



Emerging Practices for Supporting LGBTQI+ Young People Across Human Services Programs

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KEY POINTS

- For young people (ages 10–24) who identify as lesbian, gay, bisexual, transgender, queer/questioning, or intersex (LGBTQI+), positive development is influenced by factors operating at multiple levels, including their communities, the organizations they interact with, their families, their individual identities, and the broader structural context.
- It is important for human services programs serving LGBTQI+ young people to consider how inequities at any or all of those levels can intersect and compound to raise barriers to young people’s health and well-being.
- Human services programs are employing practices at each of these levels to support LGBTQI+ young people’s positive development and advance equity. Key practices include:
 - Interfacing with communities to build capacity and bolster resources for young people
 - Hiring staff that share lived experiences with the young people they serve
 - Supporting families at various stages of acceptance
 - Building a network of supportive mentors and peers
 - Practicing harm reduction and centering relationships in delivering services
 - Meaningfully engaging young people in the design, delivery, and evaluation of programs

INTRODUCTION

Young people (ages 10–24) who identify as LGBTQI+ may face discrimination, family rejection, and an elevated risk of mental health challenges, suicidal ideation, substance use, housing instability, and economic insecurity.^{i,ii,iii} LGBTQI+ young people are also overrepresented in systems such as child welfare, juvenile justice,^{iv} and housing supports.^v They often face disparities related to sexually transmitted infections and other health issues.^{vi}

Positive development among LGBTQI+ young people is influenced by factors operating at multiple levels, including community resources and culture, organizational environments and services, family supports and connections, and the young person’s individual identities, circumstances, and preferences. Inequities at any or all of these levels can intersect and compound to raise barriers that keep young people from building affirming relationships, accessing needed services, and living healthy lives.

Structural factors, including laws, policies, and societal opinions or beliefs, shape how programs can operate and what young people’s lived experience and opportunities are.^{vii,viii,ix} Federal, state, and local policies and court decisions can impact access to programs and protections for LGBTQI+ people of all ages. For example, at the time of this writing, there is a wide variety of state legislation on whether youth can access gender-affirming health care, and some states leave open the possibility of conducting child welfare investigations into parents that seek this care for their children.^x

Policies can also enable or constrain the types of services and supports human services programs are able to provide to LGBTQI+ young people. For example, funding requirements sometimes mean programs cannot prioritize affirming services for LGBTQI+ young people, even when they are disproportionately represented in systems. Relatedly, many key institutions are designed without specific considerations for LGBTQI+ people and may overtly or covertly exclude or stigmatize them. For example, LGBTQI+ young people, especially those who have disabilities or who identify as Black, Indigenous, or Latino/a may experience disproportionate surveillance and policing in schools, pushing them into homelessness and the criminal legal system.^{xi,xii} Lastly, evidence suggests that societal biases, including racism, transphobia and homophobia, reflect and reinforce harmful policies.^{xiii,xiv}

To support positive development, it is important for human services programs¹ to attend to inequities at all levels by connecting LGBTQI+ young people and their families to resources in the community, strengthening networks of allies and supports, engaging with families at various stages of acceptance of their children’s identities, and affirming the many facets of young people’s identities.

This brief highlights emerging practices that human services agencies, programs, program staff, and leaders are using to support and meet the needs of LGBTQI+ young people and their families. It was developed in collaboration with a steering committee of five LGBTQI+ young adults with lived experience navigating human services programs. Although there may be policy-level barriers to providing care specific to LGBTQI+ young people, the focus of this brief is on what human services agencies, programs and providers are doing at the programmatic level to support LGBTQI+ young people’s health and well-being.

Methods

To understand emerging practices for serving LGBTQI+ young people across human services, the Emerging Practices for Supporting LGBTQI+ Young People Across Human Services Programs project activities included:

- **An environmental scan** of program websites and information to identify the types of services that human services programs are offering to LGBTQI+ young people and their families.
- **Key informant interviews** with young adults (ages 18–24), parents and caregivers, human services program staff, and staff who oversee programs at a federal level.² The interviewers asked about barriers LGBTQI+ young people and their families face in accessing services, and emerging strategies programs used to address (or prevent) these barriers and deliver affirming services.

