Nonconforming Adults. Boston, MA: The Fenway Institute, Fenway Health. <http://fenwayhealth.org/documents/the-fenway-institute/policy-briefs/The-Fenway-Institute-MTPC-Project-VOICE-Report-July-2014.pdf>

⁴⁹ When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report

⁵⁰ Obedin-Maliver, J., et al., Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education.

Expanded Recommendations

- 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.**

Accurate and up-to-date LGBTQ medical information and cultural competency training is vital to ensuring medical professionals are able to appropriately assess and respond to the needs of LGBTQ youth. We hope that the Board of Registration in Medicine will ensure that medical staff and personnel are informed about and responsive to the health concerns unique to LGBTQ youth. Continuing medical education on LGBTQ youth health needs for health care providers licensed by BORIM is critical to meeting the health needs of this vulnerable population. We look to California as a model: California recently passed legislation to require all continuing medical education programs to include information pertinent to the appropriate treatment of, and provision of care to, the LGBT and intersex communities.⁵¹ We further recommend that BORIM work with the Department of Public Health and community experts in developing policies and processes that are responsive to the requirements in *An Act Relative to Domestic Violence* regarding training and education standards on the needs of LGBTQ survivors of domestic or sexual violence. The Commission would be happy to assist in providing information on available resources that may be useful in setting such standards.

⁵¹ California bill no. AB 496. (February 20, 2013.) Retrieved from http://www.leginfo.ca.gov/pub/13-14/bill/_asm/_ab_0451-0500/ab_496_bill_20140625_amended_sen_v95.html

Office for Refugees & Immigrants

The Office for Refugees and Immigrants (ORI) was established in 1992 to promote the “full participation of refugees and immigrants as self-sufficient individuals and families in the social, economic and civic life of Massachusetts.” Largely through resources from the federal Office of Refugee Resettlement, ORI provides funding to refugee resettlement providers to support some of the most vulnerable refugees to the United States who are admitted on humanitarian grounds.

ORI has played a critical role in ensuring that adequate services are available to LGBTQ immigrant youth. We commend ORI for conducting an initial staff training on the needs and experiences of LGBTQ youth and for their participation in an interagency working group to develop practice guidance for working with LGBTQ youth. We applaud their dedication and hope that they will be able to continue to support LGBTQ youth in the future.

ORI Recommendations

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.**
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Background

Young LGBTQ refugees, asylees, and immigrants face a unique set of challenges in establishing themselves in the United States. Like other communities, immigrant populations hold diverse understandings of sexuality, gender, and identity. While there is no way to know how many immigrant youth and young adults are LGBTQ, one study of undocumented immigrants between 18 and 35 found that 10 percent identified as LGBTQ.⁵²

In some instances, these young people come to the United States seeking to escape persecution or violence based on their sexual orientation or gender identity; others come for unrelated reasons but must navigate a system in which their sexual orientation or gender identity compound the challenges faced by immigrant communities more broadly. A recent survey conducted within LGBTQ immigrant communities - including asylees, U.S. citizens with immigrant parents, individuals in the U.S. with a visa or temporary protected status, and undocumented individuals, among others - found that respondents reported high rates of discrimination related to both their immigration status and their sexual orientation and gender identity.⁵³

⁵² Wont, T. and Valdivia, C. (2014). In Their Own Words: A Nationwide Survey of Undocumented Millennials. Washington and New York: United We Dream Network and Unbound Philanthropy, retrieved from <http://unitedwedream.org/wp-content/uploads/2014/05/Undocumented-Millennials-Survey-Summary.pdf>

⁵³ Jaimes Pérez, Z., Marrero Hi, D., and Padilla, C. (2016). No More Closets: Experiences of Discrimination among the LGBTQ Immigrant Community. United We Dream, retrieved from: <http://unitedwedream.org/wp-content/uploads/2016/01/Report-No-More-Closets-1.pdf>

This dual-layer minority status creates obstacles to accessing resources and support. The importance of meeting LGBTQ youth where they are – both geographically and psychologically – is especially pronounced for refugee and immigrant youth populations. Although federal immigration law establishes protections for undocumented immigrant children who are victims of abandonment, abuse, or neglect, most of these protections are time-sensitive and those who claim them are often too late. Massachusetts has an opportunity to lead in efforts to ensure that eligible immigrant LGBTQ children have a chance to apply for protection.

Services for LGBTQ immigrant youth should be trauma-informed and culturally competent. They must take into account the experiences of LGBTQ youth before becoming refugees, as well as the distinct dynamics among various immigrant communities, including differing attitudes towards LGBTQ people.

Expanded Recommendations

1. Identify LGBTQ-affirming medical, housing, legal, and community resources.

Such resources should be made available to refugee resettlement and immigration service providers. For examples of possible models, we point to the National Heartland Alliance International Rainbow Welcome Initiative, “Resources for UAC Programs,” available at [http:// www.rainbowwelcome.org/for-uac-programs](http://www.rainbowwelcome.org/for-uac-programs).

2. Require training and professional development for service providers on sexual orientation, gender identity, and serving LGBTQ youth.

We recommend that all youth-serving employees at contracting agencies attend mandatory LGBTQ cultural competency trainings. Trainings should include information on the needs of LGBTQ refugee youth and best practices for serving and supporting them and their families in an affirming, trauma-informed, and culturally sensitive manner. These trainings could be offered independently or incorporated into pre-existing in-service workshops. We recommend ORI collaborate with the Department of Children and Families or other agencies where appropriate, particularly in offering professional development to case managers in the Unaccompanied Refugee Minors Program.

3. Require ORI contracting agencies to provide referrals and other services for LGBTQ youth.

LGBTQ refugees and immigrants are susceptible to isolation and violence within their ethnic, national, and religious communities of origin. Because of prior experience, LGBTQ refugees and immigrants may also distrust service providers who share their background. Moreover, isolation from a supportive community and social, legal, medical and other resources can leave refugees vulnerable to violence and exploitation by people outside their communities of origin. Not all contracting organizations currently have the capacity to fully serve LGBTQ refugee and youth, although we are eager to support them as they seek to increase their capacity to do so. We recommend that ORI work with contracting organizations to add language in relevant brochures and relevant print materials to provide resources, and to indicate that they work with LGBTQ communities and/or refer clients to service organizations that do have the capacity to work with LGBTQ youth.

Department of Transitional Assistance

The Department of Transitional Assistance (DTA) assists low-income individuals and their families to meet their basic needs, increase their incomes, and improve overall quality of life, including families who are LGBTQ and/or have LGBTQ youth, as well as young people up to 26 years of age. We welcome continued collaboration with Commissioner Jeff McCue and appreciate the work that has already been done to make the local DTA offices more affirming of LGBTQ youth. We congratulate DTA for their work in successfully drafting, finalizing, and approving a new nondiscrimination policy and guidance that incorporates sexual orientation and gender identity and agreeing to provide customer service training to all caseworkers.

