LOS ANGELES LGBT CENTER

RISE

2016 RISE PROJECT
CARE COORDINATION TEAM PROGRAM MANUAL

PII
PERMANENCY INNOVATIONS INITIATIVE

LOS ANGELES LGBT CENTER

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Acknowledgements

First and foremost, we would like to thank our funders who made this work and publication possible. Our thanks go to the Children's Bureau, the Permanency Innovations Initiative, The Carl & Roberta Deutsch Foundation, Andrus Family Fund, The Dwight Stuart Youth Fund, Henry Van Ameringen Foundation, Louis L. Borick Foundation, Audrey and Sydney Irmas Charitable Foundation, The Charitable Foundation, The David Geffen Foundation, John E. Donaldson and Dennis J. Perkins Foundation, The Ralph M. Parsons Foundation, and Weingart Foundation.[1]

Special thanks to Bob Friend, Vida Khavar, Jody Marksamer, Elizabeth Black, Jaymie Lorthridge, Khush Cooper, Rachel White, Nina Powell, Mitch Mason, the Family Acceptance Project, the Williams Institute, the Children's Law Center, and our partner agencies Five Acres, Hathaway Sycamores, Penny Lane, Southern California Foster Family Agency, Vista Del Mar, and the LA County Department of Children and Family Services. This would not have been possible without the commitment and perseverance of the RISE care coordination staff: Laura Calderoni, Angelina Castellanos, Joann Cerda, Evelyn Cortez, Hector Godina, America Islas, Rene Lozano, Erica Rodriguez, Eugenia Rodriquez, James Welch, Krystal Williams, and Sonia Vidal.

A Statement on Language

The Care Coordination Team (CCT) Program Manual uses the acronym "LGBTQ+". 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. In other venues, some of these letters may represent other identities, and others may be aware of acronyms that use additional terms. Sexual orientation, gender identity, and gender expression are distinct concepts that should be understood by providers who are serving this population.

When referring to LGBTQ+ "children", this manual is referring to children whose gender expression or gender identity falls outside the stereotypical gender norms. Children have a sense of their gender identity and their internal sense of being male or female between 18 months and 3 years of age, long before they are aware of their sexual orientation. Sexual orientation develops in middle childhood between the ages of 7–12 years old, although the age of self-identification and disclosure of LGBTQ+ identity varies greatly and may be delayed due to lack of support, resources, and fear of rejection.

The definitions offered here can help when reading this manual. These terms have been included in the glossary below, and the more comprehensive glossary located in the appendices (see **Appendix F**).

Affirm: To acknowledge or assert as fact; here, to assert one's own sexual orientation or gender identity strongly and publicly or to openly acknowledge and publicly assert the rights and dignity of LGBTQ+ people.

1 This publication was made possible by Grant Number 90-CT-0154 from the Children's Bureau. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Anti-Gay Bias: Hatred of, discrimination against, or aversion to lesbian, gay, and/or bisexual (LGB) people; people perceived to be LGB; and/or those associated with persons who are LGB; often referred to as homophobia.

Anti-Transgender Bias: Hatred of, discrimination against, or aversion to transgender or gender-variant people, people perceived to be transgender or gender variant, and/or those associated with persons who are transgender or gender variant; often referred to as transphobia.

Biological Sex: The sex assigned at birth by a doctor based on physical anatomy and hormones. Designations include male, female, and intersex; also referred to as assigned sex at birth.

Cisgender: A description for a person whose gender identity and biological sex align (e.g., a person identifies as a man and was assigned male at birth by a doctor.)

Coming Out: The process of acknowledging one's sexual orientation or gender identity to oneself and/or individuals in one's life; often incorrectly thought of to be a one-time event, this is a lifelong and sometimes daily process.

Feminine: A term used to describe the socially constructed and culturally specific gender behaviors expected of females.

Gay: A term used to describe a man who is attracted to another man; this term may also be used by women attracted to other women.

Gender: Social and cultural expression of sex; different than biological sex.

Gender Binary: The idea that there are only two genders (males/females and man/woman) and that a person must be strictly gendered as either/or.

Gender Expression: The ways in which an individual communicates their[2] gender to others through behavior, clothing, hairstyle, voice, etc.; not an indication of sexual orientation.

Gender Fluid: An individual whose gender identity may continually change throughout their lifetime. These individuals may not feel confined within the socially and culturally expected gender roles and, in fact, may identify differently from situation to situation.

Gender Identity: One's internal, personal sense of their gender. Gender identity can be represented as a spectrum and an individual may move around this spectrum. Some terms that are associated with this spectrum are male, female, agender, gender fluid, genderqueer, trans, transgender, and two-spirit.

Gender Variant/Gender Nonconforming: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture; also referred to as gender nonconformity or gender creative.

Heterosexism: A dominant notion that everyone is heterosexual (or should be) and that heterosexuality is superior, better, and preferred.

Heterosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the opposite gender with which one identifies; sometimes referred to as being "straight".

Homosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the same gender with which one identifies. Although some individuals may identify with this term, it is now a dated term that has negative connotations and is considered derogatory.

2 In order to respect gender identity and fluidity, this manual will use "they" and "them" as gender neutral pronouns when referring to an individual or person. Gendered pronouns like "he" and "she" are uncomfortable and limiting for some who do not identify with the gender binary.

Identity: What, how, and who one perceives oneself to be; a multi-faceted component of self-concept and can evolve throughout one's life span.

Lesbian: A term used to describe a woman who is attracted to another woman.

LGBTQ+: An acronym for Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer.

Masculine: A term used to describe the socially constructed and culturally specific gender behaviors expected of males.

Questioning: Being unsure of where one's primary attraction or gender identity lies.

Safe Space: A place where anyone can relax and fully express themselves without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity, gender expression, cultural background, age, and/or physical or mental ability; a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.

Sexual Orientation: Describes the emotional, romantic, and physical feelings of attraction (usually over a period of time); distinct from sexual behavior.

Trans: An umbrella term that refers to all non-cisgender identities within the gender-identity spectrum.

Transgender: An individual whose gender identity differs from their biological sex.

CONTENTS

1 BACKGROUND

As a part of the federal Permanency Innovations Initiative (PII), the Los Angeles (LA) LGBT Center's RISE Project developed a Care Coordination Team (CCT) intervention to address the well-being and permanency needs of LGBTQ+ and gender nonconforming children and youth in LA County's child welfare system. The CCT adapts the wraparound approach of a child and family team with family search and engagement practices with LGBTQ+-specific education and support strategies to alleviate issues arising from heterosexism, anti-gay, and anti-transgender bias.

The RISE Project is made up of two key intervention components:

1. Providing CCT services for a small group of LGBTQ+ children and youth involved in the child welfare system, designed to increase their permanency and well-being outcomes at the child and family level
2. Facilitating change at the organizational level of the child welfare system in LA. Outreach and Relationship Building (ORB) was designed to develop more competent and affirming professional and caregiving environments using LGBTQ+ educational materials and coaching.

This manual focuses on the CCT services. For more information on ORB, see the RISE Project's ORB manual at http://www.lalgbtcenter.org/rise.

History of the PII Project

The Permanency Innovations Initiative (PII) is a 5-year, $100 million initiative of the Children's Bureau underway since 2010 that includes 6 Grantees,[3] each with an innovative intervention designed to help a specific subgroup of children leave foster care in less than 3 years. The project combines requirements for purposeful application of implementation science, rigorous evaluation, and coordinated dissemination of findings. PII aims to:

- Implement innovative intervention strategies, informed by relevant literature, to reduce long-term foster care stays and to 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-supported interventions (ESIs)[4] in reducing long-term foster care
- Build an evidence base and disseminate findings to build knowledge in the child welfare field

This integration of implementation science and program evaluation in a coordinated framework is intended to build or enhance the capacity of child welfare agencies to develop, implement, and evaluate research-informed innovations and adapted ESIs and to provide evidence about program effectiveness. An overarching objective of PII is to increase the number of ESIs available to the child welfare community. To this end, Grantees follow a systematic approach (the PII Approach[5]), focusing on clearly operationalizing the

3 The Grantees include Arizona Department of Economic Security; California Department of Social Services; Illinois Department of Children and Family Services; LA LGBT Center; University of Kansas; and Washoe County, Nevada Department of Social Services. For more information about Grantees' target populations and interventions, please visit http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources.

4 Evidence-supported interventions are specific, well-defined policies, programs, and services that have shown the potential, through rigorous evaluation, to improve outcomes for children and families (Framework Workgroup, 2014).

5 More information about the PII, PII Grantees, and the PII Approach, can be found at the Children's Bureau website at http://www.acf.hhs.gov/programs/cb/resource/pii-project-resources.

infrastructure needed to support practitioners' implementation of the interventions as intended.

The PII Approach readies interventions for broad-scale use, which is more likely to be warranted and feasible when interventions have been well operationalized with specified core components, and implementation teams have documented necessary infrastructures to support, sustain, and improve implementation integrity over time. The PII Approach provides a model for child welfare administrators and agency directors to add evidence to the body of knowledge about what works in child welfare. Its systematic approach offers a guide for child welfare stakeholders to identify existing interventions or develop innovations to solve complex problems and evaluate them for effectiveness.

The federal government is supporting Grantees as they implement and evaluate their interventions through two offices within the Administration for Children and Families: the Children's Bureau and the Office of Planning, Research and Evaluation (OPRE). The Children's Bureau is providing training and technical assistance to Grantees to strengthen their use of best practices in implementation. OPRE is supporting rigorous within- and cross-site evaluations of Grantees' interventions.[6] Both offices are working together to disseminate the lessons learned from PII.

Purpose of This Manual

This program manual provides detailed information about the implementation process of the LA LGBT Center's Permanency Innovation Initiative—Recognize, Intervene, Support, and Empower (RISE). RISE aims to improve permanency for LGBTQ+ children and youth in the foster care system by reducing heterosexism and anti-gay and anti-transgender bias and increasing support for their LGBTQ+ identity. The purpose of the manual is to assist others in the field in replicating or adapting a key component of the RISE Project, the CCT, for their local use. Replicating or adapting ESIs with fidelity to the interventions builds evidence in child welfare and expands the range of intervention effectiveness to different target populations and organizational contexts. These efforts to build evidence serve several purposes, including preparing an intervention for evaluation (either during implementation or later, depending on the organizational context in which an intervention is implemented) and building a base of replicable interventions that can serve the complex needs of diverse communities of children and families.

The intended audiences for this program manual are potential implementers of the intervention, including child welfare administrators and staff, evaluators, and purveyors. This document contains background information about the intervention itself and detailed explanation of implementation processes related to:

- Ongoing system readiness for implementation
- Teaming for implementation and communication
- Practitioner recruitment and selection
- Client recruitment and selection
- Operationalization of the intervention
- Training for practitioners to deliver the intervention
- Coaching
- Performance/fidelity assessment
- Use of data for decision making and improvement

It also includes reflections, practice tips, and other practical information based on the experience of the RISE executive leadership and implementation team. Due to the lack of evidence-based models about how to work with LGBTQ+ children and youth, RISE developed CCT as a new intervention as part of PII. RISE spent the first 2 years of the 5-year initiative in the exploration and installation stages. This included clarifying the barriers to permanency, defining and operationalizing the intervention components, and

6 For more information about the evaluation see: http://www.acf.hhs.gov/programs/opre/research/project/permanency-innovations-initiative-pii-evaluation.

building the program and implementation infrastructure necessary to support the intervention. The information provided in this manual is reflective of what was evaluated as part of the formative evaluation of PII.

In fall 2012 (beginning of Year 3), RISE began usability testing of its intervention components, assessing whether their key elements needed adjustment before implementing more broadly. Ideally, usability testing would have been conducted with a small sample from the RISE target population (i.e., LGBTQ+ children and youth in foster care); however, the RISE team was ready to test the intervention before the child welfare system was able to provide RISE with the clearances needed to do so. To keep the work moving forward, the RISE team creatively decided to test the intervention with a proxy population outside of the child welfare system. The initial testing was conducted with 14 transition-age young adults (18-24 year olds) served by the LA LGBT Center's Transitional Living Program.

In January 2013, RISE was able to begin providing ORB trainings. However, the CCT implementation was delayed because RISE needed approval from multiple entities (The Committee for the Protection of Human Subjects, the Institutional Review Board (IRB) for the California Health and Human Services Agency, Office of Management and Budget, Juvenile Division of the LA Superior Court, LA County Department of Children and Family Services) before services to youth and research involving youth could begin. The final IRB approval was received in June 2013, and, in July 2013, the first youth began the consent/assent process.

For the systems level intervention, barriers were encountered in two main areas:

- Bias: Institutional and individual anti-gay bias, anti-transgender bias, and heterosexism made it difficult to fully implement the intervention with some agencies in LA County.
- Implementation Challenges: The size and structure of some public agencies made communication and implementation challenging. This manual reflects what occurred as part of that implementation and its evaluation. (More detail about the evaluation is provided in the publicly available evaluation reports, which are available on the Children's Bureau website.[7])

The appendices include numerous program documents, including practitioner handbooks, fidelity measures, and other program tools that were part of implementation and evaluation.

History of RISE

Since 1969, the LA LGBT Center (formerly known as the LA Gay & Lesbian Center) has cared for, championed, and celebrated LGBT individuals and families in LA and beyond. Today, the Center is the world's largest LGBT organization, with six facilities in LA and a vital presence on the national and international stage. The Center's mission is to build a world where LGBT people thrive as healthy, equal, and complete members of society. In 2010, the Center received a landmark grant through PII. As a PII Grantee, the Center launched the RISE Project and assembled a broad and diverse group of partners to design intervention components to reduce the amount of time

> Service professionals and care providers can negatively affect the health and well-being of LGBTQ+ youth in their care. Intentional and unintentional examples of bias in a caregiving settings include denying resources, overlooking placement options, funneling youth into group home settings, refusing to advocate in instances of bullying, and ignoring a youth's right to freedom of expression.

7 RISE Evaluation Overview, Children's Bureau website: (http://www.acf.hhs.gov/programs/cb/resource/pii-rise-evaluation-overview)

LGBTQ+ children and youth spend in foster care in LA and to increase the number of LGBTQ+ foster youth living in safe and stable homes with lasting emotional support.

Identifying and Understanding the Target Population

The target population for CCT is LGBTQ+ children and youth, aged 5 years and older, involved in the Los Angeles County child welfare system. Gender nonconforming children and youth, also referred to as gender fluid, gender expressive, and gender expansive, are those whose gender expressions do not conform to societal or cultural norms. The RISE CCT long-term, child-level goals are 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. As part of the RISE Project, a telephone interview study was conducted with 786 randomly sampled youth ages 12-21 living in foster care in LA county, which found that over 19 percent of young people in LA County's child welfare system, the largest child welfare system in the U.S., identify as LGBTQ+.[8]

LGBTQ+ children and youth are often subjected to anti-gay, anti-transgender, and heteronormative biases within the child welfare system that is charged with protecting their safety; nurturing their well-being; and meeting their long-term needs for safe, stable, loving, and lifelong family connections. Youth who identify as LGBTQ+ are part of a vulnerable population who are more susceptible to "family rejection, peer rejection, harassment, trauma, abuse, inadequate housing, legal problem, lack of financial support and educational problems."[9] LGBTQ+ foster children and youth have unique experiences and challenges that can lead them to engage in behaviors that are often mistakenly not connected by social workers, parents, and caregivers to the rejection of their LGBTQ+ identity and related experiences in care. These youth end up being labeled as "hard to place", and/or their behaviors are labeled as "acting out". LGBTQ+ youth spend longer periods in systems of care and are more likely to end up in group homes, have multiple placements, run away, age out of systems, and become homeless. LGBTQ+ children and youth, like all children and youth, need to be acknowledged, validated, and affirmed for who they are and need the adults connected to them to show interest in who they are, their experiences, relationships, and peers. Moreover, LGBTQ+ children and youth need to have the ability to develop friendships with peers to whom they can relate and have access to age-appropriate social and recreational events with other LGBTQ+ youth to decrease isolation, obtain peer support, and achieve age-appropriate social and emotional developmental milestones.

Studies of resilience for youth who are sexual/gender minorities have demonstrated:

- Positive social relationships moderate the relationship between stress and distress.[10]
- Affirming faith experiences contribute to less internalized anti-gay bias and to more spirituality and psychological health.[11]
- Family support and acceptance explains adolescent comfort and resilience in later life.[12]

8 Wilson, B. D., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles.* Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf

9 Olson, J., Forbes, C., & Belzer, M. (2011). *Management of the transgender adolescent. Archives of Pediatrics and Adolescent Medicine, 165*(2), 171-176.

10 Rosario, M., Schrimshaw, E. W., & Hunter, J. (2005). Psychological distress following suicidality among gay, lesbian, and bisexual youths: Role of social relationships. *Journal of Youth and Adolescence, 34*(2), 149-161.

11 Lease, S. H., Horne, S. G., & Noffsinger-Frazier, N. (2005). Affirming faith experiences and psychological health for caucasian lesbian, gay, and bisexual individuals. *Journal of Counseling Psychology, 52*(3), 378.

12 Glicken, M. D. (2006). Resilience in gay, lesbian, bisexual, and transgender (GLBT) individuals. In M. D. Glicken (Ed.), *Learning from resilient people: Lessons we can apply to counseling and psychotherapy* (pp. 157-169). Thousand Oaks, CA: Sage.

Research by Dr. Caitlin Ryan, Director of the Family Acceptance Project (FAP), has demonstrated that family acceptance is a protective factor against negative health and mental health outcomes for LGBTQ+ young adults;[13] therefore, being supported and celebrated by their parents, family members, and their community helps LGBTQ+ children thrive while learning to value and care about themselves. To decrease the adverse health and mental health outcomes that can arise from rejection of a child or youth's LGBTQ+ identity, RISE developed the CCT and ORB models as a way of providing services before young people have to start navigating their gender identity and sexual orientation in the absence of support and education from their families and communities.

Designing CCT

The CCT component of the RISE Project is an adapted model integrating established practices, wraparound, and Family Finding and Engagement (FFE), with LGBTQ+-specific education and support strategies. It adapts the wraparound model to include (1) family search and engagement (FSE) and (2) LGBTQ+ education and support to develop a network of supportive adults that demonstrate awareness, support, and affirmation of their child or youth's LGBTQ+ identity.

CCT is implemented in four phases with children, youth, and their families, consistent with the wraparound process[14]: preparation and teaming, engagement, implementation, and transition, which comprises five essential functions:

1. Engagement
2. Collaborative teaming
3. Expanding family connections
4. LGBTQ+ support and education
5. Strengths- and needs-based practice

There were many influences for designing CCT, including the groundbreaking research findings and family education approach of the FAP work of Dr. Ryan and other nationally known leaders and experts in the field of LGBTQ+ children and youth. The care coordination model also ascribes to the 10 principles of the wraparound approach as articulated by the National Wraparound Initiative (NWI) (see **Appendix G**).[15]. Additionally, RISE used the framework for serving LGBTQ+ children and youth outlined in "Assets-Based Approaches for Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (LGBTQI2-S) Youth and Families in Systems of Care," an asset-based system of care that targets the following areas: resiliency development, community-focused cultural competency, and organization-focused cultural competency. Within these constructs, it identifies critical elements to LGBTQ+-support systems of care, including a strengths-based, positive-development approach to programs, stigma-reduction strategies, positive role models, and adult connections, while also creating a supportive family setting.[16]

13 Ryan, C. (2009). *Supportive families, healthy children: Helping families with lesbian, gay, bisexual & transgender children.* Retrieved from http://familyproject.sfsu.edu/sites/default/files/FAP_English%20Booklet_pst.pdf; Ryan, C., Huebner, D. M., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in White and Latino LGB young adults. *Pediatrics, 123*, 346-352.

14 Walker, J. S., Bruns, E. J., VanDenBerg, J. D., Rast, J., Osher, T. W., Miles, P., & National Wraparound Initiative Advisory Group (2004). *Phases and activities of the wraparound process.* Retrieved from http://www.nwi.pdx.edu/NWI-book/Chapters/Walker-4a.1-(phases-and-activities).pdf

15 Bruns, E. J., & Walker, J. S. (2004). *Ten principles of the wraparound process.* Retrieved from http://nwi.pdx.edu/NWI-book/Chapters/Bruns-2.1-(10-principles-of-wrap).pdf

16 Gamache, P., & Lazear, K. J. (2009). *Assets-based approaches for lesbian, gay, bisexual, transgender, questioning, intersex, and two-spirit (LGBTQI2-S) youth and families in systems of care.* Retrieved from http://rtckids.fmhi.usf.edu/rtcpubs/FamExp/lgbt-mono.pdf

CCT also incorporated the approach outlined in *Six Steps to Find a Family: A Practice Guide to Family Search and Engagement (FSE),* a model practiced by the National Institute for Permanent Family Connectedness, which is based at the Seneca Family of Agencies in California.[17] What was unique to the RISE approach to family finding is its process of navigating conversations with potential connections about the child or youth's LGBTQ+ identity. RISE took care to not disclose this information to potential supports before the child or youth was ready and until a CCT practitioner had assessed the interest and commitment of the adult to be involved in the child or youth's life.

The RISE Theory of Change

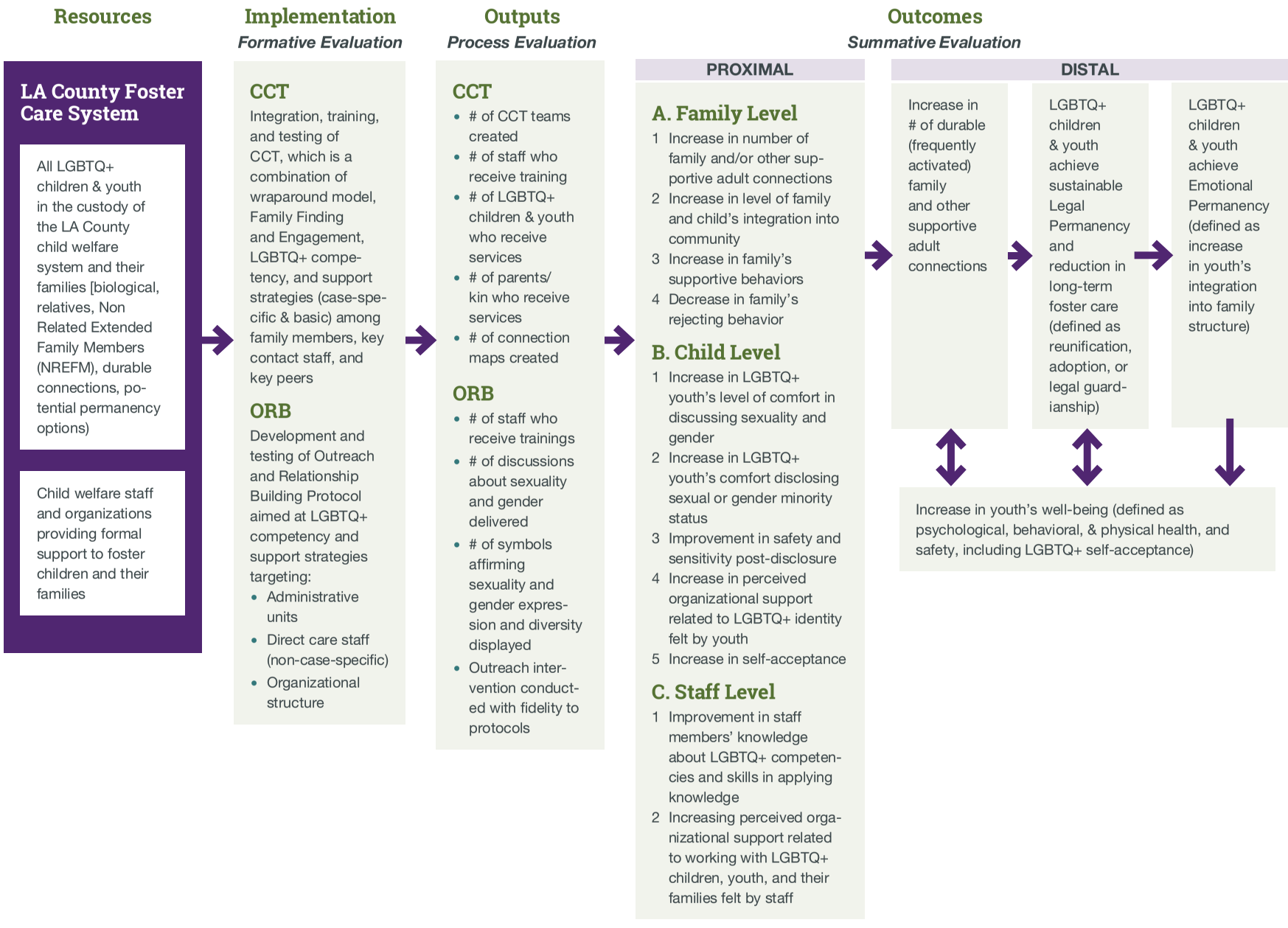
As discussed earlier, anti-gay bias, anti-transgender bias, and heteronormativity, which many LGBTQ+ children and youth in the child welfare system experience, are the basis of many barriers to long-term permanency for this population and have resulted in their overrepresentation among teenagers in foster care and youth who age out of foster care. The RISE Project postulated that if LGBTQ+ foster care youth and their families were competently identified and appropriately served, they would achieve safe and stable permanency as outlined in **Figure 1.**

Practice has shown that children and youth placed in out-of-home care look for, and often return to, their biological family once they become adults. The RISE model integrates this important factor in its theory of change to ensure that LGBTQ+ children and youth feel safe and nurtured in a family setting. To operationalize this theory of change, the RISE CCT model:

- Expands family connections and increases support for LGBTQ+ identity
- Helps identify and nurture relationships with adults who are able to commit to emotional permanency
- Strives to attain legal permanency for LGBTQ+ children and youth

17 Louisell, M. J. (2009). *Six steps to find a family: A practice guide to family search and engagement (FSE).* Retrieved from http://www.nrcpfc.org/downloads/SixSteps.pdf; http://www.familyfinding.org

FIGURE 1: RISE PROJECT LOGIC MODEL



2 SYSTEM READINESS

Site readiness at the implementing organization and at the public and private child welfare agencies is a key element of higher or lower levels of success. Readiness factors both internally and externally turned out to be key facilitators and barriers.

Internal Readiness

The National Implementation Research Network (NIRN) suggests that an innovation is ready for implementation when it is "teachable, learnable, doable, and readily assessed in practice."[18] NIRN's criteria for assessing readiness for implementation comes from seeking to understand the extent to which:

- The innovation has been well defined.
- The essential functions have been delineated.
- The indicators or each essential function are observable and measurable to ensure consistency across practitioners.
- Stakeholders, consumers, leaders, and practitioners understand what is to be implemented or the "it".
- These same persons know how "it" will be implemented and what will happen when "it" is implemented.

CCT services met these criteria during the project period.

There are agencies that have never offered LGBTQ+ competency training to their staff, sometimes despite staff requests for this training.

NIRN also suggests that the readiness of the implementation supports also need to be assessed to ensure there is a "hospitable environment" in which the practitioners can implement the intervention or practice model.[19] Implementing organizations should consider some of these questions to assess internal readiness:

- Are there established criteria for recruiting and selecting CCT trainers for implementation? Are these based on best practices?
- Are there established training curricula and plans for coaching?
- Are there established fidelity measures and protocols to assess CCT trainer implementation?
- Are needed policies and procedures in place?
- Are there protocols for gathering and using data to inform implementation?
- Are the right consumers, stakeholders, practitioners, and leaders engaged?
- Is needed funding available for the intervention and implementation supports, such as data systems, fidelity assessments, and coaching for the team?

After going through this assessment of internal readiness, implementing organizations should make any needed adjustments prior to beginning implementation.

Readiness is key, even when there is great motivation among leadership to transform the heteronormative culture of the child welfare system and willingness to invest in CCT at the implementing agency. Experience with demonstrated models of implementation and, in particular, experience in coaching as an area of technical expertise are necessary.

18 Permanency Innovations Initiative Training and Technical Assistance Project. (2016). *Guide to developing, implementing, and assessing an innovation.* (Vol. 2., p. 59). Retrieved from http://www.acf.hhs.gov/programs/cb/resource/guide-developing-implementing-assessing-innovation

19 Permanency Innovations Initiative Training and Technical Assistance Project. (2016).

Ongoing Readiness With External Organizations

Not only does the implementing agency need to be ready for CCT services, so do any partner organizations that may be involved in the intervention. These partnering relationships are just as important as the intervention content because without community buy-in and support, the team will not be able to fully implement all practice components of the CCT intervention.

Many agencies face their own readiness strengths and challenges. Several key factors are strong facilitators of a successful and sustained partnership engagement:

- Executive sponsorship and buy-in is one strong predictor of sustaining continued engagement.
- A good fit with the partner agencies' missions is another facilitator of a successful relationship.
- Consistent participation in Coaching Network activities contributes tremendously to an agency developing its own coaching approaches, activities, and capacity to appropriately serve LGBTQ+ youth.

It is not well understood that nondiscriminatory care for LGBTQ+ youth means that they receive equitable resources and support based on their individual needs.

- Individual champions in partner agencies (e.g., the training director, clinicians, social workers, supervisors, managers) bring technical child welfare expertise and help keep a strong focus on implementation barriers and successes, both at a practice and a policy level. They are also important to sustaining ongoing engagement. This can be a serious challenge for many agencies, if they are not allocating resources for LGBTQ+ youth.
- A commitment to training and coaching staff on LGBTQ+ competencies is key. Coaching for staff may be new to many agencies and, even if the interest is there, resources may not be sufficient to invest in staff development, e.g., providing more training sessions for new hires after an initial training series is completed at an agency.

RISE PRACTICE TIPS—READINESS

- Create valuable experiences for community partners, and celebrate accomplishments with them.
- Include community partners in creating strategies and solving problems.
- Identify participants who will be good agency contacts for further correspondence and partnership.
- Meet agency contacts where they are, and work around the barriers they may be facing.
- Continue active communication and check-ins with agencies.
- Develop strategies to communicate with stakeholders outside of routinely scheduled meetings.
- Strive to strengthen partnerships that are mutually beneficial.
- Be honest with your partners about what is and is not working.
- Engaging executive leadership to communicate and disseminate information about the program and services is essential to getting information to front line workers.

3 TEAMING AND TEAM COMMUNICATION

A teaming structure is the primary means to establish and build upon the collective partnerships needed to guide and support successful implementation and to meaningfully involve consumers and stakeholders. An Implementation Team should be established and appropriate workgroups created. For example, RISE created a teaming structure to design CCT and collect information and recommendations about the target population from a variety of sources. These included an expert roundtable, speak-out sessions with young people, and focus groups with county and private social workers and caregivers, as well as data mining and case record reviews.

Once the teaming structure is in place, concrete mechanisms are used to facilitate communication between teams. Communication is essential at all levels for effective implementation. The CCT Manager must communicate consistently with the Project Director about the CCT team, trainings, achievements, or barriers to implementation. Communication may occur daily through emails, phone calls, and meetings. In addition, the CCT Manager should have a standing weekly supervision meeting with the Project Director on anything related to the teams or the intervention. The Project Director should brief the Department Directors on updates concerning CCT. On a monthly basis, the entire project should meet for an all-staff meeting where achievements, updates, and barriers to implementation can be discussed and communicated to every staff member.

Communication between the CCT Manager and the CCT practitioners occurs on several levels. At the beginning of every week, the entire team should gather for a weekly check-in meeting to discuss the scheduled child and family meetings. This meeting creates a space for team members to review the agendas for the child and family meetings, discuss logistics, and seek help from teammates if needed. Team practitioners debrief after each family meeting, review action steps, document meeting notes, and review what did (not) work in weekly group supervision with their supervisor.

The CCT Manager meets individually with each practitioner once (or twice) a month for individual supervision. Practitioners also participate in group coaching with an outside coach once per month.

RISE PRACTICE TIPS—TEAM COMMUNICATION

- Build trust and transparency with executive leadership at the organization.
- Maintain open and constant communication across the team.
- Implement team debriefs after each family meeting and at the end of each week to improve implementation.
- Develop an intentional and targeted approach to recruiting potential candidates for CCT positions.
- Implement policies to help the integration of significant field work.
- Develop an intentional training schedule for new hires that includes everything relevant to implementing the CCT intervention and providing LGBTQ+ competent care to children or youth and their families.

4 BUILDING THE CCT TEAM AND TEAM RESPONSIBILITIES

This section of the manual focuses on building the CCT and team responsibilities. It addresses staff selection, training, and roles and responsibilities.

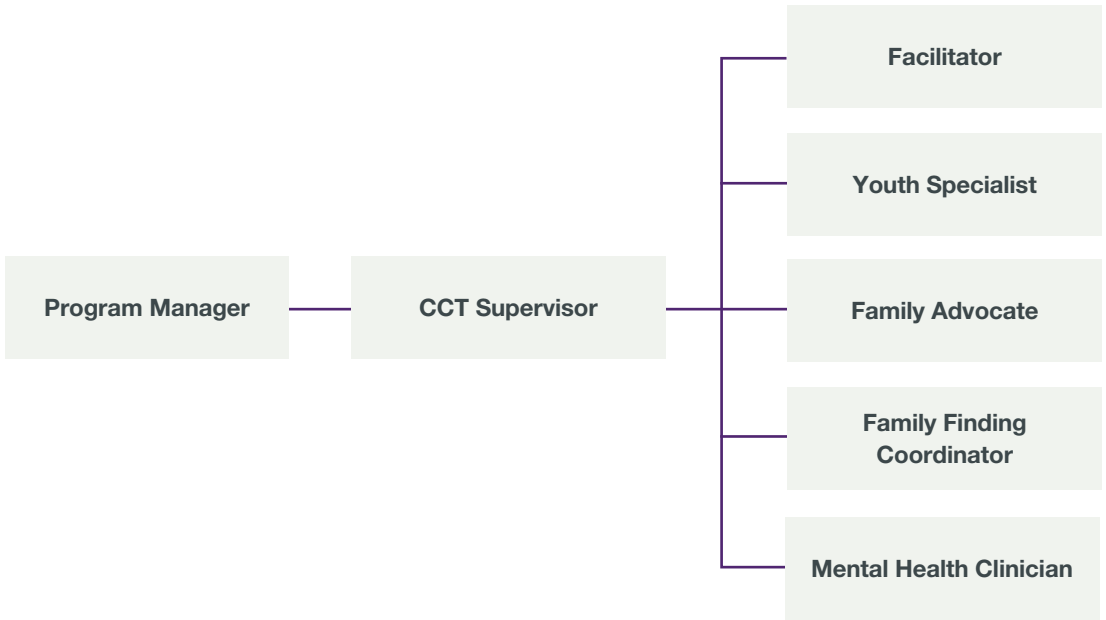
Care Coordination Team Roles and Responsibilities

There are several distinct types of practitioners needed to provide the CCT intervention. The practitioners and their responsibilities are listed below. For a detailed description of the roles, activities, and specific practice behaviors of CCT practitioners, see the role handbooks in **Appendix B.** The organizational chart in **Figure 2** helps frame this discussion. This is the structure recommended by RISE, though it is not the exact organizational structure used by RISE while developing and implementing CCT.

Program Manager: The Program Manager develops and maintains relationships with funders, public and private child serving agencies, and elected officials to maintain support with respect to services, funding, and policy issues for LGBTQ+ children and youth. They oversee curriculum development and fidelity assessment activities and provide technical assistance and consultation to public and private agencies through training and coaching, writing policies, implementing programs, and aligning their agencies with current legal and professional standards for serving LGBTQ+ children and youth in foster care.

CCT Supervisor: The CCT Supervisor ensures that work being conducted with the child or youth and family members, caregivers, natural supports, and

FIGURE 2: CCT ORGANIZATIONAL CHART



professionals is centered on increasing LGBTQ+ acceptance and achieving a safe, stable, LGBTQ+-affirming, and permanent home for the child or youth. Supervisors assist team members in developing strategies for ongoing interventions, safety plans, and individualized education regarding mental health, LGBTQ+-related issues, safety, and substance use issues.

Facilitator: The Facilitator coordinates a team of professionals and natural supports that work together to develop strategies aimed at sustaining or finding safe, stable, and permanent homes for LGBTQ+ children and youth and developing a network of supportive adults that demonstrate awareness, support, and affirmation of their LGBTQ+ identity. The Facilitator develops partnerships with other professionals involved in the child or youth's care, coordinates and facilitates CCT meetings, and creates and drives a Plan of Care (POC) aimed at increasing LGBTQ+ acceptance and support. See **Appendix B.1.**

Family Advocate: The Family Advocate works with a network of adults who are involved with the LGBTQ+ child or youth, which includes parents, other biological and chosen family members, caregivers, and other natural (informal) supports, and assists those identified adults in developing supportive and long-lasting relationships with the LGBTQ+ child or youth. When possible, the Family Advocate has an LGBTQ+ child or relative themselves and has had personal involvement with the child welfare system, which allows them to serve in a peer-like role with the adults involved. They provide education and support related to understanding the child or youth's LGBTQ+ identity and their need for a safe, stable, loving family. See **Appendix B.2.**

Youth Specialist: The Youth Specialist engages the child or youth in discussions about their LGBTQ+ identity, relationships, and future in order to assist them in developing a positive sense of identity and to equip them with the necessary skills to successfully navigate their particular challenges. They provide support, education, and information related to LGBTQ+ identity and assist youth in developing community support, acquiring the skills necessary to strengthen relationships with the supportive adults in their life, identifying their goals, and proactively planning for their future. See **Appendix B.3.**

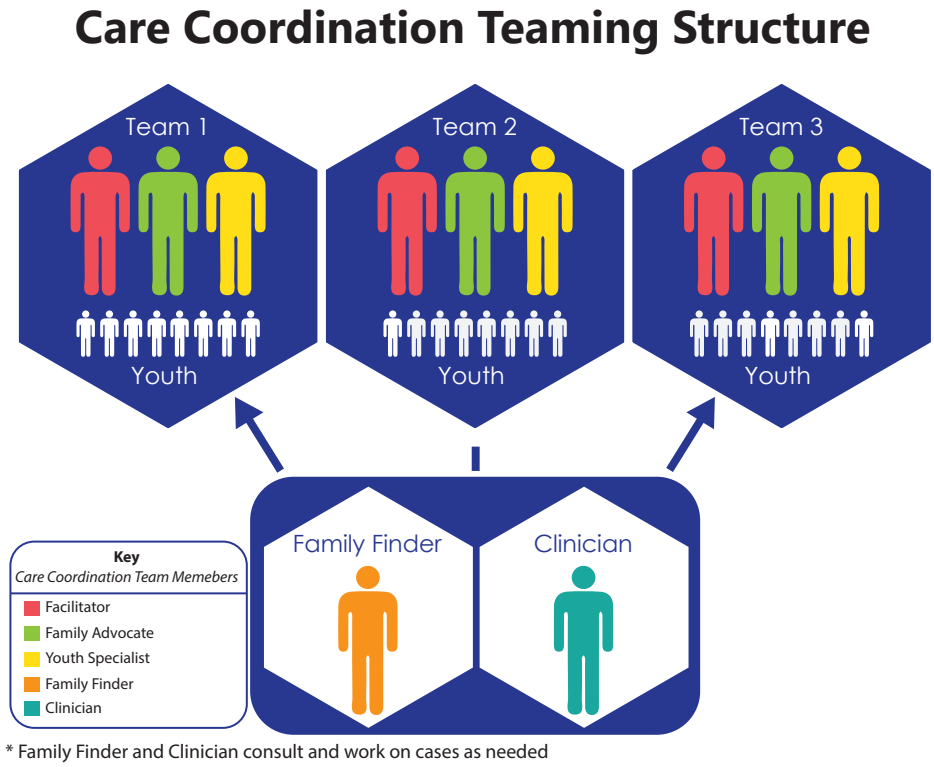
Family Finding Coordinator: The Family Finding Coordinator employs a set of family search and engagement strategies to identify and build a network of supportive adults who are able to provide emotional and legal permanency for the child or youth and will provide lasting support throughout their life. The Family Finding Coordinator develops a family discovery plan to identify and engage (un)known relatives and other (non)related adults who have played a role or may be willing to play a future role in the child or youth's life. Under the RISE Project, the Family Finding Coordinator worked across the teams. See **Appendix B.4.**

Mental Health Clinician: The Mental Health Clinician provides LGBTQ+-affirming mental health services to the child or youth and, at times, the caregivers in the child or youth's life, depending on the needs of the family. The Clinician serves as an advocate for the child or youth by providing consultation, psychoeducation, and resources to the CCT, caregivers, natural supports, and the professionals involved with the youth. These include, but are not limited to, group homes, schools, probation placements, and mental health facilities. Under the RISE Project, the Mental Health Clinician worked across the teams. See **Appendix B.5.**

Figure 3 shows how the teams are structured and work together to provide care coordination services.

