Building on Victory

GLAA
Fighting for LGBTQ Equality
In D.C. Since 1971

A 2018 ELECTION GUIDE TO LGBTQ ISSUES IN WASHINGTON, D.C.

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A 2018 election guide to LGBTQ issues in Washington, D.C.

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1. ACTION ITEM HIGHLIGHT LIST

D.C.'s LGBTQ community has made great progress. Here are seven major areas that need improvement.

Housing	Ensure equitable neighborhood change by prioritizing housing needs of low-income individuals.
	Continue to improve and enforce the Fair Criminal Screening for Housing Act of 2016.
Public Health	Work with the community to produce a better LGBT Health Report, and mandate LGBT data collection across all programs.
	Implement the LGBTQ Cultural Competency Continuing Education Amendment Act of 2016.
	Target funds to address LGBT health disparities in mental health and substance abuse treatment.
	Reinvigorate HIV prevention efforts including with PrEP, PEP, and condom distribution.
	Develop local policies to stabilize the Affordable Care Act.
Judiciary and Public Safety	Implement the Death with Dignity Act.
	Improve data collection and reporting on LGBT-related hate crimes and intimate partner violence.
	'Jobs Not Jails': Pass legislation to decriminalize sex work, and develop programs to support marginalized citizens who resort to survival sex.
	Provide confidentiality through the name/gender change process.
Human Rights	Invest in programs to address transgender discrimination and unemployment in D.C.
Youth	Increase funding for transitional housing for homeless LGBT youth
	Mandate LGBT data collection across all DC-funded programs to measure needs, develop programs, and identify culturally competent contacts
Seniors	Address the need for accessible and supportive housing
	Prioritize training and funding for inclusive and affirming senior services.
Consumers and Businesses	Combat pay-to-play corruption by enacting legislation that combines the best elements of Bills 22-8, 22-47, and 22-51.

2. HOUSING

2.1. Prioritize the Housing Needs of Low-Income People

The District of Columbia, like many American cities, has faced an affordable housing crisis for years. D.C. has seen increases in eviction notices, homelessness, and demographic changes as gentrification disproportionately forces black residents out of black neighborhoods.[1] Partly due to stigma and discrimination, LGBTQ people, especially black transgender women, experience high levels of economic insecurity, leading to housing instability and more interactions with the criminal justice system.[2]

Local advocates have emphasized that while only about 10% of youth in D.C. identify as LGBT, they account for approximately 40% of the District's homeless youth population.[3]

In 2014, the DC Council passed the LGBTQ Homeless Youth Reform Amendment Act, which allocated city funds for expanding existing homeless facilities, to include additional beds for LGBTQ youth. It also required service providers to put in place "best practices for the culturally competent care of homeless youth" who identify as LGBTQ.[4] The Council passed the LGBTQ Homeless Youth Rules Approval Resolution of 2016 to facilitate implementation of the 2014 law, including LGBTQ data collection and cultural competency training requirements.[5]

GLAA joins others in asking for more transparency and accountability around the LGBTQ cultural competency status of D.C. homeless facilities, as LGBTQ people, especially transgender women, continue to face discrimination at some of them.

Last year, despite community opposition, the Council passed the Homeless Services Reform Amendment Act of 2017.[6] Opponents argued that this law would:

- Define people out of eligibility for housing, emergency rental assistance and homeless services.
- Erect unreasonable bureaucratic barriers for homeless families and youth needing emergency shelter on freezing nights.
- Put the health and safety of DC residents at risk, particularly youth and children.

[1] "Old Confronts New In A Gentrifying D.C. Neighborhood," WAMU 88.5, NPR, January 2017, http://n.pr/2FhJxAR
[2] "Report: How the Broken Criminal Justice System Fails LGBT Americans," Advocate, February 2016, http://bit.ly/2I8VydL
[3] "Nearly Half of DC's Homeless Youth are LGBTQ, and They're Not Getting the Support They Need," Washingtonian, June 2017, http://bit.ly/2u6YTTD
[4] "Council approves bill to aid homeless youth," Washington Blade, February 2014, http://bit.ly/1iVICFw
[5] "DC shelters frustrated by lack of funding for LGBT homeless youth," Metro Weekly, March 2016, http://bit.ly/2tp7wMK
[6] "Homeless Services Reform Amendment Act of 2017," DC Council, May 2017, http://bit.ly/2tqFOzf

- Greatly expand the power of shelter and housing providers to put people out.[7]

Efforts to improve housing affordability in the District include Mayor Muriel Bowser's Vacant to Vibrant DC initiative and the Inclusionary Zoning Affordable Housing Program.

