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In the United States, nearly 1.7 million youth under the age of 18 run away from home and often end up homeless each year. Reports estimate that between 20% and 40% of the runaway and homeless youth population identifies as lesbian, gay, bisexual, or transgender (LGBT) (Durso & Gates, 2012; Kaiser Family Foundation, 2014). This suggests that as many as 80,000 LGBT youth are homeless for over a week each year (National Alliance to End Homelessness, 2012). In addition, LGBT youth are more likely to suffer from poverty, substance abuse, violence, mental illness, and attempted suicide as a result of harassment and discrimination (Cray, Miller, & Durso, 2013; Kaiser Family Foundation, 2014; Swan, 2014). Grounded in social equity theory (Frederickson, 2010) and intersectionality (Crenshaw, 1991), this article argues that additional legal protections are necessary in order to ensure the constitutional rights of LGBT youth. A case study of the Youth Empowered Society (YES) in Baltimore City is provided as an example of a service-delivery model for this vulnerable population. Best practices are identified and anti-discrimination policies are recommended.

Keywords: anti-oppression, Baltimore, homelessness, LGBT, youth

Historically, the LGBT community has been marginalized. Ongoing social prejudice, bias, and harassment combined with discriminatory laws have led to the LGBT population being treated like second-class citizens and often made the target of violence. Underlying the discrimination is hate. It ranges from "discrimination to verbal harassment to assault and murder" (National Coalition of Anti-Violence Programs, 2014, p. 15). At the extreme it includes severe punishment by foreign governments (Wyatt-Nichol & Naylor, 2015). According to the International Lesbian, Gay, Bisexual, Trans and Intersex Association (2013), males who have sex with males are imprisoned in 70 countries and executed in at least five countries. In the United States, it is more frequently experienced as discrimination and physical attacks. A recent poll by the Pew Research Center (2013) found that of U.S. LGBT adults, two thirds had experienced some form of discrimination, and 30% had been physically attacked due to sexual orientation. The Federal Bureau of Investigation (2014) crime-reporting surveillance asserts that 20% of hate crimes are due to sexual orientation bias. In 2013, there were over 2,000 incidents of hate violence reported in the United States and 18 homicides (National Coalition of Anti-Violence Programs, 2014). However, many

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incidents go unreported to police due to fear of police hostility and/or police violence (National Coalition of Anti-Violence Programs, 2014).

Often the first time an LGBT individual experiences ostracism, discrimination, and prejudice is by their families and friends as youth. Adolescence and young adulthood is a critical life stage, since youth commonly begin to identify as LGBT during this time period and often suffer their first rejection and first discrimination by their family, friends, school, and community, which can be devastating. The stress from discrimination and harassment is cumulative and has a negative impact on well-being. This pattern is known as minority stress (Lick, Durso, & Johnson, 2013); it can create a negative impact on every facet of life and manifests as disparities. As a result of sexual orientation discrimination, severe disparities exist between the LGBT and non-LGBT or heterosexual population. Although the focus of this article is on homelessness, a full summary of disparities is provided to provide a holistic and interconnected paradigm. These disparities are discussed below and are divided into two categories: (a) youth, and (b) adult.

Disparities Among LGBT Youth

Bullying and harassment based on sexual orientation has a severe negative impact on LGBT youth. Youth who identify as LGBT are more likely to suffer from discrimination, violence, mental illness, substance abuse, homelessness, and poverty (Cray et al., 2013; Kaiser Family Foundation, 2014). Parental rejection of LGBT youth can increase risky sexual behavior, illegal drug use, depression, and suicide attempts (Durso & Gates, 2012; Kaiser Family Foundation, 2014). Mental health is a prime example. LGBT youth are six times more likely to suffer depression symptoms (Hunt, 2012), and four times more likely to attempt suicide than their heterosexual peers (U.S. Centers for Disease Control and Prevention, 2011). Family rejection can have a destructive and demoralizing impact on LGBT youth. One report indicates that 40% of LGBT youth are homeless predominantly as a result of family rejection (Durso & Gates, 2012). The rejection and discrimination extends beyond the family into the school system and community. According to the Gay, Lesbian & Straight Education Network (2012), roughly 64% of LGB and 44% of transgender students report feeling unsafe at school, which is supposed to be a place of safety and comfort; for many it is a place of bullying and harassment. Furthermore, LGBT youth are more likely than their heterosexual peers to experience violence. LGBT youth are three times more likely to report being raped than straight youth: 16% versus 5% (U.S. Centers for Disease Control and Prevention, 2011). Young gay men are also more likely to be beaten or killed than their straight peers (Kaiser Family Foundation, 2014). The most notorious instance of this is the 1998 case of Matthew Shepard, a student at the University of Wyoming, who was tied to a fence, beaten with a pistol, and left for dead (Matthew Shepard Foundation, 2015). In regard to homelessness, nearly 1.7 million youth under the age of 18 run away from home and/or spend time homeless each year in the United States, and as many as 20% of the runaway and homeless youth population identifies as LGBT. This suggests that as many as 80,000 LGBT youth are homeless for over a week each year (National Alliance to End Homelessness, 2012). These disparities are shocking and disturbing. They highlight the experiences of youth who are harassed and discriminated against based on

