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AFFIRM.ME.

Cuyahoga County's Guide on Improving Care and Visibility of LGBTQ+ Youth Involved in the Department of Child and Family Services



QIC  LGBTQ2S

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The QIC-LGBTQ2S

[The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care \(QIC-LGBTQ2S\)](#) was a project led by the Institute for Innovation and Implementation at the University of Maryland School of Social Work (UMSSW). UMSSW was funded by the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families Children's Bureau in 2016 to design, implement, and evaluate evidence-based programs for LGBTQ+ and Two-Spirit children and youth in foster care. UMSSW selected four child welfare agencies, following a competitive application process, as local implementation sites (LIS) in Cuyahoga County, Ohio; Wayne, Oakland, and Macomb Counties, Michigan; Allegheny County, Pennsylvania; and Prince George's County, Maryland. Together, these four LIS implemented more than 15 interventions aimed at improving outcomes for foster youth with diverse sexual orientations, gender identities, or expressions (SOGIE) and their families. To learn more about the other interventions and initiatives involved in the QIC-LGBTQ2S, visit www.sogiecenter.org.

Given the complexity of implementing evidence-informed and evidence-based models in child welfare, the QIC-LGBTQ2S established frameworks for LIS to follow as they implemented their selected interventions. Each LIS engaged in a Quality Learning Collaborative (QLC) process, which was guided by implementation science, using the HHS Permanency Innovations Initiative (PII) framework,¹ which was informed by the National Implementation Research Network (NIRN) model and designed to address implementation challenges. The NIRN/PII Approach entails six implementation stages: 1) Exploration, 2) Installation, 3) Initial Implementation, 4) Full Implementation, 5) Replication/Adaptation, and 6) Broad-Scale Rollout (Murray et al., 2011; Fixsen et al., 2015). The QIC-LGBTQ2S team worked collaboratively with LIS to implement their identified interventions, following a rapid cycle improvement strategy called a Plan-Do-Study-Act cycle, to refine interventions throughout the implementation stages until their readiness for full implementation was demonstrated. According to the QIC-LGBTQ2S's theory of change, attention to the three categories of NIRN's implementation drivers (competency, organization, and leadership) would facilitate support for the LIS through the QLC model to design, implement, and participate in evaluating interventions that would improve outcomes for LGBTQ+ youth in child welfare.

¹For more information on the Permanency Innovations Initiative, visit [Permanency Innovations Initiative \(PII\) Project Resources | The Administration for Children and Families \(hhs.gov\)](#)



A Note on Terminology

This Implementation Guide uses the acronym “LGBTQ2S” to describe the specific project name. The acronym stands for lesbian, gay, bisexual, transgender, questioning or queer, and Two-Spirit. This acronym is not inclusive of all diverse sexual orientations, gender identities, or expressions (SOGIE). In other places “diverse SOGIE” and “LGBTQ+” are used in order to be more inclusive. Language is always evolving, and older tools or resources provided within this guide, or linked to this guide, may use different letters to represent other identities. For more information on language, readers can visit the National SOGIE Center’s website for an [inclusive glossary of terms](#).

Purpose of This Implementation Guide

The purpose of this guide is to document the efforts, successes, and lessons learned that Ohio’s Cuyahoga County Division of Children and Family Services (DCFS) experienced in implementing organizational change efforts within the county to better serve LGBTQ+ youth and their families. Cuyahoga County was successful in identifying LGBTQ+ youth in their care and providing those youth and their families with much-needed services around sexual orientation, gender identity, and expression. Specifically, the county implemented four programs:

1. AFFIRM Caregiver (designed to prepare foster parents to support and affirm LGBTQ+ youth, as well as increase the number of affirming homes available)
2. The Safe Identification Initiative (SAFE ID; designed to identify LGBTQ+ youth in care and ensure appropriate services)
3. The Youth Acceptance Project (YAP; designed to provide direct support, education, and clinical services to families that are struggling to support their LGBTQ+ youth’s identity)
4. The Chosen Affirming Family Finding Program (CAFF; an adapted Family Finding program for LGBTQ+ youth and young adults to ensure that no LGBTQ+ youth ages out of care without a supportive and affirming network of adults)



Descriptions of these programs and their implementation will be provided in more detail later in this report. The work of Cuyahoga County DCFS is documented in this report to help other agencies start their own initiatives and programs toward the same goals.

This guide also includes an infographic that outlines the roadmap of system transformation Cuyahoga County has taken to transform their system to better serve LGBTQ+ youth in foster care.

Cuyahoga County's System Transformation for Serving LGBTQ+ Youth in Foster Care

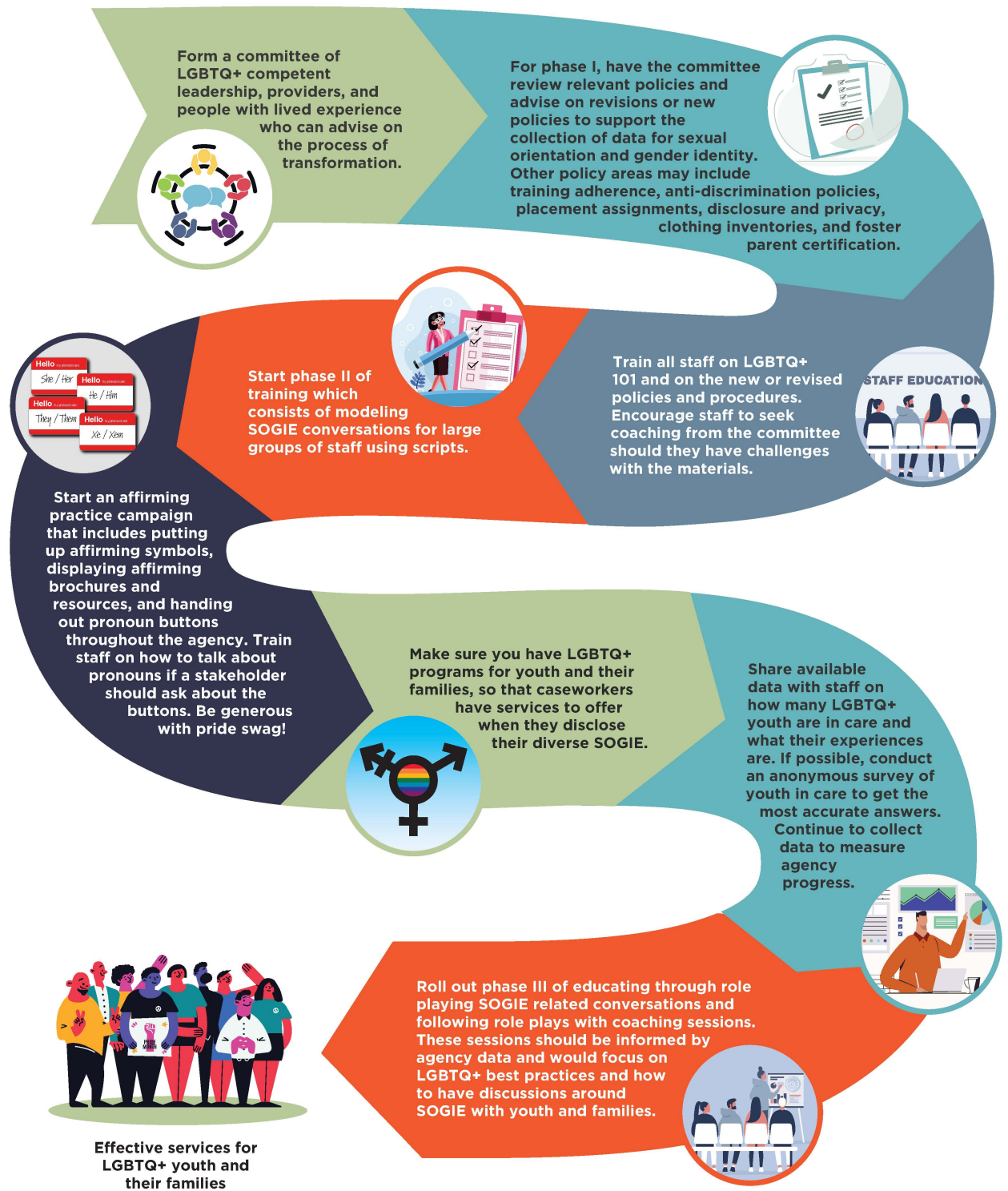


Figure 8: Cuyahoga County's System Transformation for Serving LGBTQ+ Youth in Foster Care

Part 1: Exploration (Pre-Implementation)

Identifying the Need

Youth who identify as LGBTQ+ are more likely to experience negative interactions with child welfare professionals than their peers who identify as straight and cisgender (Woronoff & Mallon, 2006). A Williams Institute study found that youth identifying as LGBTQ+ were twice as likely to report poor treatment by the foster care system. The same study found that these youth were twice as likely to be placed in residential facilities and three times more likely to be hospitalized for emotional reasons compared to their peers who identify as straight and cisgender (Wilson et al., 2014).

Many LGBTQ+ youth enter foster care for the same reasons as their heterosexual and cisgender peers; however, youth who identify as LGBTQ+ may have added trauma from being rejected or harassed because of their SOGIE (Matarese et al., 2017). Examples of this type of trauma may include the isolation or exclusion of youth who identify as LGBTQ+ from group settings or blaming LGBTQ+ youth for the SOGIE-related harassment and abuse they have experienced (Wilbur et al., 2006). With the goal of facilitating reunification attempts, practitioners must be able to provide education, support, and guidance to families of youth who identify as LGBTQ+ (Ryan et al., 2010). However, a lack of evidence-based practices, or even established programs, in child welfare for LGBTQ+ youth have left a gap in services for this population.

Selection as a Local Implementation Site for the QIC-LGBTQ2S

In collaboration with the Children's Bureau, the QIC-LGBTQ2S worked with DCFS of Cuyahoga County to implement promising, evidence-informed, and/or evidence-based practices designed to improve placement stability, well-being, and permanency for LGBTQ2S youth, as well as to enhance staff, caregiver, and provider knowledge, skills, and competency in providing safe, affirming, and supportive environments for children and youth with diverse SOGIE in foster care. The five-year grant afforded the department the opportunity to make strategic changes within the organization to improve services for LGBTQ2S youth in care and increase training opportunities for staff and community partners.

Ohio's Cuyahoga County DCFS was one of four local implementation sites (LIS) that was chosen and supported by the QIC-LGBTQ2S to design, implement, and help evaluate select programs. Cuyahoga DCFS applied in a competitive process to be considered and had to propose a set of interventions that would meet the goals of the QIC-LGBTQ2S. The interventions proposed had to meet the unique needs of children and youth with diverse SOGIE in foster care, with a focus on:

1. Appropriate methods for safe identification, assessment of individual needs, and data collection related to target population demographics and

permanency, well-being, and placement stability outcomes, with attention to addressing confidentiality and privacy issues

2. Engagement in effective community, group, family, and individual services
3. Placement stability supports for children, youth, and caregivers, including families of origin in reunification situations
4. Permanency innovations for those not reunified with families of origin
5. Increased knowledge of and competence and responsiveness toward youth with diverse SOGIE by agency staff, caregivers, and service providers in congregate care settings.

Cuyahoga County proposed implementing several initiatives and programs to include developing a safe method of identifying LGBTQ+ children and youth receiving services, offering an adapted Family Finding program for LGBTQ+ youth, offering direct clinical family services to those for whom SOGIE was causing family conflict, and building a cadre of affirming foster parents. Table 1 lists each program and initiative. These efforts will be discussed further throughout this guide.

Table 1. Cuyahoga County Programs and Initiatives

Focus Area	Name of Program
A safe method to identify LGBTQ+ youth so that appropriate placement and service decisions could be made.	Safe Identification (SAFE ID) Initiative
A seven (7) session coaching and education intervention for foster parents to help increase the number of affirming foster care placements available to LGBTQ+ youth.	AFFIRM Caregiver
An adapted Family Finding intervention that would help LGBTQ+ youth and young adults expand their networks of support and navigate the coming out process with those identified supports.	Chosen Affirming Family Finding (CAFF) Program
A direct clinical intervention for youth and their families that focused on providing the family with education and clinical support when SOGIE was identified as a barrier to reunification, stability, permanency, or well-being.	Youth Acceptance Project (YAP)

Background on Cuyahoga County’s LGBTQ+ Work

Cuyahoga County DCFS has been actively involved in improving practice with LGBTQ+ young people in the county’s care. This movement toward best practice has been led and supported by the agency’s directors since 2012. In 2012, DCFS leadership identified an LGBTQ+ subject matter expert and requested that a workgroup be assembled to look at and begin to make improvements in practice for this population. In addition to support from agency leadership, the County Executive and the County Council had a history of

supporting the LGBTQ+ population. The City of Cleveland passed legislation in July 2016 that supported a transgender person's right to use the restroom of their choice, and they supported the same-sex marriage equality movement by writing an amicus brief in support of same-sex marriage. The County Executive also marched in the Cleveland Gay Pride Parade with child welfare staff and some of the young people in care. This support from DCFS and local government officials was a critical foundation for beginning to build internal programs that support LGBTQ+ youth and their families.