The steering committee of young adults co-created project activities and deliverables at all stages of this work. They co-developed key informant interview guides, analyzed data from key informant interviews and the environmental scan, and helped identify key themes that informed this brief.

¹ This brief uses the term “human services programs” to refer to human services agencies and programs at the local, state, tribal, territorial, or federal government level, and private, or nonprofit organizations that serve young people, including but not limited to those involved in child welfare, juvenile justice, housing supports, and sexual health supports.

² See the appendix for more information about the methods.

Key terms

Intersectionality. A framework to describe how multiple facets of a person's identity (for example, sexual orientation and gender identity, race, disability status), along with their associated systems of biases and oppression (for example, heterosexism, racism, ableism), shape life experiences, health, and well-being.^{xv}

Positive youth development. An approach that engages youth in their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, uses, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support they need to build on their leadership strengths.^{xvi}

Prevention. Efforts to reduce risk factors and promote protective factors to ensure the well-being of children and families, lessen their need to be involved in human services systems, and avoid further harm.

FINDINGS

There are barriers to positive youth development for LGBTQI+ young people at several levels.

Factors at multiple levels can create barriers for young people, their families and caregivers, and the human services program staff who serve them. This section summarizes findings from the environmental scan and interviews with key informants, who described barriers operating at the following levels of influence: (1) community, (2) organization, and (3) family. At any or all of these levels of influence, LGBTQI+ youth may experience differential and unfair treatment based on their intersecting identities. It is important to note that factors at the individual level do not create barriers; instead, individuals must navigate the barriers they experience. Thus, human services programs are one link in the chain that can influence and buffer some of the challenges youth face.

Community-level barriers

LGBTQI+ young people may live in communities that are unsupportive of their identity. Studies suggest that LGBTQI+ people living in places with higher levels of homophobic and transphobic sentiment experience poorer mental health and greater suicidal ideation than those who live in areas with more welcoming and affirming cultural attitudes.^{xvii, xviii} Given the structural context, some communities can be unsafe places for LGBTQI+ young people, who may face homophobia, discrimination, and bullying from peers, in school, and in their broader communities. For young people of color or people whose social identities are also marginalized based on income, education, language, citizenship, ability, or other factors, these experiences can compound to amplify the risk of negative outcomes.

There is a lack of easy-to-find information about resources that exist in communities for LGBTQI+ young people and families. Key informants explained that LGBTQI+ young people and their families may not be aware of housing, mental health services, and legal services in the community or how to access them. This challenge can arise when programs have limited funding or capacity for outreach to LGBTQI+ young people about their programs and services.³ Transportation and cost pose additional barriers to some LGBTQI+ young people's

³ Smaller, community-based organizations, which may be best positioned to meet the needs of LGBTQI+ young people, may have less capacity to connect with key partners, navigate public and private grant processes, and be competitive in securing grant funding.

ability to access community resources, because they could also be navigating economic insecurity and housing instability.

Organization-level barriers

Human services providers and practices may be unwelcoming to LGBTQI+ young people and their families.

Human services providers (including program administrators, staff, receptionists, counselors, and volunteers) may not affirm LGBTQI+ young peoples' identities (for example, by not using their chosen name and pronouns). For LGBTQI+ young people with diverse identities—such as being Indigenous, a person of color, or a person with a disability—services may be experienced as particularly unwelcoming or harmful due to intersectional forms of stigma and discrimination. Organizational-level factors can also make young people feel unwelcome. For example, key informants explained that when paperwork is not inclusive of all gender identities, or when assignments into programs reflect sex assigned at birth and not gender identity, young people may feel invisible even if staff verbally affirm their identities. Program services and funding may not always be designed with these identities in mind.

