A guide to working well with LGBTQ youth in Georgia's Child Welfare System

2018-2019 Edition

FOSTERING FAMILY
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EXECUTIVE SUMMARY

The future of our state depends on the wellbeing of all of Georgia's children, including those in the child welfare system. The Fostering Family guide shines a light on the unique needs of Transgender, Gender Non-Conforming, Lesbian, Gay, Bisexual, and Queer or questioning (LGBTQ+) youth in Georgia's child welfare system, and makes specific recommendations for how the system can best serve LGBTQ children.

Written as a concise and user-friendly guide, the report aims to support caregivers and administrators in their journey toward working well with LGBTQ youth.

THE PROBLEM

Unfortunately, LGBTQ youth are dramatically overrepresented in the child welfare system. Not only are they are far likelier than other youth to enter the system in the first place, but also they have worse outcomes once inside. They are more likely to be discriminated against, to be pushed out of school into the juvenile justice system, to experience homelessness, and to have difficulty accessing the medical and mental healthcare that meets their needs.

LGBTQ youth face unique challenges:

- **Discrimination, trauma, and marginalization:** Research suggests that LGBTQ youth experience extreme hardship relative to their non-LGBTQ peers; this is largely due to how they are perceived and treated by others throughout their lives.
- **Lack of understanding:** Many people, including the very people in charge of providing care and guidance, lack even a basic understanding about sexual orientation, gender identity, and gender expression.
- **Trans and gender non-conforming youth have distinct needs and vulnerabilities.** While "LGBTQ" as an acronym includes "T," trans and gender non-conforming people are often excluded from and marginalized by the LGBQ community.

KEY FINDINGS AND RECOMMENDATIONS

In 2016, there were over 12,000 children living in Georgia's foster care system. While there is no way of knowing exactly how many identify as LGBTQ, national studies indicate that LGBQ youth make up 22.8% of children in foster care. Based on these findings, we estimate that 2,736 youth in Georgia's foster care system are LGBQ. Unfortunately, these youth are twice as likely as others to report maltreatment once enrolled.

The Fostering Family guide includes an overview of the issues faced by LGBTQ youth in Georgia's child welfare system along with broad recommendations for change, followed by a deeper dive into specific touch points in the system, including case management, foster home placements, group homes, and transition to adulthood. We also provide recommendations for medical and mental healthcare providers, schools, and homeless service providers interfacing with system-involved youth.

PEOPLE

Training & Education: All people who work, volunteer, or interact with youth in any capacity connected to Georgia's child welfare system should be trained on how to work effectively and respectfully with LGBTQ youth. Case managers, foster families, group home workers, and healthcare providers, among others, should have a basic knowledge about the issues LGBTQ youth face, how discrimination based on sexual orientation, gender identity, and gender expression affects youth's health and wellness, and a basic framework for minimizing risk.

Case Managers: Increased investment is critical to achieve smaller caseloads so that managers can work successfully and meaningfully with the children for whom they are responsible. In addition, case managers should acquire LGBTQ-affirming practices through continuing education and/or peer training, and utilize trauma-informed care every step of the way.

PROCESSES

Intake: Georgia's intake process should include a specific option for people who report abuse or neglect to identify youth as LGBTQ.
Data Collection: Sexual orientation and gender identity should be standard on all forms, and mandatorily completed. It is imperative that intake staff be trained on how to respectfully ask for this information; as with all data, this should be kept confidential.

POLICIES

Non-discrimination policies: All agencies serving youth involved in the child welfare system should create and post non-discrimination policies that include sexual orientation, gender identity, and gender expression.

Room, Board & Watchful Oversight (RBWO) Minimum Standards: RBWO Minimum Standards determine the minimum level of care for child welfare providers with state contracts. These minimum standards should be expanded to further protect LGBTQ youth, including (but not limited to) adding LGBTQ-specific training, and adding sexual orientation, gender identity, and gender expression as protected classes.

Georgia Law: Georgia stands out from other states in its lack of protection for LGBTQ people of all ages. Youth involved in the child welfare system are no exception. The guide recommends the following legislative changes that would alter the structural landscape for LGBTQ youth:

> Georgia needs nondiscrimination legislation that includes sex, sexual orientation, gender identity, and gender expression.
> DFCS should create and enforce policies that affirm gender identity of Trans and Gender Non-Conforming (TGNC) youth.
> Georgia needs a definition of "sex" that is inclusive of gender identity.

CONCLUSION

Despite hardships, LGBTQ youth show extraordinary resilience and coping skills. They form and maintain strong, supportive communities and the majority go on to lead happy, healthy lives. This guide can help make life even better for the LGBTQ youth in state care.

As Georgia-based practitioners, we want you to know that we are here for you. We believe that together, we can do better to show LGBTQ youth in our child welfare system that their lives matter to us.

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AUTHORS' NOTE

DEAR READERS,

As the authors of this document, we want to thank you for reflecting on the diverse needs of the children, teens and young adults in your care. The future of our state depends on the welfare of all of Georgia's children; including those who are Transgender, Gender Non-Conforming, Lesbian, Gay, Bisexual, Queer or those questioning their sexual orientation or gender identity. In this guide, we'll use "LGBTQ" for simplicity's sake, but we all agree that it's not the most inclusive or comprehensive description, and we encourage you to check out the glossary for more information.

We, the authors, have many identities: we are social workers, policy advocates, clinicians, attorneys and researchers. Some of us are adoptive, foster and biological parents, some of LGBTQ children. Many of us are also members of the LGBTQ community. All of us care deeply about how our next generation will experience acceptance, love and wellness as they grow into adulthood. We drafted this document to support caregivers and administrators like you on your journey toward working well with LGBTQ youth in a system that we realize is overburdened, under-resourced and full of endless need.

Far too often, we hear from young people after the systems designed for their safety and wellbeing fail to keep them safe or well. With this guide, we are hoping to help you identify, analyze and remove some of the barriers LGBTQ youth face as they reach for success. Our goal was to create a guide that is concise and user-friendly, that provides helpful information, realistic guidelines and references for further learning. It is our hope that this resource will open doors for continued learning and foster sustained relationships with local and national LGBTQ-supportive groups.

The bad news is that LGBTQ youth are far likelier than other youth to enter the child welfare system in the first place, and they have worse outcomes than others once inside. They're likelier to be pushed out of school into the juvenile justice system and have difficulty accessing healthcare and mental healthcare that meets their needs. The good news is that despite these hardships, LGBTQ youth show extraordinary resilience and coping skills, they form and maintain strong, supportive communities and the majority go on to lead happy, healthy lives. The best news is that you can help make life even better for the LGBTQ youth in your care.

As Georgia-based practitioners, we want you to know that we are here for you. We believe that together, we can do better to show LGBTQ youth in our child welfare system that their lives matter to us.

Thank you for this opportunity to work together!

The Authors

ABSOLUTE BASICS OF SEXUAL ORIENTATION & GENDER IDENTITY

In this guide, the authors intend to forgo jargon as much as possible. Below are some basic language standards that will help you use this guide and communicate more effectively with LGBTQ youth and others you work with to support them. Please note that in the same way there is no single, monolithic LGBTQ community, no exhaustive dictionary of terms includes every identity.

TERMS & ACRONYMS

Sexual orientation is the enduring sense of being attracted romantically, physically, emotionally to another person of the same gender, a different gender, both or many genders. The sexual orientations we will reference in this guide are:

Heterosexual or **"straight"** people are attracted romantically, physically, emotionally to people who are of a different gender from themselves. In this guide, we will use the word "straight" because it is widely used.

Homosexual, or **Gay** and **Lesbian** people are those who are attracted romantically, physically, emotionally (or however attraction works for an individual) to people who are of the same gender as themselves. "Lesbian" refers to women who love women, and "Gay" may refer to anyone of any gender. We will use "Gay," "Lesbian," or "Queer" in this guide as opposed to "homosexual" because the word "homosexual" has historical connotations of pathologizing non-straight sexuality.

Bisexual (bi) and **pansexual** people are those who are attracted romantically, physically, emotionally (or however attraction works for an individual) to people of both, many or even all genders.

Queer people are those who self-identify as queer, having reclaimed the word from a history of disparagement. People who are queer often consider their sexual orientation something other than straight, and may be gay, lesbian, bi, pansexual or otherwise. Queer is also a political term; it is a rejection of labels and categories, and is commonly used among young people.

Gender Identity is someone's deeply felt sense of being a man, woman, non-binary, gender-non conforming, non-gender or another gender.

Sex, or **"Sex Assigned at Birth,"** is the sex (male, female or intersex) determined at birth based upon the individual's genitals, reproductive organs and/or chromosomes, and designated on the individual's birth certificate.

A **Cisgender** person is one whose gender identity matches the sex they were assigned at birth.

A **Transgender** or **trans** person is one whose gender identity differs from the sex they were assigned at birth.

- A **Transgender Woman** or **Trans woman** is someone who was assigned male at birth but who is actually a woman. You would address this person with feminine pronouns: "she/her/hers."
- A **Transgender Man** or **Trans man** is someone who was assigned female at birth but who is actually a man. You would address this person with masculine pronouns: "he/him/his."
- A **Non-Binary Trans** person or **Genderqueer** person doesn't fit into either of the above categories, was almost always assigned M or F at birth but their true gender does not fit into either category. A non-binary person's gender pronouns may vary, but "they" is the most commonly used gender-neutral pronoun.

Gender non-conforming is how to describe a person and/or a behavior that falls outside societal norms for any specific gender. Their gender pronouns may vary, but "they" is likely the most commonly used gender-neutral pronoun.

Gender Fluid indicates that someone's gender is not fixed to any single gender.

Gender Expression is the way a person expresses gender outwardly to the world. This can range from Masculine to Androgynous to Feminine, but varies widely across cultures and traditions and time periods. Gender Expression is not always an indicator of someone's gender identity. For example, a person who identifies as a man may have feminine gender expression.

LGBTQ generally stands for "Lesbian, Gay, Bisexual, Transgender and Queer," but in this document we will use this acronym broadly to include those who are not straight/heterosexual and/or cisgender. We acknowledge that this acronym is not fully inclusive and does not reflect the full spectrum of young people's identities.

LGBQ means "lesbian, gay, bi or queer." We'll use this when we're talking about youth who are not straight/heterosexual.

TGNC means "trans or gender non-conforming." We use this when we're talking about youth who are not cisgender, or youth who were assigned a sex at birth that doesn't match their gender identity and/or gender expression, and youth whose gender expression falls outside of what society thinks is "normal" for their gender.

Youth refers generally to anyone who is a child, teen or young adult. When we're specifically talking about young children, teens or young adults over 21, we will make that clear.

SO/GI/E refers to sexual orientation, gender identity and gender expression.

GUIDING PRINCIPLES

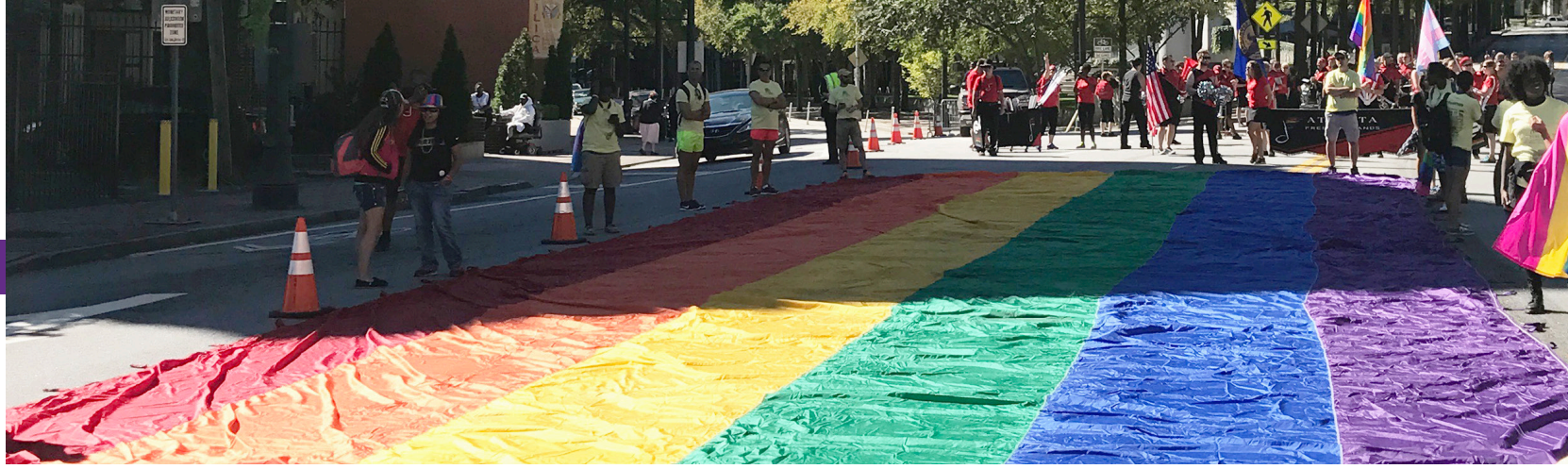
The following principles guide our work with LGBTQ youth and underlie the recommendations we make in this guide.

Sexual orientation and gender identity are not choices people make, and they are not "preferences" or "lifestyles." We believe (and research supports) that when young people "come out" as LGBTQ, they are revealing a truth to us that they have likely known for quite some time. We do not believe that sexual orientation or gender identity is a "trend" or a "phase," yet we acknowledge that many people go through long periods of questioning their sexual orientation and gender identity before arriving at the identity they reveal to us. It is incredibly difficult to "come out" to an adult. When it happens, we are being entrusted with something sacred and true.

Cultural *competency* is impossible, but we can achieve cultural *humility*. Working well with any young person requires lifelong learning and openness to change. Rather than trying to "master" a culture that is different from our own, we aspire to remain humble and open to learning new and different perspectives, identities, language and cultures from the young people with whom we work. While we make a strong effort to use respectful language as it is outlined today, we will not hold fast to any given terminology or framework with the expectation that it is true for everyone, forever. While achieving a working knowledge of current terms and norms is necessary, cultural humility is a mindset. We believe it is an essential paradigm for working with all youth.

Being LGBTQ is not a mental health issue, but the trauma of discrimination and marginalization may lead to LGBTQ youths' elevated risk for mental health issues like depression and suicide. Research suggests that LGBTQ youth experience extreme hardship relative to their non-LGBTQ peers, and this is largely due to how they are perceived and treated by others throughout their lives. As long as our individual interactions, care practices, laws and policies make LGBTQ people feel "othered," we will continue to see devastating mental health outcomes.

Trans and gender non-conforming youth have distinct needs and vulnerabilities. While "LGBTQ" as an acronym includes "T," trans and gender non-conforming people are often excluded and marginalized even from the LGBTQ community. Emerging research shows that trans and gender non-conforming people experience extreme hardship throughout the life course, beginning in early childhood. As such, much of this document provides specialized guidance related to trans and gender non-conforming youth.



Sexual orientation and gender identity are parts of a young person's complex and evolving identity. Just like everyone else, LGBTQ youth experience the world through lenses of race, ethnicity, class, immigration status, abilities or disabilities, class and body standards. Being LGBTQ adds complexity to other types of discrimination or marginalization, and respectful care-giving involves recognition of all aspects of their identity and experience. Likewise, we acknowledge that LGBTQ youth of color, LGBTQ youth with disabilities, those who are undocumented and those who are poor are often excluded from resources available to the mainstream LGBTQ community. We must consider this complexity when we conceptualize truly "safe" spaces.

Young people have agency and deserve our respect. Adults often fail to acknowledge the intellect and emotional intelligence of young people in our care. Perhaps especially with adolescents, who are hard-wired to question authority and take risks, adults often become frustrated and exercise harmful power relationships that shut down trust and communication. We do our best to outline frameworks that are strengths-based, youth-centered, and grounded in harm reduction. We believe that youth are the experts in their own experiences and whenever possible should be actively engaged in their own care strategies.

Working effectively with youth is not a zero-sum game. Getting better at working with LGBTQ youth does not mean sacrificing the time, resources or competencies you use for working with other youth in your care. Implementing evidence-based and evidence-informed care paradigms like trauma-informed care, harm reduction and strengths-based case management will improve the care you provide to all youth, while simultaneously minimizing the trauma LGBTQ often disproportionately experience in care.

