

Putting the Pieces Together for Queer Youth: A Model of Integrated Assessment of Need and Program Planning

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Needs assessments require staff with the necessary expertise to design the study, collect the data, analyze the data, and present results. They require money, time, and persistence, because the people one wishes to assess often are difficult to access. This article argues for the centrality of a well-done needs assessment when developing services for LGBTQ youth. Needs assessment methodology and adjunctive uses of the needs assessment data also are discussed. The authors present a needs assessment of LGBTQ youth living in out-of-home care in San Diego, California, as an example of the purpose, practicality, and power of a comprehensive needs assessment. The needs assessment identified several issues, as well as additional data supporting the project's necessity. The data also identified the most significant obstacles youth face in accessing housing and supportive services. Through the data collection process, non-LGBT housing providers better understood their need for additional training, and housing and city leadership communities obtained and spread knowledge of the project.

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At the heart of effective program design lies a competency on the part of the service provider to meet the needs of the targeted population. The more thoroughly the specific needs of a target population within a specific *context* are understood, the better the eventual outcome data and the more cost effective the program will be. While general needs of the any given population may be easily assumed (for example, lesbian, gay, bisexual, transgender, and questioning [LGBTQ] youth in out-of-home care likely need a supportive environment in which to “come out”), their contextual needs are likely not so obvious. The role of a needs assessment, then, is to identify the needs of a target population within a historical and geographical context.

It is only through this type of exploration can contextual needs be assessed and understood, thereby leading to cost-effective program design and service delivery. In fact, the processes of assessing need and designing programs are not sequential, but rather concurrent, because each process informs, drives, and refines the other. The purpose of this article is to describe the ways in which assessing need and designing programs are an interdependent process. To provide an example of how this process can be used to plan programs and leverage resources, the San Diego LGBTQ Youth in Out-of-Home Care Needs Assessment, conducted in 2003, will be described throughout the article.

Program developers must conduct concurrent data collection and program planning with a comprehensive needs assessment when attempting to meet the needs of such an underserved, invisible population as LGBTQ youth. Very little is known about this population in general, and data about specific contextual needs are rare and difficult to find. Therefore, local planners cannot make many assumptions.

For example, the Sexuality Information and Education Council of the United States (SIECUS, 2001) cites data from a national study exploring harassment and safety of sexual minority high school students. The number of respondents who identified themselves as gay, lesbian, or bisexual varied from 1.1% in Minnesota

to 4.5% in Seattle, with rates in Massachusetts, Vermont, and Native American reservation high schools throughout the nation reporting in between. Given that sexual orientation apparently is evenly distributed throughout the adult population (Billy, Tanfer, Grady, & Klepinger, 1993; Diamond, 1993; Fay, Turner, Klassen, & Gagnon, 1989; Siedman & Rieder, 1993; Whitam, 1983), the most likely explanations for the variations in self-reported identity among more vulnerable and dependent adolescents are regional (or contextual) differences. The degree to which alternative sexual orientations are accepted is likely one regional difference.

Another example of the variability of LGBTQ youth experiences can be found by examining the change in "coming out" ages during the past 20 years. According to Ritch Savin-Williams, LGBTQ youth report coming out approximately four to five years earlier today they did in the 1960s (Cloud, 2005). Given that biology takes millennia to change, a change in the cultural context is the most likely explanation for earlier coming out ages over time.

These are merely two examples of the ways in which the experiences of LGBTQ youth can vary from context to context. Clearly, it is important to develop a comprehensive understanding of the needs of LGBTQ youth in their local region to develop appropriate services.

In addition to serving its primary purpose to assess needs, needs assessments can be powerful tools for change because the process provides a forum for education about the targeted population, supplies important support for the necessity of proposed programming, and creates opportunities for critical relationship development between program developers and community powerbrokers—necessary to the successful implementation of the proposed services.