- **Inclusionary Zoning Affordable Housing Program** will require 8–10% of the residential floor area be set aside for affordable rental or for-sale units in some new residential development projects, and rehabilitation projects that expand an existing building.[8]

- **Vacant to Vibrant** is to transform some vacant properties into productive spaces, such as workforce housing.[9] There is a bill under review to establish the Office to Affordable Housing Task Force to determine the impact of transitioning existing vacant commercial space to affordable units on the District's affordable housing crisis. The bill specifies that this task force of 11 individuals include a low-income renter, as well as affordable housing experts and advocates.[10]

2.2. Improve and Enforce Fair Criminal Screening for Housing Act of 2016

GLAA is pleased with the District's decision last year to charge the District of Columbia Office of Human Rights (OHR) with enforcing the Fair Criminal Screening for Housing Act of 2016, which prevents unlawful screening of a housing applicant's criminal background. Furthermore, new requirements for rental housing providers include: (1) provision of written notice of rent eligibility criteria to applicants; and (2) prohibition of inquiries about an applicant's criminal background or arrest history prior to making a conditional offer of housing to the applicant. Individuals who believe a housing provider has violated the law may file a free complaint with OHR.[11]

Although we appreciate the intent of these changes, GLAA believes that more protection could be offered to applicants as they are still burdened with having to file a complaint while struggling to find stable housing. LGBTQ people, especially those who identify as trans or black, are disproportionately impacted by poverty, and may engage in grey economies such as sex trade or drug dealing for survival. More needs to be done to give second chances to people with a criminal record, and break the vicious cycle of criminalizing poverty.

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[7] "Vote No on Homeless Services Reform Amendment Act of 2017," The Action Network, September 2018, http://bit.ly/2G8mDND
[8] "Inclusionary Zoning Affordable Housing Program," DC Department of Housing and Community Development, http://bit.ly/2oQvBHI
[9] "Vacant to Vibrant," DC Department of Housing and Community Development, http://bit.ly/2oVAvCq
[10] "B22-0289 - Office to Affordable Housing Task Force Establishment Act of 2017," May 2017, http://bit.ly/2quP4zu
[11] "Criminal Background Screenings and Housing: Preview of Law for Housing Providers," District of Columbia Office of Human Rights, September 2017, http://bit.ly/2FymRzp

3. PUBLIC HEALTH

3.1. LGBT Health Report

GLAA joined The DC Center, Whitman-Walker Health, and other advocates in pressing the Dept. of Health and the Office of LGBTQ Affairs to work with the community after a poorly executed 2016 DC LGBT Health Report.[12] After two public meetings with DC DOH and the Office of LGBTQ Affairs, they agreed to establish an LGBT Data Working Group, which met for the first time in February 2018.[13, 14] The Working Group intends to ensure the representation of transgender people in the report and incorporate highlights from existing studies along with data from YRBS, BRFSS,[15] NHBS."[16]

Transgender people are disproportionately poor due to stigma and discrimination, which increases their likelihood of engaging in survival sex work or other illegal activities, and limits their access and willingness to seek medical care while putting them at greater risk of HIV infection.[17] We hope that the LGBT Health Report goes beyond confirming known disparities, and emphasizes interventions and policies to improve the health and wellness of these disenfranchised but resilient people.

3.2. Implement the LGBTQ Cultural Competency Continuing Education Amendment Act of 2016.

Implementation of the LGBTQ Cultural Competency Continuing Education Amendment Act of 2015 should be accelerated.[18] The District should also pilot studies to determine how best to measure the effectiveness of cultural competency trainings.

3.3. Mental Health

The District needs LGBT-focused programs for suicide prevention. The same goes for post-traumatic stress disorder (PTSD), which is more prevalent in LGB young adults.[19,20] D.C. should also address access and cost barriers to mental health, and support programs that address the disproportionate burden of mental issues among black and brown people, and in the bisexual community.[21]

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[12] "Report on the Health of the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community in the District of Columbia," DC DOH, http://bit.ly/2I9Kddl
[13] "DC LGBT Health Report Meeting," The DC Center, September 27, 2017, http://bit.ly/2IazEH5
[14] "Debrief from the LGBT Health Symposium meeting on the LGBT Health, hosted by DC DOH and office of LGBTQ Affairs," October 25, 2017, http://bit.ly/2FwzBXs
[15] Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention, http://www.cdc.gov/brfss/
[16] Tweet, David Mariner, The DC Center, February 19, 2016, https://twitter.com/TheDCCenter/status/700734610251063296
[17] Reports and Research, DC Trans Coalition, http://tinyurl.com/2wuy7lv
[18] LGBTQ Cultural Competency Continuing Education Amendment Act of 2015, Act A21-0316, http://tinyurl.com/jfkekxl
[19] "Higher risk of PTSD for gay, lesbian, bisexual, 'mostly heterosexual' youth," *Harvard Gazette*, June 19, 2012, http://tinyurl.com/jmaycmn
[20] "How Our Intolerant Society Contributes to LGBT Mental Disorders," Advocate, March 18, 2016, http://bit.ly/2trAXOf
[21] "Health Disparities Among Bisexual People," HRC, 2017, http://bit.ly/2FnDvTi

3.4. HIV and AIDS

Mayor Bowser announced the 90/90/90/50 plan in December 2016, aimed at ending the HIV epidemic in the District by 2020 through the following core goals:

- 90 percent of D.C. residents with HIV will know their status;
- 90 percent of D.C. residents diagnosed with HIV will be in treatment;
- 90 percent of D.C. residents in treatment will achieve viral load suppression; and
- 50 percent reduction in new HIV cases.[22]

The 2017 progress report showed improvement on all four goals: "86% of people infected with HIV know their status, 76% of those diagnosed are in care, 82% of those in treatment are virally suppressed, and there has been a 33% reduction in new infections since 2013."[23] The report found that new infections disproportionately affect black residents.