In 2012, an LGBTQ+ workgroup was assembled, comprised of staff who were passionate about the population and eager to make a difference for LGBTQ+ youth in DCFS care. Some workgroup participants identified in the LGBTQ+ community, some had relatives identifying in the community, and some were supportive allies. The first step the workgroup took was to lead educational presentations for case managers across 15 departments. The sessions started by asking social work staff to talk about how many of the children and youth on their caseloads identified as LGBTQ+. The discussions in these sessions were robust and highlighted that among a social work staff of 500, there were many allies as well as many more staff who needed assistance working through personal biases regarding this population. The efforts of these sessions—and of a case-by-case review of all youth in custody at that time—resulted in the identification of only 1.8% of the total custody population as having diverse SOGIE. From this, DCFS hypothesized that LGBTQ+ youth did not feel comfortable enough with the agency or their child protection specialists to disclose their SOGIE.

These results led the agency to initiate a more in-depth education effort focused on creating a culturally competent workforce and an affirming environment. For this, DCFS contracted with the National Resource Center for Permanency and Family Connections (NRCRFC) for technical assistance. They subsequently trained approximately 750 staff and community partners utilizing the curriculum *REACHING HIGHER: Increasing Competency in Practice with LGBTQ2S Youth in Child Welfare Systems*, a promising practice developed by the National Center for Child Welfare Excellence (NCCWE, n.d.).

In addition to training seasoned staff, the curriculum was added as a standard component of the Child Protection Orientation Training for all new staff. Further, DCFS used REACHING HIGHER to train several hundred resource families as well. As part of the technical assistance from the NRCRFC, DCFS adapted a [Practice Guide for LGBTQ+ Youth and Their Families](#) (originally created by NRCRFC and the state of Minnesota), which was distributed to staff as well as housed on the agency's intranet. The guide contains best practices for working with youth and families before and after custody. All casework areas are mentioned including talking with families about their child's SOGIE, developing culturally sensitive case plans, and describing permanency options for LGBTQ+ youth and helping them move toward that goal.

Cuyahoga County DCFS also reviewed 197 agency policies for inclusive language, which resulted in the modification of 19 policies. Many of the modifications were minor, such as adding links in the policy to relevant content within the practice guide that would help

staff determine appropriate affirmative care. However, significant changes were made to the Child Rights Policy to include a youth's right to explore their SOGIE in a safe and supportive environment, as well as having access to appropriate LGBTQ+ resources and appropriate medical care. In addition, since the state of Ohio did not recognize LGBTQ+ people as a protected class, DCFS implemented a new non-discrimination policy for children and families that includes protections for SOGIE.

To create a welcoming physical environment and send a message of inclusion, DCFS created signage that had LGBTQ+ pride colors and figures prominently displayed. For example, a rainbow pride flag was displayed in the atrium along with flags of other countries and other specific groups. Also displayed was a colorful six-foot wide banner that read "LGBT: Life Gets Better Together" from the balcony at the front entryway. It was important to put the inclusion signage in areas that were heavily traveled so that everyone could see them and so that the agency could send a clear message about prioritizing this effort to all stakeholders involved. DCFS also created and hung "bathroom readers" in approximately 72 restroom stalls in the main building that gave facts and statistics about LGBTQ+ youth in care, rotating different messages frequently to increase knowledge over time. The LGBTQ+ workgroup also created and facilitated several LGBTQ+ Provider Fairs. This fair showcased contracted providers who were inclusive in their services, as well as community organizations that could assist caseworkers with their LGBTQ+ youth and families. During the fairs, the workgroup organized and facilitated panel discussions on a variety of LGBTQ+ related topics, especially on homelessness and the needs of transgender youth. This fair raised awareness that LGBTQ+ youth were in care and needed customized services to meet their needs.

The LGBTQ+ workgroup recognized that youth also have contact with attorneys, courts, and the juvenile justice system, and that each of these entities should have an understanding of the needs of LGBTQ+ youth who are involved with child welfare. These youth are often overrepresented in the juvenile justice system, and the need to educate court-involved stakeholders was thought to be an important strategy to improving interactions with these youth (Irvine et al., 2017).

The workgroup determined that training was an essential initial step, so they partnered with the court to offer training that included a primer to working with LGBTQ+ youth which was delivered to juvenile court magistrates, judges, and attorneys. This information was presented at a legal symposium to a packed room of social workers and jurists alike. The workgroup also compiled an LGBTQ+ resource list for Cuyahoga County youth and families along with a list of signs and symbols, all of which were made available via the DCFS intranet. In addition, the workgroup advocated for gender and sexual orientation data collection in the state-wide database. Sexual orientation was eventually added.

System Readiness

Establishing organizational readiness is imperative to the successful implementation of change efforts and new programs. Readiness could mean a staff's or system's ability and

willingness to change, to implement evidence-based programs, or to engage in LGBTQ+ initiatives. As Weiner (2009) suggests, “[w]hen organizational readiness for change is high, organizational members are more likely to initiate change, exert greater effort, exhibit greater persistence, and display more cooperative behavior. The result is more effective implementation” (p. 1). Willingness to change is of great importance in the child welfare field and can be challenging because of the demanding work that child welfare staff do (e.g., crisis management and high caseloads). However, without staff members’ willingness to change, change will likely be slow or unsuccessful. Therefore, a great deal of attention and resources should be allocated toward readiness prior to implementing an initiative or new program.

Internal Readiness

One of the first tasks for the implementation team was assessing DCFS’s readiness to implement LGBTQ+ programming.² One key to readiness is leadership support. This was, perhaps, the element of readiness that was easiest to assess for Cuyahoga County. DCFS leadership, understanding the need for better identification and improved services, supported the proposed initiative as discussed above. Also, as noted earlier, DCFS had already conducted extensive policy reviews, formed workgroups, and trained staff on basic LGBTQ+ competencies.

Other elements of readiness were not as easy to assess, such as agency climate, intervention fit, and readiness to implement new initiatives. For these reasons, assessing readiness is important at the start of an intervention as well as throughout the life of implementation to measure progress and areas of need (Weiner, 2009). Readiness continues to be one of the most overlooked and most important elements to change efforts. As such, the implementation team completed self-assessments of agency readiness in October 2017 and in May 2019. These assessments highlighted the team’s and the agency’s strengths and needs according to the team members filling out the survey. Most areas in the assessment improved over time, indicating progress and improved readiness. Some areas noticeably decreased, likely due to naivete, over-confidence, or an underestimation of the needs of certain areas when the survey was first implemented. Table 2 shows some sample data from both readiness assessments.



²AFFIRM.ME. was the name used for the team in charge of implementing the work proposed through the QIC-LGBTQ2S grant.

Table 2: Example results from Cuyahoga County's LGBTQ2S Readiness Assessment, 2017 and 2019

Child Welfare Agency Climate	October 2017	May 2019
Outreach efforts on behalf of the child welfare agency are effective in reaching youth and families with diverse SOGIE.	Completely a need (1)	Somewhat a strength (4)
The child welfare agency displays signage and other visual indicators of its support for children and families with diverse SOGIE.	Completely a need (1)	Somewhat a need (2)
Intervention Fit	October 2017	May 2019
Each of the site's interventions was selected based on needs identified in data.	Somewhat a need (2)	Neither (3)
Each of the selected interventions fits with existing child welfare agency initiatives and fits within the agency's organizational infrastructure.	Completely a strength (5)	Somewhat a need (2)
Resources, Capacity, and Readiness for Implementation	October 2017	May 2019
There is a plan in place for the collection of SOGIE data (e.g., data collection process, confidentiality standards, etc.).	Somewhat a strength (4)	Completely a need (1)
Each of the selected interventions fits with existing child welfare agency initiatives and fits within the agency's organizational infrastructure.	Completely a strength (5)	Somewhat a need (2)

Theory of Change

As noted earlier in the report, the implementation team's plan in Cuyahoga County consisted of the implementation of four programs and initiatives. Figure 1 shows the theory of change. If LGBTQ+ youth could be safely identified, then DCFS could provide them with appropriate supports, services, and placements. By offering the AFFIRM Caregiver program to foster parents, DCFS was building their foster parents' capacity to affirm and support LGBTQ+ youth who were placed with them, providing them a safe and stable place while in out-of-home care. The Youth Acceptance Project (YAP) would then provide clinical and education services to families of origin and support networks to help those enrolled learn ways to support and affirm their youth, which would increase

the likelihood of reunification, permanency, and increased well-being. Finally, for LGBTQ+ youth for whom reunification was not likely, the Chosen Affirming Family Finding Model (CAFF) would work with those young people to build their networks of support, increasing their likelihood of successful adulthood and improved well-being.

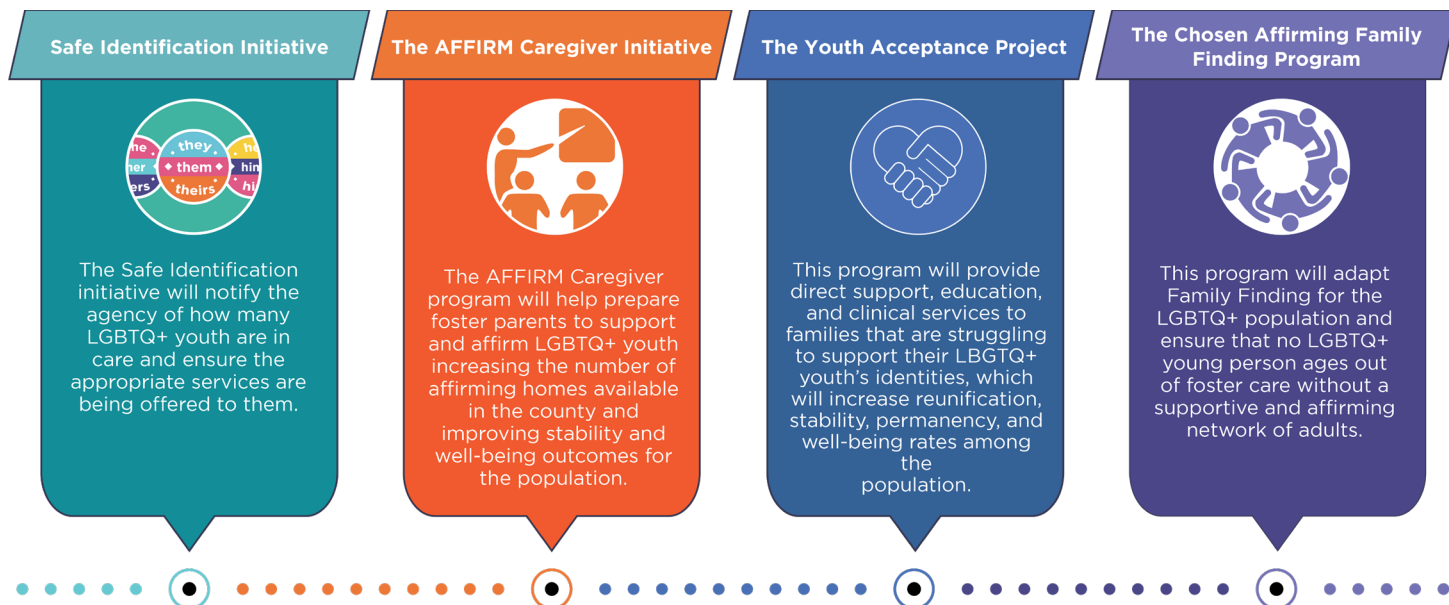





Figure 1: Theory of Change

 <p>CHALLENGES</p>	<ul style="list-style-type: none"> • Since the state of Ohio did not recognize LGBTQ+ people as a protected class, DCFS had to implement a new non-discrimination policy for children and families that included protections for sexual orientation, gender identity, and expression.
 <p>WHAT WORKED WELL</p>	<ul style="list-style-type: none"> • Leadership readiness was a strength for Cuyahoga County. From the time the QIC-LGBTQ2S selection letter arrived at the agency, the Director, Deputy Directors, and Senior Managers were all supportive of any efforts to improve services for the LGBTQ+ young people in care.
 <p>LESSONS LEARNED</p>	<ul style="list-style-type: none"> • Some elements of readiness were not easy to assess, such as agency climate, intervention fit, and readiness to implement new initiatives. These elements of readiness should be periodically measured to assess change over time.

