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Implementing System Wide Policy and Practice Improvements to Support LGBTQ+ Youth and Families with Child Welfare System Involvement

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ABSTRACT

This report describes the processes and outcomes associated with the implementation of the Guidelines for *Managing Information Related to Sexual Orientation and Gender Expression and Identity in Child Welfare Systems* in Allegheny County, Pennsylvania. The Guidelines outline ways in which child welfare jurisdictions can implement system wide innovations to better serve LGBTQ+ youth and their families. This project was part of the greater getREAL (Recognize, Engage, Affirm, Love) Initiative which promotes the healthy sexual and identity development of all youth and seeks to improve services and outcomes for LGBTQ+ youth with child welfare involvement. Through the implementation of these *Guidelines*, system wide improvements in data collection, service provision and overall agency culture and climate were observed at the end of the six-year implementation period. A discussion of key implementation drivers and supports necessary for successful implementation will be presented along with a review of lessons learned to help guide other jurisdictions wishing to install similar initiatives.

INTRODUCTION

In 2013, the Allegheny County Department of Human Services (DHS) office of Children Youth and Families (CYF) entered into a three-year partnership with the Center for the Study of Social Policy (CSSP) to field test the implementation of the *Guidelines for Managing Information Related to Sexual Orientation and Gender Expression and Identity in Child Welfare Systems (Guidelines)*.¹ The *Guidelines* were developed by the National Center for Lesbian Rights, Family Builders, Inc., Legal Services for Children, and CSSP. They provide a template for managing information related to sexual orientation, gender identity, and gender expression (SOGIE) in child welfare systems. A series of meetings with national experts and stakeholders were part of the process of developing the *Guidelines*. Once they were created, the development team wanted to test and understand what it would take for a child welfare system to actually implement them.

There is limited information on the prevalence, needs, and outcomes of LGBTQ+ youth who are served by public child welfare systems in the United States. Data on sexual orientation and gender identity is not collected uniformly by any federal or state child welfare reporting system.² Yet, for many years, there has been awareness of the unique needs and challenges faced by youth in the child welfare system who identify as Lesbian, Gay, Bisexual, Transgender, or Queer or Questioning (LGBTQ+). The impetus for the *Guidelines* was to move beyond anecdotal data and accurately quantify the number of LGBTQ+ youth in child welfare systems and what these youth experience in relation to safety, stability, permanency, and well-being. Although the body of research on this population was small, research consistently found that LGBTQ+ youth, particularly those with child welfare involvement, are more likely to experience adverse outcomes than their non-LGBTQ+ counterparts. They had higher rates of bullying at home and at school, homelessness, depression, trauma/PTSD, suicidal ideation, and attempted suicide.²⁻¹³ Their experience in the system was too often placement instability and increasing behavioral problems resulting from re-traumatization by the system intended to keep them safe and to achieve well-being.¹⁴⁻¹⁸ LGBTQ+ youth, a disproportionate amount of whom were youth of color, were deemed a high priority in need of improving systems practices and their outcomes.¹⁹⁻²¹

This work, part of the broader [getREAL \(Recognize, Engage, Affirm, Love\) initiative](#), seeks to transform child welfare practice and policy to more effectively serve LGBTQ+ youth and improve their experiences and outcomes. The primary goal of this field testing was to assess Allegheny County child welfare system's capacity to thoughtfully collect information on the sexual orientation, gender identity, and gender expression (SOGIE) of all system-involved youth through the implementation of the *Guidelines*. It was expected that this would ultimately result in the capacity of the system to ensure safety, to thoughtfully improve permanency planning, to improve the well-being of all youth, with special attention to LGBTQ+ youth. An evaluation of the implementation process, including the identification and assessment of specific implementation drivers^{1,22} would serve to inform the field about the key supports necessary to successfully implement system wide improvements related to SOGIE within child welfare jurisdictions.

DESCRIPTION OF THE *GUIDELINES*

The *Guidelines* were developed as a part of the Putting Pride Into Practice (P4)²³ project to increase the competence of child welfare professionals to serve LGBTQ+ children and youth. The *Guidelines* provide child welfare jurisdictions with a blueprint concerning how and when to elicit and collect information related to youth's sexual orientation, gender identity, and gender expression (SOGIE). The *Guidelines* also provide a framework for utilizing client information, including how this information should be recorded, disclosed, and used to inform case and permanency planning. The *Guidelines* further outline approaches through which collecting SOGIE-related information can be integrated and sustained in practice at all levels of system involvement, including the development of written policies and procedures that address SOGIE-specific information and the provision of ongoing training and supervision supports. The *Guidelines* in their entirety can be accessed at <https://cssp.org/resource/guidelines-for-managing-information-related-to-the-sexual-orientation-gender-identity-and-expression-of-children-in-child-welfare-systems/>.

ROLES OF THE PROJECT PARTNERS

The collaborative work and eventual development of the *Guidelines* occurred in California. However, the decision was made by the *Guidelines* development team to field test the *Guidelines* outside of California. Criteria for consideration included a child welfare system that had some recognized model programs; had a robust data system; engaged in some outreach to their local LGBTQ+ community; and had a willingness to engage in a partnership with CSSP, who had a grant to support the testing of the *Guidelines*. CSSP identified Allegheny County CYF for field-testing based on these criteria. In addition, Allegheny County DHS had stable and consistent leadership and was known in the child welfare field as an “early adopter” jurisdiction, meaning the county had exhibited a willingness to implement innovations in child welfare to improve youth and family outcomes. The state of Pennsylvania is a state supervised, county administered child welfare system, thus Allegheny County CYF had autonomy to consider and agree to move forward with field testing the *Guidelines*.

Prior to implementation, CSSP held planning meetings with local leadership including the presiding judge over the Allegheny County family court system, the Allegheny County DHS LGBTQ+ Advisory Council, five child welfare Regional Office Directors, and the leaders of the various divisions/offices of the broader Allegheny County DHS. Based on these meetings and expected commitments to this work, CSSP and Allegheny County DHS agreed to move forward with implementing the *Guidelines*.

Allegheny County created a small implementation team in Allegheny County to support the testing of the *Guidelines*, revise them as needed, and provide insight into future implementation efforts. The implementation team was initially comprised of a full time SOGIE Project Director, and a part time Senior Data Analyst with SOGIE-related subject matter expertise. The implementation team led the building of the system's capacity to integrate SOGIE content into existing assessment tools and data management systems, developed written practice standards concerning how to effectively provide services for LGBTQ+ youth and their families, and developed CYF training curriculum to support the successful implementation of the *Guidelines*. Senior leadership, including the Director of DHS and the DHS LGBTQ+ Advisory Council, supported the implementation team.

A small team from CSSP provided ongoing Technical Assistance (TA) and subject matter expertise to the SOGIE Project Director and members of the Executive Leadership Team and served as a resource to support the implementation team through all stages of the field-testing process. The CSSP team was comprised of a Senior Fellow, who had extensive prior experience in public child welfare both as a consultant and as a county Child Welfare Director, and the Director of Equity, Inclusion, and Justice, who also had wide-ranging experience working with public child welfare jurisdictions on other equity, inclusion, and system improvement efforts. The CSSP team provided ongoing, multi-faceted support for the Allegheny team during the implementation process.

The CSSP team adapted innovative qualitative methodologies, such as the Institutional Analysis,²⁴ to assess the current organizational environment of CYF as well as CYF's current readiness to implement the *Guidelines*. In addition to the Institutional Analysis, staff surveys assessed the culture within the agency both at the time of installation and at the end of the implementation process. The staff surveys and IA for Allegheny County CYF were designed to provide a baseline information on the current state of affairs related to LGBTQ+ employees working within the DHS systems as well as provide information on the LGBTQ+ youth and families served within those systems.

Results of the IA indicated that neither the DHS system, nor CYF as an individual office within that system, had any written policy or guidelines concerning how to affirmatively address the needs of LGBTQ+ youth involved with these systems. Results further indicated that overall, CYF employees had low levels of baseline knowledge concerning SOGIE, particularly in relation to gender identity and how discussions of SOGIE could be used to help inform case and permanency planning.

Not surprisingly, standardized assessment and data collection/data management tools did not include fields where one could record information or assess with youth how they identified in terms of their SOGIE. An initial survey of DHS staff indicated that most employees identified as heterosexual and these staff reported they felt that the work environment at DHS was safe and inclusive. Staff openly identifying as LGBTQ+, however, reported the workplace as significantly less safe and inclusive.

To supplement the information from the IA and staff surveys, in the first year of the project, environmental scans of all CYF offices/facilities were conducted to assess the degree to which

these spaces were accessible to and inclusive of all identities. Preliminary environmental scans indicated that most DHS/CYF buildings needed improvement in providing an environment that was welcoming and affirming for LGBTQ+ youth and families. There was a lack of visible symbols (such as “safe zone” or “no hate” signs on providers doors, symbols of LGBTQ+ pride such as flags or stickers, or LGBTQ+ specific pamphlets, flyers, or informational posters) in these spaces. Additionally, all restrooms at DHS/CYF facilities were designated as exclusively either male or female. It was determined that some basic changes were necessary to make the building comfortable and inclusive for LGBTQ+ staff and to better serve LGBTQ+ youth and families.

