Services to LGBTQ runaway and homeless youth: Gaps and recommendations

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ABSTRACT

This article identifies gaps in services to lesbian, gay, bisexual, transgender, and queer (LGBTQ) runaway and homeless youth (RHY) and offers recommendations from the literature to fill them. Participants were 24 staff from 19 LGBTQ-RHY-serving agencies across the country. Over a 2-month period, researchers conducted 1-hour phone interviews with program staff and agency directors. Data from the interview transcripts were coded using template analysis, and the researchers modified the themes using an iterative coding process. Analyses yielded the following themes: a) housing services, b) educational services, c) employment services, d) family services, e) LGBTQ-affirming services, f) cultural competency training, and g) advocacy and organizing. Participants' perceptions of these gaps are provided, as are literature-driven recommendations to address those gaps. The findings from this study have the potential to guide program developers and policy makers in providing comprehensive, LGBTQ-affirming services for a substantial portion of the RHY population.

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1. Introduction

According to the U.S. Department of Housing and Urban Development (U.S. Department of Housing and Urban Development, 2014), 23% of homeless persons in January 2014 were children and youth; factor in ages 18–24, and that number increases to 33%–a full one third of the total homeless population. Nearly a quarter of those were unaccompanied young people under the age of 25 who were on their own and without a place to stay. Given their young age, housing instability, and constellation of risk factors, runaway and homeless youths (RHY) are an exceptionally vulnerable population. Add to that a sexual- or gender-minority identification, and that vulnerability increases. A disproportionate number of RHY identify as lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ). At 20–40%, they are overrepresented in the homeless youth population compared to their heterosexual and cisgender (i.e., non-transgender, non-gender variant) counterparts (de Kervor, 2004; Durso & Gates, 2012), and some experts suggest that LGBTQ RHY may be underreporting their sexual orientation and gender identity (Cray, Miller & Durso, 2013). By conservative estimates, then, out of an estimated 45,205 unaccompanied RHY in the United States (U.S. Department of Housing and Urban Development, 2014), as many as 18,082 may be LGBTQ, especially lesbians and gay males (Corliss, Goodenow, Nichols & Austin, 2011).

Despite this overrepresentation, service providers are often unprepared to work with LGBTQ RHY, as programs and policies are commonly aimed at heterosexual and cisgender youth (e.g., healthy relationship programming that discusses only opposite-sex partnerships, policies that exclude sexual orientation and gender identity), even if benignly by omission (Berger, 2005; Guzder, 2005; Shelton, 2015). The result at best is a dearth of services targeting the unique needs of LGBTQ RHY, and at worst, an oversupply of existing services that alienate this population due their heteronormative bias (Berger, 2005; Guzder, 2005). Substance use, violence and victimization, school dropout, and family rejection, to name a few, often have origins for LGBTQ youths that are different from those of their heterosexual and cisgender peers (Marshal, Burton, Chisolm, Sucato & Friedman, 2013; Newcomb, Heinz & Mustanski, 2012; Snapp, Hoenig, Fields & Russell, 2015). LGBTQ-affirming services (i.e., those that fully embrace a youth's non-heterosexual identity) recognize the differential origins of these life challenges and their influence on LGBTQ RHYs' developing identity while aiming to mitigate risk and promote healthy identity development and outcomes.

In the present study, the authors investigated services for LGBTQ youths among 19 RHY agencies across the US known to provide such services to this population. Understanding the unique characteristics and needs of LGBTQ RHY, the existing services available to meet these needs, and the gaps in extant service provision may help researchers, practitioners, and policy-makers to better customize programs and interventions for this population. Thus, the purpose of this article was to identify those gaps and to recommend programs and other means to

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address them, while simultaneously adding to the dearth of literature on the subject. To accomplish this aim, this study addressed the following research questions: 1) What deficits in policies and programs for LGBTQ RHY do agency staff perceive are created by governmental, funding, ideological, and other obstacles? and 2) What evidence-based and evidence-informed policies and programs does the literature recommend to address those deficits?

2. Literature review

This section presents an overview of what is already known about the needs and characteristics of LGBTQ RHY, the existing policies and services, as well as the gaps in policies and services for this population.

2.1. Unique characteristics and needs of LGBTQ RHY

2.1.1. Characteristics
Estimates of sexual orientation among RHY vary. A survey of RHY in six communities across the country found an average of 19% of youth identifying as LGB (Cunningham, Pergamit, Astone & Luna, 2014), whereas a national survey of RHY service providers (Durso & Gates, 2012) identified 30% of residents as lesbian and gay and 9% as bisexual. transgender youth accounted for 5.3%–6.1% of a NYC sample, with transgender females (3.7%–9.2%) outnumbering transgender males (1.9%–2.4%) nearly 4:1 (Freeman & Hamilton, 2008, 2013). On a broader scale, the survey of six communities found 3% of RHY identifying as transgender (Cunningham et al., 2014).

Youth of color are overrepresented in an already disproportionate RHY subpopulation. In RHY samples in New York City (NYC), for example, Freeman and Hamilton (2008, 2013) found 27.8%–31% of African American and 28.6%–31.6% of Hispanic/Latino youth identifying as LGB. The researchers also found that 4.8%–7.4% of African American and 4.4%–6.3% of Hispanic/Latino youth identify as transgender.

The average age of youth utilizing RHY services in NYC was 22.4 ($SD = 1.50$) for lesbian and gay youth, 20.8 ($SD = 2.20$) for bisexual youth, and 20.5 ($SD = 2.00$) to 20.7 ($SD = 2.38$) for transgender youth (Freeman & Hamilton, 2008, 2013). These findings mirror reports among RHY service providers nationally that the majority of LGB (62%) and transgender (70%) RHY are over 18 (Durso & Gates, 2012).

2.1.2. Needs
The needs of LGBTQ RHY vary by "age, sex, ethnicity, geographic region, sexual behavior, self-identified sexual orientation, and gender identity" (Keuroghlian, Shtasel & Bassuk, 2014, p. 70); however, Choi, Wilson, Shelton and Gates (2015) identified several needs that LGBTQ RHY have in common. The authors surveyed 138 RHY service providers and found that next to housing, acceptance and emotional support was the greatest need among LGBQ RHY, while for transgender RHY it was transition support (i.e., assistance in transitioning to his or her identified gender). When asked directly about their service preferences, a sample of 544 LGBTQ homeless youth identified LGBTQ-specific sex education and LGBTQ peer support, as the top two areas of need (Wells et al., 2013).