Rationale

The process of developing and implementing programs and services that actually meet the needs of a target population is a complicated and time-consuming task. To increase the likelihood of

successfully meeting the needs of any population, those needs must be understood. As program plans develop, new challenges arise, which require additional data from the target populations. Successful program design requires a process by which data collection and program planning happen concurrently, creating a bidirectional feedback loop, ensuring that during each step of the process the planners are grounded in the reality of those to be served. The original vision of the planners is tested through data from the target population. As the data is understood, the vision changes to accommodate the reality of the target population. As the vision is refined, additional feedback is needed from the target population to ensure that the planner's interpretation of the data is correct. Each traditional step of program planning can be accompanied by a concurrent step in data collection via the needs assessment process.

This concurrent process can be complicated and somewhat abstract. To ground these ideas in reality, the San Diego LGBTQ Youth in Out-of-Home Care Needs Assessment will illustrate each step of the concurrent planning process.

Methodology

This article will present one method of integrating the program planning process and the needs assessment process. It is not intended to present research findings, but rather to present the benefits of a particular methodology of program planning. The San Diego data and process, while resulting from a formal study, is used only to clarify the proposed methodology.

Please note that the identity of the participants and the specific contributions of each participant were kept anonymous. All data presented was aggregate data, although specific quotes from participants were often used to clarify a point.

Background to the San Diego Project

In 2000, the San Diego LGBT Community Center opened the county's first social service facility dedicated to the needs of LGBTQ

and HIV+ youth. The facility was named the Hillcrest Youth Center (HYC) after the neighborhood in which is located (known as the "gay ghetto" of San Diego).

The program was a wild success, exceeding initial attendance projections by more than 500%. Youth reported feeling welcomed, comfortable, and supported while at the HYC. The staff, however, immediately became aware that a significant minority of the youth who accessed the HYC would leave at closing to sleep on a stranger's couch or on the street. This observation led to the creation of the San Diego LGBTQ Youth Housing Collaborative, eventually, and the Sunburst Apartments, the nation's first permanent supportive housing project for LGBTQ and HIV+ young adults ages 18–24. Although several other housing programs for LGBTQ youth exist in the United States (most notably, Green Chimneys in New York City, Chis Kids in Atlanta, GLASS projects in Los Angeles, and Ruth's House in Detroit), the Sunburst Apartments is the first LGBTQ and HIV+ housing program using the Supportive Housing model and providing permanent rather than transitional housing.

The San Diego LGBTQ youth housing collaborative was formed from youth service providers (the San Diego LGBT Community Center, Metropolitan Community Church of San Diego, YMCA Youth and Family Services of San Diego, and Walden Family Services [a foster family association]), which came together to plan, create, and provide housing and sheltering services to San Diego's homeless LGBTQ youth. Eventually, Children's Hospital of San Diego and San Diego Youth and Community Services also joined the collaboration.

As the collaborative began the planning process to create youth housing, the collaborative turned to current data about housing and LGBTQ youth. While data from other regions were located, no local data had been collected. While the members of the collaboration had anecdotal data to support set-aside housing services for this population, no contextual data about the needs of the target population, gaps in services, and barriers to care had been gathered. Given that there were other housing options for these youth in town, albeit limited, documentation of the

youths' reluctance to access these services, the providers' degree of cultural competency and training (or lack thereof), and the specific contextual needs of the youth was necessary to leverage funding.

Fundamental to the success of any housing project in San Diego, and prior to designing the project, was a structured data collection process designed to precisely determine the needs of LGBTQ and HIV+ youth 12–24 years old living on the streets and in shelters, juvenile justice facilities, foster home, group homes, receiving homes, and other residential facilities. This was the target population for the needs assessment. .

Given the planning committee was made up of representatives from several community-based organizations, an outside consultant conducted the study rather than agency staff. Hiring the consultant also facilitated raising funds for the needs assessment through private donors and foundations, because the money clearly would go directly to the consultants, rather than to any individual agency.

A two-pronged approach was used for fundraising. First, several local foundations were approached for grants. Unfortunately, these foundations stated they did not fund "research" and were very reluctant to support the needs assessment. Despite crafting the requests as funds for project planning, the committee was still turned down by most foundations. After a great deal of dialogue, the San Diego Foundation did provide a \$5,000 grant for project planning.

