

Site Visit Report: Recognize. Intervene. Support. Empower (RISE)

<https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/PII>

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Cluster: Permanency Innovations Initiative

Grantee: The Los Angeles Gay and Lesbian Center (LAGLC)

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PROJECT DESCRIPTION

The Permanency Innovations Initiative (PII) is a 5-year multisite demonstration project designed to improve permanency outcomes for children in foster care who have the most serious barriers to permanency. In 2010, the Children's Bureau published a funding opportunity announcement (FOA) for the Initiative to Reduce Long-Term Foster Care. The purpose of the FOA was to fund demonstration projects that support the implementation and test the effectiveness of innovative intervention strategies to improve permanency outcomes of subgroups of children that have the most serious barriers to permanency. Although the reform efforts in the Adoption and Safe Families Act of 1997 focused on moving children and youth to permanent families more quickly while maintaining children's safety, many jurisdictions struggle with a growing population of children who are aging out of foster care. These projects were to address site specific issues in order to help children leave foster care in fewer than three years.

The following are the intended purposes of the projects funded through this FOA:

- Implement innovative intervention strategies that are informed by the relevant literature in order to reduce LTFC stays and improve child outcomes
- Use an implementation science framework enhanced by child welfare expertise to guide technical assistance activities
- Rigorously evaluate the validity of research-informed innovations and adapted evidence-based interventions in reducing LTFC
- Build an evidence base and disseminate findings to build knowledge in the child welfare field

The Children's Bureau entered into cooperative agreements with six grantees from across the country, including the Los Angeles Gay and Lesbian Center (LAGLC), which is implementing the RISE (Recognize Intervene Support Empower) initiative in partnership with the Los Angeles County Department of Children and Family Services (DCFS) and more than 20 community and foster care agencies.

The RISE Initiative aims to reduce the number of lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth in long-term foster care (LTFC) and improve permanency by decreasing heterosexism and anti-transgender bias in caregiving settings. As part of the PII approach, a formative evaluation is being conducted to assess achievement of short-term outcomes: decreased heterosexism and transphobia. RISE is a 5-year demonstration and research project aimed at the following:

- Identifying LGBTQ children and youth competently and safely
- Creating a climate/ecology of acceptance for them
- Coordinating their care
- Producing trained, competent professionals to serve them

RISE is composed of two interventions: the Care Coordination Team (CCT) and Outreach and Relationship Building (ORB). Both are designed to provide LGBTQ children and youth, parents, caregivers, and child welfare professionals with the support and education needed to nurture durable lifelong connections. The intended long-term outcome is for LGBTQ children and youth to gain forever homes.

For more information about PII, visit the Children's Bureau website at <http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources>.

Need for Service

There is little empirical research regarding the prevalence and needs of LGBTQ children and youth in the child welfare system. Creating a body of research on the characteristics and particular needs of this population—along with creating, developing, and testing best practices for addressing those needs—are two of the primary objectives of RISE. LAGLC's history of serving this population affirmed its understanding that LGBTQ youth languish in foster care, lose their placements more frequently, give up on family connections more readily, and age out of care with nowhere to go. However, aside from anecdotal documentation of the bleak permanency outcomes faced by LGBTQ youth in care, the research literature lacks significant empirical evidence regarding the prevalence of LGBTQ youth in care. The challenges faced by LGBTQ children and youth in the child welfare system fall into two categories: family and systems. Early intervention to help educate families about the impact of rejecting behaviors is important to the healing of these families and to helping maintain LGBTQ children and youth in their homes. In addition, early identification of these risk factors and their impact by public child welfare agencies while investigating abuse and neglect is important so that the right help can be given to youth and families at the right time. When system involvement is called for, children, youth, and their families must have access to an integrated, comprehensive, seamless, cost-effective, and LGBTQ-friendly system of care at any point of entry. The interventions created by this system of care will result in reduced timelines to permanency and, ultimately, reduced reentry, thereby creating cost savings for the perpetually under-resourced child welfare system.

Target Population

The RISE initiative targets LGBTQ children and youth ages 5–19 with open cases at Los Angeles (LA) County DCFS, including those who are gender nonconforming and gender-questioning. This includes those youth in the foster care system dually supervised by the LA County DCFS and the Probation Department.