CASE STUDY: AMARI'S STORY

"The first time I ever put on hair, and a dress...I remember the dress and it just felt natural, it felt like me. I never took it off after that point. I was at a group home at that time, but I left because I couldn't be me there." - Amari

Amari, 21, a Black trans woman who was assigned male at birth, was born in an outlying county of Metro Atlanta and entered foster care at age 9 after she reported abuse to her school principal. She and her 5 siblings were shuffled from their grandparents' home to multiple foster care families and ultimately separated to foster and group homes across several counties. In her pre-teen years Amari thought of herself as a feminine, gay boy. She knew she was attracted to boys and felt relatively accepted by others as gay, including her biological mother, with whom she had regular contact.

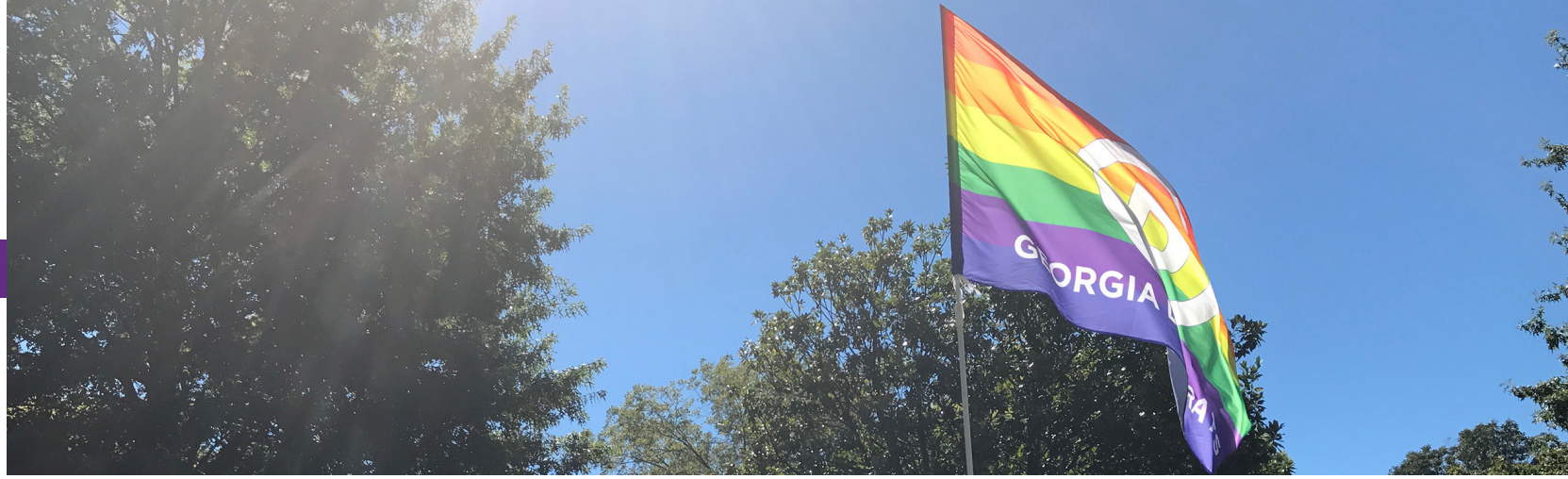
At age 14, Amari realized she was trans, and found herself in the position of "coming out" in a series of incidents at group homes. When she came out as trans, she lost the support of her biological family and began having numerous issues with group home staff, fueling a cycle of running away and coming back into the system to survive. "They wouldn't even let me in the door at the group home. I had run away and when I came back when I had on girl clothes they said I can't come back. They wouldn't take me because my ID said one thing, but I was wearing girls' clothes. I had to change clothes, I only stayed a week and then I had to go because I couldn't stay somewhere where I couldn't be who I was."

When Amari remained in group homes, she was only allowed to stay with young men, even after she had informed staff that she had transitioned and legally changed the name on her ID. Staff called her by the boy's name on her birth certificate, used "he" pronouns when referring to her, and discouraged her from living "out" as a trans girl.

Finally, at age 19, after enrolling in DFCS' independent living program, Amari entered a program that was different from the others. In her words: "I was able to live on the girls' side of group homes, people were saying 'she.' It was a really nice process after all the fighting and advocating." Amari describes this last home as a "good" experience, saying that staff there were open minded, listened to her, asked her respectful questions about being trans and made her care plan accordingly. Asked what made her care team so successful, she says, "I think they gave it a shot. They sat down with me and said, 'I want to learn more about this.' They saw that I was a genuine person, that I was still a human regardless of how I identified. Someone opened themselves up to who I was."

Amari's advice to other trans youth in the foster system is simple and unapologetic: "Be yourself."

Amari now lives independently, works full time and remains concerned about the welfare of her trans sisters in Georgia's child welfare system. She says she believes things will change "only when someone at the highest levels of the systems has an opportunity to sit down with someone like me" to see that trans youth are human beings just like all the other youth in the system. In the meantime, her advice to anyone working directly with trans young people in foster care is, "Call them who they identify as, use 'she,' use her name. I think that trans girls should be with the girls, if you identify as a lady you should be with the girls." She also wants DFCS to help trans youth access healthcare related to their transition in the same way they have access to other routine healthcare. Her profound advice to those who care about trans youth in care: "Don't just try to identify them, help them find their identity."



OPPORTUNITIES FOR PROGRESS IN GEORGIA

The complex web of agencies, departments, funding sources, people, laws and policies that comprise Georgia's child welfare system creates a state-sponsored safety net for families experiencing difficulty caring for children.

Governed and managed by Georgia's Department of Family and Children's Services (DFCS), the system also includes a number of privately-owned and operated contracted entities, and extends into healthcare, mental healthcare, insurance, education, juvenile justice and other systems that touch the lives of vulnerable young people. Families involved with the child welfare system have a diversity of backgrounds, experiences and identities, but are more likely than the general population to live in poverty or near poverty and to be non-white.

In 2016, there were over 12,000 children living in Georgia's foster care system . While there is no way of knowing exactly how many identify as LGBTQ, national studies indicate that LGBTQ youth are both more likely than others to end up in the child welfare system and twice as likely as others to report maltreatment once enrolled. Out-of-home care is hard on all children and families, but studies show that LGBTQ youth fare much worse in the system than their non-LGBTQ counterparts in most measurable ways. In a study of LGBTQ youth in group homes, 100 percent stated they had been verbally harassed while 70 percent identified having experienced physical violence based on their sexual orientation, gender identity and/or gender expression.[iv][v] Much has been written on this topic and many guidelines exist, but this guide will focus on what we can and should do in Georgia today. It contains recommendations pertinent to Georgia's child welfare system and includes Georgia-specific resources for LGBTQ youth and those providing their care.

This guide includes an overview of the issues faced by LGBTQ youth in Georgia's child welfare system and our broad recommendations for change, followed by a deeper dive into individual, systems and policy levels at various specific touch points in the system: intake, case management, foster family placement, group homes, independent living programs and transition to adulthood. We also provide recommendations for individuals, administrators, managers and policymakers interfacing with system-involved youth medical and mental healthcare providers, schools and homeless service providers.

BASIC RECOMMENDATIONS: PEOPLE, PROCESSES AND POLICIES

Below are general, multi-level recommendations for improving the experiences of LGBTQ youth in Georgia's child welfare system. Subsequent sections of this document provide specific guidance for child welfare case management, foster family placement, group home living, independent living programs, transition to adulthood, homelessness prevention, medical and mental healthcare and school support.

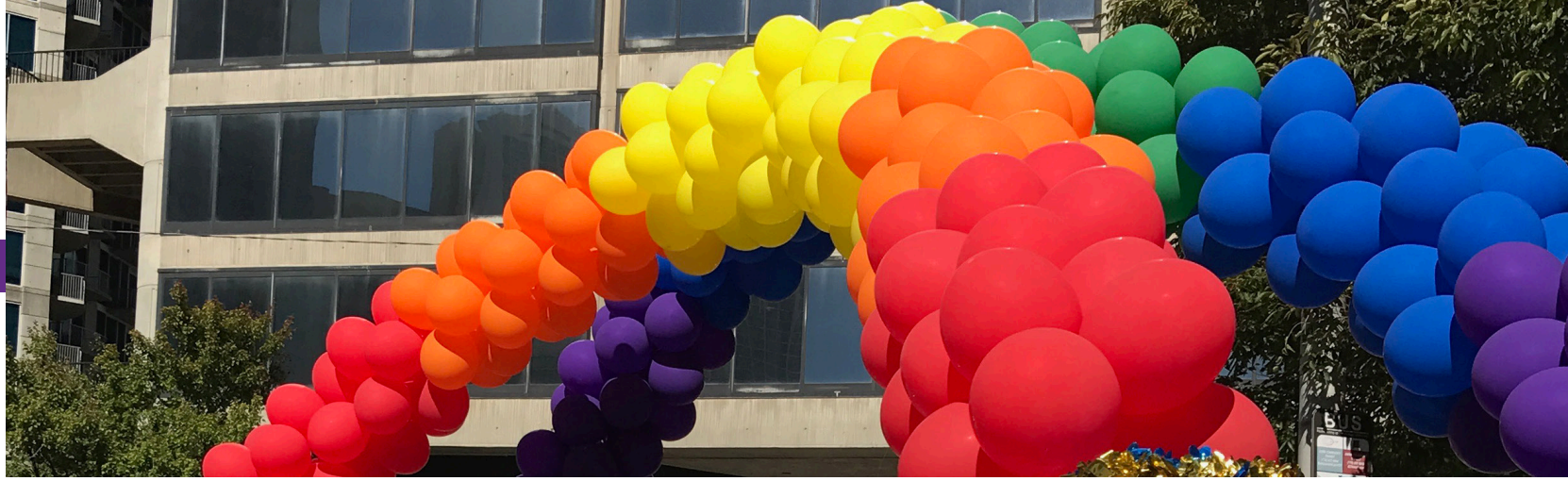
PEOPLE

The lifeblood of Georgia's child welfare system is the thousands of dedicated employees working at DFCS, public and private agencies, volunteer families, employees and volunteers at partnering entities across all sectors of youth service. The people of Georgia's child welfare system will have tremendous impact on the lives of LGBTQ youth. To maximize the positive potential of this impact, we recommend the following:

Training & Education
All people who work, volunteer or interact with youth in any capacity inside or peripheral to Georgia's child welfare system should be trained on how to effectively and respectfully work with LGBTQ youth. At a minimum, all people should be trained on the following, at least annually:

LGBTQ Youth Basics
All employees and volunteers, including foster families, should have basic knowledge of the many issues faced by LGBTQ youth, how discrimination based on sexual orientation, gender identity, gender expression affect their health and wellness, and a basic framework for minimizing risk.

Trauma-Informed Care
A deep, practice-oriented understanding of trauma and its effects on the developing brain are essential for successfully working with all youth involved in the child welfare system. This is especially true for those who work with LGBTQ youth, who are more likely than others to experience the negative effects of repeated trauma.



Caseloads
Case managers, social workers and other child welfare care workers in Georgia have large caseloads. Many youth and families in the child welfare system require highly individualized support to navigate the system and services landscape, and this may be especially true for LGBTQ youth. It is not uncommon for one LGBTQ or LGBTQ-affirming case manager to be assigned large numbers of LGBTQ youth who are diverted away from other case managers who are not trained on how to work effectively with LGBTQ youth. This practice is unsustainable. **Instead, we recommend investing in the lives and careers of all case managers while simultaneously supporting individual specialization:**

Increased investment to achieve smaller caseloads
DFCS and subsidiary agencies providing case management should do everything they can to decrease the total number of cases in their caseload. With full recognition that this requires substantial investment, it is likely that NOT reducing case managers' caseloads will result in an inability to successfully and meaningfully uptake other recommendations.

Increased resources for LGBTQ-affirming case managers
DFCS and subsidiary agencies providing case management should identify case managers among their ranks who already display LGBTQ-affirming practices, provide opportunities for continuing education and train-the-trainer opportunities. The end goal should be to foster staff-wide LGBTQ competency with an increase in the number of case managers providing more specialized care for LGBTQ youth.

PROCESSES

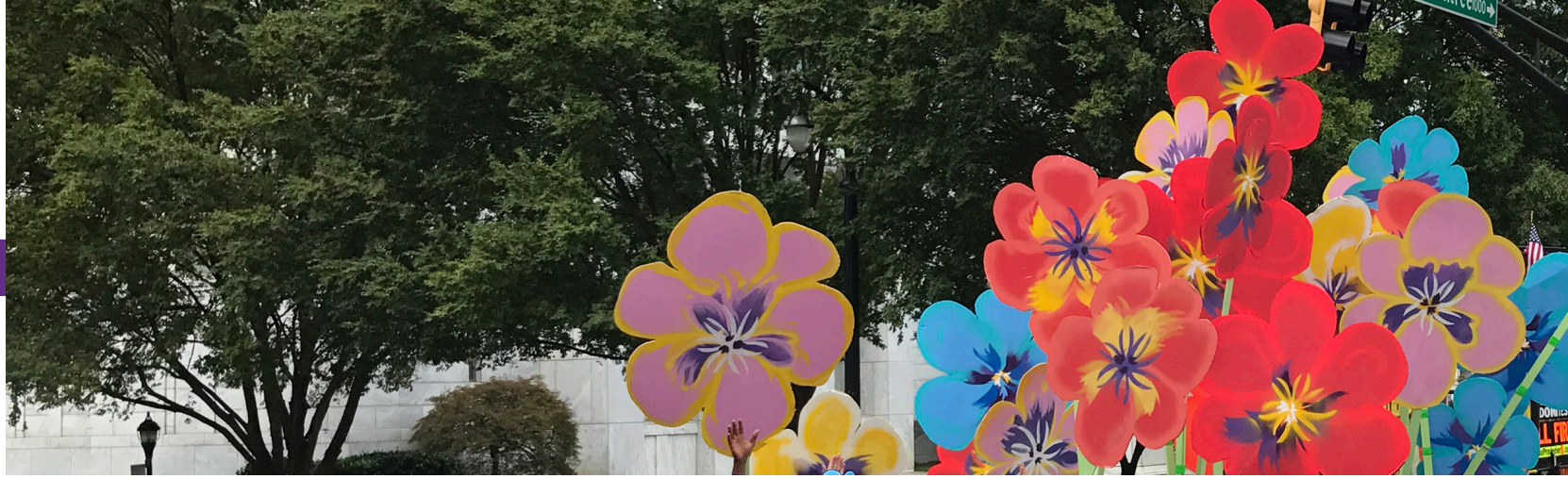
The many processes that govern care for the young people involved in Georgia's child welfare system are rife with opportunities to identify and intervene with LGBTQ youth experiencing discrimination and marginalization associated with their sexual orientation, gender identity and/or gender expression. Each time a system-affiliated adult "checks in" with a young person in their care, they have an opportunity to intervene and help create a better experience for that young person going forward.

Intake
LGBTQ youth entering the child welfare system following a report of abuse or neglect will go on to provide substantial and highly personal information to a number of people and agencies. Sexual orientation and gender identity are critical pieces of information that must be appropriately contextualized as part of a young person's overall identity and referral.

The process of entering into the system itself is standard across the state of Georgia following reforms created in 2014 as part of Governor Deal's Child Welfare Reform Council.[vi] Mandated reporters report abuse and/or neglect to a 24/7 statewide, centralized intake system, a report is filed with a county-level DFCS office, and the case is investigated within 24 hours. Cases are then opened at the county level. In the context of this process, we recommend the following changes:

Georgia's initial DFCS intake process should include a specific option for reporters who know the youth they are caring for is LGBTQ. This could come in the form of a special number selection option, or SO/GI could become a standard part of intake questioning during centralized intake following staff training as described above.

DFCS must develop a comprehensive list of agencies that are currently working well with LGBTQ youth across the state and divert LGBTQ youth entering the system to one of those entities at the earliest possible step. All county-level DFCS coordinators should have access to LGBTQ-friendly agencies in their county. This is a significant interim move toward safely placing youth in care that will not re-traumatize them.



Sexual orientation and gender identity should be standard on all forms, and mandatorily completed. It is imperative that intake staff be trained on how to respectfully ask for this information. As with all data, this should be kept confidential and staff should discuss with the young person involved who they feel comfortable sharing this information with.