Interestingly, one declined request lead directly to a \$10,000 private donation when a board member learned her foundation would not fund the project. Private donations also constituted the second strategy. As a key factor in the process, the planning committee held a cocktail reception to introduce key community members to the project. Individuals whom the planning committee believed could fill one of the following roles were invited to the after-work event: (1) project donors, (2) governmental staff and officials that could assist with project approval and implementation, (3) community gatekeepers, and (4) housing providers who may be asked to assist the project or share their expertise. More than 60 people came to this

initial reception and, in the years to come, it proved to be one of the most valuable activities conducted by the planning committee, continuing to be referenced by attendees to this day when they talk about when they first "became involved in the project." Finally, an additional \$10,000 was raised directly or indirectly via this reception.

The Imperial Court de San Diego (the local branch of an international civic organization of primarily drag queens who raise money for local community straight and LGBT projects, scholarships, and needs) also heard about the needs assessment via this reception. Several months later, at the court's annual ball, more than \$5,000 was raised spontaneously from the floor for the needs assessment. Local branches of the Imperial Court should never be overlooked as funding sources for LGBTQ and HIV+ youth projects.

San Diego Needs Assessment Methodology

In the first phase of the project, 50 key informant interviews were conducted with local service providers, community leaders, and other stakeholders. The purpose of these interviews was to get a lay of the land with regard to youth housing in San Diego, build relationships with gatekeepers who could provide access to members of the target population, provide an opportunity for community involvement in the planning process, and establish a forum for community education about LGBTQ and HIV+ youth. In addition, the planning committee was interested in assessing the cultural awareness of local housing providers and community leaders to verify the youths' perceptions that existing housing projects were, at best, unaware of them, and, at worst, unsafe because of harassment and discrimination. This was the secondary purpose of the key informant interviews.

In the second phase, focus groups, individual interviews, and paper and pencil surveys were conducted with 400 members of the target population. Interviewers often were given access to population members living in facilities (foster homes, group homes, juvenile hall) by key informants. In addition, youth were interviewed or surveyed during the San Diego LGBT Pride Festi-

val, which offers a large "youth only" space within the festival each year. Finally, youth living on the street, squatting, and couch surfing often were referred by other youth participants. One hundred percent of the youth were interviewed anonymously (no names or other identifiable information was collected at any time) and participation was completely voluntary—participants were asked to seek out the interviewer rather than being introduced by a staff member. With these parameters, parental consent was not sought for youth under the age of 18.

Findings were compiled into a final report, executive summary, and several PowerPoint presentations, all of which were distributed throughout San Diego County. In addition, these findings were presented at the 2004 American Psychological Association convention in Honolulu, Hawaii, by this author.

The Concurrent Process: Needs Assessment and Program Planning

Target Population

The obvious first step in any program planning process is to identify the target population. This also is the first step in conducting a needs assessment. When conducted concurrently, the initial choice of target population for the program and the assessment inform each other.

Based on observation, previous experience, research, and other factors, a target population is selected by the planning committee to be the recipient of the proposed services. As already described, without specific data gathered from the local context, precisely defining the target population is difficult without identifying how its needs vary with demographics. For example, how do needs vary according to age, ethnicity, gender, gender identity, culture, and sexual orientation? Answering these questions is essential to judging the needed services and the feasibility of those services. At this point, the process moves to the needs

assessment, which adopts the general parameters of the target population identified by the planning committee. As data is collected from the identified populations, issues such as age, ethnicity, socio-economic status, sexual orientation, and language can inform the planning process and the target population can be further refined.

In San Diego, the initial target population for another housing project was identified as LGBTQ and HIV+ youth (and appropriate non-LGBT and non-HIV+ youth who are accepting of the LGBT and HIV+ community) ages 18–24, with a special emphasis on those emancipating from foster care. The decision to provide services for this population was based on legal concerns and anecdotal information derived from other youth housing providers.

Given the need for parental consent for housing youth under the age of 18, and the likely complications that would arise from seeking parental consent for LGBT youth, the planning committee determined that young adults would be a much more feasible population to serve for the initial project. However, the committee was unclear whether or not this age group would identify housing as a primary need.

In addition, other community youth housing providers indicated that while a small number of beds were available for LGBTQ youth under 18, no beds in the county were dedicated to housing any young adult population. Finally, observations made by the HYC staff indicating that many of the youth accessing services stated they chose to couch surf or sleep on the street instead of staying in one of the local shelters, because they feared harassment and discrimination based on their sexual orientation. These factors served as the primary influences on the decision to target young adult LGBTQ and HIV+ individuals.