sexual orientation and serve as a reminder that more work needs to be done to protect this vulnerable class of Americans.

Disparities and Inequities in the Adult LGBT Population

Social prejudice, bias, and stigma frequently continues into adulthood. As in the case of LGBT youth, the disparities between LGBT and non-LGBT adults are staggering. The LGBT population is more likely than the non-LGBT to be poor (Pew Research Center, 2013), uninsured (Gates, 2014), more subject to chronic health conditions and violence (Kaiser Family Foundation, 2014), and suffering from higher rates of substance abuse (Hunt, 2012) and mental health conditions (National Alliance on Mental Illness, n.d.). Each of these components is addressed individually below.

Drug and Alcohol Disparities

Discrimination has a negative impact on the LGBT adult population (Lick et al., 2013). In the United States, the LGBT community is comprised of approximately nine million adults; 3.4% of Americans identify as LGBT (Gates & Newport, 2012). Lack of acceptance from family members is correlated with higher rates of mental illness and substance use among the LGBT population (Kaiser Family Foundation, 2014). The LGBT population is 200% more likely to smoke tobacco and is 25% more likely to abuse alcohol than the general population. In addition, gay men are 2.5 times more likely to smoke marijuana, 12.2 times more likely to use amphetamines, and 9.5 times more likely to use heroin than straight men (Hunt, 2012; Kaiser Family Foundation, 2014).

Mental Health Disparities

In regard to mental health, it is estimated that the LGBT population is 2.5 to 3 times more likely to suffer from a mental health condition such as major depression or general anxiety, and four times more likely to attempt suicide (age group 10–24) than their heterosexual peers (Cochran, Sullivan, & Mays, 2003; Lick et al., 2013). These disparities, combined with drug and alcohol abuse, can have a severe and deadly impact on the LGBT population. Mental health disparities are further complicated and confounded by the fact that homosexuality was considered a mental illness until the 1970s (Kaiser Family Foundation, 2014; Lick et al., 2013; Wyatt-Nichol & Naylor, 2015), severely limiting mental health services for LGBT persons.

Health Disparities

The LGBT population has worse health outcomes than its heterosexual counterpart on almost every category. Health outcomes are influenced by economic, social, and structural factors, which for the LGBT population also include ostracism, discrimination, and stigma (Agency for Healthcare Research and Quality, 2012; Healthy People 2020, 2016; National Institute of

Medicine, 2011). Specifically, LGBT individuals are likely to have more chronic conditions and disabilities than their straight peers. Lesbian and bisexual women have higher rates of obesity, cardiovascular disease, asthma, and hepatitis B and C than heterosexual women (Lick et al., 2013). In contrast, gay and bisexual men report higher rates of chronic health conditions and cancer and lower survival rates (Lick et al., 2013) and higher rates of sexually transmitted diseases than heterosexual men. Gay and bisexual men, coupled with men who have sex with men (MSM), represent only 2% of the U.S. population, but account for 56% of all people living with HIV and 66% of new HIV infections (U.S. Centers for Disease Control and Prevention, 2013), and 28% of transgender women are HIV positive (U.S. Centers for Disease Control and Prevention, 2013).

Poverty and Children

The LGBT population is more likely to be poor than the general population and less likely to be raising children (Kaiser Family Foundation, 2014). Roughly 39% of LGBT individuals earned $30,000 or less, compared to 28% of the overall U.S. population (Pew Research Center, 2013). Income is important because it can dictate whether or not couples have children; the less money you earn, the fewer children you can afford. Same-sex couples may not be able to afford or adopt children. LGBT couples are less likely to raise children than their heterosexual peers. Thus 40% of married couples are raising children, compared to only 18% of same-sex couples (Gates, 2015). LGBT individuals are also disproportionately represented as homeless. The LGBT community comprises 3.4% of the U.S. population but approximately 20–40% of the homeless population (Swan, 2014).

