



New York State
and the Lesbian, Gay, Bisexual,
and Transgendered Community:

Profiles of a Partnership

State of the State 2001

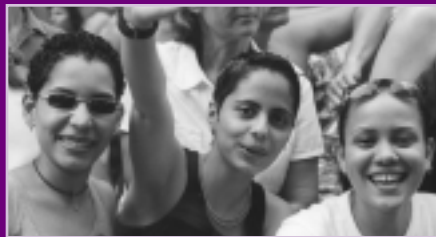


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INTRODUCTION & RECOMMENDATIONS

BACKGROUND

Over the past three years, the State of New York has taken significant strides toward addressing the discrimination that excludes vast numbers of lesbian, gay, bisexual, and transgendered (LGBT) citizens from the health care and social services system. A unique funding initiative has resulted in a vital partnership between the state and community-based organizations.

In 1998, Governor Pataki authorized \$1 million in discretionary funding through the Department of Health to improve non-HIV-related health care for LGBT New Yorkers. This marked the first time the state officially recognized both that LGBT people face barriers to care, and that LGBT people have particular health needs that extend beyond HIV.

To distribute the funding, the Department of Health issued a Request for Proposals promoting "wellness and access to health and human services for lesbian and gay individuals and their families." Ultimately, 11 community-based organizations from around the state were chosen through the RFP process to receive funding for a wide range of health and wellness services, especially services for LGBT youth.

In 1999, the legislature—led by the Assembly—expanded on this historic initiative by including in the budget \$2 million to fund 27 LGBT-serving organizations. These grants reached organizations in vastly underserved areas of the state, including Staten Island, upstate, and rural areas. They also reached some of the most marginalized individuals, including seniors and people of color.

In 2000, the legislature—again led by the Assembly—expanded the funding to \$2.675 million. As a result, over 40 community-based organizations will be able to improve the lives of LGBT New Yorkers. In all corners of the state, these organizations provide critical health, mental health, alcohol and substance abuse treatment, violence prevention, and social services. They serve youth, seniors, people of color, and those with and without health insurance. Across the board, their capacity to serve LGBT people in need will be greatly enhanced through this legislative appropriation.

At the same time, state agencies have begun to realize that in order to truly fulfill their mission of promoting the well-being of all of New York's citizens, they must improve their delivery of services to those citizens who are lesbian, gay, bisexual, and transgendered. Collaboration between these agencies and members of the LGBT community has produced remarkable results. Sensitivity trainings have been implemented; requests for proposals have targeted gay youth; lesbian and gay service providers have been consulted on planning documents. Much more remains to be done, yet these strategies are worthy models for any agency that seeks to provide for LGBT individuals and families.

PROFILES OF SUCCESS

The first contract years of the organizations initially funded through the Lesbian and Gay Health and Human Services Initiative are now complete, with much to show for them. Hundreds of LGBT New Yorkers have received quality medical care, crisis counseling, crime victims assistance, and other vital services. *Section I* profiles ten of these organizations. Their stories demonstrate the enormous effectiveness that can be achieved with scarce resources. They show the wise investment of public dollars and the value of a state-community partnership. *Section II* expands upon these stories by highlighting the critical beginning steps made by state agencies to improve LGBT health and social services.

Yet these same stories also demonstrate the vast need that remains unfulfilled. The challenges and struggles faced by these ten organizations reveal just how much more must be done. For every person helped, many more remain without quality care. Although these organizations are making an incredible difference in so many lives, the overall condition of services delivered to the LGBT community by mainstream providers remains woefully inadequate. Denial of care, poor or inappropriate care, and a lack of providers trained in the unique health and social service concerns of LGBT people remain fundamental problems.

New York State must continue its tradition of providing for the well-being of its citizens. In order to serve all LGBT individuals and their families, the partnership between the state and community-based organizations must expand. This report aims to show how this partnership can work.

RECOMMENDATIONS FOR KEY PARTNERS

The Governor

Through his Executive Budget, the Governor sets funding priorities for the state. As such, he can ensure that New York maintains its tradition of providing for the health and welfare of all its citizens, including those who are lesbian, gay, bisexual, and transgendered. To meet this responsibility, the Governor should:

- ▼ include in the 2000-2001 Executive Budget \$1 million for programs that serve the non-HIV health and social service needs of LGBT New Yorkers and their families.
- ▼ direct the state agencies that provide health and social services to increase their ability to serve LGBT clients.
- ▼ support legislative efforts to pass the Sexual Orientation Non-Discrimination Act, the Dignity for All Students Act, and legislation recognizing and protecting LGBT families.

The Legislature

The state legislature has taken enormous strides toward meeting the needs of this underserved community. By providing \$4.675 million over the past three years, the legislature has helped hundreds of LGBT people across the state access vital services. In order to strengthen its relationship with the community and with the community-based institutions that serve LGBT people, the legislature should:

- ▼ continue to provide funds in the budget for non-HIV-related LGBT health and human services.
- ▼ expand the funding to \$5 million per year.
- ▼ distribute this funding not only through the Department of Health, but through all agencies where LGBT individuals and families obtain services, including: the State Office for the Aging, Office of Children and Family Services, Division of Criminal Justice Services, Office of Alcoholism and Substance Abuse Services, Office of Mental Health, State Education Department, and the Office for the Prevention of Domestic Violence.
- ▼ pass the Sexual Orientation Non-Discrimination Act, which would ban discrimination on the basis of sexual orientation in housing, employment, public accommodations, education, and credit.
- ▼ pass the Dignity for All Students Act, which would protect actual and perceived LGBT students from harassment and violence.
- ▼ pass legislation, such as civil union or domestic partnership legislation, recognizing and protecting LGBT families.

State Agencies

State agencies have a mission to protect and promote the health of New Yorkers and to assure quality health care and social services delivery. Agencies should institutionalize LGBT issues and concerns throughout their policies and programs.

State agencies should strengthen the community-based institutions that provide health and social services for LGBT New Yorkers by:

- ▼ funding community-based organizations that meet the non-HIV-related health and social service needs of LGBT individuals and their families.
- ▼ defining LGBT people as an underserved population.
- ▼ specifically targeting LGBT people in Requests for Proposals.
- ▼ sending Requests for Proposals to organizations that have a demonstrated history of serving LGBT clients.
- ▼ working with academic and other centers of LGBT research when creating needs assessments and program evaluations.

State agencies should promote access to quality health and social services for LGBT people by:

- ▼ developing standards of care for LGBT individuals in health care and treatment facilities.
- ▼ incorporating LGBT-inclusive language in agency publications.
- ▼ developing LGBT training curricula for the purpose of training all agency staff and the staff of social service agencies that receive state funding. The curricula should include both gay-sensitivity training and information on the specific health problems and risks faced by LGBT people.
- ▼ making cultural competency in LGBT issues a requirement for licensing service providers.
- ▼ establishing policies that protect the rights, safety, and health of LGBT people.
- ▼ rescinding policies and regulations that result in barriers to care for LGBT individuals.¹

¹ Agencies may need to revise policies that intentionally or unintentionally result in barriers to care for LGBT people. For example, the Department of Health should rescind its regulation prohibiting Medicaid coverage of care for services, surgery, supplies, and drugs rendered for the purpose of sex reassignment when deemed appropriate by providers.

AT A GLANCE

An Overview of a Diverse Population At Risk

There are at least one million LGBT people living in New York State.

- ▶ **The majority have faced discrimination in the health care system.**
- ▶ **Many do not see a doctor because they fear discrimination.**

LGBT people can be found in every age group, ethnic background, socioeconomic class, religious faith, and geographic area.

Youth



90% of LGBT youth regularly hear homophobic remarks in school. More than two-thirds experience verbal or physical harassment or violence. Almost half of those who are verbally harassed experience it daily.¹

LGBT youth are more likely than heterosexual youth to report missing school due to fear, being threatened by other students, and having their property damaged at school.²

LGBT youth are more likely to use cocaine, marijuana, and tobacco than their straight peers.³

20-42% of lesbian and gay youth attempt suicide, compared to 8-13% of high school students in general.⁴ It is estimated that transgender youth attempt suicide at comparably high rates.

Over 35% of New York City's homeless youth are lesbian, gay, or bisexual.⁵ Although more research is needed, homelessness among transgender youth is likely to be equally high.

Higher rates of depression and attempted suicide among LGBT youth are due to lack of social support and the stress of being different in a biased and hostile environment.⁶

Seniors



LGBT seniors are less likely than heterosexual seniors to have a family member who can function as a caretaker. While half the general senior population is married, only one in five LGBT seniors lives with a life partner. While half the general senior population has children, only one-quarter of LGBT seniors has children.⁷

LGBT seniors report experiencing hostile treatment and discrimination in nursing homes, senior centers, and other senior facilities.⁸

LGBT seniors are at increased financial risk because they are denied the economic safety net that automatically applies to heterosexuals. For example, gay seniors are not eligible for survivor's benefits from Social Security after their partner dies. They are also denied automatic inheritance and succession rights and coverage under insurance, health care, and pension plans.

LGBT seniors are five times less likely than other seniors to access needed services out of fear of discrimination.⁹

Minority Americans are at least twice as likely to be uninsured as whites; lack of insurance is a major barrier to health care.¹⁰

For 71% of African Americans, being able to afford the cost of insurance and necessary medical care is a “major problem.”¹¹

When seeking medical care, 35% of African Americans and 36% of Latinos have been treated unfairly or have a family member or friend who has been treated unfairly because of their race or ethnicity.¹²

For LGBT people of color, this racism is compounded by anti-gay attitudes from providers, resulting in substandard care.