After choosing an initial target population for the housing project, the planning committee wanted to confirm that decision via the needs assessment process. Therefore, the target population age range for the needs assessment was broadened to 12–24,

in an effort to confirm that younger LGBTQ and HIV+ identified youth were not in as desperate need for housing services as older youth. In addition, the planning committee knew that youth emancipating out of foster care and those living on the street were obviously in need of housing services. LGBTQ and HIV+ youth, however, live in many arenas out-of-home care that can result in homelessness, such as group homes, juvenile justice facilities, and other shelters. Therefore, youth living in these environments were included in the needs assessment target population. Finally, the initial project target population specified sexual orientation (LGB) and gender identity (T) as additional demographic components.

Although epidemiological data estimates that half of all new HIV infections happen in youth under the age of 25, reported rates are often much lower than that because of the low rate at which youth accessed testing (Centers for Disease Control, 2002; Office of National AIDS Policy, 2000; National Institute of Allergy and Infectious Diseases, 2002). Given that the initial target population for the project included HIV-positive youth, the needs assessment needed to gather information regarding HIV status. Ethnicity, culture, and gender were not specified within the project target population. All of these issues would need to be explored via the needs assessment.

Results from the needs assessment confirmed the anecdotal information concerning the appropriate age range. Housing for 18–24 year olds was ranked as one of the most needed services by the key informants. All of the youth participants identified housing as one of the top needs, regardless of age.

Both youth and key informants identified several obstacles to care linked to the youths' sexual orientation, gender identity, and HIV+ status. Youth identified fear of harassment by other youth, lack of trust that adult staff will protect them, and reports that program staff had advised them to not disclose their sexual orientation or gender identity as reasons they would choose to not access local housing programs. Key informants identified a poor understanding of the population, lack of awareness of the population, and lack of training as obstacles to care.

The initial project target population, as identified by the planning committee, did not specify ethnicity. Again, to confirm that it met the needs of the community, the needs assessment target population also did not specify ethnicity, but rather attempted to collect data from a sample of participants closely resembling the ethnic diversity of San Diego County to determine whether a significant need organized around ethnicity exists within the target population. No differences in needs by ethnicity were discovered. Obviously, the various ethnic populations of San Diego (primarily Latinos, African American, Asian Pacific Islanders, and African immigrants) have different needs with regard to housing. The consultants and the committee believed the data shows that the need for LGBT culturally competent housing and the LGBT sexual identity of the participants were so salient they eclipsed ethnic and other differences. In other words, their ethnicity was not nearly as important in their choice of a housing provider as was their LGBT and HIV+ identities.

During both the interview and the paper and pencil survey, youth were asked about their HIV status. This study found a 17% self-reported HIV-positive rate. Epidemiological projections had repeatedly suggested that the HIV-positive rate among youth was in this range; however, data based on county reporting rarely confirmed this estimate. The 17% rate found in this study were youth who had taken a test, returned for their results, and were willing to report their status. The true rate is likely even higher.

With these findings, the original broadly defined target population identified by the planning committee was confirmed and the planning process moved forward.

Service Domain

Concurrently with identifying the population to whom services will be offered, identifying the kind of services (or service domain) that will be provided also is necessary. A service domain is defined as a general category of services, such as housing, case management, mental health, medical services, or prevention services.

Typically, the service domain and target population are identified simultaneously. As with the identification of the target population, various factors will inform the choice of service domain. However, unless data had been collected about the need for these services on the local level, the planning committee may not have accurately identified the service domain most needed. As with identification of the target population, service domain selection requires confirmation via the needs assessment process.

In San Diego, anecdotal information from HYC staff served as the initial impetus to identify housing as the service domain for the project. As described previously, however, the housing needs for LGBTQ youth in San Diego had not been documented.

Once the collaboration was formed, the planning committee began to investigate housing services currently available within the county, housing for LGBTQ youth in other parts of the country, and a review of any research regarding youth housing and specifically with LGBTQ youth. Unfortunately, the planning committee found little information regarding either youth housing or LGBTQ youth.

