

Los Angeles County LGBTQ Youth Preparedness Scan

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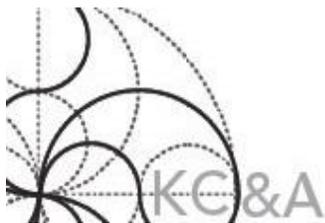


TABLE OF CONTENTS

Acknowledgments	7
Executive Summary	8
Key Findings.....	9
Knowledge & Comfort	9
Experience.....	10
Policy.....	10
Environment	10
Data Collection & Intake	10
Over-arching Themes & Recommendations	10
Moving Beyond Training to Staff Development.....	10
A Proactive, Practical Approach to Discussing SOGIE with Youth.....	11
Increasing Preparedness for Serving Transgender and Gender Non-Conforming Youth	11
A Need for Integrated Policy Education to Support Advocacy in Service Planning and Environmental Redesign	12
Building Capacity for SOGIE Data Collection.....	12
A Coordinating Entity for a Strategic Implementation of Recommendations	12
Background.....	13
Los Angeles County’s History with Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Foster Youth .	13
GLASS	13
RISE	14
Assessment Need and Board of Supervisors Motion	15
The Office of Child Protection (OCP)	16
Contractors’ Roles	20
Project Framing	20
Scope.....	20
Theoretical Framework	21
Methodological Approach	23

Survey Respondents23

Current State of Preparedness26

 Staff Knowledge26

 Tested Knowledge about Terminology27

 Tested Knowledge about Policy Regarding LGBTQ Children and Youth30

 Training32

 Knowledge of Resources37

 Staff Comfort40

 Breakdowns in Knowledge, Comfort, and LGBTQ-related Attitudes43

 Staff Experience.....45

 Awareness of the Presence of LGBTQ Youth45

 Direct Experience47

Systems and Structures48

 Policies48

 Work Environment.....52

 Data Collection54

Other Submitted Documents58

Challenges working with LGBTQ children and youth61

 Staff-Level Challenges61

 System-Level Challenges63

 External Challenges.....65

Patterns and Possibilities.....66

 Transgender Youth66

 Attitudes towards LGBTQ Issues66

 Affirmative Attitudes.....67

 Knowledge, Comfort, Experience and Associated Outcomes68

 Correlations Between Outcomes68

 Outcomes by Department69

Limitations71

Implications and Recommendations	71
Knowledge of and Comfort with LGBTQ Youth	71
Workforce Knowledge Strengths, Gaps and Strategies	71
Comfort	72
Training	73
Experience	74
Awareness.....	75
Structural Supports	75
Policy.....	75
Welcoming Environments.....	77
Data Collection.....	78
Privacy.....	79
Updating Data Collection Systems.....	79
Assessment as Intervention	80
On Breadth and Depth	81
Moving Beyond Cultural Competency to Reducing Oppressions and Disparities	82
Contractor Preparedness	83
Youth Preparedness	83
Implementation of Recommendations	83
Conclusion	87
Appendices	88
Methodology.....	88
Semi-structured interview (administered as face-to-face interview).....	88
Online survey (self-administered).....	92
Other Descriptive Data/Frequencies.....	114
Regression Results.....	119
Correlation Matrix.....	127

List of Tables

Table 1. County department and youth serving divisions, bureaus, or agencies16

Table 2. Demographic characteristics of online survey respondents24

Table 3. Employment characteristics of online respondents25

Table 4. Average number of reported terms and correctly matched terms30

Table 5. Tested knowledge by number of information sources30

Table 6. Percent of respondents who correctly identified policy statements31

Table 7. Submitted curriculum related training documents36

Table 8. Median percent of LGBTQ youth currently served by age group47

Table 9. Submitted LGBTQ inclusive policies.....50

Table 10. Submitted LGBTQ specific policies.....50

Table 11. Submitted data collection forms that measure SOGIE57

Table 12. Additional documents relevant to LGBTQ clients59

Table 13. Average outcome means by departments70

Table 14. Frequency of survey respondents by division, bureau, or agency114

Table 15. Average scores by outcomes.....118

Table 16. Regression results: Knowledge outcomes119

Table 17. Regression results: Comfort outcomes120

Table 18. Regression results: Experience outcomes121

Table 19. Regression results: Knowledge and tested policy knowledge123

Table 20. Regression results: Welcoming environment and attitude outcome124

Table 21. Outcomes correlation matrix.....127

List of Figures

Figure 1. Percent of survey respondents who work in divisions, agencies or bureaus that provide direct or indirect services (n=401)	26
Figure 2. Distribution of staff knowledge level by needs of different LGBTQ populations (n=391)	27
Figure 3. Proportion of respondents who report they can accurately define sexual orientation and gender identity terminology (n=385)	28
Figure 4. Proportion of respondents who correctly matched terminology with definition (n=385)	28
Figure 5. Comparison of reported knowledge and tested knowledge by key terminology	29
Figure 6. Reported knowledge and tested knowledge results by whether respondent receive training	29
Figure 7. Percent of staff who report their knowledge, comfort, and/or skill working with LGBTQ individuals by source of information (n=385)	32
Figure 8. Distribution of sources among those who reported only one source (n=183)	33
Figure 9. Percent of staff who believe assistance/training is needed in following areas (n=384)	34
Figure 10. Percent of staff who report they have resources for youth and staff by SOGIE (n=393)	38
Figure 11. Percent of staff who report resource availability by service provision to LGBTQ children/youth(n=278)	38
Figure 12. Percent of staff who report resource availability comparing DCFS with other departments (n=278)	39
Figure 13. Ability to locate outside resources for LGBTQ children and youth (n=385)	39
Figure 14. Distribution of staff comfort level working with children and youth questioning their SOGIE (n=387)	40
Figure 15. Reported methods that would increase staff comfort working with children/youth questioning their SOGIE (n=387)	41
Figure 16. Distribution of staff comfort level working with different LGBTQ populations (n=391)	41
Figure 17. Comfort level toward work responsibilities related to LGBTQ children, youth, adults and parents	42
Figure 18. Distribution staff experience level by different LGBTQ populations (n=393)	45
Figure 19. Distribution of staff who reporting knowing their division, bureau, agency serves LGBTQ children/youth by department (n=340)	46
Figure 20. Percent of staff who know how many children overall and LGBTQ children are being served by their division, bureau, or agency	46

Figure 21. Staff experience level with LGBTQ children, youth, adults, and parents by specific scenarios (n=393)48

Figure 22. Percent of staff who know their division/bureau/agency has anti- discrimination policies for sexual orientation (n=392)51

Figure 23. Percent of staff who know their division/bureau/agency has anti-discrimination policies for gender identity (n=392)52

Figure 24. Distribution of respondents who feel their work place has a welcoming environment for LGBTQ children, youth, adults and parents (n=387)53

Figure 25. Percent of staff who have ever challenged a discriminatory statement about LGBTQ individuals in the workplace (n=391)53

Figure 26. Staff assessment of supervisor's helpfulness when discussing LGBTQ related issues (n=385)54

Figure 27. Percent of staff reporting types of demographic variables required to be collected as part of their job (n=382).....55

Figure 28. Distribution of respondents required to collect data on sexual orientation by department (n=53) 55

Figure 29. Distribution of respondents required to collect data on gender identity by department (n=54)56

Figure 30. Respondents' attitudes toward LGBTQ issues67

Figure 31. Has this survey increased your awareness about any of the following...? (n=382)81

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EXECUTIVE SUMMARY

Commissioned by a Board of Supervisors mandate in October 2015, this Scan of Los Angeles County's efforts to provide high-quality, effective services and supports for LGBTQ youth and reduce disparities they face emerged out of series of facilitated convenings with the executive leadership from the 11 youth-relevant County departments. During the convenings, department leadership were informed about the disproportional number of LGBTQ youth in the child welfare system as well as their risks and barriers to health and wellbeing. The following two themes were noted:

- (1) The answer to questions about LGBTQ-inclusive demographic data collection, intake, service planning, and case reviews rest with staff much closer to the work on the ground who are scattered across the 132 various divisions or bureaus, and
- (2) Once they understood the risks, barriers and stigma LGBTQ youth face, they were now deeply interested in understanding how their own efforts to serve LGBTQ youth within their respective systems of care could support the reduction of LGBTQ youth disproportionality in the County child welfare system.

In response to these themes and proposals by this report's authors, the Board of Supervisors, via the Office of Child Protection, shifted and expanded the scope of the project to support the creation of a construct for "preparedness" grounded in the literature against which the workforce would be measured. Gaps in that preparedness would be the focus of the report, and analysis of existing demographic data collection efforts, intake processes, service planning, case review processes, and training needs would be subsumed under that focus. The newly formed Office of Strategic Public Private Partnership coordinated a successful effort to rally the philanthropic community to raise funds to cover the new costs related to the transformed scope, and the more rigorous methodology required to survey the full breadth of the workforce directly. This frame of "preparedness" intentionally avoids the terminology of "cultural competency" because the latter is a long-criticized approach which tends to limit the field's ability to identify and respond to actual roots of disparities and disproportionality.¹

We considered the overarching assessment question to be: "What is the current state of preparedness of Los Angeles County staff to work with LGBTQ youth and, where relevant, their families?" We defined 'preparedness' as having three domains:

- (1) **Knowledge & Comfort:** With regard to LGBTQ youth, is the department aware of needs, as well as national and local policies? Have the staff received training on LGBTQ youth issues or engaged in on-site discussions regarding facts, risk factors, needs, resources and policies for this population? How comfortable are staff working with this population?
- (2) **Applied Experience:** Is the department aware of and actively observe the presence of LGBTQ youth? Have departments and staff actively managed issues of equity for LGBTQ youth?

¹ Laura S. Abrams & Jené A. Moio (2009) Critical race theory and the cultural competence dilemma in social work education, *Journal of Social Work Education*, 45:2, 245-261

- (3) Structural Supports: Are there policies in place with regard to identification and treatment of LGBTQ youth? Do data systems collect and record information about SOGI according to best practices?

With this broader focus on county and department ‘preparedness’ to adequately serve LGBTQ youth, a new methodology that would determine quantifiable levels of the dimensions of preparedness and identify qualities and characteristics of these dimensions from the perspectives of those working within the system was needed. As such, we used a mixed method approach, integrating open-ended interviews, survey data, and document analysis. We identified sub-units² within each department that were most likely to encounter youth as well as those sub-units associated with policy, data collection and training related to youth populations. We then designed a semi-structured interview protocol for the heads of each of those sub-units (qualitative component) and an on-line survey (quantitative component) to send to 3-10 direct service staff members identified by the head of the unit.

The Scan included an assessment of staff knowledge, comfort, attitudes, experiences and awareness of system supports (policy, data collection, training) related to providing services for LGBTQ youth. Survey and open-ended responses were obtained in all these domains, and sample policy and data collection documents were collected. This Executive Summary highlights a few of the key findings in the main preparedness domains, identified overarching patterns and priority recommendations.

KEY FINDINGS

KNOWLEDGE & COMFORT

- The majority of respondents felt knowledgeable about LGBTQ youth issues and comfortable explaining sexual orientation terminology.
- However, a test of SOGIE related terminology demonstrated that actual knowledge is lower than perceived knowledge.
- A higher proportion of respondents reported having less knowledge about the needs of LGBTQ parents and transgender or gender-nonconforming youth than knowledge about sexual minority youth.
- Most interviewees and survey respondents indicated they were comfortable with LGBTQ individuals, and it is not surprising that LGBT and direct-service respondents felt the most comfortable with LGBTQ youth. It also appears that higher education levels are associated with higher levels of comfort.
- Though there were many examples of affirming LGBTQ youth’s experiences and expressing awareness that there is a need to address them, there were also many examples of lack of preparedness to address these issues. Specifically, many respondents a) used and reported others using insensitive or incorrect terminology for LGBTQ people, b) reported colleagues who thought negatively about LGBTQ people, and c) espoused a “colorblind” philosophy that could render LGBTQ youth invisible and mask the need to address systemic barriers.

EXPERIENCE

- Almost half of the respondents surveyed reported at least being somewhat experienced working with LGBTQ youth and most had not had experience with scenarios that required a more proactive and affirmative approach to working with LGBTQ clients
- Eighty-six percent (86%) of the workforce surveyed knew their departments served LGBTQ children, but only 40% could give estimates of how many children were served overall and even fewer (10%) could answer questions about how many of those youth were LGBTQ.

POLICY

- Overall, most Scan participants understood that LGBTQ individuals cannot be discriminated against based on sexual orientation or gender identity. Many were also able to point to a departmental non-discrimination policy, particularly one aimed at staff. Some respondents were less sure about protections for children, youth, or volunteers.
- With the exception of LA County Department of Education's extensive SB48 compliance work, almost no interviewed managers were aware of any of the eight State policies that support equity for LGBTQ youth.

ENVIRONMENT

- Overall, the majority of respondents felt their environment was at least somewhat welcoming to LGBTQ people.
- However, LGBT staff scored their work environment as less welcoming than non-LGBT staff, indicating that what might appear welcoming to non-LGBT people may not actually be so.

DATA COLLECTION & INTAKE

- Only 25% of survey respondents indicated that their sub-unit collects demographic data as part of delivering services. These survey data correspond to the interview data in which most respondents could not name a data collection mechanism for demographic data, especially formal ones that include questions about SOGIE status.
- The most common method to learn about a youth's sexual orientation and/or gender identity described by interview participants was relying on self-disclosure initiated by the youth themselves. Another approach that was reported was asking questions as part of documenting a new case or patient within social work, juvenile detention or health care settings.

OVER-ARCHING THEMES & RECOMMENDATIONS

MOVING BEYOND TRAINING TO STAFF DEVELOPMENT

While studies indicate significantly limited research exists assessing LGBTQ related knowledge and support, the trainings that have been implemented and evaluated tend to demonstrate an increase in comfort, awareness and knowledge about LGBTQ clients amongst professional staff. However, no research has

demonstrated enduring effects of the traditional didactic training approaches when it comes to adequately addressing LGBTQ youth. It would behoove the County to move beyond requiring “training for competency” to framing future knowledge enhancement efforts as “staff development towards LGBTQ preparedness and bias reduction”, sometimes within and but also outside of a traditional training model. Based on the findings, these future staff development efforts should:

- Be targeted to make sure that basic knowledge enhancement is targeted for para-professional and those staff who work in non-direct service roles such as those in administration, training, policy and information systems divisions
- Include caveats and scenarios to ensure that county staff are relying on more than just their own lived experiences to support them in serving LGBTQ youth
- Be part of a plan to provide the education in on-going regular intervals to the workforce, rather than a “one and done” approach
- Triangulation of several staff development sources (e.g. graduate education, job training provided by the County, training provided by external sources or previous employment, professional conferences) should be considered, as having more than one training source was related to higher knowledge scores
- Have demonstrated evidence of knowledge retention and practice change

A PROACTIVE, PRACTICAL APPROACH TO DISCUSSING SOGIE WITH YOUTH

The Scan indicates a general need to move beyond assessing knowledge or comfort perception as a result of trainings as we are seeing that, even those who are trained, do not necessarily have what they need to embody the practical skills needed when faced with “real life” in the field. There needs to be a focus on having service providers practice initiating conversations with all youth about SOGIE, such that the LGBTQ youth feel comfortable disclosing their orientations and identities and the non-LGBTQ youth feel that the conversations are routine and had with all youth.

The staff we surveyed called for more on-going training and coaching which includes:

- Understanding of real life examples
- Hearing directly from LGBTQ youth and their caregivers
- Support for knowing what the policies are, where they come from, and when to invoke them
- Opportunities to practice being proactive about SOGIE with all youth rather than focusing on “LGBTQ 101”

INCREASING PREPAREDNESS FOR SERVING TRANSGENDER AND GENDER NON-CONFORMING YOUTH

While preparedness to serve LGB youth measured by knowledge and comfort was not high among staff, even higher levels of unpreparedness as it pertains to gender minority (transgender and gender nonconforming) youth stood out in both the survey and interview findings. Future staff development efforts must be tailored for emphasis on transgender and other gender minority youth, appropriate language to describe and address their needs, and their transition to adulthood. In this area, the County may still need a “basic training” approach.

A NEED FOR INTEGRATED POLICY EDUCATION TO SUPPORT ADVOCACY IN SERVICE PLANNING AND ENVIRONMENTAL REDESIGN

While non-discrimination was clear in a staff context, respondents were less sure about protections for children, youth, or volunteers. Therefore, policy communications and trainings should emphasize that those protections apply when speaking about youth, families and volunteers.