2.2. Existing policies and services available to meet those needs

2.2.1. Housing
Less than 1% of the federal government's budget for homeless programs goes towards homeless children and youth, with only a fraction of that going towards unaccompanied homeless youth (Quintana, Rosenthal & Krehely, 2010). Moreover, the federal government offers no funding for LGBTQ-specific homeless services, the primary reason cited by agencies for not providing them (Quintana et al., 2010).

Recruiting through the National Runaway Switchboard, CenterLink (national resource for LGBTQ community centers), and partner agencies of a private foundation, Durso and Gates (2012) identified 354 agencies providing services to homeless youth or those at risk of becoming homeless. Nearly a quarter (24%) of the sample offered LGBTQ-specific services. This leaves the majority of LGBTQ RHY to obtain services from integrated RHY agencies, if they obtain them at all. The most common services offered by these agencies, whether solely or as part of a comprehensive assortment of services, were drop-in centers (82%), street outreach (52%), transitional living (51%), and emergency shelters (46%). LGBT youth were most likely to use drop-in centers (43.2%), host homes (36.6% LGB youth, 5.4% transgender youth), permanent housing (35.5%, 3.3%), independent living (19.3, 2.9%), transitional living (18.8%, 2.7%), and emergency shelters (17.4, 3.5%; Durso & Gates, 2012).

2.2.2. Acceptance and emotional support
Unlike heterosexual youth, LGBTQ youth often leave home for reasons related to their sexual orientation or gender identity. RHY service providers report that LGBTQ youth run away (46%) or are thrown out (43%) because their family has rejected their orientation or identity (Durso & Gates, 2012), a premise that is supported by LGBTQ RHY themselves, especially lesbian and gay RHY (73%) compared to bisexual RHY (25.6%; Rew, Whittaker, Taylor-Seehafer & Smith, 2005). Among agencies providing services to homeless youth under the age of 18, 80% and 75% reported doing family acceptance work with LGB and transgender youth, respectively, compared to 46% and 51% who do the same work with LGB and transgender youth 18 and older (Durso & Gates, 2012). Researchers (Quintana et al., 2010) have recommended federal funding for family counseling to reunify LGBTQ RHY with their parents; however, Congress has failed in its attempts to pass such legislation (Reconnecting Youth to Prevent Homelessness Act of 2011, 2011).

2.2.3. Transition support
Transgender youth experience higher rates of depression and suicidality than their cisgender peers (Olson, Schrager, Belzer, Simons & Clark, 2015). In a sample of 97 patients with gender identity disorder (now known as gender dysphoria) referred to a pediatric hospital, one quarter presented with depression, and 9% had attempted suicide (Spack et al. 2012). Olson and her colleagues (Olson, Schrager, Belzer, Simons & Clark, 2015) found mild to extreme depression among 35% of their sample, ages 12–24, and suicide attempts among nearly a third (30%). Although researchers (Dean et al., 2000; Olson et al., 2015) suggest that depression and suicide can be mitigated with early treatment, private health insurance does not cover the associated costs (Cray et al., 2013; Ray, 2006), leaving some transgender persons to rely on black-market hormones, treatment from unscrupulous practitioners (Dean et al., 2000), and needle-sharing, which can result in HIV transmission (Lombardi, 2010). In a subsample of 233 transgender individuals currently using hormones (Rotondi et al., 2013), 26.8% reported having ever used hormones that were not prescribed to them, which the authors considered "relatively low…compared with other reports" (p. 1833).

Some state insurance programs do cover transition services (Quintana et al., 2010). For example, Medi-Cal, California's Medicaid program, covers hormone therapy and gender reassignment surgery (Medi-Cal, 2013). Literature on RHY agencies providing or facilitating transition services is limited. The extent of known services to transgender youth by RHY agencies is providing information on and facilitating access to health, mental health, and legal transition services (Ferguson-Colvin & Maccio, 2012; Shelton, 2015).

2.2.4. LGBTQ-specific sex education
A thorough search of the extant literature revealed a dearth of knowledge on sex education for LGBTQ RHY. This is surprising, given that the topic was ranked by LGBTQ RHY as first among their self-identified needs (Wells et al., 2013). Considering their high rates of risky sexual behavior (Gangamma et al., 2008; Rice et al., 2013; Tyler, 2013; Whitbeck et al., 2004) and sexually transmitted infections (Rew et al., 2005), sometimes due to survival sex (Whitbeck et al., 2004),

the subject of sex education for this population warrants intervention by RHY service providers.

2.2.5. LGBTQ peer support

Second only to LGBTQ-specific sex education, LGBTQ peer support was the top need identified by LGBTQ RHY. Desperate for support from others like themselves, some LGBTQ RHY go so far as to relocate to urban areas to find it (HCH Clinicians' Network, 2002). Some RHY programs do offer peer support (Cray et al., 2013; Ferguson-Colvin & Maccio, 2012; Ray, 2006), but again, literature on this topic is sparse.

2.3. Gaps in extant policies and service provision

Perhaps the most glaring gap in policies and service provision is the lack of LGBTQ-specific RHY programs (Cray et al., 2013) and shelter availability itself (Rabinovitz, Desai, Schneir & Clark, 2010). There are also limitations in existing policies regarding youth-accessible systems (that instead require adults to access services on the youths' behalf; Ray, 2006), LGBTQ competence among staff (Ray, 2006), education and employment assistance (Cray et al., 2013), family acceptance and reunification (Cray et al., 2013), and RHY funding (Cray et al., 2013). The purpose of the present study is to build on the existing literature and add to it recommendations that include best practices.

3. Methods

3.1. Sample and sampling procedures

Researchers utilized three search strategies to identify the sample of 19 LGBTQ RHY-serving organizations and 24 participating staff. First, they conducted a comprehensive Internet search for LGBTQ RHY-serving organizations in the U.S. They purposely included organizations both with missions aimed exclusively at serving LGBTQ RHY as well as those that serve all youth regardless of sexual orientation or gender identity. Second, researchers used a snowball-sampling approach in which they asked staff from the participating organizations to recommend other organizations and providers who serve the LGBTQ RHY population.