The committee, however, did identify Supportive Housing for adults as an evidenced-based program with demonstrated outcomes and a compelling cost-effectiveness analysis, although Supportive Housing for youth had not yet been studied. One primary component of Supportive Housing is direct and easy access to adjunctive services such as medical care, mental health services, drug and alcohol services, and case management.

The planning committee initially chose the Supportive Housing for adults model based on its demonstrated effectiveness. The committee also was excited by the integrated nature of the model, which provided the opportunity to incorporate much needed support services (again, according to anecdotal information) in the housing model. This model, however, necessitated the identification and understanding of target population adjunctive needs in addition to housing needs.

Confirmation and Refinement of the Service Domain

There are many ways a needs assessment can confirm the accuracy of the planning process's identification of the service domain. Qualitative methods can solicit the information via direct interview questions. Qualitative data also can be analyzed with the goal of identifying target population service needs, even if no questions directly queried for needs beyond the identified service domain. Quantitative methods can use surveys to have respondents suggest needed services, identify which services from a provided list are needed, or prioritize services from a provided list.

An effective strategy can combine both methods. The initial interviews can solicit, via open-ended questions, a variety of target population service needs. These then can be used to generate a list that is presented to later participants with the request to identify most needed services.

To confirm the need for housing services and to gather information about necessary adjunctive services in San Diego, the needs assessment consultants and committee developed a series of questions designed to have participants prioritize services they believed were needed. With paper and pencil surveys, both key informants and youth participants were asked to identify services needed by LGBTQ and HIV+ youth age 12–24 living out of the home. Youth were asked about their histories and current survival strategies.

Youth histories. A full 17% of the youth reported they had a psychiatric diagnosis, and 13% reported a previous psychiatric hospitalization. Forty-five percent reported being involved in the juvenile justice system, while 65% had been in a residential placement (either a group home or in foster care). Thirty-nine percent reported that they had been “kicked out” of their home because of their sexual orientation or gender identity. These histories not only indicated the need for mental health services, but also clearly indicated that these youth had *already been in the system before becoming homeless*. This also supported the choice of a supportive

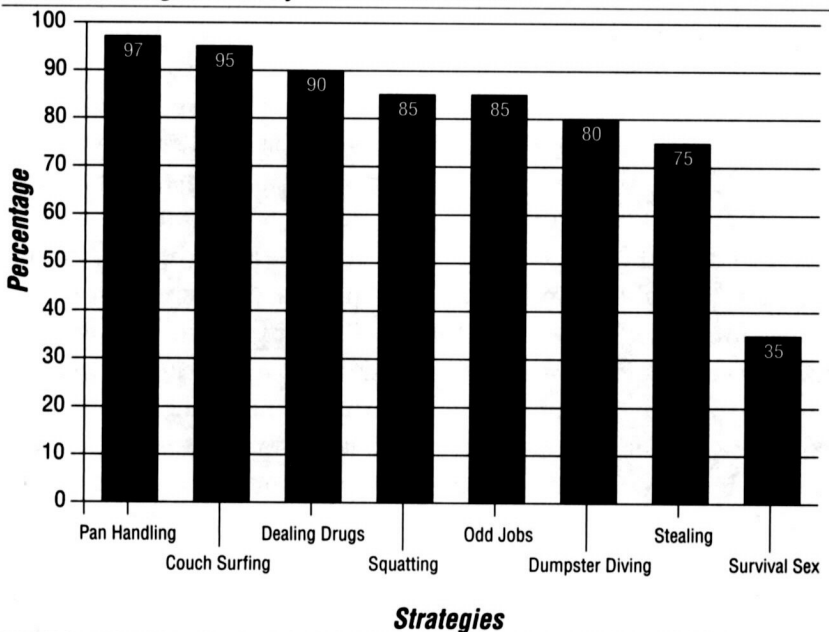
housing model, which has been most successful with the chronically homeless who had not been able to be maintained in traditional housing programs, which typically demand a high level of resident involvement in social service programs.