Youth with severe mental health issues had difficulty participating in the intervention as designed. Some youth needed intensive mental health treatment, and it was difficult to expand their adult connections.

FIGURE 3: CCT TEAMING STRUCTURE



Staff Selection

For all of the positions, the CCT practitioners must have the relevant knowledge, skills, and competencies to provide accurate information about LGBTQ+ identity, based on current scientific facts, and must be aware of best practices for working with LGBTQ+ children and youth in systems of care. Practitioners should have experience working with children, youth, and families involved in systems of care and should be familiar with the challenges they face and with effective interventions to address those challenges.

Facilitators need to have the ability to remain neutral and to engage people with different points of view. They need to possess group facilitation skills and have experience facilitating group discussions, preferably in the social service arena. Facilitators should be able demonstrate empathy, model active and reflective listening, and be knowledgeable about de-escalation techniques.

Youth Specialists need to possess the skills to effectively engage children or youth in discussions about their LGBTQ+ identity and related challenges. They should be able to develop interventions to reduce risk and to support positive identity development and healthy relationships. The ability to converse and connect with children or youth, demonstrate empathy, model and teach effective communication, and model appropriate boundaries is essential. The Youth Specialist is able to meet the child or youth where they are; develop an understanding of how the child or youth sees themselves related to their LGBTQ+ identity; provide developmentally appropriate education about sexual and gender identity and expression and sexual and reproductive health; and validate, normalize, and affirm who that child or youth believes themselves to be. They are able to create an open, affirming environment where the child or youth can safely discuss their thoughts and feelings related to their sexual and/or gender identity without fear of judgment, rejection, or repercussions.

Family Advocates are practitioners who:

- Have parenting experience, preferably with LGBTQ+ or gender-nonconforming children;
- Have first-hand experience with the child welfare system or other systems of care;
- Understand the needs and experiences of LGBTQ+ children or youth; and
- Are comfortable discussing this with caregivers.

This role is unique as it requires the ability to connect with parents as a parent, while simultaneously providing accurate, evidence-based information about LGBTQ+ identity and the effects of rejection on adolescent development. The Family Advocate must have the ability to gently confront the bias, myths, and stereotypes that are underlying the rejecting behavior toward the LGBTQ+ child or youth. They need to be comfortable discussing a child or youth's sexual orientation, gender identity, and gender expression and should be familiar with relevant literature and best practices about coming out, including the process, and the risks and benefits. They are able to team with, educate, and coach family members in becoming accepting and affirming. This requires a skill set to engage and empathize with caregivers but also to develop strategies that will result in behavior change and will improve the well-being of the LGBTQ+ child or youth. Finding individuals with both LGBTQ+ parenting and child welfare system experience can prove to be a challenge, with candidates often coming with one or the other. Therefore, looking for the appropriate skill set and relevant knowledge is essential.

Family Finding Coordinators need to have strong communication and interview skills; be able to establish rapport; and work with diverse populations, including birth, foster, and adoptive families, kin caregivers, and extended family members. They should be comfortable and skilled at making cold calls and be able to effectively engage individuals who may be reluctant or skeptical about talking with them about a family member from whom they may be disconnected. The Family Finding Coordinator should have a background in child welfare and experience in the FSE Model and the investigative tools used when searching for prospective family members and caregivers. Family Finders need to understand the dynamics of kinship families and have the relevant knowledge, skills, and competencies to provide accurate information about LGBTQ+ identity to family members and caregivers. A critical role of the Family Finding Coordinator is to be able to solicit the interest and commitment of identified adults to be a part of the child's or youth's life.

Hiring candidates is a multistep process to determine whether or not the candidate possesses the qualifications, skills, and competencies required for the position. **Figure 4** outlines the steps in this process.

The Hiring Process:

1. Resumes and cover letters are reviewed by the hiring manager.
2. An initial telephone interview is conducted to determine if candidates have sufficient knowledge and experience working with the following:
   - Children or youth in systems of care (e.g., child welfare, probation, mental health)
   - LGBTQ+ and gender-nonconforming or -expansive children or youth
   - Unique challenges of LGBTQ+ and gender-nonconforming or -expansive children or youth in general, and, more specifically, in systems of care
3. An in-person interview is conducted with the hiring manager and one or two staff members from the CCT.
   - The interview includes open-ended questions to determine the experience and skill set of the candidate and a discussion about the candidate's interest in the position and the program.

FIGURE 4: THE FOUR-STAGE PROCESS FOR HIRING CANDIDATES

- Role plays are used to assess how the candidate responds to scenarios commonly faced by LGBTQ+ and gender-nonconforming or -expansive children or youth (e.g., family rejection, bias, lack of support, lack of permanency) and to observe how the candidate communicates and relates interpersonally.
- Vignettes are short case scenarios that are given to the candidate along with several possible responses. The candidate is asked to choose how they would respond and to discuss why they chose that response. They are also given the option to come up with their own response rather than the choices given. The vignette is designed to evaluate how the candidate conceptualizes an issue and to elicit the knowledge they possess about the challenges of LGBTQ+ and gender-nonconforming or -expansive children or youth. This also allows for the interviewers to observe how willing the candidate is to receive feedback and learn new practices.

4. A final in-person interview is conducted with the Program Manager.

- Once a candidate is selected, a final interview is scheduled with the Program Manager to ensure the candidate has the relevant knowledge, skills, and competencies to fulfill the responsibilities of the position.
- The candidate is given the opportunity to discuss any questions they have about the position or program.

Once the candidate successfully passes through the four stages of the selection process, the hiring manger obtains and contacts the candidate's references, the candidate is offered employment through the human resource department pending a background check, and a start date is determined.

Training

Initial training is provided before a practitioner begins working with a youth and family, and ongoing training is provided throughout the project to ensure that the employee understands and can operationalize the best practices for working with LGBTQ+ youth. Trainings include coverage of specific content areas, program components, legal and ethical requirements, and agency policy and procedures. Training is designed to increase the employee's knowledge of the needs, challenges, and experiences of LGBTQ+ youth and to develop the competencies and skills needed to implement the program as designed. The focus of trainings includes:

LGBTQ+ Support and Education:

- Best practices for working with LGBTQ+ youth in out-of-home care
- Adolescent development
- Crisis intervention
- Terminology and concepts related to sexual orientation, gender identity, and gender expression (SOGIE)
- Impact of stigma, bias, discrimination, and heterosexual privilege on the development and mental health of LGBTQ+ youth
- How personal attitudes and beliefs related to sexual orientation, gender identity, and gender expression affect families' acceptance of their LGBTQ+ child or youth
- Unique challenges of LGBTQ+ youth
- Risk and protective factors for LGBTQ+ youth
- Coming-out process and its risks and benefits
- Family acceptance
- Working with young children (gender nonconforming, gender expansive)
- Transgender youth

Natural Supports, Family Finding, and Permanency:

- Family finding search and engagement strategies
- Adoption and permanency

Legal and ethical issues

- Privacy and confidentiality related to SOGIE and disclosure
- Mandated reporting

Program implementation

- Policies and procedures
- Approach and intervention components (desk guide)
- Program tools (e.g., POC, eco map, strengths, Child and Adolescent Functional Assessment Scale, progress notes, meeting minutes, family connections, etc.)
- Group facilitation skills
- Engagement strategies

5 THE CARE COORDINATION TEAM INTERVENTION

CCT is implemented in four phases with children, youth, and their families: (1) preparation and teaming, (2) engagement, (3) implementation, and (4) transition. Issues related to the management of information about a child or youth's sexual orientation or gender identity must be considered in each of the CCT phases. The decision to disclose one's sexual orientation or gender identity is a highly personal matter and is something that LGBTQ+ people have to navigate throughout their lifetime. Disclosing one's sexual or gender identity is not a single occurrence, but is something that LGBTQ+ people navigate daily in their interactions and relationships with people.

The LGBTQ+ child or youth has a right to privacy and confidentiality, except where legal requirements indicate otherwise, and they should have a say in what information is shared about their sexual orientation or gender identity. When at all possible, providers should empower the child or youth to share information directly, and, when that is not possible, a conversation should be had with the child or youth about what they would like to be shared before disclosing information about their LGBTQ+ identity. More information on managing disclosures can be found in **Appendix C.3.**

> There may be a variety of reasons that children or youth do not disclose their LGBTQ+ identity or do so only with select individuals, including stigma, bias, discrimination, harassment, violence, fear of physical harm, rejection, loss of emotional or financial support, or loss of relationships, etc. Professionals navigating this with young people need to be aware of the relational aspects and of the emotional, psychological, and physical safety of the child or youth regarding issues of disclosing or recording information related to a child or youth's sexual or gender identity.

CCT Essential Functions

To help LGBTQ+ children and youth in foster care achieve legal and emotional permanency, CCT practitioners focus on engagement, collaborative teaming, expanding family connections, providing LGBTQ+ support and education, and practicing in a strengths- and needs-based manner. **Figure 5** depicts these five essential functions of CCT.

Specific practice behaviors were defined to provide guidance on the everyday practice that should be occurring with LGBTQ+ children and youth to implement CCT (see **Appendices A** and **B**). **Table 1** provides a high-level, general summary of these practice behaviors.

Engagement

Youth and family engagement is essential to promoting positive development in children, youth, and families. CCT practitioners use a strengths-based approach to develop a supportive partnership with the child or youth and their family. This entails listening to their story, taking the time to get to know them, understanding each person's perspective, and demonstrating warmth and empathy toward all family members.

LGBTQ+ children and youth who have had disruptions in their primary caregiver relationships, compounded by the rejection related to their LGBTQ+ identity, can be reluctant to trust adults and open themselves up to more disappointment; they may conclude that self-protection and not relying on anyone is preferable. The care coordination practitioners meet the child

FIGURE 5: CCT ESSENTIAL FUNCTIONS AND GOAL

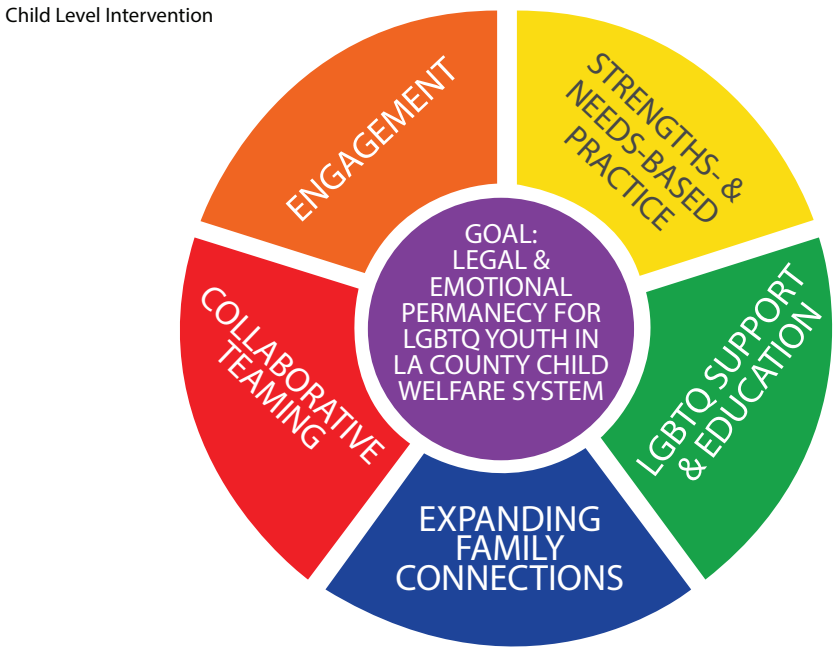


TABLE 1: CCT ESSENTIAL FUNCTIONS AND PRACTICE BEHAVIORS

Essential Functions	Practice Behaviors
Engagement	The ongoing ability to establish and sustain a genuinely supportive partnership with all the adults surrounding the child or youth. Engagement is about motivating and empowering all the adults to recognize the child or youth and adults' strengths, resources, and needs in a manner that is affirming and sensitive to the child or youth's LGBTQ+ identity and expression.
Collaborative Teaming	An internal and external complementary process to engagement where collaboration takes place between the child or youth, adults surrounding the child or youth, and professionals to support the LGBTQ+ identity of the child or youth and meet the shared goal of permanency. Everyone works cooperatively and shares responsibility for developing, implementing, monitoring, and evaluating a plan of care.
Strengths- & Needs-Based Plan Of Care	The development of an individualized plan that takes into consideration the needs of the child or youth and the adults surrounding them, with a focus on increasing understanding and support for the child or youth's LGBTQ+ identity and permanency needs.
Expand Connections	The identification of biological and chosen family members who are affirming and safe, as well as the expansion of community supports for the youth or child in order to achieve emotional and legal permanency.
Increase LGBTQ+ Education & Support	The increase of understanding, knowledge, and support for a child or youth's LGTBQ+ identity for biological and chosen family members through one-on-one information sharing, education, coaching, and providing access to specialists and specialized services. This is a respectful process that takes into account the adults' culture and belief system while emphasizing the needs of the LGBTQ+ child or youth.

Some adults may not be affirming at first but can become affirming with the proper support and education.

or youth where they are; develop an understanding of how the child or youth sees themselves related to their LGBTQ+ identity; and provide developmentally appropriate education about sexual orientation, gender identity and expression, and sexual and reproductive health. CCT practitioners validate, normalize, and affirm the person the child or youth believes themselves to be. It is not the role of the provider to figure out the child or youth's identity, but rather to create an open, affirming environment where they can safely discuss their thoughts and feelings related to their LGBTQ+ identity without fear of judgment, rejection, or repercussions. The CCT helps the child or youth understand the importance of having a support system, which includes friends, connection with other LGBTQ+ individuals and community, and a network of supportive adults upon whom they can rely for emotional and concrete support.

When working with caregivers and adults, CCT practitioners provide a safe, nonjudgmental, affirming environment to allow the adult to explore and discuss their thoughts, feelings, and concerns about their child or youth's LGBTQ+ identity. Practitioners develop strategies that seek to increase the adult's level of understanding about LGBTQ+ identity and provide support through education, mentoring, network expansion, and connection to community supports. When an adult is struggling with accepting and affirming their child or youth's sexual identity or gender expression, the CCT develops strategies to assist them with managing their reactions and navigating their feelings in a way that is not harmful to the child or youth.

To engage LGBTQ+ children and youth and other family members and supports effectively, CCT practitioners seek to:

- Create opportunities for the youth and natural supports to share their experience and participate in the meetings
- Use accessible language the youth and natural supports understand
- Carefully and respectfully discuss the youth's LGBTQ+ identity and related topics

Collaborative Teaming

Care coordination practitioners engage all formal and informal supports and family members, as well as the child or youth, in the process of developing a Plan of Care—as a team and together—to meet the needs of the LGBTQ+ child or youth and their family. There is an emphasis on strengthening supportive adult-child connections and on sustaining or finding a safe, LGBTQ+-affirming, and permanent place for the child or youth to live. The CCT works with all identified adults to increase their knowledge and understanding of their LGBTQ+ child or youth and emphasizes the importance of a natural support network for the child or youth and their family.

To build a collaborative team comprising the LGBTQ+ child or youth and other family members and supports, CCT practitioners:

- Discuss the child or youth's permanency options, plans, and goals with the youth, the natural supports, and any relevant formal supports
- Mine the case record and meet with the child welfare agency caseworker to identify natural supports
- Involve the youth and family in creating the plan of care
- Invite the natural supports who have been approved by the child or youth into RISE services

Expanding Family Connections

Care coordination practitioners identify and locate potentially supportive adults in an effort to strengthen the natural support system or "circle of care" and to develop a network of adults who are able to provide emotional and legal permanency for the LGBTQ+ child or youth. This search includes family members who are related by blood, marriage, or adoption, as well as other adults who have been identified by the child or youth as caring and committed to their wellbeing.

The Family Finding Coordinator (see **Appendix B.4**) uses the Six Steps to Find a Family model to find and develop an expanded family networks. RISE developed a Family Connections Map (see **Appendix C.6**) to help identify and document all known adults to the child or youth. In conjunction with the Family Connections Map, RISE also developed coding to indicate who is aware and/or supportive of the child or youth's LGBTQ+ identity. Once adults are identified as potential supports, a member of the CCT develops engagement strategies that are gradual, progressive, and ongoing. This practitioner is careful to respect the privacy, confidentiality, and safety needs of the LGBTQ+ child or youth. Initial contact and early engagement by CCT practitioners emphasize reconnection with family and supportive adults, not necessarily the child or youth's LGBTQ+ identity. If the adult is not presently involved in the child or youth's life, a first step is to contact and meet together in person (if possible) to better assess the adult's willingness and readiness to reconnect with the child or youth and to get a sense of who the adult is before sharing any information about the child or youth's LGBTQ+ identity.

As the text box illustrates, CCT includes a set of six commitments that RISE believes adults should make to show how much they care for their LGBTQ+ child or youth and the ways they are willing to demonstrate that commitment (see **Appendix C.1**). These indicators are used to assess emotional permanency (sometimes referred to as relational permanency), which is defined as a relationship where an adult consistently states and demonstrates that they have entered an unconditional, lasting, parent-like relationship and that the child or youth agrees that the adult will play this role in their life. When the CCT begins to consistently see evidence of these commitments and caring behaviors on the part of the members of the natural support network, the team will begin to discuss a legally permanent relationship.

To expand family connections for and with LGBTQ+ children and youth and other family members and supports, CCT practitioners:

- Explain why support systems are important and develop strategies to obtain youth buy-in about how a support system could be helpful
- Work closely with youth at their pace to begin to make contact with supportive adults starting with those whom the youth feel most comfortable
- Help the youth identify where adults are on the rejection-acceptance continuum and the difference between unconditional and conditional supports
- Prepare the youth for the emotional ups and downs of expanding their support system and explain that these searches may not always yield the most supportive adults

SIX COMMITMENTS

1. A place to stay in an emergency
2. The emotional support of a caring adult
3. Adults who will check in regularly
4. A place to go for family meals and special occasions
5. Concrete support for the youth in a time of need
6. Adults who are willing to step in should something happen to a parent

- Identify with the youth and natural supports and family connections
- Continue to expand and strengthen the natural support network
- Discuss with natural supports their commitments related to indicators of emotional permanency
- Discuss the youth's permanency options, plans, and/or goals with the youth, the natural supports, and any relevant formal supports

LGBTQ+ Education and Support

The CCT provides education, training, and supportive coaching to team members and key agency and placement staff who come into contact with the child or youth around the harmful effects of rejection and the importance of affirming their LGBTQ+ identity. The training and coaching consists of an introduction to LGBTQ+ terminology and definitions, development of LGBTQ+ identity, education on the best practices to support an LGBTQ+ youth at home or in out-of-home care, and professional obligations to support LGBTQ+ children and youth in the child welfare system.

A critical goal of the CCT and the Youth Specialist role in particular, is to work with the child or youth to understand their own identity and to validate and provide affirmation of their identity. Practitioners operate from a positive youth development model and use a strengths-based approach. This role includes being an educator about LGBTQ+ identity development, an advocate for the youth against anti-gay bias and/or anti-transgender bias, a resource specialist who connects youth to other LGBTQ+ peers and community, a role model, and a navigator who helps the youth identify and achieve their personal goals.[20] LGBTQ+ youth often lack adult support as they navigate the developmental tasks and stages of adolescence related to developing peer relationships, romantic relationships and the need for connection

Youth quote from the OPRE's 2016 Brief: Findings from the RISE Youth Qualitative Interviews

"[I wanted to participate in RISE because] I need people that are really supportive, you know, they look past my sexuality, they look at, you know who I am individually, and that's what I wanted. I wanted somebody who looks, you know, past, what my sexuality is, or you know, anything else with me. **They just see who I really am.**"

to a community that reflects who they are. At times, these needs go unrecognized or unmet and in many instances, developmentally appropriate behavior is pathologized and they are made to feel wrong. The absence of this validation and support is damaging to youth and can lead to high risk behaviors as they seek approval, support and affirmation for who they are. The CCT assists the child or youth in navigating not only their self-identification, but also disclosure to others and in managing the potential reactions others may have to learning about their LGBTQ+ identity. The youth specialist focuses on finding age-appropriate support for the child and on creating an environment where the LGBTQ+ child or youth can have as normative a childhood or adolescence as possible, focusing on the positive aspects of their LGBTQ+ identity.

The Family Advocate works with related and non-related adults to educate, provide support, and develop strategies to reduce rejecting behaviors and increase supportive behaviors toward the LGBTQ+ child or youth. Motivational interviewing techniques and educational materials (see materials listed in individual role handbooks in **Appendix B**) are used to support adults through their process of coming to terms with the child or youth's identity, demonstrate empathy, address concerns, and provide accurate information about

20 U.S. Department of Health and Human Services, Administration for Children and Families, Office of Planning, Research and Evaluation (2016) *Findings from the RISE youth qualitative interviews.* Retrieved from: http://www.acf.hhs.gov/opre/resource/findings-from-the-rise-youth-qualitative-interviews

With families with strong religious affiliation, RISE found that discussing the principles and values of a family or caregiver's belief system in the context of how they were relating to their LGBTQ+ or gender-nonconforming child or youth often helped them see how providing love and support to their child was not inconsistent with their faith.

LGBTQ+ identity and the needs and unique challenges of the youth. These tools may include digital stories about the youth's life experiences, written educational materials, coaching of family members and natural supports around increasing supportive behaviors and decreasing rejecting behaviors, and attending support groups such as Parents, Families and Friends of Lesbians and Gays (PFLAG) with adults. Using FAP research, the CCT does not debate a person's beliefs about LGBTQ+ identity, but rather provides information about both the harmful effects of rejection to their child or youth's health and mental health and the protective factor of family acceptance and support. When faith-based beliefs are the barrier to acceptance, CCT emphasizes the overarching principles of the adult's faith as an avenue to encourage support for their child or youth. RISE developed six LGBTQ+ Integration Dimensions (see **Appendix C.2**) as the framework to assess LGBTQ+ support; foster discussion; and observe progress of family members, caregivers, and other adults in the natural support network. Interventions are aimed at decreasing rejecting behaviors and increasing supportive behaviors that lead to acceptance and at supporting the youth and their families in creating lifelong connections with adults who are sensitive to the needs of LGBTQ+ youth and accepting of these their sexual orientation, gender identity, and gender expression.

To provide LGBTQ+ education and support to family members, caregivers, and other natural supports, CCT practitioners:

- Have discussions with the caregiver about the connection between the caregiver's rejecting behaviors and the youth's feelings
- Provide examples, scenarios, or role plays to help develop the adult's communication skills about how to talk with the youth about the youth's SOGIE behaviors and feelings
- Discuss with natural supports their commitments related to the Behavioral Indicators of Family Integration of LGBTQ+ Identity (see **Appendix C.2b**)
- Talk with the youth about their understanding and feelings about or topics related to their LGBTQ+ identity
- Help identify LGBTQ+-supportive community resources that are available in the youth's geographic area
- Provide LGBTQ+-related educational materials that address their questions, concerns, needs, or issues

Strengths- and Needs-Based Practice

As part of the work on family maintenance or permanency, the defining characteristic of the CCT's services is the assessment and support of the LGBTQ+ child or youth's individual and unique strengths and needs. This is critical to resolving their underlying need for a lasting, permanent, parental relationship. CCT practitioners develop and use the strengths of the child and family to assist them to solve problems, develop their own plans, access their own resources, and manage their own crises. While the level of support for a child or youth's LGBTQ+ identity varies from youth to youth and is dependent on the particular family constellation and on living situation

of the child or youth, the absence of validation and affirmation in larger society and limited access to role models, peers, and social opportunities can lead to hiding, invisibility, and isolation that creates unique challenges and needs for LGBTQ+ children and youth.

CCT works with the child or youth and adults to identify their own particular needs and strengths and incorporates these into a POC. The POC is generally focused on:

- Reducing barriers to permanency by expanding the number of family connections
- Building a larger network of natural supports for the child or youth and family
- Providing education around LGBTQ+ identity and the harmful effects of rejection
- Identifying emotionally permanent connections with supportive adults (including extended kinship care)
- Finding an adult (or adults) who are LGBTQ+ affirming and willing to commit to an emotionally and legally permanent relationship (e.g., reunification with parents or extended family members, adoption, or legal guardianship)

To ensure that practice with LGBTQ+ children, youth and their families is strengths- and needs-based, CCT practitioners do the following:

- Incorporate the youth and family's strengths in the strategies listed in the POC
- Identify the youth's LGBTQ+-related needs in the POC
- Use the Vision Statement activity (see **Appendix C.5**) to identify and establish short-term goals
- Make sure the strategies listed in the Discovery Plan (see **Appendix C.9**) support the goals in the POC
- Identify underlying needs related to youth's behaviors
- Discuss how to identify and build community resources

CCT Phases

As discussed earlier, the CCT model is designed to be provided in four distinct phases: (1) preparation and teaming, (2) engagement, (3) implementation, and (4) transition, as **Figure 6** illustrates. During the phases, a team of people who are relevant to the life of the child or youth (e.g., family members, members of the family's social support network, service providers, agency representatives) collaboratively develop an individualized POC, implement this plan, monitor its efficacy, and work toward success over time. Activities and tools are used to engage the youth and family in conversations and gather information to inform the POC. See **Appendix C.**

The CCT ensures that POC interventions and strategies in each phase address the permanency needs of the LGBTQ+ child or youth and that increased support and validation of the child or youth's LGBTQ+ identity by relevant adults is central in the process.

The CCT's scope is to provide services related to increasing family stability, permanency, and acceptance of and support for the child or youth's LGBTQ+ identity. The team generally does not provide services that are the current responsibility of the placement

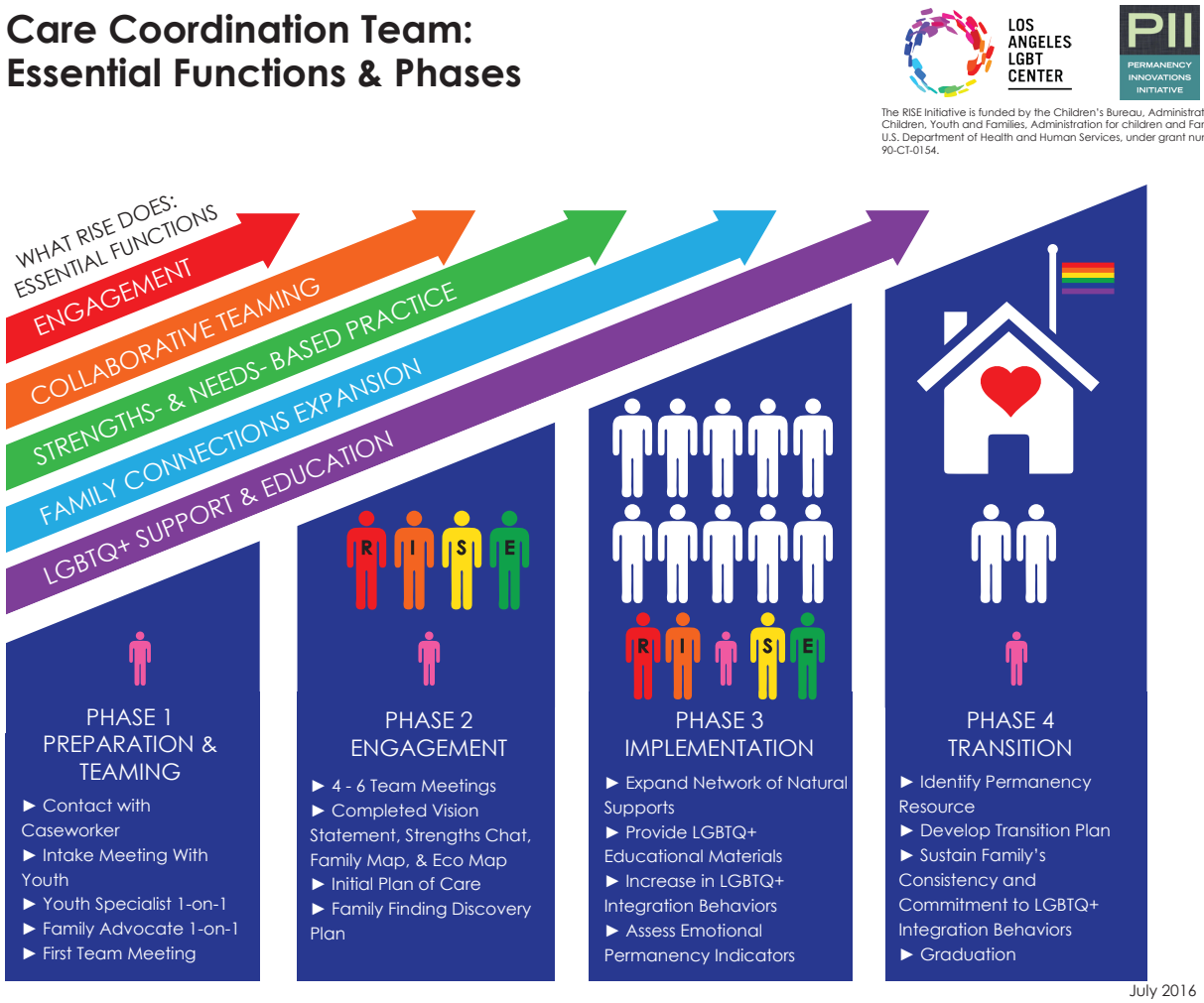
> The ability to be able to connect with the youth and their experiences is essential to working effectively with them. Practitioners need to be able to relate to the youth in a way that they feel understood and trust that they can share and obtain information. Being able to speak to young people about adolescent milestones, attractions and romantic relationships, sexual health, transgender and gender-expansive identities, and spirituality are just some of the areas that LGBTQ+ youth are navigating and areas which practitioners need to be knowledgeable and comfortable discussing.

agency, foster parent(s), or the children's social worker (e.g. taking the child to the dentist, driving the child to school, etc.).

Referral and Selection

For a youth to be referred to RISE, the child or youth has to be comfortable discussing or identifying to someone as LGBT+ or "questioning" or the social worker has to have a level of LGBTQ+ competency to recognize the child or youth could benefit from the RISE Project. Recognizing that LGBTQ+ youth can be a hidden population and that self-identification as LGBTQ+ is a process that is dependent on individual and environmental factors, as well as availability of support, RISE included "questioning" youth in the target population. RISE developed scripts that can be used to explain the program to youth, as well as, caregivers in a way that is sensitive and does not require a youth to self-identify as LGBTQ+. For example, the referral packet provided to child welfare staff included a script to assist them with initially discussing the program with the youth (see **Appendix D.1**). Another script was used by the RISE staff when requesting the youth's assent to participate in the services, making sure the youth fully understood the program (see **Appendix D.2**). Due to research parameters of the RISE Project, certain requirements needed

FIGURE 6: CARE COORDINATION: ESSENTIAL FUNCTIONS AND PHASES



to be met for a child or youth to be eligible to enroll in CCT services, and these requirements, the majority of which need to be completed by the child welfare agency, the child's attorney, and the parent's attorney, resulted in a lengthy referral and enrollment process. The RISE Project petitioned the court for a blanket waiver to enroll children and youth based on not wanting to "out" a child or youth; however, the court ruled that parental consent has to be obtained unless the project can show potential harm; in that case, an ex parte hearing is scheduled to determine if obtaining parental consent presents a significant risk of harm to the child or youth. If the RISE Project were a services delivery program only, the parameters for eligibility and participation could be defined differently, and the parental consent process to participate in research would not be necessary. The RISE CCT eligibility criteria include the following:

- There is an open child welfare case, and the child or youth is in out-of-home care.
- There is an open or voluntary family maintenance case.
- The youth is LGBTQ+ identified or is a gender-variant child.
- The youth is at least 5 and under 20 years of age.
- Dual status youth are eligible as long they are in a child welfare placement.
- The youth or child does not have a current wraparound team or residentially based services (RBS) team, unless there is agreement that a transition out of the wraparound or RBS programs to a RISE CCT would provide more appropriate and beneficial services.
- The youth is not in a level 14, locked, community treatment facility (CTF). However, if the youth will be transitioning within 30 days out of CTF to a less restrictive level of care, they would be eligible for referral.
- The child or youth agrees to accept these voluntary services.

Preparation and Teaming

CCT practitioners begin by gathering relevant information from case records and individual meetings with social workers and other professionals working with the child or youth. They explain the approach and services the CCT provides to the child or youth, family, and professionals involved. Team members conduct an intake (see **Appendix D.3**) with the child or youth and meet and provide an orientation about the program to the caregivers or family. CCT practitioners schedule individual meetings relevant to their specific role with the child or youth, caregivers, parents, and other relevant family members to obtain their perspectives and to assess their needs before scheduling the first team meeting. Gathering information about the child or youth's and their family's perspective on their LGBTQ+ identity and who is aware, and supportive or rejecting of, their identity is useful information to know before facilitating the first CCT meeting.

The Facilitator Role as Part of the Care Coordination Team

The Facilitator's role is to engage all team members (formal and informal supports), family members, and youth in the process of developing a POC to meet the needs of them and their family. The emphasis is on strengthening supportive adult-child connections and on sustaining or finding a safe, LGBTQ+-affirming, and permanent place for the youth to live. The Facilitator uses a strengths-based approach and focuses on developing a positive view of the future by incorporating a variety of activities during meetings. They develop a partnership; join with each member of the CCT team; and make an effort to understand their respective points of view, challenges, and strengths. The Facilitator remains neutral, models effective communication, and supports the adults surrounding a youth in order to develop and use their strengths to problem solve, develop their own plans, access their own resources, and manage their own crises. During CCT meetings, the Facilitator works with all identified

adults to increase their knowledge and understanding of their LGBTQ+ youth and emphasizes the importance of a natural support network for the youth and their family. This may include understanding developmental readiness and using teachable moments and motivational interviewing to surface issues that are important to helping the biological or chosen family reach their long-range vision as a network of support for the child or youth.

The Youth Specialist Role as Part of the Care Coordination Team

The Youth Specialist role in the CCT is to ensure that the youth's voice is represented and heard. This can include making a space for them to speak directly in meetings, advocating for them directly, and highlighting their strengths to family members or other professionals. The Youth Specialist also may intervene during the meetings and request a break if they are concerned about how the youth is being treated or spoken to in the meeting or is concerned about their well-being. The Youth Specialist models for other family members and professionals how to use appropriate pronouns and language, speak respectfully to the youth, and affirm their LGBTQ+ identity and/or gender expression. They collaborate with other professionals working with the youth and provide information, with the youth's permission, about the youth's current understanding of their LGBTQ+ identity, related challenges, and ways to support the youth. The Youth Specialist develops strategies related to needs that present in the CCT meetings and uses that information to develop strategies to teach coping skills and affect regulation in order to manage feelings and reactions related to discrimination, bias, or harassment that the youth might encounter.

The Family Advocate Role as Part of the Care Coordination Team

The Family Advocate is a key part of the CCT formed for each client and is responsible for identifying and engaging adults involved with the child or youth; assessing the level of acceptance and support of the adults related to the child or youth's identity or expression; developing strategies to increase supportive behaviors and to decrease rejecting behaviors; and working with the network of adults to ensure the child or youth is in a safe, stable, affirming, and permanent home. They also work with the youth's formal (professional) supports (e.g., the public sector social worker, case manager, private agency social worker or child care staff, Court Appointed Special Advocate (CASA), etc.) to increase their knowledge about identity and expression and to share best practices for working with LGBTQ+ and gender-nonconforming and -expansive children and youth. The Family Advocate works toward cultivating a network of supportive adults who are committed to providing and planning for the child or youth's future and to having a lasting relationship with them. The emotional permanency indicators and the six LGBTQ+ integration dimensions developed by RISE are the framework used to assess LGBTQ+ support and the commitment to and durability of the relationship and progress toward goals. When individuals in the youth's natural support network are consistent and provide a safe, stable, and affirming relationship with the youth, the care coordination practitioners will support adults with obtaining a legally permanent relationship.

The Family Finding Coordinator's Role as Part of the Care Coordination Team

The Family Finding Coordinator works to identify and locate potentially supportive adults in an effort to expand and strengthen the natural support system, or circle of care, and to develop a network of adults who are able to provide emotional and legal permanency for the child or youth. The Family Finding Coordinator:

- Uses the tools and approach in the FSE model
- Mines case documentation for relatives and supportive adults
- Undertakes relative and known-adult searches using a variety of technology and with a sense of urgency

- Uses initial and ongoing engagement strategies to expand the adult network
- Works with the network of adults involved, in conjunction with the Family Advocate, in planning for the child or youth's future
- Respects the privacy, confidentiality, and safety needs of the LGBTQ+ child or youth

A family Discovery Plan is developed to identify the "40-10-3-1", which refers to the ideal amount of adults required to meet the permanency needs of a child or youth. The process begins with doing an extensive family search to identify (but not necessarily contact), 40 known adults who are or have the potential to be connected to the child or youth. This may include adults who had contact with the child or youth in the past, such as extended family members (biological or chosen), caregivers, and other adults. The Family Finder works in conjunction with the Family Advocate to determine who of the identified adults has the potential to be part of the child or youth's support network (10). They then develop strategies to engage and begin working with those identified adults to be part of a team that plans for the child or youth's future and maintains a lasting relationship with them. These adults are invited to participate in meetings, in person or via web-conferencing and are given support, education, and coaching by the Family Finder and Family Advocate.

Adults identified as part of the natural support network do not all have to demonstrate the same commitments but are willing to commit to continued involvement with the child or youth and to provide what support, concrete or emotional, they are able. During the process, the CCT and, in particular, the Family Finding Coordinator and Family Advocate, are assessing the level of attachment, consistency, and commitment of the individuals with the goal of identifying 3 adults who can provide a parent-like relationship for the child or youth, and 1 of whom can provide a legally permanent relationship.

The Mental Health Clinician Role as Part of the Care Coordination Team

The Mental Health Clinician serves as a consultant to the care coordination practitioners and provides information about the mental health issues the child or youth is facing and the resulting impact on the family and overall goals of the team. They assist team members in developing strategies to address specific barriers, manage the mental health needs of the child or youth, and increase support for and affirmation of the child or youth's LGBTQ+ identity from adults.