DTA Recommendations

- 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 caseworkers on sexual orientation, gender identity, and the needs of LGBTQ youth.**
-

Background

According to a national study by the Williams Institute, LGBT people are disproportionately food insecure. Indeed, LGB adults aged 18 to 44 raising children are nearly two times more likely than their heterosexual counterparts to receive SNAP benefits. For youth ages 18 to 24, the data are also stark: 26 percent of LGB youth participate in SNAP, compared to 17 percent of heterosexual youth.⁵⁴

More broadly, data indicate that LGBTQ communities are particularly vulnerable to poverty. Commonly cited estimates suggest that approximately 40 percent of homeless youth are LGBTQ and that one in five transgender individuals between the ages of 18 and 24 have experienced homelessness, many of whom have experienced neglect, abuse, or violence.⁵⁵ According to one analysis of national census data, individuals in same-sex couples are more likely than their counterparts in different-sex couples to report receiving TANF.⁵⁶ Poverty rates are especially high among some LGBTQ parents and some LGBTQ communities of color.⁵⁷

LGBTQ young people—whether living with their family of origin, surviving on their own, or parenting a child—often face barriers to accessing the supports they need. These barriers can include perceived social stigma

⁵⁴ Gates, G. J. (2014). Food Insecurity and SNAP (Food Stamps) Participation in LGBT Communities. Williams Institute, retrieved from <http://williamsinstitute.law.ucla.edu/research/health-and-hiv-aids/lgbt-people-are-disproportionately-food-insecure/>

⁵⁵ Cray, A., Miller, K., and Durso, L. E. (2013). Seeking Shelter: The Experiences and Unmet Needs of LGBT Homeless Youth. Center for American Progress (2013), retrieved from <https://www.americanprogress.org/wp-content/uploads/2013/09/LGBHomelessYouth.pdf>; Hannah Hussey, H. (2015). Beyond 4 Walls and a Roof: Addressing Homelessness among Transgender Youth. Center for American Progress, retrieved from <https://cdn.americanprogress.org/wp-content/uploads/2015/02/TransgenderHomeless-report2.pdf>

⁵⁶ Badgett, L. M.V., Durso, L. E., and Alyssa Schneebaum, A. (2013). New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community. Williams Institute, retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/LGB-Poverty-Update-Jun-2013.pdf>

⁵⁷ Center for American Progress and the Movement Advancement Project. (2014). Paying an Unfair Price: the Financial Penalty for Being LGBT in America. Retrieved from <http://www.lgbtmap.org/file/paying-an-unfair-price-full-report.pdf>

surrounding public benefits as well as distrust of providers who can connect them to support services, feelings often based on past experiences or those of their friends and families.

Expanded Recommendations

1. Designate staff to develop LGBTQ-inclusive policies within DTA services and contract agencies.

As exemplified by the LGBTQ liaisons within the Department of Children and Families, designating staff to focus on cultural competence and expertise makes a tremendous difference in implementing policies and practices that improve services for LGBTQ youth. We urge the department to create an internal working group and specifically charge the group to: (1) advise on inclusion of clear non-discrimination policies regarding sexual orientation and gender identity; (2) perform quality assurance of providers' policies; (3) develop guidance on transgender client service and program access; and (4) review contracts with DTA-funded agencies to ensure gender identity anti-discrimination protections. (The Appendix includes sample guidance from Massachusetts Transgender Political Coalition and the National Gay and Lesbian Task Force websites).

2. Provide LGBTQ cultural competency training for all staff, especially those caseworkers involved in direct service provision.

Domestic Violence (DV) Specialists at DTA have independently sought out LGBTQ cultural competence DV training from community organizations, including Fenway Health's Violence Recovery Program and The Network/La Red. We recommend that DTA incorporate routine LGBTQ cultural competency training for all staff, and update customer service protocols to better meet the needs of LGBTQ youth clients. We encourage DTA to collaborate with other state agencies and community partners where possible to realize these trainings. Where possible, we recommend having separate trainings that are tailored to specific needs, starting with a focus on DV providers.

3. Require vendors to provide training and professional development to caseworkers on sexual orientation, gender identity, and the needs of LGBTQ youth.

Understanding the needs of LGBTQ youth is critical to providing responsive, trauma-informed services to LGBTQ youth, not only within state agencies but also within vendors providing state services. We recommend that all youth-serving employees within contracting agencies attend mandatory LGBTQ cultural competency training, with the specific goal of supporting employees in addressing the unique needs of LGBTQ youth. We recognize that DTA works in collaboration with DCF and other state agencies, and encourage departments to work together to address these needs. We encourage DTA to collaborate with other agencies and community partners where appropriate.

Department of Youth Services

The Department of Youth Services (DYS) is the state agency charged with serving youth in pre-trial detention or youth committed as juvenile delinquents or youthful offenders. DYS has led the nation in developing and implementing policy and guidelines to prohibit discrimination and harassment against lesbian, gay, bisexual, transgender, questioning, queer, intersex, and gender non-conforming youth (LGBTQQI and GNC youth). The DYS policy and guidelines, which became effective on July 1 of 2014, were developed through collaboration with community advocates, including members of the Massachusetts Commission on LGBTQ Youth. DYS has received state and national recognition for their work on behalf of LGBTQ young people.

DYS staff have kept members of the Commission abreast of their progress, and we congratulate them on their commitment to training all individuals who work for DYS and contracting organizations. We encourage DYS leaders to join the full Commission to update us on their efforts sometime in calendar year 2016.

DYS Recommendations

- 1. Continue to test and validate methods to ensure that intake forms are LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity through DYS clinicians.**
 - 2. Review educational and clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DYS care.**
 - 3. Continue to provide LGBTQ training curriculum for existing and incoming staff and vendors, and conduct evaluation of the effectiveness of these trainings.**
 - 4. Implement training designed for and led by youth aimed at increasing respect for and leadership among LGBTQ young people and allies.**
 - 5. 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.**
-

Background

Research from across the country suggests that LGBTQ youth are overrepresented within the juvenile justice system, with approximately 20 percent of youth in detention facilities identifying as LGBTQ.⁵⁸ These youth may come in contact with system after experiencing family rejection, homelessness, school harassment, and “survival crimes” such as robbery or sex work. Massachusetts Youth Risk Behavior Survey data from 2013 indicate that LGB youth are more than twice as likely to be gang-involved than heterosexual youth, five times

⁵⁸ Irving, A. and Gilbert, C. (2015). LGBT and Gender-Nonconforming Youth in Juvenile Justice: Building an Equitable System with Data, Training, and Policy. Center for Juvenile Justice, retrieved from <http://www.juvjustice.org/webinars-and-trainings/resources>

as likely to skip school because they feel unsafe, and more likely to be involved in a fight at school. LGBTQ girls are especially likely to be system-involved, with one study finding that approximately 40 percent of girls in juvenile detention facilities were LGBTQ or gender-nonconforming, most of whom were girls of color.⁵⁹

There is an emerging body of literature indicating that LGBTQ youth are punished more harshly than their heterosexual and non-transgender peers. A 2010 article in *Pediatrics* found that LGB youth are punished more harshly in schools and in the court system, even though they are less likely to engage in serious misdeeds—such as using a weapon, selling drugs, or burglary—than their heterosexual peers.⁶⁰ This analysis was based on a national sample of 15,000 middle and high school students. LGB youth also report being expelled from school at higher rates than heterosexual students, perhaps related to getting in fights resulting from bullying.⁶¹ This disparity in treatment by law enforcement is especially pronounced among girls. Lesbian and bisexual girls are 50 percent more likely to be stopped by police, and twice as likely to be arrested and convicted, even though they do not engage in higher levels of misconduct compared to heterosexual females.⁶² National studies have found youth workers often punish justice-involved LGBTQ youth for or attempt to change their sexual orientation or gender identity and expression.