Room, Board, and Watchful Oversight (RBWO) Forms:
Significant strides have been made in the revision of the Room, Board, and Watchful Oversight (RBWO) Match Screening tool[vii] that is used to pair youth with a placement that will meet their needs. "Sexual orientation" has a field on this form, and same sex couples and LGB single adult families are options for placements. We recommend the following modifications:

We recommend adding an open-ended field for "gender identity," or, at a minimum, providing options beyond "M" and "F" for youth to self-identify as trans or non-binary. If it is necessary to collect "sex" information for insurance or other legal purposes, it may make sense to retain both "sex [as in, sex assigned at birth]" and "gender identity" fields.

We recommend adding a field for "preferred name, if other than name used above" field. Many youth, TGNC or not, use names other than the ones they were given at birth.

POLICIES

Underlying the individuals, practices and processes that support youth and families in Georgia's child welfare system are written institutional and public policies and laws. While changing individual practices and overhauling processes are critical steps, policy change ensures the sustainability of reform and creates an official mechanism for accountability.

Public Policy: Georgia Law
Georgia stands out from other states in lack of protection for LGBTQ people of all ages. Youth involved in our child welfare system are no exception. We recommend the following legislative changes that would alter the structural landscape for LGBTQ youth.

Georgia needs nondiscrimination legislation that includes sex, sexual orientation, gender identity and gender expression.

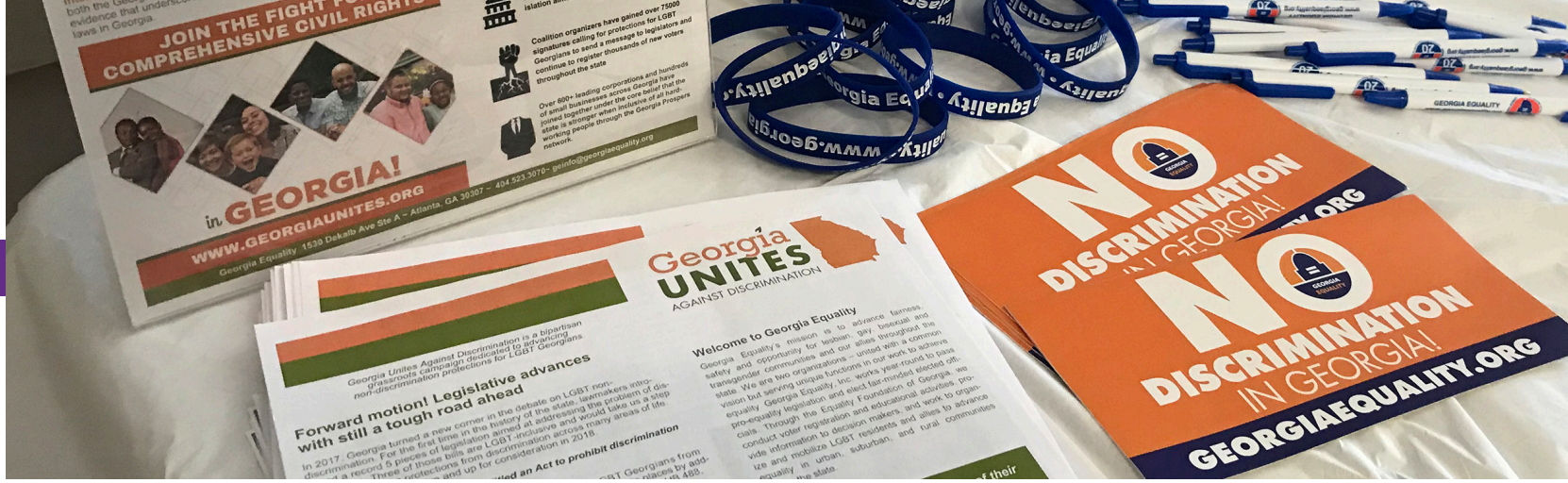
Comprehensive non-discrimination laws are an essential starting point for ensuring safety and well-being for LGBTQ youth. California, New Jersey and New York rank highest among the states in terms of legal protections for LGBTQ youth, as they provide explicit SO/GI/E-inclusive protection from discrimination in statute or regulation and additional legal and policy guidance. Georgia is among the lowest ranking states, which offer no express protection from discrimination on account of sexual orientation, gender identity or sex (or gender) in child welfare-specific law and policy. New Mexico and Rhode Island provide examples of recommended regulatory language, which delineate SO/GI/E as protected classes within child-placing agencies.

DFCS should create and enforce policies that affirm gender identity of trans and gender non-conforming (TGNC) youth.

In the absence of state legislation, institutions should create detailed policies and procedures that affirm trans and gender non-conforming youth and offer training on implementation of these policies to all employees and volunteers. Anyone working with youth in an organization with TGNC-affirming policies should be clear on exactly what it means not to discriminate on account of sexual orientation, gender identity or gender expression. A few recommended examples include specifics such as referring to the transgender youth by the name and pronouns they use and ensuring that they are allowed to express their gender freely and are provided trans-affirming health and behavioral health care, among other necessities. Maryland, Minnesota, and New York provide specific practice obligations to meet the needs of TGNC youth in child welfare systems.

Georgia needs a definition of "sex" that is inclusive of gender identity.

Professional standards rightly describe gender identity as the defining component of sex, rather than anatomy or sex assigned or presumed at birth. To be consistent with professional standards, Georgia should define sex (or gender) in a way that explicitly acknowledges that sex is determined by gender identity. Where there is no clear definition of sex or gender, these terms are left open to interpretation, which often leads to discrimination. States should enact statutes or promulgate regulations and issue agency policy clarifying that sex (or gender) is determined by gender identity, based on an accurate understanding of gender identity's central role. The definition of sex has a profound impact on systems of out-of-home care. Throughout licensing regulations, states use the terms sex (or gender) when prescribing admissions procedures and in facility licensing, placement determination, sleeping arrangements, bathroom requirements, clothing distribution, training, supervision and body searches.



Institutional/Agency-level non-discrimination policies
All agencies serving youth involved in the child welfare system should create and post non-discrimination policies that include sexual orientation, gender identity and gender expression. Policies should be posted in plain language and include a description of the grievance or complaint process that a young person can easily access and complete.

Room, Board & Watchful Oversight (RBWO) Minimum Standards
The Office of Provider Management (OPM)'s **RBWO Minimum Standards document**[ix] outlines a comprehensive overview of the minimum standards for child welfare care providers with state contracts. This document provides a number of opportunities to add protection for LGBTQ youth. The following recommendations correspond with specific sections of this document:

Section 32.3 provides a list of specific competencies that direct care staff and life coaches must be trained on within 60 days of hire. These include: appropriate relationships with youth, staff boundaries, knowledge of adolescents and adolescent development, development of engagement skills, sexuality and pregnancy of adolescent females, accessing community resources, infant safe sleeping guidelines, competency with culturally diverse populations, conflict resolution and de-escalation.

Recommendation:
This section should include a bullet for LGBTQ-specific cultural competency training

Section 4.13 states that providers must have and follow a non-discrimination policy. CPA providers must follow the Multi-Ethnic Placement Act (MEPA) and Inter-Ethnic Placement Act (IEPA). Provider must not use race, ethnicity or religion as a basis for a delay or denial in placement of a child, either with regard to matching with a family or with regard to placing a child in a CCI.

Recommendation:
This section should include a comprehensive list of protected classes including sexual orientation, gender identity and gender expression, which should be incorporated into each agency's non-discrimination policy.

Section 4.17 states that providers must regularly assess youths' vulnerabilities when making room and/or cottage assignments and use the assessment in making such matching decisions. Child vulnerability refers to the ability of a child to avoid, negate or modify threats. Vulnerabilities include such things as age, development, sexual stage of development, sexual orientation, disabilities, ability to communicate, provocative behaviors, and health.

Recommendation:
This section should include "gender identity" and "gender expression" after "sexual orientation."

CASE MANAGEMENT PRACTICES THAT WORK FOR LGBTQ YOUTH

Case management is a foundational piece of a young person's experience in the child welfare system.

In the turmoil of an out-of-home care placement, a good case manager can be a source of healing and safety for a young person in crisis. This may be especially true for LGBTQ youth, who are more likely than others entering care to be traumatized and marginalized. A young person's case management team should help them navigate the system, coordinate care and provide structure in an otherwise chaotic time.

DFCS case managers have diverse backgrounds and education levels, but most are bachelor's level social workers (BSW) who receive basic social work education that may or may not include information relevant to working with LGBTQ youth.

Successful placement in care and streamlined coordination with all the entities that will affect a child's life in the system depends on competent and affirming case management, but many barriers exist. Case managers in DFCS have reported unmanageably large caseloads, low salaries and high levels of stress.[vi] These can make working with all youth difficult, and will require structural intervention at the state level as outlined in the 2014 Georgia Child Welfare Reform Council's Final Report to the Governor. Being overworked and underpaid is a significant impediment to the uptake of new knowledge and compassionate, client-centered approaches to youth with different needs.

As it pertains specifically to LGBTQ youth, the following problems arise:

- Case managers may lack basic knowledge and awareness of SO/GI/E and tools for learning how to effectively care for LGBTQ youth;
- Case managers are not initially informed about and/or fail to ask about a young person's sexual orientation and/or gender identity or make assumptions based on their gender expression;
- Case managers don't know with whom to share a client's sexual orientation and gender identity information or how to or when to share it with other care team members effectively;
- In the name of legality, case managers may address or talk about a young person using their birth or "legal" name, the gender pronouns associated with their sex assigned at birth, or the sex marker on legal documentation as opposed to the name and gender identity the young person uses to describe themselves.

RECOMMENDATIONS FOR CASE MANAGERS

Organizational and policy change can take years, but LGBTQ youth need action now. Here are some steps case managers can take today to improve the care they provide to LGBTQ youth:

Case managers should...

Pursue training and continuing education.
Case Managers should seek out continuing education opportunities (or, at a minimum, find basic information online) about sexual orientation, gender identity and gender expression. There are several free, online modules and local training resources that individual case managers can explore on their own, regardless of the system they work within. It's also important to gain knowledge of mental health and medical concerns relevant to LGBTQ clients to facilitate safe, appropriate referrals.

Ask about sexual orientation and/or gender identity.
When this information is not provided through case reporting or intake forms, case managers should respectfully ask clients about their sexual orientation and gender identity, the name they would like to be called and the pronouns they use. Case managers should consult with youth to determine if they feel comfortable with this information being shared with others on their care team, and if they have any individual concerns about specific agencies or case team members. Whenever possible, case managers should be clear and upfront about what information they are obliged to share with others, and which information may be kept confidential.

Use the name and gender pronouns a client requests they use.
Case managers working with TGNC youth should always address their clients by the name the young person uses to identify themselves as opposed to the name on their birth certificate or other legal documents. Case managers should limit the use of a young person's legal name to strictly legal situations and should advocate that all associated care providers, including family court judges and others, do the same.

Take all reports of LGBTQ-related discrimination or maltreatment seriously.
Address these incidents immediately and proactively with administrative leadership. If an organization lacks a non-discrimination policy inclusive of SO/GI/E and an official grievance cannot be filed, it may still be helpful to make a concern known to leadership if a coworker or collaborating agency mistreats a young person based on their sexual orientation and/or gender identity/expression.

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Conduct assessments through a trauma-informed lens.
Case managers should check in with clients and document any past LGBTQ-related discrimination or harassment experiences. It is important to validate any trauma associated with LGBTQ-related discrimination, harassment or bullying and determine referral and placement accordingly.

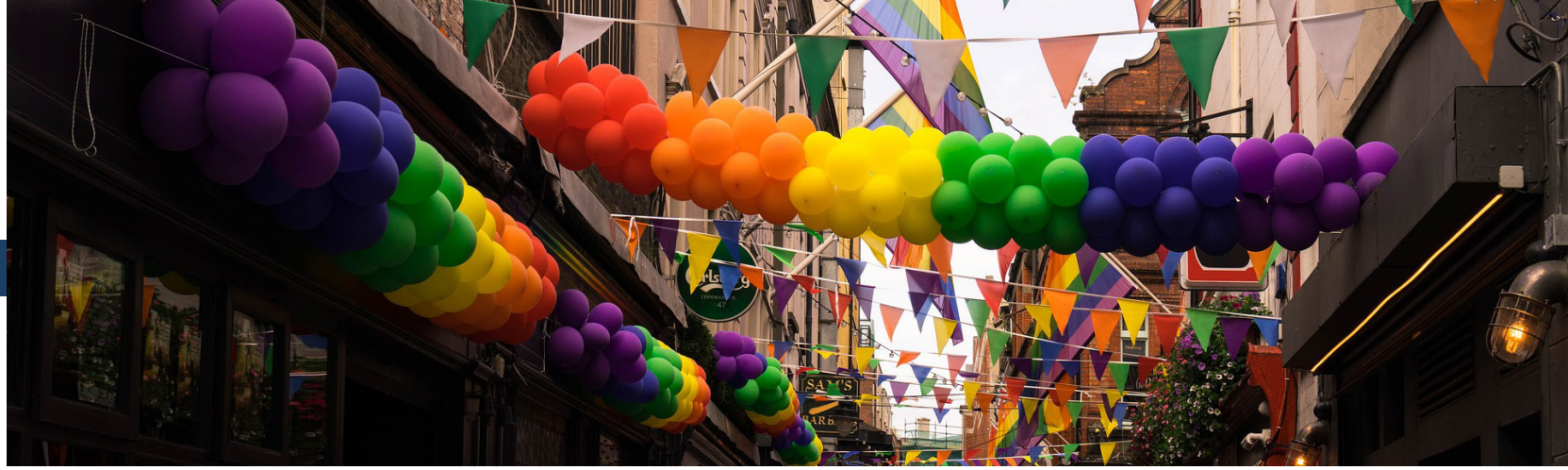
Keep an up-to-date list of local LGBTQ-affirming entities including support groups, LGBTQ-friendly faith communities, online support, parent/family support, community centers, LGBTQ pride festivals and other community-affirming activities. It is in the best interest of the case manager to share this information with other members of the care community.

Advocate on behalf of TGNC youth in care team meetings.
In case conferencing, multidisciplinary team (MDT) meetings, or case management roundtables, supportive case managers should affirm a TGNC client's name and gender pronouns when describing them, and remind other team members when they use the incorrect names and/or gender pronouns.

Support TGNC youth who want to legally change their name.
While required paperwork varies county-by-county, the legal name change process is relatively standard across Georgia. The case manager should accompany the young person to the county clerk's office and request a petition for legal name change, fill it out, and turn it into the clerk. The legal name change request will be posted in a local county newspaper, the youth will get a court date and the judge will make their final decree. Costs vary by county, and there are fee waivers for some parts of this process when cost is a barrier.

Support TGNC youth who wish to seek consultations regarding hormone therapy or surgical transition.
Georgia has several clinical providers willing and qualified to assist trans and gender non-conforming young people who are seeking care related to gender affirmation. There is currently no centralized directory of these providers, but The Health Initiative is an organization dedicated to connecting LGBTQ Georgians with medical providers across the state and serves as a partner to organizations working directly with LGBTQ people of all ages. Amerigroup, Georgia's DFCS Medicaid agency, is also committed to partnering with The Health Initiative as they provide training to healthcare providers across the state to increase the number of transgender-friendly clinicians throughout rural areas, which are currently underserved.

Never refer clients for conversion or reparative therapy.
Under no circumstances should a case manager refer any client to mental health care providers who utilize "conversion" or "reparative" therapy or any kind of psychotherapy intended to "cure" a young person of same-gender attraction or gender questioning. This kind of therapy has been proven ineffective and can re-traumatize already vulnerable clients.



CASE MANAGER/CLIENT GENDER PRONOUN ROLE-PLAY SCRIPT

Following initial training, through role-playing and repetition, case managers should practice discussing sexual orientation and gender identity with clients. Here are some sample scripts to get the conversation started:

"Hello, my name is _____ and my pronouns are [she/he/they]. What is your name and your pronouns? I want to make sure this is a safe space for everyone, so pronouns are just one way we do that!"

