



Los Angeles LGBT Center: Recognize. Intervene. Support. Empower (RISE)

In 2010, the Children’s Bureau (CB) awarded the Los Angeles LGBT Center a [Permanency Innovations Initiative](#) (PII) grant. The Los Angeles LGBT Center operates “Recognize. Intervene. Support. Empower.” (RISE), an initiative designed to help lesbian, gay, bisexual, transgender, and questioning (LGBTQ+) ¹ children and youth in the child welfare system achieve permanency (a safe, stable, permanent family). RISE’s partners include the Los Angeles County Department of Children and Family Services (DCFS) and more than 20 community organizations. The RISE Project’s long-term, child-level goals were to expand durable adult connections, strengthen emotionally permanent adult connections, and achieve legal permanency (family reunification, adoption, or legal guardianship) for LGBTQ+ children and youth in foster care.

PII is a 5-year demonstration project designed to implement and evaluate interventions intended to improve permanency outcomes for children most at risk of remaining in long-term foster care. PII is building the child welfare evidence base by integrating evaluation research and implementation science. This integration is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and to provide evidence about program effectiveness. The federal government supported the PII Grantees as they implemented and evaluated their interventions through two offices within the Administration for Children and Families. Through the PII Training and Technical Assistance Project (PII-TTAP), the CB provided training and technical assistance (T/TA) to PII Grantees to strengthen their use of best practices in implementation. The Office of Planning, Research and Evaluation supported rigorous within-site and cross-site evaluations of PII Grantees’ interventions.

The following is a profile of the RISE initiative.

TARGET POPULATION

The ultimate target population for the RISE initiative included LGBTQ+ and gender non-conforming children and youth, aged 5 years and older, involved in the Los Angeles County child welfare system. Gender non-conforming children and youth, also known as gender-fluid or gender-expansive, are those whose gender expressions do not conform to societal or cultural norms.

¹ For these purposes, these letters stand for lesbian, gay, bisexual, transgender, and questioning. The “+” is to acknowledge the multiple identities, orientations, and expressions that are not explicitly recognized by the acronym. Language is always evolving and older materials from RISE may still use LGBTQ. In other contexts some of these letters may represent other identities and others may be aware of acronyms that incorporate additional terms.

To competently and safely identify LGBTQ+ children and youth and create a climate of acceptance for this population, RISE worked to produce trained, competent professionals to serve them. The target population for this part of the intervention was public and private agency employees, foster parents, and kinship caregivers in the child welfare system, not just those providing direct services to children and youth.

BARRIERS TO PERMANENCY

LGBTQ+ children and youth are often subjected to anti-gay, anti-transgender, and heteronormative biases within the child welfare system that is charged with ensuring their safety, nurturing their well-being, and meeting their long-term needs for safe, stable, healthy-supportive, and lifelong family connections. RISE theorized that these biases—anti-gay bias, anti-transgender bias, and heterosexism—are the basis of many barriers to long-term permanency for this population and have resulted in their over-representation among teenagers in foster care and youth who age out of foster care.

THEORY OF CHANGE

RISE theorized that if LGBTQ+ youth experiencing foster care and their families were competently identified and appropriately served, they would achieve safe and stable permanency. Within the grant time frame of 5 years, the consensus was that change at the macro-system level would not be feasible because that would entail legal, policy, and procedural changes affecting multiple public and private organizations; however, RISE was determined at least to include intervention components designed to affect the organizational level because of the conviction that child-level interventions would be doomed to failure by actions of the organization responsible for their care.

RISE's theory of change made 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 rejecting 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 their 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.
- 6) When caseworkers and other staff build relationships with LGBTQ+ children and youth, youth who want to disclose can do so, which enables them to receive appropriate services.