Survival strategies. The most popular street survival strategies included "dumpster diving," couch surfing, dealing drugs, and squatting (Figure 1). When asked for details about their drug dealing, most youth reported that drugs were rampant on the streets and the easiest, most accessible way to get money and resources. Ninety percent said they dealt drugs, stating in interviews that they traded drugs for money, food, and a place to sleep. In addition, youth reported that they used drugs as a survival mechanism. One youth stated, "You gotta have it [speed] to stay up. You don't wanna go to sleep at night. That's when you get robbed or whatever and can't do nothin' about it, even if you're squattin'." This data indicated a need for chemical dependency treatment as an adjunctive service.

The planning committee was relieved to find that only 35% of the youth reported engaging in survival sex. Although any percentage is too high, the planning committee feared that this number would be much higher. However, a 35% survival sex rate clearly argues for sexual education as an adjunctive service.

Youth and key informant responses confirmed the planning committee's identification of housing as the primary need for this target population. In addition, drug and alcohol services, mental health services, LGBT and HIV+ sex education, peer counseling, and legal services identified by both adults and youth as needed adjunctive services. In this manner, not only was the service domain of housing confirmed, but the movement toward the Supportive Housing model also was validated because so many additional services were identified. In addition, the specific adjunctive services needed by the target population were identified in multiple ways. As illustrated by the youths' histories, previous mental health and juvenile justice involvement supported the need for

FIGURE 1
Survival Strategies Used by Youth on the Streets



mental health services and legal services. In addition, when asked to specify needed services, all participants identified mental health services. The survival strategies supported the offering of chemical dependency and sexual education, as well as being identified by the participants. Because of this data, the planning committee felt very confident in its choice of adjunctive services.

It was interesting to note that, despite some areas of significant disconnect between the service providers and the target population identified via the needs assessment, both groups prioritized adjunctive needs in a remarkably similar way, providing powerful documentation (and later, financial and political leverage) to both the service domain and the choice of the Supportive Housing model. Specifically, drug and alcohol services and mental health services both ranked within the top five needed services for both groups.

Justification of Specialized Services

Once the primary service domain has been hypothesized, confirmed through data collection, and chosen by the planning committee, the same process of selection of adjunctive services must be engaged. The planning committee needs to determine which of the adjunctive services identified through the data collection process can and should be realistically built into the program design. Inclusion of adjunctive services is contingent upon priority of need as perceived by the target population, congruency with service domain, fiscal realities, and overall vision of the planning committee.

As described previously, both the target population and community stakeholders in San Diego identified several adjunctive services, including substance abuse treatment, mental health services, sexuality education, and others. Not only were these services suggested, but respondents indicated they were not currently available in the community. In addition to guiding the selection of services, this data informed the choice of the program model, because Supportive Housing calls for multiple supportive services to be offered on-site or within walking distance from the housing facility. In light of the absence of available services identified by the target population and stakeholders, these services have been built into the program model in San Diego.

Involvement of the Target Population and Other Stakeholders

The involvement of the target population and community stakeholders in the program planning process logically increases efficacy of the program design, decreases bureaucratic red tape, and increases financial support of the project. There are several ways to involve the target population and stakeholders in the planning process; however, conducting a needs assessment is arguably one of the most effective. It provides a method of involvement that metaphorically invites members of the target population and stakeholders "to help build the table" rather than inviting them to a "table that is already built." In other words, it invites the target popula-

tion to participate in program planning prior to the point at which decisions are made in the process. That truly empowers the target population to help shape the program—a process that naturally occurs as the other goals of the needs assessment are being met.

In San Diego, a half-day retreat was held with the planning committee and several youth who had participated in the needs assessment. The purpose of this retreat was twofold: (1) to present the needs assessment data and conclusions to members of the target population to check on the study's validity, and (2) to provide the planning committee with the opportunity to meet the youth for whom they were designing the program.

To make it feasible for the youth to attend, the retreat was held after school (most attended the local school for homeless youth). Youth were transported from school to the retreat site at the local LGBT community center, and then from the retreat site to their homes. Youth also were given gift cards for the local grocery store as "payment" for their participation. A substantial lunch and snacks were provided, and youth were given all of the leftover food to take home. The day went extremely well. The youth provided additional clarifying details about their needs, and the committee received a "reality check," if you will, regarding the target population.