People of Color



Primary care for women tends to be organized around reproductive health needs and often assumes that the woman is heterosexual. Counseling typically assumes sex with male partners; intake forms assume that patients are heterosexually active; health care workers provide birth control supplies without first ascertaining if the woman is sexually active with men. As a result, lesbians are less likely to believe that health messages about routine care apply to them, are more likely to feel unwelcome in the health care setting, and will be unlikely to seek out care.¹³

Providers' lack of knowledge is a barrier to care and can result in worsened health conditions for lesbians. For example, recent studies have shown that sexually transmitted diseases can be transmitted between women. Yet many providers are not aware of this and do not screen lesbian clients for STDs.¹⁴

Preliminary data indicate that lesbians may be at increased risk for breast cancer due to higher rates of risk factors such as not bearing children, lower rates of breast cancer screening, and alcohol consumption.¹⁵

Lesbians



Although the incidence of AIDS among gay men is declining, gay men remain at increased risk for some sexually transmitted diseases.¹⁶

Like all facets of the LGBT community, gay men are at increased risk for depression and alcohol and substance abuse as a result of facing discrimination and stigma because of their sexual orientation.¹⁷

Gay Men



Transgender



Transgendered individuals have been denied medical and social services, including emergency room treatment and access to homeless shelters.¹⁸

The transgender community experiences extremely high rates of hate violence. In 1999, the number of transgendered victims of bias assaults in New York City rose 25%.¹⁹

Transgendered individuals are often socially and economically marginalized. Lack of legal protection often results in discrimination, unemployment, poverty, poor health, and homelessness.²⁰

Transgendered individuals in New York City's workfare program have been assigned to sites in which they are verbally and physically harassed to the point where they must drop out of the program.²¹

Private health insurers routinely exclude from coverage procedures associated with transsexual transition, including sex-reassignment surgery and hormone therapy. The New York State Department of Health also bars Medicaid coverage of care for these services, even though the procedure is recognized by psychiatrists and surgeons as a standard component of care for transsexual transition.

Rural Populations



Most LGBT-specific health and social services are located in urban and suburban areas. Often the nearest service is hundreds of miles away and difficult to access by public transportation. As a result, rural LGBT individuals are extremely underserved.

LGBT people living in rural areas are dispersed and isolated in communities that are generally non-progressive and not tolerant toward diverse sexual orientations.

How do providers view lesbian, gay, bisexual, and transgender patients?

A national survey of physicians found that nine out of ten had witnessed anti-gay bias in patient care. More than two-thirds knew patients who had received poor care or had been denied care because they were gay.¹

In a survey of 200 white undergraduate pre-nursing students, less than six percent reported that they would be uncomfortable working with racial or ethnic minority clients, but almost half reported they would be uncomfortable working with lesbian, gay, or bisexual clients.²

A survey of transgendered individuals found that many had been denied emergency room treatment, refused admittance to homeless shelters, and in one HMO, refused appointments by all but one physician.³

92.9% of directors and chief residents of pediatric residency programs believe that residency curricula should include LGBT youth issues. Yet only 54.5% of those programs currently have such training.⁴

In U.S. medical schools, the average amount of time devoted to the subject of homosexuality across four years of school is 3 hours and 26 minutes.⁵

Doctors Acknowledge the Need for More Training

Researchers at Emory University School of Medicine and the University of New Mexico School of Medicine conducted a random survey of pediatricians.⁶ The results show the need for more physician training on LGBT youth issues:

- ▶ 90% had reservations about approaching the issue of sexual orientation. Many stated they did not know how to ask questions about sexual orientation and that they did not know enough about LGBT youth needs.
- ▶ Less than half reported having any formal training on LGBT health.
- ▶ 27% did not know that gay adolescents are at higher risk of suicide.
- ▶ 59% believed the average age of self-identification for gay and bisexual males was 19-23; studies indicate it is actually 14-16.
- ▶ 72% wanted more information about gay health.
- ▶ 48% wanted further training.

What is the result of this discrimination against LGBT people?

LGBT patients avoid routine or preventive care, withhold important medical information, and delay seeking help until problems are well-advanced.⁷

Overall, LGBT people are at higher risk for:

- ▶ Depression⁸
 - ▶ Alcohol and substance abuse⁹
 - ▶ Attempted suicide¹⁰
 - ▶ Smoking¹¹
 - ▶ Violence – while overall crime rates have gone down, anti-gay violence has gone up.¹²
 - ▶ The progression of illness due to avoiding preventive care for fear of hostility and rejection.
-

A CONTINUUM OF CARE

Across the life span, LGBT people face special health and social service needs that arise out of discrimination and stigma. The health and social services system must establish and integrate quality services that meet these needs in order to ensure that those who need care do not fall through the cracks.

LGBT people face enormous hostility and stigma because of their sexual orientation. This is amplified by the lack of a statewide civil rights bill. We can be fired from our jobs and denied housing, employment, public accommodations, and credit simply for being gay. Many LGBT people hide their sexual orientation for fear of harassment and violence.

Youth today become aware of their sexual orientation as early as age 12. Providers need to provide non-biased information and services in an affirming environment.

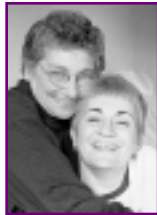
Anti-gay hostility and stigma take their toll in the form of high rates of depression, alcohol and substance abuse, and attempted suicide among the LGBT population. Yet many treatment programs repeat this discrimination and stigma. LGBT people in recovery need sensitive and affirming treatment programs in order to ensure recovery.

LGBT youth can face enormous stigma and daily harassment from family and peers.

As a result, LGBT youth are at higher risk for substance abuse, depression, dropping out of school, and suicide.

The situation is amplified by the lack of federal or state anti-harassment protections for LGBT youth in schools.





LGBT seniors need access to non-discriminatory living and caregiving facilities.

LGBT seniors are more likely than heterosexual seniors to lack a partner or child who can provide caretaking services.

When a partner dies, a surviving lesbian or gay senior is denied Social Security survivor benefits.

Lesbians may be at higher risk for breast cancer, yet no money has been earmarked for comprehensive studies.

Without legal recognition of our families, we are not guaranteed coverage under health care plans, the right to serve as health care proxy for our loved ones, or even the right to visit our loved ones in the hospital should they fall ill.



SECTION I:

PROFILES OF SUCCESS

How 10 organizations, with the help of Department of Health grants, are making a difference in LGBT lives.

Community Awareness Network for a Drugfree Life and Environment (CANDLE)

New City, NY

More than 90% of LGBT students hear anti-gay remarks in school on a regular basis. In over one-third of these incidents, teachers fail to respond. Why? Eileen Browning of Rockland County's CANDLE has found that most teachers are simply not equipped to handle anti-gay incidents. "They've actually confessed 'I pretend I don't hear it,' because they don't know what to say," states Browning. The former high school teacher elaborates, "We have not found anti-gay mindsets, but rather, a vacuum of information."

CANDLE's trainings for educators and other youth workers, funded through the Department of Health, address this lack of information. They provide strategies to effectively combat anti-gay attitudes and stereotypes. The presentations fit well with CANDLE's long-standing mission of preventing adolescent substance abuse, since harassment leads LGBT youth who have no support to use drugs and alcohol as coping mechanisms at rates much higher than youth in general.

Over the course of the DOH grant cycle, CANDLE's educators completed 68 trainings, reaching 1,637 professionals in Rockland, Westchester, Putnam, Orange, Dutchess, and Ulster counties. The trainings address anti-gay incidents that have actually occurred at the schools. But while participants may not have known how to address such incidents prior to the training, the vast majority feel that they leave better equipped to handle future harassment cases. Evaluations consistently state that the presentations are excellent, and that the trainers should return for additional workshops.

In addition to public schools, CANDLE's educators have also made successful presentations at several religious and private schools. The success of these programs is largely due to CANDLE's unique approach to the issue. "We always stress that we're not asking people to change beliefs or values – we're giving information and strategies," says Browning. "The presentations come from a genuine caring for young people, and that's what makes the difference."

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CANDLE's success is also due to its longstanding community reputation. Since 1982, the program has had an excellent track record of working with youth. In fact, CANDLE has received awards for excellence from the Office of Alcoholism and Substance Abuse Services, AIDS Related Community Services, Rockland County Youth Bureau, numerous PTAs, Catholic Youth Organization, and the American Association of University Women.

The DOH-funded trainings supplement CANDLE's other substance abuse prevention programs, including a vast array of support groups and after-school clubs designed to help kids stay free from drugs. One of these, named "TRUST," is a confidential group for LGBT youth. Approximately 50 youth come each year to TRUST to discuss their concerns and learn to develop a healthy self-image, a prerequisite to staying drug-free. Another program is an annual conference attended by 200 professionals to increase their skills in working with LGBT youth.

CANDLE's productivity is especially notable given the small staff of one full-time person, two part-time social workers who manage 20 support groups, and two part-time educators who conduct the Grades 1-12 prevention programs. Consultants assist with the trainings as well. "We use an awful lot of volunteer work," says Browning. "Many of our resources are donated. It's an enormous return on a small investment."

CANDLE's ultimate goal is to keep all youth healthy and drug-free. That can happen only when school staff become sensitized to the LGBT youth in their schools, and Browning is ecstatic to note that this is happening. In every training, she sees a breakthrough when "they realize that these kids are just part of the ordinary youth population." This simple realization makes a huge difference in these youths' lives. With ongoing funding, CANDLE will continue to make this difference possible.

Center Lane of Westchester Jewish Community Services

White Plains, NY

“Gay teens are so marginalized. We wanted to bring them into the ‘center lane,’” says program coordinator Jill Schreiberman, describing the origin of Center Lane’s name. In 1995, the program opened its doors in downtown White Plains to provide an outlet for struggling LGBT youth from Westchester and Rockland counties. It is easily accessible, located a few blocks away from public transportation. On average, 150 youth a year from all ethnic and socioeconomic backgrounds attend Center Lane’s crisis intervention and support services.

A Growing Need

Center Lane’s programs immediately became popular among isolated LGBT youth who were struggling to come to terms with their sexual orientation. Youth who experienced violence and rejection from family and peers started coming in rapidly growing numbers. Many were suicidal. As the sole staff person, Schreiberman found it increasingly difficult to help all of them. “Kids were coming to me with their arms slashed,” she says, yet she was the only person handling direct services, administrative duties, grant writing, and all the other pieces crucial to the program’s survival. Schreiberman also knew from experience that simply offering the name and number of an outside provider wouldn’t solve the problem, because the vast majority of youth do not follow through on referrals. “Kids were falling through the cracks,” she said. She needed someone to catch them.

The Department of Health grant solved the crisis by funding a certified clinical social worker, Sara Braun, to join Center Lane.