Family-level barriers

Without family support, many young people do not have access to basic needs, including social needs. LGBTQI+ young people may not receive support from their families because their families reject their gender identity or sexual orientation. They may lose supportive relationships, be kicked out of their homes of origin, or leave because they feel unsafe. As a result, they can lose access to basic needs such as housing, food, or medical care. The need for these basic resources, in the absence of family support, may drive young people into human services or other systems.

Family rejection can limit young peoples' access to relationships that are essential for healthy development. LGBTQI+ young people who have experienced family rejection often enter systems with trauma that can make them distrust organizations. They may also be uncomfortable asking for help, which can limit their ability to make connections that promote their positive development. On the other hand, some LGBTQI+ young people using services may have families that are supportive of their LGBTQI+ identity. Human services providers offer services to young people with a range of family support. As a result, key informants emphasized how providers may face challenges to ensuring all LGBTQI+ young people feel supported, especially those experiencing lower levels of support from their families.

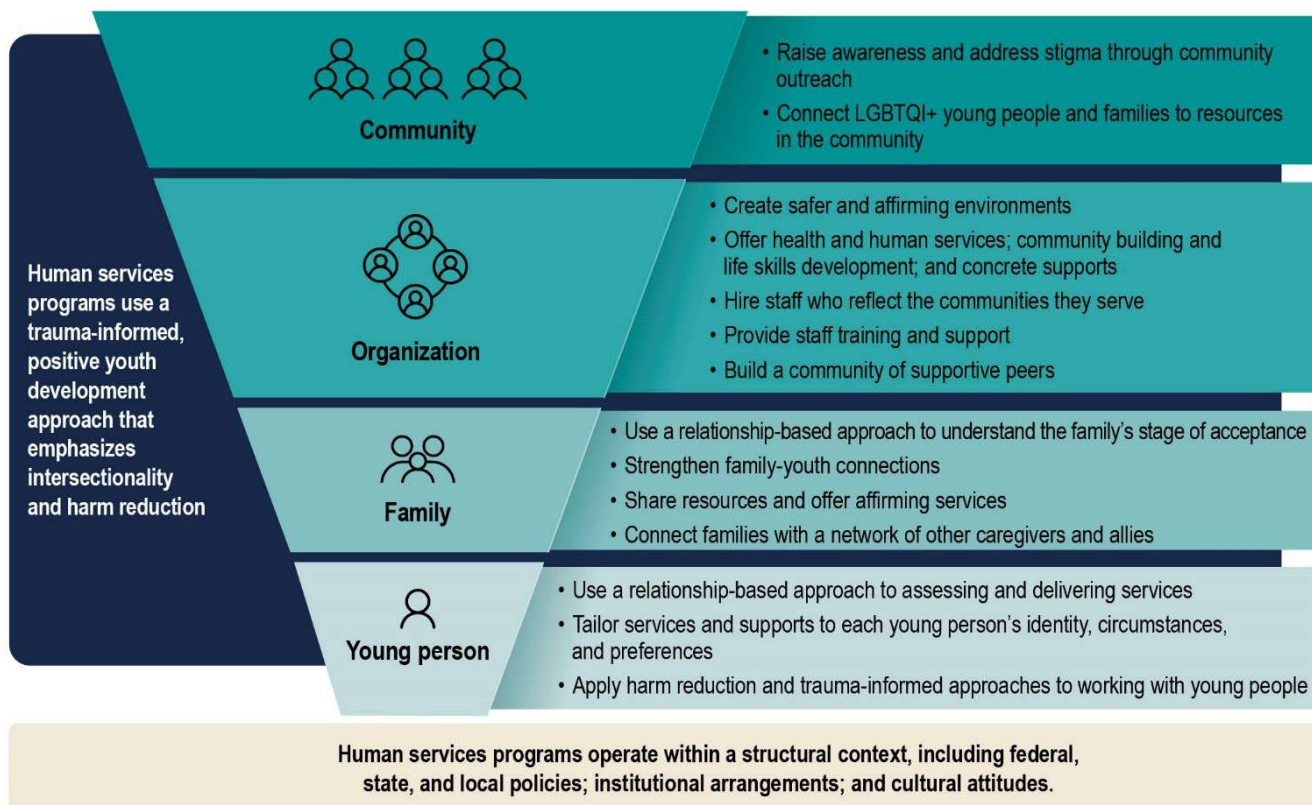
"It's important for the staff to check in on the client's mental health. Because mental health is really a big thing, not just [for] the LGBT community, but a lot of people. It's worse for the [LGBT] community because we're dealing with a portion of the world hating us for who we are. And on top of that, I'm Black and I identify [as LGBT]. I already have multiple parts of the world that hate me for who I am. So having staff check in on [me and what] I'm dealing with, that would be good. And also, just being there, actually being there and in the environment. Seeing the body language and what's going on."