In summary, there are significant differences in measurable disparities among key indicators between the LGBT and non-LGBT populations. These differences are staggering and sobering, and the disparities are often the reflection of minority stress, which is brought on by ongoing discrimination and bias. This is important because any identifiable and measurable discrimination of any class of citizens does not comport with the U.S. Constitution or our democratic values of equality and fairness.

SOCIAL EQUITY

In order to secure a society in which all citizens are treated equally, efforts must ensure that LGBT citizens (both youth and adults) have access to services and resources to propel them forward and place them on an even playing field with their heterosexual peers. Governments at all three levels must do a better job of decreasing discrimination, harassment, and violence against LGBT people. Our government, which is comprised of public servants and public administrators, is mandated to deliver services that are neutral, fair, and equal. Gawthrop (1998) goes a step further and argues that our democracy, and more specifically the bureaucracy, is to be a basis of faith, love, and hope. Although his vision is idealistic, public servants, at a minimum, are to embrace and uphold the values of social equity. Social equity is a core value of public administration and has a solid history in the field. There are references to equity dating back to Wilson (1887) and Fayol (1916/1949), while the term "social equity"

emerged in the 1960s out of concern for social and economic differences among citizens (Frederickson, 2005). In 1968, Frederickson put forth a social equity theory and it is now considered the third pillar of public administration. Primarily, social equity focuses on fairness, equity, and justice. The National Academy of Public Administration (NAPA) affirms social equity as one of the pillars of public administration, and its Standing Panel on Social Equity in Governance holds annual conferences on the subject matter. NAPA defines social equity as:

> The fair, just and equitable management of all institutions, serving the public directly or by contract; the fair, just and equitable distribution of public services and implementation of public policy; and the commitment to promote fairness, justice, and equity in the formation of public policy. (National Academy of Public Administrators, n.d.)

Furthermore, the American Society for Public Administration (ASPA), the professional membership organization for the field of public administration, states that social equity is one of its key ethical principles. The ASPA Code of Ethics, principle 4, states:

> Strengthen social equity. Treat all persons with fairness, justice and equality and respect individual differences, rights and freedoms, promote affirmative action and other initiatives to reduce unfairness, injustice and inequality in society. (American Society for Public Adminstration, 2014)

According to Frederickson (2005), equity is "now more broadly defined to include not just race and gender but ethnicity, sexual preference, certain mental and physical conditions, languages and variations in economic conditions" (p. 33). In terms of our democracy, the Declaration of Independence guarantees equal political rights to all of its citizens, and the U.S. Constitution ensures due process and equal protection for all citizens, including LGBT citizens. As such, our government and its public servants must ensure that the constitutional rights of the LGBT population are upheld.

Intersectionality

At the core of this issue is the intersectionality of sexual orientation and discrimination. Intersectionality addresses multiple dimensions of experience (Crenshaw, 1991) based on categorical differences such as race, gender, class, and sexual orientation (Hancock, 2012). Within this specific research, intersectionality refers to the categories of sexual orientation and discrimination. As illustrated in the previous section the differences between the LGBT and non-LGBT populations across a host of dimensions (health, poverty, mental health, substance abuse, and violence) are well-documented and interrelated. The data provide strong evidence of discrimination based on sexual orientation. In addition, the lives of the LGBT population are further complicated for those of a minority race, lower socioeconomic class, or female gender identity. These social identity structures create life experiences and produce privilege and oppression (Gopaldas, 2013). For LGBT citizens this has led to disadvantages, discrimination, and oppression.

U.S. Supreme Court Cases

Despite the glaring disparities between LGBT and heterosexual citizens, constitutional rights for LGBT citizens have been advanced in recent years. In fact, the past couple of years represent

a watershed period for LGBT civil rights. In 2015, the U.S. Supreme Court delivered a historic 5–4 ruling that state-level bans on same-sex marriage were unconstitutional (*Obergefell et al. v. Hodges et al.,* 576 U.S. 135 S. Ct. 2584 [2015]). The court found that refusal to recognize marriage licenses from other jurisdictions and same-sex marriage violated the Fourteenth Amendment's equal protection clause and due process clause. Justice Kennedy opined that marriage was a fundamental right under the U.S. Constitution and should be applied with equal force to same-sex couples (GreenbergTraurig, 2015). Today there is nationwide legal recognition of same-sex marriage. This means that all 50 states must recognize legal marriages from other states. Prior to the ruling, 38 states provided same-sex marriage licenses. *Obergefell* overturned the *Baker v. Nelson*, 291 Minn. 310, 191 N.W. 2d 185 (1971) case, which ruled that states could deny marriage licenses to same-sex couples. Equally important, by granting marriage equality it naturally extended benefits to same-sex couples, including access to health insurance, taxation filing status and benefits, inheritance and property rights, medical decision authority, hospital access, and workers compensation (GreenbergTraurig, 2015). This is important because the benefits provide a substantial positive financial benefit.