Part 2: Installation

Teaming

Cuyahoga County’s implementation team was comprised of staff from the partnering agencies that were involved in previous LGBTQ+ efforts, as well as staff who had the skills to implement large systems-level projects. This implementation team was named “AFFIRM.ME.” The AFFIRM.ME. team was charged with the implementation of the four programs and initiatives identified to help improve services and support for LGBTQ+ youth and their families. Figure 2 describes each team’s function(s).

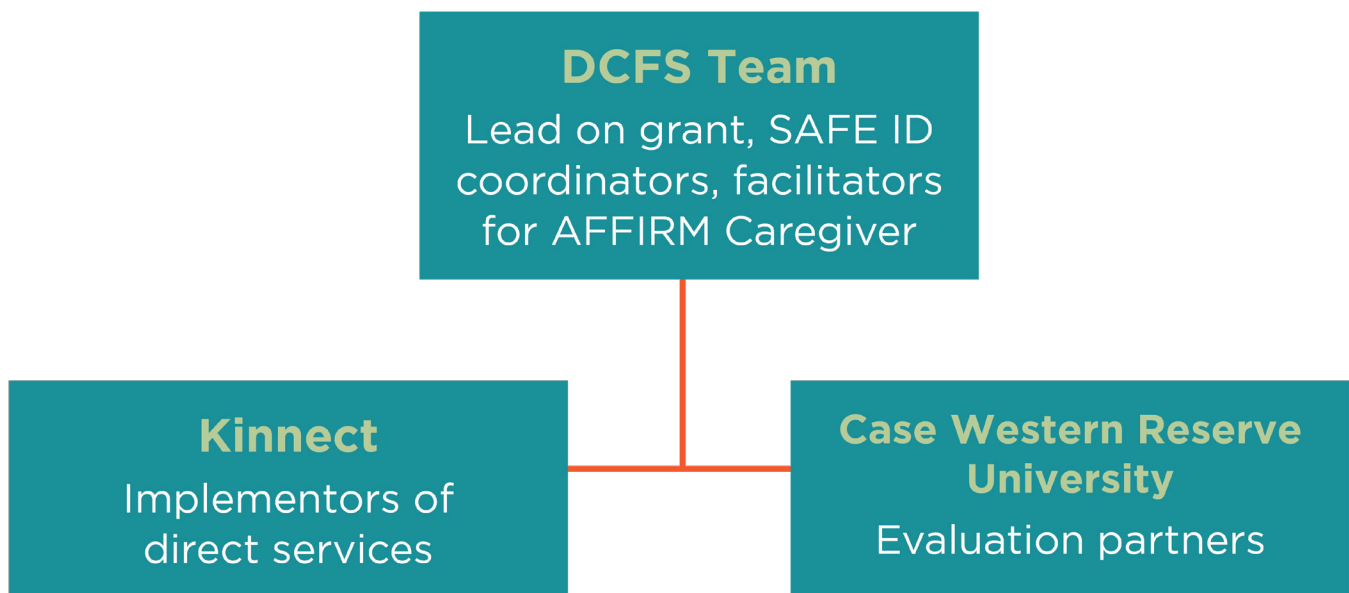


Figure 2: AFFIRM.ME. Team

DCFS was the lead on the grant, coordinators for the SAFE ID program, and facilitators for the AFFIRM Caregiver intervention. They were responsible for addressing the culturally competent safe identification of youth. DCFS staff included an administrator, co-project leads, and a data manager. Kinnect was responsible for implementation of direct services: the CAFF and the YAP. Case Western Reserve University (CWRU) were the evaluation partners. Specifically, a professor from the Jack, Joseph, and Morton Mandel School of Applied Social Sciences (MSASS) at CWRU served as a local evaluation specialist. Table 3 describes the DCFS team members’ roles and responsibilities.

Table 3: DCFS Team Roles and Responsibilities

PROJECT POSITION	RESPONSIBILITIES	PREFERRED SKILLS
PROJECT ADMINISTRATOR	Budgeting, contract management, link to agency leadership, contact for local and state stakeholders, administrative contact for QIC-LGBTQ2S and subcontractors	<ul style="list-style-type: none"> • Experience with grant management • Ability to communicate in writing • Experience with oral presentations • Child welfare leadership experience • Experience with systems change
PROJECT LEAD	<p>Oversees implementation planning, progress toward goals, coordination of team members, communication with internal and external stakeholders regarding specific interventions, grant reporting, and purchase of program supplies.</p> <p>Oversees safe identification and placement stability processes within agency.</p>	<ul style="list-style-type: none"> • Project management experience • Ability to manage diverse groups • Ability to track details • Good written and oral communication • Understands the needs of LGBTQ+ youth, families, and caregivers involved in child welfare • Understands the importance of and how to use data and evaluation tools
DATA MANAGER	<p>Coordinates the gathering and maintenance of all data relevant to the project.</p> <p>Informs DCFS leadership and grant team members of trends and statistics.</p> <p>Coordinates and manages data submission</p>	<ul style="list-style-type: none"> • Knowledge and skills to understand reporting requirements, and confidentiality of data • Familiarity with child welfare database and other database development • Ability to recognize data patterns and trends • Able to make recommendations to the team after reviewing the data for trends and patterns

The implementation team worked with the QIC-LGBTQ2S to develop an implementation plan which detailed the launch and execution of each program and initiative. When completing the implementation plan, DCFS had to carefully analyze and consider the project’s needs, the scope of work, resources needed, timelines, and each partner’s role on the project. As time went on, DCFS revisited the teaming and implementation plan to ensure that each task was appropriately staffed.

DCFS Staff Selection

Each role in AFFIRM.ME. required that staff have the knowledge, skills, and passion to work on a large-scale LGBTQ+ initiative. Each team member had to be able to communicate clearly about the program and purpose to youth, families, and professionals. Staff needed experience with large-scale project management, data collection, and working with populations who have experienced trauma and discrimination. DCFS chose to create co-lead positions for the project, so that staff would see the involvement of multiple agency leaders and the investments that leadership was willing to make to be successful. DCFS hoped to both maximize staff involvement and leverage the authority within the team to facilitate the administrative tasks needed to successfully implement each project.

Partnering with Young People

As the implementation and development of the AFFIRM.ME. plan started, it was noted that there were no opportunities to include or elevate youth voice in the process. It was suggested that a Youth Pride Board be created to ensure that youth voice could shape the design and implementation of the work. The team recognized the importance of the youth's role as not merely participants in the work, but as partners, due to their level of expertise, unique perspective, and insight into the needs of LGBTQ+ young people involved in child welfare. The young people who engaged in the project helped by:

- Co-creating, piloting, and co-facilitating LGBTQ+ competency and sensitivity trainings for other youth
- Influencing change through strategically sharing their stories and/or insights at panel discussions, conference speaking engagements, media interviews, etc.
- Advising Cuyahoga DCFS on policies and practices
- Partnering and collaborating with MSASS at CWRU in designing evaluation protocols.

It was important to the AFFIRM.ME. team that young people be compensated for their time and expertise, so stipends were offered to anyone involved. In addition, youth partners received leadership development coaching and training, as well as opportunities to build social capital through networking.

To improve efforts toward authentic youth participation, the AFFIRM.ME. team received technical assistance from the QIC-LGBTQ2S on youth engagement, true partnership, engaging youth in intervention and evaluation design, communication, coaching young adults, developing a youth board, and factoring intersectionality into decision-making. It is recommended that replicating sites working with young people engage in a self-assessment process that examines adult beliefs, attitudes, and approaches to working with young people. This self-assessment will provide insight into areas of strength and will allow replicating sites to create a plan to improve areas of needed growth so that moving forward young people will be fully engaged as equal partners in the work. It is also recommended that any young person involved in implementation be provided with a job or role description. Understanding their role and associated expectations was key to onboarding young people onto the team. Further, establishing feedback loops from the young people to the team is important to improving genuine youth engagement. [Youth Move National](#) can supply these tools and information to those interested in receiving it.

At the request of the Youth Pride Board, Kinnect hired a young person part-time (20 hours/week) as a project coordinator for LGBTQ+ efforts, including coordinating the efforts of the AFFIRM.ME. team and the Youth Pride Board. This young person's role

was given the name Young Adult Consultant (YAC). The YAC was trained in effective facilitation skills, how to be an effective trainer, and helped develop training for the group. The YAC also participated in the Ohio Child Welfare Training Program's Train the Trainer series, which included workshops on presentation skills, cultural and diversity skill building, curriculum development, and transfer of learning. Additional training/information sessions were provided to support the YAC in developing the Youth Pride Board, including tools for outreach and engagement, marketing, recruitment, and retention strategies.

Partnering with a Local University (CWRU)

Cuyahoga County DCFS has had a history of partnering with researchers at MSASS at CWRU, including for the QIC-LGBTQ2S grant. Partnering with a university has many benefits. For example, universities often have staff with skills around grant-related work, developing evaluation plans for interventions, access to resources and media exposure, use of the university's network of diverse students to fill open positions, dissemination networks, and continued evaluation technical assistance. CWRU's platform helped get AFFIRM.ME. noted on the front page of a popular local newspaper within the first year. This generated other media attention including TV and radio spotlights. The research partner also initiated combined speaking presentations for the Northeast Ohio Social Work Association and at Ohio's Youth Research Symposium.

Team Communication

During the installation stage,³ the AFFIRM.ME. team identified a need to improve their team communication. A technical assistance session was requested due to changes within the team during the planning process and the shared feeling that various teams were working in silos. An outside consultant was asked to facilitate a two-day retreat to build relationships and trust, increase role clarity, create a shared vision, and develop communication plans. As part of this process, the team discussed several essential areas of communication throughout the project such as:

- Recruitment of families, allies, partners, young adults, etc.
- Integration and coordination of processes and responsibilities
- Data collection and tracking
- Practice development
- Team functioning
- Sustainability

As a result of this retreat, the team began to develop a communication plan, laid out the responsibilities of each role, and developed a vision statement for AFFIRM.ME. which they put at the top of all of meeting agendas moving forward. The vision statement read: *Through affirming connections, supportive care, and transparency in decision-making,*

³The installation stage is part of the NIRN/PII implementation stages framework and describes the early stage of building the necessary framework for successful implementation. During this stage, teams refine their teaming structure, formalize

we build authentic relationships with every child to promote safety, justice, equity, and belonging for LGBTQ2S+ youth involved in child welfare systems. We transform system practice, policy, and culture by building a diverse community of champions and allies to advance these principles. The communication plan was refined along the way and the team began discussing the future of the project and what its sustainability would look like.

As part of the planning process, the team wanted to look at both macro and micro impacts of the work, including the significant amount of systems transformation that would need to occur. They sought to identify Plan-Do-Study-Act cycles to implement along the way. Another important element discussed was that errors were inevitable and would be a key component to moving this work forward, as each lesson provided insight on both what did and didn't work. Figure 3 shows the AFFIRM.ME. communication plan.