It is recommended that the County itself as well as the policy units of all 11 departments review the 8 state-level policies that protect LGBTQ youth and conduct a cross-walk of their internal policies that would be affected and modify those policies accordingly, including policy mechanisms to inform youth about their rights, field grievances, monitor compliance, and ensure confidentiality. Training curricula and resource guides purchased or provided by the County have updated policy information included.

Furthermore, data indicated that departments may not be as welcoming as they think. Customized technical assistance and funding should be targeted at supporting departments to evaluate their environments accurately in terms of: inclusive communications at first contact; welcoming visual cues in offices, on websites and in materials; and hiring and affirming staff who openly identify as LGBTQ.

BUILDING CAPACITY FOR SOGIE DATA COLLECTION

In line with current advances in the field, we recommend that all departments implement mechanisms to assess SOGIE as a demographic and obtain technical assistance to ensure those mechanisms strike the correct balance between mitigating any risk due to disclosure and transparency. It is recommended that the County encourage individual departments to plug in to those efforts at the State level started because of AB 959 and begin a process translate them to their County information systems.

Each department should also analyze the demographic data it currently collects and shares so that SOGIE data (including preferred gender pronouns) is placed where that department would place other potentially stigmatizing demographic data (like race and ethnicity), while ensuring that it can be protected or private if needed and that clients can refuse to fill out the field if they do not wish.

A COORDINATING ENTITY FOR A STRATEGIC IMPLEMENTATION OF RECOMMENDATIONS

In the last twenty years, dozens of excellent practice guides and reports with valuable recommendations have been created in the LGBTQ youth arena. It is unclear whether those have resulted in the reduction of disparities. At least, this has not been the case in Los Angeles County, where the disparities still existed as of 2014 in the context of one of the largest departments with the greatest amount of public dialogue on LGBTQ issues. To maximize the impact of this report and to ensure that actions that result from it are efficiently coordinated, the County must create a neutral coordinating entity to cull and prioritize the recommendations, collaboratively create a strategic implementation plan for the County as a whole and for individual departments, coordinate the execution of the implementation plans, and monitor/hold the gains sustainably over the next 5-10 years. This entity could also serve as a neutral clearinghouse for vetted and evidence-based approaches to training, coaching, policy development, demographic data collection modalities and resource directories. Lastly, this entity would manage future surveys of the LA County youth population to assess whether the implementation of recommendations is indeed having the impact intended.

BACKGROUND

LOS ANGELES COUNTY'S HISTORY WITH LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING (LGBTQ) FOSTER YOUTH

GLASS

From 1984 to 2008, there was only one place where LGBTQ foster youth in Los Angeles were served in accordance with their unique needs for safety, permanency, and well-being, rather than relating to their LGBTQ status. Instead, they received services to address the stigma and rejection that surrounded them. That place was the Gay and Lesbian Adolescent Social Services (GLASS), a private non-profit organization that operated group homes, foster homes, mental health services, and a transitional living program. While GLASS did great work, and made hundreds of LGBTQ foster youth feel at home, having a specialized LGBTQ foster care placement resource ultimately had its shortcomings, for two primary reasons. Firstly, GLASS group homes became used by county social workers and probation officers as a “final resting place” within the child welfare system for youth explicitly identified as LGBTQ and those who were perceived, many times erroneously, as LGBTQ. Child welfare and probation professionals could rest assured that the youth would be safe and affirmed. Despite this assurance, many youth eventually aged out of the foster care system and any attempt to achieve permanency would become moot. This was partially due to the belief that rejecting families would never accept their LGBTQ members. Therefore, youth would be safer in transitional housing, developing new “families of choice”. Attempts to reconnect the youth to their families were few, which often resulted in group homes becoming a substitutive familial structure. Eventually, interventions were implemented changing family attitudes from rejecting, to tolerant, to accepting. Moreover, some interventions were successful enough that families began to celebrate their child’s LGBTQ status. Caitlyn Ryan’s seminal paper, ‘Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults’ also empowered professionals to educate parents on the negative long term effects of rejection.³ Since then, programs like the Family Acceptance Project at San Francisco State University and the Recognize Intervene Support Empower (RISE) Project of the LA LGBT Center have developed evidence-based practices to support families of LGBTQ youth in the process of acceptance. GLASS did not have the benefit of this scientific breakthrough before it closed.

Secondly, in specialized living environments, youth would develop coping and social skills in mostly accepting settings (special LGBT-focused schools, churches and community programs) without getting ample opportunities to learn those same skills in less accepting mainstream settings. As a result, the permanency and well-being outcomes for the youth, once they left the safe walls of GLASS, were compromised, even more so than non-LGBT counterparts who aged out of care. According to GLASS quality data, on average only approximately 15% of the GLASS youth achieved permanency. Essentially, the foster care community had

³ Ryan, C., Huebner, D., Diaz, R.M., & Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Pediatrics*: 123. p.346-352.

inadvertently built itself a welcoming and affirming warehouse for LGBTQ foster youth, where the system could forget about them.

A retrospective study done on the 392 GLASS group home youth placed between 1998 and 2008 found the following:⁴

- Many of the children were in foster care a long time and experienced multiple placements.
- Over half of the children were involved in both child welfare and probation systems.
- However, probation involvement was not associated with longer stays in foster care.
- More girls than boys had probation involvement.
- Girls had longer median lengths of stay in placement than boys.
- Of the 392 children that became GLASS residents, those who, as toddlers, initially placed with kin had the longest stays in foster care, indicating a need for a process for identifying these children sooner, while they are coming out in relative's homes, in order to provide appropriate services at a young age and prevent deeper involvement with the foster care system.

RISE

In 2008, GLASS went out of business, mainly for financial reasons. Initially the closure paralyzed the system with regard to the care of LGBTQ youth. Ultimately, this proved to be the impetus needed as it forced the child welfare community of Los Angeles County to rely on new solutions which utilized emerging science and best practices. At the time of the rather precipitous closure, the LA LGBT Center was given a small augmentation of its existing contract with the LA County Department of Mental Health to follow the 36 displaced GLASS youth that were still living in the group homes at closure. The Center found that while the youth landed in living situations where their basic needs were met, they re-experienced insecurity, rejection and invisibility in those new placements. In the interest of filling the void that GLASS left and to address that resurfacing rejection and invisibility, the Center applied for a federal Permanency Innovations Initiative (PII) grant in 2010 to develop evidence based practices to address barriers to permanency for LGBTQ foster youth. The PII grant application expressly called out the LGBTQ foster youth population to be one in need of new strategies to facilitate permanency. The grant was submitted in April 2010, with full support and participation from the LA County Department of Children and Family Services as well as the Juvenile Court, and the funding award came later that year to create what is now known as the RISE Project.

The RISE Project had two primary interventions: 1) A care coordination team that would engage an LGBTQ youth's family/support network and apply emerging best practices that move caregivers from rejection to acceptance, and 2) an outreach and relationship building intervention that would train county workers to address all youth in a way that would allow those that were LGBTQ to feel comfortable sharing their sexual orientation and/or gender identity (SOGIE) so they could be provided with the right support. The second

⁴ Quinn, L. & Permanency Innovations Initiative Evaluation Team. (2011, unpublished internal memo). Final data mining results.

intervention was originally also intended to provide Los Angeles County with a true proportion of LGBTQ foster youth in their systems. However, emerging views on the best practices to document children's SOGIE dictated that the information only be recorded with the youth's consent and on a need to know basis, given the existing stigma associated with LGBTQ identities particularly in systems. In response to those recommendations,⁵ the RISE project instead chose to engage the authors of this paper to conduct an anonymous phone survey to assess the proportion of youth in the LA County child welfare system who were LGBTQ. The results of that study were released in 2014 and showed that, when asked in a culturally responsive manner, 19.1% of LA County's foster youth could be classified as LGBTQ.⁶ Given LGBTQ youth have been found to be between 7-8% of the general population,⁷ 19.1% represents a significant overrepresentation. Not only were LGBTQ youth overrepresented, they also experienced disparities in areas of homelessness, multiple placements, psychiatric hospitalizations, and satisfaction with how they were treated by the child welfare system.

ASSESSMENT NEED AND BOARD OF SUPERVISORS MOTION

In response to the study's findings, On October 11th, 2015 the Los Angeles County Board of Supervisors passed a motion to hire an independent consultant to assess all child-relevant county departments' work with lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth⁸ to ascertain why these children are ending up in the child welfare system and aging out of it at disproportionate rates. The original Board mandate was to review existing demographic data collection, intake, service planning and case review processes to identify:

- (1) improvements to provide culturally competent care and support;
- (2) opportunities to add questions or information (in a culturally competent and sensitive manner) about sexual orientation, gender identity and discriminatory experiences to such data collection, intake, service planning and case review processes; and,
- (3) identify training needs for department staff, as well as contractors (for example, DCFS Children's Social Workers, Probation Officers, mental health providers, well as foster and relative caregivers and parents) in order to raise the competency of those collecting this information or serving this population to do so confidentially, respectfully and accurately.

⁵ Wilber, S. (2013). *Guidelines for managing information relation to the sexual orientation and gender identity and expression of children in Child Welfare Systems*. Putting Pride into Practice Project, Family Builders by Adoption, Oakland, CA.

⁶ Wilson, B.D.M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles*. Los Angeles, CA: The Williams Institute, UCLA School of Law. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/LAFYS_report_final-aug-2014.pdf

⁷ Ibid.

⁸ For the purposes of this discussion, "LGBT youth" includes children, youth, and young adults aged 18-24. One department indicated that it had raised its age ceiling for youth to age 29.

THE OFFICE OF CHILD PROTECTION (OCP)

The Los Angeles Office of Child Protection was created in 2016 to ensure an integrated approach to child protection across county departments and so that one entity is responsible and accountable for the well-being of the child as a whole. Given that it is OCP’s primary role, to ensure the county’s at-risk, neglected and abused children are kept safe, it housed this Scan. The time between January – March of 2016 was used for entrance meetings with OCP leadership as well as the leadership from the 11 selected county departments, which have the most contact with children, youth and families, to ascertain which sub-units would be assessed depending on the level of child/youth related work contained in that sub-unit. Following is a list of county departments and, if applicable, the relevant youth serving division, bureau, or agencies (Table 1). Overall, when educated about the risks and barriers LGBTQ youth face, every department expressed their desire and commitment to do address those risks and barriers as they related to LGBTQ youth in their care and to understand how their department and all the divisions therein could support the prevention of LGBTQ youth’s involvement in the child welfare system.

Table 1. County department and youth serving divisions, bureaus, or agencies

(1)	Countywide
	i. LA County Office of Child Protection
(2)	Department of Health Services
	i. Juvenile Court Health Services
	ii. Medical HUBs (6)
	iii. Adolescent Clinic (LAC+USC)
	iv. Hospital Pediatrics (3)
	v. Ambulatory Care Clinics (14)
	vi. Planning and Data Analytics
	vii. Office of Diversity and Cultural Competency
	viii. Human Resources
(3)	Department of Public Social Services
	i. CalWORKS & GAIN Division
	ii. CSBG Program Section
	iii. GR & CalFRESH
	iv. Bureau of Workforce Services – (6 Division)

	v. Eligibility Systems Division
	vi. Communications & Training
(4)	Department of Children and Family Services
	i. Bureau of Operation Support
	ii. Bureau of Clinical Resources and Services
	iii. Juvenile Court and Adoption Bureau
	iv. Bureau of Specialized Response Services
	v. Service Bureau 1 – (7 Regional Offices)
	vi. Service Bureau 2 – (11 Regional Offices)
	vii. Contract Services
	viii. Business and Information Systems
(5)	Public Library
	i. Youth Services
	ii. Adult Services
	iii. Human Resources
	iv. Collections Services
	v. Integrated Library System Operations
(6)	Community and Senior Services
	i. Policy
	ii. WIOA Planning
	iii. Youth Programs
	iv. Training
	v. Human Relations Branch
	vi. Research & Statistics
(7)	Parks and Recreation
	i. Administrative Services
	ii. North Agency

	iii. South Agency
	iv. East Agency
	v. Regional Facilities Agency
(8)	Sheriff
	i. Technology Support Division
	ii. Personnel & Training
	iii. Parks Bureau
	iv. College Bureau
	v. Transit Service Bureau
	vi. Human Trafficking Bureau
	vii. Special Victims Bureau
	viii. Stations/Explorer Programs
(9)	Department of Public Health
	i. SAPC
	ii. Children's Medical Services
	iii. Maternal, Child & Adolescent Division
	iv. Office of Women's Health
	v. Chronic Disease and Injury Prevention
	vi. HIV & STD
	vii. Community Health Services
	viii. Communicable Diseases
	ix. Chief Science Officer
	x. Organizational Development and Training
	xi. Human Resources
(10)	LA County Office of Education
	i. Educational Services
	ii. Curriculum & Instructional Services

	iii. Student Support Services
	iv. Head Start
	v. Accountability, Support & Monitoring
	vi. Educational Programs
	vii. Special Education, SELPA
	viii. Student Programs
	ix. Pupil Services
	x. Road to Success
(11)	Department of Probation
	i. Detention
	ii. Residential Treatment
	iii. Districts (5)
	iv. DOJ/Quality Assurance
	v. AB 109
	vi. Special Services
	vii. Placement
	viii. Placement Permanency & Quality Assurance
	ix. Field Services
	x. Juvenile Institutions
	xi. Professional Standards
(12)	Department of Mental Health
	i. QIC/UREP
	ii. CSOC
	iii. Clinics
	iv. TAY
	v. MHSA
	vi. Policy

vii. Training
viii. Research

Several departments do provide services through contracted private providers. While it is our recommendation that the assessment methodology eventually be expanded and adapted to cover county contracted providers (e.g. health and mental health providers, group homes, and foster family agencies), it is currently out of scope of this Scan. Most department leaders expressed a strong desire to have their contractors assessed at some point in the future.

CONTRACTORS' ROLES

In March-May of 2016, Khush Cooper & Associates, in conjunction with the UCLA Williams Institute⁹ arrived on an assessment methodology after reviewing the relevant literature, meeting with the LA County Office of Child Protection, and meeting with representatives from all county departments. Dr. Khush Cooper, as Principal Investigator served to provide overall direction to the Scan, led the project and infrastructure management, collaborated with the funders, and ensured an ongoing match to county aims and needs. Dr. Bianca Wilson of the Williams Institute served as the methodological lead, grounding the methodology in the research literature, designing the instruments and leading the data analysis.

PROJECT FRAMING

SCOPE

The original scope of the Scan was limited to information gathered from facilitated convenings with each of the 11 selected county departments, designed to uncover gaps in policies driving practice, training, and SOGIE data collection documents identified by each department during the convening. The report would have been a structured compilation of these 11 departmental case studies of demographic data collection, intake, service planning, and case reviews, accompanied with an anecdotal gap analysis by department to indicate what existed, what should exist, and what needs were expressed by the workforce. During the entrance interviews with the departments, their leadership was provided with: 1) the facts surrounding LGBTQ youth's disproportionality in the child welfare system, 2) a recognition of each department's potential missed opportunities to address the needs of this population, and 3) a frame that creating sensitive and hospitable environments for LGBTQ youth and their caregivers, in turn, "raises the floor" of service delivery to all youth. When provided this information, each department's leadership echoed two themes:

⁹ KC&A, formerly known as Holarchy Consulting and The Williams Institute were also responsible for developing and deploying the LA Foster Youth Survey for the RISE Project.

- (1) That the answer to these questions about demographic data collection, intake, service planning, and case reviews rested with staff much closer to the work on the ground who were scattered across, in total, 132 various divisions or bureaus, and
- (2) That they were now deeply interested in understanding the how well their workforce was performing in their efforts to serve LGBTQ youth within their respective systems of care in service of a cross-county effort to reduce their disproportionality in child welfare.

In response to the requests by the departments, the Board of Supervisors and the Office of Child Protection shifted and expanded the scope of the project. The new scope would support the creation of a construct for “preparedness” grounded in the literature against which the workforce would be measured. Gaps in that preparedness would be the focus of the report, and analysis of demographic data collection, intake, service planning, case review processes, and training needs would be subsumed under that focus. The newly formed Office of Strategic Public Private Partnership coordinated a successful effort to rally the philanthropic community to raise funds to cover the new costs related to the transformed scope, and the more rigorous methodology required to survey the workforce directly.

