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RISE STATUS REPORT:

Where We've Been and What We've Learned to Date

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Introduction

The purpose of this brief is to summarize significant accomplishments and the lessons learned through the RISE project in its first five years. The project has been unprecedented and groundbreaking in numerous ways: from the size of the investment made by the federal government to shine a bright light on the plight of LGBTQ children and youth in foster care to the validation of long-held assumptions about their over-representation within child welfare and to the crafting of a specialized intervention designed to address the serious barriers they face in achieving safety, wellbeing, and permanency. Taking on a project of this size and scope was a heavy lift for a community-based social services organization with no experience in carrying out a project as heavily steeped in basic research and rigorous evaluation as this; although it has been enormously challenging, RISE has had a positive impact and also been an immensely rewarding adventure for all involved.

This brief is intended to apprise the federal Permanency Innovations Initiative and RISE stakeholders of the status of the RISE project at the close of its original 5-year grant period. It is intended to: 1) help the Children's Bureau and other federal entities, the field of child welfare, jurisdictions overseeing foster care systems, funders and other stakeholders understand some of what has been learned to date; and 2) help RISE and the Los Angeles LGBT Center¹ (Center) define in clear, operational terms what will be happening in FFY 2016 to lay the groundwork (i.e., minimally not lose ground) for future service delivery in Los Angeles and Training and Technical Assistance opportunities throughout the United States.

What is RISE?

RISE, an initiative based at the Center and funded by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau, is designed to help lesbian, gay, bisexual, transgender and questioning (LGBTQ) children and youth in the child welfare system achieve permanency (a safe, stable, permanent family). RISE is one of six projects around the country that comprise the \$100 million, multi-year Permanency Innovations Initiative (PII), all tasked with reducing long-term stays in foster care for those with the most serious barriers to permanency, among which are LGBTQ children and youth.

The RISE initiative, drawing from the strongest evidence and practical experience available in the field, and working in partnership with more than 20 community partners, targets LGBTQ children and youth ages 5-19 with open cases at L.A. County DCFS, including those who are gender non-conforming and gender-questioning. This includes those youth in the foster care system dually supervised by the L.A. County DCFS and the Probation Department.

¹ The Center traces its roots to 1969 when the founders of the organization first began providing client services, including sheltering and caring for LGBTQ homeless youth. Today the Center's more than 500 employees provide services for more LGBT people than any other organization in the world. Its Department of Children, Youth & Families, in which RISE resides, welcomes more than 1100 individual transition age youth to its daytime youth center each year, and maintains 60 beds in an emergency shelter, a transitional living program, and supported apartments.

RISE is designed to help LGBTQ foster youth in Los Angeles:

- (1) find durable family connections;
- (2) achieve emotional permanency; and
- (3) obtain legal permanency in homes where they feel safe, nurtured and loved into adulthood.

Why target LGBTQ children and youth in child welfare? What is the prevalence of this population? What are their collective experiences in care?

Over 19% of young people in L.A. County's child welfare system, the largest child welfare system in the U.S., identify as LGBTQ. This from a study conducted for RISE by the UCLA Williams Institute (http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf). This groundbreaking study also revealed LGBTQ children and youth to be significantly more disadvantaged than their non-LGBTQ counterparts in numerous ways. For instance, they are more likely to report being ill-treated while in care. They also have a higher number of placements, which means they bounce from school to school, leading them to drop out at higher rates; they are more likely to live in group homes instead of with loving families; they have a higher number of hospitalizations due to mental health problems, and they are discharged from the system at age 18 or 20 without permanent family or community connections. It is notable that the majority of LGBTQ youth in the sample were youth of color. Nearly 40 percent of the 1100 individual homeless transition age youth we welcome to the Los Angeles LGBT Center's daytime drop-in center and three residential programs, come from the foster care system or probation.

In developing its interventions, RISE built upon the work of numerous nationally known leaders with expertise and extensive experience in the development and delivery of training, and who have assembled a rich knowledge base about system-involved LGBTQ children and youth². The important work of these and others working in this arena has revealed and documented the struggles of these young people, and resulted in innovative practice models, without establishing the true extent of the problem, and without the means to fully implement and test them. Thanks to its PII funding over five years, RISE has had the opportunity to do just that.

Nearly a decade ago, the only provider of services to LGBTQ children and youth was Gay & Lesbian Adolescent Social Services (GLASS). GLASS operated with county funding for 25 years until it closed its doors, leaving a vacuum of services for LGBTQ youth; RISE filled this vacuum two years later.