LGBTQ youth are treated more harshly in sentencing than heterosexual peers. They are sometimes viewed as sexually predatory, and detained as a result. Sometimes youth flee prior placements due to anti-LGBT harassment; courts and probation officers see them as flight risks, further detaining them without providing supportive counseling to address the victimization they experience. It is common when a youth is released to their parents that they must obey “home rules” even if their parents’ rules are not LGBTQ-affirming, putting them at further risk of violation and coming back into the system. “At every state of the process, services and placements competent to serve LGBT youth are lacking,” write Majd, Marksamer and Reyes in *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*.⁶³

Once in the juvenile justice system, LGBTQ youth are at heightened risk of violence and discrimination. The U.S. Bureau of Justice Statistics (BJS) reports that non-heterosexual youth in custody are twice as likely as their detained heterosexual peers to report sexual victimization while in detention and are nearly 7 times as likely as heterosexual youth to report sexual victimization by another youth.⁶⁴ Protocols designed to offer better safeguards for LGBTQ youth in detention are a critical piece of efforts to effect safer and more respectful management of youth. These protocols also stand to benefit all youth in custody. Heterosexual youth and non-transgender youth alike can be victimized by prejudice motivated by bias against homosexuality and gender-nonconformity. Strict enforcement of nondiscrimination and non-harassment policies for LGBTQ youth can therefore benefit *all* youth in custody.

⁵⁹ Irvine, A. (2015). Time to Expand the Lens on Girls in the Juvenile Justice System. National Council on Crime and Delinquency, retrieved from <http://www.nccdglobal.org/blog/time-to-expand-the-lens-on-girls-in-the-juvenile-justice-system>

⁶⁰ Himmelstein K. and Brickner H. (2010). Criminal-Justice and School Sanctions Against Nonheterosexual Youth: A National Longitudinal Study. *Pediatrics*.

⁶¹ Ibid.

⁶² Majd, K., Marksamer, J. and Reyes, C. (2009). *Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts*. San Francisco, California: Legal Services for Children and National Center for Lesbian Rights, retrieved from http://www.equityproject.org/wp-content/uploads/2014/08/hidden_injustice.pdf

⁶³ Ibid.

⁶⁴ Beck A. J., Cantor D., Hartge J., and Smith T. (2013). Sexual Victimization in Juvenile Facilities Reported by Youth, 2012. Bureau of Justice Statistics, retrieved from <http://www.bjs.gov/content/pub/pdf/svjfry12.pdf>.

Expanded Recommendations

1. Continue to test and validate methods to ensure that intake forms are LGBTQ-inclusive and affirming, and implement routine, state-led collection of data on sexual orientation and gender identity through DYS clinicians.

The new policy rightly calls for protection of the confidentiality of information about sexual orientation and gender identity if it is self-disclosed by youth. It states that, “In order to better understand and help the population DYS serves, DYS will collect statistics on the number of LGBTQI and GNC youth in its care consistent with the youth’s confidentiality requests. Youth that self-identify as LGBTQI or GNC will be asked if they will agree to such information being reported to a Central Office DYS Staff for record keeping purposes only.” We recommend that data on a youth’s sexual orientation and gender identity be collected in a manner that de-identifies the individual who is LGBTQI or GNC. This will allow DYS and others concerned about this population to understand the experiences of LGBTQ youth in DYS custody, while not putting an individual youth at risk of unwanted disclosure. The Commission can also connect DYS to local researchers who can help them in developing the most accurate and effective measures of LGBTQ identity, same-sex behavior, and gender variance.

2. Review educational and clinical curricula on an on-going basis in order to increase awareness of the diversity of youth in DYS care.

As standards for working with LGBTQ young people in out-of-home settings continue to develop, a commitment to regularly review the content of educational and clinical curricula for efficacy in working with young people and alignment with best practices is key to ensuring that DYS staff continue to be equipped with the tools they need to support LGBTQ youth. Key staff should also have access to regularly updated information about the community resources available to LGBTQ young people.

3. Continue to provide LGBTQ training curriculum for existing and incoming staff, and conduct evaluation of the effectiveness of these trainings.

It is essential that trainings be evaluated for effectiveness to ensure that staff, volunteers and interns are gaining cultural competency to serve LGBTQ youth and eliminate harassment and discrimination against them by staff and other youth. It is also important that the new policy and guidelines be evaluated for effectiveness.

4. Implement training designed for and led by youth aimed at increasing respect for and leadership among LGBTQ young people and allies.

Promoting supportive attitudes among youth in DYS care is key to improving the experience of LGBTQ young people within the system. Making peer leadership opportunities available can foster discussion about diversity among DYS youth while providing young people with pathways to develop key skills.

5. 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.

Disproportionate rates of physical and sexual abuse against non-heterosexual youth in custody exist across the U.S. DYS's new policy and guidelines are a critical step toward reducing and eliminating such abuse in Massachusetts. This information will also support federally mandated PREA efforts to better understand the extent of victimization, assault and harassment in juvenile residential and community settings. The Commission looks forward to learning of efforts to reduce physical and sexual victimization within DYS, especially with regard to LGBTQ youth in custody.

Executive Office of Public Safety and Security

The Executive Office of Public Safety and Security (EOPSS) oversees several agencies that impact the lives of LGBTQ youth and young adults, including the State Police, Department of Correction, Sex Offender Registry Board, Municipal Police Training Committee, and Parole Board. While this is the Commission's first year making recommendations to EOPSS, we are encouraged by the nationally recognized work that has been done within the juvenile justice system in Massachusetts, and hope that the momentum from these efforts will carry forward throughout the agencies that comprise EOPSS. There are several positive training initiatives that provide a precedent for working on LGBTQ issues within public safety sectors, including a training on LGBTQ cultural competency undertaken by the Cambridge Police Department. We look forward to developing a relationship with EOPSS to ensure fair and respectful treatment of LGBTQ young people who encounter public safety systems.