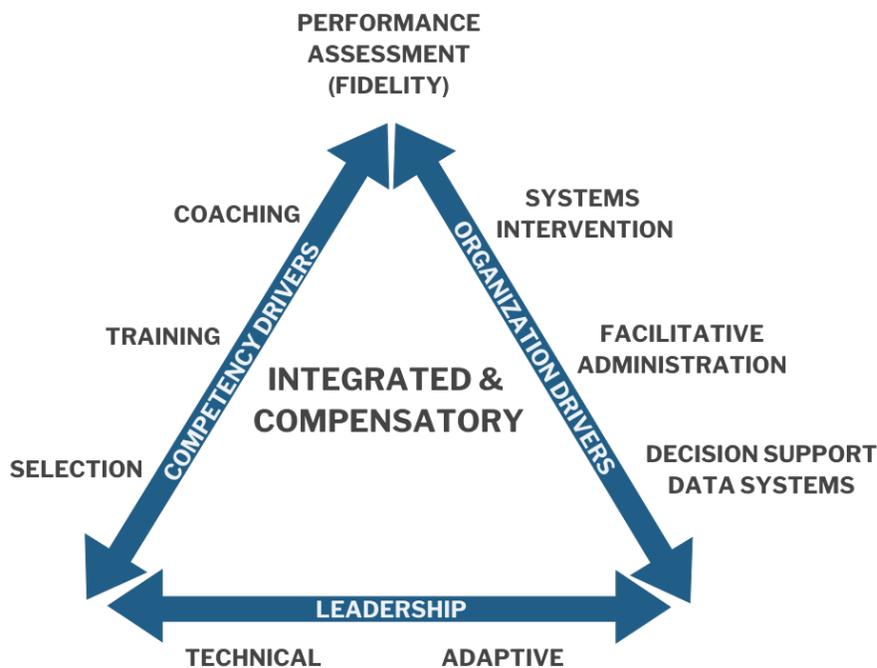
The majority of this evaluation was conducted by a Carnegie Designated Tier One Research Institution for an independent external evaluation of the implementation of the Guidelines. During the course of the implementation term, the lead evaluator moved from one University to another and this project and contract moved with him. A second evaluator was appointed to lead the remainder of the evaluation. The evaluation team had substantial experience working both within child welfare systems as direct service providers, and as researchers with expertise in racial and ethnicity disproportionality and outcome disparities for children and youth within mental health and child welfare systems. An implementation science lens^{22,25-27} was used to assist in the identification of key stakeholders and supports necessary to successfully build CYF’s capacity to successfully implement the *Guidelines*. Monthly evaluation calls with the SOGIE Project Director, along with quarterly in person site visits with CYF leadership, the evaluation team, and the CSSP technical assistance team served to guide the implementation process and address, in real time, any challenges that occurred during the implementation process. The evaluation team provided semi-annual evaluation updates to the CSSP and the Allegheny teams, and also produced comprehensive annual reports detailing the tasks that had been accomplished during each of the grant years. These reports contained a detailed description of activities that aligned with each of the implementation drivers along with the barriers and facilitators to implementation that occurred during each year of the project. The information presented in this report is a synthesis of the six annual evaluation reports and is meant to serve to guide other child welfare jurisdictions seeking to improve outcomes for LGBTQ+ system involved youth through successful implementation of the *Guidelines*.

IMPLEMENTATION SCIENCE

The National Implementation Research Network defines implementation as “the art and science of incorporating innovations into typical human service settings to benefit children, families, adults, and communities.”²⁸ Implementation science has been used as a framework to evaluate the installation of a new policy, practice, or intervention within a given system, and to determine the key resources needed to support successful implementation and sustainability of the policy,

practice or intervention.²⁵⁻²⁸ Reviews of the implementation literature have identified two major theoretical frameworks²⁸⁻³⁰ to guide practice and move programs to successful implementation: 1) the stage approach and 2) review of core implementation drivers. The first framework addresses the four stages of implementation, which helps the implementation team to be intentional about effectively sequencing the work in order to bring about optimal implementation outcomes. The stages of implementation that have consistently been identified in the scientific literature²⁷⁻³⁰ are: 1) Exploration, 2) Installation, 3) Initial Implementation, and 4) Full Implementation. A comprehensive description of each of these stages can be found in **Appendix A**. Through matching and pacing implementation activities with specific phases of the implementation process, one may make better use of time and resources in the hopes of successfully moving through each stage on to the final stage of full implementation.

The stage approach to implementation has a number of merits that warrant consideration when applied to policies or specific interventions to be implemented within child welfare systems. While this stage model for sequencing activities may suggest a linear sequence of events, actual implementation is more dynamic. Although one may assume that the stages of implementation are linear and build off one another, in reality this is rarely the case as new challenges are encountered at installation and initial implementation that may require some backtracking and additional capacity building prior to moving forward. Most child welfare professionals understand that broad based system change is routinely constrained by multiple organizational and contextual factors that are well beyond the control of the implementation team. Often what one considers an “improvement” or “innovation” within a child welfare system is somewhat of a moving target that is continually shaped by the priorities and preferences of leadership, crises such as child fatalities or severe understaffing, local, state and federal legislation, and the local sociopolitical climate. All of these factors were at play during the implementation term in Allegheny County.



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CSSP, the evaluation team, and the implementation team identified and examined activities that occurred in each stage of implementation, however, evaluation focused on the core implementation

drivers. The literature^{1,22,24} has identified nine specific implementation drivers that fits into three overarching domains of Competency, Organization, and Leadership as indicated below. A comprehensive review of each of the core implementation drivers can be found in **Appendix B**. Implementation of an innovation or practice improvement is a process that takes between three and five years to complete in most human service agencies. In agencies with complex organizational structure, frequent leadership turnover, or low to moderate levels of leadership support, this process may take five years or longer to fully implement a policy, practice, or innovation, if at all. As the *Guidelines* are a multi-component “system innovation” requiring multiple changes within a system simultaneously, rather than simply a new policy or structured intervention to be implemented, the implementation driver framework served as the primary evaluation framework.

The implementation drivers approach emphasizes key structures and tangible supports that are required for successful implementation to occur. This framework lends itself well to a description of key supports that were in place prior to implementation, what structural supports and associated activities were developed during the implementation process, and what needs remain at the end of the implementation term. This approach appeared to be the best “fit” for the purposes of this project, as it identified concrete components of one’s leadership team and organizational structure that could be more easily operationalized and understood by on the ground child welfare service providers and administrators.

IMPLEMENTATION DRIVERS

AND THEIR IMPACT ON IMPLEMENTATION OF THE GUIDELINES

The purpose of this evaluation is to document the process of implementing the *Guidelines* and to identify the barriers and facilitators to full implementation. This report summarizes the key implementation related activities, their status at the conclusion of the implementation term, and recommendations for other jurisdictions who wish to implement the *Guidelines* or other SOGIE related system improvements thought to enhance child welfare systems’ ability to effectively serve LGBTQ+ youth and their families.

COMPETENCY DRIVERS

Competency is the first group of drivers that are essential to successful implementation. Competency drivers refer to developing an understanding of what the innovation actually is, identification of who is going to be expected to guide the innovation efforts until they are fully implemented, and how to ensure that the innovation is consistently being used in the way in which it was intended.²⁹ The competency drivers that have been identified in the literature include: selection, training, coaching and fidelity/performance assessment.

SELECTION

Selection refers to the characteristics of staff that make them likely to effectively implement an innovation, including academic qualifications and professional experience, but also elements like common sense, personal values, a sense of social justice, willingness to learn, and empathy.²⁹ Ideally, selection should occur during the exploration stage of implementation to ensure the staff who will lead the implementation process are well suited to the task prior to installation of the innovation. In Allegheny County, an early part of the selection process was the identification of a dedicated SOGIE Project Director to oversee all implementation efforts. Allegheny County selected someone with a strong baseline knowledge of terminology and existing disparities related to SOGIE and who had a familiarity of the social and cultural history of the LGBTQ+ rights movement and of how social policy has, and continues, to impact the daily lives of LGBTQ+ individuals and their families. This person also identified as a member of the LGBTQ+ community. She had an understanding of how SOGIE may impact families with child welfare involvement both individually and at the systems level and had experience in child welfare service provision. She had strong relationships with many stakeholders in the county and had engagement skills and was able to reach out and build new and different community partnerships. The SOGIE Project Director provided specific case consultation and practice-based guidance to others within the agency and developed a team of champions in the agency to sustain these changes.

CSSP was awarded financing for this project through a grant from the Wellspring Philanthropic Fund; initially a three-year grant, Wellspring extended the grant by three additional years to support testing the *Guidelines*. CSSP regranted some of these funds to Allegheny County DHS, which used the money to fund the SOGIE Project Director position. These funds supported the Project Director position for five years. Additional funding for Year 6 of implementation was provided by funds earmarked by the DHS Director to ensure completion of the project as well as his commitment to sustaining this effort. To assist with the workload, the SOGIE Project Director relied on the assistance of social work interns from a local Masters of Social Work (MSW) program. A regranteeing of funds was also provided to the University of the evaluation team to support ongoing evaluation efforts.

TRAINING

At the time of project initiation, CYF did not have any SOGIE-specific information included in any of their standardized employee training materials. The implementation team consulted a number of existing LGBTQ+ training curricula that had been used in workforce development efforts around the United States. Ultimately, it was determined that a unique training curriculum specific to the needs of local LGBTQ+ youth and families with child welfare involvement was needed, and that the content of this training should be created internally. Creation of training content was done via cooperative engagement of the implementation team, local LGBTQ+ community leaders, CYF leadership, and the existing DHS training team. The resulting “SOGIE 101” training was a full day training covering key terminology related to SOGIE, an overview of recent statistics and research related to LGBTQ+ youth, a review of the *Allegheny County LGBTQ Standards of Practice (Standards)*,¹² (covered in a subsequent section of this report) and discussions of how to use the *Standards* to help to guide

case and permanency planning. The training was mandatory for all existing DHS leadership and CYF employees and would eventually become a part of the standardized CYF new employee onboarding process. At the beginning of implementation, training was also offered on a voluntary basis to all contracted provider agencies serving youth within the CYF system; individuals who interfaced with the family courts such as attorneys, judges, and child advocates; and any other local groups or agencies who wished to participate in the training. By Year 3 of the implementation process, completion of SOGIE training was a requirement for external provider agency employees. Currently, all new employees of external providers must complete the SOGIE training within six months of their hire date to be in compliance with their contractual agreement with DHS.

