

LA COUNTY DEPARTMENTS:

SUPPORTING

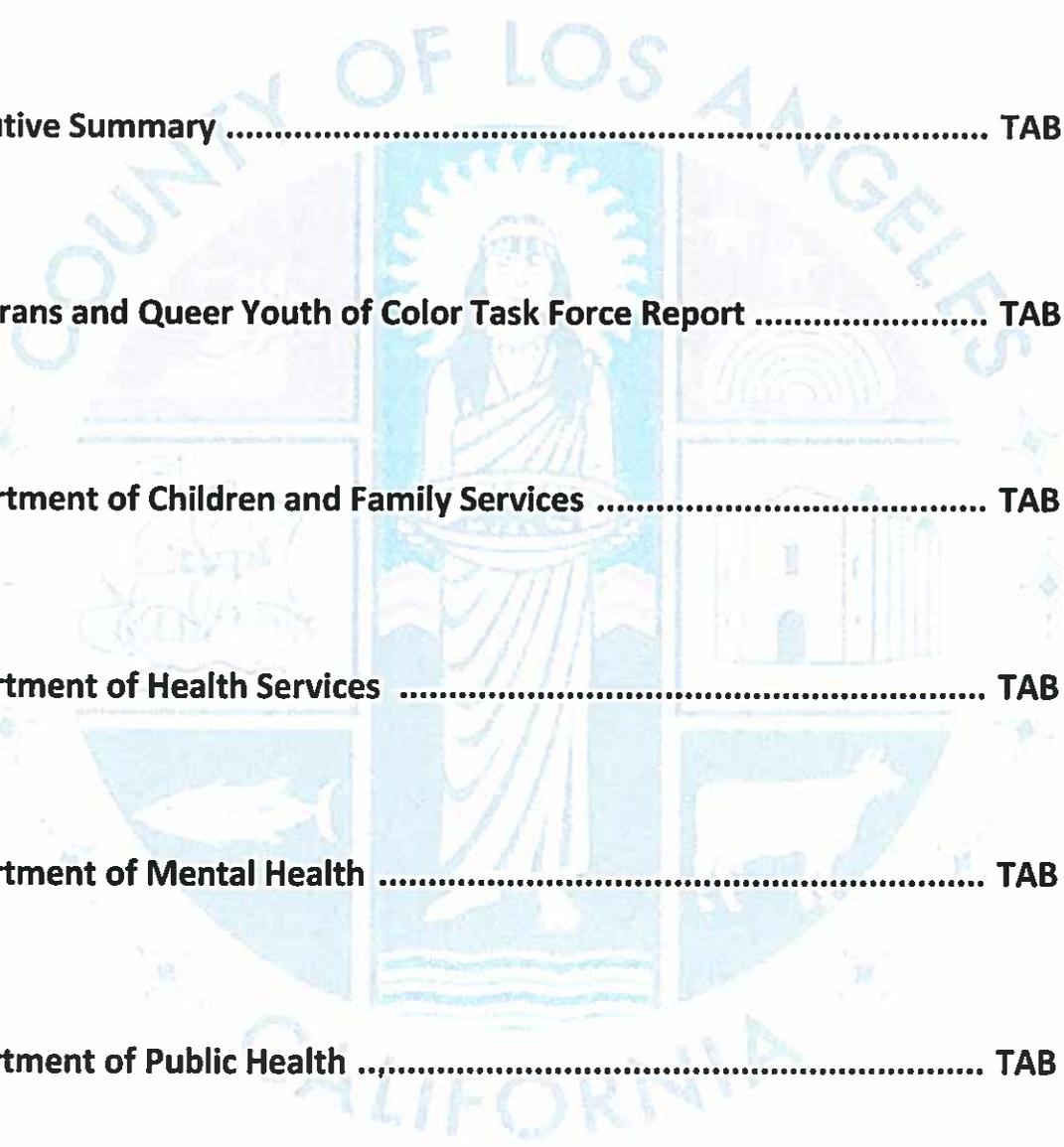
AND SERVING

LGBTQ+

FOSTER YOUTH

**LA COUNTY DEPARTMENTS:
SUPPORTING AND SERVING LGBTQ+ YOUTH**

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SUPPORTING AND SERVING LGBTQ+ YOUTH

INTER-DEPARTMENTAL SUMMARY ANALYSIS, JUNE 2018

INTRODUCTION

Written by Department of Children and Families Services staff with input from the LA County Trans and Queer Youth of Color Taskforce and the Departments of Health, Mental Health, Public Health, and Probation, this report provides a high level summary analysis in terms of trends, gaps, innovations and opportunities to collaborate across the five departments.

BACKGROUND

Lesbian, Gay, Bisexual, Transgender, Queer or Questioning and other gender nonconforming (LGBTQ+) youth face unique challenges and barriers that impact their safety and well-being outcomes. Challenges stemming from discrimination, family rejection, harassment and abuse (physical, sexual, emotional) often result from the anti-gay and anti-transgender bias they experience in home, institutional and public settings.

Moreover, the majority of LGBTQ+ youth in foster care are youth of color and often face a blend of racism, gender, and sexual discrimination that increases their vulnerability. Not surprisingly, there are also significant disparities in experience between LGBTQ+ youth and their non-LGBTQ counterparts. Experiencing this form of minority stress can:

- Impact adolescent and young adult development;
- Increase the risk of negative health and mental health outcomes (such as hospitalization, substance use disorder, commercial sexual exploitation, or suicidal ideation);
- Result in a higher than average number of placements for foster youth; and,
- Increase their risk for poverty, homelessness and juvenile justice involvement.

With nearly one in five Los Angeles foster youth identifying as LGBTQ, it is critical that the policymakers and professionals serving LGBTQ+ children and youth understand the unique challenges of the youth they serve, have the skills and competencies to address disparities and improve outcomes; and address any personal biases that can negatively affect LGBTQ+ youth in their care.

As a result, Supervisor Sheila Kuehl introduced a motion on October 6, 2015 to hire an expert consultant to conduct a scan of existing departmental data, intake, service plan and case review processes for LGBTQ+ youth. Submitted by the Williams Institute in March 2017, this scan identified potential improvements and training needs.

Building on this work, Supervisors Sheila Kuehl and Hilda Solis authored an historic motion on January 9, 2018 directing five County departments to report on a broad range of issues affecting LGBTQ youth. In response, the Departments of Children and Family Services, Health, Mental Health, Probation, and Public Health have submitted their respective reports addressing eight important issues, including:

- Existing services, programs and training
- Creation of specialized departmental sections
- Innovative casework/treatment models
- Training recommendations
- Existing data and potential data collection efforts across departments

A note about nomenclature: With increased awareness about Sexual Orientation and Gender Identity Expression (SOGIE) our vocabulary and linguistics continue to evolve, including “I” for intersex, “2-S” for Two-Spirit (drawn from Native American culture) and “A” for asexual. For purposes of this report, we use the abbreviated “LGBTQ+” with the “+” acknowledging the multiple identities, orientations, and expressions that are not explicitly recognized by the acronym.

YOUTH VOICE

DCFS has established an LGBTQ+ Steering Committee, which includes representatives from the Departments of Children and Family Services, Health, Mental Health, Probation, and Public Health, as well as the Children’s Law Center, LA LGBT Center, and the LA County Commission for Children and Families.

In addition to these stakeholders, DCFS staff reached out to organizations to identify youth representatives to share input and feedback regarding proposed recommendations for meeting LGBTQ+ youth needs. The Liberty Hill Foundation worked with its partners, Genders and Sexualities Alliance Network, National Foster Youth Initiative, Youth Justice Coalition, and Gender Justice Los Angeles to establish the **LA County Trans and Queer Youth of Color Taskforce**, or “Youth Task Force.”

As the DCFS-hosted LGBTQ Steering Committee membership evolves, we have invited the Youth Taskforce to determine the best way for them to collaborate in implementing departmental recommendations—whether as members of the Steering Committee or other options. Until then, the Youth Task Force has submitted a report (first among the departmental reports), including seven recommendations:

1. Create a decision-making Taskforce that includes LGBTQ youth of color who ensure equitable implementation, monitoring, and yearly evaluation of policy recommendations and outcomes. The Taskforce should receive support from the Board of Supervisors with a minimum yearly interdepartmental Trans and Queer Youth fund of \$1,000,000. Youth who are elected or appointed to the Steering Committee should be youth of color who have previously been incarcerated, in foster care or have been served by DMH, DHS or DPH. The fund would cover the expenses related to:
 - youth stipends;
 - meeting expenses;
 - transportation and other costs associated with membership;

- meetings and participation;
 - training and skills development to build competence and confidence;
 - support for communications, education and outreach to increase youth and other public awareness of the taskforce; and,
 - other specific projects activities of the Taskforce.
2. Increase investments in queer youth programs in South Los Angeles and other historically underserved communities that do not specifically draw from existing community service funding.
 3. Increase the comfort and safety of youth to discuss SOGIE with social workers, LA County Department staff in leadership roles and staff in the field providing face-to-face services with youth through training, public relations campaigns normalization and confidentiality.
 4. Have policy units of DCFS, DMH, DPH, DHS and Probation review state-level policies and laws that protect LGBTQ youth and conduct a crosswalk of their own policies to insure compliance.
 5. Establish programs designed to provide LGBTQ youth with access to employment opportunities.
 6. Create summaries for youth that use the most importantly definitive terms, but also plain language to promote increased youth involvement.
 7. Close youth prisons and create community-based alternatives to youth incarceration. LGBTQ and gender non-conforming youth are overrepresented in juvenile detention and correctional facilities in the juvenile system. The percentage of incarcerated LGBTQ youth is double that of LGBTQ youth in the general population. Redirect at least 5% of the Los Angeles County Sheriff Department and Probation Departments budgets to fund at least 100 youth centers, 1,000 peacebuilders (intervention workers) in schools and communities and an additional 50,000 County-funded youth jobs.

TRENDS ACROSS DEPARTMENTS

While all departments report innovative strategies to address the needs of LGBTQ+ youth, all or most of the five departments engage in the following activities.

- **Combination of Broad and Targeted Services:** All five departments provide services to broader populations that are inclusive of LGBTQ+ youth, while also targeting certain efforts at the LGBTQ+ population to varying degrees among departments.

- **LGBTQ+ Specialized Units:** DMH formed a specialized unit in 2016 and continues to expand its scope of practice. DCFS and Probation are exploring opportunities to develop specialized units to work specifically with LGBTQ+ youth in their respective departments. DPH proposes to integrate LGBTQ+ youth needs into its newly formed Center for Health Equity.
- **LGBTQ+ Workgroups:** DCFS, DHS and DMH host LGBTQ+ specific departmental workgroups to address needs and services. DCFS' Workgroup was expanded to include DHS, DPH, DMH and Probation.
- **LGBTQ+ Youth Housing:** All departments support efforts to expand preventive, harm-reduction and early intervention services critical to preventing LGBTQ+ youth from becoming homeless.
- **Safe Spaces:** Departments make efforts to promote an inclusive and welcoming service environment, without discrimination, and are committed to creating a work environment that values diversity and is free from discrimination, harassment, retaliation, and inappropriate conduct based on SOGIE.
- **Workforce and Provider Training:** The departments offer LGBTQ-focused training to increase staff capacity to serve LGBTQ+ youth. They embrace the County's cultural competency and implicit bias training as another opportunity to improve services and support for LGBTQ+ youth and will integrate LGBTQ+ efforts into existing cultural humility and equity work. Departments also offer training to external agencies, partners and contractors to provide LGBTQ+ affirming care.

GAPS IN EXISTING SERVICES AND PROGRAMS

- **SOGIE Data:** A common gap shared among the five departments is limited standardized data or information on youth SOGIE collected in a routine manner.
 - While departments are well-versed in research and outcomes on LGBTQ+ as cited above (such as the health and mental health disparities), departments are just now embarking on efforts to integrate SOGIE questions into their own data collection efforts, as well as train staff on how to sensitively and safely ask and gather confidential self-reported information.
 - Preliminary DHS SOGIE data: In October 2017, DHS launched their SOGIE data collection efforts to help better identify LGBTQ patients of all ages. As part of this effort, specific screening has begun for youth ages 11-18 and 18-24 years so DHS can be better informed as we develop more services for youth. First quarter findings showed that 95% of patients identified as heterosexual. More details are included in their report.

- DPH routinely collects SOGIE information on some assessment and intake forms and is participating in a Health Agency workgroup that is developing standardized questions related to social and behavioral indicators, including sexual orientation. In addition, the Los Angeles County Health Survey administered by DPH, queries older youth regarding sexual orientation, but small sample sizes limit the ability to analyze survey results by sexual orientation.
- Effective April 21, 2018, DCFS' primary data system, CWS/CMS, included fields for SOGIE for children, youth, parents and caregivers.
- While Probation does not track outcomes specific to LGBTQ youth, they report having served 35 self-identified LGBTQ youth at Central Juvenile Hall during the past year. This low figure is indicative of the lack of an appropriate mechanism to capture SOGIE data. Another contributing factor is that some youth, particularly gay males, may not feel safe to identify in an institutional setting.
- **Internal Policies:** Another top priority for departments is to review and update internal departmental policies to ensure they are fair and equitable, support a safe and inclusive environment for all staff and clients regardless of SOGIE, and do not perpetuate inequalities or implicit bias. These policies should apply to the workplace and anywhere services are provided to LGBTQ+ youth or caregivers and comply with state LGBTQ+ polices and laws
- **Underserved Areas:** A key recommendation underscored by the Trans and Queer Youth of Color Taskforce is the lack of available services in certain areas, such as South Los Angeles and the Antelope Valley. Probation has also identified a lack of services in the East San Gabriel Valley.

Expanding services available to LGBTQ+ youth and families to all eight Los Angeles County's Service Planning Areas (SPAs) would promote access especially in underserved communities and communities of color.

- **LGBTQ Representation on County Commissions:** LGBTQ+ Steering Committee members underscored the need to increase LGBTQ representation on County Commissions that support youth-related matters, such as the Commissions for Children and Families, Probation, Mental Health and Women's.

INNOVATIVE APPROACHES OR RECOMMENDATIONS

DCFS

- **Improving Practice:** As Dr. Bryant T. Marks noted in a recent training for DCFS staff on implicit bias, "changing practice may be easier than changing behavior." DCFS is exploring ways to improve practice to systemically guard against individual implicit bias. For example, DCFS has a Nondiscrimination Policy in Placement Decisions stating that DCFS is prohibited from considering SOGIE or any other characteristic that is protected by state or federal law. DCFS will also be developing guidelines to their countywide Child and Family Team meetings to support gender non-confirming children and helping families move from rejection to acceptance.
- **LGBTQ Specialized Section:** DCFS is pursuing the creation of an LGBTQ Specialized Section, working with Champions in each of its 20 regional offices, as well as its Training Section to ensure ongoing LGBTQ+ competencies. The Section will also serve as an advocate for LGBTQ+ youth and partner with community stakeholders to develop LGBTQ+ specific programs and services.

Modeled after the Administration for Children's Services in New York City, DCFS could also hire a consultant with experience designing LGBTQ programs for large, diverse child welfare agencies.

- **Family Finding and Recruitment:** Building on an existing innovative program to locate relatives to care for a child in need of out-of-home placement, DCFS will develop a protocol for social workers to assess if new and existing placements are LGBTQ+ affirming.
- **Community Engagement:** DCFS will partner with community stakeholders, including health and mental health providers, underserved neighborhoods and school districts, to ensure LGBTQ+ competency and increased access to services.
- **Family Centered Services:** Intensive home-based services, including prevention and educational services, can support families, including relatives and Resource Families that are in crisis due to their feelings about a youth's SOGIE. Educating families about LGBTQ+ issues can mitigate rejection and increase the support provided to the youth.

DHS

- **The Alexis Clinic:** As part of the LAC+USC Medical Center, DHS launched the Alexis Clinic which provides the highest level of services offered in DHS, with primary medical care, transgender health services, social work services, mental

health services, mentoring and care coordination. Because volume is lower than anticipated, DHS is coordinating with their medical Hubs Clinics for referrals.

- **Real-time Consultation:** DHS is also exploring a real-time consultation pathway for providers in all settings.

DMH

- **Mental Health Services Act (MHSA) - Prevention and Early Intervention (PEI):** As part of its MHSA-PEI plan, DMH stakeholders prioritized LGBTQ+ children and youth as a priority cultural subpopulation. Through contracts with community-based organizations, the program builds protective factors and provides early intervention services for LGBTQ+ people at risk for mental illness, as well as increases community awareness.
- **Transition Age Youth Drop-in Centers and Enhanced Emergency Shelter Program:** DMH funds Drop-in Centers to serve as entry points to mental health system for youth ages 16-25 living on the street or in unstable living situations. Drop-in Centers provide "low-demand, high-tolerance" environments in which youth can find temporary safety and basic services such as peer support, case management, housing and job assistance, showers, meals, clothing and referrals. EESP provides temporary, emergency shelter for up to 36 nights while pursuing longer term, secure housing.
- **Community Support and Services Outcomes:** Partnering with community organizations to support efforts to improve permanency and family connections for LGBTQ+ youth and young adults. This partnering allows for mutual learning, collective problem-solving, skills building, improved communication and behavioral modification.
- **Media Campaign:** Through MHSA PEI funding, DMH produced PSAs to inform the LGBTQ+ community of available mental health services.
- **LGBTQ Unit:** DMH is hiring two full-time community workers to provide field-based intensive case management services, including LGBTQ advocacy, outreach and linkage to community providers.

DPH

- **Center for Health Equity:** DPH has established the Center for Health Equity (Center) to build capacity and competency to eliminate inequities. In lieu of a specialized LGBTQ+ unit, DPH plans to integrate LGBTQ+ youth needs into the work of this newly formed Center. The Center will address these needs through policy, training, and quality improvement activities and two of its key initiatives,

which focus on Sexually Transmitted Infections and Cultural & Linguistic Competency.

- **LGBTQ-specific Interventions:** DPH offers programs that are tailored to address LGBTQ+ youth needs, including building welcoming service environments. These interventions include innovative HIV/STI prevention programming for young African American men who have sex with men (MSM) and transgender individuals, a Center of Excellence for Substance Use Disorder treatment for LGBTQ+ individuals, and targeted campaigns to promote hepatitis A and meningococcal vaccinations for MSM.
- **Capacity Building:** DPH is increasing the capacity of staff and partners to meet LGBTQ+ youth needs. DPH offers LGBTQ-focused training sessions to staff, has trained school district representatives through the Comprehensive Sex Education Network, will offer a training on substance use disorder issues that are unique to LGBTQ+ youth, and is developing curricula to train front-line shelter staff on the sheltering needs of these youth. To improve linkages to care for LGBTQ+ youth, DPH is also funding the 211 Los Angeles County Information Line to expand the number of LGBTQ+ service providers listed in its referral database.

PROBATION

- **Specialized Unit:** Probation will explore the feasibility of establishing a unit that focuses on the needs of the LGBTQ+ community from a strategic and operational perspective
- **Collaboration with the Center for Health Justice (CHJ):** CHJ has provided Probation with an LGBTQ advocate who provides one-on-one support to self-identified LGBTQ+ youth, a LGBTQ support group, as well as linking them to LGBTQ services in the community. They will be expanding the program to include more LGBTQ advocates to Los Padrinos Juvenile Hall, Barry J. Nidorf Juvenile Hall and the Residential Treatment Services Bureau as appropriate.
- **RISE Care Coordination Team (CCT):** Probation is considering the creation of the RISE CCT program which would provide services to increase support and acceptance in biological, extended and foster families with LGBTQ and gender non-conforming youth. The program also promotes self-esteem and aims to achieve and sustain permanency with relatives, adoptive, and chosen families. CCTs also provide culturally competent workforce education.
- **LifeWorks:** Probation is also exploring the possibility of introducing a youth development and mentoring program to LGBTQ+ youth through age 24. The goal is to assist youth in achieving short- or long-term goals with the assistance of affirming role models and innovative workshops.

OPPORTUNITIES FOR INTERDEPARTMENTAL COLLABORATION

- **Coordinated Data Collection:** A coordinated approach across County departments could strengthen SOGIE data collection and increase sample sizes for County-administered surveys. DPH recommends that a core set of standardized questions be developed to ascertain SOGIE across departments and allow for aggregation and comparison of data. In addition, it would be important to implement countywide training on maintaining a secure and welcoming environment for youth to comfortably disclose self-reported data.
- **Countywide Policy and Training:** A countywide staff development series on cultural humility and LGBTQ+ equity/awareness for all staff which includes skill building and real-life scenarios, should be offered for staff directly serving youth. In addition, the Chief Executive Office should consider updating existing county policies to prohibit LGBTQ+ discrimination and harassment of youth and staff.
- **Hub Clinics:** In addition to the highly specialized care at The Alexis Clinic, DCFS, DMH and DPH work in partnership with DHS to expand primary care services to high risk LGBTQ youth at the medical Hub Clinics. These services, while more limited, provide a unique opportunity to serve as a focal point for LGBTQ youth in foster care. Providers from each of these departments are co-located in the Hubs, and have the potential to interface with Probation for a multi-disciplinary approach.
- **LGBTQ+ Workgroups:** DCFS, DHS and DMH have each established departmental LGBTQ workgroups. DCFS' Workgroup was expanded to include DHS, DPH, DMH and Probation. The primary focus will be to implement recommendations from these reports.

FUNDING

- **Youth Stipends:** Consistent with the LA County Trans and Queer Youth of Color Taskforce recommendations, youth participation is critical to future implementation efforts. To ensure they can participate in meetings and to create opportunities to develop youth leadership skills, Taskforce members have requested stipends for youth participants. DCFS does not currently have the authority to provide such stipends to current and former foster youth and will work with Board offices to identify options.
- **Revenue sources:** DMH has dedicated MHSa PEI funding to projects and programs that support and engage LGBTQ+ children, youth and their families. DPH, DHS, DCFS and Probation do not report having any specific funding available to implement their recommendations.

NEXT STEPS

In summary, while it is clear that youth and the five County departments are committed to and have taken steps aimed at improving the lives and outcomes for LGBTQ+ foster youth, there is still much to do. As noted in the attached reports, the recommendations are far-reaching. Some may be implemented immediately, while others may take months or years to fully implement or may require additional dedicated funding and resources.

DCFS would be pleased to continue hosting the LGBTQ+ Steering Committee, in partnership with youth to:

- Prioritize the recommendations for the immediate, near-term and long-term timeframes;
- Assess the resources and capacity needed to implement the recommendations, and follow up with any requests, as needed; and
- Collaborate with other LA County Departments not included in this Board Motion to provide education on LGBTQ+ affirming practices, bullying and suicide prevention.

Thank you very much for your support and commitment to our LGBTQ+ youth. We are grateful for the opportunity to focus our efforts on improving outcomes for this particularly vulnerable population.

If you have any questions or need additional information, please contact Mr. Aldo Marin, DCFS Board Liaison at (213) 351-5530.



Bobby D. Cagle, Director
Department of Children and Family Services



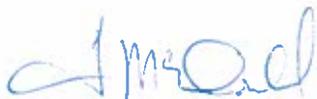
Cristina R. Ghaly, M.D., Acting Director
Department of Health Services



Jonathan E. Sherin, M.D., Ph.D., Director
Department of Mental Health



Dr. Barbara Ferrer, Director
Department of Public Health



Terri L. McDonald, Chief Probation Officer
Department of Probation

c: Chief Executive Officer
County Counsel
Acting Executive Officer, Board of Supervisors

To: **LGBTQ Youth Steering Committee**

From: **LA County Trans and Queer Youth of Color Taskforce**

RE: REPORTS FROM THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS), DEPARTMENT OF PUBLIC HEALTH (DPH), DEPARTMENT OF PROBATION (DOP) DEPARTMENT OF MENTAL HEALTH (DMH), AND DEPARTMENT OF HEALTH SERVICES (DHS) TO THE JANUARY 9, 2018 BOARD MOTION — SUPPORTING AND SERVING LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER OR QUESTIONING YOUTH

We would like to thank you for listening to the voices and lived experiences of Los Angeles County trans and queer youth as you create and implement policies to better serve us. We are the LA County Trans and Queer Youth of Color Taskforce (The Taskforce), which is a group comprised of young people who hold diverse identities and experiences, come from various schools across LA County, and represent various organizations including the National Foster Youth Institute, Youth Justice Coalition, Genders & Sexualities Alliance Network, and Gender Justice LA, with support from the Liberty Hill Foundation. We have come together for the specific purpose of influencing the recommendations towards the respect and equitable treatment of Trans & Queer youth. Currently, we experience assaults on our various identities. Yet, we are committed to resisting and challenging these assaults. We invite the Steering Committee to work with us to protect, serve, and support LGBTQ youth who live within the broad spectrum of Sexual Orientation Gender Identity and Expression (SOGIE) across Los Angeles County.

OUR VOICES

One of our members, Dayvon Williams (preferred gender pronouns: he, him, his), has been in the foster care system since he was 3 years old. He knew who he was at a very young age and came out around age 7. Moving from house to house, Dayvon grew up and lived in more than 6 homes from ages 7 to 18. Often bullied in school and with little support from teachers and staff at age 9, he was sexually abused by his 17-year-old foster brother. There was no intervention, justice, or support for him during this time. Dayvon didn't tell anyone because he was afraid he had done something wrong and that he would be punished, beaten, or bullied further. He was only 9 years old. Somehow, he survived, and currently attends college and works at the Youth Justice Coalition. Dayvon inspires us as he has dedicated his life to ensuring that young people have more access to education, housing, and youth development opportunities. We still have so much work to do. In South Central Los Angeles, it was easier for Dayvon to find a bed, mental health support, or housing in jail than it was in his own community. Dayvon is adamant that jail spending doesn't make communities safer or healthier and does not make Black gay boys safer, healthier, or their lives easier.

Youth voices are incredibly important to have at the table. We have continuously demonstrate our commitment to supporting LA County agencies to create policies that impact our community. We attended the meeting on January 9, 2018, and some of us testified before the board in support of the motion introduced by Board Chair Sheila Kuehl. Additionally, we had a youth-organized meeting with Children's Deputy Taylor Dudley from Supervisor Hilda Solis' office on February 23, 2018. The Taskforce reviewed, summarized, and annotated each department report. We performed the said actions with the intent of working with the Department of Children and Family Services (DCFS), the lead department in the Steering Committee, as well as the three other departments with whom we have received reports: the Department of Public Health (DPH), the Department of Mental Health (DMH), and the Department of Health Services (DHS) and Department of Probation (Probation).