RISE identifies two barriers to permanency for this population:

- (1) Heterosexism and transphobia that leave families, systems, and organizations unprepared to properly nurture LGBTQ children and youth
- (2) Systems of care that lack policies and practices for caring for LGBTQ youth

Grant Partners

The following are the key partners for the RISE project:

- Foster care providers
- Five Acres

- Hathaway-Sycamores Children & Family Services
- Penny Lane Centers
- Southern California Foster Family and Adoptions Agency
- Vista Del Mar

Theoretical Framework

RISE theorizes that when LGBTQ foster care youth and their families are competently identified and appropriately served, they will achieve safe and stable permanency. RISE's theory of change makes the following assumptions:

- 1) When a climate/ecology of acceptance is created, combined with integrated and participatory care coordination, families increase their accepting behaviors, decrease their rejection behaviors, and achieve permanency and stability.
- 2) When children feel respected and supported by their agency, it increases well-being.
- 3) When caregivers and all child welfare employees are committed to and educated on how to have discussions about sexuality and gender, youth can also feel comfortable having these discussions, which improves overall health and well-being.
- 4) Training on accurate, sensitive, and safe identification is needed for achieving permanency and stability for LGBTQ children and youth.
- 5) When organizational structures (norms, policies, communication mechanisms) designed to support child welfare workers' application of LGBTQ-related knowledge are in place, the organizational system functions will have the capacity to work in the interest of all youth regardless of the sexual orientation, gender identity, or gender expression.
- 6) When caseworkers and other staff build relationships with LGBTQ children and youth, youth who want to disclose can and then can receive appropriate services.

Key Components

The RISE initiative used two key interventions, ORB and CCT.

ORB. In recognition that most public and private agency staff reported little or no professional training on LGBTQ identity and practice application, RISE developed ORB, an organizational-level intervention designed to deliver 6 hours of LGBTQ training to public and private staff in the child welfare system. RISE also developed a coaching network so trained agencies can meet regularly to build upon and sustain change in practice and policy. The goal of the training is to increase staff competency and to give the staff the skills and knowledge to work with the LGBTQ population. After a period of time, ORB began to receive calls requesting that it train foster parents as well and added this curriculum to their interventions.

RISE has two training modules, which have the following learning objectives:

- LGBTQ Foundations
 - Language about sexual orientation, gender identity, and gender expression (SOGIE) and education about the LGBT experience (i.e., coming out)
 - Barriers to permanency experienced by LGBTQ youth in child welfare (i.e., anti-gay bias, heterosexism, anti-transgender bias)
 - Function and elements of LGBTQ-affirming environments and symbols

- Legal framework and professional responsibilities as a social worker in the California child welfare system
- Guidance on managing disclosures as they relate to children's or youths' sexual orientation, gender identity, and gender expression
- Social Work With LGBTQ Children and Youth
 - Review active listening, motivational interviewing, and self-awareness to use with LGBTQ youth
 - Asking about identity and using inclusive language
 - Support for the coming-out process or experience for youth or family
 - Skills related to sustaining an affirming environment, responding to supporting/questioning comments, and responding to negative comments
 - Challenges with managing disclosures about sexual orientation or gender identity
 - Integrating principles of healthy relationships into conversations with youth

During the training pilot period, the ORB recognized through pre- and posttesting that it had underestimated the lack of knowledge and bias of agency staff. The sensitivity around the LGBTQ issues at times created an atmosphere of hostility, which ultimately led to some important training adjustments. For example, the team developed a self-care component to build in resiliency and create "self-care" check-ins. It also included a cofacilitator and limited the group size to 25. The facilitators had difficulty finding targeted skill-building training to help the trainers handle hostility specifically around LGBTQ issues. The training underscored the need to have a safe space where participants can speak openly about their views and process their biases through education and learning.

RISE built capacity by developing a coaching network from agency staff who were already trained. The Coaching Network is a supportive peer network where coaches build capacity and skills to recognize barriers, use best practices to intervene when necessary, and help agency staff strengthen skills that lead to safety, well-being, and permanency for LGBTQ youth.

