



**STATE OF TENNESSEE
COUNCIL ON CHILDREN'S MENTAL HEALTH**

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Council on Children's Mental Health (CCMH)
Midtown Hills Police Precinct
1443 12th Avenue South, Nashville, TN 37203
March 2, 2017
10 a.m. – 2 p.m.

MEETING SUMMARY

ATTENDEES

Shiri Anderson
Katie Armstrong
Anna Arts
Elizabeth Ball
Justine Bass
Carole Beltz
Renea Bentley
Kathy Benedetto
Jeremy Breithaupt
Nicole Bugg
Amy Campbell
Kimberly Chisolm
Chad Coleman
Sujit Das
Brenda Donaldson
Anjanette Eash
Julie Flannery
Jane Fleishman
Rachel Gentry
Derek Gibson
Angie Givens
Katie Goforth
Gilbert Gonzales
Kathy Gracey
Dwan Grey
Vickie Harden

Craig Hargrow
Kim Holst
Brittney Jackson
Joan Jenkins
Sumita Keller
Richard Kennedy
Sarah Kirschbaum
Kristy Leach
Kisha Ledlow
Anna Claire Lowder
Chelsea McDaniel
Melissa McGee
Elizabeth McInerney
Jerri Moore
Michele Moser
Jessica Mullins
Amy Olson
Linda O'Neal
Steve Petty
Anne Pruett
Dawn Puster
Kathy Rogers
Mary Rolando
Mary Romano
Delora Ruffin
DeVann Sago

Pam Scott
Pam Sheffer
Natasha Smith
Sara Smith
Wendy Spence
Roger Stewart
Justin Sweatman-Weaver
Millie Sweeney
Joan Sykora
April Tanguay
Vicki Taylor
Elizabeth Thomas
Jennifer Trail
Keri Virgo
Amy Vosburgh
Will Voss
Don Walker
Shauna Webb
Angela Webster
Zanira Whitfield
Alysia Williams
Matt Yancey
Christina Youman
Del Ray Zimmerman

Welcome/Introductions/Announcements/Approval of August Minutes – Linda O’Neal, Executive Director, Tennessee Commission on Children and Youth (TCCY)

- O’Neal welcomed attendees and provided a brief overview of CCMH and its partnership with the Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS). She thanked everyone for making attendance a priority. She asked attendees to initial the attendance sheet and explained the additional information requested was essential for reporting requirements related to the federal system of care grant.
- O’Neal thanked Natasha Smith, TCCY, for transcribing the November 2016 meeting summary.
- After introductions, O’Neal noted the future dates of the meeting and announced TCCY’s Children’s Advocacy Days (CAD) will take place March 14-15, 2017 at the War Memorial Auditorium. The theme is “*Launching The Next Generation.*” You may register at www.cad2017.eventbrite.com.
- Millie Sweeney announced the TA Network is hosting a SAMHSA sponsored 2- day training in partnership with the Family Acceptance Project (FAP) in Detroit, April 25-26, 2017. Registration ends March 25, 2017. Dr. Caitlin Ryan along with the Family Run Executive Director Leadership Association (FREDLA) will lead the training to help participants learn about FAP’s evidence-informed family intervention and support model, which promotes well-being for LGBTQ children, youth and young adults. Attendees will receive training on family support needs for LGBTQ children and youth and on the FAP’s research and family support approach to help diverse families to support their LGBTQ children. Register at http://theinstitute.umaryland.edu/calendar/viewEvent.cfm?event_id=813

Approval of November Meeting Summary

- **IT WAS MOVED (ROGERS) AND SECONDED (SWEENEY) TO ACCEPT THE MEETING SUMMARY FOR NOVEMBER 3, 2016. MOTION PASSED UNANIMOUSLY.**

The Effect of Laws and Policies on LGBT Youth and Families – Gilbert Gonzales, PhD, Associate Professor of Health Policy, Vanderbilt University School of Medicine

- Dr. Gonzales presented research on laws and policies and access to care for LGBT youth. He reported there is more than eight million adults (three to five percent) and eight percent of high school students in the United States who identify as lesbian, gay or bisexual (LGB).
- Health disparities for gay men may result in binge drinking, substance abuse, HIV/STDs. For lesbian women the symptoms are more likely to be weight issues/obesity and smoking. Bisexual persons may experience depression and anxiety while transgender and gender non-conforming persons may deal with psychological distress, self-harm & suicide ideation, HIV/STDs. Dr. Gonzales said all LGBT people may face challenges in limitations to health insurance and access to care.
- Minority stress is another factor affecting the LGBT community. Discriminatory environments and public policies stigmatize LGBT people and can facilitate feelings of rejection, shame and low self-esteem, which can negatively shape health and health-related behaviors.
- Dr. Gonzales reported LGBT families are less likely to have health insurance because workplace discrimination & harassment can lead to jobs without insurance, and employers historically have not provided health benefits to same-sex partners or children of same-sex partners, while parents may

choose not to cover LGBT young adults (18-25 years). Without insurance, people are less likely to afford regular health screenings and treatment. He reported in 2015, 55 percent of employers now offer health benefits to same-sex partners and their dependent children compared to 12 percent in 2000.

