



Testimony

of

Hillary Kunins, MD, MPH, MS
Executive Deputy Commissioner, Division of Mental Hygiene
New York City Department of Health and Mental Hygiene

before the

New York City Council Committees on Youth Services and Mental Health, Addiction and Disabilities

on

Oversight – Mental Health Services for LGBTQ Youth

June 19, 2019

Committee Room – City Hall New York, NY

Good morning, Chair Ayala, Chair Rose, and members of the Committees. I am Dr. Hillary Kunins, Executive Deputy Commissioner of the Division of Mental Hygiene for the New York City Department of Health and Mental Hygiene. Thank you for the opportunity to testify today. The Health Department is committed to promoting the health and rights of LGBTQ+ youth and has developed strategies that address health inequities based on sexual orientation, gender identity, gender expression, race, and class. We work to identify and address unmet behavioral health and social needs, and create safe environments for these youth through programs, policy, and research.

Our City needs young LGBTQ+ New Yorkers. They are vibrant, creative, and resilient; and they deserve to move through New York City as their authentic selves. While many young LGBTQ+ people live full and healthy lives, significant health disparities exist as a result of structural heterosexism, cissexism, and racism.

Similar to national trends mentioned in previous testimony, LGBTQ+ youth in New York City face challenges that increase their risk of mental illness, substance use, and other health and social needs. As a result, LGBTQ+ youth in New York City disproportionately experience mental health challenges compared to their heterosexual/cisgender peers. They are: more likely to feel sad or hopeless (50% vs. 25%); more likely to attempt suicide (20% vs. 6%); more likely to drink alcohol (35% vs. 20%); and are twice as likely to misuse both prescription and illicit drugs (16% vs. 8%).

The Health Department has made it a priority to expand and improve affirming healthcare and social services for all LGBTQ+ youth. In service of this mission, last year we were proud to collaborate with sister agencies from across the City and our community partners on the Community Services Board to draft the LGBTQ+ Behavioral Health Roadmap. This roadmap is a comprehensive overview of the City's efforts to provide behavioral health supports for this community, including youth, with recommendations to guide our efforts moving forward.

Now, let me tell you about our work. The Health Department serves the behavioral health needs of LGBTQ+ youth in three key ways.

First, the Health Department provides a range of mental health and substance use treatment services through contracted providers that specialize in serving LGBTQ+ youth, and we provide services to connect individuals seeking care to appropriate services. Here are a few examples:

- The Health Department provides contractual and programming oversight for two City Council initiatives that serve this population. The LGBTQ All-Borough Mental Health Initiative funds the Hetrick-Martin Institute to strengthen and expand mental health supports and provide direct services—including a youth peer education project—to raise awareness and reduce stigma for those seeking mental health care. Additionally, the Trans Equity Initiative funds four community-based organizations—the Ackerman Institute, Callen-Lorde, Gay Men's Health Crisis (GMHC), and the Translatina Network—to provide a broad range of health, behavioral health, and social services to TGNC New Yorkers, including youth.

- We fund the LGBT Community Center (The Center), which provides a range of services for adolescents: referrals; support groups; mental health education; outpatient substance use disorder treatment; and substance misuse prevention. The Center also operates a Youth Clubhouse, a substance-free drop-in support center and a safe haven.
- We support the syringe services program at the AIDS Center of Queens County, which provides substance use disorder treatment and harm reduction services for recently-immigrated transgender women.
- We fund supportive housing programs for LGBTQ+ youth, including the West End Residences programs for youth diagnosed with a serious mental illness or substance use disorder.
- Through *NYCWell*, trained counselors can refer youth to more than 65 LGBTQ+-affirming behavioral health providers.
- We developed the “Bare It All” campaign: a citywide multimedia campaign that encourages LGBTQ+ New Yorkers to open up to their doctors about everything that affects their health, and to find a new doctor if they cannot have these conversations.
- The *NYC Health Map* is a centralized directory for affirming care that includes over 100 LGBTQ+ knowledgeable providers and services, including gender affirming, primary and sexual health care, and HIV prevention and treatment. And,
- Our eight Sexual Health Clinics offer social worker services to all patients 13 years of age and older, including short-term counseling, crisis counseling, substance use screening, harm reduction services, and referrals to services in the community.

Second, the Department works to promote resilience and wellness in LGBTQ+ communities and build the capacity of community organizations and the healthcare system to deliver quality, affirming care. Here are some examples:

- Our Comprehensive Drug and Alcohol Misuse Prevention Program (CAMP) supports twelve community-based organizations that work to organize for community changes that prevent or delay initiation of substance use among LGBTQ+ youth.
- Our Mental Health First Aid (MHFA) initiative employs culturally competent and affirming staff who provide trainings in community settings to enhance New Yorkers’ resilience and to create a safer space to discuss stressors. MHFA has conducted 32 trainings at LGBTQ+-specific organizations.
- We developed the “LGBTQ Health Care Bill of Rights,” which details the health care protections available to LGBTQ+ patients in New York City and directs people to report health care discrimination to 311 and/or the NYC Commission on Human Rights.

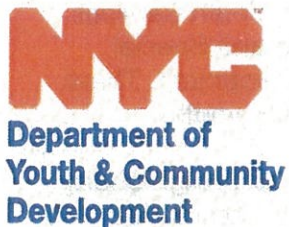
- Staff in the Department's sexual health clinics receive training to provide respectful and culturally competent services to LGBTQ+ patients that affirms their identity. And,
- We implemented the Uproot Initiative, formerly called Out for Safe Spaces, which provides ongoing training and technical support to all staff at the Department's Neighborhood Health Action Centers. These aim to ensure that their services are culturally responsive to LGBTQ+ people in the surrounding neighborhood. The Action Centers are situated in areas with the highest disparities in health outcomes.

Finally, the Department works to advance policy changes that promote the health of LGBTQ+ youth. Here are a few recent examples:

- Together with the City Council and other partners, we made New York birth certificates more inclusive to all gender identities by allowing people to submit their own affidavit to change their gender marker to male, female, or a newly added "X" option.
- The Administration supported both local and state legislation to ban conversion therapy. This dehumanizing practice has no basis in science and has no place in the field of medicine.

I have covered just a handful of achievements and initiatives that are underway across New York City to protect and promote the health, safety, and rights of LGBTQ+ Youth. Thank you for the opportunity to testify on this important work.

I want to thank Chairs Ayala and Rose and the other members here today for your support and partnership. I am happy to take your questions.



TESTIMONY

BEFORE THE NEW YORK CITY COUNCIL

COMMITTEE ON YOUTH SERVICES

**COMMITTEE ON MENTAL HEALTH, DISABILITIES, AND
ADDICTION**

Oversight – Mental Health Services for LGBTQ+ Youth

PRESENTED BY

Assistant Commissioner Randy Scott

June 19, 2019

Good morning, Chair Rose, Chair Ayala, and members of the Committees on Youth Services and Mental Health. I am Randy Scott, Assistant Commissioner for Vulnerable and Special Needs Youth at the New York City Department of Youth and Community Development. Thank you for inviting DYCD to testify today about mental health services for LGBTQ+ youth.

DYCD supports New York City youth and their families by funding a wide range of high-quality youth and community development programs, including afterschool programs, community centers, literacy programs, and youth workforce development. We expect all of our programs to be open and welcoming to LGBTQ+ individuals. To help our staff and providers reach that goal, we offer professional development opportunities and training throughout the year.

Through our capacity building department, we offer technical assistance and trainings to DYCD's providers to support their work directly with youth. Trainings help providers understand the continuum of sexual orientation and gender identity and how to support LGBTQ and gender non-conforming youth in their programs. The Hetrick-Martin Institute (HMI) has a multi-year contract with DYCD to implement a self-assessment tool which they call the PRYSM scan to help other youth-oriented community organizations identify ways to improve their policies and the program environment to address the specialized needs of LGBTQ+ youth, particularly transgender youth.

In Fiscal Year 2019, HMI provided eighteen half-day workshops for provider staff. The workshops were entitled "Supporting Transgender and Gender Non-Conforming Youth in Program Spaces" and "Supporting LGBQ Youth in Program Spaces." These workshops were designed to assist providers to foster an environment where transgender and gender non-conforming youth, and LGBTQ+ youth will feel safe and supported. Participants worked through real-life case studies from their DYCD-funded programs. Almost 200 people participated, including staff from Catholic Charities, Phipps Neighborhood, Rise Boro, Children's Aid Society, The Door, SCO Family of Services, Mosholu Montefiore, and Chinatown YMCA.

DYCD hosts an annual "Healing the Hurt" conference in partnership with Vibrant Emotional Health. This conference educates human service professionals who work closely with clients who have experienced trauma. Every year, several workshop options are specifically focused on helping to address the challenges faced by LGBTQ+ youth. Some examples from the past four years include "Understanding and Healing Black and Brown LGBTQ Females", "Attuning to the Needs of LGBTQ Youth: *Trauma, Attachment and Healing Relationships*" and "Creating Trauma-Informed Environments for LGBTQ Youth: Building the Safety Net for Healthy Adolescent Development."

DYCD is the home of the Interagency Coordinating Council on Youth (ICC), and its LGBTQ workgroup, which I have co-chaired since 2011. Through the ICC, DYCD has offered training for City agency staff and providers to increase their ability to work effectively with the LGBTQ+ population. The work group meets monthly and consists of 15 members representing City agencies and the provider community. We were pleased to welcome Chair Rose as an official member of the ICC this year.

Last week, on June 11, the ICC offered its annual comprehensive LGBTQ+ Cultural Competency Training in partnership with The LGBT Center. More than 50 people participated, including city employees from the Department of Health and Mental Hygiene, the Law Department, the Department of Parks and Recreation, the Mayors' Office to End Domestic and Gender-Based Violence, as well as representatives from community based organizations.

The ICC has also hosted presentations from: Gay Men's Health Crisis about the struggles faced by trans individuals in housing and employment; the First Lady's Office on the Unity Project, the City's first multi-agency strategy to deliver unique services to LGBTQ+ youth; Marsha's House on the services provided to LGBTQ+ people who are homeless; and Destination Tomorrow, which provides LGBTQ+ services in the South Bronx.

With the encouragement of City Council Speaker Corey Johnson, DYCD and the ICC collaborated with the Mayor's Office of Media & Entertainment and NewFest-New York's LGBT Film & Media Arts Organization to host a special free screening of "Saturday Church." This film raises awareness of LGBTQ+ homeless youth in New York City. Following the screening, there was a Q&A with director Damon Czarndases and lead actor Luka Kain.

DYCD expects provider organizations to develop relationships with outside organizations and connect participants to the appropriate supports when needed. Programs refer youth to organizations that provide help in the areas of mental health, public benefits, and legal services, among others.

This Administration has made unprecedented investments to keep young people safe and housed. Since 2014, funding has more than tripled to \$43 million for runaway and homeless services. This has enabled DYCD to fund 753 beds (678 open to-date) for youth ages 16 to 20, and 60 beds for youth ages 21 to 24. We also now have 8 drop-in centers, including one 24-hour center open in each borough, funded with assistance from Unity Project, and we offer street outreach services that operate in locations known to be gathering places for runaway and homeless youth. All DYCD RHY program sites offer specialized services to LGBTQ+ youth, sexually-exploited youth, and in some programs, pregnant and parenting youth.

DYCD funded residential services include both crisis services and transitional independent living support programs. Counselors work with youth to develop Individualized Service Plans to outline short-term and long-term goals. They can receive a range of supportive services both directly and through referrals, which include medical and mental health care services, intensive counseling, family mediation, education, substance abuse prevention, violence intervention and prevention counseling, and housing assistance. When appropriate, staff members assist young people in reuniting with their families or with moving to transitional and longer-term programs.

This year, in celebration of the 50th anniversary of the Stonewall Uprising, the theme of DYCD's annual Step It Up youth dance competition was "Step it Up for LGBTQ Rights." Step It Up provides dancers and steppers the opportunity to leverage their on-stage talents to create social change in their communities. Over 1,000 young performers made an impact throughout the school year, for example creating mini-documentaries, supporting the local ballroom community, raising awareness at a community health fair, and offering donations for homeless youth. The final showcase was held last Saturday at the Apollo Theater.

DYCD staff and their families are excited to join this year's march for World Pride next weekend. We know that every effort to support LGBTQ youth is an opportunity to send a message to all young people that NYC cares about them. We thank you for your support of DYCD and our efforts to support and affirm LGBTQ+ youth. After my colleague from the Department of Health and Mental Hygiene shares testimony, we will be happy to answer your questions.



Testimony

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Ashe McGovern, J.D.

Executive Director, NYC Unity Project

Senior Policy Advisor, LGBTQ Initiatives

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Introduction

Good morning, Chair Rose, Chair Ayala, and members of the Committees on Youth Services and Mental Health, Addiction and Disabilities. My name is Ashe McGovern and I am the Executive Director of the NYC Unity Project, the First Lady's citywide initiative focused on supporting and empowering LGBTQ+ young people through innovative policy and program change. I also serve as Senior Policy Advisor on LGBTQ Initiatives, and I use they and them pronouns. On behalf of the de Blasio Administration, I want to thank you for the opportunity to testify today. On this panel, I am joined by Randy Scott, Assistant Commissioner for Vulnerable and Special Needs Youth at the New York City Department of Youth and Community Development and Dr. Hillary Kunins, Executive Deputy Commissioner at the Department of Health and Mental Hygiene.

The NYC Unity Project was founded in September of 2017 by First Lady Chirlane McCray—with a core mission of building innovative programs and policies that ensure LGBTQ young people in New York City are safe, supported, and healthy. Our approach is intersectional and multi-faceted. We recognize that in order to support our LGBTQ young people, we must invest both in root cause interventions to prevent the inequities they face, while simultaneously building affirming programs and services that support those who are already vulnerable right now.

As you know, LGBTQ young people face a range of disparities and inequities—including worse mental and physical health outcomes, including higher rates of suicidality, mental illness, and substance misuse, as compared to their peers. Our LGBTQ youth also face higher rates of poverty, unemployment, and housing insecurity than their peers. Given the wide range of interpersonal and systemic disempowerment and discrimination these young people face—these experiences are unsurprising, even if devastating. It is a testament to the power and resilience of LGBTQ young people that they continue to show up in the world as their full selves and push us all to create a more just world that creates space for them, despite the consequences, when it is safe or possible for them to do so. And for many, it is not.

We know that in order to meaningfully support mental health and wellness for our most vulnerable LGBTQ youth—we absolutely must take a broad approach, and one that tackles anti-LGBTQ stigma and animus broadly; housing and economic insecurity; and health inequity; all with a central consciousness around the ways in which intersecting forms of oppression, including racism, transphobia, cissexism, ableism, and other forms of marginalization make some of our young people even more vulnerable than others. We must be boldly committed to ensuring that our city programs and services are safe, affirming, and welcoming—and that is what we strive to do at the NYC Unity Project.