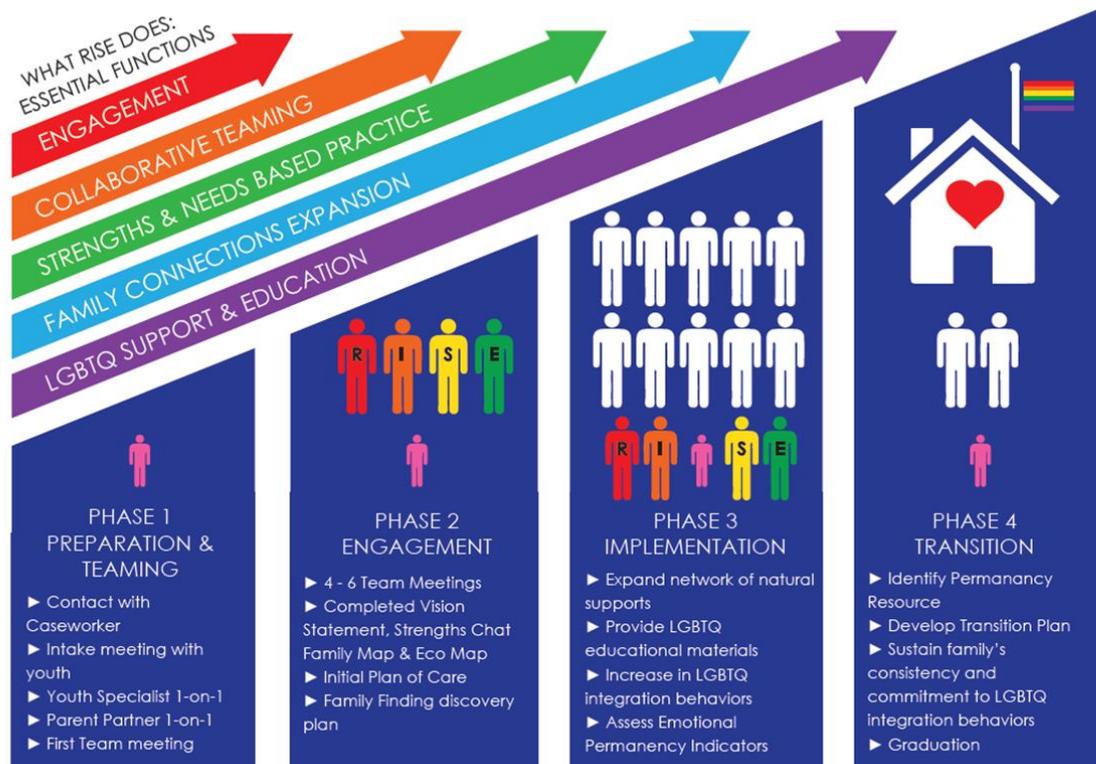
The monthly Coaching Network meeting provides support by (a) sustaining agency training and continued education, (b) creating agency plans for the implementation of best practices, and (c) identifying changes to agency policy as needed. As part of their approach, coaches would facilitate a "learning lab" where the participants were given real-life scenarios and then were asked to break into groups to role play their responses. Coaches also provide training to each other through Training Boosters (skill and knowledge refreshers) and Learning Labs (practice and application of skills) that include content related to building capacity to respond to anti-gay bias, heterosexism, and anti-transgender bias.

The Coaching Network has been an effective and sustainable training support and has been highly successful in the RISE project. ORB training and coaching continues countywide for DCFS offices and private child welfare agencies. RISE projected they will train more than 1,800 additional staff through 2015. A 90-minute foster parent curriculum called "Supportive Families, Safe Homes" was also developed and implemented, with participation from over 425 foster parents representing 326 foster homes at more than 10 foster care agencies.

Exhibit 1 describes the care coordination services and essential functions and phases of the RISE project.

**Exhibit 1
Care Coordination Services: Essential Functions & Phases**

**Care Coordination Services:
Essential Functions & Phases**



October 2014

Retrieved from <http://www.acf.hhs.gov/cb/resource/pii-cct-essential-functions-phases>

CCT. The RISE CCT operates using the wraparound teaming approach, which is based on the Family-to-Family team decision-making model. This approach was customized to include family finding, engagement, acceptance, preparation, and support and designed to intervene with the child or youth's family—biological, extended, or adoptive. The CCT intervention targets children and youth ages 5–17 who are identified or self-identify as LGBTQ or gender-nonconforming, who have permanency barriers, and who are served by a partner agency or are referred by DCFS. It aims to decrease rejecting behaviors and increase accepting behaviors in families struggling with the sexual orientation, gender identity, and/or gender expression of their children. The RISE Training Institute provides training and coaching for staff to use the CCT process with fidelity. RISE CCTs are trained on LGBTQ identity and employ family education to increase LGBTQ support and acceptance under the direction of clinicians. The goals are to increase family acceptance, emotionally permanent connections, and legal permanent status.

The CCT's focus is to work toward emotional permanency in addition to legal permanency. Emotional permanency is identified by the following six emotional permanency indicators that RISE developed:

1. **A place to stay in an emergency.** Everyone has emergencies—both children and adults. When emergencies arise, family members are often the first people we turn to for support and comfort. An individual is comforted when they have a secure and stable attachment and know, when an urgent need arises, they will have a place to go. For an adult to welcome a young person into his or her home in times of need demonstrates an investment in the young person's well-being. It indicates that the adult cares enough to take care of the young person and it provides the young person with a sense of security and well-being.
2. **The emotional support of a caring adult.** Everyone needs a person with whom they can confide in, depend on, and share themselves. Having an adult to depend on creates a secure attachment for young people. These attachments provide emotional support and assist youth with developing a positive self-concept. Being able to rely on a caring adult also improves the youth's emotional well-being and demonstrates that the adult is connected, engaged, and willing to provide ongoing support.
3. **Family members who check-in regularly.** Everyone needs someone who checks in on them from time to time to see how they are doing, provide comfort, and offer support. Frequent contact with a caring adult communicates to the young person that they are important and that they are not alone. Additionally, regular contact with the young person is an indicator that the adult is taking a proactive role in the young person's life. It shows that they are invested enough to initiate contact and maintain a relationship. Consistent contact provides validation for the youth that the adult is present, available, and actively participating in their life.
4. **A place to go for family meals and special occasions.** Family meals create a sense of inclusivity, being part of a family, and feeling welcomed and loved. Sharing holiday meals and being invited to celebrate family events is also an indicator that the young person is considered part of the family. Including the young person in these events demonstrates the adult is not acting out of obligation, but is motivated to include the youth in their family and into their world. These displays of inclusion make the youth feel wanted, loved, and valued.
5. **Concrete support for the youth in a time of need.** Everyone needs to have someone they can contact when they need concrete support. Concrete support in a time of need can be providing financial assistance with a medical bill, transportation to a doctor's appointment, help with applying for college or enrolling in a GED class, assistance with rent or an apartment deposit, helping with a move, or buying a bag of groceries. This support is an indicator that an adult cares enough about the youth's well-being to devote their time and resources to provide help. This provides the youth with a sense of security that mitigates feelings of helplessness and hopelessness because they have someone in their life they can depend on for help.