— LGBTQI+ young person

Human services programs are implementing emerging practices to support LGBTQI+ young people and their families.

Human services programs support young people's positive development by working to overcome barriers and implement emerging practices at varying levels of influence. The following section describes emerging practices human services programs are using to support young people at four levels: (1) community, (2) organization, (3) family, and (4) young person. At different levels of influence, programs use a positive approach to youth development that is trauma informed and emphasizes intersectionality and reducing harm. Figure 1 maps emerging practices that human services programs use to support LGBTQI+ young people at different levels of the system. Although not every program uses all of these practices, the environmental scan and key informant interviews suggest that it is helpful to youth when they do.

Figure 1. Emerging practices for supporting LGBTQI+ young people across human services programs



Emerging practices human services programs use to engage communities

Raise awareness and address stigma through community outreach. Human services programs reported offering LGBTQI+ competency training for organizations, schools, churches, government agencies, and other members of the community to raise awareness about the diverse identities, strengths, assets, and needs of LGBTQI+ young people; strengthen community connections; and build a more affirming culture. By building the capacity of teachers, religious leaders, and other community members, programs help ensure that young people and families have better access to resources in their communities that could prevent them from entering human services systems. Programs identified in the environmental scan engage LGBTQI+ young people to directly support these efforts through youth advisory committees or other roles (such as co-designing outreach efforts and trainings). This approach can help LGBTQI+ people raise awareness in their communities and ensure that programs use youth-informed outreach strategies and trainings. It also helps youth build professional skill sets and expand their networks.

Connect LGBTQI+ young people and families to resources in the community. Through case management or navigation services and referrals, programs help connect LGBTQI+ young people to resources such as education, employment, and housing. Given that many LGBTQI+ young people experience compounding social risk factors, including interruptions in education, economic insecurity, and housing instability, these community connections can be instrumental in ensuring resilience and preventing harm. The programs also support positive youth development through an integrated, whole-person approach that encompasses understanding of the many social drivers of health.⁴ Moreover, programs are aware of available resources and

⁴ Social drivers of health encompass “structural discrimination which results in differences in social determinants of health (SDOH), health-related social needs (HRSN), access to care, and, finally, differential quality of care within the health care system.” Office of the Assistant Secretary for Planning and Evaluation. “Social Drivers of Health.” n.d. <https://aspe.hhs.gov/topics/health-health-care/social-drivers-health>. Accessed August 23, 2023.

work to connect young people with services that are safe and affirming for diverse identities, as well as connecting families with resources to understand and support their child's identity. Key informants noted that outreach strategies help ensure that young people know where to find affirming services. Example strategies include posting flyers, sharing information on Facebook or other social media groups, and hosting pop-up events that offer information and services.

Emerging practices human services programs use within their organizations

Create safer and affirming environments. Programs are implementing procedures and practices to create safe and affirming environments for young people. Key informants highlighted some examples including consistent use of pronouns, visual cues such as pride flags, and gender-neutral housing and bathrooms. These and other markers of support can help young people feel welcome and affirmed when they engage with services.