Engagement Phase

During this phase, the groundwork for trust and shared vision among the child or youth, family, and team members is established. CCT practitioners create a safe meeting space where different perspectives can be shared, establish ground rules, and model respectful communication during the CCT meetings. The CCT conducts activities to:

- Identify strengths (Strengths Chat, **Appendix C.4**)
- Develop a shared vision (Vision Statement, **Appendix C.5**)
- Identify natural supports (Family Connections Map, **Appendix C.6**)
- Establish community supports (Eco Map, **Appendix C.7**)
- Develop an initial POC that meets the identified needs of the child or youth and the family and is consistent with the care coordination principles (POC, **Appendix C.8**)

> Asking youth the question "Whom do you miss?" was a powerful and effective question to engage the youth about strengthening and expanding relationships with adults.

- Identify and engage (un)known relatives and other (non)related adults who have played a role or may be willing to play a future role in the child or youth's life (Discovery Plan, **Appendix C.9**)
- Establish life-long connections to assist the youth in building emotional permanency and obtaining their goals (Building Relationships and Support, **Appendix C.10**).

Care coordination practitioners validate the child or youth's LGBTQ+ identity by using LGBTQ+ terminology, addressing the child or youth by their preferred pronoun, normalizing the youth's desire for acceptance and affirmation, and redirecting any negative comments about the child or youth's LGBTQ+ identity. When adults are struggling with acceptance of a child or youth's LGBTQ+ identity, care coordination practitioners empathize with their struggle, validate that it is a process that will likely become easier over time, provide accurate information, and reflect back the adult's (not the child's) struggle. Strategies are developed with the child or youth and the family to meet each need, and strengths are used to implement the strategies. CCT practitioners work with family members to identify outcomes that will let them know a strategy has succeeded.

Implementation

During this phase, the needs, goals, and strategies developed in the initial POC are implemented. The POC focuses on expanding family connections; developing community supports for the youth and the family; and providing education to the child or youth and the adults about LGBTQ+ identity, the harmful effects of rejection, and the protective factors of support. Regular team meetings are held, as are individual meetings, to determine action steps and team members responsible for follow through.

Different tools are used for assessment. The LGBTQ+ integration domains (see text box) are used to assess levels of support for the child or youth, develop strategies to increase supportive behaviors, and track progress of the adults involved with the child or youth. The RISE emotional permanency indicators (see **Appendix C.1**) are used to assess the commitments of the adult support network and to determine who can provide for the permanency needs of the child or youth.

The Family Finding Coordinator and the team (Facilitator, Family Advocate, Youth Specialist, and Mental Health Clinician) must work in unison toward permanency.

LGBTQ+ INTEGRATION DOMAINS

1. Recognizing the importance of the presence of LGBTQ+ identity in day-to-day discussions and being comfortable with talking about it
2. Being included in regular and extended family activities "as you are"
3. Allowing for developmentally appropriate self-expression, including clothing and style preferences and (for transgender youth) use of their preferred name and gender pronoun
4. Encouraging developmentally appropriate LGBTQ+ social and romantic relationships and welcoming LGBTQ+ friends at home
5. Standing up and advocating for family members in the face of LGBTQ+ bias and adversity, particularly in schools, faith communities, and medical establishments
6. Facilitating participation in LGBTQ+-inclusive communities and services

Transition

During this phase, once the child or youth and family have met their identified goals, plans are made for a purposeful transition. Throughout the process, CCT practitioners work to decrease reliance on formal supports and to increase reliance on natural and community supports. Completion of services involves a celebration and a review of the team and family's work together, accomplishments, and acknowledgement of what worked. A plan is made for the future, including identifying members of the natural support network that can be called upon in times of need. The family is provided with a list of community resources, and a CCT practitioner conducts 3- and 6-month follow-ups with the family.

6 IMPROVING PRACTICE THROUGH FIDELITY REVIEWS, COACHING, AND SUPERVISION

The primary purpose of a fidelity assessment is to track the extent to which CCT services are being implemented as designed. However, there are other benefits to conducting fidelity assessments of the CCT intervention. First, CCT fidelity data can provide context for an outcome evaluation. Second, managers can use fidelity assessment data to identify topics for coaching and supervision meetings with practitioners as part of performance improvement efforts. A good fidelity assessment process is a fundamental element of an organization's continuous quality improvement system. The CCT fidelity assessment protocol focuses on CCT's delivery of the CCT model.

Cogs in the Feedback Loop

The Fidelity, Coaching, and Supervision Feedback Loop shown in **Figure 7** facilitates the use of fidelity data for decision making around coaching and supervision topics and intervention delivery improvements. The feedback loop is founded on the analysis of data within and across individual practitioner fidelity reports and on structured meetings and communication between CCT management and the data team.

As the Fidelity Assessment Feedback Loop graphic shows, fidelity review begins once the intervention has been implemented with practitioners. The feedback loop focuses on fidelity reviews, coaching, and supervision. These are described in more detail below.

Fidelity Review[21]

A fidelity plan assesses the level of adherence in and the quality of the implementation of the CCT intervention.

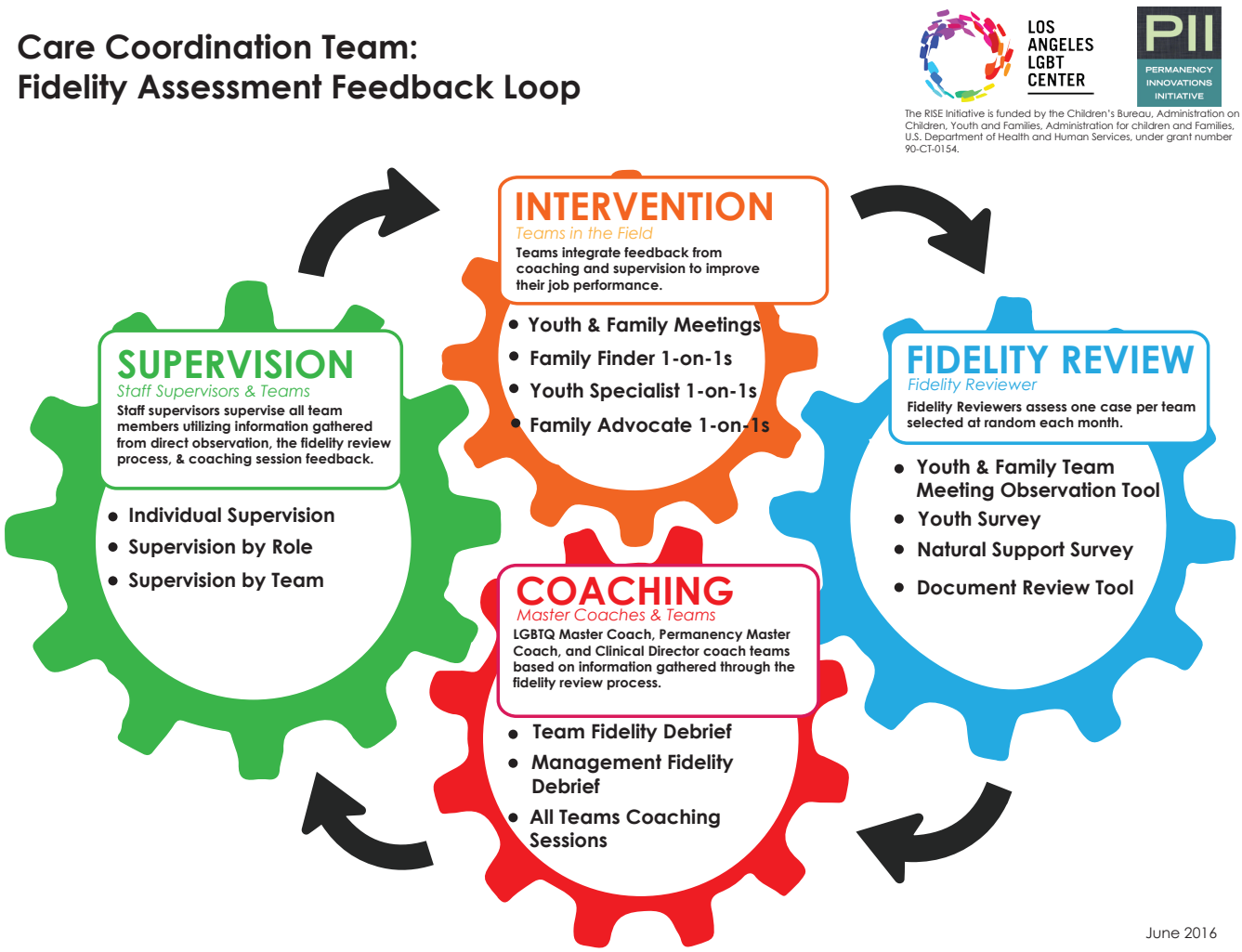
Key Indicators

To identify the key indicators of performance for CCT, the process outlined in the PII-TTAP Practice Profiles and Performance Assessment document was followed.[22] It started with the expected category of the essential functions' profiles for the intervention activities and then proceeds to map out a list of indicators and overarching performance questions that represented newly learned lessons from usability testing. For the RISE Project, criteria for selection included components that (1) seemed challenging, (2) were closely connected to the theory of change and improving outcomes, (3) involved transitions, and (4) were new practices. This list of indicators and key performance questions reflect current practice in care coordination and RISE's hypothesized characteristics of LGBTQ+-competent social work.

21 It is important to note that the RISE fidelity review process has not yet been finalized. It can takes several years and numerous evaluations to have a list of practice elements that are proven to affect outcomes. The indicators used in the current fidelity assessment process are the most likely indicators to affect the outcome, but that has not yet been proven to be true because CCT has been only through a formative evaluation.

22 Permanency Innovations Initiative Training and Technical Assistance Project. (2016).

FIGURE 7: CARE COORDINATION TEAM: FIDELITY ASSESSMENT FEEDBACK LOOP



The CCT fidelity assessment indicators reflect both an examination of the delivery of treatment fidelity and the receipt of services as recommended by contemporary theory in implementation fidelity.[23] Delivery of services includes whether planned meetings are held, meeting attendance, completeness of care plans, and the extent to which specific materials or information were given to participants. Receipt of services includes whether participants experienced the intervention with the intended level of quality. Concerns about burdening participants with long questionnaires should be balanced with the participants' perspectives and the viewpoints of observers or document reviewers, which are not biased by the process of receiving or delivering the intervention. As such, a short list of indicators was identified as most important for questionnaire topics. Then, for those activities not included in the assessment of participants' perspectives on performance, observations and an examination of staff documentation of intervention activities were examined. Examples of the key fidelity indicators are provided in **Table 2** below.

23 Orwin RG, (2000, November). Assessing program fidelity in substance abuse health services research. *Addiction, 95*(11), 309-327.

The Fidelity Plan

The fidelity plan is centered on tools that track the work performance of staff and identify areas needed for improvement in order to maintain consistent and intended implementation of the intervention. Ultimately, the fidelity data are also used to provide important contextual information for the outcome of the evaluation, i.e., positive and negative findings can be interpreted in terms of the extent to which the interventions are implemented as planned. The fidelity plan is designed to assess the level of adherence to and the quality of the implementation of the CCT intervention. Regarding internal program improvement, the data can be used to track performance of teams to provide regular feedback on whether the expected information was given to participating families as supportive and culturally competent and in a strengths-based climate when delivering services. **Table 3** provides information about the fidelity assessment plan. Fidelity tools were designed and utilized by the program to ensure the team and practitioners were practicing according to the intervention as it was designed. See **Appendix E.**

Fidelity reviewers are experts in the fields of permanency and LGBTQ+ competency. Those reviewers are also the master coaches for the intervention. This allows a direct observation of the work being done by the teams, as well as a direct feedback to the team members. This feedback loop allows for an integrative process, which creates an environment where fidelity assessment, coaching, and supervision compensated for each other where gaps were found. In RISE, this proved to be highly efficient as the integration of those three components provided by the coaches and fidelity reviewers generated an environment where the team members were able to identify skills and areas that needed improvement.

Fidelity is a part of coaching. It informs the coaches on what skills the staff needed to improve. To ensure a strong feedback loop of information, the staff observed during the fidelity assessment should be informed of the fidelity data collectors' findings within 2–4 days of the observation. In RISE, for example, this information exchange of the data collectors' findings influenced the nature of coaching for each particular team member and for the CCT as a whole.

A schedule for selecting and reviewing fidelity should be established. In RISE, for example, each team had one case selected each month for fidelity assessment of the team's performance. Each selected case had one team meeting randomly selected for observation where the data collector would also interview the child or youth, and the caregiver (if present). The POC and related documents were reviewed for each sampled case by the fourth week of that month.

The observation data collection procedures follow a standard non-participant and non-concealed observation process in which the observer is not engaging during the meeting, but their presence and objective are known to those that are present. The procedures are adapted from the Bruns et al. (2004) wraparound fidelity instrument training presentation. The data collection procedures also follow a standard social work documentation case review process.

Coaching

The purpose of coaching is to grow staff in their skill sets to effectively deliver services that yield best practices and meet fidelity. The desired outcome is for the staff to have knowledge and sound understanding of the CCT intervention and to demonstrate their ability to provide competent interventions that yield best practices and meet the underlying needs of the youth and family. Coaching is a complementary process to supervision, where the care coordination practitioners are coached for competencies specific to CCT. The core functions to coaching are:

- Direct coaching with staff to provide a feedback loop from direct field observation of service delivery. This can be delivered individually or in a group setting.
- Ongoing professional development to increase judgment, competency, and mastery of specific skills.

TABLE 2: CARE COORDINATION FIDELITY INDICATORS

Engagement
The ongoing ability to establish and sustain a genuinely supportive partnership with all the adults surrounding the child or youth. Engagement is about motivating and empowering all the adults to recognize the child or youth and adults' strengths, resources, and needs in a manner that is affirming and sensitive to the child or youth's LGBTQ+ identity and expression.
Measure
Creates opportunities for the youth and natural supports to share their experience and to participate in the meeting
Uses accessible language the youth and natural supports understand
Carefully and respectfully discusses the youth's LGBTQ+ identity and related topics
Collaborative Teaming
An internal and external complementary process to engagement where collaboration takes place between the child or youth, adults surrounding the child or youth, and professionals to support the LGBTQ+ identity of the youth and meet the shared goal of permanency. Everyone works cooperatively and shares responsibility for developing, implementing, monitoring, and evaluating a plan of care.
Measure
Discusses the youth's permanency options, plans, and goals with the youth, the natural supports, and any relevant formal supports
Mines the case record and meets with the child welfare case worker to identify natural supports
Involves the youth and family in creating the POC
Invites the natural supports youth wants to be connected to into RISE services.
Strengths- & Needs-Based Plan Of Care
The development of an individualized plan that takes into consideration the needs of the child or youth and the adults surrounding them, with a focus on increasing understanding and support for the child or youth's LGBTQ+ identity and permanency needs.
Measure
Incorporates the youth and family's strengths in the strategies listed in the POC
Identifies the youth's LGBTQ+-related needs in the POC
Uses the Vision Statement activity to identify and establish short-term goals
The strategies listed in the Discovery Plan support the goals in the POC
Identifies underlying needs related to youth's behaviors
Has discussions to identify and build community resources
Expand Connections
The identification of biological and chosen family members who are affirming and safe, as well as the expansion of community supports for the child or youth in order to achieve emotional and legal permanency.
Measure
Discusses with the youth and family identification of natural supports and family connections
Continues the expansion of and/or strengthening of the natural support network
Discusses their commitments related to the RISE Indicators of Emotional Permanency with natural supports
Discusses the youth's permanency options, plans, and goals with the youth, the natural supports, and any relevant formal supports

TABLE 2: CARE COORDINATION FIDELITY INDICATORS (CONTINUED)

Increase LGBTQ+ Education & Support
The increase of understanding, knowledge, and support for a child or youth's LGTBQ+ identity for biological and chosen family members through one-on-one information sharing, education, coaching, and providing access to specialists and specialized services. This is a respectful process that takes into account the adults' culture and belief system while emphasizing the needs of the LGBTQ+ child or youth.
Measure
Discusses with the caregiver the connection between the caregiver's rejecting behaviors and the youth's feelings
Provides examples, scenarios, or role plays of communication skills with adults about how to talk with the youth about the youth's SOGIE
Discusses with natural supports their commitments related to the Behavioral Indicators of Family Integration of LGBTQ+ identity
Talks with the youth about their understanding and feelings about or topics related to their LGBTQ+ identity
Identifies for the youth LGBTQ+-supportive community resources that are available in the youth's geographic area.
Provides LGBTQ+-related educational materials that address their questions, concerns, needs or issues

TABLE 3: CARE COORDINATION FIDELITY ASSESSMENT PLAN

Fidelity Assessment Plan
Unit of Analysis: Team and Practitioner
3 methods, 8 fidelity tools: • CCT Meeting Observation tool • Youth Survey • Natural Support survey • 5 case record review tools (4 unique practitioner tools + 1 team-level tool)
Fidelity Reviewers: 2
Quantitative Data Collected: All tools (3-point Likert scale)
• Teams are eligible for fidelity assessment after month 3 and month 9 of services • Aim is to conduct 4 case-level fidelity assessments each month (1 per team).

In addition to supervision, coaching provides the opportunity for staff development and professional growth in the ability to deliver best practices. In relation to the core functions of coaching, there are three styles of coaching:

1. **Skills coaching,** which focuses on establishing, developing, and enhancing specific skills and abilities of the staff to meet the desired and predicted outcomes of the overall program

2. **Performance coaching,** which focuses on the development of the staff in their roles (e.g., Facilitator, Youth Specialist, Family Advocate, Family Finder, Mental Health Clinician)
3. **Development coaching,** which yields the opportunity for the staff to grow in their ability to be critical thinkers, assess client situations and circumstances, and plan and efficiently deliver services in a manner that is individualized and meets the underlying needs of the child or youth and the family

Coaching observation takes place at the same time as fidelity review. Fidelity is a part of coaching as it informs the coach on what skills the staff need to improve. It begins as a direct observation of service delivery of the staff in the field. The coach is a quiet direct observer of the staff's ability to implement services and to exercise best practices. The coach takes notes during observations and will bring the information back to the staff and team respectively during the allotted individual or group coaching time. In this process, observation informs fidelity, which, in turn, initiates coaching needs.

Coaching sessions should occur on a biweekly or monthly basis and involve asking questions, listening, reflecting, and discussing themes surrounding LGBTQ+ and permanency issues that are occurring throughout the intervention. Staff are encouraged to share their current situations, goals, and perceptions of different options and what they want to do. The coach listens actively, reflects back, and discusses ideas and options with staff in order to develop strategies that will best benefit the youth or child. Coaches model skills and encourage the staff to practice in the coaching session through role plays. They offer constructive feedback and suggestions.

Supervision

The goal of supervision is to ensure adherence to agency policy and procedure in order to achieve desired and predicted outcomes in the overall program. The desired outcomes of each phase of the intervention are documented in the care coordination services phases and activities. Areas of supervision include (but are not limited to) managing the staff's workload; monitoring, reviewing, and evaluating work; communicating among staff team members and with management; assisting staff with problem solving; and assessing compliancy with policy. Supervisors monitor progress and case progression by direct field observation of staff, individual supervision, CCT supervision, and reviewing and monitoring documentation

Individual supervision consists of discussing an individual staff member's skill set, identifying their areas of strength and development, and assessing strategies that they are using to work with the child or youth or other individuals in particular cases. Individual supervision is also the format to address any of the individual's performance, documentation, or administrative issues. This is an opportunity to develop individual staff members' competencies so they may work more effectively as a part of the team and provide the best service to the child or youth and family. The suggested frequency of individual supervision is every other week for 30–60 minutes.

Role supervision consists of meetings with all staff members who share the same position title (e.g., Family Advocates) and reviewing, modifying, and developing strategies that are effective or ineffective with the child or youth, family members, and other natural supports. This provides an opportunity for other staff in the same role to learn from one another and to share engagement, educational, and behavioral strategies to reach the desired outcomes more effectively. The suggested frequency is once a month for 1–2 hours.

Team supervision consists of all members from a CCT (i.e., Facilitator, Youth Specialist, Family Advocate, Mental Health Clinician, and the Family Finding Coordinator) and focuses on providing guidance and support and on assisting teams in developing

strategies to work effectively with children, youth, families, and natural support members to achieve the desired goals. Team supervision is focused on providing case-specific strategies to provide LGBTQ+ support and education effectively and competently and to cultivate emotional and legal permanency for the youth and families enrolled in CCT services. The suggested frequency is weekly for 2 hours.

The goal of team supervision includes, but is not limited to:

- Develop youth and family engagement strategies
- Identify barriers to family and/or caregiver acceptance of the child or youth's orientation or expression
- Identify family search goals and engagement strategies
- Identify barriers to permanency
- Assess potential connections as (un)supportive of the youth's orientation or expression and determine which supports are (un)healthy
- Develop education strategies for families, caregivers, and professionals based on the level of acceptance or rejection observed
- Review successful strategies and adjust strategies that are ineffective
- Identify culturally appropriate LGBTQ+ community supports
- Teach and demonstrate skills by example (e.g., role play, trainings on specific topics)
- Develop strategies to strengthen or establish collaborative teaming with other professionals working with the youth and family
- Identify legal and ethical considerations and determine appropriate action steps
- Review agreements, tasks, and timelines

The frequency of supervision was adjusted as needed and varied according to caseloads and the needs of the team. In addition to the supervisory responsibilities described above, the CCT Supervisor has the following responsibilities:

Manage Crisis and Safety Issues

- Identify and address potential safety issues
- Assist team members in developing strategies to help prevent the onset of a crisis and to identify action steps for when a crisis occurs
- Ensure ethical and legal guidelines are followed and mandated reports are made
- Be on-call for emergencies and provide team members guidance when needed

Review and Monitor Documentation

- Ensure that all enrollment, intake, consent, releases of information, and confidentiality documents are completed correctly
- Review initial and ongoing POCs to ensure that they meet program goals and that strategies to achieve those goals are sound and use the child or youth and the family's strengths
- Ensure that all assessment tools (e.g., CAFAS) are completed accurately and timely
- Review POCs, progress notes, and meeting minutes
- Ensure all case documentation and administrative tasks are complete

Evaluate Staff

Communication about performance should be an on-going dialogue during individual supervision meetings, and a supervision log with topics discussed should be updated after each meeting. The supervisor should complete a 6-month, written performance evaluation with the staff member that is specific to their role and that directly reflects the observations of the supervisor.

7 USING DATA FOR DECISION MAKING AND IMPROVEMENT

Even though the ultimate outcomes are to positively affect the lives of children and families, data gathering and analysis will focus on several key indicators to help ensure success along the way. These may include:

- Extent to which the intervention is being implemented with fidelity
- Strength of implementation supports
- Participation of LGBTQ+ children and youth in CCT services and the resulting outcomes
- Organizational support of staff to implement the intervention
- Overall movement through a systematic implementation process

As described in the previous section, the implementing agency must be able to effectively integrate the data on the extent to which services are being provided to LGBTQ+ children and youth as designed and use that information to inform individual and group coaching sessions and supervision. This will result in an increase in CCT practitioner competence and adherence to the model over time.

Fidelity data are not the only data that can be gathered and used. Other types of data can be used to improve CCT implementation. The following examples demonstrate how CCT practitioners, in partnership with agency leadership, external evaluators, and technical assistance providers, can consider what else needs to be known and how to know it.

Staff selection and retention was an early problem for the CCTs. Recruitment of candidates who had adequate LGBTQ+ competency and child welfare experience was a challenge and resulted in a lengthy hiring process.

Strength of the Implementation Supports

Implementation supports are the resources and system supports that facilitate implementation and helps teams evaluate their existing systems and determine which supports they may need to plan for and to effectively implement a selected innovation. The six supports that need to be in place for a solid infrastructure and an organizational environment open to and supportive of successful implementation are: (1) staff recruitment and selection, (2) staff training, (3) staff coaching, (4) fidelity assessments, (5) identification and use of data, (6) leadership and stakeholder supports.[24]

Recruitment and Selection of CCT Practitioners

Multiple data sources are used to analyze the effectiveness of the recruitment and selection of CCT practitioners. One primary method is through focus groups where current CCT practitioners can provide input on what did or did not work in the hiring process and how the process can be improved. Action plans can then be developed to address any issues needing resolution.

Supervision, Training, and Coaching of CCT Practitioners

Through surveys and implementation retreats, CCT practitioners are asked to provide feedback on the supervision, training, and coaching they receive. CCT leaders and practitioners can change and improve

24 http://www.acf.hhs.gov/sites/default/files/cb/guide_vol2_exploration.pdf

Early findings indicated some concern with the supervision available to CCT practitioners, such as the limited understanding on the part of supervisors about the intervention itself and how to use the program tools in everyday practice. These same practitioners made clear recommendations for training, particularly the need for more and better training prior to providing CCT services to LGBTQ+ children or youth. High on the list were trainings that included real case scenarios, peer-to-peer training opportunities, breaking down the intervention into phases, and SOGIE and LGBTQ+ competency.

Coaching was also an area early on that needed some improvement. Practitioners were not satisfied with the structure, content, or quality of the coaching meetings. They reported being told what to do and not how to do it. Practitioners were satisfied with the more formal bimonthly coaching meetings available to them. They recommended that coaching be tied to current LGBTQ+ children and youth, guided by specific fidelity findings, and devoted to specific practice skills and support for practicing those skills outside of the coaching meetings.

training, coaching, and supervision for practitioners based on survey data and fidelity results.

Care and Coordination Services Provision and Outcomes

Service Provision

Data are gathered from multiple sources to understand some basic information about the LGBTQ+ children and youth who have been referred and enrolled in CCT services, case activity during enrollment, and graduation rates and disenrollments. For example, the CCT Manager inputs data into an electronic case record management system about the number of children and youth referred, who assented to and were enrolled in CCT services, the length of time spent waiting to be enrolled, and any identified barriers to enrollment. Case activity data can be used to understand the number of CCT meetings that occur, the natural supports who have been engaged in CCT services, and the time CCT practitioners are spending on certain activities. The case level data reports summarize the status of each case in terms of being active or not, the tools that have been completed, the meetings that have been held, and the family connections that have been made.

Short-Term Outcomes

In the short term, the implementing organization may want to confirm if it had developed a clear and understandable model for serving LGBTQ+ children and youth and if the practitioners were ready to implement CCT services.

Intermediate Outcomes

Initial implementation is a time to determine whether the CCT services show 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, all of which are indicators of eventual emotional and legal permanency. The evaluator for the RISE Project has taken the lead to help gather and report data to answer the following questions.

- How many CCT teams were created?
- How many LGBTQ children, youth, and their associated caregivers or permanency resources received services?
- How many connections were made? (Connections Map)?
- Was there an increase in the number of family and other supportive connections?

In RISE, for example, early usability testing[25] focused on helping a proxy population at the LA LGBT Center's transitional living program. RISE tested key intervention processes that were (1) closely aligned with the RISE theory of change, (2) perceived as particularly challenging, or (3) considered new practices. While the RISE team felt reasonably confident that these means of usability testing would have the desired effect of demonstrating, preliminarily, the efficacy of the CCT in rebuilding support networks for disconnected youth, it was unprepared for the degree of success it was able to achieve in a relatively short period of time. Not only did this process offer clues for how to refine and stabilize the intervention for purposes of RISE and PII, it also had two unanticipated results. First, it had a dramatic and demonstrably positive effect on several of the youth involved for whom reconnecting with family supports had not previously been considered an option. Second, this resulted in staff being better prepared to engage with the families enrolled in CCT, and it also instilled a powerful sense of momentum. At the end of this initial usability testing, there was agreement that, with some minor modifications to several intervention processes, the CCT was ready to proceed with the intervention as designed for the target population of children and youth in the LA foster care system.

- Was there an increase in family's supportive behaviors?
- Was there a decrease in family's rejecting behavior?
- Was there an increase in the youth's level of comfort in discussing sexuality and gender?
- Was there an increase in the LGBTQ youth's comfort in disclosing sexual or gender minority status?
- Was there an increase in youth self-acceptance?

Long-Term Outcomes

The ultimate desired outcomes for the CCT are to demonstrate an increase in durable family connections and other supportive connections, legal permanency, and youth's well-being and for LGBTQ+ children and youth to achieve emotional permanency. Over the course of the project, RISE has enrolled a total of 58 youth in care coordination services. As of August 2016, 24 youth have graduated (13 with emotional permanency, 11 with emotional and legal permanency); 29 have disenrolled from services (typically due to lack of participation or no longer wanting services); and 5 are currently enrolled and continue to receive services. Although over 30 percent of enrollees were ineligible for data collection due to either their child welfare status or being 18 and older at enrollment, 32 youth have participated in data collection (80 percent of eligible youth).

There are many other ways that data can and should be used. September 29, 2015, marked the end of the demonstration grant period, during which the LA 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. This led to a no-cost extension through September 29, 2016, where the focus is on:

- Completing direct service provision to children and youth
- Developing microsites, papers, videos, and other materials for dissemination
- Providing training and coaching to staff and kinship, foster, and adoptive parents
- Working with identified stakeholders to agree on a sustainable plan for serving LGBTQ+ children, youth, and their families in LA well into the future.

25 A process of trying out the critical components of the implementation, the innovation, and data collection to see how they fit within the organization. Adjustments can be made to improve the innovation and implementation supports and the fit. http://www.acf.hhs.gov/sites/default/files/cb/guide_vol4_initial_implementation.pdf

APPENDIX

Appendix A: Care Coordination Team Phases and Activities

Phase One – Preparation and Teaming

Gather Information

- Review case records (e.g., child welfare; court; other assessments, needs, and services plans that have been completed).
- Discuss permanency, concurrent planning, and family maintenance plans with the caseworker or appropriate person.
- Determine if there are any permanency workers associated with the youth's case, including Phase 3, adoption, family finding, or independent living services workers, have been assigned and what work has taken place.
- Identify any other community or professional support involved with the youth and family's treatment plan.
- Identify any known issues or barriers related to the youth's LGBTQ+ identity or gender expression.
- If child or youth identifies as LGBTQ+, determine, to the extent possible, who is aware of the child's identity.

Provide an Orientation

- Explain program goals, approach, and structure and frequency of individual and team meetings to the youth, family, caregivers, caseworker, placement agency staff, and other professionals involved. (These are likely to be separate meetings.)
- Explain roles of CFT staff, and describe each team member's duties.
- Review confidentiality parameters and legal reporting requirements, and obtain releases of information as needed.
- Describe what natural and formal supports are and how they will be integrated into the process with the youth and family's permission.
- Discuss the benefits of collaborative teaming among family; support system; and child welfare, placement agency, and CFT staff in planning and providing the best service to the child or youth and family.

Schedule an Individual Meeting with the Youth and Caregiver before the first CFT Meeting

- Explain the structure and role of their position within the CFT.
- Describe the subsequent one-on-one meetings.
- Inquire and listen to their story.
- Listen for strengths.
- Develop an understanding of their perspective related to their SOGIE or their child's SOGIE (with the caregiver).
- Find out who they identify as family (biological and chosen).
- Find out on whom they rely in times of need.
- Create a list of existing and potential supports, individuals, and community.
- Determine whom to invite to the first CFT meeting.

Plan

- Develop youth and family engagement strategies based on the information obtained from the case records and the conversations with the child, family, and professionals involved.
- Develop initial education strategies for the caregiver(s) based on the needs of the youth and family and the level of acceptance and/or rejection demonstrated toward the child or youth.
- Contact the youth, caregiver(s), family members, natural supports, and the appropriate professional staff (e.g., mental health therapist, caseworker, placement staff) to invite them to the first CCT meeting.
- Develop an agenda for the first CCT meeting.

Intended Outcomes for Phase One

- The youth, family, caregiver(s), professionals, and placement agency staff will:
    - Understand the structure of the program and the distinct role of each CFT member;
    - Have an understanding that providing education, support, and validation for the child or youth's SOGIE is central to the program; and
    - Have an understanding that strengthening relationships and expanding the network of supportive adults willing to have a life-long relationship with the youth is central to the program.
- Team members developed an understanding of the youth, family, and caregiver's story.
- The Family Finding Coordinator identified the current and concurrent permanency or family maintenance plan for the child or youth.
- The Family Finding Coordinator determined whether any family finding activities have already taken place.

Phase Two – Engagement

Conducting the Initial CCT Meeting

- Set the tone for the meeting by using strengths-based language and by welcoming and thanking people for coming, providing affirmation about people's willingness to participate, and sharing the goals of the collective team and individual members to improve the well-being of the youth and family.
- Explain the structure of the meeting, the amount of time allotted, and the agreed-upon ground rules.
- Describe legal and ethical obligations, including being mandated reporters and confidentiality.
- Create an initial strengths list for the youth and then each of the family members present (Strengths Chat activity, See Appendix C.4).
- Identify youth and family community supports (Eco Map, See Appendix C.7).
- Listen for cues about the family perspectives about and how they relate to the child regarding their SOGIE.
- Facilitate a discussion about the youth and family's needs and future goals.
- Discuss safety planning.
- Develop a vision statement that is time specific, measurable, and attainable with the youth and family. This will inform the development of the POC, strategies, and future action steps (Vision Statement).

Facilitating CFT meetings:

Approach

- Hear and reflect the guided family and youth's voice in decisions made about the family in a manner that is affirming and sensitive to the child or youth's LGBTQ+ identity and gender expression.
- Maintain the integrity of each meeting by keeping all dialogue strengths based and steeped in the family's culture.
- Identify child and family strengths.
- Assess unmet and underlying needs of the youth and family, and incorporate individual strengths into strategies to address their needs.

Conduct Activities

- Develop a crisis and safety plan for the family and youth.
- Outline the steps the family can employ to help prevent the onset of a crisis and steps for when a crisis occurs.
- Identify natural supports who can be helpful during a crisis.
- Identify professionals, hotline numbers, formal supports, and contact information for people who can assist in a crisis.
- Develop strategies and action steps for individuals that can be employed by the youth and family during stressful situations.
- Provide a copy to all members.
- Develop a Vision Statement. (See Appendix C.5)
- Develop a Family Connections List. (See Appendix C.6)
- Develop an Eco Map. (See Appendix C.7)
- Discuss the family finding engagement process and Discovery Plan. (See Appendix C.9)

Develop the Initial Plan of Care With the Youth and Caregiver(s):

- Identify the family's unmet and underlying needs, and list by importance.
- Incorporate strengths as coping strategies to address unmet needs.
- Incorporate LGBTQ+ integration domains and strategies to increase LGBTQ+-supportive behavior and to decrease rejecting behavior by the caregiver(s).
- Develop a list of LGBTQ+- and culturally competent supports for the family.
- Identify family search goals and engagement strategies to expand natural supports.
- Prior to the conclusion of the team meetings:
    - Review agreements, tasks, and time lines
    - Schedule next CFT meeting and one-on-one meetings
- Debrief CFT members after each meeting.

Follow Up

The Facilitator, Family Advocate, and Youth Specialist will meet with the placement agency to:

- Debrief the CCT meetings,
- Review LGBTQ+ best practices with key staff members and answer any questions the staff may have,

- Discuss culturally appropriate LGBTQ+ community supports for the youth, and
- Identify who will be the youth's support within the milieu.

Intended Outcomes for Phase Two

Intended Outcomes for the Youth and Caregiver(s):

- The key staff should have a baseline understanding of terminology, concepts, and best practices related to working with LGBTQ+ and gender-nonconforming and -expansive children and youth.
- The family maintenance or permanency goals are clarified, as are which family finding activities have taken place.
- Youth and caregiver(s) have identified and understand their strengths.
- Youth and caregiver(s) understand the purpose of the Family Connections List and Eco Map.
- A safety plan has been developed with the youth and caregiver(s) should a crisis occur, and a copy has been provided to all team members.
- Positive coping strategies using the family's strengths have been developed with the youth and caregiver(s).
- The youth and caregiver(s) have a list of culturally competent LGBTQ+ supports that are both natural and formal regarding the needs of the family.
- Discussions with the youth related to their SOGIE have occurred.
- Family finding activities have begun as applicable.

Intended outcomes of the CCT:

The team has:

- Developed an understanding of:
    - The family's strengths and needs
    - The family's barriers to demonstrating support and affirmation to their LGBTQ+, gender-nonconforming or -expansive child or youth
    - How the family and youth navigate within their world culturally
- Identified:
    - Community connections in and with which the youth and family participate have contact
    - Culturally competent LGBTQ+ supports and resources for both the youth and caregiver(s)
    - Known supportive and non-supportive adults with whom the youth has contact
    - Individuals with whom the youth wants to be more connected
    - Family maintenance or permanency goals centered on thoughtful discussion and taking the youth's gender expression and LGBTQ+ identity into account
- Contacted and engaged with potential supportive adults in the youth's life
- Conducted initial family search and engagement activities to expand the youth's support network
- Developed buy-in from the youth, family, and supportive adults about the importance of natural supports and life-long relationships
- Developed a crisis and safety plan with action steps
- Determined which agency staff (if in out-of-home placement) will be a part of the youth's CFT

Phase Three – Implementation of Plan

Develop Plan of Care

- Meetings center around the goals and strategies identified in the POC and are reviewed regularly to assess their effectiveness.
- The POC is revisited at regularly scheduled intervals (i.e., every 60-90 days).
- LGBTQ+ integration domains are central to the POC and discussed regularly in meetings, with strategies developed to achieve increased integration; progress is documented regularly.
- Caregivers and supportive adults are assisted in implementing LGBTQ+ dimensions and indicators of emotional permanency.

Identify, Expand, and Engage Natural Supports

- Conduct family finding and engagement strategies in an effort to identify 40 known adults.
- Engage newly found members and assess willingness of adults to have contact and a relationship with the youth. (Note: Do not disclose LGBTQ+ identity unless the person is determined to be a safe and more-than-likely supportive adult.)
- Work toward identifying 10 adults who are interested in having a lasting relationship with and being a significant part of the youth's life.
- Begin identifying at least 3 adults who have demonstrated a stable commitment and are interested in making an unconditional, lasting, and lifelong commitment to the youth or child, as demonstrated by the emotional permanency indicators. It is best practice to have several adults willing to make this type of commitment to the child or youth because, out of these 3 people, some might be willing but not able to care for the child on a consistent basis. Therefore, it is important to take into consideration both the willingness and ability of those people to make this commitment to the child or youth.
- Work with the Family Finding Coordinator and child welfare services to identify appropriate contact and visits with youth.
- Continue to expand the family network, and engage them in culturally appropriate ways.
- Explore legal issues specific to reunification, adoption, guardianship, kinship foster care, and non-legal commitments.

Conduct Ongoing Meetings

- Agendas are used and provided to keep team members focused on agreed-upon goals and the youth and caregiver's Vision Statement.
- The tone of being strengths based is set by sharing good news, what is working, and successes at beginning of meetings.
- Meetings center around the goals and strategies identified in the POC and are reviewed regularly to assess their effectiveness.
- Meetings continue to focus on discovering and engaging adults as connections.
- Culturally relevant and sensitive supports are identified.

Intended Outcomes for Phase Three

- The crisis and safety plan is being used less.
- The youth and family are able to employ coping mechanisms to avoid or contain crises.

- The family members are able to:
    - Work the POC and see their unmet and underlying needs being met
    - Identify their own plan to meet their own needs
    - Celebrate and understand the significance of their successes and enjoy spending time together as a family
- The family understands the potential challenges and is actively working to secure permanency and to strengthen family relationships.
- The family and youth have a culturally competent natural support network in place.
- The family and youth will have culturally competent community supports in place.
- The family is facilitating CCT meetings using their network support system.
- At least three adults are identified as potential permanency options using the emotional permanency indicators.
- The three adults have agreed and are committed to having a lasting, parent-like relationship with the child or youth and to supporting the LBTQ child or youth's identity and gender expression.