FINDINGS

While we agree with many of the recommendations reported by DCFS, The Taskforce would like to highlight DCFS' recommendation in response to directive #2 *Outcomes and Efficacy of Existing Services* to increase the comfort and safety of all youth to discuss SOGIE with social workers. We see this as an essential part of normalizing SOGIE discussions in order to cause a cultural shift, therefore increasing data collection, and more accurately measuring outcomes of current and future services supporting LGBTQ youth. We believe that it is imperative to maintain the privacy of young people's identity during data collection. We also understand the challenge of collecting data and not duplicating numbers. We recommend anonymous data collection within a subset of youth that includes a specific evaluation process to eliminate the possibility of duplicating numbers. Our hope is that young people will play a role in identifying if they have taken multiple surveys from other departments, and help counter potential duplication. Finally, we believe the overall methodology can be improved and should include youth from The Taskforce to inform the process and planning of data collection.

We appreciate the current work of DHS to support LGBTQ youth and the work of DCFS to collect SOGIE data of youth as detailed in their reports back to the LA County Board of Supervisors dated April 9, 2018. We found that DHS reported specific services targeted at LGBTQ youth, while DPH provided programs that directly or indirectly impact trans and queer youth. However, the DHS and DPH did not describe a targeted approach. None of the reports that we reviewed included substantive outcomes for their LGBTQ specific services.

RECOMMENDATIONS

First, The Taskforce should be recognized as an official youth council to partner with the LGBTQ Steering Committee in the implementation of these policies. We ask that any youth holding seats on the Steering Committee be compensated for their work in the form of a stipend and increase accessibility of Steering Committee meetings to accommodate the school

schedules of its youth members. Also, youth who are elected or appointed to the Steering Committee should be youth of color who are previously incarcerated, in foster care, or have been served by DMH, DHS, or DPH.

Secondly, we recommend that services be implemented for the betterment of LGBTQ youth of color specifically living in South Central Los Angeles as well as other historically underserved communities within LA County. For example, in the Spring and Fall of 2017 DCFS partnered with RaiseAChild for the “Reimagine Foster Parents” campaign in six cities (outside of South Central). We imagine the positive outcomes of a similar campaign and services fair through a trans and queer lens in the areas of Watts, West Adams, Crenshaw, among others.

After reviewing each department report to see how well each provided services to the LGBTQ youth of color, the hope of the Taskforce is that DHS will continue its work in support of LGBTQ youth and encourage all departments to develop tangible services to support the community. We are eager to see how the proposed services of DCFS, DMH, and DPH will be implemented. We believe that these services can be funded by moving monetary resources away from suppression funds (for example law enforcement budgets and prisons) and allocating them towards services to benefit LGBTQ youth of color.

While we would love to continue in our recommendations, we are constrained due to time. We hope that you take a look at our annotated summaries¹ regarding the responses to the motion. We compiled a list of recommendations consistent with the LA County Scan conducted by Cooper and Associates² and aligned with the lived experiences of LGBTQ youth of color:

- 1. Create a decision-making Taskforce that includes LGBTQ youth of color who ensure equitable implementation, monitoring, and yearly evaluation of policy recommendations and outcomes. The Taskforce should receive support from the Board of Supervisors with a minimum yearly interdepartmental Trans and Queer Youth fund of 1 million dollars. Youth who are elected or appointed to the Steering Committee should be youth of color who have previously been incarcerated, in foster care, or have been served by DMH, DHS, or DPH.**
 - The fund will cover the expenses related to youth stipends; county staff salaries, meeting expenses, transportation and other costs associated with membership, meetings and participation; training and skills development to build competence and confidence; support for communications, education and outreach to increase youth and other public awareness of the taskforce; and other specific projects and activities of The Taskforce.
- 2. Increase investments in trans and queer youth programs, in South LA and other historically underserved communities, that do not specifically draw from existing community service funding.**

¹ docs.google.com/document/d/1v9iDzyKe_sTm6ItJAwTwVvXklYDkVdnjXtrFMV-Absk/edit?usp=sharing

² drive.google.com/file/d/1frESw-EHLb4PKK8TzDnCXb_qudjISNWC/view?usp=sharing

3. **Increase the comfort and safety of youth to discuss SOGIE with social workers, LA County Department staff in leadership roles and staff in the field providing services face to face with all youth through training, public relations campaigns, normalization, and confidentiality.**
4. **Have Policy Units of DCFS, DMH, DPH, DHS, and Probation review state-level policies and laws³ that protect LGBTQ youth and conduct an overview of their own policies to ensure compliance.**
5. **Develop programs designed to provide LGBTQ youth with access to employment opportunities.**
6. **Create Executive Summaries that utilize definitive terms and plain language in order to increase youth involvement and access to information for youth members.**
7. **Close youth prisons and create community-based alternatives to youth incarceration.**
 - **LGBTQ and gender non-conforming youth are overrepresented in juvenile detention and correctional facilities in the juvenile system: the percentage of incarcerated LGBT youth is double that of LGBTQ youth in the general population.⁴ Redirect at least 5% of the Los Angeles County Sheriff Department and Probation Department budgets to fund at least 100 youth centers, 1000 peacebuilders (intervention workers) in schools and communities, and an additional 50,000 (County-funded) youth jobs.⁵**

CONCLUSION

The Taskforce applauds the efforts of the Los Angeles County to develop policies and practices to improve and expand access to services for trans and queer youth in schools, local communities, foster care, and juvenile justice, and to include and center the voices of trans and queer youth of color as these policies are implemented. The Taskforce's recommendations and participation on the Steering Committee represents an important step in achieving a broader, long-term vision to create visibility and awareness of the experiences of trans and queer youth of color and shift public narrative.

We believe that empowerment is a sense people develop through their own action and we believe that a partnership with the Los Angeles County Supervisors will support our ongoing efforts to organize on our campuses, resist in our communities, and create safe spaces for Trans and Queer youth of color in South Central and the Greater Los Angeles County.

³ <http://www.courts.ca.gov/documents/BTB24-3C-1.pdf> ; <https://goo.gl/SdahWh>

⁴ <https://www.lgbtmap.org/file/lgbtq-incarcerated-youth.pdf>

⁵ <http://www.laforyouth.org/wp-content/uploads/2012/06/LAYouthFINAL.pdf>

We look forward to continuing this important work to serve trans and queer youth in our community. Should you have any questions, please contact Chris Covington at ccovington@gsanetwork.org.

In solidarity,



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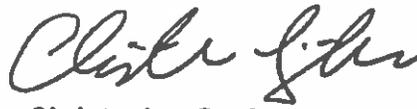


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County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

JUNE 2018

SUPPORTING

AND SERVING

LGBTQ+

FOSTER YOUTH



County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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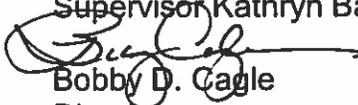
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June 25, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Mark Ridley-Thomas
Supervisor Hilda Solis
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: 
Bobby D. Cagle
Director

RESPONSE TO THE JANUARY 9, 2018 BOARD MOTION – SUPPORTING AND SERVING LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUEER OR QUESTIONING YOUTH

This report responds to the January 9, 2018 Board motion authored by Supervisor Kuehl and Supervisor Solis. The motion directs several Los Angeles County departments, including the Department of Children and Family Services (DCFS), to report back to the Board in 90 days on the following eight directives:

1. A comprehensive inventory and assessment of existing services, programs, and training within their Departments that directly assist Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth;
2. Information about documented outcomes of existing services provided to LGBTQ youth, including whether these services are meeting the needs of this population and whether additional services or programs are needed;
3. Recommendations on whether a specialized unit or section within their Department is needed to focus on the needs of LGBTQ youth;
4. Information about best practices and innovative casework/treatment models that best meet the needs of these youth;
5. Recommendations for improving training and support provided to County staff, contractors, relative caregivers, and foster families who have direct contact with, care for, or provide services to LGBTQ youth that identifies and prohibits anti-LGBTQ discrimination and harassment of youth, and foster and adopting families, including, but not limited to, physical violence, verbal harassment, imposition of personal beliefs, and denial of services, on the basis of actual or perceived sexual orientation, gender identity, and gender expression;

6. Information on existing data collected related to this population and recommendations for how data collection across Departments can be improved, including health and mental health services, family finding and foster family recruitment, placement, discharge, and outcomes data;
7. Information that describes current foster family recruitment and family finding efforts targeted at locating affirming placements, as well as specialized recruitment efforts, which the County may not have considered or utilized and recommendations for improving existing recruitment and family finding efforts; and,
8. Recommendations for improving and expanding residential and housing programs needed for LGBTQ youth including child welfare-involved, juvenile justice-involved, and homeless youth.

A note about nomenclature: With increased awareness about Sexual Orientation and Gender Identity and Expression (SOGIE), our vocabulary and linguistics continue to evolve, including "I" for intersex, "2-S" for Two-Spirit (drawn from Native American culture), and "A" for asexual. For purposes of this report, we will use the abbreviated "LGBTQ+" or "LGBTQ." The "+" is to acknowledge the multiple identities, orientations, and expressions that are not explicitly recognized by the acronym, including but not limited to, gender nonconforming and gender fluid children and youth.

In addition, it is important to note that LGBTQ+ foster youth do not exist in any singular service area, and are geographically represented throughout the County. Youth self-identify at different ages, different stages in their life, and in different types of placements. Given the diversity of the LGBTQ+ population, to effectively serve youth, there cannot be a single strategy for caring for them.

BACKGROUND

LGBTQ+ foster youth face unique challenges and barriers that impact their safety, well-being, and permanency outcomes - challenges stemming from discrimination, family and caregiver rejection, harassment, sexual exploitation, neglect and abuse (physical, sexual, emotional) - as a result of the anti-gay and anti-transgender bias they experience in family, caregiver, and institutional settings. Moreover, the majority of LGBTQ+ youth in foster care are youth of color and often face a blend of racism, gender, and sexual discrimination that increases their vulnerability. Experiencing this form of minority stress can:

- Impact adolescent and young adult development;
- Increase the risk of negative health and mental health outcomes; and
- Increase their risk for homelessness and juvenile justice involvement.

It is critical that the policymakers and professionals serving LGBTQ+ children, youth, and their families have an understanding of the lives and unique challenges of the youth they serve; the knowledge, skills, and competencies to address the disparities and improve outcomes for this population; and an awareness and willingness to address personal biases that can negatively affect the health and well-being of LGBTQ+ youth in their care.

As part of a five-year federal grant awarded to the Los Angeles LGBT Center (or "the Center"), the Williams Institute at UCLA and Holarchy Consulting conducted a study of 786 randomly sampled foster youth ages 12 to 21. The findings show that:

- **19%—nearly one in five—foster youth in Los Angeles County identify as LGBTQ.** This means that there are between 1.5 and 2 times more LGBTQ+ youth as a percentage of young people in foster care than outside foster care.
- **94% of the youth sampled were youth of color**, indicating that many of them likely face both racial and anti-LGBTQ discrimination.
- **5.6% identified as transgender**, a significant overrepresentation compared to an estimated .3 % of the national population.

Not only are LGBTQ youth overrepresented in the foster care population, there are also significant disparities in experience between LGBTQ youth and their non-LGBTQ counterparts. According to the Williams-Holarchy study, LGBTQ youth:

- Report worse experiences in the foster care system compared to non-LGBTQ youth;
- Have a higher than average number of foster care placements;
- Are more likely to live in a group home;
- Are more likely to have been hospitalized for emotional reasons; and
- Are more likely to experience homelessness at some point in their lives.

More stable placements that affirm LGBTQ+ identities and stronger reunification efforts that include increased LGBTQ+ understanding and support, could lead to improved educational and permanency outcomes. In addition, the use of accurate data and enhanced training efforts could better inform DCFS of its population needs and assist in the development and design of potential interventions to more fully address their needs.

As a result, Supervisor Sheila Kuehl introduced a motion on October 6, 2015, to hire an expert consultant to conduct a scan of existing departmental data, intake, service plan, and case review processes. This scan was to help identify potential improvements and training needs. Focusing on departmental preparedness to adequately serve LGBTQ youth, the Williams Institute consultant team led by Khush Cooper, Bianca Wilson, and Soon Kyu Choi submitted the report in March 2017.

In response to the report, DCFS formed an **LGBTQ Steering Committee** to address the needs and support LGBTQ+ youth in foster care. The mission of the Steering Committee is to ensure that LGBTQ+ foster youth in Los Angeles County receive affirming services provided by LGBTQ+ competent, trained practitioners with expertise and knowledge of risks, protective factors, the impact of anti-LGBTQ bias, and family rejection.

In response to the consultant scan, Supervisors Sheila Kuehl and Hilda Solis introduced a subsequent motion on January 9, 2018, directing the Departments of Children and Family Services (DCFS), Probation, Mental Health (DMH), Public Health (DPH) and Health Services (DHS) to report back to the Board in 90 days. Below is DCFS' response

in order of each of the eight directives. The Department's plan to systematically address the needs of LGBTQ+ youth in our child welfare system are captured in the summary of recommendations. Please see **Attachment I, Summary of DCFS Recommendations** and **Attachment II, LGBTQ+ Steering Committee Participants**.

#1 EXISTING SERVICES

Directive: A comprehensive inventory and assessment of existing services, programs, and training within the Department that directly assist LGBTQ youth.

Current Training Efforts

DCFS has been providing training on LGBTQ+ issues in some form prior to 2008. However, in response to the 2015 Board motion, the DCFS University Training Section has made significant strides toward improving LGBTQ+ training and supporting the needs of DCFS youth and staff.

The most recent effort to build social worker knowledge and understanding has been through the work with the Los Angeles LGBT Center. The DCFS University Training Section initiated a sub-contract through the UCLA training contract to have the Center provide Recognize Intervene Support Empower (RISE) training. RISE training has been provided to Children's Social Workers (CSW), Supervising Children's Social Workers (SCSW), and managers. Below is a summary of the RISE trainings.

1. LGBT Center

- Initial Contract Date: July 1, 2016 through March 30, 2017
- Extension Contract Period: April 1, 2017 through September 30, 2017
- Current Contract Period: February 1, 2018 through June 30, 2018

2. Training to Assist LGBTQ+ Youth

DCFS University Training Section (Training) has made significant strides toward improving LGBTQ+ training and supporting the needs of DCFS staff. The most recent effort to support the needs of the LGBTQ+ youth and to build CSWs knowledge and understanding has been through the work with the Center. Training initiated a sub-contract through the UCLA training contract to have the Center provide RISE training since July 1, 2016. RISE training has been provided to CSWs, SCSWs, and managers, and includes the following.

- Training for Staff: working with LGBTQ+ children and youth in the child welfare system; Six-hour training for staff to build new and expand existing knowledge and social work skills for working with LGBTQ+ children and youth and their families.
- Training for Managers and Supervisors: Three-hour training for managers and administrators designed to expand their knowledge about practice and policy relevant to SOGIE and complements existing managerial and administrative roles, responsibilities, and expertise in this area.
- RISE LGBTQ+ and Coaching Intensive Training: Four-day offering which trains and coaches participants in building capacity to train, coach, manage

and/or supervise their workforce teams in implementing practice for working with LGBTQ+ children and youth in the Child Welfare System. (In the current contract this was expanded to five days.)

- RISE Coaching Network: Two-hour LGBTQ+ monthly coaching support group to increase identification, practice, and implementation of best practice.

In addition, DCFS has provided many different courses related to the needs and services of LGBTQ youth over the past years. The chart below outlines the course title, year, and number of staff that participated in the trainings.

LGBTQ Training for DCFS Staff
 (from 2008 to 2018)

Course Title	Course Number	Year	Student Count
All Families Matter: Working Effectively with LGBT Adoptive Families	05.02.08.0008	2008	216
		2009	114
Best Practices for Working with LGBTQ Youth	51.15.99.0703	2014	35
Clinical Supervision Update: Working with LGBTQ Youth and Families	44.07.01.1335	2012	16
		2013	25
		2016	12
Facilitating the Conversation: Discussing Sensitive Topics including LGBT Applicants and LGBT Youth	44.07.01.1553	2014	28
Gender Identity 101	05.02.08.0011	2010	83
Gender Identity 101 for DCFS Shelter Care	05.02.08.0010	2009	42
Resiliency and Risk Factors for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth	05.02.08.0013	2012	31
		2013	18
		2014	48
RISE (Recognize Intervene Support Empower) Training for Managers	51.15.99.0896	2016	13
		2017	59
RISE Intensive T4T Day 1	51.15.99.0905	2017	41
RISE Intensive T4T Day 2	51.15.99.0906	2017	40
RISE Intensive T4T Day 3	51.15.99.0907	2017	39
RISE Intensive T4T Day 4	51.15.99.0908	2017	38
RISE Training for Trainers	51.15.99.0904	2016	8
Social Work with LGBTQ Children and Youth in Foster Care	05.02.08.0015	2012	4
The Sexual Exploitation and Commercial Sexual Exploitation of Gay Males and Transgender Females	44.07.01.1740	2016	33
The Strengths and Struggles of Gay, Lesbian, Bisexual, and Transgender Youth	05.02.08.0004	2008	34
		2009	147
		2010	39
		2011	103
Transgender Awareness for Managers and Supervisors	30.23.01.0246	2016	109
		2017	456
		2018	79
Working with Lesbian, Gay, Bisexual, Transgender, & Questioning (LGBTQ) Foster Youth	05.02.08.0014	2013	226
		2014	245
		2015	414

Working with LGBTQ+ Youth in Child Welfare (The RISE Program)	51.15.99.0897	2017	1,095
		2018	38
Summary			3,904

**LGBTQ Training for DCFS Staff
 (Pre-2008)**

Course Title	Course Number	Student Count unknown prior to the establishment of The Learning Net
Creating Support for Gay, Lesbian, Transgender, and Questioning Youth	05.02.08.0001	
Gay & Lesbian Issues in Child Welfare	05.02.08.0002	
Gay and Lesbian Parents and Their Adopted Children: Research and Clinical Issues	44.07.01.1285	
Issues of Gay and Lesbian Children and Adolescents: Strategies & Interventions	05.02.08.0003	
Working with Families with LGBT Children and Youth	05.02.08.0016	

LGBTQ+ Specific Services

While DCFS provides a broad range of services and supports for all foster youth, we currently do not administer any services specifically for LGBTQ+ youth. DCFS provides services to LGBTQ+ youth in the following programs:

- **Children and Family Teams (CFT):** CFTs bring the family’s team together to assess/identify, plan, intervene, monitor, and refine supports and services to children and their family.
- **Multi-disciplinary Assessment Teams (MAT):** MAT is collaborative effort between DCFS, DMH, and other community providers to ensure the immediate and comprehensive assessment of children and youth entering Out-of-Home placement.
 - Linkage to mental health and/or support services for children/youth who participate in a MAT assessment is provided by the DMH-contracted MAT provider and can include routine outpatient treatment, group/family therapy, or intensive, home-based mental health services.
 - If there are concerns and the youth identifies as LGBTQ+, the youth can be referred to Los Angeles LGBT Center or Service Planning Area (SPA) based community resources that are LGBTQ+ affirming and supportive.
- **Coordinated Services Action Team (CSAT):** CSAT is an administrative and teaming structure within each DCFS office to align and coordinate DCFS and DMH non-line staff to rapidly receive screenings and/or referrals and ensure service linkage.
- **Commercially Sexually Exploited Children Unit (CSEC):** DCFS Multi-Agency Response Team (MART) Unit is a member of the Law Enforcement First Responder’s Protocol (FRP) in a 24/7 multi-disciplinary response to identified CSEC victims. There are currently 12 designated CSWs and two supervisors assigned to investigate CSEC referrals under the FRP pilot. The primary responsibility of the MART Emergency Response is to assess the victim’s safety and to determine whether child welfare intervention is necessary. Additionally, the

MART CSW addresses the underlying needs of the victim and the family and ensures linkage to services. DCFS also created two Continuing Services CSEC units each comprised of six CSWs and a SCSW. These units are trained to respond and provide client-centered, trauma-informed intervention services for CSEC youth and their families. The CSEC Unit does not provide direct services, but refers LGBTQ+ youth to the following programs:

- Children's Hospital of Los Angeles, the Center for Transyouth Health and Development
 - Los Angeles LGBT Center
 - DMH is offering a training called "LGBTQI2-S youth and their vulnerability to Commercial Sexual Exploitation"
 - Multi-disciplinary Team Meetings
- **Wraparound:** Wraparound is an integrated, multi-agency, community-based planning process grounded in a philosophy of unconditional commitment to support families to safely and competently care for their children. The single most important outcome of the Wraparound approach is a child thriving in a permanent home and supported by normal community services and informal supports.
 - **Lancaster Office LGBTQ Project:** The Lancaster LGBTQ Project seeks to ensure equitable treatment of and service delivery to LGBTQ+ youth serviced by the Lancaster office by bringing awareness of the needs and struggles of LGBTQ+ foster youth to staff, care providers, and community partners, developing a culture of understanding and acceptance of the SOGIE, identifying resources specific to the needs of LGBTQ+ foster youth and their families, and creating a system to track LGBTQ+ foster youth served by the Lancaster office (**see Attachment IV**).

Existing Policies

DCFS has a nondiscrimination policy that is inclusive of LGBTQ+ youth, parents, and caregivers. The *Nondiscrimination Policy in Placement Decisions* (1200-500.00) states that DCFS is prohibited from considering the race, color, national origin, religion, sex, political affiliation, handicap, age, marital status, SOGIE, or any other characteristic that is protected by state or federal law.

The preparedness scan recommended that Los Angeles County departments assess eight state bills that were identified as LGBTQ+ related and incorporate those that were relevant to departmental policy. Of these bills, three are specific to DCFS as they pertain specifically to LGBTQ+ youth in foster placement.

- **AB 458: California Foster Care Non-Discrimination Act:** No discrimination and/or harassment on basis of sexual orientation and gender identity for LGBTQ+ foster youth and their caretakers. AB 458 is addressed in DCFS' Nondiscrimination Policy in Placement Decisions (1200-500.00.)
- **AB 537: California Student Safety and Violence Prevention Act:** Prohibits discrimination/harassment on basis of sexual orientation and gender identity. AB

537 is addressed in DCFS' Nondiscrimination Policy in Placement Decisions (1200-500.00.)

- **SB 731: Supporting Transgender Foster Youth:** Foster youth have the right to be placed according to their gender identity, regardless of the sex listed in their court or child welfare records. SB 731 is addressed in Los Angeles County Placement Coordinating Memorandum No 2017-02, Transgender Children/Non-Minor Dependents (NMD) in Out-of-Home Care was approved and issued by the Probation Department, Department of Mental Health, Community Care Licensing, and DCFS. The memorandum provides guidelines for caregivers to meet the needs of transgender youth placed in their care.

On February 22, 2018, DCFS issued FYI 18-07 Transgender Children/NMDs in Out-of-Home Care, which specifies that Transgender youth have the option to be placed in Out-of-Home Care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records prior to the following policies being updated to comply with CDSS All County Letter (ACL) 17-64 and SB 731; Placement Considerations for Children (0100-510.60) and Placing a Child in Out-of-Home Care (0100-510.17)

- **AB 1856: California Foster Youth LGBT Cultural Competency Act:** Requires caregiver training on best practices for cultural competency with LGBTQ+ youth in Out-of-Home Care.
- **SB 1172: Sexual Orientation Change Efforts:** Prohibits a licensed mental health provider from engaging in sexual orientation change efforts with LGBTQ+ youth under 18.
- **AB 1266: Student Success and Opportunity Act:** Requires schools to allow participation in sex-segregated school programs and activities, including athletic teams and competitions and use facilities consistent with his or her gender identity.
- **AB 329: CA Healthy Youth Act:** Requires sex education curricula to be inclusive of sexual health issues relative to LGBTQ+ students.

Recommendations: Below are DCFS recommendations on policies and programs. Recommendations for training are included in Directive #5.

Policy Recommendations

- Adopt written policies to prohibit anti-LGBTQ+ discrimination and harassment of youth, staff, and resource families, including but not limited to, physical violence, verbal harassment, imposition of personal beliefs, and denial of services on the basis of actual, perceived, or association with SOGIE, using the City of New York Administration for Children's Services as a model.
- Adopt written policies or guidelines to effectively serve and provide affirming care to LGBTQ+ youth, including but not limited to:
 - Staff interaction with youth;

- LGBTQ+ identities, language and terminology, confidentiality and disclosure, use of preferred name, and pronouns; and
- Linkage and access to LGBTQ+ affirming resources, services (affirming health, mental health, and social-recreational programs), and referrals, access to gender-affirming care, ensuring visits with affirming adults whether biologically connected or not

LGBTQ+ Affirming Program Recommendations

- Partner with agencies to provide youth, parents, and resource families with LGBTQ+ specific services and programs, including LGBTQ+ affirming mental health providers educated about the impact of rejection that can support families. This relates to the recommendation to create a new LGBTQ+ section.
- Develop guidelines for Child and Family Team and Multi-Disciplinary Team meetings around identifying and addressing underlying needs of LGBTQ+ youth, advocating and affirming the child's SOGIE, including how to provide support to families who do not affirm their LGBTQ+ and gender non-conforming children, and who need support moving from rejection to acceptance. Guidelines should include staff engagement of LGBTQ subject matter experts and resources specifically for the LGBTQ+ community early on when SOGIE issues are presented, with consideration of counseling needs by LGBTQ competent providers.
- Identify community-based organizations that can provide nurturing services (groups, peer support, medical services, therapy, etc.) to LGBTQ+ children under their care.
- Develop programs or partner with existing programs to work with families or resource families who do not affirm their child's SOGIE and provide education and counseling programs to reduce caregiver rejection.
- Develop a link on both the DCFS intranet and internet site, so that staff and LGBTQ+ youth can easily access information on the youth's rights in foster care, available services, resources, and relevant policies and procedures.
- Maintain and update a community resource list for LGBTQ youth throughout the County to be made available on DCFS intranet and internet sites. **Attachment III** is the most current list of resources.
- To improve existing programs, County Request for Proposals (RFP) should support innovative community-based efforts and require providers that claim to work with LGBTQ+ communities to provide a historical record of such work with said population, in addition to documentation of internal policies and procedures that are inclusive of, and designed specifically for LGBTQ+ communities.

#2: OUTCOMES AND EFFICACY OF EXISTING SERVICES

Directive: Information about documented outcomes of existing services provided to LGBTQ youth, including whether these services are meeting the needs of this population and whether additional services and programs are needed.