"Sexual orientation is complicated, so I can respect if this is a difficult subject to discuss. What do you feel most comfortable with identifying with, in terms of sexual orientation?"

"I want to respect you by addressing you with your pronouns and your preferred name; what do you want to be called and what are your pronouns? Mine are [case manager's pronouns]."

GEORGIA-BASED RESOURCES FOR ON-SITE STAFF TRAINING

Are you seeking staff training on working better with LGBTQ youth? The Health Initiative now has a Family & Youth training module specifically for those who work directly with children, teens and young adults. To request training, contact The Health Initiative at 404-688-2524 ext. 116 or email Linda Ellis at Linda@thehealthinitiative.org.

ADMINISTRATIVE & PRACTICE-LEVEL RECOMMENDATIONS

Case management team leads, supervisors or department heads have a tremendous amount of responsibility for organizational change management.

As individual case managers work to implement personal and professional development toward working better with LGBTQ youth, managers and administrators can encourage and enforce this behavior, create department or agency-level standards of compassion, acceptance and safety for all youth.

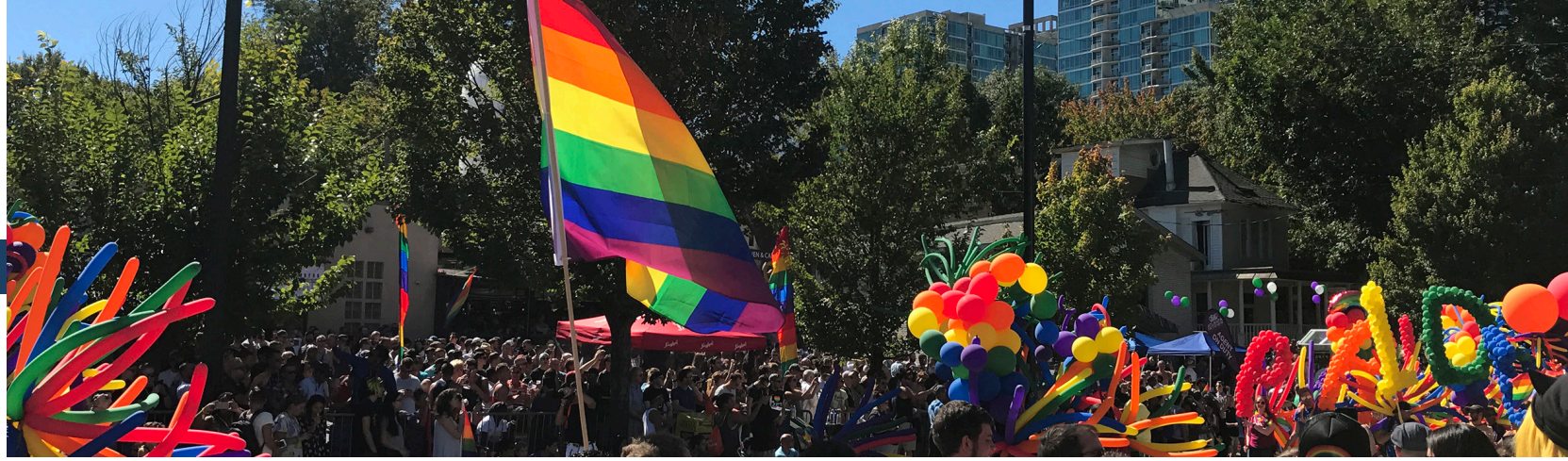
Managers & Administrators should...

Make SO/GI/E training mandatory at orientation and regular intervals.
As a part of new hire training, case managers should be trained on the differences between sexual orientation, gender identity, gender expression, and variance in attraction to others, as well as societal expectations for youth regarding gender expression. Every case manager should receive a standard, mandatory SO/GI/E training during their employment orientation including any information about nondiscrimination policies including SO/GI/E.

Encourage and enforce use of the client's correct gender pronouns and name when discussing them.
Allow space for respectful dialogue among case managers about SO/GI/E in case conferencing and multi-disciplinary teams. Respectfully correct employees who use the wrong gender pronouns or name when discussing a TGNC client's case, and set the standard of avoiding the use of legal names as a default.

Deal with incidents of discrimination related to SO/GI/E immediately.
Supervisors must address incidents and problems related to maltreatment, harassment, bullying or differences in access to resources immediately as outlined in policies and procedures in accordance with the written nondiscrimination policy. At a minimum, staff who repeatedly refuse to work respectfully and effectively with LGBTQ youth should not be permitted to work directly with them. Such staff should be given opportunities for continuing education and offered performance improvement planning, but ultimately may pose a danger to the health and wellbeing of vulnerable youth.

Allow youth to dress and groom themselves in accordance with their gender identity.
Best practice literature regarding safe and equitable treatment of TGNC youth makes clear that it is essential for well-being that they be allowed to dress and groom themselves in accordance with their gender identity and expression. Florida is one of three states that require children to be provided clothing in accordance with their gender identity, whereas Georgia is one of twenty-three states that require children to be provided clothing based on their assigned sex.



POLICY RECOMMENDATIONS

Institutional non-discrimination policies must always include SO/GI/E, even if public policy or state/local law does not. The policies and grievance process should be posted publicly and in plain language so that youth experiencing maltreatment or discrimination from their case manager can safely and confidentially file a report.

Georgia should require training for DFCS and other child welfare staff on the identities and needs of LGBTQ youth. Best practice literature makes clear that staff working with youth should receive initial and ongoing coaching and training regarding healthy sexual and identity development. This should include training about sexual orientation, gender identity and expression and other issues specific to LGBTQ youth.

The vast majority of states require no training about sexual orientation, gender identity and expression, healthy sexual development or issues specific to LGBTQ youth for staff working in child welfare systems in statute or regulations. Nevada and California provide examples of statutory language about LGBTQ specific training requirements, and Florida offers an example of regulatory language. Further, requirements may appear in policy in states with LGBTQ-specific policies protecting youth in child welfare systems, such as in Tennessee.

LGBTQ YOUTH IN FOSTER HOME PLACEMENTS

When a child is deemed unsafe because of caregiver abuse and/or neglect, DFCS is responsible for placing children with temporary or substitute families, also known as foster care.

There is a shortage of foster care placements in the state of Georgia, which creates a challenging situation for case managers- matching youth with the "right" family is often impossible. For those LGBTQ youth who are placed with foster families, these issues may emerge:

- LGBTQ youth often leave foster homes because of foster families who are uncomfortable with their sexual orientation, gender identity or gender expression.[x]
- Foster families are often unprepared to host LGBTQ youth and lack basic knowledge of how to keep them safe and well.
- Prospective foster parents who would be comfortable and interested in hosting LGBTQ youth may lack knowledge of how to become foster parents.
- Families of some religious affiliations may be overtly unaccepting of LGBTQ youth.

RECOMMENDATIONS FOR FOSTER FAMILIES & POTENTIAL ADOPTIVE PARENTS

Families that find themselves placed with an LGBTQ young person will have a unique chance to provide the acceptance and stability that a young person needs to build a confident, successful life. It is imperative that families feel prepared for this important job; not being prepared could result in continued trauma for a child, even if families have the best intentions.

Families should be aware that any young person placed in their care may be LGBTQ, and we recommend that orienting families to this reality become standard and mandatory. In the meantime, individual families may find the following recommendations helpful as they care for LGBTQ youth in their home.

FOSTER AND ADOPTIVE PARENTS SHOULD...

Learn the basics about LGBTQ youth and the issues they face.
Foster and adoptive families must learn about the basics of sexual orientation, gender identity, gender expression and the issues faced by LGBTQ youth in the child welfare system. Childwelfare.gov has published a guide for foster families specifically on this topic: Supporting your LGBTQ Youth: A Guide for Foster Parents.[xi]

Avoid assumptions about sexual orientation or gender identity.
Families may receive incomplete or fragmented information about a young person during placement. In many cases, sexual orientation and gender identity are not documented or communicated to foster families. It is therefore important for foster parents to avoid assumptions based on gender expression or other factors and get comfortable having conversations about sexual orientation and gender identity.

Ask about and use youths' correct name and gender pronouns.
Very often, trans and gender non-conforming youth (TGNC) do not want to be called by the name on their birth certificate or other legal documentation, nor do they want to be referred to as "he" when they identify as "she" or "they." When it comes to building trust and rapport with youth, taking the critical step to ask: "How do you want me to refer to you? What name do you want me to use? What about gender pronouns?" will go a long way. In the same way most families naturally honor a child's nickname instead of insisting upon using their legal name, a TGNC youth's legal name should never be used except in very specific legal cases. A trans youth's "real" name is the name they use. The name on their birth certificate is their "legal" or "government" name, but in the TGNC community, this is often referred to as a "dead" name.

Support youths' engagement in gender non-conforming activities.
Foster parents should fully support youth in participating in hobbies or extracurricular activities even if they are not traditionally associated with the young person's gender. Foster parents should avoid steering youth into participating in gender-specific activities in general, unless the young person themselves expresses interest.

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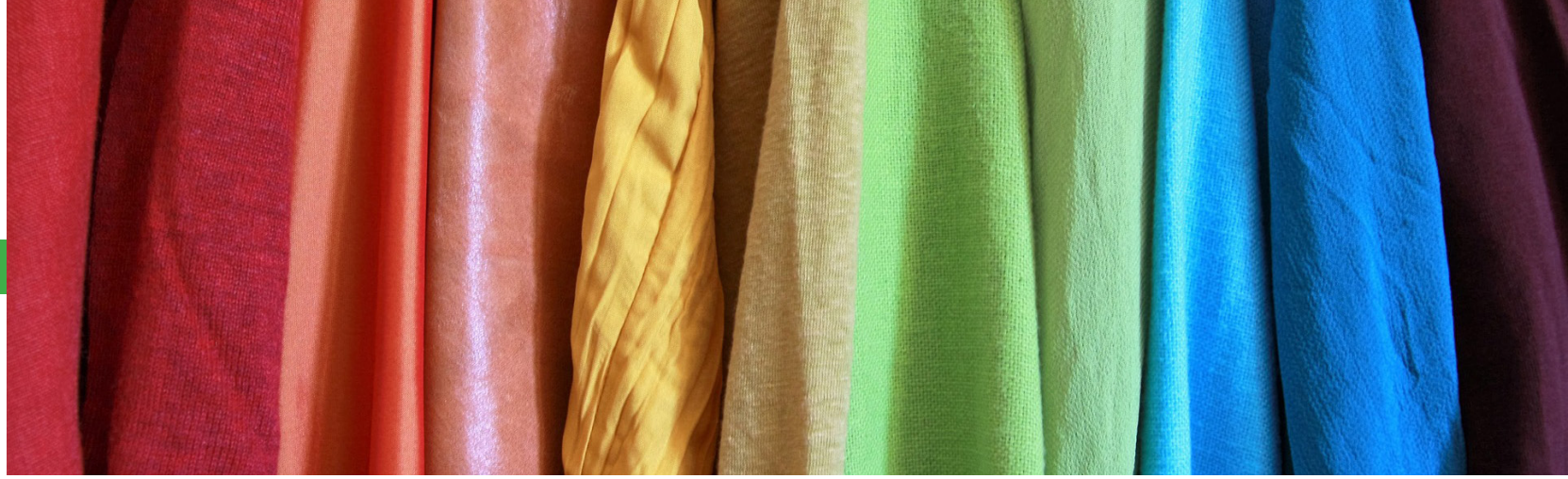
Hold same-gender romantic/sexual relationships to the same standards as they hold other relationships.
LGBQ teens, like straight teens, are likely to be interested in dating and relationships. Foster parents should exercise the same rules and guidelines with same-gender relationships as those for different-gender relationships. Consider also that LGBTQ teens are far less likely to receive sex education at school that meets their needs, so foster families may benefit from seeking out LGBTQ-affirming sex education resources online at UCLA's Art & Global Health Center's Sex Squad[xii] and at www.Amaze.org. These videos can be watched with or without youth and can help families facilitate conversations about important topics in sexuality, including healthy relationships, consent, risk of HIV, STIs and pregnancy.

Allow youth to dress and groom in accordance with their gender identity.
Young people should have the ability to spend clothing checks on the clothing of their choosing and should be assisted with the purchase of gender-affirmative accessories such as binders and breast forms (which may need to be purchased online or in specialty stores). Families should educate themselves on standard forms of gender-affirming accessories and locate local LGBTQ-friendly clothing and accessory stores where young people can safely try on and purchase clothing that meets their needs. Families should note that if a young person chooses to wear clothing that does not match their sex assigned at birth, it does not necessarily mean they are transgender. Based on fit and style, many young people, both LGBTQ and non-LGBTQ, choose clothing that defies gender norms.

Advocate for LGBTQ youth in disempowering systems.
Discrimination and marginalization of LGBTQ people is still prevalent in many sectors of service. Foster families of LGBTQ children may find themselves in the position of advocating for their basic rights in systems of care, including the child welfare system itself, healthcare, mental health, insurance, schools, juvenile justice, etc. Foster families should report LGBTQ discrimination, express concerns in writing whenever possible and be steadfast in finding quality, equitable support services for the LGBTQ youth in their care.

Connect with other parents of LGBTQ youth for support.
Families who would like to deepen their ability to support the LGBTQ youth in their custody should consider reaching out to their local chapter of PFLAG to convene with and learn from other parents and families of LGBTQ children. Support groups like this meet in many parts of the state (see appendix).

Create "Safe Space" in the home.
Families should create a safe space in their home even if their foster child is not "out" as LGBTQ, in recognition that it may take some time for a young person to come to terms with their own sexual orientation and/or gender identity before they are comfortable "coming out" to foster parents. Even before a young person "comes out," foster families can create safe space.



Tips for providing "Safe Space"

- Start positive, affirming conversations about LGBTQ-related current events, such as the legalization of same-gender marriage, or a trans youth fighting for their rights in a local school district, and learn about LGBTQ history.
- Avoid disparaging remarks about the LGBTQ community or using anti-LGBTQ slurs.
- Promptly and conclusively address the use of anti-LGBTQ slurs by other children or family members to send the message that this language is unacceptable in the household.
- Depending on age appropriateness, take family trips to LGBTQ community events like pride parades or festivals.
- Provide LGBTQ-affirming literature, children's books with LGBTQ families or pamphlets detailing local resources for LGBTQ youth.
- Avoid bringing youth to religious sermons or other events in which LGBTQ people are disparaged or condemned, instead opting to attend LGBTQ-affirming religious services and events.

Foster and adoptive families who are religious should seek out an LGBTQ-affirming faith community.

Families are often moved by deep religious faith to care for children experiencing hardship. Religious foster families may find LGBTQ-affirming faith-based organizations helpful in their quest for understanding how to care best for LGBTQ youth. Georgia has many LGBTQ-affirming churches, temples, mosques and other places of worship, and often these faith communities offer support groups for LGBTQ families.

