

NOV 5 2010

The Honorable Jerrold Nadler
House of Representatives
Washington, DC 20515

Dear Mr. Nadler:

Thank you for your letter of October 26 concerning the recent rash of suicides by young people who identified as or were perceived to be lesbian, gay, bisexual, and transgender (LGBT). The Substance Abuse and Mental Health Services Administration (SAMHSA) is deeply concerned about these deaths and their impact on the families, friends, and communities who were left behind. While we cannot recover the lives of these youth, SAMHSA will continue to work to prevent suicides among LGBT youth and to address the risk factors that contributed to these tragic losses.

SAMHSA has a number of programs and initiatives that focus on LGBT youth and suicide prevention. We have detailed these below in response to your questions.

1. *How are SAMHSA's programs and those that it supports nationwide with respect to suicide prevention specifically designed to help young LGBT Americans?*

SAMHSA's Suicide Prevention Initiative and the Children's Mental Health Initiative have developed activities and materials specifically focused on LGBT youth. Selected efforts are described below.

- (a) The *Suicide Prevention Resource Center (SPRC)* includes LGBT youth as one of its priority populations. The SPRC has produced publications and trainings geared toward improving awareness and capacity for suicide prevention for LGBT youth. Selected works include:

"Suicide Risk and Prevention for Lesbian, Gay, Bisexual and Transgender Youth," a white paper produced in 2008 that synthesizes the current knowledge about suicidality in this population and offers recommendations for preventing suicidal behavior among LGBT youth. This paper provides the foundation for a Workshop Toolkit, currently in development, for youth-serving organizations. The Workshop is designed to be co-led by an expert in suicide prevention and a representative from the LGBT community knowledgeable about youth issues.

“Preventing Suicidal Behavior Among Lesbian, Gay, Bisexual and Transgender Youth: Developing LGBT Cultural Competence” identifies criteria for social service agencies, schools and individuals to assess LGBT cultural competence, with an emphasis on suicide risk among LGBT youth.

“Preventing Transgender Suicide: An Introduction for Providers,” provides information relevant to transgender suicide, including warning signs for suicide, factors that may protect against suicide, available crisis phone lines and online resources.

- (b) *SAMHSA’s National Suicide Prevention Lifeline* links a network of crisis centers across the country. The Lifeline routinely refers LGBT youth to The Trevor Project. The executive director of The Trevor Project is an active member of the Lifeline’s Consumer Survivor Subcommittee.
- (c) *The Garrett Lee Smith State and Tribal Youth Suicide Prevention Program* funds State and Tribal grantees to conduct suicide prevention activities. Currently, nearly half of the 32 State grantees report activities focused on LGBT youth. Examples include:

The Colorado Department of Public Health and Environment offered multiple trainings for staff who work with the Lesbian Gay Bisexual Transgender Questioning (LGBTQ) community. *Working Effectively with the LGBTQ Community* covered topics such as appropriate language, barriers to accessing services, and the building blocks of gender and sexual orientation. Applied Suicide Intervention Skills and Question, Persuade, Refer (QPR) trainings, were provided to individuals who work with the LGBTQ populations. Colorado also distributed the brochure, *LGBTQ Youth Suicide Prevention Brochure*, throughout the State.

The Massachusetts Department of Public Health Youth Suicide Prevention Project aims to reduce the rate of suicide mortality and morbidity among young people ages 10-24. For example, Berkshire County is working with schools to institutionalize Gay-Straight Alliances (GSAs) in rural schools and two GSAs have been developed. The Cape and Islands have conducted a community forum for LGBTQ youth, have trained youth and staff at a local LGBTQ youth center in QPR, and are developing a suicide prevention brochure for LGBTQ youth.

- (d) *The Garrett Lee Smith Campus Suicide Prevention Program* funds colleges to address suicide prevention. Nearly a third of the 68 grantees report at least one activity focused on LGBT youth including:

The University of Wisconsin - Oshkosh (UW-O) sponsored a webinar, *Lives of Transgender Persons* to increase awareness about issues confronting transgender students on campus. UW-O also provided gatekeeper training for peer mentors and hosted “*Stop the Hate*” a 3-day train the trainer event to address bias incidents and hate crimes experienced by students of color and those in the LGBTQ community.

The University of Kentucky- Lexington Gay/Lesbian/Straight Organization, at the request of the LGBT community, offered QPR trainings for parents of high school students following the death of an LGBT high school student.

- (e) *The National Workgroup to Address the Behavioral Health Needs of Youth Who Are LGBTQI2-S and Their Families*, has been convened over the past few years by the SAMHSA Child Adolescent and Family branch. Comprised of a diverse group of stakeholders, this National Workgroup provides input about programs, materials, products and policies to improve the lives of LGBTQ youth and their families, including promoting suicide prevention efforts and enhancing family acceptance in the provision of services and supports.
 - (f) The *Children's Mental Health Initiative (CMHI)* grant program has been collecting sexual orientation and gender identity data since 2009 for all children and youth receiving mental health services and supports through the CMHI grant program. This data will be critical in better understanding the needs of LGBT youth in systems of care, including suicidal ideation and attempts and how best to meet their clinical and behavioral needs.
 - (g) SAMHSA's Homelessness Resource Center convened an *Expert Panel on Youth Who Are LGBTQI2-S and Homeless*. This panel generated a report with recommendations for culturally and linguistically competent care in shelters that serve the needs of LGBT youth who are homeless and at risk for multiple negative outcomes including suicide. This report will inform future program efforts aimed at ameliorating the toxic effects of homelessness on LGBT youth.
2. *Does SAMHSA plan to take any immediate steps to reduce the risk of suicide among LGBT youth, before the Leading Change plan is finalized? If so, what does SAMHSA intend to do?*

SAMHSA continues its efforts in suicide prevention and its focus on LGBT youth as the Leading Change plan is moving to completion. On October 27, the SAMHSA Administrator and key staff leading the SAMHSA Sexual Gender Minority Interest Group met with representatives of the National Coalition for LGBT Health, including The Trevor Project. SAMHSA and National Coalition representatives articulated next steps for ongoing interaction and engaging The Trevor Project in some of the Federal anti-bullying efforts.