6. **Family members who are willing to step in should something happen to a parent.**

Every primary parent or legal guardian needs support they can count on, such as if or when they are not able to take care of the youth due to something unforeseeable. Unconditional support from several adults helps the youth develop a sense of assurance and safety. Should something happen to their parent or primary guardian, the youth or child would still be taken care of. Having the love and care of several adults allows the youth to learn about appropriate relationships. Those adults can mediate conflicts within the family, role model appropriate boundaries and relationships, and can provide respite or additional supports.

There are four CCT teams, and each team consists of a parent partner/family advocate, a youth specialist, a family finder, and a facilitator. RISE also has a clinician who can serve youth enrolled in the program. The following describes the roles and responsibilities on each team:

- **Parent partner/family advocate:** Provides peer support for parents and caregivers by sharing about their own experience having an LGBTQ youth and assisting the adults through the process. The parent partner works with the caregiver and any family members that are identified by the youth as possible sources of support. The parent partners offer psychoeducational material about the harmful effects of rejection on the young person's health and mental health and develops strategies with the caregiver about how to demonstrate supportive behaviors. Parent partners also assist with linking caregivers and family to support groups and community resources.
- **Youth specialists:** Provides support, resources, and psychoeducation to youth enrolled in the program. They assist youth with understanding and navigating their sexual and gender identity, developing healthy relationships, reconnecting with family or chosen family, and planning for their future. The youth specialist offers a safe space for the youth to ask questions regarding their gender and sexual orientation. The youth specialist assists youth with building community by linking the youth to community resources.
- **Facilitators:** Coordinates the efforts of the RISE team, DCFS, and formal and natural supports involved with the youth and conducts weekly team meetings with the youth and their support system. Facilitators develop the overall plan of care, which is focused on increasing LGBTQ support and acceptance, expanding the youth's natural support system, and obtaining permanency.
- **Family finder:** Locates and identifies existing or potential connections for the youth using best practices of family finding. The family finder also mines the court records to assist in identifying potentially supportive adults who may want to reconnect with the youth or who may know other adults the youth was previously connected to. The family finder is responsible for finding contact information for these individuals, making initial contact with them, and employing strategies to get these adults reconnected to youth.
- **Clinician:** Provides mental health services to youth and the families. The clinician also consults with other therapists working with RISE youth on LGBTQ identity and strategies to increase family acceptance. The clinician also provides support to other members of the RISE team when mental health issues are present in the youth or family members.

Referrals are made through the social worker, the Children's Law Center attorney, or through self-referral. After intake, the team begins the CCT meetings. The CCT process is unique in several ways:

- **Youth voice.** The CCT always asks the youth for their preferred gender pronoun. Youth often have never been asked this question, and this helps to create an environment of safety and acceptance.
- **Seeking connections.** The CCT explores with the youth their concept of permanency, where they have support and acceptance, any community connections, and their relationships (parental and nonparental). The CCT helps the youth create an eco-map and family connections map to help visualize relationships and connections. These maps help youth identify who they want to reconnect, connect, or strengthen their relationship with.
- **Vision statement.** A vision statement is created for each youth and is updated every 3 months to help inform the interventions and plan of care.
- **Mental health support.** RISE will consult with therapists and assist with addressing LGBTQ issues. When a youth is in need of services, RISE is able to provide a therapist that works with the RISE program. The RISE therapist, as well as the team, have training on issues that can present themselves during the coming-out process and that arise from youth experiencing rejecting behaviors.
- **Case coordination.** RISE coordinates services between other providers to assist with implementing the best plan possible for acceptance and permanency. RISE is careful to focus not on any problem behaviors the youth may have (i.e., poor temperament) that appear to be barriers. Instead, the project focuses on what is happening in the context of the youth's life that is causing the behavior.
- **Diligent recruitment of acceptance.** RISE has partner agencies that assist in locating accepting and affirming homes for youth involved in the program, and youth have a voice in advocating for their placement. RISE works with the youth's current family and placement to assist them in increasing their knowledge and acceptance of their LGBTQ youth. RISE also extends its recruitment efforts to family members who may live out of State.
- **Relationship building.** RISE believes that improving the youth's ability to form positive relationships is important for enhancing their development and well-being. To that end, the CCT believes the following are important:
 - Use open-ended and probing questions to identify potential people to reconnect to
 - Use open-ended and probing questions to identify connections that the youth wants to maintain
 - Role play communications
 - Teach youth how to maintain relationships
 - Explore the benefits of maintaining relationships

