



Best Practices for TGNC Youth in Residential Care Settings in CA



Center for Diversity in Public Health Leadership Training at Kennedy Krieger Institute

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INTRODUCTION

- Trans and gender non-conforming (TGNC) youth are disproportionately represented when it comes to youth in residential care settings.
- Only 5-7% of youth in the United States are LGBT, yet they make up 25% of those in foster care and 20% of those in the juvenile justice system.
- TGNC youth are susceptible to higher rates of homelessness, discrimination, sexual violence, and exploitation.
- Many cases involving TGNC youth are complex care cases, meaning that they require more support than care placements may not be able to provide adequately.

OBJECTIVE

The objective of this project is to ensure that trans and gender non-conforming youth are able to access care and resources that are affirming and allow them to thrive within their placements. A secondary objective of this project is to identify and implement steps to remove barriers to care for this population.

PUBLIC HEALTH WHEEL



INVESTIGATION



POLICY DEVELOPMENT

- Focus groups
- Staff interviews

ASSESSMENT

- TGNC youth have higher rates of mental health problems (attention deficit, depression, suicidal ideation) than their non-TGNC peers.
- TGNC youth who experience rejection from their caretakers/family members are 8.4 times more likely to attempt suicide, 5.9 times more likely to report high depression levels, and 3.4 times more likely to use illegal drugs.
- These negative mental health outcomes above are linked to the minority stress model → homophobic stressors lead to poor health outcomes for LGBTQ+ youth.
- Many TGNC youth enter the residential care system due to familial rejection of their gender identity.
- Because of their gender identity, TGNC are more likely to face harassment within the child welfare system, which is often perpetrated by another child or staff members.
- The state also has specific policies that require that transgender youth in residential care settings are placed in settings that affirm their gender identities.
- The issues facing TGNC are intersectional as a disproportionate number of youth in residential care settings are youth of color

POLICY DEVELOPMENT

- Include gender identity in state definitions of sex and gender to expand legal protections for TGNC youth.
- Increase ongoing trainings among residential providers, health care workers, and mental health professionals to improve understanding of how to work with the TGNC population.
- Implement and assess programs designed to eliminate financial and systemic barriers to mental health care like insurance and financial cost.
- Increase support and therapy resources for origin families and foster families with TGNC youth.
- Expand the funding of local trans-led organizations that are doing critical work within the community by normalizing trans identities and creating a space for collective representation.
- Enact legislation that makes sexual orientation/gender identity a protected class in the juvenile system at the state level in CA
- Assist TGNC youth in finding resources for legal, social, and physical transition.
- Residential centers must provide TGNC youth with gender-affirming clothing. This is presently a requirement in California, but this must be expanded across the nation.
- Facilitate relationships between TGNC youth and residential providers through the implementation of queer-centric programming as well as unstructured gathers with youth.
- Encourage relationships among TGNC youth by leading group activities designed to foster community like the collective establishment of community guidelines.
- Promote trauma-informed care and narrative therapy as a non-pathologizing approach to mental health.
- Match TGNC youth with LGBT+/TGNC practitioners and therapists whenever possible.

ASSURANCE

- General practitioners are more likely to provide care to TGNC youth as all are not comfortable with accessing explicitly LGBTQ+ places
- Therapists that serve TGNC youth have found success in the narrative therapy modality which seeks to center an individual within the context of their environment through storytelling.
- TGNC youth report better mental health outcomes when placed in gender-affirming settings where staff respect their gender identities.

LESSONS LEARNED

- California is one of a few states that explicitly provides legal protection for TGNC youth under sexual orientation, gender identity/expression (SOGIE) in residential care and juvenile detention settings.
- TGNC youth often face systemic barriers that prevent them from developing into independent adults, including unstable housing situations and a lack of access to needed mental health resources
- Residential care providers must continually train their staff to best work with a TGNC population and connect them with the necessary resources to live independent and productive lives

ACKNOWLEDGEMENTS

I would like to thank Alexis Sanchez from the Sacramento LGBT Center, Ryan Tiêu Cîtlali from the Gender Health Center, and Ori Quesada from Side by Side for offering their perspective and expertise on serving trans and gender non-conforming youth

I would also like to thank the following at the Catalyst Center and the California Alliance of Child and Family Services for their support, wisdom, and guidance: Alex Volpe, Faith Pullido, Cornelle Jenkins, and Adrienne Shilton.

Finally, I thank the staff at RISE-UP and the UC Davis Mind Institute for giving me this opportunity.



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INTRODUCTION

- Trans and gender non-conforming (TGNC) youth are overrepresented within residential care settings.
- LGBTQ+ youth make up only 5-7% of the population but comprise 25% of the foster care system and 20% of the juvenile justice system.
- TGNC youth are more likely to have adverse childhood experiences than their cisgender counterparts and face higher rates of homelessness, discrimination, and sexual violence.

OBJECTIVE

- Ensuring that TGNC youth are able to access gender-affirming resources and care which will allow them to thrive within their placements.
- Identifying and removing current barriers to care for the TGNC population.