NYC Unity Project

Since its founding, our Project has made significant investments in a range of groundbreaking programs and services with our agency and community partners, and I am proud to highlight some of those programs for you today.

We are committed to tackling family rejection—which we view as one of the most significant root causes of LGBTQ mental health inequity. To do this, we have prioritized building programs and services aimed at creating more robust LGBTQ family acceptance for our young people.

Family rejection is the leading cause LGBTQ youth homelessness. Rejection can take many forms, from passive disapproval, to violence, to forcing young people out of the only homes they know. All forms can have enormous consequences. We know that family acceptance is an incredibly protective factor in the overall health and wellness of LGBTQ young people, but that rejection can result in a range of negative outcomes including: school absenteeism and school drop-out; worse physical health outcomes due to stress; higher rates of poverty and unemployment, due to lack of a financial support; susceptibility to violence, sometimes at the hands of family members; and notably higher rates of mental illness, substance misuse, and suicidality.

To tackle these issues, we have invested in several groundbreaking programs, including:

- A first of its kind yearlong certification program in partnership with the Ackerman Institute's Gender and Family Project and ACS. The training is primarily for mental health clinicians of color to help them develop skills needed to mediate family conflict between LGBTQ youth and their families and encourage healthy unification.
- Expansion of the LGBTQ Institute for Family Therapy (Project LIFT) in partnership with the LGBT Center of New York and ACS. This program provides a six-month training certification process for licensed mental health clinicians working with families that are involved with the Administration of Children's Services (ACS) child welfare system.
- Recognizing the needs of Spanish-speaking communities, and the high rates of mental health disparities particularly in these youth communities, we have also partnered with CAMBA's Project Accept LGBTQ Youth (ALY) with DOHMH. This program offers educational outreach and peer support groups for parents and families of LGBTQ young people. Through this partnership, we have funded a Spanish-speaking parent advocate and support group facilitator as well as a Spanish-speaking health educator. We have also partnered with CAMBA to support their social media marketing campaign, which offers models and messages meant to encourage Spanish-speaking families to support and accept the LGBTQ young people in their lives.
- Finally, recognizing a lack of youth-led and centered research on this issue, we have partnered with DOHMH and CUNY's Public Science Project, to conduct a first-of-its-kind participatory action research project on LGBTQ family acceptance—where young people themselves are designing, conducting, and developing research on the needs and concerns of LGBTQ young people in relation to their experiences with family rejection or acceptance. CUNY's Public Science Project has been a vital partner in this work, and recently conducted the largest participatory action research project on the needs of LGBTQ youth in the country.
- The Unity Project has also launched two citywide public ad campaigns—one featuring LGBTQ young people from NYC and another featuring affirming parents and family members of LGBTQ youth—in order to destigmatize the lived realities of our communities, and to encourage and promote family acceptance.

One of the most devastating consequences of familial and peer rejection is the disproportionately high rates of LGBTQ youth homelessness. LGBTQ young people in NYC make up an astonishing 40% of the youth homelessness population. Recognizing that these young people need resources now, we have also invested in key homelessness services and supports, including:

- Expansion of 24 hour youth drop in centers to every single borough, to ensure that all young people have a safe place to turn at all hours, across the city. These centers provide LGBTQ-supportive mental health services, case management, and programming.
- We have also made a significant investment in creating more youth shelter beds for our young people age 21-24 who need them, in partnership with DYCD and City Council.
- Recognizing the need to create permanent housing solutions, this Administration has also made significant capital contributions in supportive, permanent housing for our young people—including units that are geared specifically towards supporting LGBTQ youth.

Finally, we know that in this current political moment of contradicting progress and regression on LGBTQ rights, LGBTQ young people need to know that New York City has their backs. With a federal administration intent on tearing down years of progress and legal protections for LGBTQ communities—we must be committed to fighting against anti-LGBTQ bias and stigma, and sending clear messages to all of our LGBTQ young people that their lives matter, deeply, that we see them, and that we are committed to supporting and empowering them.

To send that message, this Administration and the NYC Unity have committed to the following:

- NYC's human rights law, enforced by the New York City Commission on Human Rights (CCHR), is one of the strongest and most comprehensive in the country. Our laws provide robust and explicit protections for LGBTQ New Yorkers—across a range of areas, including in housing, healthcare, employment, public accommodations, and beyond. Under the de Blasio administration these protections have been strengthened through regulatory guidance, enhanced enforcement and significant community engagement and public outreach campaigns by CCHR and across our city agencies.
- In May, NYC announced it would be joining with 23 cities and states across the country to sue the Trump Administration and stop implementation of its so-called “Protecting Statutory Conscience Rights in Health Care” rule, which attempts to enable and permit discrimination in healthcare against a range of communities, directly including trans and non-binary people.
- Starting in January 2019, NYC began offering third, non-binary gender marker options on its city-issued birth certificates and IDNYC cards, allowing all people to self-attest to their own gender identity on these documents.
- NYC Health + Hospitals has made considerable, groundbreaking investments, in partnership with the Unity Project and others, to train medical providers across their systems in LGBTQ-affirming healthcare practices and to grow accessible LGBTQ-affirming services.
- And finally, to kick off Pride season this month—during which we will be celebrating the 50th anniversary of the Stonewall riots and hosting World Pride for the first time—we announced that we will be honoring Marsha P. Johnson and Sylvia Rivera with the only

permanent public artwork dedicated to trans people in the world, as part of our SheBuilt Initiative. Marsha and Sylvia were powerful and transformative visionaries, and transgender women of color. They were deeply committed to obtaining justice for LGBTQ communities, particularly trans and non-binary people of color, young people, and those experiencing poverty, homelessness and other forms of economic injustice. The NYC Unity Project strives to build upon their legacies—and to remain committed to those who need our city's services most.

Conclusion

Of course, our work is not nearly done. And the programs and services I've mentioned here today are not exhaustive. Across our Administration, we are prioritizing the needs of LGBTQ communities, and we will continue to do so, vigorously. The lives and futures of our LGBTQ communities, young people and those across the age spectrum, depend on us. We never have and never will take that commitment lightly.

In conclusion, I want to share my deep gratitude to members of this committee for surfacing this important topic, and I am incredibly grateful for our shared commitment to ensuring that LGBTQ young people in this city get the resources they need to survive and thrive. This Administration, and the NYC Unity Project in particular, welcome opportunities to collaborate further, and I truly appreciate the opportunity to speak with you today.

I will now turn to my colleague Randy Scott from DYCD. I look forward to taking your questions at the conclusion of our collective testimonies.



Testimony of Ned Gusick, Chief Marketing and Communications Officer, The Jewish Board
New York City Council Mental Health & Youth Committee Hearing on Mental Health Services for LGBTQ+ Youth; June 19, 2019

Thank you to Chairpersons Ayala and Rose for holding this important hearing.

Overview of the Jewish Board's Services for LGBTQ+ Youth

For 145 years, the Jewish Board of Family and Children's Services has been helping individuals overcome their mental and behavioral health challenges and live as independently as possible.

Our services address many aspects of a person's life, including behavioral and physical health, family, housing, employment, and education. We proudly employ and serve people of all religions, races, cultures, gender identities, abilities, ages, and sexual orientations.

Today I would like to speak briefly about our agency's commitment to LGBTQ+ youth.

The Jewish Board has historically been a proud supporter of the LGBTQ+ community. At the start of the AIDS crisis in the 1980s, The Jewish Board was one of the first organizations to step up by developing an ambitious AIDS education and prevention program to increase awareness for at-risk populations and expanded clinical services at the Agency's 57th Street HQ building. As the epidemic progressed, we developed a comprehensive network of care for people with AIDS, including an apartment program, a day treatment center, and providing free, on-site social workers at the Gay Men's Health Crisis.

More recently, The Alpha Workshops, a small nonprofit that was founded in 1995 to provide vocational training and employment in the decorative arts to people who are HIV positive, became a subsidiary of The Jewish Board. Alpha faced significant financial challenges, and we felt that these services were too valuable to lose, so we formed a partnership to help Alpha continue to provide programming and vocational opportunities.

Our staff of nearly 3,000 has many people who openly identify as LGBTQ+, including myself. I have worked at The Jewish Board for nearly 4 years. I have found the organization to be nothing less than an inclusive and supportive environment for LGBTQ+ people. The support begins with our Board – which has several openly LGBTQ+ Trustees – and extends down to all levels of staff. Expectations that we are an inclusive workplace are set from the first day on the job. All staff must review and agree to a Code of Conduct which states our employees must refrain from – and prevent – discrimination of any kind, including that based on sexual orientation. While there may be instances where staff do not live up to our clearly articulated values, when we find out about it, we address them immediately with the appropriate remedies.

The agency has an LGBTQ+ Steering Committee, of which I am the executive sponsor, and it is an active force in our agency. Throughout the year, the committee provides trainings, holds social events, and gives an overview of LGBTQ+ inclusion at each new hire Orientation, which occurs every other week. This June, the committee is hosting internal Pride events for clients and staff around the agency, and externally it has

organized a group of staff and clients to march in the parade. We will also be promoting our services to the LGBTQ+ community at Pridefest.

With respect to our services LGBTQ+ youth, we serve more than 10,000 New York City youth ages 13-25 throughout a wide range of programming, including child and young adult residences, substance use services, early intervention crisis services, and mental health counseling. These services grew naturally out of our broad continuum of supports, which uniquely spans both child and adult service systems through programs like preventive services for families in the child welfare system, recovery-oriented residential and community-based treatment services for adults living with mental illness, and the largest network of behavioral health clinics in New York State.

While we strive for an LGBTQ+-inclusive environment across our programs and services, we do have a few specialized services that are especially relevant to this population. The Board has a specialized youth behavioral health clinic, Crossroads, a federally funded program called Bridging the Gap that supports LGBTQ+ youth at risk for homelessness, and our new partnership with The Alpha Workshops all exist to engage and empower LGBTQ+ youth.

Crossroads: The Manhattan Young Adult Counseling Center located at 135 West 50th Street offers a space of hope and empowerment for young people ages 14-26 by providing mental health support in a safe, inclusive environment. Staff offer individual, group, and family therapy in an LGBTQ+ friendly and supportive environment that addresses issues relevant to the LGBTQ+ community such as identity formation, coming out, as well as general mental health. We also provide peer support and group workshops, with staff that have lived experiences in systems of care. We accept Medicaid as well as a wide range of private health insurance, and offer a sliding scale fee for those without insurance. In CY 18, the clinic served over 460 youth.

Bridging the Gap is a federally funded program that specifically targets New York City's Commercially Sexually Exploited Children (CSEC) and LGBTQ youth at risk of homelessness, foster youth, and other high-need groups. Though these young people face major hurdles to obtaining jobs and financial independence, meaningful work is still the single most important and engaging goal for many young people, central to their vision of a successful adulthood. Consequently, Bridging the Gap provides individualized vocational training as a key pathway to engage youth in a range of evidence-based practices and therapeutic services, connecting them with an array of employment and internship opportunities available through existing agency programs.

Bridging the Gap also provides training and support for program staff in the selection and implementation of trauma-informed and evidence-based treatments, finding and replicating what works for the hardest-to-reach youth. Bridging the Gap's office is also located at 135 West 50th Street but also works in the community, and at our Residential Treatment Facility in Manhattan's East Village (Kaplan House) and Westchester campus.

We monitor the progress of the young adults we work with to ensure what we do is effective. Evidence-based approaches form the basis of our clinical treatment, and standardized measurement tools help us to monitor program outcomes. These tools, as well as client feedback and community partnerships with organizations like GEMS, inform and shape ongoing program activities to ensure that we meet the real needs of the young people we serve. The integration of our specialized supports at our other program sites for youth with residential needs has also proven to increase service access for LGBTQ+ youth. At a recent advisory group at Kaplan House, the youth reviewed the menu of available Bridging the Gap services and made selections based on what they thought was most needed by themselves and their peers.

Kaplan House residents had this to say about the new relationship of programs and their feedback was shared in a SAMHSA quarterly report:

“Partnering with the BTG staff was enjoyable. I felt like we shared equal power! This made me feel like my opinions really matter!”

“This was an inspirational experience to plan services for not just myself but the youth as a whole. It was very empowering to have my voice heard, and to be in a leadership role.”

Since November 2018, The Jewish Board has also partnered with **The Alpha Workshops**, an organization that uses the decorative arts to educate and employ young people and adults with HIV/AIDS, disabilities, or other vulnerabilities. The Alpha Workshops operates two separate but partnered programs: The Alpha Workshops Studio School, a New York State Department of Education-licensed vocational school where students learn marketable creative techniques and work readiness skills; and The Alpha Workshops Studios, an award-winning professional design and decorative arts atelier staffed exclusively by graduates of the Studio School. As The Jewish Board looks to grow and enhance our vocational programming, partnership with Alpha will provide us with a vocational model and system that has proven effective in working with marginalized populations. Alpha’s support will also help us to more deeply explore the use of the arts as a tool to address trauma and stigma.

The Behavioral Health Sector

Sustainable, long-term change requires consistent, comprehensive support over time.

Despite increased national conversation around the need for greater access to effective mental health services, community-based mental health providers, including The Jewish Board, are contending with devastating funding cuts and stark changes in traditional sources of public revenue. In many underserved areas, The Jewish Board is the only community behavioral health resource for New Yorkers with low or moderate income levels. We are committed to providing access to care for all, regardless of ability to pay, and offer a sliding scale for those without insurance.

The customary gap we see between government funding and actual program costs leads our clinics to operate on an annual \$6 million program deficit. Commercial insurance also does not reimburse for the full cost of the services we provide, leaving all of our 13 counseling centers with unsustainable deficits. As other providers have responded to these pressures by limiting commercial insurance plans and therefore, access to care, the Jewish Board has consolidated two community counseling centers since 2017 as a result of these financial difficulties.

The City Council’s Anti-Poverty, Speaker’s List, and Wrap Around Support for Transitional-Aged Foster Youth initiatives have supported several of our counseling centers, including Crossroads, allowing us to provide direct, specialized supports to high-risk youth. **Thank you for your support.**

LGBTQ+ youth in New York City would benefit by having increased access to specialized mental health services, peer support, vocational training, and supportive housing. Ensuring the financial viability of nonprofits and the behavioral health sector would safeguard access to these vital mental health services.



The Jewish Board Supports ALL New Yorkers

In all five boroughs, The Jewish Board is here for LGBTQ New Yorkers, guided by our mission of providing all New Yorkers with the best mental and behavioral health services in a safe and supportive environment. We proudly serve people of all races, cultures, religions, gender expressions, sexual orientations, and abilities.