- He shared LGBT people continue to experience provider-based discrimination. They report finding a LGBT affirming provider is difficult, the front-desk staff may not be friendly to LGBT people and providers may be unaware of the unique health care needs facing LGBT patients. Because of this, LGBT people may not be willing to disclose their sexual orientation or gender identity, leading to missing out on routine screenings. Dr. Gonzales said LGBT organizations and Vanderbilt has a list available of LGBT affirming providers. Vanderbilt is working on training to assist providers in the near future.
- Dr. Gonzales talked about the legal victories in 2015, citing *Obergefell v. Hodges*, legalizing same-sex marriage in every state. All states have now implemented same-sex marriage. He also mentioned *United States v. Windsor* that ruled Section 3 of Defense of Marriage Act (DOMA) was unconstitutional. Dr. Gonzales said research has revealed same-sex marriage improves adult health and access to health care for LGBT populations. There was less psychological distress in California, fewer mental health care visits in Massachusetts, and health insurance gains in New York.
- In addition, same-sex marriage policies may also be important for LGBT youth. In a recent 2017 study in *JAMA Pediatrics*, they compared high school students in states legalizing same-sex marriage to students in states not legalizing same-sex marriage between 1999 and 2015. Legalizing same-sex marriage was associated with a four-percentage point reduction in suicide attempts among sexual minority students. The questions were around asking students about their sexual orientation and included: During your life, with whom have you had sexual contact? and Which of the following best describes you? Dr. Gonzales shared that Massachusetts is asking students these questions at age seven or eight.
- Numerous studies have also examined anti-bullying policies. There have been a lot of policies and debates and they all report similar findings that anti-bullying school policies and gay-straight alliances are associated with better health outcomes for LGBT youth when it comes to illicit drug use, marijuana use, number of drinking days, heavy episodic drinking, bullying and suicide ideation and attempts.
- Despite LGBT people winning major legal victories over recent years, the headlines tell a different story. Dr. Gonzales shared a few of the headlines from the Tennessean like the bathroom bill and the religious protection for therapists. He also mentioned the growing backlash over North Carolina's LGBT discrimination law and Mississippi's religious freedom bill.
- Dr. Gonzales reiterated the LGBT health disparities are real and persistent, but need to be measured locally. He said marriage equality and safe school environments improve health outcomes for LGBT youth, yet anti-LGBT policies may promote discrimination and hinder access to care in the south. Last, but not least, providers are critical to achieving LGBT health equity and should be sensitive to the needs of LGBT people and create welcoming environments.

- When asked how to impact the policies in Tennessee, Gonzales said you can vote and contact your legislators. Others mentioned the National Council on Behavioral Health and Tennessee Equality Project as great resources as well.

LGBTQ Student Experiences in Education – Justin Sweatman-Weaver, Chair, GLSEN Tennessee

- Sweatman-Weaver provided a brief overview of the Gay, Lesbian and Straight Education Network (GLSEN) and explained their mission is to assure that each member of every school community is safe, valued and respected regardless of sexual orientation or gender identity/expression. GLSEN is the nation's largest homosexual advocacy group focused entirely on reaching public school students as young as kindergarten age.
- GLSEN has its own biennial National School Climate Survey to document the school experiences of lesbian, gay, bisexual and transgender (LGBT) youth. This is self-reported data. Over 7,800 middle and high school students completed the latest survey. Majority of LGBT students reported hearing anti-LGBT remarks in Tennessee Schools. While remarks were most frequently peer-to-peer, 28 percent of students in Tennessee reported hearing anti-LGBT comments. The report can be read at <https://www.glsen.org/sites/default/files/2015%20National%20GLSEN%202015%20National%20School%20Climate%20Survey%20%28NSCS%29%20-%20Full%20Report.pdf>
- Tennessee's snapshot can be found at <https://www.glsen.org/sites/default/files/Tennessee%20State%20Snapshot%20-%20NSCS.pdf>
- A total of 198 respondents were attending schools in Tennessee. The Tennessee sample was majority White/European American (84 percent), six percent Hispanic/Latino, six percent Multiracial, three percent Black/African American, and one percent Asian/South Asian/Pacific Islander. Most (89 percent) attended public schools. The school community makeup was 36 percent rural/small town, 40 percent suburban, and 24 percent urban.
- He said the report shows that transgender and gender non-conforming students are at a much higher risk of verbal or physical harassment or assault due to their gender expression. The vast majority of LGBTQ students in Tennessee regularly heard anti-LGBT remarks. Many also regularly heard school staff make homophobic remarks (28 percent) and negative remarks about someone's gender expression (47 percent).
- Most LGBTQ students in Tennessee report having been victimized at school. Of those, more than half never reported the incident to school staff (58 percent). Only 32 percent of those students who reported incidents said it resulted in effective staff intervention.
- Many LGBTQ students in Tennessee reported discriminatory policies or practices at their school. Almost two-thirds (72 percent) of respondents experienced at least one form of discrimination at school during 2015. In Tennessee, half of transgender students (50 percent) were unable to use the school restroom that aligned with their gender identity.
- Many LGBTQ students in Tennessee did not have access to in-school resources and supports. Only three percent attended a school with a comprehensive anti-bullying/harassment policy; a tenth (11 percent) had access to an LGBTQ-inclusive curriculum; only two in five (42 percent) could identify