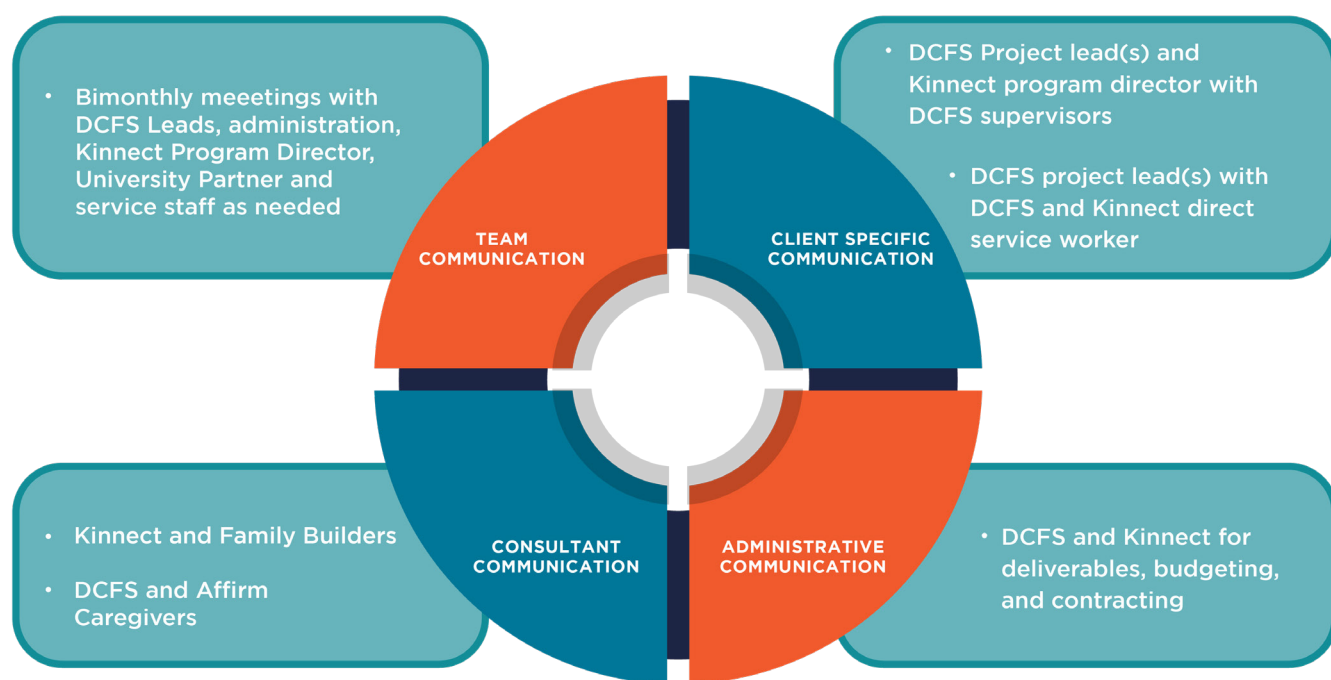


Figure 3: AFFIRM.ME. Communication Plan

Hiring and Onboarding

Each program that AFFIRM.ME. implemented (CAFF, YAP, and AFFIRM Caregiver) required hiring new staff. Each program developed hiring and selection criteria, practice profiles, and training to onboard these new staff. These efforts will be described in the program-specific sections below.



CHALLENGES

- Initially, the AFFIRM.ME. team consulted with the Youth Pride Board for advice on the AFFIRM.ME. work. However, young people provided feedback that a formal position was needed in order to better coordinate the work and ensure that youth engagement was fully integrated and genuine. Kinnect hired a young person part-time to help coordinate those efforts.



WHAT WORKED WELL

- Having a university partner added richness to the AFFIRM.ME. team because the team had someone to advise them on day-to-day evaluation tasks. Further, the University had a large platform and was able to bring media and public attention to the work of AFFIRM.ME.



LESSONS LEARNED

- The AFFIRM.ME. team needed to revisit their teaming and communication plan to ensure that goals, roles, vision, and long-term sustainability were understood by everyone involved. Having a shared vision and plan helped the team move forward in a more unified way.

Part 3: AFFIRM Caregiver Installation & Implementation

AFFIRM Caregiver is an evidence-informed intervention aimed at enhancing affirmative parenting practices to promote LGBTQ+ youth safety and well-being. The AFFIRM Caregiver model emerged from Youth AFFIRM, an evidence-based affirmative Cognitive Behavior Therapy intervention which reduces psychosocial distress and improves coping skills among LGBTQ+ youth (Austin & Craig, 2017). Because AFFIRM is rooted in an affirmative practice framework, is based on best practice research for LGBTQ+ youth well-being and has a growing base of empirical support for its effectiveness, it was used as the foundation for creating the AFFIRM Caregiver model.

AFFIRM Caregiver is a fully manualized program. As a manualized intervention, AFFIRM Caregiver is typically delivered by trained and certified counselors, social workers, and other mental health professionals in a group-based format. The program is comprised of seven sessions that are designed for flexible implementation with all populations, making them easy to integrate into existing service settings (e.g., into existing counseling groups or parenting programs). The model also requires fidelity adherence and data collection. The AFFIRM purveyors provide the training for the model as well as a comprehensive coaching plan.

The AFFIRM approach was developed using LGBTQ+ youth and adult community stakeholders to guide the LGBTQ+ affirmative adaptation (Austin & Craig, 2015). The

resultant affirmative approach has been adapted to ensure:

1. An affirming stance toward sexual and gender diversity
2. Recognition and awareness of LGBTQ+ specific sources of stress (e.g., homophobia, biphobia, transphobia, gender dysphoria, systematic oppression)
3. The delivery of content within an affirming and trauma-informed framework (Alessi, 2014).

Given the traumatic experiences often precipitated by minority stress among LGBTQ+ individuals, a critical component of AFFIRM Caregiver is that it is grounded in an understanding of the pervasiveness and consequences of anti-LGBTQ+ stigma and prejudice. In the face of notable structural oppression, AFFIRM Caregiver is aimed at promoting safe and affirming relationships through psychoeducation, support, and resources.

The AFFIRM Caregiver model recognizes that pervasive exposure to homo/bi/transphobic attitudes, beliefs, and behaviors at multiple levels in society impacts the way caregivers may view and understand their child's LGBTQ+ identity. Moreover, the approach helps caregivers identify the potentially traumatic impact of homo/bi/transphobia on LGBTQ+ children and teaches caregivers to understand their child's emotional and behavioral reactions through a trauma-informed lens. Through a variety of didactic and interactive activities delivered over seven sessions, the AFFIRM Caregiver model helps caregivers adopt an affirming approach toward their youth's identity as a critical step toward creating safe and healthy environments for their LGBTQ+ youth.

Data from AFFIRM Caregiver shows effectiveness for improving affirmative caregiving attitudes and behaviors, as well as increasing caregiver confidence in their abilities to engage in affirmative caregiving skills with LGBTQ+ youth. Data show statistically significant improvements in affirmative attitudes and behaviors toward both LGB and transgender youth, as well as statistically significant improvements in affirmative caregiving competence for LGBTQ+ youth (Austin et al., 2021).

Hiring and Selection for AFFIRM Caregiver

After AFFIRM Caregiver was selected as a model to educate and support caregivers, DCFS began the process of identifying group facilitators and educating staff about the opportunities for caregiver education. The agency decided to first select facilitators who had a deep knowledge of LGBTQ+ youth and a willingness to learn group facilitation skills. Other facilitators were chosen because they had clinical experience and/or group work experience. The project team charged with implementing AFFIRM Caregiver paired experienced group facilitators or clinicians with those who had deep knowledge of the LGBTQ+ community.

Facilitators should be able to model affirmative behavior and language, encourage

reflective listening and discussion, and be knowledgeable about de-escalation techniques. The AFFIRM Caregiver Practice Profile provided in Table 4 helped to guide the selection process.

ESSENTIAL FUNCTION	STANDARD IMPLEMENTATION	DEVELOPMENTAL PRACTICE	UNACCEPTABLE PRACTICE
Presents psychoeducational material on LGBTQ+ identities, minority stress, health outcomes, trauma, resilience using best available evidence and an LGBTQ+ affirmative stance.	Uses research and best practice information from the AFFIRM Caregiver training and manual to present psychoeducational material and respond to questions/concerns within sessions.	Provides partially correct information. Does not present material in a clear, digestible manner.	Uses personal opinions to answer questions that could have been answered using best practices and research. Presents research-based material inaccurately.
Facilitates critical exploration of anti-LGBTQ+ attitudes, beliefs and behaviors in an open and non-judgmental manner.	Demonstrates an understanding and non-judgmental stance while helping caregivers identify and	Inconsistently utilizes a non-judgmental attitude. Misses some opportunities to help caregivers identify and explore their own anti-LGBTQ+ bias.	Fails to demonstrate a non-judgmental attitude. Misses all or most opportunities to help caregivers identify and explore their own anti-LGBTQ+ bias.

Table 4: Example of Practice Profile

Onboarding and Training for AFFIRM Caregiver

AFFIRM’s co-creators, Drs. Shelley Craig and Ashley Austin, traveled to Cleveland to train the identified team members in the AFFIRM Caregiver intervention. Cuyahoga County trained ten facilitators in implementing this intervention. The AFFIRM Training of Facilitators consisted of a guided walkthrough of the intervention components, practice, and coaching on facilitation of the various activities that made up the intervention. Table 5 lists the components of this training.

Understanding the Impact of Anti-LGBTQ+ Attitudes and Behaviors
The Traumatic Impact of Anti-LGBTQ+ Experience & Supporting LGBTQ+ Youth During the Coming Out Process
Compassion Caregiving/Parenting: An Affirmative Approach
Developing Safe, Supportive AFFIRM Caregiver and Youth Social Networks
Overcoming Barriers and Building Hope Through Affirmative Goal Setting
Putting it All Together: An Affirmative Transformation

Table 5: Components of the AFFIRM Caregiver Training of Facilitators

To find out more information about bringing the AFFIRM Caregiver training to your agency, visit: <https://www.affirmativeresearch.net/affirm-caregiver-training>.

Initial and ongoing training was necessary for all staff and facilitators involved in this work. Each AFFIRM facilitator understood the goals of the project, implementation science, LGBTQ+ disparities, specific content areas, and ethical issues. To ensure this knowledge, trainings were provided by both internal and external experts. In addition to the AFFIRM

- Best practices for working with LGBTQ+ youth in out-of-home care
- Unique challenges for LGBTQ+ youth
- Risk and protective factors of LGBTQ+ youth
- Terminology and concepts related to SOGIE
- How personal attitudes and beliefs related to SOGIE affect families' acceptance of their LGBTQ+ child
- Strategies to help families accept a youth's diverse SOGIE
- Supporting transgender youth
- Relational and legal permanency
- Family Finding strategies
- Privacy and confidentiality related to SOGIE and disclosure
- Implementation science
- Intervention components
- Group facilitation skills
- AFFIRM Caregiver Facilitator training

Implementation of AFFIRM Caregiver

Initial implementation began in October 2018, and by September 2019 AFFIRM facilitators had facilitated four cohorts of participants in the AFFIRM Caregiver intervention. Before beginning, the AFFIRM.ME. team had concerns about the ability of caregivers to commit to the seven-week series suggested by the purveyors. To mitigate barriers to participation, the team decided to alter the format of the series to five classes of two hours each, for a total of 10 hours. The AFFIRM.ME. team worked with the AFFIRM purveyors to help determine which components of the intervention could be combined.

The first cohort of participants kept to this schedule; however, feedback from participants and facilitators indicated that 10 hours was not enough time. For the second cohort, the team changed the series to four sessions of three hours each, for a total of 12 hours, which seemed to work better. This change provided an opportunity to commit to a shorter series but added two hours to the total intervention time, thereby increasing opportunities for meaningful sharing and processing during the series. This four-session, 12-hour schedule was also used for all subsequent cohorts. Table 6 details the breakdown of the AFFIRM Caregiver schedule that Cuyahoga County used.



Table 6: *AFFIRM Caregiver Schedule*

SESSION	CONTENT COVERED	SESSION DURATION
Session 1	Pre-test and Modules 1, 2	3 Hours
Session 2	Modules 3, 4	3 Hours
Session 3	Modules 4, 5	3 Hours
Session 4	Modules 6, 7 and post-test	3 Hours

Outreach, Recruitment, and Eligibility

The AFFIRM.ME. team began with three planned strategies for recruiting caregivers for the AFFIRM Caregiver intervention:

1. Invite caregivers who already had LGBTQ+ youth in their care.
2. Invite caregivers who expressed willingness to foster an LGBTQ+ youth during their foster care training or after licensing.
3. Conduct targeted recruitment of LGBTQ+ caregivers and allies who would be interested in becoming foster or adoptive parents specifically for this population.

The first several cohorts, or early adopters, were comprised of foster parents who felt that they already had advanced knowledge of this population and therefore felt they had little to learn. However, even those who came in with higher levels of experience and knowledge showed gains in the evaluation and reported that the intervention was helpful to them. Because the first several cohorts were conducted with volunteers into the program, the facilitator had time to master the intervention with groups that were more affirming. As cohorts continued, subsequent participants had a wider range of knowledge about, and interest in, providing care for LGBTQ+ youth.