While knowledge and uptake of pre-exposure prophylaxis (PrEP) continues to increase, there is still a lower uptake among black women, black MSM, and transgender women despite higher levels of HIV in these communities. GLAA calls on the Council to support legislative efforts to increase awareness of PrEP and post-exposure prophylaxis (PEP) among medical providers and their patients.

We are pleased with the District's decision to launch its "U=U" campaign in 2017, which stands for "undetectable equals untransmittable" — to promote treatment of HIV as a way to prevent the spread of the virus. We were especially proud of the bold and informative PrEP ad D.C. Dept. of Health launched in December 2017.[24]

HAHSTA's HIV prevention measures should include programs targeting overlooked populations such as seniors, the deaf and hard of hearing, immigrants and transgender people; continuation of the Needle Exchange Program;[25, 26, 27] and opposition to criminal penalties for HIV transmission, which drive unsafe activity underground. PEP should be provided as appropriate at all District healthcare facilities.

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[22] "90/90/90/50 Plan Ending the HIV Epidemic in the District of Columbia by 2020," DC DOH, 2016, http://bit.ly/2vjVPDI
[23] "Ending the HIV Epidemic in DC: 2017 Progress Report," DC Appleseed, December 2017, http://bit.ly/2Fwbqs6
[24] "The Sexy Ad D.C. Is Using To Promote An HIV-Prevention Pill," WAMU 88.5, NPR, January 11, 2018. http://bit.ly/2FqLmeV
[25] Policies and Procedures Manual, District of Columbia Needle Exchange Programs, D.C. Department of Health, May 2009, http://tinyurl.com/aqk5xsz
[26] "Evidence-Based Findings on the Efficacy of Syringe Exchange Programs: An Analysis of the Scientific Research Completed Since April 1998," David Satcher, MD, U.S. Department of Health and Human Services, March 17, 2000, http://tinyurl.com/bchotkq
[27] "HAHSTA Annual Report 2014," D.C. Department of Health, P. 27, http://tinyurl.com/z4xylhg

3.5. Local Policy Interventions to Protect the Affordable Care Act (ACA)

The ACA has provided people living with HIV/AIDS and other chronic illnesses better access to healthcare coverage and more health insurance options.[28,29] In response to threats and changes to the ACA like repeal of the federal individual mandate, the ACA Advisory Working Group has worked closely with D.C.'s Health Benefit Exchange Authority to develop recommendations for local policy interventions.[30,31] On February 21, 2018, the Authority approved a resolution recommending the adoption of a District-level mandate as well as other policy proposals. The D.C. Council must now approve the resolution for it to go into effect.[32]

[28] "The Affordable Care Act and HIV/AIDS," HIV.gov, January 2017, http://bit.ly/2G6PzW5
[29] "Insurance Coverage Changes for People with HIV Under the ACA," Kaiser Family Foundation, February 2017, http://kaiserf.am/2oTJjcH
[30] "Trump administration seeks new ways to allow people to dodge Obamacare's individual mandate," Washington Post, January 2018, http://wapo.st/2tvlddj
[31] "Health Benefit Exchange Authority; Advisory Working Groups," DC.gov, http://bit.ly/2FtIBZZ
[32] "D.C. Marketplace Formally Recommends District-Level Individual Mandate," Katie Heith, Health Affairs, February 22, 2018, http://bit.ly/2Fmb4Fd

4. JUDICIARY AND PUBLIC SAFETY

4.1. Death with Dignity: Educate Public and Healthcare Providers

GLAA is pleased that D.C.'s Death with Dignity legislation easily passed the D.C. Council in December 2016, and that implementing regulations took effect in November 2017. Since that date, however, residents interested in, and eligible for this program (including LGBTQ residents) have had problems finding a physician or pharmacist trained and able to participate. Residents, physicians, and pharmacists are either unaware of the program, or incorrectly believe that Congress blocked it. To date, the DC Department of Health has failed to educate the public and healthcare providers about this program.

Additionally, no D.C. agency, including DCOA, DOH, DES, and DHCF, provides expedited support services or consultations to residents diagnosed with less than six months to live. In some instances, a person's final memories of the DC Government are often notices to withdraw support. The final days of one's life must not be burdened with bureaucracy.

- The D.C. Department of Health, in conjunction with community partners, should immediately begin a public information program to educate residents, physicians, pharmacists, and healthcare workers about the Death with Dignity Program.
- Any person diagnosed with less than six months to live should automatically be assigned a case manager from D.C.'s Economic Security Administration to help them understand and promptly navigate government assistance programs, such as home health care, social security, SNAP and TANF.

4.2. Metropolitan Police Department and LGBT-related Crimes

While all categories of crimes in the District dropped by 11% in 2017, MPD Lt. Brett Parson stated that the number of crimes with LGBT victims seems to have increased. Lt. Parson speculated that this rise in LGBT-related crime observed may result from more people being willing to report a crime, rather than an actual increase in the number of crimes. [33]

GLAA has joined transgender rights advocate Earline Budd, The DC Center, and Impulse DC in demanding more transparency and better data collection from MPD around crimes involving victims who identify as LGBTQ.[34]

4.3. Intimate Partner Violence

Intimate partner violence occurs in an estimated 25–33% of LGBT relationships, the same as in heterosexual relationships.[35] Statistically, this means there are an estimated 10,000 LGBT survivors in the District. Based on reported information, over 75% of all LGBT Liaison Unit cases involve intimate partner violence. Yet data on such incidents is not consistently collected. Without this data, we do not know the true prevalence of these crimes.