DHS had an existing team of trainers designated to deliver all DHS related trainings irrespective of content area. However, the DHS training team that was in place had a very limited knowledge of SOGIE. In addition, the existing training team lacked racial, ethnic, and cultural diversity necessary to connect with the wider audience of training participants, as the existing team was comprised primarily of heterosexual, White non-Hispanic, cisgender women. Thus, there was a need for additional trainers to be trained both from the ranks of CYF employees and also from external provider agencies. The contracted provider agencies were encouraged to address this currently limited capacity to build training competency moving forward by helping to identify potential trainers who had lived experience as child welfare alumni, were members of racial or ethnic groups historically marginalized by policies and practices, or were individuals who identified as part of the LGBTQ+ community. Those from CYF and from external provider agencies who were interested in becoming a SOGIE trainer could self-identify and enter the “train the trainer” process with supervisor approval. As a part of this process, new trainers would shadow existing trainers to improve their capacity to deliver the training effectively. As new groups of trainers completed training, the diversity of the training team increased, which served to not only improve sustainability of ongoing training but also increase the credibility of the training team and participant buy in.

The new eight hour training curriculum was first delivered to administrators and supervisors to solicit feedback on the content and process of the initial training, but also so that they could (potentially) offer support and guidance to staff on how to apply the content learned in the SOGIE trainings to case practice. The majority of feedback that was received from the first round of “SOGIE 101” training was that it included too much new material, and it lacked adequate information about how to best integrate it into their regular practice. The training was subsequently revised to be delivered as a half day (three hour) training, with more advanced content being covered in a separate follow up training (SOGIE 201).

Additional feedback on the SOGIE training solicited from participants indicated a general reluctance by some CYF employees and community-based providers to openly discuss gender or sexuality with the children, youth, and families served by CYF. Reasons for this reluctance articulated by training participants included: the belief that discussions of gender or sexuality with children and youth were inappropriate in general; skepticism about the *Guidelines*, specifically that guidance for eliciting data related to youth’s sexual orientation or gender identity was not developmentally

appropriate; personal beliefs that discussions concerning SOGIE should be conducted by family members and not by child welfare personnel; participants' personal discomfort discussing gender and sexuality in a public forum; beliefs concerning compulsory heteronormality; understanding of gender as a binary immutable biological construct; and an inability to understand the connection between acknowledging and affirming a youth's SOGIE and improved case outcomes. Addressing the conflict between providers' personal belief systems and their job requirements remained an adaptive challenge for the implementation team during the six-year implementation process.

In addition to traditional classroom-based training, "tip sheets" were implemented to reinforce and supplement classroom-based training and to offer easily accessible, concrete references. Tip sheets included topics such as how to document SOGIE information in the case record and information management systems; talking to youth about SOGIE, gender expression, name, and gender marker changes in Pennsylvania; dangers of conversion therapy; and how professionals can support someone in the coming out process. These tip sheets were made accessible via the Allegheny County DHS intranet. At the end of the implementation term, approximately 99% of all full time CYF employees had completed the SOGIE 101 training and 55 partner agencies had staff members who had completed SOGIE training. To date, over 100 individuals had received additional SOGIE training and were certified as SOGIE trainers. Training was also implemented for judges and other court officers during Year 3. This training was conducted by the SOGIE Project Director in conjunction with representatives from Lambda Legal and the Fair Courts Project. Participants were receptive to the content and affirmed the need for these types of training for those working within the adult and juvenile legal systems.

COACHING

The knowledge acquired via training alone is not sufficient to bring about changes in practice behavior or changes in organizational culture. Thus, ongoing coaching is essential to support successful implementation. The purpose of ongoing coaching is to ensure that the innovation is being implemented appropriately and used with fidelity. The four main aspects of coaching are: 1) teaching while engaged in practice activities, 2) supervision, 3) assessment and feedback, and 4) provision of emotional support.¹

Teaching While Engaged in Practice Activities

During the implementation term, the SOGIE Project Director provided ongoing technical assistance and case consultation for any issues within CYF related to SOGIE. As one person in an organization with this expertise cannot support long term sustainability, SOGIE Champions were identified in each of the five regional CYF Offices to also address SOGIE-based case and practice issues. SOGIE Champions are individuals committed to system-wide improvements related to equity, safety, stability, well-being, and permanence for LGBTQ+ youth with child welfare involvement. Champions completed SOGIE training during the early stages of implementation so that they would have a baseline familiarity with the *Standards of Practice* and could serve as a source of support and coaching for frontline workers as they began to use the *Standards* to guide their case practice with LGBTQ+ youth and families. Initially SOGIE Champions were selected by child

welfare leadership from the ranks of an existing Champions group in CYF. However, over time it was determined that some of those Champions did not have the requisite knowledge or experience to assist with case consultation and other activities. Thus, individuals within child welfare with an interest in serving as a SOGIE Champion could self-identify and serve as a Champion with the approval of their supervisor and the SOGIE Project Director. SOGIE Champions are now available in each CYF regional office for case consultation, and a SOGIE Champion is present in every pre-placement meeting for child removal. SOGIE Champions do not serve in an official supervisory capacity and as such, have limited ability to impact clinical decision-making. Champions can offer recommendations as to what steps would be in the best interest of the youth. Ultimately the final decision-making authorities for case practice and planning are supervisors and clinical managers. A list of current SOGIE Champions within CYF is available to DHS staff via the DHS intranet. Consultation is available with the SOGIE Project Director or a regional SOGIE Champion on an “as needed” basis.

Supervision

The Supervision aspect of coaching is currently being delivered via the use of a weekly administratively-focused supervision checklist that is discussed during mandated weekly meetings between supervisors and caseworkers. By the conclusion of the implementation term, one SOGIE-related item had been included on the CYF supervision checklist to help ensure that workers are, at the minimum, regularly asking youth about SOGIE and documenting it in the case record. At the end of the implementation term, 69.7% of supervision logs were up to date, indicating a large percentage of employees may not be receiving weekly supervision and that SOGIE and other identity related case issues are not being proactively addressed as a part of routine supervision.

Assessment and Feedback

Per DHS policy, employee performance evaluations are supposed to be conducted every six months. However, at the conclusion of the grant term, approximately 10% of child welfare employee evaluations were up to date, indicating that employees are still not receiving regular assessment and feedback of their job-related performance. Additionally, administration supervision and the associated supervision checklist that are currently in place are not being supplemented by regular clinical supervision.

Clinical, as opposed to administrative supervision, is individualized and self-reflective. It is used to provide employees consistent feedback concerning case outcomes, provide concrete feedback on practice decision making and the implications of their clinical decisions for case and permanency planning, and provide emotional support for workers who consistently execute their work in stressful or highly traumatizing environments. A need for installation of a structured and reflective supervision model was identified in Year 1. At the conclusion of the implementation term, there was still no structured reflective/clinical supervision model in place within CYF.

Installation and implementation of a structured supervision model required monetary- and time-related resources. Issues such as high caseloads and prioritization of other system changes requiring

the ongoing attention of supervisors, served as barriers to the installation and implementation of a structured supervision model during the grant term. Installation of such a model would allow for weekly individualized coaching related to SOGIE and other identity-related issues (such as race, ethnicity, religion, or immigration status) that may impact case outcomes, as well as provide regular ongoing feedback concerning the overall needs of youth and families.

Emotional Support

Ongoing reflective clinical supervision model is a critical part of providing emotional support and an area of ongoing concern. Child welfare work is extremely stressful, compassion fatigue is common, and burnout rates are high.³³⁻³⁵ Workers need both technical and emotional support in order to be able to successfully execute their job functions. Without this support, decision-making and effective service delivery can be impacted. It is currently unclear how workers are formally getting these needs met on a consistent basis.

Another part of emotional support is related to the overall climate of an agency, not only for the youth and families served, but also for LGBTQ+ employees, some of whom may not openly identify while at work. By the end of the implementation term, surveys from CYF employees indicated a decrease in negative language within the workplace regarding LGBTQ+ equity and inclusion efforts and in regard to people (children, families, and CYF employees) identifying as a part of the larger, LGBTQ+ community. The surveys also noted particular improvement in relation to leadership having a more positive attitude toward these issues, and with leadership using more affirmative and less stigmatizing language when referring to LGBTQ+ people. Furthermore, tangible symbols of inclusion such as Pride flags and a memorial to transgender women who had been murdered during Year 5 of the project, were prominently displayed in the main DHS building. Gender inclusive restrooms were installed on each floor of the DHS main building during Year 4 so that restroom spaces were safer and more inclusive for transgender individuals receiving services at CYF. Currently, all CYF offices have gender inclusive restrooms available. These changes are indicative of improvements in overall agency climate.

Early on, trainers identified a need for their own emotional support of each other given the responses they encountered in delivery the training. They reported high levels of apathy and sometimes overt hostility from training participants. This difficulty was compounded by the fact that some of the disengaged or difficult participants were members of leadership or “outranked” some of the individuals who delivered the training. This indicated to other participants that the training content was not important, and that it was acceptable to act disrespectfully towards the training team during training sessions. This was something that the training team had not experienced when delivering other types of training content to DHS employees. When the SOGIE 101 trainings were initiated, no support structures were in place to guide trainers concerning how to deal with difficult/hostile participants in “real time” within the training environment. Furthermore, trainers had limited opportunities to debrief about the training process after concluding a training class. The SOGIE Project Director connected with RISE Institute in Los Angeles to gather information about how to best support trainers engaging in equity improvement work. The RISE team recommended

weekly team support meetings for those engaged in this work. The curriculum for these support meetings has been developed but has yet to be installed.

PERFORMANCE ASSESSMENT/ FIDELITY

At the beginning of the implementation term, an area of opportunity that was identified for the CYF and the DHS system as a whole was the need for regular and standardized performance assessments. The initial IA noted that the prior child welfare administrator had not prioritized performance evaluations, and accordingly less than 5% of child welfare employees had a completed and current performance evaluation on file at the initiation of the project. This was an area of opportunity for practice in general, but also a chance to highlight employees' strengths and weaknesses in relation to their work with LGBTQ+ youth and families. Performance evaluations also serve as a vehicle through which supervisors can monitor the percentage of cases that have the SOGIE-related fields correctly and completely filled out within the electronic data management systems. As indicated in the **Assessment and Feedback** section of this report, approximately 10% of child welfare employee evaluations were up to date at the conclusion of the grant term.

