



AGENDA REPORT

TO: DEANNA J SANTANA
CITY ADMINISTRATOR

FROM: Sara Bedford
Director, DHS

SUBJECT: Supplemental OFCY LGBTQ
Youth Services Strategy

DATE: January 30, 2014

City Administrator
Approval

Date

1/30/14

COUNCIL DISTRICT: City-Wide

RECOMMENDATION

Staff recommends that the City Council adopt a resolution adding a LGBTQ Youth Services strategy to the Oakland Fund for Children and Youth Strategic Investment Plan 2013-2016

The Planning and Oversight Committee (“POC”) of the Oakland Fund for Children and Youth (“OFCY”) approved the LGBTQ Youth Services Strategy amendment and forwards it for City Council approval

REASON FOR SUPPLEMENTAL

At the Life Enrichment Committee (LEC) meeting on January 28, 2014, staff presented a recommendation to adopt a resolution adding a LGBTQ Youth Services strategy to the Oakland Fund for Children and Youth Strategic Investment Plan 2013-2016. The Committee requested specific changes to the strategy amendment to remove references to collaborations, in order not to preclude potential applications from single-agencies or partnerships in response to the Request for Proposals (RFP) to be released upon adoption of the resolution. These changes have been made and the amended LGBTQ Youth Services Strategy amendment is included as an attachment to this supplemental report.

The new LGBTQ Youth Services Strategy is provided as *Exhibit A Revised* to the proposed Resolution.

Item _____
City Council
February 4, 2014

For questions regarding this report, please contact Sandra Taylor, Human Services Manager

Respectfully submitted,



SARA BEDFORD, Director
Department of Human Services

CHILDREN & YOUTH SERVICES DIVISION
Reviewed by Sandra Taylor, Manager
Prepared by Mike Wetzel, Program Planner

ATTACHMENTS:

- Exhibit A Revised –Amendment to Youth Strategic Investment Plan 2013-2016 - LGBTQ Youth Services Strategy



OFCY STRATEGY AREA

Youth Leadership and **Community Safety**

FUNDING STRATEGY

#12: Safe Community Spaces for LGBTQ Youth

STRATEGY DESCRIPTION SUMMARY:

OFCY will expand community-based programming and safe spaces specifically for LGBTQ youth in Oakland. Safe spaces specifically for LGBTQ youth in Oakland will support the formation of positive identities, foster peer connections, help youth to develop self-sufficiency skills and to work towards achievement of personal goals, and provide opportunities for youth to give voice and leadership in making a more inclusive community and city. Successful services for LGBTQ youth will work to address the need for family support and reconciliation services and enhance their capacity to support youth and their families.

OFCY will expand offerings and outlets for LGBTQ youth in community based settings by:

- 1) Supporting consistent programming specifically for LGBTQ youth at a transit-friendly location or locations
- 2) Supporting community-based agencies to expand their offerings and/or develop new programming and services specifically for LGBTQ youth

Programs supported through the strategy would be expected to participate and support efforts to better coordinate and promote the network of LGBTQ youth service providers in Oakland.

TARGET POPULATION

Oakland LGBTQ youth ages 14-20

ACTIVITIES

OFCY will support agencies that provide.

- Safe space for LGBTQ youth by providing a welcoming and inclusive climate.
- Connections to caring adults
- Positive youth development activities through consistent and diverse programming, provided by a qualified and culturally competent staff.
- Access and support to a network of services, support and referrals for LGBTQ youth and their families.
- The capacity to address the need for family support for LGBTQ youth.
- Programming to build strong and secure peer relations and attachments



GOALS AND OUTCOMES

Programming will achieve the following goals:

- Expansion of programs and available services specifically for LGBTQ youth
- Increased LGBTQ youth participation and engagement in high quality youth development programs specifically for LGBTQ youth
- Enhancement of the broader network of support available for LGBTQ youth and improved LGBTQ youth referrals to appropriate services
- Increased capacity in service providers to address family needs and provide family support
- Youth have access to enriching activities in safe and supportive places through quality programs

OFCY Outcomes

- Increased levels of community engagement
- Increased confidence/self-esteem
- Increased connection to caring adults

ALIGNMENT WITH OTHER SYSTEMS OF SUPPORT

Successful programming providing consistent and quality LGBTQ youth services must support and improve the network of support and referrals available for LGBTQ youth in Oakland

All programs supported through the strategy would be expected to participate and support efforts to better coordinate and promote the network of LGBTQ youth service providers in Oakland

FUNDING ALLOCATION:

Between \$200,000 and \$300,000 in annual funding is projected to be available in FY2014-2015 and FY2015-2016 to support and enhance the infrastructure and network of support services for LGBTQ youth in Oakland available through safe spaces in the community. OFCY seeks to support expansion of LGBTQ specific safe spaces for youth in Oakland, and to support community-based organizations to expand their services or to develop LGBTQ specific programming and services

DATA / RESEARCH SUPPORTING STRATEGIC NEED/ INVESTMENT:

National studies of adolescent youth indicate that 3% to 6% of youth identified as lesbian, gay or bisexual (LGB), reported same-sex attraction, or engaged in same-sex sexual activity¹. A 2011 analysis by the Williams Institute of multiple national population-based surveys of adults estimates that approximately 3.5% of adults in the United States identify as lesbian, gay or bisexual, and an estimated 3% are transgender².