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[33] "Citywide crime down, LGBT-related crime up in 2017," Washington Blade, January 2018, http://bit.ly/2D94pIE
[34] "Revisiting 10 unsolved LGBT murders in D.C.," Washington Blade, January 2018, http://bit.ly/2tqjqpD
[35] "Domestic Violence in the LGBT Community," Center for American Progress, June 14, 2011, http://tinyurl.com/pl7xnk5

LGBT survivors of intimate partner violence face many barriers to accessing services. We must educate first responders and service providers to the unique dynamics of LGBTQ domestic violence and aggressively advocate for resources to support survivors. Rainbow Response Coalition in collaboration with other local LGBTQ groups developed and delivers trainings to MPD and Court Services and Offender Supervision Agency (CSOSA). The entire MPD force should be culturally competent to handle cases of LGBTQ partner violence.

LGBTQ people encounter barriers when seeking help that are unique to their sexual orientation and gender identity. These barriers include:

- Framing of domestic violence that excludes same-sex couples.
- Fears of "outing" oneself when seeking help and the risk of rejection or isolation.
- Difficulty accessing resources that are LGBTQ-specific or LGBTQ-friendly.
- Homophobia or lack of cultural competence from staff of service providers or from non-LGBTQ survivors with whom they may interact.
- Low levels of confidence in the sensitivity and effectiveness of law enforcement officials and courts for LGBTQ people.[36]

4.4. 'Jobs Not Jails' for Sex Workers

People involved in sex work, including homeless LGBT teens and transgender people, often resort to it for survival. They face greater risk of substance abuse, mental and physical abuse, and sexually transmitted diseases.

Harassing, arresting, and prosecuting people for survival sex are counterproductive to public health.[37] GLAA joined other advocates and members of the Sex Worker Advocates Coalition in support of the Reducing Criminalization to Improve Community Safety and Health Amendment Act of 2017, which aimed to improve community safety and health by removing criminal penalties for engaging in commercial sex.[38, 39]

GLAA is ready to explore additional safer, healthier, and more sustainable alternatives to incarceration, as well as programs including drop-in centers, transitional housing, job training and placement, counseling, addiction recovery programs, mental health services, and STD testing and treatment for at-risk populations.

4.5. Confidential Name/Gender Change Packet

People change their name for various reasons. Victims of trafficking, domestic violence, and sexual assault may change their names to seek safety. Transgender people may petition for a court-ordered name and/or gender/sex change in order to obtain identity documents that

[36] "Intimate Partner Violence and Sexual Abuse Among LGBT People," The Williams Institute, November 2015, http://bit.ly/2uoecdg
[37] "Move Along: Policing Sex Work in Washington D.C.," Alliance for a Safe and Diverse DC, May 1, 2008, http://tinyurl.com/85k5w9y
[38] "New Bill Would Decriminalize Sex Work In D.C.," Dcist, October 5, 2017, http://bit.ly/2geaECd
[39] "Sex work: Let's stick to the facts," Washington Blade, November 4, 2017, http://bit.ly/2DaKqZW

are authentic to themselves. Unlike New York, Oregon, Maryland, and several jurisdictions, the District does not have a code section that provides for sealing name and gender/sex changes. This creates challenges as lack of confidentiality in this process could jeopardize a person's safety.

GLAA will support efforts to develop a process for requesting confidential name/gender changes and sealing those changes. We are glad that Amara Legal, Network for Victim Recovery of DC, Whitman-Walker Health Legal Services, Break the Cycle, National Center for Transgender Equality, and other advocates are exploring legislative solutions to this sensitive issue.

5. HUMAN RIGHTS

5.1. Serving the Transgender Community

Given that the District of Columbia has the largest percentage of transgender individuals in the nation, government agencies must be a model of inclusion for the transgender community. To that end, the District's good faith in consistently enforcing DC Human Rights Act protections for transgender people should be demonstrated by concrete actions.

Government agencies can take three immediate steps to demonstrate good faith:

1. Agencies that provide direct services such as DOH, DHS, RSA, and DOES should do regular onsite outreach at organizations that serve the transgender community to inform the community of what support is available to them and to facilitate intake into appropriate programs and services for eligible transgender individuals.
2. Agencies that provide direct services to District residents should form an internal task force to identify and mitigate any barriers to serving the transgender community.
3. Agencies that provide direct services to residents and work through vendors to provide services should train employees and vendor partners to better serve the transgender community, include training to identify bias and available remedies.

A demonstration of good faith will build trust in the transgender community and lead to higher rates of transgender participation in District programs and services, to move us toward an inclusive workforce that better mirrors the demographics of the District.

5.2. Combating Transgender Discrimination

A gap exists between our model human rights law and reality for trans people. In November 2015, the DC Trans Coalition issued its DC Trans Needs Assessment Report.[40] It found:

- Workplace harassment is commonplace across all groups.
- Education is little protection against unemployment for trans people.
- Employment discrimination has forced many trans people into the grey economy.
- Trans people seeking vital services are not safe.
- 60% had considered suicide at some point in their lives, 34% had attempted suicide, and 10% had done so in the past 12 months due to the persistent structural violence faced by trans people in DC.