six or more supportive school staff; and less than a third (30 percent) had access to a GSA or similar student club.

- LGBTQ students who experienced LGBTQ-related discrimination at school were more than three times as likely to have missed school as those who had not; had lower GPAs than their peers; were more likely to have been disciplined at school; had lower self-esteem and school belonging; and had higher levels of depression. Sweatman-Weaver reported students do not have enough core school support to make them feel safe and affirmed for better education outcomes. LGBTQ students who have LGBTQ-related school resources report better school experiences and academic success. Only three percent reported having comprehensive school policies for LGBTQ-related resources.
- Given the high percentages of LGBTQ students in Tennessee who experience harassment at school and the limited access to key resources and supports that can have a positive effect on their school experiences, GLSEN notes it is critical that Tennessee school leaders, education policymakers, and other individuals who are obligated to provide safe learning environments for all students to implement comprehensive school anti-bullying/harassment policies; support Gay-Straight Alliances (GSA); provide professional development for school staff on LGBTQ student issues; and increase student access to LGBTQ-inclusive curricular resources.
- Sweatman-Weaver stated there are about 55 out of 435 schools in Tennessee with gay straight alliances or similar clubs in Tennessee supported by GLSEN. The big issue is finding faculty advisors to start a club within the school. Sweatman-Weaver supports GSAs by having workshops and trainings. He said Franklin County has one of the strongest Gay Straight Alliances in the state. GLSEN Middle Tennessee attended the Franklin County School Board meeting and stood in solidarity with the students who started the first Franklin County High School Gay Straight Alliance. The School Board was considering eliminating *all* student clubs solely to get rid of the GSA. The overall backlash resulted in all of the Principals and Vice-Principals being relocated to different schools. Sweatman-Weaver offered to help any school start a GSA.
- Sweatman-Weaver talked about having inclusive curricular resources. He said it is easy to incorporate LGBTQ-positive identities, observances and issues into any curriculum. Only 22.4 percent of LGBTQ students were taught positive representations about LGBTQ people, history, or events in their schools; 17.9 percent had been taught negative content about LGBTQ topics. Less than half (42.4 percent) of students reported that they could find information about LGBTQ-related issues in their school library. About half of students (49.1 percent) with Internet access at school reported being able to access LGBTQ-related information online via school computers.
- Supportive Educators is professional development on issues such as understanding sexual orientation and gender identity and responding to homophobic or transphobic language and behavior empower school staff to be allies to LGBTQ students. GLSEN has toolkits you can order online for \$15 or download for free on its website. Students who had seen a Safe Space sticker or poster in their school were more likely to identify school staff who were supportive of LGBTQ students and more likely to feel comfortable talking with school staff about LGBTQ issues.
- Sweatman-Weaver reported there are only 11 schools in Tennessee with comprehensive anti-bullying school policies. Out of those 11 schools, Hamilton County has the only school that includes gender

identity. Students in schools with a comprehensive anti-bullying policy were less likely to hear “gay” used in a negative way often or frequently; less likely to hear other homophobic remarks often or frequently; were less likely to hear negative remarks about gender expression often or frequently; were more likely to report that staff intervene when hearing anti-LGBTQ remarks; experienced less anti-LGBTQ victimization; and were more likely to report victimization incidents to school staff and were more likely to rate school staff’s response to such incidents as effective.