Phase Four—Transition

Transition

CCT will use the LGBTQ+ integration dimensions as a guideline to determine if significant progress has been made and the family and youth are ready to transition out of CCT:

- The family or caregiver (s) recognize the importance of the presence of LGBTQ+ identity in day-to-day discussions and of being comfortable with talking about it.
- The child or youth is included in regular and extended family activities "as you are".
- The family or caregiver (s) allows for developmentally appropriate self-expression, including clothing and style preferences, and, for transgender youth, use of their preferred name and gender pronoun.
- The family or caregiver (s) encourages developmentally appropriate LGBTQ+ social and romantic relationships and welcomes LGBTQ+ friends at home.
- The family or caregiver (s) stand up and advocate for the child or youth in the face of LGBTQ+ bias and adversity, particularly with other family members, in schools, faith communities, and medical establishments.

The CCT:

- Facilitates participation in LGBTQ+-inclusive communities and services
- Discusses graduation with the child or youth and family or caregivers(s)
- Develops a timeline with the youth and family to transition out of CCT that includes a gradual reduction of services
- Develops a transition and aftercare plan with the youth and family's input
- During the transition phase, has the youth or family members facilitate their own family meetings with care coordination practitioners present
- Facilitates a discussion with youth and family, caregivers, and natural supports summarizing their progress and accomplishments

- Discusses any concerns youth or family have regarding the future; discusses and normalizes that bumps in the road are part of life; and reviews strategies they have used in the past to cope with stressors and crisis situations, highlighting their strengths
- Reviews natural and formal supports network that are in place and what commitments have been made by the natural supports; facilitates a discussion where natural supports discuss with the youth and family what they are willing to do and provide.
- Develops resource guides, which list culturally competent supports within their community that are specific to the needs of the youth and family
- Establishes and reviews the aftercare strategies with the family and youth, including:
    - A safety plan in the event the youth or family encounters a crisis, including the supports that are in place and the strategies they have created to address them in the past
    - Identifying in writing the natural supports available to provide the family respite and formal supports in their community

Graduation Criteria

A child or youth will be considered ready for graduation when they and their family or caregiver(s) have met the following criteria:

- While in foster care or family maintenance, the child or youth has connected or re-connected with relatives or other caring adults who have committed to having a lasting, supportive, and affirming relationship with the child or youth.
- A team of natural supports, ideally at least 10 committed adults, are committed to having a relationship with and playing a significant role in the child or youth's life.
- An adult has made a commitment to provide a permanent, parent-like relationship to the child or youth. This adult will have committed to following through on the activities listed in the CCT emotional permanency indicators and has demonstrated behaviors indicated in the LGBTQ+ integration dimensions.
- The child or youth is reunified with supportive parent(s) or relative(s) or is with an adult who plans to adopt them or become their legal guardian.

Graduation and Follow-Up

- Provide a celebration for the family, and conduct a closure activity that is fun and meaningful for the youth, family, and team.
- Review their accomplishments, and offer support and encouragement about the future.
- Create a physical manifestation or memento to remind the youth and family of their accomplishments.
- Conduct 3- and 6-month follow-up meetings or phone contacts to check in with the family, observe the family's progress with maintaining durable connections and using LGBTQ+ supports, and provide support and resources.

Intended Outcomes for Phase Four

- The youth has a safe, supportive, and affirming home.
- The child or youth has emotional permanency and, when possible, legal permanency.
- The youth has met their goals.
- The youth can sustain relationships with supportive adults in their lives.

- The adults or caregivers involved with services are demonstrating increased support and affirmation of the child or youth's LGBTQ+ identity and gender expression, as measured by the LGBTQ+ Integration domains, and are not behaving in rejecting or harmful ways toward them.
- There is a network of adults in place that demonstrates support for and are affirming of the child or youth's gender expression and sexual orientation.
- The youth has an increased understanding and a positive sense of their LGBTQ+ identity.
- The child or youth and the family have increased their self-reliance and are connected to natural and community supports and resources.
- The CCT expanded the child or youth's network, and a network of supportive adults is involved and demonstrating a life-long commitment to the child or youth.
- The youth and family are using positive coping strategies to solve problems and have demonstrated the ability to respond proactively in a crisis.
- Linkages are in place to assist adults in demonstrating support for their LGBTQ+ youth.
- The family and youth have been linked to culturally competent resources that address their particular needs.
- The family and youth have a natural and formal support network on which they are able to rely.

Appendix B.1: Facilitator Handbook

Facilitator Handbook

The RISE Care Coordination Team (CCT) Facilitator's primary responsibility is to coordinate a team of professionals and natural supports that work together to develop strategies aimed at sustaining or finding safe, stable, and permanent homes for LGBTQ+ children and youth and to develop a network of supportive adults who demonstrate awareness, support, and affirmation of their LGBTQ+ identity. The Facilitator is often the "face" of the program as they are the first point of contact with the child or youth, family, caregivers and professionals. They develop partnerships with other professionals involved in the child or youth's care, coordinate and facilitate care coordination team meetings and create and drive a plan of care (POC) aimed at increasing LGBTQ+ acceptance and support. The Facilitator takes primary responsibility in ensuring that there is an integrated POC and that all principal activities are delivered with the highest possible fidelity and consistency with the theory of change.

Background and Experience

Facilitators need to have the ability to remain neutral and to engage people with different points of view. They need to possess group facilitation skills and have experience facilitating group discussions, preferably in the social service arena. Facilitators should be able demonstrate empathy, model active and reflective listening, and be knowledgeable about de-escalation techniques. The Facilitator should have the relevant knowledge, skills, and competencies to provide accurate information about LGBTQ+ identity, based on current scientific facts, and be aware of best practices for working with LGBTQ+ young people in systems of care. They should have experience working with families involved in systems of care and be familiar with the challenges they face and with effective interventions to address those challenges.

The Facilitator Role as Part of the Care Coordination Team

The Facilitator's role is to engage all team members (formal and informal support), family members, and the youth in the process of developing a POC to meet the needs of the child or youth and family, with an emphasis on strengthening supportive adult-child connections and sustaining or finding a safe, LGBTQ+-affirming, and permanent place for the child or youth to live. They use a strengths-based approach and focus on developing a positive view of the future by incorporating a variety of activities during meetings. They develop a partnership and join with each member of the CCT and make an effort to understand their respective points of view, challenges, and strengths. The RISE Facilitator remains neutral, models effective communication, and supports the adults surrounding a youth to develop and use their strengths to problem solve, develop their own plans, access their own resources, and manage their own challenges. During CCT meetings, the Facilitator works with all identified adults to increase their knowledge and understanding of their LGBTQ+ youth and emphasizes the importance of a natural support network for the child or youth and their family. This may include understanding developmental readiness and using teachable moments and motivational interviewing to surface issues that are important to helping the biological or chosen family reach their long-range vision as a network of support for the youth or child.

The Facilitator Role With the Client

The Facilitator meets with the youth initially and uses a variety of activities to explore past and present adult connections and to assess who is presently involved in their life, aware of their LGBTQ+ identity, and affirming or

rejecting of their identity. They also ask the youth if there is anyone with whom they would like to reconnect or to strengthen their relationship. The Facilitator, along with the Youth Specialist, takes their lead from the youth as to who and at what point a person should be invited to attend a CCT meeting. If the adult is not presently involved in the child or youth's life, this is usually preceded by contact and, when possible, an in-person meeting by the Family Advocate or Family Finder to better assess the adult's willingness and readiness to reconnect with the child or youth. The Facilitator consults with the Youth Specialist on a weekly basis to keep abreast of the child or youth's concerns and progress. Regular communication between team members (Youth Specialist, Family Advocate, Family Finder, and Mental Health Clinician) is essential.

The Facilitator Role With Biological and Chosen Family

The Facilitator's role is to remain neutral and composed during CCT meetings and to facilitate a conversation where everyone's voice can be heard and issues can be worked through in a respectful and constructive manner. It is critical that each member is respected, especially the child or youth who likely has less power than the adults, and that the Facilitator intervenes and models appropriate communication and provides accurate information. Meeting all adults surrounding a child or youth where they are and recognizing that they have their own process is important, but does not include ignoring hurtful and rejecting comments. The Facilitator should redirect negative comments, provide accurate information, and reflect back the adult's (not the child's) struggle, as well as affirm the child or youth in the process. The Facilitator consults with the Family Finder and Family Advocate on a weekly basis to keep abreast of the network of support's needs, concerns, and progress. It is important for the Facilitator to keep the whole team informed by encouraging dialogue between all members of the team. The Facilitator reviews progress toward permanency and LGBTQ+ domains of integration on a weekly basis by taking into account the family finding principles of 40-10-3-1 (see Appendix B.4: Family Finder Coordinator Handbook).

The Facilitator Role With Formal Support (e.g., Social Worker, Court Appointed Special Advocate (CASA), Attorney, Residential Staff, Foster Parents, Adoption Workers, Agency's Staff, etc.)

The Facilitator is the main contact person for other professionals working with the child or youth and is responsible for inviting and coordinating their participation in CCT meetings and, with appropriate permission, providing and requesting information, such as court and progress reports. This includes but is not limited to, social workers, clinicians, attorneys, judges, and placement agency staff. The Facilitator should be in regular communication with all the above-mentioned individuals to coordinate efforts and to ensure that all team members are working toward the same goals, following through on commitments, and not duplicating efforts. They should be keeping abreast of the child welfare agency's permanency plan for the child or youth and inquire frequently about any developments or changes to the plan. Ideally, other professionals working closely with the child or youth are participating in the CCT meetings on a regular or semi-regular basis. It is of utmost importance for the Facilitator to keep the whole team informed by encouraging dialogue between all members of the RISE CCT.

The Facilitator's goals and the practice behaviors for achieving those goals, list of activities, and discussion of lessons learned follow.

Goals and Practice Behaviors

Goal: Get to know the child or youth and caregivers

Practice Behaviors

a. Let the family tell their story
b. Converse in a language the youth and adults can understand
c. Learn about the family's culture and ethnic identity and how it may affect their perspective about the child or youth's LGBTQ+ identity or gender expression
d. Listen and note the language used by adults, including the placement agency staff, that reflect acceptance, affirmation, ambivalence, or rejection of the child or youth's sexual orientation and/or gender identity and expression
e. Inquire about how the family, caregivers, and natural supports spend time with the child or youth and what their individual interests are
f. Listen for strengths
g. Identify the unmet needs of the child or youth, caregivers, and family members
h. Determine what services, past and present, the family participates in and what has and has not been helpful
i. Inquire about existing natural and community supports the child or youth and family rely on in time of need
j. Review confidentiality and mandated reporting requirements and obtain necessary releases of information

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Goal: Build collaboration and develop team approach

Practice Behaviors

With other professionals:

a. Meet with and develop a positive working relationship with the social worker and other professionals working with the child or youth, caregivers, and family
b. Review the case history and child or youth's current and concurrent permanency plan with the social worker
c. Work in conjunction with the Family Finding Coordinator to request court and child welfare records and review files for pertinent information and potential adult connections
d. Establish how and its frequency information and progress will be shared with other professionals; ensure confidentiality laws and guidelines are adhered to and necessary consents and releases are obtained
e. Invite professionals involved to participate in CCT meetings in person or via phone

With child or youth, family, caregivers, and natural supports:

a. Provide an orientation about the program
b. Explain your role, the role of other team members, and the structure of the meetings
c. Describe the goals and services of the program, which include a safe, stable, affirming, and permanent home for the child or youth; expanding and strengthening adult-child relationships; increasing support for the child or youth and their family; and increasing acceptance of the child or youth's LGBTQ+ identity and/or gender expression
d. Discuss how natural supports are identified and incorporated into services

e. Determine what natural supports are currently involved with the child or youth and family and who the child or youth and family considers to be family, biological or chosen
f. Determine and keep track of who is aware of the child or youth's LGBTQ+ identity or gender expression (It is critical to not disclose this to others without the child or youth's permission.)
g. Review confidentiality and mandated reporting requirements and obtain necessary signatures and releases of information

With the CCT:

a. Develop, track, update, and revise POC
b. Conduct pre-planning and debriefing meetings with other care coordination practitioners before and after CCT meetings
c. Identify, with the Family Advocate, the barriers to acceptance from caregivers, placement agency staff, family members, and natural supports and develop and review strategies to provide education and support to increase acceptance of the child or youth's LGBTQ+ identity and/or gender expression
d. Discuss with the Youth Specialist strategies that are being used with the youth and on what areas are the focus
e. Work closely with Family Advocate to identify and track new connections and to develop strategies to work with adults in the child or youth's life
f. Ensure that all team members (1) are working in sync to best meet the child or youth and family's needs and (2) are aware of what other members are working on individually with the child or youth and with the adults
g. Ensure team members are clear about individual responsibilities, follow-up items, next steps, and completion times
h. Create contingency plans while reviewing formal and informal resources for the network of support and for others to help support permanency and LGBTQ+ affirmation
i. During consults with RISE team members and team meetings, continuously provide strategies and ongoing interventions addressing parenting, safety plans, and individualized education about LGBTQ+ issues, safety, and permanency
j. Facilitate discussions among RISE team members and keep informed about the various levels of involvement of adults who want to participate in youth's life; review the development of individualized engagement strategy for how each person will connect with youth to support permanency efforts
k. Think outside the box, continue to drive the POC, and hold hope that goals can be achieved when obstacles present

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Goal: Facilitate CCT meetings

Practice Behaviors

a. Create a safe meeting space where different perspectives can be shared; establish ground rules and model respectful communication during the CCT meetings
b. Facilitate a structured discussion, guided by an agenda, that reflects the goals in the POC among team members and formal and informal supports
c. Ensure that everyone's voice is heard and ask for feedback from participants who are withdrawing or not participating
d. Reframe adults' discomfort with the child or youth's LGBTQ+ identity or gender expression as their process and struggle and not as something wrong or to be fixed in the child or youth

e. Intervene by redirecting and reframing any negative, shaming comments directed toward the child or youth's identity or expression, modeling support and affirmation of the child or youth's LGBTQ+ identity or gender expression
f. Be attuned to escalating tensions and take a break if individuals are starting to escalate; have other team members take a walk or meet individually with participants who are upset
g. Coach other care coordination practitioners outside of meetings to step in when negative comments arise
h. Schedule and coordinate the participation of the child or youth, family, caregivers, natural supports, and professionals in regular CCT meetings
i. Review at each meeting what has gone well and what has been a struggle since the last meeting
j. Develop action steps at the end of each meeting, determine who is responsible for completing, and set a target date for completion
k. Ensure that conversations during CCT meetings are constructive and relevant to the goals in the POC

Goal: Develop a POC that is focused on finding or creating a safe, stable, and permanent home where adults affirm the child or youth's LGBTQ+ identity and/or gender expression

Practice Behaviors

a. Complete a vision statement with the child or youth and natural supports (see Appendix C.5)
b. Develop a POC with the child or youth, caregivers, and family; ensure goals are specific, achievable, and relevant to the unmet needs of the family; and identify target dates to guide goals
c. Ensure the child or youth and family's voice is represented in the POC, uses their strengths, and is culturally relevant
d. Develop behaviorally specific goals that propose a change in behavior by adults to address the LGBTQ+ integration domains in POC
e. Document changes in behavior and measure progress compared to baseline behavior as it relates to the LGBTQ+ Integration domains and goals of the POC
f. Initiate, develop, and update all pertinent documents, such as the POC

Goal: Provide LGBTQ+ affirmation support & education

Practice Behaviors

a. Affirm and model unconditional support of the child or youth's LGBTQ+ identity
b. Address the youth by their asserted name and gender pronoun
c. Provide information to professionals about best practices for working with an LGBTQ+ child or youth and share research about harmful effects of rejection
d. Develop and review strategies with team members to provide education aimed at increasing supportive behaviors and decreasing rejecting behaviors of caregivers, family members, and natural supports toward their LGBTQ+ or gender expansive child or youth

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Goal: Use a strengths-based approach

Practice Behaviors

a. Complete a strength assessment (see Appendix C.4) with all available natural supports in meetings, highlighting their unique attributes and how they can play a role in meeting their goals
b. Have others share about other members' strengths
c. Incorporate strengths into the POC strategies

d. Continually listen for and highlight strengths of child or youth and adults
e. Summarize accomplishments during meetings

Goal: Identify, build, and expand supportive, adult connections

Practice Behaviors

a. During meetings, develop buy-in and articulate why having an expanded support system and links to the community is important for the child or youth, as well as for the adults
b. Discuss the progression of services with the goals being having the family less dependent on formal supports, feeling more capable to mobilize their own resources, and expanding their network of support
c. **Ensure that engagement strategies are thought out in advance and that the safety (emotional, psychological, and physical) of the child or youth is first priority when determining if and what information to share with a potential connection; never disclose the child or youth's LGBTQ+ identity without their permission**
d. Ensure all potential connections and identified adults are contacted and, if not, reasons why are documented
e. Keep abreast of the frequency and quality of contact the child or youth is having with identified adult connections; ensure that the Family Advocate is consistently engaging with identified adults; review progress at regular intervals
f. Continuously monitor the family finding plan of 40-10-3-1 (see Appendix B.4) and revisit strategies if identification and engagement strategies are not yielding results

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Goal: Develop and link to community support and resources

Practice Behaviors

a. Identify resources that are relevant to the needs of the child or youth
b. Ensure the Family Advocate and Youth Specialist are linking the child or youth and adults to services and resources in the community and that resources provided are tracked and documented

Activities

- Strengths Chat (**Appendix C.4**)
- Vision Statement (**Appendix C.5**)
- Family Map (**Appendix C.6**)
- Eco Map (**Appendix C.7**)
- Develop a POC (**Appendix C.8**)

Facilitator Lessons Learned

Recognize that there is a general lack of understanding in child welfare about the needs of LGBTQ+ and gender-nonconforming and gender–expansive children and youth in child welfare.

Some social workers did not understand the underlying needs of LGBTQ+ children and youth in the foster care system, which meant that the services being offered and the placements where they were being put were often not meeting the needs of the child or youth and, at times, were detrimental to their well-being. The general lack of urgency and understanding about the needs of these youth and the importance of an LGBTQ+-affirming home meant the Facilitator had to assume responsibility for finding alternative

permanency options and continually raise the issue and push the envelope when they felt the child welfare services plan was not in the best interest of the child or youth.
Ensure that there is a viable, concurrent plan for a safe, stable, affirming, and permanent home. There were situations where a permanent home was secured and an unforeseen event happened that led to the child or youth not having a place to live, (e.g., caregiver passed away, relationship conflict, children removed from the home), and there either was not a concurrent plan or the concurrent plan was not a viable option. This led to youth either having to return to congregate care and, in some cases, running away from foster care and discontinuing services. Identifying and engaging supportive adults and concurrent permanency planning should happen continuously throughout the process to ensure that other adults are available to take care of the child or youth in times of need.
Stay focused on the goals related to permanency for the child or youth by expanding and strengthening relationships and family acceptance. Crisis situations must be dealt with in a manner that meets the legal and ethical requirements and includes action steps to ensure the safety of the person in crisis and of others. A safety plan and strategies should be developed to enable the family to reduce the frequency of crisis situations, manage them when they arise, and increase their ability to access and mobilize resources. There were times when youth and family members contacted team members more frequently than the situation warranted, and sessions were monopolized discussing issues and conflicts unrelated to the youth or family's stated goals. Some staff had difficulty distinguishing what situations required an immediate response and needed coaching on how to set limits around frequency of contact, duration of sessions, and refocusing the conversation on the youth or family's stated goals. The Facilitator should ensure that team members are able to assess the potential seriousness of a situation and determine if immediate action steps are needed or if the child or youth and family need to be redirected to focus on the goals they set for themselves that are consistent with the program goals.
The Facilitator should play a leadership role with the team, drive the POC, keep the end goal in mind, and hold the hope for a positive outcome. The Facilitator must continually think about how to achieve emotional and legal permanency and how to incorporate the LGBTQ+ integration domains into services.
The Facilitator's relationship with the client and supportive adults is important; however, their role is to develop, coordinate, and lead the team to execute the POC rather than providing the direct services to the child or youth and family members.
Recognize that pre-planning is essential for successful meetings. The Facilitator should develop a plan and an agenda for CCT meetings. When the Facilitator met with other team members before the CCT meeting, it allowed them to structure the agenda in a way that focused on the overarching goals of the plan, let team members to share what had transpired in individual sessions, and enabled team members to develop more effective strategies to address barriers. Before a natural support is invited to join a CCT meeting, the Facilitator should identify a team member to meet with the natural support individually to determine their interest in participating, perspective and

relationship with the child or youth, and role in the family; assess for any potential conflict with other members who will attend the meeting; and explain the goals, structure, and purpose of the CCT meeting. Bringing together family members or natural supports who do not get along requires thoughtful, advanced planning, and a strategy should be in place of how to best ensure the emotional and psychological safety of the child or youth and of how to handle conflict should it arise
The Facilitator must be creative around forming strategies to achieve the family and child or youth's goals. Facilitators were inventive in developing activities during CCT meetings to get adults to sign up for commitments they can keep and to get youth to identify who supports them.

Appendix B.2: Family Advocate Handbook

Family Advocate Handbook

The RISE Family Advocate role is part peer, mentor, coach, and educator and is similar to the Family Advocate or parent peer role that is often used in child welfare settings. Family Advocates are knowledgeable about how the child welfare system works; understand the impact of discrimination, bias, and rejection on LGBTQ+ children and youth; and are able to teach others basic information about LGBTQ+ identity development, gender expression, and related risks, challenges, and protective factors. The Family Advocate's primary role is to work with a network of adults who are involved with the LGBTQ+ child or youth, which includes parents, other biological and chosen family members, caregivers, and other natural (informal) supports, and to assist those identified adults in developing supportive and long-lasting relationships with the LGBTQ+ child or youth. They provide education and support related to understanding the child or youth's LGBTQ+ identity and their need for a safe, stable, loving family. Family Advocates assist adults in affirming the child or youth's identity by helping them develop strategies to increase their supportive behaviors and decrease their rejecting behaviors toward the LGBTQ+ child or youth. Additionally, they provide information about related health and mental health risks associated with rejecting behavior. The Family Advocate works with the adults on developing their own network of support to navigate challenges, connects them to resources, and assists them in successfully negotiating systems, such as mental health services, schools, and juvenile justice systems.

Background and Experience

Family Advocates are parents who (1) have parenting experience, preferably with LGBTQ+ or gender-nonconforming children, (2) have first-hand experience with the child welfare system or other systems of care, (3) understand the needs and experiences of LGBTQ+ young people, and (4) are comfortable discussing this with caregivers. The Family Advocate role is unique, as it requires the ability to connect with parents as a parent, while simultaneously providing accurate, evidence-based information about LGBTQ+ identity; the effects of rejection on adolescent development; and the ability to gently confront the bias, myths, and stereotypes that are underlying the rejecting behavior toward the LGBTQ+ child or youth. Family Advocates need to be comfortable discussing a child or youth's sexual orientation, gender identity, and gender expression and should be familiar with relevant literature and best practices about coming out, the process, and the risks and benefits. They are able to team with, educate, and coach family members in becoming accepting and affirming. This requires a skill set to engage and empathize with caregivers, but also to develop strategies that will result in behavior change and to improve the well-being of the LGBTQ+ child or youth. Finding individuals with both LGBTQ+ parenting and child welfare system experience can prove to be a challenge, with candidates often coming with one or the other; therefore, looking for the appropriate skill set and relevant knowledge is essential.

The Family Advocate Role as Part of the Care Coordination Team

The Family Advocate is a key part of the CCT formed for each client and is responsible for identifying and engaging adults involved with the child or youth, assessing the level of acceptance and support of the adults related to the child or youth's identity or expression, developing strategies to increase supportive behaviors and decrease rejecting behaviors, and working with the network of adults to ensure the child or youth is in a safe, stable, affirming, and permanent home.

The Family Advocate also works with the client's formal (professional) supports (i.e., the public sector social worker, case manager, private agency social worker or child care staff, CASA, etc.) to increase their knowledge about gender identity and expression and shares best practices for working with LGBTQ+ children and youth. They work toward cultivating a network of supportive adults who are committed to providing and planning for the child or youth's future and having a lasting relationship with them. The emotional permanency indicators and the six LGBTQ+ integration dimensions (see Appendix C.2) developed by RISE are the framework used to assess LGBTQ+ support, the commitment to and durability of the relationship, and progress toward goals. When individuals in the youth's natural support network are consistent and provide a safe, stable, and affirming relationship with the youth, the care coordination practitioners will support adults with obtaining a legally permanent relationship.

The Family Advocate Role With the Client

It is important that the Family Advocate has a familiar and trusting relationship with the child or youth so that they can assist them in identifying, expanding, and strengthening their relationships with adults. It is also important that the Family Advocate is familiar with child or youth's perspective and related feelings toward the adults involved so the Family Advocate can develop effective strategies in working with the adults, as well as share the adults' perspective with the child or youth. The Family Advocate establishes a relationship with the child or youth and talks to them about the adults who have been important in their lives; explains the concept of chosen family; and develops a plan, in conjunction with the Family Finding Coordinator, to engage adults with whom the client would like closer relationships.

The Family Advocate Role With Biological and Chosen Family

The Family Advocate is an ally who provides support to the family, caregiver(s), and other adults involved and provides a safe, nonjudgmental, and affirming environment to allow the adult(s) to explore and discuss their hopes, values, and concerns related to the child or youth. They work with family members (biological and chosen) and caregivers to assist adults in understanding their child or youth's LGBTQ+ gender identity or expression and provide education about the social, behavioral, and health-related consequences associated with rejection.

Expanding Connections

The Family Advocate works to develop and engage a network of supportive, LGBTQ+-affirming adults, ideally 10 significant adults, who are able to provide emotional permanency, and one of which is able to provide legal permanency for the child or youth. The Family Advocate works with the identified adults to increase their contact with, improve the quality of, and commit to a lasting relationship with the child or youth. The Emotional Permanency Indicators along with the frequency and quality of contact with adults are utilized to assess the level of involvement an adult has with the child or youth and the potential of that adult to play a parent-like role in the child or youth's life. When the Family Advocate and team begin to see evidence of the emotional permanency indicators and LGBTQ+ Integration behaviors demonstrated consistently by members of the natural support network, the Family Advocate begins to discuss and pursue a legally permanent relationship for the child or youth with that caring adult.

LGBTQ+ Education and Support

The Family Advocate develops strategies that seek to (1) increase the adults' level of understanding about LGBTQ+ identity and gender expression and (2) support through education, mentoring, network expansion, and connection to community supports. When an adult is struggling with accepting and affirming their child or youth's

sexual identity or gender expression, the Family Advocate develops strategies to assist them with managing their reactions and navigating their feelings in a way that is not harmful to the child or youth. The Family Advocate normalizes their feelings and acknowledges that heterosexism and anti-gay and -transgender biases exist in our culture, systems, and families and is a process to unlearn, but does not validate rejecting behavior. They are empathetic and support the adults through their process, but are clear that any discomfort they may have is theirs and not due to something being wrong or inadequate with the child or youth. Family Advocates often take the approach of allowing adults to share about the fundamental principles and underlying values of their faith (e.g., love, compassion, etc.) and their role in their life and use those principles to advocate for support of and strengthening the relationship with their child or youth.

The six LGBTQ+ integration dimensions are used as the framework to assess LGBTQ+ support; foster discussion; and observe progress of family members, caregivers, or other adults in the natural support network. These dimensions are goals that are kept in mind when working with the child or youth to identify supportive family and community connections. They will be used to help facilitate discussion with the child or youth and the adults involved with planning for their future and when creating a LGBTQ+-supportive development strategy for the youth and their family members. They will guide the CCT when identifying the unmet and underlying needs of the child and family. The CCT will watch for and validate if any of the LGBTQ+-integration behaviors described below are observed on the part of family members, caregivers, or other adults in the natural support network. The dimensions can also be thought of as a checklist to help determine when the child or youth has reached the goal of a strong and affirming family and community network, and is ready to graduate.

Key Components

Some of the key components of what a Family Advocate does with adults and caregivers are:

- Educate adults on issues related to sexual orientation, gender identity, and gender expression using materials such as the Genderbread person
- Provide information about the harmful effects of rejection on the physical and mental health of LGBTQ+ youth using materials from the Family Acceptance Project such as the “Supportive Families, Healthy Children” LEAD with Love video and parent-guide hand-out
- Dispel myths and stereotypes about LGBTQ+ and gender-nonconforming and -expansive people and provide accurate information grounded in scientific facts
- Identify specific rejecting and supportive behaviors and develop strategies for the adult to make small changes in behavior focused on decreasing rejecting behaviors and increasing supportive behaviors
- Affirm the adult’s love for their child or youth and give hope to families who are concerned about the future and risks of their child or youth that, despite many stereotypes, LGBTQ+ youth can have happy, healthy, and productive adult lives

The Family Advocate also works to expand the adult’s level of support and connection to community resources. They often attend advocacy groups or service meetings with family members to assist them in advocating for their LGBTQ+ child or youth, such as PFLAG.

<u>The Family Advocate Role With Other Natural (Informal) Supports</u>

Natural or informal supports are generally relatives, teachers, friends, mentors, clergy, or neighbors who may or may not be biologically related to the child or youth. They may be individuals who live out of the state or country, but played a role in the past or have the potential to play a role in the future in the child or youth’s life. They are

not organized like the professional or formal systems are, but they can be part of a network of adults who can provide varying levels of support or assistance to the child or youth. The Family Advocate identifies, expands, and develops a network of supportive adults to support the child or youth on their journey to adulthood. They work progressively to cultivate relationships between these individuals and the child or youth to develop and strengthen the new or existing relationship. The Family Advocate uses the emotional permanency indicators to guide discussions about the importance of the child or youth having people on whom they can rely and are connected. They ask the adults, who are engaged and demonstrating a willingness, to commit to playing a role with the child or youth of which they feel capable.

The Family Advocate works with identified adults to:

- Identify, expand, and strengthen the child or youth's long-lasting adult connections in order to ensure a safe, stable, and affirming home with emotional and legal permanency
- Provide education around LGBTQ+ identity and gender expression, risks, and resiliency;
- Develop strategies to reduce rejecting behavior and to increase supportive behavior
- Expand community support and provide resources

The Family Advocate's goals and the practice behaviors for achieving those goals, list of activities and materials, and discussion of lessons learned follow.

Goals and Practice Behaviors

Goal: Get to know the adults in the child or youth's life

Practice Behaviors

a. Let the adult tell their story and share their perspective
b. Ask questions about their relationship with the child or youth
c. Engage the adult in discussions about their history, upbringing, parenting experiences, and what they were taught about LGBTQ+ people.
d. Discuss their interests, what they like to do together, and how they like to spend their time
e. Discuss who in their life is a supportive friend or family member on whom they can rely in times of need
f. Identify if there is anyone with whom they can discuss their child's identity that provides support (Note: Disclosing a youth's SOGIE without their permission to someone they know is not recommended.)
g. Gather information about family history and family members and develop a family connections list (see Appendix C.6)

Goal: Build collaboration and develop team approach

Practice Behaviors

a. Explain that the Family Advocate is designed to work with the adults in the child or youth's life in a way that recognizes and validates their SOGIE
b. Collaborate with the entire Child and Family Team (CFT) to identify potential life-long relationships for the child or youth and adults
c. Inquire of the adult what they want to address in the planning process during individual meetings and assist the adult in sharing that information in CFT meeting
d. Ensure the adult's voice is represented and advocate for the adults as needed in meetings and with other professionals and agencies involved

e. Empower the adult to advocate for themselves
f. Collaborate with the Mental Health Clinician, Family Finding Coordinator, Youth Specialist, and Facilitator
g. Meet with the Family Finding Coordinator to review the discovery plan and coordinate action steps
h. Provide strategies and develop interventions to address safety concerns, LGBTQ+ acceptance, and other issues identified that negatively affect the family, (e.g., substance abuse, mental health)

Goal: Create an affirming environment where the adult feels safe to express themselves by having conversations that are affirming and encouraging

Practice Behaviors

a. Converse in a language the adult can understand and is culturally relevant
b. Consistently use active listening skills.
c. Explore how the adult perceives themselves as well as how they feel about their family and their child
d. If relevant, ask the adult to share about the fundamental principles and underlying values of their faith (e.g., love, compassion, etc.) and their role in their life
e. Role model to adults by addressing the child or youth with their asserted name and preferred gender pronoun
f. Normalize feelings that adults are having regarding their child or youth's LGBTQ+ identity

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Goal: Provide LGBTQ+ education and support

Practice Behaviors

a. Provide a safe, nonjudgmental, and affirming environment to allow the adult to explore and discuss their thoughts, feelings, and concerns about their youth's LGBTQ+ identity and related challenges
b. Validate and empathize with their struggle, but not their rejecting behavior or any attempts to change their child or youth
c. Develop strategies and document progress related to LGBTQ+ integration domains and behavioral indicators
d. If they are struggling with acceptance of their LGBTQ+ child, normalize that many parents have gone through this and that, over time, people tend to feel less confused and overwhelmed
e. Identify the underlying concerns and barriers to acceptance (e.g., cultural, religious, lack of exposure to LGBTQ+ people, misinformation/myths/stereotypes, concerns for safety, unmet needs of the adults/parents (their expectations of the child or youth, their hopes or unlived dreams, etc.))
f. Encourage parents to process feelings outside of the presence of their child (e.g., use LEAD with Love); explain that this is not about their child needing to change, but about them needing to come to terms with who their child is
g. Ask parent to share about their child, what their strengths are, and how they view their relationship with them
h. Affirm their love for their child and that they want the best for them
i. Assist the adult in developing empathy and understanding the lived experiences of their LGBTQ+ child; identify the unique challenges of LGBTQ+ youth
j. Share that despite many stereotypes, LGBTQ+ youth can have happy, healthy, and productive adult lives
k. Educate about the social, behavioral, and health-related consequences associated with rejection
l. Help parent identify specific behaviors that are affirming, supportive, and rejecting and develop a plan to make small changes in behavior for decreasing rejecting behavior and increasing supportive behavior

m. Educate about the importance of language and model correct language and preferred pronouns
n. Educate adults on issues related to LGBTQ+ identity using "Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children" booklet, Genderbread person, LEAD with Love video, and parent-guide handout.
o. Provide accurate information about LGBTQ+ people, grounded in scientific facts; correct misinformation and dispel myths and stereotypes
p. Assist parents with making a link between their child or youth's acting-out behavior (if applicable) with feelings of rejection and their unmet needs
q. Educate about bias and micro-aggressions
r. Provide information about the coming-out process and the challenges and benefits for their LGBTQ+ youth
s. Educate and distinguish the concepts of gender expression and transgender identity
t. Provide information about the recommended treatment for transgender youth and the risks of not treating
u. Educate parents about social transition, puberty blockers, and medical transition if applicable to their child or youth
v. Watch videos with parents (e.g., *Fish Out of Water, For the Bible Tells Me So*) to engage in conversations about reconciling their faith and their love for their child*

**This should be determined on a case-by-case basis whether this would be a useful approach. Getting into a debate about religious or spiritual principles or beliefs should not be the focus of treatment but, rather, should be focused on helping adults reconcile a belief system that may be at odds with providing support for their LGBTQ+ child or youth.*

Goal: Build relational competencies

Practice Behaviors

a. Develop positive coping strategies:
    - Identify triggers
    - Teach communication skills
    - Discuss affect regulation
    - Teach parenting skills
b. Model, coach, and role play appropriate behaviors the adult may employ when they need to express themselves
c. Educate the adult on how to maintain healthy relationship with the child or youth and other adults
d. Encourage the adult to develop and use their own support system
e. Provide accurate information regarding SOGIE, healthy relationships, adolescent development, boundaries, and other information needed

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Goal: Use a strengths-based approach

Practice Behaviors

a. Assist identified adults to recognize their strengths and to use them to meet their needs and to cope with stressors
b. Include the adult in the development of the POC

c. Create action plans that are relevant, achievable, and can be maintained
d. Connect to LGBTQ+ community supports for families; attend meetings such as PFLAG with the adult

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Goal: Identify, build, and expand supportive, adult connections

Practice Behaviors

a. Establish a positive working relationship with the:
   Child or youth's informal supports:
   - Youth's biological or chosen family
   - Whomever the family identifies as support (e.g., family friends, clergy etc.)
   - Supportive adults identified by the children or youth (e.g., mentors, teachers, coaches, parents of friends, etc.)

   Child or youth's formal supports:
   - Caregivers of youth who are in a foster or group home
   - Social worker, CASA, therapist, case manager, or future wraparound team members, etc.
   - Any formal supportive adults who may be transitioning to become informal supports and to make a commitment to having a lifelong relationship with the youth or child
b. Understand the caregiver and family's reluctance to seek outside support; provide them with reassurance by explaining the benefits of support
c. Meet the family where they are and discuss the impact of welcoming supports with whom they feel comfortable
d. Encourage the chosen or biological family members to talk freely about different individuals in their lives; assist in identifying people who provide support and do not place judgment
e. Engage formal and informal supports toward meeting the goals of permanency and LGBTQ+ competence, as well as identify unmet needs of the child or youth and their biological or chosen families
f. Review permanency goals with formal and informal supports
g. Consistently inform the caregiver(s) of the engagement strategies going on between the youth and their potential permanent connection; discuss any adjustments needed
h. Explore supports that are in place and what is or is not working for the family; create new actions steps to address the nonworking areas.
i. Assess how effectively or ineffectively culturally competent LGBTQ+ supports are being employed
j. Assist the family with identifying extended family members and other significant adults that can be relied upon for support and emergencies

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Goal: Develop and link to community support and resources

Practice Behaviors

a. Identify and discuss any existing sources of support, community or individuals, the parents or adults have
b. Determine if there is anyone with whom the parent or adult feels comfortable discussing their child's identity (Caution: A child or youth should never be outed without being consulted, particularly if it is someone the child knows.)
c. Identify resources available in their community that provide support for parents of LGBTQ+ children or youth (e.g., PFLAG, Transforming Families)
d. Connect family and caregivers to supports that can help them navigate their feelings related to their child's LGBTQ+ identity (e.g., PFLAG)

e. Attend support groups with parents and caregivers to decrease their apprehension about attending new groups and sharing their story
f. If resources are scarce, research online communities that provide support for parents and family members of LGBTQ+ children and youth
g. Research LGBTQ+-affirming places of worship in the area; call and speak to someone to ensure they are affirming of LGBTQ+ individuals and encourage parents to attend a service or get in touch with someone at the church/synagogue/mosque, etc.
h. Provide other resources as needed (e.g., mental health, spiritual, education, etc.)

Activities and Materials

Activities

- Use the Genderbread Person[1] tool to explain the concepts and distinctions between gender expression, gender identity, biological sex, and sexual orientation.
- Use the booklet "Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children" to discuss and provide education to adults and to identify specific accepting and rejecting behaviors and related risks.
- Show the family videos such as the 30-minute, online documentary *LEAD with Love* to illustrate how parents can support their LGBTQ+ or gender-nonconforming or -expansive child or youth.
    - Provide parents with the Quick Tips for Parents worksheet on the *LEAD with Love* website (http://www.leadwithlovefilm.com/).
    - Develop strategies with the adults centered around LEAD acronym to guide their behavior and increase acceptance:
        L: Let your affection show
        E: Express your pain away from your child
        A: Avoid showing rejecting behaviors
        D: Do good before you feel good
- Incorporate the Visioning exercise, *Walk A Day in Your Child Shoes,* by narrating a typical day of the LGBTQ+ child or youth and the experiences, stressors, concerns, thoughts, and feelings they have related to being LGBTQ+ (e.g., bullying, rejection, hiding, fear) so the adult has an experience of walking in the child's shoes in order to build empathy for the LGBTQ+ child/youth. The adult may be so consumed with their own feelings about the child or youth's identity or expression that they do not reflect on what the youth's lived experience is. It is helpful for the person conducting the exercise to have information about the particular experiences of the youth.
- Accompany the adult to a PFLAG or similar meeting in their area to connect them with other parents. Adults who are struggling with acceptance may have difficulty reaching out for support, having someone attend with them can reduce the anxiety they may feel entering a support group for the first time.