Programs Tailored to the Unique Needs of LGBTQ New Yorkers

Our programs and services are designed to be delivered in a culturally competent way that is LGBTQ-inclusive, but there are several programs that are especially relevant to the LGBTQ community:

Bridging the Gap is a safe and supportive environment that offers confidential one-on-one support, job training, skill building, and social activities to help New Yorkers create a path to health and wellness on their own terms. We primarily work with teens and young adults.

We partner with other programs around the city to make sure clients are connected to all the resources they need. And we're staffed by mentors who have been through, and overcome, experiences similar to our clients. There's no pressure, no labels, and no cost. Just support.

Crossroads is a mental health counseling center that offers a space of hope and empowerment for young people ages 14–26. We are a safe, inclusive environment.

In addition to individual services provided by our licensed mental health professionals, Crossroads is a confidential and welcoming space that offers opportunities for clients to be creative and connect with people dealing with similar challenges, staff who have lived through experiences similar to theirs, and family support.

The Alpha Workshops is the nation's only program that teaches individuals 18 years and older with vulnerabilities and visible or invisible disabilities, including HIV/AIDS, how to create hand-painted wallpapers, custom decorative paint and plaster finishes, and other decorative arts.

Since 1995, we have helped hundreds of LGBTQ+ teens and adults learn creative self-expression and creating meaningful work. Graduates from our program are employed in interior design and related industries. We are free for all accepted students.

Call Us and Get Connected

To learn more about our programs or to schedule an appointment, please contact us at **1.844.ONE.CALL (1.844.663.2255)**. To learn more about The Alpha Workshops or apply to the studio school, please contact us at **646.692.8091**.





June 19, 2019

Members of the Committee on Mental Health, Disabilities and Addition
Members of the Committee on Youth Services
New York City Council

RE: Oversight- Mental Health Services for LGBTQ+ Youth.

Dear Councilmembers:

Good afternoon and thank you for being here today to discuss this very important issue. My name is Kimberly Calero and I am an Intern with Lambda Legal's Youth in Out-of-Home Care Project. Lambda Legal is the oldest and largest national legal organization whose mission is to achieve full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people, and everyone living with HIV through impact litigation, education, and public policy work. Specifically, Lambda Legal's Youth in Out-of-Home Care Project advocates for the rights and protection of lesbian, gay, bisexual, transgender, and questioning ("LGBTQ") youth in child welfare, juvenile justice, and homelessness systems of care.

New York City is home to a vibrant community of LGBTQ youth and young adults. And while the LGBTQ community has experienced many victories in recent years in the fight for civil rights, youth, and in particular youth of color and youth from low income families, LGBTQ youth still face many challenges that negatively impact their mental health.

I am here today to talk about existing mental health services for LGBTQ youth in New York City as well as to provide recommendations for ways in which the city can improve existing services and invest in additional services to prevent harm to LGBTQ youth at the neighborhood and community level, reducing placement in out-of-home care and harms accompanying these placements.

The Harms of Family Rejection on Mental Health

Family rejection of a youth's LGBTQ identity is the driving factor behind LGBTQ youth homelessness. A study found that 46% of LGBTQ youth ran away from home, while 43% were physically forced out of their home because of family rejection of their LGBTQ identity.¹ This

¹ Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

forceful removal disrupts the attachment between family and child that provides the foundation for trust, a sense of physical safety, and the ability to maintain relationships.²

In turn, this family rejection can also have devastating negative health effects. LGBTQ youth who report high levels of family rejection are 8.4 times more likely to attempt suicide, 5.9 times more likely to report depression, and 3.4 times more likely to use illicit drugs.³ Family rejection feeds LGBTQ youth into a pipeline of traumatic experiences dealing with mental health problems and substance abuse problems. Youth may become involved in the child welfare system or forced to engage in survival sex; ultimately leading down to a path of youth criminalization and involvement in the juvenile justice or adult prison systems. Thus, in order to tackle the epidemic of LGBTQ youth homelessness and overall youth involvement in these many systems, we need to act preventatively and address family rejection of LGBTQ identities.

Recommendations:⁴

- Fund training that promotes acceptance and tolerance before youth face housing instability for families, practitioners, and agencies that work with youth and families.
- Sponsor and fund informational media campaigns that educate families about the importance of family support in fostering the overall well-being for LGBTQ youth, but that also educate about the harm and health risks associated with family rejection.
- Include the families and caregivers of LGBTQ children and youth on advisory groups for child and family service programs and agencies.
- Provide funding for facilities and organizations that provide family counseling for LGBTQ youth in order to hire more staff and receive crisis and trauma management training.

Mental Health Challenges Commonly Faced by LGBTQ Youth in Different Systems

Research shows that LGBTQ individuals experience “minority stress,” where general anti-LGBTQ sentiment acts as a stressor that causes LGBTQ individuals to experience negative health conditions like psychological distress and mental disorders.⁵ Seemingly small events of prejudice and discrimination accumulate over time and drive higher rates of suicidality and depression in LGBTQ youth. Consequently, due to stigma and discrimination faced in school, on the streets, and at home,

² Eck, A. “Psychological Damage Inflicted by Parent-Child Separation is Deep, Long-Lasting,” NOVA, June 20, 2018, https://www.pbs.org/wgbh/nova/article/psychological-damage-inflicted-by-parent-child-separation-is-deep-long-lasting/?utm_source=FBPAGE&utm_medium=social&utm_term=20180620&utm_content=1603761016&linkId=53285432&utm_source=FBPAGE&utm_medium=social&utm_term

³ Ryan, C., Huebner, D., Diaz, R. M., Sanchez, J. (2009), Family Rejection as a Predictor of Negative Health Outcomes in White Latino, Gay, and Bisexual Young Adults, *Pediatrics*, DOI: 10.1542/peds.2007-3524

⁴ Substance Abuse and Mental Health Services Administration, A Practitioner’s Resource Guide: Helping Families to Support Their LGBT Children. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

⁵ Meyer, Ilan. (1995). Minority Stress and Mental Health in Gay Men. *Journal of health and social behavior*. 36. 38-56. 10.2307/2137286.,

https://www.researchgate.net/publication/15461517_Minority_Stress_and_Mental_Health_in_Gay_Men

LGBTQ youth are at higher risk to experience isolation, substance abuse, anxiety, depression, and suicide than the general population.⁶ Those that experienced victimization and discrimination in school have worse educational outcomes and poorer psychological well-being, including higher levels of depression and lower levels of self-esteem.⁷ Meta-analyses also show that about 28% of lesbian, gay, and bisexual youth reported a history of suicidality, compared to 12% of their heterosexual peers⁸, while approximately 40% of transgender adults have attempted suicide.⁹

LGBTQ Youth in the Child Welfare and Juvenile Justice Systems

LGBTQ youth are overrepresented in the child welfare and juvenile justice systems. Even though studies estimate that about 3.4-7.75% of the entire US population identify as LGBTQ, 19.1% of the youth in the child welfare system¹⁰ and 7.9% in the juvenile justice system¹¹ identify as LGBTQ, respectively. Research shows that lesbian, gay, and bisexual are seven times more likely to be placed in foster home than straight youth and that transgender and gender non-conforming youth are five times more likely to be placed in foster care than cisgender youth.¹² As a whole, LGBTQ youth are 120% more likely than cisgender and straight youth to experience homelessness and then enter the juvenile justice system.¹³ Once they are within these systems, their legal rights and protections against discrimination on the basis of their sexual orientation and gender identity are left to a patchwork of laws and policies that vary by cities and states. Once in the juvenile justice system, LGBTQ youth are more likely to experience sexual assault than their peers.

Recommendations:¹⁴

- Adopt comprehensive policies explicitly protecting systems-involved youth from discrimination and mistreatment on the basis of actual or perceived sexual orientation, gender identity, or gender expression (“SOGIE”), complete with clear accountability mechanisms.
- Ensure that all youth, including LGBQ and transgender and gender-nonconforming (“TGNC”) youth, have access to trained and well-resourced juvenile defense counsel and

⁶ Hafeez H, Zeshan M, Tahir M A, et al. (April 20, 2017) Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus* 9(4): e1184. DOI 10.7759/cureus.1184

⁷ Kosciw, J. G., Greytak, E. A., Palmer, N. A., & Boesen, M. J. (2014). *The 2013 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools*. New York: GLSEN.

⁸ Suicide Prevention Resource Center. (2008). *Suicide risk and prevention for lesbian, gay, bisexual, and transgender youth*. Newton, MA: Education Development Center, Inc.

⁹ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

¹⁰ The Williams Institute Sexual & Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles (2014).

¹¹ Angela Irvine and Aisha Canfield, “LGBQ/GNCT Youth in the U.S. Justice System,” *Impact Justice*, 2016.

¹² Irvine, Angela Ph.D. and Canfield, Aisha M.P.P (2016) “The Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population,” *Journal of Gender, Social Policy & the Law*: Vol. 24: Iss. 2, Article 2.

¹³ LGBTQ Youth in the Child Welfare System, Movement Advancement Project, https://www.lgbtmap.org/file/LGBTQYouth_ChildWelfare.pdf

¹⁴ Federal Advisory Committee on Juvenile Justice- Recommendations of the LGBT Subcommittee, <https://facjj.ojp.gov/ojpasset/Documents/LGBT-Recommendations-Final-FACJJ.pdf>

child welfare advocates at the earliest possible and continuously through post-disposition and re-entry.

- Encourage all child welfare agencies to adopt and implement written policies that prohibit discrimination against and harassment of youth, staff and foster and adoptive families, ranging from physical violence to denial of services to the use of slurs, on the basis of actual or perceived sexual orientation, gender identity, gender expression or HIV status.

The Criminalization of LGBTQ Youth Engaged in Survival Sex

LGBTQ homeless youth are more likely to engage in survival sex and subsequently face emotional and mental trauma due to facing issues rooted in poverty, homophobia, transphobia, racism, and criminalization.¹⁵ These youth experience the combined trauma of discrimination associated with their LGBTQ identity, housing instability, police interaction and its associated harms, and the victimization involved with the trafficking itself. Once on the street, LGBTQ youth are criminalized by the system, wherein 70% of them reported having been arrested at least once and frequently for crimes other than prostitution crimes.¹⁶ Officers profile these youth and target them for being homeless and impoverished. For example, a vast majority of offenses or charges brought against LGBTQ youth were for actions like jumping the turnstile, trespassing, or marijuana possession- not for prostitution.¹⁷

Yet, these arrests perpetuate their need to engage in survival sex because of its effect on their ability to find stable housing and school, pay fines and surcharges, and find employment, especially if they ultimately become incarcerated.¹⁸ Consequently, they face unique health challenges as a result, including the physical trauma from daily mental and emotional abuse from trafficking, which results in depression and anxiety, substance abuse problems, physical and domestic violence, and exposure to a variety of communicable diseases.¹⁹

Thus, compounded by different factors like housing instability, poverty, histories of abuse, stigma and discrimination, and the need to engage in risky survival strategies, LGBTQ youth oftentimes require comprehensive and supportive medical care to treat physical and mental health issues.

Recommendations:²⁰

¹⁵ Dank, M., et al. (2015). *Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex*, Urban Institute.

¹⁶ Dank, M., et al. (2015). *Locked In: Interactions with the Criminal Justice and Child Welfare Systems for LGBTQ Youth, YMSM, and YWSW Who Engage in Survival Sex*

¹⁷ Ibid.

¹⁸ Dank, M., et al. (2015). *Locked In: Interactions with the Criminal Justice and Child Welfare Systems for LGBTQ Youth, YMSM, and YWSW Who Engage in Survival Sex*.

¹⁹ Martinez, O., & Kelle, G. (2013). Sex Trafficking of LGBT Individuals: A Call for Service Provision, Research, and Action. *The international law news*, 42(4), sex_trafficking_lgbt_individuals.

²⁰ Dank, M., et al. (2015). *Locked In: Interactions with the Criminal Justice and Child Welfare Systems for LGBTQ Youth, YMSM, and YWSW Who Engage in Survival Sex*

- Design law enforcement policies, training, and oversight and accountability measures to improve relationships with LGBTQ youth engaged in survival sex and decrease police misconduct.
- Create transparency, oversight, and accountability in law enforcement policies, practices, and operations targeting youth engaged in survival sex.
- End secure confinement and institutional placements of youth arrested on prostitution-related charges.

Affirming and Supportive Mental Health Care for all LGBTQ Youth

Mental Health Services Available to LGBTQ Youth

In recent years, New York City has increasingly prioritized the mental health needs of LGBTQ youth. For example, in 2018, First Lady Chirlane McCray announced a \$9.5 million dollar investment into a project called the *NYC Unity Project* that aims to prevent and address homelessness among LGBTQ youth in New York City.²¹ The project provides funding for many services that foster and protect LGBTQ youth's safety and overall well-being.²² For example, it funds the City's first ever youth shelter for people up to 24 years old.²³ Additionally, it ensures that every borough has a 24-hour youth drop-in center where LGBTQ youth can receive access to food, clothing, and immediate shelter as well as access to counseling and support services.²⁴

A portion of this massive undertaking specifically focuses on providing LGBTQ youth access to healthcare professionals who understand their unique mental and physical health needs.²⁵ For example, through the NYC Unity Project, 400 physicians and other clinicians in the Mental Health Service Corps have received LGBTQ cultural competency training through the ThriveNYC initiative in order to better treat youth who seek primary care and behavioral health services.²⁶ Moreover, staff at NYC Well, New York City's confidential helpline for mental health resources, now have access to a list of LGBTQ-knowledgeable providers.²⁷ The program also equips the City's mental health clinicians involved in preventative care with training programs provided by the New York City LGBT Community Center to help coach families in understanding and accepting youths' gender identities, gender expressions, and sexual orientations. In schools, the project helped established a network of 100 School Mental Health Consultants to meet the mental health needs of students in schools without on-site mental health services. Clearly, the project is aimed at giving LGBTQ youth

²¹ "First Lady Chirlane McCray Announces New \$9.5 Million Investment to Prevent and Address Homelessness Among Young LGBTQ New Yorkers," New York City Office of the Mayor, May 30, 2018.

²² Generation NYC, LGBTQ Youth- NYC Unity Project, <https://growingupnyc.cityofnewyork.us/generationnyc/topics/lgbtq/>

²³ List of Youth Residential Beds & Shelters, NYC Social Services Organizations, <https://nycsso.newmedialab.cuny.edu/services/youth-residential-beds/index.html>

²⁴ Borough-Based Drop-In Centers, NYC Department of Youth & Community Development, Runaway & Homeless Youth, <https://www1.nyc.gov/site/dycd/services/runaway-homeless-youth/borough-based-drop-in-centers.page>

²⁵ NYC Unity Project Report, 2017, <https://www1.nyc.gov/assets/home/downloads/pdf/reports/2017/nyc-unity-project.pdf>

²⁶ The Mental Health Service Corps Homepage, <http://www.hunter.cuny.edu/mental-health-services-corps>

²⁷ NYC Well Database for Behavioral Health And Substance Misuse Services, <https://nycwell.cityofnewyork.us/en/find-services/>

the opportunity to lead healthy lives; however, without follow-up studies and data, it is difficult to determine if these resources are successful.