- Sweatman-Weaver mentioned a few of the current legislative measures with potential effect on LGBTQ students, including SB14/HB174: Teacher’s Rights (allows teacher to follow their own conscience); SB752/HB 892: TN Natural Marriage Defense Act; SB 771/HB 888: Bathroom Bill; and SB 4/ HB 357: Social and Emotional Learning (to prohibit adopting competencies related to LGBT).
- Sweatman-Weaver said there have been systematic attacks on LGBTQ students. On May 13, 2016, the U.S. Departments of Education and Justice released joint guidance to help provide educators the information they need to ensure that all students, including transgender students, could attend school in an environment free from discrimination based on sex under Title IX. On August 3, 2016, The Supreme Court granted an “emergency” stay to stop Gavin Grimm, a 17-year-old Virginia transgender boy, from using the boys’ restroom at school. The Supreme Court is scheduled to hear the case of Gavin Grimm to answer if gender identity is a provision protected under Title IX on March 28, 2017. The first question of was the May 2016 guidance unconstitutional is now moot.
- An Audre Lorde quote was used “There is no thing as a single-issue struggle because we do not live single-issue lives.” Matt Yancey thanked Sweatman-Weaver and introduced Derek Gibson of Nashville Launchpad.

Nashville Launchpad – Derek Gibson, Executive Director

- Gibson said Nashville Launch Pad started in 2014 after the Oasis Center lost funding for their transitional housing program. The Nashville LGBTQ and Allied community came together to fill this gap and serve these young adults (ages 18-24) with special focus on LGBTQ youth. It is a street-free sleep initiative developed to provide temporary sleeping shelters for youth ages 18-24 in Davidson County.
- They follow a cold weather model and operate between November 1st to March 31st. They partner with generous host churches in Nashville that have opened their doors to all youth, regardless of their gender identity or sexuality. St. Augustine’s Chapel, East End United Methodist Church, West End United Methodist Church are the primary sites. Belmont United Methodist Church and Metropolitan Interdenominational Church are the backup sites. They are limited to 20 beds per site.
- Gibson reported the start-up cost is \$5,000 and said they have a \$12,000 annual budget. There are 5,000 plus volunteer hours to include training, nightly staff, meals, lines, laundry and supplies. Nashville Launchpad is almost at the end of its third season and has been open 192 nights in total with 2,460 total beds filled.
- He shared demographic slides showing 65 percent male, 23 percent female, six percent male-to-female (MTF) transgender persons and six percent female-to-male (FTM) transgender persons have relied on Nashville Launchpad services. Only 63 percent of the clients are heterosexual. Almost half

are non-white and with the highest percentage in the 21-24 in age group. Gibson reported the average period of homeless has been more than a year for half of this population. Going forward, Gibson would like to move to a more centralized location and expand the operating hours to year round.

- Jane Fleishman clarified Oasis still has a cold weather program even though they lost funding.
- Gibson answered questions about communicating services by saying they use a lot of social media to publicize the information.

Systems of Care: Systems of Care Across Tennessee (SOCAT) Working Session – Matt Yancey, Assistant Commissioner, Kristy Leach, Director of the Office of Children and Youth Mental Health, Keri Virgo, Project Manager, Systems of Care Across Tennessee, Don Walker, Lead Evaluator, Tennessee Department of Mental Health and Substance Abuse Services (TDMHSAS) and Melissa McGee, CCMH Director, Tennessee Commission on Children and Youth.

- Yancey briefly explained the System of Care Across Tennessee (SOCAT) grant and introduced Kristy Leach. She gave a brief overview and introduced the rest of the team to include Don Walker, Brenda Donaldson, Keri Virgo, Melissa McGee and Justine Bass.
- Walker, lead evaluator for SOCAT, conducted a series of interactive live polls providing real-time feedback on what the audience believed to be their local community's level of familiarity with System of Care (SOC), wraparound services and Family Support Specialists (FSS).
- McGee will supervise the SOCAT Divisional Coordinators at TCCY. She presented a historical roadmap of CCMH and her role with SOCAT.
- Leach explained this is the largest federal discretionary grant received by TDMHSAS in its history. It is a four-year, \$12 million grant. She explained the vision of SOCAT is to serve over 600 children through local Interagency Planning Teams (SOCAT Teams) and SOCAT Care Coordination Services for the development, implementation and sustainability of SOCAT Teams in an effort to decrease utilization of inpatient care and reduce out-of-home placements to have improved community functioning, including improvements in school performance and attendance; improved and sustained positive mental health, including increases in behavioral and emotional strengths; evidence-based Services and Supports (i.e. wraparound, peer support, etc.); SOCAT Financing Plan and policy and environmental change strategies that increase access to high quality care.
- TDMHSAS has partnered with TCCY to fund three positions and hire divisional SOCAT Coordinators, develop four laboratory sites (Madison, Coffee, Putnam and Sevier counties), develop local SOCAT Teams, a SOCAT Technical Assistance Center and a SOCAT Mini-Grant. Other grant partners include: Community Mental Health Centers, Tennessee Voices for Children (TVC), F.A.C.E.S. of Memphis, Mental Health Transformation Alliance, Centerstone Research Institute and other child and family-serving agencies and organizations.
- Virgo said the poll results will help the team go where they are trying to go and encourages everyone to be involved because we cannot assume that everyone knows and understand what wraparound means. Wraparound services are unique to each community depending on resources and its cohesiveness. It also relies on community resources instead of traditional services, allowing families, children and youth to have a voice.