² Caitlin Ryan, Gerold Mallon, Robyn McHaelen, Jill Jacobs, Shannan Wilber, Jody Marksamer, Shannon Minter, Bill Bettencourt, and Carolyn Reyes.

How does RISE meet the needs of LGBTQ children and youth in foster care?

Over the past five years, RISE has designed, implemented and evaluated a pioneering, two-part intervention that responds to the serious issues and problems confronting LGBTQ children and youth in foster care. The first part is a new model of direct service delivered to youth and their families/caregivers by a team of child welfare specialists, including a dedicated Family Finding specialist. These Care Coordination Teams (CCT) use a variety of means, based in part on the work of the Family Acceptance Project at San Francisco State University, to rebuild and strengthen the family system by helping all its members better understand each other; and providing them with the information, support and tools to sustain acceptance of their LGBTQ child and eliminate harmful rejecting behaviors. The primary aim here is to secure permanent, loving homes for LGBTQ foster children and youth, be it with the family of origin or an adoptive home. Forty system-involved young people, ages 7 to 19, have been enrolled in RISE care team services.

The other component of RISE is a system-level intervention based on training and coaching; and means of establishing DCFS offices and provider agencies as “Brave Spaces” where diversity is embraced and homophobic, transphobic, racist, and sexist put-downs and remarks are not tolerated. Through this Outreach and Relationship Building (ORB) intervention component, to date we have delivered LGBTQ cultural competency training and coaching to over 3000 DCFS social workers, foster care provider agency staff, and foster parents throughout L.A. County.

What has it been like to identify these young persons? What have we learned?

Although the RISE-Williams Institute study found that nearly one in five children in L.A. County’s child welfare system identify as LGBTQ, it has been a challenge to identify these young people. This is due to a variety of factors, including a lack of awareness on the part of referral partners (e.g., DCFS, foster care provider agencies) not only of RISE but also of the presence of LGBTQ and gender nonconforming children and youth on their caseloads.

There were four different pathways to identify youth: a) DCFS social workers, b) private agency social workers, c) Children’s Law Center (CLC) attorneys, and d) RISE flyers (placed in agencies) targeted at youth. The first three pathways required LGBTQ competency on the part of the attorney/social worker. The fourth pathway required youth to have the ability and sufficiently high comfort level to self-identify. For numerous reasons, none of these pathways generated a large number of youth identified or referred. Ultimately, a total of 80 youth were referred to RISE over the course of about 20 months, trickling in at an approximate rate of 1 to 5 per month. The reasons for these less-than-optimal results include:

- RISE relied solely on one referral partner, DCFS; staff within that organization had varying levels of LGBTQ competency to provide referrals.

- RISE struggled, unsuccessfully, to secure consistent, high-level support from DCFS leadership.
- Nearly all of the youth referred were 12 years old or older, and most of the youth referred skewed older (16 – 19 years old), in part due to the persistent impression held by workers that the intervention was “inappropriate” for younger children and youth, and so workers did not refer them.
- DCFS told RISE that some social workers were reluctant to refer youth to the program because enrollment could (and did) take up to six months.³
- RISE’s attempts to enlist private agencies in providing referrals were thwarted by the length of time it took to get youth into the pipeline. Even RISE’s five provider partners, which early on indicated they could easily identify candidates for RISE, became discouraged and only rarely initiated the referral process.

Ultimately, RISE encountered a number of related challenges that together contributed to the difficulty in identifying and enrolling the expected number of children and youth in the CCT intervention. We would expect that attempts by other jurisdictions to mount a project of this kind would be subject to similar challenges in identifying and enrolling children and youth:

- LGBTQ children and youth in foster care remain a largely “hidden” population. This as evidenced by the disconnect between the large number of those surveyed who disclosed their LGB orientation and/or their TQ identity on the anonymous Williams Institute survey, and the paucity of those who were identified and referred to RISE by their social workers or providers.
- The very nature of the Center as a community-based organization serving LGBT people, without jurisdiction over children and youth in foster care, created skepticism, if not outright resistance, to engage with RISE, not only among some workers and providers; but also among some institutions, including the California Committee for the Protection of Human Subjects (CPHS) IRB, and the legal entities representing both children/youth and parents, respectively. This “heightened scrutiny” by entities whose approvals the project was obligated to obtain in order to access the target population created lengthy delays in both the developmental and implementation phases of the project
- Similarly, the research orientation of the project imposed upon RISE a layer of complexity, if not a set of barriers, in gaining access to the target population that would not have been present were the project simply a matter of implementing the intervention. Of course without the research precepts, the expectation by our federal funder that we emerge from the five years with an evidence-informed, if not evidence-based, model of care would not have been met.