For implementation of the *Guidelines* to be successful, both internal and external accountability structures are needed. Internal accountability structures include developing methods of tracking if existing employees had completed the required SOGIE 101 training or tracking the percentage of cases that have accurately entered SOGIE information and providing workers with regular updates regarding these data fields. By the end of the implementation term, CYF could track and determine who had attended trainings and there was the ability to run reports to determine entry of SOGIE information into data fields. Regular review and reporting to necessary staff had not yet occurred.

Fidelity should be assessed on an ongoing basis (not just during performance evaluations) through tracking mechanisms embedded in existing data management systems to determine if workers and supervisors are updating the electronic supervision log weekly as recommended. Internal accountability structures are also necessary to address employees requesting to "opt out" of SOGIE training or to assist with the development of success plans for those who do not follow the *Practice Standards*. This level of fidelity had not been reached by the end of the implementation term.

Contract monitoring is also an important external accountability structure that supports the implementation of the *Guidelines*. As of the conclusion of the grant term, all new and renewal contracts with external providers and provider agencies had explicit language that requires the provider to follow the *Practice Standards*, lest their contracts are not renewed or terminated. Contract monitors were also able to provide feedback to partner agencies concerning any complaints that may have arisen related to treatment of LGBTQ+ youth in care and provide them with strategies to thoughtfully address these concerns. Allegheny County also has a SOGIE inclusive non-discrimination policy which clearly outlines the expectation that all government service provider adheres to that policy.

ORGANIZATIONAL DRIVERS

Organizational drivers are the next group of drivers that are essential to successful implementation. Organizational drivers include facilitative administration, systems interventions, and decision support data systems, and refer to organizational, administrative, and systems components that are necessary to create hospitable environments for new ways of work for administrators and employees.¹

FACILITATIVE ADMINISTRATION

The primary function of a facilitative administration is to create and maintain environments that support new ways of work. As a result of the getREAL Allegheny project, a number of system improvements were installed to support the safety, well-being, and permanence of LGBTQ+ youth and families. One of the most fundamental pieces of work that was done to support the implementation of the *Guidelines* was the development of DHS-wide *LGBTQ Standards of Practice (Practice Standards)*. These standards were developed during Year 1 and were fully installed by the end of Year 2 through the collaborative efforts of community leaders, the SOGIE Project Director, child welfare workers and administrators, and DHS administrators and leadership. The *Practice Standards*, as seen in **Appendix D**, outline best practices for DHS employees and contractors who are working with LGBTQ+ youth and families. These *Practice Standards*, although not formal policies, outline acceptable and unacceptable practice related behaviors. They provide the foundation for the case practice and permanency improvement efforts as well as describe the need for collection of SOGIE related demographic data to assist with ongoing planning and implementation. Although leadership played a key role in supporting the standards through a top down mandate from the DHS Director, it was the overall leadership teams at CYF that initially supported the implementation of the standards, and later the creation of associated accountability structures.

Starting in Year 3 of the project, a dedicated full-time position focusing on system-wide equity and inclusion efforts within in CYF was created. Later, a similar system-wide position was created to be situated within the DHS Executive Leadership Team. While the CYF position was only open to internal candidates, the DHS-wide position was open to both internal and external applicants to maximize the potential to engage candidates with the required qualifications and experience. Candidates for both positions were selected through a competitive process. The individuals who held these roles during the implementation term also provided additional assistance with implementing the *Guidelines*. They continue to serve as another voice in leadership actively supporting the continued implementation of the getREAL work. At the end of Year 5, a new DHS Office of Equity and Inclusion was created by the DHS Director. The mission of the Office of Equity and Inclusion is to integrate and advance system wide equity improvement efforts related to immigration/migration, race, and SOGIE. The office is led by the Director of Equity and Inclusion with three full time staff members who serve in advisory roles for each of the three equity and inclusion initiatives. The SOGIE Project Director now serves at the SOGIE lead in this office.

The establishment of internal accountability structures mentioned in the section on Performance Assessment enhanced the organization’s ability to lawfully and fairly discipline employees who declined to follow the *Practice Standards* or refused to attend SOGIE training. Without supportive administration, these individuals would have continued to be in non-compliance with the *Practice Standards*, and potentially have a negative impact on LGBTQ+ youth, families, and employees within the CYF and greater DHS systems. Facilitative administration also existed at the local and state levels. During the implementation term, a SOGIE inclusive non-discrimination ordinance was enacted in Allegheny County. Similarly, the Pittsburgh City Council passed an ordinance banning licensed service providers from engaging in “conversion therapy” with anyone under the age of 18 within the Pittsburgh city limits. Finally, the Governor of Pennsylvania issued an Executive Order prohibiting anyone under his jurisdiction to discriminate against an individual or entity based on one’s SOGIE. The Governor further ordered that no “conscious clauses” could be enacted as a workaround to this Executive Order. These facilitative administrative efforts outside of DHS not only helped to demonstrate consistency between what the Practice Standards advanced as “best practices” but also indicated that SOGIE based equity and inclusion efforts, both within child welfare and within the greater society, were important. These efforts helped create the hospitable environment for this work.

An area of opportunity that remains for facilitative administration, as mentioned previously, is the ongoing need for a structured reflective/clinical supervision model to be installed and fully implemented. Facilitative administration will be essential to prioritization of this need and ensuring that this model is installed and fully implemented as soon as possible. Other jurisdictions should prioritize the installation of a structured clinical supervision model and provide any monetary or personal supports that are necessary for its implementation if sustainability of the existing system changes is to occur.

SYSTEMS INTERVENTIONS

The goal of systems intervention is to identify external variables, policies, environments, systems or structures that influence or have impact on an implementing organization and eliminate or reduce such barriers to enhance and sustain the work at hand.¹ Ongoing collaboration with external systems was a key facilitator in the implementation of the *Guidelines*, particularly as CYF continued to grow its internal capacity to proactively address SOGIE related placement and case practice issues. During this process, CYF collaborated closely with the Persad Center, a local LGBTQ+ serving community-based organization whose mission is to improve the well-being of LGBTQ+ individuals and their loved ones in the area of Western Pennsylvania. Mental health professionals at Persad Center served as subject matter experts on providing affirmative behavioral health care, as well as serving as a referral source for other needed ancillary services such as case management, residential substance use treatment, specialized HIV treatment, foster care placement, and foster parent training. However, since Persad Center had historically served predominantly White youth and families in the local area, there were some concerns about their ability to effectively engage and serve LGBTQ+ youth and families of color, which remains a challenge in the local area.

The SOGIE Project Director continues to build new relationships and sustain established relationships with community organizations, including allies and other local community members, to assist in helping families (of all types) to understand the importance of accepting and affirming LGBTQ+ youth. The SOGIE Project Director engaged leaders of color and advocates for LGBTQ+ youth of color and continues to remain connected to these leaders. She also continues to engage with LGBTQ+ community leaders, including faith leaders, to build trust between the DHS system and the communities that it serves. These leaders continue to provide input concerning the process of implementation and the ongoing needs of LGBTQ+ youth and their families in local communities. By the end of the grant term, the SOGIE Project Director had compiled a list of local providers who are competent to provide medical and/or mental health care for LGBTQ+ youth. The Allegheny County LGBTQ Resource Guide can be accessed at <https://alleghenycounty.us/Human-Services/Resources/LGBTQ/LGBTQ-Resources.aspx>. Additional resources related to physical and mental health services for the LGBTQ community can be found at <https://alleghenycounty.us/Human-Services/Resources/LGBTQ/LGBTQ-Health.aspx>.

DECISION SUPPORT DATA SYSTEMS

The implementation of the *Guidelines* was also supported by numerous ongoing data collection efforts implemented by the Allegheny County Office of Data, Analysis Research, and Evaluation (DARE). A strategic plan for implementation was formulated in Year 1 and again at the beginning of Year 4 to guide ongoing implementation efforts in relation to ongoing SOGIE data collection efforts. Much of the strategic plan focused on the modifications that needed to be made to the existing information management system in order to accommodate SOGIE-related case information. Specifically, Allegheny County uses the Key Information and Demographics System (KIDS) for synthesizing and storing information on youth and family demographics and key case outcomes. DHS also uses the Child and Adolescent Needs and Strengths Assessment (CANS) as the common assessment tool used by both CYF and the Office of Behavioral Health.

Modifications to KIDS included having fields for things such as youth's preferred name, gender pronouns, sexual orientation (ages 10+), and gender identity (ages 3+). The selection of options to be included in the SOGIE data fields and associated drop down menus (for example choices on how one would describe their sexual orientation such as heterosexual, bisexual, pansexual, queer, gay, or lesbian etc.) were originally developed by an internal steering committee comprised of the SOGIE Project Director, youth support partners, local community leaders, and family members of former foster youth. Once this information was compiled, additional feedback from youth in the local LGBTQ+ community was collected via online survey concerning the terminology they used to describe their own SOGIE. The feedback from local youth guided the development of terminology that was ultimately used for the data fields in the information management systems.