In 2013, the U.S. Supreme Court delivered two decisions known as the "rainbow rulings" (Naylor & Wyatt-Nichol, 2013). The first ruling *United States v. Windsor et al.*, 570 U.S. 133 S. Ct. 2675 (2013) struck down Section 3 of the 1996 Defense of Marriage Act, which defined marriage at the federal level as between a man and a woman. The court ruled that the definition was unconstitutional. The federal government had to recognize same-sex marriages in states that guaranteed marriage equality. For these couples, this had significant economic consequences. The ruling was significant because it reinstated over 1,000 federal benefits to same-sex married couples. The second ruling, known as Proposition 8, restored marriage equality in California (*Hollingsworth et al. v. Perry et al.,* 570 U.S. 133 S. Ct. 2652 [2013]). In 2010, Congress passed the Don't Ask, Don't Tell Repeal Act, which took effect in 2011. This landmark law repealed the 1993 DADT law, which barred gays and lesbians from military service. Although it is legislation and not a court case, it is mentioned here as one of the cornerstones of LGBT civil rights policy.

Historically, legal discrimination has manifested as prohibition of military service and same-sex marriage (Wyatt-Nichol & Naylor, 2015) as well as employment discrimination (Hunt, 2012), which has resulted in a negative economic impact on the LGBT community. However, a recent article by Federman and Rishel Elias (2017) found no significant differences between federal employees' perceptions on sexual orientation in defense and nondefense agencies. The recent Supreme Court rulings and the repeal of DADT by Congress have eliminated overt discrimination in marriage, spousal benefits, and military service. However, overt discrimination based on sexual orientation remains in employment, housing, and public accommodations across 32 states (Human Rights Campaign, 2017). This equates into the possibility of a same-sex couple getting married, which is now recognized nationwide, but fired from their jobs, evicted from their home, or denied access to a bathroom as result of being married. Combined, these actions increase the likelihood of homelessness. A same-sex couple could be evicted and end up homeless because of their marriage license. As such, the 2015 Supreme Court ruling has shifted the problem from marriage equality to employment, housing, and public accommodations. Because these components are interrelated, they need to be addressed together.

Homelessness

Homelessness is a major problem in the United States. As of January 15, 2015, approximately 564,708 people were homeless, according to point-in-time counts conducted in jurisdictions across the country (National Alliance to End Homelessness, 2015). In 2014, the rate of homelessness was 17.7 per 10,000 people in the general population. Poor people, a category in which LGBT are overrepresented, are at risk of homelessness, along with individuals who are unemployed, face high housing costs, and are living doubled up, which is the final step before homelessness (National Alliance to End Homelessness, 2015). In 2014, there were approximately seven million people living doubled up (National Alliance to End Homelessness, 2015), placing them at risk of homelessness. In regard to teenagers, nearly 1.7 million youth between the ages of 14 and 24 run away from home and often end up homeless each year. Reports estimate that between 20% and 40% of the runaway and homeless youth population identifies as lesbian, gay, bisexual, or transgender (LGBT) (Durso & Gates, 2012; Kaiser Family Foundation, 2014). This suggests that as many as 80,000 LGBT youth are homeless for over a week each year (National Alliance to End Homelessness, 2012). In addition, LGBT youth are more likely to suffer from poverty, substance abuse, violence, mental illness, and attempted suicide (Cray et al., 2013; Kaiser Family Foundation, 2014; Swan, 2014). Because these social problems are interconnected and often fused together (drug addiction and mental illness), it is most beneficial to pass policies and develop programs that address all of the unmet needs of LGBT youth.

Below is a case study of the Youth Empowered Society (YES) in Baltimore, Maryland, which provides services to homeless youth, including individuals who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ). As noted above, youth who identify as LGBTQ are overrepresented in the population of youth experiencing homelessness and at higher risk for homelessness. In addition, all homeless youth face challenges associated with navigating standardized social service systems oriented toward homeless adult populations. As a result, homeless youth face re-encountering trauma on multiple fronts and more appropriate social services should be developed to address the specific needs of homeless youth. Therefore, lessons learned in this case study could serve as a possible pilot for other urban centers with homeless youth and, in particular, inform services for LGBT homeless youth.