As more youth with diverse SOGIE were identified, the AFFIRM.ME. team reached out to their current placement resources to discern willingness to participate in the AFFIRM Caregiver intervention. This step needed to be handled tactfully and together with the youth’s case manager. DCFS case managers had previously been educated



as to the existence and the advantages of the intervention through education sessions in department meetings occurring throughout the agency. An anticipated barrier to enrollment was the possibility that although caregivers may have had an LGBTQ+ youth in their care, they may not have wanted to support or affirm them due to their own biases. In cases with these circumstances, the team had to proceed with the utmost caution.

Conversely, other caregivers simply needed more education and support to understand how they and the youth placed in their home would benefit from participating in the program. In those cases, the barriers were resolved through additional conversations about the benefits of the intervention. The team was successful in recruiting some caregivers this way. However, as anticipated, some caregivers declined, stating that they felt they already knew enough, while others said they didn't feel comfortable engaging in a program about LGBTQ+ identity. In these cases, DCFS had to develop methods to engage these caregivers in other training and coaching that would help build their LGBTQ+ knowledge and affirmation.

For the next wave of participants, the DCFS recruitment department provided a list of all potential caregivers who had attended part or all of the required 36 hours of pre-service training during the two years prior to the beginning of the grant period. The question, "Would you be willing to take placement of an LGBTQ+ child?" was asked at the time of application to become licensed. In inquiring with the families that answered "yes," we found that very few were willing to go through the AFFIRM Caregiver intervention. This may be because at the time the question was asked, caregivers did not have any context or explanation for what fostering an LGBTQ+ youth might entail. After answering this question, potential caregivers go through most of their pre-service training regarding child development, behavior, and discipline. Then they undergo potentially six to eight months of home study before they are finally licensed. It may be that in that long period of time, the desire to take placement of an LGBTQ+ young person diminishes.

Based on the lack of an easily usable list and the long lag time before licensing, the DCFS team decided this method was not an efficient strategy for recruitment of caregivers for the intervention. Instead, they asked the recruitment department to tell pre-service participants about the Pride Caregiver Network (PCN)⁴ in detail during their training and hand out PCN literature. They then sent periodic emails to resource managers asking them to send queries to their licensed homes. As a result of email requests to agency foster parents and agency resource managers, a few individuals agreed to attend AFFIRM Caregiver. Many of these caregivers were only interested in caring for infants and younger children. However, by the end of the program most participants expressed a willingness to foster older youth. This avenue of recruitment was found to be moderately successful.

To identify additional licensed caregivers who might be interested in participating, assistance and support were needed from leadership of the agency's contracted board and care providers, as well as from agency network resource managers. These contacts were made via a variety of communication methods such as email surveys, attendance at foster care cluster support groups, and PCN presence at other foster care events.

However, the contracted board and care providers were not able to email their foster parents directly; they had to go through their individual corporate offices. This was a significant barrier. DCFS placement administrators were enlisted to communicate the importance of the program to the provider executives. Utilization of provider representatives on the Advisory Board was also key to overcoming this barrier. Finally, DCFS also gave several presentations to executive leaders and staff at these private agencies to boost recruitment; this was helpful in getting some additional referrals.

Coaching and Fidelity Monitoring

AFFIRM Caregiver facilitators received regular coaching from the model's co-creators, Drs. Craig and Austin. Each time a new facilitator began, Dr. Craig and Dr. Austin provided weekly coaching to ensure fidelity to the model and to increase group facilitation skills. They also provided coaching at least two times during each cohort to experienced facilitators. This coaching offered facilitators the opportunity to process questions about the content of discussions and to debrief any problematic group situations. Weekly facilitator notes were sent to the purveyors as a means to record each session. These notes included questions about what went well with the content and group process and what was challenging, to help guide facilitator-led coaching during the calls.

Implementation fidelity is defined as the extent to which a program is delivered as intended. One primary purpose of fidelity assessment is to gather information about practitioners' performance so that program managers can use this information to help practitioners improve their skills working with constituents (Fixsen et al., 2015). Data collected through fidelity assessment about practitioner performance can provide information needed for quality improvement efforts.

Fidelity monitoring was conducted initially by an in-person observer. A trained facilitator observed the group but did not participate. The facilitators explained the purpose of the monitor, and this observation did not appear to be a distraction to the group process. The sessions were also recorded, and the recordings and fidelity checklists were sent to Dr. Craig and Dr. Austin. AFFIRM Caregiver can also be implemented virtually, and for these sessions, fidelity was monitored by the purveyors via recordings of the sessions in Zoom. Ultimately, in-person observation was found to be of limited value. The observer was able to offer feedback and coaching about the content and group process; however, balanced with the cost of having three staff in each cohort (two facilitators and one observer), the value did not outweigh the cost. Table 7 outlines the AFFIRM Caregiver fidelity indicators.

⁴The Pride Caregiver Network was a network of foster parents who had finished AFFIRM Caregiver and had also expressed openness to caring for LGBTQ+ youth.



Table 7: AFFIRM Caregiver Fidelity Indicators

FIDELITY INDICATORS	BEHAVIOR
Delivers AFFIRM Caregiver intervention as intended.	<ul style="list-style-type: none"> Follows and completes all materials associated with each session in order. Attends to all of the facilitator talking points
Demonstrates an affirmative stance toward diverse SOGIE.	<ul style="list-style-type: none"> Explicitly and consistently expresses the value of diverse SOGIE (i.e., consistently and repeatedly expresses that all sexual orientations and gender identities are equally valuable). Always models appropriate use of names, pronouns, terminology, and language. Always identifies when biased language has been used. Always corrects misinformation appropriately.
Presents psychoeducational material on LGBTQ+ identities, minority stress, health outcomes, trauma, and resilience using best available evidence and an LGBTQ+ affirmative stance.	<ul style="list-style-type: none"> Always accurately uses research and best practice information from the AFFIRM Caregiver training and manual to present psychoeducational material. Always uses research and best practice information from the AFFIRM Caregiver training and manual to respond to questions/concerns within sessions. Always presents material in a clear and digestible manner (i.e., always explains content thoroughly and presents all material at an appropriate level for the audience).
Helps caregivers understand the link between minority stress, discrimination, and parental rejection and poor emotional and behavioral outcomes—as well as the link between support, affirmation, and parental acceptance and positive emotional and behavioral outcomes among LGBTQ+ youth.	<ul style="list-style-type: none"> Always accurately explains the linkages between acceptance/rejection, discrimination, and outcomes for LGBTQ+ youth. Explanations are adequate and accurate. Consistently and accurately corrects misinformation, challenges myths, and improves understanding about the role of discrimination and rejection (as well as support and affirmation) on LGBTQ+ youth well-being. Consistently and repeatedly emphasizes the importance of parental acceptance and support for youth well-being.
Facilitates critical exploration of anti-LGBTQ+ attitudes, beliefs, and behaviors in an open and non-judgmental manner.	<ul style="list-style-type: none"> Session activities are kept focused and are consistently related back to the session concepts and material. Helps participants recognize the roots of negative views of self/LGBTQ+ identities. Utilizes all opportunities to help caregivers identify and replace stigmatizing attitudes with more affirming attitudes.
Fosters participant-directed behavior changes consistent with affirmative caregiving practices among participants while equally supporting small and large steps toward change.	<ul style="list-style-type: none"> Always appropriately uses session activities to facilitate caregiver identification of and commitment to individual steps toward changes consistent with more affirmative caregiving. Changes are consistently participant-directed rather than facilitator-directed. Demonstrates a supportive and nonjudgmental stance toward all positive steps toward change, small or large.



CHALLENGES

- Recruitment was a challenge due to DCFS's lack of direct communication with foster families. DCFS had to rely on third parties to refer their caregivers, which required a great deal of marketing and networking from DCFS.
- Some caregivers declined participation in AFFIRM Caregiver due to their own biases. These biases could result in harm to any LGBTQ+ youth placed in their care, so DCFS had to develop methods to follow-up with these families and engage them in more intensive services.

Many caregivers who stated they were willing to take care of LGBTQ+ youth when applying for a license were not interested in attending AFFIRM Caregiver once they received their license.



WHAT WORKED WELL

- Fidelity monitoring and regular coaching from the program purveyors was essential to the scale-up and successful implementation of the AFFIRM Caregiver model.
- AFFIRM Facilitators were able to get comfortable with the intervention more easily because the first cohorts were made up of affirming early adopters.



LESSONS LEARNED

- Having a third-party observer held some value as facilitators were first learning the model. The observer was able to provide some feedback on facilitation in early sessions. However, as facilitators became more proficient in the model, the helpfulness of the observer dwindled and did not justify the cost of a third staff person's time.

Part 4: Safe Identification (SAFE ID) Initiative Implementation

In order to identify youth with diverse SOGIE, AFFIRM.ME. launched an initiative called Safe Identification (SAFE ID), which encompassed several sequenced strategies to educate staff, build staff confidence and comfort in asking about SOGIE, and explicitly advertise DCFS as an affirming agency. SAFE ID was designed to notify the agency of the number of LGBTQ+ youth in care and to ensure that youth had access to services tailored to their needs. The initiative encompassed four components:

1. Creating tools to assist staff in asking youth about their diverse SOGIE (see [Cuyahoga's resource database](#)).
2. Educating staff about LGBTQ+ youth and the importance of gathering SOGIE information.
3. Developing policies and procedures for safely asking youth about SOGIE and entering it into case records.
4. Developing procedures for using SOGIE information to create referrals to SOGIE-specific services, specifically CAFF, YAP, or any other family service that was appropriate.
 - Please note: CAFF and YAP will be referred to in this section and discussed in their entirety later in this guide.

As noted earlier, DCFS first attempted to collect SOGIE data for all agency-involved young people in 2013. At that time, the agency's internal LGBTQ+ Committee recommended a desk review. Caseworkers were asked about the young people they were currently working with and who identified themselves as LGBTQ+. The results of this initial desk review found that 1.8% of the young people involved in DCFS identified as LGBTQ+. The committee talked about the barriers to getting an accurate count of LGBTQ+ young people and recognized numerous factors including trust, relationships, trauma, current placement, family values, and safety/security concerns.

The same technique was used in 2017 and revealed that 3% of agency-involved youth identified as LGBTQ+. In subsequent open discussions with staff, the DCFS team learned that caseworkers were fearful of disclosing a young person's SOGIE. Even though no identifying information was used in the desk review, caseworkers were either not convinced the information would be kept private or did not understand why the agency was asking, why they needed to know, or what positive outcome could result from reporting this information.

As an agency, DCFS needed to better understand the target population. The original goal was to serve LGBTQ+ youth, ages 12–21 in agency care, but the age range was later changed to 5–21 years old to account for younger children disclosing diverse gender identity or expression and to include youth involved with DCFS, not just those in the care of DCFS. This proved to be a positive change, as DCFS would be able to provide services to families and youth not in agency care in an effort to keep them from entering agency custody. This change was important because approximately 10% of the identified youth were under the age of 12.

Pronoun Campaign

Essential to the progress of SAFE ID was the agency's Pronoun Campaign, which launched in 2018. The [Pronoun Campaign](#) included a presentation and video that described the importance of pronouns, featuring a clip of leadership describing why this was important to the well-being of youth in care. In addition, pronouns began to be used in all case review meetings. Case review facilitators were trained to explain pronoun use at the beginning of each meeting.

The team purchased a button maker and made pronoun buttons, which were distributed throughout the building. Buttons with elevator speech cards were distributed to all staff at department meetings and were made available at the front desk for visitors to the



building. Additionally, the team created pronoun table tents for the case review rooms with examples of pronouns, and asked meeting participants to include their pronouns when they introduced themselves if comfortable doing so.

The SAFE ID group also created a web-based desktop icon for all things involving AFFIRM.ME. This was essentially a one stop shop for staff to find LGBTQ+ resources. The icon had sample scripts, a link to the resource guide, the referral form, and much more. This online resource was easily visible and available to staff and was also a web-based link that could be accessed in the community to use with families in the moment. Figure 4 details the steps in the Pronoun Campaign.