Currently, DCFS does not have any documented outcomes of existing services provided to LGBTQ youth, including any specific forms that address SOGIE. With 19% of foster youth ages 12-21 identifying as LGBTQ+, and the adverse health and placement outcomes cited above, this practice must change.

In partnership with the Steering Committee, DCFS is currently reviewing its forms to determine where and how best to include SOGIE outcome data. These forms may include:

- On April 21, 2018, Child Welfare Services/Case Management System (CWS/CMS) added fields for SOGIE for children, youth, parents, and caregivers
- Resource Family Approval (RFA) intake and assessment forms
- Technical Assistant Action Request (DCFS 280) in the Foster Care Search Engine
- Short Term Residential Therapeutic Program (STRTP) intake and assessment forms
- Foster Childs Needs and Case Plan Summary (DCFS 709) has a section related to the youth's SOGIE.
- In CWS/CMS, the Lancaster Office had LGBTQ Pilot Project added as a field under Special Projects for use in their office. This field does not differentiate between sexual orientation and gender identity.

As part of this effort, we are exploring best practices on how to engage and support youth so that they feel safe to discuss SOGIE with their social workers. In addition, DCFS will develop a fact sheet and coach staff on how to normalize SOGIE discussions and support youth to effectively complete the forms so that we can gather the data. Any time demographic data are being collected, SOGIE questions will be discussed when appropriate and recorded in a safe place. Most importantly, with the support of our Data Analytics team, the data will be discussed as part of the monthly Data Stats meeting to support staff in making decisions about service delivery and resource allocation.

Recommendations:

- Develop a tracking mechanism for self-identified LGBTQ+ youth to better support youth and inform outcomes over a longer period of time.
- Hire a consultant to conduct a preparedness scan to supplement the internal efforts described above and build on the 2017 LGBTQ Youth Preparedness Scan. The scan should include youth and contract providers such as foster family agencies, STRTPs, housing, health providers, job preparedness organizations, and education support.
- Explore the possibility of requiring new contracts to include training, coaching, and technical assistance, as well as LGBTQ+ competency.

#3: LGBTQ+ SPECIALIZED UNIT

Directive: Recommendations on whether a specialized unit or section within DCFS is needed to focus on the needs of LGBTQ+ youth.

While DFCS aims to create an environment of inclusion and provide quality services for LGBTQ+ youth, we are deficient in addressing several specific barriers to developing, implementing and maintaining services and structures that meet the needs of LGBTQ+ youth. To address these disparities, DCFS recommends creating a specialized section in the Executive Office to focus on the needs of LGBTQ youth.

Based on best practices implemented in other jurisdictions, such as New York City's Administration for Children's Services Office of LGBTQ Policy and Practice, the LGBTQ+ unit would be led by a manager to oversee champions in each of our 20 Regional Offices throughout the County to focus on the needs of LGBTQ+ youth. We propose Office Champions would receive extensive ongoing training to:

- Advocate on behalf of the LGBTQ+ youth to ensure their needs are met and help them navigate the child welfare system;
- Have high LGBTQ+ competency with the knowledge and skills to address issues that impact LGBTQ+ youth, and coach other staff how to talk with youth about SOGIE;
- Be knowledgeable in providing information and/or referring youth to LGBTQ specific services, the coming-out process, best practices, research, programs, and the importance of placing LGBTQ+ youth in affirming homes; and
- Provide support to County staff and contractors who provide services to LGBTQ resource parents and families.

In addition to a rigorous training component, it is critical for staff to gain LGBTQ+ competency through coaching on:

- Trust and relationship building
- The systemic barriers LGBTQ+ youth face in receiving services
- How to work with other DCFS staff and external stakeholders on LGBTQ+ issues and be comfortable educating those who are unaware, or have SOGIE or anti-LGBTQ bias.

If established, the LGBTQ+ Unit would also explore the feasibility of developing child welfare services specifically for LGBTQ+ youth. We envision that the LGBTQ+ Unit would continue to convene the LGBTQ Steering Committee, comprised of internal and external stakeholders, including current or former foster youth and service providers with demonstrated expertise working with LGBTQ+ youth, as described in previous sections.

Recommendation:

Modeled after the Administration for Children's Services in New York City, DCFS should hire a consultant with experience designing LGBTQ programs for large, diverse child welfare agencies to establish an LGBTQ+ Specialized Unit. This unit would work with LGBTQ+ Champions in each Regional Office, as well as the DCFS University Training Section to:

- Ensure ongoing, extensive training in LGBTQ+ competencies that includes partnership with minor's counsel.
- Partner with community stakeholders to develop LGBTQ+ specific child welfare programs. Potential programs could include a peer youth program or broadening the existing Cultural Brokers program to include LGBTQ+.
- Serve as an ombudsperson who will hear and respond to complaints from youth of harassment and/or discrimination on the basis of actual, perceived, or association with SOGIE. One option could be to identify one LGBTQ+ Champion in each of the eight SPAs to work with community-based partners.

#4 BEST PRACTICES AND INNOVATIVE MODELS

Directive: Information about best practices and innovative casework/treatment models that best meet the needs of these youth.

Child welfare agencies have the duty to protect children; however, LGBTQ+ youth are often subjected to anti-gay, anti-transgender and heteronormative biases within the child welfare system. LGBTQ+ foster children and youth have unique experiences and challenges that can lead them to engage in behaviors that are often mistakenly not connected by social workers, parents, and caregivers to the rejection of their LGBTQ+ identity and related experiences in care.

Often, these LGBTQ+ youth are labeled as "hard to place" and/or their behaviors are labeled as "acting out." LGBTQ+ youth spend longer periods in systems of care and are more likely to end up in group homes, have multiple placements, run away, age out of systems, and become homeless.

Like all children and youth, LGBTQ+ children and youth need to be acknowledged, validated, and affirmed for who they are and need the adults connected to them to show interest in who they are, their experiences, relationships, and peers. Moreover, LGBTQ+ children and youth need to have the ability to develop friendships with peers to whom they can relate and have access to age-appropriate social and recreational events with other LGBTQ+ youth to decrease isolation, obtain peer support, and achieve age appropriate social and emotional developmental milestones.

Service professionals and care providers can negatively affect the health and well-being of LGBTQ+ youth in their care. Intentional and unintentional examples of bias in a caregiving settings include denying resources, overlooking placement options, funneling youth into group home settings, refusing to advocate in instances of bullying, and ignoring a youth's right to freedom of expression. It is not well understood that nondiscriminatory care for LGBTQ+ youth means that they receive equitable resources and support based on their individual needs.

LGBTQ+ youth have the right to be served by people who are knowledgeable and understanding of their unique needs and will treat them with respect and dignity throughout various systems.

A. Increasing Competency and Ensuring Respect

Building competency in working with LGBTQ+ youth is a process, and it includes being aware of one's own biases, beliefs, and attitudes that can prevent providing adequate care to clients. Everyone working in the child welfare system, including administrators, agency staff, and caregivers should be trained on how to work with LGBTQ+ youth. Direct service staff should also continue building their skills through coaching and supervision.

LGBTQ+ competency training should include:

- An examination of values and beliefs;
- An overview of non-discriminatory laws and policies;
- Definition and appropriate use of terms used in the LGBTQ+ community;
- The impact of family and caregiver rejection;
- Warning signs that a youth may be experiencing bullying, harassment, and discrimination;
- Identifying and addressing the needs of LGBTQ+ youth and families; and
- Implementing best practices to effectively serve LGBTQ+ youth and families.

In California, the required training for Resource Families includes:

- Training on non-discriminatory rights based on sexual orientation and gender identity, child and adolescent development, including SOGIE;
- The right of children and NMDs to sexual and reproductive health care; and
- The duties of the Resource Families to ensure the youth can obtain these services and information, including guidance on how to engage and discuss healthy sexual development and reproductive and sexual health.

Further, a county may require a resource parent to receive specialized training to meet the needs of a particular child or NMD, which may include training on understanding how to use best practices for providing care and supervision to LGBTQ+ youth.

Youth may not disclose their SOGIE for fear of being judged or rejected. LGBTQ+ youth need to feel welcomed and included in order to feel comfortable "coming out" to their social workers. Some strategies may include:

- Social workers should avoid making assumptions about a child on their caseload, whether that assumption is children are heterosexual, gender-conforming, or LGBTQ+ based on appearances or other characteristics.
- Social workers should use inclusive language. For example, instead of asking, "Do you have a boyfriend?"; ask, "Are you dating anyone?"
- Resources and information that include LGBTQ+ issues can be provided to all youth with the indication that some of the information may or may not apply to them. This can make youth feel welcomed and those who are not LGBTQ can educate themselves.
- Agencies should create an LGBTQ+ friendly environment by displaying posters, pictures, books, and brochures that are LGBTQ+ inclusive and where the youth can see themselves reflected.

- Although assumptions should never be made, it is not best practice to directly ask a youth how they identify. Youth need to be given the time and space to disclose personal information and they will only do so when trust has been built.
- Once a youth has “come out” to their social worker, their confidentiality should be respected and their SOGIE disclosed only with their consent, unless disclosure is legally required to protect their safety. In such cases, the information and means of disclosure should be limited to that which is essential to achieve its benefits. The youth should also be informed that their information will be shared.

To communicate and improve outcomes for their clients, Pennsylvania’s Allegheny County Department of Human Services (DHS) implemented practice standards that document information related to clients’ SOGIE. Prior to documenting any information, staff must inform the client who will have access to the documents and how the information will be used. Specifically, the time and manner of identifying an individual’s SOGIE is based on:

- Age
- Stage of development
- Cognitive abilities
- Personality
- Level of trust

The documentation includes the legal name, preferred name and pronouns, and a clear distinction of what name is preferred under which situations. Gender identity and gender expression is discussed with clients ages three and older, who are developmentally and cognitively capable of understanding and discussing the information, and it is documented in the case notes.

Sexual orientation is documented for children over age 10 who can process and discuss the information, which is documented in the case notes if there is no specific place for it in a form or information system. A risk reduction safety plan must be put in place if documenting SOGIE-related information may pose a safety risk. Explicit information regarding the client’s SOGIE may be included in assessments and service plans, but only with their consent. Allegheny County’s DHS only reports information on sexual orientation, gender identity, and gender expression to the court if it is directly relevant to an issue being decided by the court and the rationale for its inclusion can be clearly stated. In such cases, the DHS staff must inform the client in advance and take precautions to minimize negative impacts that sharing that information may cause.

B. Working with Parents and Caregivers

Many LGBTQ children come to the attention of child welfare agencies for the same reasons that non-LGBTQ children do, and the abuse and neglect can be unrelated to their identity. However, the maltreatment of some LGBTQ+ youth is caused by their parent’s or caregiver’s attitudes towards their SOGIE.

Social workers need to be able to assess the safety of children who identify or may be perceived to be LGBTQ+ by considering behaviors that not only compromise their

physical well-being, but also their mental health. Staff should also be prepared to educate the parents or caregivers of the impact of rejection and acceptance on youth.

In such instances, best practices suggest the provision of family-centered services including prevention, intensive home-based, and educational services. Access to these services may prevent or minimize conflict and/or crisis that may be triggered by a youth's identification as LGBTQ+.

Intensive home-based services can support families that are in crisis due to their feelings about children's sexual orientation and identity. Educating families about LGBTQ+ issues can also mitigate rejection and increase the support they provide to their children. Often parents react due to misconceptions or stereotypes, and require factual information. Their feelings need to be validated, and staff can help them understand that they can love their child while reconciling with their beliefs, religion, and spirituality. In many cases, parents are not accepting because they fear the discrimination and harassment their children may have to endure.

C. Appropriate Placements

All placement decisions must be made on individualized needs. To achieve this, social workers should be attuned to and listen to what youth are saying they need, consistent with the Core Practice Model. If it is developmentally appropriate, the youth should be involved in identifying a potential caregiver. Placements must be affirming and accepting. Youth must be able to dress, behave, and express themselves consistent with the gender for which they identify.

Although safety and privacy should be a priority; isolation and segregation - especially in residential care should be avoided. In 2015, the California Legislation passed Senate Bill 731 requiring that children and NMDs in out-of-home care be provided the option to be placed according to their gender identification. LGBTQ+ youth need to be provided normalcy while in foster care. Specifically, they need:

- To explore and express themselves;
- Be provided with the same developmental opportunities as non-LGBTQ youth;
- Be encouraged to participate in activities that are of their interest, regardless if the activities are stereotypically considered male or female;
- Be held to the same standards of age-appropriate behavior as non-LGBTQ youth; and
- Have the same rules apply to them for addressing romantic relationships.

Social workers need to ensure that children are not experiencing physical or verbal harassment in their placements and be vigilant of cues that may indicate so. Studies show that many youth prefer to be homeless rather than be subject to maltreatment in their homes and placements. Homelessness creates additional risks, such as engagement with the juvenile justice system, sexual exploitation, and exposure to HIV and other sexually transmitted diseases.

Foster care recruitment needs to be intentional in seeking caregivers from the LGBTQ+ community. To retain placements appropriate for these youth, caregivers should be provided with continuing support and services.

D. Permanency

Unfortunately, studies show that LGBTQ+ youth are often not provided with permanency. As with any other youth in foster care, the primary goal should be reunification. Parents should be supported and educated on strengthening the relationships with their children and creating an environment where the youth can be safe, loved, and accepted.

In cases where the parents are unable or unwilling to accept the youth's identity and therefore reunification is not viable, child welfare agencies should implement guidelines and procedures to:

- Limit emancipation from foster care as a goal;
- Limit the use of residential care; and
- Develop a youth-driven permanency model.

When a permanent home is identified, caregivers need to be provided with ongoing training and support to ensure that the placement is successful and that the youth have a permanent connection that will reduce the probabilities of negative outcomes.

E. Appropriate Health, Mental Health, and Educational Services

The stigma, isolation, rejection, and harassment that LGBTQ+ youth endure places them at risk of depression, anxiety, substance abuse, and other mental health issues. LGBTQ+ children and youth need to have the ability to develop friendships with peers to whom they can relate and have access to age-appropriate social and recreational events with other LGBTQ+ youth to decrease isolation, obtain peer support, and achieve age-appropriate social and emotional developmental milestones. They also need to be connected with mental health professionals who are competent and affirming.

LGBTQ+ youth in foster care face additional challenges and stressors than non-LGBTQ foster children. LGBTQ+ foster youth have to cope with environments in which they face violence, harassment, and inadequate services. Child welfare agencies have the obligation to ensure that service providers and educators provide appropriate care, and social workers must work collaboratively with other systems to ensure that these children are not subject to additional trauma and receive the treatment they deserve and are entitled to. Providers should take a whole-family approach, working with the youth and their families or caregivers who may be struggling to support the youth.

1. Medical Professionals

For health practitioners, best practice suggests they be equipped to support and meet the needs of this population, including feeling comfortable in discussing SOGIE and sexual behaviors. Health assessments need to include LGBTQ+ issues and as with social workers, providers should not make assumptions about the youth's SOGIE. Providers trained in a non-LGBTQ model may ask questions or use terminology that assume the

youth is heterosexual, reinforcing to LGBTQ+ youth that they are ignored and missing the opportunity to discuss LGBTQ+ specific issues.

2. Gender-Affirming Care

Transgender and gender nonconforming (TGNC) youth may face additional challenges and needs. TGNC youth share many of the experiences and characteristics of their peers in the foster care system and many enter the system for reasons unrelated to their gender expression or identity. However, they also confront unique challenges caused by people, institutions, and policies that reject or disparage their core identities.

TGNC youth frequently experience severe trauma before they enter the system, and too often their experiences in care compound previous trauma. Some personnel, caregivers, and providers harbor the same biases and misinformation that jeopardize TGNC youth in their families and communities, subjecting them to unstable placements, fewer opportunities to achieve permanency, and lack of access to medically necessary care.

Gender-affirming treatment involves an individualized approach that permits TGNC youth to explore gender identity at their own pace. For young people experiencing gender dysphoria, treatment focuses on alleviating distress by facilitating gender transition. The term "transition" refers to the process by which transgender people align their gender presentation and appearance more closely with their gender identity. Depending on the person's age and their individual needs, gender transition may include social transition (e.g., name, pronouns, clothing, hairstyle), pubertal suppression, hormone replacement therapy, and/or gender affirming surgery.

Transition is an individualized process, which is different for every person. Many TGNC people also benefit from behavioral health services that promote developmentally appropriate exploration and integration of identity, reduction of distress, adaptive coping, and strategies to increase family acceptance. Treatment does not make a transgender person more of a male or more of a female; rather, the person's gender identity already exists and defines their gender, just as it does for non-transgender people. It also enables a transgender person to live consistent with their gender identity and to be seen by others in a way that reflects their true gender.

Withholding timely, gender-affirming treatment for adolescents prolongs and worsens gender dysphoria, contributing to an appearance that may provoke abuse and stigmatization. Failure to treat any medical condition, including gender dysphoria, subjects foster youth and non-minor dependents to risk of significant harm and violates the child welfare agency's obligation to protect their safety and promote their well-being.

They are at risk of health issues related to using hormones without medical supervision. The Harry Benjamin International Gender Dysphoria Association developed medical standards for the diagnosis and treatment of gender identity disorders, including a protocol for guiding providers on determining when cross-gender hormone treatment and gender-confirming surgeries are medically necessary. The Connecticut Department of Children and Families indicates in its practice guide that they must "ensure that a client receives care and treatment that are deemed medically necessary, including but not limited to, puberty blockers and cross-gender hormones."

3. Schools

Studies indicate that schools can be hostile environments for LGBTQ+ students. Often, educators and other school staff fail to protect LGBTQ+ students and may even be the perpetrators of the harassment or violence. Being denied the right to a violence-free education and marginalization may lead to “school push-out” forcing youth to leave school prematurely or enroll in an alternative school or General Equivalency Diploma program. Child welfare agencies should scrutinize and monitor educational programs and hold districts accountable when they do not provide a safe and accepting environment. Social workers need to work closely with schools, advocating for LGBTQ+ children to ensure that they are treated fairly. When harassment and discrimination take place, transferring the child to another school should be the last resort, as the last thing these children need is another disruption.

F. Resources for Best and Innovative Casework/Treatment Models

Attachment V contains a list of research regarding best practices and innovative casework/treatment models to effectively serve LGBTQ+ youth.

Recommendations:

Consistent with the best practices described above, DCFS will:

- Conduct ongoing training and coaching for staff on LGBTQ+ related issues.
- Create a link on both DCFS intranet and internet site so that staff, LGBTQ+ youth, and caregivers can easily access information on the youth's rights in foster care, available services, resources, and relevant policies and procedures.
- Develop a “Know Your Rights” LGBTQ+ brochure for foster youth, to be posted on the DCFS website and displayed in Regional Offices. As part of the LA County Foster Youth Bill of Rights and Services (FYBoRS), include a section on LGBTQ-specific rights and options for recourse when rights are violated. The FYBoRS is a youth-focused resource that will be implemented countywide, and utilized by CSWs, Deputy Probation Officers, resource parents, and anyone interacting with youth.
- Display “Safe-Zone, Hate-Free Zone” signs, rainbow flags and/or pink triangles, and pictures that include LGBTQ people in Regional Offices.
- Provide information on LGBTQ+ competencies, including support for parents and caregivers, at Regional Offices.
- Engage with community partners, including health and mental health providers, underserved communities and school districts to urge staff to develop LGBTQ+ competencies and preparedness to serve this population, including but not limited to, appropriate training and services.
- Explore the expansion of existing DCFS model programs, Parents in Partnership (PiP) and Cultural Brokers to support LGBTQ youth and their caregivers.

#5 TRAINING

Directive: Recommendations for improving training and support provided to County staff, contractors, relative caregivers, and foster families who have direct

contact with, care for, or provide services to LGBTQ youth who identify, and prohibits anti-LGBTQ discrimination and harassment of youth, and foster and adopting families, including but not limited to, physical violence, verbal harassment of youth, imposition of personal beliefs, and denial of services on the basis of actual or perceived sexual orientation, gender identity, and gender expression.

As described in detail under Directive #1, DCFS has provided some type of LGBTQ+ training since before 2008, and over the past few years, has made significant improvements to its LGBTQ+ training through its partnership with the Center with RISE training provided to Children's Social Workers, Supervising Children's Social Workers, and managers. DCFS has also provided a variety of courses related to the needs and services of LGBTQ youth over the past years.

Despite the improvements in frequency and quality of training, there continues to be extensive training needs. RISE training feedback included the following observations from participants in DCFS, DMH, and Probation.

- Participants prioritized personal beliefs/comfort/familiarity over policy, best practices, and permanency.
- Lack of commitment from staff to attend trainings.
- Trainers observed participants lack of basic information, accurate knowledge, and comfort discussing LGBTQ+ identity and the unique challenges impacting LGBTQ+ children and youth in care.
- For some, training was their first time being able to discuss LGBTQ+ issues and identities. Some expressed enthusiasm for training and engaged in learning. Others were combative and presented bias to material, demonstrating a lack of knowledge and/or understanding of county policies regarding non-discriminatory practice and/or care.
- Participants who completed intensive training and coaching requested more on-going support to increase comfort and efficacy in disseminating information and implementing new skills.
- Participants communicated a lack of ongoing support within the county to get additional training, information, and resources about topic and a lack of awareness about services/resources for LGBTQ+ youth.

With the goal of continuous improvement, new research, and best practices emerging in the field, DCFS will continue to improve the LGBTQ+ training, providing additional support to staff. Most importantly, DCFS University Training will expand access to other stakeholders, as described in the recommendations below.

Recommendations:

- Increase access to training and coaching throughout the calendar year to prepare and support parents, caregivers, and the workforce to meet the needs of LGBTQ+ youth.

- Develop training and provide access to resource families and community partners. Consult with trainings developed by the Human Rights Campaign's National LGBT Health Education Center and the National Justice Institute.
 - Explore online training options.
 - Hold cross departmental trainings to include agencies that work with the LGBTQ+ population.
- Develop partnerships with resource families and community partners. Work with Regional Offices to host semi-annual Learning Circles with their respective community partners, resource families, and other critical stakeholders to discuss issues, challenges, and emerging best practices that best support the needs of the LGBTQ+ children and youth.
 - Build on the existing curriculum for new and current DCFS staff to receive mandatory, comprehensive, and continuous training and coaching to better serve LGBTQ+ youth.
 - Work in close partnership with the proposed LGBTQ+ Specialized Unit to train champions in each Regional Office in becoming subject matter experts on best practices for working with LGBTQ+ children and youth.
 - Provide Training and Coaching Intensives to staff throughout the year to build, refine, and refresh their knowledge and skills for supporting a child or youth's SOGIE.
 - Conduct semi-annual trainings and coaching sessions to prepare managers and supervisors to support, message, supervise, and coach their workforce related to:
 - LGBTQ+ foundational knowledge: Basic terminology and concepts, myths and misconceptions, bias, harmful practices, and the coming out process;
 - How to assess if allegations are related to the child or youth's actual or perceived SOGIE,
 - Clear guidance to workers prohibiting attempts to change a youth's SOGIE, isolate them from friends or privileges on the basis of SOGIE, or prevent them from seeking other LGBTQ+ peers or resources;
 - How to sensitively and effectively communicate with youth about SOGIE;
 - How to communicate with a young person regarding sexual health education and healthy development of intimate relationships while being able to identify the risk factors for intimate partner violence, teen dating violence, bullying, and harassment;
 - Common family and community responses and negative outcomes, which stem from rejection, harassment, and discrimination toward a youth's SOGIE;

- Understanding existing laws and policies protecting actual or perceived LGBTQ+ youth in child welfare, juvenile probation, and school settings; and
- Collection, disclosure, and sharing information related to a youth's SOGIE in a manner that respects the youth's privacy, ensures safety, and is a confidential process.

#6 EXISTING DATA

Directive: Information on existing data collected related to LGBTQ youth and recommendations for how data collection across Departments can be improved including health and mental health services, family finding, foster family recruitment, placement discharge, and outcomes data.

LGBTQ+ data is necessary to better design interventions and track outcome measures for youth. Improved data collection would also allow assessment of health and mental health outcomes, family finding and foster family recruitment, placement, discharge and outcomes data. More details about existing data and outcomes is described in the Background section of this report (page 3). According to the Williams Institute, of all LGBTQ youth:

- 19% have been in the child welfare system
- 40% experience homelessness
- 20% have some involvement with the juvenile justice system
- 85% have experienced SOGIE-based bullying or harassment

At the federal level, in December 2016, the Administration for Children and Families (ACF) [published a long-awaited update](#) to the collection process for the Adoption and Foster Care Analysis and Reporting System (AFCARS), the primary source of national data on the child welfare system. According to ACF, those collection rules will take effect in 2020.

Among the changes that generated the most comments to the proposed rules, for and against, was whether AFCARS "should include information on whether a child identifies as lesbian, gay, bisexual, transgender, or questioning." Ultimately, ACF decided to go beyond that, including a collection of information about the sexual orientation of birth parents, foster parents, and adoptive parents. However, this is subject to change with a new Administration in place.

At the State level, each of the 58 California counties is required to use a single statewide system, CWS/CMS. While there is currently no demographic item for SOGIE in CWS/CMS, according to the 8.2 Release Notes, on April 21, 2018, there will be a **code drop adding SOGIE fields and data on Placements for Population served under the Characteristics/Preference page in CWS/CMS**. These data will be collected for children, youth, parents and caregivers.

There is also significant room for improvement in SOGIE data collection by DCFS, as LGBTQ+ data on DCFS foster youth is currently limited to:

- The Structured Decision Making Risk Assessment includes the question: "Either caregiver demonstrates difficulty accepting one or more children's gender or sexual orientation."
- The Foster Child's Needs and Case Plan Summary (DCFS 709) includes a field for SOGIE data. This is a manual document, so tracking and analysis of the demographic data is feasible, but administratively time-consuming.

Recommendations:

- Develop protocols to manage SOGIE data collection and ensure staff who collect such data are trained on the protocols and best practices on the collection, documentation, confidentiality, disclosure, and data sharing. Informed by best practices in jurisdictions such as Allegheny County, Pennsylvania, work with subject matter experts to collect demographic SOGIE data for all youth across the lifespan, and across all demographic variations (race, ethnicity, age, geography, etc.) utilizing current research methodology about how to get the most accurate data to measure SOGIE using identity, attraction, and experience of discrimination measures.
- Integrate questions about a youth's SOGIE and discriminatory experiences into existing demographic data collection, intake, service planning, and case review processes:
 - Add SOGIE data to the design of the new CWS-CARES database.
 - Add preferred name and preferred pronoun information to the DCFS 709.
 - Request the federal government to include fields for SOGIE data in its National Youth in Transition Database (NYTD), which collects information on transitional age youth as it relates to their short-term and long-term outcomes.
- Request CDSS to expand information collected in the CWS/CMS demographic section to ensure a consistent method for identifying LGBTQ+ youth. Expand available options for the placement profile options in CWS/CMS, specifically related to the code "Population Served Type."
- Update the gender category for clients to include transgender status.
- Collect preferred name and preferred pronoun information.