³ The enrollment pathway was shaped by the approval protocols and requirements. Specifically, during the program-development and planning phase of the project, approvals provided to RISE to proceed with the intervention by the California Committee for the Protection of Human Subjects (CPHS) IRB proved to be at odds with restrictions imposed both by the courts and by attorneys representing, respectively, youth and parents/caregivers. The compromise that after many months was settled upon enabling RISE to gain access to foster youth created a lengthy and complicated referral and enrollment process.

Did youth choose to receive services and, if so, did they stay?

Of the 58 youth who have been enrolled in RISE, (as of October 2015) 10 have graduated from RISE (six with legal permanency and four without, but with indicators of emotional permanency), 25 are still enrolled, and 23 have been dis-enrolled without achieving permanency.

RISE, as a wholly developmental project, continues to learn about why youth are engaging (or not) in services.

- For youth choosing to stay in RISE, care coordination practitioners have indicated that:
 - Youth love the support for their LGBTQ identity that they get directly from the RISE team;
 - Youth like the aspects of the RISE intervention that are aimed at improving their wellbeing, assisting with their coming out process, assisting them to accept their own identity; and
 - Youth are interested in the aspects of RISE that are aimed at building the natural support network.

(For more information about what youth think about their participation in RISE services, see the “Findings from the RISE Youth Qualitative Interviews” brief.)

- For youth disengaging from RISE services, care coordination practitioners have indicated that:
 - Older youth seem less interested in RISE, and have other priorities (they want to be independent, and are not interested in permanency); and
 - Some youth have been rejected by so many natural supports, and by the foster care system in general, that it has been a real struggle to get them interested in - or committed to -- legal or emotional permanency work.
- Some youth enrolled in RISE have such severe trauma, behavioral issues, developmental issues, or mental health issues that engaging them in RISE services may have been especially difficult.

What have we learned about bias within the child welfare system?

We have learned, with some degree of surprise, that anti-LGBTQ bias and hostility are rampant among social workers and provider agency staff. The RISE training staff regularly encounter myriad bias-filled, and non-verbal gestures; as well as hostile and confrontational comments and questions from participants in trainings and from members of agencies we attempted to recruit. Such incidences have been thoroughly documented and are discussed more fully in the ORB Training and Coaching Manual, currently in production.

Training staff persons have reported that this bias exposure affects their ability to train at their full potential and that in order to keep up with their workload, they are spending significant amounts of personal time and resources on self-care. In the absence of research on how to reduce the effect of bias exposure, the ORB team turned to the closest relevant literature on compassion fatigue to aid in addressing this issue.

Here is some of what we have learned about bias within the broader system.

- Biases negatively affects social work practice and LGBTQ youth in foster care; exposure to bias – passive, aggressive, verbal, non-verbal, 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;
 - Skilled and practiced responses to biased statements provide learning opportunities for all training participants and can mentally and emotionally validate trainers;
 - A co-facilitation training model can help manage bias in the training space and protect trainers' mental and emotional health; and
 - Deeply ingrained participant bias requires more intervention than training. Consistent coaching and support are essential.
- Structured and consistent self-care is an integral tool to protect trainer mental and emotional health, self-perceptions and professional performance:
 - 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 schedules and activities creates a consistent integration of self-care into the work environment; and
 - Individual self-care activities should be tailored to the individual's interests (e.g. massages, physical activity, meditation, traveling, etc.).
- 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.

What is RISE doing now (September 29, 2015 to September 29, 2016)?

The RISE project is at a critical juncture. September 29, 2015 marked the end of the demonstration grant period, during which the Los Angeles LGBT Center and RISE had an opportunity to develop and test a new intervention, with solid enough results to be of interest to national policymakers, local leaders, the provider community and philanthropists. Operating

under a no-cost extension through September 29, 2016, the focus is on: 1) completing direct service provision to children and youth; 2) providing training and coaching to staff and kinship, foster and adoptive parents; 3) developing papers, video and other materials for dissemination; 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.

There is much more work to be done, however, to produce the evidence-based model hoped for by the Children's Bureau, the Center and other stakeholder individuals and entities. RISE, through the PII project, has laid a foundation for the field from which to build on what has been learned through this process -- and the substantial investments made thus far by the federal government and others -- to further test and strengthen this innovation so that it may with confidence be adopted by Los Angeles County and exported to other jurisdictions around the country.