SYSTEM & PRACTICE RECOMMENDATIONS

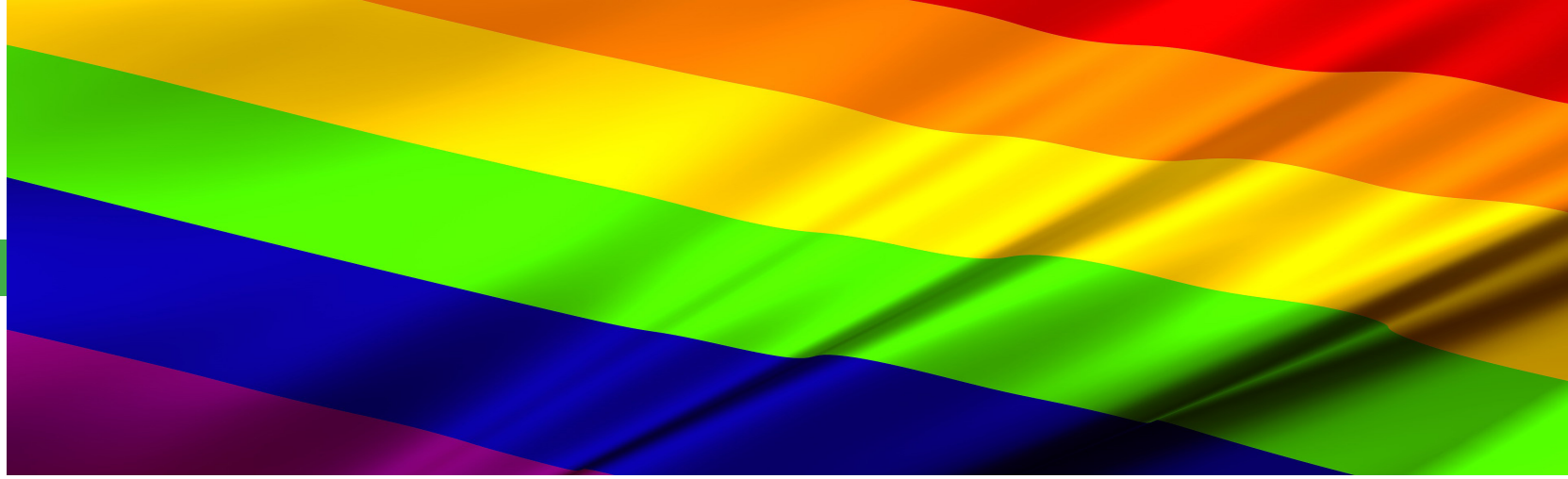
To ensure the safety and wellness of LGBTQ youth and to minimize additional trauma, foster care placements with families simply cannot be made out of convenience. We recommend that DFCS, placement agencies and other entities implement the following systems/practice level:

SO/GI/E cultural sensitivity trainings for foster parents should be mandatory and routine.
DFCS and placement agencies should make SO/GI/E training a mandatory part of all foster family orientation sessions. Georgia's extensive IMPACT (Initial Interest, Mutual Selection, Pre-Service Training, Assessment, Continuing Development and Teamwork)[xiii] screening process should include the basics of SO/GI/E terminology, respectful communication tools, the issues LGBTQ youth face because of discrimination and marginalization and how to avoid re-traumatizing them.

The following Georgia-based training mechanisms serve as opportunities to incorporate LGBTQ-affirming trainings for foster families:

- DFCS IMPACT training
- Private-agency IMPACT trainings
- Georgia Center For Resources & Support (online at www.gacrs.org) is a state-funded agency that provides statewide and regional trainings to foster and adoptive parents.
- In-district and state-wide convenings of DFCS leadership

Create and maintain support groups and networks for families with LGBTQ youth.
DFCS, large agencies or entities like The Multi Agency Alliance for Children (MAAC) should create and sustain a support group or network for LGBTQ youth and parents/families to facilitate dialogue and provide resource-sharing among families caring for LGBTQ youth throughout Georgia.



Screen foster and potential adoptive families for anti-LGBTQ bias and match accordingly.
Agencies should create standards at intake for asking foster families how they feel about hosting an LGBTQ young person during the foster family interview process. If families express concerns, negative perceptions, religious-based objections or other issues that could potentially be harmful to LGBTQ youth seeking placement, those families should not be matched with LGBTQ youth, and this information should be documented.

Actively recruit LGBTQ families to serve as foster care placements and potentially adoptive parents.
While LGBTQ youth may be placed with non-LGBTQ families (and the converse is true: non-LGBTQ youth may be placed with LGBTQ families), recruiting and working with families who understand the unique risks and resilience LGBTQ youth experience will only positively influence an agency's ability to provide affirming and equitable care. It is important to understand, however, that placements cannot be made on SO/GI/E alone; same-gender foster parents, for example, may not understand the needs of TGNC youth. Some LGBTQ families may display racial or ethnic biases toward LGBTQ youth of other races or ethnicities. Screening for fit should be consistent for LGBTQ and non-LGBTQ families, and SO/GI/E is only one consideration.

LGBTQ YOUTH IN GROUP HOMES

If a young person cannot be placed in a family setting for any number of reasons, they are typically placed in a group home.

A "group home" is a full-time residential program involving services for children in a group setting where multiple young people reside under 24 hour adult supervision. This type of placement is more common for older children and teens. Because of difficulties with foster family home placement, LGBTQ youth are more likely than non-LGBTQ youth to be placed in group homes. Once inside, they face multiple issues including:

- Physical violence, maltreatment, bullying, discrimination and verbal harassment from staff and other group home residents and staff.
- Religious-based placements may require participation in faith-based activities that actively condemn LGBTQ identities.
- TGNC youth are often placed in single-sex accommodations according to the sex they were asigned at birth as opposed to their gender identity.
- TGNC youth may only have access to clothing that is gender-specific and associated with their sex assigned at birth.
- TGNC youth may only have access to programs and activities that are gender-specific and associated with their sex assigned at birth.

RECOMMENDATIONS FOR GROUP HOME STAFF

Creating safe space for LGBTQ youth in group homes is a complex job and tasks vary greatly depending on the number of youth living together, the physical structure of congregant living and the presence or non-presence of supportive public and institutional policy. Staff at many group homes in Georgia are overwhelmed and under-resourced and these positions have high employee turnaround. Even in these complicated conditions, it is possible to help LGBTQ youth stay safe and well in group homes.

GROUP HOME STAFF SHOULD...

Allow TGNC youth to be placed in a group home they feel the safest in. When group homes are gender-segregated, group home staff should consult with the young person one-on-one to determine where they should be placed. The default should never be to place TGNC youth with others of the same sex assigned at birth, nor is it safe to assume youth feel safest placed with others of the same gender identity.

FOSTERING COMMUNITY

Confidentially and privately discuss SO/GI/E with all young people to assess how they would like to be addressed while living in the group home. It is important to understand that not all TGNC youth will feel safe and comfortable enough to be "out" with their peers, even if they are "out" with one or more staff. Likewise, staff should never disclose the sexual orientation of LGBQ youth to others or discuss relationships or behaviors in group settings without express permission from the young person.

Allow TGNC youth to dress according to their gender identity, and all youth should be allowed to dress in ways that do not conform to a specific gender. Youth should not be coerced into dressing or grooming in accordance with their sex assigned at birth. Many young people who are not trans dress or groom in ways that are not traditionally associated with their sex or gender, and they should not be discouraged from doing so.

Bring positive and LGBTQ-affirming symbols, posters, brochures, flyers and other literature into common areas. While this is a largely symbolic gesture, it sends a positive message that at least some of the staff are concerned about LGBTQ inclusiveness. Staff who are particularly interested in supporting LGBTQ youth should consider placing a rainbow sticker or "safe zone" sticker on their office door; these symbols have long been used to indicate safe spaces to those in otherwise unfriendly territory.

Always use TGNC a youth's correct name and pronouns. Staff should always refer to a young person by the name the young person wants them to use in group settings and should not assume they use their "legal" name. Staff should always use the pronouns the young person uses to refer to themselves in group settings. Staff leadership should enforce the use of their correct name and pronouns with other staff and residents in accordance with the young person's wishes. Staff may also introduce themselves with their own pronouns when working with all youth, further solidifying an affirming safe space for LGBTQ youth. Importantly, staff should check in with youth regularly to assess for any changes in their level of safety and comfort and provide support for youth who wish to "come out" to peers or other staff.

Correct anti-LGBTQ language or behavior immediately and consistently. Anti-LGBTQ bias, bullying or harassment by other residents should not be tolerated or ignored. Staff should attempt to counsel youth who continually harass or bully LGBTQ youth about the serious consequences LGBTQ youth face because of bias and discrimination. If the problem persists inside a particular group home, staff should make a plan to ensure the safety of the youth being bullied. It is important not to blame the victim or place undue hardship on the person being harassed.

Establish working relationships with LGBTQ youth-affirming local or state-wide organizations and allow these organizations to conduct staff and resident training and/or host support groups or social events with LGBTQ residents. It is also important that LGBTQ youth have access to LGBTQ adult role models and connectivity to the local LGBTQ community. Group outings to pride festivals, LGBTQ film festivals and other community events are also encouraged, particularly with teens and older youth.

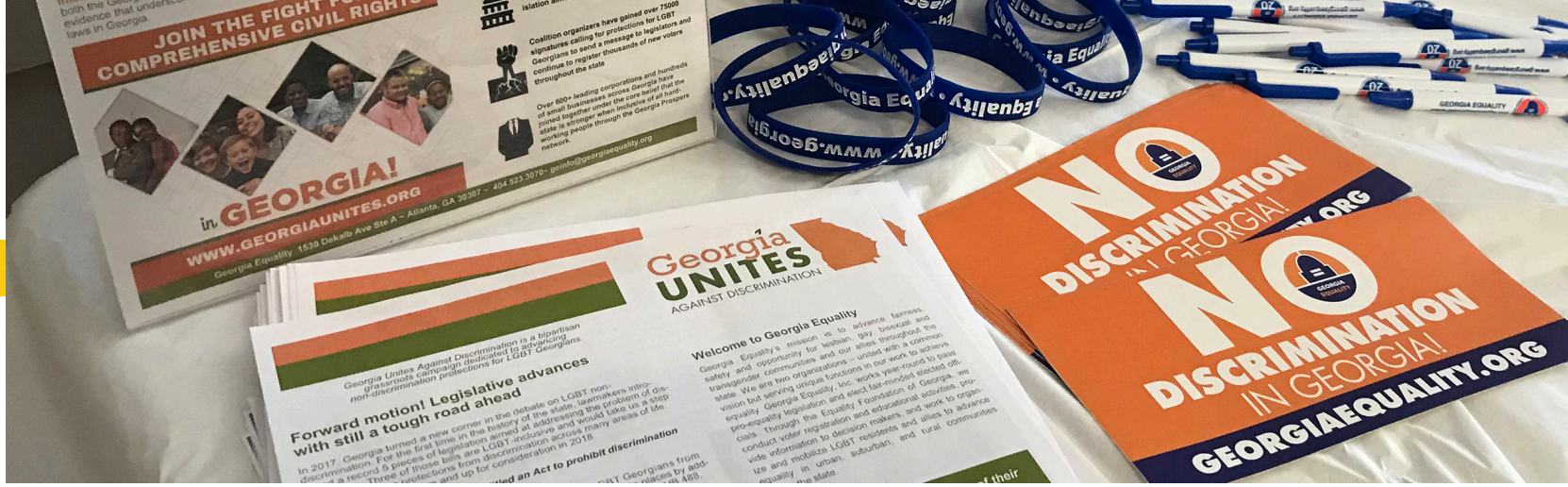
SYSTEM & PRACTICE RECOMMENDATIONS

Make LGBTQ-specific trainings mandatory and routine for all staff.
While some group home staff are social workers and case managers who will independently pursue their own continuing education, other staff are not professionally licensed and may not be required to engage in training. Administrators and managers should require all staff (anyone who has regular contact with youth) to engage in these trainings, and should demonstrate strong working knowledge on these concepts toward providing ongoing education and technical assistance to staff.

Create and publicly post non-discrimination policies that include SO/GI/E
Non-discrimination policies should be posted in common areas and clearly state the policy and the process of reporting a grievance. In plain language, the policy should demonstrate to youth and staff in the group home that the organization values all youth and has clear expectations from staff with regard to equal treatment.

All youth support staff should be required to use a trauma-informed approach.
Most youth living in group homes have experienced traumatic stress in multiple environments before and during their time in the child welfare system. It is important that support staff understand the effects of trauma on the developing brain and how to avoid re-traumatizing

Implement restorative justice practice instead of "Zero Tolerance" policies.
Group homes can be difficult places to maintain order and discipline. It is important that staff deal swiftly and decisively with anti-LGBTQ harassment and bullying. However, "zero tolerance" policies, or policies that exclusively utilize punishment to resolve conflict, often fail to resolve underlying issues. These policies can end up punishing or pushing out LGBTQ youth, especially LGBTQ youth of color, resulting in further trauma high risk for homelessness. Whenever possible, group home staff should utilize restorative justice practices and conflict mediation, and institutional/organizational policy should support this.



GEORGIA LAW & POLICY

Georgia's child welfare licensing regulations should allow for placement of youth in facilities that match their gender identity. In addition to individual considerations for their placement in a gender-specific facility, best practice literature makes it clear that children should be placed in bedrooms, or other sleeping quarters, according to their gender identity and in consultation with their wishes. However, in child welfare licensing regulations, only California specifically places children in bedrooms in accordance with their gender identity. Georgia, along with thirty-eight other states, place youth in bedrooms according to their sex (or gender).

Georgia needs clear policy around admission procedures and facility licensing for gender-specific group homes. Out-of-home care facilities, including congregate care facilities and individual foster homes, may be licensed to serve young people of a specific sex (or gender) (e.g., a boys' group home or a girls' shelter). In order to best serve these youths, facilities should have specific admissions and placement procedures for youth who identity as LGBQ or TGNC, specifying that their placement in a particular facility should be determined in consultation with the youth. California provides a statutory example for placement procedures and Florida has promulgated regulations regarding admission and placement procedures specifically for LGBQ and TGNC youth.

LGBTQ YOUTH IN GEORGIA'S INDEPENDENT LIVING PROGRAM

Georgia's Independent Living Program (ILP) is the voluntary transitional program for young adults ages 18-21 who are aging out of the child welfare system without legal guardianship.

Through enrollment in the Extended Youth Support Services (EYSS) program, youth choose to receive case management, support with housing, employment, and/or education that is tailored to their needs and skills. When they enter ILP, youth will retain their DFCS or agency-level case manager and will be paired with an Independent Living Specialist (ILS). Youth in ILP work with their case managers to create individualized Written Transitional Living Plans (WTLP), which outline their aspirations for self-sufficiency following transition out of DFCS custody. Youth may opt out of ILP entirely or leave the program at any time after turning 18.

Transition from the regimented, full-time care of foster family and/or group home into independent adulthood with all of its responsibilities is overwhelming for most child welfare system-associated youth. For LGBTQ youth, this period comes with specific challenges related both to their past experiences of trauma and exclusion within the child welfare system and also to structural challenges waiting for them in the world outside. LGBTQ youth in ILP may experience the following challenges:

- **LGBTQ young adults may be more likely than others to leave the program for the same reasons they leave group homes and foster families at higher rates.** While the Independent Living Program provides a fundamental opportunity to incrementally reach adulthood through building life skills and maintaining ties with case management, the program is voluntary, and attrition is especially likely.
- **LGBTQ young adults are likely to have difficulty finding employment.**
- **LGBTQ young adults are likely to have difficulty entering into higher education following disruptions in school related to bullying, harassment and push-out.**

RECOMMENDATIONS FOR ILP STAFF & PROVIDER AGENCIES

Independent Living Program staff and community partners must be trained regularly on working with LGBTQ youth and young adults.

As for all child welfare staff, it is vitally important that ILP case managers and life coaches receive regular LGBTQ-specific training to prepare them for the basics of working with LGBTQ youth. It is critical that adults working with transition-age youth understand the unique challenges faced by LGBTQ youth early in life that may contribute to difficulties gaining independence through education and employment.

Independent Living Programs should partner with LGBTQ-friendly community service agencies that provide employment and educational/tutoring assistance and volunteer opportunities.

LGBTQ youth aging out of foster care will require gainful employment and/or continuing education and mainstream agencies may not provide safe learning or working environments that meet their needs. Partner agencies should be vetted and assessed for LGBTQ-friendliness.

PREVENTING HOMELESSNESS FROM INSIDE THE CHILD WELFARE SYSTEM

LGBTQ YOUTH HOMELESSNESS: BY THE NUMBERS

Annually, one fourth of youth age out of foster care without a permanent family, housing, financial stability, or with a high school education or trade. Less than 10 percent of Georgia's youth in foster care earned a high school diploma[xv]. These findings are alarming precursors for youth and young adult homelessness. While LGBTQ youth make up an estimated 7% of the youth population, it is estimated that 20 to 40 percent of homeless youth in the U.S. are LGBTQ[xvi,xvii]. Aging out of foster care was noted by youth surveyed nationally to be the third highest reason for being homeless, with 30 percent of LGB youth and 35 percent of transgender youth rating it as a cause[xviii].