#7: FAMILY FINDING & RECRUITMENT EFFORTS

Directive: Information that describes current foster family recruitment and family finding efforts targeted at locating affirming placements, as well as specialized recruitment efforts which the County may not have considered or utilized and recommendations for improving existing recruitment and family finding efforts.

A. Family Finding

When a family comes into the child welfare system, the primary goal is to keep the child in their home when safe and appropriate to do so. In some cases, to ensure child safety, we must place a child in out-of-home placement. For these placements, under the leadership of Judge Michael Nash and the Office of Child Protection, DCFS has stepped up its Family Finding efforts.

Under a pilot program that is being phased into Regional Offices, the assigned social worker makes efforts to locate appropriate relatives and/or Non-Related Extended Family Members (NREFM) who may be able to provide continued care while the parents work to address the issues that led to their child's removal. In addition to the primary social worker, DCFS has dedicated staff through the Permanency Partners Program (P3 Program) who assist with family finding efforts. These family finding staff, comprised of retired and part-time social workers, focus on getting to know the youth by building a trusting relationship.

Unencumbered with the pressures of case planning and court dates, family finders have the opportunity to hold in-depth discussions with youth regarding the issues that are important to them. Conversations are held regarding the youth's interests, life experiences, and future goals for themselves and their families.

Family finding staff receive on-going training and coaching around child/youth development, including LGBTQ+ topics. They engage youth in conversations surrounding whom they identify as family, with the understanding that a youth's network may include biological relatives, as well as non-related individuals and friends, whom the youth identifies as a support system. An emphasis is made in developing, maintaining, and re-establishing those supportive connections that foster youth need to flourish. With this information, family finding staff utilize an array of search databases to locate available family and NREFMs who may be interested in providing a permanency and/or supportive connection for the youth.

Similar to the relationships developed with foster youth, family finding staff makes efforts to foster those trusting relationships with identified relatives and NREFM's to ascertain the depth of knowledge these individuals may have about the youth and assess the level of support they can provide them.

For youth who identify as LGBTQ+, family finding staff assess the level of support and acceptance family members and/or NREFMs can provide surrounding a youth's SOGIE. If needed, family finding staff provides referrals to support and advocacy groups which relatives and NREFMs can access to assist them in LGBTQ+ competencies. It should be noted that family finding activities do not cease when a relative is found for placement - relationships with existing, and recently located, family members are retained and reinforced so that they can wrap themselves around the youth and family and provide continued support as they navigate the DCFS process.

B. Recruitment

In 2009, DCFS was awarded an All Children-All Families Seal of Recognition from the Human Rights Campaign Foundation as a national leader in supporting and serving

LGBTQ Youth and Families. The DCFS Outreach and Recruitment Section continues to actively recruit and develop resource families to provide placement resources for children. Intentional outreach to the LGBTQ+ community, as well as ensuring that families receive appropriate training, is always in the forefront of Department's recruitment efforts. Those efforts include general recruitment activities such as the following:

- Informational orientations
- Resource fairs and community booths
- Targeted recruitment efforts in neighborhoods and communities such as LGBTQ+ affirming faith-based venues
- Child specific recruitment activities on behalf of the over 400 children waiting for adoptive families, including:
 - Wednesday's Child with FOX 11 News
 - The Heart Gallery LA
 - Adoption matching fairs
- Photos of LGBTQ+ families and youth featured in recruitment flyers, brochures for recruitment activities, recruitment website FosterLAKids.org, and Facebook postings
- Active use of social media as a recruitment tool
- Resource Parent orientations and Resource Family Approval trainings contain LGBTQ+ affirming language and information to address the needs of LGBTQ+ foster youth.

C. Public/Private Partnerships

DCFS also collaborates with external partners to recruit LGBTQ+ caregivers. We enjoy a strong partnership with RaiseAChild which works with Foster Family Agencies to recruit foster and adoptive parents, with a particular emphasis on LGBTQ+ caregivers.

In May 2017, RaiseAChild, in collaboration with DCFS, launched a multi-media National Foster Care Awareness Month campaign designed to update the public's perception of foster parents. The campaign unfolded over radio, television, print, and social media.

Co-sponsored by DCFS, the most visible aspect of RaiseAChild's "Reimagine Foster Parents" campaign, were over 300 streetlight banners distributed across the cities of Los Angeles and Long Beach. These banners featured images of 12 sets of foster and foster - to - adopt parents including celebrities and civic leaders from across Southern California. In 2017, the campaign also invited the public to attend and learn more about fostering and adopting. The events took place on:

May 16 th	The Garland	North Hollywood
May 17 th	La Plaza	Los Angeles
May 21 st	All Saints Church	Pasadena

Additionally, DCFS participated in four RaiseAChild events in November and December 2017 for National Adoption Month:

November 28 th	Museum of Latin American Art	Long Beach
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November 29 th	The Montalban Theatre	Hollywood
November 30 th	The Discovery Cube	Santa Ana
December 2 nd	All Saint Church	Pasadena

Since the beginning of the partnership with RaiseAChild in 2012, DCFS and Foster Family Agencies have approved 165 Resource Families, 257 children have been served, and 78 children have been adopted.

In addition to the partnership with RaiseAChild, DCFS works with other external nonprofits, churches, and organizations.

- DCFS participates in approximately six outreach efforts annually. During these events, an LGBTQ+ family is part of the panel and a social worker is present to address any questions families may have and register families for an orientation.
- The DCFS Outreach and Recruitment Section hosts specific outreach events focusing on outreach to the LGBTQ+ community at LGBTQ churches and other venues.

DCFS continues to engage in partnerships with community agencies to raise awareness for the need for more families who are willing to become an affirming placement for children and youth as well as design and implement specific recruitment campaigns targeting the LGBTQ+ community.

The RFA process requires 12 hours of pre-approval training that includes information around personal rights of children and NMDs, including the right to have fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status. The training also includes discussions around cultural needs of children, including instruction on cultural competency and sensitivity, and related best practices for providing adequate care for children or youth across diverse ethnic and racial backgrounds, as well as children identifying as lesbian, gay, bisexual, or transgender. Child and adolescent development, including sexual orientation, gender identity, and expression is also discussed.

In addition, Resource parents are required to complete 8 hours of annual post approval training. Counties may require resource parents to receive relevant specialized training to meet the needs of a particular child or NMD. Since we will have RFA support workers assigned to families, they can require that families attending training on understanding how to use best practices for providing care and supervision to LGBTQ children if there are concerns about the family's ability to be accepting and affirming.

Recommendations:

- Develop best practices to conduct family finding for LGBTQ+ youth that ensures information regarding the youth's SOGIE information is only shared with consent from the youth.

- Develop a protocol for social workers to assess and determine if new and existing placements are LGBTQ+ affirming and determine what resources and trainings are necessary to create a safe and inclusive placement for LGBTQ foster youth.
- Explore the feasibility of updating the Foster Care Search Engine to better identify LGBTQ+ affirming resource families.
- Continue LGBTQ+ specific and inclusive family finding, recruitment efforts, and supportive services.

#8: RESIDENTIAL AND HOUSING PROGRAMS

Directive: Recommendations for improving and expanding residential and housing programs needed for LGBTQ youth including child welfare-involved, juvenile justice-involved, and homeless youth.

The number of California's homeless youth has increased to more than 15,000, a 26% rise from 2016, and a 32% increase from 2015. California now has more than one-third of the nation's homeless youth. Faced with rejection and discrimination, LGBTQ+ youth are particularly vulnerable to experiencing homelessness.

LGBTQ+ youth (homeless and non-homeless) make up approximately 40% of the clients of organizations serving youth experiencing homelessness, including nearly 30% of clients who utilize housing-related services, such as emergency shelter and transitional living programs.

Recommendations:

Through statewide coordination and real investments in proven models of care, DCFS will reach out to homeless agency partners to:

- Allocate additional funding for shelter beds and affordable housing units for homeless foster youth.
- Increase funding to the Transitional Housing Placement-Plus Foster Care (THP+FC) Program, since more youth have elected to stay in extended foster care AB 12.
- Increase the per shelter bed rate funding allocation for the Transitional Housing Placement Program (THPP) to attract more providers.
- Supplement the THP-Plus housing program (Chafee funding) with other funds to increase the number of shelter beds for emancipated youth.
- Allocate more Measure H dollars for additional rental subsidies and housing programs targeted directly toward Transition Age Youth.
- Work with the Los Angeles Homeless Services Authority (LAHSA) to restructure the ILP to permanently increase the funding to fee for service and decrease the number of shelter beds in the program in order to attract more housing contract providers to the program.

The following are departmental recommendations to assist in identifying improved services and treatment for Transition Age Youth (including the LGBTQ population) seeking Housing resources in Los Angeles County. For DCFS, we will:

- Provide preventive, harm-reduction, and early intervention services critical to preventing LGBTQ+ youth from becoming homeless.
- Ensure that placements are LGBTQ+ affirming to prevent homelessness. Youth will be more likely to run away from hostile and/or unsafe placements or be forced to leave their current placement at the request of rejecting caregivers and family.
- Monitor and evaluate STRTPs. LGBTQ+ youth are overrepresented in higher levels of care due to systemic anti-LGBTQ+ bias, service provision based on negative stereotypes, and lack of affirming placements.
- Explore opportunities to create an LGBTQ+ supportive housing model in Los Angeles County, similar to the one established in Wisconsin.

Thank you very much for your support and commitment to our LGBTQ+ youth. We are grateful for the opportunity to focus our efforts on improving outcomes for this particularly vulnerable population.

If you have any questions or need additional information, you may call me or your staff may contact Aldo Marin, Board Liaison at (213) 351-5530.

BDC:GC:aw

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Attachments

SUMMARY OF DCFS RECOMMENDATIONS

Attachment I

NEAR-TERM RECOMMENDATIONS

1	Directive #1	<p>Adopt written policies to prohibit anti-LGBTQ+ discrimination and harassment of youth, staff, and resource families, including but not limited to physical violence, verbal harassment, imposition of personal beliefs, and denial of services on the basis of actual, perceived, or association with SOGIE, using the City of New York Administration for Children's Services as a model.</p>
2	Directive #1	<p>Adopt written policies or guidelines to effectively serve and provide affirming care to LGBTQ+ youth, including but not limited to:</p> <ul style="list-style-type: none"> • Staff interaction with youth; • LGBTQ+ identities, language, and terminology, confidentiality and disclosure, use of preferred name and pronouns; and • Linkage and access to LGBTQ+ affirming resources, services (affirming health, mental health, and social-recreational programs) and referrals, access to gender-affirming care, ensuring visits with affirming adults, whether biologically connected or not.
3	Directive #1	<p>Develop guidelines for Child and Family Team and Multi-Disciplinary Team meetings around identifying and addressing the underlying needs of LGBTQ+ youth, advocating and affirming the child's SOGIE, including how to provide support to families who do not affirm their LGBTQ+ and gender non-conforming children and who need support moving from rejection to acceptance. Guidelines should include staff engagement of LGBTQ+ subject matter experts and resources specifically for the LGBTQ+ community early on when SOGIE issues are presented, with consideration of counseling needs by LGBTQ competent providers.</p>
4	Directive #1	<p>Identify community-based organizations that can provide nurturing services (groups, peer support, medical services, therapy etc.) to LGBTQ+ children under their care.</p>
5	Directive #1	<p>Develop a link on both the DCFS intranet and internet site so that staff and LGBTQ+ youth can easily access information on the youth's rights in foster care, available services, resources, and relevant policies and procedures.</p>
6	Directive #1	<p>Maintain and update a community resource list for LGBTQ youth throughout the County to be made available on DCFS intranet and internet sites. Attachment III is most current list of resources.</p>
7	Directive #4	<p>Conduct ongoing training and coaching for staff on LGBTQ+ related issues.</p>
8	Directive #4	<p>Create a link on both DCFS intranet and internet site so that staff, LGBTQ+ youth and caregivers can easily access information on the youth's rights in foster care, available services, resources, and relevant policies and procedures.</p>
9	Directive #4	<p>Develop a "Know Your Rights" LGBTQ+ brochure for foster youth, to be posted on the DCFS website and displayed in Regional Offices.</p>

10	Directive #4	Display "Safe-Zone, Hate-Free Zone" signs, rainbow flags and/or pink triangles, and pictures that include LGBTQ people in Regional Offices.
11	Directive #4	Provide information on LGBTQ+ competencies, including support for parents and caregivers, at Regional Offices.
12	Directive #7	Develop best practices to conduct family finding for LGBTQ+ youth that ensures information regarding the youth's SOGIE information is only shared with consent from the youth.
13	Directive #7	Develop a protocol for social workers to assess and determine if new and existing placements are LGBTQ+ affirming and determine what resources and trainings are necessary to create a safe and inclusive placement for LGBTQ foster youth.
14	Directive #7	Continue LGBTQ+ specific and inclusive family finding, recruitment efforts, and supportive services.
15	Directive #8	Provide preventive, harm-reduction, and early intervention services critical to preventing LGBTQ+ youth from becoming homeless.

INTERMEDIATE RECOMMENDATIONS

16	Directive #1	Develop programs or partner with existing programs to work with families or caregivers who do not affirm their child's SOGIE and provide education and counseling programs to reduce caregiver rejection.
17	Directive #2	Develop a tracking mechanism for self-identified LGBTQ+ to better support youth, inform policy and program development, and improve long-term outcomes.
18	Directive #4	Engage with community partners, including health and mental health providers, underserved communities, and school districts, to urge staff to develop LGBTQ+ competencies and preparedness to serve this population, including but not limited to, appropriate training and services.
19	Directive #5	<p>Increase access to training and coaching throughout the calendar year to prepare and support parents, caregivers, and the workforce to meet the needs of LGBTQ+ youth.</p> <ul style="list-style-type: none"> • Develop training and provide access to resource families and community partners. Consult with trainings developed by the Human Rights Campaign's National LGBT Health Education Center, and the National Justice Institute. • Explore online training options. • Hold cross departmental trainings to include agencies that work with the LGBTQ+ population.
20	Directive #5	<p>Develop partnerships with resource families and community partners.</p> <ul style="list-style-type: none"> • Work with Regional Offices to host semi-annual Learning Circles with their respective community partners, resource families, and other critical stakeholders to discuss issues, challenges, and emerging best practices that best support the needs of the LGBTQ+ children and youth.

21	<p>Build on the existing curriculum for new and current DCFS staff to receive mandatory, comprehensive, and continuous training and coaching to better serve LGBTQ+ youth.</p> <ul style="list-style-type: none"> • Work in close partnership with the proposed LGBTQ+ Specialized Unit to train champions in each Regional Office in becoming subject matter experts on best practices for working with LGBTQ+ children and youth. • Provide Training and Coaching Intensives to staff throughout the year to build, refine, and refresh their knowledge and skills for supporting a child or youth's SOGIE. • Conduct semi-annual trainings and coaching sessions to prepare managers and supervisors to support, message, supervise, and coach their workforce related to: <ul style="list-style-type: none"> ▪ LGBTQ+ foundational knowledge: Basic terminology and concepts, myths and misconceptions, bias, harmful practices, and the coming out process; ▪ How to assess if allegations are related to the child or youth's actual or perceived SOGIE, ▪ Clear guidance to workers prohibiting attempts to change a youth's SOGIE, isolate them from friends or privileges on the basis of SOGIE, or prevent them from seeking other LGBTQ+ peers or resources; ▪ How to sensitively and effectively communicate with youth about SOGIE; ▪ How to communicate with a young person regarding sexual health education and healthy development of intimate relationships while being able to identify the risk factors for intimate partner violence, teen dating violence, bullying, and harassment; ▪ Common family and community responses and negative outcomes which stem from rejection, harassment, and discrimination toward a youth's SOGIE; ▪ Understanding existing laws and policies protecting actual or perceived LGBTQ+ youth in child welfare, juvenile probation, and school settings; and ▪ Collection, disclosure, and sharing information related to a youth's SOGIE in a manner that respects the youth's privacy, ensures safety, and is a confidential process.
22	<p>Develop protocols to manage SOGIE data collection and ensure staff who collect such data are trained on the protocols and best practices on the collection, documentation, confidentiality, disclosure, and data sharing. Informed by best practices in jurisdictions such as Allegheny County, Pennsylvania, work with subject matter experts to collect demographic SOGIE data for all youth across the lifespan and across all demographic variations (race, ethnicity, age, geography, etc.), utilizing current research methodology about how to get the most accurate data to measure SOGIE using identity, attraction, and experience of discrimination measures.</p>
23	<p>Explore the feasibility of updating the Foster Care Search Engine to better identify LGBTQ+ affirming resource families.</p>

24	Directive #8	Ensure that placements are LGBTQ+ affirming to prevent homelessness. Youth will be less likely to run away from hostile and/or unsafe placements or be forced to leave their current placement at the request of rejecting caregivers and family.
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LONG TERM RECOMMENDATIONS

25	Directive #1	Partner with agencies to provide youth, parents, and resource families with LGBTQ+ specific services and programs, including LGBTQ+ affirming mental health providers educated about the impact of rejection that can support families. This relates to the recommendation to create a new LGBTQ+ Unit.
26	Directive #1	In order to improve existing programs, County RFPs should support innovative community-based efforts and require providers that claim to work with LGBTQ+ communities to provide a historical record of such work with said population, in addition to documentation of internal policies and procedures that are inclusive of, and designed specifically for LGBTQ+ communities.
27	Directive #2	Hire a consultant to conduct a Preparedness Scan to supplement the internal efforts described above and build on the 2017 LGBTQ Youth Preparedness Scan. The scan should include youth and contract providers such as foster family agencies, STRTPs, housing, health providers, job preparedness organizations, and education support.
28	Directive #2	Explore the possibility of requiring new contracts to include training, coaching, and technical assistance, as well as LGBTQ+ competency.
29	Directive #3	<p>Modeled after the Administration for Children's Services in New York City, DCFS should hire a consultant with experience designing LGBTQ programs for large, diverse child welfare agencies to establish an LGBTQ+ Specialized Unit. This unit would work with LGBTQ+ Champions in each Regional Office, as well as the DCFS University Training Section to:</p> <ul style="list-style-type: none"> • Ensure ongoing, extensive training in LGBTQ+ competencies that includes partnership with minor's counsel. • Partner with community stakeholders to develop LGBTQ+ specific child welfare programs. <p>Potential programs could include a peer youth program or broadening the existing Cultural Brokers program to include LGBTQ+.</p> <ul style="list-style-type: none"> • Serve as an ombudsman who will hear and respond to complaints from youth of harassment and/or discrimination on the basis of actual, perceived, or association with SOGIE. One option could be to identify one LGBTQ+ Champion in each of the eight Service Planning Areas to work with community-based partners.
30	Directive #3	Explore the expansion of existing DCFS model programs, Parents in Partnership (PiP), and Cultural Brokers to support LGBTQ youth and their caregivers.
31	Directive #6	Integrate questions about a youth's SOGIE and discriminatory experiences into existing demographic data collection, intake, service planning, and case review processes:

		<ul style="list-style-type: none"> • Add SOGIE data to the design of the new CWS-CARES database. • Add preferred name and preferred pronoun information to the DCFS 709. • Request the federal government to include fields for SOGIE data in its National Youth in Transition Database (NYTD), which collects information on transitional age youth as it relates to their short-term and long-term outcomes.
32	Directive #6	Request CDSS to expand information collected in the CWS/CMS demographic section to ensure a consistent method for identifying LGBTQ+ youth. Expand available options for the placement profile options in CWS/CMS, specifically related to the code "Population Served Type."
33	Directive #6	Update the gender category for clients to include transgender status.
34	Directive #6	Collect preferred name and preferred pronoun information.
35	Directive #8	<p>Through statewide coordination and real investments in proven models of care, DCFS will reach out to homeless agency partners to:</p> <ul style="list-style-type: none"> • Allocate additional funding for shelter beds and affordable housing units for homeless foster youth. • Increase funding to the Transitional Housing Placement-Plus Foster Care (THP+FC) Program, since more youth have elected to stay in extended foster care AB 12. • Increase the per shelter bed rate funding allocation for the Transitional Housing Placement Program (THPP) to attract more providers. • Supplement the THP-Plus housing program (Chafee funding) with other funds to increase the number of shelter beds for emancipated youth. • Allocate more Measure H dollars for additional rental subsidies and housing programs targeted directly toward Transition Age Youth. • Work with the Los Angeles Homeless Services Authority (LAHSA) to restructure the ILP to permanently increase the funding to fee for service and decrease the number of shelter beds in the program in order to attract more housing contract providers to the program.
36	Directive #8	<ul style="list-style-type: none"> • Monitor and evaluate STRTPs. LGBTQ+ youth are overrepresented in higher levels of care due to systemic anti-LGBTQ+ bias, service provision based on negative stereotypes, and lack of affirming placements. • Explore opportunities to create an LGBTQ+ supportive housing model in Los Angeles County, similar to the one established in Wisconsin.

DCFS LGBTQ+ STEERING COMMITTEE

Children’s Law Center	Avedis Koutoujian, David Bell, Blakely Hamilton, Erika Murillo, Jaryn Saritsky
DCFS	Alan Weisbart, Greg Breuer, Brian Bruker, Genie Chough, Teri Gillams, Dorothy Byron-Arrington, Jorge Rodriquez, Marcela Pizarro, Tia Gilchrist, Regina Goree, Edwina Lewis, Cynthia McCoy Miller, Madeline Roachell, Candice Rivas, Karen Richardson, Dennyse Williams
Department of Health Services	Dr. Tracey Samko, Hudson Tibbetts
Department of Mental Health	Sermed Alkass
Department of Public Health	Heather Jue Northover
LA County Commission for Children & Families	Tamara Hunter, Wendy Smith
LA County Queer and Trans Youth of Color Task Force	Myriah Smiley, Dayvon Williams Justin Marks, Christopher Covington
Los Angeles LGBT Center	Lisa Phillips, Eko Canillas, Joey Hernández
Office of Child Protection	Judge Michael Nash
Probation	Sheila Mitchell, Timothy Vallez
RaiseAChild	Jason Marcos, Rich Valenza

LA COUNTY LGBTQ YOUTH RESOURCES



LOS ANGELES LGBT CENTER
RISE

General	Los Angeles LGBT Center www.lalgbtcenter.org/RISE (323) 860-3626	Gender Sexuality Info www.gendersexuality.info my@lgbtq.school	GLBT National Resource Directory www.glbtnearme.org help@LGBThotline.org
	LA LGBT Youth Advocates Council www.lalgbyac.org info@lalgbyac.org	Center Link www.lgbtcenters.org (954) 765-6024	Break the Cycle www.breakthecycle.org (424) 265-7346
Families & Caregivers	PFLAG Los Angeles www.PFLAG.org info@pflagLA.org	Transforming Family www.transformingfamily.org judi@transformingfamily.org	TransYouth Family Allies www.imatyfa.org info@imatyfa.org
	Family Acceptance Project www.familyproject.sfsu.edu fap@sfsu.edu	Gender Spectrum www.genderspectrum.org info@genderspectrum.org	Los Angeles Gender Center www.lagendercenter.com staff@lagendercenter.org
24-Hour Call-Lines	The Trevor Project www.thetrevorproject.org (866) 488-7386	Love Is Respect www.loveisrespect.org (866) 331-9474	Teen Line www.teenlineonline.org (310) 855-4673
	Trans LifeLine www.translifeline.org (877) 565-8860	LGBT National Youth TalkLine www.glbtnationalhelpcenter.org (800) 246-7743	California Youth Crisis Line www.calyouth.org/ca-youth-crisis-line (800) 843-5200
Shelters/ Drop-in	Los Angeles Youth Network www.layn.org (323) 703-7002	Pacific Clinics www.pacificclinics.org (626) 337-3828	Safe Place for Youth www.safeplaceforyouth.org (310) 902-2283
	My Friend's Place www.myfriendsplace.org (323) 908-0011	Covenant House www.covenanthousecalifornia.org (323) 461-3131	The Village Family Services www.thevillagefs.org (818) 755-8786
Mental + Physical Health	St Johns Well Child www.wellchild.org (323) 541-1600	COLORS Counseling www.colorsyouth.org (323) 953-5130	Planned Parenthood LA www.plannedparenthood.org (213) 284-3307
	Childrens Hospital www.chla.org (323) 361-5372	Alta Med www.altamed.org (877) 462-258	Tarzana Treatment Centers www.tarzanatc.org (888) 777-8565
HIV/AIDS & STI Testing	AIDS Project Los Angeles www.aplahealth.org (213) 201-1600	Teen Source www.teensource.org	Saban Community Clinic www.sabancommunityclinic.org
	Valley Teen Clinic www.teen411.com (888) 763-4070	AIDS Healthcare Foundation www.freestdcheck.org (323) 860-5200	LA County Public Health www.dontthinkknow.org (800) 758-0880

"To Enrich Lives Through Effective and Caring Service"

Black/ African American	Bayard Rustin Coalition www.bayardrustincoalition.com (888) 334-6658	Brown Boi Project www.brownboiproject.org (510) 962.6999	National Black Justice Coalition www.nbjc.org (202) 319-1552
	Minority AIDS Project www.minorityaidsproject.org (323) 936-4949	Many Voices www.manyvoices.org	Black AIDS Institute www.blackaids.org (213) 353-3610
Asian Pacific Islander	API Equality LA www.apiequalityla.org (213) 580-1800	Darl Project www.dariproject.org	APAIT www.apaitonline.org (213) 375-3830
	Satrang LA www.satrang.org	Barangay LA www.barangayla.org (213) 373-4252	NQAPIA www.nqapia.org (917) 439-3158
Latina/o	Bienestar www.bienestar.org (323) 727-7896	The Wall Las Memorias www.thewalllasmemorias.org (323) 257-1056	The Network La Red www.tnlr.org (617) 742-4911
	Latino Equality Alliance www.latinoequalityalliance.org (323)286-7224	Somos Familia Valle www.somosfamiavialle.org (818) 428-0120	Jovenes Inc. www.jovenesinc.org (323) 260-8035
Native American	We R Native www.wernative.org	Gender Justice LA www.gjla.org (323) 300-8599	Transgender
	Red Circle Project www.redcircleproject.org (323) 329-9905	Gender Diversity www.genderdiversity.org (855) 443-6337	
CSEC	Journey Out www.journeyout.org (818) 988-4970	After Hours www.afterhoursministry.org (323) 524-8044	Disabled
	Children of the Night www.childrenofthenight.org (818) 908-4474	CAST LA www.castla.org (213) 365-1906	
Education	GSA Network www.gsanetwork.org (213) 529-4822	Pennylane Centers www.pennylane.org (818) 892-3423	Placement
	GLSEN www.glsen.org (212) 727-0135	Hathaway-Sycamores www.hathaway-sycamores.org (626) 395-7100	
			5 Acres www.5acres.org (626) 798-6793

**Contact Us For Questions,
Referrals, Technical Assistance,
Trainings & Coaching**

RISE@LALGBTCENTER.ORG

These resources are being provided as a convenience and for informational purposes only. They do not constitute an endorsement or an approval by RISE.