Sustainability

RISE is focused on the following:

- Completing direct service provision to children and youth
- Providing training and coaching to staff and kinship, foster, and adoptive parents
- Developing papers, video, and other materials for dissemination

- Working with identified stakeholders to agree on a sustainable plan for serving LGBTQ children, youth, and their families in LA well into the future
- Working on contracts with the LA Probation Department and DCFS
- Building a website to act as a hub for information distribution and sustainability

Dissemination

Over the course of the project, RISE has developed numerous written materials and attended many conferences and local gatherings across the partner sites, communities, and systems. Highlights of dissemination activities include a website to act as a tool for dissemination; presentations at the Time to Thrive Conference, EDGY, NCCD, and True Colors conferences; and findings from the RISE qualitative interviews.

SITE VISIT DETAILS

The site visit occurred on March 17, 2015, at the LAGLC office. LAGLC has been a direct service organization since it was founded in 1979 and is the largest LGBT center in the world. Notably, it was founded by social workers and was the first gay organization to receive Federal funding. One of its primary missions has been to serve transitioning homeless youth. Currently, LAGLC welcomes nearly a quarter-million client visits from ethnically diverse lesbian, gay, bisexual, and transgender youth and adults each year for a variety of services. RISE's partners include LA DCFS and more than 20 community organizations.

The RISE project is designed to help LGBTQ youth in LA achieve the following:

- Durable family connections
- Emotional permanency
- Legal permanency in homes where they feel safe, nurtured, and loved into adulthood

During the site visit, a panel interview was conducted with the following participants:

- Curt Shepard, director, Youth and Family Services
- Lisa Phillips, clinical director, Youth and Family Services
- Anny Hsu, RISE training and coaching instructor
- Angela Weeks, RISE training and coaching manager
- Danielle Altman, RISE fidelity and evaluation manager
- Erica Rodriguez, RISE care coordination team manager
- Jessica Correa, RISE youth specialist
- Natanael Rodriguez, RISE clinical coordinator
- Evelyn Cortez, RISE parent partner/family advocate
- Catrina Jones, RISE youth specialist
- Eugenia Rodriguez, RISE clinical coordinator
- Evelyn Cortez, RISE parent partner/family advocate
- Laura Calderoni, RISE parent partner/family advocate
- Arian Gauff, RISE family finder
- Hector Godina, RISE facilitator
- Joann Cerda, RISE facilitator
- Stephanie Lervold, RISE coordinator

Additional information for the site visit report was obtained from various documents submitted to the Children's Bureau by RISE.

LESSONS LEARNED

Biases negatively affect social work practice and LGBTQ youth in foster care. Exposure to bias—passive, aggressive, verbal, non-verbal, and blatantly hostile—has a negative impact on trainers professionally, personally, and physically.

Bias in training sessions must be addressed. Ignoring it disempowers trainers, undermines learning objectives, and can lead to the further dissemination of incorrect information about LGBTQ people and best practices for serving LGBTQ youth. Fidelity reviews are a tool to identify bias in the training room that trainers may not recognize or address. The following are additional findings by the project about fidelity reviews:

- Skilled and practiced responses to biased statements provide opportunities for trainees and can mentally and emotionally validate trainers.
- A cofacilitation training model can help control bias during trainings and support trainers' mental and emotional health.
- Entrenched participant bias requires more intervention than training. It is critical to provide consistent coaching and support.

Coaching trainers on responses to participant bias can increase trainer confidence and reduce the stress around calling out and responding to both passive and aggressive biased questions and statements.

Structured and consistent self-care is an integral tool to protect trainers' mental and emotional health, self-perceptions, and professional performance. Individual self-care activities should be tailored to the individual's interests (e.g. massages, physical activity, meditation, traveling). Effective self-care maintenance can result in increased trainer effectiveness, less trainer triggering, and increased enthusiasm about training even in extremely biased settings. Implementing team and individual self-care check-ins and activities creates a consistent integration of self-care into the work environment.

Challenges

Identifying youth for referrals. RISE has experienced difficulty in identifying youth for referrals due to a number of complex factors, including youth reluctance to self-identify due to fear, difficulty in obtaining consent from the youth's parent for participation in the program, and the complexity of the court system to assent for youth to participate in the project.