LGBTQ youth homelessness is very much a problem in Georgia. In 2015, Georgia State University spearheaded a comprehensive survey of homeless youth in Metro Atlanta and concluded that among an estimated 3,374 homeless youth in Metro Atlanta, 28.4% self-identified as LGBTQ[xix]. Over 30 percent reported that they had been in foster care at some point in their lives. Lost-N-Found Youth, an Atlanta-based non-profit that works to alleviate LGBTQ youth homelessness, reports that 28 percent of the youth they serve have been in foster care at some point, with many of them aging out and into homelessness. Although all homeless youth overall report high rates of trauma, with almost all reporting at least one traumatic event and 28 percent meeting criteria for post-traumatic stress disorder, these traumas are more numerous amongst LGBTQ youth and are exacerbated by sexual and gender identity discrimination[xx].

Trans youth are particularly vulnerable to homelessness. Studies show that one in three youth who identify as transgender are turned away from shelters because of their gender identity or expression. They are also more likely to have longer durations of homelessness when compared to cisgender youth of all sexual orientations. Trans youth also face explicit discrimination in employment, schools, accessing healthcare and within their own families. Many are turned away from shelters and other services.

FOSTERING SUSTAINABILITY

In Georgia, homeless LGBTQ youth face the following issues...

Rural LGBTQ teens seeking refuge in Atlanta often end up homeless.
Many LGBTQ youth living in rural parts of Georgia run away to Atlanta to escape unwelcoming family situations and find greater LGBTQ community, love and acceptance. If they end up homeless in Atlanta and a report is made with DFCS, the young person is often sent back to the community that rejected them. Those under age 18 are often terrified of being reported and put into the child welfare system because of previous traumatic experiences in their family of origin or previous placements. Many community-based, LGBTQ-affirming organizations cannot intervene for those under 18 years old, so children are often pushed back into traumatizing systems and homes.

There is no mental health safety net for LGBTQ youth who are homeless.
There is no sufficient, ongoing mental health facility for youth who are homeless without insurance. Many youth go to Grady for their primary care and for suicidal ideation and other severe mental health issues, only to be turned back around after a few hours or days. In rural Georgia, these safety nets are completely non-existent.

Homelessness is a pipeline to the juvenile justice system for youth without legal representation.
Legal issues arise for youth who are homeless- from sleeping in parks, to having to steal or engage in sex work to survive. Youth also end up missing court dates and probation terms because of lack of transportation and funding, putting them back into jail in a vicious cycle.

Homeless youth, especially those who are LGBTQ, often lack identification.
IDs are a huge barrier for homeless youth, particularly those who are transgender. A majority of services require an ID, while a small amount of agencies actually provide help with obtainment, thereby keeping youth out of doctors, shelters, employment, etc.

Employment opportunities for homeless LGBTQ youth are limited, and very rarely pay a livable wage.
Many youth do not feel supported to obtain vocational or educational goals when dealing with the trauma and stress of homelessness.

Homeless LGBTQ youth often lack the transportation to services, employment or education.
Transportation in Georgia is difficult for many, but even more so for those without a car. Trains and buses are expensive, inconsistent, and go to a limited area, making it difficult to keep employment and appointments.

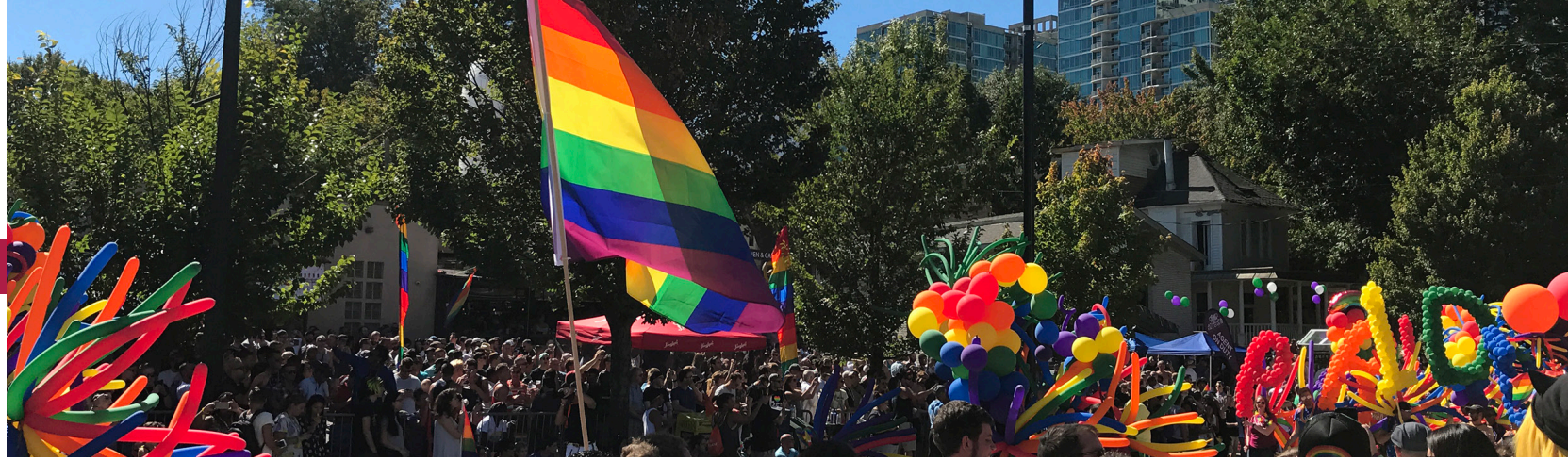
RECOMMENDATIONS FOR CHILD WELFARE WORKERS: REDUCING HOMELESSNESS AMONG LGBTQ YOUTH

Despite the many challenges working against their wellness, research suggests that homeless LGBTQ youth show strong resilience. Certain protective factors that enhance this can influence personal outcomes for homeless youth. The strongest moderators of these risk factors are social support, self-esteem, and safe spaces. If you are working with an LGBTQ young person who is currently experiencing or has experienced homelessness, consider the following recommendations:

Provide space for connecting with "chosen" family while in care.
Social support can come in a variety of forms, mainly in chosen or alternative families. These alternative forms of support, when kept intact, can be a benefit for various best practice interventions with at-risk and homeless youth by treating the entire support system. These alternative structures can consist of trusted friends who are seen as a makeshift family, extended family members, or even supportive and consistent service providers. These supportive relationships can have better physical, sexual, and mental health outcomes for homeless youth, lessening the frequency or need to engage in risky behaviors such as alcohol use, sex work, gang association, and school drop-out.[xxi]

Utilize Trauma-Informed Care every step of the way.
Actively seeking to not re-traumatize young people should be a top goal for providers, and Trauma-Informed Care practices should be maintained. Social workers benefit their cases by understanding how trauma works, and understanding that all youth who are at-risk or experiencing homelessness have experienced trauma, since the experience itself is traumatic. Trauma also affects how youth interact with services and providers, making trauma survivors require specific interventions tailored to their needs. Providers would benefit from understanding trauma, and that responses to it are adaptive and contribute to the resiliency of homeless and system-involved youth. One of the most important things a social worker can do is to understand the victimization of LGBTQ youth, acknowledge the risks and activities youth engage in because they feel they have no other choice, and support them. Many youth experiencing homelessness have experienced abuse and rejection, in their homes and within systems such as juvenile justice and child welfare. Many are required to return to unsafe environments from which they were seeking to escape.

Utilize Strength-Based Case Management for LGBTQ youth of color.
The use of Strength-Based Case Management (SBCM) was tuned specifically to multiethnic sexual minority youth (MSMY) in a 2012 study dubbed "Strengths First". This case management style takes into account the unique needs of a racially diverse LGBTQ population that often makes up a large portion of homeless and at-risk youth. This case management style is used to guide the client through their self-identified strengths and goals, and work collaboratively to achieve them. There are six main principles for this approach including a focus on strengths of the client, looking to the community for resources, active outreach as an intervention, an emphasis on the client's ability to learn, grow, and be self-determined, and the importance of a strong relationship between the client and the caseworker.[xxii] The most important and effective part of SBCM is the establishment of trust and safe spaces for the client while reducing barriers to service that exist particularly for this population, which instills hope and motivation in the client.



Housing and care arrangements for youth should be harm reduction-oriented, skill-building, and choice-maximizing. Preventing homelessness among LGBTQ youth often involves providing some room for making mistakes, giving second and third chances and reworking care plans regularly. Harm reduction methods take into account the fact that traumatized young people may not be able to conform to strict program guidelines as a condition for being housed or cared for; this is an essential paradigm shift from "zero tolerance" practice often in place at group homes and transitional programs. Working individually and interactively with youth through the development of a written transitional living plan (WTLP) that takes their true strengths into account will be essential.

Sometimes LGBTQ youth need their own spaces, interventions, and community activities. Because so many child welfare resources currently available in Georgia are just beginning the process of getting trained and prepared to house and work with LGBTQ youth, it is important to recognize when referral to a more appropriate organization is necessary. Hiring or consulting with staff that are LGBTQ-affirming and knowledgeable will also help create on-site capacity for interventions and "safe space" for youth who are currently in care without the option for referral elsewhere.

Establish relationships with organizations working specifically with LGBTQ homeless youth. Child welfare case managers who are working with LGBTQ youth should consider that they are likelier than others to wind up homeless after running away from placements or aging out of traditional out-of-home care. It is therefore recommended that they establish working relationships with homeless service providers and drop-in centers within their geographic area of focus. Child welfare employees should familiarize themselves with LGBTQ resources within the communities they work in. As the LGBTQ support group and services landscape changes often, caseworkers should expect to update this information regularly and keep it on hand, even when they are not currently working with a young person who identifies as LGBTQ.

When an LGBTQ young person in the child welfare system runs away from their family of origin and/or an out-of-home placement, they may have experienced repeated trauma and should be cared for accordingly when homeless or seeking housing. Homeless, LGBTQ youth report that they appreciate working with adults who:

- Are respectful, honest, non-judgmental, supportive and friendly
- Treat LGBTQ youth the same as other youth
- Are competent about LGBTQ health issues
- Are educated on HIV transmission and prevention
- Help (especially younger youth) talk to family about sexual orientation, gender identity and their needs
- Know when consultation is necessary for best care

LGBTQ YOUTH IN GEORGIA SCHOOLS

Whether they live in a foster family placement or in a group home, youth engaged in Georgia's child welfare system are almost always enrolled in their local school.

LGBTQ youth face extraordinarily high rates of bullying and harassment in schools relative to their non-LGBTQ peers.[xxiii] The CDC's Youth Risk Behavior Survey (YRBS) report that LGB youth are twice as likely to be bullied on school property, twice as likely to be electronically bullied and twice as likely to avoid going to school for safety reasons. As such, it is imperative that members of a young person's care team understand the issues they may face at school and how to provide support when communicating with school officials.

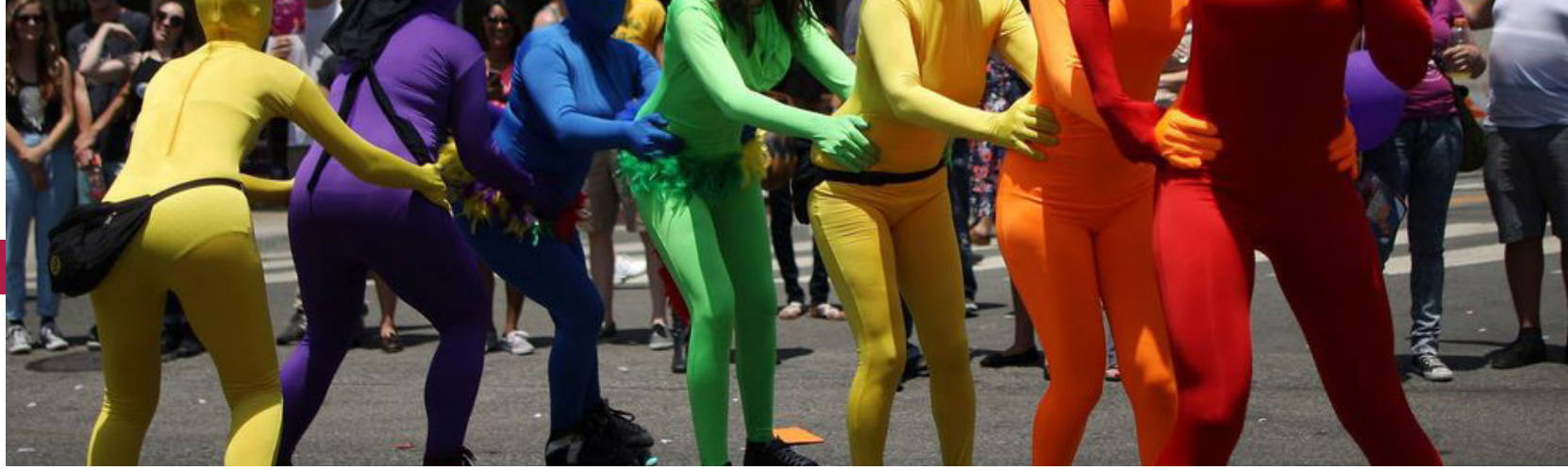
Case managers, foster parents, group home supervisors and other adults caring for school-aged LGBTQ youth must understand their rights in school and the landscape of resources that exist for recourse when those rights are violated.

Federal law makes bullying and harassment based on gender stereotypes illegal.
While Georgia law does not provide non-discrimination or anti-bullying policies that include SO/GI/E at the state level, students are protected by federal laws. Title IX of the Education Amendments of 1972 ("Title IX") prohibits discrimination against LGBTQ students in all public and private elementary and secondary schools, school districts, colleges and universities receiving any federal financial assistance. Title IX protects students from all forms of sex discrimination, including discrimination based on gender identity or failure to conform to stereotypical notions of masculinity or femininity.

The ultimate issue under Title IX is "whether the harassment rises to a level that it denies or limits a student's ability to participate in or benefit from the school's program based on sex." According to the Office of Civil Rights (OCR), harassment or bullying exists in many forms including:

- Verbal acts and name-calling, graphic and written statements, which may include use of cell phones or the Internet
- Other conduct that may be physically threatening, harmful, or humiliating.

Harassment does not have to include intent to harm, be directed at a specific target, or involve repeated incidents. Harassment creates a hostile environment when the conduct is sufficiently severe, pervasive, or persistent so as to interfere with or limit a student's ability to participate in or benefit from the services, activities, or opportunities offered by a school.



Many school districts in Georgia have policies that protect LGBTQ youth.
The impact of Title IX in Georgia is dependent on local enforcement of required Title IX policies, but some districts have gone the extra step to create inclusive policies that delineate sexual orientation and gender identity as protected classes. A small number also include gender expression. To find out if a school district has protection for LGBTQ students, agencies or families may contact Georgia Equality at geinfo@georgiaequality.org or call 404-523-3070 extension 3.

Trans and gender non-conforming student rights in Georgia
OCR has stated that a "school may not discipline students or exclude [transgender students] from participating in activities for appearing or behaving in a manner that is consistent with their gender identity or that does not conform to stereotypical notions of masculinity or femininity (e.g., in yearbook photographs, at school dances, or at graduation ceremonies)." Per Title IX, OCR has stated that schools must provide support for TGNC youth in the following ways:

- They must "treat students consistent with their gender identity even if their education records or identification documents indicate a different sex."
- They "may not require transgender students to use facilities inconsistent with their gender identity or to use individual-user facilities when other students are not required to do so."
- With regard to athletics, they "may not adopt or adhere to requirements that rely on overly broad generalizations or stereotypes about the differences between transgender students and other students of the same sex (i.e., the same gender identity) or others' discomfort with transgender students."
- With regard to housing and overnight stays: "a school must allow transgender students to access housing consistent with their gender identity and may not require transgender students to stay in single-occupancy accommodations or to disclose personal information when not required of other students."

RECOMMENDATIONS FOR YOUTH & CAREGIVERS

Youth and their families or child welfare system-associated caregivers should take the following steps if they believe they are experiencing harassment or bullying:

- **Notify a school administrator immediately and request an immediate investigation into the matter.** Notice should be in writing and state with specificity the nature of the harassment and any supporting facts or information that will allow the administration to fully investigate the matter.

- **Seek out and review the school district's Title IX anti-bullying and non-discrimination policy**. Find out what the grievance procedure consists of, how the procedures are initiated and what timelines are embedded into the procedure.

- **Follow up on any notice to administration to ensure the matter has been referred to a "responsible employee" who can initiate action on behalf of the school.** When corresponding with administration, make sure to document communication through email or other written forms.