EOPSS Recommendations

1. Appoint a liaison to work with the Commission.

Background

Homelessness, financial insecurity, family rejection, and poor school climates mean that LGBTQ young people are disproportionately likely to come into contact with the public safety and criminal justice systems. Often, these interactions start while youth are still minors and continue into their early adulthood. For instance, nationally, lesbian, bisexual, and questioning girls in detention are approximately twice as likely as their heterosexual peers to have been detained for engaging in the sex trade, and gay, bisexual, and questioning boys are approximately ten times as likely.⁶⁵ LGBTQ youth are also more likely than their peers to be detained for status offenses such as truancy or running away from home and for probation violations.⁶⁶ Indeed, national research found that nearly three quarters of all LGBTQ people and people living with HIV/AIDS had contact with police in the previous five years. Additionally, a quarter of respondents who had recently had in-person contact with police reported experiencing misconduct or harassment, such as profiling, false arrests, verbal or physical assault, or sexual harassment or assault, with higher rates among LGBTQ respondents of color and low-income respondents.⁶⁷

Within detention settings, LGBTQ individuals are at increased risk for violence and victimization. While we have relatively little information specific to Massachusetts, data from the Bureau of Justice Statistics suggest that nationally, non-heterosexual prison inmates experience sexual victimization from other inmates at about ten times the rate of their heterosexual counterparts, and that they experience sexual victimization from staff at more than twice the rate of heterosexual inmates.⁶⁸ In addition to specific experiences of violence, stigma can have a significant impact on LGBTQ incarcerated people: one survey of LGBTQ prisoners found that 70

⁶⁵ Irvine, A. (2010). We've Had Three of Them. *Columbia Journal of Gender and Law*, 19(3): 675-701. Retrieved from <http://www.nccdgloball.org/sites/default/files/content/weve-had-three-of-them.pdf>

⁶⁶ Gilbert, C. and Hussey, H. (2015). Young, Queer, and Locked Up: LGBT Youth in the Adult Criminal Justice System. Campaign for Youth Justice, retrieved from <http://campaignforyouthjustice.org/news/blog/item/young-queer-and-locked-up-lgbt-youth-in-the-adult-criminal-justice-system>

⁶⁷ Hanssens, C., Moodie-Mills, A., Ritchie, A., Spade, D., Vaid, U. (2014). A Roadmap for Change: Federal Policy Recommendations for Addressing the Criminalization of LGBT People and People Living with HIV. New York: Center for Gender and Sexuality Law at Columbia Law School, https://web.law.columbia.edu/sites/default/files/microsites/gender-sexuality/files/roadmap_for_change_full_report.pdf

⁶⁸ Beck, A. J., Berzofsky, M., Caspar, R., and Krebs, C. (2013). Sexual Victimization in Prisons and Jails Reported by Inmates, 2011-12. U.S. Department of Justice, Bureau of Justice Statistics, retrieved from <http://www.bjs.gov/content/pub/pdf/svpjri1112.pdf>

percent of respondents had experienced emotional pain from hiding their sexuality, and 78 percent of transgender respondents had experienced pain from hiding their gender identity.⁶⁹

Given these national data, Massachusetts has an opportunity to lead the nation by creating strong policy and guidance, providing training, and implementing data collection related to LGBTQ individuals in detention settings.

Expanded Recommendations

1. Appoint a liaison to work with the Commission.

The Commission conducts our work through bringing together key policymakers and agency personnel with Commission members who are experts in their fields. We are eager to open a relationship with EOPSS in order to explore new areas for collaboration and potential initiatives, and we urge EOPSS to make one or more liaisons to the Commission available to discuss our future work.

⁶⁹ Lydon, J., Carrington, K., Low, H., Miller, R., and Yazdy, M. (2015). Coming out of Concrete Closets: A Report on Black and Pink's National LGBTQ Prisoner Survey. Retrieved from <http://www.blackandpink.org/wp-content/uploads/Coming-Out-of-Concrete-Closets.-Black-and-Pink.-October-21-2015..pdf>

Registry of Motor Vehicles

In the past two years, the Registry of Motor Vehicles (RMV) has collaborated with the LGBTQ Youth Commission to ensure equal access for all Massachusetts residents. In 2014 the RMV added capabilities in its new updated software system for gender marker options other than the traditional “male” and “female” designations. The system will go live in 2017, giving the Commission and the RMV time to determine if, when, and how these capabilities will be utilized. The RMV further collaborated with the Commission and inter-agency work group on LGBTQ competency to create guidelines for staff on serving LGBTQ youth. The Commission commends the RMV for its continuing commitment to expanding access of state services for all youth in the Commonwealth.

RMV Recommendations

1. **Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.**
 2. **Develop an action plan and explore possibilities for broadening gender marker designations beyond existing “male” and “female” categories.**
 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.**
 4. **Establish pilot program in collaboration with the Commission and the DPH Registry of Vital Records and Statistics.**
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Background

In the fall of 2014 the Commission held a Boston-area convening of youth-serving community organizations. Providers and young people identified that lack of access to state-issued forms of identification is a major barrier to services for homeless youth and youth with limited means. Many youth currently experiencing homelessness lack access to any kind of identifying documentation. Many youth leave their homes of origin in a hurry, and returning for identification documents may be unsafe physically and emotionally. Without ID it is extremely difficult to access education, benefits, housing, and employment. Further, because homeless youth lack basic financial resources, the \$25 or \$50 required to obtain identification is burdensome, if not completely cost-prohibitive. Other barriers include the requirement that youth under 18 have parental consent to obtain identification, as well as residency requirements that necessitate a specified address - which by the very nature of homelessness, many youth experiencing homelessness do not have. Many other states have taken action to address these barriers within full compliance of federal REAL ID regulations.⁷⁰

⁷⁰ Hussey, H. (2015). Expanding ID Card Access for LGBT Homeless Youth. Center for American Progress. Retrieved from <https://www.americanprogress.org/issues/lgbt/report/2015/10/01/122044/expanding-id-card-access-for-lgbt-homeless-youth/>

Massachusetts currently possesses one of the most progressive gender marker change policies in the country for state IDs. Despite this, community members report inconsistent, and sometimes discriminatory or harassing, treatment by staff when gender marker change requests are submitted. Some community members report that line staff have laughed when they submitted gender marker change request forms, while others report hearing staff talking about them and their appearance while processing the form.

Expanded Recommendations

1. Implement cultural competency training for all line staff and ensure implementation of best practices for gender marker change requests.

The RMV has collaborated with the Commission to develop a nondiscrimination policy and accompanying “best practice” guidance to working with LGBTQ RMV customers. In order to ensure uniform implementation and cultural competence across the registry, the Commission urges the RMV to implement trainings on cultural competency and procedure for all branch workers who perform gender marker changes on state ID cards. This effort would be most effective if it was coordinated with the Department of Public Health Registry of Vital Records and Statistics.

2. Develop an action plan and explore possibilities for broadening gender marker designations beyond existing “male” and “female” categories.

The Commission applauds the RMV’s work in ensuring capabilities exist in the 2017 identification system for gender designations other than male and female. The Commission hopes to collaborate with the RMV to identify possibilities for making these capabilities a reality.