- Virgo asked what experience the audience had with wraparound, what would they like to see happen, and what are some challenges they have faced with the wraparound process. People shared their experiences and shared funding has been a roadblock to consistency. They also want to think about technology and bringing it up to date because of the way people communicate now. Ultimately, most agreed that wraparound services are very important to families and brings much needed support to the parents and families because it adds the parent perspective.
- In implementing wraparound, many said they would like to learn what worked and what did not work in Tennessee. As to who should take part in the discussion, it was suggested that parents who have benefited from wraparound services or would want to as well as educators (teachers/teachers' assistants) definitely need to be at the table. Others commented they would like to focus on all children at all ages. There also needs to be buy-in from the local, regional government and leadership.
- Yancey quoted H. L. Mencken by saying, *“For every complex problem there is an answer that is clear, simple, and wrong.”* He said TDMHSAS has awesome partners committed to making this work and believes this grant is an unbelievable opportunity. Yancey agreed Tennessee is a state with unique needs and said this is going to be an ongoing discussion for the next four years.

Legislative Update – Steve Petty, Youth Policy Advocate, TCCY

- Petty provided an overview of the bills. He highlighted specific bills on which TCCY has taken a position and provided a little background. The bills highlighted are as follows:
 - SB 192 (synthetic opioid);
 - SB 197 by Senator Overbey would do away with juvenile life without parole sentences:
 - Petty said juveniles should be allowed to have a parole hearing at some point due to brain science and indicated this is very good legislation. This bill provides specific criteria the judge must use to make sentencing determination and includes ACEs and other aspects of their life. It requires 20 years to be served for a crime involving homicide and 15 without homicide. TCCY supports this bill;
 - SB 1392 is similar to SB 197, but requires 30 years to be served;
 - SB 196 has the intent to reduce the flow of juveniles being transferred to juvenile court for truancy. Some of the schools have concern over this bill as well. TCCY supports this bill;
 - SB 4 would prohibit the Board of Education from adopting standards or competencies regarding social or emotional learning in public schools. TCCY opposes this legislation and plans to visit with the sponsor when they put the bill on notice;
 - SB 341 has had amendments; TCCY did not take a position on this bill;
 - SB 458 allows schools to take action; TCCY does support;
 - SB 558 would require each student in elementary school to participate in a physical education class that meets at least twice per week for no less than 60 minutes total;
 - SB 1394 prohibits suspension or expulsion of students in pre-k and kindergarten. Petty said some of the teachers oppose this bill. The teachers need resources and mental health support in their classrooms. AIMHiTN is working with them;

- SB 233 makes changes in the process of determination of a parent’s ability to parent a child. TCCY did not take a position;
- SB 887 enacts the “Tennessee Zero to Five Initiative” to create five additional zero to five court programs throughout the state to be administered. This bill may have a tough time getting out of judiciary committee the next time it is there. The amendment will give it a total of 12 courts;
- SB 199 would terminate the Autism Spectrum Disorder Taskforce and create the Tennessee Council on Autism Spectrum Disorder. DIDDs will implement this out of existing funds. TCCY amended the bill to add one of our staff to the council; and
- SB 614 encourages teacher-training programs to partner with stakeholders in neurological or brain science research to provide educators with knowledge of cognitive development and how emerging research in the brain science can inform educational practices and policies.

Resources and Data for LGBT Youth – Pam Sheffer, Just Us Program Director, Oasis Center

- Sheffer shared the positive youth development efforts for LGBTQI Youth in Middle Tennessee. Staff now includes Pam Sheffer, Director; Page Regan, Program Coordinator; Brian Marshall, Program Specialist; and Dan Dumont, LMSW.
- To date, 130 youth have been served from August – February. Sheffer reported 43 percent identify as non-binary or transgender; 27 percent identify as pansexual. She said 36 percent prefer the pronoun use of he/him/his while 29 percent prefer she/her/hers. Only 15 percent of the youth are of color. They come from 46 different schools, 9 home-schools and 13 different counties, including Northern Alabama and Southern Kentucky. There is a weekly two-hour meeting where families travel 5,445 miles in total roundtrip. Sheffer wants to see a local resource in every county and offered to travel to your area and help you start a program.
- Sheffer highlighted as few of the programs at the Oasis Center.
- Just Us is the name of a support group started by the youth who were tired of the labels. The average attendance is 35 youth on Tuesdays from 4:30 p.m. to 6:30 p.m. The meeting format includes: check in where they share the highs and lows of their week; ice breaker/energizer; programming; special speakers; trending topics; spoken word; open mic night; art projects; You Tube & you; and closing.
- Students of Stonewall is another program limited to 10 students. They have to complete an application, provide references, are interviewed, participate in a leadership assessment, sign a youth and parent contract and involve a stipend. These students are currently teaching physicians at Vanderbilt Medical Center by participating in their grand rounds. These youth are really helping physicians and other healthcare professionals keep up to date in important evolving areas which may be outside of their core practice. Stonewall students are also panel participants at Peabody College and Belmont University and workshop facilitators at professional conferences. Sheffer said the feedback has been really well received.
- Trans Youth Meet to Empower (TYME) is for middle school and high school transgender/gender non-conforming students. The average attendance is about 35 youth. Sheffer said they meet once a month at a time convenient so the Parent Support Group (PFLAG) can also meet.