CASE STUDY

This case study utilized numerous qualitative sources for data collection (Yin, 2009). These sources included administrative records, interviews, and direct observation. Administrative records were collected and reviewed between May and September 2016 and included annual reports, local press coverage of the organization, funding or performance reports, relevant studies conducted by scholars, and grant applications submitted to local foundations. Institutional Review Board (IRB) approval was sought and granted in June 2016 by the University of Baltimore prior to conducting interviews. Interviews were conducted between August and September 2016. In total, 12 interviews with staff were conducted with a 100% participation rate, as well as additional interviews with board members, youth founders, and youth participants. The

majority of these discussions were conducted in person ($n = 10$) and only two interviews were conducted via telephone. Interviews lasted for approximately 1 hour each and followed a semi-structured format to collect contact related to: (a) the general background of the participant as it relates to affiliation with YES, (b) the history of the organization, (c) the philosophy and structure of service provision at YES, and (d) advice for others aspiring to open a drop-in center.

This case study made use of grounded theory in order to draw conclusions from the sources of evidence that were collected from the organization. The goal of grounded theory methodology is to utilize inquiry and data in order to develop theory (Glesne, 2006). Evidence indicates that it is best realized with qualitative methods (Jaccard & Jacoby, 2010) like those outlined above. This approach necessitates a "continual interplay" between data collection and analysis (Jaccard & Jacoby, 2010, p. 269). As a result, in this project, the interaction between data collection and analysis was iterative, with new findings informing the examination of past sources of evidence. The analysis occurred by combining the administrative records, direct observations, and interviews into NVivo 11 qualitative analysis software. The data were analyzed for themes that emerged across the types of evidence. These observations were captured and provided to key stakeholders at YES for a review of their validity and reliability. Feedback provided was utilized to clarify and refine the meaning of observations. A summary of the findings is presented in the next section.

As with all research, there are limitations to this project. First, by virtue of obtaining information through a qualitative format without statistical representativeness, the findings presented below are not necessarily generalizable (Martinson & O'Brien, 2015). Further, case study research does not strive for cause-and-effect explanation (Stake, 1995), so the observations made are descriptive rather than causal. Nonetheless, the stories employees tell that generate case studies can offer insights for public administrators without meeting strict statistical cause-and-effect or generalizability requirements (Hummel, 1991). The most notable limitation, however, is that there is a potential for researcher bias with primary sources and for subject bias with secondary sources provided by organization participants (Stake, 1995). Though these biases cannot be eliminated entirely, they are held in check by regular outside reviews of the work conducted by researchers as well as by obtaining additional outside materials not provided by participants.

Organizational Overview

The organization investigated for this case study was the Youth Empowered Society (YES), the only drop-in center for homeless youth in Baltimore City. Most recent estimates show that there are approximately 1,400 unaccompanied homeless youth in Baltimore City (Shannahan, Harburger, Unick, Greeno, & Shaw, 2016), representing one approximation of the number of individuals in the city who need assistance from YES. As a young, growing organization with eight full-time staff, YES has an ambitious vision which guides its work: "All Baltimore's youth will easily access supportive services and stable housing to become powerful in their own lives" (Youth Empowered Society, n.d.).

This vision is supported by a series of values that are incorporated into all aspects of the organization from decision-making to drop-in services for youth. These values are outlined in Table 1.

TABLE 1
YES Values

Value	Explanation
Safety	YES counters the traumatic stress of homelessness and poverty by creating a physically, morally, socially, and emotionally safe space that minimizes triggers for each person in the YES community.
Trustworthiness	YES strives to be true to its word, transparent, and dependable for each person in the YES community.
Youth and ally partnerships	YES practices collaboration and inclusiveness between peer and allied staff, board members, and others in the YES community through its support for leadership and skill development and use of participatory and transparent decision-making.
Dignity	YES practices a nonjudgmental and kind approach, and relies on restorative practices to resolve conflict, to recognize the inherent worth and potential in each person in the YES community.
Wellness	YES supports the wellness of youth and believes that its important work is made possible over the long haul by attending to self and organizational care.
Anti-oppression	YES practices anti-oppression internally and externally through dialogue about privilege, equity, diversity, and power and a commitment to engaging in systemic change.