Suggested Materials

- Genderbread Person tool http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/
- "Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children" booklet http://familyproject.sfsu.edu/sites/default/files/FAP_English%20Booklet_pst.pdf

[1] http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/

- Pamphlets: PFLAG http://www.pflagla.org/literature.html
- Videos:
  - *LEAD with Love http://www.leadwithlovefilm.com/,*
  - *Fish Out of Water http://www.fishoutofwaterfilm.com ,*
  - *For the Bible Tells Me So http://www.forthebibletellsmeso.org/indexa.htm,*
  - *Parenting gay, lesbian, and bisexual children. YouTube interview. https://www.youtube.com/watch?v=Eh-siN6fKMM*
- Books:
  - *A Prayer for Bobby: A Mother's Coming to Terms with the Suicide of Her Gay Son* by Leroy Aarons
  - *My Child Is Gay: How Parents React When They Hear the News* by Bryce McDougall
  - *The New Gay Teenager* by Ritch C Savin-Williams
  - *Straight Parents, Gay Children: Keeping Families* Together by Robert A. Bernstein
  - *Always My Child: A Parent's Guide to Understanding Your Gay, Lesbian, Bisexual, Transgender or Questioning Son or Daughter* by Kevin Jennings
- Other local and national LGBTQ+ affirming resources (PFLAG, NAMI, LGBTQ+ Centers, etc.).

Family Advocate Lessons Learned

It was important to focus on the overarching principles and values of faith when religious bias is a barrier to acceptance (i.e., on love, compassion, etc.).

Our approach was not to debate people's belief system, but rather to provide information about how certain behaviors are harmful to the well-being and physical and mental health of the child or youth. However, with families with strong religious affiliation, we found that when we discussed the principles and values of a family or caregiver's belief system in the context of how they were relating to their LGBTQ+ or gender-nonconforming child or youth, they were often able to see how providing love and support to their child was not inconsistent with their faith. When families were highly religious, the Family Advocate took the following approach: (1) respect the adult's religious beliefs; (2) help the adult connect back to their love for their child regardless of their orientation, identity, or expression; (3) when appropriate and relevant, share personal experiences (and join with the family) about the importance of faith, as well as the negative effects of internalizing shame that LGBTQ+ people are bad, wrong, and immoral; and (4) inform adults about LGBTQ+-affirming churches.

The unmet needs of the family or caregivers at times overshadowed the work with the child or youth and precluded the intervention from being delivered as designed.

There were times when Family Advocates attempted to work with adults who could not provide for the child or youth's basic attachment needs due to their own unmet needs, severe mental health issues, and substance abuse issues and, as a result, the relationship building and LGBTQ+ education and support were not able to be implemented. There were other times that the unmet needs of the adult overshadowed the needs of the child or youth in the beginning, but progress was made with the adult, which, in turn, had a positive impact on the youth. It is important to assess the adult's capacity for empathy and capability of providing a healthy connection to determine if and to what extent those adults should be engaged in services. This may not always be apparent at the beginning of services.

Family members and caregivers may not realize what it means to be supportive and the degree to which their rejecting behavior affects the child or youth. Often family members think they are doing the right thing by trying to change the child or youth or by questioning their certainty about their LGBTQ+ identity. Family members have inaccurate information about LGBTQ+ identity and gender expression, in addition to living in a society that has a great deal of bias about LGBTQ+ people. Being specific about identifying supportive behaviors (e.g. asking about relationships, using preferred pronouns) and rejecting behaviors (e.g. excluding from family events, telling them they are going to hell) and the effects on the health and mental health of the child or youth allows adults to make behavior changes that positively affect them. Using activities such as *Walk a Day in Your Child's Shoes* develops empathy for the lived experiences of their child. Providing materials, such as FAP brochures and the *LEAD with Love* guide, gives parents information and tools to guide their behavior and interactions with the child or youth
Team collaboration was important and useful in delivering services more effectively.
Some agency staff and child welfare workers had a great deal of bias and needed the same information and education as family members It was the intent to have all the professionals involved with a child or youth referred to care coordination services attend the 6-hour training of our organizational-level intervention, but that was not able to be implemented due to circumstances beyond RISE's control. As a result, RISE often encountered agency staff and social workers who had a great deal of LGBTQ+ bias, which presented challenges on multiple levels: (1) inadequate placements for youth that were not affirming, (2) difficulty developing collaborative relationships with agency and child welfare staff, and (3) difficulty getting the attention of the child welfare leadership to address these issues.
Youth and adults involved were appreciative and responded well to a nonauthoritarian, strengths-based approach

Appendix B.3: Youth Specialist Handbook

Youth Specialist Handbook

The Youth Specialist serves as a mentor, advocate, role model, teacher, and a resource for LGBTQ+ young people in care, who are navigating their identity, their peer and family relationships, and their future, often in the face of rejection and disapproval about who they are. The Youth Specialist's role is to engage young people in discussions about their LGBTQ+ identity, relationships, and future in order to assist them in developing a positive sense of identity and to equip them with the necessary skills to successfully navigate their particular challenges. They provide support, education, and information related to sexual orientation and gender identity and expression (SOGIE), assist youth in developing community support, work with young people to develop the skills necessary to strengthen relationships with the supportive adults in their life, and assist youth in identifying their goals and proactively planning for their future.

Background and Experience

Youth Specialists need to possess the skills to effectively engage young people in discussions about their LGBTQ+ identity and related challenges. They need to have the relevant knowledge, skills, and competencies to provide accurate information, based on current scientific facts, about LGBTQ+ identity and development and to intervene in a way that is consistent with best practices for working with LGBTQ+ young people in systems of care. The Youth Specialist should have experience working with young people in the child welfare system. They should be familiar with the challenges they face and able to develop interventions to reduce risk and to support positive identity development and healthy relationships. The ability to converse and connect with young people, demonstrate empathy, model and teach effective communication, and model appropriate boundaries is essential.

The Youth Specialist Role With the Client

LGBTQ+ young people involved in the child welfare system, and especially those in out-of-home care, have unique experiences and challenges. These can result in attachment issues and manifest as internalizing and externalizing behaviors that are often mistakenly not connected to rejection of their LGBTQ+ identity and related experiences in care and become the focus of treatment out of context. It is important to make an effort to join with the child or youth, demonstrate interest in them, hear their story, and provide affirmation about who they are. LGBTQ+ children and youth experience rejection, bias, discrimination, and, often times, ridicule, abuse, and violence related to their sexual orientation, gender identity, and gender expression. As a result, discussions about themselves and identity-related challenges may not come easily, as they may anticipate a negative response from providers and caregivers.

The age of the child or youth should be considered in order to develop age-appropriate engagement strategies and activities. The role of the Youth Specialist is to meet the child or youth where they are, develop an understanding of how the child or youth sees themselves related to their LGBTQ+ identity, provide developmentally appropriate education about sexual and gender identity and expression, and sexual and reproductive health and to validate, normalize, and affirm who that child or youth believes themselves to be. It is not the role of the provider to figure out the child or youth's identity, but rather to create an open, affirming environment where the child or youth can safely discuss their thoughts and feelings related to their sexual and gender identity without fear of judgment, rejection, or repercussions.

The Youth Specialist's role also includes helping the child or youth understand the importance of having a support system, including friends, connection with other LGBTQ+ individuals and community, and a network of supportive adults on which they can rely for emotional and concrete support. Children and youth who have had disruptions in their primary caregiver relationships, compounded by the rejection related to their LGBTQ+ identity, can be reluctant to trust adults and to open themselves up to more disappointment and may conclude that self-protection and not relying on anyone is preferable. Obtaining buy-in from a child or youth may take time and is a process. The Youth Specialist should be sensitive to the child or youth's reluctance and take steps to ensure that any adult with whom they are encouraging a child or youth to engage is reasonably likely to be supportive and willing to have a caring relationship with them. Importantly, the Youth Specialist should not be promising things that cannot be delivered (e.g., a youth reconnecting with someone who is unhealthy or not allowed to have contact with the youth should not be promised). Having a safe, supportive, and permanent home is critical, as is having an informal support system that includes adults who have a life-long commitment to the child or youth and are part of the network of support (e.g., biological or chosen family, mentors, coaches, teachers, and others in the community).

The Youth Specialist Role as Part of the Care Coordination Team

The Youth Specialist role in the CCT is to ensure that the child or youth's voice is represented and heard. This can include making a space for the child or youth to speak directly in meetings, advocating for the child or youth directly, and highlighting the strengths of the child or youth to family members or other professionals. The Youth Specialist also may intervene during the meetings and request a break if they are concerned about how the child or youth is being treated or spoken to in the meeting or about the well-being of the child or youth. They model for other family members and professionals how to use appropriate pronouns and language, speak respectfully to the child or youth, and affirm their LGBTQ+ identity and gender expression. The Youth Specialist collaborates with other professionals working with the child or youth and provides information, with the youth's permission, about the youth's current understanding of their LGBTQ+ identity, related challenges, and ways to support the youth. They develop strategies related to needs that present in the CCT meetings and to teach the youth coping skills and affect regulation in order to manage feelings and reactions related to discrimination, bias, or harassment they might encounter.

The Youth Specialist Role With Biological and Chosen Family

The Youth Specialist assists the child or youth in navigating not only their self-identification, but also disclosure to others and in managing the potential reactions, others may have to learning about their LGBTQ+ identity. They should be familiar with relevant literature and best practices about coming out, the process, and the risks and benefits. Factors that a Youth Specialist should consider related to disclosure are the age of the child or youth; their coping skills, level of family support, and resources available; and the potential loss of emotional and/or economic support for the child. All of these factors have the possibility of increasing risk of harm to the child or youth, and appropriate safety planning should be in place. The Youth Specialist assists the child or youth in exploring the pros and cons of disclosure and the potential positive and negative reactions, all the while emphasizing that the choice of where, when, and with whom to disclose always remains with the child or youth. The Youth Specialist also explores safety issues, potential loss of support, economic consequences (homelessness), as well as positive benefits, feelings of relief, not having to hide who they are, and decreased

feelings of depression and fear and develops a safety plan with the child or youth to prepare them for the negative and positive reactions to disclosing their identity.

They use role playing as a way to teach skills, model communication, and provide feedback to young people around coming out to peers and adults. The Youth Specialist is an ally who provides support to the child or youth as they manage the reactions and navigate the feelings that come along with coming out to new people, which is something LGBTQ+ people have to do throughout their whole life. In addition, the Youth Specialist focuses on finding age-appropriate support for the child and on creating an environment where the LGBTQ+ child or youth can have as normative a childhood or adolescence as possible, focusing on the innocence and good feelings of attraction and romance for all young people and the positive aspects of LGBTQ+ identity, appropriate boundaries, and healthy relationships.

The Youth Specialist Role With Other Natural (Informal) Supporters

The Youth Specialist serves as an advocate for the youth in a variety of settings, including, but not limited to, home, school, group home, residential placement, juvenile court, medical and mental health agencies, and other community-based service providers. The Youth Specialist also supports the youth in meetings with family, peers, support groups, and after-school programs and ensures that the youth's voice is represented.

A table laying out the Youth Specialist's goals and the practice behaviors for achieving those goals, list of activities and materials, and discussion of lessons learned follow.

Goals and Practice Behaviors

Goal: Get to know the child or youth

Practice Behaviors

a. Let the youth tell their story
b. Engage the child or youth in discussions about their interests, what they like to do, how they like to spend their time, and with whom they enjoy spending time
c. Have the youth name five things they like about themselves
d. Incorporate the child or youth's interest into strategies and services
e. Develop a safety plan with the child or youth so that they know what to do if things become unsafe at home or school or wherever they feel less comfortable

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Goal: Create an affirming environment where the youth feels safe to express themselves by having conversations that are affirming and encouraging

Practice Behaviors

a. Converse in a language the youth can understand
b. Consistently use active listening skills
c. Explore how the child or youth perceives themselves, as well as how they feel their family, caregivers, and placement view them
d. Use the OARS communication model, which includes four basic skills:[2]

[2] https://public.health.oregon.gov/HealthyPeopleFamilies/ReproductiveSexualHealth/Documents/edmat/OARSEssentialCommunicationTechniques.pdf

Open Questions
Affirmations
Reflective Listening
Summarizing

Goal: Use a strengths-based approach

Practice Behaviors

a. Assist the youth in identifying and taking ownership of their strengths (see Strengths Chat activity)
b. Identify their interests, accomplishments, and activities they enjoy and excel in
c. Develop problem-solving skills
d. Explore what is and is not working for the youth
e. Assist youth in connecting their behaviors to their unmet needs
f. Discuss the supports in place
g. Empower the child or youth to advocate for themselves
h. Develop competencies
i. Set goals:
    - Explore their future self
    - Develop a Vision Statement that includes goals that are specific, measurable, assignable, realistic, and time based
    - Create action steps that are consistent with the Vision Statement and POC

Goal: Provide LGBTQ+ affirmation, support & education

Practice Behaviors

a. Affirm child or youth's sexual and gender identity and gender expression unconditionally
b. Provide education and support around sexual orientation, gender expression, and transgender identity
c. Approach topics of SOGIE in a language that the youth accepts and does not make them feel shamed or disrespected
d. Affirm the child or youth's SOGIE
e. Address the youth with their asserted name and preferred gender pronoun
f. Define key terminology and core concepts related to sexual orientation, gender expression, gender identity with the child or youth
g. Discuss how they perceive or understand their SOGIE
h. Define what adult support and supportive behaviors entail and give some examples of how an adult would demonstrate LGBTQ+ support (e.g., asking about their relationships, allowing access to LGBTQ+ friends and community). Note: Youth may say adults are supportive, but this may not include demonstrating support for their LGBTQ+ identity, or the support may be qualified.
i. Identify any adults who are supportive of their SOGIE and the behaviors they demonstrate to illustrate this support
j. If the child or youth is in residential placement, discuss the following with the youth:
    - Which key staff offers the youth support and understanding around their SOGIE
    - Peer support or lack thereof within their residential placement

- Any behaviors toward youth in placement that compromise their emotional, psychological, or physical safety

k. Explain the coming-out process and the risks and benefits
l. Ask age-appropriate questions about crushes and romantic relationships using gender-neutral language
m. Discuss their feelings and attractions and address any questions or concerns they may have
n. Discuss their identity and how it intersects with their culture, family history, religion, heritage, and own spirituality, when relevant
o. Engage in age-appropriate discussions and provide information about healthy relationships, boundaries, and sexual health using a sex-positive and positive youth development approach
p. Educate about the effects of stigma, bias, discrimination, and rejection on well-being and mental health
q. Develop coping skills on managing feelings and stressors related to their SOGIE
r. Address the differences between supportive, affirming, rejecting, and tolerant and give examples of behaviors representing each level
s. Help the youth make the correlation between their behavior and the associated feelings related to their SOGIE and others' responses to it
t. Answer any other questions the youth may have about being an LGBTQ+ child or adolescent
u. Connect to LGBTQ+ accepting and competent therapist
v. Connect to LGBTQ+ community and resources

Goal: Build relational competencies

Practice Behaviors

a. Teach communication skills
b. Teach affect regulation:
    - Identify triggers
    - Model, coach, and role play the appropriate behaviors the youth may employ when they need to express themselves
    - Develop and use positive coping strategies
    - Encourage youth to use their support system
c. Prompt, model, and role play with the youth or child on how to address their needs during the CCT planning process
d. Provide the youth with the tools to confront rejection and bullying due to their LGBTQ+ identity.
e. Provide youth or child with tools to interact with non-supportive or inquisitive peers, e.g., the WISE UP[3] tool, which uses its acronym to teach children four options for responding to uncomfortable questions:

    Walk away
    Ignore or change the subject
    Share what you are comfortable sharing
    Educate about adoption in general

f. Provide information and educate about healthy relationships and boundaries
g. Teach partner-negotiation skills
h. Teach conflict-resolution skills

[3] The Center for Adoption Support and Education in Maryland http://adoptionsupport.org/

i. Develop strategies to build resilience
j. Provide accurate information about sexual health, substance use, domestic violence, and other information, as needed

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Goal: Identify, build, and expand supportive, adult connections

Practice Behaviors

a. Clarify the differences between formal and informal supports
b. Explain why support systems are important and develop strategies to obtain youth buy-in about how a support system could be helpful
c. Identify adults who are supportive of their LGBTQ+ identity and gender expression
d. Work closely with youth at their pace to begin making contact with supportive adults starting with whom the youth feel most comfortable
e. Meet with the Family Advocate regularly to discuss the youth's unmet needs and how to best enhance the relationships between the adults and the youth or child
f. Help the youth identify where adults are on the rejection-acceptance continuum and the difference between unconditional and conditional supports
g. Prepare the youth for the emotional ups and downs of expanding their support system and explain that these searches may not always yield the most supportive adults
h. Develop understanding about how the youth or child can find what they need emotionally from different relationships (i.e., identify that certain people can meet certain needs)
i. Discuss the youth's culture and where in their community they feel understood and safe to seek support

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Goal: Develop and link to community support and resources

Practice Behaviors

a. Identify resources available in the community
b. Connect to age-appropriate LGBTQ+ community and support (e.g., peer groups, mentoring, gay-straight alliances (GSAs), youth conferences, events, online educational resources, books)
c. Work with the Family Advocate to provide support for parents and caregivers (e.g., PFLAG, Transforming Families) GSAs, play groups, online resources, and books.
d. Provide other resources as needed (e.g., mental health, spiritual, education)

Activities and Materials

Activities:

- Strengths Chat (see Appendix C.4)
- Create a Vision Statement (see Appendix C.5)
- Develop a safety plan (see Appendix C.11)
- Introduce and explain the Genderbread person: The genderbread person is a visual tool that can be used to illustrate the variation of identities, expressions and orientations a person might have. This tool is a simple way to explain and educate about the distinctions between sexual and gender identity, gender expression, and sexual orientation. It can also provide clarity and language for the youth about their

identity. This tool can be used when adults are not understanding the correlation or differences between gender expression, gender identity, and sexual orientation. The Genderbread Person is a useful tool to better understand the youth's expression and identity.
http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/

- Lifebooks are tools that can be useful in working with children in out-of-home care and children who have been adopted to record memories and life events that occurred prior to placement as well as when the children were in placement. Lifebooks can help children retain connections to people who have been important in their lives and may help the children integrate past experiences with their present circumstances in a healthy, constructive manner.
https://www.childwelfare.gov/topics/adoption/postplacement/lifebooks/#sample_lifebooks
http://www.ifapa.org/pdf_docs/LifebookPagesAll.pdf
- Teach positive communication skills (i.e., the Youth Specialist should build the child or youth's self-confidence to speak for themselves. For example, role play saying, "I know you know me as Anna Marie. I am still the same person I just like being called Cory now."
- Perform grief and loss activities related to LGBTQ+ (e.g., rejection, isolation)
- Role play:
    - Peer scenarios
    - Youth and adult interactions
    - Problem-solving activities
- Build social skills
- Do community immersion activities, including taking the youth into the community to assist them on appropriate interactions with community members and to support them in appropriate reactions towards community members regarding their gender expression and sexual orientation (e.g., bank teller, store employees, police, public transit, etc.)

Materials:

- Genderbread person tool http://itspronouncedmetrosexual.com/2012/01/the-genderbread-person/
- LGBTQ+ affirming books, hotlines, pamphlets, websites
- Savin-Williams, R. (2001). Mom, dad. I'm gay. American Psychological Association
- Videos:
    - Savin-Williams, R. (2009). Coming out to parents. YouTube interview. Retrieved from https://www.youtube.com/watch?v=d5H59paHvq8

Youth Specialist Lessons Learned

The ability to be able to connect with the youth and their experiences is essential to working effectively with the youth.

The Youth Specialist needs to be able to relate to the youth in a way that the youth feels understood and trusts that the Youth Specialist is someone with and from whom they can share and obtain information. The RISE Project had a racially and ethnically diverse staff that included lesbians, gay men, bisexuals, and

heterosexual allies. At times, it was clear that having an LGB Youth Specialist was meaningful, but youth also connected with heterosexual allies. Being able to speak to young people about adolescent milestones, attractions and romantic relationships, sexual health, transgender and gender-expansive identities, and spirituality are just some of the areas that LGBTQ+ youth are navigating and areas about which the Youth Specialist needs to be knowledgeable and comfortable discussing.

Connection to community supports and other LGBTQ+ peers decreases isolation and promotes resiliency.

Isolation from peers and role models is a common experience for LGBTQ+ young people, and coupled with the societal stigma, bias, and discrimination many LGBTQ+ people face, it is critical that young people and family members are connecting to other LGBTQ+ people who can provide friendship, support, and normalization and validation of their identity. Furthermore, parents often feel confused, bewildered, and alone while coming to terms with their LGBTQ+ child's identity or expression; they need to be able to share and get support from others who are navigating a similar process and often benefit from groups such as PFLAG.

It is important to clarify roles, responsibilities, and boundaries with youth, family, and other professionals involved.

The youth, family, and other professionals need to be clear about the roles and parameters of the Youth Specialist and other CFT members. Some social workers called upon CFT members to fulfill obligations that should have been performed by the child welfare agency. Clarifying and distinguishing responsibilities of all the professionals involved, eliminates duplication of services, reduces staff splitting, and allows each professional to fulfill their role with the youth and family.

Some youth had difficulty with boundaries and distinguishing their Youth Specialist from a friend and would call and text excessively about non-emergency situations. The Youth Specialist should clarify their role with the client, and establish parameters around contacting the Youth Specialist outside of meetings and a protocol for crisis or emergency situations.

Supportive adults need to be identified, engaged and involved early and continuously in the process

Identifying supportive adults and getting those adults to attend CCT meetings was a challenge and once the youth had formed a bond with the CFT team, there was reluctance to include other adults. Identifying potential adults with the youth and engaging them early in the process sets the stage that the intervention is designed to include a natural support system and not just CFT staff.

In some instances, natural supports were identified later in the process even after it appeared there were no other supportive adult prospects, opportunities that would have been lost had family finding not continued throughout the process.

The Youth Specialist work and overall process was more effective when all team members worked together and had a strong relationship with the youth, allowing everyone on the team to see a more integrated point of view.

Team members should make an effort to get to know the youth and family, even if it's not their primary role, this allows the youth to have a relationship with multiple supportive adults and provides an opportunity for

team members to understand the perspective of the youth and family members.

Collaborating with an LGBTQ+ competent clinician who was able to work with the youth and family on their mental health issues, provide information about the effects of rejection on their mental health and to provide consultation to the Youth Specialist was helpful in creating awareness and designing effective strategies to meet the needs of the youth.

Be creative and utilize non-traditional settings to conduct meetings with the youth, be mindful of their privacy and comfort level in a particular setting.

Discussing sensitive issues in congregate care settings or homes where others can see or hear can prevent youth from being comfortable to share openly. Incorporating child/youth friendly outings and activities helped youth relax, connect with staff, and open up about their experiences. This includes taking youth to library, LGBTQ+ community centers, parks, restaurants, etc.

Appendix B.4: Family Finding Coordinator Handbook

Family Finding Coordinator Handbook

The Family Finding Coordinator's role is to employ a set of family search and engagement strategies to identify and build a network of supportive adults who are able to provide emotional and legal permanency for the child or youth and lasting support throughout their life. The Coordinator works in conjunction with the child or youth's Care Coordination Team (CCT) to a gather information from professionals, known family members, and other involved adults. They develop a family discovery plan to identify and engage known and unknown relatives and other related and nonrelated adults who have played a role or may be willing to play a future role in the child or youth's life.

A plan is developed to identify adults using a set of family search and engagement (FSE) practices (found in *The Six Steps to Find a Family: A Practice Guide to Family Search and Engagement)* which includes internet searches; case-file mining; and talking to known family members, fictive kin, and other adults, (professional and non-professional) to obtain information about potential connections. Discovery techniques begin with developing an engagement strategy with found adults (in person or by phone, email, or letters) to find out who else is in the family. The process identifies relatives and other supportive adults, estranged from or unknown to the child, especially those who are willing to become permanent connections for them. Upon completion of the process, youth have a range of commitments from adults who are able to provide permanency, sustainable relationships within a kinship system, and support in the transition to adulthood and beyond.

Family engagement is a key component of the intervention provided to all children and youth and families by the CCT. Most families have dozens of relatives even if they do not keep in touch, and FSE practices are predicated on the belief that when the family is extensively known, chances for permanency are greatly increased. Family finding strives to find and create an empowered group of adults who care and love the youth and who affirm the child or youth's sexual orientation and/or gender expression.

Natural (informal) supports are generally relatives, friends, teachers, neighbors, coaches, or mentors. They are not organized like professional (formal) systems are, but they can come together to help when the child or youth needs them and are available to back up the family (e.g., providing respite, helping someone move, offering infrequent transportation to medical appointments, helping with groceries, etc.). It is of utmost importance to support the organization of the natural supports throughout the intervention, as they will be there for the child or youth and family long after they have graduated from the program.

Permanency can be defined as emotional or legal permanency. Legal permanency status is defined as the reunification, adoption, legal guardianship, and another planned permanent living arrangement (in that order of preference). In *A Call to Action: An Integrated Approach to Youth Permanency and Preparation for Adulthood*[4], achieving permanency was defined as having an enduring family relationship that is:

- Safe and meant to last a lifetime
- Offers the legal rights and social status of full family membership
- Provides for physical, emotional, social, cognitive, and spiritual well-being

[4] Casey Family Services (2005). *A Call To Action: An Integrated Approach to Youth Permanency and Preparation for adulthood.* Retrieved from http://www.aecf.org/m/resourcedoc/AECF-nIntegratedApproachtoYouthPermanency-2005.pdf

- Assures lifelong connections to extended family, siblings, other significant adults, family history and traditions, race and ethnic heritage, culture, religion, and language.

Emotional permanency is defined as a relationship where an adult consistently states and demonstrates that they have entered an unconditional, lasting, and parent-like relationship and that the youth agrees that the adult will play this role in their life. RISE developed a set of six commitments that RISE believes adults should make to show how much they care for their young family member and the ways they are willing to demonstrate that commitment. When the CCT begins to consistently see evidence of these commitments and caring behaviors on the part of the members of the natural support network, the team will begin to discuss a legally permanent relationship. The six Indicators of emotional permanency identified by RISE are:

1. A place to stay in an emergency
2. The emotional support of a caring adult
3. Family members who will check in regularly
4. A place to go for family meals and special occasions
5. Concrete support for the youth in a time of need
6. Family members who are willing to step in should something happen to a parent

When the child or youth is living with their parent or guardian, the goal of FSE is to assist the family in building their natural support network to improve family functioning and to reduce the child's exposure to rejecting behaviors. When a young adult is in extended foster care, family finding is a voluntary program that offers young adults turning 18 opportunities to continue foster care placement and enables them to build their natural support network with adults who will help them achieve their goals as they begin navigating through adulthood. For youth enrolled in family maintenance or family reunification programs, emotional permanency becomes the primary focus of the team. The Family Finding Coordinator works with the Family Advocate to develop strategies to strengthen the child or youth and the adults' emotional connectedness so that the LGBTQ+ child or youth feels loved and that they have a place where they belong.

Background and Experience

The Family Finding Coordinator needs to have strong communication and interview skills and be able to establish rapport and to work with diverse populations, including foster and adoptive families, birth families, kin caregivers, and extended family members. They should be comfortable and skilled at making cold calls and be able to effectively engage individuals who may be reluctant or skeptical about talking with them about a family member from whom they may be disconnected. The Coordinator should have a background in child welfare and experience in the FSE model and the investigative tools used when searching for prospective family members and caregivers. Family finders need to understand the dynamics of kinship families and have the relevant knowledge, skills, and competencies to provide accurate information about LGBTQ+ identity to family members and caregivers. The ability to converse and connect with children, youth, and adults; demonstrate empathy; model and teach effective communication; and model appropriate boundaries is essential. A critical role of the Family Finding Coordinator is to be able to solicit the interest and commitment of identified adults to be a part of the child or youth's life.

The Family Finding Coordinator's Role as Part of the Care Coordination Team

The Family Finding Coordinator works to identify and locate potentially supportive adults in an effort to expand and strengthen the natural support system or circle of care and to develop a network of adults who are able to

provide emotional and legal permanency for the child or youth. They use the tools and approach in the FSE model and mine case documentation for relatives and supportive adults. They also undertake relative and known-adult searches, using a variety of technology and with a sense of urgency, and use initial and ongoing engagement strategies to expand the adult network. The Coordinator works with the network of adults involved, in conjunction with the Family Advocate, in planning for the child or youth's future and is careful to respect the privacy, confidentiality, and safety needs of the LGBTQ+ child or youth.

A family Discovery Plan (see Appendix C.9) is developed to identify the "40-10-3-1", which refers to the ideal amount of adults required to meet the permanency needs of a child or youth. The process begins with doing an extensive family search to identify (but not necessarily contact), 40 known adults who are or have the potential to be connected to the child or youth. This may include adults who had contact with the child or youth in the past, such as extended family members (biological or chosen), caregivers, and other adults. The Family Finding Coordinator works in conjunction with the Family Advocate to determine who of the identified adults has the potential to be part of the child or youth's support network (10). They then develop strategies to engage and begin working with those identified adults to be part of a team that plans for the child or youth's future and to maintain a lasting relationship with them. These adults are invited to participate in meetings, in person or via web-conferencing, and are given support, education, and coaching by Family Finding Coordinator and Family Advocate.

Adults identified as part of the natural support network do not all have to demonstrate the same commitments but are willing to commit to continued involvement with the child or youth and to providing what support, concrete or emotional, they are able. During the process, the CCT and, in particular, the Family Finding Coordinator and Family Advocate are assessing the level of attachment, consistency, and commitment of the individuals, with the goal of identifying 3 adults who can provide a parent-like relationship for the child or youth, and 1 of whom can provide a legally permanent relationship.

The Family Finding Coordinator's Role With the Child or Youth

It is important for the Family Finding Coordinator to meet the child or youth and to explain what their role is. Youth who have experienced loss and attachment disruptions may not understand or be interested in expanding their connections or in putting themselves in a position to experience more disappointment or loss. The Family Finder lets the child or youth tell their story to get a better understanding of who they are; with whom they want to be in relationship; and their experiences, losses, and hopes for the future. The Family Finder creates a safe space for the child or youth to share and validates their feelings and concerns.

The Family Finder sets the stage by explaining why having people you can count on is important and by explaining the concepts of emotional permanency in lay language that the child or youth can understand. The Family Finding Coordinator asks questions about who the youth misses and with which individuals they would like to establish or strengthen relationships. They use mobility mapping to help the child understand with whom they want to reconnect and connect[5] The main goals of mobility mapping are to stimulate the child or youth's memory to uncover clues about missing family and to encourage discussion about their past. The Family Finding Coordinator will begin developing a family connections list, identifying who is in the child or youth's family, and determining who is aware and affirming of the child or youth's sexual orientation and gender identity and expression (SOGIE). Note: It is important to take precaution and not always take the child or youth's word about who is aware of their

[5] http://www.kidscentralinc.org/wp-content/uploads/2012/09/MM-How-to-Guide.pdf

SOGIE as sometimes the child or youth may make assumptions about of what an adult is aware and which does not include a specific disclosure on the child or youth's part.

Once connections are identified and determined to be safe and viable connections, the Family Finding Coordinator teaches the youth how to nurture newly found connections. They assist the child or youth in developing interpersonal skills through role playing and modeling how to return phone calls, write letters, and connect and reach out to adults in order to sustain the relationships. The Family Finding Coordinator and Youth Specialist will prepare the child or youth for the meeting; role play scenarios; and discuss expectations, any safety concerns, or any concerns about discomfort that may arise. An important feature is that the youth has input into which team support person or persons they would like at any first contact meetings.

The Family Finding Coordinator's Role With Biological and Chosen Family

The Family Finding Coordinator initiates contact with people who the child or youth, professionals, or other family members identified as having the potential to be a supportive person to the child or youth. The Coordinator takes great care to not disclose information about the child or youth's SOGIE until the youth is comfortable sharing that information, and the adult has demonstrated a willingness to be involved with the child or youth. The first contact with an adult who is not currently connected to the child would likely be through a letter, email, or phone call. The Family Finding Coordinator identifies the purpose of the contact, which is to try to connect the child or youth to people that are important to them and to build connections, and assesses the adult's interest in establishing or re-establishing contact with the child or youth.

Engagement is a gradual and progressive process, and the approach should be one of developing relationships with the child or youth and not of discussing permanency early on in the relationship-building stage. Once an adult has demonstrated consistent involvement with the child or youth, conversations about increased involvement can begin. The next step could be another call or an in-person meeting with the Family Finding Coordinator or Family Advocate to get to know the adult, determine what they know about the child's current circumstances, gather information about their perspective on their relationship with the child or youth, and assess their interest in having contact with them.

Before the child or youth has contact with a past or new potential adult connection, a member of the CCT should meet alone with the adult to assess any safety concerns and to determine the perspective and intent of the adult. Team members should work collaboratively with child welfare staff to ensure contact is permitted, and subsequent child-adult meetings should include other professional staff until the adult is determined to be a safe, stable connection. When the child is in the home of a parent, then the Family Finding Coordinator will seek permission from the parent for the child to have contact with the person that has been located.

The Family Finding Coordinator's Role With Formal Supports, (e.g., Social Worker, Court Appointed Special Advocate (CASA), Attorney, Residential Staff, Foster Parents, Adoption Workers, Agency's Staff etc.)

The Family Finding Coordinator is responsible for collaborating with the child or youth's formal supports to discover adults who may be interested in reconnecting and having a lasting relationship with them. They work in partnership with child welfare staff, attorneys, court personnel, and residential staff to explain the goal of family finding and the purpose of mining the case files to find adults who may have been involved with the youth prior to, or while in, out-of-home-care. The Family Finding Coordinator will determine whether family-finding efforts have already taken place by child welfare or private agency staff. If so, the Coordinator will collaborate with existing family-finding staff and review the information to determine if connections identified are LGBTQ+

affirming and further discovery work is necessary. Depending on the level of engagement of the child or youth's social worker, if no efforts have taken place or if current family connections are not viable emotional and legal permanency options, the Family Finding Coordinator will begin the process of looking for connections. The Family Finding Coordinator interviews professional (formal) supports to identify known family members who are not currently involved but may have had contact with the youth in the past and collaborates to develop engagement strategies to expand the child or youth's network of support.

A table laying out the Family Finding Coordinator's goals and the practice behaviors for achieving those goals, list of activities and materials, questions and assessment, mining of records explanation, and discussion of lessons learned follow.