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.

Identification cards are critical to obtaining employment and housing for many unaccompanied homeless youth, who are disproportionately likely to identify as LGBTQ. Current application procedures pose serious challenges for youth experiencing homelessness and poverty. Unaccompanied homeless LGBTQ youth often lack access to multiple forms of supporting identification and documentation, may struggle to obtain a parental signature or to pay the application fee, and may not have transportation to a full-service regional branch office. These barriers may seriously limit the progress unaccompanied homeless youth are able to make. The Commission recommends that the RMV follow the model of other states⁷¹ and investigate the feasibility of:

- expanding the number of accepted forms of supporting identification
- removing requirements of parent/guardian consent to obtain a state-issued ID for youth over the age of 14
- offering a no-fee or low-fee ID option for youth who can produce a letter of indigence from a homeless service provider or clinician
- appointing a designated service coordinator for unaccompanied youth at local service branches

⁷¹ Ibid.

- hosting specific events or programs designed to reach vulnerable populations, such as coordinating with other state agencies or operating a mobile ID service at youth-serving organizations or youth-targeted events

4. Establish pilot program in collaboration with the Commission and Vital Statistics to facilitate access to identification cards for unaccompanied homeless youth.

The Commission is currently collaborating with the RMV regarding potential partnerships between the Commission, branches, youth-serving organizations and vital statistics. The Commission has designated specific funds to assist qualifying youth in accessing IDs. The Commission further suggests piloting an initiative through one or two RMV branches that connects youth and community organizations to designated service coordinators at RMV branches and the Office of Vital Statistics. The Commission is willing to provide logistical support for the launch of this program.

Regional Transit Authorities

The MassDOT Rail & Transit Division runs fifteen Regional Transit Authorities (RTAs) as well as the MBTA, in six regions across the Commonwealth: Boston, Northern, Central, Western, and Cape Cod & Islands. These agencies serve a total of 262 communities and provide over 29 million trips annually. MassDOT and the RTAs recently completed a study as part of its Beyond Boston Initiative. The Beyond Boston Transit study is designed to more effectively strategize, prioritize, and deliver transit service throughout the Commonwealth. This study identifies a broad range of ideas that offer potential to improve the planning, organization, and delivery of public transportation service. We look forward to contributing to the ongoing implementation of this study, and hope to highlight LGBTQ youth-serving organizations in rural parts of the Commonwealth as an underserved population.

RTA Recommendations

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.**
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Background

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

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

Isolation also emerged as a theme in focus groups that the Commission conducted with LGBTQ youth in Western Massachusetts in collaboration with the Executive Office of Health and Human Services following the hearings. Youth reported that they struggled to access spaces where they could find safety, support, and affirmation from other LGBTQ youth. Focus group participants also spoke to the difficulty of accessing local health resources and other service providers. Youth explained that they often resorted to unsafe transit options, including walking on roads without sidewalks or in areas where they feared being targeted for street harassment related to their sexual orientation or gender identity and expression.

Expanded Recommendations

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.

Following Public Hearings in 2012, the Commission held two focus groups with youth in Western Massachusetts in the spring of 2013. In both focus groups, geographic isolation from other LGBTQ youth and an inability to access regional programs and services emerged as key themes. These anecdotes aside, the state does not have a clear assessment of the transportation needs of LGBTQ youth, particularly in rural areas. In order to evaluate whether existing transit infrastructure can meet the demonstrated needs of LGBTQ youth, we recommend that MassDOT identify RTAs that are able to work with school and community-based groups to collect data regarding barriers to accessing local and regional resources, perhaps as part of the Beyond Boston Initiative. Such an initiative should address knowledge of existing transportation resources and identify opportunities for improved service delivery or resource coordination. We recommend RTAs in western or north-central Massachusetts, and suggest that the pilot rely on LGBTQ youth-serving organizations such as the GLBT Youth Group Network of Massachusetts (AGLY Network) and the Massachusetts GSA Student Leadership Council in order to gather the information needed to effectively coordinate existing transit options and appropriately direct new resources.

2. Include LGBTQ youth groups in MassDOT-facilitated resource and service plan assessments.

Given LGBTQ youth's reliance on public and community-operated transportation when accessing local and regional resources, we recommend partnering with local LGBTQ youth-serving groups, including the AGLY Network and the Massachusetts GSA Student Leadership Council, in its ongoing efforts to assess the statewide provision of public transit. We recommend that MassDOT expand existing inventories of regional transportation resources, develop such inventories where none exist, and share them with the Commission and partner agencies. We urge MassDOT to pilot the use of listening groups to calculatedly gather input from LGBTQ youth and adult service providers in community discussions regarding meeting transportation needs, resource sharing, and establishing efficient regional transportation networks.

Massachusetts Board of Library Commissioners

The Massachusetts Board of Library Commissioners is the agency of state government with the statutory authority and responsibility to organize, develop, coordinate and improve library services throughout the Commonwealth. The Board also strives to provide every resident of the Commonwealth with full and equal access to library information resources regardless of geographic location, social or economic status, age, level of physical or intellectual ability, or cultural background.

In the Commission's first year working with the MBLC, we were successful in establishing a partnership that allowed the Commission to engage librarians around issues impacting LGBTQ youth. We look forward to continuing to act as a resource for this agency.

MBLC Recommendations

- Promote discussion of LGBTQ youth issues or representation from LGBTQ voices within conferences and other spaces where resources are shared between librarians.**

Background

Libraries are a vital resource for LGBTQ youth and their supporters, including, increasingly, access to information technology. Although libraries account for about 1.25% of Massachusetts municipal spending,⁷² they provide some of the most-accessed services statewide, with an average of nearly 700,000 weekly visits in FY2013.⁷³

Libraries have great potential for serving all youth. For privacy reasons, libraries do not generally collect demographic data on their users, so the number of LGBTQ youth accessing library services is unknown. Libraries can nonetheless take steps to be welcoming for LGBTQ youth by providing programming and materials relevant to their concerns and helping them access information technology. Indeed, one study found that 47 percent of the homeless youth in its sample reported public libraries were the main sites granting them access to the internet, which permits communication with family, friends, caseworkers, and prospective employers.⁷⁴

Libraries can also support the youths' loved ones and agencies wishing to serve them. Many librarians are familiar with social disparities and work hard to improve access to library services for a variety of underserved constituencies. Resource lists, such as the American Library Association's Rainbow Project Book List, for example,⁷⁵ are easily accessed and widely used, but library patrons may be unaware of them. We look forward to working with the MBLC and its constituent libraries to increasing youth, family, and community access to such information and supports.