- More to Me (M2M) is for LGBTQI youth of color where they declare they are more than the color of their skin, the zip code of their childhood, the identity of their gender, the love in their heart and the status of their health.
- Pride Posse is a weekly group therapy session for 13-18 year old youth who identify within the LGBTQ spectrum or are questioning their identity, as well as individual counseling sessions based on need.
- Sheffer reported the clinical stats from 7/1/2015 to 2/1/2017 and stated there are 54 unique clients and 111 clients including family members. She said they see clients as young as seven. She reported 63 percent of clients are referred in-house through Just Us and TYME. The top issues or concerns express are 74 percent gender transition, 63 percent self-harm of some form, 56 percent suicidal thoughts, 52 percent isolation, 46 percent unaccepting parents, 31 percent safety at school or home, 28 percent non-suicidal self-injury, 19 percent attempted suicide 15 percent eating disorder and 13 percent diagnosed or suspected autism.
- Sheffer said the youth started coming and the programs just developed. She explained half of the funding is nontraditional from parents, communities and LGBT-friendly businesses.
- She announced free professional development cultural-competency training at the Oasis Center from March 2017 through June 2018. The goal is to empower professionals who work with victims of crime with knowledge needed to approach care through an open and affirming lens in addition to creating an environment in which LGBTQ victims of crime feel welcome, safe and respected. For more information, contact Pamela Sheffer at psheffer@oasiscenter.org or 615-983-6862.

Caring for Lesbian, Gay, Bisexual and Transgender Patients and Families – Mary Romano, MD, MPH, Assistant Professor of Pediatrics, Division of Adolescent and Young Adult Health, Vanderbilt University School of Medicine

- Dr. Romano shared information about the Vanderbilt Program for LGBTI Health, LGBTI Identities and terminology, bias and disparities as barriers to health care, best practices to alleviate bias and empower patients.
- She defined sex (female, male, intersex), gender identity (woman, man, transwoman, transman, genderqueer), gender expression (feminine, masculine, androgynous, butch, femme), and sexual identity (lesbian, gay, bisexual, MSM, WSW, queer, asexual, pansexual, straight).
- Dr. Romano said although transgender people are usually grouped with lesbian, gay, and bisexual people under the umbrella of LGBT, it is important to recognize that sexual orientation and gender identity are distinct concepts. Everybody has a sexual orientation and a gender identity, and a transgender person can be any sexual orientation. She shared a pie chart showing the diversity of ways that transgender people identified their sexual orientation. It is important to ask.
- Dr. Romano compared the binary gender model that classifies sex and gender into two distinct, opposite and disconnected forms of masculine and feminine to the more inclusive gender model of today that looks at sex, gender identity, gender expression and sexual orientation.
- She explained the difference between transgender and cisgender (concordant with sex assigned at birth). Transgender people can be any sexual orientation. Never assume a sexual orientation.