"To Enrich Lives Through Effective and Caring Service"

LANCASTER LGBTQ PROJECT

VISION:

The Lancaster LGBTQ Project seeks to ensure equitable treatment of and service delivery to LGBTQ foster youth serviced by the Lancaster office.

MISSION:

As a new project, successful execution of all the objectives would mean the project has become standard practice throughout the office, and serves as a model of practice throughout the Department.

HISTORY:

In August 2016, under the direction of Regional Administrator Roxanna Flores Aguilar, Assistant Regional Administrator Vicki Alexander initiated conversations with Khush Cooper, MSW, Ph.D., President and CEO of Khush Cooper & Associates / Implematix, to discuss implementation strategies to bring awareness of the needs of LGBTQ youth in the Lancaster office. The discussion led to an office-wide memo engaging staff in preliminary awareness of the needs of the LGBTQ community. This generated interest by other staff members in joining a champions group in the office. The first group meeting took place in March 2017, and has been active since then.

OBJECTIVES:

- Bring awareness of the needs and struggles of LGBTQ foster youth to staff, care providers, and community partners.
- Develop a culture of understanding and acceptance of the foster youth's identity.
- Identify resources specific to the needs of LGBTQ foster youth and families.
- Create a system to track LGBTQ foster youth being served by the office.

PARTNERSHIP TEAM:

Under the leadership of Assistant Regional Administrator (ARA) Alexander, the group is comprised of a core set of staff including Supervising Children's Social Workers (SCSWs), Children's Social Workers (CSWs), an Administrative Services Manager (ASM), a Public Health Nurse (PHN), and a Human Services Administrator (HSA). The group is open to all staff joining at any given time as core group members or occasional participants.

IMPLEMENTATION STRATEGIES:

- Monthly Meeting to review and plan for team activities.
- Annual Awareness Building Event during Pride Month.
- Work with BIS to develop a means to track LGBTQ foster youth in CWS/CMS.
- On-Going Coaching and Support for LGBTQ Group Leads.
- Development of trainers in Recognize Intervene Support Empower (RISE) Intensive Training for Trainers.
- Develop a Warm-Line to connect LGBTQ foster youth and families with resources and support.
- Develop office leads to provide information and resources to staff servicing LGBTQ foster youth.

ACCOMPLISHMENTS IN 2017:

- In February 2017, an LGBTQ memo was developed to provide information to Lancaster staff about the struggles of LGBTQ youth in care and the definition of LGBTQ. The memo included a manual tracking sheet of youth who self-identified as LGBTQ.
- Monthly office meetings began in March 2017, and were held monthly.
- LGBTQ related topics are on the agenda for monthly General Staff Meetings.
- Provided staff with literature including Laws and Policies protecting LGBTQ youth, Language/Terms, and available services and resources.
- Through literature and presentations, educated staff on the over representation of LGBTQ youth in care, over-representation of LGBTQ youth in group homes, the multiple replacement needs of LGBTQ youth, and the increased risk of LGBTQ youth for suicide, drug use, homelessness, becoming involved in the sex trade, school bullying, discrimination in care, and loss of family and friends.
- Posted 'A Safe Place' RISE posters throughout the office.
- Identified office champions to serve as point of contact for questions and information.
- In June 2017, the Lancaster Office (Lancaster) held an Awareness Building Event during Pride month. This included a PowerPoint and Q&A session.
- In September 2017, Lancaster hosted a local RISE training.
- In September 2017, four (4) Lancaster staff members were trained as trainers for RISE. Training will allow Lancaster staff to continue to provide office and community trainings on the LGBTQ community.
- ARA Alexander worked with BIS to develop and establish a Special Projects Tab to track LGBTQ youth in CWS/CMS. The Tab is accessible as of January 2018.
- Set up a Lancaster Warm Line dedicated for LGBTQ youth and families to call and obtain resources and address concerns of LGBTQ youth and families. This line will be managed by the team members.
- ARA received coaching from Casey Family Program consultant and Khush Cooper.
- ARA coached team champions on an as-needed basis.

GOALS FOR 2018:

- Provide three (3) RISE Trainings for the Lancaster office and community.
- Provide training tutorial on how to enter LGBTQ information in CWS/CMS.
- Interactive workshop on how to have a conversation with youth about how they identify.
- Annual Awareness Building Event during Pride Month.
- Start a local LGBTQ Youth Support Group.
- LGBTQ Dancing with the Stars Fundraiser.
- Advertise the Warm-Line using business cards or posters.
- Development of champions in units that have the knowledge and cultural lens to support LGBTQ youth and educate staff.
- Meet with foster parents and foster care agencies to discuss recruitment of LGBTQ friendly homes in the area.

**RESOURCES FOR BEST AND INNOVATIVE CASEWORK/TREATMENT
MODELS TO EFFECTIVELY SERVE LGBTQ+ YOUTH**

1. Los Angeles LGBT Center, *Recognize Intervene Support Empower (RISE)*, <https://www.acf.hhs.gov/cb/resource/pii-rise>
2. The Williams Institute, *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*, https://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf
3. Family Acceptance Project, *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*, <https://familyproject.sfsu.edu/sites/default/files/FamilySupportForLGBTChildrenGuidance.pdf>
4. Family Acceptance Project, *Generating a revolution in prevention, wellness & care for LGBT children & youth*, https://familyproject.sfsu.edu/sites/default/files/Ryanc_Wellness%2CPrevention%20%26%20Care%20for%20LGBT%20Youth-fn.pdf
5. Child Welfare League of America, *Recommended Practices To Promote the Safety and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Youth and Youth at Risk of or Living with HIV in Child Welfare Settings*, <https://www.lambdalegal.org/sites/default/files/publications/downloads/recommended-practices-youth.pdf>
6. Child Welfare League of America and Lambda Legal, *Getting Down to Basics: Tools to Support LGBTQ Youth in Care*, http://www.lambdalegal.org/sites/default/files/publications/downloads/getting_down_to_basics_-_2015.pdf
7. getR.E.A.L., *Transgender and Gender Nonconforming Children in California Foster Care*, <http://www.nclrights.org/wp-content/uploads/2016/02/TGNC-Children-in-CA-Foster-Care-2.24.16.pdf>
8. National Center for Lesbian Rights, *A Place of Respect: A Guide for Group Care Facilities Serving Transgender and Gender Nonconforming Youth*, http://www.nclrights.org/wp-content/uploads/2013/07/A_Place_Of_Respect.pdf
9. Child Welfare League of America, *Best Practice Guidelines: Serving LGBT Youth In Out-of-Home Care*, <http://www.nclrights.org/wp-content/uploads/2013/07/bestpracticeslgbtyouth.pdf>
10. Family Builders, *Guidelines for Managing Information Related to the Sexual Orientation, Gender Identity and Expression of Children in Child Welfare Settings*, http://www.nclrights.org/wp-content/uploads/2013/07/Information_Guidelines_FINAL_DRAFT_3-20-13.pdf

11. Center for the Study of Social Policy, *Out of the Shadows: Supporting LGBTQ Youth in Child Welfare through Cross-System Collaboration*, <https://www.cssp.org/pages/out-of-the-shadows-supporting-lgbtq-youth-in-child-welfare-through-cross-system-collaboration>
12. The William Institute, *Characteristics and Mental Health of Gender Nonconforming Adolescents in California*, https://williamsinstitute.law.ucla.edu/wp-content/uploads/CHIS-Transgender-Teens-FINAL.pdf?utm_source=CSL+Mailing+List&utm_campaign=c0731f5b8d-EMAIL_CAMPAIGN_2018_01_17&utm_medium=email&utm_term=0_d29f00fe31-c0731f5b8d-196666973
13. protocols and best practices on the collection, documentation, confidentiality, disclosure, and data sharing, consistent with the following guidelines:
http://www.ncrights.org/wpcontent/uploads/2013/07/Information_Guidelines_FINAL_DRAFT_3-20-13.pdf
14. Standardization of sexual orientation and gender identity measures should be developed for demographic data collection and reporting as in this practice guide:
http://www.caichildlaw.org/Misc/practice_guide_.8feb2017.pdf



April 9, 2018

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Christina R. Ghaly, M.D. *Christina R. Ghaly*
Acting Director

**SUBJECT: SUPPORTING AND SERVING LESBIAN, GAY,
BISEXUAL, TRANSGENDER AND QUEER OR
QUESTIONING YOUTH (ITEM #2 FROM THE
JANUARY 9, 2018 BOARD MEETING)**

Christina R. Ghaly, M.D.
Acting Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

On January 9, 2018, the Board directed the Department of Health Services (DHS), Department of Public Health (DPH), Department of Mental Health (DMH), Department of Children and Family Services (DCFS), and the Probation Department to report back to the Board in 90 days with the following information:

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 288-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

- 1) A comprehensive inventory and assessment of existing services programs and training within their Departments that directly assist lesbian, gay, bisexual, transgender and queer or questioning(LGBTQ) youth;
- 2) Information about documented outcomes of existing services provided to LGBTQ youth, including whether these services are meeting the needs of this population and whether additional services or programs are needed;
- 3) Recommendations on whether a specialized unit or section within their Department is needed to focus on the needs of LGBTQ youth;
- 4) Information about best practices and innovative casework/treatment models that best meet the needs of these youth;
- 5) Recommendations for improving training and support provided to County staff, contractors, relative caregivers, and foster families who have direct contact with, care for, or provide services to, LGBTQ youth that identifies, and prohibits anti-LGBTQ discrimination and harassment of youth, in foster and adopting families, including, but not limited to, physical violence, verbal harassment, imposition of personal beliefs, and denial of services, on the basis of actual or perceived sexual orientation, gender identity, and gender expression;



www.dhs.lacounty.gov

- 6) Information on existing data collected related to this population and recommendations for how data collection across Departments can be improved, including health and mental health services, family finding and foster family recruitment, placement, discharge and outcomes data;
- 7) Information that describes current foster family recruitment and family finding efforts targeted at locating affirming placements, as well as specialized recruitment efforts which the County may not have considered or utilized and recommendations for improving existing recruitment and family finding efforts; and
- 8) Recommendations for improving and expanding residential and housing programs needed for LGBTQ youth including child welfare-involved, juvenile justice-involved, and homeless youth.

INVENTORY AND ASSESSMENT OF EXISTING SERVICES, PROGRAMS AND TRAINING WITHIN DHS THAT DIRECTLY ASSIST LGBTQ YOUTH

Background

DHS has a strong commitment to the care of LGBTQ patients, and also has specific approaches to care for pediatric (0-18 years) and transitional age (18-24 years) youth. As such, Policies and Procedures throughout the organization delineate approaches to these populations. DHS sites have also taken steps to participate in the promotion of equitable and inclusive care for LGBTQ patients in our network through membership in the Healthcare Equality Index through the Human Rights Campaign (<http://hrc.org/hei>).

In addition, workforce members have been identified who support current DHS efforts to provide high quality care for the LGBTQ youth under our care and to outline strategies for improving this care. The DHS LGBTQ Workgroup has taken on the role of coordinating and managing the implementation of strategies for improving these.

Existing Services

Alexis Clinic. The Alexis Clinic at LAC+USC Medical Center is the only DHS Clinic focused solely on the care of LGBTQ youth. The clinic provides the highest level of services offered in DHS, with primary medical care, transgender health services, social work services, mental health services, mentoring, and care coordination.

The Alexis Arquette Family Foundation has established a partnership with the Violence Intervention Program at LAC+USC Medical Center with the goal of normalizing health and mental health support for LGBTQ youth.

Hub Clinics. In addition to the highly specialized care in the Alexis Clinic, the HUB Clinics throughout the DHS, in partnership with DMH, DPH, and DCFS, have begun to expand primary care services to high risk LGBTQ youth. These services, while more

limited, enable vulnerable populations such as youth in foster care and transitional age youth to have local access to needed services.

Primary Care. At the primary care level, DHS recently launched the SO/GI (Sexual Orientation/ Gender Identity) Initiative to help better identify LGBTQ patients of all ages. As part of this effort, specific screening has begun for youth ages 11-18 and 18-24 so that these populations can be better defined as we develop more services for youth in our communities.

The first phase of the SO/GI Initiative for youth has involved education for providers regarding a culturally and linguistically sensitive approach to patient identification. In addition, providers have been trained to document SO/GI status in the medical record.

Social Work Services. Social work services have been integrated into all levels of care for LGBTQ youth, and the social work teams have taken the lead on developing tools for assessment of youth identified as LGBTQ and in coordination of care.

LGBTQ Workgroup. LAC+USC Medical Center is committed to supporting the DHS LGBTQ Workgroup and our partner facilities in coordinating compliance with California AB 496 and AB 959. Our overall goal is for LGBTQ patient and staff equity and cultural competency to be achieved through strategic educational planning, eHR adaptations and community relations.

DOCUMENTED OUTCOMES OF EXISTING SERVICES PROVIDED TO LGBTQ YOUTH

The Alexis Clinic opened its doors in September of 2016, and in its first 18 months of operation has provided comprehensive health care services to more than 250 youth. The clinic has one full time physician (Tracey Samko, M.D.) and is currently recruiting a nurse practitioner to increase capacity. The Clinic is embedded in the Medicine-Pediatrics and Adolescent Clinics at LAC+USC Medical Center, allowing access to the mental health and social service supports of the facility. Currently the wait time for services is less than 2 weeks.

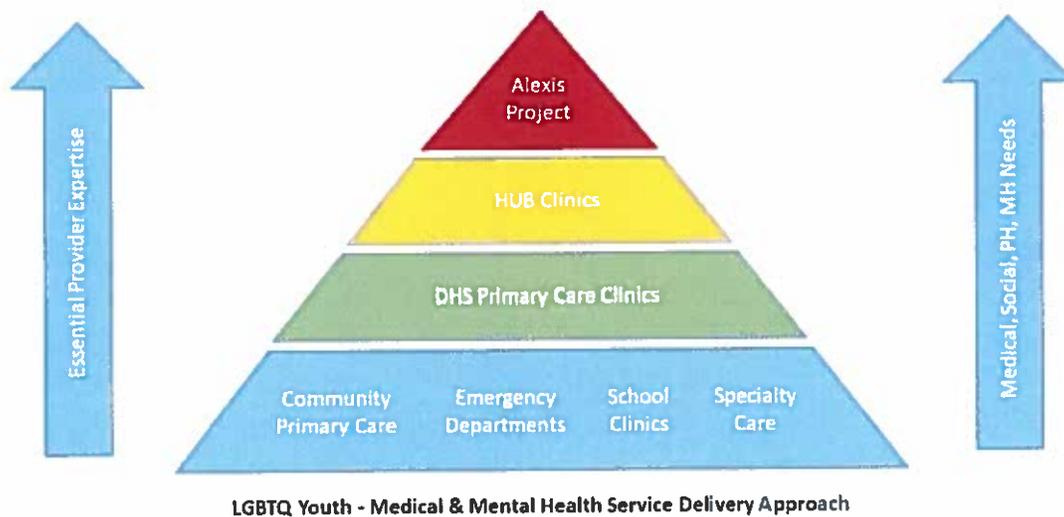
The Hub Clinics and DHS Primary Care Clinics do not yet have specific outcomes related to the care of LGBTQ youth.

RECOMMENDATIONS ON WHETHER A SPECIALIZED UNIT WITHIN DEPARTMENTS IS NEEDED TO FOCUS ON THE NEEDS OF LGBTQ YOUTH

DHS recommends an integrated and tiered approach to the care of LGBTQ youth. Community providers in local Emergency Rooms, community clinics, school based health programs, and other medical homes often lack the training and resources to

manage LGBTQ youth with complex health needs. DHS aims to be a resource to these community providers and agencies. In particular, the Hub Clinics, through a DMH, DPH, DCFS, and DHS partnership, have the unique opportunity to serve as a focal point for services to this population. Within the existing framework, both identification of and services for LGBTQ children and youth can be provided in a culturally informed, efficient, and confidential manner.

All DHS providers should be trained in the identification and approaches to care for LGBTQ youth. After the implementation of adequate training and the establishment of appropriate collocated support services, most patients can be successfully managed through our existing DHS Primary Care Clinics. Patients with more complex needs such as case management, intensive mental health services, and hormone therapy, should obtain more intensive services through our Hub Clinics and the Alexis Clinic.



Current State: Youth not at the right care level, provider expertise not aligned with patient needs

Future State: Youth served at appropriate care level, appropriate providers at all levels with appropriate expertise

The schematic above outlines this tiered approach demonstrating that as the complexity of patient needs increases, there exists a concomitant need for increased provider expertise. Note that the Hub Clinics provide an entry point for providers from DCFS, DPH, DHS, and DMH, since providers from each of these areas are co-located in the Hub Clinics. The Hub Clinics also have the potential to interface with Probation at a higher level, creating an opportunity for the integration of all 5 stakeholders into the care model for LGBTQ youth in our community.

BEST PRACTICES AND INNOVATIVE CASEWORK/TREATMENT MODELS THAT MEET THE NEEDS OF LGBTQ YOUTH

The care models that have been implemented in our Hub Clinics and in the Alexis Clinic support a multi-disciplinary approach to the care of LGBTQ youth in our community. In these settings, youth are screened and then directed to the appropriate level of care for their individual needs. Social work, public health nurses, mental health providers, nursing, clinicians, DCFS workers, and care managers all play a role in supporting LGBTQ youth. Because of the higher prevalence of LGBTQ youth with a need for a high level of support in our Hub Clinics and in the Alexis Clinic, we have embedded this multi-disciplinary team model at these sites.

As we extend our screening for SO/GI to the larger primary care population served at DHS facilities, we plan to extend these multi-disciplinary services to these treatment areas. Because the anticipated volume is lower than in the Hub Clinics or at the Alexis Clinic, we are working to develop referral models so that youth in need of high level services can be referred to the Hub Clinics or Alexis Clinic for higher level services after initial screening and initial intervention in the primary care setting.

Finally, DHS believes that the implementation of a real-time consultation pathway for providers in all settings (Inpatient Units, Emergency Departments, Urgent Care, Primary Care, and Specialty Clinics) will allow us to most efficiently and effectively support LGBTQ youth across our services areas. As we expand our understanding of the need in our community, we will implement this approach.

RECOMMENDATIONS FOR IMPROVING TRAINING AND SUPPORT PROVIDED TO COUNTY STAFF, CONTRACTORS, RELATIVE CAREGIVERS, AND FOSTER FAMILIES WHO CARE FOR OR PROVIDE SERVICES TO LGBTQ YOUTH

Hudson Tibbetts R.N., B.S.N., M.S.N., Chair of the LAC+USC LGBTQ Committee has outlined a strategy for addressing gender identity and sexual orientation in an evidence-based manner. See attached presentation "Embracing SO/GI".

DHS has other excellent training materials available. Dissemination of these and other materials is the key to a successful culture change amongst our providers. All DHS personnel who have contact with patients should be educated in identification, needs assessment, and documentation of SO/GI as well as approaches to LGBTQ patients and colleagues.

See attached examples of presentations currently available to DHS personnel:

- Healthcare for a Gender Fluid World
- Emergency Care of the Transgender Patient
- SO/GI Staff Presentation

- Documenting SO/GI in ORCHID (Hot Sheet)
- Embracing "SO/GI"

NEXT STEPS

The key to successful implementation of a strategy will be to adopt a system-wide effort to promote equitable and inclusive care and services for LGBTQ patients across DHS. The DHS LGBTQ Workgroup, along with the facility-specific LGBTQ workgroups, will be responsible for the coordination and execution of these recommendations.

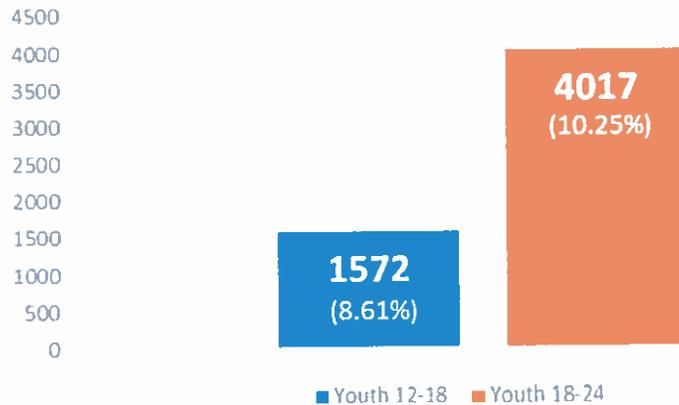
DHS recommends the following:

1. Participate in the Human Rights Campaign's Healthcare Equality Index (HEI) at all hospital sites. This includes steps to:
 - a. Update DHS and site-specific policies on
 - i. Patient non-discrimination
 - ii. Visitation non-discrimination
 - iii. Employment non-discrimination
 - b. Expand HEI membership as follows
 - i. LAC+USC is already a participating member
 - ii. Add Harbor-UCLA Medical Center, Rancho Los Amigos Medical Center, and Olive View-UCLA Medical Center
 - iii. Include other eligible DHS facilities
2. Conduct training for personnel at all levels
 - a. Target trainings in order of priority
 - i. Hub Clinic Staff
 - ii. DHS Primary Care Clinic Staff
 - iii. DHS Specialty and Urgent Care Providers
 - b. Utilize the HEI repository of existing materials for use by DHS subject matter experts at system-wide trainings
 - c. Create a speakers' bureau with protected time and availability for trainings as requested
3. Expand Patient Services and Support
 - a. Continue SO/GI screening
 - b. Continue to enhance services within existing frameworks, including the Alexis Clinic, Hub Clinics, and DHS Primary Care Clinics focusing on the following:
 - i. Transgender care
 - ii. Mental health services
 - iii. Care coordination
4. Explore options for making the workplace environment inclusive and equitable for LGBTQ staff serving as a model for equity amongst our patients.

INFORMATION ON EXISTING DATA COLLECTED RELATED TO THIS POPULATION AND RECOMMENDATIONS FOR HOW DATA COLLECTION ACROSS DEPARTMENTS CAN BE IMPROVED

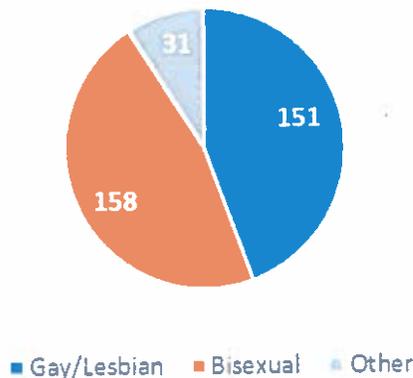
SO/GI data has been collected in DHS since October of 2017. In the first quarter (October-December 2017), more than 5500 patients ages 12-24 were screened for SO/GI. This represents approximately 11% of the total empaneled population. With ongoing screening at this rate, the estimate is that approximately 40% of all empaneled patients will be screened within the first year of implementation.

Patients Screened for SO/GI at DHS Facilities
October - December 2017



Based on the initial screening, 95% of patients identified as heterosexual. In total, 340 patients identified as LGBTQ with the distribution as noted below.

Distribution of SO/GI Screening Responses
12 - 24 Years Old, October-December 2017



Each Supervisor
April 9, 2018
Page 8

**INFORMATION THAT DESCRIBES CURRENT FOSTER FAMILY RECRUITMENT
AND FAMILY FINDING EFFORTS BY THE COUNTY**

DCFS will provide this information if it is available.

**RECOMMENDATIONS FOR IMPROVING AND EXPANDING RESIDENTIAL AND
HOUSING PROGRAMS NEEDED FOR LGBTQ YOUTH INCLUDING CHILD
WELFARE-INVOLVED, JUVENILE JUSTICE-INVOLVED, AND HOMELESS YOUTH.**

N/A for DHS.

Thank you for your support in helping us continually enhance the services we offer to LGBTQ patients. If you have any questions, please don't hesitate to contact me or you may also contact Dr. Shannon Thyne, Chief of Pediatrics and Chief Medical Officer at Olive View - UCLA Medical Center at (747) 210-3025.

CRG:st

c: Chief Executive Office
Executive Office, Board of Supervisors
County Counsel



**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH**

SUPPORTING AND SERVING LGBTQ YOUTH MOTION

JONATHAN E. SHERIN, M.D., PH.D.

DIRECTOR

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

Executive Summary

The Los Angeles County Department of Mental Health (LACDMH) has designed programs, initiatives, and projects to address the specific mental health and supportive needs of the lesbian, gay, bisexual, transgender, questioning, intersex, two-spirit (LGBTQI2-S)¹ population residing in Los Angeles (LA) County.

In 2009, during the implementation of the Department's Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan, the stakeholders and planning committee identified the LGBTQI2-S population as one of the cultural subpopulations for which specific program planning was to be implemented. The program was designed to build resiliency, increase protective factors, and provide early intervention services for LGBTQI2-S people at risk for mental illness. At that time, the department's primary focus was on LGBTQI2-S children and youth.

Beginning in 2011 and continuing through 2013, LACDMH funded a pilot project in conjunction with the Whittier Rio Hondo AIDS Project. The pilot provided outreach and engagement services, including educational workshops designed to reduce risk factors and increase protective factors, for LGBTQI2-S adults through community-based agencies.