Confronting anti-gay bias, heterosexism, and anti-transgender bias. RISE identified bias in all areas where youth interact with the system, including child welfare workers and foster parents. Personal beliefs were often barriers to permanency in both referrals to the project as well as simple requests such as denying a youth their clothing allowance because of their gender identity expression. Youth experience an overwhelming amount of rejecting behaviors from the adults in the systems designed to offer safety and support. Continued training and coaching is needed to reduce and eliminate bias.

SOGIE education. Caseworkers need to understand the language about SOGIE and become educated about the LGBTQ experience (i.e., coming out).

For more information on challenges and lessons learned please see the *RISE Status Report: Where We've Been and What We've Learned to Date* at

http://www.acf.hhs.gov/sites/default/files/cb/rise_status_report_where_weve_been.pdf.

RISE Evaluation

The evaluation is a mixed-method design. It tests whether RISE improves well-being, reduces family rejection, and increases family support for LGBTQ youth in the LA County foster care system. It includes both a formative and summative evaluation.

- **Formative evaluation.** This process determines whether CCT shows potential to (1) increase the number of family and other supports for the youth, (2) decrease the level of family rejection, and (3) increase the level of family acceptance. These are all indicators of eventual emotional and legal permanency. CCT is staying in the formative evaluation stage during the grant period. Formative testing of the ORB intervention determines whether the staff training shows potential to increase the cultural competency of professionals working with LGBTQ youth.
- **Summative evaluation.** This evaluation uses a pre- and posttest design with a follow-up survey to determine whether ORB-trained staff makes gains in their knowledge of working competently with LGBTQ youth and whether staff utilizes the knowledge

This section provides additional information about the evaluation, including the use of implementation science, data collection efforts, and the fidelity assessments.