The primary aim of the Scan was to explore the factors contributing to the disproportionality of LGBTQ children in the care of the LA County Department of Children and Family Services such that recommendations could be provided to reduce that disproportionality and its associated disparities. There are three potential strategic levers available when attempting to reduce numbers of children in the foster care system: 1) preventing entry, 2) reducing length of stay, and 3) increasing exits. The theoretical foundation of the Scan’s design is the assertion that if all of a jurisdiction’s child serving departments are well prepared to identify, engage, address service needs of, and provide stability for LGBTQ children and their families, then maltreatment can be avoided and LGBTQ youth’s presence in the child welfare system will be commensurate to their proportion in the general population, if not less. Furthermore, if LGBTQ youth must enter the child welfare system, that system should be prepared such that: 1) their experiences are no more traumatic or no longer than their non-LGBTQ counterparts, and 2), LGBTQ youth have the same chances of exiting to permanency, whether that is reunification, guardianship or adoption as non-LGBTQ youth.

THEORETICAL FRAMEWORK

This scan of institutional systems throughout the County uses the framing of *preparedness* to talk about levels of quality in services and structures for addressing the needs of a specific subpopulation. The framing intentionally avoids the terminology of “cultural competency” because this is a long-critiqued approach for thinking about roots of disparities.¹⁰ Among the many concerns with the term “cultural competence”, as well as related concepts like “cultural sensitivity” and “cultural humility”, is that it frames the root of population disparities as a function of simple cultural ignorance and reduces problems only to individual staff skills and knowledge. Also, the focus on “culture” as opposed to concepts such as “oppression” and “discrimination” mask individual and systemic adherence to behaviors and beliefs that serve to render some groups as morally or socially inferior to others. Finally, the cultural competence model for addressing disparities and poor treatment of racial, gender, and sexual minorities has not proven to be empirically sound.

¹⁰ Laura S. Abrams & Jené A. Moio (2009) Critical race theory and the cultural competence dilemma in social work education, *Journal of Social Work Education*, 45:2, 245-261

Therefore, the current assessment of services and supports in the interest of understanding how they meet the needs of LGBTQ youth frames the issue in terms of “preparedness”.

DEFINING PREPAREDNESS

Advocacy for sexual orientation and gender identity (SOGIE) minorities includes supportive skills, knowledge and awareness of LGBTQ related issues and experiences of oppression. Identifying SOGIE supports is vital due to the disproportionality of discrimination, oppression and victimization prominent amongst LGBTQ identified people.

Knowledge, awareness, skills and action are the criteria for LGBTQ allyship. Knowledge refers to the learned histories, policies, culture and “norms” of the LGBTQ community, while awareness is an understanding of the lived experience of anti-LGBTQ oppression. Additionally, an advocate is skillful when able to provide empathy and active listening when others disclose experiences of discrimination. This promotes a safe environment for open expression. In sum, the combination of knowledge, awareness and skills propel one towards action for systems change and social justice.¹¹ LGBTQ awareness training prepares professionals in all fields to become allies combating institutionalized heterosexism and transphobia.¹²

While studies indicate significantly limited research exists assessing LGBTQ related knowledge and support, the training that *has* been implemented demonstrates an increase in comfort, awareness and support LGBTQ clients amongst professional staff.¹³ However, no research has demonstrated enduring effects of the traditional didactic training approaches when it comes to adequately addressing LGBTQ youth. As such, the conceptual framework for this assessment was heavily weighted toward determining approaches and needs for staff development towards LGBTQ preparedness, within and but also outside of a traditional training model. Then, in line with a framework that moves beyond staff competencies, this scan focused on system supports and structures.

Therefore, for this Scan, instead of inquiring solely into whether county departments are trained and resourced to identify and serve LGTBQ youth, we considered the overarching assessment question to be: “What is the current state of preparedness of Los Angeles County staff to work with LGBTQ youth and, where relevant, their families?” We are defining ‘preparedness’ as having three domains:

- (1) Knowledge & Comfort: With regard to LGBTQ youth, is the department aware of needs, as well as national and local policies? Have the staff received training on LGBTQ youth issues or engaged in on-site discussions regarding facts, risk factors, needs, resources and policies for this population? How comfortable are staff working with this population?

¹¹ Ibid.

¹² Duhigg, J.M., Rostosky, S.S., Gray, B.E., & Wimsatt, M.K. (2010). Development of heterosexuals into sexual-minority allies: A qualitative exploration. *Sexuality Research & Social Policy*, 7(1), 2-14.

¹³ Finkel, M.J., Storaasli, R.D., Bandele, A., & Schaefer, V. (2003). Diversity training in graduate school: An exploratory evaluation of the safe zone project. *Professional Psychology: Research and Practice*, 34(5), 555-561. Retrieved from: <https://search.proquest.com/docview/614389407?accountid=14512>

- (2) **Applied Experience:** Is the department aware of and actively observe the presence of LGBTQ youth? Do targeted programs exist with regard to sexual orientation and gender identity (SOGIE)? Have departments and staff actively managed issues of equity for LGBTQ youth?
- (3) **Structural Supports:** Are there policies in place with regard to identification and treatment of LGBTQ youth? Do data systems collect and record information about SOGIE according to best practices? Do cultural liaisons that have expertise with regard to SOGIE exist?

METHODOLOGICAL APPROACH

With this broader focus on county and department preparedness adequately serve LGBTQ youth a new methodology that would determine quantifiable levels of the dimensions of preparedness and identify qualities and characteristics of these dimensions from the perspectives of those working within the system was needed. As such, we used a mixed method approach, integrating open-ended interviews and survey data (see Appendix 10.1: Methodology for data collection details). We identified sub-units¹⁴ within each department that were most likely to encounter youth as well as those associated with policy, data collection and training related to youth. We then designed a semi-structured interview protocol for the heads of each of those sub-units (qualitative component) and an on-line survey (quantitative component) to send to 3-10 direct service staff members identified by the head of the unit.

SURVEY RESPONDENTS

The 11 youth-relevant departments in Los Angeles County represented at least 132 sub-units (bureaus, divisions, agencies) to study. For the qualitative component of the assessment, 138 representatives of those youth-serving divisions or bureaus were interviewed. Among those, 72 interviewees also took the online survey and are included in the online survey results. A total of 443 Los Angeles County staff responded to the online survey assessment of LGBTQ preparedness. On average, respondents were 46 years old and more than 30% identified as Hispanic or Latino (Table 2). Almost 65% of survey respondents had a post-graduate degree or higher and most survey respondents were female sex assigned-at-birth. Close to 90% of respondents identified as cisgender and straight and 9.5% identified as LGBT.

¹⁴ These were either “divisions”, “bureaus”, or “agencies” either one or two levels below the executive level. One of the challenges associated with the study was that each department is stratified and organized differently, and use of these labels to describe the levels were not consistent across departments. For most departments, divisions sit inside bureaus, with the exception of the Sheriff’s Department. Parks and Recreation uses the terminology of “agency” rather than “bureau”. There was significant effort associated with ascertaining the appropriate managers to interview.

Table 2. Demographic characteristics of online survey respondents

Respondent Demographics	<i>Mean</i>	<i>SD</i>
Age	46	10.08
	<i>%</i>	<i>n</i>
Race		
White	24.31	97
Black	22.86	88
Hispanic/Latino	34.03	131
Other	17.92	69
Education		
High School Grad-Bachelors	34.5	138
Post Grad/Masters	50.25	201
Doctoral	14.25	57
Other	1.00	4
Sex assigned at birth		
Female	70.07	281
Male	28.43	114
SOGIE		
Straight/Heterosexual	87.5	350
LGBT	9.50	38
Choose not to answer	3.00	12

Nearly 40% of the survey respondents worked in the Department of Child and Family Services and about 15% of survey respondents worked at the Department of Health Services or Department of Probation (Table 3). The Departments of Library, Parks and Recreation, and Mental Health had the lowest number of survey respondents, consistent with the Scan's recruitment method (see Appendix 10.1: Methodology). About a third of survey respondents held an administrative managerial role, though the majority of survey respondents worked in a more direct client service-oriented role. For analysis purposes, respondents with

titles “Senior Administrator”, “Administrative staff”, “Manager”, or “Director” were categorized as having a more managerial role compared to other titles listed in Table 3.¹⁵

Table 3. Employment characteristics of online respondents

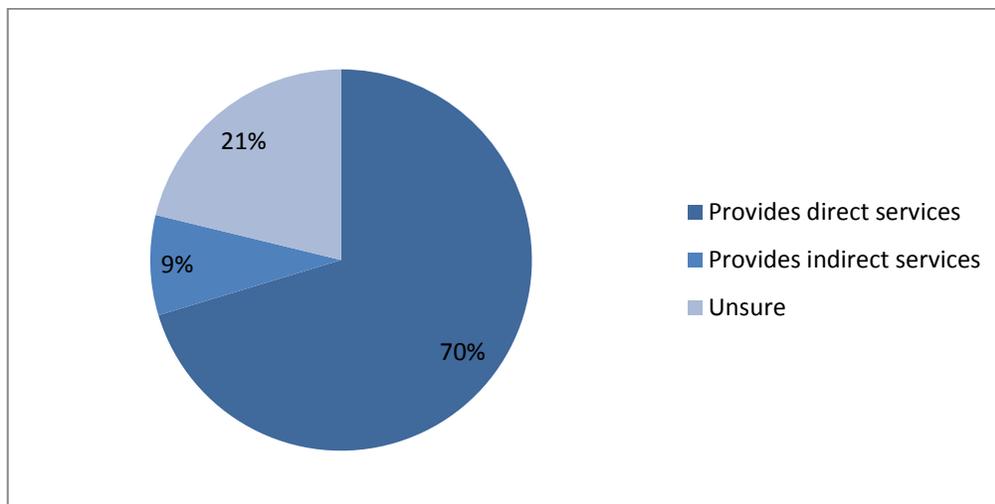
Employment Characteristics (N=401)	%	<i>n</i>
Department		
Children and Family Services	39.15	157
Community and Senior Services	4.24	17
Health Services	15.21	61
Library	1.00	4
Mental Health	2.99	12
Office of Education	6.98	28
Parks and Recreation	2.49	10
Probation	15.46	62
Public Health	4.24	17
Public Social Services	3.49	14
Sheriff	4.74	19
Role		
Senior Administrator	12.47	50
Administrative Staff/Manager/Director	23.69	95
Supervisor	22.44	90
Probation Officer	8.73	35
Security Officer	0.75	3
Facilities Staff	0.25	1
Case Worker	14.21	57
Case Manager	0.75	3

¹⁵ Though “supervisors” often have managerial tasks, given the diversity of divisions, bureaus, and agencies surveyed and the different meaning titles may carry by work place, “supervisors” were not categorized as managerial.

Direct Care Staff	11.97	48
Direct Care Support	2.99	7
Other	1.75	12

In the interest of understanding whether respondent experiences would differ by what division, bureau, or agency employs them, the research team categorized whether a survey respondent worked in a division, bureau, or agency that provided direct services to clients, such as the Juvenile Court and Adoptions Bureau, or indirect services, such as Information Systems. Based on this categorization, about 70% of survey respondents worked in a division, bureau, or agency that provided direct services (Figure 1). Not all respondents provided their division, bureau, or agency information, thus the research team was unable to categorize 21% of respondents (see Appendix 10.2: Table 14 for frequencies by division, bureau, or agency).

Figure 1. Percent of survey respondents who work in divisions, agencies or bureaus that provide direct or indirect services (n=401)



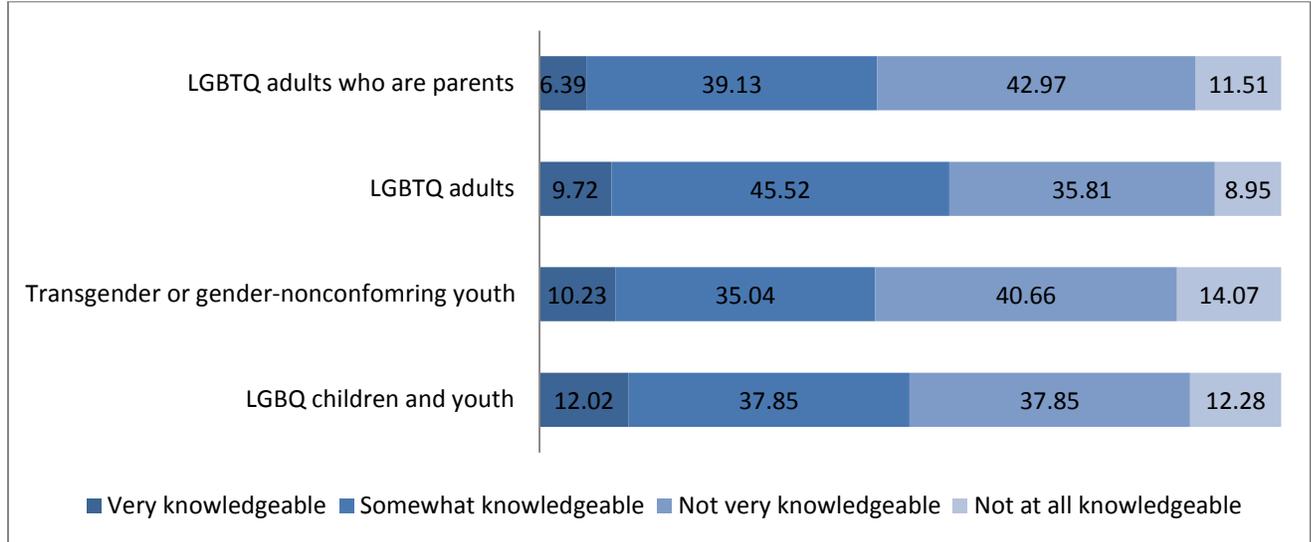
CURRENT STATE OF PREPAREDNESS

STAFF KNOWLEDGE

Staff knowledge was assessed by three metrics: 1) knowledge level of the needs of LGBTQ clients, including youth, adults, and parents, 2) staff reported knowledge of terminology commonly associated with discussions around sexual orientation and gender identity (SOGIE), and 3) staff tested knowledge of definitions of key terms, such as the definition of sexual orientation.

Nearly 50% of respondents reported they were either very knowledgeable or somewhat knowledgeable about the needs of LGBTQ youth, adults, or parents (Figure 2). A higher proportion of respondents, however, reported having less knowledge about the needs of LGBTQ parents and transgender or gender-nonconforming youth compared to that of LGBQ youth or LGBTQ adults.

Figure 2. Distribution of staff knowledge level by needs of different LGBTQ populations (n=391)



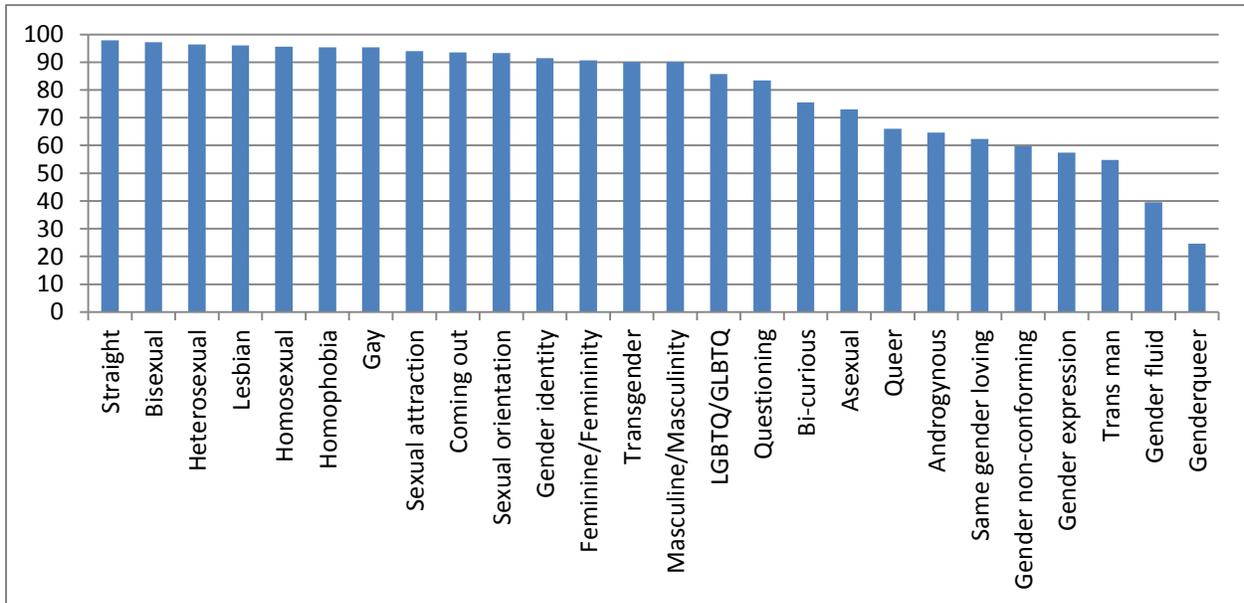
Using these measures, a knowledge score on LGBTQ needs was created. On average, respondents had a 2.46 (SD: 0.75) score of knowledge with the minimum score being 1 (no knowledge about any group) and the maximum score as 4 (very knowledgeable about all groups).