Third, researchers performed a comprehensive literature review to identify extant resources for LGBTQ RHY and service providers. They added to their list the names of organizations and providers that had contributed information to these resource guides. At present, there have been several resources for LGBTQ RHY service providers (see Child Welfare League of America, 2012; Lambda Legal, 2010; National Alliance to End Homelessness, National Network for Youth, Lambda Legal & National Center for Lesbian Rights, 2009; Substance Abuse and Mental Health Services Administration [SAMHSA], 2011).

Following these three search strategies, researchers collected publicly accessible program literature, demographics, and other information for each organization and created a filing system to easily capture the information. As a result of this scan, researchers located 32 organizations in the U.S. that have programming for LGBTQ RHY, either exclusively or as part of general services (full list available upon request from second author). There were two inclusion criteria for staff in this study. First, the participant had to be either the executive director of a social service organization that had programming for LGBTQ RHY or another staff member (e.g., associate director, director of development, program director, chief operating officer) whom the executive director considered to be more appropriate to answer the interview questions. Second, the participant had to provide oral informed consent (via telephone) for the study.

After performing the scan, researchers sent introductory emails to the executive directors from each of the 32 organizations identified. For those organizations whose staff responded by email with interest in participating in the study, researchers scheduled a telephone interview at a convenient time for staff. For organizations whose staff requested more information on the study, researchers followed up with a phone call to clarify the study aims and to answer any questions staff had. For organizations whose staff did not respond to the introductory email, researchers also followed up with a phone call to introduce themselves and the study. After three unsuccessful attempts to reach staff (via email or phone) about possible participation in the study, researchers eliminated the organization from the sampling list. Twenty-four staff from 19 of the 32 organizations agreed to participate in the telephone interviews for this study, resulting in a response rate of 59.4%.

Of the 19 participating organizations, 2 were in the New England region (Northeast), 5 in the Mid-Atlantic (Northeast), 2 in the South Atlantic (South), 4 in the East North Central (Midwest), 1 in the West North Central (Midwest), and 5 in the Pacific (West). Four agencies were located in small cities (population ≤ 50,000), one agency was in a mid-sized city (50,001–99,999), and 14 agencies were in large cities (≥ 100,000), more than half of which were in cities with a population of 1 million or more. Regarding the 24 participating staff from these 19 organizations, 14 were in central administrative positions (e.g., executive directors, presidents/chief operating officers) and 10 were in direct-service positions at the program level (e.g., street outreach workers, clinicians).

3.2. Instrument development and data collection

Researchers developed an initial list of interview questions based on gaps identified in the literature and their own research and practice experience with LGBTQ RHY. Researchers then shared these questions with a select group of LGBTQ RHY service providers to ensure that they had not overlooked important topics as well as to offer providers the opportunity to incorporate topics of interest in the interview guide (see Appendix A for list of interview questions). From March–May 2012, researchers conducted 1-hour telephone interviews with 24 executive directors or other designated staff at 19 organizations. They phoned the participants at a previously agreed-upon date and time, read a recruitment script with the study's purpose and procedures, and solicited oral informed consent. The interviews were not audiotaped; instead, researchers took thorough notes of the phone interviews, which they then transcribed into Word documents for analysis. Researchers received human subjects' approval from their respective universities.

3.3. Data coding and analysis

Researchers used template analysis to code transcripts from the telephone interviews (Crabtree & Miller, 1999; King, 1998). Template analysis is a qualitative coding and analytic technique in which researchers identify and record themes within the qualitative data by arranging them in a hierarchical structure in which broader themes (e.g., housing services) are illustrated by more nuanced and descriptive themes (e.g., crisis beds; King, 1998).

One of the two researchers initiated the coding and analysis by constructing the initial coding template a priori using concepts from the study aims, research questions, and the interview guide (see questions #4 and 5 from the telephone interview guide in Appendix A). As a first step to generate the broader themes, the lead researcher identified key concepts related to existing programs, services, and intervention models for LGBTQ RHY from the 24 participants' transcripts. The lead researcher then reviewed all transcripts to identify and record within each broad theme more descriptive, emergent sub-themes (Kazi, 2003). To enhance the dependability of the interpretation, the second researcher then reviewed and verified the interpretation of main themes and sub-themes using a sample of the transcripts (King, 1998). Through bimonthly conference calls and more frequent email exchanges, the researchers discussed the minimal disagreements with themes/sub-themes and refined the final template. Using the final coding template, the lead researcher then reviewed the 24 transcripts again, examining

each one for instances of the previously identified constructs and extracting text segments that exemplified each theme/sub-theme (King, 1998). Lastly, the researchers used memoing to elaborate on the emergent themes and establish theoretical connections among them (Crabtree & Miller, 1999). As indicated in Fig. 1, the researchers identified seven main themes, each comprised of various more descriptive sub-themes to illustrate the service gaps within LGBTQ RHY-serving organizations.

4. Results

4.1. Description of participating organizations

Nineteen organizations participated in this study. Six of these were mission-specific to serving LGBTQ and allied (i.e., LGBTQ-supportive heterosexual) RHY (i.e., LGBTQ mission-specific organizations). Thirteen organizations had programs for LGBTQ RHY among their broader mission to serve all RHY (i.e., general RHY organizations). Participating organizations had developed varied methods to create an LGBTQ-*affirming* (vs. LGBTQ-*accepting*) environment. For instance, affirming spaces visually displayed symbols important to LGBTQ young people, such as the rainbow pride flag, *Welcome* banners with diversity symbols, and bulletin boards with LGBTQ-affirming quotations and messages. These organizations also prominently posted safety guidelines, assurance statements, and workplace nondiscrimination policies (e.g., anti-discrimination, anti-harassment, equal employment opportunity, and clients' rights' policies) in common areas.

4.2. Summary of service gaps for LGBTQ RHY

Across participating agencies, the 24 staff noted common gaps or limitations in existing services in seven areas: a) housing services, b) educational services, c) employment services, d) family services, e) LGBTQ-affirming services, f) cultural competency training, and g) advocacy and organizing. Each of these service gaps is highlighted below.