Together with seven core volunteers, Braun works with the youth in a supportive setting. Services include a Monday night general support group (attended by 25 youth weekly), a Wednesday night activities series, and a Thursday night group that alternates between a young women’s group, a young men’s group, and an up-county group for youth who live far from the center. Participants talk to Braun about their problems and receive counseling. For many, it’s the first time they’ve spoken with someone about their sexual orientation without receiving a negative response. They can also participate in support groups and activities such as goal-setting workshops, educational speakers, newsletter production, and supervised field trips.

Youth at Risk

As a result of the youth feeling comfortable enough to open up, Braun and Schreiberman discovered that a large number had histories of drug abuse, family abuse, and severe depression. “We’re often the first people these kids connect to,” explains Schreiberman. “They haven’t felt safe enough to talk about it anywhere else, so the problems have gone undiagnosed and untreated.” By affirming that being gay is okay, Center Lane creates a trusting environment where youth can reveal underlying crises and get the help they need.

Reaching Out to the Community

Since some youth do need to be referred to psychiatric hospitals and others reside in residential treatment centers, Center Lane also does outreach work to these facilities. The results have been mixed. Anti-gay attitudes still prevail at some centers, and Schreiberman and Braun have experienced resistance to many of their attempts to establish linkages. To counter this, and to increase sensitivity to LGBT youth, they are conducting trainings for schools and agencies. A recent training was held, for example, with the Yonkers Department of Health. They have held 15 presentations over the grant year, and hope to increase this number substantially in the second year.

Currently, word about Center Lane spreads mostly through word of mouth among youth, supplemented by school presentations, posters hung in local bookstores, and distribution of informational brochures to schools and agencies. The agency hopes to secure enough funding to reach even

more youth through a widespread public ad campaign. At the same time, Center Lane is wary about any large expansion, dependent as the program is upon grant awards that may not be renewed.

Transforming Lives

Braun says the most rewarding part of her job is witnessing the transformation in the youth: “Over and over, a kid comes in and feels like they’re the only gay kid in the world. They’re afraid to even come through the door. Then they make friends here, talk about their problems...they start feeling good about themselves...you see them blossom.” Schreiberman adds, “It’s their oasis. They get harassed everywhere else. This sustains them so they can be refueled.”

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New York City Gay and Lesbian Anti-Violence Project (AVP)

New York, NY

Each day at 12:00 p.m., when the overlapping shifts of client service staff meet, the 11 service providers from the various departments at AVP gather for a Flash Meeting. They examine the logs from the dozen or so hotline calls received the night before and quickly divide them up. Cases of bias attacks, sexual assault, police misconduct, HIV-related violence, and domestic violence – all are assigned to counselors, advocates, and legal experts, who then dive into the arduous process of helping a victim of an anti-gay crime receive crisis intervention, counseling, and legal help. By the end of the day, an AVP advocate will likely have added two to three new crime victims to their case load, assisting these survivors in getting the help they need.

The picture looked different prior to the DOH grant. The Bias Unit consisted of one person then, and cases could not be handled as swiftly. The DOH grant enabled AVP to breathe new life into its Bias-Related Crime Program, molding it into the tight, efficient unit it is today.

Creating a Comprehensive Bias Crime Unit

As soon as AVP received the grant, they hired a full-time Bias Advocate and, with funding from other sources, hired additional staff to create a comprehensive department for Bias and Sexual Assault Victim Services. The new unit dramatically exceeded the goals specified in the grant proposal. Staff had hoped to track 700 anti-gay incidents; they logged 1,035. Predicting 100 individual counseling sessions, they actually held 300. Five hundred predicted cases of advocacy – including connecting victims to crime victims boards, helping them find legal, housing, and medical services, and assisting them with the police and other agencies – turned into 865. And instead of making the expected 700 referrals to other agencies, staff made nearly 3,000.

Reaching Out to Victims of Crime

Although the numbers sound high, AVP's victim advocates knew from experience that even more assaults were going unreported. So in June 2000, they launched a new bias reporting campaign. Over 5,000 flyers, posters, and pamphlets were distributed at street fairs, police departments, fundraisers, hospitals, and agencies, and an ad for AVP's services appeared almost every week in the local LGBT press.

More importantly, though, AVP expanded outreach to non-LGBT-specific arenas. Throughout the five boroughs, telephone booths and movie screens advertised the 24-hour, bilingual crisis hotline. This was critical if AVP was to reach closeted gay people who might be afraid to identify themselves as victims

of bias. AVP's executive director, Richard Haymes, explains, "People are often fearful of having to reveal their sexual orientation if they come forward to report the incident to mainstream victim service agencies or the police. And the hardest to reach people don't necessarily pick up a gay newspaper to learn about our services. They may not go to the gay community center, but they do go to the movies, and they do pass a phone booth in their neighborhood."

Of 756 bias incidents reported to local police last year, 12% of victims were verbally and physically abused by the police when they reported the incident.

Expanding the Scope

In addition to providing direct services to bias crime victims, AVP also conducted 36 trainings over the grant year for people who regularly handle bias crime complaints. Police officers, hospital staff, lawyers, and social service agencies throughout New York City all learned how to properly handle a bias case. These are crucial trainings, for statistics show

that victims of anti-gay crime are often terrorized again when they report to the police or a hospital. For example, of 756 incidents reported to local police last year, 12% of the victims were verbally and physically abused by the police when they reported the incident.¹ "People are fearful of being re-victimized," notes Haymes. "They have to report the incident to the police, but they don't want to. They have to have their injuries examined and documented by a medical professional, but they don't want to. Without appropriate trainings, the system just beats them up again."

The trainings have been enormously well-received: after piloting two trainings for judges and lawyers, AVP secured a promise from the Brooklyn DA to use the training for all DAs in the Brooklyn office beginning in fall 2000. AVP is also developing a Voir Dire manual to teach assistant DAs how to screen for homophobia in jury selection. This will be the first manual of its kind in the country.

Remaining Needs

Although AVP has made impressive strides, much work remains. The enormous number of bias cases points to the need for additional staff. Outreach brochures must be translated into Spanish, and AVP plans to compile much of its information and research into a complete provider manual. Other states and regions of New York regularly request technical assistance. AVP also would like to expand its outreach through a large-scale ad campaign. This outreach is a vital complement to direct service provision, since, as Haymes notes, "as soon as we launch a new ad campaign, the phones ring even more." With continued funding, AVP will be able to ensure that fewer and fewer bias assault victims remain unheard.

¹ National Coalition of Anti-Violence Projects, *Anti-Lesbian, Gay, Transgender and Bisexual Violence in 1999, 2000*.

In Our Own Voices – Project ¡SANO!

Albany, NY

“If you’re sick and you need a doctor, chances are, you’ll ask a friend for the name of a good physician, and you’ll get two or three. It’s not the same for LGBT people, especially LGBT people of color,” observes Project ¡SANO! program director Nadya Lawson. Nine out of ten physicians in a national survey have witnessed anti-gay bias in patient care. Combine that information with the fact that 35% of African Americans and 36% of Latinos have been treated unfairly or have a family member or friend who was treated unfairly because of their race or ethnicity, and the result is that LGBT people of color do not get the health care they need.¹

To address this service gap, the Department of Health gave Albany-based In Our Own Voices (IOOV) a grant to create Project ¡SANO!. Serving Albany, Rensselaer, Schenectady, Columbia, Greene, Saratoga, and Montgomery Counties, Project ¡SANO! (“sano” is “healthy” in Spanish) provides health and wellness services for LGBT people of color. The multidimensional project includes educational forums, social events, and family activities where workers distribute health and wellness information; linkages with and trainings for health and human service agencies; and affirming services such as support groups and special events. A major part of Project ¡SANO!’s work this year was the development and publication of a directory to aid LGBT people of color searching for a sensitive and qualified professional.

Provider Directory Project

Ironically, the search for providers to include in the directory confirmed the lack of qualified, sensitive providers for LGBT people of color. “Many people said their doctor was gay-friendly, but hadn’t ever told their providers they were gay,” said Lawson. “One person came out to his doctor so he could be listed in the directory; the doctor gave him anti-gay religious literature.” Another provider refused to be listed on the grounds that he ran a “traditional practice.” Even several providers who themselves identified as gay did not want to be listed; they were either afraid to disclose their sexual orientation to their employer, or they knew their place of work to be homophobic.

Ultimately, Project ¡SANO! was able to list 45 providers covering the spectrum of health and wellness services, from general family practice and mental health to specialists in addiction and recovery, ophthalmology, and fitness. The directory will be distributed to 1,000 people and agencies in the Capital region. To aid people searching for a provider elsewhere, the book also includes a comprehensive list of questions to use in evaluating a provider or a facility.

Needs Assessment Confirms Lack of Services

Another key component of Project ¡SANO! was a community needs assessment that confirmed the lack

of qualified providers for LGBT people of color. 58.3% of respondents were afraid to seek services out of fear of discrimination. 92.5% of those who were out to their providers were afraid they were receiving substandard care. The assessment also pointed out the need for family services, as 39.4% of respondents were in long-term relationships and 42.5% had children. Project ¡SANO! staff will use data from the needs assessment to train health and human service providers and design future programming.

Connecting LGBT Families to Services

Project ¡SANO!’s social and educational programming was also largely successful, especially the services geared to families. In February, the program held a Family Matters Day where attendees could get information on legal and financial issues vital to family health, including domestic partner arrangements, health care proxies, powers of attorney, living wills, adoption, foster parenting, guardianship, wills, and insurance policies. Over thirty people attended, and afterward Project ¡SANO!’s voicemail was flooded with calls from people who heard about the event from attendees and wanted more information. Another popular event was a Family Nature Walk and Picnic, cosponsored with Lambda Family Circle. The event successfully attracted more than 40 families, many of whom had never before utilized LGBT resources in the area.

Remaining Needs

The needs assessment and provider directory experience led IOOV to the conclusion that provider and agency trainings are necessary to combat racism and homophobia in the health and human services system. With additional funding, IOOV could begin this educational process. One area that needs immediate attention is in addiction and recovery services: more than 40 participants in Project ¡SANO!’s recovery programs cite homophobia, racism, and staff ignorance in treatment programs as barriers to

care. Project ¡SANO! also hopes to address the need for more youth programs: youth remain a critically underserved population, and currently the project does not have enough staff to do the sustained programming and outreach necessary to make such services successful.