Figure 3: AFFIRM.ME. Communication Plan

Staff Education

Staff education was essential to the success of SAFE ID. A SAFE ID committee was formed to implement these staff education phases. The first two phases focused on education addressing self-harm, suicide, homelessness, and other risk factors associated with LGBTQ+ youth. The third phase focused on coaching, supervision, and policy development.

Phase 1

The AFFIRM.ME. team developed a two-part plan for dissemination: they would present various parts of the program to child welfare specialists in department meetings, then come back to those departments several months later with another component of the program. In this way, the topic could remain in front of staff on an ongoing basis. In Year 1, the team aimed to lay a foundation with agency staff, which included basic education on SOGIE and on the referral process for the new programming/interventions. Each department was asked to give the team one to two hours of their department meeting. The team started by presenting basic SOGIE 101 information, program information, and Safe Identification information. This training included how and when to make referrals to CAFF and YAP, as well as how to safely identify a young person with diverse SOGIE. These sessions were very successful in terms of identification of young people on caseloads. After each session, at least one or two staff members would approach the team asking for help with a youth on their caseload. More questions and SAFE ID referrals would also typically come in via email during the week after a presentation.

Phase 2

During **Year 2**, the AFFIRM.ME. team attended department meetings again, this time disseminating information about the CAFF intervention, along with additional SOGIE education. The purpose of this attendance at meetings was to educate, obtain referrals to CAFF, and help staff learn new ways of working with young people from a youth-centered perspective. Kinnect staff facilitated these presentations, as they were the ones providing this intervention.

Also, during **Year 2**, the team began reaching out to contracted provider agencies and bringing the SOGIE 101/Program Overview presentation to them. This time, the team facilitated a full three-hour presentation. Participants received Continuing Education Units for their time. The goals for these sessions were the same as the previous sessions: education, safe identification, and referrals to CAFF, YAP, and PCN. In 2018, the team conducted four of these presentations.

They also took advantage of opportunities to present to juvenile court judges and attorneys. The AFFIRM.ME. team was invited to provide a one-hour program overview including information on the Pronoun Campaign, SOGIE education, and a CAFF overview to a group of attorneys participating in a federal Supreme Court education grant. They also teamed up with juvenile court personnel who were beginning their own SOGIE data collection effort. Finally, the team was invited to do a short presentation for juvenile court judges.

During this time, the team developed additional marketing materials: flyers/one pagers explaining each program, referral forms for all programs, and a tri-fold brochure. These materials were distributed in each presentation conducted. See [Cuyahoga's resource database](#) for examples of these marketing materials.

Phase 3

Year 3 included group coaching and training supervisors on how to incorporate SOGIE topics into regular supervision. The team worked with over 90 individual units, as well as staff and supervisors, to normalize SOGIE conversations throughout standard practices and across the agency.

Additionally, the Safe Identification Committee wrote the agency's Policy and Procedure (see [Cuyahoga's Safe Identification Policy](#)) regarding how to safely identify LGBTQ+ youth and how to support them after identification. Specifically, a SOGIE Disclosure Form is completed for all youth ages 13–21 years old with an open case to ensure that LGBTQ+ specific services are being offered when appropriate. The SOGIE Disclosure Form is completed again if or when a youth's SOGIE status changes, or when they change their mind as to with whom they want their information shared. SOGIE must be part of the ongoing discussion between the Worker of Record (WOR) and the youth. If a child younger than 13 years old expresses or shares diverse SOGIE information (which may include gender expansive language or expression) with their WOR, the WOR must consult with their supervisor and an AFFIRM.ME. team lead to determine if services are appropriate.

The SOGIE Disclosure Form Process is as follows:

1. WOR completes the SOGIE Disclosure Form after engaging the youth in the SOGIE conversation and reviews the Information Flow Chart with the youth.
2. WOR documents in the Statewide Automated Child Welfare Information System (SACWIS) case activity log that the SOGIE Disclosure Form was completed but does not enter the contents of the form without the permission of the youth (in other words, this process does not “out” the youth).
3. With the youth's permission, the WOR enters the youth's sexual orientation in the Person Profile screen in SACWIS.
4. If the youth identifies as transgender, WOR will update the information in SACWIS (with the youth's permission) by adding the youth's preferred name into the AKA section of the Basic screen.
5. The SOGIE Disclosure Form is then filed in the case record, under the Confidential section of the reading file.
6. WOR shares any diverse SOGIE information (i.e., anything other than heterosexual orientation or biological gender) and the youth's wishes regarding with whom to share the SOGIE information with the AFFIRM.ME. team lead via a Safe Identification Referral Form. They also share this information with their immediate supervisor and at the time of any Joint Transfer Conference (JTC). The WOR will not disclose the youth's diverse SOGIE information with anyone else without the youth's permission UNLESS confidentiality potentially impacts safety. If the WOR believes there is a safety concern that requires sharing a youth's SOGIE, the WOR MUST FIRST consult with their chain of command.

For tools regarding policy development and the practice guide, please see [v.](#)

While writing the Safe Identification policy, the AFFIRM.ME. team focused on ensuring that information about LGBTQ+ was embedded across agency policies and procedures, rather than in one separate LGBTQ+ policy. The team's efforts focused on keeping things simple and easy to understand for staff, because of concerns that staff wouldn't utilize the policy if it became too complicated. The Youth Pride Board was instrumental in informing these policy developments.

Using Data to Improve Services

The SAFE ID coordinators met regularly with Kinnect to discuss how to refer young people identified as LGBTQ+ to LGBTQ+ specific services. The team developed an initial referral form. During departmental meetings/education sessions around Safe Identification (Phase I of dissemination) the team began sharing the referral form with staff. As staff identified LGBTQ+ youth in their caseload, they completed the referral form and sent it to one (or both) of the grant co-leads. One co-lead would reach out to the worker to discuss the case and youth specifics with the staff to determine if the referral met the criteria for one of the programs (i.e., CAFF or YAP). If so, the referral was then sent to Kinnect staff, who administered both projects, with the determined pathway designated. Eventually, it was determined that additional information was needed on the referral form, so a new form was created and disseminated to staff.

After a few months, the team developed a confidential internal spreadsheet to which a limited number of people had access. This spreadsheet was used to begin tracking youth who had disclosed LGBTQ+ identities so that the team could identify:

- What service they were receiving
- How long families were waiting for services
- Stability of the young person and family
- How youth identified
- Whether youth were in an affirming placement.

The data manager updated the spreadsheet along the way to capture data, as there was no formalized way to track this information in Ohio's statewide child welfare system.

Eventually, the team created a fillable form on the agency's intranet for staff to complete, which streamlined the referral process but also safeguarded confidentially by eliminating the need to print out the form on shared printers. Once the referral was received, an email was sent to the data manager to have a unique identifier (alphanumeric) assigned to the youth and added to the spreadsheet. Any additional information needed was reviewed in the state SACWIS system and discussed with the referring staff person and/or any newly assigned staff. This close examination was helpful in determining the pathway for each case. If these interventions (CAFF or YAP) were not needed, the SAFE ID team lead talked to the assigned DCFS staff about resources and other services tailored to the youth. In

addition, they discussed the young person’s caregiver(s) to determine if they were in need of resources/services to increase affirming behaviors and LGBTQ+ knowledge.

Once the referral was processed and a pathway determined, the referral went to the project director at Kinnect. This process assisted the team when prioritizing the waitlist. Periodically, and specifically when a Kinnect case was about to close, the project director and the SAFE ID team lead met to discuss the criteria met by the young people on the waitlist for whichever program was about to have the opening. Once a youth had been identified for enrollment, an Alignment/Intake Meeting was set up with the following individuals:

- Assigned DCFS staff (caseworker and supervisor)
- SAFE ID team lead
- Kinnect project director
- Appropriate program interventionist.

The purpose of this meeting was to gather information, share the expectations and responsibilities of Kinnect and DCFS staff, and to explain the differences between CAFF, YAP, and other services provided to families that DCFS staff may have worked with previously. Figure 6 shows the pathways between CAFF and YAP. If at any time during the work with the family, Kinnect or DCFS staff identified a barrier that could not be overcome, they were able to call the SAFE ID team lead to set up a Case Consult Meeting. This meeting would include the same participants as the Alignment/Intake Meeting, but the Senior Manager would also be invited to participate. The purpose of the Case Consult Meeting was to identify barriers to moving the work forward and determine how to move past them. In cases where a youth or family did not meet the eligibility criteria for either program, the SAFE ID team lead emailed the resource lists to the DCFS staff person so that they could share the list with the youth or family in question.

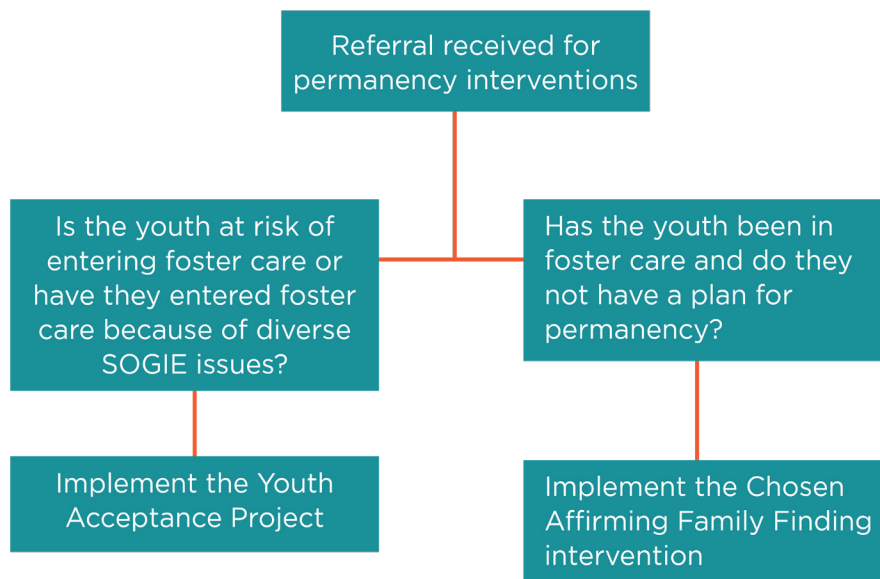


Figure 6: Referral pathway for CAFF and YAP



CHALLENGES

- Staff expressing unwillingness or discomfort around asking and talking about SOGIE, staff not knowing the resources available to families and youth, and staff losing knowledge they were not using on a regular basis were all challenges the AFFIRM.ME. team encountered. Having a phased process for training, coaching, and integration in supervision helped overcome some of those challenges.



WHAT WORKED WELL

- Identifying LGBTQ+ youth made it possible to get them into appropriate LGBTQ+ specific services. The identification of this population resulted in each of the LGBTQ+ services being at capacity with a waiting list to enroll.
- The SAFE ID efforts resulted in a substantial increase in the identification of LGBTQ+ youth, from 3% in 2017 to 20% in 2021.



LESSONS LEARNED

- It was important to ensure that staff had knowledge about each intervention in order to be able to speak to families and clients regarding the intervention and gain consent to participate in Kinnect's services. Many one-on-one conversations took place with staff on specific anecdotal topics for their youth. These topics included safe sex, how to have a SOGIE conversation, how to talk about SOGIE with neurodivergent youth, and conversations with young people around their SOGIE-specific needs (e.g., chest binders, prosthetics, hormones etc.). Staff were then able to have similar conversations with providers and caregivers.

Part 5: Youth Acceptance Project (YAP) Installation and Implementation

The Youth Acceptance Project (YAP) supports LGBTQ+ children and youth by reaching out to parents/caregivers in families experiencing stressors related to the SOGIE of the young person in their care. The YAP involves a series of interventions (i.e., engagement, support and affirmation, inquiry, education, and planning) to move caregivers through varying stages of grief, fear, guilt, and hope associated with their young person's SOGIE and forward onto a pathway toward affirmation.

The program is implemented by a licensed clinician (referred to as the Advocate) who provides proactive, sensitive, and organized partnership with parents/caregivers, as well as concrete intervention strategies. The Advocate works with the families for as long as needed in one-on-one sessions to help understand their feelings regarding their youth's identity and to support the family in processing those emotions. When the family is ready for information on what SOGIE is or how to support their youth, the Advocate guides them on that journey as well.

Both of these components are crucial, as they have a significant positive impact on a family's functioning and a lasting positive impact on the well-being of LGBTQ+ youth. The intervention strategy allows the clinician to reduce or prevent the impact associated with the family's stress, and thereby support child welfare's fundamental goal: to keep children

in their families of origin and/or return them home whenever possible.