We urge District officials to follow the data and heed the report's recommendations.

[40] "Access Denied: Washington, DC Trans Needs Assessment Report," November 13, 2015, http://tinyurl.com/h8fvljm

5.3. Increasing Transgender Employment and Retention

The D.C. Office of Human Rights conducted a six-month study in 2015 that revealed anti-transgender job bias in 48 percent of District employers.[41]

The DC Trans Needs Assessment Report states:

> A lack of access to education, to the formal economy and the impacts of structural racism, sexism and transphobia all work to produce immense economic inequality and poverty for trans communities in Washington, DC. Issues of harassment in the workplace and schools, as well as a lack of access to higher education, impact one's ability to access formal employment that also, importantly, pays a living wage. Hiring discrimination and workplace harassment are additional barriers for trans persons seeking employment.[42]

One of the report's proposals is to "Introduce legislation that prevents survival and non-violent crime related offenses [i.e. sex work and drug possession] from being considered in employment applications."[43] We agree. Notwithstanding congressional meddling, it is time for the District to reform policies that are driven by irrational and counterproductive taboos. Another resource is the Transgender Economic Empowerment Initiative in San Francisco.[44]

In 2016, The National LGBTQ Task Force and the DC Office of Human Rights produced a resource to help eliminate workplace discrimination against transgender and gender non-conforming people. The guidelines highlighted the following best practices:[45]

- Maintain confidentiality.
- Use proper names and pronouns.
- Ensure access to restrooms and other facilities.
- Implement gender-neutral dress codes.
- Address challenges with other employees and coworkers.

[41] "Qualified and Transgender: A report on results of resume testing for employment discrimination based on gender identity." D.C. Office of Human Rights, November 2015, http://tinyurl.com/zfe7rzz
[42] "Access Denied," *op. cit.*, p. 38.
[43] *Ibid.*
[44] Employment, Transgender Law Center, http://transgenderlawcenter.org/issues/employment
[45] "Valuing Transgender Applicants & Employees: A Best Practices Guide for Employers," LGBT Task Force, D.C. Office of Human Rights, 2016, http://bit.ly/2G8BebQ

6. YOUTH

6.1. Transitional and Affordable Housing

We praise the LGBTQ Homeless Youth Reform Amendment Act[46],and the ongoing work implemented by Casa Ruby and other recipients of 2014 District grants to run transitional housing for LGBTQ youth.[47, 48, 49] *The Washington Post* reported on further grantees:

> Other recipients of the city's grant money include Wanda Alston House; HIPS DC, which provides health services to people involved with sex work and drug use; Sasha Bruce Youthwork, which helps homeless, runaway, abused and neglected kids; and the DC Center for the LGBT Community. Wanda Alston House also received $20,000 from Verizon, and [SMYAL] received $25,000.[50]

These worthy efforts only begin to address the need. The District's first census on youth homelessness, conducted in 2015, found that 43 percent of homeless youth in D.C. identify as LGBT.[51] District leaders should commit to improving services, treatment, and housing options for all homeless youth, and in particular should work to address the racial disparities illustrated by the overrepresentation of LGBTQ youth of color in homeless populations. The District might want to emulate an innovative smartphone app that connects homeless LGBT youth in Cincinnati to resources[52] and the innovative models used by organizations such as the Point Source Youth foundation in New York to fund and implement initiatives addressing these issues,[53] as was originally outlined in the LGBTQ Homeless Youth Reform Amendment Act. We commend the continued collection of data regarding youth homelessness[54] and look forward to the release of the finished analysis of the 2017 Homeless Youth Census.[55]

6.2. Youth Risk Behavior Survey

The Office of the State Superintendent of Education (OSSE) reported in 2017 that lesbian, gay, and bisexual middle school youth were three times likelier to have attempted suicide in their lifetimes, and LGB high school youth were nearly twice as likely to have attempted

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[46] LGBTQ Homeless Youth Reform Amendment Act of 2013, Bill 20-51, Committee Print, December 11, 2013, http://tinyurl.com/mshopbl
[47] "Casa Ruby wins grant for homeless facility," Lou Chibbaro Jr., *Washington Blade*, November 19, 2014, http://tinyurl.com/gsheany
[48] "Casa Ruby house for homeless LGBT youth set to open," Lou Chibbaro Jr., *Washington Blade*, May 14, 2015, http://tinyurl.com/z5d5wt7
[49] "Casa Ruby Looks To Provide Wintertime Emergency Housing For Homeless LGBT Youth," Rachel Sadon, *DCist*, November 17, 2015, http://tinyurl.com/zat2myr
[50] "Nearly half of homeless youth are LGBTQ, first-ever city census finds," Tara Bahrampour, *The Washington Post*, January 13, 2016, http://tinyurl.com/hhol82c
[51] "Nearly half of homeless youth are LGBTQ, first-ever city census finds," Tara Bahrampour, *The Washington Post*, January 13, 2016, http://tinyurl.com/z9ghqup
[52] "App for homeless teens connects LGBTQ teens to resources," Angela Ingram, Local12.com, February 26, 2016, http://tinyurl.com/h55eafb
[53] Point Source Youth, https://tinyurl.com/ybem8tw3
[54] "DC to Start its 2nd Annual Homeless Youth Census," NBC Washington, https://tinyurl.com/y8keftfz
[55] YouthCountDC, Community Partnership for the Prevention of Homelessness and Dept. of Human Services https://tinyurl.com/yaldvaoa