Project ¡SANO!’s administrative director Carmen Rau notes that the effects of years of discrimination against LGBT people of color can take a longer period of time to address than a one-year grant project. “We’re dealing with a traditionally invisible, very oppressed community,” she points out. “One year is barely enough to report back successful referrals. It takes a year just to let people know you’re there – and then you have to build a relationship with them.” With sustained funding, Project ¡SANO! can continue to develop these relationships, bringing upstate LGBT people of color the services they vitally need.

The search for providers to include in the directory confirmed the lack of qualified, sensitive providers for LGBT people of color: One person came out to his doctor so he could be listed in the directory; the doctor gave him anti-gay religious literature. Another provider refused to be listed on the grounds that he ran a “traditional practice.”

¹ Kaiser Family Foundation, *Survey of Race, Ethnicity and Medical Care: Public Perceptions and Experiences*, October 1999.

Lesbian and Gay Community Services Center – Orientation Program

New York, NY

Since 1983 the Lesbian and Gay Community Services Center of Manhattan has offered visitors a variety of educational, family, cultural, mental health, recovery, recreational, and advocacy programs. Of these, one is unique in its ability to reach out to those who are in need but don't know where to locate resources: the Orientation Program. Designed for those who are new to the city, just "coming out," or otherwise not connected to services, the Orientation Program introduces individuals to an array of services, both at the Center and throughout New York City's five boroughs. Since its inception, the program has helped connect hundreds of individuals to health and wellness programs.

The Department of Health grant allowed the Center to expand the number of Orientations yearly from nine to 14. The program increased not just in size, but in scope: the five additional Orientations each targeted a specific underserved community: seniors, Asian and Pacific Islanders, Latinos/as, transgendered individuals, and people with disabilities.

Full-time program coordinator Leona Williams, hired through the grant, describes the need for the Orientation program. "What if you're a young adult just coming out and your parents kick you out?" she asks. "What if you're harassed on the job? What if you're a senior citizen? You may know about the AARP, but you don't necessarily know about programs for gay seniors. People who are just realizing they are gay don't know where to turn. They need to be connected to services." The need is amplified in the underserved communities targeted through the new DOH-funded Orientations.

Williams expanded upon the work of dozens of volunteers and interns who already ran the Orientation program. With a 12-person volunteer committee, she was able to double the outreach efforts. For each community-specific Orientation, Williams worked with representatives from the targeted communities to ensure cultural relevancy. "I asked what was the popular paper in that neighborhood, for that community. And we printed an ad... in their language." This included ads in Chinese, Spanish, and – for the People with Disabilities Orientation – Braille. Staff also distributed palm cards in bars, flyers, e-mail, phone calls – any route of communication that a person new to the city or just coming out and looking for resources might use.

Ending Isolation

A typical orientation is two hours long, complete with speakers, entertainment, general mingling, and representatives from over 40 New York City organizations who present information about their services. At the end of the evening, each participant receives an information packet containing brochures from every program present, as well as a calendar listing upcoming Center events. The grant also funded a follow-up group component to the program. This not only

increases the likelihood that participants will return to the Center, but also enhances the ability to provide referrals to those who need additional services, such as mental health services.

For many, the Orientation represents the first time they've been in a room with other gay people. Even in a relatively gay-friendly metropolitan area such as Manhattan, the stigma associated with being gay can result in someone needing resources but being afraid to access them. Williams describes how one man read about the Orientation on the Center's website, but when he arrived, he was afraid to enter the room. Williams stood with him by the door the whole time and talked to him. Through her conversation, she was able to connect him to appropriate services.

"What if you're a young adult just coming out and your parents kick you out? What if you're harassed on the job? What if you're a senior citizen? People who are just realizing they are gay don't know where to turn. They need to be connected to services."

Williams notes, "If you get one in the crowd who didn't have any connection before, then it was a success." By that measurement, the program is more than successful: 615 people attended the 14 Orientations last year. Evaluation forms revealed that most attendees came to learn about social activities for LGBT people, to learn more about the Center, to learn about available mental health and social services, or to meet new people. Others came to support friends who were just coming out; still other isolated individuals wanted to find out if there were any other LGBT people where they live. People have traveled from all boroughs of Manhattan, and as far away as Long Island, New Jersey, Westchester, Upstate New York, and Connecticut.

Expanding the Scope

In the next grant year, the Center will continue to target underserved communities, this time focusing on women of color, seniors, bisexuals, LGBT families, and immigrants. The staff hopes to increase advertising and outreach for these events in order to reach even more people. In anticipation of the Immigrant Orientation, they have already translated materials into the multitude of languages spoken by recent immigrants to the city, including Spanish, French, Mandarin, and Russian.

Williams will also continue to address what she sees as the biggest challenge: how to get more people to attend Orientation events in their borough. Although the Center provides Orientations in all five boroughs of New York City, those outside Manhattan are more sparsely attended, largely because many people are uncomfortable coming out in their own community. Williams's intensive outreach efforts have already begun to change this: 20 people attended the most recent Staten Island Orientation, up from an average of five in past years. Given the positive feedback of Orientation participants, as the program continues, these numbers will only expand.

The Audre Lorde Project

Brooklyn, NY

In a survey of 500 lesbian, gay, bisexual, two spirit,¹ and transgender people of color in New York City, the majority – when asked to choose out of a list of 15 different health conditions – perceived their health and wellness to be affected primarily by eating habits and exercise. The third highest reported health and wellness concern was mental health.

These are just a few of the findings of a needs assessment funded through The Audre Lorde Project's DOH grant. Founded in 1994, The Audre Lorde Project (ALP) is an advocacy and community organizing center for lesbian, gay, bisexual, two spirit and transgender (LGBTST) people of color. From its location in a Brooklyn parish house, ALP is open to LGBTST people of African, Black, Caribbean, Arab, Asian and Pacific Islander, Latino/a and Native American/Indigenous descent citywide. It is the only center of its kind in the country.

ALP offers underserved communities a variety of services, including free and low-cost meeting space; capacity-building services and referrals; technical assistance; and networking, coalition-building, community organizing, and training opportunities. The organization also develops and advocates for culturally competent and LGBTST-specific community-based health programming.

Documenting the Need

With the DOH funding, ALP launched a comprehensive needs assessment of local LGBTST people of color communities. In the fall of 1999, ALP conducted a series of focus groups asking community members what issues and concerns affected their health and wellness. The following spring, they developed a five-page questionnaire asking individuals to describe their health, their families' health, where they access health care, what kind of services they use, if they had insurance, if they ever had difficulty receiving medical care, how often they accessed services, and if they were comfortable with their providers.

Over 4,000 questionnaires were sent to communities that traditionally have had little access to the health care system, with a specific focus on five underserved populations: youth, elders, immigrants, women, and Native Americans. The questionnaire was also distributed through various community organizations and events, and to ALP's 3,000 member mailing list.

The results indicated a severe need. "What we found was some proof of what we already knew anecdotally from our referrals – that sexism, classism, racism, and homophobia remain major obstacles to improving the health and wellness of LGBTST people of color," said project coordinator Brigit Greeson Alvarez. "Receiving

culturally competent, affordable, and LGBTST-sensitive services in a dollar-driven healthcare system is nearly impossible for LGBTST people of color." ALP also had professional researchers review the bulk of scientific literature to find out what research was being done on LGBTST people of color. They found virtually no studies that were not HIV-related.

Connecting Communities

To address the service gap, ALP compiled a resource guide of over 120 providers and organizations who serve LGBTST people of color. The guide serves as a vital link between underserved LGBTST communities of color and service providers who are sensitive to this population's unique and complex needs. "The guide will let people see what's out there. It's a first step in connecting underserved communities to these services, limited though they may be," said Robert Vázquez-Pacheco, Director of Community Education and Organizing at ALP. To date, the guide has been distributed to over 1,000 individuals and families, as well as organizations that serve LGBTST people of color citywide.

Continuing to Bridge the Gap

ALP will continue to address the gap between communities and providers in the second grant year, when it plans to set up a network of providers for LGBTST people of color. It will also intensify efforts to reach underserved individuals through targeted community organizing, technical assistance and training, and leadership development programs. Programs are especially needed for specific sub-populations, such as transgender people of color and LGBTST immigrants of color, who are often extremely marginalized in their communities and generally unable to access both the larger health care system and mainstream LGBT organizations.

ALP stresses the need for sustained funding in order to do this work. "The uncertainty of a short-term grant that might or might not be renewed can wreak havoc with organizational planning, goals, and objectives," states Vázquez-Pacheco, noting that the original proposal called for a more comprehensive Community Health and Wellness Program that had to be scaled back to fit the limitations of a one-year grant. Limited funds also meant that the resource guide had to be printed in English only, thus circumscribing its utility in

immigrant populations.

Ultimately, ALP hopes to help those in underserved communities break free from their marginalization. Observes Vázquez-Pacheco, "We want to work with our communities to recognize and take care of our own needs – to be able to seek out, access, and develop appropriate services." Achieving this critical goal will take time and continued funding.

¹Two Spirit is a Native American term for lesbian or gay.

Over 4,000 questionnaires were sent to communities that traditionally have had little access to the health care system. "What we found was some proof of what we already knew anecdotally from our referrals – that sexism, classism, racism, and homophobia remain major obstacles to improving the health and wellness of LGBTST people of color."

Pride for Youth

Bellmore, NY

LGBT youth are one of the highest risk youth populations: isolated and rejected from family and peers because of their sexual orientation, they suffer alarming rates of depression, alcohol and substance abuse, school dropout, and suicide. In Nassau and western Suffolk Counties, however, LGBT youth and their families have found a place to turn to in Pride for Youth. Pride for Youth is a program of Long Island Crisis Center, the oldest (founded in 1971) crisis intervention service provider in the area, whose programs have served as models for other organizations around the country. Pride for Youth provides education, outreach, and support specifically for LGBT youth and their families.

Prior to the DOH grant, Pride for youths' work was hampered by cramped quarters that limited its programming capabilities. The DOH funding enabled the agency to move to a large, permanent location on the main thoroughfare in the town of Bellmore. The visibility of the space is one of its main attractions. "We're a storefront in the community," notes social worker and executive director Andy Peters, "so it really feels like we're breaking some walls down, sensitizing people to our existence. It's a place that the kids can call their own."