Goals and Practice Behaviors

Goal: Get to know the team members (formal & informal) and the youth

Practice Behaviors

a. Establish positive working relationships with the youth or child and their formal and informal supports
b. Listen to the youth: validate them and their life story, create a safe space for the youth as they do the work; acknowledge that it's never too late to go back in time and that pain is part of the process
c. Form a positive relationship with the social worker
d. Review the youth or child's legal permanency plan with the social worker, looking for the current and concurrent permanency plan that will place the child or youth within a safe home with supportive, committed adults
e. Mine the child welfare services case file and court records to add to the natural support network and to obtain family history: look for adults connections throughout the life of the child or youth and the possibility of reconnecting with them
f. Set the stage with emotional permanency by discussing each factor and helping the child or youth visualize who they want in their lives and assist team with inviting them to meetings
g. Provide a case summary or history to the teams= after talking to the child or youth and mining the case file and court records

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Goal: Build collaboration and develop team approach

Practice Behaviors

a. With the Facilitator:
    - Debrief the CCT meetings with the youth's social worker
    - Establish how the social worker would like to receive progress reports
    - Discuss with the social worker LGBTQ+ Integration
    - Explore with the social worker engagement strategies to expand the youth's network of support; begin the process of identifying family members who are not currently involved, but may have had contact with the youth in the past
    - Debrief the CCT meetings with the youth's attorney and ask the attorney about whether they know of family members who are not currently involved, but may have had contact with the youth in the past
b. Identify and connect with natural supports to explore their commitment to the youth

c. Find whomever the child or youth wants to locate, explore their reasons for why they want to find them, and discuss what they want that relationship to look like, if found
d. Reconnect with individuals with whom the child or youth has lost contact and introduce the work of the team, while not divulging the child or youth's SOGIE (the unless child or youth has given permission to do so) by:
    - Using an Internet search engine
    - Interviewing anyone who may have had contact with the youth in the past
    - Immediately engaging people found while continuing the search
e. Meet with the RISE team members to discuss potential connections and partner with Family Advocate in connecting with those adults
f. Converse in a language the youth and adults can understand
g. Go over Discovery Plans with the Family Advocate and update action plans
h. Give the Family Advocate a timeframe to complete action items and check in every week for follow up
i. Stress the need to go over the Family Maps with the clients and hold conversations with the Family Advocate about them
j. Work with the Family Advocate to come up with strategies and role plays to model conversations on how to get supportive adults to meetings
k. Review all cases at different times to see if the Family Finder's support is needed
l. Hold discussions around inviting natural supports to CCT meetings (e.g., How many attempts are being made? Who has been invited? How often do they attend? Who has not been invited?)
m. Speak to the Family Advocate about tools to use when talking to adults
n. Complete and coach the Family Advocate on different activities to be done with adults surrounding a youth or child

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Goal: Create an affirming environment where the youth feels safe to express themselves by having conversations that are affirming and encouraging

Practice Behaviors

a. Help the child or youth connect or learn how to connect with whomever they want to have a relationship, while explaining to the child or youth that they deserve to be safe with them
b. Have conversation with the youth on what it means to have affirming relationships and how some adults may not be at first, but can become affirming
c. Address the youth by their asserted name and gender pronoun
d. During meetings, create an environment where the natural supports and family members (chosen or biological) feel open to discuss their feelings and concerns about their ability to meet legal or emotional permanency
e. Listen to and note the language used by all adults that reflects acceptance, affirmation, ambivalence, or rejection of the youth's SOGIE

Goal: Provide LGBTQ+ affirmation support & education

Practice Behaviors

a. Educate the natural supports about SOGIE and being accepting and role play what affirmation looks like
b. Support the Family Advocate and Youth Specialist in developing strategies to best meet the needs of the child or youth as they relate to lifelong connections and emotional and legal permanency

Goal: Build relational competencies

Practice Behaviors

a. Plan CFT meetings with the Facilitator, Family Advocate, Youth Specialist, and Mental Health Clinician
b. Meet with and support the Family Advocate and develop strategies for working with adults in the child or youth's life, including probing for new connections
c. Facilitate discussions among RISE team members about the various levels of involvement with the adults who want to participate in the youth's life; review the development of an individualized engagement strategy for how each person will connect with the youth to support permanency efforts
d. Support the team in creating contingency plans, while reviewing formal and informal resources for the network of support and for others to help support permanency and LGBTQ+ affirmation
e. Support the Family Advocate in exploring the perceived and real barriers to acceptance from the caregiver, placement, and family

Goal: Use a strengths-based approach

Practice Behaviors

a. Model in meetings how to have permanency-driven conversations among team members
b. Hold consistent dialogue about adding more people to the youth's lifelong connections
c. Give updates to the youth or child about family finding and keep them involved

Goal: Identify, build, and expand supportive, adult connections

Practice Behaviors

a. Make cold calls to adults identified by the child or youth to assess their willingness and ability to be part of the child or youth's life in a lifelong, safe, and unconditional manner, while assessing for LGBTQ+ acceptance level
b. Write letters to adults identified by the child or youth to engage them in the child or youth's life
c. Conduct face-to-face contact with adults identified by the child or youth to assess their willingness and ability to be part of the child or youth's life in a lifelong, safe, and unconditional manner, while assessing for LGBTQ+ acceptance level
d. Help chosen or biological family members in understanding what unconditional support means
e. Facilitate discussions that assess all potential permanency resources' level of LGBTQ+ acceptance and affirmation and determine the education and support needed, specifically with respect to LGBTQ+ identity
f. Do mobility mapping with the child or youth to hear their life stories; process grief and loss; and discuss successes, Vision Statement (see **Appendix C.5**), and in what direction they are going or would like to go into in life
g. Monitor the family finding plan of 40-10-3-1; hold all team members accountable and kept abreast of updates
h. Collaborate with the teams to come up with a Discovery Plan for the youth and their family in order to stay on track with working with natural supports and to ensure the team's ability to meet their needs and RISE goals
i. Support the Family Advocate in connecting with adults in the child or youth's life
j. Assist in establishing short-term goals for the team to follow through regarding expanding connections

Goal: Develop and link to community support and resources

Practice Behaviors

a. During meetings, articulate why having a support system and links to the community is so important for the youth as well as for the adults.
b. Support the Family Advocate and Youth Specialist to continually engage youth and supportive adults to link to any identified services and resources in the community. Encourages participation in supports groups (e.g., Alcoholics Anonymous (AA), Parents, Family and Friends of Lesbians and Gays (PFLAG), etc.), while teaching and supporting the network of support how to advocate for itself and their LGBTQ+ child

Family Finding Activities

The Six Steps to Find a Family: A Practice Guide to Family Search and Engagement:

Setting the Stage
Discovery
Engagement
Exploration & Planning
Decision Making & Evaluation
Sustaining the Relationship

a. Explore with the social worker engagement strategies to expand the youth's network of support; begin the process of identifying family members who are not currently involved but may have had contact with the youth in the past (This depends on level of engagement of social worker.)
b. Debrief the CCT meetings with the youth's attorney and ask the attorney about whether they know of family members who are not currently involved, but may have had contact with the youth in the past.
c. Meet with CCT members to expand the family connections list
d. Keep track of information regarding potential connections
e. Develop the family Discovery Plan to identify relatives and other adult connections by:
    - Mining the files and records and documenting findings
    - Using Internet search engines to find lost contacts
    - Talking to anyone who may know of any prior contacts
    - Documenting the findings
    - Immediately engaging people found while continuing the search
    - Reviewing the case for persons currently in the youth's network, including known fictive kin, siblings and half siblings in care, step-siblings, and adopted siblings
    - Contacting the mother, father, and professional and nonprofessional persons who are part of the youth's life to obtain information on potential connections; take special care to look for paternal relatives, who have sometimes been ignored in the past
f. Focus on discovery techniques, beginning with developing an engagement strategy with found family members (e.g., in person or by phone, email, letters etc.) to find out who else is in the family and how each person will connect with the youth and support permanency efforts
g. Within the first 4weeks of admission into RISE, the Family Finding Coordinator and Facilitator will compile a list of all significant, supportive adults identified by the child or youth through family mapping and other

discovery tools, recognizing that not all will be legal permanency options, but may have the potential to form long-term caring relationships and emotional permanency

h. When available, obtain consent and use family and caregivers to help search for any additional potential supportive resources
i. Search for and identify at least forty 40 family members
j. Present the list of potential supportive resources to the social worker to obtain signed written consent to contact them
k. When consents have been obtained, use all available and appropriate discovery tools to identify the size of the family and to locate the needed demographic information for all potential supportive resources
l. Contact all identified resources in order to assess them for appropriateness for possible contact with youth; specifically, look for cues of acceptance or rejection around the youth's orientation or gender expression. First contact will be made through a variety of correspondence.
m. Subsequently follow up with phone calls, letters, meetings, or emails to identify more supportive resources and family connections.
n. Maintain all contact scripts and consistently provide them to the rest of CCT
o. Ensure that background checks are conducted with all supportive adults who will be participating in the youth's life (The Facilitator will be aware that some states do not maintain child abuse and neglect registries.)
p. In collaboration with CCT, and after obtaining signed, written consent from the social worker from the youth, plan purposeful visitation between the youth and the natural and formal permanency resource. Initial contact may include email, Skype, letters, phone calls, texts etc.
q. Discuss various levels of involvement with adults who want to participate in the youth's life and develop a Discovery Plan with an engagement strategy for how each person will connect with the youth to support permanency efforts
r. Assess all potential permanency resources' level of LGBTQ+ acceptance and affirmation and determine the education and support needed specifically with respect to LGBTQ+ identity
s. Continue using discovery tools to locate more family members, with a goal of a minimum of 40 members identified in the family network
t. Identify and prepare found family members to participate in a natural support network to become the force for stability and permanency for the youth
u. Plan and participate in a special CCT meeting with extended family members; facilitate the meeting using the blended perspectives approach to goal setting, which uses the viewpoints of all attending to create shared agreement on the greatest unmet and underlying needs statement for the youth, which will drive the development of ongoing family maintenance support and permanency options
v. Facilitate the natural support network at CCT meetings to develop at least 3 adults who are committed to a lasting relationship, as demonstrated by the emotional permanency indicators
w. Coordinate with CCT to have it assume and continue activities for helping maintain and institute the Discovery Plan and natural support network
x. CCT will work with the youth and supportive adults to complete the following activities:
    - If deemed appropriate by social worker, collaborate with them in the home study process if a potential legal permanency resource has been identified
    - On a monthly basis, use the family map with the youth, family, or adult to continually reassess for additional, long-lasting connections and to assist in strengthening natural support networks.

- Assist in the decision on a legal permanency option to prioritize and develop steps to achieve this permanency option
- Engage, prepare, and empower the family to become the most prominent force in the quest for permanency for their own kin
- Identify and engage family members to be a part of the family meetings, which will prepare them and other connections to come together to plan for the youth's future, including creating permanency goals
- Have the newly identified connections attend CCT meetings and make commitments to support the youth in planning for their future
- Plan and participate in a special CCT meeting with extended family members to complete goal setting for the youth's needs

y. Facilitate engagement and meetings with the CCT in identifying permanent relationships for the child or youth by:
- Merging the newly identified family members or adults with the existing youth
- Preparing the youth and others for participation
- Clarifying the team's goal and what is expected of participants
- Helping the team explore options and assigning tasks
- Setting timelines and monitoring progress to assure that tasks are completed

Activities and Materials

Family Finding Tools:

- *The Six Steps to Find a Family: A Practice Guide to Family Search and Engagement* http://www.nrcpfc.org/downloads/SixSteps.pdf
- *The 3-5-7 Model© Workbook* www.Darlahenry.org
- Life Books https://www.childwelfare.gov/topics/adoption/postplacement/lifebooks/

Questions and Assessment

It is important to keep the following lists of questions in mind when first contacting families during the family finding discovery stage.

With the Child or Youth

- Where have you lived?
- What schools have you attended?
- Whom are you visiting?
- Are there adults with whom you feel safe and cared for?
- Who comes to see you?
- Who calls you?
- Whom do you wish you could be in touch?
- Would you benefit from having a team that supports you?
- If you were not living in foster care, with whom would you have been living?

- What is best for you?
- What do you do when you have no choice or no other options?
- Do you have a Plan A and Plan B for your life?
- What are the things you need help with right now?
- How can we fix the bridges we broke, i.e., not whether they want to or not but how?

With the Child or Youth's Natural Supports

When first contacting an adult that the Family Finder Coordinator has located—one with which the youth would like to reconnect—it is important for the Family Finder Coordinator to have conversations about:

- Introducing the Family Finder Coordinator and their role in the life of the child
- Why the Family Finder Coordinator is contacting them and explaining that they are someone with whom the child or youth feels connected loves, is important to, etc.
- Do they remember the child or youth? If so, how?
- Child or youth' strengths
- Family history and relationships
- When was the last time that particular adult connected with the child?
- Memories they may have about the child or youth
- Adult's culture, holidays, birthdays, etc.
- Family's strengths
- Hopes and dreams they may have for the child or youth
- Will they be there when the child or youth makes bad choices or mistakes?

It is important for the Family Finding Coordinator to let conversation happen in an organic fashion and to listen for rejecting or judgmental words, phrases, or beliefs. It is as important to listen for accepting and loving words or beliefs. It is essential to assess how the adult relates to people in general. Sometimes one does not have to ask anything but just let them talk and listen for cues.

The Family Finding Coordinator must also assess for fears the adult may have around LGBTQ+ identity if the subject comes up or if the youth or child has given the Family Finding Coordinator permission to address this topic.

The Family Finding Coordinator should assess:

- What does the child need from this particular adult?
- What is the child's reason for wanting to find this person (focusing on both permanency and LGBTQ+ domains)?
- Will this adult be able or learn to love the child or youth unconditionally?
- Will this adult be harmful to the child or youth?
- Is this particular adult LGBTQ+ accepting or affirming, or can they be open to learning? Is the person willing to learn more about the child's identity?
- Will this adult be able to fill any of the emotional permanency indicators? Are they doing so already and how?

Mining a Case Record

Mining a case record can provide important information to help in locating adults who may want to build relationships with the child or youth. In addition to helping to construct a genogram, one should look for the following information in the case records:

- Background information
- Age (date) the child or youth came into care and the reason for child welfare referral
- Case history, e.g., significant events and dates
- Youth's strengths, interests, and hobbies
- Experiences related to LGBTQ+ rejection
- Psychological, behavioral, or substance use issues and related treatment
- Medical history and current needs, including psychotropic medication and most current dosage and frequency
- Educational history and identified needs
- Youth's parents and current and past caregivers
- Permanency and concurrent permanency plan
    - Placement history
    - Length in current placement
    - Barriers to permanency (e.g., LGBTQ+ bias and rejection)
    - Foster care rate/level (B, D, F1, etc.). The rate classification level process uses a point system to measure the level or intensity of care and supervision provided. Points are based on the number of hours per child per month of services provided in the following three components: 1) Child Care 2) Supervision Social Work Activities 3) Mental Health Treatment Services
    - Discussion about adoption or guardianship with the family and its response
- Siblings of the youth
- Social worker(s)-past and present
- Family members and potential contacts

When identifying parents, siblings, relatives, family members, friends, and other potential adults, the following information should be recorded.

- Demographic and contact information of identified family members
- Relationship to the child or youth
- Date of birth (especially for siblings)
- Last known address
- Record of contacts (date, person, and contact notes)
- Any significant information about the child or youth's relationship to adults mentioned in file
- Demographic info and contact information of current and past foster parents, foster family agencies, teachers, caregivers, mentors, coaches, neighbors, agency staff, etc., mentioned in case record

Family Finding Coordinator Lessons Learned

When an affirming atmosphere was established, children and youth began to feel the need to want to rebuild and strengthen their family connections. When the youth felt safe and respected and able to be their authentic self, they became more open to discussing reconnecting with adults in their lives, particularly ones with whom they had lost contact. The Family Finder Coordinator and team could then explore with the youth with whom they wanted to reconnect, to whom they were comfortable coming out, and what specific support they needed with people who mattered to them. The Family Finder Coordinator then begun to search for those adults.
Working on meeting the emotional permanency indicators for the youth often resulted in also finding legal permanency for them (e.g., adoption, reunification, moving in with a relative, etc.). The Family Finder Coordinator must approach the adults with whom the youth or child wants to reconnect in a way that promotes emotional permanency and not legal permanency. Adults and youth must first strengthen their relationships through interacting. Those contacts, even if not affirming, may still be very important to the child or youth.
Asking youth the question "Whom do you miss?" was a powerful and effective question to engage them about strengthening and expanding relationships with adults. Although many different questions need to be asked of the youth about adults with whom they have lost contact, "Whom do you miss?" happened to be one of the most powerful and simple question to ask. A youth or child may not answer the question immediately, but the team and Family Finder Coordinator must continue exploring with whom else the youth may want to be connected or strengthen their relationship.
Some adults may not be affirming at first, but can become affirming with the proper support and education. A Family Finder Coordinator or team should not discard a person if they are not affirming at first; everyone may be on a different level of the rejection-acceptance continuum. Many people moved positively on the continuum once they were connected with a Family Advocate and understood that the well-being of the child or youth was at risk if rejecting behaviors continued.
Being family centered and driven made a difference. While youth-centered or -driven approaches were great, it became imperative to also be family centered and driven, so that the entire family or network of adults could receive the support they needed to show up emotionally for the child or youth.
The Family Finder Coordinator and the team must work in unison toward permanency. In order for the Family Finder Coordinator to pass the baton to their team, it was very important to be able to be confident that the team would follow through with the work started by the Family Finder Coordinator (i.e., the team following through with connecting with adults the Family Finder found and nourishing the relationships between the youth or child and those adults).
When a child or youth was not out yet, it was more difficult for the Family Finder Coordinator when contacting people. During initial telephone conversation or letters, the Family Finding Coordinator must assess and pick up on certain cues (see the conversations section above) for where that adult was on the acceptance-rejection continuum.

Appendix B.5: Mental Health Clinician Handbook

Mental Health Clinician Handbook

The Mental Health Clinician (Clinician) provides LGBTQ+-affirming mental health services to the child or youth and, at times, the caregivers in the child or youth's life, depending on the needs of the family. The Clinician serves as an advocate for youth in systems of care by providing consultation, psychoeducation, and resources to the CCT, caregivers, and natural supports and to the professionals involved with the youth, including, but not limited to, group homes, schools, probation placements, and mental health facilities.

Background and Experience

The Clinician needs to possess the skills to effectively engage young people in age-appropriate discussions about their mental health issues, LGBTQ+ identity or gender expression, and related challenges. They need to have the relevant knowledge, skills, and competencies to provide accurate information, based on current scientific facts, about the impact of rejection on mental health; LGBTQ+ identity development; and best therapeutic practices and interventions to address mental health issues, reduce risk, and support positive identity development. They should be comfortable discussing issues pertinent to LGBTQ+ adolescent development, transgender identity, and gender expression.

The LGBTQ+ youth population is often over diagnosed due to externalizing and internalizing behaviors related to the stress of disapproval, rejection, bias, discrimination, bullying, and violence. This, in addition to the loss of emotional and financial support, can lead to low education attainment due to unsafe schools, running away from foster care, and rejecting placements and homelessness, all of which can lead to high-risk behaviors, petty survival crimes, arrests, higher-level placements, and hospitalizations. The Clinician should have counseling experience working with LGBTQ+ children or youth, preferably experience working in systems of care, such as child welfare, probation, or mental health agencies, and be able to demonstrate the competencies to identify and treat these complexities. They should also have experience working as part of a multidisciplinary team and be willing to provide in-home services in nontraditional settings.

The Clinician Role With the Client

The Clinician's role is to identify the child or youth's unmet mental health needs, provide LGBTQ+-affirmative treatment to reduce mental health symptoms, improve well-being, build resiliency, and assist the youth in developing a positive sense of self and healthy relationships. Therapeutic goals include reducing mental health symptoms and increasing acceptance and affirmation of LGBTQ+ identity. This includes reducing internalized homo- or transphobia, decreasing rejecting behavior of adults involved with the child or youth, expanding and strengthening the child or youth's relationships and community supports, and decreasing negative coping behaviors.

The Clinician Role as Part of the Care Coordination Team

The Clinician serves as a consultant to the care coordination practitioners and provides information about the mental health issues the child or youth is facing and the resulting impact on the family and overall goals of the team. They assist team members in developing strategies to address specific barriers, manage the mental health needs of the child or youth, and increase support for and affirmation of the child or youth's LGBTQ+ identity from adults.

The Clinician Role With Biological and Chosen Family

The Clinician provides individual and family therapy as needed, provides psychoeducation about mental health issues and LGBTQ+ identity, and connects the adults with appropriate resources based on the needs of the family. They work with family members to increase understanding of, support for, and affirmation of the child or youth's LGBTQ+ identity or gender expression, in addition to identifying and addressing any safety issues.

The Clinician Role With Other Natural (Informal) Supporters

The Clinician serves as an advocate for the youth in a variety of settings, including, but not limited to, home, school, group home, residential placement, juvenile court, medical and mental health agencies, and other community-based service providers. They also support the child or youth in meetings with family, peers, support groups, and after-school programs and ensure that the youth's best interest is represented in these meetings.

A table laying out the Clinician's goals and the practice behaviors for achieving those goals, list of activities and materials, and discussion of lessons learned follow.

Goals and Practice Behaviors

Goal: Get to know the child or youth

Practice Behaviors

a. Converse in a language the child or youth and adult can understand
b. Explain your role and with what you can help them
c. Let the youth tell their story from their perspective
d. Engage in discussions about who is important to the child or youth and with whom they would like more contact
e. Identify and incorporate the child or youth's interests into the treatment approach
f. Be willing to work in a nontraditional setting (e.g., go to a park, shoot baskets with the child or youth) as a way to engage them and build a trusting relationship

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Goal: Build collaboration and develop team approach

Practice Behaviors

a. Provide consultation to care coordination practitioners, professionals, and natural supports regarding the child or youth's SOGIE and the impact of rejection on their mental health
b. Assist team members in developing behavioral strategies to increase supportive behaviors and decrease rejecting behaviors of the adults involved
c. Provide information to professionals and natural supports about the child or youth's mental health issues

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Goal: Create an affirming environment where the youth feels safe to express themselves by having conversations that are affirming and encouraging

Practice Behaviors

a. Demonstrate unconditional, positive regard; empathy; and reflective listening
b. Address the youth with their asserted name and preferred gender pronoun

c. Explore how the child or youth perceives their identity by asking about relationships, attractions, and gender presentation descriptively rather than asking for a self-identified label (e.g., Are you gay?)
d. Ask questions about adult, peer, and, if age-appropriate, romantic relationships using gender-neutral language

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Goal: Provide LGBTQ+ affirmation, support, and education

Practice Behaviors

a. Affirm the child or youth's SOGIE unconditionally
b. Approach topics of SOGIE in a language the youth accepts and does not make them feel shamed or disrespected
c. Use the Genderbread tool to explain distinctions between identity, orientation, and expression
d. Provide education and support around sexual orientation, gender expression, and transgender identity
e. Educate about effects of stigma, bias, discrimination, and rejection on well-being and mental health
f. Educate about the impact of stress and rejection and help youth connect their feelings to their unmet needs and behavior
g. Develop a safety plan with the child or youth so that they know what to do if things become unsafe at home, at school, or wherever they feel less comfortable
h. Develop coping skills to deal with rejection related to their SOGIE
i. Provide accurate information about sexual health and high-risk behaviors
j. Connect to LGBTQ+ community and resources

Goal: Build relational competencies

Practice Behaviors

a. Teach communication skills
b. Teach affect regulation
    - Identify triggers
    - Develop positive coping strategies
    - Encourage youth to use support system
c. Educate about healthy relationships and boundaries
d. Teach partner-negotiation and conflict-resolution skills
e. Engage in discussions and provide information about healthy relationships, boundaries, sexual health, substance use, and domestic violence

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Goal: Use a strengths-based approach

Practice Behaviors

a. Use a strengths- rather than a deficits-based approach in treatment
b. Develop safety plans, strategies, and interventions to address mental health symptoms
c. Use motivational interviewing techniques
d. Assist the youth in envisioning a positive future and setting goals for themselves
e. Develop strategies to build resilience
f. Develop problem-solving skills and competencies

g. Create treatment plans that are relevant to the individual needs of the child or youth and their family

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Goal: Identify, build, and expand supportive, adult connections

Practice Behaviors

a. Explain why connection to others and support systems are important; use lay language to which the child or youth can relate and avoid professional jargon
b. Develop strategies with the child or youth to build support in their lives
c. Identify who is supportive of their LGBTQ+ identity and gender expression
d. Explore pros and cons of engaging with particular adults and help the child or youth identify what type of relationship they would like to have with the adult
e. Prepare the youth for the potential outcomes, rewards, and disappointments of expanding their support system and developing new relationships
f. Help youth understand how certain adults may not be able to provide what they want or need and how they can find what they need emotionally from different relationships
g. Discuss the youth's culture and identify in what communities they feel understood and safe to seek support
h. Connect the child or youth to LGBTQ+ peers, families, and mentors when possible

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Goal: Develop and link to community support and resources

Practice Behaviors

a. Identify resources available in the community
b. Connect to age-appropriate LGBTQ+ community and support (e.g., peer groups, mentoring, GSAs, youth conferences, events, online educational resources, books)
c. Provide other resources and referrals as needed.

Activities and Materials

Activities:

- Participate with the child or youth in activities they enjoy
- Use motivational Interviewing techniques
- Provide psychoeducation around safe sex practices, healthy relationships, identity, sexuality, and the coming-out process
- Teach positive communication skills
- Create a Lifebook, a book created by the child or youth to develop a narrative of their life. It can include pictures of important life events and family members and other supportive adults. Youth also include poems, drawings, and magazine cutouts of things that represented who they were.
- Role play:
    - Peer scenarios
    - Youth-adult interactions
- Conduct social skills building activities

- Do problem-solving and affect-regulation activities:
  - S.P.A.R.C.S. (Structured Psychotherapy for Adolescents Responding to Chronic Stress)[6] [7]
  - S.O.D.A.S[8]
- Offer grief and loss activities (e.g., the 3-5-7 Model)[9]
- Address how to manage crises:
  - Discuss parameters of confidentiality and legally mandated reporting requirements
  - Perform suicide and risk assessment
  - Develop a safety plan
  - Complete mandated reports and special incident reports when required

Clinician Lessons Learned

The Clinician needs to be LGBTQ+ competent and possess the skills and knowledge about LGBTQ+-identity development, transgender identity, gender expression, risk and resiliency factors in LGBTQ+ youth, and best practices to address the unique challenges faced by LGBTQ+ and gender-nonconforming or -expansive children and youth.

Having an LGBTQ+ or heterosexual ally as a Clinician does not guarantee competency in treating an LGBTQ+ or gender-expansive child or youth. Clinicians providing services to this population should be up to date on current research and best practices for treating this population in systems of care.

Working together with the CCT and preserving confidentiality of the child or youth needs to be discussed with all team members, the child or youth, and family members in advance of sharing any information.

The Clinician working in a team approach should be clear with the child or youth and other team members, family members, and adults involved about what will be shared and what will remain confidential.

The youth has a right to privacy and confidentiality, except where legal requirements indicate otherwise, and they should have a say in what information is shared. When at all possible, the Clinician should empower the child or youth to share information directly and, when not, a conversation should be had with the child or youth about what they would like to be shared before disclosing information obtained in a therapy session. In general, feedback and progress reports should include themes discussed and areas that interventions are targeting and not go into elaborate detail that would compromise the therapeutic relationship with the child or youth.

Gender expression and transgender identity was often misunderstood by natural supports, and professionals involved.

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[6] DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., et al., (2006). *Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS).* Unpublished manual.

[7] SPARCS is a manually-guided and empirically-supported group treatment designed to improve the emotional, social, academic, and behavioral functioning of adolescents exposed to chronic interpersonal trauma (such as ongoing physical abuse) and/or separate types of trauma (e.g. community violence, sexual assault).

[8] The Transition to Independence Process (TIP) system is an evidence-supported model based on published studies that demonstrate improvement in real-life outcomes for youth and young adults with emotional/behavioral difficulties (EBD) http://www.tipstars.org/Portals/0/pdf/Mod5-SODAS.pdf

[9] Henry, D. L. (2012). *The 3-5-7 Model: A practice approach to permanency*. Retrieved from http://74.81.204.52/Files/3-5-7Model.pdf

Youth with severe mental health issues had difficulty participating in the intervention as designed. Some youth needed intensive mental health treatment, and it was difficult to expand their adult connections.
Finding an LGBTQ+-competent Clinician trained to deal with severe mental health issues in an area proximal to the family's location was difficult.

Appendix C.1: RISE Indicators of Emotional Permanency

RISE Indicators of Emotional Permanency

RISE believes that emotional permanency is the foundation of lasting family maintenance, legal permanency, and empowering youth to launch successfully into adulthood. Children and youth need to know that they belong to a family, and family members need to display the behaviors that confirm that sense of belonging unconditionally. RISE has developed a set of six commitments that it believes adults should make to show how much they care for their young family member and the ways they are willing to demonstrate that. In this section we outline those indicators and give examples of behaviors that illustrate them and some clear reasons why they benefit the youth, as well as the adults. When the Care Coordination Team (CCT) begins to see evidence of these commitments on the part of members of the natural support network for a youth, it is the adults displaying these caring behaviors with whom the team will work closely to seek a legally permanent relationship. The six Indicators of Emotional Permanency that RISE has identified are:

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. The individual is comforted having a secure and stable attachment and knowing that when an urgent need arises, they will have a place to go. For an adult to welcome a child or youth into their home in times of need demonstrates an investment in the child or youth's well-being. It indicates that the adult cares enough to take care of their family, and it provides the child or youth with a sense of security and well-being.

2. The emotional support of a caring adult

    Everyone needs a person in whom they can confide in, depend on, and share themselves with, not only in times of crisis but anytime. Having an on whom adult you can depend 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 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 will check in regularly

    Everyone needs someone who checks in on them from time to time to see how they are doing, provides comfort, and offers support. Frequent contact with a caring adult communicates to the child or youth that they are important and that they are not alone. Regular contact with the child or youth is an indicator that the adult is taking a proactive role in the child or youth's life. It shows that they are invested enough to initiate contact and maintain a relationship. Consistent contact provides validation for the youth that an adult is present, available, and actively participating in their life.

4. A place to go for family meals and special occasions

    Everyone needs a place to go for family meals. This gesture creates a sense of inclusivity and of being part of a family, feeling welcomed and loved. Sharing holiday meals and being invited to celebrate family

events is also an indicator that the child or youth is considered part of the family. Including the child or youth in these events demonstrates the adult is not acting out of obligation, but is motivated to include the youth in their family and 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, help with a move, or 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 youth with a sense of security that mitigates feelings of helplessness and hopelessness because they have someone in their life on whom they can depend to help.

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

Every primary parent or legal guardian needs support on which they can count, 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 provide additional support and respite, etc.

When there are three members of the youth's natural support network who are willing to commit to a lasting relationship, the RISE CCT will know that it is time to work with them to identify a legal permanency resource.

Appendix C.2a: Family Integration of LGBTQ+ Identity (Overview)

RISE LGBTQ+ Integration Dimensions

LGBTQ+ children and youth need the following foundational commitments from their family members. RISE believes these commitments represent the basic dimensions of adequate LGBTQ+ support that parental figures need to demonstrate in order to lay the foundation for a successful and lasting integration of the LGBTQ+ child's identity into their family. Family members may feel some discomfort with these commitments because heterosexism and anti-gay and -transgender biases exist in systems, communities, and family settings. RISE will support family members to "RISE UP" to these six commitments:

1. Recognizing the importance of the presence of LGBTQ+ identity in day-to-day discussions and being comfortable with talking about it
2. Including the youth in regular family and extended family activities "as you are"
3. Allowing for developmentally appropriate self-expression, including clothing and style preferences, and, for transgender youth, the importance of using their preferred name and gender pronoun
4. Encouraging developmentally appropriate LGBTQ+ social and romantic relationships and welcoming LGBTQ+ friends at home
5. Standing up and advocating for family members in the face of LGBTQ+ bias and adversity, particularly in schools, faith communities, and medical establishments
6. Facilitating participation in LGBTQ+-inclusive communities and services

These dimensions are goals that are kept in mind when working with the child or youth to identify supportive family and community connections. They will be used to help facilitate discussion with the child or youth and the adults involved with planning for their future and when creating a LGBTQ+-supportive development strategy for the youth and their family members. They will guide the CCT when identifying the unmet and underlying needs of the child and family. The CCT will watch for and validate if any of the LGBTQ+-integration behaviors described below are observed on the part of family members, caregivers, or other adults in the natural support network. The dimensions can also be thought of as a checklist to help determine when the child or youth has reached the goal of a strong and affirming family and community network and is ready to graduate.

Appendix C.2b: Behavioral Indicators of Family Integration of LGBTQ+ Identity

BEHAVIORAL INDICATORS of FAMILY INTEGRATION of LGBTQ+ IDENTITY

The CCT members will be assessing the level of support provided by members of the child or youth's natural support network, and RISE has identified some behaviors that would be expected to be present to signal adequate levels of integration. These indicators will be tracked on the POC at the point that permanency resources for the child are identified.

Recognizing the importance of the presence of LGBTQ+ identity in day-to-day discussions and being comfortable with talking about it

- Asks child or youth regularly if there is anything special about which they would like to talk
- Talks to child or youth regularly about any troubling things on their mind, particularly anything related to their LGBTQ+ identity
- Talks to child or youth regularly about known friends who are LGBTQ+
- Regularly asks LGBTQ+ youth if there is anyone special in their life
- For transgender children or youth, uses preferred names and pronouns
- Recognizes the presence of LGBTQ+ identity in the family when talking with extended family members and friends

Including the youth in regular family and extended family activities "as you are"

- Includes LGBTQ+ child or youth in family and extended family recreational activities, birthday celebrations, and holidays, including family get-togethers and reunions
- Encourages and supports child or youth in nurturing extended family relationships by including them in phone calls or visits
- Encourages or supports the child or youth in nurturing relationships with individuals in the family's natural support network by including them in phone calls, visits, or meetings

Allowing for developmentally appropriate self-expression, including clothing and style preferences, and, for transgender youth, the importance of using their preferred name and gender pronoun

- Uses preferred names and pronouns
- Allows for age-appropriate self-expression in clothing styles and in other aspects of personal style, such as hairstyle and make-up

Encouraging developmentally appropriate LGBTQ+ social and romantic relationships and welcoming LGBTQ+ friends at home.

- Encourages child or youth to bring LGBTQ+ friends to their house to get to know them
- Spends time with child or youth and their LGBTQ+ friends
- Talks with youth about friends to or for whom they are attracted or have romantic feelings
- Meets special friends and encourages age-appropriate romantic relationships

Standing up and advocating for family members in the face of LGBTQ+ bias and adversity, particularly in schools, faith communities, and medical establishments.

- Uses preferred names and pronouns in social, educational, faith, and medical settings
- Corrects others who are not using preferred names and pronouns
- Requires others to respect the child or youth's LGBTQ+ identity when an incident of bias or harassment occurs
- Seeks institutions and organizations where the child or youth's LGBTQ+ identity will be supported

Facilitating participation in LGBTQ+-inclusive communities and services

- Knows where to get information about LGB or transgender resources or services
- Takes child or youth to or encourages and facilitates their attendance at:
  - LGBTQ+ community events
  - Appropriate LGBTQ+ specialty services (e.g., mentoring, counseling, and medical)
  - LGBTQ+ social networks (e.g., gender-fluid recreational groups and support groups, such as school-based GSAs)
- Attends support groups for family members of LGBTQ+ children or youth such as PFLAG (Parents and Friends of Lesbians and Gays) or Transforming Families.

Appendix C.3: Guidelines for Sharing Information About LGBTQ+ Identity

The LGBTQ+ child or youth has a right to privacy and confidentiality, except where legal requirements indicate otherwise, and they should have a say in what information is shared about their sexual orientation or gender identity. When at all possible, providers should empower the child or youth to share information directly and, when not, a conversation should be had with the child or youth about what they would like to be shared before disclosing information about their LGBTQ+ identity. In general, feedback and progress reports should include themes discussed and areas that interventions are targeting and not go into elaborate detail that would compromise the relationship with the child or youth. Working together with the CCT and preserving confidentiality of the child or youth needs to be discussed with all team members, the child or youth, and family members in advance of sharing any information. The primary responsibility is to protect the emotional and physical well-being of the youth.

RISE adheres to the following principles enumerated in the *CWLA Best Practice Guidelines for Serving LGBT Youth in Out-of-Home Care* (2006):

- All employees working with youth should have a thorough understanding of the circumstances under which such information must be disclosed under their jurisdiction's relevant laws.
- Unless disclosure is legally required, no employee should disclose information regarding the sexual orientation or gender identity of a youth unless that person can identify a direct benefit to the youth and has discussed the matter with the youth and obtained his or her consent.
- Case managers should carefully consider the purpose, nature, and consequences of any contemplated disclosure, and they should work with the youth to balance the potential negative consequences against the benefits of disclosure.
- When disclosure is required or appropriate, the information disclosed and the means of disclosure should be limited to that which is necessary to achieve the specific beneficial purpose. For example, the fact that a youth is transgender may be important to identify an appropriate placement. Additional details regarding the youth's medical transition, however, may be completely irrelevant to this purpose and should not be disclosed.[10]

The staff at participating child welfare offices and private foster care placement agencies will be given the opportunity to participate in a variety of activities that will encourage them to better understand LGBTQ+ youth in foster care, including the need to protect their privacy (i.e., not "out" them to others).

The CCT will always need to obtain permission from the youth to disclose sexual orientation and gender identity. Permission from the youth or child will be noted in the file. At intake, CCT will ask the youth who is aware of their identity and work with them to assess if there are additional adults to whom they would like to be out. Upon contacting new adults, the CCT and Family Finding Coordinator will focus on building relationships, connections, and support. The CCT will ask the adult, "What kind of support would you be interested in to help build a stronger

[10] Child Welfare League of American (2006). *CWLA best practice guidelines for serving LGBT youth in out-of-home care.* Retrieved from http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf

connection to the youth?" and always bring the discussion back to the objective of reconnection and not the child or youth's identity.

Coming out for adolescents is a process that works best when it is planned for carefully, with the team members helping to fully process the pro and cons of coming out to any specific person and preparing the youth for whatever reactions might occur. Coming out does not just occur at a given point; it may be a process over time. Coming out is a process for the youth and the family members or friends to whom the youth comes out.

The team will need to process with the child what the motivation is for sharing their identity, be cognizant of positive motives and negative motives, and explore these with the child or youth. Youth need to be empowered to say what they have to say and learn how to communicate in a way that can be heard and absorbed by others, even when the message is a difficult one.

The team will encourage youth to practice coming out to people with whom they feel safe. There can be good reasons to delay coming out even when young people wish to do so. It is the team's responsibility to prepare the youth when they want to disclose, process with the youth afterwards, and organize the next steps.

Part of the preparation to help the youth in the coming-out process is creating a safety plan with them. This is ensuring that both the youth's physical and emotional well-being are protected. The CCT will need to help the youth prepare for both if their coming out is accepted and rejected.

If a team member is with the youth when there is a negative reaction to disclosure of their identity, the first responsibility is to protect the emotional and physical well-being of the youth. That could include de-escalation, problem solving, separating the adult and the youth, and one-on-one follow-up with everyone involved related to the incident. The CCT is prepared to provide support around grief and loss for adult connections, recognizing that families need the space to process and mourn the loss of their dreams for their child. Family members and caregivers may also need to transition socially and emotionally to the acceptance of a youth's sexual orientation.

Transgender identity presents some different issues related to disclosure of identity. Transgender children or youth often want very much to express their gender identity in terms of clothes and style and name and preferred pronouns. However, at the same time, the formation of their gender identity is a process, which may take time, due in part in reaction to the transphobia present in our society.

The team will face more immediate questions about introductions to adult connections. A first introduction would need to be the child's choice of modality. The team may be the vehicle of disclosure for a transgender child, as long as the child gives permission, and the disclosure of identity is carefully prepared and involves a consensus of the professionals on the team working with the child and their caregivers and known family members.

There is a growing body of literature about how to work with the family members of transgender children, and counseling for the adults is identified as critical. Building a support network that is knowledgeable about transgender care is important. The CCT is prepared to provide support around grief and loss for adult connections, recognizing that families need the space to process and mourn the loss of the of the gender identity assigned at birth. Family members and caregivers must also transition socially and emotionally to the acceptance of a gender identity different from that assigned at birth.

Appendix C.4: Strengths Chat Instructions and Example Diagram

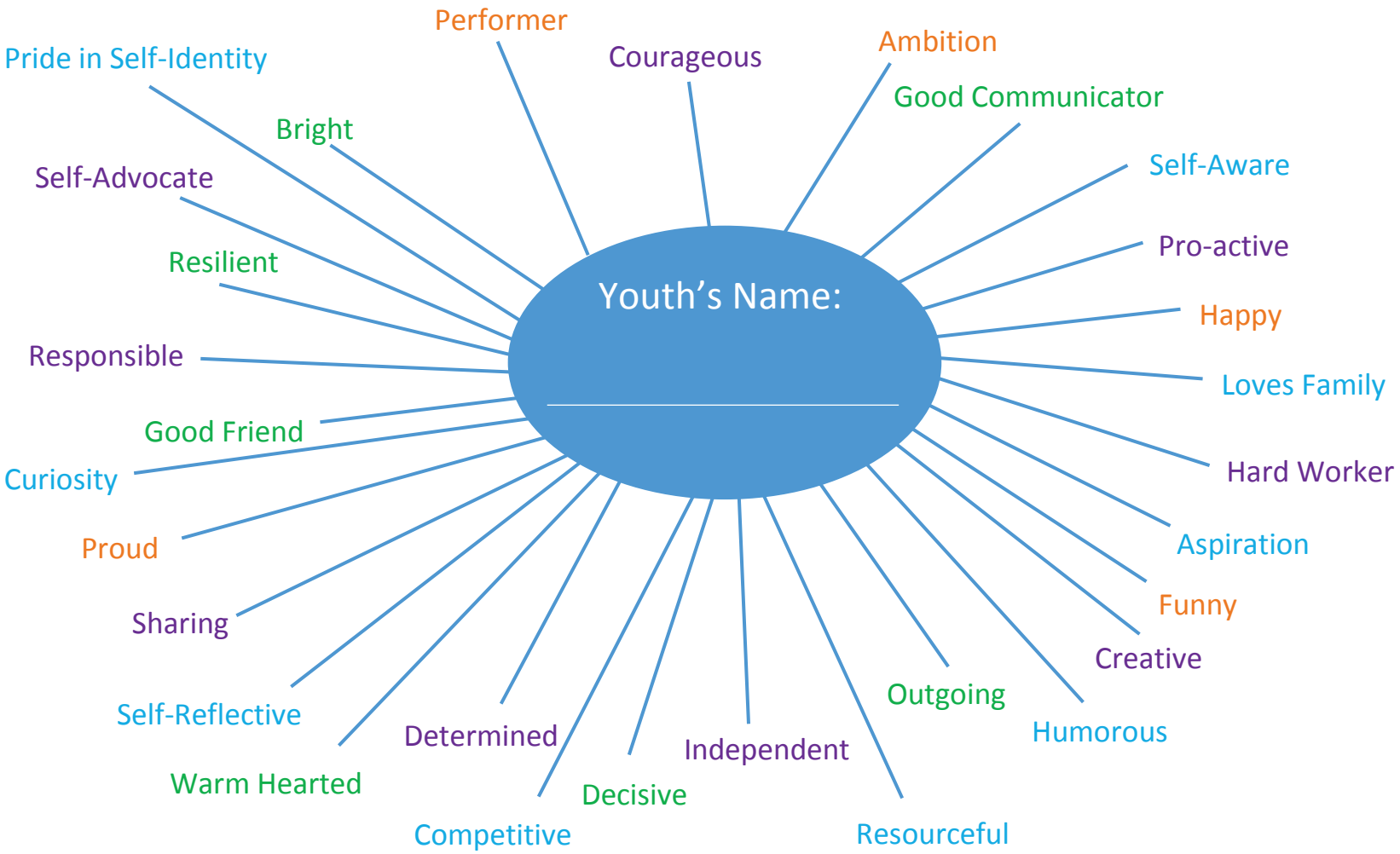
Strengths Chat Instructions

PURPOSE: The purpose of a Strengths Chat is to set a positive, optimistic tone with the youth and adults, highlight and have individuals recognize their unique characteristics and strengths, and utilize those identified strengths to build resiliency and inform the plan of care.