In 2014, the MHSA Planning Workgroup for LGBTQI2-S Youth was established by the Department to address the needs of youth at risk of system involvement. The workgroup was comprised of mental health providers and representatives from Department of Children and Family Services (DCFS), Los Angeles Unified School District (LAUSD), Substance Abuse Prevention and Control (SAPC), as well as agencies serving LGBTQI2-S youth. The efforts of this workgroup led to the funding of multiple initiatives that have positively impacted the LGBTQI2-S community in LA County:

- Staff training programs created for DMH clinical and paraprofessional staff (2014).
- Funding for the research of LGBTQI2-S youth in foster care through the Recognize Intervene Support Empower (RISE) Project (2015).
- Recognition of the LGBTQI2-S sub-committee as an Underserved Cultural Committee (2016).
- Increase in direct service capacity within the Transition Age Youth (TAY) Drop-In Centers and TAY Enhanced Emergency Shelter Program (EESP) (2016).
- LGBTQI2-S Media Campaign (2016).
- Contracts for LGBTQI2-S PEI Services countywide (2017).

In June 2017, the Department participated in the LA County LGBTQ Youth Preparedness Scan conducted by Khush Cooper & Associates. This was a countywide assessment of staff knowledge, comfort, attitudes, and awareness of systemwide policies, training, and data collection for the LGBTQI2-S population. The results of the scan have led to the planning of additional efforts to provide safe, welcoming, and affirming environments throughout the mental health system of care. The department has dedicated over \$6 million to projects and programs that support and engage LGBTQI2-S children, youth, adults, and their families. Approximately, 2,000 directly operated and contracted staff have participated in LGBTQI2-S

¹LACDMH adopted the acronym, LGBTQI2-S, in 2016.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

trainings sponsored by LACDMH. Additionally, the LACDMH TAY Drop-In Centers served over 600 LGBTQI2-S youth and young adults during fiscal year 2016-17, providing supportive services and emergency shelter.

Future initiatives from LACDMH will address sexual orientation, gender identity, and expression (SOGIE) within the electronic health record, recruitment of peer advocates, tracking of outcomes related to service delivery, and continued education of the provider network.

RECOMMENDATIONS

Current research on LGBTQI2-S youth suggests that there are significant factors negatively impacting the quality of life for this population. These youth are found to be at greater risk for poor outcomes (involvement in the legal system, hospitalization, homelessness) due to community stigma and rejection. Family rejection after coming out is the greatest risk of suicide for LGBTQI2-S youth. These youth are six times more likely to report high levels of depression, three times more likely to use illicit drugs, and three times more likely to report having engaged in unprotected sexual intercourse. Studies show that LGBTQI2-S teens are at greater risk for dropping out of school due to bullying. In a 2013 study of LGBTQI2-S students in the U.S., 74% reported experiencing verbal harassment in the last year because of their sexual orientation. It is critical that LGBTQI2-S youth develop healthy identities and self-empowerment. Negative outcomes may be reduced with education on issues affecting LGBTQI2-S youth and support from the community and caregivers.

LACDMH has utilized research findings to develop programs and solicitations to address the complex needs of LGBTQI2-S youth. The Department seeks to increase recognition of early signs of mental illness, community awareness, and access to community-based programs for consumers and their families and/or caregivers. As a result of the department's research and experience with LGBTQI2-S youth, the following recommendations are suggested:

1. Create a training series focused on service delivery to the LGBTQI2-S population countywide. Training to include focus on subpopulations-specific age groups, ethnicities, and trauma-focused strategies for engagement.
2. Provide relevant informational materials, brochures, and posters to each service delivery site.
3. Establish an affirming practice model for all service delivery sites, administrative offices, and field based services. The affirming practice model shall address SOGIE within the electronic health record, tracking of outcomes related to service delivery.
4. Employ peer advocates/parent advocates and others with lived experience to provide supportive services and linkage to community resources.
5. Pursue funding opportunities through federal, State, and private grants in collaboration with other departments.
6. Continue expansion of TAY Drop-In Centers, which serve as entry points to the mental health system for youth ages 16-25, who are living on the street or in unstable living situations. Drop-In Centers provide "low-demand, high-tolerance," environments in which youth can find temporary safety and basic supports including, showers, meals, clothing, and referrals.
7. Collaborate with school districts within LA County to provide education to teachers, students, and parents on LGBTQI2-S affirming practices, bullying prevention, and suicide prevention.

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

8. Strengthen partnerships with Department of Probation and DCFS in providing appropriate services to LGBTQI2-S youth in foster care and juvenile detention.
9. Create opportunities to partner with the Health Agency to address challenges for LGBTQI2-S youth, adults, and older adults in obtaining appropriate physical health and mental health services.
10. Develop partnerships with community-based organizations to implement engagement strategies and provide supportive services outside of a mental health clinic.

Potential Funding Sources:

Many of the identified recommendations can be funded through MHSA PEI. LACDMH will also look at applying for grants and foundations as additional funding sources. Specific funding amounts to be determined based on the project needs.

Project Summary List

DMH Project	FY	Number of Projects	Allocation
Outreach & Education Pilot: Underserved Populations (Whittier Rio Hondo AIDS Project)	2011-2012	1	\$50,000
Outreach & Education Pilot: Underserved Populations (Whittier Rio Hondo AIDS Project)	2012-2013	1	\$50,000
LGBTQI2-S Clinical Mental Health Training	2014-2015	2	\$4,000
LGBTQI2-S Clinical Mental Health Training			\$4,000
RISE Project	2015-2016	5	\$333,000
RISE Training Program			\$150,000
LGBTQI2-S TAY Safe & Welcoming Environment Training (Clinical & Non-Clinical)			\$2,600
LGBTQI2-S TAY Safe & Welcoming Environment Training (Clinical & Non-Clinical)			\$2,600
Transition Age Youth (TAY) Drop-In Center – Los Angeles LGBTQ Center			\$250,000
Transition Age Youth (TAY) Drop-In Center – Los Angeles LGBTQ Center	2016-2017	6	\$250,000
Fundamentals in Effective Work with LGBTQ+ Youth in the Juvenile Justice System			\$2,300
LGBTQI2-S Speak Your Mind Academy			\$45,500
LGBTQI2-S Community Mental Health Needs Assessment			\$16,499
LGBTQI2-S Media Campaign			\$147,240
TAY Enhanced Emergency Shelter – Los Angeles LGBTQ Center			\$509,000
Transition Age Youth (TAY) Drop-In Center – Los Angeles LGBTQ Center	2017-2018	13	\$250,000
Engaging and Retaining Young Men Who Have Sex With Men (YMSM) in Culturally Responsive Services			\$0
LGBTQI2-S Youth and Their Vulnerability to Commercial Sexual Exploitation			\$2,300
Core Practice Concepts in Working with LGBTQ Youth			\$1,495
Providing Mental Health in the Transgender Community			\$0
LGBTQ Awareness Training			\$0
Providing Culturally Responsive Services to LGBT Individuals and Intergenerational Issues Faced Among the LGBT Community			\$0
LGBTQ Families in Ethnic Communities Dialogue Series			\$41,000
LGBTQI2-S Mental Health Conference			\$35,000
LGBTQI2-S Iranian Outreach & Engagement Project			\$50,000
Multicultural LGBTQI2-S Training			\$1,495
LGBTQI2-S PEI Services (Four Contracts)			\$1,182,000
LGBTQI2-S PEI Services (Directly-Operated: Two FTEs Peers)			\$153,000
LGBTQI2-S PEI Services (Four Contracts)	2018-2019	2	\$1,182,000
LGBTQI2-S PEI Services (Directly-Operated: Two FTEs Peers)			\$153,000
LGBTQI2-S PEI Services (Four Contracts)	2019-2020	2	\$1,182,000
LGBTQI2-S PEI Services (Directly-Operated: Two FTEs Peers)			\$153,000
TOTAL ALLOCATION			\$6,203,029

Detailed Summary

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
<p>Outreach & Education Pilot: Underserved Populations (Whittier Rio Hondo AIDS Project)</p>	<p>Fiscal Year (FY) 2011-2013</p>	<p>MHSA PEI</p>	<p>\$100,000</p>	<ul style="list-style-type: none"> Community-based outreach program and educational workshops throughout Los Angeles County. Program and workshops designed to provide information about activities that will reduce risk factors and increase protective factors. 	<ul style="list-style-type: none"> Program services/activities concluded by June 30, 2013. Adapted the US Centers for Disease Control and Prevention DEBI Curriculum empowerment. Offered other informal alternative social group activities that focus on discussing HIV testing/safe sex, overcoming issues of stigma and prejudice, coming out, and family relationships.
<p>LGBTQI2-S Clinical Mental Health Training</p>	<p>FY 2014-2015</p>	<p>MHSA CSS</p>	<p>\$8,000</p>	<ul style="list-style-type: none"> Two (2) day clinical mental health trainings. Trainings in Service Areas 2, 4, 6, and 8. 	<ul style="list-style-type: none"> Four 12-hour, 2-day trainings were conducted in January and February of 2015. 130 attendees from 27 agencies in four service areas. The majority of participants across all service areas rated the usefulness, content, and delivery of the training curriculum highly, and most agreed that the training was strongly relevant to their work.
<p>RISE Project (Los Angeles LGBTQ Center)</p>	<p>FY 2015-2016</p>	<p>MHSA POE</p>	<p>\$333,000 (One-time only)</p>	<ul style="list-style-type: none"> Funding provided to Los Angeles County LGBTQ Center to complete and implement portions of their federally funded RISE initiative. 	<ul style="list-style-type: none"> Project focused on LGBTQ children and youth in the child welfare system. Services included research, training, and care coordination.

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
RISE Training Program (DSO to DCFS)	FY 2015-2016	MHSA PEI	\$150,000 (One-time only)	<ul style="list-style-type: none"> • Training coordinated through DCFS to provide training on working with the LGBTQI2-S population for child and youth service providers utilizing the Recognize Intervene Support Empower (RISE) curriculum. • Train-the-Trainer model. 	<ul style="list-style-type: none"> • 5 staff trained from DMH. • Trained DMH staff have presented the RISE training to DMH Directly Operated staff and at the 2017 TAY Conference
LGBTQI2-S TAY Safe & Welcoming Environment Training (Clinical & Non-Clinical)	FY 2015-2016	MHSA PEI	\$5,200	<ul style="list-style-type: none"> • Two (2) workshops for mental health providers and community members. • Training on creating safe, welcoming, and affirming environments while addressing barriers to mental health service delivery. 	<ul style="list-style-type: none"> • Completed 4/12/16 and 4/26/16 • 105 attendees at the clinical training, 51 attendees at the non-clinical training. • Positive reviews; about 75% indicating "training improved my knowledge of the subject matter". • Trainees learned about topics such as historical information relevant to LGBTQI2-S community, strategies to combat stigma, clinical and treatment implications, and affirming practices.
Fundamentals in Effective Work with LGBTQ+ Youth in the Juvenile Justice System	FY 2016-2017	DSO from Probation (DOJ 88)	\$2,300	<ul style="list-style-type: none"> • Training for juvenile justice service staff (Mental Health & Probation). • Review of risk factors and treatment implications for LGBTQ+ youth in the juvenile justice system. 	<ul style="list-style-type: none"> • Completed on 3/8/17 • 33 attendees • Majority (81%) found the training "important and useful to professional growth" • Topics ranged from stages of identity development for LGBTQ+ youth, to strengths and risk factors applicable to this population

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
LGBTQI2-S Speak Your Mind Academy	FY 2016-2017	MHSA CSS	\$45,500	<ul style="list-style-type: none"> • Trained 50 LGBTQI2-S Youth Advocates. • Youth Advocates provided 100 Community Mental Outreach presentations. • Development of Resource Guide for all eight (8) Service Areas. 	<ul style="list-style-type: none"> • The Academy was delivered in 3 locations, and successfully graduated 23 Youth Advocates. • All service areas of LA County received at least 1 presentation. • Evaluations of the Academy were favorable: participants understood both the importance of advocacy work, and how to use their story to make an impact. All graduates felt more confident in their skills as a result of the Academy.
LGBTQI2-S Community Mental Health Needs Assessment	FY 2016-2017	MHSA CSS	\$16,499	<ul style="list-style-type: none"> • Conducted four (4) Community Focus Groups and one (1) Community Leader Forum to assess specific mental health needs of the population. • Development of Resource Guide to address needs. 	<ul style="list-style-type: none"> • Completed. • Participants were from 5 ethnic groups representative of LA County (Latinx, African-American, Asian Pacific Islander, American Indian/Alaska Native, and Middle Eastern. • Age range 18-60 • Results suggest that stigma, transgenerational trauma, and lack of access are common barriers to seeking mental health services. • Recommendations included providing culturally relevant materials to engage the LGBTQI2-S community, including use of social media. • Create a free conference to inform community members of available resources.
LGBTQI2-S Media Campaign	FY 2016-2017	MHSA PEI	\$147,240	<ul style="list-style-type: none"> • Public Service Announcements (15 and 30 seconds) aired on six (6) radio stations in Los Angeles County. 	<ul style="list-style-type: none"> • Completed Nov. 2017 through the LGBTQI2-S Underserved Cultural Communities (UsCC) subcommittee.

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
Engaging and Retaining Young Men Who Have Sex With Men (YMSM) in Culturally Responsive Services	FY 2017-2018	UCLA Integrated Substance Abuse Program (UCLA ISAP)	N/A	<ul style="list-style-type: none"> • Training for Youth, TAY & Adult DMH and Contract Providers. • Curriculum provides an overview of Minority Stress Theory, and offers information about physical/mental health and suicide risk among YMSM and recommendations for best practices and treatment considerations. 	<ul style="list-style-type: none"> • Completed on 2/15/17 • 67 attendees • Trainees learned about topics such as practices that enhance cultural humility, minority stress factors, and signs of burn-out.
LGBTQI2-S Youth and Their Vulnerability to Commercial Sexual Exploitation	FY 2017-2018	MHSA PEI	\$2,200	<ul style="list-style-type: none"> • Two (2) workshops for mental health providers. • Overview of the specific risks of this vulnerable population of becoming sexually exploited. 	<ul style="list-style-type: none"> • Completed 2/28/17 and 4/6/17. • Approx. 60 attendees from DMH directly operated and contracted programs.
Core Practice Concepts in Working with LGBTQ Youth	FY 2017-2018	SFC	\$2,300 (per training session)	<ul style="list-style-type: none"> • Training for DMH staff and Contracted Providers, including Wraparound, IFCCS, and Child FSP. • Workshop combines didactic and experiential learning components. • Review of risk factors and strengths present in LGBTQ youth. • Utilizing Shared Core Practice Model. 	<ul style="list-style-type: none"> • Completed on 3/1/2017. • 34 participants. • Strength based approach used. • Majority of participants (90%) found the training important and useful to professional growth. • Recommendation for more future trainings.
Providing Mental Health in the Transgender Community	FY 2017-2018	CGF	\$1,495	<ul style="list-style-type: none"> • Presentation focuses on key treatment strategies to meet the particular needs of the Transgender community. • Addresses the importance of advocacy and support for changing attitudes towards intersex and transgender people. 	<ul style="list-style-type: none"> • Held on May 31, 2017 for 70 participants. • Most of the attendees (70%) found the training helpful in improving their knowledge of the subject matter. • The offering of video clips along with a variety of resources were perceived favorably.

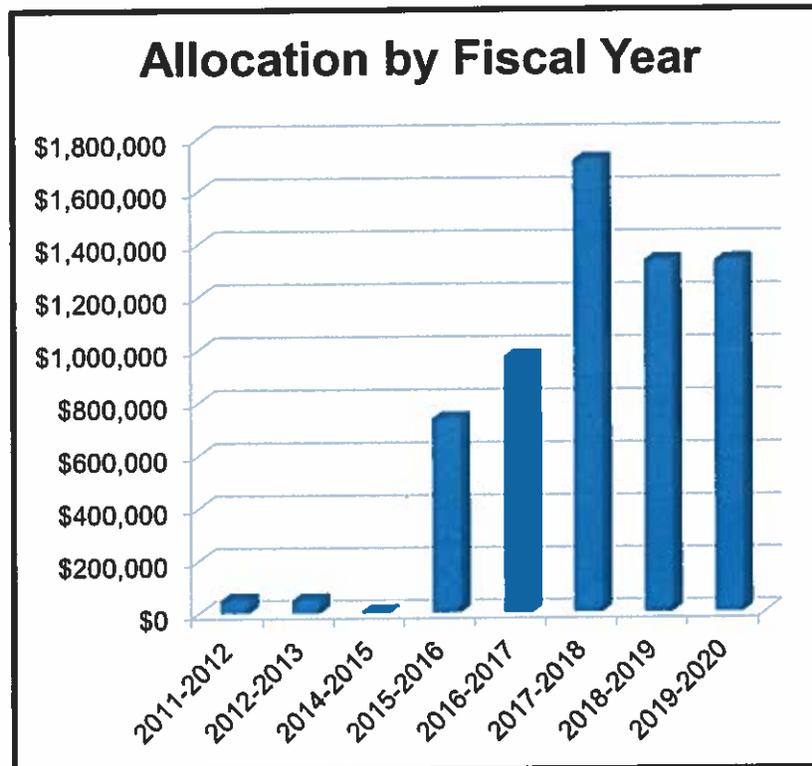
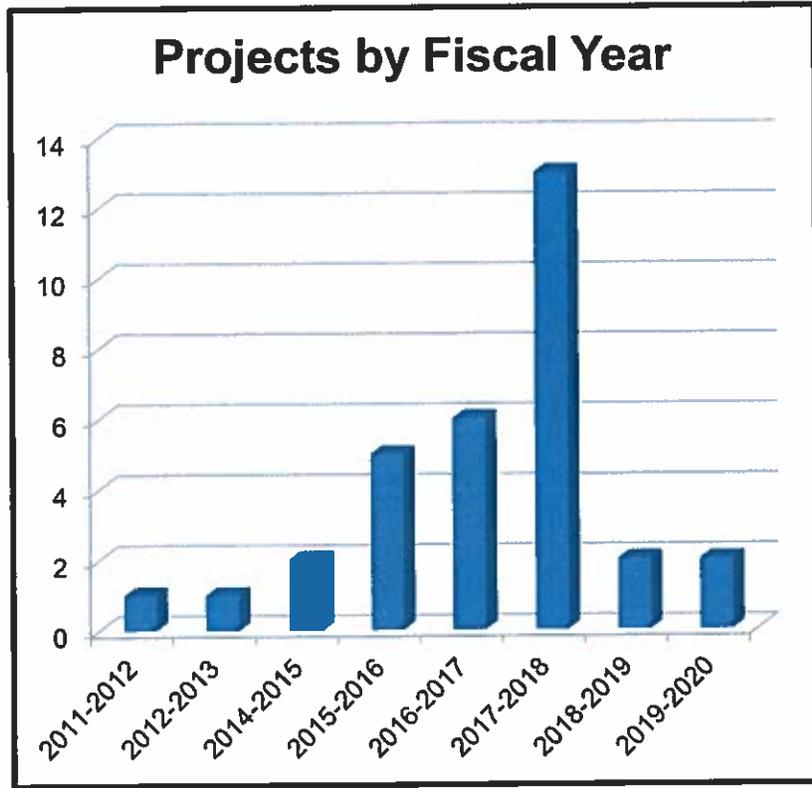
Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
LGBTQ Awareness Training	FY 2017-2018	NorCal	N/A	<ul style="list-style-type: none"> Highly interactive training addressing sexual orientation and gender identity in a comfortable learning environment. Stigma and other stressors impacting LGBTQ mental health are discussed. Review of internalized biases regarding sexual orientation. 	<ul style="list-style-type: none"> 38 trainees attended. Completed on 6/20/2017. All participants found the training useful to their professional growth. Recommendation for more video/visual presentations.
Providing Culturally Responsive Services to LGBT Individuals and Intergenerational Issues Faced Among the LGBT Community	FY 2017-2018	UCLA Integrated Substance Abuse Program (UCLA ISAP)	N/A	<ul style="list-style-type: none"> Full-day curriculum consisting of seven training modules, starting with an introduction to key terms, elaborating on cultural considerations, and concluding with treatment considerations for clinical work. Discussion of intergenerational issues. 	<ul style="list-style-type: none"> Held on 6/29/2017. 68 participants. Topics included: treatment approaches proven effective for LGBT populations, “cultural humility” vs. “cultural competency”, creating affirming environments for LGBT people, and barriers for health screening and other health issues among LGBT clients.
LGBTQ Families in Ethnic Communities Dialogue Series	FY 2017-2018	MHSA PEI	\$41,000	<ul style="list-style-type: none"> A series of peer-facilitated trainings and discussions to empower ethnic LGBTQ families and communities, and reduce stigma. Trainings will address intra-ethnic exclusion, triangle parenting, intra-sexual and intra-gender identity oppression, marriage and relationship issues, as well as mental wellness. 	<ul style="list-style-type: none"> Completed in September 2017. Approx. 150 attendees. The dialogue series included 35 workshops with over 30 different presenters. Topics included creating a positive self-image, love and intimacy, intimate partner violence, gender identity, co-parenting, and living a healthy lifestyle. Additional trainings to be added FY17-18.

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
LGBTQI2-S Prevention Services (Four Contracts)	FYs 2017-2020	MHSA PEI	\$3,546,000 Total for Project	<ul style="list-style-type: none"> • Development of Toolkit to address service gaps and increase access to appropriate services. • Toolkit will address: Safe & Welcoming Environments; Clinical Considerations & Interventions; Outreach & Engagement Supports & Strategies; and Outcomes. • Outreach & Engagement and Support Group services. 	<ul style="list-style-type: none"> • 4 Contracts-3 agencies awarded (Tarzana Treatment Center, Penny Lane, and The Wall Las Memorias). • All 8 Service Areas to receive LGBTQI2-S TAY training, outreach/engagement services, and support groups.
LGBTQI2-S Mental Health Conference	FY 2017-2018	MHSA CSS	\$35,000 (projected)	<ul style="list-style-type: none"> • Scheduled for June 6, 2018 at the California Endowment Center. • Mental Health promotion, psycho-education, and trainings/presentations. 	<ul style="list-style-type: none"> • Planning in progress. • Capacity for 300 attendees.
LGBTQI2-S Iranian Outreach & Engagement Project	FY 2017-2018	MHSA CSS	\$50,000	<ul style="list-style-type: none"> • Coordinated eight (8) Health and Wellness workshops. • Media campaign, including radio and print. 	<ul style="list-style-type: none"> • Solicitation in progress.
Multicultural LGBTQI2-S	FY 2018-2019	CGF	\$1,495	<ul style="list-style-type: none"> • Overview of racial, cultural and gender diversity within the LGBTQI2-S communities. • Strategies for advocacy and support for changing homophobic and transphobic attitudes are discussed. 	<ul style="list-style-type: none"> • Conducted on 1/23/2018. • 63 attendees. • Diversity of speakers are positively recognized. • Cross-cultural perspectives are favorably received. • Recommendation of an all-day or two-day training.
LGBTQI2-S Prevention Services (Direct Service Peers 2-FTEs)	Ongoing	MHSA PEI	\$153,000 (S&EB & S&S)	<ul style="list-style-type: none"> • Two (2) Community Workers with shared experience to provide outreach and engagement to the LGBTQ population residing in Los Angeles County. • Facilitate and coordinate appropriate linkages to needed services. 	<ul style="list-style-type: none"> • Hiring in process.

Project	Year	Funding Source	Funding Amount	Brief Description	Outcomes
TAY Enhanced Emergency Shelter – Los Angeles LGBTQ Center	Ongoing	MHSA CSS	\$509,000 (Projected for FY 17-18)	<ul style="list-style-type: none"> • Temporary shelter services for TAY while working to secure more permanent and stable housing. • Case management services, life skills training, and linkage to ongoing mental health services. 	<ul style="list-style-type: none"> • EESP has 10 beds for male and female youth. • Program expected to serve at least 150 youth during FY 2017-18.
Transition Age Youth (TAY) Drop-In Center – Los Angeles LGBTQ Center	Ongoing	MHSA CSS	\$250,000 per Year	<ul style="list-style-type: none"> • Provide temporary supports and linkages to ongoing services for TAY. • Open after-hours during the week and on weekends to engage youth with services. 	<ul style="list-style-type: none"> • Drop-In Center serves over 250 youth each day. • Services include meals, showers, clothing, support groups, and employment.

PROJECT ALLOCATION

FY	Number of Projects	Allocation
2011-2012	1	\$50,000
2012-2013	1	\$50,000
2014-2015	2	\$8,000
2015-2016	5	\$738,200
2016-2017	6	\$970,539
2017-2018	13	\$1,716,290
2018-2019	2	\$1,335,000
2019-2020	2	\$1,335,000



Report of Recommendations and Services Supporting Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning Youth

Los Angeles County Department of Public Health

April 2, 2018



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EXECUTIVE SUMMARY

On January 9, 2018, the Board of Supervisors directed the Department of Public Health (Public Health) and other County Departments that serve youth to report on activities and recommendations to meet the needs of Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) youth. This report briefly summarizes Public Health activities that benefit LGBTQ youth; describes data that are collected regarding Sexual Orientation and Gender Identity/Expression (SOGIE); and makes recommendations for improving data collection, training, and support.

Public Health's mission is to protect health, prevent disease, and promote health and well-being for all individuals living in Los Angeles County. Programs and services are designed to promote health equity and reduce disparities for vulnerable groups, including LGBTQ youth who are at increased risk for health and mental health issues. For instance, when compared with heterosexual adolescents, lesbian, gay, and bisexual adolescents are more likely to report suicidal ideation, suicide attempts, substance use, and risky sexual behaviors than heterosexual adolescents. Available data also suggest that transgender youth may be vulnerable to various health risks.ⁱ

LGBTQ individuals also face disproportionately high rates of poverty and homelessness, are less likely to have health insurance, and are over-represented in Los Angeles County's child welfare system. LA County LGBTQ foster youth have a higher than average number of foster care placements and a higher lifetime risk of being hospitalized for mental health issues and of becoming homeless.ⁱⁱ

ADDRESSING THE NEEDS OF LGBTQ YOUTH

Through direct services, policies, and partnerships, Public Health advances health equity, provides culturally competent care, and promotes healthy practices and environments for all persons in the County. This report describes programs and services that benefit LGBTQ youth in the areas of communicable disease prevention and control, HIV and sexually transmitted disease (STD) services, substance use disorder prevention and treatment, and community outreach and partnerships. It also highlights programs that provide support for foster youth, preventive screenings, specialized medical care, and linkages to care.

As described in this report, many Public Health services are inclusive of LGBTQ youth while others are tailored to their specific experiences and needs. Targeted efforts include interventions aimed at preventing HIV transmission among transgender persons and young men who have sex with men (MSM), substance use disorder (SUD) services that are tailored to LGBTQ needs, and training curricula that promote welcoming environments for LGBTQ youth in local shelters. Through policies and training, Public Health also promotes an inclusive and welcoming service and work environment and provides training to increase staff capacity to serve LGBTQ youth.