With the larger site, and additional staff positions also funded by the grant, Pride for Youth could expand the hours of its drop-in center, known as the "Coffeehouse." Now, on both Friday and Saturday nights, youth come to the professionally staffed, alcohol-free space to socialize and take part in self-esteem-enhancing activities. Together with supervisory staff, youth develop positive activities such as movie nights, peer education skits, dances, open mic and poetry performances, discussion nights, guest speakers, and other special events. These activities provide an alternative to unsafe behavior and help break the isolation so often experienced by LGBT youth. Teens can also receive counseling from professional social workers. Over the entire year of funding, over 800 youth regularly participated in activities at the Coffeehouse. An average of 96 per week – double last year's numbers – came to the center.

The grant also enabled Pride for Youth to tackle one of the main obstacles to service provision for youth in suburban Long Island: the lack of a viable public transportation system. Without drivers licenses or supportive families, many youth have traditionally been unable to access services like Pride for Youth and have remained isolated, cut off from support, and at risk. The DOH grant funded insurance and maintenance for an eight passenger van that brings 39 young adults weekly to the center where they can

connect with their peers, receive counseling, and participate in the Coffeehouse activities.

Family Focus

A critical part of helping LGBT youth is helping their families accept them. In fact, many of the teens who come to the drop-in center ask for help with their family relationships. Peters stresses the importance of family-oriented programs: "They're a

"We're a storefront in the community, so it really feels like we're breaking some walls down, sensitizing people to our existence. It's a place that the kids can call their own."

necessary complement. You can't work in a vacuum; you need to help the entire family deal with this issue." Another full-time social worker, whose position was funded by the DOH grant, initiated new family counseling programs and has done intensive outreach to parents. Over the past year, 36 parents attended either individual counseling sessions or a group support program, where they slowly worked toward improving their relationships with

their gay children. Peters notes that although parents of LGBT youth are traditionally reluctant to seek services, Pride For youths' efforts have been successful, largely because Long Island Crisis Center is known and trusted by the community.

Pride for Youth also strengthened its linkages with key community-based organizations, including the Nassau County Youth Board, the North Shore Child and Family Guidance Center, Long Island Association for AIDS care, Nassau County Runaway and Homeless Youth Network, the Nassau County Coalition Against Domestic Violence, and others. It has successfully referred 65 youth to these agencies.

A Community Need

Community need for Pride for youths' services is evidenced by the great demand for its programs. There is a currently a waiting list for the counseling services – and the social workers already see over 40 youth a week in various individual and group support programs. The popularity of one of Pride for youths' workshops, "Working with Lesbian and Gay Youth," is so great that the small staff cannot accommodate the high volume of schools that request trainings, despite presently managing to provide almost double the number of school presentations proposed in the original workplan. Peters also notes that there is a need for regular, institutional training for foster care workers: many youth in the foster care system come to Pride for Youth, and foster care workers are not trained to handle the many bias incidents that occur in the foster care system. With continued funding, Pride for Youth will be able to meet these demands, helping more LGBT youth and their families get the help they vitally need.

Long Island Gay and Lesbian Youth (LIGALY)

Bay Shore, NY

What makes Western Suffolk-based LIGALY unique is the genuine partnership that it has established with Long Island's public school system. Since its inception in 1993, the agency has raised awareness of the challenges facing LGBT youth by providing workshops in 82 of Long Island's 128 school districts. The trainings, which have been enthusiastically welcomed, sensitize students and staff to the hostility faced by LGBT youth on a daily basis. The trainings then provide participants with tools to successfully address these challenges and create a safer school environment.

Safe Schools

The Department of Health grant enabled LIGALY to greatly expand its training and outreach efforts across Long Island. Over the course of the one-year funding cycle, LIGALY workers trained 4,184 educators and employees in K-12 schools. Workshop participants included all school staff that work with youth on a routine basis, from superintendents and administrators to bus drivers and cafeteria workers. The results? LIGALY has been inundated with letters and phone calls from parents and teachers thanking the agency for providing the tools to proactively address anti-gay attitudes in schools. One school psychologist wrote, "I want to thank you for the wonderful presentation.... After the meeting, I had numerous teachers approach me to tell me... how worthwhile they thought it was.... Many of them were already asking for more." She then related how immediately after the training, a teacher heard an anti-gay comment in her class and was able to confidently address the situation and engage in a positive class discussion.

Safe Spaces

The grant also paid for 10,000 brochures, flyers, and newsletters advertising LIGALY's larger array of youth services. These include certified social workers who provide individual, group, and family counseling; crisis intervention and referrals; a telephone help line (funded by the grant); two peer support groups; and two drop-in centers. The drop-in centers – one in LIGALY's main office in Bay Shore, the other in a new part-time space in Riverhead – offer a variety of recreational and educational activities, including a Friday night youth program called "Club LIGALY." Club LIGALY is an alcohol and drug-free space where LGBT youth meet and socialize in a space free from violence and harassment. As a result of the outreach materials, participation in LIGALY's on-site programs has increased 35%.

Safe Communities

LIGALY also strengthened ties to the larger system of youth and family agencies, increasing the number of collaborating agencies from 80 to 125. These include the Health & Welfare Council of Long Island, the Suffolk County Youth Bureau, and the Town of Huntington Youth Bureau. LIGALY also spearheaded innovative partnerships, such as a project with the Education School of Dowling College to train future educators to be advocates for youth. Already providing sensitivity trainings to Suffolk County police officers, LIGALY was recently invited to train Nassau County police recruits as well.

Yet despite these impressive achievements, much work remains to be done. Already averaging 17 sensitivity trainings per month, LIGALY receives more requests from local schools than it can currently fulfill. And although the organization recently opened a part-time office on the Eastern end of Long Island, youth and families from this geographic region remain tremendously underserved. LIGALY's efforts are also hampered by the lack of a viable public transportation infrastructure on Long Island. More funding will help LIGALY address these needs through the expansion of its school training program and possibly through the acquisition of a van to transport youth to LIGALY's sites.

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LIGALY also plans to develop more on-site prevention-oriented services, such as a weekday afternoon program where LGBT students can participate in positive, skill-enhancing activities in the after-school hours. And the agency will continue its efforts to make spaces outside of its drop-in centers safe for LGBT youth to develop, socialize, and become a part of the community. "Gay kids need to be safe wherever they go, not just here," notes LIGALY's executive director David Kilmnick. "Whether it's the Police Athletic League or the YMCA, our job is not just to create a safe space here, but wherever they go and wherever they live."

Gay Alliance of the Genesee Valley

Rochester, NY

The Gay Alliance of the Genesee Valley (GAGV) had two goals in 1998: to reach out to local LGBT youth, traditionally an isolated and at-risk group, and to develop an organizational infrastructure capable of sustaining this new programming. The Department of Health grant enabled GAGV to do both. GAGV hired an executive director and a youth program coordinator, doubling the number of staff members in an organization that relies most heavily on its committed volunteers.

With the new staff, GAGV could vastly expand its youth programming. The agency launched a 24-hour phone line that offers information, referrals and support to callers in need; the line received almost 200 calls in its first year of operation. Staff held 82 sensitivity trainings in schools and youth-serving agencies, reaching more than 1,700 people. They developed three fact sheets about LGBT youth and their families and distributed over 1,000 copies of each to youth service providers. They also updated a resource packet for school personnel about LGBT youth needs, distributing it to ten local school districts through Project Teaching Respect, a collaborative, multi-organization effort that trains volunteer advocates – gay and non-gay – to educate school staff on how to make schools safer for LGBT youth. Moreover, for the first time GAGV made available crisis intervention counseling and case management services to LGBT youth and their families.

Youth Program Coordinator

Youth program coordinator Patty Hayes, whose position was funded through the grant, has been a critical part of this expansion. Her presence allowed GAGV to increase the number of support groups from one to two. Over the past year, 94 youth attended these groups. The youth wrestle with issues ranging from harassment and school dropout to depression, heroin addiction, homelessness, and parental physical abuse. Fortunately, Hayes is available for crisis counseling and referrals.

While helping the youth who are experiencing crises, GAGV also stresses a prevention-oriented approach. Hayes explains, “We try to catch kids before it reaches a crisis point – it’s about letting them know they can call, make an appointment, and come in and talk about what’s going on.” The center has also developed an extensive social and recreational program to provide youth with a positive alternative to drugs and alcohol. Monthly events range from bowling and movie nights to volunteering with local charities.

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If youth need additional help, such as drug and alcohol counseling, Hayes refers them to outside agencies. She has thus also focused on developing linkages with these agencies. “I go into youth-serving agencies to try and talk with them about these youth. I basically

say, ‘where can we team up?’ We each match what the other lacks.” By developing lasting relationships with these agencies, she helps them create and maintain gay-friendly environments. Since the start of the grant, GAGV has developed close linkages with eight agencies, including a youth crisis counseling agency, a homeless youth shelter, three HIV/AIDS organizations, two school districts, and the adolescent in-patient drug rehabilitation division of a local hospital.

Noting that many parents were dropping their kids off at GAGV, Hayes surmised that these parents wanted to become more involved in their children’s lives but probably did not know how. She began a quarterly parents meeting where they could learn how to strengthen ties with their gay children. The group has successfully met once and is continuing to grow. For many parents, attending such a group is the first real step toward establishing a better relationship with their child.

Book Distribution Project

One of GAGV’s most innovative projects was the Book Distribution Project. Originally a dream of a parent who went to a local library to see what resources were available for LGBT youth – only to be horrified to find either no material or outdated material – the project gives free resources to local school libraries and public libraries. To evaluate appropriate books, GAGV enlisted the help of teachers, parents, librarians, and several youth. They then gave five free books to every public and school library in the county – 60 libraries total. “The response was tremendous,” Hayes said. “The schools have been grateful for the resources, and now families that need resources can easily find them.” Each book is imprinted with GAGV’s information line and other resource numbers, so if a youth in crisis is afraid to check out the book, he or she can still write down the number and call for help.

Further Expansion

Over 100 youth from Rochester, Monroe County, and its outlying counties have accessed GAGV’s services since the start of the grant. Building on this success, GAGV intends to further expand its youth programs, particularly for urban youth of color. It also hopes to begin programming for LGBT seniors, to add programs addressing same-sex domestic violence, and to create programs for LGBT families. In doing so, GAGV will have truly become a comprehensive center for LGBT people in the Genesee Valley.