YAP Hiring and Selection

The Cuyahoga County team agreed that YAP would be implemented by Kinnect because Kinnect had a long history of developing and providing innovative approaches to serving public child welfare-involved youth and families and because they demonstrated a commitment to developing specialized programming for LGBTQ+ youth. During the installation period, Kinnect focused on selecting, hiring, and onboarding a new clinician (Advocate) for the YAP model.

Candidates for the YAP Advocate position were assessed for education, licensure, and experience in child welfare, counseling/therapy with youth and/or families, and connections to the work. The team used the YAP Practice Profile to help guide the hiring process because it outlined the specific skills and behaviors needed to be successful in the YAP Advocate role. Table 6 provides an excerpt from the Practice Profile details for YAP.

Table 6: Excerpt from the YAP Practice Profile

ESSENTIAL FUNCTION	STANDARD IMPLEMENTATION	DEVELOPMENTAL PRACTICE	UNACCEPTABLE PRACTICE
Presents psychoeducational material on LGBTQ+ identities, minority stress, health outcomes, trauma, resilience using best available evidence and an LGBTQ+ affirmative stance.	Uses research and best practice information from the AFFIRM Caregiver training and manual to present psychoeducational material and respond to questions/concerns within sessions.	Provides partially correct information. Does not present material in a clear, digestible manner.	Uses personal opinions to answer questions that could have been answered using best practices and research. Presents research-based material inaccurately.
Facilitates critical exploration of anti-LGBTQ+ attitudes, beliefs and behaviors in an open and non-judgmental manner.	Demonstrates an understanding and non-judgmental stance while helping caregivers identify and	Inconsistently utilizes a non-judgmental attitude. Misses some opportunities to help caregivers identify and explore their own anti-LGBTQ+ bias.	Fails to demonstrate a non-judgmental attitude. Misses all or most opportunities to help caregivers identify and explore their own anti-LGBTQ+ bias.

Interview questions for hiring the YAP Advocate focused on exploring the candidates’ willingness to practice “kitchen table social work” and to “meet families where they were,” work history with LGBTQ+ youth and families, understanding of cultural humility, and the candidate’s ability to adapt to a changing environment. Behavioral questions about engagement strategies, adaptability, and flexibility were also asked.

YAP Training

The YAP Advocate was trained in the YAP Model by the model’s purveyors, Family Builders by Adoption of Oakland, CA. The training covered addressing bias and increasing diverse SOGIE competency to mitigate rejecting behaviors and to increase accepting behaviors among caregivers enrolled in the intervention. All children and youth referred

to Kinnect who had caregivers in their lives that were struggling with supporting their youth's LGBTQ+ identity were offered YAP services.

Kinnect created an onboarding process for the YAP Advocate position, which included:

- Shadowing team decision-making meetings at DCFS
- Learning about the other LGBTQ+ work happening in the agency
- Learning about LGBTQ+ community resources and legal issues related to LGBTQ+ youth in Ohio
- Review of research, books, and videos related to diverse SOGIE (listed in Appendix A)
- Additional trainings in motivational interviewing, clinical rapport building activities, trauma, and grief and loss.

YAP Dissemination/Marketing/Education

Outreach for the program included educating audiences about basic SOGIE information, disseminating information about the grant and programming, and marketing the AFFIRM. ME. programs to gain referrals from audience members. These efforts were continuous, ensuring that the topic was not forgotten, and that staff understood that this population and these programs were a priority of the agency. These efforts were implemented in a phased approach throughout the years of the grant. Please see the section on the Safe Identification Initiative for more information.

YAP Eligibility

Young people were eligible for YAP if they met the following criteria:

- They were between the ages 5–21
- They identified as LGBTQ+ or were questioning their SOGIE
- Their SOGIE was found to be a factor in the family's involvement in child welfare.
- Determining whether a young person's SOGIE was related to the case included assessing:
 - Whether SOGIE was a risk factor in the young person's child welfare involvement, or contributed to rejection, abuse, neglect, or a prior custody episode related to SOGIE
 - History of the young person engaging in high-risk behaviors associated with rejection, adoption disruptions, and dissolutions
 - Indication from the young person that they or their supports would benefit from knowing more about LGBTQ+ identities. (NB: Those supports had to be willing to participate in the program)

The team noted early in the referral process that many child protection specialists did not have adequate knowledge or skills to assess the role SOGIE might have in family dynamics, and/or they did not know the reason a family was involved in child welfare. For example, a referral was received for a young person who identified as LGBTQ+ and was

experiencing conflict with their family for not meeting familial expectations (e.g., school performance, completing chores). In fact, the family was accepting of the young person's SOGIE, and the young person identified the family as accepting as well. Upon the YAP Advocate's further assessment, the family's conflict was not due to underlying rejection of the young person's SOGIE. This lesson learned led to the creation of the Family Assessment and Youth Assessment tools, which the YAP family advocate completes with the caregiver(s) and young person individually prior to enrolling a family into the YAP intervention.

YAP Continuous Quality Improvement

Fidelity

The assessment of fidelity to the YAP Model included two methods:

1. A purveyor's observation through audio recordings and review of the family's case records.
2. A Self-Report Checklist (completed by the Advocate) after each session. The Self-Report Checklist covered items such as tasks or topics to be performed during meetings and whether they were accomplished.

Family Builders by Adoption (the purveyors) conducted monthly observations or reviews of the YAP Advocate using YAP fidelity tools. The QIC-LGBTQ2S evaluation team notified Kinnect and the purveyor about which families' files to pull for fidelity review so that the reviews were randomized. Purveyors received audio recordings, case notes, treatment plans, self-report surveys, strengths/needs assessment, and other model tools from the local implementation site. Family Builders reviewed all scores and fidelity tools with the YAP Advocate monthly. The project director reviewed Self-Report Checklists with the Advocate weekly or as needed and used this information to help inform training and coaching.

Coaching

Individual coaching took place twice monthly with Family Builders by Adoption. Coaching topics were informed by fidelity reviews and feedback as well as topics brought to the coaching session by the Kinnect supervisor or the Advocate. Family Builders by Adoption conducted coaching on model-relevant SOGIE content knowledge, adherence, family engagement, and the utilization of the model's tools. The supervisor conducted coaching on general SOGIE competency, general facilitation, general clinical practice, clerical tasks, system issues, and areas where coaching was not making progress. Supervision with the YAP Advocate was weekly or more often if needed.



CHALLENGES

- The AFFIRM.ME. team noted early in the referral process that many child protection specialists did not have the knowledge or skill to assess the role SOGIE might have had in family dynamics, and/or they did not know the reason the family was involved in child welfare. The team had to conduct additional screenings to ensure that YAP was a good fit for the youth's and family's needs.



WHAT WORKED WELL

- The YAP purveyors conducted coaching specific to the YAP model while the supervisor conducted coaching on general SOGIE competency, general facilitation, general clinical practice, clerical tasks, system issues, and areas where coaching was not making progress.
- Asking behavioral interview questions allowed the hiring committee to observe a candidate's skills around "meeting families where they are" and adapting in difficult conversations. These types of questions are imperative to hiring for this role.



LESSONS LEARNED

- Since YAP services are one-on-one and directed by the youth's and family's needs, the program could take anywhere from a few months to over a year. Length of services also depended on several things the family might be juggling at a given time. Therefore, the team had to prepare for unknown lengths of service for each family.
- Some families needed months to build rapport before opening up about their child's SOGIE.

Part 6: The Chosen Affirming Family Finding Model (CAFF) Installation and Implementation

The Chosen Affirming Family Finding (CAFF) model is based on Kevin Campbell's Family Finding model. Family Finding is an approach in which efforts are made to locate and engage as many family members and significant adults as possible for a young person. The goal is to identify individuals who are willing and able to commit to supporting the young person in the present as well as throughout their lives to create a robust network of individuals to provide emotional and legal permanency.

There are five phases to the Family Finding work:

1. Intake
2. Alignment
3. Engagement
4. Network Development/Permanency Planning and Implementation
5. Transition

These phases, guided by the CAFF Specialist, help build a robust network of affirming individuals committed to supporting the young person's life-long need to achieve relational and legal permanency. Figure 7 describes the five phases in Family Finding work in the CAFF program.

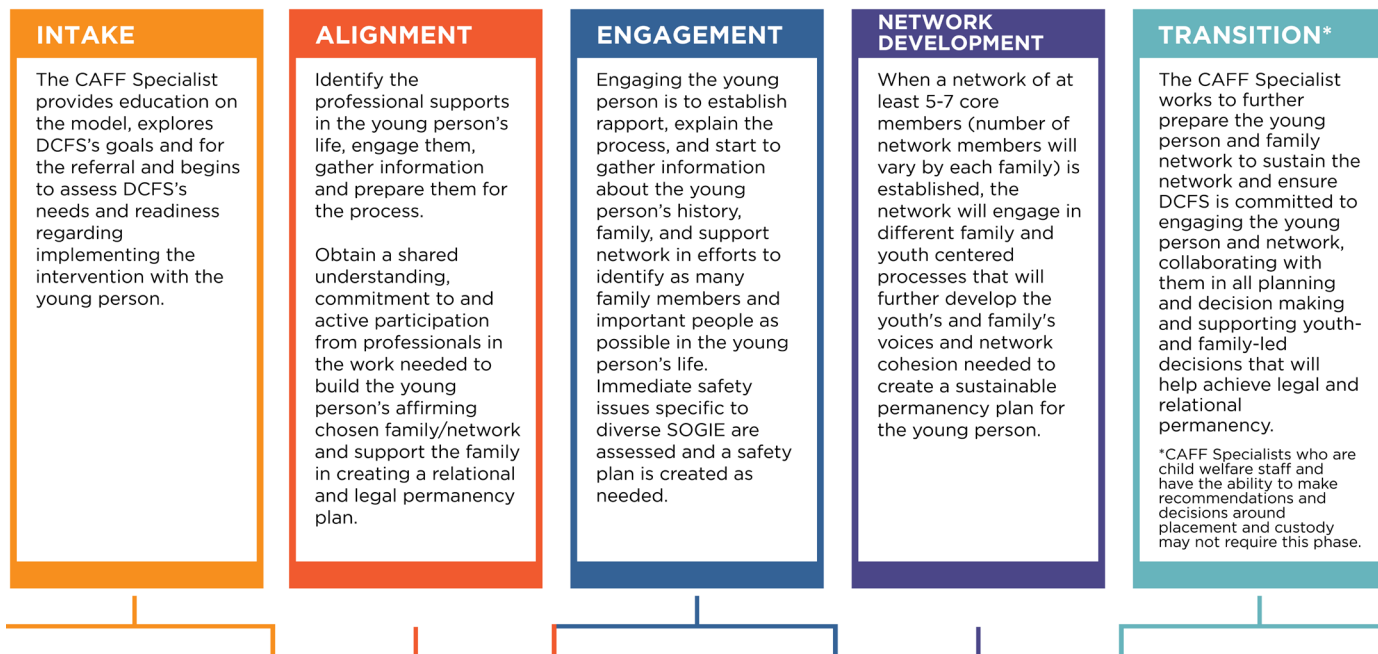


Figure 7: Family Finding Phases

Adaptations were made to the original Family Finding model to meet the unique needs of LGBTQ+ youth engaged in the intervention. The adaptations included:

- Learning about what being affirmed looks like for the young person and what they need from their network to feel supported and validated.
- Ensuring there is a shared commitment that the young person directs.
- Discussing with the young person how, when, and with whom their SOGIE is discussed in the work.
- Identifying immediate safety issues around diverse SOGIE and assisting the young person in creating a safety plan.
- Providing opportunities and support to the young person to discuss and help plan around disclosing their LGBTQ+ identity (“coming out”) to their family of origin or chosen family.
- Providing opportunities for the young person to process and feel supported if they choose not to “come out” to family.
- Providing education, resources, and referrals to LGBTQ+ competent and affirming services and supports for the young person and the network.



Note: Identifying and addressing the young person’s and network’s needs around LGBTQ+ identities was an ongoing process throughout the Family Finding work.

The model adaptations also included the addition of a direct practitioner, known as the Family Development Specialist (FDS), who had robust knowledge of LGBTQ+ identities. The FDS needed to be able to assess safety as it related to SOGIE, support the young person in having ownership over who knew about their SOGIE, and provide information to families who had questions about the young person’s identity.