To support the growth of LGBTQI+ young people and improve services, programs provide opportunities for LGBTQI+ youth to participate in youth advisory boards, be hired as staff, or engage in other ways to co-design program activities with agency leadership and ensure young people's perspectives are meaningfully included in the design, delivery, and evaluation of programs. Additionally, programs are intentional about how to collect feedback from young people, either through satisfaction surveys or suggestion boxes that allow programs to use youth input to improve services.

Offer health and human services; community building and life skills development; and concrete supports. Box 1 presents the types of services identified in the environmental scan and key informant interviews that some human services programs provide to LGBTQI+ young people and their families. Human services available to young people and their families include case management, family supports, and legal services. Some programs offer temporary or long-term housing or housing referrals. Programs offer a variety of health and behavioral health services such as basic medical care, mental health services, and reproductive and sexual health services. They also collaborate with medical professionals to offer transgender and gender-affirming services. Key informants noted that it is important that mental health staff in particular are trained to treat experiences of trauma and the emotional dysregulation that can result from trauma.

Box 1. What services do programs offer to LGBTQI+ youth and their families?

Human services

- **Case management.** Connect youth to mental health, housing, and legal assistance services offered by partner organizations
- **Family supports.** Psychoeducation, information and resources, counseling, and peer support for caregivers at varying stages of acceptance
- **Housing services.** Temporary or long-term housing or referrals to housing services provided by other agencies
- **Legal services.** Documentation support, public benefits counseling, housing support, and civil expungement of criminal records

Health and behavioral health services

- **Medical care.** Primary care services and routine screenings
- **Mental health services.** Counseling and support groups
- **Sexual and reproductive health services.** Education, sexually transmitted disease/HIV testing and prevention, prevention resources such as condoms
- **Transgender and gender-affirming products and services.** Chest binders, underwear tuck kits, and other gender-affirming supplies; hormone replacement therapy and consultation or referral

Community building and life skills development

- **Peer support and community building.** Youth support groups and community-building events
- **Professional development.** Education, job training and assistance, youth leadership committees

Concrete supports

- **Tangible resources.** Food, showers, hygiene products, laundry, clothing, transportation

Programs also offer peer-to-peer support, through groups and pairing younger youth with older mentors. Community-building events like queer proms bring youth together to have fun, celebrate LGBTQI+ identities, and build connections with peers and program staff. Programs offer a range of professional development and leadership opportunities for youth to build skill and confidence. One particularly helpful life skill that some programs support is teaching young people to advocate for themselves within their communities. In addition, many programs provide concrete supports to meet young people's basic needs with tangible resources, including food, shelter, clothing, internet, and other supplies.

A key practice across the programs in the environmental scan and interviews was serving as a one-stop shop for young people to easily access multiple services and resources under one roof. This is helpful because young people may enter a program in need of housing, but stay for the community and skill-building opportunities. Creating a comfortable and welcoming space where young people can drop in any time to receive supports is a key practice for easing the burden of navigating services.

Hire staff who reflect the communities they serve. Intentional hiring practices ensure agencies have staff with lived experiences like those of the young people and families they serve. Key informants said that taking an intersectional approach to hiring allows programs to have staff that look like the communities they serve in terms of gender identity, sexual orientation, race, immigration status, and other identities and experiences. Key informants noted that young people may feel safer when staff reflect their identities in these or other ways. In fact, some programs hire staff who were program participants themselves.

Provide staff training and support. Although some program staff are knowledgeable about the unique needs of LGBTQI+ young people, many are not. Key informants highlighted that programs provide foundational training to staff about concepts of sexual orientation and gender identity, including the importance of using pronouns to affirm young people's identities. Some programs train with an intersectional and trauma-informed lens and teach harm reduction skills. Some programs train staff to understand the risk factors LGBTQI+ youth and those with other stigmatized identities may face. For instance, it is important for staff to understand the increased risk of suicide in LGBTQI+ young populations. Some programs have LGBTQI+ liaisons that support staff's ongoing learning about best practices with LGBTQI+ young people. Staff trainings have also included protocols to hold staff and young people accountable to address harm when it occurs.