4.2.1. Housing services

Staff collectively noted both immediate and long-term housing needs for LGBTQ RHY in general as well as housing needs for specific sub-populations of LGBTQ RHY. Given the increasing numbers of LGBTQ homeless youth among the national RHY population, staff foremost identified a need for crisis beds for LGBTQ RHY, noting that in smaller cities and rural areas, this population is frequently combined with heterosexual and cisgender youth as well as adults in general shelters. Staff commented that "the discrimination, harassment, and violence that occur in general shelters often contribute to LGBTQ RHYs' desire to remain on the streets or in precarious housing situations, both of which can expose them to dangerous adults and peers as well as increase their risk of exploitation, trauma, and victimization."

A. Housing Services
1. Crisis beds
2. Permanent supportive living
3. Housing options for older LGBTQ RHY

B. Educational Services
1. Continuing education programming
2. College preparation
3. Housing and dining facilities on college campuses during breaks

C. Employment Services
1. Employment and career planning services
2. Job development for LGBTQ RHY with special needs
3. Community-based economic development
4. Addressing workplace discrimination

D. Family Services
1. Interventions promoting family acceptance, support, and communication
2. Bicultural interventions for US-born LGBTQ RHY with immigrant parents
3. Preventive interventions for LGBTQ RHY still connected to families

E. LGBTQ-affirming Services
1. LGBTQ-specific programming
2. LGBTQ-affirming medical services
3. LGBTQ-affirming case management services
4. LGBTQ-youth-friendly mental health services

F. Cultural Competency Training
1. Cultural competency training in homeless youth shelters
2. Advanced training in identity-affirming services within integrated programs
3. Cultural connection between LGBTQ and heterosexual and cisgender RHY

G. Advocacy and Organizing
1. Consciousness-raising efforts in smaller and rural communities
   a. Coalition work
   b. Public-awareness campaigns

Fig. 1. Final coding template of service gaps for LGBTQ RHY.

In addition to crisis beds, staff indicated a need for permanent supportive living for LGBTQ RHY, in particular in cases in which family reunification is not possible and the young person will live independently of family. Staff identified existing successful housing models, such as independent-living facilities, transitional-living programs (TLPs), and supportive housing, which could be replicated across the country with increased funding, in particular in rural and smaller urban areas. The commonality that staff identified among these different housing models was that they integrate on-site housing, clinical, educational, employment, health, legal, and social services for LGBTQ RHY to address the barriers to obtaining and maintaining housing security. Within these housing programs, staff highlighted the need "to integrate mental health services more fully into housing services, as many transitional-living and independent-living programs have stringent eligibility requirements for the youth (e.g., ability to obtain/maintain a job or to be in school full time)." Staff indicated that many of their LGBTQ RHY clients "have serious mental illness, which hinders their progress in satisfying housing eligibility requirements."

One particularly vulnerable sub-population that staff identified across organizations was older LGBTQ RHY (ages 21–24), noting that many existing federally and state-funded housing programs are time-limited for youth under 21. Staff frequently commented that there are very few long-term housing options for older LGBTQ RHY (ages 21–24), in particular for those youth aging out of foster care at age 21 in states whose legislatures have extended foster care legislation to young adults through age 21 under the Fostering Connections to Success and Increasing Adoptions Act of 2008.

Staff also noted that older LGBTQ RHY require intensive support services (i.e., educational, employment, mental health, and social services), or "life-after-housing services," in addition to their housing, to help them achieve a successful transition to adulthood including both economic self-sufficiency and independent living. When these services are not in place for older LGBTQ RHY, "they are at greater risk of chronic adult homelessness."

4.2.2. Educational services

With respect to educational service gaps, staff frequently identified three educational stages during which LGBTQ RHY require customized supports. First, staff noted a common pattern they observe among LGBTQ RHY in which "the young people begin exploring and experimenting with their identity in their early adolescent years, experience family and/or peer rejection due to their sexual orientation or gender identity, and as a result, encounter considerable disruption in their formal academic preparation." As such, staff identified a pressing need for more educational programming, including General Educational Development (GED) programs and, when age-appropriate, reconnecting youth with traditional high schools, for LGBTQ RHY who have dropped out of school and/or who could not complete their formal schooling due to homelessness.

In contrast, for LGBTQ RHY who have successfully completed their high-school education and desire to continue with post-secondary education, staff revealed a need for college preparation programs to be designed by staff who understand that "many LGBTQ RHY cannot count on their family for financial, housing, or emotional support as part of their college experience." As a result, college preparation programs must work with LGBTQ RHY to identify and strengthen other financial, housing, and emotional support systems in addition to preparing them with college-readiness activities (e.g., college selection, Scholastic Aptitude Test [SAT] preparation courses, Free Application for Federal Student Aid [FAFSA] and other financial aid applications, and college admissions' applications and procedures).

Lastly, for those LGBTQ RHY who are already attending college, staff reported a need for LGBTQ RHY-inclusive college/university policies that support homeless youth without other homes during their attendance. For instance, staff suggested campus policies "that keep dormitory and dining facilities open during school holidays for LGBTQ RHY who do not have homes to which to return." Likewise, "campus security during school holidays would ensure that LGBTQ RHY who remain on campus are not exposed to violence or victimization."

4.2.3. Employment services

Regarding employment gaps, staff collectively identified four key areas: employment and career planning services, job development for LGBTQ RHY with special needs, community economic development, and training to address workplace discrimination. First, staff expressed concern about the limited employment programs and career centers for LGBTQ RHY through which the young people can acquire employment skills, receive mentoring in the job-search process, engage in job shadowing with employed mentors, participate in mock interviews, and learn the "soft-skills" needed to carry out successful job interviews (e.g., preparing questions prior to the interview, appropriate dress and language for interviews, eye contact and hand-shaking during the interview, and thanking interviewers following the interview by mail or email). A large gap identified by staff in these job preparation programs is the lack of agency funding or petty cash to support LGBTQ RHY in pursuing their work-related goals, such as enrolling in a vocational certificate program to enhance their job search; purchasing job interviewing clothing, work uniforms, or other equipment; and travel funds to and from job interviews and work sites.