RECOMMENDATIONS FOR MEETING LGBTQ YOUTH NEEDS

Public Health is committed to meeting client and community needs and has identified opportunities to enhance services, as well as to promote collaboration across County Departments. The following recommendations may improve County preparedness to systematically meet the health and mental health needs of LGBTQ youth and build welcoming and supportive environments for youth.

- **Integrate Evidence-based Practices and Innovations into Service Delivery**
When addressing public health needs, it is critical to use evidence-based strategies that have been proven to improve health outcomes. To address LGBTQ youth needs, it is also important to test promising and innovative practices, such as approaches that promote whole-person care and address social determinants of health. This report describes Public Health programs that employ these and other innovations to meet LGBTQ youth needs, such as integrating youth development, resiliency, and youth-oriented technology. Examples include an innovative

HIV/STD prevention program for young African American MSM and transgender individuals and a center of excellence for SUD treatment for LGBTQ individuals.

Other innovative approaches include collaborating with community partners to serve LGBTQ youth who are justice- or child welfare-involved; funding enhancements to the Los Angeles County 211 Information Line's web portal and call center to better meet LGBTQ needs; helping lead the Comprehensive Sex Education Network; and developing shelter staff training materials to help make the shelter environment safe and inviting for these youth.

- **Standardize and Improve SOGIE Data Collection and Analysis**
Public Health recommends a coordinated approach across County Departments to strengthen sexual orientation and gender identity expression (SOGIE) data collection and increase sample sizes for County-administered surveys. This can support outcomes tracking, data analysis, and program planning for LGBTQ youth. Activities may include developing standardized questions to ascertain SOGIE, providing funding to increase survey sample sizes, and training staff on effective approaches to collecting SOGIE data. Innovative shared data tracking systems, such as Public Health's electronic health record system and integrated reporting, investigation, and surveillance system can also improve monitoring, data sharing, and coordination.
- **Offer Ongoing Targeted Training to Increase Staff Capacity to Meet Needs**
To enhance staff capacity across Departments, Public Health recommends that a County-wide staff development series be developed, which targets basic knowledge and awareness for all staff and provides enhanced training that includes skills building and real-life scenarios for staff who directly serve youth. If such a series is planned, input from community partners with expertise in addressing LGBTQ youth needs should be sought and County youth-serving Departments should be consulted regarding training resources.
- **Maintain a Centralized Resource Repository**
A centralized LGBTQ youth resource repository that can be accessed by all County youth-serving Departments could improve staff capacity to meet client needs. With Public Health funding, the Los Angeles County 211 Information Line will enhance its web portal and call center capacity to include additional resources for special populations, including LGBTQ youth. Ongoing County support and coordination for this or a supplementary resource repository for LGBTQ youth are recommended.
- **Promote Integration and Collaboration**
LGBTQ youth needs are addressed in multiple Public Health Programs. Public Health's Center for Health Equity will also address these needs and promote collaboration as part of a broader framework for promoting equitable care and outcomes. If the Board of Supervisors identifies specific gaps, a Countywide specialized team or advisory group focused on strategic integration of LGBTQ youth needs across Departments could be established to serve as a clearinghouse, coordinate data collection and policy development, and provide technical assistance and guidance to youth-serving Departments.
- **Connect County Youth-Serving Departments with Possible Funding Resources**
Many services benefitting LGBTQ youth are integrated into existing programs, which are supported by Departmental general funds and state and federal grants and cooperative agreements. In addition, the Center for Health Equity routinely receives alerts of potential funding sources that align with Center priorities, which may include funding sources to support LGBTQ youth services and shares funding resources with community stakeholders. If the County convenes a cross-Department LGBTQ youth-focused unit, it is recommended that it also provide information regarding potential funding to youth-serving Departments.

Public Health will continue to promote these and other promising strategies to support culturally competent care, advance health equity, and build healthy practices and environments for LGBTQ youth across Los Angeles County.

REPORT AND RECOMMENDATIONS

1. OVERVIEW OF DEPARTMENT OF PUBLIC HEALTH SERVICES AND TRAINING

A comprehensive inventory and assessment of existing services, programs, and trainings that directly assist LGBTQ youth.

The Department of Public Health's mission is to protect health, prevent disease, and promote health and well-being for everyone in Los Angeles County. Through its Programs, public health centers, and community partnerships, Public Health conducts communicable disease surveillance and outbreak control, health inspections, emergency preparedness and response activities, and initiatives to prevent chronic disease and injury. Public Health also provides direct medical services for immunizations, tuberculosis (TB), and sexually transmitted diseases (STDs).

Many of Public Health's services directly or indirectly impact youth, including transitional aged youth (TAY) and Lesbian, Gay, Bisexual, Transgender, and Queer or Questioning (LGBTQ) youth. Some services, including services related to the prevention and treatment of STDs and substance use disorders (SUDs), are tailored to address the needs of youth who identify as LGBTQ. More often, programming is inclusive of these youth. Regardless of whether interventions are targeted toward this group, Public Health strives to support relevant and culturally competent care and is committed to advancing health equity, reducing health disparities, and supporting policies and programs that lead to healthier practices and environments for all individuals living in the County.

The following is a brief summation of Public Health programs, services, and staff development resources that directly or indirectly assist LGBTQ youth.

PROGRAMS AND SERVICES

Communicable Disease Prevention and Control

Public Health conducts surveillance and case management to prevent and reduce the spread of communicable diseases for all persons living in Los Angeles County. The Department also operates 14 public health clinics that provide immunizations and medical treatment for TB and STDs, with a focus on preventing transmission of communicable diseases that can endanger community health.

Many communicable disease prevention and control activities impact all youth in the County, including LGBTQ youth. For instance, the Public Health Laboratory conducts STD testing for youth. Public Health's Tuberculosis Control Program also offers a variety of services to prevent and control tuberculosis. Risk for tuberculosis for LGBTQ youth is related to health or social factors that increase risk for developing the disease, such as having HIV or a history of homelessness or incarceration. Through targeted efforts to screen and provide treatment among individuals who are HIV positive, homeless, or incarcerated, Public Health is preventing TB transmission among subgroups of LGBTQ youth who are at higher risk for developing this disease.

Public Health also provides and promotes adolescent immunizations. This includes immunizations that are universally recommended and those that are recommended based on risk factors or the likelihood of being exposed during outbreaks. These efforts include targeted campaigns designed to promote vaccination of LGBTQ individuals due to increased risk. For instance, in response to increased cases of invasive meningococcal disease and Hepatitis A in

Men who have Sex with Men (MSM), Public Health staff are providing targeted media, community education, and vaccine outreach for MSM, as well as vaccine supplies, technical assistance, and clinical guidance to healthcare providers who serve large numbers of LGBTQ patients, including youth.

HIV and Sexually Transmitted Disease Services

Public Health contracts with community-based organizations to provide HIV and STD screening, risk reduction, health education, condom distribution, partner services, HIV medical care, and biomedical HIV prevention services (PrEP and PEP). When accessing these services, TAY, including LGBTQ youth, receive referrals to other health related services that may include mental health, substance abuse, housing, and work and education skills building.

Division of HIV and STD Programs (DHSP) staff also directly provide case management and partner services for young persons diagnosed with HIV or STDs while in custody in Juvenile Hall and partner with organizations that provide specialty services to address the needs of these youth. For instance, Children’s Hospital Los Angeles works with young MSM and young transgender persons, including persons who have been justice- or child welfare-involved. DHSP also partners with the non-profit Center for Health Justice, which provides services to incarcerated and recently released youth, including a significant number of MSM.

HIV incidence is highest among MSM of color, young MSM (ages 18 to 29), and transgender persons. The “Los Angeles County HIV/AIDS Strategy for 2020,” which was released in December 2017, outlines a plan for reducing HIV transmission, including policy recommendations that are relevant for LGBTQ youth. The plan includes approaches for increasing insurance access, addressing stigma, promoting cultural humility among providers, and addressing social determinants of health for these groups. Public Health is pursuing these strategies in partnership with the Los Angeles Commission on HIV and other stakeholders.

Substance Use Disorder Prevention and Treatment

The Substance Abuse Prevention and Control (SAPC) Program leads and facilitates the delivery of prevention, treatment, and recovery support services to reduce the impact of substance use, abuse, and addiction. Services are provided through contracts with community-based organizations and SAPC staff serve as technical experts and consultants for partners.

In Los Angeles County, over two dozen Drug Medi-Cal agencies provide outpatient and/or residential services for youth but few specified that they provide outpatient services targeted to the LGBTQ population. SAPC is working with community-based agencies to establish a center of excellence for Substance Use Disorder treatment for LGBTQ youth and adults, as part of the Drug Medi-Cal Organized Delivery System. Its goal is to provide a safe and comfortable environment for LGBTQ youth to receive treatment and supportive services that address their needs. Staff will be trained on best-practices for SUD treatment and youth education and assist youth with housing, health, educational, vocational, foster family matters, and special needs. To increase knowledge and awareness of LGBTQ youth, SAPC will also offer a “Sensitive Needs Among Youth with Substance Use Disorders” training session that will address issues specific to LGBTQ youth. This will be available to youth system of care network agencies and other interested persons.

The Tobacco Control and Prevention Program is primarily focused on policy and systems change and does not provide direct services. A variety of policy initiatives address youth access to

tobacco products, including policies related to tobacco retail licensing and the sale of e-cigarettes, vaping products, and flavored tobacco products. The Program will also direct some funding to community organizations to build their capacity to provide cessation services to priority populations. The Program will consider LGBTQ youth as an area of focus for these capacity building efforts.

In 2013, the Tobacco Control and Prevention Program also developed a targeted “It’s time to break-up with tobacco” campaign to address disproportionately high rates of smoking among persons who identify as LGBTQ. The campaign included social media messages and tobacco cessation outreach in bars and restaurants in West Hollywood and Long Beach. The media campaign was adapted and used with teens in schools and materials were shared with a RAND project that focused on LGBTQ homeless youth, which was funded by the Tobacco Related Disease and Research Program.

Community Outreach and Partnerships

Public Health staff, including Community Liaising Program staff, interact with their communities to engage and provide services that are tailored to meet the needs of LGBTQ youth. For instance, several divisions coordinate with specialty programs for LGBTQ youth at Children’s Hospital Los Angeles (CHLA).

- Public health nurses have collaborated with the Connect to Protect Los Angeles Coalition, through CHLA to provide STD/HIV testing and address issues of homelessness among LGBTQ foster and TAY youth. The mission is to “create opportunities for community mobilization that identify and address structural barriers that drive sexual health disparities for young people of color with multiple identities and experiences in Los Angeles County.”
- The Vaccine-Preventable Disease Control Program meets with CHLA’s Center for Trans Youth regarding vaccines and vaccine-preventable disease risk among LGBTQ youth.
- DHSP coordinates with CHLA around case management and partner services for young persons diagnosed with HIV or STDs while in custody in Juvenile Hall.

Targeted community outreach is not limited to coordination with these specialty programs. Staff also provide STD presentations to LGBTQ youth in foster/TAY housing and juvenile hall facilities and are engaged with the Los Angeles County Commission on HIV. The Vaccine Preventable Disease Control Program is working with Commission members to develop an educational material that promotes vaccines recommended for MSM. The Office of Women’s Health is a founding and active member of the Lesbian and Bisexual Women’s Health Steering Committee. Although its focus is on adult women, some resources, including an online resource guide, can support LGBTQ youth stakeholders. Finally, to facilitate restroom access for transgender people, Public Health’s Center for Health Equity is working to increase understanding of a state law requiring single-occupancy public bathrooms to be gender-neutral.

Preventive Screenings, Specialized Medical Services, and Support for Foster Youth

The Children’s Medical Services (CMS) Division provides medical case management and physical and occupational therapy services to special health care needs children under 21 years of age. CMS also supports preventive screenings and well-child checkups for low-income children, as well as medical and mental health services for children in the foster care system. Parameters for CMS services are dictated by State requirements, which do not call for LGBTQ-specific services as medically necessary for clients or the collection of Sexual Orientation and

Gender Identity/Expression (SOGIE) information for clients. In addition, a substantial majority of clients are children with complex medical needs, for whom SOGIE has not yet emerged as a factor impacting health or requiring specialized health care. However, issues related to SOGIE, including harassment, bullying, discrimination and violence that may result from combined identity/expression and disability vulnerability, can impact their well-being if they emerge.

CMS services are designed to address age-appropriate physical and mental health needs of children and are inclusive of LGBTQ youth. For instance, the:

- Childhood Health and Disability Prevention Program provides free comprehensive well-child medical and dental health check-ups for low-income youth. Services include age-appropriate physical exams and preventive services, mental and behavioral health diagnosis and treatment, and health status evaluations for children in foster care. Health assessments can include discussions regarding healthy sexual development and STD testing.
- Health Care Program for Children in Foster Care provides coordination to meet the medical, dental, mental, and developmental needs of children and youth in foster care. Because Public Health nurses coordinate with other members of the care team, including social workers, they can be a resource for addressing issues and concerns of LGBTQ youth receiving foster care services.

Promoting Awareness and Linkages to Care

Public Health promotes awareness and access to culturally responsive, comprehensive health services through media, social media, referrals, and Information Lines. Through its multilingual LA HealthLine, the Office of Women's Health addresses a broad range of women's health issues and assists uninsured and low-income women with appointments, information, and referrals. Although the majority of calls received to the LA HealthLine address adult women issues, this referral service is also available to youth.

The Emergency Preparedness and Response Division is contracting with the Los Angeles County 211 Information Line to enhance its web portal and call center capacity for resources for special populations in Los Angeles County. The database will be expanded to include additional providers that serve LGBTQ individuals, which can improve the capacity to meet their needs for day-to-day and emergency/disaster services.

STAFF DEVELOPMENT AND TRAINING

Departmental Orientation and Training

Public Health employs over 4,000 public health professionals and contracts with numerous organizations to support the Department's mission. The Department is committed to creating a work environment that is free from discrimination, harassment, retaliation, and inappropriate conduct towards others based on protected status, including sexual orientation. Public Health promotes an inclusive organizational culture; communicates to staff that it values diversity; and offers training to build staff, contractor, and partner capacity to provide culturally appropriate care.

All employees are required to conduct themselves in accordance with the County Policy of Equity (CPOE) and all applicable local, county, state, and federal laws. The CPOE is intended to protect the rights of employees covered by a protected status, including sexual orientation. To support compliance, all employees are required to complete a mandatory CPOE training every two years

and supervisors and managers receive information on affirmative duties to inform employees of expectations and address potential violations.

Public Health's new employee orientation includes a customer service component that addresses expectations for providing strong customer service to all recipients of Departmental services. In addition, gender identity and gender expression are addressed in mandatory sexual harassment prevention training and employment discrimination prevention training. The County's planned cultural competency and implicit bias training will offer another opportunity to provide training that could enhance preparedness for providing services to LGBTQ youth.

In partnership with labor partners, Public Health is also actively promoting a "Just Culture" environment that encourages and empowers employees to take part in improving the quality of systems, services, and care. Use of this approach can support efforts to improve systems and practices to ensure that the Department provides an affirming environment and appropriate services for LGBTQ staff and clients. "Just Culture" has been actively promoted through the executive leadership, Departmental policy, a guidebook, trainings, and Department champions.

Comprehensive Sex Education Network

DHSP partnered with the California Department of Education, the Los Angeles County Office of Education, the Adolescent Sexual Health Work Group, the American Civil Liberties Union, Planned Parenthood Los Angeles, and Cardea Services to create the Comprehensive Sex Education Network. This Network aids Los Angeles County school districts with implementation of the California Healthy Youth Act (CHYA). CHYA mandates comprehensive, medically accurate, unbiased sexual health education that affirmatively recognizes that people have different sexual orientations and teaches pupils about gender, gender expression, gender identity.

The CSE Network has conducted presentations to Los Angeles County school district representatives on a variety of topics. These include CHYA implementation, compliant curriculum, policies and procedures; sex trafficking; human trafficking; minor consent; parent communication; district specific STD morbidity and teen birth data; and identifying personal biases and judgement.

LGBTQ-Focused Training

DHSP conducts continuing medical education events for Department staff related to improving patient care, including for LGBTQ youth. Topics have included the following:

- **Cultural Humility:** Addressed the importance of cultural humility, how this perspective can support better health outcomes, how implicit bias operates and influences service delivery, and strategies to overcome bias in the workplace.
- **Domestic Violence/Intimate Partner Violence in LGBTQ Communities:** Focused on addressing barriers and providing culturally accessible and affirmative services.
- **Caring for Lesbian and Bisexual Women:** Addressed factors that prevent lesbians and bisexual women from seeking care and promoted inclusive care and best practices.
- **HIV risk among Young African American LGBTQ Youth:** Addressed cultural issues that increase risk for HIV, including family dynamics that place this group at elevated risk of homelessness, violence, and sex trafficking.

Public Health also offered a one-day training for select DHSP staff on the topics of cultural humility, cultural sensitivity, and cultural awareness, with a focus on strategies to increase

cultural humility when working with the LGBTQ community. Topics included: homophobia, heterosexism, implicit bias and micro aggressions, and addressing cultural bias. Staff in the Community Health Services Division also received training to increase preparedness for working with LGBTQ patients, which addressed customer service, cultural sensitivity and awareness, and LGBTQ terminology. In addition, the Coalition for a Tobacco Free Los Angeles, which is overseen by Public Health, hosted a presentation regarding the history and impact of menthol and flavored tobacco products on specific communities, including youth and LGBTQ individuals.

2. IMPACT AND REACH OF SERVICES

Information about documented outcomes of existing services provided to LGBTQ youth, including whether these services are meeting the needs of this population and whether additional services or programs are needed.

As noted, many Public Health programs directly or indirectly impact youth, including TAY and LGBTQ youth. Services are provided without discrimination to all youth in need and information regarding sexual orientation and gender identity expression are not routinely collected for all services. However, the following examples quantify annual outcomes related to HIV and STD-related services that reach LGBTQ youth.

- Hundreds of young LGBTQ persons are tested for HIV and dozens of LGBTQ youth who are diagnosed with HIV each year receive additional testing.
- Thousands of young persons are screened and diagnosed with STDs.
- Dozens of young HIV-positive persons are linked to medical care.
- Hundreds of thousands of condoms are distributed to young persons.
- Hundreds of young persons in Juvenile Hall are provided group and individual level HIV and STD services.
- Thousands of school-aged youth receive teen pregnancy prevention, STD, and sexual health education.

Youth also receive clinical services in public health centers and partner clinics. These services impact LGBTQ youth. For instance, in response to an outbreak of invasive meningococcal disease among MSM, Public Health and partner clinics, including clinics that serve large numbers of LGBTQ patients, have administered nearly 10,000 doses of invasive meningococcal vaccine to MSM, some of whom are TAY.

Public Health is exploring several opportunities to enhance services for LGBTQ youth. For instance:

- The Tobacco Control and Prevention Program will consider the needs of LGBTQ youth when directing funding for cessation services.
- The Emergency Preparedness and Response Division (EPRD) is contracting with the Los Angeles County 211 Information Line to enhance its web portal and call center capacity for special populations, including persons identifying as LGBTQ. This increased capacity will benefit community members and facilitate Public Health referrals to resources.
- EPRD will develop materials and training curricula that can be used to train front-line shelter staff on the needs of specific groups, including LGBTQ individuals, during a shelter stay. There are a limited number of housing options for LGBTQ youth locally and

this work can support efforts to create welcoming environments for these youth in local shelters.

- Public Health will continue to foster relationships with partners that serve LGBTQ communities, such as the Center for Trans Youth, the Lesbian and Bisexual Women's Health Steering Committee, and the Center for Health Justice.
- Public Health will convene a community advisory group to provide input regarding services. While not specific to LGBTQ issues, its recommendations can inform efforts to ensure that services are relevant and inclusive for youth, including LGBTQ youth.

3. AN INTEGRATED APPROACH TO ADDRESSING LGBTQ YOUTH NEEDS

Recommendations on whether a specialized unit or section is needed to focus on the needs of LGBTQ youth.

As noted, Public Health is committed to advancing health equity, reducing health disparities, and supporting policies and programs that lead to healthier outcomes for all individuals living in the County. To this end, the Department has established a Center for Health Equity, which aims to build institutional capacity and competency to eliminate inequities. In lieu of establishing a specialized unit to focus on the needs of LGBTQ youth within the Department, Public Health plans to address these needs via its newly formed Center for Health Equity.

The Center for Health Equity is well-positioned to address LGBTQ youth needs, as part of a broader framework for promoting equitable care and outcomes. The Center will build Health Agency capacity to lead and engage in efforts to eliminate inequities, provide training opportunities, promote quality improvement and accountability, and address internal policies that may perpetuate inequalities. Each of these approaches are relevant to LGBTQ youth issues. In addition, two of the Center's key initiatives, Sexually Transmitted Infections and Cultural & Linguistic competency, are particularly relevant for LGBTQ youth. Finally, because the Center aims to integrate equity efforts into the work of all Public Health programs, there will be opportunities to consider needs across the Department.

As noted, there are benefits to integrating LGBTQ-focused efforts into existing cultural humility and equity work. However, if the Board of Supervisors has identified specific gaps related to service delivery for LGBTQ youth, a Countywide specialized team or community advisory group that focuses on strategic integration of their needs across Departments could be considered. This team or group could serve as a clearinghouse for evidence-based information; coordinate data collection and policy development; and provide recommendations and technical assistance to County Departments. If convened, persons with direct experience of how County systems impact LGBTQ youth should be invited to provide input and recommendations.

4. INNOVATIVE PRACTICES

Information about best practices and innovative casework/treatment models that best meet the needs of these youth.

As noted, Public Health services provided to LGBTQ youth are integrated into existing evidence-based programs. Because social determinants of health are the largest single predictor of health outcomes and strongly influence health behaviors, Public Health also uses innovative approaches to promote whole-person care and address sociocultural, environmental, and economic challenges faced by vulnerable youth, including LGBTQ youth. Strategies include public policy; community partnerships; case management and home visitation programs; and care coordination for

individuals experiencing homelessness, substance use disorders, and persistent medical and mental health issues.

A recent program implemented by Public Health promotes health care engagement among vulnerable target populations at risk for or living with HIV and STDs, including LGBTQ youth. The Division of HIV and STD Programs is funding contracts for innovative programs that address multiple sociocultural, environmental, and economic challenges faced by young African American and Latino men who have sex with men (MSM) (ages 12 – 29) and transgender individuals. These new interventions integrate evidence-based strategies, best practices, and innovative programming to provide HIV and STD prevention services for young MSM and transgender individuals as part of broader holistic services that improve the overall well-being of these individuals.

The HIV and STD prevention program's primary goals are to:

- Decrease new HIV and STD infections among young MSM and transgender individuals
- Increase linkage to care among HIV-positive young MSM and transgender individuals not currently in HIV medical care

Funded programs provide HIV and STD screening, treatment for STD infections, linkage and re-engagement into HIV medical care, education regarding the availability of biomedical HIV prevention services (PrEP and PEP), linkages to partner services, and screening for public and private health insurance benefits. These are proven approaches to preventing transmission of HIV and STDs. In addition, the initiative will integrate the following innovative core components to meet the needs of young MSM and transgender individuals:

- **Addresses Social Determinants of Health:** Addresses homelessness, homophobia, transphobia, unemployment, victimization, incarceration, and other factors
- **Innovative Program Design:** Applies evidence-based findings, best practices, and innovative ways to offer programming that is appropriate and attractive to young MSM
- **Holistic:** Focuses on improving whole body health (i.e., mental, physical, and spiritual) of the individual, not simply HIV and STD testing, treatment, and linkage to care
- **Collaborative Design and Implementation:** Designed in conjunction with a Community Advisory Board to be inclusive and responsive to the needs of the target population
- **Focuses on Youth Development:** Targets specific needs identified by the target group, which can be met by building youth capabilities, cultivating individual talents and personal identity, increasing self-acceptance and feelings of self-worth, and other approaches
- **Promotes Resiliency and Protective Factors:** Promotes social and peer support, family acceptance, relationship skills building, safe and unbiased spaces for services, and other protective factors
- **Uses Youth-Oriented Technology:** Uses technology and media that youth use to stay socially connected

As previously described, the Substance Abuse and Prevention Program is also establishing a center of excellence for Substance Use Disorder treatments for LGBTQ youth and adults. SUD services will be integrated with supportive services that address special needs. This integrated model will build resiliency, address social determinants of health, and allow for services that are tailored to LGBTQ youth's special needs.

These Public Health programs can provide models for adoption by other Programs within the Department and across County agencies.

5. RECOMMENDATIONS FOR IMPROVING TRAINING AND SUPPORT

Recommendations for improving training and support provided to County staff, contractors, relative caregivers, and foster families who have direct contact with, care for, or provide services to, LGBTQ youth that identifies, and prohibits anti-LGBTQ discrimination and harassment of youth, and foster and adopting families, including, but not limited to, physical violence, verbal harassment, imposition of personal beliefs, and denial of services, on the basis of actual or perceived sexual orientation, gender identity, and gender expression.

The 2015 Los Angeles County LGBTQ Youth Preparedness Scan assessed staff and managers regarding factors related to preparedness to serve LGBTQ youth and families, including knowledge of terminology and policies, training, experience, and comfort. Public Health scores were generally close to the average scores for all respondents and higher than the average for indicators related to knowledge of LGBTQ-related policies, attitudes, and comfort.

Basic information regarding cultural awareness, humility, and health equity that is integrated into existing Public Health trainings and initiatives helps to build staff capacity to promote healthy equity, reduce bias, and meet the needs of all youth, including LGBTQ youth. Supplementary training opportunities that more directly address LGBTQ-related knowledge, awareness, comfort, and best practices have been offered to selected clinical and non-clinical staff who are most likely to interface with LGBTQ youth but are not available Department-wide.

To enhance capacity of staff across the Department and other youth-serving County Departments, Public Health recommends that the upcoming County training on cultural humility and implicit bias be mandatory for all staff and include information and vignettes related to the needs of youth and individuals who identify as LGBTQ. Furthermore, because multiple County Departments serve LGBTQ youth and families, a Countywide series of staff development sessions that are open to all relevant County Departments could be considered. The series should include:

- An overview session that targets basic knowledge enhancement, awareness, and comfort for staff who interface with youth, including direct service providers and administrative/clerical staff. Topics may include cultural humility, LGBTQ youth needs, terminology, LGBTQ-related policies, and the imperative to provide fair and equal treatment.
- Supplementary sessions that are tailored to the needs of County staff who provide direct services to youth, which build knowledge, awareness, skills, and the capacity to take action. These staff development activities should include skills building, more advanced practical application of concepts, personal stories, real-life scenarios, and best practices. In addition, training should include guidance to prepare staff to recognize and respond to trauma experienced by LGBTQ youth (e.g., bullying, harassment, traumatic loss, intimate partner violence, abuse, and societal stigma and bias).
- Annual updates or refresher classes.