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity. Transgender people may choose to make social, medical and/or legal changes to affirm their gender identity. Transgender people use many different terms to describe themselves. Dr. Romano went through the current and common terminology:
 - Transgender woman, trans woman, male-to-female (MTF);
 - A person assigned male at birth who identifies as a woman;
 - Transgender man, trans man, female-to-male (FTM); and
 - A person assigned female at birth who identifies as a man.
- Dr. Romano went through the current gender pronouns. Ze is the newest pronoun. Many gay, transgender, and gender-nonconforming individuals do not identify as male or female or do not want to be identified as either gender. Vanderbilt has already changed forms to allow patients to choose between Mr., Mrs., Miss, Ms., Dr., or Mx. for title.
- Dr. Romano explained Disorders of Sex Development (DSD) or intersex people are occasionally grouped with transgender people but they are not the same because they have special and specific health care needs. Prenatal testing karyotype can occur at 11 to 12 weeks with a blood test. An individual whose external phenotype (genitalia) and internal sex organs differ from what is expected based on karyotype.
- Dr. Romano reviewed Tennessee demographics of same-sex couples per 1,000 households. The LGBT community makes up 2.6 percent of the total adult population in Tennessee with 18 percent same-sex couples raising children. There are significant LGBT Health Disparities like access to care, health outcomes and treatment and cultural barriers. Medical providers can contribute to these disparities by having a negative environment, bias and discrimination, lack of appropriate education, having a poor cultural sensitivity and communication and limited outreach and advocacy.
- She reported LGBT are three to seven times at risk for suicide and that 10 percent attempted suicide in the past year. There is an increased risk for obesity, cardiovascular disease, and cancer. Almost 40 percent of homeless adolescents are LGBT. LGBT are twice as likely to be uninsured and 56 percent of LGB and 70 percent of transgender patients reported bias and discrimination when accessing care.
- Dr. Romano reported Women who have sex with women have higher rates of depression and anxiety, substance abuse, heart disease, and breast cancer, ovarian cancer, cervical cancer, and colon cancer. Women who have sex with women face challenges in finding friendly and knowledgeable providers and are more likely to delay care.
- Compared to heterosexual women, bisexual women have 30 percent lower odds of Pap test within last year while lesbian women have 75 percent lower odds.
- Men who have sex with men have higher rates of HIV/AIDS; anal papilloma; Hepatitis A and B; substance and alcohol abuse/dependence; tobacco use; depression and anxiety; prostate cancer, testicular cancer, and colon cancer; intimate partner violence; and eating disorders.
- Gay and Bisexual men also face challenges in finding friendly and knowledgeable providers and are more likely to delay care.
- Studies have shown that suicidal ideation is widely reported among transgender people and can range from 38 to 65 percent. Studies have also found that suicide attempts among this population can range from 16 to 32 percent. Transgender are underserved and are more likely to delay care due to fear of

discrimination or past negative experiences. They too face challenges in finding friendly and knowledgeable providers.

- Dr. Romano shared brand new information released about a transgender survey reporting 1.4 percent of respondents were living with HIV at nearly five times the rate in the U.S. population of 0.3 percent. HIV rates were higher among transgender women at 3.4 percent, especially transgender women of color. Nearly one in five (19 percent) black transgender women are living with HIV compared to 4.6 percent American Indian and 4.4 percent Latina women.
- She reported adolescents make up less than one-quarter of the sexually active population in the United States. However, 50 percent of all new sexual transmitted infection's (STI) are diagnosed in adolescents each year. These rates are higher in LGBT youth.
- There are also mental health issues in the LGBT population with higher rates of mood disorders. Gay men are two to three times more likely than heterosexual men to suffer from depression. Rates are higher among bisexual women. LGB people suffer anxiety disorders two to three times the rate of same-gendered heterosexuals. There is a similar elevated risk for each specific anxiety disorder (panic disorder, specific phobia, social phobia, generalized anxiety disorder). The prevalence of anxiety disorders may decrease with age.
- Suicide is second leading cause of death in adolescents 15-24 years of age. LGBT youth are three times more likely to consider suicide than their peers and have higher rates of completed suicide. The rates are likely higher in transgender youth.
- Dr. Romano shared that more than 40 percent of LGB students have seriously considered suicide while 29 percent reported having attempted suicide during the past 12 months. She said 60 percent of LGB students reported having been so sad or hopeless they stopped doing some of their usual activities. In addition, LGB students are up to five times more likely than other students to report using illegal drugs.
- She talked about school safety and reported 57.6 percent of LGBTQ students felt unsafe at school because of their sexual orientation while 43.3 percent said it was because of their gender expression.
- More than one in 10 LGB students reported missing school during the past 30 days due to safety concerns and said they are more likely to be bullied more than their heterosexual peers (school: 34 percent LGB versus 19 percent heterosexual and online: 28 percent LGB versus 14 percent heterosexual).
- Dr. Romano reported on generalized anxiety disorder related to general societal attitudes. She referenced the recent 2017 *JAMA Pediatrics* reporting teens in states where same sex marriage was made legal had a significant decrease in suicide attempts when compared to states where it was not. The study looked at 34,000 LGB students in the 14 states that banned same-sex marriage in 2004. The effect persisted two years after legislation. LGB subjects in states that banned same sex marriage displayed a 248 percent increase in generalized anxiety disorder, compared to no significant increase in the control group (states without marriage bans).
- Dr. Romano focused on minority disparities and mental health also known as the minority stress model where there are chronic stress levels experienced by stigmatized minority groups thus leading to poor health outcomes. She said LGBT people face chronically high levels of stress that lead to poor health as well.