The steering committee engaged in ongoing discussions concerning which of these fields should be mandatory and which ones should be optional, as well as who should have access to SOGIE related information, particularly if disclosure of the youth's SOGIE presented a safety risk. It was determined that SOGIE-related information should be collected for all youth, and that unless

it would present a safety risk to the youth and should be deemed as “confidential.” Otherwise, SOGIE information would be accessible to all professionals who were interacting with the youth and family, including the courts and external providers to help aid case and permanency planning. All necessary modifications to the CANS and KIDS system were completed in early 2019. They now include fields capturing youth’s sexual orientation and gender identity/expression. The system also contains a field where one may indicate that the youth’s SOGIE may warrant additional exploration and may represent a potential area of need. Unfortunately, the SOGIE fields in the KIDS system were not built the way the implementation team had specified them in relation to who could view the SOGIE-related data. Currently all SOGIE information defaults to “confidential” meaning that only the youth’s caseworker and their immediate supervisor has access to this information, defeating the purpose of integrating SOGIE into case and permanency planning. Revision to fix this system issue were planned to occur in March 2020, however those changes are still pending/ Similarly, at the end of the implementation term, there was data to support that the *Guidelines* had not been fully implemented across CYF and that SOGIE-related data fields in the KIDS system were not being used with fidelity. Only 53.9 % of eligible cases (youth ages 10+) had valid sexual orientation information, and only 34.7 % of eligible cases (youth ages 3+) had valid gender identity and expression information at the end of the grant term. Modifications to the CAN were initially piloted by a small group of workers who reported that they struggled initially to assess for SOGIE, but ultimately upon practice, these workers reported they had successful and engaging discussions with older youth about their SOGIE.

A number of surveys were given during the implementation term to provide the implementation team with additional information that would identify any current or ongoing barriers to implementation and allow key stakeholders a vehicle through which they could provide information on the processes and outcomes of implementation. These surveys included staff surveys, community-based provider agency surveys, surveys of foster care providers, and surveys of youth who are receiving services through child welfare. All staff and provider surveys indicated increases in knowledge concerning SOGIE terminology and but no discernable changes in practice behaviors. In addition, a number of child placing agencies indicated that they would not disqualify an individual or family from being a foster parent even if they indicated that they would/could not be an affirming home for LGBTQ+ youth. These findings highlight the need for recruitment of more affirming foster families and additional training for out-of-home providers on the link between affirmation and acceptance of youth’s SOGIE and improved outcomes related to safety, permanency and well-being. Results of the youth surveys indicate that LGBTQ+ youth continue to be overrepresented in out of home care, and that only about 30% of respondents had been asked about their SOGIE by their case manager. LGBTQ+ youth reported less participation in school events and school activities than their heterosexual or cisgender peers indicating there was still room for improvement in this area.

Finally, the Institutional Analysis tool was used a second time at the beginning of Year 6 to determine if there had been system improvements, practice improvements, and changes in organizational climate and culture during the implementation term. The finding of the Year 6 IA highlighted the improvements that had been made as a result of the implementation of the *Guidelines* as well

as provided CYF with a list of “next steps” to be addressed to support full implementation and sustainability of this work. The full IA can be accessed at <https://cssp.org/resource/getreal-in-alleggheny-county/>.

LEADERSHIP DRIVERS

TECHNICAL AND ADAPTIVE LEADERSHIP

Implementation science posits that there are two forms of challenges that require two forms of leadership: technical challenges and adaptive challenges. Technical challenges can be fully addressed via the application of existing knowledge from experts, whereas adaptive challenges require new learning, and cannot be solved in a manner that is fairly straight forward. An example of a technical challenge encountered in Allegheny County was making sure that all offices were implementing and adhering to the *Practice Standards*. This process was facilitated by leadership sending a directive to the Regional Office Directors (RODS) indicating that all employees would be required to attend SOGIE training and that all employees would be expected to uphold the *Practice Standards*. Another example of this was leadership sending a memo to all contracted provider agencies notifying them of the development and implementation of the *Practice Standards* and the necessity to adhere to the *Practice Standards* if they were to remain as contracted providers.

Adaptive challenges are ones that are unlikely to be solved via traditional management approaches, particularly when various stakeholders have different views of the problem and also a different view on what may constitute a viable solution.³² One of the adaptive challenges faced by leadership during the implementation of the *Guidelines* was concerning how to respect the personal beliefs of employees and community based providers while at the same time requiring adherence to the SOGIE *Practice Standards*. Due to the nature of relationships in the local community, leadership at times tried to use technical solutions to solve adaptive challenges, such as this one. At the end of the grant term, leadership was still working on adaptive solutions to this problem. Another ongoing adaptive challenge was the often-inconsistent prioritization of the SOGIE work when there were multiple new competing practice and system level changes being implemented simultaneously.

LESSONS LEARNED & RECOMMENDATIONS

There were numerous lessons learned throughout the course of this six-year evaluation concerning effective and ineffective ways to implement SOGIE related system improvements in public child welfare systems. The next section will summarize recommendations for each group of core implementation drivers to help guide the quality improvement efforts of other jurisdictions who are seeking to improve practice and increase equity, inclusion, safety, and well-being for LGBTQ+ youth and families with child welfare involvement. These suggestions are provided to assist in mapping out the infrastructure, personnel, and associated resources necessary to install and fully implement SOGIE based system improvements that are sustainable over time. Not all these suggestions will be directly applicable to every jurisdiction. Accordingly, it is recommended that each jurisdiction engage in baseline assessment to determine which areas/drivers need to be put in place, or more fully developed prior to installation and continue to assess the status of these drivers on a regular basis. Such an assessment should critically identify system strengths and resources, as well as gaps and areas of opportunity in existing practice and policy. Should jurisdictions rely on implementation science to support their interventions, tools like the Implementation Drivers Best Practices Assessment³⁶ may assist them in identifying and quantifying areas needing improvement or further development.

For each of the recommendations below, it is essential for LGBTQ+ community members' voices and experiences, particularly those of youth, to be a strong guiding force in the development of policy, training, and practice improvements. It is also recommended that particular effort is made to engage LGBTQ+ youth of color and address their identified needs. Individual and structural racism and homophobia/transphobia often found in public serving systems, make them some of the most vulnerable, and often overlooked, stakeholders in the child welfare system.

COMPETENCY DRIVERS

SELECTION

As relayed earlier, Allegheny County hired a knowledgeable SOGIE Project Director who remained for the entire six-year implementation term. The second Institutional Analysis found that her relationships, skills, and knowledge facilitated much of the success of this effort. It is recommended that jurisdictions seeking to implement the *Guidelines* hire a Project Director who can manage significant internal and external relationships; has the content knowledge of SOGIE, racial equity, and child welfare; and is dedicated to this effort. It is further recommended that the Project Director have significant access to the executive leadership of the agency and receive

regular support and supervision and other staff as needed. It is also recommended that the SOGIE Project Director receives support from an implementation team that makes decisions, problem solves, and works to secure new and additional resources.

TRAINING

It is recommended to carefully consider sequencing as it relates to training and associated activities. In Allegheny County, the training process was initiated after the *Practice Standards* were developed and implemented. This allowed trainers not only to review the *Practice Standards* as part of the training, but also gave them something to refer back to when ethical dilemmas or practice-based questions arose in the training sessions.

It is recommended that the training team is comprised of individuals whose SOGIE and racial, ethnic, and cultural identities mirror the local community that is served by child welfare. In Allegheny County, some people reported that discussing SOGIE was not done in particular communities and attributed such discussions to something that White people do. A diverse group of trainers may have more authority to debunk such assertions. This type of diversity can support an environment where courageous conversations can occur.

Face-to-face trainings are best facilitated by those who have strong SOGIE-based knowledge and/or lived experience, coupled with direct child welfare practice experience. Trainers need a unique set of skills to deliver this content to a disengaged or sometimes hostile audience, so that they will be able to address microaggressions or macroaggressions within the training space as they occur. When discussions of how personal beliefs and values may be having a negative impact on one's ability to do his/her/their job competently are not well facilitated, not only do attendees not integrate the new training content into their day to day practice, they may also be reluctant to engage in any additional skill building in this area. They may also elect to "tune out" any additional workplace discussions of SOGIE. A skillful trainer knows how to validate one's personal and/or religious beliefs while at the same time challenging attendees to thoughtfully consider how those beliefs were constructed and if they may be adapted in some way to support best practice with LGBTQ+ youth and families. To prevent burnout, trainers need an outlet to assist with processing their experiences of training, related to a managing the discussions and the implicit and explicit messaging that occurs in the course of training itself. Furthermore, accountability structures should be in place to address inappropriate behavior of administrators or staff within the training space. These accountability structures should clearly outline the consequences for disrupting or refusing to complete required training.

Training should be primarily experiential in nature, and be ongoing, rather than a discrete set of modules to be covered once as a part of the onboarding process. The lived experiences of youth with prior child welfare involvement should also be highlighted as a part of the training process to help employees understand how youth and families can be negatively impacted when SOGIE and other aspects of identity are not thoughtfully integrated into safety, case, and permanency planning. Training should not be framed as an "add on" training or training that only focuses on a

“special population,” but rather be messaged as a way to incorporate all parts of youth’s identity into case practice. By incorporating an intersectional approach to training, jurisdictions can also more adequately address the unique needs of LGBTQ+ youth of color who live at the intersection of identities that have historically been marginalized by society and may be experiencing multiple forms of bias and discrimination related to their identities. The inclusion of youth voice can also help reluctant providers understand that youth want to discuss their identities in a holistic, non-compartmentalized way, and how important it is for a youth’s development to have all parts of their identity acknowledged and affirmed.

Jurisdictions may consider developing a brief video repository with “on demand” training videos covering specific pieces of knowledge to reinforce content learned in the classroom setting. These videos could also be used to help build procedural competence. For example, trainers could create a video showing a caseworker having a conversation with a young child about gender identity, or one demonstrating how to start talking to youth about their sexual orientation in a way that is sensitive and developmentally appropriate. Video based “tip sheets” could be another means through which jurisdictions may supplement classroom-based training in a way that may be less formal and more inviting to employees.

Finally, training of community partners may require an organizational mandate. This can be accomplished by requiring SOGIE training as a part of the contractual obligations of external provider agencies, or through leveraging existing personal relationships between agency leadership and child welfare leadership. It is further suggested that free CEU’s/CLUs be offered as an incentive to increase provider/community partner buy in and participation for initial and ongoing training efforts, and to continue to build a positive relationship between child and family serving agencies and the child welfare system.