New York City is also home to other mental health services beyond those supported by the NYC Unity Project. For instance, *The Door* is a federally- and state-funded organization that offers a wide range of services, including mental health counseling and crisis assistance for youth experiencing mental health challenges.²⁸ The *LGBT Community Center* is a privately-funded organization that offers short-term individual counseling and LGBT-friendly health referrals to help LGBTQ youth deal with mental health challenges related to anxiety, depression, eating disorders, and self-harming behavior.²⁹ Moreover, the *Callen-Lorde Community Health Center* is a not-for-profit organization that provides comprehensive care for individuals a part of the LGBTQ community, including a program directed at LGBTQ adolescents and young adults known as Health Outreach to Teens (“HOTT”) that provide individual counseling and crisis intervention.³⁰ Callen-Lorde also has a mobile medical unit that provides crisis counseling, among other medical services, to LGBTQ youth outside of traditional healthcare settings.

Apart from these organizations, the City is also home to many private mental health care providers who offer counseling for LGBTQ youth. Yet, many LGBTQ youth have difficulty finding an inclusive and accepting healthcare environment. They may avoid seeking care due to fear of discrimination, while transgender youth in particular face the added burden of finding providers with sufficient knowledge, competence, and experience to affirm their gender identity. Negative encounters with any staff in these environments may deter LGBTQ youth from seeking care again or disclosing their private information in the first place. Consequently, LGBTQ youth need access to affirming healthcare environments.

Recommendations:

- Review private providers’ policies and practices, especially those that are receiving funding from the City, to ensure they are delivering quality and affirmative care to LGBTQ youth.
- Fund training that educates mental health providers about different traumas associated with experiences of being LGBTQ-identified, including crisis and trauma management training.
- Promote services that are accessible via public transportation and feature expanded hours during evenings and weekends.

Addressing LGBTQ Youth Homelessness and Mental Health Needs of Youth Experiencing Homelessness

Ending LGBTQ Youth Homelessness

Today in New York City, there are about 4,500 youth experiencing homelessness; these youth are overwhelmingly people of color (95%) and disproportionately identify as part of the LGBTQ

²⁸ The Door, Counseling, <https://door.org/programs-services/counseling/>

²⁹ The Center, About Health, Counseling & Mental Health, <https://gaycenter.org/recovery-health/health/#mental-health>

³⁰ Callen-Lorde Community Health Center, Health Outreach to Teens (HOTT), <https://callen-lorde.org/hott/>

community.³¹ Even though LGBTQ youth make up no more than 10% of youth as a whole, they comprise about 40% of homeless youth.³² Family rejection on the basis of sexual orientation or gender identity is the most frequently cited factor contributing to LGBTQ homelessness, with 46% of LGBTQ youth running away because of family rejection and 43% being forced out by their family.³³ LGBTQ youth who then experience this housing instability and homelessness are more likely to have major depressive episodes, exhibit suicidal ideation, and make at least one suicide attempt.³⁴ Thus, incumbent within the discussion of mental health services for LGBTQ youth is its connection to the problem of LGBTQ youth homelessness in the City.

In addition to monitoring and bolstering mental health services for LGBTQ youth, it is essential that the Council continue to evaluate the current system that addresses youth homelessness. Mayor Bill de Blasio began this work with a taskforce meant to prevent and end youth homelessness in the City.³⁵ From October through December of 2018, the taskforce commissioned a Youth Homelessness System Assessment for the City, conducted by Chapin Hall (an independent policy research center at the University of Chicago).³⁶ To provide a comprehensive picture of the system in place for youth experiencing homelessness in the City, the assessment utilized a mixed methods approach that included online surveys of community-based organizations, a review of administrative data, and focus groups of adult stakeholders as well as of diverse youth with lived experiences of homelessness.

The report makes clear two points: (1) that this is a period of energy and attention around addressing youth homelessness in New York City and across the nation (we should leverage the momentum) and (2) while the City has taken early steps to an effective response to the epidemic, the current youth homeless system “involves a largely fragmented array of very limited programs and services.”

Based on the assessment, the report recommended that City officials and organizations support efforts to:

- “Integrate screening and early identification processes for identifying youth at-risk for homelessness in key public systems, such as behavioral health systems, child welfare, justice systems, and education systems, along with processes for coordinating timely supports and services.

³¹ Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). A Youth Homelessness System Assessment for New York City. Chicago, IL: Chapin Hall at the University of Chicago.

³² “America’s Shame: 40% of Homeless Youth Are LGBT Kids,” The Williams Institute, UCLA School of Law, 2012, <https://williamsinstitute.law.ucla.edu/press/americas-shame-40-of-homeless-youth-are-lgbt-kids/>

³³ Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

³⁴ Keuroghlian, et al. (2014). *Out on the Street: A Public Health and Policy Agenda for Lesbian, Gay, Bisexual, and Transgender Youth Who Are Homeless*. DOI: 10.1037/h0098852.

³⁵ “De Blasio Administration Announces New Task Force to Prevent and End Youth Homelessness in New York City.” New York City Office of the Mayor. June 14, 2018.

³⁶ Morton, M. H., Kull, M. A., Chávez, R., Chrisler, A. J., Carreon, E., & Bishop, J. (2019). A Youth Homelessness System Assessment for New York City. Chicago, IL: Chapin Hall at the University of Chicago. https://www.chapinhall.org/wp-content/uploads/Report_A-Youth-Homelessness-System-Assessment-for-NYC_2019_FINAL.pdf

- Develop and evaluate follow-up (or ‘aftercare’) service models for youth following exits from shelters or housing programs.
- Identify which City agency/office is responsible for coordinating a collaborative, interagency system response to youth homelessness, and ensure that it has the authority, support, and resources it needs to do so effectively.”
 - Note, in this regard, employment of the NYC Interagency Coordinating Council (ICC) on Youth’s LGBTQ Youth Work Group may be useful in working with stakeholders within the current system to develop multi-level communication strategies to facilitate intake and service transfers to promote an effective and connected interagency system.

Additional Recommendations:³⁷

- Create a state entity- such as an Office of Homeless Youth Services- that focuses explicitly and solely on designing, implementing, and evaluating youth homelessness programs.
- Organize and maintain a self-governing Youth Action Board or Council to inform youth homelessness policies
- Require training about sexual orientation, gender identity and expression and issues specific to LGBTQ youth for staff working in runaway and homeless youth systems.

The Council Must Act to Help LGBTQ Youth

It remains evermore clear that there is always more to be done for our youth. Specifically, the Council should invest in efforts that encourage family acceptance of LGBTQ identities. More so, the Council should review and ensure that all mental health services available to LGBTQ are accessible and affirming. Lastly, the Council should also review the findings of the Youth Homelessness System Assessment and follow the recommendations provided in this report. As a whole, we all must work harder to better serve *all* youth in our City.

Respectfully submitted,
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³⁷ True Colors United, State Index on Youth Homelessness in New York (2018). Note that the recommendations are provided in the state context, back can be implemented in cities.



South Asian Youth Action

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Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing. I am Riti Sachdeva. For five years, I've worked at South Asian Youth Action, a CBO based in Queens that has been programming for twenty-two years. SAYA aims to foster a strong sense of belonging in youth and provide them with tools to thrive academically, professionally and personally.

As SAYA staff, I've developed and implemented programs and curricula around sexuality education and social and emotional skills within a race, class, gender, and sexuality framework. I've worked with youth at SAYA's Center in Elmhurst, Queens, as well as, five high schools in Queens and Brooklyn, and three middle schools in Queens. I've been the adult facilitator for the LGBTQ group at the Center and at Richmond Hill HS. Whether as part of a formal group or in one-on-one chats, I've had the privilege of being the confidant of a number of API LGBTQ+ youth who are in a process of understanding their own desires, practices and identity and in a process of testing out how the world would respond to these desires, practices, and identities.

Consistently, API LGBTQ+ youth share that they feel like they don't have a place at home. They're afraid to come out to their parents and their families for fear of rejection; for fear of being sent back to their home countries; for fear of being disowned. API LGBTQ+ youth have internal conflicts about disappointing their immigrant parents who have sacrificed so much for their children; they feel angry that their parents care more about what other people think than about their children's happiness; they feel guilty that they have a sexual or gender orientation that does not meet society's expectations; they feel frustrated about the culture of silence and shame; and they feel scared about being alone with these seemingly insurmountable thoughts and feelings.

These internal and external conflicts appear as symptoms like panic attacks, sleeplessness, absence from school, eating disorders, cutting, substance use and substance abuse, and high risk sexual activity like sex without condoms. These are the default coping mechanisms the youth resort to as a way to numb their pain and forget their isolation.

Professional counseling could be a way for youth to have the consistent support of understanding feelings, learning coping skills, and drawing strategies that they may not be able to find at home or school or even in the CBO's that they are a part of. However, the parental consent requirement to receive professional counseling is a deterrent for many youth under eighteen to receive the counseling that could help them with their mental health challenges. It's vital that they be able to access mental health care without parental consent (similar to the way that youth can access family planning options without parental consent) since their parents may be part or cause of their mental health distress.

Outside of the home, most schools and CBO's, who do not explicitly serve LGBTQ youth, have few staff that can use LGBTQ inclusive language. Furthermore, few staff have a framework for understanding how gender and heteronormativity make invisible LGBTQ youth's lived experiences and future ambitions. Often school and CBO staff don't even recognize bullying language and bullying behavior and so students become more isolated and more despondent about having any safe space or any sense of community. Funds for training staff at schools and CBO's is essential – that is training that has multiple levels, not just a one-shot deal, but trainings that build throughout the semester or school year and every year. Trainings that would imbed LGBTQ+ inclusive language, attitudes, and behaviors into the culture of the agencies and organizations.

In summary, my two suggestions are for you and your colleagues to consider the following barriers to API LGBTQ+ mental health and how allocation of funds may be directed to eliminating these barriers: 1) parental consent for access to professional counseling, and 2) lack of school and CBO staff cultural competency in supporting API LGBTQ+ youth.

Thank you for your time and attention today. The overlooked population of API LGBTQ+ youth has so much delight, creativity, and smarts to contribute to our world. It is our responsibility to support their mental health so they have the opportunities that are their right.

Riti Sachdeva
Young Women's Leadership Program Manager
South Asian Youth Action (SAYA)



Asian American Federation

Testimony for New York City Council Oversight Hearing on Mental Health Services for LGBTQ+ Youth

**Submitted to the New York City Council
Committee on Mental Health, Disabilities, and Addiction
June 19, 2019**

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing. I am Joo Han, Deputy Director at the Asian American Federation (AAF). AAF's mission is to raise the influence and well-being of the pan-Asian American community through research, policy advocacy, public awareness, and organizational development. We represent a network of nearly 70 member and partner agencies that support our community through their work in health & human services, education, economic development, civic participation, and social justice.

We are here today to highlight the mental health needs of what is perhaps one of the most overlooked and underserved populations in New York City – Asian American LGBTQ+ youth – in order to urge the City Council to prioritize their service needs.

According to a study conducted by Asian Americans/Pacific Islanders in Philanthropy (AAPIP), “approximately 25 percent of LGBTQ Asian American and Pacific Islander (AAPI) individuals experience psychological distress, at rates higher than any other group – straight or LGBTQ – and at rates more than four times higher than their straight AAPI counterparts.”¹ Additionally, AAF's 2017 report, *Overcoming Challenges to Mental Health Services for Asian New Yorkers*, cited that although a higher percentage of Asian American high school and college students report experiencing depressive symptoms compared to their White counterparts, Asian Americans are the least likely of groups to report, seek, and receive medical help for depressive symptoms due to a lack of knowledge, cultural stigma, insurance limits, and a dearth of linguistically and culturally competent service providers.²

When compounded by the stigma facing youth who identify as LGBTQ, Asian American LGBTQ+ youth are at great risk of having little to no access to mental health services that address their specific needs. Furthermore, our report found that because there are such limited mental health services for the pan-Asian American community to begin with, it is nearly impossible to find culturally competent specialists dealing with LGBTQ topics and challenges in the Asian community.

When we consider that suicide is the leading cause of death for Asian Americans ages 15-24 in New York State, we know there are potentially fatal consequences to ignoring the mental health

¹ https://aapip.org/sites/default/files/publication/files/lgbtq_aapi_funding_infographic_-_aapip.pdf

² AAF 2017 *Overcoming Challenges to Mental Health Services for Asian New Yorkers* (p. 1)

needs of Asian American LGBTQ+ youth. These youth often face homophobia and discrimination not only from the mainstream community but also from their own parents and families, who usually have little understanding and acceptance of LGBTQ identities.

In order to effectively serve Asian American LGBTQ+ youth and their families, we must invest in community education and culturally competent programs and services that support youth and their families by building mental health service capacity in Asian-serving nonprofits, creating support networks for Asian LGBTQ+ youth and parents, and developing tools to facilitate conversations about these sensitive issues.

RECOMMENDATIONS

We ask the City Council to make an initial investment of \$1 million in pan-Asian American nonprofit organizations to develop community-wide capacity in mental health services for LGBTQ+ youth and their families.

- **Develop a training program for Asian-led social service organizations** using models which integrate mental health concepts into existing youth programs or services. LGBTQ+ youth often feel more comfortable addressing their concerns in settings where queerness is already accepted.
- **Build out a network of accepting parents in the Asian American community** who can speak with youth and other parents about their experiences.
- **Create a network of clinical and non-clinical mental health service providers serving the Asian and LGBTQ+ communities in New York City** in order to share resources and knowledge about best practices and available services for Asian LGBTQ+ youth and their families.
- **Develop a shared database of mental health service providers that serve Asian American LGBTQ+ youth and their families.**
- **Provide cultural competency training for mainstream mental health service providers specializing in LGBTQ+ issues** to better address the unique needs of Asian American youth.

AAF plans to launch a program this year to enhance mental health services in the Asian community. We will take the lead on designing and implementing programs based on our research, which will help to reduce stigma and other barriers to mental health services, increase awareness of the mental health needs of Asian New Yorkers, which includes LGBTQ+ youth and their families, and foster greater collaboration between formal service systems and community resources to reach these individuals and their families.

We look forward to working with the City on how to address the mental health service needs of Asian New Yorkers, especially our LGBTQ+ youth and their families.