Related, staff identified several LGBTQ RHY sub-populations whose job searches are particularly challenging, including young people with criminal backgrounds, no prior work experience, active substance use, and lack of documentation. In these cases, staff described various employment models that are used by some agencies including supported employment (the Individual Placement and Support [IPS] model), social enterprises or agency-run businesses, external apprenticeships, and agency internships. Staff noted that what many of these models have in common is the "integration of employment and clinical services that value the work preferences of the young people and support them in addressing the emotional and other life challenges that make finding and keeping a job particularly difficult for them." Despite the availability of these programs, staff commonly noted that these employment models require ongoing funding and staff training, as well as regular evaluations to ensure adequate fidelity (as in the case of implementing the evidence-based IPS model).

In addition to internal agency programming to strengthen LGBTQ RHYs' job skills and opportunities, staff frequently commented that community economic development programing is needed through which staff (and youth) can build relationships with employers in the community to provide jobs and employment mentoring to LGBTQ RHY. Staff noted that "as a result of family rejection, academic disruption, and homelessness, many LGBTQ RHY are at a disadvantage in a competitive labor market that favors individualism, education/experience, and personal/professional networks." Part of this economic development approach, staff noted, needs to include "improved inter-city transportation systems, particularly in smaller urban areas, which would enable LGBTQ RHY to access agency-based services to complement their employment as well as to travel from residential programs to their job settings." Staff expressed a pressing need for agency employment programming that works "both within the youth and within the community to address the intrapersonal and structural barriers to successful employment."

Similarly, staff noted that LGBTQ RHY frequently disclose experiences of stigma, harassment, and discrimination, both during job interviews and in the workplace. Staff identified that their transgender young people have a particularly difficult time with job applications and interviews when their legal documentation does not match their current name or self-presentation. Staff commented that employer and workplace cultural competence trainings as well as inter-agency partnerships with attorneys from local legal aid and public counsel organizations are needed to better support LGBTQ RHYs' employment goals and experiences.

4.2.4. Family services

In the realm of family services, staff commonly described three service gaps for LGBTQ RHY who remain connected to their biological, adoptive, foster, or kinship families: family-acceptance interventions, bicultural interventions, and preventive interventions. First, staff noted that "much of the intra-familial stress originates not with the young person's sexual orientation or gender identity/expression, but rather with parents' and caregivers' limited skills in communicating with, supporting, and accepting their LGBTQ children." As such, staff reported that agencies need to "broaden their focus to not only support young people in developing their identities, but to support parents and caregivers as well in examining their own values, experiences, and prejudices that influence the way they parent and communicate with their children." Through family-acceptance interventions designed to increase parents' (and other family members') acceptance, support, and communication skills with their LGBTQ children, staff noted that agencies would be "allying with families in a supportive role, rather than assuming parenting responsibilities for LGBTQ youth once they become homeless."

Additionally, one particularly vulnerable LGBTQ RHY sub-group whom staff identified as experiencing considerable intra-familial stress is immigrant youth with foreign-born parents. Staff noted being particularly challenged in working with these bicultural families due to staff's lack of knowledge of and resources for working with immigrant families. Staff recognized their frequent lack of understanding of immigrant families' cultural and religious beliefs regarding sexual orientation and gender identity. They also acknowledged human resource and funding limitations that make offering culturally and linguistically competent services to families with immigrant parents and U.S.-born children infeasible in many agencies.

Third, staff identified a pressing need for family-based preventive interventions for LGBTQ RHY who are still attached to their biological, adoptive, foster, or kinship families to help these youth restore or maintain their family connections so that they do not become or remain homeless. Staff noted that overall, "youth who are able to remain home with supportive families have better prospects with their mental health and life outcomes than youth who are homeless." Staff suggested implementing these preventive interventions much earlier than when LGBTQ RHY arrive homeless at their agencies. For instance, staff revealed that effective preventive interventions are needed for child welfare staff to help them work with biological, adoptive, foster, and kinship families to better support LGBTQ youth before they become homeless.

4.2.5. LGBTQ-affirming services

Staff collectively identified needs for both LGBTQ-specific and LGBTQ-affirming services and providers for this population. First, staff noted that most programs tend to integrate services for heterosexual, cisgender, and LGBTQ RHY. As a result, very few LGBTQ-specific opportunities exist, such as support groups to work with LGBTQ youth pre-, during, and post-coming out, groups for transgender youth who might have health or legal needs that are different from other LGBQ youth, and pregnancy-prevention services for lesbian adolescents. Although integrated services are crucial to offer to all RHY, per staff, "these separate services for LGBTQ RHY can help foster self-confidence and self-esteem in different sub-populations by exposing them to supportive peers and affirming providers."

Further, staff also expressed an important need for three types of LGBTQ-affirming providers and services. In medical settings, staff noted a lack of LGBTQ-affirming medical providers "who are familiar with transgender issues such as street hormones and pump parties." In case-management settings, staff identified a need for affirming case-management services "to assist LGBTQ RHY in accessing needed resources and in navigating systems and providers that can be very discriminatory towards them." In mental health settings, staff reported a need for LGBTQ-youth-friendly mental health services. Staff noted that

whereas mental health services for LGBTQ adults are often more available, there are fewer mental health services for LGBTQ youth. As a result, LGBTQ youth are frequently encouraged to seek mental health services from adult-serving agencies—an experience that staff describe "can be intimidating for these young people." Staff also noted the need for high-quality mental health resources, counseling, and residential substance abuse treatment programs for LGBTQ RHY who have mental illness and substance abuse. Staff noted that "co-occurring disorders are prevalent among this population, in particular, the high rates of trauma, substance addiction, depression, and schizophrenia."

4.2.6. Cultural competency training

Staff across organizations identified three areas of cultural competency training from which both providers and clients could benefit. First, staff noted that their LGBTQ RHY clients commonly related experiences in youth homeless shelters that were unsafe and disrespectful. These negative experiences in turn often motivate LGBTQ RHYs' decisions to remain on the streets. Staff highlighted the need "to institutionalize cultural competency training in shelters that serve RHY, particularly in shelters receiving federal or state funding, as a way to make the shelter environments more respectful and safe for LGBTQ RHY."