Source: Youth Empowered Society, n.d.

In addition to the vision and values, YES is committed to utilizing a peer model of "youth helping youth" to achieve this vision. Consequently, the organization is partially staffed by formerly homeless young adults who serve in the positions that most actively interact with youth participants, such as the case manager supervisor, case managers, peer advocates, and interns. Other positions within the organization are filled by allies in order to support the organization administratively and programmatically. It is important to note that YES, as an organization, values life experience as a workplace qualification, especially given the emphasis of the peer model to counseling. As a result, the professional and academic backgrounds of the staff members vary from high school diplomas to advanced degrees and credentials, as well as from minimal work experience to mid-career professionals.

Programmatically, YES provides drop-in services for homeless youth ages 14–25 in Baltimore City during afternoon hours Mondays through Thursdays and by appointment at other times during the week. During the hours that YES is open for drop-in, youth receive services that meet their immediate needs (food, bathrooms to clean up, personal hygiene supplies, clothes, laundry facilities, public transportation tokens, services to remove financial barriers such as work uniforms, security deposits, or diapers and formula for children, and an indoor, climate-controlled, safe space). In addition, YES case-management services also help youth fulfill other goals, such as temporary or permanent housing, connecting to health, mental health, or substance abuse services, obtaining copies of identifying documents, enrolling in educational programs, advocacy in criminal justice proceedings, employment services, accessing childcare, and life skills development. In its most recent annual report, YES reported that during the 2015 fiscal year the organization served 212 youth through 4,392 drop-in and client-contact visits (Youth Empowered Society, n.d.).

YES has been supported since its inception through fiscal sponsorship. This is the practice whereby new nonprofit organizations obtain 501(c)(3) IRS tax-exemption status through a parent organization, and in some circumstances receive additional administrative or technical support as well. For nearly the first three years of operation, YES received fiscal sponsorship

through Fusion Partnerships, Inc. Currently, the organization is supported through the fiscal sponsorship of Strong City Baltimore, a local incubator for over 90 grassroots community organizations (Strong City Baltimore, n.d.-a). The nonprofit business services offered through Strong City include communications, human resource benefits, and accounting, legal, and technology support (Strong City Baltimore, n.d.-b). The operating budget for FY 17 is approximately $800,000, with the goal of serving 275 youth between July 2016 and June 2017. The organization is supported through a combination of private and in-kind donations as well as grants from local and state government offices and private foundations.

While their amount of time and position within the organization seem to have affected how much knowledge case study participants had of certain questions, all interviewees demonstrated a succinct and clear understanding of the philosophy of YES and its place within homeless service provision in Baltimore. Although the details varied from individual to individual, the ongoing values that continue to guide the organization are also evident. The current manifestation of YES grew out of the efforts of the Baltimore Homeless Youth Initiative (BHYI), with a group of youth leaders beginning conversations about the need for a comprehensive center for youth in 2009–2010. As the result of this work and planning, YES was conceived and officially opened in 2012.

The individuals who guided the planning process are youth with personal experiences of homelessness, whom several staff referred to as "peers" during their interviews. The direction of YES is clearly influenced by peers, as these individuals, historically and currently, are involved with how and what type of services are provided at YES. Repeatedly, this was cited as a successful component of the organization's operating and service strategy. Respondents noted how working with and being accountable to peers has helped to build the values of the organization (specifically, safety and trust were mentioned in interviews), but also the culture of community that is created among staff and youth alike. This close relationship also manifests in a genuine, deep passion held by every staff member interviewed in this project. Moreover, and this is a relatively unique observation among human service agencies, every single participant who completed an interview to date presents with a strong orientation to "youth come first" and could articulate how the human dignity of participants, above all other organizational needs, guides the work that is done on a day-to-day basis.

When looking to the future of the organization, two main themes emerged surrounding the challenges that YES faces as it advances work in Baltimore City. The first theme is in regard to infrastructure and the size of the organization. In almost every interview, respondents noted that there is far more need among the youth they serve than there is organizational capacity to meet the current needs. On one hand, respondents noted that this is largely due to the space of the current office location, which restricts the number of youth that can be served on any given day during drop-in hours. Respondents regularly mentioned how, even when the center is full to capacity, there will likely be a line of youth at the front door and on the front steps waiting for an opportunity to come into the space. On the other hand, interviewees also noted that the other factor that constrains service provision is the number of staff available to meet the needs. As with the desire to grow the space where YES is located, there is a strong desire to grow the number of staff, particularly peer case managers in order to work with more youth.