1. Explain that we all have strengths and how these help us in our life and relationships and that our strengths can be utilized to help us achieve our goals.
2. Place the youth's name in the center circle.
3. Ask the youth to identify some strengths, things they are good at, positive attributes (e.g., willing to participate, social, resourceful, confident, optimistic, patient).
4. If the youth is unable to readily identify strengths:
    - Other members of the meeting can help the youth identify the positive qualities they possess through asking open-ended and probing questions and stating qualities they see (e.g., What are you good at? What do you like to do? Did you make it to the meeting on time?).
    - CCT practitioners can pull from interactions or information they know about youth to help prompt the youth (e.g., strengths identified on intake packet, strengths identified from previous conversations with the youth).
    - Practitioners can also inquire about what the youth's friends or family would say their strengths are (e.g., If _____ was here, what would they say your strengths are?).
5. Place each individual strength in a separate circle.
6. Assess the youth's emotional wellbeing throughout this activity and process any feelings of being overwhelmed or discouraged, validate that it can be hard to acknowledge or think of good qualities in times of stress.
7. Provide space at the end of the activity for youth to examine their strengths and give feedback about the process. Point out the amount of strengths the youth has and explain that they will be identifying and adding more through the process).
8. Review Strengths Chat with the youth on an ongoing basis to identify any new strengths and to remind them of the strengths they possess and how they can utilize these to cope with situations and achieve their goals. (A visual representation can be given to the youth as a reminder and can also be placed on a wall during meetings).

GOAL: As the youth works to achieve their goals, the youth will be able to see their strengths grow and feel empowered to independently use their strengths to build upon improving their life.

Strengths Chat Example



Strengths Chat

Youth's Name:

Month: May 2016

Number of Strengths: 30

Appendix C.5: Vision Statement (Instructions)

Vision Statement Instructions

PURPOSE: The purpose of the Vision Statement is to assist the youth in identifying and establishing goals that are specific, measurable, attainable, realistic, and timely. The Vision Statement explores three areas in the youth's life: their future plans and goals, their relationships - to whom they want to be connected, and from whom they want to receive more support around their LGBTQ+ identity. This statement serves as a shared vision that guides and informs the strategies and interventions in the plan of care.

Explain the purpose and benefits of a Vision Statement and invite the youth to think about their future in terms of their plans and hopes for themselves and their relationships. Are there things they would like to see more of or less of in their future, what are some things that could improve their well-being?

1. During a one-on-one conversation with the youth, explore the youth's goals and desires for themselves.
   - Use miracle questioning (e.g., If you could wave a magic wand, what would you like to see happen in the next 6 months? What would be different? Who would be in your life?).
   - Assist youth in identifying obtainable goals within the 6-month period through the use of reframing and prioritizing (e.g., That sounds like a great long-term goal, what steps could you take to achieve that goal now?).
2. During a one-on-one conversation with the youth, explore the youth's goals and desires for whom they want to be connected.
   - Who can you count on? Who's in your corner/on your team/got your back?
   - Who would you like more contact with? Who would you like to improve/strengthen your relationship with?
   - Use future and hypothetical questioning (e.g., If you were going to have a dinner party who would you invite, when you graduate high school/college who would you want to be at your graduation?).
   - Introduce the idea of a "chosen family" (i.e., relatives and friends whom the youth chooses to be a part of their family). Who do you consider your family, even if not related to you?
   - During a one-on-one conversation with the youth, explore the youth's goals and desires about significant adult relationships where they would like increased acceptance and affirmation of their LGBTQ+ identity.
   - If the youth appears confused from this question, give some examples of what acceptance and affirmation looks like using the LGBTQ+ Integration Domains (see Appendix C.2)
   - Use the information provided to identify with whom the youth wants to build and strengthen connections.
3. Use the Vision Statement to guide the process and assess progress

EXAMPLE: *Find a full-time job while working towards becoming a corrections officer, reconnect and spend time with my aunt, be able to bring my girlfriend to family events and have my mom accept my sexual orientation.*

GOAL: A youth-driven vision is developed that guides the process and gives practitioners clarity and direction.

Appendix C.6: Family Connections Map Instructions and Sample Diagram

Family Connections Map Instructions

PURPOSE: The purpose of the Family Connections Map is to generate as many known adult connections (ideally at least 40) as possible who are connected to the youth either by blood or a non-related adult who has been or could be a support for the youth. While there may be select professionals who fit this role, the focus is on adults who are not formal/professional supports and who could potentially provide a parent-like relationship for the youth. Once a large number of adults have been identified, the level of support is assessed if there is a current relationship and a discovery plan is developed to determine which adults should be contacted.

1. It is essential to develop buy-in with the youth and explain why relationships and having people you can rely on (support) is important to overall well-being. This is a process and works best when real life examples are given to the youth of how this is relevant to their future.
2. Introduce the concept of Family Connections map to the youth and explain that the first step is to generate as many known adults connected to them and their family as they can think of, even if they do not want contact with someone. Ask about biological family, extended family, teachers, coaches, mentors, pastors, mentors, neighbors, family friends, previous foster parents. Using mobility mapping (see family finding tools) to map places youth have lived can help elicit information.
3. Assure the youth by explaining that no one will be contacted or given information without the youth's permission.
4. Ask the youth which group they would like to start identifying in the activity (e.g., maternal, paternal, non-relatives).
5. Ask the youth to list all the names of family and friends they remember; remind the youth they are naming off people whom they know in their lives.
6. After all the names have been listed, explain what the word "supportive" means or looks like to the youth (e.g., I can call this person when I'm having a difficult time, for money, to help with food).
7. Ask the youth to put a blue dot next to the people who are supportive.
8. Explain what it means or looks like to be LGBTQ+ supportive to youth (e.g., This person talks to me about being gay, this person acknowledges my girlfriend/boyfriend, takes me to community events with other LGBTQ+ peers, etc.).
9. Ask the youth to put an orange dot next to the people who are supportive or their LGBTQ+ identity.
10. Inquire if there is anyone on the Family Connections Map from whom the youth would like more support from; if there is, ask the youth to underline their name in blue.
11. Inquire if there is anyone on the Family Connections Map from whom the youth would like more support related to being LGBTQ+; if there is, ask the youth to underline their name in orange.
12. Review and highlight the supportive and LGBTQ+-supportive connections the youth already has.
13. Be sensitive to the youth's emotional responses and provide reassurance should they become overwhelmed or discouraged by identified connections or lack thereof.
14. Use the information provided to identify with whom the youth wants to connect, reconnect, and strengthen connections. Remind the youth they are the ones guiding this process, and they have the ability to choose who they want to be in their support system.

15. Use the Family Connections Map to guide the process with the youth by regularly assessing how many family connections the youth has.
16. Recognize that the visual aid of the Family Connections Map enables the youth to see how many people they have in their lives and to begin to conceptualize their "chosen family".

GOAL: The goal is to identify, engage and develop a natural support network of 10 adults from the connections identified who are involved in the youth's life and help plan for their future, one of whom can provide a safe, stable, permanent home for the child or youth.

Family Connections Map Example

Maternal			Non-Relative[11]
Mom	Cousin 10		Neighbor 1
Sister	Uncle 2		TLP 1
Brother 1	Cousin 11		Case Worker
Brother 2	Aunt 3		Case Manager
Aunt 1	Cousin 12		Probation Officer
Cousin 1	Cousin 13		Neighbor 2
Cousin 2	Cousin 14		Friend 1
Cousin 3	Cousin 15		Friend 2
Aunt 2	Cousin 16		Friend 3
Cousin 4	Uncle 3		Therapist
Cousin 5	Aunt 4		TLP 2
Uncle 1			TLP 3
Cousin 6			TLP 4
Cousin 7			Mentor
Cousin 8			
Cousin 9			

Paternal	Key	
Dad		LGBTQ+ Supportive
Grandfather		Supportive
Grandmother	Underline	Increase LGBTQ+ Support
Aunt	Underline	Increase Support
Cousin		
Cousin		

[11] TLP: Transitional Living Program

Appendix C.7: Eco Map Instructions and Example Diagram

Eco Map Instructions

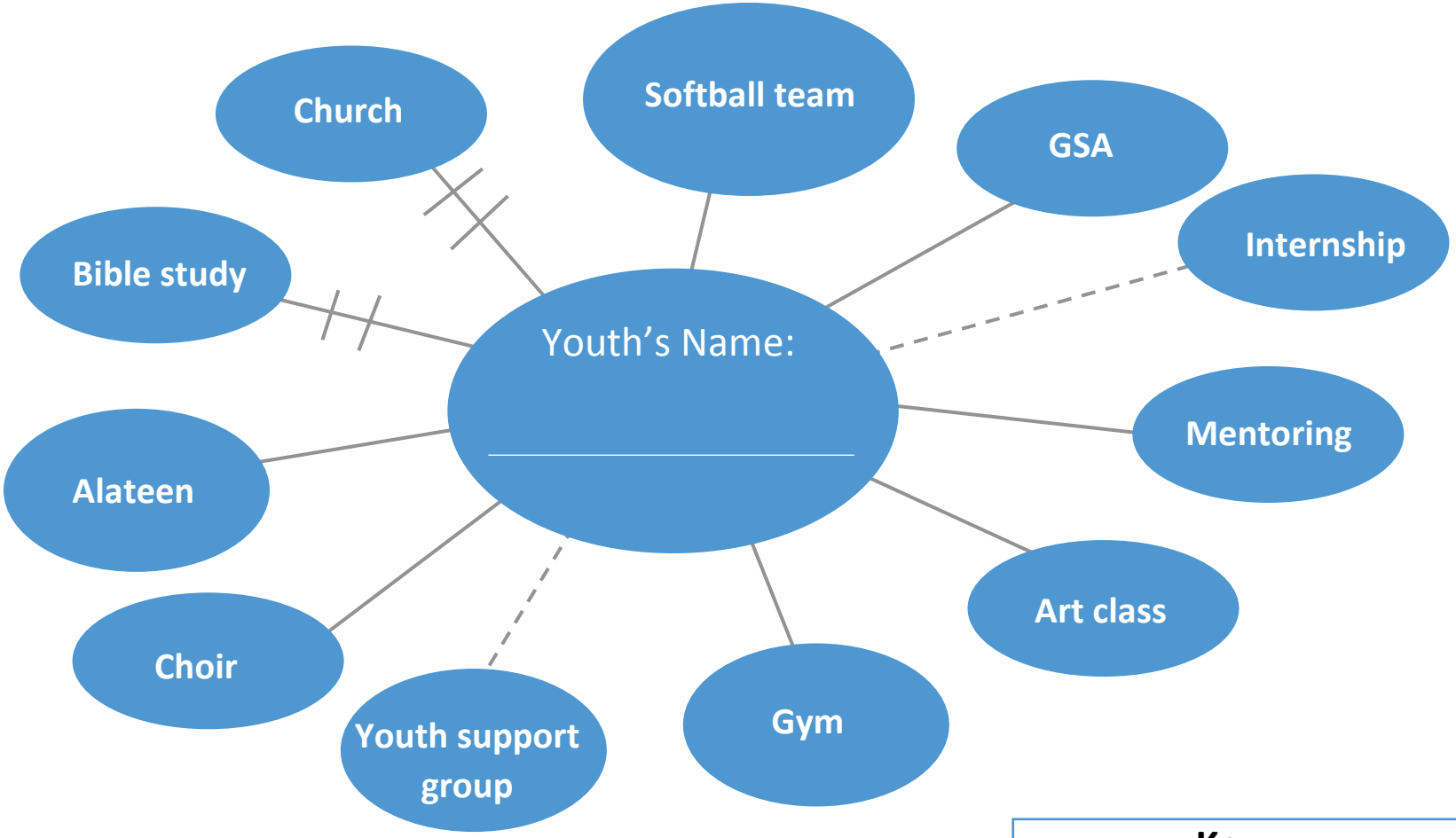
PURPOSE: The purpose of the Eco Map is to assist the youth in identifying and building their community connections, places where they feel a part of and that they belong. The youth benefits from this visual aid, as they are able see how many connections they already have, as well as see their connections grow over time.

1. Place the youth's name in the center circle.
2. Identify community connections with the youth. Ask about groups or activities they are a part of, places they attend where they interact with others.
    - Sports, clubs, teams, extracurricular classes, youth groups, churches, support groups, school activities, camps, 12-step, online groups, community center activities, etc.
    - Any informal community supports
3. Place each individual community connection in a separate circle.
4. Inquire with the youth if a community connection is LGBTQ+ supportive (a place they can be themselves and not have to hide or pretend), somewhat supportive, or not supportive.
    - Supportive: LGBTQ+ accepting and affirming
    - Somewhat Supportive: Provides services but is not open and accepting of LGBTQ+
    - Not Supportive: Openly expresses discriminative comments towards LGBTQ+
5. Draw the type of line from the center circle to the community circle that coincides with the type of LGBTQ+ support the community connection is.
6. Discuss with the youth the importance of the connection to them and if they believe it supports their well-being.
    - If it is a supportive connection, then encourage youth to maintain and if needed, strengthen the connection.
    - If it is a somewhat supportive connection, then inquire if the youth wants to maintain the connection. If they do, then assist them in advocating and developing steps to build a stronger connection. (e.g., What do you need to have a stronger connection? What needs to happen for you to feel comfortable with this connection?).
    - If it is not a supportive connection, then inquire if the youth wants to maintain the connection. If they do, then assist youth in identifying what steps they can take to advocate for themselves, set boundaries, and assess if a connection is supporting their well-being.
7. Help the youth in identifying positive and negative community connections, validating that the youth deserves to be recognized, loved, and supported and have places that they feel good about going to.
8. Process the benefit or negative consequence of each community connection with the youth.

9. Support the youth in identifying key community connections that will help them meet their goals.
10. Review the Eco Map with the youth on an ongoing basis to assess connections and to add new connections.

GOAL: Identify and connect youth to positive community connections to improve well-being, decrease isolation, and expand support.

Eco Map Example



Eco Map

Youth's Name:

Month: May 2016

Number of Community Connections: 11

Key:

Not Supportive

Somewhat Supportive

Supportive

Appendix C.8: Plan of Care Example

RISE Stage
- ☐ Engagement
- ☐ Implementation
- ☐ Transition

Facilitator Review
Initials_____
Date:_____
Date Submitted_____

RISE

Care Coordination Team
Plan of Care (POC)

Youth's Name:_____ DOB:_____ Enroll Date:_____

_____

Current Add:_____ Living: 1st. POC Date:_____

_____

_____

- ☐ Family/Relative
- ☐ Foster Home
- ☐ Group Home/Residential
- ☐ Hospital Current POC: _____
- ☐ Juvenile Detention Facility
- ☐ Other:

Facilitator:_____ Referring Agency/ Worker: _____

Parent Partner: _____

Youth Specialist: _____

Family Finder: _____

Supervisor: _____

Attorney: _____

Permanency Goal:
- ☐ Family Reunification
- ☐ Adoption
- ☐ Legal Guardianship
- ☐ Transition/PPLA

Vision Statement (Related to LGBTQ+ & Permanency)

Initial Vision Statement (30 days):

90-Day Vision Statement (Revise & Focus):

6-Month Vision Statement (Explore & Expand):

DOMAIN	INTEGRATION Permanency (P) LGBTQ+ (L)	STRENGTHS	NEEDS	STRATEGIES Formal (**F**) Informal (**I**)	DUE DATE/TIMEFRAME (Person Responsible)
A. PRESENCE OF SOGIE					
1. Sexual Orientation					
2. Gender Identity					
3. Gender Expression					
B. PRESENCE OF INFORMAL SUPPORT OF YOUTH'S LGBTQ+					
C. SOCIAL RELATIONSHIPS (Recreational, mentorship, spiritual, cultural, education)					
D. LGBTQ+ COMMUNITY RESOURCES					
E. ROMANTIC RELATIONSHIPS					
F. IDENTIFICATION OF INFORMAL NATURAL SUPPORT					
G. EMOTIONAL PERMANENCY INDICATORS:					

DOMAIN	INTEGRATION Permanency (P) LGBTQ+ (L)	STRENGTHS	NEEDS	STRATEGIES Formal (**F**) Informal (**I**)	DUE DATE/TIMEFRAME (Person Responsible)
1. Place to stay in an emergency					
2. Someone who regularly checks in					

DOMAIN	INTEGRATION Permanency (P) LGBTQ+ (L)	STRENGTHS	NEEDS	STRATEGIES Formal (**F**) Informal (**I**)	DUE DATE/ TIMEFRAME (Person Responsible)
3. Place to go for family meals & holidays					
4. Concrete support (the 1)					
H. HEALTH/MEDICAL					

Behavioral Indicators of Family Integration of LGBTQ+ Identity

1. **<u>Someone who recognizes</u> the importance of the presence of LGBTQ+ identity in day-to-day discussions and is comfortable talking about it.**

WHO:	WHO does this for the youth? (Names & Relationship to Youth)
1. Asks child or youth regularly if there is anything special they would like to talk about? (particularly anything related to their LGBTQ+ identity)	
2. Talks to child or youth regularly about known friends who are LGBTQ+?	
3. Regularly asks LGBTQ+ youth if there is anyone special in their life?	
4. Recognizes the presence of LGBTQ+ identity in the family when talking with extended family members and friends?	

2. **<u>Someone who includes</u> the youth in regular family and extended family activities "as they are".**

WHO:	WHO does this for the youth? (Names & Relationship to Youth)
1. Includes LGBTQ+ child or youth in family recreational activities, celebrations, family get-togethers, reunions, holidays, etc.?	
2. Encourages and supports child or youth in nurturing extended family relationships, e.g., including them in phone calls or visits?	

3. **<u>Someone who allows</u> for developmentally appropriate <u>self-expression,</u> including clothing and style preferences, and, for transgender youth, use of their preferred name and gender pronoun.**

WHO:	WHO does this for the youth? (Names & Relationship to Youth)
1. Uses preferred names and pronouns?	
2. Allows for age-appropriate self-expression in clothing styles?	

3. Allows for age-appropriate self-expression in other aspects of personal style, such as hairstyle and make-up?	

4. Someone who encourages developmentally appropriate LGBTQ+ social and romantic relationships and welcomes LGBTQ+ friends at home.

WHO:	WHO does this for the youth? (Names & Relationship to youth)
1. Encourages child or youth to bring LGBTQ+ friends to their house to get to know them?	
2. Spends time with child or youth and their LGBTQ+ friends?	
3. Talks with youth about age-appropriate romantic relationships?	

5. Someone who stands up and advocates in the face of LGBTQ+ bias and adversity, particularly in schools, faith communities, and medical establishments.

WHO:	WHO does this for the youth? (Names & Relationship to Youth)
1. Uses preferred names and pronouns in social, educational, faith, and medical settings?	
2. Corrects others who are not using preferred names and pronouns?	
3. Requires others to respect the child or youth's LGBTQ+ identity when an incident of bias or harassment occurs?	
4. Seeks institutions where the child or youth's LGBTQ+ identity will be supported?	

6. Someone who facilitates participation in LGBTQ+ communities and services.

WHO:	WHO does this for the youth? (Names & Relationship to Youth)
1. Knows where to get information about LGBTQ+ resources or services?	

2. Takes child or youth to or encourages and facilitates their attendance at LGBTQ+ community events and social networks, such as recreational groups and support groups (e.g., school-based Gay Straight Alliances)?	
3. Takes child or youth to or encourages and facilitates their attendance at appropriate LGBTQ+ specialty services, such as mentoring, counseling, and medical services?	
4. Attends support groups for family members of LGBTQ+ children or youth such as PFLAG (Parents and Friends of Lesbians and Gays) or Transforming Families?	

Appendix C.9: Discovery Plan (Instructions and Example)

Youth Name _____ Completed By: _____ Date_____

Identified needs for support and permanency and team strategy for the next 3 months:

What is the child or youth's current and concurrent permanency plan according to the child welfare caseworker? What is the shared agreement of the child or youth, family and the team of professionals? What are we trying to accomplish (Reunification, Identify and Expand connections, Increase support, Adoption)? What are the identified team goals for connection and reconnection, i.e., identify 40 connections, 10 supportive adults, 1 adult who will meet permanency needs of child or youth.

Youth's goals related to expanding, reconnecting, and strengthening family connections:

Youth's goals related to their current connections, level of support for their LGBTQ+ identity, who they want to be in touch with, who they would like to improve relationships with, how they feel about their permanency plan, the level of buy-in of youth about expanding connections and strengthening support.

P3 Worker ( ) Yes ( ) No Name of P3 Worker: _____ Date Contacted:_____

P3 (Child Welfare Permanency worker) Info:

Is there an assigned P3 worker on the case? What information did the P3 worker provide? What is the youth's current and concurrent permanency plan? What work is currently being done by the P3 worker? What is the shared agreement how RISE will work with P3 worker, who will be the lead and what are the responsibilities of each agency?

Youth Name _____ Completed By: _____ Date_____

CASA Worker ( ) Yes ( ) No Name of CASA Worker: _____ Date Contacted:_____

CASA (Court Appointed Special Advocate) Worker Info:

Has the youth been assigned a CASA worker? What information did the CASA worker provide regarding permanency and family?

Name of CSW Worker:_____ Date Contacted:_____

CSW (Certified Social Worker) Info:

Information obtained from social worker about child or youth, family, and permanency plan.

Case Mining Date Case Mined:_____

Information discovered:

What information did we find while doing case mining/reviewing court, agency, child welfare files?

Youth Name _____ Completed By: _____ Date_____

Family Finding Plan of Action:

What role will the Family Finding Coordinator play and what is the proposed plan of action and target dates. Detail family finding activities to be completed and related engagement strategies. Be sure to include who is and is not aware of the child or youth's LGBTQ+ identity and any related concerns the child or youth or practitioners may have.

Action Steps:

Team Member Responsible	Individual Being Contacted	Target Date	Completed By	Results/Next Steps
	Whom are we contacting and relationship to child?	By when?	Date completed	What is the follow up of the action?

Appendix C.10: Building Relationships and Support Guidelines

Building Relationships and Support Guidelines

PURPOSE: The purpose of building relationships and support with the youth is to establish life-long connections to assist the youth in building emotional permanency and in obtaining their goals. There are three tasks that need to be accomplished: (1) deciding with whom the youth would like to reconnect, (2) identifying what connections the youth would like to make and maintain, and (3) learning how to strengthen the relationships with the identified people in their "chosen family". As service providers, it is essential to uncover possible safe and healthy connections that are supportive and affirming.

Reconnect

Practitioners should begin by exploring with the youth with whom they would like to reconnect:

- Who was important to you growing up?
- Is there an adult around whom you feel safe?
- Is there someone with whom you would like to reconnect? What does that person mean to you?
- What are you concerned about? What are you hoping for with this person(s)?
- What support can I provide? Use open-ended and probing questions to gather as much information as possible to assist the youth in identifying with whom they want to reconnect. Note: A child or youth may not know the answers to all these questions but practitioners can begin a dialogue about it and encourage expression.

Connect

Once reconnections are established, it is important to keep abreast of the frequency and quality of contact and coach adults and depending on the age of the child or youth, the youth, about maintaining connections. Some questions to ask:

- How do you feel now being connected or reconnecting to this person (s)?
- What efforts will you make to maintain this relationship? Do you know how to successfully continue this relationship?
- What is the quality of this relationship? Has it changed as a result of anything, e.g., coming out, expressing your identity?
- What support can I provide to you to help maintain this connection? (e.g., role model daily conversations, provide education and support to the adult)

Strengthening Connections

1. Encourage communication:
    - Youth can send text messages, make phone calls, or use social media (e.g., hold mock phone calls, act out reciprocating interactions).
    - Youth can communicate to give updates on their life and current accomplishments.
    - Youth can reciprocate relationship by asking how the other person is doing.
    - Encourage youth to keep an address book for phone numbers and addresses of contacts.
2. Promote positive relationships, and assist youth in learning how to build appropriate boundaries:
    - Teach youth how to have reciprocal relationships.
    - Help youth to ascertain if the relationship is beneficial to youth and worth keeping by weighing out the pros and cons of maintaining the relationship.
    - Teach youth how to set boundaries in relationships
3. Reinforce and encourage contact with supportive connections
    - Ask youth about their last phone call when their connection was made to the person.
    - Remind youth about their established connection (e.g., Remember you can call _____ to talk about_____).
    - Inquire about memorable parts of their conversations with the person with whom they have connected.
    - Help youth identify things they have in common with the person to whom the connection was made.
4. Discuss previous and past supports and connections:
    - Discuss individuals who have been significant to child or youth at any point in their life.
    - Explore with youth the nature of the relationship and what the adult provided for them, what was positive about the relationship.
    - Inquire with youth about their hopes for the relationship(s).
    - Assist youth in identifying what type of support they could obtain from each relationship. What role do they want each person to play in their life?
    - If the youth was close to the person, help them remember

*When new connections are established or re-established, the youth's LGBTQ+ identity should not be the primary area of focus until a durable relationship is formed between the youth and adult, reconnection, and being a part of the youth's life should be the focus.

*Practitioners should always assess the youth's emotional well-being and physical safety and whether a connection is potentially harmful to the child or youth. Rejection is harmful to the health and mental health of children and youth.

GOAL: Identify a network of adults to support the well-being and permanency needs of the LGBTQ+ child or youth.

Appendix C.11: Safety Plan Instructions

Instructions for Developing a Safety Plan

The emotional, psychological and physical safety of the child or youth and their family needs to be assessed and planned for at the beginning and throughout services. LGBTQ+ youth are often at increased risk of harm due to other people's rejecting and sometimes physically harmful behavior toward them based on their sexual orientation, gender identity, and/or gender expression (E.g. a negative reaction to a youth disclosing their identity could put a youth at increased risk of depression and the development of negative coping behaviors to deal with the rejection, a youth's identity or expression being targeted at a group home, at school or in a community could put them at increased risk of harassment, bullying, hate crimes). As a result, their safety in the home, in placement, with peers, and in the community needs to be assessed and strategies to best ensure their safety need to be developed. The CCT practitioners should work with the youth and adults involved to assess the safety of the child or youth and identify circumstances that would jeopardize their safety and well-being. A written safety plan is developed with the youth and caregivers and includes strategies to address known triggers, individuals (natural and professional supports) who can provide support in an emergency, as well as steps to take in an emergency.

The goals of a safety plan are to:

1. Assess the particular circumstances and risk factors of the child or youth and their family (mental health, substance use, support for LGBTQ+ identity, safety at school, group home, community)
2. Anticipate potential crisis situations based on the challenges of the youth and family.
3. Develop strategies to address stressful situations and prevent a crisis from happening
4. Create a plan of action detailing how to proceed should an emergency arise

The safety plan includes proactive and reactive strategies:

- Proactive safety planning focuses on what tools the youth and family can use when there is threat of a crisis before it becomes an emergency
- Reactive explores how the client and/ or family can manage a crisis should it occur

Once the safety plan is developed and agreed upon a copy of the plan is given to the youth, family members, and the professionals involved so that it can be followed in times of need. The safety plan should be reviewed each time the plan of care is updated or when an identified need or situation arises that needs to be addressed.

CCT Referral Form

Instruction Sheet

Referral Guidelines

1. This form assists you in determining eligibility criteria for RISE. The first step in determining eligibility is having a discussion with the child or youth that you think may benefit from RISE services. The discussion guide (see Child or Youth Discussion Guide) will help you talk with the child or youth about their identity and feelings.

2. Please complete each section of this form. Information will be used by RISE staff to further determine eligibility criteria and to determine methods for contacting the child or youth that will not put the child or youth at risk.

3. Once the form is complete (return/mail/fax - choosing the most secure method vs. the most efficient) it, to the RISE DCFS Liaison at (information for proper routing).

4. You may be contacted by the DCFS Liaison if further information is needed regarding the referral; please make sure to provide the best contact information at the top of the page. Also if you have an impending vacation please indicate an alternate contact at the top of this page to ensure there will be no delays in the referral process.

Child/Youth Discussion Guide

If the child or youth has previously talked to you about his or her gender identity, gender non-conforming behavior or questions he or she has had about same-sex romantic attraction, use these prompts: "Thank you for sharing your feelings with me. By sharing, you have helped me to look for services that will best support you. There is a new program called RISE which may help you further explore or answer questions you have about your feelings. I'd like to share your information with a person called the DCFS RISE Liaison and your lawyer; unless you don't have a lawyer because you are receiving voluntary services. If you do have a lawyer, your lawyer will contact you and talk to you about the program. Would that be okay? If you are receiving voluntary services, I will need to ask you a few more questions in order to determine if you are eligible for RISE services." [If receiving voluntary services, proceed to the appropriate part of the script below (either "**Voluntary family maintenance and voluntary family reunification - gender non-conforming"** or "**Voluntary family maintenance and voluntary family reunification - Questioning Same-Sex Attraction")].

If another person (such as the child's attorney, child's caretaker, member of the group home staff) has told you that the child or youth is engaging in gender non-conforming behavior or is questioning his or her identity, use these prompts to confirm the child or youth's feelings: Gender Non-Conforming - "Some (biological sex of child/youth) like to wear clothes, play with toys or participate in activities that other people say are for (opposite sex of child/youth). Do you like to do some of these things? Do others, adults and/or children/youth, make you feel bad or tell you it's wrong to do these things?" [**Child or youth confirms whether or not he/she has asked those questions. If there is any affirmative answer, verbal or non-verbal, proceed.]** "Thank you for sharing that with me, I know that it may have been hard for you to talk to me about this. As your social worker, I am here to find the support that you need. There is a new program called RISE which may help you further explore or answer questions you have about your feelings. I'd like to share your information with a person called the DCFS RISE Liaison and your lawyer; unless you don't have a lawyer because you are receiving voluntary services. If you do have a lawyer, your lawyer will contact you and talk to you about the program. Would that be okay? If you are receiving voluntary services, I will need to ask you a few more

questions in order to determine if you are eligible for RISE services." [If receiving voluntary services, proceed to the appropriate part of the script below (either "**Voluntary family maintenance and voluntary family reunification - gender non-conforming"** or "**Voluntary family maintenance and voluntary family reunification - Questioning Same-Sex Attraction")].

Questioning Same-Sex Attraction - "As you grow older, you start to have crushes on others. Sometimes people are attracted to people of the opposite sex, sometimes to people of the same sex, and sometimes to both sexes. I was wondering if you've ever had a crush on someone that is of the same sex as you?" [**Child or youth confirms whether or not he/she has had those feelings. If there is any affirmative answer, verbal or non-verbal, proceed.]** "Thank you for sharing that with me, I know that it may have been hard for you to talk to me about this. As your social worker, I am here to find the support that you need. There is a new program called RISE which may help you further explore or answer questions you have about your feelings. I'd like to share your information with a person called the DCFS RISE Liaison and your lawyer; unless you don't have a lawyer because you are receiving voluntary services. If you do have a lawyer, your lawyer will contact you and talk to you about the program. Would that be okay? If you are receiving voluntary services, I will need to ask you a few more questions in order to determine if you are eligible for RISE services." [If receiving voluntary services, proceed to the appropriate part of the script below (either "**Voluntary family maintenance and voluntary family reunification - gender non-conforming"** or "**Voluntary family maintenance and voluntary family reunification - Questioning Same-Sex Attraction")].

Voluntary family maintenance and voluntary family reunification - gender non-conforming – "Some (biological sex of child/youth) like to wear clothes, play with toys or participate in activities that other people say are for (opposite sex of child/youth). Is one of your parents aware that you like to do some of these things? **[Child or youth confirms whether or not a parent is aware, or says if they are unsure. If there is any affirmative answer, verbal or non-verbal, proceed.]** Can you tell me which one of your parents is aware that you like to wear clothes, play with toys or participate in activities that other people say are for (opposite sex of child/youth)? **[If child or youth states which parent is aware, proceed].** Thank you for sharing that with me. I'd like to share your information with the RISE DCFS Liaison and someone called the RISE Care Coordination Team Program Manager. The RISE Care Coordination Team Program Manager will contact [the parent that the youth stated is aware] to talk to [him/her] about the program. "

Voluntary family maintenance and voluntary family reunification - Questioning Same-Sex Attraction
"Is one of your parents aware that you have had a crush on someone that is of the same sex as you? **[Child or youth confirms whether or not a parent is aware, or says if they are unsure. If there is any affirmative answer, verbal or non-verbal, proceed.]** Can you tell me which one of your parents is aware that you have had a crush on someone that is of the same sex as you? **[If child or youth states which parent is aware, proceed].** Thank you for sharing that with me. I'd like to share your information with the RISE DCFS Liaison and someone called the RISE Care Coordination Team Program Manager. The RISE Care Coordination Team Program Manager will contact [the parent that the youth stated is aware] to talk to [him/her] about the program. "

CCT Referral Form

Referral Date: ☐ CWS/CMS Child ID: ☐ CWS/CMS CASE ID: ☐

Client Information

First Name: ☐ MI: ☐ Last Name: ☐

Preferred Name: ☐ Date of Birth: ☐

Legal/Assigned Sex:

☐ Male ☐ Female

Gender Identity:

☐ Male ☐ Female ☐ Transgender ☐ MTF ☐ FTM ☐ Other ☐

Gender Expression:

Is the child/youth gender non-conforming? ☐ Yes ☐ No

Sexual Orientation:

☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning ☐ Straight ☐ Other ☐

Race/Ethnicity:
(Select ***All*** that apply)

☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander
☐ Asian
☐ White/Caucasian
☐ Black/African American
☐ Other ☐
☐ Hispanic/Latino

Youth Primary Language: ☐ Caregiver Primary Language: ☐

Youth Secondary Language: ☐ Caregiver Secondary Language: ☐

Current Placement Information

Current Placement Setting: ☐ Home of Parent ☐ Other

☐ Relative Care ☐ Legal Guardian ☐ Certified Foster Home ☐ FFA ☐ Residential or Group Home ☐ Adoptive Home

Primary Contact: ☐ Facility Name: ☐

Address: ☐ Relationship: ☐

City: ☐ State: ☐ Zip Code: ☐

Phone: ☐ Cell Phone: ☐ Fax: ☐

Is child/youth currently receiving RBS? ☐ Yes ☐ No Is child/youth currently receiving Wraparound services? ☐ Yes ☐ No

Is the child/youth in a Community Treatment Facility (Level 14+)? ☐ Yes ☐ No

If yes, are there plans to move to a lower level of care in the next 30 days? ☐ Yes ☐ No

Is the case post disposition? ☐ Yes ☐ No ☐ Family Maintenance ☐ Family Reunification (FR) ☐ Permanency Planning (PP)

☐ Voluntary Family Maintenance (VFM) ☐ Voluntary Family Reunification (VFR)

What is the current permanency plan? ☐ Family Maintenance (At home of parent or guardian)

☐ Reunification ☐ Adoption ☐ Legal Guardianship ☐ Another Planned Permanent Living Arrangement (APPLA)

Description if APPLA:

☐ Parental rights in effect ☐ Parental rights terminated

VFM and VFR Parent Information

Is there a parent who is aware of the child's/youth's LGBTQ status? ☐ Yes ☐ No ☐ Unclear

If yes, explain to the child that RISE will need to get permission from a parent who is aware in order for the youth to participate in services. Ask the youth if they are comfortable with the RISE CCT Program Manager approaching the parent to obtain their consent for the youth to participate in services.

Please provide contact info for all parents who are aware of the child/youth's LGBTQ status:

Parent #1 Name: Contact Phone:

Address: City: State: Zip:

Did the youth provide verbal approval that RISE can notify Parent #1 about the RISE Program? ☐ Yes ☐ No

Parent #2 Name: Contact Phone:

Address: City: State: Zip:

Did the youth provide verbal approval that RISE can notify Parent #2 about the RISE Program? Yes ☐ No ☐

Referral Information

Reason for Referral:

Do you have any concerns about the child's/youth's ability to participate in this project due to functional impairment, behavioral problems or mental health symptoms? ☐ Yes ☐ No

If yes, please explain briefly:

DCFS Information:

DCFS Office:

Office Address:

City: State: Zip:

CSW: Phone: E-mail:

Adoption Worker: Phone: E-mail:

Probation Information:

Is child/youth currently on probation: If yes:

☐ Yes ☐ No ☐ Informal ☐ Dual Status

If yes, Probation Officer name:

Probation Officer Office:

If this is a Court Case, Attorney Information: (N/A if voluntary case)

Attorney:

Phone: Fax: E-mail:

Address:

City: State: Zip:

Is the child's/youth's attorney aware of the child's/youth's LGBTQ identity? ☐ Yes ☐ No

If the child's/youth's attorney is not aware of the child's/youth's LGBTQ identity explain to the child/youth that their attorney will help get permission for the child/youth to participate from other sources if parents' rights are in effect. Ask the youth if they feel comfortable disclosing their LGBTQ identity to their attorney. If the child is comfortable with their attorney knowing of their LGBTQ identity, discuss with the child/youth how they would like to disclose their LGBTQ identity to their attorney. Would they like to talk to their attorney themselves or would they prefer that their CSW or the DCFS Enrollment Liaison make the disclosure to the attorney?

Youth provided verbal approval that RISE can notify his/her attorney about the RISE Program? ☐ Yes ☐ No

If the child/youth is uncomfortable with their attorney knowing of the LGBTQ identity, ask if they would be comfortable discussing the reasons why with the DCFS Enrollment Liaison.

For DCFS Enrollment Liaison Use Only

Enrollment Status: ☐ Eligible ☐ Ineligible

Reason(s) for ineligibility:

- ☐ Not an open DCFS Case
- ☐ Not LGBTQ identified or gender non-conforming
- ☐ Child/Youth and/or Family does not want to participate
- ☐ Youth in probation placement setting
- ☐ Does not meet age requirements (under 5 OR older than 17 years and 6 months)
- ☐ Has current WRAP or RBS team and not appropriate to transition to CCT
- ☐ In CTF placement with no plans to move to less restrictive care in the next 30 days
- ☐ Has no barriers to permanency

Eligibility Status Determined By:

For RISE Office Use Only

Reason(s) for ineligibility:

- ☐ Youth is placed outside of LA County, and not within reasonable commuting distance, depending on caseload.
- ☐ VFM/VFR case: The child/youth does not have a parent that is aware of child/youth's LGBTQ status, or it is unclear.

☐ Enrolled ☐ Waitlisted Reason for Waitlist:

Date referred for Intake: RISE Case ID#:

1220 N. HIGHLAND AVE. • LOS ANGELES CA 90038

RISE PROGRAM AND STUDY YOUTH ASSENT SCRIPT TO PARTICIPATE IN RISE CARE COORDINATION SERVICES (AGES 12 – 17)

RISE is a program supported by the Permanency Innovations Initiative (PII), a nationwide project that works with programs around the country to make things better for kids in foster care. RISE team members work at the Los Angeles Gay and Lesbian Center's Department of Children, Youth and Family Services, and work with staff from the Department of Children and Family Services (DCFS).

What is the RISE program?

The RISE program works to increase and strengthen kid's connections with family members and other supportive adults. RISE thinks that when kids have more caring adults involved in their lives, they can form a lasting support network that will help get kids out of foster care and home to families.

Why are you talking to me about the RISE program?