The committee hoped that this retreat would serve as a launching point to increase youth involvement in the planning process. Unfortunately, despite changing the meeting time and making arrangements to transport youth to planning meetings, no youth were able to come to later planning meetings.

Education of the Community

An additional benefit of the needs assessment process is the opportunity to educate the broader community through the data collection process. Participation in data collection is appealing for many people, especially when they are being asked for their observations and opinions. Preliminary education of high level officials, executive directors, government staff, program directors, and other community stakeholders is accomplished when the interviewer explains

the reasons for the needs assessment and its goals. Subsequent educational opportunities present themselves as the participant answers the interview questions and tunes into their knowledge, or lack thereof, of the service domain and target population.

In addition, a skilled interviewer can take the opportunity of the interview to build a relationship between themselves (and thereby the project) and the stakeholder. These relationships can prove to be very beneficial later on as these people are often in positions to advance, or impede, the project.

Finally, these very stakeholders often are the gatekeepers to the target population. It is frequently necessary to have their permission to access the facilities, congregations, programs, and other organizations that the target population frequent. By participating in the needs assessment, these stakeholders may develop a good understanding of the project, build trust in the project through their interaction with the interviewer, and perceive a personal connection to the successful outcome of the project, thereby increasing the likelihood that they will help move the program forward. Granting access to the target population can be one primary method of assistance, as without the support and assistance of these stakeholders, it can be impossible to gain entry.

To access the community stakeholders in San Diego who (1) had knowledge of the target population, (2) access to the population, and (3) power to advance the project, the planning committee made a personal request to their colleagues and friends to participate in the needs assessment by granting an interview. The first step in the process was for the planning committee to identify stakeholders who met at least two of the three criteria described above and who could be approached to participate in the needs assessment as a key informant. Then, the planning committee identified at least one committee member who had a personal relationship with every person on the list; this person served as that stakeholder's point person. In some cases, no personal relationship existed with an identified stakeholder, but in all cases there

was an interim relationship (e.g., a "friend of a friend") to each stakeholder. The point people committed to personally contacting that stakeholder and ask for a needs assessment interview.

This method proved highly successful, and the interviewers were able to access the multiple key players in the San Diego system, including the departmental chiefs, directors of county run facilities, and most of the executive directors of agencies providing youth housing services in the county. As an unanticipated outcome of this method, the stakeholders became so enthusiastic about the project that many requested that key members of their staff also participate. In this way, excellent data was collected about the perceived needs of LGBT youth (or lack thereof), services currently offered to LGBT youth, and system's level of cultural competency with regard to LGBT youth.

Data Dissemination

An additional opportunity for community education arrives when the needs assessment is completed and the data can be presented. Local data, from the recent past, can have a very powerful effect on the listeners. Presentation of the data can be done in multiple formats, and it may be most effective to use as broad a variety of presentation forums as possible. Examples of vehicles for data dissemination include professional journal articles, newspaper articles, newsletter articles, PowerPoint presentations, Web-based presentations, and pamphlets.

The central role presentations of the San Diego needs assessment data played in the on-going development of the project was completely unanticipated, and incredibly powerful. Whether presented at the American Psychological Association National Convention (August 2004) or to a group of bachelors degree-level frontline youth workers, the data has over and over again helped people understand the experiences of LGBTQ youth living in out-of-home care with an immediacy that may be impossible with other types of data. In addition to developing a deeper (or in many

cases, an initial) understanding of these youth, many people reported feeling surprised that there was still such a low level of LGBTQ youth cultural competency within the San Diego system.

The San Diego study found that 100% of the key informants interviewed believed they had inadequate training with regard to LGBTQ youth. A full 90% of the key informants stated their place of employment did not have policies and procedures for assisting LGBTQ youth. Given that these were primarily residential service providers, this finding was distressing. In addition, 85% reported a general lack of knowledge about LGBTQ+ youth, commenting forcefully on their agencies' poor performance with the population and lack of cultural awareness. This is a quote that was used in the presentations in conjunction with these statistics:

I think we should be really ashamed to be saying this, because we are social services, that we really are ignorant over what services are really out there for the gay and lesbian youth...with regards to the county themselves, I'm not sure of any programs that we actually do.