Gay and Lesbian Youth Services of Western New York

Buffalo, NY

The Department of Health grant enabled Gay and Lesbian Youth Services of Western New York (GLYS) to maintain its programs during a management transition, and to sustain a new vision for its programs that would better meet the needs of upstate LGBT youth.

Since its founding 17 years ago, GLYS has been the only program serving LGBT youth in Erie and surrounding Western New York counties. Last year, the GLYS board convened a series of focus groups to find out how to better serve this population. The groups found that a part-time director, limited hours of operation, and a crisis intervention focus prevented GLYS from providing all LGBT youth with a safe, affirming environment – a space that can prevent crises from occurring. The DOH grant made it possible for the organization to hire its first full-time director, who worked with the board, staff, and volunteers to reshape GLYS into a space where all LGBT youth can participate in health and wellness-promoting activities.

One of the first changes made was to make the space – located in the basement of a YWCA – more visually appealing and youth-friendly. Through separate funding, the staff painted, added new couches, and created a warm, welcoming environment. They added two computers – one to assist youth in job hunting and educational activities, the other for recreational purposes. They added an education center room, separate from the recreational programming room, so that youth could study after school. Finally, they created an office for a soon-to-be-hired part-time counselor that will do short-term counseling and referrals.

With the reconfigured, youth-friendly space, GLYS was ready to expand its hours of operation from nine to 25 per week. It became a true drop-in center, where youth could stop in after school, socialize, get referrals if needed, and participate in a variety of after-school programs. Programming includes both recreational events, such as coffeehouses and poetry workshops, and educational presentations on anger management, safer sex, and suicide prevention.

Marvin L. Henchbarger, the new executive director, notes that the new environment and programming allow the youth to focus on the

positive, and that this in turn helps undo the negative cycle of internalized homophobia that places LGBT youth at risk for so many problems. “It gives them a chance to undo the negative – to break the cycle of ‘I can’t, I can’t,’ and to build up self-esteem,” she says. “They can interact with different members of the community, see positive role models. They learn what they can do, rather than being stuck in what they can’t do.”

To publicize the space, GLYS staff increased outreach to the community. They hosted an open house, produced the organization’s first newsletter, and began reaching out to other agencies, including a homeless youth agency and residential girl’s agency. The DOH grant aided these efforts by funding marketing and outreach materials such as brochures, mugs, pens, and magnets – all with GLYS’s phone number, so that youth can call. The materials are distributed everywhere someone might turn up and need a referral – at agencies and on the desks of social workers, counselors, and teachers. Staff efforts confirm the need for outreach services. Henchbarger notes, “I’ll randomly give a business card out at a restaurant, and people will say, ‘Oh, I have a kid

who needs help.”

Since staff will provide referrals to outside agencies, GLYS has also focused on awareness work with these agencies. According to Henchbarger, “It’s important to get out the message that social service agencies work with gay youth, whether they know it or not. We try to say, ‘If you want these kids to talk to you, here are ways to make them comfortable.’ And the agencies will also know they can refer the kids to GLYS.”

Finally, GLYS is also focusing on expanding outreach to areas beyond its downtown Buffalo location. Suburban youth find it difficult to get to GLYS, but there are no other services in the area. To address this, GLYS is setting up discussion groups for LGBT youth in suburban areas. The DOH grant will also help GLYS develop a website, which will be another effective way of connecting hard-to-reach youth to services. Overall, the DOH funding has allowed GLYS to create effective changes in order to address the needs of Western New York’s LGBT youth.

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SECTION II:

INTEGRATION OF LGBT HEALTH AND SOCIAL SERVICE NEEDS IN EIGHT STATE AGENCIES

*Profiles of important steps state
agencies are taking to improve the
lives of LGBT people.*

Department of Health

The Department of Health has demonstrated extraordinary leadership in its adoption of LGBT-inclusive Request for Proposals (RFP). In 1998, the DOH agreed to meet with representatives from the LGBT community in order to develop language for a new RFP. The collaborative effort resulted in the Lesbian and Gay Health and Human Services Initiative – an innovative RFP designed specifically for non-HIV-related health and human service needs of LGBT people and their families. For the first time in history, a New York State agency had identified LGBT people as an underserved population.

Guidance from LGBT community representatives allowed the DOH to insure that the RFP accurately addressed the unique concerns of the LGBT community. The visionary document clearly explained the need for such services, stating that LGBT individuals largely “avoid mainstream service providers out of fear that sharing information about their lives and sexuality will subject them to rejection and discrimination.” It enumerated the factors that result in substandard care, noting that LGBT people often receive

“less than comprehensive assessment or treatment, as service providers are not necessarily familiar with stressors amplified for lesbian and gay individuals... [including] coming out, family disruptions, substance abuse, violence and sexually transmitted diseases, including HIV.”

So that only programs targeting LGBT people in an affirmative manner and that were truly community-based would receive grants, the eligibility requirements stated that applicants

“must demonstrate that members of the targeted communities (consumers) have been involved in the design of the proposed initiative and there will be ongoing involvement in the implementation, quality assurance and assessment of the program.”

This state-community partnership resulted in over 72 programs from around the state applying for funding. The 10 organizations profiled in this report were among those eventually selected to receive grants.

Building on the success of this experience, the Department of Health continued the trend toward inclusiveness by developing, in partnership with five other state agencies and non-governmental organizations, the ACT (Assets Coming Together) for Youth. This RFP, designed for projects that promote positive youth development and prevention of abuse, violence, and risky sexual activity, included LGBT youth as one of the most vulnerable populations. Specifically, the RFP stated that it expected grant recipients

“to target actively, the State’s most vulnerable populations of youth (e.g., substance using/abusing youth, those in foster care and group homes, homeless and runaway, orphaned, out-of-school, incarcerated, HIV infected/affected, migrant, parent youth, youth with disabilities, youth with different sexual preferences, youth in special education programs and Black/African American, Hispanic/Latino, Asian/Pacific Islander and Native American youth).

Office of Mental Health

Four years ago, the Heights-Hill Service of the Office of Mental Health's South Beach Psychiatric Center developed the only program run by a state agency that exclusively serves lesbian, gay, bisexual, and transgender individuals. This unique program, the LGBT Affirmative Program, helps LGBT individuals suffering from mental illness.

According to the program's clinical director Ron Hellman, who led the efforts to create this innovative program, LGBT patients "tend to feel less safe and comfortable, tend to be less open, expect less of a focus on gay or transgender issues, and are more subject to homophobia and heterosexism."

The LGBT Affirmative Program successfully tackles these barriers. With an accepting clinic environment, licensed providers who are specially trained in LGBT issues, and affirmative support groups, the program eliminates the ambivalence towards LGBT clients often encountered in the mental health care setting. Gay-affirming posters on the walls and literature in the waiting room foster an accepting environment and let LGBT patients know they are welcome. LGBT-identified therapists, a weekly support group, cultural awareness groups, and other services allow providers to actively address the concerns of these patients. By providing a safe, non-threatening environment, the program helps LGBT patients actively engage in treatment.

Since its inception, the program has helped more than 60 individuals receive quality care. The LGBT Affirmative Program is a model program that can be replicated in other mental illness treatment facilities around the State of New York.

State Office for the Aging

When the State Office for the Aging (SOFA) released, in partnership with the State Society on Aging, its *Project 2015: The Future of Aging In New York State*, it made history: for the first time ever, a state agency had included in an official planning document a section devoted to the needs of LGBT senior citizens.

To write this section, SOFA chose as authors two health and social service professionals from Pride Senior Network, both of whom have provided years of services inclusive of LGBT people. The resulting briefing paper is an insightful description of the unique challenges facing aging LGBT individuals. The authors describe how years of homophobia have resulted in a closeted and underserved LGBT senior population. They then detail the distinct stressors and risks faced by LGBT people as they age: unusually high rates of isolation, financial instability due to ineligibility for social security survivorship benefits or family health insurance coverage, and discrimination and hostility in senior care facilities. The paper concludes with recommendations for reform, among them: implementing training curricula for state-supported services, funding LGBT-specific program and services, and increasing research on the older LGBT population.

The collection of articles and briefs that make up *Project 2015* serves, according to Governor Pataki's foreword, "as a starting point for discussions on how the Empire State can best meet these needs." By including LGBT seniors in this discussion, SOFA has taken a large step toward making New York government accountable to all of its diverse citizens.

Office of Alcoholism and Substance Abuse Services

The Office of Alcoholism and Substance Abuse Services (OASAS) has long recognized that effective prevention and training programs must be sensitive to the unique cultural factors affecting the individuals seeking treatment. Its Academy of Addiction Studies developed and implemented nine official training curricula that educate service providers on how to work with clients from diverse populations: African Americans; Latinos, people with disabilities; Native Americans; women; people with coexisting psychiatric disorders; adolescents; and lesbian, gay, bisexual and transgendered people.

The lesbian, gay, bisexual and transgender curriculum that is part of this series was developed by a team of OASAS trainers and community-based providers, including some from the Lesbian and Gay Community Services Center in New York City. The curriculum, entitled *Working With Lesbian, Gay, Bisexual and Transgender Clients in Alcoholism and Substance Abuse Services*, offers treatment providers an opportunity to:

- understand the importance of developing sensitivity to the needs and issues of LGBT people and the skills to make effective assessments, interventions and culturally relevant referrals and treatment decisions.
- understand the diversity within the LGBT community; prejudice and discrimination against LGBT people; and the impact of external and internalized oppression, including homophobia and heterosexism, on the addiction recovery process.
- become more effective in applying assessment and intervention techniques to working with LGBT people.

By supporting this program, OASAS has sent a powerful message to providers to broaden their skills in serving LGBT clients. In addition, the successful collaboration between OASAS and community-based providers exemplifies how a state agency can draw upon the expertise of those in the field to create effective statewide training to enhance providers' cultural competency. The curriculum has so far been used to train 61 faculty and 575 treatment providers, who have then gone on to train other professionals.