- **Fully pursue the grievance procedures provided by the schools.** Ask for the school to take "appropriate steps to end the harassment" and "eliminate the effects of the harassment" on the victim as well as the overall environment.

- **File an administrative complaint with the Department of Education Office of Civil Rights (OCR Complaint).**

- **If notice to the school district does not result in immediate and effective remedial action, a student may pursue their discrimination claim under Title IX in court.** A student that has been discriminated against on the basis of sex, sexual orientation or gender/gender identity can seek a remedy from the federal courts including damages against the school district and the offending employee. If rights have been violated, a student should seek out the advice of an attorney that specializes in such civil rights matters.

POLICY RECOMMENDATIONS

Georgia must protect LGBTQ students with state-level anti-bullying and harassment policies.
A key function of state anti-bullying laws, regulations, and policy guidance is to establish statewide standards for how schools and districts should address bullying and harassment of students. At a minimum, districts should be implementing policies that reflect mandates and guidance set forth in state laws. However, many districts in states with anti-bullying laws did not have anti-bullying policies, and many policies did not include the elements mandated or recommended by the state.

Georgia school districts should add sexual orientation, gender identity and gender expression as protected classes in their anti-bullying and nondiscrimination policies. Because state legislation will likely move at a slower pace, it is incumbent upon local school districts to adopt protections for students.

HEALTHCARE ACCESS FOR LGBTQ YOUTH

Healthcare is a major concern for all youth coming into the child welfare system, with the majority entering care after experiencing significant abuse and/or neglect. As many as 80% of youth come into foster care with at least one medical problem and one-third have a chronic medical condition. More than 70% have experienced traumatic levels of stress in early childhood. This toxic stress can reprogram brain connections, adversely affecting the neurobiology of a young person's developing brain. LGBTQ adolescents are markedly over represented in the child welfare system due to elevated likelihood of abuse, neglect, or runaway status, and they are underserved by healthcare providers who often lack understanding of their identities and needs.

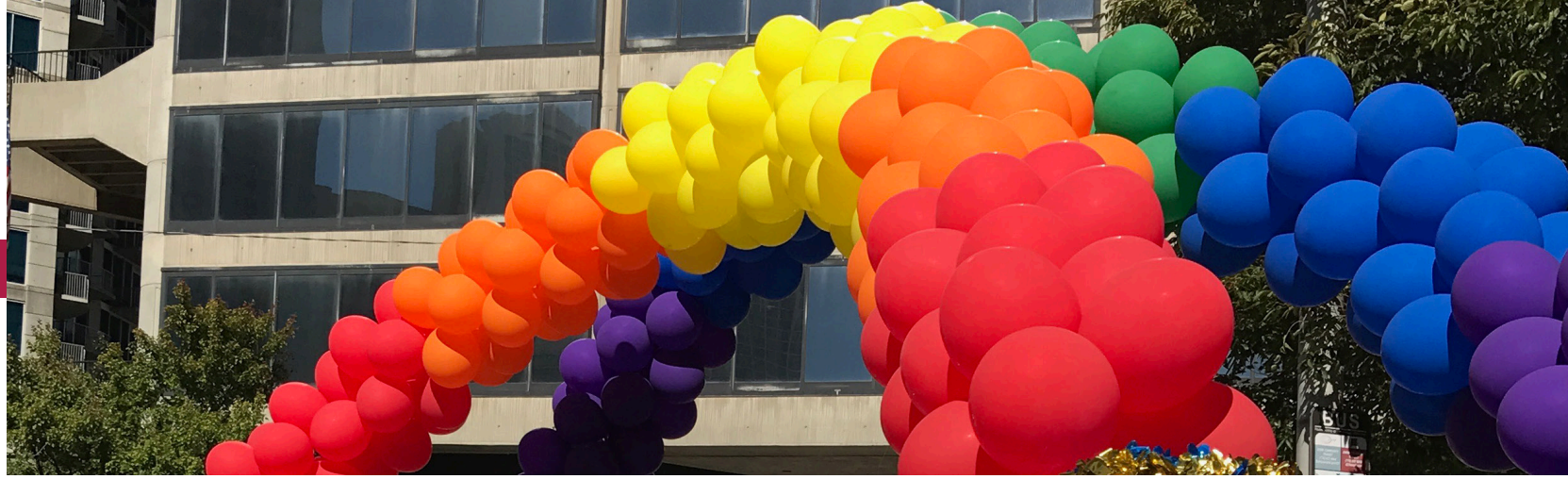
Medical and mental healthcare risks experienced by LGBTQ communities may be exacerbated by child welfare system involvement. Examples include[xxv]:

- An extremely high rate of depression and suicide compared to the general population
- High relative rates of tobacco use, alcohol and other drugs, probably due to stress and coping
- Increased risk of HIV and other sexually transmitted infections, especially among LGBTQ communities of color
- Higher rates of overweight and obese Lesbian and bisexual women than non-LGBQ women
- Extraordinarily high rates of violence, harassment, unemployment, and poor mental health outcomes (especially trans communities)
- Higher likelier than others to be uninsured (especially trans youth)
- Reliance on "black market" hormones and other gender transition-related injections and procedures, which have potentially serious health risks
- Inability to find a physician or other clinician that has experience working with LGBTQ people

RECOMMENDATIONS FOR CLINICIANS WORKING WITH LGBTQ FOSTER YOUTH

Adults entrusted with caring for LGBTQ children, teens and young adults in the child welfare system have an imperative to learn the basics of LGBTQ health and wellness and to connect with healthcare and mental healthcare providers that have a track record of working well with LGBTQ youth. Not all clinical providers are able to, and TGNC competence in particular can be complicated to find in remote areas of Georgia. We recommend the following:

Clinicians working with child welfare-involved youth should seek out basic LGBTQ healthcare competency training. Clinicians should also create LGBTQ-friendly office environments that extend beyond clinical staff. The Health Initiative conducts training for clinicians and other clinical staff on a slide fee scale. Interested clinicians, healthcare systems, physician groups or health centers should visit www.TheHealthInitiative.org to request training.



Clinicians should ask permission from adolescents to share behavioral health, substance abuse issues, or sexual health issues with DFCS or other child welfare agencies. LGBTQ adolescents, like all adolescents in Georgia, have a right to privacy about sexual health behaviors and conditions (including HIV/AIDS, sexually transmitted infections and pregnancy), substance use and behavioral health issues they disclose to a clinician. Clinicians should not assume that DFCS is entitled to protected information any more than parents are.

Clinicians should conduct social histories during primary care visits. Clinicians should be mindful of the social context of health for all young patients, and this is particularly important for LGBTQ youth, who are likelier than others to experience trauma and its associated negative physical and behavioral outcomes. All adolescents should have their social history evaluated in the primary care office to evaluate for issues at home, educational problems, eating disorders, substance abuse, depression and other mental health issues, and a comprehensive sexual history. Many youth in the child welfare system have limited or sporadic access to mental health care providers; primary care is thus an important opportunity for vital screening.

Clinicians working with LGBTQ adolescents should follow current AAP guidelines. Clinicians caring for adolescents should follow the substantive guidelines for adolescent health outlined in Bright Futures, 4th Edition of the American Academy of Pediatrics available at www.BrightFutures.AAP.org. This guide is LGBTQ-inclusive and covers aspects of medical care and preventive medicine.

Clinicians should follow CDC guidelines for HIV and STD screening. LGBTQ youth have elevated risk for HIV and sexually transmitted infections, and Georgia has high rates of many STDs relative to other states. It is thus imperative to provide routine, opt-out HIV and STD screening for adolescents as part of primary care, and in addition to comprehensive, LGBTQ-inclusive sexual and social history-taking. Screening for STD and HIV should occur according to the recommendations of the Centers for Disease Control and Prevention's most up-to-date Sexually Transmitted Diseases Treatment Guidelines.[xxvi]

Clinicians should monitor youth prescribed psychotropic medication for side effects and excess use. Primary care physicians should be aware that children in foster care are prescribed psychotropic medications 3 times as often as other children enrolled in Medicaid, raising concerns as to the necessity of these drugs and whether they are prescribed in lieu of providing comprehensive behavioral health services to system-involved youth. Many studies have raised concerns about the effects on the developing brain in addition to side effects like obesity, high cholesterol and elevated blood sugars. Physicians should monitor for adverse effects and to ensure that there is no excess use.

SYSTEMS & PRACTICE RECOMMENDATIONS

LGBTQ youth entering child welfare systems should immediately be linked to a LGBTQ-friendly healthcare provider for assessment. This is yet another reason intake is a vital part of a LGBTQ youth's overall experience in the child welfare system. Upon entry into the child welfare system, it is important to assess each child's unique health needs even when little or no specific information about the child's health history exists. Agencies should establish written protocols for connecting TGNC youth with competent healthcare providers.

Youth should be placed in care that utilizes the patient-centered medical home model. Patient centered medical homes provide high quality, comprehensive, coordinated care that is continuous over time, compassionate, culturally competent, family centered and child focused. Youth should not have to "come out" and share information with many providers repeatedly over time, and benefit from a streamlined, personalized approach.

Healthcare visits should be frequent and thorough for all youth in the child welfare system. Initial health screening should be conducted within 72 hours of placement, unless there is suspected abuse, neglect, or chronic a health issue, in which case screening should take place within 24 hours of placement. A comprehensive evaluation of medical, dental, mental health, developmental and educational needs should occur within 30 days of placement. Clinicians should develop a health plan that is shared with caregivers, child welfare professionals, and others involved in the care. Youth should visit with their clinician every 6 months at a minimum if they have no chronic health care conditions. Those with chronic illness will have a follow-up dictated by the clinical issue.

LGBTQ YOUTH: MENTAL & BEHAVIORAL HEALTH

In Georgia, LGBTQ youth encounter multiple barriers when accessing affirming care at many entry points, therein exacerbating their vulnerability. As research has shown, if LGBTQ youth have access to a supportive adult in navigating these complex and invalidating systems, resiliency blossoms and co-morbid concerns decrease. For youth who are in need of accessing mental health services, the most significant barrier is often finding a provider who is affirming and competent in the first place. Unfortunately, many mental health providers lack the education, peer clinical support, and clinical supervision for providing affirmative, supportive, and validating care to LGBTQ youth. This often includes a lack of provider insight into their own ignorance of such discrepancies. This is a problem that starts in clinical master's and doctorate level programs, which fail to provide the foundational knowledge base of working with LGBTQ clients. Students may choose to expand their education to include LGBTQ competency, but it is not standard. This often translates to mental health providers either not feeling rightfully competent in working with LGBTQ clients or working with LGBTQ clients without adequate training and support.

In Georgia, many mental health providers who are LGBTQ-affirmative are in private practice and do not accept health insurance (due to the poor reimbursement rate for providers in Georgia by insurance companies). Often with single case agreements with insurance companies (wherein the provider doesn't have to be paneled with the insurance company, but has a contract for one client), a clinical diagnosis of gender dysphoria has to be billed (due to the "specialty" service of providing care to trans youth), and there is often a long process for the provider to get reimbursed by the insurance company.

RECOMMENDATIONS FOR MENTAL HEALTHCARE PROVIDERS

In working with LGBTQ youth, mental health providers must follow their code of ethics as they should with every client who walks into their office—treating each person with respect and dignity and following the core principles of their national licensing body. Furthermore, they should consider the following recommendations:

Providers should...

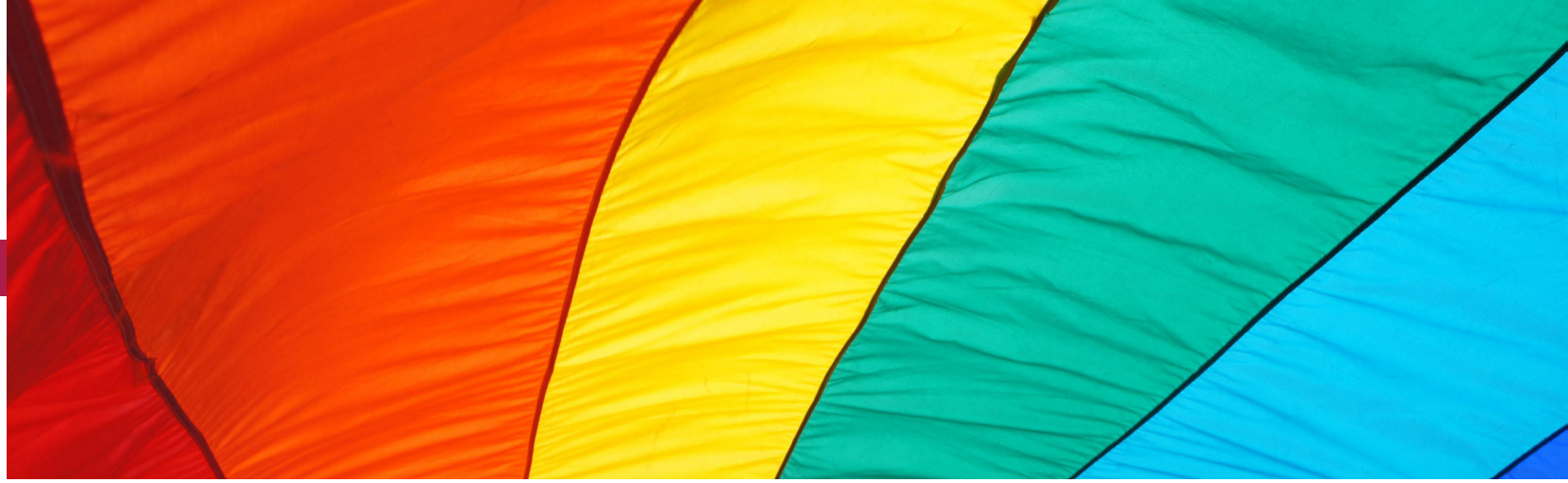
- **Support and affirm a young person's core identity and humanity**, advocating for the client to be treated with respect and dignity, validating and uplifting their experiences, and assisting them in getting their needs met in the various systems they encounter (such as school, where they live, the medical system, hormone therapy, sexual health information, the legal system, with peers, affirmative clothing, employment, etc.). This often requires LGBQ/trans competent case management to support youth in navigating these systems, as many of these avenues aren't LGBQ/trans-affirmative, and often a source of invalidation and trauma.

- **Utilize gender neutral, non-judgmental open-ended questions** when inquiring about sexual health, sexual partners, relationships or romantic interests and program documents such as intake forms, treatment plans and any other documentation should reflect this. If intake forms are needed, a space for youth to provide chosen name, pronouns, gender identity, sexual identity, gender of sexual partner(s) should be included. If information on the specific kinds of sex with body parts is needed for accurate sexual health counseling, continued utilization of open ended and gender neutral language with a detailed explanation of why the provider is asking for this information (with the young person's consent).

- **Facilitate TGNC youths' acquisition of transition-related medical therapy with minimal barriers.** For trans/gender expansive youth: If a young person is in need of hormone blockers or hormone therapy, the mental health provider will facilitate this process, including navigating guardianship process, regarding who can provide medical consent (who has custody for medical decisions if minor is not emancipated). For youth who are guardians of the state of Georgia with a social worker and/or lawyer to represent them, working with the worker/lawyer to ensure they are aware of necessity of hormone therapy/medical care and to assist facilitation of this process.

- **Support a young person's foster care team in understanding their healthcare rights with gender transition.** With permission from the young person, the mental healthcare provider should provide education and support for guardians to consent to hormone blockers or hormone therapy for youth, as needed, and explain the importance of gender transition and related medical and mental health care to foster families, group home employees, case managers and others working to support the young person in care.

- **Only use a young person's legal name where absolutely necessary on insurance documentation.** Where legally necessary If the name from the young person's insurance is required in the beginning of the form, include an explanation of why this is required, but ensure there is a through system to have the young person's chosen name and pronouns correctly reflected at every point of entry medical record systems to avoid misgendering and calling a young person by the incorrect name. Providers should ensure all providers who will be in contact with the young person's medical records follow this protocol.



SYSTEM & PRACTICE RECOMMENDATIONS

Provider agencies should create or participate in LGBTQ-affirming case conferencing. Agencies should consider hosting monthly clinical peer consultation or multi-disciplinary groups facilitated by a LGBTQ affirmative mental healthcare provider. Trainings and assigned readings should be included in these consultation groups to ensure participants' access to up-to-date knowledge and skills. Agencies should also allocate financial resources for the clinical supervisor to attend an outside conference and to bring relevant information and resources back to the group.