Build a community of supportive peers. Programs offer peer support groups to bring together older and younger LGBTQI+ young people to form connections and foster a sense of belonging. Social events such as queer proms and creative events foster a sense of community and can help young people celebrate intersectional identities. For example, some programs identified in the environmental scan offer programming specifically for LGBTQI+ young people who experience marginalization based on race or other aspects of their identity.

Emerging practices human services programs use to engage families

Use a relationship-based approach to understand the family's stage of acceptance. Families may be at different stages of accepting their young person's identity. Some programs use a psycho-educational model⁵ to address

"We have dedicated translation services and training for staff. We see a lot of monolingual Spanish-speaking individuals, so we have monolingual case management in Spanish; we have services specifically for immigrant communities, including legal services. We have legal services as a big priority for immigrant populations ... We also have DEI support and training for staff and our clients, and we have trans policies and trans training for staffing clients. We are also a very diverse organization."

— Human services program leadership

⁵ One prominent intervention to engage parents at different stages of acceptance is the Family Acceptance Project.

misinformation, fear, and grief that families can struggle with. By using a relationship-based approach, program staff meet families where they are and tailor services accordingly. However, recognizing that some families are simply not amenable to change, other programs focus on building a “chosen family” of supportive adults and peers.

Strengthen family-youth connections. Programs offer education, counseling, and peer supports to help build acceptance and capacity among families and caregivers of LGBTQI+ young people. By strengthening family-youth connections, programs work to prevent youth from becoming involved in systems. These efforts can be critical to ensuring young people remain in their homes whenever it is safe to do so.

Share resources and offer affirming services. Families may seek therapy and resources, such as information about how to support transgender youth or about gender-affirming services in their communities. Some human services staff are equipped with a broad range of knowledge about how best to support diverse LGBTQI+ identities. They share fliers and contact information for resources in the community, and are available to meet with parents and caregivers as needed.

Connect families with a network of other caregivers and allies. Some programs provide peer mentorship opportunities and support groups for parents and caregivers of LGBTQI+ youth. These offerings can give parents a space to process their experiences and perspectives together with other parents with shared experiences. Key informants said these connections can help parents understand their child better and build their own affirming or supportive behavior. Program staff noted that sometimes parents come to the groups feeling resistant about accepting their children’s identities, but the group support and encouragement may help them become more open-minded and supportive.

Emerging practices human services programs use to engage individual LGBTQI+ young people

Use a relationship-based approach to assessing and delivering services. Supportive relationships between program staff and LGBTQI+ young people are an important foundation that allows staff to better understand young people’s needs and preferences and connect them with appropriate services. Because of the rejection that often precedes system involvement, these relationships with program staff or other caring adults have the power to help LGBTQI+ young people feel valued and supported. In addition, some programs have certified peer support specialists who are trained to listen and respond with compassion, selectively self-disclose to build connection, and may be adept at offering more tangible support than some professionals such as social workers or therapists without lived experience.

“They need more. They need the flag in the windows, they need someone to say and reassure them that this is a safe space, this is an affirming space, and it’s okay to be gay and who you are ... [The youth] feel like there’s so many people that are so negative and so many prepared speeches of it being a ‘sensitive’ topic. They want leaders and community members saying ‘We are here, for you, specifically.’”

— Parent of a LGBTQI+ young person

Tailor services and supports to each young person’s identity, circumstances, and preferences. Programs recognize the importance of listening to and engaging with young people to understand their experiences and what is helpful for them. Not all young people who identify as LGBTQI+ are the same, and program staff make it a priority to learn from young people about what they want to discuss and how they identify. Examples include following young people’s lead on whether to talk about their sexual orientation or gender identity and allowing them to engage as much or as little as they want to with the services based on what feels most useful to them. By learning about young people’s individual preferences, program staff are better able to address their circumstances and preferences.