COACHING

Coaching is needed to support workers on how to thoughtfully, but thoroughly, elicit SOGIE information from children and youth as part of the routine assessment and intake processes, and how to help providers move beyond their own personal discomfort in this area. Allegheny County found that in order for ongoing case consultation to be sustained more coaches are needed—that is, the SOGIE Project Director, as well as the five regional SOGIE Champions are not enough to meet the need for case consultation.

In addition to tangible training supports, there must also be additional structures in place to support individuals who daily are working on increasing system wide diversity and inclusion efforts, such as the SOGIE Project Director. Specifically, providing ongoing emotional support is critical. This is not only true in relation to SOGIE specific content, but also true for all equity and inclusion training delivery and implementation efforts. It is often difficult for individuals within a system to acknowledge that the system is failing particular groups of youth, and that they may have played a part in that failure. Less often, there is a complete denial by some individuals that these inequities exist or that they need to be addressed in both individual (training) and systemic (policy changes)

ways. As noted earlier those who are delivering the training can experience an emotional toll. It is recommended that as a part of ongoing coaching, there is ample time and space to debrief as a team after each training session in order to maintain the training team’s motivation and allow for them to problem solve around the challenges that may have arisen in the training sessions. Lastly as we have already noted, consistent clinically based supervision and ongoing coaching to support best case practice in relation to SOGIE is critical. Without structured supervision, it will be difficult to sustain this, or any other, large scale system improvement effort.

PERFORMANCE ASSESSMENT/ FIDELITY

Ongoing performance assessment by members of the supervisory team is essential for full implementation. Part of the performance assessment process is having a structured reflective supervision fully implemented and systems in place to document and track if regularly scheduled supervision meetings are being completed. Supervision will be enhanced if it includes a “self-evaluation” component that allows the employee to rate themselves on their job performance which allows supervisors to identify areas in which the employee may recognize that there is room for improvement. Data analytics departments, like DARE in Allegheny County, can assist with ongoing fidelity management by providing supervisors with monthly reports on the performance of their employees in relation to completing SOGIE data fields. Similarly, jurisdictions can track and improve the performance of supervisors by providing directors or program managers with similar reports related to how well they are monitoring/addressing their employees performance in this area. Further, it is recommended that both quantitative and qualitative data is collected and reviewed by all levels of workers. Allegheny County conducted quality service reviews in collaboration with the state and used it as an opportunity to examine practice related to collecting SOGIE data and engaging youth about their SOGIE. The results of the review were presented to leadership and a broad stakeholder group including workers and contracted providers. It is recommended that in addition to collecting and reporting on quantitative and qualitative data, a diverse group of workers come together to strategize and test ways to improve the collection of SOGIE data, the use of data for planning purposes, and outcomes for LGBTQ+ youth.

ORGANIZATIONAL DRIVERS

FACILITATIVE ADMINISTRATION

In order to fully benefit from the use of an implementation science framework to move forward a system improvement or innovation, it is essential that all those involved in the implementation process have a thorough understanding of the stages of implementation, the processes involved, and the key drivers at all levels necessary to successfully do the work. It appears that at times there was some disconnection among different areas of administration concerning the immediate need for the innovation, and how to best support its implementation, as it was said by one administrator “everything is a priority.” Ensuring those at all levels of an organization’s structure from the on the ground providers all the way up through Executive Leadership recognize the importance of enacting and maintaining the implementation science frame is key to support full implementation and sustainability.

Written policy is a critical part of competent child welfare practice, as it outlines the expectations for those providing services to children, youth and families. Written policies give employees a roadmap to follow concerning what they should and should not be doing on a day to day basis. Enforceable accountability structures support compliance to policy across all levels of the organizational structure. Policy alone is not sufficient to bring about sustainable changes in organizational structure and ultimately practice. Accountability structures are tangible ways in which an organization can demonstrate its commitment to practice improvements, as well as serve as a deterrent to those who may wish to maintain the status quo. At best they are vehicles for promoting staff development, increasing their knowledge and skill and identifying future leaders. In any organization, there will be early adopters who are very enthusiastic about and open to change, as well as those who are more skeptical and less open to innovation. Administration must understand that employees from hotline and intake through adoption must actively participate in the practice change efforts in order for them to be sustainable, and often internal accountability structures are the simplest way to achieve this end.

In Allegheny County, the creation of the Office of Equity and Inclusion has served to support greater levels of integration among multiple DHS based systems such as Child Welfare, Behavioral Health, Office of Intellectual Disabilities, and Housing and Homeless Services. Increased integration is necessary to truly meet the needs of diverse youth in care that are experiencing multiple concerns in relation to SOGIE and other identity issues. Building continued relationships with allies in these areas will strengthen overall leadership and build cross system support for the *Practice Standards* and associated practice behaviors. It is recommended that other jurisdictions consider such a high-level position/office to manage and integrate equity efforts.

Enforcing policies and practice standards in relation to external or contracted service providers working with child welfare involved children, youth, and families can present some significant challenges. These challenges are particularly acute in jurisdictions that are medically underserved, lacking an adequate number of foster homes, have a large percentage of exclusively faith-based provider agencies, or have a limited number of external service providers who are willing/able to work with families with child welfare involvement. However, one way these potential challenges were minimized in Allegheny County was to include a statement in every contract concerning the need to follow all the recommended child welfare *Practice Standards* related to SOGIE. Consistent, ongoing contract monitoring is needed to ensure that partner agencies and service delivery approaches are consistent with the standards, and allow for documentation in this area so that if agencies fail to meet standards, there is recourse. Recourse can be a program improvement plan with supports from the agency to having the agency's contract non-renewed or terminated. It is recommended that jurisdictions review and amend existing contracts to enforce policy and practice standards that support SOGIE and other equity efforts and the contract monitoring system supports a clear recourse for violations of equity standards of practice.

System improvement efforts may plateau if they are relying exclusively on internal momentum. It is recommended to have external accountability structures in place such as a TA team, external

evaluators, community advisory board, an external equity team, and/or youth feedback team to ensure the continued forward progress of system improvement efforts. These external accountability structures also serve to offer another perspective on the overall level of progress or improvement within the system, and how the implemented changes have impacted key stakeholders.

SYSTEMS INTERVENTION

Whenever possible it is recommended that SOGIE related system improvements be embedded into already existing equity and quality improvement efforts and expanded to include all equity related work (for example, equity work related to SOGIE equity, immigration and racial equity). A thorough understanding of how ongoing equity improvements support the overall vision and mission of the agency is key to increasing employee buy-in at all levels of the organizational structure. This should be clearly communicated to help staff members understand these system improvements to be improvements in overall equity and inclusion and not improvements that are targeting “special groups.” This communication should emphasize that ensuring healthy sexual and identity development related to SOGIE applies to all youth not only youth who identify as to LGBTQ+, but that given histories of discrimination and bias, the workforce will need additional training and support to ensure affirming practice with LGBTQ+ youth.

It is essential to begin building (or strengthening) the relationship between child welfare and community leaders from day one of project inception in order to allow sufficient time for the development of trust that is needed for LGBTQ+ community leaders and child welfare leadership to work together. Historically in many communities, this has not been a mutually beneficial relationship. And if there has been a well-established history of mistrust, this mistrust must be acknowledged and adequately addressed prior to moving the work forward. Community members can play a unique and valuable role in the planning and implementation processes. Authentically engaging with them also creates a unique opportunity for further external accountability structures to be put in place. The lived experience of LGBTQ+ community members and community leaders can serve as a unique resource to conceptualize innovative ways to support LGBTQ+ youth and their families, particularly if these community leaders have had personal interaction with child welfare and other public serving systems. However, it is imperative that jurisdictions not merely rely on the well-known LGBTQ+ community leader or best funded LGBTQ+ community agency, but that regular efforts are made to engage and collaborate with those advocating and working with LGBTQ+ youth of color, who may seek out support from lesser known, informal networks and may not related to the label LGBTQ+. There remains an obligation to ongoing community-based collaborations to meet the needs of diverse families with child welfare involvement so that their multiple intersecting identities can be addressed in thoughtful and holistic ways.

Jurisdictions should consider developing or strengthening partnerships between Child Welfare and Universities with Title IV-E training programs. This is an area that has continued to be underdeveloped throughout the course of the getREAL work. Increased, targeted collaboration with social work educators at area colleges and universities is indicated at this time, so that

future child welfare leaders receive the appropriate prerequisite education in relation to LGBTQ+ youth in child welfare. Attention needs to be paid to ensuring there is increasing integration of LGBTQ-focused curriculum within University-based child welfare training which will build baseline competence in IV-E graduates, and continue to build overall system capacity, as these graduates often move on to supervisory positions within child welfare.

DECISION SUPPORT DATA SYSTEMS

Data is essential to inform policy decisions and to prioritize the allocation of resources, as well as to measure progress and continue system improvements. It is essential to provide the resources necessary to support ongoing data collection efforts within child welfare and the greater DHS system. Unless it presented a clear safety risk to the child/youth, SOGIE-related information, like other demographic information, should be collected from all children/youth to assist with case planning and intervention. One of the key goals of the development of the *Guidelines* was to provide child welfare agencies with tools to help them successfully elicit and document SOGIE related information to assess if LGBTQ+ youth are disproportionately represented in a given child welfare system. Through thoughtful implementation of the *Guidelines*, jurisdictions will eventually have the necessary data to determine if there are outcome disparities experienced by LGBTQ+ youth relative to their non-LGBTQ+ peers in relation to safety, placement stability, permanence, physical health, mental health, and overall well-being. Additionally, routine collection of SOGIE-related information, along with other identity related information such as race, ethnicity, ability, religion, native language, country of origin, etc., would serve to guide case and permanency planning to support positive long-term outcomes for LGBTQ+ youth and families with child welfare system involvement.