suicide in the previous 12 months. This is from the Youth Risk Behavior Survey (YRBS) conducted by OSSE working with the Centers for Disease Control and Prevention.[56] YRBS 2017 also found that LGB youth in D.C. are also at a disproportionate risk for substance use and are twice as likely as their heterosexual counterparts to be subjected to non-consensual sex or rape.[57] Future iterations of the YRBS absolutely must include transgender students, who are currently excluded from the survey despite being at even higher levels of risk than their LGB peers.[58] In addition to more inclusive and granular data collection methods, future iterations of the YRBS should also involve a public accountability forum to facilitate productive discussion on addressing the issues illustrated in the survey.

The Youth Suicide Prevention and School Climate Survey Act of 2015 was introduced in September 2015 by Councilmembers Grosso, Allen, McDuffie, Bonds, Cheh, Nadeau, May, Todd, Silverman, and Chairman Mendelson, and co-sponsored by Councilmembers Orange and Evans,[59, 60] and signed into law in April 2016 by Mayor Muriel Bowser[61]. We commend Education Committee chairman Grosso for his prompt action on this important legislation[62] and all the officials and advocates who supported its adoption. We encourage its timely and thorough implementation and transparent publication of compliance data.

6.3. Anti-Bullying Law and DCPS Efforts

The D.C. Council in 2012 passed the Youth Bullying Prevention Act,[63] and D.C. Public Schools (DCPS) has pursued its own anti-bullying initiatives. The Citywide Youth Bullying Prevention Program is operated out of the Office of Human Rights (OHR).[64, 65] A District-wide Model Bullying Prevention Policy was issued by the Youth Bullying Prevention Task Force in January 2013.[66] Officials from OHR, OSSE, and the youth-research organization Child Trends in November 2015 announced "a $3.8 million grant from the National Institute of Justice (NIJ) to focus on school climate and bullying prevention in District schools through implementation of the Safe School Certification Program (SSCP)."[67] The program began in the 2016-2017 school year. We look forward to evaluation of the District's SSCP. The most

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[56] "District of Columbia Youth Risk Behavior Survey," Office of the State Superintendent of Education https://tinyurl.com/y72tp9tz
[57] "District of Columbia Youth Risk Behavior Survey 2017, Risk Behaviors and Sexual Identity Report" *op. cit.*, p. 3, 5-7, 8
[58] "Center Facts: LGBT Youth in the District of Columbia," http://www.thedccenter.org/facts_youth.html
[59] Youth Suicide Prevention and School Climate Survey Act of 2015, Bill 21-0361, http://tinyurl.com/grzj3u4
[60] Committee Report, Youth Suicide Prevention and School Climate Survey Act of 2015, January 27, 2016, http://tinyurl.com/jum9soh
[61] DC Council, Act 21-374 https://tinyurl.com/ybur3yjs
[62] "Trevor Helps Introduce the D.C. Youth Suicide Prevention & School Climate Survey Act," The Trevor Project, undated, http://tinyurl.com/j9mwbuq
[63] Youth Bullying Prevention Act of 2012, D.C. Law 19-167, http://tinyurl.com/huxt5fl
[64] Citywide Youth Bullying Prevention Program, Office of Human Rights, http://ohr.dc.gov/page/bullyingprevention
[65] "OHR FY14 Performance Oversight Response," D.C. Office of Human Rights, March 10, 2015, http://tinyurl.com/jc69y3r
[66] "District-Wide Model Bullying Prevention Policy," Office of Human Rights, January 31, 2013, http://ohr.dc.gov/node/419342
[67] "Federal Grant Provides $3.8 Million for Bullying Prevention in the District," Office of the State Superintendent of Education, November 6, 2015, http://tinyurl.com/jh7qo4c

recent report on compliance with the Act dates from 2013-2014.[68] District leaders should continue to work with DCPS to supervise the Act's enforcement and periodically release a comprehensive, updated report on its implementation and compliance to the public. Data collected by the OHR on school bullying should include the number of incidents related to sexual orientation and gender identity.

6.4. Health Education and Mental Health Services

GLAA strongly supports DCPS Health Standards that include sexual orientation and gender identity as part of "the knowledge and skills that students need to maintain and improve their health and wellness, prevent disease, and reduce health-jeopardizing behaviors." The scientific consensus is what should be taught. It is essential to monitor and enforce compliance to ensure that teachers and principals do not disregard DCPS policy in favor of their own biases.

There is a dire need for greater availability of free and low-barrier mental health services for young people in the District. These services should be made more visible and promoted in a way that reduces stigma and encourages youth to seek treatment. District leaders should work with the Department of Behavioral Health to improve and expand the School Health and School Mental Health Programs in a transparent manner that does not disrupt current provider-patient relationships or deprive schools of sufficient service capacities.[69]

[68] "Bullying Prevention in DC Educational Institutions: Compliance Report for School Year 2013 – 2014," DC Office of Human Rights, https://tinyurl.com/ycv5wk3g
[69] "Parents and Teachers Worried About Looming Changes to Mental Health Services in D.C. Public Schools," DCist.com, https://tinyurl.com/ycdcdn59

7. SENIORS

7.1. Accessible and Supportive Housing

Affordable housing is a critical issue for many D.C. residents, especially seniors. The District's legal protections ensure that LGBTQ residents have equal access to additional, publicly enabled, or publicly funded affordable housing. GLAA is pleased that the District already sets aside significant funds for developing affordable housing each year. Additional public funds are needed.