There are 22,456 Oakland youth 15-19 years of age³. Three to six percent is equal to

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Strategy Summary: LGBTQ Youth Services



between 674 to 1,347 Oakland LGB youth. Based on the estimate that 3% of the population is transgender, the estimated number of Oakland transgender youth ages 15-19 is 67 individuals.

Recent studies found that the average age gay and lesbian teenagers first self-identify is between 13 and 16, compared to the 1980's when it was between 19 and 23. However, many individuals report knowing that they were lesbian, gay, or bisexual in the sixth or seventh grade or even earlier^{4,5}. Self-identification at an earlier age can lead to the stigmatizing of youth, harassment, and discrimination, exposing youth to rejection at home and at school.

Family rejection, discrimination and harassment at school, and homelessness are threats to the health and wellbeing of LGBT youth. These can lead to negative physical and mental health outcomes, negative academic outcomes, increased rates of contact with the juvenile justice system, and increased risky behavior.

Compared to LGBT adults, LGBT youth are extremely vulnerable to the effects of discrimination and stigma because they have not yet had the opportunity to develop networks of support elsewhere if their schools and homes are hostile to them. According to the Centers for Disease Control and Prevention (CDC), the stigma of being LGBT, along with related harassment and discrimination, can cause LGBT youth to develop more troubling health behaviors than their heterosexual counterparts, including depression, homelessness, violence (e.g., bullying, teasing, harassment, physical assault, and suicide-related behaviors), early exposure to sexual activity and drug use. In a study conducted by the CDC, which surveyed 156,000 high school students from 2001-2009, LGBT youth were 63.8% more likely to exhibit risky behaviors, such as, physical violence, unprotected sexual activity, drug use and abuse, and self-inflicted violence, compared to youth not identifying⁶. These high rates of substance abuse, called the minority stress effect, are linked to high rates of discrimination and family rejection. Researchers have found, for example, that 51 percent of surveyed LGBT youth reported that they were either currently smoking or were former smokers⁷.

The risk of family rejection plays a larger role today than in past years. Lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection⁸.

LGBT youth who are accepted by their families are much more likely to believe they will have a good life and will become a happy, productive adult. In families that are not at all accepting of their adolescent's gay or transgender identity, only about 1 in 3 young people believe they will have a good life as a gay adult. But in families that are extremely accepting, nearly all LGBT young people believe they can have a happy, productive life as an LGBT adult⁹.

Studies show that between 78 percent and 86 percent of LGBT students experience verbal harassment in their schools because of their sexual orientation or gender identity. Nearly a quarter of LGBT students report being physically attacked in school¹⁰. These acts of bullying were not only student-to-student incidents. In a national survey, nearly a third of transgender respondents reported being verbally harassed by teachers or staff.



in a K-12 school¹¹

In a new study by the Urban Institute, which surveyed 3,745 youth in 7th to 12th grades, 43% of LGBT youth reported being victims of physical dating violence, compared to just 29% of heterosexual youth¹². Numbers were even higher for victims of emotional abuse (59% of LGBT youth versus 46% of heterosexual youth). Transgender youth had some of the highest rates of victimization, despite making up a tiny percentage of the total respondents.

COMMUNITY INPUT SUPPORTING STRATEGIC INVESTMENT:

Community and youth input identified the need to provide more community-based programming specifically for LGBTQ youth, and cited the lack of current infrastructure in Oakland. Community input was strong in supporting collaborative efforts to expand programming. Youth and community input emphasized that for programs to be successful they must employ culturally competent staff. OFCY broadly received feedback that there is a need to support community-based groups that currently do not have explicit LGBTQ programming to enhance their services to be more intentional and directed specifically for LGBTQ youth. There was a significant amount of feedback regarding the need for current providers to better coordinate services and referrals, and to improve the quality of existing services. Another consistent theme was the need to address family support, reconciliation and acceptance, and the lack of existing resources currently available to support youth in context with their family. Input from service providers highlighted the need for ongoing training and technical assistance to support staffing and agencies to become more inclusive and provide more accepting and supportive spaces for queer or questioning youth.

EVIDENCE-BASED RESEARCH/ PRACTICES FRAMING STRATEGIC INVESTMENT:

Recognized best practices in serving LGBT individuals and families include services that provide a welcoming and inclusive climate, and the provision of linkages, referrals and resources appropriate for their LGBT clients¹³. Another cited best practice are services that provide the tools for clients to recover from past emotional and psychological trauma related to living in stigmatizing and/or abusive family, school and community environments, and programming that helps to reduce and eliminate stigma and culturally-defined barriers.