Apply harm reduction and trauma-informed approaches. A harm reduction approach seeks to reduce harm whenever possible. When applied to people with substance use issues, it “seeks to reduce all adverse consequences of substance use, while meeting individuals where they are and without requiring or expecting certain behaviors, like abstinence.” It can help promote better health and safety outcomes by offering nonjudgmental, low-barrier services.^{xix} Another example includes working with young people who have behaviors that are perceived as challenging. Rather than expelling them from the program, staff engage them in services to support them in learning and growing from their circumstances. Relatedly, young people often enter human services programs having experienced traumatic circumstances. Some programs offer trauma-informed services by understanding, anticipating, and responding to the impact that trauma can have.^{xx} For example, trauma often leads to emotional dysregulation, which can make it appear as though young people are “acting out.” Key informants emphasized that it is helpful if program staff are curious about what happened to them and do not blame them for struggles they may experience.

“I think the biggest thing is to listen to what these kids are saying. That is such an important part that frustrates so many people ... People don’t want to listen to kids ... They don’t have the vast life knowledge of an adult, but they have the experience that they’re in. And it’s worth listening to what they need rather than just brushing it off because they’re just kids and don’t know how things work.”

— LGBTQI+ young person

CONCLUSION

Young people’s lives are influenced by their families, communities, the programs they interact with, and the broader structural environment. The emerging practices outlined in this brief can help support the health and well-being of LGBTQI+ young people and mitigate the barriers they face by infusing positive youth development, including harm reduction and intersectionality, into practice. This brief highlighted the different levels of influence and how human services programs have developed and implemented practices at the appropriate scale to support LGBTQI+ young people, including:

- At the community level, human services providers are raising awareness and connecting young people to resources in the community.
- At the organizational level, human services providers are creating safe and affirming environments, hiring staff who reflect the communities they serve, offering concrete resources and social and health services, providing staff with training, and building a community of supportive allies.
- At the family level, human services providers are using a relationship-based approach to understanding families, strengthening family-youth relationships, sharing resources, and connecting parents and caregivers with a network of supportive caregivers and allies.
- When working with LGBTQI+ young people, human services providers are building strong relationships and tailoring services to each young person’s circumstances and preferences.

Through continually identifying and implementing emerging practices, partners at all levels play a key role in advancing equity and ensuring LGBTQI+ young people can thrive.

NOTES

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APPENDIX: METHODOLOGY

The HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) contracted with Mathematica and its partner, the Center for the Study of Social Policy (herein, the project team), to conduct an environmental scan and key informant interviews to identify emerging practices human services agencies and programs are using to support healthy development among LGBTQI+ young people.

Step 1: Environmental scan of programs

During the first phase of the project, the project team conducted an environmental scan of practices human services programs are using to support LGBTQI+ young people (ages 10–24). The team used convenience sampling to identify programs that serve these individuals. The project team documented the services and supports offered by the programs, including any available information about intersectional programming, prevention, and positive youth development. The team shared a table of 15 programs serving LGBTQI+ young people with the project’s steering committee, which consists of LGBTQI+ young adults. The project team used the findings from the environmental scan to inform the development of protocols for key informant interviews. The scan helped the team understand the key activities programs offer, but not necessarily how or why they implement them.

Step 2: Key informant interviews

Overview

The project team interviewed the following key informants: LGBTQI+ young people, parents and caregivers, program staff, and federal staff and leaders. The interviews deepened our understanding of why particular practices are considered emerging; what program staff, federal staff, parents and caregivers, and youth believe is helpful about the practices; and what the implementation challenges and opportunities are. The team was particularly interested in considering the levers at different levels—the young person; their family; organizations; and the community—that could support young people’s healthy development. The project team sought to explore how agencies and programs provide services while considering positive youth development, intersectionality, and prevention when they design and implement services.