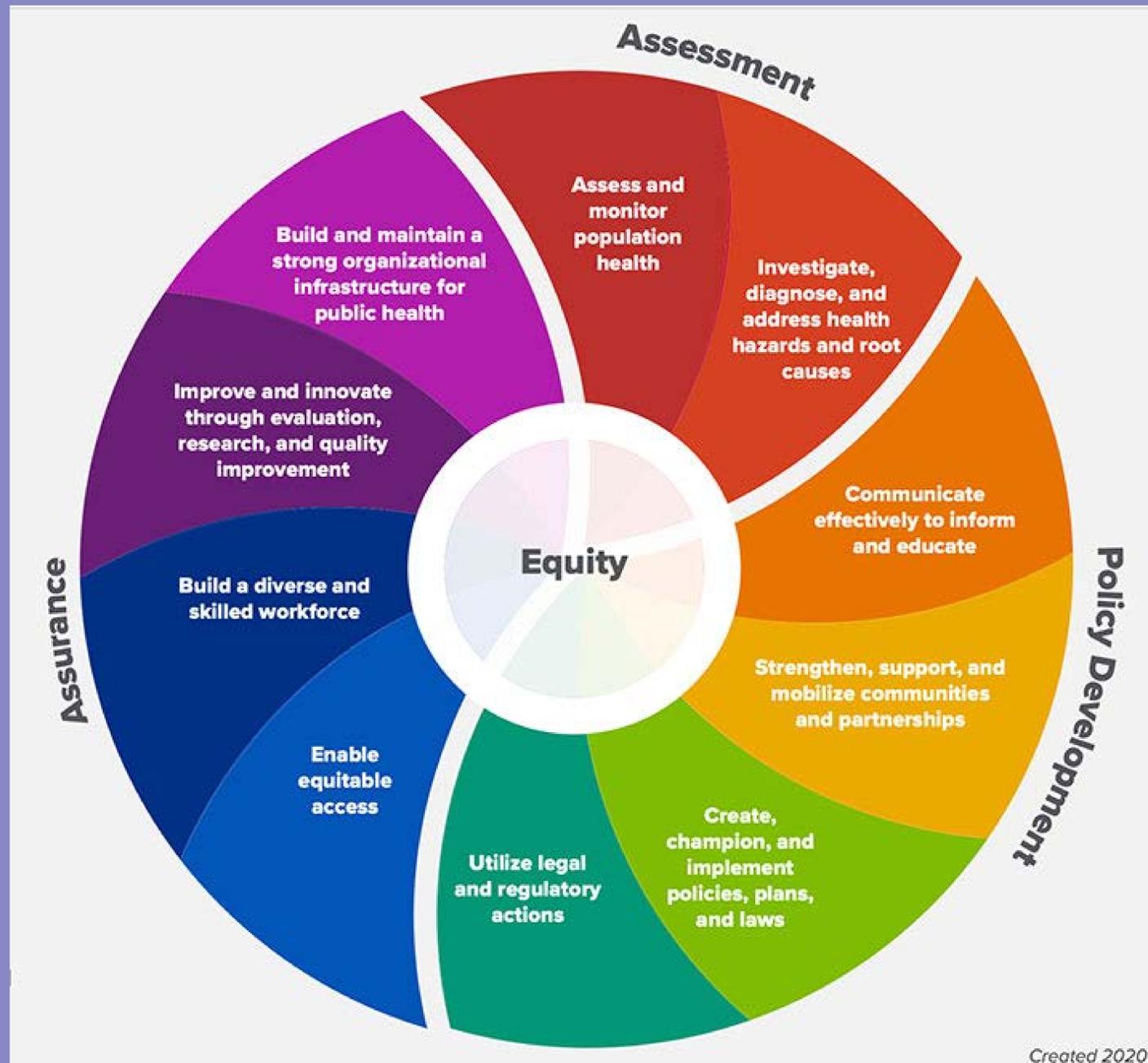
ASSESSMENT

- Minority stress theory: health outcome disparities in the LGBTQ+ community can be explained by the stressors associated with living in a homophobic society where one can face lifelong harassment and discrimination.
- TGNC youth have higher rates of mental health disorders (attention deficit, depression, suicidal ideation) than their cisgender peers, necessitating treatment from mental health providers.
- TGNC youth who face rejection from their caretakers/biological families are 8.4 times more likely to attempt suicide, 5.9 times more likely to report high levels of depression, and are 3.4 times more likely to use illegal drugs.
- Currently, CA policy requires that TGNC youth in residential care settings are placed with providers that are gender-affirming.

ASSURANCE

- General health practitioners are more likely to provide care to TGNC youth than LGBTQ+ organizations that provide medical treatment as not all youth are comfortable with accessing explicitly LGBTQ+ places.
- Therapists that work with TGNC youth report that a narrative therapy modality has been successful with their clients. Narrative therapy allows an individual to better understand their life within the context of the environment in which they live through storytelling.
- TGNC youth report better mental health outcomes when placed in settings that affirm their gender-identity.

PUBLIC HEALTH WHEEL



Assessment:

- Diagnosing and investigating through staff interviews and a focus group with TGNC youth in California

Policy Development:

- Informing, educating, and empowering through research
- Mobilizing community partnerships by opening up channels of communication

POLICY DEVELOPMENT

- Include gender identity in state definitions of sex and gender to expand legal protections for TGNC youth.
- Increase and develop **continual** trainings for residential care providers and healthcare professionals that will work with a TGNC population.
- Increase support and therapy resources for families of origin and foster families with TGNC youth.
- Implement and assess programs designed to eliminate barriers of care for the TGNC population.

LESSONS LEARNED

- California is one of the few states that explicitly provides legal protection for TGNC youth on the basis of sexual orientation and gender identity/expression.
- TGNC youth often face systemic barriers that prevent them from becoming independent adults such as housing insecurity and a lack of mental health resources.
- Residential care providers must continually provide training for their staff so they are best equipped at working with a TGNC youth population.