Family Development Specialist Recruitment and Selection

When recruiting and hiring the FDS, it was essential to seek candidates with:

- Intimate knowledge of child welfare systems and practices.
- An ability to build rapport with youth and the youth’s network/team.
- Demonstrated LGBTQ+ competency to help individuals navigate negative feelings around LGBTQ+ identities, including providing in-depth education on sexual orientation and gender identity.
- Demonstrated cultural awareness that supports interactions with individuals of different backgrounds.
- An ability to actively listen, validate, and support young people, families, and professional supports.
- An ability to establish supportive and genuine cooperative working relationships with people who have a family member with diverse SOGIE.
- Demonstrated cultural humility.
- Relentless curiosity in identifying youths’ family, kin, chosen family, and important people.
- An ability to assess family members’ levels of acceptance of the youth’s SOGIE.
- Demonstrated resourcefulness and relentlessness: can find new ways to help, focuses on what it takes to get the job done, and is able to pivot when faced with barriers.
- Strong attention to detail, organization, and thoughtfulness.
- An ability to manage multiple priorities.
- Strong coordination and group facilitation skills.
- An ability to challenge the status quo and introduce new ways of thinking in a respectful, supportive manner.

CAFF Practice Profiles were also used in assessing candidates’ knowledge, skills, abilities, and training needs. See Table 7 for examples of the behaviors outlined by the CAFF Practice Profile.

Table 7: Excerpts from the CAFF Practice Profile

CRITICAL COMPONENT/ NONNEGOTIABLE	IDEAL PRACTICE/ GOLD STANDARD	EMERGING PRACTICE	UNACCEPTABLE VARIATION	LEARNING OUTCOMES
What must be in place for this service?	Best practice of the skills	Still learning the skills	Not appropriate at all	How we will teach the skill
LGBTQ+ competency is required to help clients navigate negative feelings around LGBTQ+ identities including providing in-depth education on sexual orientation and gender identity.	The FDS demonstrates a strong foundation, awareness, and knowledge of the LGBTQ+ culture and community in all aspects of the work.	The FDS is knowledgeable about diverse SOGIE but there are areas of learning that are still needed.	The FDS has an outdated understanding of diverse SOGIE or relies on misconceptions and biased decision-making.	Provide practitioner opportunities for self-reflection within the on-boarding period. Use supervision and performance review process to co-create a training needs assessment that will meet and enhance the knowledge and skills needed to provide best practice.
Recognize the impact and outcomes of rejecting family on the young person and believe that families and individuals can change from rejecting to affirming with education and support.	<p>The FDS creates a safe and affirming relationship with young people and families being served.</p> <p>The FDS supports young people as they navigate their identity journey individually and with their family.</p> <p>The FDS actively recognizes and elevates the intersectionality of our young people's and families' identities.</p>	<p>The FDS needs regular reminders to actively assess and address young people's and their network's needs as they relate to diverse SOGIE.</p> <p>The FDS acknowledges their learning needs and actively seeks further education and information.</p>	The FDS does not acknowledge SOGIE in the Family Finding work.	<p>Incorporate diversity, equity, and inclusion with a focus on intersectionality and allyship into training plan. Use supervision, coaching and self-assessment data to identify areas of growth. Apply a life-long learning approach to knowledge and skill development.</p> <p>Build education skills to be able to present information in a supportive way that meets adult learning principles.</p> <p>Focus on a strengths-based approach to service delivery when encountering adversity or challenges. Reflect on the "why," and recognize unmet need when exploring rejection or challenging engagements.</p>

During the interview process, it is important to ask questions that will elicit a candidate's beliefs about a family member's ability to change and a candidate's ability to recognize that there are alternative narratives to the family's history with child welfare. Candidates must be able to demonstrate a desire and ability to engage family members who have a history of abusing or neglecting their young person, who historically may have not been involved with their young person, and/or who have had rejecting behaviors toward their young person. The interview process should also elicit the candidate's reasons for wanting to engage in and lead this type of work. Candidates who are solely focused on wanting to support and affirm young people may have difficulty engaging with and supporting relationship development with some families, especially if a family is struggling to support their child's LGBTQ+ identity.

CAFF Training

The FDS was trained on Kevin Campbell's Family Finding model by the [National Institute for Permanent Family Connectedness](#). The training included:

- Model overview
- Values alignment
- Defining connections and network

- Mobility mapping
- Mattering
- Appreciative inquiry
- Disempowering practice.

Additional onboarding included:

- Shadowing team decision making meetings at DCFS
- Shadowing peers currently providing CAFF
- Videos and articles on child welfare, emancipation, and diverse SOGIE
- Case file reviews
- SOGIE 101 training
- Training on the database and fidelity tools by the CAFF Project Director (direct supervisor of the FDS position).

CAFF Eligibility

Young people eligible for CAFF included youth ages 5–21 who identified as LGBTQ+ or who were questioning their SOGIE, were in DCFS custody, and who either did not have a permanency plan or who had a permanency plan but would benefit from Family Finding. The young person’s willingness was also paramount, and in cases where parental permission was required, the young person needed to be open to letting DCFS talk with their family, foster family, or placement provider. Young people ages 5–21 who identified as LGBTQ+ and who had a DCFS case open were eligible if one or more of the following risk criteria applied:

1. Substantiated abuse or neglect related to SOGIE
2. Prior custody episode(s)
3. Young person engaging in high-risk behaviors (e.g., self-harm, harm to others, substance use, truancy, running away)
4. Adoption disruption or dissolution
5. Investigator has already filed for custody.

CAFF Continuous Quality Improvement

Fidelity

The CAFF purveyor (Kinnect) conducted observations or reviews once a month for the FDS using the CAFF fidelity tools. The QIC-LGBTQ2S evaluation team notified the CAFF Project Director/purveyor of which families’ files to pull for fidelity review so that the reviews were random. Purveyors received the:

- Intake form
- Initial youth assessment
- Youth pre-meeting checklist
- Pre-meeting and post-meeting case briefs
- Progress notes
- Case consultations
- Monthly CPS reports
- CAFF assessments/plan

- Youth-Led Permanency Plans (YLPP)
- YLPP reviews
- Participant surveys
- Self-report surveys
- Meeting reports

All scores and fidelity tools were reviewed with the supervisor monthly by the Family Finding Reviewer. The supervisor reviewed Self-Report Checklists and Post-Participant Surveys weekly and as needed with the FDS. The CAFF fidelity methods include:

- Family Finding Reviewer observation through youth-led permanency meeting observations and review of the young person’s case (file review)
- Post-Meeting Participant Survey (administered by the FDS)
- Self-Assessments (completed by the FDS weekly)

Coaching




Individual coaching occurred monthly and as needed. The Family Finding Reviewer provided coaching/consultation on relevant family engagement activities, model implementation, adherence, and activities. The supervisor conducted coaching/supervision on general SOGIE competency, adherence to Family Finding fidelity, general engagement and relationship building, clerical tasks, system issues, and areas where coaching was not making progress.

Coaching with the National Institute for Permanent Family Connectedness was also provided two hours a month and included the application and synthesis of previous material, coaching around delivery and engagement, where to be flexible and where to adhere more strictly to the model, and where to be tempered versus urgent. Topics also included how to use creative search strategies, both to enlist and prepare the young person for the work, and to engage and involve newly “found” people.

Supervision

Supervision with the FDS occurred weekly or more often if needed. Kinnect created a CAFF supervision tool that the FDS could complete prior to supervision and provide to the Family Development Supervisor for review if there were challenges in moving the work forward. This supervision tool could also be helpful in identifying areas of focus for each case in supervision. It is important to note that this tool was often time-consuming to complete and could be done monthly, especially when the work was moving forward, and milestones were met in a timely manner.



 <p>CHALLENGES</p>	<ul style="list-style-type: none"> • Candidates who are solely focused on wanting to support and affirm young people may have difficulty engaging with and supporting relationship development with some families, especially if a family is struggling to support their child's LGBTQ+ identity.
 <p>WHAT WORKED WELL</p>	<ul style="list-style-type: none"> • Supporting LGBTQ+ youth with SOGIE-specific adaptations was crucial to conducting effective Family Finding work. In many cases, the young person would ask for help coming out to families and/or explaining their new names and pronouns. These LGBTQ+ specific steps should be incorporated into Family Finding practices at all agencies doing this work.
 <p>LESSONS LEARNED</p>	<ul style="list-style-type: none"> • On some occasions, when supports or family was found through CAFF, their areas of need around SOGIE were so great that they were dually enrolled in YAP services for the enhanced clinical support. Others replicating CAFF should consider how they will help support the youth's network should they need more intensive services around SOGIE.

Part 7: Long Term Implementation

Cuyahoga County DCFS and Kinnect are continuing their partnerships to sustain the work for all three programs and for the SAFE ID initiative. Their work helped to identify over 20% of youth in their care as LGBTQ+, resulted in these direct service interventions operating at maximum capacity, and led to LGBTQ+ youth and families experiencing improvements throughout the organization. The implementation of AFFIRM Caregiver resulted in attendees having increased confidence, affirming behaviors, and improved LGBTQ+ knowledge. Early data from both the YAP and CAFF interventions are trending in the intended direction with higher reunification, improved well-being, and increased stability rates. Data is still being analyzed and evaluation reports on these efforts will be made public and shared through the [National SOGIE Center](#).

The work is being sustained through county funds and private foundation fundraising. DCFS leadership has also been advocating for the inclusion of LGBTQ+ programming into the state's plan for Family First Prevention Services. The AFFIRM.ME. team is also expanding its list of county partners who will join them in delivering the YAP intervention to youth and families.

Replication and Broad-Scale Rollout

This report provides future implementers with information on Cuyahoga County's change efforts, how they installed these initiatives and programs supporting LGBTQ+ youth involved with DCFS services, and how they managed their CQI processes. Through this report, Cuyahoga County provides insight into internal and external teaming, readiness, SOGIE identification, and what types of programs can be offered to serve youth who need a support network and caregivers and families that need support to adopt affirming behaviors. Cuyahoga County demonstrated that LGBTQ+ work needs to be infused throughout the agency, and that it should not be a singular training, initiative, or program. Rather, it takes an infusion of work at every level. Agencies should offer a suite of services to meet the differing needs of the population. To contact the QIC-LGBTQ2S or Cuyahoga County about this guide or about implementation efforts, please reach out to the [National SOGIE Center](#).



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Appendix A: Resources Used to Train New YAP Practitioners

Resources Used to Train New YAP Practitioners	
Articles & Books	<ul style="list-style-type: none"> • Brill, S. A. & Kenney, L. (2016). <i>The transgender teen: A handbook for parents and professionals supporting transgender and non-binary teens</i>. Cleis Press. • Ehrensaft, D. (2011) <i>Gender born, gender made: Raising healthy gender-nonconforming children</i>. The Experiment. • Ehrensaft, D. (2016). <i>The gender creative child: Pathways for nurturing and supporting children who live outside gender boxes</i>. The Experiment. • Human Rights Campaign. (2019). <i>Black and African American LGBTQ youth report</i>. https://www.hrc.org/resources/black-and-african-american-lgbtq-youth-report • Madsen, W. C. & Gillespie, K. (2014). <i>Collaborative helping: A strengths framework for home-based services</i>. Wiley. • Nealy, E. C. (2019). <i>Trans kids and teens: Pride, joy and families in transition</i>. Norton. • Brill, S. A. & Pepper, R. (2008). <i>The transgender child: A handbook for families and professionals</i>. Cleis Press. • Ryan, C. (2009). <i>Helping families support their lesbian, gay, bisexual, and transgender (LGBT) children</i>. National Center for Cultural Competence, Georgetown University Center for Child and Human Development. https://nccc.georgetown.edu/documents/LGBT_Brief.pdf • Wilbur, S., Ryan, C., & Marksamer, J. (2006). <i>CWLA best practices guidelines: Serving LGBT youth in out-of-home care</i>. Child Welfare League of America. https://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf
Videos	<ul style="list-style-type: none"> • Luke’s Story About Identifying as Transgender and Growing Up in Residential Care • Family Finding - Kalani’s Story • Finding Family Members for Children in Foster Care • Mobility Mapping Part I
Additional Resources	<ul style="list-style-type: none"> • All Children-All Families: About the Project (Human Rights Campaign) • National Institute for Permanent Connectedness: Family Finding • gender spectrum

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