While family rejection can lead to homelessness, family acceptance has been shown to have protective effect, and accepting families help to protect LGBT youth against risky health behaviors¹⁴. For youth experiencing or at risk of homelessness, reconnecting to family in a positive way can facilitate reunification and reduce long-term negative consequences¹⁵. Researchers have found that accepting families come from all ethnic and class backgrounds, including families with no formal education or income¹⁶.

Best practices established in serving LGBT youth in out-of-home care, which are also applicable to wider range of youth programming, include supporting family acceptance and reconciliation, creating permanent connections for LGBT youth, promoting positive adolescent development, and providing appropriate health, mental health, and education services to LGBT youth¹⁷.

Community-based programming that is experienced in providing strength-based or asset-based services to LGBT youth are also cited as strong practices¹⁸. Asset-based

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programming that promotes positive youth development is effective in helping youth achieve positive outcomes and reduce risky behaviors. Studies of resilience for youth who are a sexual/gender minority have demonstrated that positive social relationships moderate distress, while positive family support and acceptance leads to adolescent comfort and resilience in later life. Secure attachment during the coming out process functions to enhance coping with ontigoy prejudice, self-acceptance, and self-esteem¹⁹

¹ Cianciotto, J , & Cahill, S (2003) *Education policy Issues affecting lesbian, gay, bisexual, and transgender youth* New York The National Gay and Lesbian Task Force Policy Institute

² Gates, G (2011) *How many people are lesbian, gay, bisexual, and transgender?* UCLA School of Law The Williams Institute

³ US Census 2010 ACS - 1-Year Data DP03 Selected Economic Characteristics

⁴ Cianciotto, J , & Cahill, S (2003) *Education policy Issues affecting lesbian, gay, bisexual, and transgender youth* New York The National Gay and Lesbian Task Force Policy Institute

⁵ Wilber S , Ryan C , & Marksamer J (2006) *Best Practice Guidelines Serving LGBT Youth In Out-Of-Home Care* Washington DC Child Welfare League Of America

⁶ Centers for Disease Control and Prevention (2011) *Lesbian, Gay, Bisexual and Transgender Health* Available from [http //www cdc gov/lgbthealth/youth htm](http://www.cdc.gov/lgbthealth/youth.htm)

⁷ [http //www americanprogress org/issues/lgbt/news/2013/05/02/62087/improving-the-lives-of-lgbt-americans-beginning-with-our-youth/](http://www.americanprogress.org/issues/lgbt/news/2013/05/02/62087/improving-the-lives-of-lgbt-americans-beginning-with-our-youth/)

⁸ Ryan, Caitlm, Huebner, David (2009) *Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay and Bisexual Young Adults* *Pediatrics*, Vol 123 No 1

⁹ Ryan, C et al (2011) *Family Acceptance in Adolescence and the Health of LGBT Young Adults* *Journal of Child and Adolescent Psychiatric Nursing*

¹⁰ Human Rights Campaign *Growing up LGBT in America HRC Youth Survey Report Key Findings*

¹¹ Grant, J , Mottet, L , Tanis, J (2011) *Injustice at Every Turn A Report of the National Transgender Discrimination Survey* Washington DC National Center for Transgender Equality

¹² Combi, S (2013) *LGBT Youth Face Higher Rate of Dating Abuse* Washington DC Urban Institute [http //www urban org/publications/904600 html](http://www.urban.org/publications/904600.html)

¹³ Ebony M Williams, E (2011) *Best Practices in Serving LGBTQ Individuals and Families* Community Alliance for Culturally and Linguistically Appropriate Services (CLAS)

¹⁴ Ryan, C (2009) *Supportive Families, Healthy Children Helping Families with Lesbian, Gay, Bisexual & Transgender Children* San Francisco State University, Family Acceptance Project

¹⁵ Ryan, Caitlm *Family Acceptance as one Solution to LGBT Youth Homelessness* National Alliance to End Homelessness

¹⁶ Ryan, C (2010) *Helping Families Support Their Lesbian, Gay, Bisexual and Transgender (LGBT) Children* *Journal of Child and Adolescent Psychiatric Nursing*, Volume 23, Number 4

¹⁷ Wilber S , Ryan C , & Marksamer J (2006) *Best Practice Guidelines Serving LGBT Youth In Out-Of-Home Care* Washington DC Child Welfare League Of America

¹⁸ National Association of State Mental Health Program Directors (2012) *Creating Supportive Policies for LGBT Youth Spotlight On Prevention 2012 Fact Sheet Series* Alexandria, VA www.nasmhpd.org

¹⁹ Peter E Gamache, P and Lazear, K (2009) *Asset-Based Approaches for LGBTQI2-S Youth and Families in Systems of Care* Research and Training Center for Children's Mental Health University of South Florida, Scholar Commons