GLAA praises the ongoing work of the LGBTQ-inclusive Age-Friendly DC Initiative.[70] We commend Dr. Imani Woody for continuing to address the lack of safe space for LGBTQ seniors through her leadership with Mary's House for Older Adults in Fort Dupont[71]. Similarly, we praise IONA, which has adopted LGBTQ-affirming policies in the provision of its senior services and developed exemplary programming for LGBTQ elders.[72] We call on District leaders and all those providing care to older adults to promote housing that welcomes and affirms LGBTQ residents.

While these efforts have made headway, D.C. continues to suffer a dearth of specialized housing services for LGBTQ adults. District leaders should fund the Housing Production Trust Fund, Permanent Supportive Housing, and Local Rent Supplement Program at adequate levels. They should commit to improving services, treatment, and housing options for LGBTQ seniors. The managers and staff of District housing agencies and healthcare facilities should be required to undergo training on the needs of LGBTQ individuals as well as those of persons living with HIV.

Shared housing, in which a homeowner offers accommodation to a home-sharer in exchange for a mutually agreed upon level of support in the form of financial exchange, assistance with home tasks, or both, and co-housing, in which individuals or families own separate abodes but share responsibility for cooking and other home tasks, are especially attractive to LGBTQ seniors because these models provide both affordable housing and reduced social isolation. D.C. should encourage the development of innovative co-housing or shared housing programs and facilities for LGBTQ seniors. Such developments should incorporate programs for seniors having unique or special cultural needs or competencies, including minority languages.

Affordable housing is necessary for any senior, but by itself will not reduce social isolation. Many LGBTQ seniors reside in multi-dwelling, affordable housing units, but often live alone and may face social isolation. Appropriate D.C. agencies should organize periodic, intentional, and structured opportunities for seniors, and LGBTQ seniors in particular, near where multiple LGBTQ seniors live in affordable-housing buildings or complexes.

Often the only openings for affordable nursing homes or assisted living facilities for D.C. residents are in Virginia or Maryland, where LGBTQ protections are not assured and where

[70] "The Age-Friendly DC Initiative," DC Office on Aging, http://dcoa.dc.gov/page/age-friendly-dc-initiative
[71] "Senior and out of the closet: DC nonprofit aims to provide affordable housing for LGBT elders," Christina Sturdivant, *Elevation DC*, June 8, 2015, http://tinyurl.com/j29zl62
[72] LGBTQ Senior Services, IONA https://tinyurl.com/yd6vpoum

cultural competency may be lacking. Although DC Medicaid will provide funding for D.C. residents with no option but to live in such facilities, most D.C. residents prefer to remain in the District. D.C. should develop additional affordable, patient-centered, LGBTQ culturally competent nursing homes and assisted-living facilities.

The District's failure to keep data on LGBTQ housing is another ongoing problem. Ten percent of adults in the District identify as LGBTQ.[73] Data on this population and its unique needs should be maintained across the District government.

7.2. Training and Funding for Inclusive and Affirming Senior Services

Social isolation is a major concern among LGBTQ seniors. As the LGBTQ community has traditionally been youth-oriented, the social effects of ageism--including social isolation, depression, and diminished health--are particularly acute for LGBTQ seniors. Ample evidence now shows the distinctive needs within the older LGBTQ population.[74] Lack of privilege associated with race, physical ability, national origin, or other attributes is compounded by lifelong discrimination on the basis of sexual orientation or gender identity. Transgender older adults and ethnic and racial minority LGBTQ seniors in particular often live below the poverty level and have heightened and cumulative health disparity risks. Public funding should provide opportunities to better assess the needs of our seniors. Additionally, LGBTQ individuals who lived through the AIDS crisis often find they have fewer peers or living friends than other seniors, increasing their risk of social isolation. LGBTQ elders often have less family support, and need help to maintain their independence.[75] District leaders and agencies should continue to support organizations seeking to mitigate these disparities, such as Whitman-Walker Health and People Advocating for LGBT Seniors (PALS), among others, and work with them to expand and improve partnerships in providing services for LGBTQ seniors.[76]

Implementation of culturally competent policies and training in senior services is necessary to foster an environment that provides confidence and security for the District's LGBTQ seniors. Unfortunately, many of the District's traditional senior services continue to be viewed as not welcoming or inclusive of LGBTQ seniors, and it is difficult to document their participation in these programs. Creating a safe environment for LGBTQ seniors should be a high priority. Specific efforts are needed to ensure that LGBTQ seniors perceive the staff and facilities of senior programs funded by the District to be welcoming, not merely accepting. GLAA recommends that all employees and grantees of the Office on Aging receive no fewer than two hours of face-to-face LGBTQ cultural competency training. Additionally, managers and leaders of facilities must be aware of, and implement, appropriate policies and best practices for organizations that serve LGBTQ individuals. The D.C. Office on Aging should use the expertise of groups such as the Washington, D.C. LGBT Aging Coalition, SAGE, the DC Center for the LGBTQ Community, and others as a resource. Funding specifically targeting LGBTQ senior services could provide a sustained basis for fostering partnerships