⁷² Public Library Share of the FY2012 Massachusetts Municipal Pie. Massachusetts Board of Library Commissioners Public Library Data. Retrieved from http://mblc.state.ma.us/advisory/statistics/public/rep_municipalpie/mp_pie_chart.pdf

⁷³ Massachusetts Public Libraries: Library Services for FY2013. Massachusetts Board of Library Commissioners Public Library Data. Retrieved from <http://www.countingopinions.com/pireports/report.php?065e92826db36d13a00ea45573a38db2>

⁷⁴ Hackl, A. (2014). "Helping Homeless Youth Stay Connected: LGBT Tech Connect 4 Life Program and Research." Retrieved from <http://lgbttechpartnership.org/wp-content/uploads/2014/08/LGBT-Tech-LGBT-Homeless-Youth-Connect-4-Life-Program-and-Research-2014.pdf>

⁷⁵ American Library Association. Rainbow Project Book List. Retrieved from <http://www.ala.org/awardsgrants/rainbow-project-book-list>

Expanded Recommendations

- Promote discussion of LGBTQ youth issues or representation from LGBTQ voices within conferences and other spaces where resources are shared between librarians.**

Libraries offer critical resources for LGBTQ youth, which can be further strengthened by the exchange of ideas, resources, and best practices between staff and institutions. We encourage MBLC to facilitate such exchange by taking advantage of conference opportunities and by acting as a resource for libraries across the state on LGBTQ youth issues.

Department of Housing and Community Development

The Department of Housing and Community Development (DHCD) is responsible for providing safe and affordable housing options for Massachusetts residents, including oversight of regional networks of shelter agencies and partners and of housing stabilization and emergency assistance programs. Numerous constituencies within and outside state government have raised the issue of the critical housing needs of LGBTQ youth and young adults. We are eager to bridge the gap between youth needs and available services and appreciate the work DHCD has accomplished so far including participating in an Interagency Council on Housing and Homelessness and working to draft a nondiscrimination policy that incorporates sexual orientation and gender identity.

DHCD Recommendations

1. **Establish a coordinated and collaborative approach with relevant state agencies to ensure appropriate services for LGBTQ 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. **Finalize, adopt, and distribute a policy and guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.**
-

Background

Reports indicate that youth who are LGBTQ are at higher risk for homelessness than the general youth population, and are often subject to stigma and discrimination. Massachusetts Youth Risk Behavior Survey (MYRBS) data from 2005 to 2013 suggest that sexual minority youth are more than four times as likely as other youth to report being homeless. Homeless LGBTQ youth and young adults struggle to access age-appropriate and affirming shelters and other living spaces. At the Commission's 2012 public hearings, LGBTQ youth and service providers reported that many youth feel safer sleeping outside or in abandoned buildings than in available shelters. As a result, homeless LGBTQ youth experience violence and victimization on a more frequent basis, and may engage in the street economy or other survival behaviors that put them at increased risk of involvement with the juvenile and criminal justice systems and of negative health and safety outcomes.

Homelessness impacts not only homeless LGBTQ youth who are unaccompanied, but also those who are living with their families in unstable or unsheltered situations. In a national survey of providers serving LGBTQ homeless youth, family service providers estimated that of their total youth served, an average of 22 percent identified as LGBTQ and 3 percent identified as transgender.⁷⁶ Parents who are struggling to navigate homelessness may be in particular need of assistance from state agencies or providers in supporting and locating resources for their LGBTQ children.

⁷⁶ Choi, S. K., Wilson, B. D. M., Shelton, J., Gates, G. (2015). *Serving Our Youth 2015: The Needs and Experiences of Lesbian, Gay, Bisexual, Transgender, and Questioning Youth Experiencing Homelessness*. Los Angeles: The Williams Institute with True Colors Fund. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Serving-Our-Youth-June-2015.pdf>

Massachusetts-specific data confirms the testimony the Commission has received. According to the MYRBS, 48 percent of homeless LGB students had experienced dating violence – compared to 29 percent of homeless heterosexual students, 26 percent of housed LGB students, and 8 percent of housed heterosexual students. MYRBS data also indicates significantly higher rates of substance use, bullying, suicide attempts, and nonconsensual sex among homeless LGB youth than among housed LGB youth or housed or homeless heterosexual youth. Additionally, the data show that LGB youth are more likely than heterosexual youth to have ever been or gotten someone else pregnant, a factor that likely increases their need for services.

The Commission seeks to ensure that homeless LGBTQ youth are finding appropriate housing in safe settings that are responsive to their particular needs, including youth who have aged out of foster care or other state-based facilities. The Commission is especially concerned about the unmet needs of transgender populations.

Expanded Recommendations

1. Establish a coordinated and collaborative approach with relevant state agencies to ensure appropriate services for LGBTQ homeless youth.

Preventing and eliminating youth homelessness will require resources coordinated across state agencies. We are eager to work with DHCD to support conversations around the needs of LGBTQ youth as part of larger collaborations.

2. Provide LGBTQ cultural competency training to staff and providers to improve access to shelter and housing, including domestic violence services, for LGBTQ youth.

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

3. Adopt guidelines to promote safety and privacy of LGBTQ youth and/or those transitioning genders in shelters.

Shelters serving homeless individuals and families should have LGBTQ-friendly living situations for LGBTQ youth accessing shelters with their parents or LGBTQ young people who are pregnant or are parents, as well as unaccompanied LGBTQ homeless youth. We recommend that DHCD consider model policies related to gender identity for its emergency family shelters. We note for example the model policy developed by GLAD for the Lynn Shelter and the Shelter for All Genders model policy developed by the Massachusetts Transgender Political Coalition.⁷⁷ In particular, we encourage DHCD to support emergency shelters in

⁷⁷ GLAD. Gender Identity Non-Discrimination Model Policy for Homeless Shelters. Retrieved from <http://www.glad.org/uploads/docs/publications/shelter-gi-non-discrimination-model-policy.pdf>; Massachusetts Transgender Political Coalition. (2013). Shelter for All Genders: Best Practices for Homeless Shelters, Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-Conforming Guests. Retrieved from <http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf>

providing the option of at least one private bathroom and shower space for the safety and privacy of LGBTQ youth where possible, and to further recommend that youth have access to shared bathroom and changing facilities that are consistent with their gender identity. As is well documented, LGBTQ youth are frequently victims of sexual assault, bullying, ridicule, and physical violence. Testimony received by the Commission at statewide hearings spoke to safety concerns of LGBTQ youth staying in shelters, with several youth and providers reporting harassment by shelter staff and other clients. LGBTQ youth benefit the added privacy of a private bathing space to contribute to their physical well being and emotional security.

Department of Career Services

The Department of Career Services (DCS) oversees the state's network of One-Stop Career Centers that assist businesses in finding qualified workers and provide job seekers with career guidance as well as referrals to jobs and training. The Commission recently worked in collaboration with DCS to update and revise its nondiscrimination policy to be LGBTQ-inclusive.