Recruiting participants

The project team purposively sampled key informants from the programs identified in the environmental scan to select programs with different offerings or programs whose websites indicated they focus on intersectional services, prevention, and positive youth development.

- **Young adults, parents, and caregivers.** The project team shared fliers with programs serving LGBTQI+ young people and asked programs to distribute them to young adults, parents, and caregivers. The team also shared fliers with the project’s young adult steering committee. The fliers included project staff’s contact information. Young adults, parents, and caregivers who were interested emailed the project team to schedule an interview.
- **Program staff.** The project team recruited staff from 15 programs identified through the environmental scan. They sought to achieve diversity in terms of the region of the country and the types of services and approaches that program staff used. The team found contact information for program staff on the agencies’ websites. If staff emails were not listed on the website, project staff called the agency and asked if they could leave a message for the staff.
- **Federal staff.** Project leaders at ASPE recommended individuals from the U.S. Department of Health and Human Services and U.S. Department of Housing and Urban Development. Some invitees asked the project team to invite others to the interviews. Table 1 lists the federal programs represented in the discussions.

The project team held 16 virtual discussions between February and May of 2023. Interviews included two small-group discussions with a total of eight federal staff; five individual interviews with program leaders and staff; four individual interviews with parents and caregivers of young people who identify as LGBTQI+; and five individual interviews with young adults who identify as LGBTQI+ and have interacted with human services agencies. Across the interviews, no single question was asked of more than nine respondents. Table A.1 shows the characteristics of our sample.

Table A.1. Characteristics of the sample

Participants	State or agency represented	Additional information
Young adults ages 18–24 (n = 5)	West Virginia, Tennessee, Maine, Louisiana, Indiana	Young adults identifying as nonbinary; trans female to male, genderqueer, and gay; trans female to male; and bisexual.
Parents and caregivers (n = 4)	District of Columbia, California, Pennsylvania, and Connecticut	---
Program staff (n = 5)	New York, Michigan, South Carolina, and Pennsylvania	Programs offered several services, including housing support, case management to support young adults' healthy development, community events, health and behavioral health services, connection to legal services, and advocacy. Some served young people in the child welfare system and those seeking housing and sexual health services.
Federal staff (n = 8)	U.S. Department of Health and Human Services (Administration for Children and Families, Children's Bureau and the Family and Youth Services Bureau; Office of Civil Rights; Office of the Assistant Secretary for Health (OASH); OASH Office of Population Affairs; Substance Abuse and Mental Health Services Administration). U.S. Department of Housing and Urban Development (Office of Special Needs Assistance Programs)	---

Interviews

The project team used findings from the environmental scan to (1) identify gaps in its understanding of emerging practices for serving LGBTQI+ youth in human services agencies and (2) develop interview protocols.

The interview protocols contained questions about barriers for youth and programs serving LGBTQI+ young people; promising practices, including those designed for the positive development for young people interacting with human services agencies; intersectional approaches to serving young people; and how human services can prevent young people from entering systems and prevent additional harm to young people once they are in a system. The protocol questions asked how the structure of programs could influence youth's experiences and whether there were differences across human services agencies in how they served LGBTQI+ young people. The steering committee reviewed and gave input on the interview protocols.

The federal staff interviews were 90 minutes long and conducted in two small groups, with one facilitator and one notetaker. The young adult, parent and caregiver, and program staff interviews were conducted individually for 60 minutes. All participants verbally consented to participate and be recorded in the interview. Young adult, parent, and caregiver interviewees received a \$50 e-gift card in appreciation of their time.

Analysis

After the interview, the notetaker reviewed the recording to confirm the accuracy of the notes. The project team exported key sections of the transcripts into an Excel file that was organized by interview question for each type of interview (e.g., young person, parent or caregiver, program staff, or federal staff). The project team reviewed the findings by interview type and type of program (such as child welfare, housing, or public health) and then looked for key themes across interview types.

The steering committee reviewed sections of the interviews as they were completed and, during meetings, shared their understanding of themes from the interviews.

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