Though the overall knowledge score was above 2 (mid-point), certain staff characteristics, such as race, education, LGBT identity, and whether respondent works in a division, bureau, or agency that provides direct services or not, were associated with a higher knowledge score (See Appendix 10.3: Table 16). Compared to non-White respondents, White respondents scored higher on the knowledge score. Those with post-graduate and higher education also had a higher knowledge score than respondents with high-school or undergraduate degrees. LGBT staff scored higher than non-LGBT staff and those who worked in divisions, bureaus or agencies that provided direct services also had a higher knowledge score. Though younger respondents tended to score higher than older respondents, the difference was not statistically significant.

TESTED KNOWLEDGE ABOUT TERMINOLOGY

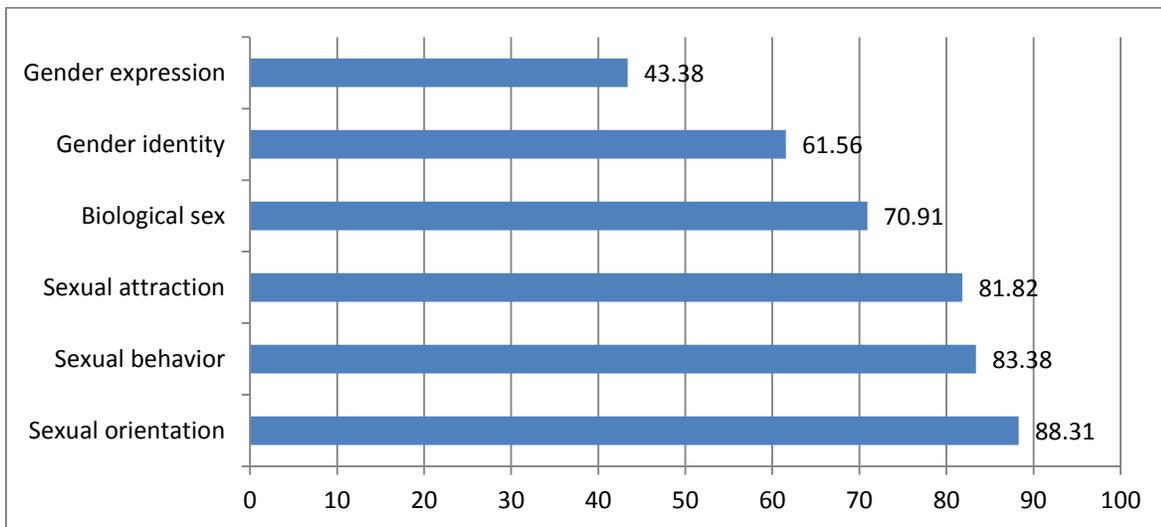
Respondents were asked to indicate if they could accurately define or explain a set of terms that are associated with discussing sexual orientation and gender identity. As shown in Figure 3, close to 90% of respondents felt comfortable explaining most of the 26 terms shown below, particularly terminology around sexual orientation. Aside from key terms “gender identity” and “transgender”, less people were familiar with terms around gender identity and expression such as “gender expression”, “Trans man”, and particularly “gender fluid”, and “gender queer”.

Figure 3. Proportion of respondents who report they can accurately define sexual orientation and gender identity terminology (n=385)



The survey also tested respondents on their knowledge of key terminology used to discuss sexual orientation and gender identity. More than 80% of respondents correctly matched the terms “sexual orientation”, “sexual behavior”, and “sexual attraction” with their corresponding definitions. Only 43% of respondents correctly defined “gender expression” and 62% correctly defined the term “gender identity”. Forty-one percent correctly matched all six terms with their definitions, while 7% matched either one or no terms correctly.

Figure 4. Proportion of respondents who correctly matched terminology with definition (n=385)



Overall, a higher percent of respondents reported that they knew key terminology than their actual knowledge of the terms (Figure 5). The gap between reported knowledge and tested knowledge is particularly noticeable for “gender identity” and “gender expression”.

Figure 5. Comparison of reported knowledge and tested knowledge by key terminology

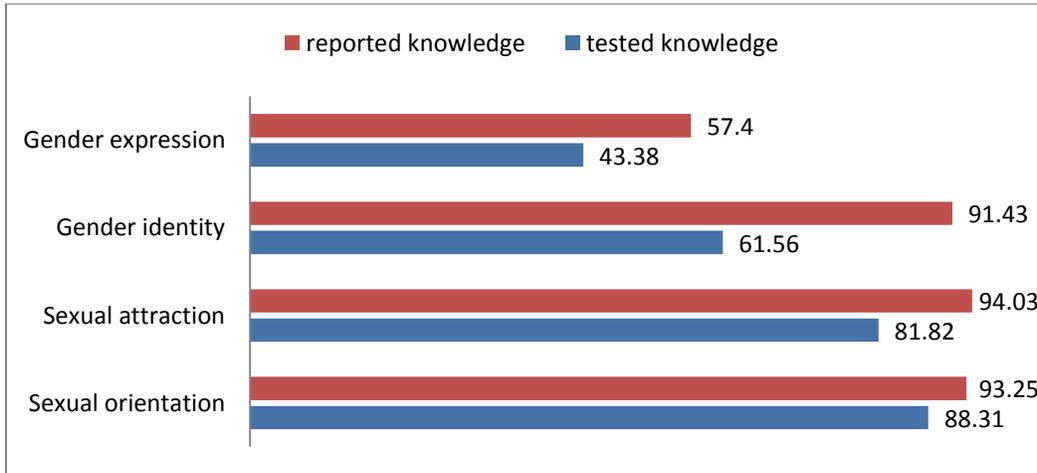
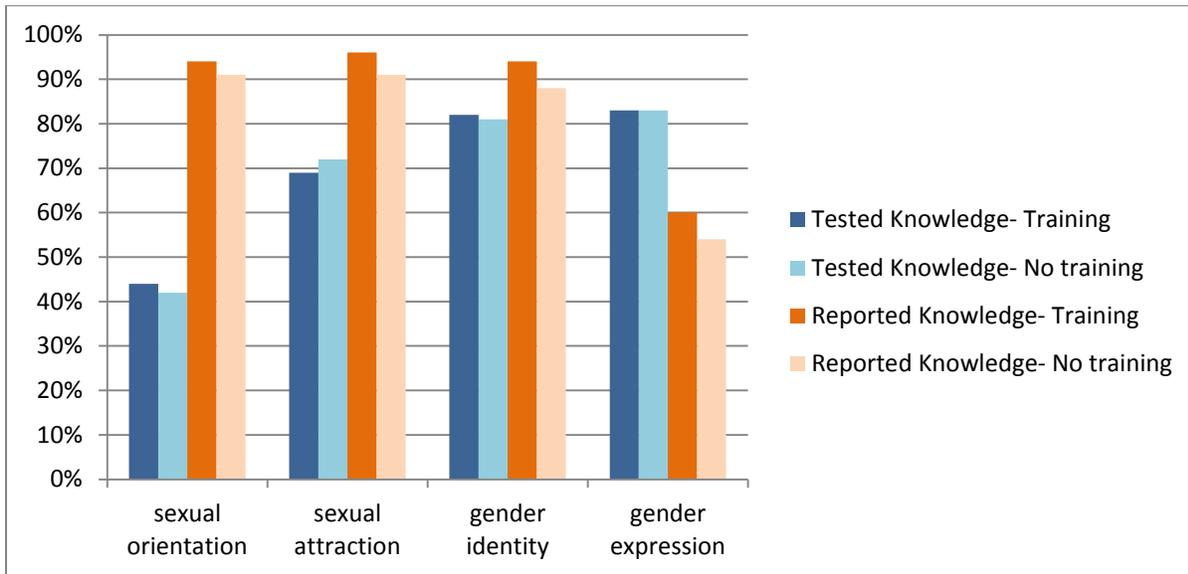


Figure 6 compares tested and reported knowledge of terminology between those who received training while at their current position and those who did not. Results show that whether one received training does not make much of a difference in tested knowledge of terms. However, training seems to matter in reported knowledge of terms.

Figure 6. Reported knowledge and tested knowledge results by whether respondent receive training



On average, respondents reported knowing over 75% of the 26 terms and could correctly define at least four key terms (Table 3). Compared to younger staff, older staff members were less likely to know as many terms and correctly match terms with definitions (Appendix 10.3: Table 16). LGBT staff also knew more

terminology than non-LGBT staff. Women, Hispanic/Latino, and other¹⁶ race survey respondents reported that they were familiar with fewer terms than men and White survey respondents, respectively. Women reported less knowledge of terms compared to men, but when tested the difference between women's knowledge and men's knowledge is small and is not statistically significant. Those with post graduate/Master's degrees or doctorate degrees reported a higher knowledge score for terms (reported and tested) than those with a high school degree or bachelor's degree, though only respondents with doctorate degrees scored higher on tested knowledge.

Table 4. Average number of reported terms and correctly matched terms

	<i>Mean (SD)</i>	<i>Min</i>	<i>Max</i>
# of terms respondents report knowing	20.6 (5.13)	0	26
# of terms correctly matched with definitions	4.29 (1.68)	0	6

Survey respondents who reported more than one source of information from which they learned to work with LGBTQ children, youth, adults, and parents were also able to match a higher number of terms correctly than those who reported having only one source of information.

Table 5. Tested knowledge by number of information sources

	Knowledge working with LGBTQ population comes from ONE source	Knowledge working with LGBTQ population comes from more than one source	
	<i>Mean(SD)</i>		<i>p-value</i>
# of terms correctly matched with definitions	4.01 (1.80)	4.54 (1.53)	0.0043

TESTED KNOWLEDGE ABOUT POLICY REGARDING LGBTQ CHILDREN AND YOUTH

Respondents were also tested on their knowledge of specific policies regarding LGBTQ children and youth. Table 6 shows the percent of respondents who correctly identified whether a policy is true or false. Over 90% of respondents correctly identified that schools cannot discriminate against youth based on sexual orientation or gender identity, and that social workers *do not* have the authority to decide whether youth in foster care should receive hormone replacement therapy. On the other hand, only 45% correctly identified

¹⁶ "Other" race/ethnicity category includes Asian/Asian American, Native Hawaiian/Pacific Islander, South Asian, American Indian/Alaska Native; Middle Eastern/North African; Non-Hispanic mixed race individuals.

that foster children *do not* have a right to know the sexual orientation or gender identity of anyone with whom they share a room.

Table 6. Percent of respondents who correctly identified policy statements

Policy Statement	%	Correct response
Foster children have a right to know the sexual orientation and gender identity of anyone with whom they share a room	45.03	False
Social workers are obligated to disclose the sexual orientation of a foster child to a prospective resource family	57.07	False
Schools must provide access to youth to choose the sex-segregated spaces (such as restrooms and locker rooms, and activities such as gym class) that fit their current gender identity	69.63	True; California Education Code Section 221.5
Schools must call a child by their chosen name and gender pronoun (he, she, they)	73.56	True; California Education Code Section 220
Foster children have a right to be placed in settings that are consistent with their gender identity	80.1	True; Welf & Inst Code section 16001.9 (24).
Social workers can decide not to work with LGBTQ youth if doing so violates their religious beliefs	84.82	False
Social workers have the authority to decide whether a youth in foster care should receive hormone replacement therapy	93.19	False
Schools cannot discriminate against a youth based on their gender identity or expression	93.72	True; California Education Code Section 220
Schools cannot discriminate against a youth based on their sexual orientation	98.43	True; California Education Code Section 220

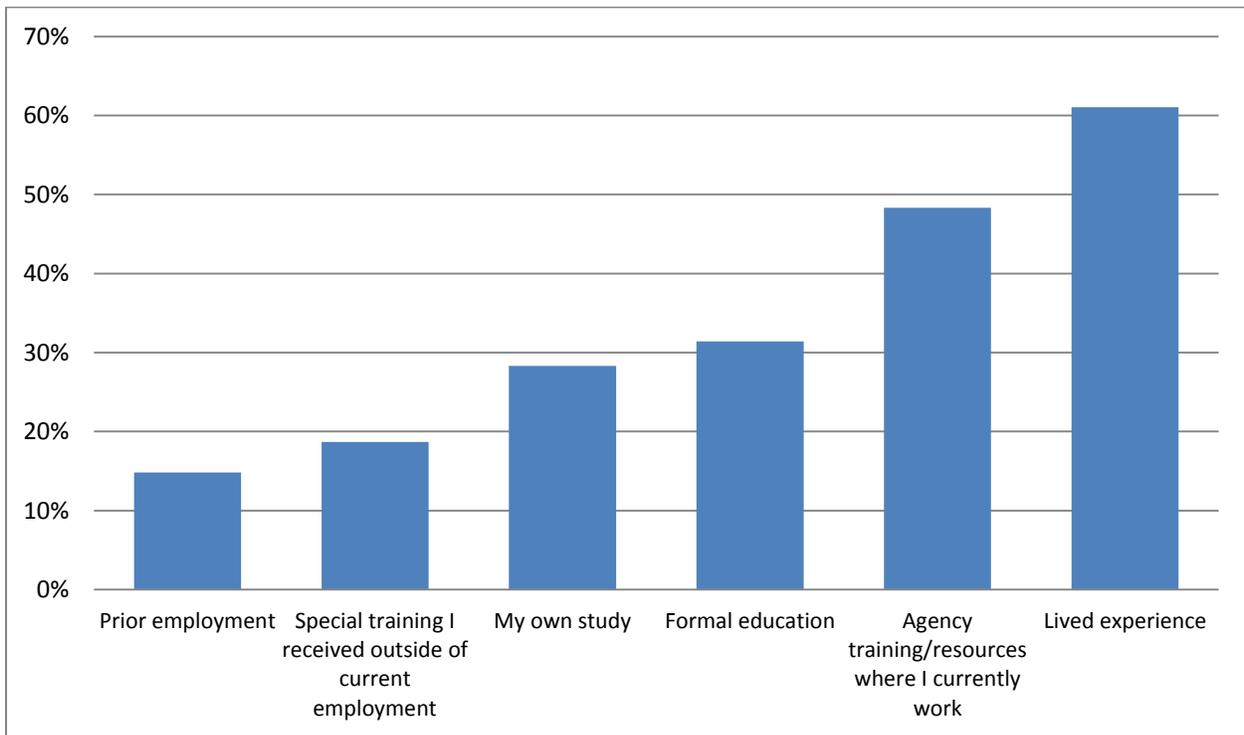
On average, respondents correctly identified 6.95 policies (SD: 1.39), with the minimum being 0 (all policies were wrongly identified) and maximum being 9 (all policies were correctly identified). Two individual characteristics, race and education, were associated with the overall tested policy score (Appendix 10.3: Table 19). All non-White respondents had a lower tested policy score compared to White respondents, however, only the difference between Black and White respondents was statistically significant. Respondents

with a doctorate degree had a higher tested policy score than those with a high school education or bachelor's degree.

TRAINING

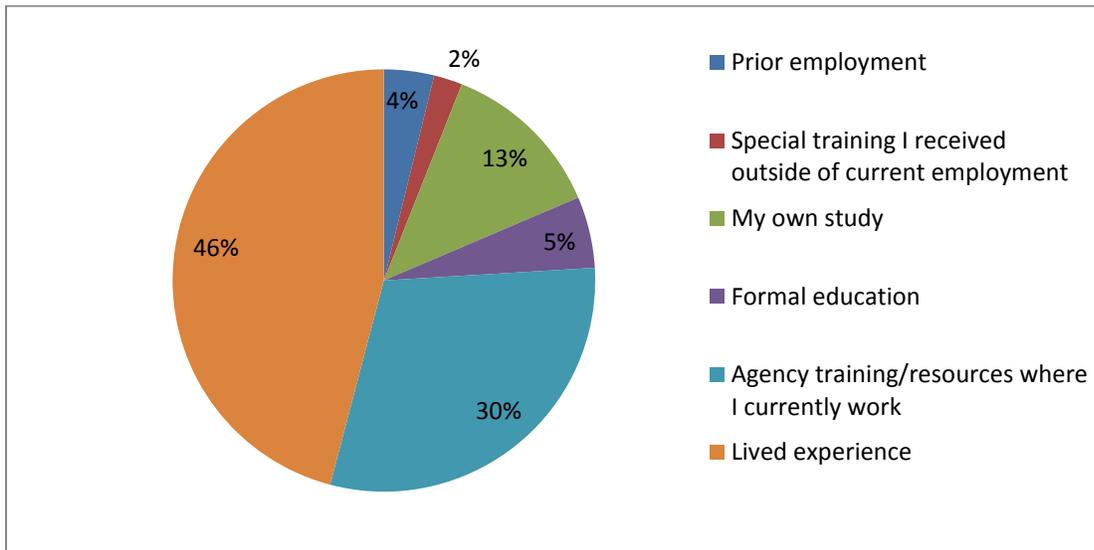
Over 60% of respondents on the quantitative survey reported their knowledge, comfort, and/or skills working with LGBTQ children, youth, adults or parents came from lived experience (Figure 7). Training from current employment was the next most cited source from which respondents received their information. Respondents could report more than one source, though 48% reported only one source. Only 5% reported five to six different sources from which they learned to work with LGBTQ clients. On average, respondents reported 2 (SD: 1.24) sources.