**Testimony for New York City Council Oversight Hearing on
Mental Health Services for LGBTQ+ Youth**

**Submitted to the New York City Council
Committee on Mental Health, Disabilities, and Addiction**

June 19, 2019

Thank you, Chair Diana Ayala and the Committee on Mental Health, Disabilities, and Addiction for convening this hearing. I am Aruna Rao, the mother of a young adult who identifies as queer and transgender, a member of the Steering Committee of API Rainbow Parents of PFLAG NYC, and founder of Desi Rainbow Parents & Allies, a national group of South Asian parents and allies dedicated to family acceptance of LGBTQ youth. I also have two decades of experience working as a mental health advocate for NAMI, the National Alliance on Mental Illness, where I developed programs for South Asians and other immigrant communities affected by mental illness.

Our mission is to raise awareness of the needs of Asian American LGBTQ youth, adults and their families, provide support and referrals, and promote family and community acceptance of API LGBTQ people. We represent individuals and families who live in New York City and surrounding areas. We run support groups and activities in Manhattan and Queens, and also provide one on one support for parents struggling to accept their LGBTQ children.

I am here today to address the mental health needs of the people we serve, informed by both my personal and professional background. My child Leela, who uses the pronouns they and them, has struggled with depression and anxiety caused by the experience of first having to hide their sexual orientation and gender identity from everyone, and then from struggling to receive affirming medical support and acceptance from the community. My child was lucky enough to have access to adequate mental health treatment and parents who learned how to support them, but many LGBTQ youth face tremendous obstacles which range from being forced to conversion therapy to becoming homeless. Their parents are also frequently dealing with trauma and rejection from their extended family and community. You have heard the statistics from the AAF representatives, so I would like to provide you with the grassroots perspective of someone who works within the community.

(Here are some stories I have encountered: a teenager who was outed to her parents, who made the decision to move out of state so that she would have to leave her girlfriend and network of support behind. A young man whose parents forced him into

conversion therapy when visiting family in India, where he was given shots of testosterone to “cure” him of being gay. A young transgender college student homeless and unable to pay their tuition when they came out to their parents. A child who attempts suicide rather than come out to their family. A mother full of fear that friends are influencing her child into “becoming queer.” Parents so ashamed that they are unable to face their extended family members at family events.)

Many of the people I encounter and provide support to need mental health services. Most of them will refuse to acknowledge that they need these services. They are dealing with stigma on multiple levels - from being LGBTQ, or from having an LGBTQ child, from having to admit that are experiencing mental health symptoms, from seeking help outside the family. Experiencing mental health issues is seen as shameful, as a sign of weakness or lack of strength and willpower. They don't trust the mental health system and believe that taking psychiatric medications is dangerous and detrimental to health. Most people only seek help in a crisis, where there is a breakdown of some sort, sometimes an attempt to harm oneself. Even if a crisis forced them to use mental health services, they may withdraw after the immediate situation is resolved, not returning for follow up. Of those who will agree to seek services, youth may be willing to see a mainstream provider, the majority of adults and immigrant parents will ask for a referral to a provider of their ethnicity. However, I am very cautious about ethnic matching while making referrals, because there is no guarantee that ethnically matched providers will be affirming of LGBTQ identities. Culturally competent treatment for API LGBTQ people does not mean just linguistic and ethnic matching, it means affirmation of all their intersecting identities.

Lastly, I would recommend that the City Council fund and support:

- Community-based organizations like API Rainbow Parents in our effort to create awareness about LGBTQ issues in the API community, and to erase the pervasive stigma and shame that surrounds sexual orientation and gender identity. Erasing this shame will make a big difference in the mental health repercussions from experiencing rejection and trauma. We need resources to conduct our outreach, and our parent volunteers need training, as well as technical and logistical support.
- Provide cultural competence training for mental health providers.
- Develop a database of competent mental health providers.

Thank you for your time and attention.



Oversight - Mental Health Services for LGBTQ+ Youth Hearing
NYC Council Committee on Mental Health, Disabilities & Addiction
Jointly with the Committee on Youth Services

Wednesday, June 19, 2019, 10 a.m., City Hall

Testimony presented by Alan Ross, Executive Director,
Samaritans Suicide Prevention Center, New York City

Samaritans Suicide Prevention Center—a member of the world's oldest and largest suicide prevention network with over 400 centers in 42 countries that operates NYC's 24-hour suicide prevention hotline—wants to thank Committee Chairs Ayala and Rose, their fellow Committee Members and staff for the opportunity to speak today.

The need to counter stigma and enhance access to mental health, suicide prevention and crisis response services for individuals who identify as lesbian, gay, bisexual, transgender, transsexual, two-spirit, intersex and queer is something at the heart of Samaritans work and mission.

As far back as 1985, at the height of the AIDS epidemic, Samaritans was collaborating with and providing education and training to the LGBTQ community, partnering with the Gay & Lesbian Anti-Violence Project, the Gay and Lesbian Switchboard, GMHC, Hetrick Martin and many others.

We learned a lot from the dedicated people working on the front lines of the LGBTQ community, as we would from our collaborations with those devoted to preventing suicide in the Hispanic community; the Asian community; among victims of bullying, violence and sexual assault; illegal immigrants; the homeless; veterans; and so many others.

Most of what Samaritans has learned in our over 35 years of providing suicide prevention and crisis response education and support services in NYC to close to 50,000 NYC guidance counselors, lay and professional health providers, hotline staff and first responders, you probably already know, but bears repeating here:

1. ***Nobody is one thing.*** People are complex, unique and multi-dimensional and do not fit in pre-determined categories. An individual having trouble coping with psychological problems might identify as “gay or lesbian or transgendered,” but he or she may also be Hispanic, have served in the military, have a family history of domestic violence, struggle with substance abuse, be unemployed, recently divorced, have abandonment issues and be completely unaware of their genetic predisposition towards depression.

“We murder when we dissect,” said Wordsworth, reminding us of the dangers of labeling people, which is at the heart of stigma.

2. ***People in distress will seek help in a way they are comfortable,*** you cannot dictate what services they will use; and they frequently eschew the forms of help they are directed to, especially those that are “official” or government-run. Research suggests as many as 75% of referrals given are never utilized by the people that receive them.

3. ***It does take a village.*** The more points of access, the more variation in the modalities and types of programs/services available, the more likely people who are resistant to seek help will be to consider trying something that might work for them. The highly successful US Air Force suicide prevention program points to the need for “Caring Community,” collaboration and integration of a cross-section of community non-profit, clinical, humanistic, spiritual and government programs working together to strengthen the safety net.

Clearly, there are no simple answers to reducing self-harming and suicidal behavior amongst individuals in the LGBTQ community. Samaritans experience tells us that the more diversified the types of support that are available and the more varied the groups and organizations that provide that care and support, the more effective we will be in reaching people where they are; of great importance with SAMHSA telling us that as many as 60% of the people who experience psychological disorders *never receive care*.

Break down the silos. Build community collaborations, partnerships and collective actions. Enhance access to and promotion of diverse resources. Develop and promote broad-based anti-stigma campaigns. Strengthen NYC’s safety net for those in need.

Samaritans is here to help any way we can.

Thank you.

Amit Paley
CEO and Executive Director, The Trevor Project
June 19, 2019

1. Opening

Greetings Council Members Ayala and Rose, and thank you to the Committee on Mental Health, Disabilities and Addictions and to the Committee on Youth Services for inviting The Trevor Project to testify in this important hearing on mental health services for LGBTQ youth.

2. Introduction

My name is Amit Paley, and I am honored to serve as CEO and Executive Director of The Trevor Project. The Trevor Project is the world's largest suicide prevention and crisis intervention organization for lesbian, gay, bisexual, transgender, queer, and questioning young people. We work to save young lives by providing support through free and confidential suicide prevention and crisis intervention programs: our 24/7 phone lifeline, chat, text and upcoming integrations with social media platforms. We also run TrevorSpace, the world's largest safe space social networking site for LGBTQ youth, and operate innovative education, research, and advocacy programs.

I know first-hand the needs of LGBTQ youth in New York, because I have also been a volunteer counselor for the past eight years answering calls on our 24/7 phone lifeline.

3. The Trevor Project in New York City

Suicide among LGBTQ youth is a public health crisis in New York City. Suicide is the second leading cause of death among young people between the ages of 10 and 24—and LGBTQ youth are at a significantly higher risk. Lesbian, gay, bisexual, and transgender youth are more than four times as likely to attempt suicide as their peers. In addition, nearly half of young transgender people have made a suicide attempt, many before age 25.

According to the 2015 Youth Risk Behavior Survey, almost 20 percent of LGBTQ youth in New York City attempted suicide in the previous year, compared with 6 percent of non-LGBTQ youth. And half of LGBTQ students reported depressive symptoms, such as sadness or hopelessness, for two weeks or more that interfered with their usual activities compared with a quarter of non-LGBTQ students.

Last year Trevor's phone, chat, and text services reached over 2,000 crisis contacts in New York City. But we estimate that 40,000 LGBTQ young people are in crisis in New York City every year. The New York State Office of Mental Health's suicide prevention plan has identified support entities like The

Trevor Project's crisis services as effective and cost-saving programs. An independent evaluation of our programs found that over 90% of suicidal youth are successfully de-escalated and sustain de-escalation even after our counselors support them.

4. Opportunity for New York City to Lead

In many ways, New York City is already a national leader in mental health for LGBTQ youth. We commend New York City Public Schools for their suicide prevention policies which equip school employees to address prevention, intervention, postvention, and high risk youth, including LGBTQ youth. The city's policy is a model that we encourage other schools across the state to follow, especially because our research has found that less than half of schools in the state have suicide prevention policies in place, and less than 10% address the needs of LGBTQ youth.

Under Speaker Corey Johnson's leadership, the City Council is investing more funds in programs that support LGBTQ youth mental health. Just this week, we learned that The Trevor Project will receive funding from the city for the second consecutive year. We are especially grateful to Speaker Johnson, Council Member Rivera, and Council Member Perkins for their support. With our FY19 funding from DOHMH and DYCD, we provided counseling to young people from New York City every day. Additionally, we are developing an online webinar on LGBTQ suicide prevention and distributing posters advertising our services to all public middle and high schools across the city. I'm happy to report that we are now in the process of sending 26,000 posters to 1,100 schools serving 677,000 students. For years to come, these students will know that The Trevor Project and the city are here to support them.

But there is much more the city can do. First, with The Trevor Project's current level of funding, we are only reaching 5% of the estimated 40,000 LGBTQ youth in crisis in New York City. We hope that next year the City Council will create a budget initiative dedicated to LGBTQ youth suicide prevention. This initiative would support The Trevor Project and other organizations doing critical work to save young lives in New York City. It would make New York City a model for cities across the country.

5. Thank You and Conclusion

Fifty years after Stonewall, this is an opportunity for New York City to continue to lead the nation in LGBTQ rights by creating an initiative dedicated to ending LGBTQ youth suicide. Thank you again to the Committee on Mental Health, Disabilities and Addictions and Committee on Youth Services for inviting The Trevor Project to be here today. Thank you for everything you are doing to support the wellbeing of LGBTQ youth in New York City. And finally, Happy Pride.

CALLEN-LORDE

**TESTIMONY BEFORE THE NEW YORK CITY COUNCIL'S
Committee on Mental Health, Developmental Disability, Alcoholism,
Substance Abuse and Disability Services
&
Committee on Youth Services**

June 19, 2019

By AJ Rubin-DeSimone

Good morning. Thank you for the opportunity to provide testimony to this committee in support of the mental health needs of our city's LGBTQ youth. My name is AJ Rubin-DeSimone, and I am the Manager for the Health Outreach to Teens – or HOTT – program at the Callen-Lorde Community Health Center. Callen-Lorde is a growing, federally-qualified health center (FQHC) with a mission to provide sensitive, quality health care and related services targeted to New York's lesbian, gay, bisexual, and transgender communities — in all their diversity — regardless of ability to pay.

The HOTT program is an important component of the work that is being done at Callen-Lorde Community Health Center. Last year, we saw over 1,500 young people from throughout New York City and the surrounding area. We offer adolescents and young adults, ages 13-24,

with a range of health services including primary care, sexual health services, dedicated case management, a mobile medical van that meets young people within their communities, and behavioral health services – encompassing psychiatry, short-term talk therapy, crisis intervention, and a host of other short and long-term modalities. Using a harm reduction approach, our behavioral health providers practice trauma-informed care with an intersectional understanding of the historical forces contributing to contemporary LGBTQ trauma and violence.

Culturally competent behavioral health services like ours can be effective in mitigating effects of homophobia and transphobia and improve overall health and mental health outcomes. While all youth share certain risk factors that can lead to adverse mental health outcomes – neglect, abuse, substance use, to name a few – LGBTQ youth carry a unique set of risk factors that intersect with these. A lack of institutional support at many levels, unsafe communities of residence, violence based in bias, and rejection from family all contribute to a very startling reality that the data has for so long confirmed. Just last week, the Trevor Project released the results of its National Survey on LGBTQ Youth Mental Health 2019, in which over 34,000 LGBTQ youth were asked about their experiences. A sampling of these results follows below:

- 71% reported discrimination based on either their gender identity or their sexual orientation
- 76% feel that current politics impact their mental health or sense of self
- 39% have seriously considered suicide over the past 12 months
 - This number is over 50% for transgender and non-binary youth

While statistics like these underscore the importance of programs like ours, the positive outcomes and individual achievements reached by our patient population better illustrate the

impact that behavioral health services can have on LGBTQ youth. For one patient, a transgender female, connecting to behavioral health in our program empowered her to overcome persistent and severe agoraphobia that was rooted in her fear of violence directed towards her. Another - a cisgender, gay man living with HIV - was able to process the ways in which the stigma of his sexual orientation and diagnosis were having a negative impact upon his life. And yet another patient - a latinx transgender woman - suffered from severe depression related to intermittent homelessness and burdensome youth-serving systems. For this patient, who first engaged through crisis intervention services, her behavioral health provider became her anchor as she successfully navigated through this very trying period in her life. In each of these cases, our providers employed a multitude of strategies to engage the patient, and each of these patients were able to successfully transition into adult medical care services upon discharge from adolescent care.

In accordance with our license as a DOH (Article 28) clinic, we provide psychotherapy services that are "short term and of limited duration, and provided incidental to general health care." Of the 1500 or so patients who received services from our program in 2018, just about 900 of them received primary care, making them eligible for our behavioral health services. Of those, 391 received these services. Thus, for every patient that we were able to provide behavioral health services, there were two for whom we potentially could not. We have a clear problem of access to care. Our talk therapy providers are over-budgeted and over-utilized, and our wait time to establish psychiatric care is approximately 73 days at the time of this writing. We are constantly exploring opportunities to expand our reach within the constraints of our

budget. We offer Dialectical Behavioral Therapy (DBT) group sessions, non-therapeutic peer groups, and are seeking to expand our mobile behavioral health services.

Finding innovative ways and sustainable funding sources to increase access to these life-altering services for those who need it the most should be a priority for those seeking to improve the mental health and well-being of our city's LGBTQ Youth. The numbers support this. The outcomes support this. As City Council members and decision makers you have the capacity to make decisions and take action. I implore you to support an increase in dedicated funding for behavioral health services for LGBTQ youth. Thank you again for your time today.