In addition to factors that the organization can control, there were several observations made about challenges outside the organization which will impact the future of YES. These factors

are systems-level observations, such as funding priorities in the city of Baltimore, the availability of mental health services, and opportunities for collaboration, as well as access to affordable housing options. When these challenges were discussed, interviewees noted that while the majority of the work at YES focuses on direct service provision, the organization also engages in systemwide change efforts with the hope of making a difference in these areas.

Service Provision at YES

Every interviewee was asked to describe a typical day of work at YES, to which every single respondent noted, with little variation, that there is no typical day at YES. This observation in the responses is not unique in a service-provision organization, especially when working with individuals that require immediate assistance (e.g., emergency shelter, food, clothing).

Despite the ever-changing work environment in which staff operate, several strengths are utilized in order to achieve success. One is the general structure in which the office operates, where morning hours of the work day are dedicated to administrative functions and afternoon hours to drop-in hours. To some extent, this allows staff to silo work time versus contact time, though many respondents noted that the structure is not completely firm and youth are helped "whenever they come to the door." This too is a strength, as it further reaffirms the values of trust and safety of the organization but also anti-oppression, since it embodies a rejection of the typical service-office mentality and places the focus on youth as humans.

Related to this, participants were asked to name the strengths of the organization as related to service provision. A single, strong, coherent theme emerged among the responses given by staff. In each interview, respondents noted that the biggest asset of the YES model is its youth-first orientation, which permeates all levels of service provision. Here respondents noted that a trauma-informed lens guides how all staff work with YES, and interviewees provided numerous examples of how this philosophy impacts their work. Many of these examples highlighted the strengths-based perspective staff take when working with youth, even when challenges are presented in day-to-day work. Similarly, interviewees noted that peer case management further helps services to be provided in a trauma-informed way because it strengthens the understanding, recognition, and responses toward youth who are receiving services from YES.

In addition to naming strengths, case study participants were asked to note any challenges that currently exist related to service provision at YES. Here two key themes emerged: the need to set boundaries with youth participants and the obstacles that exist in the broader Baltimore social service provision system. While many social service providers must actively set professional boundaries to cultivate a healthy balance in the workplace, the challenge of boundary setting is unique at YES. Recalling that the organization employs peers to serve youth participants as case managers and counselors, this creates an additional dimension of work boundaries that must be maintained. Staff must professionally navigate the closeness in age, life experience, and/or personal relationships with youth who come to YES for assistance. As a result, there is a need for peer advocates to draw boundaries in regard to what it is appropriate to talk about, what language they use, and how they relate with the youth when they see them outside of the center. Case study respondents articulated individual strategies utilized to maintain boundaries between work and personal relationships with youth as well as ways that the organization supports them during this process.

The second challenge identified across the interviews pertained to the challenges that exist in the social service system in which YES operates. These challenges include difficulty accessing services on behalf of youth as well as the lack of resources specifically for youth. Many participants offered suggestions for changes in the system that would make their work more successful, including a greater availability of temporary and permanent housing options for youth, livable-wage employment, a broader range of hours when other social service agencies can be reached, as well as mental health resources. These suggestions align with efforts that YES is already undertaking, including housing, expanding employment-support services, and bringing mental health services into the YES office by having a therapist on site during drop-in hours and talking about mental health through the lens of trauma.

Advice for Other Drop-In Centers

Given the nature of this article and the need for services for homeless youth, interviews with staff also included questions to provide insights for other professionals who work with similar populations or aspire to do so. While recognizing that the Baltimore City context is unique, this advice can still be applicable in other geographic and organizational contexts.

The opinions shared are summarized in Table 2. The areas of advice are broken down into two domains, the first being information for front-line practitioners, and the second, suggestions for administrators who desire to start youth drop-in centers. The most coherent theme articulated for practitioners included the need to be patient and flexible, where respondents noted that youth have to drive their own goals for services from YES and these cannot be imposed on them. In this way, respondents stated, providers should meet youth "where they are at," and let go of their own desire to create a plan of action for a youth participant. In a similar light, staff articulated guidance for administrators who may want to start a drop-in center in their community. Here staff respondents consistently noted the importance of involving youth in the planning and implementation of a drop-in center. This reflects the deeper values of YES, especially anti-oppression, and efforts the organization makes to be youth focused instead of a top-down approach. In this way, meeting youth where they are at means

TABLE 2
Advice From YES Program Staff

Advice area	Summary from interviews
Front-line practitioners	Be patient
	Be flexible
	Be open to change
	Failure is going to happen
	Identify mental health resources in community
	Meet the youth where they are at
Administrators starting drop-in centers	Involve youth in program planning and implementation
	Don't try to impose what you expect youth may want
	Expect change and be open to it
	Don't build it from the top down
	Meet the youth where they are at

having them involved in creating an understanding of needs and empowered to be creators of solutions in their community.