Office for the Prevention of Domestic Violence

Although domestic violence in same-sex relationships occurs at the same rate as domestic violence in heterosexual relationships, most providers are unaware of this – in part because they are not adequately trained. They thus do not screen for same-sex domestic violence among their clients and can miss the opportunity to help many in need of treatment. To compound the problem, such victims often do not seek help, because they are afraid of a negative response when they reveal their sexual orientation.

The Office for the Prevention of Domestic Violence (OPDV) has offered a first step toward a remedy with its soon-to-be-released provider training curriculum. The one-day program will train health and human service providers to screen for domestic violence among LGBT clients and to understand this population's unique needs. Providers will learn how to make appropriate referrals while understanding the limitations on what services are available. Once released, the training will be offered to interested providers through both OPDV and the AIDS Institute's regional training centers. OPDV is also developing a resource guide for LGBT victims of domestic violence to accompany the curriculum.

Recognizing the importance of community input for effective programs, OPDV worked closely with the New York City Gay and Lesbian Anti-Violence Project throughout the process of developing the training program.

Division of Criminal Justice Services

In 1999 the Division of Criminal Justice Services (DCJS) met with LGBT service providers to learn how to address same-sex domestic violence. After the meeting, DCJS realized that in order to award contracts to programs that address such violence, its staff needed training on how to identify and pursue LGBT-specific proposals. The agency invited representatives from the New York City Gay and Lesbian Anti-Violence Project (AVP) and the New York State Coalition Against Domestic Violence to conduct a full-day training for its contract managers.

The training focused on sensitizing DCJS staff to common misconceptions and stereotypes about domestic violence in same-sex relationships. Contract managers learned how to discern whether a project was LGBT-sensitive, hallmarks of an effective LGBT domestic violence program, and differences in appropriate outreach for rural versus urban programs. Recognizing that understanding and accepting diverse sexual orientations should be a part of its ongoing multicultural training efforts, DCJS has invited AVP staff back to participate in future diversity training sessions.

DCJS has also demonstrated leadership by including LGBT victims of domestic violence in its implementation of the federal S.T.O.P. Violence Against Women Act (VAWA). In its plan to implement VAWA, DCJS defines “sexual orientation” as an underserved population. The plan specifically states that one of four funding priorities is programs that:

improve services to underserved populations (geographic location; language; racial/ethnic barriers; disabilities; **sexual orientation**; elderly).

State Education Department

Schools need to be places where all students can achieve their full academic and personal potential. Harassment of actual or perceived lesbian, gay, bisexual, and transgendered students can prevent these youth from reaching these goals. The State Education Department and community advocates have been in discussion over the past year about ways to address this harassment.

This past summer, the Dignity for All Students Coalition (a statewide group of parent and child advocacy groups, teacher unions, and civil rights organizations) met with the Commissioner of Education and his staff to talk about specific steps the agency could take to reduce harassment of LGBT students. The Commissioner has proposed several actions the agency could engage in to initiate a statewide conversation about this issue:

- including questions about incidences/causes of harassment on the Youth Risk Behavior Survey to be conducted during the spring of 2001 in New York State high schools.
 - collecting data about incidences of harassment and violence in the Statewide Uniform Violent Incident Reporting System.
 - including awareness materials about LGBT issues in the interpersonal violence prevention package that will be distributed to schools.
 - conducting training for school staff, students, and parents on prevention of harassment and discrimination through the Statewide Center for School Safety.
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Office of Children and Family Services

The Office of Children and Family Services (OCFS) has a long history of investing in the well-being of LGBT youth. OCFS and its predecessor, the Division for Youth, have provided significant amounts of funding through the Special Delinquency Prevention Program for two organizations that serve LGBT youth – the New York City-based Hetrick-Martin Institute and the Buffalo-based Gay and Lesbian Youth Services of Western New York (GLYS). Hetrick-Martin, which serves thousands of LGBT youth and their families each month from all five boroughs of New York City and the surrounding metropolitan area, has received over \$1 million from OCFS since the state first began to fund it in 1984. GLYS has received over \$400,000 from OCFS since 1987.

This year, OCFS funded two additional organizations that promote the well-being of LGBT youth. For the first time ever, Center Lane of Westchester Jewish Community Services will receive funding through OCFS' Youth Development Delinquency Prevention Program. Center Lane provides counseling services, a drop-in center and support groups to LGBT youth in Westchester and Rockland counties. OCFS also awarded five years of funding through the Bay Shore After-School Advantage Program Partnership to Long Island Lesbian and Gay Youth (LIGALY) for a collaboration with six other youth organizations on Long Island on strategies for preventing school violence.

CONCLUSION

The LGBT Health and Human Services Network: A Community-Based Solution

Funding for the organizations profiled in this report came about largely through the advocacy efforts of the New York State LGBT Health and Human Services Network. The Network was founded in 1995 by a coalition of diverse health and social service providers united by a common understanding: the need for health and human services tailored to the specific needs of the LGBT community. The coalition has grown to encompass 48 organizations that abide by the following mission statement:

The Lesbian, Gay, Bisexual, and Transgender Health and Human Services Network (the Network) is an association of LGBT-specific and LGBT-supportive non-profit groups and organizations that serve LGBT communities. The Network's purpose is to ensure and enhance our ability to provide needed services to LGBT communities.

Network members provide a wide array of community-based services to underserved LGBT individuals across the state, including primary and preventive health care, crime victim assistance, family counseling, alcohol and substance abuse prevention, social support, and education. They serve upstate, downstate, urban, and rural populations, as well as specific subpopulations within the LGBT community, including youth, seniors, people of color, and lesbians.

The 10 organizations profiled in this report are members of the Network. Their accomplishments demonstrate how collaboration between community-based institutions and the State of New York can meet the health and social service needs of LGBT citizens. They also reveal the incredible effectiveness of government support and the ability of small, community-based programs to stretch each taxpayer dollar by augmenting this support with extensive donations of volunteer time, goods, and services.

Despite the impressive achievements of these organizations, the need remains great. Other equally valuable programs remain under-staffed, underfunded, and are reaching capacity or overwhelmed by the demand for services. Several subpopulations – LGBT seniors, transgendered people, rural and upstate LGBT people, and lesbians – remain especially underserved. The partnership between New York State and these community-based institutions has already gone a long way toward meeting these needs. Expanding this partnership will help create a healthier New York.

The Governor, legislature, and state agencies all have a role to play in strengthening this partnership. These roles are outlined in the recommendations found on pages 4-5.

Members of the New York State Lesbian, Gay, Bisexual, and Transgender Health and Human Services Network

African Ancestral Lesbians United for Societal Change

c/o The Center
1 Little West 12th Street
New York, NY 10014
212-620-7310

Committed to the spiritual, cultural, educational, economic, and social empowerment of African ancestral lesbians and women of color living in New York City. Provides educational tools, resources and referrals, workshops and discussions, and social and cultural events.

Asian Women Healing Ourselves

1 Greene Street, #214
Jersey City, NJ 07302
201-434-7594

A coalition of Asian and Pacific Islander women dedicated to addressing the health concerns of Asian and Pacific Islander lesbians and bisexual women in the New York City area.

The Audre Lorde Project

85 South Oxford Street
Brooklyn, NY 11217
718-596-0342
www.alp.org

A community organizing center for lesbian, gay, bisexual, two-spirit, and transgender people of color communities. Through mobilization, education, and capacity-building, ALP works for community wellness and progressive social/economic justice by and for people of African/Black/Caribbean, Arab, Asian and Pacific Islander, Latino/a, and Native/Indigenous descent.

Aya Institute

c/o Audre Lorde Project
85 South Oxford Street
Brooklyn, NY 11217
718-596-0342

A group of people of African descent in New York City dedicated to education and spiritual and mental health.

Bronx Lesbian & Gay Health Resource Consortium

P.O. Box 1488
Bronx, NY 10451
718-991-0605
blghrc@aol.com

Provides a database and directory of healthcare and social service providers who are informed of and sensitive to the LGBT community in the Bronx.

Callen - Lorde Community Health Center

356 West 18th Street
New York, NY 10011
212-271-7200
www.callen-lorde.org

A full-service, state-licensed health center geared primarily to the LGBT community, including those living with HIV. Services include comprehensive primary and specialty medical care, mental health care, and health education. All services provided regardless of ability to pay.

CANDLE (Community Awareness Network for a Drug-Free Life and Environment)

130 N. Main St.
New City, NY 10956
914-634-6677

Works to prevent the abuse of alcohol and other drugs by Rockland County youth through programs that build resiliency, educate about health and sexuality issues, and help youth cope with stress due to peer, school, or family problems.

Capital District Lesbian and Gay Community Council

P.O. Box 131
Albany, NY 12201
518-462-6138
cdglcc@aol.com

Serves the Capital District's gay, lesbian, bisexual and transgendered community. The Council seeks to promote understanding and acceptance of the LGBT community and to provide important programs and services to the community.

Center Lane/Westchester Jewish Community Services

845 N. Broadway, Suite 2
White Plains, NY 10603
914-948-1042
centerlane@hotmail.com

Located in Westchester County, Center Lane offers a drop-in center, discussion groups, social activities, a peer leadership program, and individual and family counseling for LGBT youth. Its services are utilized by adolescents from Westchester, Putnam, Rockland, and the Bronx.

Colombian Lesbian and Gay Association (COLEGA)

35-15 Leverich St., Suite #607
Jackson Heights, NY 11372
(718) 670-7399
colega_ny@yahoo.com

Advocates for the health, visibility, voice, and strength of all immigrant LGBT Colombians. Has linkages with LGBT advocacy organizations in Colombia, South America.

Gay & Lesbian Switchboard of Long Island

87 Liberty Ave.
Lindenhurst, NY 11757
631-225-6660

Serves as a source of information, referral, and peer counseling for residents of Long Island by telephone seven days a week.

Community House of Long Island

P.O. Box 2618
North Babylon, NY 11703-0618
(631) 242-9727
info@choli.org
www.choli.org

A space where all LGBT people and their supporters can meet in fellowship to promote the cultural, economic, social, and physical welfare of the LGBT community through prideful affirmation, community, fun, education, and service.

Gay & Lesbian Youth Services of Western New York

190 Franklin Street
Buffalo, NY 14202
716-855-0221

Provides programming for youth ages 14-21 from Niagara and Erie counties.