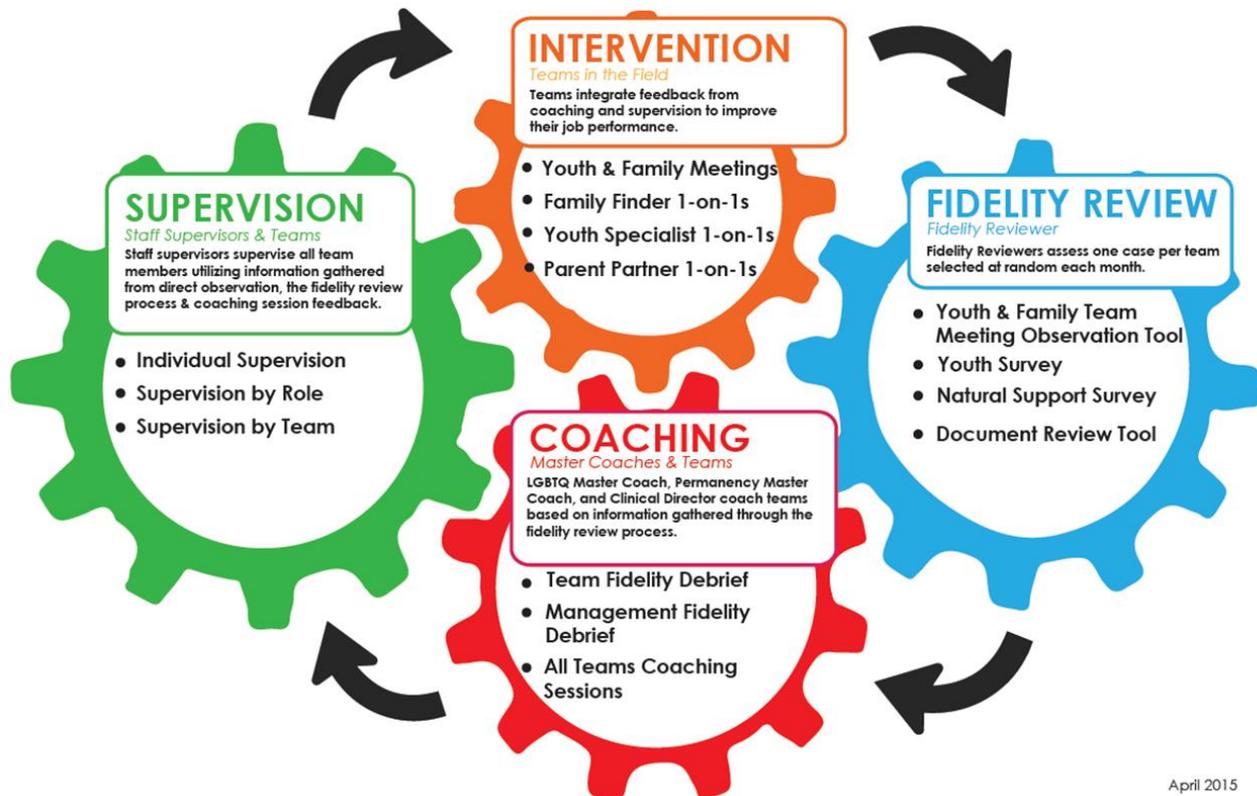
PII Implementation Science

PII purposefully combines implementation science and rigorous evaluation. The PII approach consists of four implementation stages: exploration, installation, initial implementation, and full implementation. The exploration stage included activities that helped grantees define their target population, identify factors that put the target population at risk of LTFC, coordinate teaming structures, select and promote the intervention, and plan for implementation and evaluation. The installation stage ensured that the structural and functional changes to support implementation were in place, including, but not limited to, staff selection protocols, staff training and coaching, and data systems to monitor fidelity of program processes. During initial implementation, all implementation supports were at least partially in place, and children and families began to participate in the intervention. During this stage, grantees tested key processes and data collection activities and modified components, as needed, to improve intervention processes and ensure the implementation supports were supporting the right processes so that formative evaluation could begin. Once project staff were skilled in intervention processes and organizational and systems changes were institutionalized, the grantees moved into the full implementation stage. In this stage, grantees reviewed and refined implementation teams and monitored and assessed implementation supports and intervention fidelity. When it was determined that the intervention was stable and the formative evaluation showed that the program outputs and short-term outcomes were trending in the right direction, the grantees moved to the summative evaluation.

As part of the RISE PII implementation process, the project identified the fidelity assessment feedback loop for the care coordination services depicted in exhibit 2.

Exhibit 2 Care Coordination Services: Fidelity Assessment Feedback Loop

Care Coordination Services: Fidelity Assessment Feedback Loop



April 2015

Citation: Friend, R., Khavar, V., & Gauff, A.. (2015, April). *Testing what works to strengthen family relationships for LGBTQ children and youth in the child welfare system*. Presented at the CWLA 2015 National Conference, Arlington, VA. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/FGDM/Events/Documents/Presenter%20Presentations/Friend_Creating%20Affirming.pdf

Fidelity Assessments

RISE used two versions of its fidelity assessment. Version 1 was developed before intervention delivery began, in 2012 and early 2013, and used from January to July 2014. This allowed for data triangulation, assessment of practitioner delivery and client receipt of services, and a relatively low burden for assessment. The project used teams as the unit of analysis because team-based aspects of the intervention are thought to be most closely connected to the theory of change.

Version 2 was developed while the intervention was being delivered (March–August, 2014; used August 2014 onwards). Version 2 included some practitioner-level measures and expanded the unit of analysis to the team and practitioner based on practitioner and fidelity reviewer feedback. Some measures were double-barreled or vague, and caregivers and youth did not understand some of the language in the surveys (e.g., PFLAG, LGBT rejecting, LGBT accepting).

For more information about the PII implementation process, refer to *PII Approach: Building Implementation and Evaluation Capacity in Child Welfare* at <http://www.acf.hhs.gov/programs/opre/resource/pii-approach-building-implementation-and-evaluation-capacity-in-child-welfare>. This report provides an integrated, phase-based framework that guides activities for building evidence and preparing interventions for broader use. The Children's Bureau and the Office of Planning, Research and Evaluation have two foundational products that provide greater detail about the implementation and evaluation activities described in the PII approach:

- *The Permanency Innovations Initiative (PII) Approach to Evaluation* emphasizes the role of evaluation at the beginning and throughout the lifespan of the project to support data-driven decision-making. Additional evaluation briefs will be available in the near future. <http://www.acf.hhs.gov/programs/opre/resource/the-permanency-innovations-initiative-pii-approach-to-evaluation>
- *The Development, Implementation, and Assessment Approach* focuses on best practices in implementation science. Tested and refined in real-world child welfare settings, this approach helps organizations develop or adapt innovations and effectively implement with fidelity for sustainable change. <http://www.acf.hhs.gov/cb/resource/pii-develop-implement-assess-approach>

For more information, visit the PII Training and Technical Assistance Project overview at <http://www.acf.hhs.gov/programs/cb/resource/ttap-pii-contractor-profile>.

Data Collection Efforts

RISE collected data about LGBTQ children and youth in foster care and the experiences of staff through baseline data (GLASS residential placements), case reviews of 20 closed and 20 open cases, youth speak outs (i.e., a youth engagement strategy where youth give feedback about their experiences), DCFS staff and agency provider speak outs, and an expert roundtable on outreach and identification. In addition, RISE also conducted youth surveys and youth interviews. The following provide information about findings from each data collection effort.

Case reviews. Case reviews revealed some commonalities among the cases such as an increase in suicidal ideation, lack of connecting struggles with sexual orientation or gender identity, and with acting out behaviors. Children who seemed to fare best had stability and stayed in one placement for an extended period of time. They also found a disconnect between training and practice, and that youth who were older or entered the system at an older age had more successful outcomes.

Speak outs. Youth speak outs showed that boundaries need to be put into place, and staff need to be held accountable for their actions when they are disrespectful towards LGBTQ youth. Staff need to be trained thoroughly on LGBTQ issues, and there should be a specialized training on transgender issues. Safety is the biggest issue for youth, and caseworkers need to let LGBTQ youth know that they are safe in their care.