Perspectives and Observations From Youth Participants

In addition to staff surveys, one interview was conducted of a founding youth member and unobtrusive participant observations were made of youth participants during YES drop-in hours. These additional points of data validated the findings collected from staff members' interviews, in particular the feeling that YES is a safe space and staff are youth oriented. However, these observations also showcased additional insights that are worth reiterating here. First, these observations revealed the challenges that exist around managing expectations while upholding organizational values, such as trustworthiness or youth and ally partnerships (recall Table 1). For instance, the founding member acknowledged that YES provides important services in Baltimore City but also expressed frustration that direct housing services (e.g., shelter, temporary housing, long-term housing) are only available through third parties. In essence, a youth who comes in the door homeless is likely to walk back out the door at the end of drop-in hours still homeless unless an area organization has an opening for that day. When an opening is not found, a shelter bed in Baltimore can be offered, but the youth must then agree to stay in an overnight bed, including overflow shelter on cots or mats on the floor for single men and women. Overflow shelter is not available for parenting youth, and YES will offer a hotel room for the night for these individuals. Thus, while strategic decisions have been made around the structure and evolution of services at YES, given operational and logistical realities (e.g., funding climate, organizational capacity, legal limitations), there is an inherent challenge in communicating why decisions were made in manner that does not undermine trust, anti-oppression, and the partnerships that need to exist between youth and allies.

Perspectives From Board Members

To further explore organizational and operational aspects of the organization, two interviews were conducted of YES board members. These interviews emphasized that the concept of being youth focused was of primary importance to board members and reiterated the findings made from the staff observations. Similarly, the board members reinforced that the model of peer-based services is an asset within the organization and should continue to be a critical component of the service-provision philosophy at YES. However, board members also highlighted the operational challenges that exist in the future of the organization and which they are actively addressing along with YES leadership. First is the need to grow the board in order to obtain a broader array of skills that can be utilized for more strategic involvement in key areas of the organization. Second, board members expressed that given the underlying philosophy of YES, which runs run counter to many traditional philosophies of social service provision, there is an ever-present need to explain and justify the underlying orientation and values at YES. Board members explained that this feels especially true as it relates to funding opportunities and personnel policies. Lastly, the board members both noted that there is a desire to become an independent 501(c)(3) nonprofit organization in order to be able to further pursue operations that fall in line with the philosophy of the organization.

Key Findings

Several key findings emerged from the case study. It is important that organizations serving homeless youth should:

- hire youth to work in the peer model to ensure that clients feel accepted;
- hire allies to work with homeless youth;
- seek additional funding for mental health services;
- provide cultural diversity training for all staff that specifically addresses the needs of LGBT population; and
- provide case-management services with a holistic philosophy that all unmet needs are interrelated

The Baltimore case study is provided as a pilot project for LGBT homeless youth. Using a peer model, service delivery is one strategy for addressing the complex, unmet needs of LGBT homeless youth. In addition, best practices for service delivery were outlined.

CONCLUSION

The past five years has been a watershed period for LGBT rights. Marriage equality was secured and Don't Ask, Don't Tell was repealed, providing a path for lesbians and gays to serve in the U.S. military. As such, the focus has shifted from marriage equality to ending employment, housing, and public accommodations discrimination in the LGBT community. The Equality Act, introduced in the U.S. Senate in 2017, will provide "permanent protections against discrimination based on an individual's sexual orientation or gender identity, in matters of employment, housing, access to public places, federal funding, credit, education, and jury service" (Human Rights Campaign, 2017). In order to ensure the constitutional rights of LGBT citizens, legislation like the Equality Act must be passed to reduce overt discrimination. In addition, policies need to be passed to address covert discrimination, which is invisible and therefore less tractable. However, it manifests in increased likelihood of mental illness, substance abuse, poverty, unemployment, and violence. The country faces additional work for improving the lives of LGBTQ youth—specifically, increasing social acceptance and awareness of LGBT individuals. This is a critical step in continuing the broader LGBT social movement (Johnson, 2013) and civil rights in general. To this end, all citizens must be provided with services and a future that is based on equality.

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