Gay Alliance of the Genesee Valley

179 Atlantic Avenue
Rochester, NY 14607
716-244-8640
info@gayalliance.org
www.gayalliance.org

The only LGBT agency in Monroe County and the outlying area, GAGV serves approximately 15,000 people a year through its support groups, recreational programming, information and referral hotline, publications, and sensitivity outreach trainings.

Gay and Lesbian Coalition of Western New York

206 S. Elmwood Ave.
Buffalo, NY 14201
716-847-0212

Works to make Western New York a safe, healthy, and enriched place for LGBT people to live, work, and establish their families. Identifies community needs, strengthens communication, and educates the public about the value that LGBT people add to society.

Gay Men of African Descent (GMAD)

248 West 14th Street, 2nd floor
New York, NY 10011
212-414-9344
gmad@aol.com

Works to empower gay men of African descent through education, social support, political advocacy, and health and wellness promotion. Programs include HIV prevention through street and community outreach, discussion and support groups, a drop-in center, and capacity building assistance services.

Gay Men's Health Crisis

119 West 24th Street
New York, NY 10011
212-367-1000

Founded by volunteers in 1981, GMHC is the oldest and largest not-for-profit AIDS organization in the U.S., offering hands-on support services, education, and advocacy.

GLSEN

121 West 27th Street, Suite 804
New York, NY 10001
212-727-0135
glsen@glsen.org
www.glsen.org

An organization of teachers, parents, students, and concerned citizens working together to end anti-gay bias in schools. Has over 85 grassroots chapters across the country, including five in New York (Albany, Hudson Valley, Long Island, New York City, and Rochester).

Greater Utica Lambda Fellowship (GULF)

P.O. Box 122
Utica, NY 13503
315-798-5234

Encompassing the counties of Oneida, Herkimer, and Madison, GULF provides outreach and support to gay and lesbian people in a safe and supportive environment.

Griot Circle

30 Third Avenue
Brooklyn, NY 11217
718-246-2775

An intergenerational and culturally diverse Brooklyn-based organization providing social services and support programs for older lesbian, gay, bisexual, transgendered and two-spirit people of color.

Hetrick-Martin Institute

2 Astor Place
New York, NY 10003
212-674-2400

Serves thousands of LGBT youth and their families each month from all five boroughs of New York City and the surrounding metropolitan area.

In Our Own Voices

33 Central Avenue
Albany, NY 12202
518-486-7338

A collaborative effort of four community-based organizations, IOOV's mission is to promote and ensure the physical, mental, spiritual, political, social, cultural, and economic health and survival of LGBT people of color communities in the Capital District.

Institute for Human Identity

160 W. 24th St.
New York, NY 10011
212-243-2830

Provides professional counseling and psychotherapy services to the LGBT community in an affirmative environment. Trains mental health professionals and offers public forums on how best to address the psychological needs of the LGBT community.

The Center for Crime Victim and Sexual Assault Services of Tompkins County (CVSA)

408 West State Street
Ithaca, NY 14850
607-273-5589

Works to reduce incidences of sexual assault, abuse, and harassment in Tompkins County through educational programming and advocacy. Provides crisis response and counseling services for rape and sexual assault survivors and their families and friends.

Lambda Treatment and Recovery Program

87-08 Justice Ave., Suite 1-G
Elmhurst, NY 11373
718-476-8480

Part of the Human Service Centers, a state-licensed facility with over 20 years of experience in the field of addictions and mental health. Professionals specialize in LGBT-sensitive crisis intervention, substance abuse, addictions, relapse prevention, and behavioral health management.

Lavender Lamps

740 Riverside Drive, Apt. 1K
New York, NY 10031

A New York City-based organization for LGBT nurses, offering support, discussion groups, and a newsletter.

Lesbian and Gay Community Services Center

1 Little West 12th Street
New York, NY 10014
212-620-7310
webmaster@gaycenter.org
www.gaycenter.org

Serving New York City's LGBT community since 1983. More than 5,000 people each week access the Center's mental health, family, substance abuse, HIV/AIDS-related, educational, cultural, advocacy, and recreational services.

LGBT Affirmative Program for People With Major Mental Illness

Heights-Hill Mental Health Service
South Beach Psychiatric Center
25 Flatbush Avenue, 3rd Floor
Brooklyn, NY 11217
718-875-1420

Located in downtown Brooklyn, the LGBT Affirmative Program provides sensitive, professional services for LGBT individuals with major mental illness.

LIGALY (Long Island Gay and Lesbian Youth)

32 West Main Street
Bay Shore, NY 11706
516-665-2300
www.ligaly.com

LIGALY provides counseling services, a drop-in center, support groups, and social and recreational activities for lesbian and gay youth and their families in Nassau and Suffolk counties.

The LOFT

P.O. Box 1513
White Plains, NY 10602
914-948-2932
www.loftgaycenter.org

Serves over 3,000 LGBT people each month in the lower Hudson Valley. Offers support groups, a newsletter, a telephone helpline, and social, educational, and recreational programming.

Mano A Mano

c/o Latino Commission on AIDS
80 Fifth Avenue, #1501
New York, NY 10011
212-675-3288 x212
mano_mano_ny@hotmail.com

A network of New York City-based Latino LGBT organizations and activists that advocates for health and social services issues affecting New York's Latino LGBT community, disseminates information on activities and services available to this community, and offers technical support and assistance to emerging Latino LGBT organizations.

Men of Color Health Awareness

758 South Avenue
Rochester, NY 14620
716-442-6470

Provides services to men of color who have sex with men. Services include, but are not limited to: HIV/AIDS education, prevention, outreach, case management, support groups, and community building activities.

Metropolitan Community Church of NY

446 West 36th Street
New York, NY 10018
212-629-7440

Provides worship services, pastoral care, an HIV/AIDS nutrition program, emergency food programs, support groups, and other services. Seeks to minister to the spiritual and physical needs of the LGBT community. A member of the Universal Fellowship of Metropolitan Community Churches.

New Neutral Zone

437 West 16th Street
New York, NY 10011
212-414-4740

A drop-in center for LGBT youth and their straight allies ages 15-22. Offers counseling, recreation, peer outreach and leadership, and arts programming in a youth-directed space.

New York City Gay and Lesbian Anti-Violence Project

240 West 35th Street, Suite 200
New York, NY 10001
212-714-1184
webmaster@avp.org
www.avp.org

Assists LGBT and HIV-affected survivors of hate-motivated violence, domestic violence, sexual assault, and police misconduct by providing therapeutic counseling, advocacy within the criminal justice system and victim support agencies, information for self-help, and referrals to practicing professionals.

People of Color in Crisis

468 Bergen Street
Brooklyn, NY 11217
718-230-0770
pocccgen@poccc.org

Health and mental health services, including education, discussion, outreach, and support, for the African-American and Caribbean LGBT communities.

Planned Parenthood of Niagara County

752 Portage Road
Niagara Falls, NY 14301
716-282-2501

Provides high quality, confidential reproductive and complementary health care services, educational programs promoting safe and responsible sexual attitudes and behavior, and advocacy for public policies reflecting these services.

Pride Community Center of Central New York

P.O. Box 6608
Syracuse, NY 13217
315-426-1650
pridesyrny@aol.com

An all-volunteer organization offering a variety of programs for LGBT people in Central New York.

Pride for Youth: Long Island Crisis Center

2050 Bellmore Avenue
Bellmore, NY 11710
516-679-9000
pfy1@aol.com

Provides an array of health and wellness service for LGBT youth in Nassau and Suffolk counties, including crisis counseling, support groups, and recreational activities.

Pride Senior Network

356 W. 18th St.
New York, NY 10011
212-757-3203
psn@pridesenior.org
www.pridesenior.org

Through advocacy, education, and communication, encourages and promotes services that foster the health, well-being, and quality of life for the aging LGBT population. Publishes an aging issues newspaper and service provider directory.

Queens Lesbian and Gay Pride Committee

P.O. Box 580445
Flushing, NY 11358
718-460-6778

Disseminates information about LGBT communities to foster knowledge and understanding. Educates the public, creates/supports activities commemorating important LGBT historical events, and creates/supports social service programs that improve that health and wellness of LGBT people, their families, and friends.

Queens Pride House

Queens Borough Hall, Room 325
120-55 Queens Boulevard
Kew Gardens, NY 11315
718-261-7068

Provides a safe, nurturing space for the Queens LGBT community.

SAGE

305 Seventh Avenue, 16th Floor
New York, NY 10001
212-741-2247
sageusa@aol.com

A social service and advocacy agency for old members of the LGBT community. Provides over 300 opportunities for socialization each month and an extensive program of education and community outreach. Located in New York City, with affiliates throughout the country.

SAGE Queens

46-09 31st Avenue
Astoria, NY 11103
718-726-4187

Provides recreation, socialization, education, organizing, and referrals for LGBT senior citizens throughout Queens.

SAGE/Upstate

P.O. Box 6271
Syracuse, NY 13217
315-478-1923

Provides recreational, social, and educational programming for aging LGBT people in Onandaga and contiguous counties.

Shades of Lavender

c/o Brooklyn AIDS Task Force
502 Bergen Street
Brooklyn, NY 11217
718-622-2910

A multicultural space in Brooklyn created by and for the lesbian and bisexual women's community. Provides ongoing discussion and self-help groups, workshops, activities, and information and referrals for youth and adults.

Unity Fellowship Church

230 Classon Avenue
Brooklyn, NY 11205
718-636-5646

Located in Brooklyn, Unity provides education and support services for LGBT people ages 18 to 25 and their families.

Women-Oriented Women

1005 Brayton Park Place
Utica, NY 13502
315-735-9704

A Utica-based lesbian organization, holding monthly social meetings and recreational activities.

Pages 6-8

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Page 8: *Transgender*: Moonhawk River Stone, a transsexual man, is a psychotherapist in private practice in Albany, NY, and a member of the board of NYAGRA, the New York Association for Gender Rights Advocacy. *Rural Populations*: Photo courtesy of New York City Gay and Lesbian Anti-Violence Project

Pages 10-11 (left to right): Photo courtesy of New York City Gay and Lesbian Anti-Violence Project, Bob Pileggi, Harry Stevens, photograph of SAGE members by Penny Coleman, Harry Stevens

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