Figure 7. Percent of staff who report their knowledge, comfort, and/or skill working with LGBTQ individuals by source of information (n=385)



Among those who reported only one source from which they received their knowledge, comfort and experience from, 46% reported lived experience (Figure 8). 34% cited training they received from their current employment or prior employment as their sole source of information regarding working with LGBTQ children, youth, and adults.

Figure 8. Distribution of sources among those who reported only one source (n=183)



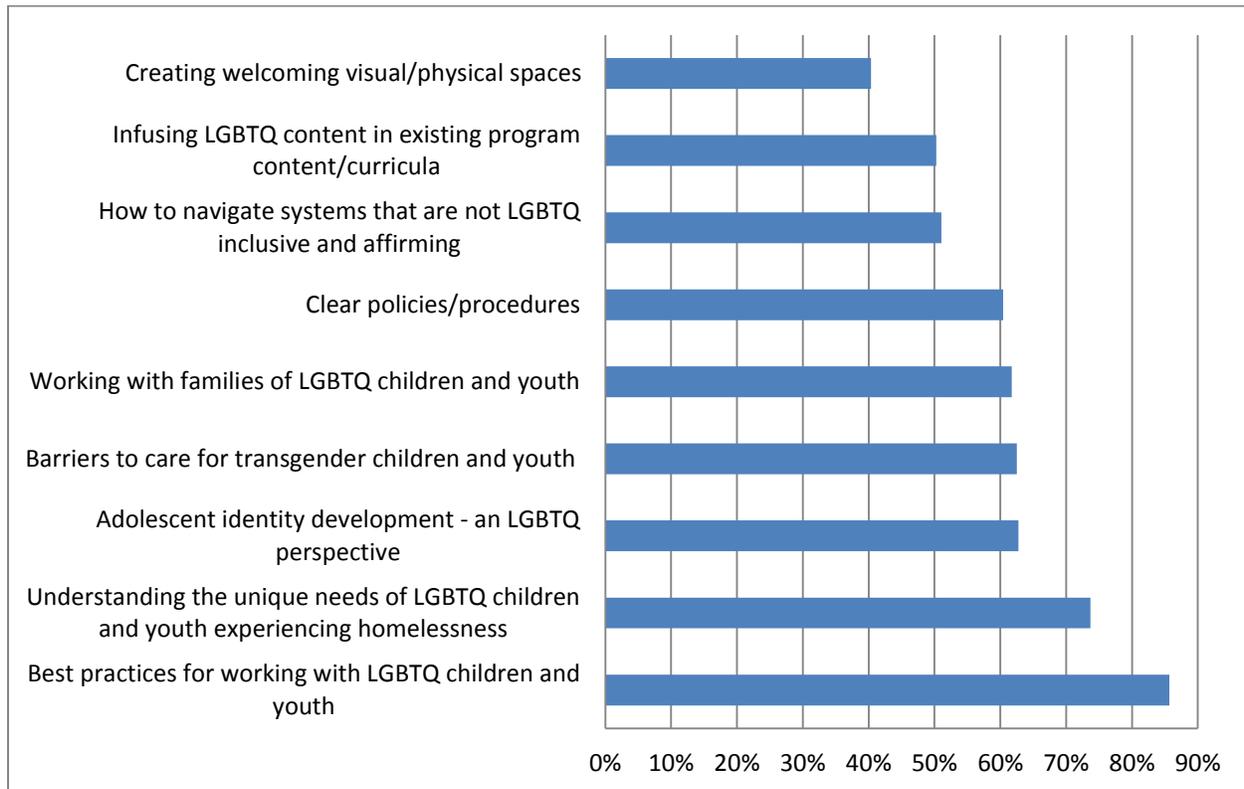
LEVELS OF TRAINING RECEIVED

The sources of LGBTQ-related training described by participants in the qualitative component ranged across and within departments and divisions. Contrary to survey data, when managers or administrators were interviewed, most of the sources described were external to the County, including professional conferences, previous places of employment, undergraduate or graduate education, and other local organizations, such as Children’s Hospital of Los Angeles. Very few described receiving training on LGBTQ issues while in their current job, except for those within DCFS who listed the LA LGBT Center RISE Training. Additionally, a few noted that they learned about LGBTQ issues within a general diversity training module. Several also said they had received no training at all on these issues.

ATTITUDES ABOUT EFFECTIVENESS AND USEFULNESS OF TRAINING

When asked what assistance or training their agency may need to provide to the workforce in order to offer an LGBTQ-affirming program environment, “Best practices for working with LGBTQ children and youth” was the most cited type of training on the online survey (Figure 9). Understanding experiences of LGBTQ youth experiencing homelessness was also cited by 75% of respondents. A smaller proportion of respondents believed their agency needed to create a welcoming visual or physical space, include LGBTQ content in existing programming, and examine systems or structures that are not LGBTQ affirming or inclusive.

Figure 9. Percent of staff who believe assistance/training is needed in following areas (n=384)



Respondents were also asked if there were any specific topics that they would like to learn more about to help increase their comfort level working with LGBTQ children and youth and their families in terms of sexual orientation and gender identity. Most respondents (76%) answered "none" to this open ended question. Among those who did provide an answer, the most commonly cited topics that respondents requested were 1) additional resources to learn more about LGBTQ individuals, identity, and issues or applied resources such as housing, referrals, or community support for LGBTQ clients and 2) how to have productive and non-offensive conversations with LGBTQ clients. Many respondents emphasized the importance of conversation and discussion in working with LGBTQ clients.

Respondents also mentioned suggestions for future types of LGBTQ related trainings in the qualitative portion and a few key themes emerged. One, participants noted that they have found or would find greater emphasis on hearing LGBTQ people's personal stories or experience useful as part of understanding the issues. Also, several participants discussed the importance of moving beyond the basic terminologies and "101" to receive coaching and consultation on actual practice and how these issues are addressed in day-to-day work.

We should be educated on how we help kids, what services are available, how are kids feeling, best practices. Would love to have an LGBTQ liaison to be a point person for questions and issues that arise. (OA02IA)

Yeah, definitely including discussion because you want there to be some interaction. I would say that, like I said earlier with the caregivers, I think it's really important not only for let's say

DCFS employees, but with let's say community partners or with caregivers in the same room, not necessarily okay, this one training is geared towards just department staff or—because you tend to learn from each other and vice versa. I think that that would be a good kind of way of giving the training.(GA111A)

The problem is that we get the information. The issue is how do you then use that information to make a difference. (BL26MS)

I think that it has to really somehow become something that people can personalize and say, oh, well, let me take a look at myself and my behavior and how does that play out in the workplace? How do I leave my own—maybe if I have some different beliefs, well, can I leave that at the door when I go into the workplace? Talk about that like in small groups or I don't know. I just think that in LA county that we're supposed to be one of the most progressive places in the world and it's kind of scary if we're the litmus test.(PI27DS)

I do think, for me, it brought forward more of a need for additional training, need for the department. I think, especially now, we could definitely use further, more in-depth training on how to appropriately engage youth regarding sexual identity issues or sexual orientation.(JO25AN)

As librarians, I think we all wanna seem knowledgeable at all times. I think that for us in particular, I think trainers can build a training session that feels very open, where people can take a risk and admit that they don't know something. That's really important. (PA02NZ)

SUBMITTED TRAINING DOCUMENTS

During the qualitative component, interviewees were asked to submit any training documents they had either during or after the interview. Six departments (55%) submitted a total of 19 training documents: DCFS, LACOE, Probation, DMH, Library and Public Health. Those managers interviewed in 5 of the 11 departments reported no LGBTQ-related training: DHS, Parks and Recreation, Community and Senior Services, Sheriff, and DPSS. Of those 19, 14 reflected actual training curricula, and 5 were schedules, fliers and announcements related to those trainings (Table 7). A little over a third (5 of 14 or 36%) of the training documents were submitted by DCFS and were sources from the RISE Project or the Human Rights Campaign's All Children All Families Program. LACOE had the next highest at 22% (3/14). Analysis of the 14 training documents indicated that the majority of trainings (10 of 14 or 71%) did go beyond increasing knowledge or disseminating information, and taught applied skills. Though most training content was LGBTQ-specific, a few documents indicated that LGBTQ issues were part of a larger training.

Table 7. Submitted curriculum related training documents

Document Title	Department	LGBTQ only or LGBTQ inclusive?	Material covered relevant to LGBTQ children/youth	Knowledge/ information vs. applied/skills building	Trainer/Training Org.
Assessing the Well-Being Needs of Children and Youth in Foster Care	DCFS	Inclusive	Case example of LGBTQ child	Both	PS-MAPP Leader's Guide
Important Information for Foster Parents about Parenting Youth who are LGBT	DCFS	LGBTQ only	Terminology, Stats/Numbers of LGBTQ Youth, info on anti-discrimination act	Both	PS-MAPP Leader's Guide
Social Work Practice with LGBTQ Youth	DCFS	LGBTQ only	Yes	Both	RISE Program
All Children All Families/LA County Diligent Recruitment Training Agenda	DCFS	LGBTQ only	Yes	Both	All Children, All Families, Human Rights Campaign
All Families Matter - Training on LGBT Issues in the Homestudy/Family Assessment Process	DCFS	LGBTQ only	Yes	Both	All Children, All Families, Human Rights Campaign
Responding to the Needs of LGBTQ Youth	DMH	LGBTQ only	Yes	Both	RISE Program
Promoting a Positive Learning Environment Safe Schools for All Students	LACOE	Inclusive	Bullying based on perceived sexual orientation	Only Knowledge/information	LACOE - Division of Student Support Services
Public Schools & Sexual	LACOE	Inclusive	Yes	Both	Bridge Builders

Orientation					
Working with Lesbian, Gay, Bisexual, Transgender & Questioning Youth Outline	LACOE	LGBTQ only	Yes	Both	RISE Program
You Belong @ Your Library	Library	Inclusive	Yes	Only Knowledge/information	Sacramento Public Library
Open to All: Serving the GLBT Community in Your Library	Library	LGBTQ only	Yes	Only Knowledge/information	American Library Association Gay, Lesbian, Bisexual, and Transgender Round Table
Social Work Practice with LGBTQ Youth	Probation	LGBTQ only	Yes	Both	RISE Program
LGBTQ Competency Training	Probation	LGBTQ only	Yes	Both	RISE Program
1) Addressing Substance Abuse Risk in LGBT and YMSM Populations 2) Addressing Issues of Cultural Diversity 3) Consideration for Clinical Work with LGBT Individuals	Public Health	LGBTQ only	Yes	Only Knowledge/information	YMSM + LGBT Center of Excellence

KNOWLEDGE OF RESOURCES

Around half of the survey respondents reported having resources (written, materials, web sites, referrals, etc.) available to both staff and youth around sexual orientation and gender identity (Figure 10). Overall, a higher proportion of survey respondents reported they had more resources about sexual orientation than gender identity. Furthermore, respondents reported that resources for staff were more readily available than resources for youth.

Figure 10. Percent of staff who report they have resources for youth and staff by SOGIE (n=393)

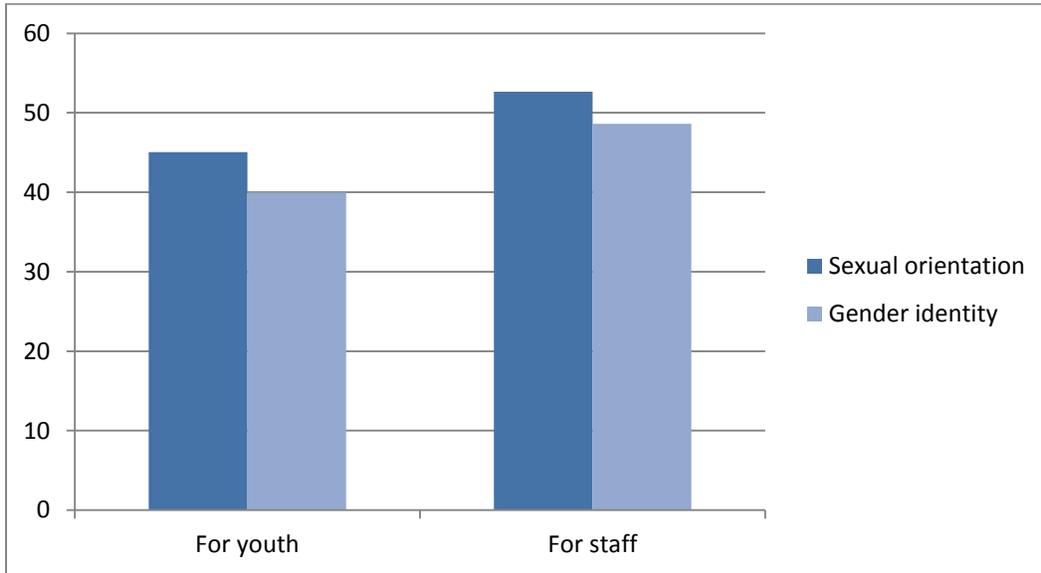
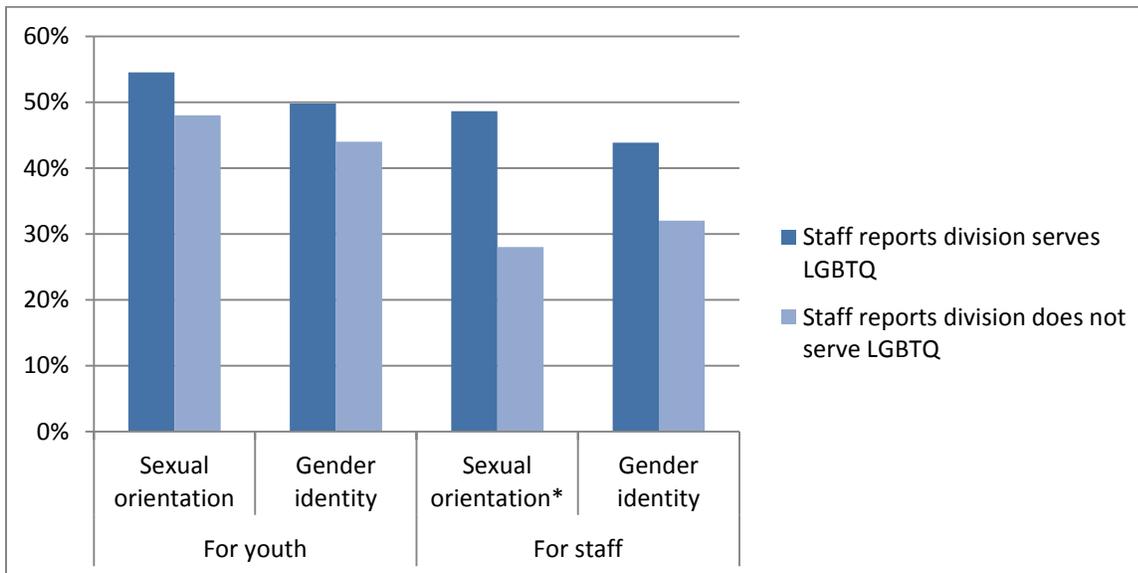


Figure 11 restricts the sample to only divisions, bureaus or agencies that provided direct services and compares work places that serve LGBTQ clients with work places that do not serve LGBTQ clients. Though a higher proportion of staff who serve LGBTQ clients reported more resource availability than those who do not serve LGBTQ clients, only the difference in resources for sexual orientation for staff is statistically significant.