The data from the youth also reflected this lack of competency on the part of agency staff. One hundred percent of the youth participants stated they *often* did not share their sexual orientation with service providers because they feared judgment, retaliation, or refusal of services. Of the youth that *did* choose to disclose their sexual orientation to staff, 74% believed that they had experienced prejudicial treatment that included harassment and threats. Youth consistently reported that they did not feel safe accessing many of the services currently available in San Diego County. As per youth reports, service providers encouraged them not to disclose their sexual identity, gender status, or HIV status to other service recipients. One 16-year-old, homeless youth participant stated:

It's better on the street. You can fight...or run. But in those shelters you're trapped. If you tell the staff somebody called

you a fag, they don't care. They won't usually let people hit you if they see it happen. But if they stop somebody because you told...you're just gonna get it later...and worse.

Despite the initial appearance of negativity in these findings, they actually are quite hopeful. Although stakeholders said their level of cultural competency was inadequate to serve the LGBTQ youth population, their desire to learn more was stated repeatedly. The interviewer reported that she felt no animosity from any of the stakeholders, but rather a desire to learn and a regret that they did not know more. These findings open the door to increased attention to system education about LGBT youth.

One very interesting finding was the discrepancy between the youths' and stakeholders' perceptions with regards to issues of safety. While youth ranked safety as one their primary concerns when accessing services, only 20% of adults rated safety as an important concern of LGBT youth. When youth were asked to define safety, they indicated they were referencing the internal environment of a program or agency. The youth had three primary concerns: First, would they be protected from verbal and physical aggression? Second, would they be harassed while living at the facility? Third, would they be treated differently because of their sexual orientation, gender identity, or HIV status? On the other hand, when adults were asked for their definition of safety, they identified factors external to their agency or program, such as the neighborhood in which the program was located and the fear of youth being harassed or "gay bushed" outside of their doors. This discrepancy clearly indicates a lack of cultural awareness on the part of social service providers and provoked many insightful conversations during the presentations.

Data such as these assisted people in dismissing the myths that "things were fine" and "social services are progressive and don't have problems serving LGBTQ youth," which characterized comments typically made at the beginning of the presentations. Most

powerfully, many presentations were made to agencies that participated in the needs assessment, providing them data about their own performance with these youth on these issues.

Leveraging Funds

Presentations of the needs assessment data, in addition to educating the broader community, can be a powerful tool when leveraging political and financial capital for the project. Local data about the current system, collected in the recent past, can prove pivotal when accessing needed resources. It is difficult to deny the needs of a target population when presented with relevant and contextual recent data. In addition, specific data about the local gap in services can be invaluable when working to justify specialized services for a particular target population, such as LGBT youth, who are being underserved by current providers.

At the time of the San Diego needs assessment, approximately 150 youth shelter beds were available within San Diego County, provided by four nonprofit agencies. For a county population of 3.5 million, this was clearly an insufficient number of beds. However, prior to the presentation of the needs assessment data, local community providers and civic leaders repeatedly questioned the need for specialized LGBTQ youth services, primarily for two reasons. First, with the shortage of youth beds, all beds "should" be available for any youth who needs it. Second, other providers who currently existed had no policy against LGBTQ youth, so why couldn't these youth access those services. Why create specialized services?

These arguments, however, quickly were quieted with the presentation of the needs assessment data and the clear lack of education and cultural competency, along with a significant report of incidents by youth of harassment and discrimination. Even the most skeptical front line workers acknowledge the need for specialized services and additional training after hearing the needs assessment data.

Conclusions

Developing and implementing social service programs designed to change high risk human behavior is essential to improving local communities; however, professional understanding of exactly how to change effective behaviors through community interventions is still limited. Any tool that can increase the efficacy and reduce the costs of effective programs needs to be embraced. Needs assessments, when conducted thoughtfully, can assist dramatically in the development and implementation of these programs. In addition, needs assessments can provide data essential to leveraging political and financial capital. Conducted concurrently, the processes of needs assessment and program design create a synergism of creativity, enthusiasm and information exchange that can greatly benefit not only the program and the target population, but the community as a whole.

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