[73] "The Gayest Place in America?" Jeremy W. Peters, *The New York Times*, November 15, 2013, http://tinyurl.com/mghwxfu
[74]"Age-Friendly DC for LGBT Individuals," Recommendations by Ron Swanda, https://tinyurl.com/y9ksa992
[75] "LGBT Seniors Shouldn't Die Penniless and Alone," Bruce Williams, *The Advocate*, January 19, 2016, http://tinyurl.com/h3nd7jr
[76] LGBT Resources, DC Office on Aging, https://tinyurl.com/yd2s2qwg

and coordinating efforts for more efficiency with District of Columbia senior services providers.

According to the U.S. Administration on Aging ("AOA"), the purpose of Congregate Meal Programs ("CMPs" or "Community Dining Programs") is to help seniors age in place and decrease the likelihood of social isolation and institutionalization. The AOA notes that in some communities, social isolation due to sexual orientation or gender identity may restrict a person's ability to perform normal daily tasks or live independently. The AOA encourages each planning and service area to assess their particular environment to determine those populations best targeted based on "greatest social need."[77]

The District has a higher proportion of LGBTQ residents than any major city, yet offers no specific programming for LGBTQ seniors. The DC Office on Aging should implement additional community dining programs for seniors, planned and administered by LGBTQ culturally competent staff and offering innovative programming of particular interest to LGBTQ seniors.

Federal funding is available for such programs, which have been effectively implemented in other cities for some time, and studies of their implementation "support the specification of sexual minorities as a population of 'greatest social need' under the Older Americans Act and the expansion of services that are tailored for their social support needs."[78] The greater Boston area has many successful community dining programs that are well attended, with some attendees traveling an hour or more. For sexual minority older adults, CMPs provide a community connection to their peers that may be lacking among their non-kin employment and neighborhood networks. For those who have low incomes, access to a nutritional meal is also important.[79]

[77] Windy City Times; Chicago, IL; July 2012; downloaded on Jan 17, 2018, http://bit.ly/2Fk9QKP
[78] Journal of Applied Gerontology, Nov 2014; page1; Kristen Porter, Sara Keary, Aimee VanWagenen and Judith Bradford; Social Network and Nutritional Value: Differences by Sexual Orientation; DOI: 10.1177/0733464814546042; online version of this article can be found at: http://bit.ly/2G5El4a
[79] Programs & Support Groups Offered by the LGBT Aging Project, http://bit.ly/2IdXfXm

8. CONSUMERS AND BUSINESSES

8.1. Combating Pay-to-Play Corruption

To fight the District's notorious 'pay-to-play' reputation, GLAA urges the DC Council to adopt legislation to break the relationship between contributing to political campaigns and doing business with the District, and to ensure transparency and equitability in all city contracts.

Councilmember Charles Allen, who chairs the Committee on the Judiciary and Public Safety, told *The Washington Post* in July 2017, "This is a city where we do tens of millions of dollars' worth of contracts on a regular basis. When there are some contractors who donate money to the very people who make decisions on whether or not they get the contract ... that feeds the perception of pay-to-play."[80]

There are three bills pending before the Council that address these concerns: Bill 22-8, the Campaign Finance Transparency and Accountability Amendment Act of 2017;[81] Bill 22-47, the Government Contractor Pay-to-Play Prevention Amendment Act of 2017;[82] and Bill 22-51, the Comprehensive Campaign Finance Reform Amendment Act of 2017.[83]

DC Attorney General Karl A. Racine, in submitting Bill 22-8, wrote that it "builds on prior campaign finance proposals to sever the connection between contributions and significant business dealings with the District. It focuses on what it calls 'doing business with the District': large contracts, large grants, large tax abatements, and agreements to acquire, sell, or lease land or a building – the type of arrangements where the concern of pay-to-play corruption appears highest."

GLAA agrees with Attorney General Racine. We urge the Council to enact legislation that combines the best elements of the above-referenced bills, as Councilmember Allen said he hopes to do.

[80] "D.C. Council bills take aim at pay-to-play," Peter Jamison, The Washington Post, July 8, 2017, https://tinyurl.com/y7nry4ru
[81] Bill 22-8, Campaign Finance Transparency and Accountability Amendment Act of 2017, https://tinyurl.com/yajq8fmj
[82] Bill 22-47, Government Contractor Pay-to-Play Prevention Amendment Act of 2017, https://tinyurl.com/yd325yr4
[83] Bill 22-51, Comprehensive Campaign Finance Reform Amendment Act of 2017, https://tinyurl.com/ycwqk8j2

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GLAA was founded in 1971 as the Gay and Lesbian Activists Alliance, and updated in 2017 to be more inclusive of the LGBTQ community. GLAA is an all-volunteer, non-partisan, non-profit political organization that defends the civil rights of lesbian, gay, bisexual and transgender people in the Nation's Capital.

GLAA lobbies the D.C. Council; monitors government agencies; educates and rates local candidates; and works in coalitions to defend the safety, health and equal rights of LGBTQ families. GLAA remains the nation's oldest continuously active gay and lesbian civil rights organization.