Clinical supervisors should be required to have case consultation with and supervision by LGBTQ-affirming clinicians. Clinical supervisors will provide direct supervision to clinicians who are not independently licensed. Those who are independently licensed should also engage in clinical supervision from those with experience working with LGBTQ, especially TGNC youth.

WHO SHOULD HAVE CULTURAL HUMILITY TRAINING

Child welfare entities/audiences for which LGBTQ cultural humility training should be made mandatory and standard:

Public Schools' Homeless Liaisons
Child Advocate Attorneys
DFCS Case Managers
DFCS Education Advocates
Judges
Group Home Parents/Supervisors
Foster Parents
Contracted/Subcontracted agencies for mental health services
Physicians, nurses, medical assistants in healthcare providers offices
Companies hired to clean, maintain facilities
Adoptive Parents
Big Brothers/Big Sisters
Hospital emergency room staff
Health and wellness fair staff
New employee orientations
Department of Juvenile Justice
Faith leaders and local churches
DBHDD approved providers
Legal Aid
After school programs
Health departments
CASA
Child Advocacy Centers
Family Connection Partnerships or Local Interagency Planning Teams
BHLCrisis Collaborative
School Social Workers and Counselors
Other mentoring agencies

RESOURCES FOR FAMILY SUPPORT OF LGBTQ YOUTH

PFLAG chapters and meetings provide a chance to convene with other parents and families on their journey to understanding and supporting their LGBTQ children. Foster and adoptive families are welcome at all chapters in Georgia.

PFLAG Albany
Phone: (229) 446-3983
Address: 1734 Pineknoll Lane, Albany, GA 31707
Email: dishillcutt@yahoo.com

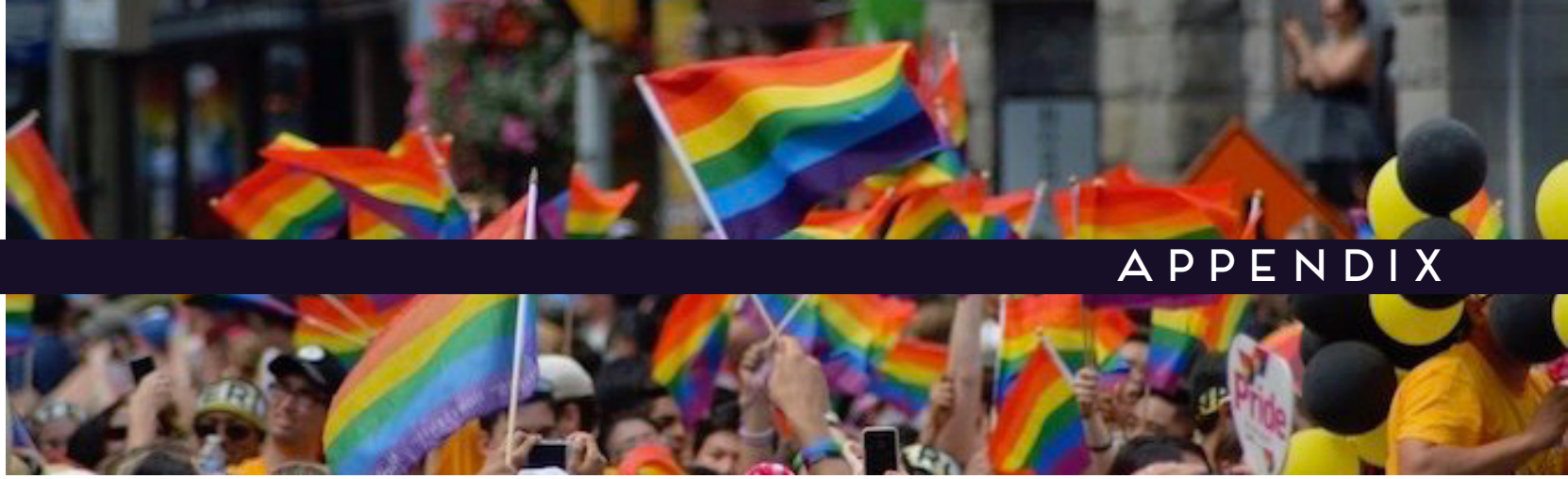
PFLAG Atlanta
http://www.pflagatl.org/
PFLAG Metro Atlanta monthly meetings include meetings in:
- City of Atlanta
- Marietta
- Peachtree City
- John's Creek
- Stockbridge
- Sandy Springs

PFLAG Blairsville
http://pflagblairsville.org/

PFLAG Brunswick
pflag.brunswick@gmail.com

PFLAG Rome (Representative)
Phone: 706-235-9293
Email: pflag-rome@hotmail.com

PFLAG Valdosta
Phone: (229) 244-5664
Address: 709 W Alden Ave, Valdosta, GA 31602
Email: 2riggles@gmail.com



APPENDIX

LIST OF DFCS FORMS[VIII] THAT SHOULD INCLUDE SO/GI/E

These intake, informational and referral forms should be modified to include sexual orientation and gender identity as described above. Furthermore, where biological, foster, adoptive or other parents/guardians are referenced, we recommend providing options to select same-sex parents (as opposed to "foster mother" and "foster father," for example).

When these corrections are made and staff have completed mandatory, comprehensive training, completion of these fields should be mandatory.

AA- Crisis Intervention Team Referral Form
CPS 450 Basic Information Worksheet
CPS 453 CPS Intake Referral
CPS 453I CPS Intake Referral Instructions
CW 590 - Internal Data System
CW 713 - Inter-Office
CW Emergency Intake Form
Child Life History Referral Form
FC 122 Foster Care Referral
FC 122I Foster Care Referral Instructions
FC 131 OSAH Form 1
FC 166 - RT MATCH Profile Instrument (Part 1)
FC 200 - Foster Home Review Guide
FC 223 Medicaid and IV-E Application for Foster Care
FC 223 Instructions
FC 38 Agreement Between Foster family and County DFCS
FC 469 - Foster Child Information Sheet
FC 6 - Foster Family Home Placement Agreement Between County DFCS
FORM 33 Placement Agreement (Single Child)
Spanish Version of Form 35
Form 35 - Application for Adoption
FORM 35I Application To Adopt or Foster Instructions
Spanish Version of Form
FORM 36 Medical Report
FORM 37 Placement Agreement (Siblings)
FORM 385 APS Intake Form
FORM 385A APS Assessment
FORM 385I APS Intake Form Instructions
FORM 387I Case Plan Instructions
FORM 400 Child Registration
FORM 400I Child Registration Instructions
FORM 401 Family Registration
FORM 401I Family Registration Instructions
FORM 404 Consent For Criminal Records Check
FORM 409 Name Change Following Adoption
FORM 414 Placement Letter
Spanish Version of Form 414
FORM 6036 Family Approval/Registration Cover Letter
FORM 6036I Family Approval/Registration Cover Letter Instructions

LGBTQ-AFFIRMING HEALTHCARE PROVIDERS FOR FOSTER YOUTH

The Health Initiative can help LGBTQ youth and their care providers or those who have aged out find LGBTQ-friendly healthcare providers in the Amerigroup network.

To contact The Health Initiative to inquire about LGBTQ youth-friendly providers in Georgia, call 404-688-2524 or email info@thehealthinitiative.org.

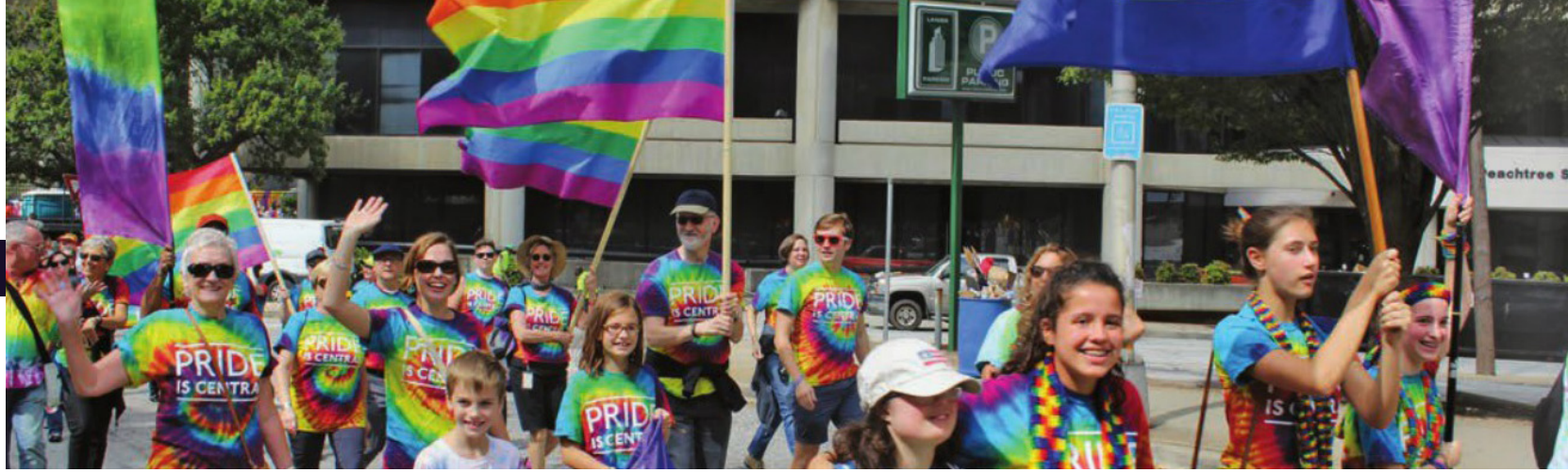
Amerigroup Insurance Coverage
Amerigroup is the sole provider of healthcare benefits for youth in foster care in Georgia. If a young person leaves foster care at the age of 18, in most cases they will be able to continue receiving Medicaid insurance through the age of 26 free of charge.

To apply, young people can simply go to a DFCS or Medicaid application office and apply there for Medicaid. It is important to inform the worker who processes the application that the youth is applying for former foster care Medicaid and not any other type. Youth should bring some form of identification and any paperwork they have from foster care.

Youth do not need to enroll in DFCS to get Amerigroup coverage once they have left DFCS.

- As Amerigroup members, foster youth and former foster youth have access to:
  - Amerigroup's network of doctors, specialists, and counselors
  - Dental care with twice a year cleaning, exams, and annual x-rays
  - Eye exam and glasses once a year plus $75 towards the cost of nonstandard glasses
  - Special support from a Care Coordinator who can help find a doctor
  - GED vouchers for all tests for qualified members age 21 and up
  - Cell phone with unlimited text and 200 bonus minutes
  - Gym vouchers for qualified members in participating areas
  - Up to $60 in gift cards and Diaper Buddy kits to help new moms
  - Weight Watcher meetings for qualified members (10 and older)

While Amerigroup does not oversee enrollment, they can be reached at 1-855-661-2021 or gf360@amerigroup.com for guidance and to address enrollment barriers.



GEORGIA-BASED RESOURCES: SAFE SCHOOLS

Staff Training
The Georgia Safe Schools Coalition (GSSC) offers trainings to schools to support LGBTQ youth and educate staff. More information is available on the coalition's website: www.georgiasafeschoolscoalition.org

Policy Change
Parents, youth and families who live in districts without protections for sexual orientation, gender identity and/or gender expression may request support from Georgia Equality in communicating with boards of education and other administrators. More information on Georgia Equality's website: www.georgiaequality.org

Gay-Straight Alliances
Students in schools without gay-straight alliances (GSAs) or similar student clubs for LGBTQ support who would like to start a GSA may contact GLSEN at atlanta@chapters.glsen.org. More information is available:
www.glsen.org/chapters/atlanta

A comprehensive guide to starting a GSA is available online free of charge from GLSEN: www.glsen.org/jumpstart

REFERENCES

[i] Georgia Foster Care statistics and demographics are available online at http://fostergeorgia.com/demographics-of-children-in-foster-care/

[ii] The University of Oklahoma OUTREACH program's National Resource Center for Youth Services reports is available online at https://www.nrcys.ou.edu/

[iii] The Williams Institute report on sexual and gender minority youth in Foster Care (2014) is available online at https://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/lafys-aug-2014/

[iv] The National Center for Lesbian Rights' Report on LGBTQ Youth in the Foster System is available online at http://www.nclrights.org/wp-content/uploads/2013/07/LGBTQ_Youth_In_Foster_Care_System.pdf

[v] The Human Rights Coalition (HRC)'s Report LGBTQ Youth in the Foster Care System report is available online at https://www.hrc.org/resources/lgbt-youth-in-the-foster-care-system.

[vi] The final report of Governor Nathan Deal's Georgia Child Welfare Reform Council is available online at https://gov.georgia.gov/sites/gov.georgia.gov/files/related_files/document/Child%20Welfare%20Reform%20Council%20Report%202016.pdf

[vii] Georgia's Room, Board and Watchful Oversight (RBWO) forms are viewable online at https://www.gascore.com/documents/UniversalApplicationandPlacementReferralForm.pdf

[viii] All Georgia DFCS forms are available for viewing online at https://dfcs.georgia.gov/dfcs-forms-online

Citations cont...

[ix] Georgia's FY 2017 Room, Board & Watchful Oversight Minimum Standards document may be viewed online at https://www.gascore.com/documents/FY2017_RBWOMinimumStandards_6_30_16final.pdf

[x] Justice for All? A Report on the Lesbian, Gay, Bisexual and Transgendered Youth in the New York Juvenile Justice System," (Randi Feinstein, et al. (2001) may be accessed at https://www.hivlawandpolicy.org/sites/default/files/justiceforallreport.pdf

[xi] The Office Child Welfare Information Gateway Children's Bureau/ACYF/ACF/HHS's Supporting Your LGBTQ Youth: A Guide for Foster Parents published online https://www.childwelfare.gov/pubPDFs/LGBTQyouth.pdf

[xii] UCLA's Sex Squad video library for LGBTQ-inclusive sex education is available online at http://artglobalhealth.org/amp/uclasexsquad/

[xiii] Georgia foster care and adoption guidelines tools are available online at https://www.adoptuskids.org/adoption-and-foster-care/how-to-adopt-and-foster/state-information/georgia#requirements

[xiv] Information about "Group homes" as defined by Georgia DCH is available online at https://dch.georgia.gov/group-homes

[xv] http://www.fultoncountycasa.org

[xvi] On the Streets: The Federal Response to Gay and Transgender Homeless Youth. Read the full report at https://cdn.americanprogress.org/wp-content/uploads/issues/2010/06/pdf/lgbtyouthhomelessness.pdf

[xvii]Campney, A. (2014). Infographis Wednesday – Preventing the Tragedy of LGBTQ Youth Homelessness. Retrieved http://www.homelesshub.ca/blog/infographic-wednesday-preventing-tragedy-lgbtq-youth-homelessness#

[xviii] 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.

[xix] Findings from the Atlanta Youth Count! Study are available online at https://atlantayouthcount.weebly.com/

[xx]Bender, K. A., Thompson, S. J., Ferguson, K. M., Yoder, J. R., & Kern, L. (2014). Trauma among Street-Involved Youth. Journal Of Emotional And Behavioral Disorders, 22(1), 53-64.

[xxi] Dang, M. T., Conger, K. J., Breslau, J., & Miller, E. (2014). Exploring Protective Factors among Homeless Youth: The Role of Natural Mentors. Journal Of Health Care For The Poor & Underserved, 25(3), 1121-1138.

[xxii] Craig, S. L. (2012). Strengths First: An empowering case management model for multiethnic sexual minority youth. Journal Of Gay & Lesbian Social Services: The Quarterly Journal Of Community & Clinical Practice, 24(3), 274-288.

[xxiii] Extensive research and reports on the experiences of LGBTQ youth in schools is available at GLSEN.org.

[xxiv] A summary of CDC's LGB-specific YRBS reports are available online at https://www.cdc.gov/nchhstp/newsroom/docs/2016/lgb-media-data-summary.pdf

[xxv] Source: Healthy People 2020, available online at https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

[xxvi] CDC HIV & STD screening guidelines are available online at https://www.cdc.gov/std/

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Georgia's Voice for LGBTQ Health

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