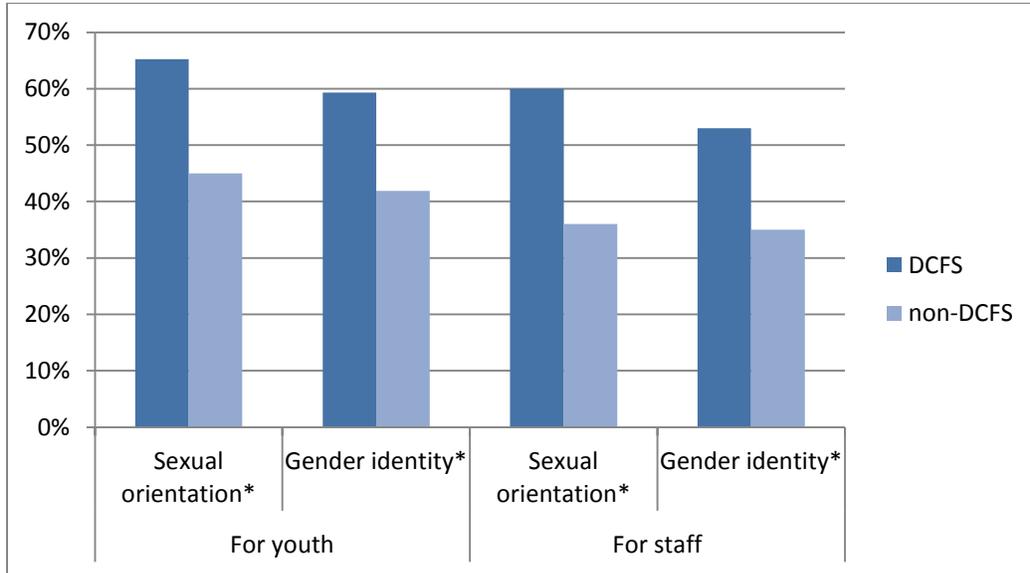
Figure 11. Percent of staff who report resource availability by service provision to LGBTQ children/youth(n=278)



Given the efforts put forth by Department of Children and Family Services (DCFS) to prepare for LGBTQ clients, Figure 12 looks specifically at DCFS in relation to other departments. When comparing resource

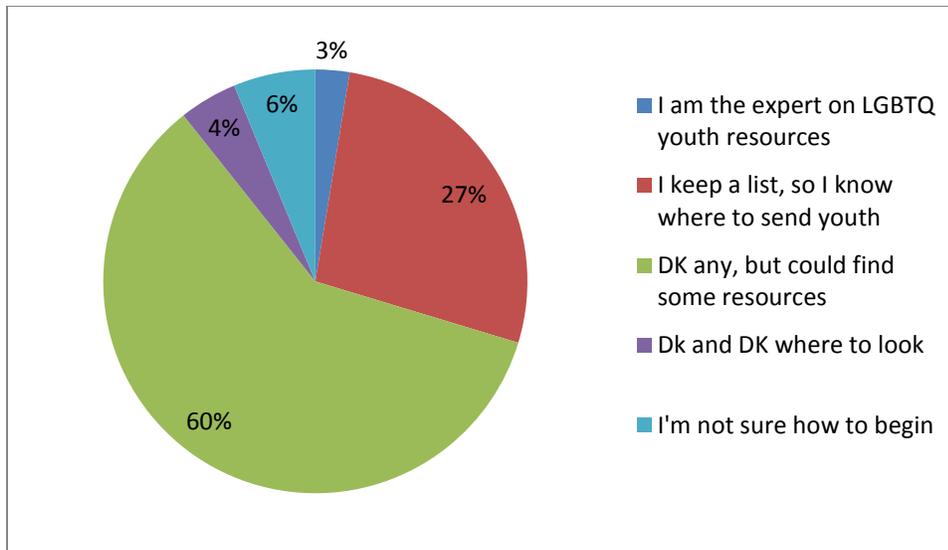
availability among DCFS staff survey respondents with survey respondents in other departments, DCFS staff reported a significantly higher proportion of resource availability.

Figure 12. Percent of staff who report resource availability comparing DCFS with other departments (n=278)



Given that about 50% of survey respondents reported not having resources for staff or youth on SOGIE, many may need to look outside their agencies. One-third of the respondents believed they knew where to find resources for LGBTQ children and youth outside their agency (Figure 113). Sixty-percent did not know of any resources but believed they could find some if they searched, and 10% reported they would not know where to look.

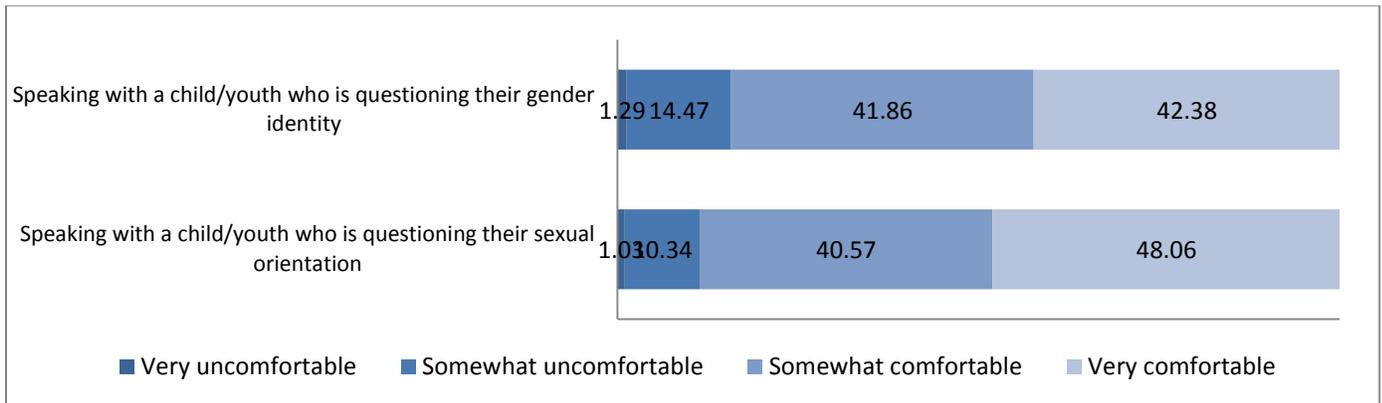
Figure 13. Ability to locate outside resources for LGBTQ children and youth (n=385)



STAFF COMFORT

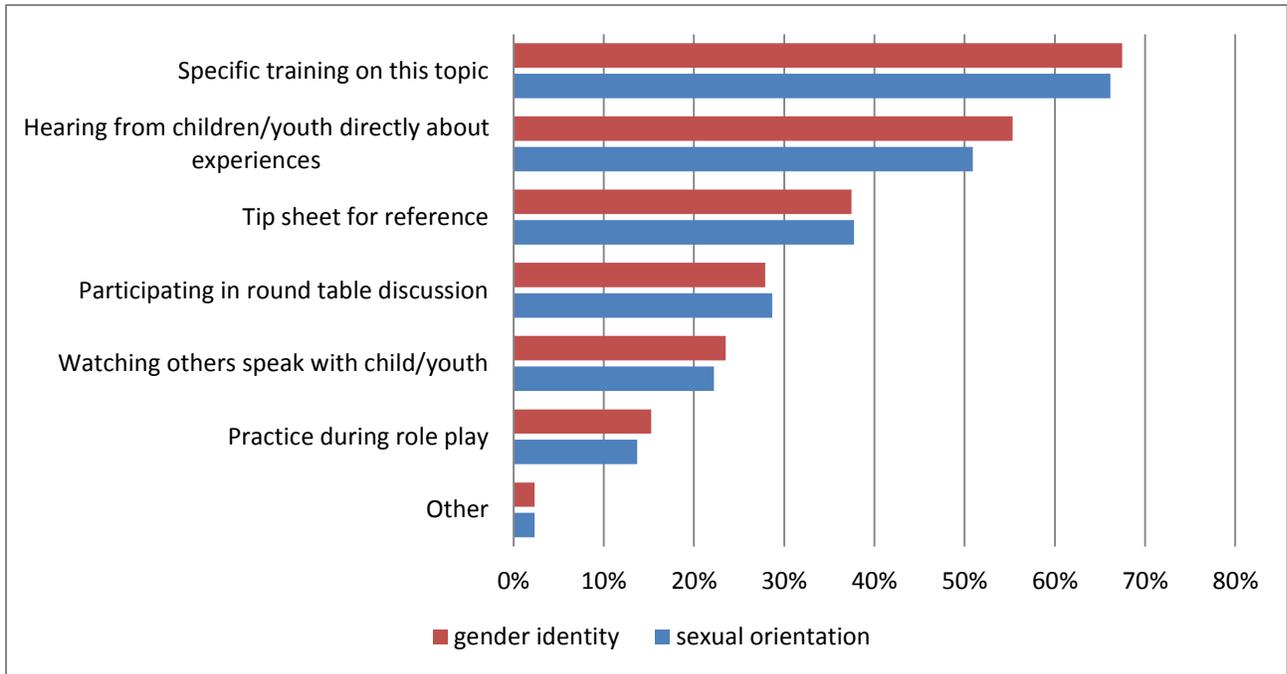
Comfort level working with LGBTQ youth is particularly important for departments whose clients are children and youth. Figure 14 looks specifically at respondents' level of comfort with children and youth who are questioning their sexual orientation or gender identity. A higher proportion of respondents are very comfortable speaking with youth questioning their sexual orientation than respondents are speaking with youth questioning their gender identity. Overall, however, more than 80% report they are at least somewhat comfortable speaking with children and youth questioning their SOGIE.

Figure 14. Distribution of staff comfort level working with children and youth questioning their SOGIE (n=387)



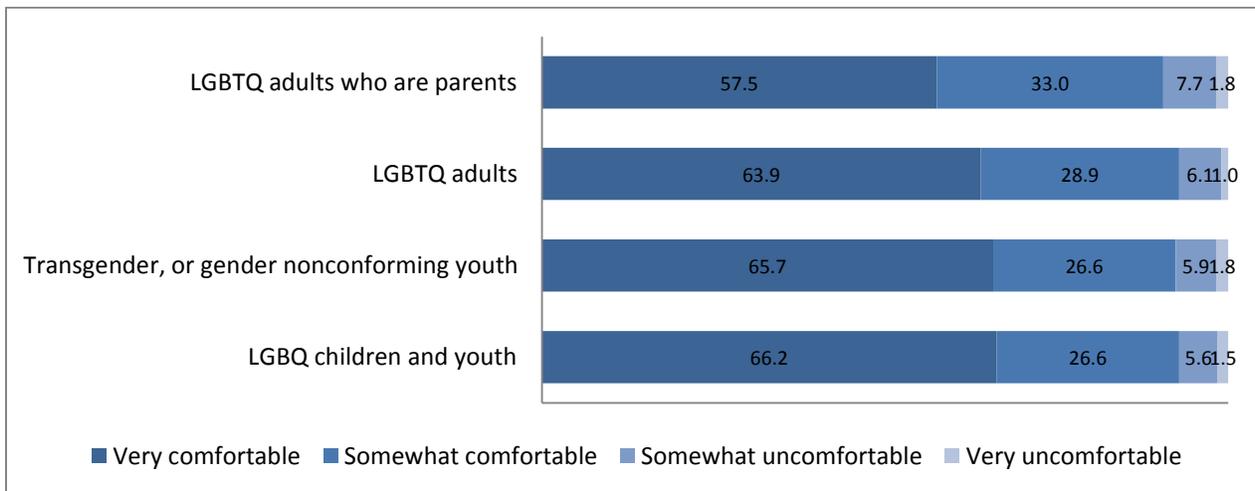
When asked what would help increase one's comfort in speaking with children or youth who are questioning their sexual orientation or gender identity, the most commonly cited approach on both sexual orientation and gender identity was to receive specific training on the topic (65%) (Figure 15). Hearing the lived experiences of youth questioning their sexual orientation or gender identity was the second most cited approach to help respondents better serve their clients. On average, respondents cited two different methods that they believed would help increase their comfort, though slightly less than half cited only one method. Of those who cited only one method, 43% cited training on the specific topic as their preferred approach to increasing their comfort level.

Figure 15. Reported methods that would increase staff comfort working with children/youth questioning their SOGIE (n=387)



Over 60% of respondents reported being very comfortable working with LGBQ children, transgender or gender non-conforming youth, and LGBTQ adults (Figure 16). 57% reported being very comfortable with LGBTQ adults who are parents. Over 80% of the respondents report being very comfortable or somewhat comfortable working with these different groups.

Figure 16. Distribution of staff comfort level working with different LGBTQ populations (n=391)

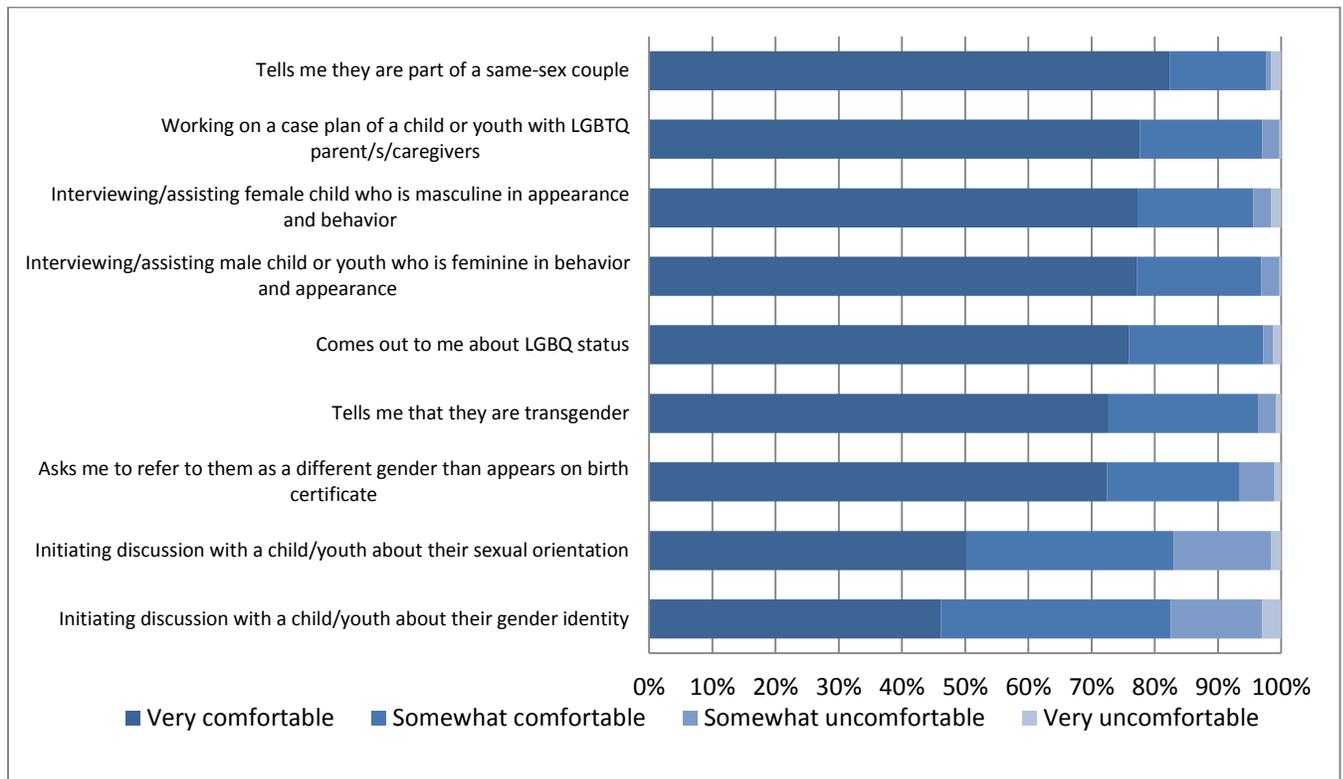


Transforming these responses to an overall comfort level score, the average comfort score was 3.53 (SD: 0.63) with the minimum score being 1 (very uncomfortable working with LGBTQ clients) and the maximum

being 4 (very comfortable working with all LGBTQ clients). When controlling for individual respondent characteristics, identifying as LGBT and working in a division, bureau, or agency that directly serves clients were associated with scoring higher on the comfort level scale than identifying as cisgender-heterosexual and working indirectly with clients, respectively (Appendix 10.3: Table 17)

Respondents were also provided a list of different work responsibility scenarios related to working with LGBTQ children, youth, parents, or adults. About 95% of respondents reported they would be very comfortable or somewhat comfortable working with LGBTQ adults (Figure 17). Over 70% report they would be very comfortable interviewing or assisting gender non-conforming youth or youth discussing sexual orientation. A slightly smaller proportion of respondents (70%) feel they would be comfortable working with youth who identify as transgender. However, only 50% or less of the respondents felt they would be comfortable with taking a more proactive approach with youth and initiating conversations about SOGIE.