Second, staff frequently noted that RHY-serving organizations offer basic cultural competency training focusing on client demographics (e.g., race/ethnicity, sexual orientation, gender, gender expression) and standards of care related to working with LGBTQ youth and RHY. However, they identified that more advanced cultural competency training curricula are needed "for service providers across organizations to help them create more identity-affirming agency environments that offer integrated services to LGBTQ, heterosexual, and cisgender RHY." Such advanced curricula would incorporate "LGBTQ youth development, biopsychosocial risks, reproductive health, legal concerns and needs, anti-oppression and intersectionality, and LGBTQ-affirming practice." Staff highlighted the importance of also extending this training to allied providers who collaborate with host agencies to offer additional on- or off-site services to LGBTQ RHY.

Third, staff acknowledged that "agencies often do not do a good job establishing a cultural connection between LGBTQ and heterosexual and cisgender RHY." They noted that services for these populations are not always interconnected and in cases in which the services are segregated, they can be damaging for the youths' identity. Staff noted that "it is hard for youth to grow personally and culturally when services are segregated because this sends a damaging message to the youth that says, 'You are different.'" Staff commonly mentioned instances of harassment, bullying, and violence in response to heterosexual and cisgender youth internalizing the message that LGBTQ youth are different. Staff identified the need to train all youth to see the commonalities among themselves, rather than to focus on the differences. "By focusing on differences and by segregating programs for LGBTQ and heterosexual and cisgender youth, agencies perpetuate through their programming the same segregated structures in families, communities, and society that many of these youth have sought to escape by running away." In contrast, with integrated services and cultural connections between LGBTQ and heterosexual and cisgender youth, staff observed greater competencies among their youth.

4.2.7. Advocacy and organizing

Across organizations, staff described the importance of enhancing advocacy and organizing efforts to raise consciousness at the community, societal, and policy levels, in particular in smaller communities and rural areas that are unfriendly towards LGBTQ RHY. Staff noted the importance of agencies' involvement in "forming and maintaining coalitions to enhance their collective resources, voice, and power in representing the service and policy needs of LGBTQ RHY." Similarly, staff identified that public-awareness campaigns that destigmatize both the LGBTQ and RHY communities would be helpful at the

community and societal levels. Staff recognized that much of their work currently focuses on providing direct services to RHY within agencies. They desired greater access to information and training on successful advocacy strategies, noting that "the public lack of knowledge on effective advocacy strategies for sensitizing funding bodies, politicians, and society at large regarding LGBTQ RHY issues continues to thwart staff in challenging and changing the oppressive structures and systems that disadvantage the LGBTQ RHY population."

5. Discussion

This study answered the following two questions: 1) What deficits in policies and programs for LGBTQ RHY do agency staff perceive are created by governmental, funding, ideological, and other obstacles? and 2) What evidence-based and evidence-informed policies and programs does the literature recommend to address those deficits? In response to the first question, this study revealed gaps in several areas of service to LGBTQ RHY as identified by 24 staff members of 19 RHY agencies: housing, educational, employment, family, and LGBTQ-affirming services; cultural competency training; and advocacy and training. Each of these gaps, identified by providers in this study and covered in the previous section, will next be discussed in the context of policy and program recommendations from the extant literature, the basis of the second question.

5.1. Housing services

5.1.1. Crisis beds
A substantial shortcoming of services for LGBTQ RHY is the shortage of safe shelter. A report by the National Lesbian and Gay Task Force (Ray, 2006; now the National LGBTQ Task Force) proposed the local- and state-level recommendation of setting aside shelter and housing space specifically for LGBTQ RHY, although Mottet and Ohle (2006) caution against isolating or unfairly segregating them. The consensus appears to favor housing transgender youth with others of the same gender with which they identify (Mottet & Ohle, 2006; Yu, 2010).

5.1.2. Permanent supportive living
The Corporation for Supportive Housing (2011) identified the 30-unit True Colors Residence in New York City as the first permanent support housing residence for LGBTQ youth ages 18–24. Funding for replicating such housing across the country would be a start to ameliorating the disproportionate ratio of LGBTQ RHY to available beds. A 2013 amendment to the federal Runaway and Homeless Youth Act of 1974 (Nolan, 2006) would have required federally funded agencies to provide services to LGBTQ youth as well as to heterosexual and cisgender youth; however, the House of Representatives measure failed to make it out of committee (Runaway and Homeless Youth Inclusion Act 2013).

5.1.3. Housing options for older LGBTQ RHY
Nolan (2006) warns that youth, in no small numbers, become homeless or continue to face homelessness "after they are too old for traditional foster care" (p. 386), a concern raised by a number of agency staff interviewed for the present study. This is a particular concern for youth living in one of the 28 states that did not take advantage of the federal Fostering Connections to Success and Increasing Adoptions Act, which allowed states to extend foster care beyond age 18, up to age 21 (National Conference of State Legislatures, 2014). However, doing so may be in the best interest of these youth, as well as of the states in which they reside. A study by Courtney et al. (2005) found that youth who had stayed in foster care even one additional year, to age 19, realized benefits with regard to independent living services, education, health and mental health services, reduced pregnancy rates, and decreased risk of financial and legal problems.

5.2. Educational services

5.2.1. Continuing education programming
Surprisingly, obtaining a high school diploma is not without its risks. Among an East Coast sample of 84 LGBTQ homeless youth ages 18–24, those who completed high school reported higher levels of psychological distress than those who did not (Bidell, 2014). The author suggests that youth who dropped out (39.3%–47.2%) may have done so to avoid the distress they were experiencing at school; only 7.9% reported earning a General Education Development (GED) certificate. This begs the need for educational alternatives for those who drop out or are at risk of dropping out, including those for whom school causes psychological distress.

5.2.2. College preparation
Internet and multi-database searches of the professional literature yielded no conceptual or empirical publications on college preparedness among LGBTQ RHY. Given the claims made by the participants in the present study of the need for such services, research on the subject is warranted. Certainly many colleges and universities around the country provide some form of support for LGBTQ students (Rankin, Weber, Blumenfeld & Frazer, 2010), but it is unclear due to the dearth of empirical data how well these services are meeting the needs of their homeless LGBTQ students in particular.

5.2.3. College housing and dining
Similar to that of the topic of college preparation, a thorough search of the literature on campus housing and dining options for LGBTQ RHY when the campus is closed returned no results. Moreover, there were few results for homeless college youth in general. Mares and Jordan (2012) report on aftercare programs for emerging adults and list first-generation college students, foster youth, and homeless youth as among those most vulnerable. It cannot be understated, however, that those groups often overlap in their membership, with LGBTQ youth well-represented among them (Garvey, Taylor & Rankin, 2015; Mallon, Aledort & Ferrera, 2002; Whitbeck et al., 2004). This begs the question, how are LGBTQ RHY, some of whom may be the first in their families to go to college and/or products of the foster care system, faring in college?