Most child welfare jurisdictions have standardized assessment tools that are used to capture and record demographic information for children, youth and families with child welfare system involvement. Although many of these tools are web- and/or cloud-based, in most jurisdictions there is limited integration of the information captured on one specific tool with the information captured on other tools that are completed in relation to the youth or family. Modification of paper and pencil assessment tools to include SOGIE-related demographic information is generally a straightforward process once the appropriate approvals and changes to copyright have been secured. However, this process can be much more laborious when there is a need to change the structure of standardized online data management systems and/or assessment tools such as the Child and Adolescent Needs and Strengths assessment (CANS). This modification process involves not only securing the appropriate approvals, but also often require additional resources to contract with an outside provider to do programming modifications to existing tools and systems. Without allocation of these financial resources, including time, to modify these tools and systems, the creation of additional data fields to capture SOGIE related demographic information cannot be achieved. As most public child welfare systems are operating on a highly controlled budget that may be subject to administrative or legislative approval, implementing these changes may take considerably longer than is desirable. The time needed to approve the resources to build the necessary data and system supports can be prohibitive, particularly if the individuals

who are approving these appropriations do not understand the necessity or value of collecting SOGIE-related information to support positive short and long-term outcomes for LGBTQ+ youth. Jurisdictions may have to engage in educational and advocacy efforts to make the connection between collecting these data and improved individual and system level outcomes.

LEADERSHIP DRIVERS

Leadership will remain an essential component of enforcing accountability standards for DHS employees and contracted providers in relation to the thoughtful application of the *Practice Standards*, and ensuring the *Guidelines* are fully implemented and sustainable. Leadership within CYF and DHS have been vocally supportive of this project since its inception, however the capacity -building needs for the project far exceeded what was expected, and what was allocated to support SOGIE based system improvements. Leadership must prioritize this work and allocate sufficient funding up front to support multiple full-time positions dedicated to SOGIE equity work. The creation of the DHS-wide Office of Equity and Inclusion during Year 5 clearly indicated that equity and inclusion are valued by and must be supported by all those interacting with these systems. However, due to multiple other initiatives consistently being prioritize over SOGIE equity and inclusion efforts full implementation was not reached by the end of the grant term.

In this jurisdiction, like many others, a top down approach to implementation, which originated from a directive from leadership, was necessary to install and begin the implementation of the *Guidelines*. Although there is some research to support that sustainability is improved if there is a simultaneous top-down and bottom-up approach to implementation that is firmly grounded in building buy-in from on the ground providers prior to installation of an innovation, many of the needed system and practice-based improvement efforts that were needed in relation to SOGIE were time sensitive and needed to be installed without delay.

The complexity associated with making significant changes within public child welfare systems cannot be understated. Although some challenges are easily addressed through technical solutions, such as having the SOGIE fields physically built into data collection and management system, other challenges require more adaptive leadership solutions in order to be adequately addressed. An example of this is addressing individual workers and providers' reluctance to discuss gender and sexuality with children and youth as developmentally appropriate. These concerns may stem from multiple places including their own discomfort discussing these issues in general, their perceptions of how these conversations are only appropriate for adults or from confusion concerning what those types of conversations would look like when done in a developmentally appropriate manner. Thus, for many of the challenges encountered with the implementation of the *Guidelines*, technical solutions cannot adequately address the underlying issues that impacted successful implementation.

During SOGIE training, several agencies who certify resource parents reported that they would not disqualify someone as a potential placement just because they would not be affirming of a youth's identity. These examples indicate that training alone is not enough to bring about necessary SOGIE-affirming changes within child welfare employees or external provider agencies. Leadership should hold external providers to the same standard that they are expecting from DHS employees in relation to adherence to the thoughtful and consistent application of the *Practice Standards*. These accountability structures should be transparent and applied consistently across external provider agencies, regardless of the limited number of available foster families or provider agencies contracted to find appropriate placements for youth or to provide supports to children and youth in care.

Leadership should encourage continued evaluation of workplace climate and the collection of information related to the attitudes and beliefs of the agencies that are contracted to work with the youth and families within the various DHS divisions. At the end of the implementation term, there remained a small contingency of leadership and staff within certain provider agencies having issues with the implementation of the LGBTQ+-focused work, some with high levels of personal discomfort discussing SOGIE within a professional context. This is part of ongoing implementation and important to continue to address with both technical and adaptive solutions, as this discomfort does impact their ability to respond appropriately to LGBTQ youth. It is hoped that through the application of adaptive leadership, that a deeper understanding of the *Practice Standards* will lead to these providers responding appropriately to LGBTQ youth and their families. Standards such as these are not an attempt to change values, but rather to provide clear parameters for appropriate behavior when interacting with LGBTQ+ youth and their families regardless of one's personal values.

CONCLUDING THOUGHTS

The process of implementation is often not linear in nature and is unique in its character and substance for each organization or system. Some systems are relationship driven, while others are outcome driven. Some are top-down while others are shaped more by consumer needs and feedback. As such, the implementation science framework focusing on the identification and evaluation of core implementation drivers may not be the most effective framework to use when evaluating the implementation of equity improvements, which are in essence systemic culture change, rather than the implementation of a standardized practice model or intervention approach. Although rigorous evaluation methods are essential to assess the process and outcomes of any system change efforts, individual jurisdictions must thoughtfully explore multiple evaluation frameworks to determine which one is most appropriate for their specific geographic area, system capacity, culture, and clients served.

Equity work within child welfare is a slow, and often laborious process, which requires sustained commitment at all levels of the organizational structure in order to enact lasting change. Equity work at its core challenges histories and systems that have oppressed people of color and LGBTQ+ individuals. Thus, equity work requires all of those involved in the system to first acknowledge that there are needed improvements related to equity and inclusion for LGBTQ+ youth and their families and that examining the intersection of race, ethnicity and SOGIE is necessary for effective strategies. It also requires each member of an organization to thoughtfully appraise how they have both contributed to gains in equity as well as how they may have encumbered them. This process requires not only instrumental support but also less tangible emotional support for those engaged in this challenging process. Systemic change requires an ongoing top down commitment from leadership but also continual buy-in from mid-level supervisors, staff, and direct service providers. Leadership is not a position but rather a choice and can occur at all levels. A healthy strong organization makes the most of the leadership that exists throughout its system at every level and explicitly and repeatedly makes the connection between equity and improved youth and family outcomes. It is our hope that this work will help to support future equity and inclusion efforts in other child welfare jurisdictions to promote the safety, stability, permanence, and well-being of LGBTQ+ youth with child welfare involvement nationwide.

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APPENDIX A

STAGES OF IMPLEMENTATION

The functional stages of implementation have been identified as exploration, installation, initial implementation, and full implementation. This framework can be used to assess the progress toward implementing the SOGIE Guidelines by evaluating the extent to which activities are moving implementation of the Guidelines toward full implementation. The stages of implementation are briefly described below:

- **Exploration involves assessing readiness for an innovation by an Implementation Team.** The purpose of exploration is to assess the potential match between community needs, agency needs, and the resources necessary to implement the innovation. At the end of the exploration stage, a decision is made to proceed with implementation based on criteria developed by the community and the agency.
- **Installation begins once the decision is made to begin implementing the program and involves all of the tasks that need to be accomplished before the program can begin.** These tasks can include: developing policy, selecting staff, identifying sources for training and coaching, providing initial training for staff, finding or establishing performance assessment tools, locating office space, assuring access to materials and equipment, and ensuring all necessary resources are in place before the work can proceed. During installation, the Implementation Team helps agency administration recognize the need for these resources.
- **Initial implementation begins when the innovation is used for the first time.** During this stage, staff are attempting to use newly learned skills, while the agency is also learning how to change to accommodate and support the new ways of work. The Implementation Team helps to develop the staff competencies required to sustain the program, and helps leaders adjust their functions to align with the program.
- **Full implementation is reached when 50% or more of the intended practitioners or staff are using the innovation with fidelity and good outcomes.** The innovation becomes a part of “routine practice” and is no longer conceptualized as “novel”.

Bertram, R. M., Blase, K. A., & Fixsen, D. L. (2015). Improving programs and outcomes: Implementation frameworks and organization change. Research on Social Work Practice, 25(4), 477-487.

APPENDIX B

CORE IMPLEMENTATION DRIVERS AND THEIR DEFINITIONS

The goal of implementation is for practitioners to use innovations effectively. To do this, practitioner behavior needs to be supported through a set of core implementation drivers that are necessary to create and sustain positive change. These implementation drivers fall under three domains: 1) Competency Drivers including selection, training, coaching and performance assessment/fidelity; 2) Organizational Drivers including decision support data systems, facilitative administration, system interventions; and 3) Leadership Drivers Composed of technical and adaptive leadership. These interactive processes need to be integrated into an agency's infrastructure in order to implement and sustain practice change. Brief descriptions of each implementation driver are below.

COMPETENCY

- Selection refers to the characteristics of staff that make them most likely to effectively implement an intervention, including not only academic qualifications and professional experience, but also elements like common sense, personal values, a sense of social justice, willingness to learn, and empathy. Not everyone is suited to each role. People who are outgoing and decisive may make good practitioners or Implementation Team members. People who are methodical and comfortable making judgments based on specified criteria may make better evaluators. People who are more comfortable with public speaking and “performing” might make better trainers. With respect to given evidence-based practices or programs, the extent of knowledge and direct experience in the specific program or practice might be more critical for some positions than others. Selection may include:
 - selection of practitioners,
 - selection of organization staff (trainers, coaches, evaluators, administrators), and
 - selection of staff for Implementation Teams.
- Training refers to the necessary education of staff members as to when, where, how, and with whom a new program should be used. The effective uses of innovations require behavior change at the practitioner, supervisory, and administrative support levels. Training and coaching are the principal ways in which behavior change is brought about for carefully selected staff in the beginning stages of implementation and throughout the life of evidence-based practices and programs. Most skills needed by successful practitioners can be introduced in training but really are learned on the job with the help of a consultant/coach (e.g., craft information, engagement, treatment planning, teaching to concepts, clinical judgment).