INITIATIVE AND ASSOCIATED INTERVENTION(S)

After exploring possible interventions that address the identified barriers to permanency for LGBTQ+ children and youth, the LGBT Center determined that an intervention would need to be developed. This intervention consisted of two components:

- 1) To increase permanency and well-being outcomes at the child and family level, one component was designed to provide care and coordination services for a small group of LGBTQ+ children and youth involved in the child welfare system. This became known as the Care and Coordination Team (CCT) component.
- 2) To facilitate change at the organizational level of the child welfare system in Los Angeles, another component was designed to develop more competent and affirming professional and caregiving environments using LGBTQ+ educational materials and coaching. This became known as the Outreach and Relationship Building (ORB) component.

RISE also conducted a survey of youth in foster care in Los Angeles County to determine the proportion who identified as LGBTQ+. This became known as the Los Angeles Foster Youth Survey (LAFYS).

Care and Coordination Team—CCT included RISE staff members who partnered with youth and their families, as well as other natural supports (e.g., extended family, coach, pastor, neighbor, or teacher), in a culturally informed manner to achieve and sustain permanency. CCT integrated LGBTQ+-specific strategies with two established models for promoting timely permanency: Wraparound and Family Search and Engagement. CCT focused on reducing barriers to permanency for LGBTQ+ children and youth, including those that stem from heterosexism, anti-gay bias, and anti-transgender bias. The team did so by:

- Working with the youth and family members to identify their strengths and challenges
- Providing education on LGBTQ+ identity, risks, and resiliency
- Increasing family, caregiver, and community support
- Identifying and expanding the youth's durable family connections to achieve emotional and legal permanence

Outreach and Relationship Building—ORB was the training and coaching component of the intervention designed to help public and private agency staff in Los Angeles County become more welcoming and competent when serving LGBTQ+ children and youth. The ORB training curricula consisted of the 3-hour LGBTQ Foundation Training and another 3-hour Social Work with LGBTQ Children and Youth in Foster Care Training. RISE also developed the Supportive Families, Safe-Homes curriculum for foster parents and relative caregivers. The LGBTQ Foundations and Social Work Practice with LGBTQ Children and Youth in the Child Welfare System curricula are also available in Spanish. RISE also implemented an organizational coaching network to identify needed policy and practice recommendations and provide ongoing staff coaching to support the implementation of LGBTQ+-competent practice in settings that have received ORB training.

Los Angeles Foster Youth Survey—Although the LAFYS survey was not a formal component of the RISE intervention, through a sub-contract with UCLA's Williams Institute, RISE conducted LAFYS to:

- 1) Accurately and confidentially assess the proportion of youth in foster care who identify as LGBTQ;
- 2) Assess whether LGBTQ children and youth are over-represented in foster care; and
- 3) Help understand the experiences of these LGBTQ+ youth within the child welfare system.

This groundbreaking study² found that 19 percent of the 12- to 21-year-old population in foster care in the Los Angeles County child welfare system self-identify as LGBTQ. This study also revealed LGBTQ children and youth to be significantly more disadvantaged than their non-LGBTQ counterparts in numerous ways.

INTERVENTION START DATE AND NUMBERS SERVED

Outreach and Relationship Building—ORB started providing training in January 2013. As of July 2015, ORB had trained an average of 119 staff per month. A total of 2,019 private agency staff and 818 DCFS staff received the full 6-hour training. ORB also trained a total of 491 caregivers as of April 2016.

Care and Coordination Team—CCT began the consent and assent process in July 2013. Over the course of the project, RISE has enrolled a total of 58 youth in Care Coordination Services.

Of these youth, 21 have graduated (11 with emotional permanency and 10 with emotional and legal permanency), 27 have dis-enrolled from services (typically due to lack of participation or no longer wanting services), and 10 are currently enrolled and continue to receive services. Although over 30 percent of these enrollees were ineligible for data collection, due to either their DCFS status or being 18 or older at enrollment, 32 youth have participated in data collection (80 percent of eligible youth).

INTERVENTION STATUS UPDATE

RISE spent the first 2 years of the initiative in the exploration and installation stages. This included clarifying the barriers to permanency, defining and operationalizing their intervention components, and building the program and implementation infrastructure necessary to support their interventions. In fall 2012 (beginning of Year 3), RISE began usability testing of both intervention components, assessing whether key elements needed adjustment before broader implementation.