FOR MORE INFORMATION, PLEASE CONTACT ARUNA KRISHNAKUMAR, DIRECTOR OF THE HOTT PROGRAM, AT AKRISHNAKUMAR@CALLEN-LORDE.ORG OR KIMBERLEIGH J. SMITH, OUR SENIOR DIRECTOR FOR COMMUNITY HEALTH PLANNING AND POLICY, AT KSMITH@CALLEN-LORDE.ORG

TESTIMONY

Oversight- Mental Health Services for LGBTQ+ Youth

New York City Council
Diana Ayala, Chair, Committee on Mental Health, Disabilities, and Addiction
Deborah Rose, Chair, Committee on Youth Services

THE LEGAL AID SOCIETY
Juvenile Rights Practice
199 Water Street
New York, NY
10038

June 19, 2019

Presented by:
Anna Blondell,
Staff Attorney
Special Litigation and Law Reform Unit,
Juvenile Rights Practice

Introduction

The Legal Aid Society (LAS) welcomes this opportunity to testify before the New York City Council Committee on Mental Health, Disabilities, and Addiction and the Committee on Youth Services regarding mental health services for LGBTQ+ youth within the five boroughs. We thank Diana Ayala, Chair of the Committee on Mental Health, Disabilities and Addiction, as well as Deborah Rose, Chair of the Committee on Youth Services, for offering the opportunity to highlight some of the critical issues in this area.

About The Legal Aid Society

The Legal Aid Society, the nation's oldest and largest not-for-profit legal services organization, is more than a law firm for clients who cannot afford to pay for counsel. It is an indispensable component of the legal, social, and economic fabric of New York City – passionately advocating for low-income individuals and families across a variety of civil, criminal and juvenile rights matters, while also fighting for legal reform.

The Legal Aid Society operates three major practices — Civil, Criminal and Juvenile Rights Practice through a network of borough, neighborhood, and courthouse offices in 26 locations in New York City. With its annual caseload of more than 300,000 legal matters, The Legal Aid Society takes on more cases for more clients than any other legal services organization in the United States, and it brings a depth and breadth of perspective that is unmatched in the legal profession.

Legal Aid's Juvenile Rights Practice provides comprehensive representation as attorneys for children who appear before the New York City Family Court in abuse, neglect, juvenile delinquency, and other proceedings affecting children's rights and welfare. Last year, our staff represented approximately 34,000 children. Our perspective comes from daily contact with children and their families, and also from our frequent interactions with the courts, social service providers, and State and City agencies. The Society's Civil Practice provides free direct legal assistance in some 38,000 legal matters annually through a network of 10 neighborhood and courthouse-based offices in all five boroughs and 23 city-wide and specialized units, including a Homeless Rights Project. The LGBTQ+ Law and Policy Initiative works across all three of the Society's Practice areas - Civil, Criminal Defense, and Juvenile Rights, to increase LGBTQ+ cultural humility and improve legal and societal outcomes for LGBTQ+ New Yorkers through litigation and policy reform efforts. The Initiative's goal is to raise critical awareness of the systemic oppression that LGBTQ+ people, especially communities of color, experience within our legal system through the use of research, policy advocacy, impact litigation, community engagement and strategic communication, and internal diversity initiatives.

In addition to its individual representation, the Legal Aid Society also seeks to create broader, more powerful systemic change for society as a whole through its law reform representation. These

efforts have benefitted some two million low-income families and individuals in New York City and the landmark rulings in many of these cases have had a state-wide and national impact.

LGBTQ+ Youth

LGBTQ+ youth not only endure the typical struggles of adolescence, but also often experience chronic stress stemming from bias, harassment, and abuse on the basis of their gender identity or sexual orientation. These stressors can lead to a greater need for mental health services, both for the youth and for their families. Chronic stress often leads to higher levels of depression and anxiety, causing LGBTQ+ youth to have a higher risk of suicidal ideation and attempted suicide.¹ LGBTQ+ youth are particularly vulnerable to victimization in school, community, and institutional settings, as well as among their own family. This victimization can result in post-traumatic stress as well as other mental health conditions brought on by stress and rejection.²

Given their constellation of stressors and experiences, LGBTQ+ youth are overrepresented in the child welfare, juvenile justice, criminal justice and runaway and homeless youth systems, also known as “out-of-home care systems.”³ Transgender, gender-expansive, and gender-nonconforming youth are even more sharply overrepresented within these systems.⁴ LGBTQ+ youth enter these systems for a myriad of reasons; some of those youth come from families whose dysfunction is rooted in parental neglect that is unrelated to their gender identity or sexual preferences.⁵ However, LGBTQ+ youth are frequently placed in out-of-home settings after they are either removed from or ejected from their homes due to their LGBTQ+ identity.⁶

The Legal Aid Society represents these children in these various out-of-home care systems. We see many children who have been rejected by their families, and who have lacked access to meaningful reparative intervention while they were still in their home. Some children have been forced out of their homes by caretakers who are not able to accept the youth’s sexual or gender identity. Others have been placed into foster care because of bullying, abusive name calling, shaming, or pressure to conform that is inflicted by family members. Neglectful or abusive behavior by a caretaker or parent can escalate and lead to the initiation of a child protective case and Family Court involvement. Familial rejection can similarly increase youth involvement in juvenile justice, resulting in placement in detention because their parents are unwilling to take the children home. Other LGBTQ+ youth are criminalized for their survival behavior such as running away or surviving on

¹ Wilber, S., Ryan, C., & Marksamer, J. (2006) Best Practice Guidelines: Serving LGBT Youth in Out-Of-Home Care, Child Welfare League of America, p. 55. <https://familyproject.sfsu.edu/sites/default/files/bestpracticeslgbtyouth.pdf>

² Id. at 54.

³ Safe Havens: Closing the Gap Between Recommended Practice and Reality for Transgender and Gender-Expansive Youth in Out-of-Home Care. April 2017. https://www.lambdalegal.org/sites/default/files/publications/downloads/tgnc-policy-report_2017_final-web_05-02-17.pdf.

⁴ Id.

⁵ Wilber, S. et al. Best Practice Guidelines: Serving LGBT Youth, p. 3.

⁶ Id. See also, Ryan, C. & Diaz, R. (2005). Family Responses as a Source of Risk & Resiliency for LGBT Youth.

the streets after being ejected from their homes.

Given the many ways in which LGBTQ+ youth can come in contact with out-of-home care systems, and the need to prevent system involvement, where possible, NYC must provide a comprehensive array of mental health services for these children and their families.

Community/Home Based Services

Community and home based services are an essential part of a continuum of mental health services for LGBTQ+ young people and their families. Indeed, the lack of available or effective home-based interventions can lead to foster care placement. Community based services for youth should be offered to youth independently or jointly with families, and the process should be confidential. These services must be geographically, linguistically, and culturally accessible.⁷ Home-based services are particularly important to provide families with enhanced communication skills training, information regarding positive adolescent development, and should stress the importance of family acceptance of the youth's sexual orientation or gender identity.

Frustratingly, the array of effective home-based support services that could help families understand, support, and affirm LGBTQ+ young people in New York continues to be unduly limited. Even rejecting families have been found to express a desire to resolve family conflict related to their child's LGBTQ+ identity.⁸ These families are directly impacted by a lack of available home-based supports. We urge the City to invest in such programming.

There are additional steps that NYC could take to enhance the provision of services to LGBTQ+ youth and their families. These include encouraging mental health providers to have an LGBTQ unit or liaison, as many young people are not even willing to attend services because they fear discrimination; creating a media campaign to inform youth of the availability of culturally competent services, as many youth fear discrimination; the provision of more mobile crisis vans, which would help reduce police involvement, particularly benefitting LGBTQ+ youth of color in over-policed communities; and providing more funding for LGBTQ youth spaces and drop in centers.

LGBTQ+ Youth In ACS Custody

The Administration for Children's Services ("ACS") is responsible for the care of children in or at risk of placement in foster care across the city as well as those in the juvenile justice system. Twelve percent of children in foster care identify as transgender or gender non-conforming.⁹ As a result, it

⁷ Lay, J. & Lewis, K. (2018) National Health Law Program, Children's Mental Health Services: The Right to Community-Based Care.

⁸ Wilberg, S. et al. Best Practice Guidelines: Serving LGBT Youth, p. 18.

⁹ Wilber, S. & Szanyi, J. (2019) Model Policy: Transgender, Gender Nonconforming, and Intersex Youth in Confinement Facilities, National Center for Lesbian Rights and Center for Children's Law and Policy.

is critical that ACS provide culturally competent and affirming training for parents, caregivers, family supports, foster parents, and staff at congregate care and juvenile justice facilities.¹⁰

Staff in charge of children placed in a variety of foster care settings, from group homes to congregate care to youth justice settings, must receive comprehensive, thoughtful and continuous training in order to be able to protect the mental health and well-being of these children entrusted to the care of the state. These trainings should include how to treat Transgender and Gender-nonconforming and Intersex (“TGNCI”) youth equitably and with respect¹¹, how to avoid misnaming and misgendering, and how to conscientiously engage children within this population.

Youth should receive comprehensive mental health screenings upon placement in foster care, administered by personnel who are been trained in conducting interviews with youth about sexual orientation and gender identity, and if mental health services are necessary they should only be provided by mental health professionals who offer gender-affirming mental health services.¹² Facilities responsible for housing children involved in the juvenile justice or child protective systems should all have procedures for young people to submit confidential requests for consultation or counseling related to gender identity, gender expression, intersex status, or gender transition from mental health personnel.¹³

Out of home placements disrupt mental health and educational services. Like all children who enter foster care, LGBTQ+ youth are at risk of having their medication management, weekly therapy, or psychotherapeutic treatment disrupted upon an initial and sudden placement into foster care. Many of our clients who have built affirming and long-term relationships with mental health providers suddenly find themselves cut off from those services at the time when they would be most critical in maintaining stability. It is critical for ACS to create a system for continuity of mental health treatment and services, as placement into foster care and alienation from family and community are themselves triggers for mental instability and trauma.

Unfortunately, LGBTQ+ youth in care can experience harassment, rejection, and bias which also negatively impacts their mental health, and can lead to major depression, suicide attempts, and other modes of self-harm. Without the proper supports and an affirming environment, LGBTQ+ youth can find themselves hospitalized, or moved through a series of foster home placements or into more restrictive, congregate care facilities. Youth placed in out-of-home care settings should be placed in settings according to their self-identified gender. Placing trans youth in settings solely on the basis of

¹⁰ Id.

¹¹ Id.

¹² Id. at 18.

¹³ Id.

their biological gender can create a host of mental health issues such as suicidal ideation, depression, and gender dysphoria.¹⁴

As for all youth, when looking for placements, ACS and provider agencies must ensure that LGBTQ+ youth are provided with the most home-like setting possible, and are not institutionalized due to the lack of available affirming foster home placements. The lack of beds in an appropriate placement can lead to “disastrous results,” for LGBTQ+ youth.¹⁵ Our clients have often been forced to stay in temporary shelter placements, sometimes for months, while ACS attempted to locate an affirming and appropriate foster home. Other clients have been placed in more restrictive placements than is necessary or indicated, simply due to a shortage of affirming foster homes within the five boroughs.

In order to ensure that youth are afforded the most home-like setting possible, ACS and provider agencies must employ targeted recruitment to recruit caregivers (LGBTQ+ or allies), who would be able to best care for LGBTQ+ youth.¹⁶ Furthermore, all foster parents should be required to participate in Sexual Orientation, Gender Identity and Expression (SOGIE) training. Our clients’ have experienced bias from otherwise well-intentioned and welcoming foster parents who have (perhaps unintentionally) required them to share rooms with children of an inappropriate gender, pressured them to conform to a specific identity or called them by the wrong name or gender. Without proper preparation and ongoing training, foster parents may be insensitive and alienate the young person in their care.

Many LGBTQ+ youth in congregate care settings report facing bullying, rejection, physical and verbal assault by peers and staff, on the basis of their sexual or gender identity. The physical assaults have at times been severe, with our clients suffering scratches, bruises, and black eyes, and requiring heightened supervision and surveillance because of the concern for their safety. They have also been targeted as the victims of crimes, including sexual assault, physical assault, and theft. Expanding the options for truly affirming foster homes and congregate care settings would go a significant distance towards minimizing the trauma and harms of placement.

If a determination is made that a client must be placed in a congregate care setting, there are a very limited number of beds in LGBTQ+ group homes. As many of our clients have reported feeling uniquely supported and understood in spaces that actively affirm their identities, as well as specialized congregate settings for LGBTQ+ youth, we are asking for an expansion of placement

¹⁴ Id. “Gender dysphoria refers to the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/ or surgery are not available. The current term is more descriptive than the previous DSM-IV term gender identity disorder and focuses on dysphoria as the clinical problem, not identity per se.” Am. Psychiatric Ass’n, Diagnostic and Statistical Manual of Mental Disorders 451 (5th ed. 2015).

¹⁵ Wilber, S. et al. Best Practice Guidelines: Serving LGBT Youth, p. 43.

¹⁶ Id. at p. 42.

options for LGBTQ+ youth. Young people can thrive in a setting where the staff are trained in thoughtful, reflective, respectful language and methods for engaging LGBTQ+ youth. Clients often desire the anonymity provided by certain organizations – the ability to come as they are, without parental consent, permission or, in some cases, knowledge, and the assurance of confidentiality – which serves as a foundation for successful casework.

Eventually, all children are discharged from foster care, either because they return to their families, achieve permanency through another placement, or age out of care. Similarly, all children eventually exit the juvenile justice system and return to their communities. Isolation from community and an absence of family support can often lead to homelessness, which in turn can steer children towards a variety of high-risk behaviors, such as involvement with the juvenile or criminal justice systems, or involvement with the street economy and sexual exploitation.¹⁷ Aftercare and transitional services for LGBTQ+ youth are critical to returning youth to a supportive community that can act as a buffer against further contact with the criminal justice system, homelessness, or mental health issues.¹⁸

Runaway and Homeless Youth (RHY)

LGBTQ+ youth comprise a large portion of the RHY shelter system. RHY are generally defined as unaccompanied young people who have run away or been forced to leave home and now reside in temporary situations, places not otherwise intended for habitation, or emergency shelters. The federal Runaway and Homeless Youth Act defines the population as being between 12 and 24 years of age. As of April 2017, New York State redefined RHY to be anyone under the age of 25 years. The National Alliance to End Homelessness estimates that between 1.3 to 1.7 million youth experience one night of homelessness within a year, with over half a million experiencing homelessness for a week or longer.¹⁹ Looking at this another way, one in ten young adults between the ages of 18 and 25 experience some form of homelessness in the course of a year.²⁰

As is the case with so many other marginalized and system-involved populations we work with, youth of color and LGBTQ+/TGNCI youth are vastly overrepresented in the RHY population. In fact, LGBTQ+ youth are at more than double the risk of homelessness compared to non-LGBTQ+

¹⁷ Dank, M., et al. The Urban Institute, Surviving the Streets of New York: Experiences of LGBTQ Youth, YMSM, and YWSW Engaged in Survival Sex, February 2015; Youth Justice Board, Center for Court Innovation, Homeless Not Hopeless: A Report on Homeless Youth and the Justice System in New York City, June, 2017.