Figure 17. Comfort level toward work responsibilities related to LGBTQ children, youth, adults and parents



Similar to the comfort level score above, a score was created to reflect the extent to which respondents are comfortable given particular work responsibilities. As reflected in Figure 17, the average score was 3.6 (SD:0.52; Min: 1 – very uncomfortable, Max: 4-very comfortable), indicating that if presented with any of the scenarios above, most respondents feel they would be comfortable serving LGBTQ children, youth, parents, and adults. LGBT identity and whether one works in a division, bureau, or agency that provides direct services had also associated with a higher comfort level score for LGBTQ client work related responsibilities. Survey respondents who had a doctorate degree also had a higher score than those with a high school or bachelor’s degree (Appendix 10.3: Table 17).

BREAKDOWNS IN KNOWLEDGE, COMFORT, AND LGBTQ-RELATED ATTITUDES

A theme that came up throughout the open-ended interviews, and particularly in response to the questions about knowledge and department discussions about LGBTQ issues, was that a feedback loop appeared to exist between level of knowledge about LGBTQ-related terms and language, comfort with discussing LGBTQ issues among co-workers, and ability to address LGBTQ related issues among youth. While there were many examples of affirming LGBTQ youth's experiences and expressing awareness that there is a need to address them, there were also many examples of lack of preparedness to address these issues. Specifically, many respondents a) used and reported others using insensitive or incorrect terminology for LGBTQ people, b) reported colleagues who thought negatively about LGBTQ people, and c) espoused a "colorblind" philosophy that renders LGBTQ youth invisible.

In terms of insensitive language used, several respondents struggled with terminology for sexual and gender minorities, including saying the words lesbian or gay, as well as remembering the term transgender. Often this discomfort and lack of knowledge was illustrated through the omission of terms or other times it was the way respondents talked about LGBTQ groups as a people with "that issue".

Obviously if we're doing recreational programming or there's activities that are working in terms of stereotypes I would think that would really be a concern for these kinds of people. I mean if you're—I'm trying to think. For example, sports teams that might typically be male dominated and there may be a feeling of exclusion if you, maybe as a female, you feel you have a male identity from an either transgender-type situation or something like that and you purposely feel like you're excluded, that could be pretty bad. (FA28HM)

I think for us, I used to be over the Pasadena office for maybe four or five months. We had, I don't know if it was a gay male or transgender. Now that I've done the survey, I'm like, "Oh, my gosh, which one?" Physiologically male youth was dressing like a female. (VA100S)

Well, we have youth who have identified as something other than however they were biologically born and stuff, and I'm sure I'm not using the proper term. (CA21EZ)

Another form of evidence of anti-LGBTQ bias was communicated through discussions of the workplace environment and the attitudes of co-workers. Several respondents noted that they heard co-workers in their current departments talk about LGBTQ issues or people in ways that were not affirming. Often, these comments were made in the context of religious beliefs.

I'd read an article about two gay men who adopted four kids, and I got into a fight, like a debate with this woman who said that's not okay with God, and I'm a Catholic. I came home realizing, oh, my gosh, I am not in the nonprofit sector working—(LA28AN)

In those direct service, I've heard that recently one of our nurses said do you know God—it was a gay or lesbian patient, or I don't know if it was transgender or whatever it was—she said, you know God—God doesn't approve of this, and why don't you have female partner? Oh, it was an MSM. The nurse, the public health nurse. People were livid, my colleagues who shared this with me. (LA28AN)

I can't speak so much to this system, but I think peoples' biases come out all the time, and you see it in the looks they give other staff as they leave rooms. I don't—who knows what happens when they're face-to-face, and I think there's a lot of those issues that—in many respects, it's similar. Across the realm. I mean, poverty is an issue, drug “addicts”, bi-race ethnicity, language too, right? Then gender identity and sexual orientation is right in that same boat. There's people that bring their judgments into the room, and I think that's probably more of a norm than we would all like it to be. (AV19NG)

Finally, a less explicit, but perhaps more challenging form of bias that was exhibited in the discussions was the adherence to a philosophy similar to “colorblindness”. That is, paralleling ways of talking about race that essentially argue race “shouldn't matter” or that they “accept all people”, several respondents used language to indicate that they saw no reason to focus on LGBTQ or sexual and gender minority youth specifically because they are just like any other youth. In some ways, this could be seen as a positive to the extent that respondents are communicating a desire for LGBTQ youth to be treated fairly like other youth. However, the more common way this “everyone is the same” philosophy came through was in the context of noting that the respondents felt LGBTQ youth are not experiencing anything different than other youth and/or that sexual orientation and gender identity should not be considered in planning how to care for youth. Other researchers and practitioners have noted the drawbacks of taking this colorblind approach in race related competencies while societal stigma and disparities still exist.¹⁷

I guess the employee's mindset would be to treat everyone equally. The more information that you know about someone would just, I guess, in some way, diminish your ability to treat someone equally. Right? I don't know. We just don't solicit that type of information. We don't request it. It's like we wouldn't wanna know it. (FA28HM)

I think what's helpful is just letting the youth know that we're not judging them based on anything other than their character. I mean if they're acting out and they're cussing us out and they're running away, I don't care if they're gay, straight or both. You're not behaving, we're gonna hold you accountable. I don't think that—I think the main thing is letting them know that we're not gonna treat them any different because of their life choice. (RA06EZ)

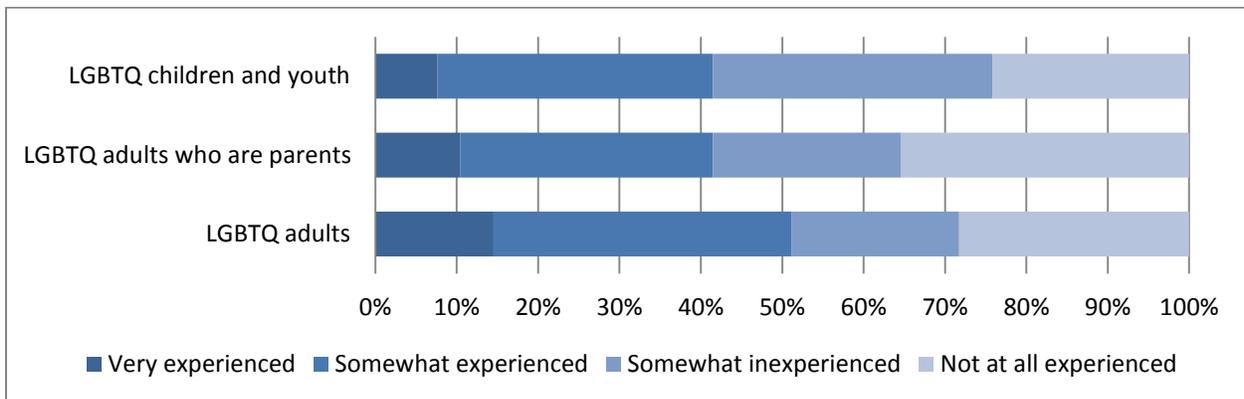
[What types of policies exist at the state or county levels that support work with LGBTQ children and youth?] For our aspect, for our medical treatment, I'm not really aware of any relevant policies. I don't think there's really anything specific in terms of county policies or state policies that I'm aware of. I think we just treat them the same as every other patient. (SI30AN)

¹⁷ Neville, H. A., Awad, G. H., Brooks, J. E., Flores, M. P., & Bluemel, J. (2013). Color-blind racial ideology: Theory, training, and measurement implications in psychology. *American Psychologist*, 68(6), 455-466. Retrieved from <https://search.proquest.com/docview/1431614702?accountid=14512>

STAFF EXPERIENCE

Staff experience working with LGBTQ children, youth, and adults provides an important dimension to understanding the county’s preparedness. Less than 50% of respondents reported being at least somewhat experienced working with LGBTQ children, youth and LGBTQ adults who are parents (Figure 18). A little over 50% reported being experienced working with LGBTQ adults. With 1 as the minimum score (not at all experienced working with LGBTQ children, youth, parents, and adults) and 4 as the maximum score (very experienced working with LGBTQ children, youth, parents, and adults), on average, respondents scored 2.33 (SD: 0.88). Asian, South Asian, and Multiethnic respondents have a lower experience score compared to White respondents. LGBT identified staff had a higher score than non-LGBT staff. Staff with post-graduate and higher education scored higher than those with a high school or bachelor’s degree (Appendix 10.3: Table 18).

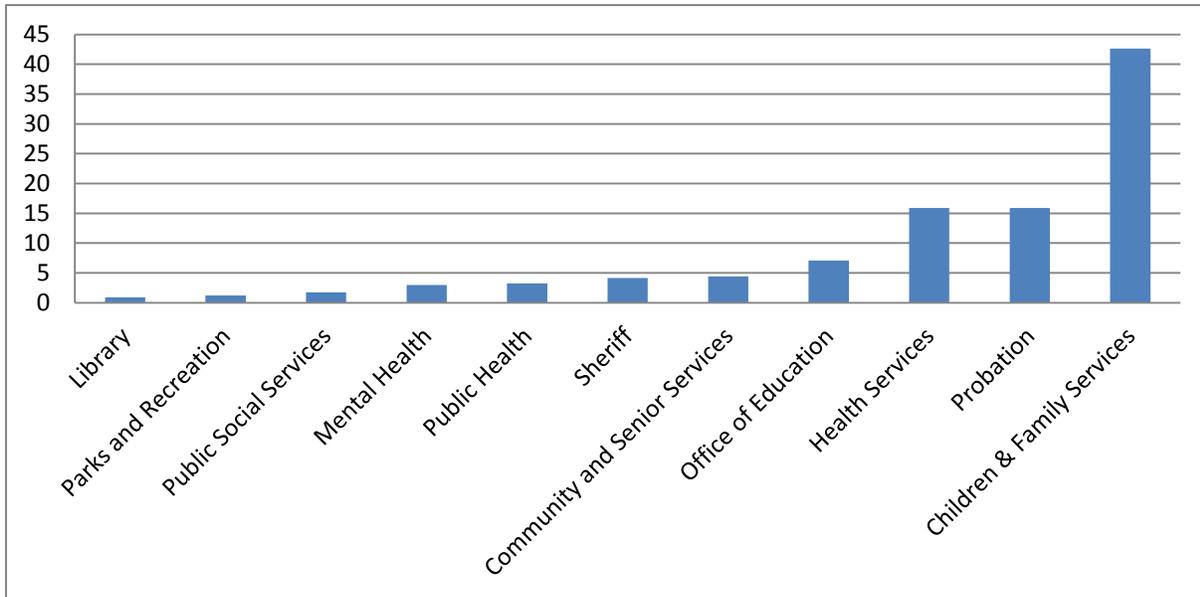
Figure 18. Distribution staff experience level by different LGBTQ populations (n=393)



AWARENESS OF THE PRESENCE OF LGBTQ YOUTH

When asked “Does your division, bureau, or agency serve children and youth that you know are LGBTQ?” 86% of respondents reported “yes”. Figure 19 shows the distribution of staff who report they know they serve LGBTQ children and youth by department. Over 40% of respondents who responded “yes” worked for DCFS.

Figure 19. Distribution of staff who reporting knowing their division, bureau, agency serves LGBTQ children/youth by department (n=340)



However, when asked if respondents knew what percent (estimate or exact) LGBTQ youth they served by age group, less than 10% were able to provide a percentage (Figure 20). On the other hand, close to 20% to 30% of respondents reported they knew how many (either an estimate or exact number) children and youth were currently being served by their division, bureau, or agency and were able to provide an actual number.

Figure 20. Percent of staff who know how many children overall and LGBTQ children are being served by their division, bureau, or agency

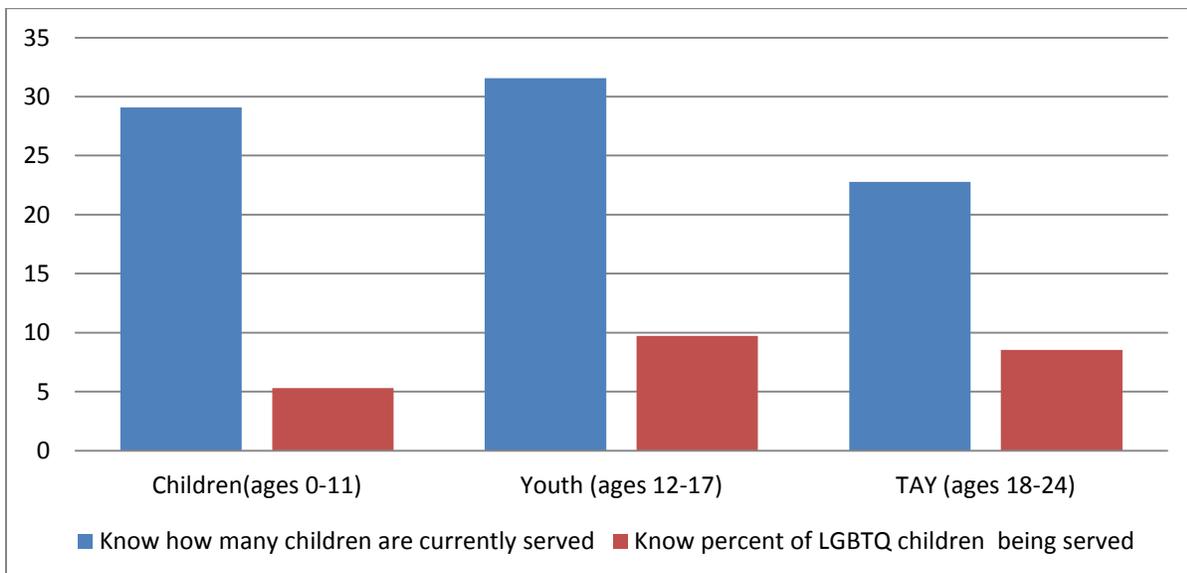


Table 8 provides the median percent of LGBTQ youth currently being served by age group. Only a small number of respondents were able to provide an exact or estimate percent of how many LGBTQ children, youth, or transitional age youth (TAY) they were serving. Half of the respondents who provided a percent, reported that no children aged 0-11 identified as LGBTQ, which explains the low median percent in this youngest age group. The largest range is among the TAY group with the minimum at 0% and maximum at 75%.

Table 8. Median percent of LGBTQ youth currently served by age group

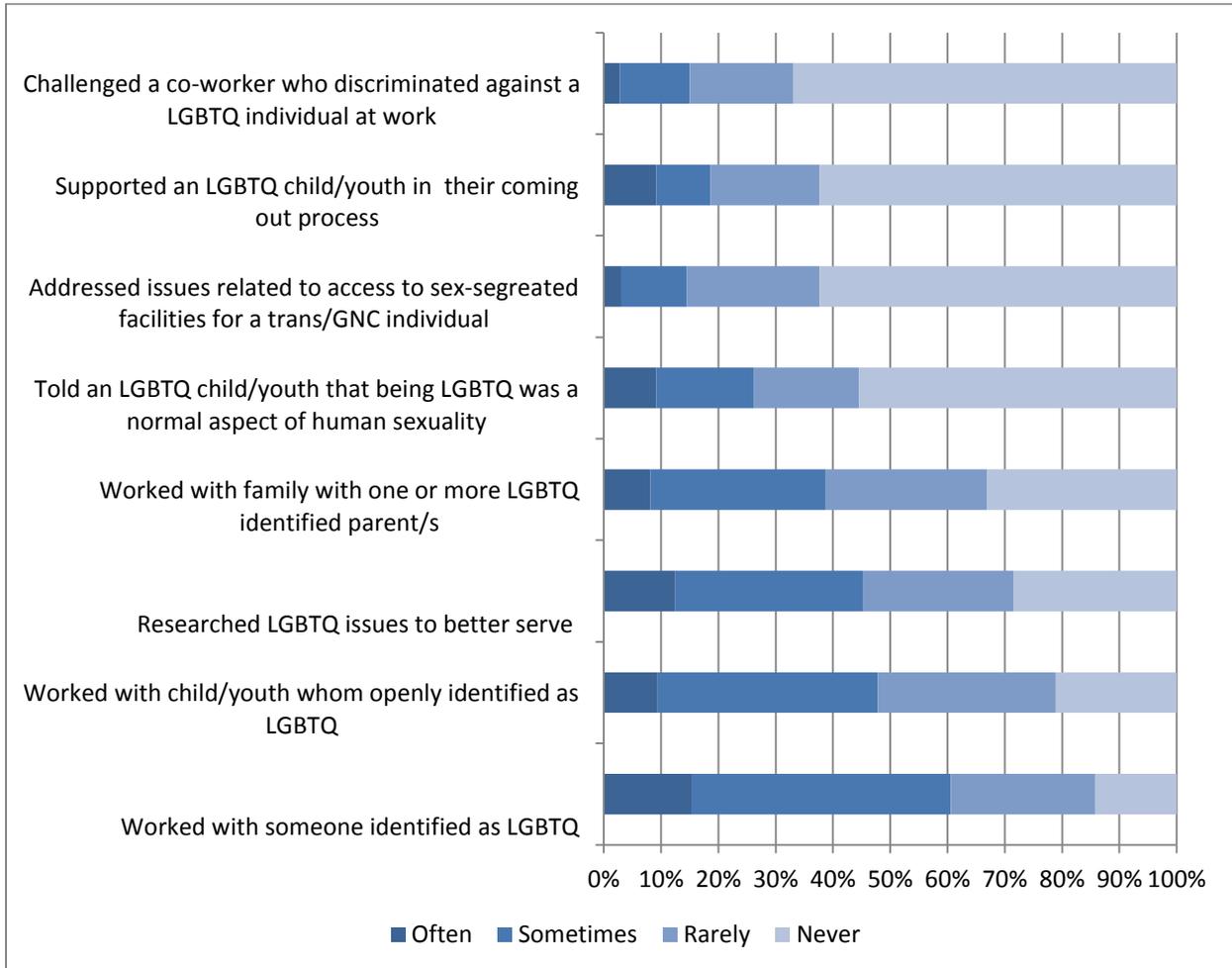
	Median %	Min %	Max %	n
Children (ages 0-11)	0.5%	0%	19%	18
Youth (ages 12-17)	10%	0%	20%	33
TAY (ages 18-24)	10%	0%	75%	29

DIRECT EXPERIENCE

Respondents were asked how often, if ever they had experience with eight different scenarios that could occur while working with LGBTQ children, youth, and adults in their current position. Over 80% of respondents had at some point during their current employment worked with someone, adult, child, or youth, who identified as LGBTQ (Figure 21). Most people had also conducted research on LGBTQ issues to better serve their clients. However, most respondents never or rarely had experience with scenarios that required a more proactive and affirmative approach to working with LGBTQ clients, such as “told an LGBTQ child or youth that being LGBTQ was a normal aspect of human sexuality” or “supported an LGBTQ child or youth in their coming out process”.