- Coaching follows training in order to support program implementation. This is essential as there is a wide body of knowledge demonstrating that training is not enough to change practitioner behavior. Thus, these two inter-related drivers are the primary ways in which agencies facilitate behavior change among practitioners. The four main roles of a coach are:
 - Supervision,
 - Teaching while engaged in practice activities,
 - Assessment and feedback, and
 - Provision of emotional support.
- Performance assessment/fidelity is used to measure the extent to which practitioners are utilizing the skills and knowledge imparted in training and elaborated upon in coaching, as well as their outcomes on successful implementation of the program. In other words, fidelity of implementation is the degree to which teachers and other program provider's implement programs as intended by the program developers.

ORGANIZATIONAL

- Decision support data systems provide information that is necessary for informing leadership and practitioner decision-making and provide a resource for evaluating overall agency performance in maintaining fidelity to the program model. Effective organizations make use of a variety of measures to:
 - Assess key aspects of the overall performance of the organization,
 - Provide data to support decision-making, and
 - Assure continuing implementation of the evidence-based intervention and benefits to consumers over time.
- Facilitative administration ensures that leadership is sustaining implementation of the new program through the provision of needed resources and the assurance that policies, procedures, structure, culture, and climate are aligned in support of the practice. Facilitative administrative support is proactive, vigorous and enthusiastic attention by the administration to reduce implementation barriers and create an administratively hospitable environment for practitioners. In an organization that 'hosts' an evidence-based program or practice, facilitative administration includes internal policy analyses and decisions, procedural changes, funding allocations and a culture that is focused on what it takes to implement with fidelity and good outcomes.
- System interventions represent agency efforts to collaborate with critical external systems so that necessary financial, organizational, and human resources are aligned to support the implementation of the new program. Systems intervention requires attending to multi-level alignment, maintaining leadership and focus, creating and staying connected to champions, intervening to change policies and funding contingencies, and remaining vigilant at local, state, and federal levels for both windows of opportunity and threats to fidelity and sustainability are all fertile arenas for systems intervention. Leadership and responsibility for this systems-

alignment function must be clearly articulated at each level and with an overall structure to support the communication within and among these levels.

LEADERSHIP

- Leadership is essential in moving a complex and entrenched system through meaningful change—and leading through the resistance that can arise in the process. Leadership can be technical (leadership based on concrete knowledge or skills that can be applied to a specific problem or circumstance) or adaptive (practical leadership that helps individuals and organizations adapt and thrive in challenging environments) in nature.

Adapted from Implementation Science, the National Implementation Research Network, <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>.

APPENDIX C

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES LGBTQ STANDARDS OF PRACTICE

These are the official DHS Standards of Practice. All DHS employees and contracted provider staff are expected to review these documents and adhere to the established standards.

- **Working with LGBTQ Individuals: Professional Expectations.** Details expectations related to the treatment of members of the LGBTQ community by DHS staff and contracted providers and what steps to take if discrimination is witnessed.
- **Expectations for Serving LGBTQ Individuals.** Provides general guidance for DHS and contracted provider staff to enhance their interactions and service delivery with individuals who identify as LGBTQ.
- **Communication Related to Sexual Orientation, Gender Identity, and Expression: Language, Terminology, and Preferred Names and Gender Pronouns.** Provides guidance related to the determination and use of preferred pronouns when speaking with and referring to an individual.
- **Office of Children, Youth, and Families: Documentation of Information Related to Sexual Orientation, Gender Identity, and Expression (SOGIE).** Addresses best practice standards for documenting information related to SOGIE, as well as how to manage the limitations of information systems.
- **Housing and Placement with LGBTQ Individuals.** Provides guidance related to persevering to find an appropriate housing environment for individuals who identify as LGBTQ.
- **Making LGBTQ Appropriate Referrals.** Provides details related to the assurance that the individuals and agencies to which referrals are being made demonstrate cultural responsiveness and are welcoming of the LGBTQ community.
- **Understanding Disclosure Related to Sexual Orientation, Gender Identity and Expression Information.** Provides details regarding the methods by which DHS and provider staff must engage the individual in a discussion regarding the potential disclosure of SOGIE information.

Retrieved from : <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Standards-of-Practice.aspx>.

APPENDIX D

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES NON-DISCRIMINATION STATEMENT

The Allegheny County Department of Human Services does not discriminate against anyone on the basis of a protected class including: race; color; religion; national origin; ancestry or place of birth; sex; gender identity or expression; sexual orientation; disability; marital status; familial status; age (40 and older); use of guide or support animal because of blindness, deafness or physical disability.

Retrieved from: <https://www.alleghenycounty.us/Human-Services/Resources/Doing-Business/Policies.aspx>.

APPENDIX E

TRAINING GOALS

Below is a list of the overarching goals related to the initial classroom and ongoing experiential training related to SOGIE specific system improvements in Allegheny County CYF.

1. Workers understand the values and principles that guide this work, so that when they face scenarios not included in training, they have an appropriate value-base from which to make decisions.
2. Workers have a common language and understanding of LGBTQ+ terminology as well as gender-neutral options and special considerations for transgender and gender nonconforming individuals.
3. Workers practice using terminology and develop more comfort using SOGIE language in a conversation; and will be able to sensitively ask questions around language when they don't understand.
4. Workers differentiate and clarify personal and professional values and understand their responsibilities and the expectations of DHS.
5. Workers gain awareness around the challenges and vulnerabilities of LGBTQ+ youth in the system (emphasizing youth of color) and why it is important to ask and explore SOGIE with clients.
6. Workers understand and have practiced techniques to discuss SOGIE topics with youth.
7. Workers understand the coming out process and how to support a youth throughout that process, including use of preferred name and gender pronouns, if applicable.
8. Workers can articulate how to incorporate SOGIE into safety and risk assessments as well as case and permanency planning.
9. Workers understand that youth are the owners of their SOGIE information. When a youth discloses their SOGIE, workers know how to talk with the youth about documentation and disclosure of that information. They also understand unethical 'outings' of youth and its potential implications; and how to talk to youth when disclosure needs to happen if it is against the youth's wishes.
10. Workers will practice learned skills through scenario modules addressing:
 - Discriminatory behavior by coworkers or provider agencies.
 - Special considerations for transgender youth.
 - How to support an LGBTQ+ youth who is being rejected by their family for religious reasons; and how to engage and support the family towards acceptance when possible.
 - How to intervene with a birth parent who does not want their child placed in an LGBTQ+-

affirming environment, or with same-sex caregivers; or a foster parent who is uncomfortable or unwilling to accept an LGBTQ+ youth.

- How to support an LGBTQ+ youth who is in out-of-home care.

APPENDIX F

DRIVERS AND SUPPORTS NECESSARY FOR SUCCESSFUL IMPLEMENTATION

COMPETENCY

- Staffing needs for the implementation team and the organization as a whole must be addressed prior to installation.
- Screening for bias and underdeveloped critical thinking skills at the pre-employment level for all child welfare positions is recommended.

SELECTION—IMPLEMENTATION TEAM

- Lived experience as a child welfare alumni and/or person who identifies as LGBTQ+ can be helpful.
- At least one member of the implementation team should have decision making authority at the leadership level.
- Strong verbal and written communication, attention to detail and organization skills are essential.
- Knowledge and experience with implementation science or large-scale system change within child welfare.

SELECTION—TRAINING TEAM

- Trainers should have thorough knowledge of SOGIE, the ability to engage participants to engage in “courageous/difficult conversations”.
- Lived experience as a child welfare alumnus, and/or person who identifies as LGBTQ+ can be helpful to.
- Has thorough knowledge of child welfare workers day to day job functions and can connect material to those job functions.
- Must be able to engage in effective “classroom management” and proactively addressing (implicit and explicit) bias during training sessions.

TRAINING

- Have policies/guidelines developed prior to initiation of the training process.
- Focus on experiential and case base learning.
- Training is not framed an “add on” or on a “special population” but rather as a component to addressing the whole youth and his/her/their needs holistically.
- Have resources worker and other providers can refer back to such as tip sheets and on-demand videos.
- Offer free CEUs as a part of training.

COACHING

- Coaches or Champions are installed at every office location or region and are available for ongoing case consultation.
- Structured reflective supervision model must be in place to support best case practice through ongoing feedback.
- Instrumental and emotional supports must be consistently available to the training team and implementation team.

PERFORMANCE ASSESSMENT/FIDELITY

- Engage in regular (bi-annual) performance reviews and ongoing weekly supervision with structured feedback and self-evaluation components.
- Use available data management systems to track fidelity and compliance.

ORGANIZATIONAL

Facilitative administration

- Administration and leadership have a thorough understanding of the process of implementation science.
- Administration and leadership have a thorough understanding of the innovation and why it is important for practice or policy improvements.
- Written policies/guidelines are essential to sustainable system improvements.
- Both internal and external accountability structures are needed to support full implementation and sustainability.
- Prioritization (both monetarily and in relation to time) of holistic equity and inclusion efforts that include SOGIE.

System interventions

- Continue to engage the local LGBTQ+ communities—take the necessary time to build/rebuild mutual trust.
- Always include the voices of youth, particularly youth of color.
- Incorporate SOGIE-based equity and inclusion efforts into other equity and quality improvement efforts.
- Develop partnerships with IV-E training programs to strengthen the overall child welfare workforce.

Decision support data systems

- Adequate time and monetary resources must be available to complete the creation or modification of data management tools to capture and record SOGIE information.
- Use data to reinforce accountability structures.

LEADERSHIP

Technical

- During installation and initial implementation, top down mandates are necessary in order to bring about practice change, which will also support culture change.
- Prioritization of resources to support implementation will help the implementation process to occur in a timely manner and will support sustainability.
- Enforcement transparent accountability structures that are applicable to all community-based provider agencies, regardless of pre-existing relationships with these agencies.

Adaptive

- Determine strategy to assist workers/provider to reconcile conflict between their personal values and best practices for LGBTQ+ youth.
- Frame SOGIE equity as part of larger equity initiatives that address the needs of the youth and families holistically.