¹⁸ Wilber, S. et al. Best Practice Guidelines: Serving LGBT Youth, p. 22.

¹⁹ National Alliance to End Homelessness. (2012) An Emerging Framework for Ending Unaccompanied Youth Homelessness NAEH typology.

²⁰ Morton, M.H., Dworsky, A., & Samuels, G.M. (2017). Missed opportunities: Youth homelessness in America. National estimates. Chicago, IL: Chapin Hall at the University of Chicago. Page 5. <http://voicesofyouthcount.org/wp-content/uploads/2017/11/VoYC-National-Estimates-Brief-Chapin-Hall-2017.pdf>

peers.²¹ Recent research has shown that this increased risk is often tied to “coming out” to their family, but often does not occur in the immediate aftermath but “as the result of family instability and frayed relationships over time.”²² Moreover, the lack of safe spaces in their communities also prevents young LGBTQ+ folks from engaging in services that would otherwise help mitigate the deterioration of familial relationships and prevent homelessness.²³

RHY experience harm that negatively impacts their health. The National Network for Youth’s report on “Consequences of Youth Homelessness” details the myriad harms that confront all RHY, including increased mental health problems and trauma, substance use, exposure to victimization and criminal activity, and unsafe sex practices.²⁴ However, while all youth experiencing homelessness for even a short time face increased adversity, trauma and risk of harm, LGBTQ+ youth reported more physical harm compared to their non-LGBTQ+ peers in addition to higher levels of discrimination both within and outside of their families, being forced to have sex or engaging in sex work to satisfy basic needs such as food and shelter.²⁵ These youth are also more likely to harm themselves and are at risk for early death.²⁶ As class counsel for RHY in a lawsuit against New York City, attorneys and staff at The Legal Aid Society have first-hand exposure to these trends in the stories we hear every week from our young clients who are experiencing homelessness.

The Department of Youth and Community Development (DYCD) has been designated the county youth bureau for New York City and is responsible for serving RHY under the NYRHYA.²⁷ Outcomes for many homeless youth improve with increased access to youth-specific shelters and services. This was proven in a groundbreaking white paper released by the Center for Drug Use and HIV Research at New York University’s Rory Meyers College of Nursing in collaboration with the Coalition for Homeless Youth. One of the most significant findings of the study is that high quality RHY programs not only meet basic requirements, but “address higher order relational, psychological, and motivational needs... fostering a sense of resilience among RHY” and providing long-term benefits to a youth’s functioning.²⁸ In short, well-funded, high quality RHY programs

²¹ Morton, M. H., Samuels, G. M., Dworsky, A., & Patel, S. (2018). Missed opportunities: LGBTQ youth homelessness in America. Chicago, IL: Chapin Hall at the University of Chicago. Page 3. <https://www.chapinhall.org/wp-content/uploads/VoYC-LGBTQ-Brief-FINAL.pdf>

²² Id at 3.

²³ Id.

²⁴ https://www.nn4youth.org/wp-content/uploads/IssueBrief_Youth_Homelessness.pdf

²⁵ Id.

²⁶ Id.

²⁷ The recently-enacted New York State budget for SFY 2018-19 included amendments to the NYRHYA that expand the age range for RHY services and youth-centered beds to 25 years old. The amendments will take effect January 1, 2018. (SFY 2018-19 Budget, Part M S2006-c/30060c; *see* https://www.budget.ny.gov/pubs/press/2017/pressRelease17_enactedPassage.html). Under the changes to the NYRHYA, municipalities are not mandated but can opt in to providing RHY services to youth up to age 25, but this change does reflect what youth, advocates, and providers have been saying here in NYC for years: there is an urgent need for youth specific shelters and services available to youth up to their 25th birthday.

²⁸ Id. at 16.

make a positive impact on a youth's ability to stabilize and successfully transition from crisis to independence. While more research is needed to evaluate the long-term benefits of RHY services, understanding that these programs make a proven difference to the youth they serve gives further support to why we continue to push for more youth-specific shelter beds and services.

Access to quality medical and mental health services can truly allow a client to transform their lives. Access to meaningful healthcare and related services for RHY is vital as it often has a direct impact upon the youth's ability to access services and housing to which they are entitled. For example, without a mental health evaluation, a RHY with significant mental health needs will be denied access to supportive housing. RHY service providers know too well how hard it is to get youth prepared for discharge, including obtaining required evaluations so that they may stabilize or even receive benefits. The Legal Aid Society testified in May 2017 about the new ThriveNYC initiatives that supported increased funding for mental health services within the RHY system. ThriveNYC's data underscores how childhood exposure to adverse events impacts lifetime chronic illness and mental health, and how LGBTQ+ youth experience twice as much bullying in school as cisgender youth. A myriad of risk factors impact a youth's ability to access stable housing, hold down a job or focus on school, which are three important components of a youth's path to stabilizing and eventually exiting shelter into the community. Before ThriveNYC's intervention on behalf of RHY and a recent influx of additional services from the Unity Project, RHY had little to no access to city-funded mental health services, and this lack of access exacerbated the difficulties they faced when engaging with the various City safety nets. These challenges can be overcome if the City agencies charged with providing benefits to RHY increased community and agency collaboration.

Further, despite the increase in funding for life-saving medical and mental health services for RHY, which finally allows for provider agencies to receive government funding, far too many RHY still utilize the City's emergency rooms for both physical and mental health needs. Even though access to mental health services has increased, almost all youth who are trying to transition into long-term housing need specific evaluations in order to receive services that will enable them to stabilize and access housing. At current funding levels, even the most competent or well-meaning RHY provider or mental health clinician cannot begin to address the need for the required evaluations, in addition to the long-term mental health needs of all RHY. Consequently, RHY may be denied needed housing and/or services because they lack access to mental health evaluations.

Significantly, the City has put forth more resources over the last few years to increase the number of beds that are available to youth experiencing homelessness, including the City Council's system-changing legislation. However, the need is great and there is more work to be done. Additional support for the spectrum of services for youth experiencing homelessness require would further support our LGBTQ+ youth and protect them from harm.

Conclusion

Thank you again to the Committees on Mental Health, Disabilities, and Addiction and Youth Services for looking closely at the intersection of mental health services and LGBTQ+ Youth within the five boroughs. We are happy to answer any questions.

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550 Tenth Avenue, New York, NY 10018 • 212-613-0300

Testimony to the New York City Council
Committee on Youth Services

June 19, 2019

Good afternoon. My name is John Sentigar and I am a member of the advocacy team at Covenant House New York, where we serve runaway and homeless youth, ages 16 to 24. I would like to thank the Committee on Youth Services, and Chairwoman Rose for the opportunity to testify today.

Covenant House New York (CHNY) is the nation's largest, non-profit adolescent care agency serving homeless, runaway and trafficked youth. During this past year, CHNY served over 2,000 young people in our residential programs, and through our drop-in center and street outreach efforts. On a nightly basis, we provide shelter to approximately 200 young people, including pregnant women and mothers with their children, LGBTQ+ youth, and commercially sexually exploited youth and trafficking survivors. Our youth are primarily people of color and over a third of our youth have spent time in the foster care system. Many of our youth have experienced abuse or neglect at the hands of parents or other caregivers, and a disproportionately high percentage of our youth struggle with the pervasive impacts of trauma, mental health issues, and substance abuse. We provide young people with food, shelter, clothing, medical care, mental health and substance abuse services, legal services, high school equivalency classes and other educational programs, and job-training programs. All of these services help young people overcome the trauma of abuse, homelessness, and exploitation and move toward stability.



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LGBTQ+ Youth Mental Health

CHNY is requesting assistance from the City Council to continue to support the enhancement of our mental health programs specifically tailored to the needs of LGBTQ+ youth experiencing homelessness. The statistics are widely known – LGBTQ+ youth are 120% more likely to experience homelessness than their peers who do not identify as such. At Covenant House New York, many young people who stay with us identify as LGBTQ+. In a recent survey conducted at CHNY, 29% of our young people stated that they identified as LGBTQ+. Furthermore, they often cite this as the reason for being kicked out or otherwise made to feel unwelcome and/or unsafe in their home and family origin. Because of this, it is critical that CHNY provide a Safe Space for those that are made to feel unwanted or unloved because of who they are. Your continued support will assist our LGBTQ+ youth to gain access to our emergency shelter, transitional housing, and wraparound services, including vital clinical treatment at our Mental Health Treatment Program. Treatment is provided in individual and group settings in a trauma-informed setting. We utilize top-tier evidence-based treatment models to achieve measureable results. Onsite, CHNY has a full-time psychiatrist who handles psychiatric assessments and oversees all clinical programming, including the implementation of treatment modalities including Motivational Interviewing (MI), Screening, Brief Intervention, and Referral to Treatment (SBIRT), and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), all of which have proven success in addressing behavioral health issues among high needs populations.



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Covenant House New York would like to thank the City Council and the Committee on Youth Services for its unwavering support in providing services for youth experiencing homelessness, and specifically those youth who identify as LGBTQ+. It is essential that we continue to foster a safe and loving environment for youth who have been made to feel that they don't belong – so they can thrive and fully realize their potential. Covenant House New York is a city leader in providing this environment, and additional support from the Council would enable us to grow our services to reach more vulnerable young people.



Testimony to the Committee on Mental Health, Disabilities, and Addiction Jointly with the
Committee on Youth Services -- June 19, 2019

Good morning, my name is Jeff DeRoche and I am the Director of Mental Health Services at The Door. We serve as a resource to LGBTQ youth in New York City and beyond, through targeted primary care, behavioral health, sexual health, career and education, legal, arts, and runaway and homeless youth services.

The mental health needs of LGBTQ youth are significant:

- It is estimated that **one out of every three** LGBTQ youth ages 16-20 has met the diagnostic criteria for a **mental health disorder** and/or **made a suicide attempt** in their lifetime.ⁱ LGBTQ youth are three times more likely to make a suicide attempt than their non-LGBTQ peers.ⁱⁱ
- Transgender, nonbinary, and gender-nonconforming youth are especially vulnerable. Recent research found a **40-60% rate of depression** and a 40% rate of attention deficit and anxiety disorders in this population.ⁱⁱⁱ

Having cited these important mental health statistics, we caution against over-medicalizing LGBTQ youth and thereby evading our collective responsibility for the social and environmental problems that significantly impact mental health and wellness. Like all marginalized people, LGBTQ young people deserve services that comprehend them for who they are and reach them in the ways that they need to be reached. This includes understanding their needs from a **minority stress perspective**, which comprehends stigma, prejudice, and other environmental factors as complex traumatic stressors impacting mental health outcomes.

LGBTQ young people face:



- Rejection by families, peers, educators, and elected officials – in fact, 40% of homeless youth report being LGBTQ.^{iv}
- Being three times more likely to be removed from families of origin and placed into group homes than non-LGBTQ peers.^v
- Being bullied, both on school property and electronically, at significantly higher rates than their peers.^{vi}
- Being disproportionately incarcerated, as compared to non-LGBTQ peers.^{vii}
- Being uncomfortable in health care environments and accessing them much less frequently than peers, reporting that ignorance on the part of medical providers is the most significant barrier to their engagement.^{viii ix}

In addition to culturally competent professional mental health and primary care services, LGBTQ youth need community-based interventions that allow for safe, affirmative socialization, identity development, self-advocacy, and leadership. These include:

- Targeted outreach, engagement, and educational efforts to increase family acceptance.
- Advocacy for increased research, policy, curricula, intervention, and community programming specific to LGBTQ people with intersectional identities that compound the minority stress they experience – this includes rigorous attention to how race, disability, socioeconomic status, and other factors can adversely impact outcomes for LGBTQ people of all ages.
- LGBTQ educational curricula in schools and community-based youth engagement settings.



- Anti-bullying policies and appropriate enforcement of those policies, in schools and community programs, supported by legislation.
- Rigorous and ongoing staff training in cultural competence and cultural humility, in medical and mental health environments, community settings, schools, and government agencies.
- LGBTQ youth leadership and advisory board opportunities in all service and public interest settings that engage with young people.

Thank you very much for your time today.

ⁱ Mustanski BS, Garofalo R, Emerson EM. Mental health disorders, psychological distress, and suicidality in a diverse sample of lesbian, gay, bisexual, and transgender youths. *Am J Public Health*. 2010 Dec; 100(12): 2426-32. Cited in Russell, S. T., & Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual review of clinical psychology*, 12, 465–487. doi:10.1146/annurev-clinpsy-021815-093153

ⁱⁱ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2011. *MMWR* 2018; 67(8): 26.

ⁱⁱⁱ Tracy A. Becerra-Culqui, Yuan Liu, Rebecca Nash, Lee Cromwell, W. Dana Flanders, Darios Getahun, Shawn V. Giammattei, Enid M. Hunkeler, Timothy L. Lash, Andrea Millman, Virginia P. Quinn, Brandi Robinson, Douglas Roblin, David E. Sandberg, Michael J. Silverberg, Vin Tangpricha and Michael Goodman. Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers. *Pediatrics* 2018;141; DOI: 10.1542/peds.2017-3845 originally published online April 16, 2018.

^{iv} Durso, L.E., & Gates, G.J. (2012). *Serving Our Youth: Findings from a National Survey of Service Providers Working with Lesbian, Gay, Bisexual, and Transgender Youth who are Homeless or At Risk of Becoming Homeless*. Los Angeles: The Williams Institute with True Colors Fund and The Palette Fund.

^v Irvine, Angela Ph.D. and Can eld, Aisha M.P.P (2016). Overrepresentation of Lesbian, Gay, Bisexual, Questioning, Gender Nonconforming and Transgender Youth Within the Child Welfare to Juvenile Justice Crossover Population," *Journal of Gender, Social Policy & the Law*: Vol. 24: Iss. 2, Article 2. Available at: <http://digitalcommons.wcl.american.edu/jgspl/vol24/iss2/2>



^{vi} Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance – United States, 2011. *MMWR* 2018; 67(8):17-18.

^{vii} Ibid

^{viii} G. Nicole Rider, Barbara J. McMorris, Amy L. Gower, Eli Coleman and Marla E. Eisenberg. Health and Care Utilization of Transgender and Gender Nonconforming Youth: A Population-Based Study. *Pediatrics* 2018; 141; DOI: 10.1542/peds.2017-1683 originally published online February 5, 2018.