DCFS staff and agency provider speak outs showed caseworkers would like a script to help guide them when discussing LGBTQ issues. The majority of staff at both DCFS and partner agencies were not aware of California law AB 458, which bans discrimination based on actual or perceived sexual orientation or gender identity. Top-down insistence on agency-wide adherence to nondiscrimination policies and laws is needed.

Youth surveys. The Los Angeles Foster Youth Survey (LAFYS) is a telephone interview study with 786 randomly sampled youth ages 12–21 living in foster care in LA County. It was conducted by researchers from the Williams Institute and Holarchy Consulting. It represents a first step toward population-based data collection on LGBTQ foster youth. LAFYS collects valuable data that answers questions about whether LGBTQ youth are overrepresented in foster care and adds to the research on how sexual and gender minority youth face unique challenges compared to non-LGBTQ youth. The LAFYS was a one-time study conducted as part of the RISE project.

The following are key findings from the survey:

- Around 7,400 youth, ages 12–21, are in out-of-home care in LA County in any given month.¹ Nineteen percent, or about 1,400, of these youth identify as LGBTQ.
- The LGBTQ foster youth population in LA County has similar racial/ethnic and age demographics as the non-LGBTQ foster youth population. Thus, the majority of LGBTQ youth in the sample were youth of color. Further, about 10 percent of LGBTQ youth reported being born outside of the United States, and nearly one-third had a biological mother or father who had been born outside of the United States.
- Approximately 13 percent of youth in foster care identify as LGBTQ. Additionally, 13 percent reported some level of same sex attraction, and 5.6 percent identified as transgender. This means that there are between 1.5 to 2 times as many LGBTQ youth living in foster care as LGBTQ youth estimated to be living outside of foster care.
- LGBTQ youth have a higher average number of foster care placements and are more likely to be living in a group home. They also reported being treated less well by the child welfare system, were more likely to have been hospitalized for emotional reasons at some point in their lifetime, and were more likely to have been homeless at some point in their life.

For more information, please refer to *Sexual & Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles – Full Report* at <http://www.acf.hhs.gov/programs/cb/resource/pii-rise-lafys-report>.

Youth interviews. The evaluation team interviewed a convenience sample of nine youth who had been participating in CCT for at least 3 months. The youth ranged from 14 to 18 years old at the time of their interviews and were diverse in their LGBTQ identities (including gay, lesbian, bisexual, pansexual, and gender transitioning).

¹ Wilson B. D. M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual & gender minority youth in Los Angeles foster care*. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_ExecutiveSummary_Aug_2014.pdf.

Findings from qualitative interviews with youth participating in the RISE CCT intervention indicated that youth felt participation in RISE had a positive effect on their confidence and self-acceptance, both generally and especially regarding their LGBTQ identity. Youth also described improvements in their relationships with natural and, to a lesser degree, formal supports. These improvements came in part through RISE facilitating more contact between the youth and their families and, in part, because the youth felt RISE had taught them better interpersonal skills and ways to communicate their feelings to others, particularly in regard to their LGBTQ identity.

For more information, please refer to *Findings from the RISE Youth Qualitative Interviews* at <http://www.acf.hhs.gov/programs/opre/resource/findings-from-the-rise-youth-qualitative-interviews>.

EVALUATION

The evaluation for the PII cluster uses two processes to examine the implementation and effectiveness of the initiative: site-specific evaluations and a cross-site evaluation. The site-specific evaluations consist of two phases: a formative evaluation and a subsequent summative evaluation. The formative evaluation monitors relationships between program outputs and short-term outcomes, specifically if the interventions selected by the grantees result in the expected outcomes. When the formative evaluation shows that program outputs and short-term outcomes are trending in the right direction, the grantees proceed to the summative evaluation. The summative evaluation, a rigorous evaluation of the long-term effects of the interventions, determines whether long-term outcomes are achieved and the extent to which these outcomes can be attributed to the intervention.

The cross-site evaluation uses a mixed-method approach that includes an administrative data study, an implementation study, and a cost study. The administrative data study looks at information from the Adoption and Foster Care Analysis and Reporting System (AFCARS), the National Child Abuse and Neglect Data System (NCANDS), and State data systems. The implementation study examines key implementation activities, and the cost study examines the costs of implementing the PII interventions. Additionally, the cross-site evaluation will examine key implementation activities and the context in which the programs operate. Westat is leading the PII evaluation team in partnership with James Bell Associates, the University of North Carolina School of Social Work, CLH Strategies & Solutions, Andy Barclay, and Ronna Cook Associates.

To learn more about the PII evaluation process, visit the [PII - Evaluation Team](#) page on the Children's Bureau website.

To learn more about the IL PII evaluation process, refer to [Illinois Evaluation Overview](#) on the Children's Bureau website. Evaluation findings will be published on the PII page as they become available.