ORB

In January 2013, RISE began providing ORB trainings. As RISE implemented ORB, they encountered barriers in two main areas. Institutional and individual anti-gay bias, anti-transgender bias, and heterosexism made it difficult to implement the intervention with some public and private child welfare agencies in Los Angeles County. Additionally, the size and

² http://williamsinstitute.law.ucla.edu/wpcontent/uploads/LAFYS_report_final-aug-2014.pdf

structure of some public and private child welfare agencies made communication and implementation a challenge.

ORB's sustainability, through July 2017, is currently under negotiation through two contracts with the County that have not yet been executed.

CCT

CCT implementation was delayed because RISE needed approval from multiple entities (IRB, OMB, Juvenile Division of the Los Angeles Superior Court, Los Angeles County Department of Children and Family Services) before services to youth and research involving youth could begin. Final IRB approval was received in June 2013, and in July 2013 the first youth began the consent/assent process.

In December 2015 the LGBT Center Board of Directors voted to use private foundation funds to maintain at least one Care Coordination Team and re-open referrals for direct services to LGBT children and youth in Los Angeles.

Operating under a no-cost extension through September 29, 2016, RISE is focused on: (1) completing direct service provision to children and youth; (2) developing a microsite, papers, videos, and other materials for dissemination; (3) providing training and coaching to staff and kinship, foster, and adoptive parents; and (4) working with identified stakeholders to agree on a sustainable plan for serving LGBTQ+ children, youth, and their families in Los Angeles well into the future.

EVALUATION STATUS

Each PII intervention is undergoing independent evaluation, overseen by the Office of Planning, Research and Evaluation (OPRE). The level of rigor for the ORB summative and CCT formative evaluations is rather low because there is no comparison group for the staff who have been trained through ORB or the youth served through CCT.

Care and Coordination Team—A pre-post design is being used to evaluate CCT. Baseline and 1-year follow-up data are being collected from CCT participants. At the end of the data collection period, March 2016, 58 youth had enrolled in CCT. Thirty-four of those 58 youth were eligible for the evaluation, of which 32 participated in at least baseline data collection. Excluded participants include children and youth who have never been in foster care (they received in-home services), children and youth who assented to but either never started or dropped out of CCT services after a few meetings, young adult CCT participants (older than 17), and youth who refused participation in data collection (total excluded = 26). Twenty-three youth participated in follow-up data collection. Seven youth were unavailable for follow-up (location unknown or refused contact attempts), and two refused participation.

In addition to the baseline and follow-up surveys, qualitative interviews were also conducted with 18 youth. Youth were asked to provide details on their perceptions of RISE, foster care services, and changes in their lives during receipt of services. These youth said they 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's facilitating more contact between the youth and their families, and in part, the youth said, because RISE had taught them better interpersonal skills and ways to communicate their feelings to others, particularly in regard to their LGBTQ identity.³

Caregivers and permanency resources for youth in foster family or kin placements were also asked to participate in the evaluation. Fourteen caregivers and permanency resources participated in baseline and follow-up data collection.

Outreach and Relationship Building—A pre-post design is also being used to evaluate ORB. The ORB pre- and post-tests, measuring knowledge acquisition, are administered at the beginning and conclusion of training. Two months after training, data are collected on worker's use, if any, of post-training knowledge.

The evaluation team completed a formative evaluation on ORB. By the end of data collection in May 2016, 536 trainees had participated in at least one portion of data collection (pre-test, post-test, follow-up survey), 455 pre- and post-test matches were confirmed, and 108 respondents had returned a follow-up survey.

As of the date of this publication, evaluation results were forthcoming. See the Permanency Innovations Initiative page on the OPRE website in late 2016 for more information (<http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation>).

³ For further information, see Permanency Innovations Initiative Evaluation Team. (2016). *Findings from the RISE Youth Qualitative Interviews*. OPRE Report 2016-05. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, and Office of Planning, Research and Evaluation.
http://www.acf.hhs.gov/sites/default/files/opre/rise_youth_interview_brief_2016_final_2_b508.pdf