^{ix} JD Safer, E Coleman, J Feldman et al. Barriers to healthcare for transgender individuals. *Curr Opin Endocrinol Diabetes Obes.* 2016;23(2):168–171pmid:26910276



**HAMILTON
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NYC's Committee on Mental Health, Disabilities, & Addictions and the Committee on Youth Services

"Oversight - Mental Health Services for LGBTQ+ Youth"

Joy Luangphaxay, LMSW

Assistant Executive Director of Behavioral Health

June 19, 2019

Good Afternoon- my name is Joy Luangphaxay. I am the Assistant Executive Director at Hamilton-Madison House. We are a non-profit settlement house located in the Lower East Side. We are also the largest outpatient behavioral health provider for Asian Americans on the East coast. Currently, we operate five mental health clinics, a Personalized Recovery Oriented Services program, and a Supportive Housing program for individuals with severe mental health issues in two locations, in Manhattan and Queens. Our staff are all bilingual and we provide services for the Chinese, Korean, Japanese, Cambodian, and Vietnamese community.

In the last decade, Asian Americans continue to be the one of the fastest growing population in the New York metropolitan area. In the past five years, we have seen an increase in referrals for psychiatric care for youths. Currently, in Hamilton-Madison House's mental health programs, 10% of our clients are the ages of 13- 21 years old and their mental health diagnoses range from depression, generalized anxiety, and adjustment disorder due to the external stressors of family obligations, academic pressures, and identity, particularly sexual identity. Many of the clients facing these difficulties and have reported suicide ideation due to their parents' lack of understanding their symptoms or their experiences. For example, we had a Chinese American high school student who was referred to our services for depression symptoms. His parents were immigrants from China. After many months in treatment, the client disclosed issues with struggling with sexual orientation to his therapist. His father's response was angry and confused. He requested the therapist to "re-orient" client's sexual orientation. Father was not receptive to the therapist's intervention and psycho-education, and client's treatment attendance started dropping. After numerous attempts to outreach to client and his family, the case was eventually prematurely terminated due to no response from the parents after the therapist declined to provide conversion therapy.

Unfortunately, we have many cases similar to this one, where a young person identifies their sexual orientation and the family members are not supportive and often angry. This leads to severe depressive symptoms and suicide ideations, often resulting in psychiatric interventions. We must provide vital services and resources targeting the LGBTQ and youth community and their family members to save their lives.

We are strongly urging the NYC's Committee on Mental Health, Disabilities, & Addictions and the Committee on Youth Services to not forget about this vulnerable population and address these growing issue and allocate the appropriate funding to increase mental health resources and services particularly for youth and the LGBTQ community.



Official Testimony for New York City Council Hearing

Oversight – Mental Health Services for LGBTQ+ Youth
Committee on Youth Services & Committee on Mental Health, Disabilities, & Addiction
Wednesday, June 19, 2019

Background

Community Healthcare Network (CHN) is pleased to submit testimony for the New York City Council's oversight hearing on Mental Health Services for LGBTQ+ Youth. CHN is a non-profit network of 14 Federally Qualified Health Centers, including two school-based health centers and a fleet of medical mobile vans. We provide affordable, integrated primary care, behavioral health, dental, and social services to over 85,000 New Yorkers annually in Manhattan, Queens, Brooklyn, and the Bronx. We turn no one away.

Since the late 1990s, CHN has provided affirming healthcare services to lesbian, gay, bisexual, transgender, and queer (LGBTQ+) individuals throughout New York City. These services span multiple disciplines and include high-quality behavioral health care for adults and children, network-wide. Our trained team of psychiatrists, psychiatric nurse practitioners, therapists and social workers work alongside our primary care providers to ensure that our patients are receiving care that will treat the mind as well as the body. For our LGBTQ+ identifying patients, our Sexual and Behavioral Health program (SBH) provides additional quality sexual health and mental health support services at no cost.

CHN's mission is grounded in the belief that all individuals have the right to comprehensive and culturally-informed care. As part of this mission, it is our duty to advocate for the rights and wellbeing of CHN patients. This includes the right to access mental health services for LGBTQ+ youth.

New York City has taken important steps in preserving and promoting this right, but there remain many gaps in care. Below, we outline several factors impacting mental health conditions among LGBTQ+ youth and offer recommendations for improving access to and quality of mental health services for this population.

Housing Insecurity

At CHN, we see high rates of housing insecurity and homelessness among LGBTQ+ youth who have been estranged from their families as a consequence of identity or other related factors. It has been

estimated that across the United States, approximately 40% of youth experiencing homelessness identify as LGBTQ+.¹ These experiences may lead to experiences of trauma, increasing one's likelihood for substance use, survival/transactional sex work, sexually-transmitted infections (STI), and unintended pregnancy, among other challenges.

The link between housing and mental health is well-documented in the literature.² LGBTQ+ youth who experience homelessness report greater rates of severe mental health disorders like depression, suicidality, and PTSD.³ Additionally, many LGBTQ+ individuals feel unsafe attending traditional homeless shelters due to fear of violence or harassment based on their identity. We encourage the City Council to consider additional policies that would increase access to safe, affordable, and affirming housing options for homeless and/or unstably housed youth throughout New York City.

Limited Insurance Access

At CHN, we frequently encounter patients who have limited or no health insurance. Many LGBTQ+ youth become estranged from their parents, resulting in lapses in insurance coverage; it is often difficult to regain insurance access on their own. We also see that ineligibility for Medicaid based on certain immigration statuses impacts insurance access for undocumented LGBTQ+ youth, leaving many without access to healthcare. The development of the NYC Care program is an important step towards ensuring coverage for New Yorkers who cannot afford or are ineligible for insurance. Nevertheless, we strongly urge the City to consider expanding the program to include FQHCs. FQHCs are integral to providing community-based care for low-income individuals, regardless of insurance status, and are trusted resources within their communities. Including FQHCs in the NYC Care program will increase access to direct health services for uninsured individuals – particularly uninsured, LGBTQ+ youth – in a trusted community setting. It is a miss by the Mayor's Office to neglect inclusion of FQHC's in the program.

Violations of the Federal Mental Health Parity and Addiction Equity Act and Timothy's Law in New York State also create challenges for LGBTQ+ youth seeking mental health care. Unlike standard medical services, behavioral health services are subject to a range of arbitrary rules created by insurance companies that limit access to treatment. Foremost among these obstacles is the lack of adequate behavioral health networks in many managed care plans. Additional barriers include restrictions on the number of reimbursable mental health visits a patient may submit claims for, burdensome prior authorization requests for various medications, and significantly higher co-pays for behavioral health

¹ "Serving Our Youth," The Williams Institute. July 2012. <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Durso-Gates-LGBT-Homeless-Youth-Survey-July-2012.pdf>

² A. Levitt, D. Culhane, J. DeGenova, P. et al., "Health and Social Characteristics of Homeless Adults in Manhattan Who Were Chronically or Not Chronically Unsheltered," *Psychiatric Services*, vol. 60, no. 7, 2009.

³ Rhoades, H., Rusow, J.A., Bond, D. et al. "Homelessness, Mental Health and Suicidality Among LGBTQ Youth Accessing Crisis Services," *Child Psychiatry Hum Dev* (2018) 49: 643

visits. We applaud the state's latest efforts to address parity violations⁴, but note that many incidences remain unaddressed, often deterring LGBTQ+ youth from seeking mental health care.

Critically, prior-authorization requirements for medication-assisted treatment (MAT) of substance use disorders (e.g. Suboxone, methadone), place additional unnecessary barriers to these life-saving treatments. We consistently see that some necessary behavioral health services and treatments are denied by insurers, claiming that they are not "medically necessary." We recommend that these prior-authorization requirements for medication-assisted treatment be removed to facilitate access to SUD treatment for LGBTQ+ youth experiencing opioid addiction.

In a similar vein, we see a different level of accountability for the efficacy of behavioral health services than standard medical treatment. More often than not, regulators want to see improvements in behavioral health outcomes before committing further resources (e.g. providers, funding) to treatment programs. This places a limit on the number of behavioral health visits available to patients, further constraining access to mental health services. While we would rarely see such limits placed on visits for medical services like diabetes management or oncology care, we regularly see this for mental health and substance use disorder (SUD) treatment.

Parental Consent Requirements

Currently, there is a lot of grey area around parental consent requirements for providing mental health services to minors. In a crisis situation, a provider can use their clinical judgement to determine that mental health services are needed to avoid harm. However, outside of emergency situations, parental consent requirements often restrict access to necessary behavioral support services for youth.

Existing regulations under New York State allow minors to receive family planning services (e.g. birth control, STI testing) without parental consent.⁵ CHN recommends that we move towards the direction of those changes, allowing access to certain mental health treatments without parental consent, to better serve LGBTQ+ youth with mental health conditions. Any policy changes would need to include outreach and education among youth communities to promote awareness of and engagement with these services.

Lack of Provider Training

There is still a general lack of knowledge, awareness, and understanding of LGBTQ+ populations – specifically transgender and gender non-conforming populations – among healthcare providers. For instance, when a transgender patient goes into a clinic, providers may automatically assume that the

⁴Director of Public Information New York, James Plastiras. "OMH and OASAS announce awards to help New Yorkers access insurance coverage for substance abuse and mental health disorders." January 10, 2019. <https://apps.cio.ny.gov/apps/mediaContact/public/view.cfm?parm=321B4D31-D066-742D-5354FA15CC001691>

⁵"Minors' Access to Contraceptive Services." Guttmacher Institute. June 03, 2019. <https://www.guttmacher.org/state-policy/explore/minors-access-contraceptive-services>.

Beth Wolff, LCSW
Director of Mental Health Services
The Ali Forney Center

Good morning chairs Ayala and Rose and committee members. I am Beth Wolff, the Director of Mental Health Services at The Ali Forney Center. On behalf of AFC and the LGBTQ homeless youth that we serve, I would like to thank you for the opportunity to testify today.

I am sure I do not need to tell these committee members that LGBTQ youth, when compared to their straight or cisgender counterparts, disproportionately experience trauma, depression, self harm, major mental illness such as schizophrenia, and suicidal ideation. This is significantly more pronounced for trans and gender non-conforming youth when compared to cisgender youth. In youth who have also been rejected from their home and families, such as the ones served by our agency, the disparity in mental health and wellness is truly staggering.

Over the past year, our agency has lost 500,000 dollars of federal funding for our mental health department. This has meant the loss of funding for three full time mental health professionals at The Ali Forney Center. At present, we have more than one hundred youth on our wait list to receive psychiatric evaluation. Our full time therapists are managing caseloads averaging 95 clients each. The need for more skilled, trained, trauma informed, and often most importantly, trans and queer competent and affirming mental health staff is palpable for our youth.

During my time providing and managing mental health services at The Ali Forney Center, I have realized the heartbreaking truth that my team and I are simply unable to fully meet the needs of the 1,800 homeless LGBTQ youth accessing our services each year. Young people who have somehow managed to overcome the stigma of engaging in mental healthcare, their fear of asking for help, of people in authority, of mental health care and psychiatry, of medication, and of discussing their feelings and trauma, and are able to say "I need therapy" or "I need to see a psychiatrist" are then being told they need to wait months to connect to these services.

What I have also learned is that our youth will wait. Queer homeless youth would rather delay their mental health care and healing (and often their progress toward stable housing) to ensure that the care they receive is with people they believe will understand and value them. The two major factors deterring LGBTQ youth, and especially trans youth who are people of color, from mental health engagement is 1) the pervasive stigma surrounding mental healthcare for this community, and 2) the anxiety associated with the anticipation of rejection and the belief they will not be understood.

The vast majority of mental health providers are white and cisgender. There is a deep need for therapists who are queer or trans people of color. Finding a trans therapist of color feels nearly impossible for adults who are able to pay out of pocket. For queer youth, the options are even further limited.

I ask you all, as members of these committees, to support the creation of programming that prioritizes, encourages, recruits, trains, and compensates trans people of color to enter the mental health field. With increased representation will come a decrease in stigma, an increase in engagement, and a deepening in the quality of care that is provided to our LGBTQ youth.

**THE COUNCIL
THE CITY OF NEW YORK**

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I represent: Hamilton-Madison House

Address: _____

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I represent: COMMUNITY HEALTHCARE NETWORK

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Name: BETH WOLFF

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I represent: The Trevor Project

Address: 393 Park Ave South

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I represent: DOHMH

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Name: Randy Scott, Asst Comm

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I represent: DyCD

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Name: JOHN SENTIGAR

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(PLEASE PRINT)

Name: JEFF DeRoche

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I represent: The Door

Address: 121 Ave of the Americas NYC

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Date: 6/19/19

(PLEASE PRINT)

Name: Kimberly Calero

Address: 80 Lafayette NY, NY 10013

I represent: Lambda Legal

Address: 120 Wall Street

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THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/19/19

(PLEASE PRINT)

Name: AJ Rubin-DeSimone

Address: _____

I represent: Callen-Lorde Community Health Ctr.

Address: 356 W 18th St 10011

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: June 19, 2019

(PLEASE PRINT)

Name: Sarah Bender

Address: _____

I represent: NYC Health + Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: June 19, 2019

(PLEASE PRINT)

Name: Rebecca Linn-Walton

Address: _____

I represent: NYC Health + Hospitals

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/19/19

(PLEASE PRINT)

Name: Alan Ross

Address: 324 E 9th St New York, NY 10003

I represent: The Samaritans of New York

Address: P.O. Box 1259 Madison Sq. Station New York, NY 10109

SUICIDE PREVENTION CENTER
Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ASTENKOWEN

Address: _____

I represent: NYC MAYOR'S OFFICE

Address: NYC UNITY PROJECT

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: 6/19/19

(PLEASE PRINT)

Name: Anna Blandell / Christine Bella

Address: 199 Waverly Street, 6th floor

I represent: Legal Aid Society

Address: _____

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: ARUNA RAO

Address: 3 RONEY RD, EDISON, NJ 08820

I represent: API RAINBOW PARENTS PFLAG

Address: PFLAG NYC, 136 E 25 ST, NY, NY

Please complete this card and return to the Sergeant-at-Arms

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Joo Han

Address: 120 Wall St, 9th Fl, NY, NY 10005

I represent: Asian American Federation

Address: Same as above

◆ Please complete this card and return to the Sergeant-at-Arms ◆

**THE COUNCIL
THE CITY OF NEW YORK**

Appearance Card

I intend to appear and speak on Int. No. _____ Res. No. _____

☐ in favor ☐ in opposition

Date: _____

(PLEASE PRINT)

Name: Riti Sachdeva 11201 BK

Address: 160 Schermerhorn St. ~~11373~~

I represent: South Asian Youth Action

Address: 5405 Seabury St Queens 11373

◆ Please complete this card and return to the Sergeant-at-Arms ◆