- Environmental factors explain minority health disparities better than genetic factors. External stressors include experiences with prejudice, rejection, and discrimination while internal stressors include internalized homophobia, remaining in the closet, and vigilance and anxiety about prejudice. She said isolation and hopelessness are the biggest contributors to suicidal ideation and attempted suicide. Among LGBT youth, there has been significant work that has outlined how these factors develop. Major factors include recognizing that you are “different” from your peers, concealing identity for fear of harassment/discrimination, emotional isolation from not being able to connect with other LGBT teens, cognitive isolation, and social isolation, i.e., lack of social support, no contact with the LGBT community, withdrawal, and victimization.
- Dr. Romano stated that in light of these disparities, family support is the number one factor that can help LGBT teens lead happy, productive lives. Parents may require support while their child is developing their sexual orientation/gender identity. This is normal and it can be helpful to facilitate family meetings or talk with the parents alone. Parents and Friends of Lesbians and Gays (PFLAG) is a support network for families as they learn how to be supporting of their children.
- She touched on intimate partner violence and noted patterns of abuse and violence tend to be higher for bisexual/questioning individuals. According to a 2015 CDC Report, LGB students are significantly more likely to report being physically forced to have sex (18 percent LGB vs. 5 percent heterosexual); experiencing sexual dating violence (23 percent LGB vs. 9 percent heterosexual) and experiencing physical dating violence (18 percent LGB vs. 8 percent heterosexual).
- Dr. Romano reported there are unique aspects of LGBT intimate partner violence (IPV). Barriers to reporting and seeking services include the belief that intimate partner violence does not occur in LGBT relationships or fear that the provider will not believe it exists, lack of appropriate training among IPV service providers, lack of resources available to help LGBT individuals leave relationships (61 percent of LGBT IPV survivors were denied admission to shelters).
- There are also consequences of “outing” to consider. LGBT are forced to deal with internalized homophobia, LGBT adolescents are less likely to have a social support system, and law enforcement is more likely to conclude fighting was “mutual” when it is same-sex.
- Dr. Romano reviewed inequality and health barriers based on the Sylvia Rivera Law Project. Approximately 33 percent of LGBT people are uninsured. The assessment of LGBT patients is not fundamentally different from that of non-LGBT patients. However, given the specific health risks faced by LGBT people, it is useful to keep in mind some general principles and questions. She said it is important for providers to create a welcoming practice by considering the overall experience of LGBT patients seeking care and creating a safe space to help patients feel comfortable and share critical information. Dr. Romano suggested having pride symbols, “safe space” stickers, or LGBT-themed magazines in the waiting area. She also recommended training front office staff on how to maintain a safe and welcoming environment and having a gender-neutral bathroom for transgender patients.
- Dr. Romano discussed having inclusive practice forms or paperwork can set the tone for the LGBT encounter. Inclusive intake forms might ask:
 - What is your gender? (male, female, transgender [male to female], transgender [female to male], gender non-conforming, other, declines to answer)
 - What sex were you assigned at birth? (male, female, or something else)

- What is your sexual orientation? (include heterosexual, gay, lesbian, bisexual, queer, other, and declines to answer)
 - What sex/gender are your sexual partners? (Check all that apply – options include none, male, female, or transgender)
- Dr. Romano provided a briefing on how to talk to transgender people. When referring to a transgender person, you should always use the person's preferred pronoun and name. Transgender women should never be referred to as male or as men. Transgender men should never be referred to as female or as women. Dr. Romano emphasized the importance of screening LGBT people because of they face elevated risks of most mental health conditions (internalized sexual prejudice and minority stress). She said you want to be sure to screen thoroughly for conditions that pose an increased risk for members of this population. Resources include the World Professional Association for Transgender Health's Standards of Care document (free at www.wpath.org).
 - Dr. Romano reviewed questions you should and should not ask your patient after learning they are transgender. She said you might be tempted to share personal information about your beliefs or experiences, your trans-sensitive and supportive attitude will come across by treating your patient with respect.
 - Dr. Romano highlighted resources for the LGBT community including Vanderbilt's Trans Buddy Program. The Trans Buddy Program's goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. She said they emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to direct care practices and aims to work with people of all identities with compassion and respect. The number is (615) 326-5185.

Discussion Plans for Future Meetings – Melissa McGee, CCMH Director, TCCY

- McGee talked about the focus of upcoming meetings and thanked everyone for coming. The April meeting will focus on adoption and the need for mental health education. June will be the combined meeting with the Youth Transitions Advisory Council (YTAC).

2017 CCMH Meeting Dates:

Thursday, April 27th – **T.B.D.**

Thursday, June 22nd – Midtown Hills Police Precinct

Thursday, August 24th – Midtown Hills Police Precinct

Thursday, October 19th – Midtown Hills Police Precinct

Meeting adjourned at 2:25 p.m.

Council on Children's Mental Health Purpose Statement

Design a comprehensive plan for a statewide System of Care for children and families that is family-driven, youth-guided, community-based, and culturally and linguistically competent.