If offered, these training sessions should be developed with input from community partners with expertise in addressing LGBTQ youth needs.

Public Health also concurs with prior recommendations that the County create an online, regularly updated master resource guide that includes resources for LGBTQ youth. The 211 Information Line could serve as such a repository. As noted, Public Health recently funded 211 enhancements to better meet LGBTQ needs. Additional support from County Departments can further increase the capacity of this Information Line to meet County and community needs.

6. DATA COLLECTION

Information on existing data collected related to this population and recommendations for how data collection across Departments can be improved, including health and mental health services, family finding and foster family recruitment, placement, discharge, and outcomes data.

AVAILABLE DATA

Public Health administers the Los Angeles County Health Survey, a population-based telephone survey that provides information regarding the health of Los Angeles County residents. Data are used for assessment of population health-related needs, program planning, policy development, and evaluation. This survey collects data on older youth who identify as LGBTQ (i.e., 18 – 25 years of age), which allows for examination of an array of social and health indicators for this group. However, small sample sizes can limit the ability to conduct these subcategory analyses for LGBTQ youth.

The Centers for Disease Control and Prevention-funded Youth Risk Behavior Survey, which is administered by the Los Angeles Unified School District (LAUSD) offers another resource. It includes data from a representative sample of 9th – 12th grade students attending LAUSD schools. The survey includes a question on sexual orientation and a broad range of other demographic and health-related questions.

Public Health also collects data from clients receiving clinical and non-clinical services. For instance, Public Health’s comprehensive assessment form and STD clinic intake form include questions regarding gender identity and sexual contacts. The screening and risk assessment tool used with youth who test positive for an STD at entry to Los Angeles County Juvenile Halls collects information regarding sexual history, sexual contact information, and reproductive health and pregnancy history along with other elements related to health behaviors, risk factors, and protective factors. Similarly, contracted agencies that provide SUD services collect information regarding sexual orientation along with data elements related to the client’s demographic profile, physical and mental health, housing, family and social support, sexual behaviors, and drug use.

RECOMMENDATIONS

Timely, complete, and accurate data can inform decision-making. Because LGBTQ youth are a vulnerable population, screening questions related to SOGIE should systematically be asked during intake to County programs, provided collection of this information is relevant to their care and not unduly burdensome or invasive.

Maintaining a secure and welcoming environment for LGBTQ youth to comfortably disclose confidential information will be important for collecting self-reported data. Providers should ensure that staff collect data from clients in a non-judgmental and private way and adhere to all relevant privacy and security policies to prevent public disclosure of personal identifying information. Greater financial incentives for providers to submit complete and accurate documentation could also improve the quality of data collected.

LGBTQ youth may seek or need services from multiple County Divisions and agencies. A core set of questions to ascertain sexual orientation and gender identity expression should be standardized across the Health Agency and/or County Departments to allow for comparison and aggregation of data. To this end, a Health Agency workgroup is developing a standard set of questions related to social and behavioral indicators, including sexual orientation, for use across the Agency. Public Health recommends that standardized questions related to gender identity also be considered. When finalized, the selected data elements should be disseminated to all relevant Departments and within Departments, Programs/Divisions that serve LGBTQ youth should compare these to their current data inventory.

Access to patient electronic health records across Divisions and Departments could also improve information sharing and reduce the burden of redundant information collection. The shared electronic health record system used by the Departments of Public Health and Health Services offers opportunities for sharing and data analysis. An integrated surveillance system that Public Health is developing will provide similar benefits. Patient outcomes could be further improved with patient-centered case management that allows a case manager to track a client's use of resources across County programs. This could be supported by use of a unified single patient electronic health record system across multiple Departments or by restricted external access to records stored in other Departments' systems.

7. FOSTER FAMILY RECRUITMENT

Information that describes current foster family recruitment and family finding efforts targeted at locating affirming placements, as well as specialized recruitment efforts which the County may not have considered or utilized and recommendations for improving existing recruitment and family finding efforts.

Foster care placements are outside of the scope of the Department of Public Health. However, Public Health nurses will continue to coordinate with other members of the foster care team, including social workers, to meet the needs of foster youth.

8. HOUSING NEEDS

Recommendations for improving and expanding residential and housing programs needed for LGBTQ youth including child-welfare-involved, juvenile-justice involved, and homeless youth.

Individuals who are at risk of homelessness are significantly more likely to face barriers to health care, report fair or poor health status, have health related activity limitations, and have a diagnosis of depression. LGBTQ youth may experience homelessness or housing instability with their family unit or independently, sometimes as a result of family rejection based on SOGIE. LGBTQ youth experiencing homelessness may also face additional challenges such as difficulty finding welcoming shelters, discrimination in finding permanent housing, and increased risk for violence or exploitation.

Public Health endorses the implementation of primary, secondary, and tertiary homelessness prevention programs for all residents. Primary prevention interventions that have been shown to reduce homelessness include programs that offer limited financial assistance for rental arrears, benefits advocacy, eviction mediation and employment assistance. Secondary prevention programs for individuals experiencing homelessness including rapid-rehousing, which moves homeless people with low to moderate housing barriers into permanent housing as quickly as possible and helps them remain stably housed. Juvenile justice programs also target assistance to homeless individuals with mental health and/or substance use disorders while incarcerated and

when released to the community. Tertiary prevention for chronically homeless individuals should seek to first and foremost establish a permanent housing resource, which can be used as a platform for pursuing social, health, and recovery goals.

The Department also supports efforts to expand access to safe temporary and permanent housing for LGBTQ youth who are at risk for or experiencing homelessness. As noted, Public Health will develop materials and training curricula to train front-line shelter staff regarding the needs of specific groups, including LGBTQ individuals. There may also be opportunities for the Los Angeles Homeless Services Authority to address challenges faced by sheltered LGBTQ youth through program requirements and training for contracted shelters and for other agencies to implement policies and practices that create safe and welcoming shelter environments for LGBTQ youth.

Finally, Public Health encourages the integration of health and support services into settings that serve LGBTQ youth who are child-welfare-involved or justice-involved. For instance, the Substance Abuse Prevention and Control Program is conducting presentations and outreach regarding Drug Medi-Cal to group homes that provide services to LGBTQ youth and other special populations. This is an example of an approach that offers a potential opportunity to improve service integration while also increasing the number of LGBTQ youth-serving providers.

¹ Coker TR, Austin SB, Schuster MA. 2009. Health and health care for lesbian, gay, bisexual and transgender youth: reducing disparities through research, education, and practice. *J. Adolesc. Health* 45:213–15.

¹¹ Wilson BDM, Cooper K, and Nezhad S. 2014. *Sexual and Gender Minority Youth in Foster Care: Assessing Disproportionality and Disparities in Los Angeles*. Los Angeles. The Williams Institute, UCLA School of Law.



COUNTY OF LOS ANGELES PROBATION DEPARTMENT

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TERRI L. McDONALD
Chief Probation Officer

July 2, 2018

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Terri L. McDonald 
Chief Probation Officer

**SUBJECT: SUPPORTING AND SERVING LESBIAN, GAY, BISEXUAL,
TRANSGENDER AND QUEER OR QUESTIONING YOUTH (ITEM NO. 2,
AGENDA OF JANUARY 9, 2018)**

On January 9, 2018, on motion of Supervisors Kuehl and Solis, your Board instructed the Directors of Children and Family Services, Mental Health and Public Health, the Chief Probation Officer and the Acting Director of Health Services to report back to the Board in 90 days on the following:

1. A comprehensive inventory and assessment of existing services, programs and training within their Departments that directly assist Lesbian, Gay, Bisexual, Transgender and Queer or Questioning (LGBTQ) youth;
2. Information about documented outcomes of existing services provided to LGBTQ youth, including whether these services are meeting the needs of this population and whether additional services or programs are needed;
3. Recommendations on whether a specialized unit or section within their Department is needed to focus on the needs of LGBTQ youth;
4. Information about best practices and innovative casework/treatment models that best meet the needs of these youth;

Rebuild Lives and Provide for Healthier and Safer Communities

5. Recommendations for improving training and support provided to County staff, contractors, relative caregivers and foster families who have direct contact with, care for or provide services to LGBTQ youth that identifies and prohibits anti-LGBTQ discrimination and harassment of youth, and foster and adopting families, including, but not limited to, physical violence, verbal harassment, imposition of personal beliefs and denial of services, on the basis of actual or perceived sexual orientation, gender identity and gender expression;
6. Information on existing data collected related to this population and recommendations for how data collection across Departments can be improved, including health and mental health services, family finding and foster family recruitment, placement, discharge and outcomes data;
7. Information that describes current foster family recruitment and family finding efforts targeted at locating affirming placements, as well as specialized recruitment efforts, which the County may not have considered or utilized and recommendations for improving existing recruitment and family finding efforts; and
8. Recommendations for improving and expanding residential and housing programs needed for LGBTQ youth including child welfare-involved, juvenile justice-involved and homeless youth.

The following provides the response of the Probation Department (the Department) to this motion.

EXECUTIVE SUMMARY

The Department currently does not have an accurate evidenced-based mechanism for capturing Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) data. However, over the last year, 35 youth that self-identified as LGBTQ have been served by the Center for Health Justice¹ at Central Juvenile Hall (CJH). Given that CJH is the only facility that is informally tracking SOGIE data, it is anticipated that the number of youth that are served by the Department and identify as LGBTQ, is significantly higher. The LGBT advocate raised concerns that LGBTQ youth do not feel safe to self-identify, which is another mitigating factor for the low number.

¹ The Center for Health Justice is a non-profit organization dedicated to serving individuals with a history of incarceration. It provides health education and supportive services that act as a bridge to a healthier, more productive life.

Currently, the Department is providing services to 10 LGBTQ youth, of which nine are at CJH, and one is in a group home setting. Another provider currently has one dual supervision enrolled youth, and has had an average of one such youth per year.

In completing an assessment of existing Departmental services and programs available to LGBTQ youth, the Department determined that it has very limited resources that directly assist LGBTQ youth. The Department's aim is to not discriminate in providing services to youth under our care, and we provide services based on youths' needs with health and safety as priorities. Nevertheless, targeted LGBTQ services have not been fully realized. A specialized unit or team of staff would assist in focusing on the specific needs of the LGBTQ community from a strategic and operational perspective.

The Department will collaborate with other key partners to advance service provision in this area, including the Department of Children and Family Services (DCFS), Juvenile Court Health Services (JCHS), the Department of Mental Health (DMH), the LGBT Center, Life Works, and the Center for Health Justice. The Department has not yet identified gaps in services. Outcomes specific to LGBTQ youth are not tracked, as services provided to LGBTQ youth are not distinguished from the Department's youth services. The Department is exploring both issues.

The Department has initiated steps to move toward with more targeted provision of LGBTQ services and programming, including the following:

- Renew the contract with The Los Angeles LGBT Center Recognize Intervene Support Empower (RISE) Project initiative;
- Develop an integrated policy that includes both institutions and the Placement Permanency and Quality Assurance Unit (PPQA) in the Multi-Disciplinary Team (MDT)/Individualized Behavior Management Program (IBMP) process;
- Finalize the LGBTQ policy to ensure updated best practices are implemented across the Department;
- Reach out to organizations such as the Council of Juvenile Correctional Administrators to assist in assessing gaps in services for LGBTQ youth;
- Develop a plan to train Departmental personnel, contractors and service providers that have direct contact with the youth; and
- Add LGBTQ advocates to Los Padrinos Juvenile Hall (LPJH), Barry J. Nidorf Juvenile Hall (BJNJH), and the Residential Treatment Services Bureau (RTSB) as appropriate.²

² The provision of additional services would require funding which has not currently been identified.

The following provides additional details in response to this motion.

I. INVENTORY/ASSESSMENT OF EXISTING SERVICES, PROGRAMS & TRAINING

The Department completed an assessment of existing services and programs available to LGBTQ youth within the Department, and determined that there is a very limited availability of resources targeted specifically for LGBTQ youth. However, LGBTQ youth are eligible for a range of services, and are not restricted from programs because of their status.

Services

Per current Departmental policy, all youth are required to have an IBMP assessment for Juvenile Hall and MDT for Camp. Meetings are convened with the Department, DMH, JCHS, and the Los Angeles County Office of Education (LACOE) to develop a plan that will best meet the needs of the youth, as related to housing and how to best address any needs and/or risk factors that may be present.

When youth express health and/or safety concerns, the multi-agency interdisciplinary team makes housing recommendations that prioritize health and safety needs specific to the youth. During this process, the youth's views and requests are considered during the decision-making procedure. The Department can house LGBTQ youth in units with their preferred gender identity, prioritizing the youth's health and safety needs.

If LGBTQ youth are utilizing gender affirming hormone treatment, prescribed or otherwise, upon entering juvenile hall, a medical assessment is conducted by JCHS to make appropriate treatment recommendations or referrals. Common referrals are made to Children's Hospital Los Angeles and The Alexis Project Adolescent Care and Transition Clinic, located at LAC/USC Medical Center. The Department coordinates the transportation of these youth, which includes supervision and attendance, at all medical appointments for assessments and ongoing treatments with JCHS or outside providers.

Youth who identify as LGBTQ can request placement in housing based on the gender with which they self-identify. Youth are then periodically assessed to ensure that they are comfortable with their housing and can request a change. Accommodations for such requests are considered pending a review of factors, including, but not limited to, youth history, DMH evaluations/recommendations, safety and security.

Programs

The Department is collaborating with the Center for Health Justice, which has provided an LGBT advocate at CJH. The LGBT advocate meets and provides one-on-one support to self-identified LGBTQ youth, and connects them to LGBTQ services in the community. Recently at CJH, with the collaboration of JCHS and the Center for Health Justice, a

LGBTQ support group has been started for youth that express a desire to attend. It is the Department's goal to expand the LGBT advocate resources to its other facilities.

In addition, the Department has collaborated with various group home service providers and DCFS to develop a policy regarding Transgender Children/Youth/Non-Minor Dependents in out-of-home care. A workgroup was established to ensure that all parties involved provided input regarding the placement and care of LGBTQ youth. In November 2017, the Department issued a memorandum outlining the placement requirement for placing transgender youth in out-of-home care based on legislation.

The assigned Deputy Probation Officer or the DCFS social worker may refer any youth in the Dual Supervision Program that identifies themselves as LGBTQ to the Los Angeles LGBT Center, which facilitates the RISE project. The referral provides the youth the opportunity to access the RISE Care Coordination Team (CCT), which is committed to increasing the safety, well-being and permanency of youth. This increases the support and acceptance in families, promotes self-esteem and wellness, assists to sustain permanent relationships with relatives, including adoptive and chosen families, and provides culturally competent education to those responsible for the care of the youth.

Training

In 2016, the Department began working with the Los Angeles LGBT Center, through its Project RISE initiative, to help develop and provide necessary training for Departmental staff. Project RISE conducted a focus group that consisted of line staff and supervisors to assist with developing a curriculum tailored to the needs of the LGBTQ population within the Department. In 2016, RISE conducted an intensive five-day training course to prepare Departmental sworn personnel to become trainers. Due to the sensitive nature of the course curriculum, the course was designed to ensure that the trainers were both competent and comfortable with the material to more effectively train Departmental staff.

II. OUTCOMES

The Department currently does not have researched outcomes related to LGBTQ youth. As the Department begins to implement various programs, such as the Prison Rape Elimination Act (PREA), Youth in Custody Practice Model (YICPM), and the LA Model, it is also beginning to develop a comprehensive data capturing system that will provide information targeted to meeting the needs of LGBTQ populations.

Currently, with the assistance of the Center for Health Justice LGBT advocate the Department is providing services to 10 identified LGBTQ youth. Nine of the youth are at CJH, and one is in a group home setting. The youth in the group home is a dual supervision youth currently enrolled in the RISE community-program. CJH averages approximately 35 youth who identify themselves as LGBTQ each year. The LGBT advocate that supports our juvenile hall youth has raised concerns that LGBTQ youth don't feel safe to self-identify, especially gay males. Consequently, these numbers may

be understated, especially taking into consideration that the other institutions or field services do not formally or informally collect SOGIE data. The lack of an appropriate evidenced-based mechanism to track SOGIE data hinders the ability to provide appropriate services and track meaningful outcomes.

While there is one LGBT advocate at CJH, the Department is exploring providing advocacy support at BJNH and LPJH and at all camps, to the extent necessary and fiscally feasible, which may encourage LGBTQ youth to self-identity and provide the Department with an increased awareness of their needs.

III. SPECIALIZED UNIT

The Department is exploring the feasibility of establishing a unit that will focus on addressing the specific needs of the LGBTQ community from a strategic and operational perspective. In the interim, the Department will provide additional training regarding the availability of LGBTQ resources to the Prospective Authorization and Utilization Review Unit (PAUR), which coordinates referrals to community-based services for all youth and families. This unit also aids facility coordinators at each juvenile hall and camp to ensure that programs and services that accommodate the needs of the youth are available.

As stated previously, the Department is in the process of implementing multiple programming efforts including PREA, YICPM and the LA Model that will address the needs of all our youth including the LGBTQ youth population. The Department is confident that with the implementation of these programs and the continued practices mentioned above, it can execute a plan to ensure the continuing support of its LGBTQ population while detained, and/or as youth transition back into their respective communities without the need for any additional specialized units to achieve these goals. The Department intends to partner with the Los Angeles LGBT Center, Just Detention International, Inc., the Georgetown Juvenile Justice Center and the Council of Juvenile Corrections Administrators to implement the above-mentioned strategies.

IV. BEST PRACTICES AND INNOVATIVE CASEWORK/TREATMENT MODELS

The Department will work with the Los Angeles LGBT Center Project RISE to explore innovative casework and treatment models to best meet the needs of LGBTQ youth. The Los Angeles LGBT Center has served and cared for individuals and families in the Los Angeles area since 1969. It offers programs, services and global advocacy that span four broad categories: health, social services, and housing, culture and education, leadership and advocacy.

Expansion of Programs and Services

In collaboration with the Los Angeles LGBT Center, the Department is currently exploring program and service providers to better support the LGBTQ youth under its supervision. Most of the programs that currently exist within the juvenile facilities are designed as all-inclusive programs. Therefore, the Department plans to enhance this programming with assistance from the Los Angeles LGBT Center and partner agencies. Also, the Department can ensure that LGBTQ culturally competent materials, such as books and affirming posters, are available to all the institutions.

Many programs currently available for LGBTQ youth are located at community centers organized through the Los Angeles LGBT Center. The Department is researching the possibility of introducing the following two community programs to the juvenile institutions.

- **LifeWorks Program** - This program provides youth development and mentoring which consists of individualized and/or group mentoring opportunities for LGBTQ youth ages 24 or younger. The focus is to help LGBTQ youth accomplish their short or long-term goals and aspirations within a safe environment, among positive and affirming role models, innovative workshops, and activities that are fun and educational.
- **The RISE Program** - The RISE Program is a Child & Family Team that is committed to increasing the safety, well-being, and permanency of LGBTQ and Gender Non-Conforming children and youth. Services are designed to:
 - Increase support and acceptance in biological, extended and foster families with LGBTQ and gender non-conforming children and youth;
 - Promote self-esteem and wellness for LGBTQ children and youth;
 - Achieve and sustain permanent relationships with kin and adoptive and chosen families; and
 - Provide culturally competent education to professionals responsible for the care of LGBTQ children and youth.

The Department is attempting to identify funding streams that can assist with the implementation of these programs and any additional programs and/or services that can be identified.

V. IMPROVED TRAINING

In collaboration with the Los Angeles LGBT Center, the Department will update its training curriculum to focus on reducing the number of LGBTQ children and youth on probation and long-term foster care and increase permanency resources for them, by decreasing

anti-gay bias and anti-transgender bias in care-giving settings and institutionally in the systems of adults that work with them. This training has been independently researched and evaluated, is evidence-based and has been shown to significantly improve participant knowledge and understanding of LGBTQ youth through relevant concepts and best practices. The expected learning outcomes will be:

- Increase familiarity and comfort with key terminology regarding sexual orientation, gender expression and gender identity.
- Increase understanding of healthy child and adolescent developmental processes relating to gender identity and expression and sexual orientation.
- Integrate Active Listening and Motivational Interviewing techniques and principles when helping young people work through decisions related to sexual orientation and gender identity.
- Improve the ability to recognize and respond to instances of anti-gay and anti-transgender bias in their work environment and in a youth's living environment.
- Understand the importance of environmental cues and affirming behaviors in promoting safe and affirming environments for all children, youth; and
- Understand the legal and professional responsibilities regarding protecting the safety and well-being of LGBTQ children and youth.

The Department also has a zero-tolerance policy for any type of harassment and/or discrimination of LGBTQ youth, which states that the Department shall:

- Provide fair and equal treatment to LGBTQ youth in the Department's care and custody.
- Protect LGBTQ youth from discrimination, physical and sexual harassment or assault and verbal harassment by either staff or other youth based on their actual or perceived sexual orientation or gender identity.
- Respect and protect the rights of LGBTQ youth to question and determine their own sexual orientations and gender identities.
- Ensure that everyone in contact with youth are advised that anti-LGBTQ threats of violence, actual violence, abuse, harassment and disrespectful or suggestive comments or gestures will not be tolerated.
- Utilize respectful language and terminology that does not further stereotype LGBTQ youth and avoid using language that conveys bias or hatred towards them. Additionally, staff shall not tolerate such language amongst youth.

VI. INFORMATION AND DATA COLLECTION

The Department is presently limited in the way that it collects and stores data regarding LGBTQ specific youth. Thus, the data available is limited and can at times be incomplete. This is an area that is currently being developed by the Department as part of the Accountability Project, to ensure that appropriate data is being captured for both reporting mandates and its continuous quality improvement processes.

The Department is currently reviewing existing data collection methods and is planning to enhance collecting relevant data as it relates to the LGBTQ population and determine how and with whom the data should be shared to best serve the youth.

VII. FOSTER FAMILY AND FAMILY FINDING

The Department's PPQA currently has a Family Finding Process in place for every youth who does not have family or a suitable home. If it is determined during the intake process that family cannot be located, the Department will coordinate its efforts to locate and place every child in a permanent home through family reunification, adoption, legal guardianship or life-long connections. Extensive databases, social media searches, family finding efforts and recruitment of foster and adoptive parents, assist in making these placements possible.

VIII. IMPROVING AND EXPANDING RESIDENTIAL AND HOUSING PROGRAMS

Since the implementation of California Assembly Bill 403, Continuum of Care Reform, youth are now being placed in Short Term Residential Treatment Programs (STRTP) prior to final placement in long-term placement homes or alternative settings. Placement decisions involving any youth, including LGBTQ youth are driven by the Interagency Placement Committee (IPC) and the Child Family Team (CFT), which incorporate the youths' opinions regarding placement. The Department ensures that the recommendations made by the IPC and CFT are taken into consideration as reported recommendations for final placement. As the State increases the number of approved STRTPs, the Department is confident that additional youth can more effectively be placed in programs tailored to accommodate their individual service and program needs in an expeditious manner.

For homeless populations, the Department utilizes the Youth Coordinated Entry System (YCES) created by the Los Angeles Homeless Services Authority (LAHSA). The YCES is designed to identify and utilize existing housing stock, in the form of Independent Living Programs (ILP), Transitional Housing Programs, Continuum of Care Housing (COC) Programs, and Rapid Rehousing Programs to reduce homelessness within the Transitional Age Youth (TAY) population. YCES also has access to both bridge housing and crisis shelter programs. The process identifies "at risk" populations, such as youth in the LGBTQ community, and tries to accommodate their specific needs when locating

housing programs for them. YCES has been designed to reduce TAY homelessness across the entire spectrum/population of homeless youth, including the TAY LGBTQ population. With the implementation of PREA, YICPM and the LA Model, the Department projects an increase of youth receiving adequate comfort and support to confidently self-identify as LGBTQ youth, and in turn help to increase entries into the YCES prior to release from juvenile institutions.

IX. LGBTQ YOUTH INPUT

With the assistance of the LGBT advocate from the Center for Health Justice, the LGBTQ youth at Central Juvenile Hall were given an opportunity to express their concerns about some of the services that they would like to be provided. These are listed below:

- A safe place to speak about LGBTQ issues;
- Information about LGBTQ issues;
- LGBTQ Resources;
- Support from staff regarding this facet of their identity;
- Discretion;
- Opportunities to view LGBTQ-related media;
- Weekly meetings to address concerns;
- Opportunities for diversity (reaching out to more youth);
- Involvement of a transgender masculine mentor;
- Reentry planning/services specific to LGBTQ needs; and
- Opportunities for encouragement of artistic expression without shame.

X. RECOMMENDATIONS

The Department has initiated steps to move toward with the implementation of LGBTQ services and programming including the following:

- Renew the contract with Los Angeles LGBT Center Project RISE;
- Develop an integrated policy between institutions and the PPQA to ensure inclusion in the MDT/IBMP process;

- Reach out to organizations such as the Council of Juvenile Correctional Administrators to assist in assessing gaps in services for LGBTQ youth;
- Finalize the LGBTQ policy to ensure updated best practices are implemented across the Department;
- Develop a plan to train Departmental personnel, contractors and service providers with direct contact with the youth;
- Add LGBTQ advocates to LPJH, BJNJH, and RTSB (as appropriate); and
- Develop a data tracking system and complete a gap analysis for services for LGBTQ youth.

XI. CONCLUSION

Updated information regarding the implementation status of these and other plans will be provided in the next follow-up report to your Board.

Please contact me if you have any questions or require additional information, or your staff may contact Chief Deputy Sheila E. Mitchell, at (562) 940-2511.

TLM:SEM:LD:yb

c: Honorable Michael I. Levanas, Presiding Judge of the Juvenile Court
Sachi A Hamai, Chief Executive Officer
Celia Zavala, Acting Executive Officer, Board of Supervisors
Mary C. Wickham, County Counsel
Fred Leaf, Interim Director, Health Agency
Christina R. Ghaly, Acting Director, Department of Health Services
Debra Duardo, Superintendent, LACOE
Sheila Williams, Senior Manager, CEO
Justice Deputies