5.3. Employment services

5.3.1. Employment and career-planning services
A number of LGBTQ RHY programs around the country provide some kind of vocational skill-building. Green Chimneys in New York City, for example, requires 20 h per week of employment among its clients and, to that end, helps them prepare a resume and trains them in interviewing for and keeping a job (Nolan, 2006). As a result, 57% of youth exited the shelter with a job—69% if they had stayed at the shelter more than 6 months.

5.3.2. LGBTQ RHY with special needs
As little empirical research as there is regarding employment and career services for LGBTQ RHY, even less is known about such services for those youth with special needs (e.g., criminal backgrounds, substance use problems, etc.). What the empirical literature has shown is the influence of homelessness and unemployment on criminality. A sample of 200 street youth revealed that longer episodes of both homelessness and unemployment predicted involvement in both property and violent crimes (Baron & Hartnagel, 1997). Therefore, job training and employment opportunities may help youth not only exit homelessness but also avoid legal problems.

5.3.3. Community-based economic development
LGBTQ RHY employment programs are springing up outside the walls of shelters and housing programs, but in limited numbers and

locations. For example, the Lavender Youth Recreation and Information Center received funds from the City of San Francisco to place more than a dozen youth in community-based job-training positions (Bajko, 2006), the Los Angeles LGBT Center works directly with employers to connect youth with jobs (Skibiski, 2011), and Portland, Oregon's, Outside In employs youth at the agency's dog daycare business (Geffen, 2006).

5.3.4. Workplace discrimination

Participants in the present study noted that transgender RHY, in particular, experience workplace harassment and discrimination, an observation that is supported by research with both housed and homeless transgender youth. Such youth are left to lie about their gender identity (Singh, Meng & Hansen, 2014) or face employers who prohibited the youth from dressing in attire associated with their gender identity Shelton, 2015). The recommendation here, then, is to promote legislation that bans workplace discrimination based on sexual orientation and gender identity (Pizer, Sears, Mallory & Hunter, 2012).

5.4. Family services

5.4.1. Family interventions

Gattis (2013) recommends family therapy as an intervention for LGBTQ RHY as a means of exiting homelessness, as well as a prevention measure for those youth who are at risk of being thrown out. To that end, the Family Acceptance Project (FAP) at San Francisco State University has developed interventions "to help ethnically, religiously, and socially diverse families increase support for their LGBT children to decrease their children's risk and promote their children's well-being" (Ryan, 2010, p. 13). Interventions include education, assessment, brief video documentaries, and other resources.

5.4.2. Bicultural interventions

The research that launched the FAP was conducted with White and Latino families in California whose LGBTQ children had come out to them (Ryan, 2010). Multicultural differences included religion as well as language and ethnicity, which the author took into consideration when developing resources for the FAP intervention (Ryan, 2010). More research and subsequent interventions are needed that address the unique circumstances of race and ethnicity across the spectrum.

5.4.3. Prevention

The FAP was developed, in part, with prevention in mind, in order to keep LGBTQ youth in their homes and off the streets and out of foster care (Ryan, 2010). The FAPrisk Screener is an assessment tool designed to capture youths' experiences of rejection by their parents or other caregivers in order to stave off negative outcomes such as homelessness and out-of-home care (Ryan, 2014).

5.5. LGBTQ-affirming services

5.5.1. LGBTQ-specific programming

LGBTQ-specific programming is common in shelters and drop-in centers dedicated to serving LGBTQ RHY youth. For example, the Los Angeles LGBT Center offers LGBTQ support groups, both in its main community center as well as in its homeless youth center (St. John, 2008). The Sylvia Rivera Law Project (SRLP) in New York City serves low-income transgender and gender variant individuals, recognizing that transgender people are often subjected to discrimination, violence, homelessness, unemployment, and arrests (Shepard, 2013). Innovative programs outside of RHY shelters are also being developed. Shelton and Winkelstein (2014) encourage public libraries to develop programming for LGBTQ RHY who use libraries to find resources online and take shelter, all while keeping a low profile and not engaging library staff.

5.5.2. LGBTQ-affirming medical services

Rew et al. (2005) encourage nurses to be sensitive and nonjudgmental in their interactions with LGB youth, set clear boundaries and use gender-neutral language, and not assume heterosexuality in their patients, recommendations that can be easily generalized to all health care workers. To that end, the American Academy of Pediatrics (2013) and the National Association of Pediatric Nurse Practitioners (2011) have issued policy and position statements containing recommendations for the ethical and culturally sensitive care of LGBTQ youth. Also, Coker, Austin and Schuster (2010) recommend turning to referral lists, such as those published by the Gay and Lesbian Medical Association, to identify LGBTQ-competent health care professionals.

In rare cases, youth-centered clinics tailor their services to the unique needs of LGBTQ youth. Two such examples are the Health and Education Alternatives for Teens (HEAT) in Brooklyn, which serves youth with and at-risk for HIV (Lolai, 2015), and the Broadway Youth Center (BYC) in Chicago (Howard Brown Health Center, (2007)). Health and Education Alternatives for Teens (2008) is a self-described "comprehensive care program" ("Health and Education," para. 1) offering case management, mental health services, HIV testing, and hormone treatment, and a host of other life skills and health care services. BYC offers similar services.

5.5.3. LGBTQ-affirming case management services

There are few examples in the literature of LGBTQ-affirming case management services for LGBTQ RHY. One of them is New Alternatives for LGBT Homeless Youth, in New York City, a homeless shelter that provides life-skills workshops, groups, and basic necessities in addition to case management (Shepard, 2013). The Los Angeles LGBT Center's transitional living program is another (Diaz, 2014). Research is needed to evaluate the effectiveness of such services.