SAMHSA coordinates the National Action Alliance on Suicide Prevention, a public-private partnership, launched by the Secretary of Health and Human Services Kathleen Sebelius and the Secretary of Defense Robert Gates in September, 2010. The National Action Alliance on Suicide Prevention will shortly announce the establishment of a task force to reduce suicide among LGBT youth. This task force will be co-led by Kevin Jennings, Assistant Deputy Secretary, Office of Safe and Drug-Free Schools, US Department of Education, and Charles Robbins, Executive Director of The Trevor Project.

3. *Please elaborate on the meaning of Objective 1.3.1 of Leading Change. What does it mean that there will be a “focus on LGBT youth?”*

SAMHSA recognizes that LGBT youth face unique risk factors that make them vulnerable to suicide. SAMHSA will use its programs and initiatives to ensure a focus on LGBT youth. For example, SAMHSA has supported the dissemination of recommendations from the Family Acceptance Project, a research study based in California that linked family rejection among LGBT youth with mental health problems, including depression and suicidal behavior. This information and its recommendations have been presented to SAMHSA grantees and staff through webinars and trainings. SAMHSA will include this population in its prevention programs and encourage States to address this in discretionary and block grants.

SAMHSA’s Sexual Gender Minority Interest group has reviewed the action steps in the Leading Change document to ensure attention is given to the LGBT population where data indicates they are a population at risk. SAMHSA will continue to promote attention to LGBT youth in its State, Tribal and campus suicide prevention programs. Planning is currently underway to expand our efforts in this area.

4. *Has SAMHSA utilized or supported programming targeted at preventing LGBT youth suicide developed by any outside organizations, such as The Trevor Project’s Lifeguard Workshop Program, which is an educational program for schools using age-appropriate messaging, or the Human Rights Campaign’s Welcoming Schools Program, which uses an LGBT-inclusive curriculum designed to address family diversity, gender stereotyping, and bullying in K-5 learning environments? Does it plan to do so in the future? If so, how?*

Currently, SAMHSA has program activities that have engaged The Trevor Project and the Human Rights Campaign’s (HRC) Welcoming Schools Program. Additional plans are described below:

- (a) SAMHSA’s Child, Adolescent and Family Branch includes the HRC’s Welcoming Schools Program in resource materials provided to grantees. These resources, including the Welcoming Schools Program, are distributed to grantees via CD for their local use. An intensive workshop emphasizing the HRC’s Welcoming Schools program and the Gay, Lesbian and Straight Education Network (GLSEN) Lunchbox Training Program for Ending Anti-LGBT Bullying will be provided at the Annual Children’s Mental Health Conference in Tampa, Florida in March, 2011.
- (b) SAMHSA will invite The Trevor Project to participate in its National Workgroup to Address the Behavioral Health Needs of Youth Who are LGBTQI2-S and Their Families. The YES Institute, a Miami-based community organization that trains providers, family members, organizations and others about reducing suicide-related behavior in LGBT youth, is also represented in this National Workgroup.

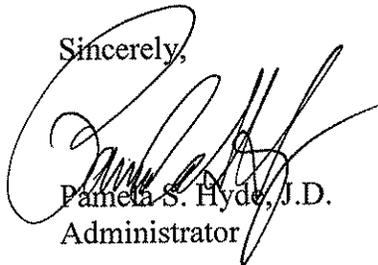
(c) The Trevor Project will be included in a Toolkit being developed by SAMHSA's Suicide Prevention initiative to guide schools in the development of school-based suicide prevention programs. This is scheduled for publication in 2011.

5. *When will a final version of Leading Change be produced? Does SAMHSA anticipate needing additional resources or legal authority to accomplish any planned efforts related to combating suicide among LGBT youth, now or in the future?*

SAMHSA anticipates that Leading Change: A Plan for SAMHSA's Roles and Actions 2011-2014 will be completed in December, 2010. Suicide prevention is a priority within this plan. SAMHSA does not anticipate a need for additional legal authority and is realistic about its current and future budget resources. The tragic suicides among LGBT youth and the ensuing attention to this situation have mobilized SAMHSA staff and leadership across multiple Federal agencies to renew their commitment to these youth. SAMHSA will continue its LGBT and suicide prevention work and partner with other agencies to garner public attention and commitment to ending these suicides, and equipping these youth, their peers, their families and youth-serving organizations with the resources, tools and supports to successfully navigate these risks.

SAMHSA is pleased to have your interest and support. We are deeply committed to improving the social-emotional conditions and circumstances for LGBT youth. Please let us know if you would like further clarification regarding our responses. An identical letter is also being sent to Representatives Baldwin, Frank and Polis who co-signed your letter.

Sincerely,



Pamela S. Hyde, J.D.
Administrator