DCS Recommendations

1. **Partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.**
 2. **Finalize and distribute guidance on best practices for serving LGBTQ youth to all DCS staff and providers.**
 3. **Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.**
-

Background

LGBTQ youth are more likely to experience a number of risk factors, such as homelessness, unsafe educational environments, or involvement with the juvenile and criminal justice systems, that make obtaining employment more difficult. Unsafe or under-resourced schools and disproportionate rates of school suspensions and arrests put LGBTQ youth of color in particular at a disadvantage in preparing to enter the workforce. The repercussions of obstacles to obtaining employment often follow LGBTQ youth, particularly transgender young people and youth of color, into their adult years, as indicated by unemployment statistics suggesting that transgender adults and LGBTQ adults of color experience unemployment rates significantly higher than the national average.⁷⁸

A survey of LGBTQ youth of color aged 13 to 25 who live, work, or spend time in Boston found that while significant numbers of respondents reported having access to leadership development and skill-building opportunities, many were unable to translate that into work: only 57 percent reported having a paid job or internship, with 34 percent saying they did not have a paid job or internship but would like to.⁷⁹ Approximately one in five respondents felt there was no more than a “50-50 chance” that they would have a good job by age 30.⁸⁰ To secure stable and meaningful employment, LGBTQ young people need access to quality career development programs that address the specific challenges they face, as well as employers who are willing to hire them.

⁷⁸ Movement Advancement Project. (2013). A Broken Bargain for LGBT Workers of Color. Retrieved from <http://www.lgbtmap.org/files/a-broken-bargain-for-lgbt-workers-of-color.pdf>

⁷⁹ Kerith Conron, Johannes Wilson, Sean Cahill, Jessica Flaherty, Mio Tamanaha, and Judith Bradford, “Our Health Matters: Mental Health, Risk, and Resilience among LGBTQ Youth of Color who Live, Work, or Play in Boston,” The Fenway Institute (2015), http://cdn2.hubspot.net/hubfs/308746/com2395-ourHealthMatters-report_v5-small.pdf?t=1448898437715

⁸⁰ Ibid.

Expanded Recommendations

1. Partner with the Commission and social service providers to offer career readiness resources for LGBTQ youth who face barriers to employment.

DCS is already committed to increasing youth employment, with a focus on youth populations who experience specific barriers to employment. We encourage DCS to partner with social service providers, local businesses, and other state agencies to offer resources aimed at addressing the career readiness needs of LGBTQ young people. The Commission is eager to collaborate with DCS to host a LGBTQ Youth Career Fair in order to link LGBTQ young people with employment opportunities and career development resources. Coordination with other youth-serving state agencies would maximize the impact of such an event for LGBTQ young people. We also recommend that DCS make LGBTQ resource lists available to youth-serving career centers to ensure that program staff are able to make appropriate referrals to LGBTQ-affirming services. The New York State Department of Labor has been active in partnering with LGBTQ youth homeless shelters and other providers to improve access to employment opportunities for LGBTQ youth, and we encourage DCS to rely on New York State as a model.⁸¹

2. Finalize and distribute guidance on best practices for serving LGBTQ youth to all DCS staff and providers.

We commend the Department of Career Services for creating a set of guidelines outlining best practices for serving LGBTQ and gender-nonconforming youth youth. We look forward to seeing this document finalized and distributed to all agency and program staff in order to ensure the consistent delivery of services in line with the Executive Office of Labor and Workforce Development's non-discrimination policy.

3. Create and distribute model intake forms for DCS programs in line with best practices on LGBTQ data collection.

Ensuring that young people feel that their identities are accurately reflected on paper is an important aspect of creating a welcoming environment. We recommend that DCS provide a model for program intake forms that include response options beyond "male" and "female." We also suggest that DCS explore whether there are ways to collect optional demographic information related to sexual orientation and gender identity from youth clients in order to better assess the employment needs of LGBTQ youth and how existing services are meeting them.

⁸¹ New York Department of Labor. (2013). State Labor Department Announces At-Risk LGBTQ Youth Employment Initiative. Retrieved from <http://labor.ny.gov/pressreleases/2013/june-4-2013.shtm>

GLOSSARY OF TERMS

Assigned sex: the sex (male or female) that is noted on an individual's birth certificate issued at birth. Also referred to as sex assigned at birth, birth sex, and/or sex recorded at birth. Please note the "issued at birth", as an individual may amend their birth certificate later in life to better reflect their gender identity.

Bisexual: a person who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to people of their same or different gender.

Biological sex: an individual's sex (male or female) based on an individual's external anatomy and their assumed sex chromosomes or hormones.

Cisgender: a term used for someone whose gender identity matches their sex assigned at birth; also may be referred to as non-transgender.

Coming out: the process of self-disclosing one's sexual orientation or gender identity to themselves and other people. Coming out is often a lifelong process, as there may be many different instances a person may choose to come out. It is important that an individual be given the autonomy to choose if they want to come out, how they will come out, and when they will come out, as this choice is often influenced by a sense of safety and/or acceptance.

Gay: a man who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other men. The term 'gay' is preferred to 'homosexual' which has clinical overtones that some may find offensive. The term gay is sometimes used by women who prefer it to the term lesbian, or as an overarching term to refer to a broad array of sexual orientation identities other than heterosexual.

Gender Identity: a person's internal and individual experience of gender, whether that be a man, woman, both, neither, or something entirely different. A person's gender identity may be the same as or different from their assigned sex. Gender identity is separate from sexual orientation.

Gender Expression: refers to how a person publicly represents or expresses their gender identity to others. Every person has a gender identity, and makes choices of how they express this identity by the way they speak or act, how they wear their hair, which clothes they choose to wear, and whether or not they choose to wear makeup. A person's gender expression may be different from the gender norms that are generally associated with that person's biological sex in society.

Gender Binary: the cultural belief that there are only two sexes/genders (male and female/masculine and feminine), and that they are distinct, opposite forms of each other.

Gender Dysphoria (GD), Formerly known as Gender Identity Disorder (GID): described as the extreme discomfort or distress resulting from a mismatch between one's biological sex and gender identity. Gender Dysphoria is also the formal diagnosis for transgender identity in the Diagnostic and Statistical Manual, fifth edition, (DSM 5). In order to be diagnosed with GD, one must have a marked incongruence between one's experienced/expressed gender and assigned gender for at

least six months. In children, the desire to be another gender must be present and verbalized. The condition is associated with clinically significant distress or impairment in social, school, occupational, or other important areas of functioning. Not all members of the transgender community choose to take on the formal diagnosis, as there is still some stigma associated with a formal diagnosis.

Gender neutral: a term that describes something, many times a space (like a bathroom) or a thing (such as clothing), that is not segregated by sex or gender.

Gender Non-Conforming (GNC): a term used to describe people whose gender expression differs from stereotypic expectations of gender appropriate behavior or ways men and women are expected to act. Not all gender non-conforming people identify as LGBTQ. May also be referred to as gender variance.

Gender roles: social and cultural beliefs about what is considered gender appropriate behavior, or the ways men and women are expected to act.

Genderqueer: a term for people who identify outside the confines of the binary definition of gender (male/female). Genderqueer people may consider themselves to be two or more genders, without a gender, a third gender, and/or fluid.

Homophobia: fear, hatred or discriminatory response to a person who is or is perceived to be lesbian, gay, bisexual or queer.