5.5.4. LGBTQ-youth-friendly mental health services

Given the increased risk of mental health and substance use problems among LGBTQ RHY (Whitbeck et al., 2004), services to address these problems must be sensitive to their young clients' needs. Keuroghlian et al. (2014) endorse mental health and substance use assessment and screening that is delivered by those who have been trained in LGBTQ cultural sensitivity. At a minimum, LGBTQ RHY should be evaluated for mood disorders, PTSD (Keuroghlian et al., 2014), trauma, and substance use disorders (Keuroghlian et al., 2014; Yu, 2010).

5.6. Cultural competency training

5.6.1. Cultural competency training in homeless youth shelters

Abramovich (2012) and Boyle (2006) single out a lack of staff training specifically regarding transgender RHY, but they and others (Hunter, 2008; Keuroghlian et al., 2014) recommend training on all LGBTQ youth. Training recommendations include best practices (Boyle, 2006) and educating staff on "culture, terminology, needs, homophobia, and transphobia" (Abramovich, 2012, p. 47). The National Gay and Lesbian Task Force (Ray, 2006) proposed three policy recommendations at the practitioner level: 1) require federally-funded agencies to demonstrate LGBT cultural competence, 2) require training in LGBT awareness as part of the professional licensure of human and social services workers, and 3) require child welfare and juvenile justice staff to participate in LGBT awareness training.

5.6.2. Cultural connections between LGBTQ and heterosexual and cisgender RHY

With regard to non-LGBTQ-specific shelters, best practice recommendations encourage integration of LGBTQ RHY into the heterosexual and cisgender population (National Alliance to End Homelessness, National Network for Youth, Lambda Legal & National Center for Lesbian Rights ,2009). Even in shelters, where sex segregation is the norm, transgender youth should be placed according to their gender

identity. Yu (2010) cites the New York City Department of Homeless Services' policy that places transgender individuals into shelters of the gender with which the individuals identify as opposed to a shelter for transgender persons only or segregating them once inside the shelter. Segregating transgender clients inadvertently discloses their transgender status, putting them at risk of harm by other shelter residents, not to mention singling them out as different (Mottet & Ohle, 2006).

5.7. Advocacy and organizing

5.7.1. Consciousness-raising efforts in smaller and rural communities

Little is known about LGBTQ RHY in small and rural communities. Experts have been calling for expanded research for decades (Robertson & Toro, 1999). Services to LGBTQ RHY in small cities do exist, however; Florida Keys Children's Shelter in Tavernier, FL (population 2173; U.S. Census Bureau, n.d.c), Aunt Martha's in Olympia Fields, IL (5045; U.S. Census Bureau, n.d.b), and Ruth Ellis in Highland Park, MI (10,375; U.S. Census Bureau, n.d.a), are just a few examples.

5.8. Limitations

There were several limitations that should be considered when interpreting the study findings. First, the sample likely excluded other important organizations working with LGBTQ RHY, such as newly formed organizations and those without an Internet presence. Perspectives from providers in organizations serving LGBTQ RHY in rural areas are also likely underrepresented, given this sample's composition of organizations largely from urban areas. Related, the 59.4% response rate likely biased the perspectives of study participants over nonparticipants. Future research should incorporate these missing voices into the study of service gaps and measures to address them.

Second, it is difficult to determine the extent to which funding affected the identified service gaps since the researchers did not ask participants about their specific funding sources and requirements. The rationale for not requesting this information was that our sampling criteria allowed both administrative and direct service staff to participate. It is likely that not all staff were knowledgeable of their organization's funding sources and requirements, in particular direct service providers (42%), who may not be privy to their organization's financial reports. Future studies should include explicit questions on organizations' funding sources and requirements as well as how funders influence the types of programs available to LGBTQ RHY.

6. Conclusion

LGBTQ youth are overrepresented in the RHY population, yet many RHY-serving agencies are woefully un- or underprepared to work with them. Without trained, culturally competent agency staff who can administer LGBTQ-affirming interventions and services, LGBTQ RHY will at best receive inadequate care and at worst, avoid seeking needed services altogether. This, in turn, may perpetuate or exacerbate the risks these youth already face, such as school drop-out, mental illness, substance use problems, violence and victimization, and incarceration. Identifying service gaps and proposing recommendations to fill them is an important step towards ensuring RHY-serving agencies are meeting a minimum standard of care for these vulnerable youth.

Acknowledgment

Appendix A. Telephone interview questions for organizations serving LGBTQ RHY

1. Describe how your organization gathers information on clients'/consumers' sexual orientation/identity and gender identity.
2. How does your organization welcome RHY who identify as LGBTQ? Describe your outreach, intake and assessment procedures that are specifically tailored to LGBTQ RHY.
3. What portion/percentage of your organization's RHY clients/consumers is LGBTQ?
4. Describe the specific services you provide for LGBTQ youth as a whole. Describe the specific services you provide separately for a) lesbian youth, b) gay male youth, c) bisexual youth, d) transgender youth, and e) questioning youth.
5. Are those services you just described based on a pre-existing model? What kind of evaluations, if any, have you or others conducted on those services? Describe the type(s) of evidence on which those services are based.
6. What type and amount of LGBTQ-specific training do you require of your staff?
7. What type and amount of LGBTQ-specific training does your organization provide its staff? Describe your training curriculum.
8. Describe the role that religion/spirituality play in the services you provide LGBTQ RHY.
9. What local/state/federal legislation has helped or hindered service provision for your LGBTQ clients/consumers?
10. Does your organization provide separate living quarters for LGBTQ clients/consumers? Describe how your organization houses LGBTQ clients/consumers.
11. Does your organization house transgender clients/consumers with others of their same or opposite biological sex? Describe benefits/challenges of housing transgender clients/consumers with others of their same or opposite sex.
12. Does your organization provide educational programming/sensitivity programming on gender identity and sexual identity/orientation to clients/consumers? Describe your educational/sensitivity programming curriculum.
13. Describe the extent to which LGBTQ youth have a voice in developing programs and services at your organization. Could you illustrate with specific examples?
14. In your opinion, what are the top three service gaps or limitations in current programming for the LGBTQ RHY population?
15. In your opinion, what are your main recommendations for new:
a. Practice treatments/interventions with LGBTQ RHY?
b. Policy changes for LGBTQ RHY?
c. Research to better understand LGBTQ RHY and their needs?
16. Are there any other important questions you think I omitted that I should be asking other organizational directors with whom I speak, or other important people with whom I should speak about these issues?

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