We are talking to you about this program to see if you want to participate, because your social worker, or another professional, felt that you could benefit from the services RISE offers. RISE works with kids who may express themselves differently than most other girls and boys. RISE also works with kids who may have romantic feelings for other people who are the same sex as they are (such as boys that have romantic feelings for other boys or girls that have romantic feelings for other girls) and kids who are confused because they may have romantic feelings for other people of the same sex or both sexes (such as girls that have romantic feelings for other girls and boys or boys that have romantic feelings for other boys and girls. The program will focus on building your support system in order to identify a forever family for you to live with. This is a new program and your participation will help RISE come up with better ways to help kids like you.

BEFORE I GO ON, LET ME MAKE SURE THAT WHAT I'M TELLING YOU MAKES SENSE. BASED ON WHAT I'VE SAID SO FAR…

1. *WHAT IS RISE?*

CORRECT ANSWER: A PROGRAM HELPING ME CONNECT TO CARING ADULTS

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

2. *IS RISE FOR ALL KIDS IN FOSTER CARE?*

CORRECT ANSWER: NO

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

3. *IS RISE FOR KIDS WHO MAY EXPRESS THEMSELVES DIFFERENTLY?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

4. *IS RISE FOR KIDS WHO MAY FEEL CONFUSED BECAUSE OF WHO THEY HAVE ROMANTIC FEELINGS FOR?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

Ok that's good. Is it ok if we keep going?

What will I be asked to do if I agree to be in the RISE program?

If you want to receive services from RISE, a care coordination team will work with you on expanding your support network. RISE team members will meet with you one-on-one, to understand who are the adults currently involved in your life, and to help you identify other adults you might like to be connected to. A Youth Specialist will meet with you weekly, in a private place, to talk about who you feel connected to, what activities you like to do, and what activities you would like to do more of. A Parent Partner will be in regular contact with the supportive adults in your life, such as close family members, relatives, and other adults you care about and who care about you, to help them figure out how to support you in the future. A Family Finding Specialist will help you reach out to relatives you may or may not be in contact with, or any other adult you would like to feel closer to. A Facilitator will hold meetings to get you and your team together with the adults in your life, to help them figure out more and better ways to support you. Team meetings are expected to be weekly at first, as RISE builds a strong network to help you and sets a goal of getting you out of foster care. Team meetings can be held anywhere you feel comfortable, and are always private. Your team will stick with you until there is a solid plan to make sure you have a family for life. This could take some time, maybe more than a year, but your RISE team will want to be certain you have a forever family to live with. While you are receiving services from the RISE program, a research company called Westat, will be studying how these services work and will ask you if you would like to participate in their study.

Are there other ways to take part in the program?

No. This is a new program and there are no other ways to get RISE services.

Do I get anything for being in the RISE program?

You will not receive any gifts or money for taking part in the RISE program. RISE hopes that you will benefit by gaining a lasting support network of people who will help you reach your goals for the future.

Are there any risks or discomforts to being in the RISE program?

Because the RISE team will be focused on connecting you with potentially supportive adults, it is possible that you might experience some discomfort about opening up and sharing your life experiences with them. Connecting with people leaves all of us vulnerable to feelings that can be scary or upsetting. Anytime someone reveals something personal about themselves, they run the risk that someone might not understand, or be disapproving. Your RISE team will help you make plans about what to talk about with people and at your support network meetings, and will have rules for contacts and meetings to make sure you feel safe and everyone treats each other with respect. You will be able to choose who to be in contact with and who to invite to meetings. You will be able to choose which RISE team members join you in any contacts or special meetings with other adults. Your RISE team will help you think through which relationships you feel the most support from, and those you don't, and try to increase support for you. RISE will make sure you have a written plan about what to do if you don't feel safe.

AGAIN I WANT TO MAKE SURE THAT WHAT I'M SAYING MAKES SENSE. BASED ON WHAT I'VE SAID SO FAR…

5. *WILL YOU GET ANYTHING FOR BEING IN RISE?*

CORRECT ANSWER: NO

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- ***4TH ATTEMPT INDICATES LACK OF UNDERSTANDING*** ☐

6. *IS IT POSSIBLE THAT YOU MIGHT TALK ABOUT SOME THINGS WHICH MAKES YOU FEEL UPSET DURING RISE?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED)* ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- ***4TH ATTEMPT INDICATES LACK OF UNDERSTANDING*** ☐

7. *WILL YOUR RISE TEAM HELP YOU TALK ABOUT THINGS WHICH MIGHT MAKE YOU FEEL UPSET?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐

2ND ATTEMPT (REPEAT OF INFORMATION NEEDED) ☐
3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE) ☐
4TH ATTEMPT INDICATES LACK OF UNDERSTANDING ☐

Ok thank you, can we keep going?

Will what I share during the RISE program be kept private?

We will keep your information private except in situations where there is a need to prevent serious harm to you or others. All RISE staff have signed a form agreeing to this. Any of your personal feelings that are shared with the RISE team will be kept private, and you will be the one to decide if and when you want to share any information about yourself with people outside the RISE team. The RISE staff will always meet with you in a private place. RISE will not include any information that identifies you or your family in any reports we write about our research findings, but we may include information that identifies you or your family in reports we write for DCFS, the court, or your foster care agency. RISE will follow a Court request that was made. The Court said that if you agree to be in the RISE program we must give a signed copy of this form to DCFS. We will give a signed copy to the DCFS Enrollment Liaison. The liaison is the person who helped your caseworker complete paperwork for RISE. RISE will keep your information private to the extent permitted by law.

Do I have to be in the RISE program?

No, you do not have to be in the program. No one will get mad at you if you do not want to take part in the program. Your decision not to take part will not change the services you currently get from your social worker, your attorney, your caregiver or your placement agency.

JUST SO I'M ABSOLUTELY SURE THAT THIS MAKES SENSE…

8. *IF YOU AGREE TO BE IN RISE WILL THE DCFS ENROLLMENT LIAISON GET A COPY OF THIS FORM?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:
1ST ATTEMPT (NO REPEAT NEEDED) ☐
2ND ATTEMPT (REPEAT OF INFORMATION NEEDED) ☐
3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE) ☐
4TH ATTEMPT INDICATES LACK OF UNDERSTANDING ☐

9. *OTHER THAN IN CASES WHERE YOU OR SOMEONE ELSE MAY BE IN DANGER, WILL WE KEEP YOUR INFORMATION PRIVATE?*

CORRECT ANSWER: YES

RESPONDENT GAVE THE CORRECT ANSWER AFTER:
1ST ATTEMPT (NO REPEAT NEEDED) ☐
2ND ATTEMPT (REPEAT OF INFORMATION NEEDED) ☐
3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE) ☐
4TH ATTEMPT INDICATES LACK OF UNDERSTANDING ☐

10. *DO YOU HAVE TO BE IN RISE?*

CORRECT ANSWER: NO

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED*) ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

11. *WILL THE SERVICES YOU ALREADY GET STOP IF YOU DO NOT WANT TO BE IN RISE?*

CORRECT ANSWER: NO

RESPONDENT GAVE THE CORRECT ANSWER AFTER:

- *1ST ATTEMPT (NO REPEAT NEEDED)* ☐
- *2ND ATTEMPT (REPEAT OF INFORMATION NEEDED*) ☐
- *3RD ATTEMPT (WITH PARAPHRASING/ALTERNATE LANGUAGE)* ☐
- *4TH ATTEMPT INDICATES LACK OF UNDERSTANDING* ☐

Thank you we're almost finished.

What if I have questions?

If you have any questions about the RISE program, call the people below.

For questions about RISE, please contact: (insert contact info here)	For questions about the child's rights as a participant in the RISE program, contact: *The Committee for the Protection of Human Subjects,* (916) 326-3660.

IF "4TH ATTEMPT INDICATES LACK OF UNDERSTANDING," IS SELECTED ONE OR MORE TIMES THANK THE CHIILD AND TELL HIM OR HER:

Thank you for talking with me today. You have given me all the information I needed. There are many programs which may be helpful for you and your caseworker is always looking for these programs. I will keep your information and at another time someone may talk to you again about being in RISE. Though you will not be in RISE now please know you will keep getting services that you need.

IF THE CHILD HAS ANSWERED ALL QUESTIONS CORRECTLY WITHIN THREE ATTEMPTS CONTINUE WITH THE SECTION BELOW

Participant's Decision

Please check one of the boxes to let us know if you do or do not want to participate in the RISE program. You will get a copy of this form, and if you would like to, you can ask RISE to have your DCFS caseworker keep it for you in your DCFS case file.

- ☐ Yes. By checking this box, I am saying that I read or listened to someone read this form to me, that I understand what it says and that I want to take part in the RISE program.

☐ (If checked yes above) Yes. By checking this box, I am saying that I have received a copy of, and read or listened to someone read me, the Research Participant's Bill of Rights, and that I understand what it says.

☐ No. By checking this box, I am saying that I do not want to take part in the RISE program.

_____ _____

Participant Signature Participant Printed Name

_____

Date

Witness Signature

In my judgment the participant is voluntarily and knowingly agreeing to participate in this research study, and has received a copy of the *Research Participant's Bill of Rights*.

_____ _____ _____

Signature of Witness to Assent Process Date Name of witness

OFFICE USE ONLY:

Child Evaluation ID _____

_____ _____

Study representative's signature Date

CCT Intake Form

1220 N. Highland Ave.
Los Angeles, CA 90038
Tel: 323.860.3624
Fax: 323.308.4466

Date of Intake:

Youth Information

RISE Case #: Preferred Name: DOB:

Full Legal Name: Gender Non-Conforming? Sexual Orientation:

Self-Identified Gender: Birth Sex: DCFS Office:

Primary Language: Youth's Phone Number:

Placement Information

Name: Congregate Care?: Agency Name:

Phone Number (Primary) Phone Number (Secondary)

Address: Apt#:

City: State Zip Code

Primary Language: Relationship:

Sibling Information

Name: DOB: Relationship: Caregiver:

Name: DOB: Relationship: Caregiver:

Name: DOB: Relationship: Caregiver:

Name: DOB: Relationship: Caregiver:

Name: DOB: Relationship: Caregiver:

Visitation Information

Name	Relationship	Type of Contact	Contact Frequency	Aware of LGBTQ Identity

Disclosure of LGBTQ Identity

List all people that are aware of the child's/youth's LGBTQ identity for each category. Do not include those listed in the above section.

Placement Agency Staff

Name	Title/Position

DCFS Staff

Name	Title/Position

Family of Origin

Name	Relationship to Child/Youth

Foster Family

Name	Relationship to Child/Youth

Other

Name	Relationship to Child/Youth

Educational Information

School: _____ District: _____ Grade: _____

Special Education: ☐ Yes ☐ No Current IEP: ☐ Yes ☐ No Non Public School: ☐ Yes ☐ No

Health & Mental Health Information

Behavioral Problems and Mental Health Symptoms

☐ Anxious/Nervous ☐ Hyperactive/Impulsive/Inattentive ☐ Aggressive/Violent ☐ Irritable/Mood Swings

☐ Sad/Depressed ☐ History of Suicidal Ideation/Self Harm ☐ Suicidal Ideation/Self Harm ☐ Seeing/Hearing Things

☐ Eating Disorder ☐ Sexualized Behavior

Functional Impairments in:

☐ Health ☐ School ☐ Work ☐ Safety

☐ Placement Stability ☐ Development ☐ Social/Peer/Family ☐ Living Skills

Type of Treatment:

☐ Residential Treatment ☐ Outpatient ☐ Day Treatment ☐ School Based ☐ In-Home ☐ None

☐ Other _____

Mental Health Service Provider of Primary Responsibility: _____

Therapist: _____ Phone: _____

Current Diagnosis: _____ Medication(s): _____

Prescribed by: _____ Phone: _____

Pervious Hospitalizations/Residential Placements: ☐ Yes ☐ No

Health Information

Current Health Treatment/Issues: _____

Appendix E.1: Youth Survey

RISE CCT Fidelity Assessment Survey - Youth

Administrative Information:

Case ID:	
Interviewer's name:	
Date:	
CCT Team ID:	
Predominant language CCT conducted in:	
Administration method:	☐ Self-administered ☐ Interviewer-administered – in person ☐ Interviewer-administered –by phone
Length of Interview:	
Meeting type:	☐ Team ☐ One-on-one
CCT meeting number (i.e., fourth meeting, sixth meeting)	
Survey	☐ Initial ☐ Follow-up

Interviewer script:

I will be asking you questions about your experiences with the RISE Care Coordination Team (CCT). The information you share with me will help RISE understand what they are doing well, and what they need to improve.

I am going to ask you about 10 questions about the services you and your family received in the past month with _____(YS),_____ (PP),_____(F). For each question, please respond with no, yes, or somewhat. Let me know if there are any questions you don't understand.

DIRECTIONS: Please answer the following questions by circling the response that best describes their experience. Please mark only one answer for each item.	**Yes**	**Somewhat**	**No**
1) Did RISE explain to you that they would be working with your family or other important people in your life to help them give you more support as a _____lesbian/gay/bisexual/transgender/ questioning (***use term youth is most comfortable with***) person?	Y	S	N
2) Did RISE explain to you how the group meetings with RISE would work? (# of meetings, etc.)?	Y	S	N
3) Did RISE have a discussion with you about what it means to come out?	Y	S	N
4) Does RISE ask you about important things you want to share about your family or other important people in your life?	Y	S	N
5) Does RISE ask you about what kinds of problems you may be having with your family or other people in your life regarding being _____lesbian/gay/bisexual/transgender/questioning (***use term youth is most comfortable with***)?	Y	S	N
6) Does RISE help you think about family members and other people who might be supportive of you being _____lesbian/gay/bisexual/transgender/questioning (***use term youth is most comfortable with***)?	Y	S	N
7) Does RISE ask for your permission before talking to people about you being _____lesbian /gay/bisexual/transgender/questioning (***use term youth is most comfortable with***)?	Y	S	N
8) Does RISE encourage you to keep in contact with people who support you?	Y	S	N
9) Does RISE listen to you and seem really interested in what you have to say?	Y	S	N
10) Do you feel comfortable in group meetings with RISE?	Y	S	N
11) Do you feel comfortable talking with _____ (Youth Specialist)?	Y	S	N
12) Do you feel that RISE supports you being _____ lesbian/gay/bisexual/transgender/ questioning (***use term youth is most comfortable with***)?	Y	S	N
13) Do you think RISE is helpful?	Y	S	N

Interviewer notes or comments:

Appendix E.2: Natural Support Survey

RISE CCT Fidelity Assessment Survey – Natural Support

Administrative Information:

Case ID:	
Interviewer's name:	
Date:	
CCT Team #:	
Predominant language CCT conducted in:	
Administration method:	☐ Self-administered ☐ Interviewer-administered – in person ☐ Interviewer-administered –by phone
Length of Interview:	
Meeting type:	☐ Team ☐ One-on-one
CCT meeting number (i.e., fourth meeting, sixth meeting):	
Survey:	☐ Initial ☐ Follow-up
Adult's Relationship with Youth:	☐ Biological Mother/Father ☐ Foster Mother/Father ☐ Relative ☐ Caregiver (specify)_____ ☐ Other (specify) _____

Interviewer script:

I will be asking you questions about your experiences with the RISE Care Coordination Team (CCT). The information you share with me will help RISE understand what we are doing well, and what we need to improve. I am going to ask you about 10 questions about the services you and your family received in the past month with (YS), ___ (PP), (F). For each question, please respond with no, yes, or somewhat. Let me know if there are any questions you don't understand.

DIRECTIONS: Please answer the following questions by circling the response that best describes their experience. Please mark only one answer for each item.	**Yes**	**Somewhat**	**No**
1) Do you feel that RISE respects your cultures, values, and traditions?	Y	S	N
2) Does RISE ask you about your feelings and thoughts about _____ (use the youth's name) being _____lesbian/gay/bisexual/transgender/questioning (***use term youth is most comfortable with***)?	Y	S	N
3) Does RISE listen to you and seem genuinely interested in what you say?	Y	S	N
4) Do you feel comfortable in group meetings with RISE?	Y	S	N
5) Does RISE help you identify ways you can support _____ (use youth's name)?	Y	S	N
6) Does RISE provide you with information and educational materials?	Y	S	N
7) Does RISE discuss with you how your thoughts, language, and actions towards LGBTQ people can affect your relationship with _____ (youth's name)?	Y	S	N
8) Does RISE discuss with you how your thoughts, language, and actions towards LGBTQ people can affect _____ (youth name)'s behavior?	Y	S	N
9) Does RISE encourage you to think of adults or resources that may support _____ (youth's name) being _____lesbian/gay/bisexual/transgender/questioning (***use term youth is most comfortable with***)?	Y	S	N
10) Do you feel comfortable talking with _____ (Parent Partner)?	Y	S	N
11) Does RISE connect you to LGBTQ community resources?	Y	S	N
12) Does RISE discuss with you the important of permanent, lifelong supportive relationships for _____ (youth's name)?	Y	S	N
13) What do you think is working well in RISE meetings?			
14) What do you think could be improved about RISE meetings?			

Interviewer notes or comments:

Fidelity Observation Tool

	NO	SOMEWHAT	YES		COMMENTS
1 The Facilitator created opportunities for the youth and natural supports to share their experience and participate in the meeting.	1	2	3		
2 The Parent Partner created opportunities for the youth and natural supports to share their experience and participate in the meeting.	1	2	3	N/A	
3 The Youth Specialist created opportunities for the youth and natural supports to share their experience and participate in the meeting.	1	2	3	N/A	
4 The Family Finder created opportunities for the youth and natural supports to share their experience and participate in the meeting.	1	2	3	N/A	

	NO	SOMEWHAT	YES		COMMENTS
5 The Facilitator used accessible language the youth and natural supports understood.	1	2	3		
6 The Parent Partner used accessible language the youth and natural supports understood.	1	2	3	N/A	
7 The Youth Specialist used accessible language the youth and natural supports understood.	1	2	3	N/A	
8 The Family Finder used accessible language the youth and natural supports understood.	1	2	3	N/A	

	NO	SOMEWHAT	YES		COMMENTS
9 The Facilitator reviewed the youth's strengths.	1	2	3		
10 The Facilitator generated conversation about what is working well for the youth and natural supports.	1	2	3		
11 The Facilitator generated conversation about challenges the youth and natural supports are facing.	1	2	3		

	NO	SOMEWHAT	YES		COMMENTS
12 The Facilitator carefully and respectfully discussed the youth's LGBTQ identity and related topics.	1	2	3		
13 The Parent Partner carefully and respectfully discussed the youth's LGBTQ identity and related topics.	1	2	3	N/A	
14 The Youth Specialist carefully and respectfully discussed the youth's LGBTQ identity and related topics.	1	2	3	N/A	
15 The Family Finder carefully and respectfully discussed the youth's LGBTQ identity and related topics.	1	2	3	N/A	

		NO	SOMEWHAT	YES		COMMENTS
16	Someone on the team discussed the importance of building relationships and maintaining connections.	1	2	3		
17	Someone on the team discussed continuing the expansion of and/or strengthening of the natural support network.	1	2	3		
18	Someone on the team asked for assistance in reaching out to other family members or natural supporters.	1	2	3		
19	Someone on the team discussed the youth's legal permanency plans and/or goals.	1	2	3		

	NO	SOMEWHAT	YES		COMMENTS
20 The Facilitator reviewed next steps related to goals in the Plan of Care.	1	2	3		

Appendix E.4: Team Document Review

	Team	NO	SOMEWHAT	YES	COMMENTS
1	The team is having discussions with the youth about the youth's understanding of his/her sexual orientation and/or gender identity.	1	2	3	

2	The team is having discussions with the youth to identify natural supports (including family connections) using the Family Mapping activity.				
2A	Adherence	1	2	3	
2B	Frequency	1	2	3	

3	The team is having discussions with the natural supports to identify additional natural supports.	1	2	3	
4	The team is having discussions with the youth about which natural supports he/she would like invited into CCT services.	1	2	3	

5	The team is inviting natural supports into the CCT process that the youth has okayed.	1	2	3	
6	The team is using the Vision Statement activity to identify and establish short-term goals.	1	2	3	

7	The team is using the Strengths Chat activity to identify and build the youth's strengths.	1	2	3	
8	The team is having discussions with the youth to identify and build community resources.	1	2	3	

9	The team is having discussions with natural supports about their commitments related to the RISE Indicators of Emotional Permanency.				
9A	Adherence	1	2	3	
9B	Frequency	1	2	3	

10	The team is having discussions with natural supports about their commitments related to the "Behavioral Indicators of Family Integration of LGBTQ Identity.				
10A	Adherence	1	2	3	
10B	Frequency	1	2	3	

11	The team is discussing the youth's permanency options, plans, and/or goals with the youth, the natural supports, and any relevant formal supports.	1	2	3	
12	The strategies listed in the discovery plan support the goals listed in the Plan of Care.	1	2	3	

13	The team is updating the discovery plan weekly.	1	2	3	

Other comments:

Scoring Guide

Measure	Scoring Guide		
	Yes (3) If ALL criteria listed met	Somewhat (2) If ANY criteria listed met	No (1) If ANY criteria listed met
1. The team is discussing with the youth their understanding of their sexual orientation and/or gender identity.	• The discussion at intake does not count • The case record provides detailed information about the youth's understanding of their SOGIE.	• The case record does provide details about the information about the youth's understanding of their SOGIE.	• The case record has no information about the youth's understanding of their SOGIE.
2. The team is having discussions with the youth to identify natural supports (including family connections) using the Family Mapping activity.	• **2b.: At least once a month in a CCT meeting** • **2a.:** The team is ascertaining who the youth is out to; where the youth perceives those people to be on the rejection and acceptance continuum; and who has in the past or is currently providing LGBTQ support to the youth .	• **2b.:** Less than once a month in a CCT meetings • **2a.**: The team is only doing some of the following: ascertaining who the youth is out to; where the youth perceives those people to be on the rejection and acceptance continuum; and who has in the past or is currently providing LGBTQ support to the youth.	• **2b.:** At no CCT meetings • **2a.:** Never does the following: ascertains who the youth is out to; where the youth perceives those people to be on the rejection and acceptance continuum; and who has in the past or is currently providing LGBTQ support to the youth.
3. The team is having discussions with the natural supports to identify additional natural supports.	• At least once a month	• Less than once a month	• At no CCT meetings

4. The team is having discussions with the youth about which natural supports he/she would like invited into CCT services.	• The team is following up with the youth about **every** natural support that has expressed interest in being invited into CCT services. • Actual conversations are documented – if a youth says "no" to someone, the team must detail why the youth said no in the case record, and what they are going to do as follow-up (i.e., if youth said "no" to option of involving father because father lives in Georgia, follow-up item would be "explained to youth that we can call people into RISE meetings."	• The team is following up with the youth about **some** of the natural supports that have expressed interest in being invited into CCT services. • Conversations are documented, but vague. For instance - (i.e., "youth said 'no' to involving father, then we talked about father"). • Conversations don't detail the follow-up the team did to address youth's concerns.	• The team is following up with the youth about **none** of the natural supports that have expressed interest in being invited into CCT services.
5. The team is inviting natural supports, whom the youth has okayed, into RISE services.	• The team is inviting **every** natural support, whom the youth has okayed, into RISE services (at least once).	• The team is inviting **some** of the natural supports, whom the youth has okayed, into RISE services.	• The team is inviting **none** of the natural supports, whom the youth has okayed, into RISE services.
6. The team is using the Vision Statement activity to identify and establish short-term goals.	• All the short-term goals identified need to be actual goals.	• Some of the short-term goals identified are actual goals.	• None of the short-term goals identified are actual goals.
7. The team is using the Strengths Chat activity to identify and build the youth's strengths.	• All the strengths identified need to be actual strengths (i.e., "hard working") and not basic attributes or likes (i.e., "nice smile" or "likes basketball").	• The strengths are a mix of actual strengths (i.e., "hard working") and basic attributes or likes (i.e., "nice smile" or "likes basketball").	• No strengths have been identified, or none that have been identified could be defined as strengths.

8. The team is having discussions with the youth to identify and build community resources.	• **This includes doing to Eco Map activity, but isn't limited to the Eco Map activity.** • Community resources all have to be community resources (can't be the "beach" or "Starbucks" or "Aunt Carol").	• The community resources are a mix of actual community resources and places like the "beach" or "Starbucks".	• No community resources have been identified, or none that have been identified could be defined as community resources.
9. The team is having discussions with natural supports about their commitments related to the RISE Indicators of Emotional Permanency.	• **9a.:** The indicators need to be those listed in the Desk Guide, and each adult participating in services needs to be rated on them in the documentation. • **9b.: At least once within the first 60 days of services; thereafter, at least once a month**		• 9a and 9b: No adult has ever been rated on the indicators.
10. The team is having discussions with natural supports about their commitments related to the "Behavioral Indicators of Family Integration of LGBTQ Identity."	• **10a.:** The indicators need to be those listed in the Desk Guide, and each adult participating in services needs to be rated on them in the documentation. • **10b.: At least once within the first 60 days of services; thereafter, at least once a month**		• 10a and 10b: No adult has ever been rated on the indicators.

11. The team is discussing the youth's permanency options, plans, and/or goals with the youth, the natural supports, and any relevant formal supports.	• The discussions are substantive. • The discussions need to involve both the youth AND at least one natural support.	• The topic has been brought up, but has not been substantively discussed. • The topic has only been discussed with the youth or natural supports.	• The topic has never been brought up.
12. The strategies listed in the discovery plan support the goals listed in the Plan of Care.	• **Most** of the strategies in the discovery plan support POC goals. • For instance: The youth has a large extended family that hasn't been tapped into by the youth's CSW, and the youth has expressed a desire to learn more about this side of the family; the discovery plan details an extensive strategy for finding these family members.	• **Some** of the strategies in the discovery plan support POC goals. • For instance: The youth has a large extended family that hasn't been tapped into by the youth's CSW, and the youth has expressed a desire to learn more about this side of the family; the discovery plan has a very limited strategy for finding these family members.	• A discovery plan was never created. • None of the strategies in the discovery plan support POC goals.
13. The team is updating the discovery plan weekly.			

Appendix F: LGBTQ+ Glossary of Terms

RISE LGBTQ+ Glossary

The definitions offered here can help when navigating the often ever-changing world of LGBTQ+ terminology. Please remember, however, not to impose these words as labels upon people who identify as LGBTQ+. Ask people how they self-identify and about language that makes them feel safe. If they choose to avoid self-identifying terms, honor their decision—doing this will clearly indicate their right to be themselves and to be safe.

Affirm: To acknowledge or assert as fact; here, to assert one's own sexual orientation or gender identity strongly and publicly *or* to openly acknowledge and publicly assert the rights and dignity of LGBTQ+ people.

Ally: A person or organization that actively aligns and uses their resources to support individuals and communities with a specific issue. Here, an individual who openly supports and affirms the rights and dignity of LGBTQ+ people may be considered an ally.

Androgynous: A gender expression that has both masculine and feminine elements.

Agender: Agender individuals may find that they have no gender identity, or a gender identity that is neutral. Agender is an identity under the nonbinary and transgender umbrella terms.

Anti-Gay Bias: Hatred of, discrimination against, or aversion to lesbian, gay, and/or bisexual (LGB) people; people perceived to be LGB; and/or those associated with persons who are LGB; often referred to as homophobia.

Anti-Transgender Bias: Hatred of, discrimination against, or aversion to transgender or gender-variant people, people perceived to be transgender or gender variant, and/or those associated with persons who are transgender or gender variant; often referred to as transphobia.

Asexual: A person who experiences little to no sexual attraction.

Bigender: A gender identity in which an individual identifies as two genders. These can be any two genders and can be experienced in many different ways.

Binarism: Hatred of, aversion to, and/or discrimination against people whose identities exist outside of the gender/sex binary.

Binary: Consist of, indicating, or involving two.

Biological Sex: The sex assigned at birth by a doctor based on physical anatomy and hormones. Designations include male, female, and intersex; also referred to as assigned sex at birth.

Bisexual: A person who is attracted to people of their[12] own gender, as well as another gender.

Cisgender: A description for a person whose gender identity and biological sex align (e.g., a person identifies as a man and was assigned male at birth by a doctor.)

Cisgender Privilege: The implicit and explicit privileges that cisgender people exercise. For example, the privileges include freedom from questions about one's anatomy (often by strangers) and from frequent misgendering. Cisgender people also enjoy a presumed "validity" as a man/woman/human, and this validity is not based on surgical procedures or how well one "passes" as a man/woman/human, etc.

Coming Out: The process of acknowledging one's sexual orientation or gender identity to oneself and/or individuals in one's life; often incorrectly thought of to be a one-time event, this is a lifelong and sometimes daily process.

Conversion Therapy: A range of discredited practices that falsely claim to change a person's sexual orientation, gender identity, and/or gender expression. These practices have been rejected by every mainstream medical and mental health organization.

Cross Dress: To cross dress is to wear clothing most often associated (in one's culture and historical timeframe) with people of the other gender.

Demisexuality: A sexual orientation in which someone feels sexual attraction only to people with whom they have an emotional bond. Demisexuals are considered to be on the asexual spectrum, meaning they are closely aligned with asexuality, but not quite asexual.

Drag Queen/Drag King: Someone who dresses and acts like the opposite gender for entertainment purposes; usually does not self-identify as transgender.

External Oppression: Occurs when an individual, group, or force with privilege and/or power harms an individual or group without those privileges.

Female-to-male (FTM): A person who transitions from female to male; a person who was assigned female at birth but identifies and lives as a male. Similar self-identifications for this term may include transgender man, transgender boy, or transman.

Feminine: A term used to describe the socially constructed and culturally specific gender behaviors expected of females.

[12] In order to respect gender identity and fluidity, this manual will use "they" and "them" as gender neutral pronouns when referring to an individual or person. Gendered pronouns like "he" and "she" are uncomfortable and limiting for some who do not identify with the gender binary.

Gay: A term used to describe a man who is attracted to another man; this term may also be used by women attracted to other women.

Gay-Straight Alliance (GSA): Formal organization of LGBTQ+ and straight people in support of the dignity and rights of LGBTQ+ people, usually developed in the context of creating change in educational institutions and environments.

Gender: Social and cultural expression of sex; different than *biological sex.*

Gender Affirmation Surgery (also known as Gender Reassignment Surgery): The surgical procedure (or procedures) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that of their identified gender.

Gender Binary: The idea that there are only two genders (males/females and man/woman) and that a person must be strictly gendered as either/or.

Gender Conformity: Acting within socially and culturally expected gender roles.

Gender Dysphoria: A DSM-5 diagnosis described as an incongruence between a person's experienced gender and the gender others assign to them. Gender dysphoria replaces "gender identity disorder."

Note: Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won't be used against them in social, occupational, or legal areas. When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired[13]. Experiencing gender dysphoria is not meant to connote that the individual is "disordered".

Gender Expansive: An umbrella term used for individuals that broaden commonly held definitions of gender, including its expression, associated identities, and/or other perceived gender norms, in one or more aspects of their life.

Gender Expression: The ways in which an individual communicates their gender to others through behavior, clothing, hairstyle, voice, etc.; not an indication of sexual orientation.

Gender Fluid: An individual whose gender identity may continually change throughout their lifetime. These individuals may not feel confined within the socially and culturally expected gender roles and, in fact, may identify differently from situation to situation.

Gender Identity: One's internal, personal sense of their gender. Gender identity can be represented as a spectrum and an individual may move around this spectrum. Some terms that are associated with this spectrum are male, female, agender, gender fluid, genderqueer, trans*, transgender, and two-spirit.

Gender Neutral: Anything (such as clothing, styles, activities, or spaces) that a society or culture considers appropriate for anyone, irrespective of gender; anything that carries with it no particular gender associations.

[13] http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf

Gender Nonconformity: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture; also referred to as gender variant or gender creative.

Gender Role: Culturally or socially determined sets of attitudes and behaviors that are expected of an individual based on their assigned sex at birth or perceived sex.

Genderqueer (also gender queer): An umbrella term some people use to describe when their gender identity falls out of the binary of male or female.

Gender Variant: Expressing gender and/or having gender characteristics that do not conform to the expectations of society and culture; also referred to as gender nonconformity or gender creative.

Heterosexism: A dominant notion that everyone is heterosexual (or should be) and that heterosexuality is superior, better, and preferred.

Heterosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the opposite gender with which one identifies; sometimes referred to as being “straight”.

Heterosexual Privilege: The privileges that heterosexual people have because of heterosexism. Being heterosexual carries with it privileges that may be explicit or implicit, such as the right to marry, adopt children, be a foster parent, and receive fair employment, etc.

Homosexual: Feeling romantic, emotional, and sexual attraction to a person(s) of the same gender with which one identifies. Although some individuals may identify with this term, it is now a dated term that has negative connotations and is considered derogatory.

Identity: What, how, and who one perceives oneself to be; a multi-faceted component of self-concept and can evolve throughout one’s life span.

In the Closet: The intentional concealment of an individual's own gender identity and/or sexual orientation, usually due to fear of discrimination and/or violence; can cause isolation and psychological pain.

Internalized Oppression: The process by which a member of an oppressed group comes to accept and live out the inaccurate myths and stereotypes applied to the group.

Intersex: A general term constructed to describe a variety of conditions for a person born with an anatomy that someone decided is not standard (or typical) to be defined as male or female due to chromosomal, hormonal, and reproductive differences. These differences can include extra or missing chromosomes, elements of both male and female reproductive systems, or genitalia that do not appear clearly male or clearly female at birth.

Lesbian: A term used to describe a woman who is attracted to another woman.

LGBTQ: An acronym for Lesbian, Gay, Bisexual, Transgender, and Questioning or Queer.

Male-to-female (MTF): A person who transitions from male to female; a person who was assigned male at birth but identifies and lives as a female. Additional self-identifications for this term may include transgender woman, transgender girl, and transwoman.

Masculine: A term used to describe the socially constructed and culturally specific gender behaviors expected of males.

Misgender: To refer to another person as a gender with which they do not identify. This could be done intentionally to cause emotional and psychological harm or unintentionally because of assumptions.

Out: Openly acknowledging one's sexual orientation and/or gender identity; may be partial (that is, out to some people and not to others); sometimes referred to as being **"out of the closet"**.

Outed: When someone else accidentally or deliberately reveals another's sexual orientation and/or gender identity, usually without permission.

Pangender (and/or Omnigender): A non-binary gender experience, which refers to a wide multiplicity of genders that can (or not) tend to the infinite (meaning that this experience can go beyond the current knowledge of genders). This experience can be either simultaneous or over time.

Pansexual: A sexual orientation characterized by a potential aesthetic attraction, romantic love, and/or sexual desire for a person regardless of gender identity.

Pride: National, citywide, and neighborhood local events and programs, usually during the month of June, in celebration of the ongoing fight for equality for LGBTQ+ people.

Queer: Historically, this was a derogatory slang term used to identify LGBTQ+ people. It is now a term that some LGBTQ+ people are reclaiming and embracing as a symbol of pride that represents all individuals who fall outside of gender and sexual orientation "norms."

Questioning: Being unsure of where one's primary attraction or gender identity lies.

Safe Space: A place where anyone can relax and fully express themselves without fear of being made to feel uncomfortable, unwelcome, or unsafe on account of biological sex, race/ethnicity, sexual orientation, gender identity, gender expression, cultural background, age, and/or physical or mental ability; a place where the rules guard each person's self-respect and dignity and strongly encourage everyone to respect others.

Same-Gender Loving: A term created within the African American LGBTQ+ community and used by some people of color who see gay and lesbian as terms more connected to a white lesbian or gay identity.

Sex Binary: The classification of sex into two distinct, opposite, and rigidly fixed anatomical options—male or female—both grounded in a person's physical anatomy.

Sexism: Discrimination and unfair treatment based on sex or gender in which privilege is usually afforded to men and not women.

Sexual Behavior: The physical, intimate acts one may do with another person(s); distinct from sexual orientation.

Sexual Orientation: Describes the emotional, romantic, and physical feelings of attraction (usually over a period of time); distinct from sexual behavior.

Stealth: This term refers to when a person chooses to be secretive in the public sphere about their gender history, either after transitioning or while successful passing; also referred to as "going stealth" or "living in stealth mode".

Stem: An urban term often used by young people of color to describe a female-bodied person who gender expresses between what's traditionally considered masculine and feminine. Stems generally appear androgynous, rather than adhering to strictly feminine or masculine norms and gender identities.

Stud: An urban term often used by young people of color to describe a female-bodied person who gender expresses masculine. The sexual orientation of a stud is usually lesbian. Terms like stud are used in urban communities of color because the words lesbian and butch historically were not used to talk about women of color with same gender attractions. In nonurban settings, studs are usually referred to butch.

Third Gender: Is the concept that individuals are categorized, either by themselves or by society, as neither man nor woman. It also describes a social category present in those societies that recognize three or more genders.

*Trans: An umbrella term that refers to all non-cisgender identities within the gender-identity spectrum.

Transgender: An individual whose gender identity differs from their biological sex.

Transsexual: A medical term historically used to identify a person who has undergone hormone and surgical treatments to attain the physical characteristics that affirms their gender identity. Although some individuals may identify as transsexual, this term is now generally considered a derogatory term.

Transition: A term used to describe the process of moving from one sex/gender to another, sometimes this is done by hormone or surgical treatments.

Transvestite: A person who sometimes wears clothing traditionally worn by and associated with the opposite sex. Transvestite should not be confused with transgender or transsexual; transvestites are often happy with their gender and have no desire to change their sex, but simply enjoy being able to cross dress from time to time. When speaking of, to, or about an individual who identifies as transgender, the term transvestite is typically seen as derogatory.

Trigender: Trigender people experience exactly three gender identities, either simultaneously or varying between them. These three gender identities can be male, female, and/or any non-binary identities.

Two-Spirit: A term traditionally used by some Native American people to recognize individuals who possess qualities or fulfill roles of both genders; often considered part male and part female or wholly male and wholly female; often revered as natural peacemakers, as well as healers and shamans.

The RISE Project is funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant number 90-CT-0154.

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Appendix G: 10 Principles of the Wraparound Approach

1. Family voice and choice: Family and the child or youth perspectives are intentionally elicited. The team strives to provide options and choices such that the POC reflects family values and preferences.

2. Team based: The wraparound team consists of individuals agreed upon by the family and committed to them through informal, formal, and community support and service relationships.

3. Natural supports: The team actively seeks out and encourages the full participation of team members drawn from related and non-related family members' networks of interpersonal and community relationships. The wraparound POC reflects activities and interventions that draw on sources of natural support.

4. Collaboration: Team members work cooperatively and share responsibility for developing, implementing, monitoring, and evaluating a single POC. The plan reflects a blending of team members' perspectives, mandates, and resources. The plan guides and coordinates each team member's work towards meeting the team's goals.

5. Community-based: The wraparound team implements service and support strategies that take place in the most inclusive, responsive, accessible and least restrictive settings possible and that safely promote child and family integration into home and community life.

6. Culturally competent: The wraparound process demonstrates respect for and builds on the values, preferences, beliefs, culture, and identity of the child or youth, family, and their community.

7. Individualized: The team develops and implements a customized set of strategies, supports, and services.

8. Strengths based: The wraparound process and the wraparound plan identify, build on, and enhance the capabilities, knowledge, skills, and assets of the child and family, their community, and other team members.

9. Persistence: Despite challenges, the team persists in working toward the goals included in the POC until the team reaches agreement that a formal wraparound process is no longer required.

10. Outcome based: The team ties the goals and strategies of the POC to observable or measurable indicators of success, monitors progress in terms of these indicators, and revises the plan accordingly.

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