Intersex: label used to describe a person whose combination of chromosomes, hormones, primary and secondary sex characteristics differs from one of the two expected patterns of male or female. This term replaces "hermaphrodite" which is considered offensive by many intersex individuals.

Lesbian: a woman who self-identifies as having an emotional, sexual, spiritual, and/or relational attraction to other women.

Medical transition: a process that utilizes hormonal treatments and/or affirming surgical interventions to bring a person's body into alliance with that person's gender identity. Not all transgender people desire to transition medically, due to various medical, social, financial, and/or safety reasons.

Pansexual: a person who has an emotional, sexual, spiritual, and/or relational attraction to other people, rather than a specific sex or gender.

Preferred Gender Pronouns: the way people refer to themselves and how they prefer to be addressed in terms of gender. If you are unsure of what pronoun a person may use, it is best to ask rather than assuming. Some common preferred gender pronouns are: she/her/hers, he/him/his, they/them/theirs (singular), ze/hir/hirs.

Pubertal Suppression: a medical process that pauses hormonal changes that initiate puberty in adolescents, resulting in a purposeful delay in the development of secondary sex characteristics (e.g. breast growth, facial hair, body fat redistribution, voice changes, etc). Suppression can prevent gender dysphoria that often accompanies puberty for trans or gender non-conforming youth, and is not permanent.

Queer: an umbrella term that includes anyone who wants to identify as queer and who somehow feels outside the societal norms in regards to gender identity, sexual orientation, and sexual/romantic behaviors. The term may also serve as a political statement that advocates breaking gender and sexual binaries. Was formerly used as a derogatory term, but has been reclaimed in recent decades.

Questioning: a term used to describe a person who is exploring their sexual orientation and/or gender identity and does not necessarily self-identify as LGBTQ. Not all people who question their identities may come out and/or identify as LGBTQ.

Secondary Sex Characteristics: features that appear during puberty that distinguish sex, which may include breast development, facial hair, voice changes, redistribution of body fat, etc.

Sexual Minority Youth: consists of young people who identify themselves as gay or lesbian (e.g. individuals whose primary sexual/emotional connections are to people of the same gender) or bisexual (e.g. individuals whose sexual/emotional attraction and connections are not limited to one gender or the other), as well as youth who do not ascribe to these identity labels, but engage in same-gender sexual or romantic behavior.

Sexual Orientation: refers to a person's emotional, sexual, spiritual, and/or relational attraction towards other people of the same or different gender. Some common sexual orientations include lesbian, gay, bisexual, heterosexual, queer, pansexual, and asexual. There are many other terms that people may use to identify their sexual orientation.

Social Transition: the process of disclosing oneself as transgender to friends, family, co-workers, and/or classmates. This often includes asking that others use a name, pronoun, or gender that reflects that person's gender identity. Additionally, this person may begin to use facilities such as bathrooms, locker rooms, or dormitories associated with their gender identity.

Transgender: an umbrella term used to describe a person whose gender identity or gender expression is different from that traditionally associated with the assigned sex at birth. Transgender identity is often confused with sexual orientation. A transgender person may identify as heterosexual, lesbian, gay, bisexual, queer, questioning, pansexual or something else.

Transgender Healthcare: broadly describes the medical or behavior health care that some transgender or gender non-conforming people may seek in relation to their gender identity. Some of this includes transition related health care, such as supportive psychotherapy, hormone therapy, surgical procedures, voice therapy, and/or electrolysis/laser hair removal. Transgender Healthcare also includes general healthcare that may be anxiety provoking due to its ties to gender, such as pap smears, chest exams, birth control, and prostate exams. Many transgender people have difficulty accessing general or transition related health care that is culturally competent.

Transgender Man/FTM/Female-to-Male: a person who identifies as male, but was assigned female at birth.

Transgender Woman/MTF/Male-to-Female: a person who identifies as female, but was assigned male at birth.

Transphobia: fear, hatred or discriminatory response to a person who is or is perceived to be transgender or gender non-conforming.

APPENDIX

2013 Massachusetts Youth Risk Behavior Survey, Risk Behaviors and Sex of Sexual Partners Report.

<http://www.mass.gov/cgly/2013MAH%20Sex%20of%20Sexual%20Partners.pdf>

2013 Massachusetts Youth Risk Behavior Survey, Risk Behaviors and Sexual Identity Report.

<http://www.mass.gov/cgly/2013MAH%20Sexual%20Identity.pdf>

2013 Massachusetts Youth Risk Behavior Survey Fact Sheet.

http://www.mass.gov/cgly/YRBS13_FactsheetUpdated.pdf

**Massachusetts Department of Elementary and Secondary Education Guidance for Massachusetts Public Schools
Creating a Safe and Supportive School Environment: Nondiscrimination on the Basis of Gender Identity.**

<http://www.doe.mass.edu/ssce/GenderIdentity.pdf>

**Department of Youth Services Official Policy on Prohibition of Harassment and Discrimination Against Youth,
Policy# 03.04.09. Guidelines for Lesbian, Gay, Transgender, Questioning, Queer, Intersex, and Gender Non-
Conforming Youth.**

<http://www.mass.gov/eohhs/gov/laws-regs/dys/policies/chapter-03-daily-living-policies.html>

**U.S. Department of Health and Human Services Administration on Children, Youth and Families: Information
Memorandum on Providing Protection and Support to Lesbian, Gay, Bisexual, Transgender and Questioning Youth
in Foster Care.**

<http://www.acf.hhs.gov/sites/default/files/cb/im1103.pdf>

The World Professional Association for Transgender Health (WPATH) Standard of Care Version 7.

http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655

**Massachusetts Transgender Political Coalition's Shelter for All Genders: Best Practices for Homeless Shelters,
Services, and Programs in Massachusetts in Serving Transgender Adults and Gender Non-Conforming Guests.**

<http://www.masstpc.org/wp-content/uploads/2012/10/Shelter-for-all-Genders.pdf>

**Department of Housing and Urban Development, Equal Access to Housing in HUD Programs - Regardless of Sexual
Orientation or Gender Identity.**

<http://portal.hud.gov/hudportal/documents/huddoc?id=5359-F-02EqAccessFina1Rule.pdf>

CONTACT INFORMATION

CHAIR

Julian Dormitzer

julian.dormitzer@gmail.com

COMMISSION COORDINATOR

Kevin Lam

kevin.lam@state.ma.us

(617) 624-5495

DIRECTOR OF POLICY AND RESEARCH

Hannah Hussey

hannah.hussey@state.ma.us

(617) 994-9809

MAILING ADDRESS

**Massachusetts Commission on Lesbian, Gay, Bisexual,
Transgender, Queer and Questioning (LGBTQ) Youth**

250 Washington Street, 4th Floor

Boston, MA 02108

FACEBOOK

<https://www.facebook.com/MCGLBTY/>

TWITTER

@MassLGBTQYouth

WEBSITE

www.mass.gov/cgly