A composite score using the eight scenarios was created based on types of experiences at current employment. On average, respondents scored 2.00 (SD: 0.64; Min: 1; Max: 4), the exact mid-point of the scale. Respondents with post-graduate and higher education scored higher than those with a high-school or bachelor’s degree (Appendix 10.3: Table 18). Unlike other knowledge and comfort scores, LGBT identity of respondent was not associated with whether a respondent had a higher or lower experience score. Employment characteristics, however, were highly associated. Those employed at DCFS had a higher experience score compared to those in other departments. Staff who worked in a division, bureau or agency that provides direct services had a higher score compared to those who work in areas that provide indirect services.

Figure 21. Staff experience level with LGBTQ children, youth, adults, and parents by specific scenarios (n=393)



SYSTEMS AND STRUCTURES

POLICIES

SUBMITTED POLICY DOCUMENTS

Aside from training documents, interviewed respondents also submitted policy documents. Below is an analysis of the submitted documents.

FEDERAL OR STATE LEVEL POLICIES

One federal policy and two state level policies pertaining to LGBTQ children and youth were submitted by LACOE and DCFS.

Title IX: Education Amendments Act of 1972

A comprehensive federal law that prohibits discrimination on the basis of sex in any federally funded education program or activity.

SB 48: The Fair, Accurate, Inclusive and Respectful (FAIR) Education Act

Schools to integrate facts about history of people with disabilities and LGBT people into social studies lessons and textbooks.

California Welfare & Institute Code §16001.9: Services for the Care of Children

The policy enumerates the rights of all minors and non-minors in foster care in the State of California. Three rights are specific to LGBTQ children and youth:

- (1) To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- (2) To be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records.
- (3) To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.

COUNTY AND DEPARTMENT LEVEL POLICIES

One county level policy was submitted by the Department of Parks and Recreation and several department level policies that interviewees felt were relevant to LGBTQ children, youth, and adults were submitted by LACOE, DCFS, Probation Department and the Sheriff's Department.

County of Los Angeles, Policy of Equity: Intends to preserve the dignity and professionalism of the workplace and protect employees' rights to be free from discrimination, harassment, retaliation, and inappropriate conduct towards others based on protected status. Protected status includes: sex, race, color, ancestry, religion, national origin, ethnicity, age (40 and over), disability, sexual orientation, marital status, medical condition or any other protected characteristic protected by state or federal employment law.

This policy focuses on the rights of employees and includes sexual orientation (but not gender identity) as a protected status among others. A few department level policies also focused around non-discrimination in employment on the basis of sexual orientation, gender identity, and other characteristics such as race, color, age, religion, etc. These submitted policies are LGBTQ inclusive and reiterate the Policy of Equity language.

- Policy of Equality (Sheriff's Department)
- SP 4030(a) Nondiscrimination in Employment (LACOE)
- SR 4031(a) Complaints Concerning Discrimination in Employment (LACOE)

Other department levels policies focused on the rights and protections of the children, youth, and adults served by the departments and used inclusive language in which sexual orientation and gender identity are recognized as protected characteristics (Table 9).

Table 9. Submitted LGBTQ inclusive policies

Title	Summary
Nondiscrimination Policy in Placement Decisions (DCFS)	Outlines the DCFS nondiscrimination policy regarding clients, out-of-home caregivers, and adoptive parents in regards to placement decisions. However, the focus seems to be nondiscrimination based on race/ethnicity than SOGIE.
Policy and Ethics (Sheriff's Department)	Outlines the responsibilities employees have to serve the public and develop and maintain the highest ethical standards in both personal and official conduct. The policy is LGBTQ inclusive.
BP 5145.3 Nondiscrimination/Harassment (LACOE)	Prohibits discrimination, harassment, intimidation, and bullying of any student based on actual or perceived protected characteristics, including SOGIE at LACOE education programs.

Probation, Sheriff and LACOE had department level policies were particular to LGBTQ children, youth, and adults utilizing or working in the respective departments (Table 10). Though based on state level or federal legislation protecting LGBTQ individuals, these policies are department driven in terms of stipulating LGBTQ affirming policies that are specific to the services provided by each department.

Table 10. Submitted LGBTQ specific policies

Title	Summary
An LASD Guide: Transgender and Gender Non-Conforming Employees (Sheriff's Department)	Guidelines to address the needs of transgender and gender non-conforming employees. Includes clarification on how the law should be implemented in situations where questions may arise around how to protect the legal rights or safety of all employees. This includes names/pronouns, restroom accessibility, locker room accessibility, dress codes, etc.
Directive: Juvenile - Supervision of Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Minors (LGBTQI) in Institutional Settings (Juvenile Halls and Camps) (Probation Department)	The purpose of the policy is to foster and maintain a system free from organizational and personal biases (intentional or unintentional) and to support operational practices that respect the dignity of LGBTQI minors.
Lesbian, Gay, Bisexual and Transgender and Sexual Orientation Anti-Bullying	Resolution that requires that all schools be proactive in decreasing anti-LGBT language and bullying. This includes:

Resolution (LACOE)	promoting policies images of LGBT individuals, making available age-appropriate LGBT inclusive curriculum for elementary and second schools, etc.
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STAFF REPORTED KNOWLEDGE ABOUT POLICIES

On the online survey, respondents were asked whether their division, agency, or bureau provided policies against discrimination based on sexual orientation and gender identity (Figure 22; Figure 23). Around 80% of staff reported they knew that their work place provided protect against discrimination based on sexual orientation or gender identity for staff. However, respondents were less sure about protections for children, youth, or volunteers. Between 20%-40% reported they were unsure of whether children, youth, or volunteers were provided protections against discrimination based on sexual orientation and gender identity. Most people responded affirmatively or as unsure, with a very small proportion answering no.

Figure 22. Percent of staff who know their division/bureau/agency has anti- discrimination policies for sexual orientation (n=392)

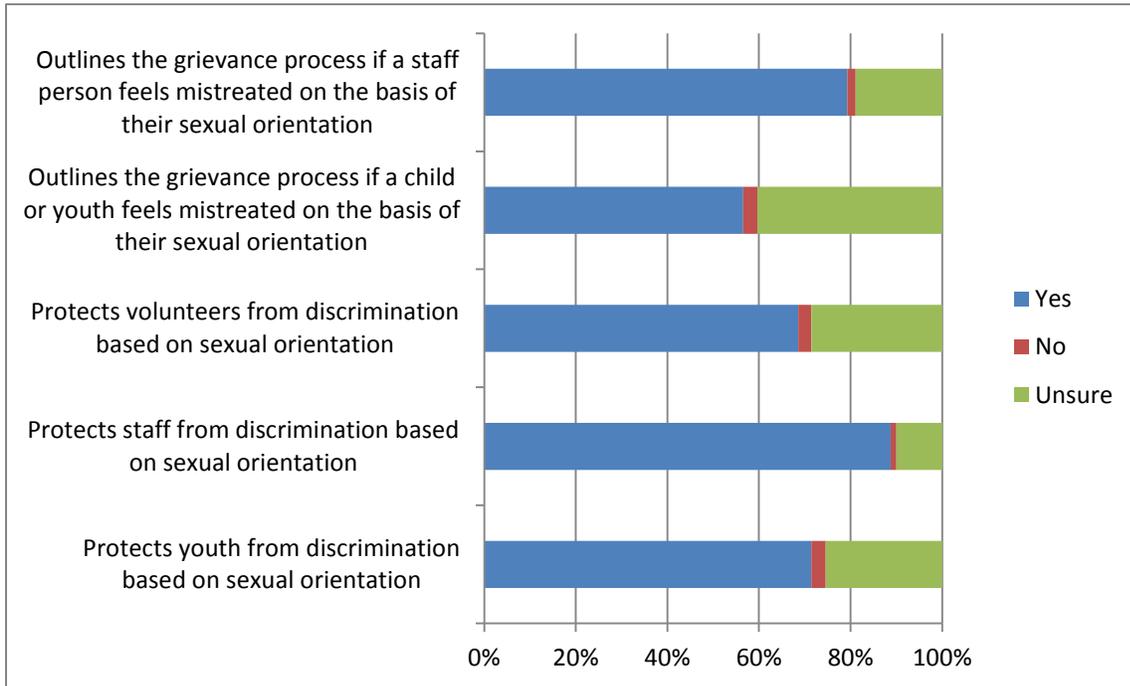
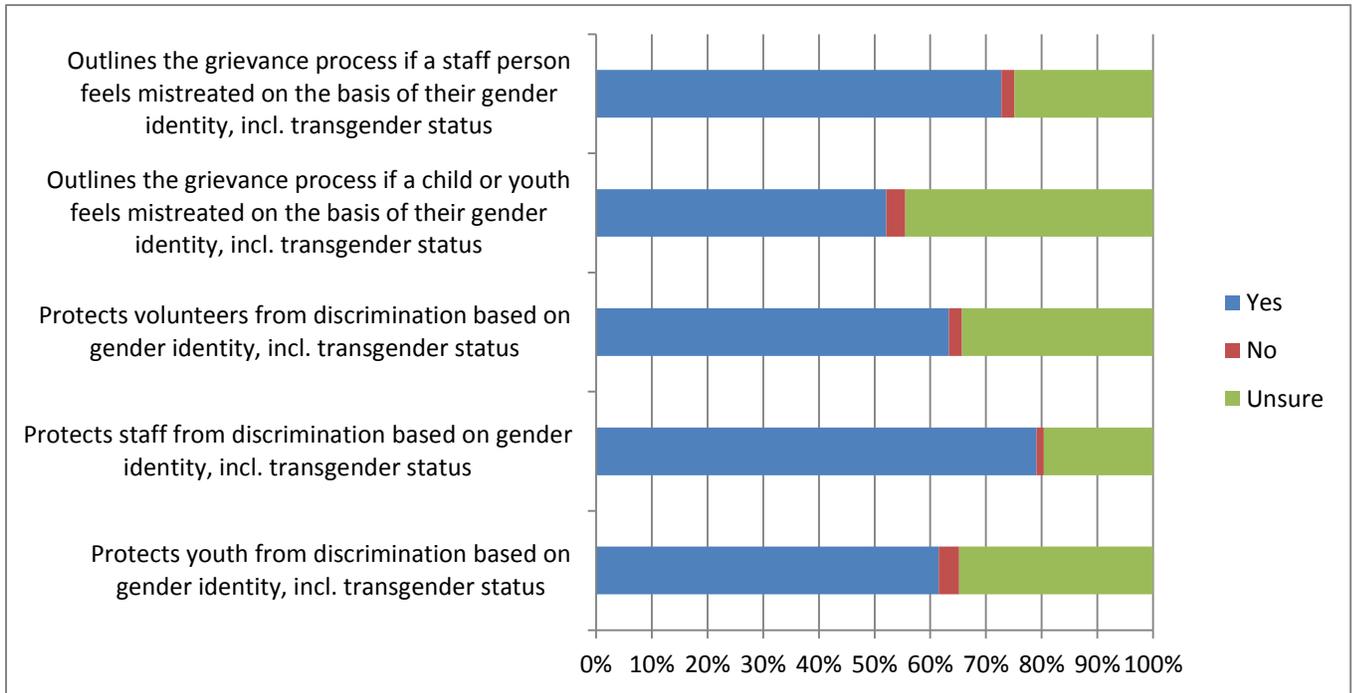


Figure 23. Percent of staff who know their division/bureau/agency has anti-discrimination policies for gender identity (n=392)

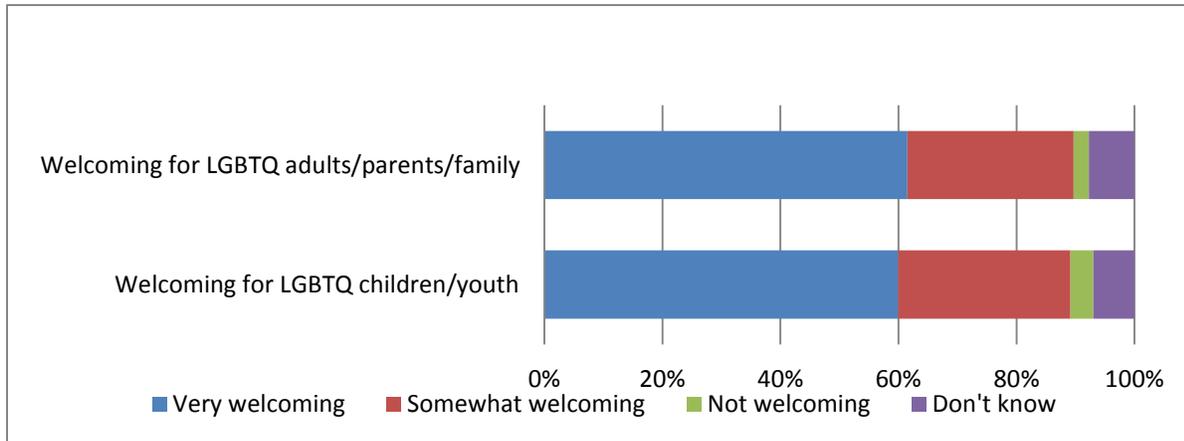


A composite policy score was created using only the “yes” and “no” responses. “Yes” responses were coded as 1, and “no” responses as 0. A score of 10 would indicate the respondents reported all policies exist, and a score of 0 would indicate no policies exist to the respondent’s knowledge. On average, respondents reported 5.97 (SD: 3.94) anti-discrimination policies existed based on sexual orientation or gender identity. When looking at individual characteristics of respondents, men reported knowing a higher number of policies existed than women and those working in departments other than DCFS reported a higher number of policies existed than those working in DCFS (Appendix 10.3: Table 19).

WORK ENVIRONMENT

Aside from policies, work environment is an important structural component in service provision to LGBTQ clients. More than two-thirds of the respondents reported that their agency provided a very welcoming environment to LGBTQ children, youth, and adults (Figure 24). Overall, the majority of respondents felt their environment was at least somewhat welcoming, with a very small proportion of respondents indicating their environment is not welcoming or unsure whether it is welcoming or not. On average, respondents scored 2.59 (SD: 0.56) on the welcoming scale, with the minimum score being 1 (not welcoming at all) and the maximum being 3 (very welcoming). LGBT staff scored their work environment as less welcoming than non-LGBT staff (Appendix 10.3: Table 20). Respondents who worked at DCFS also reported their work environment was less welcoming than those who worked in other departments.

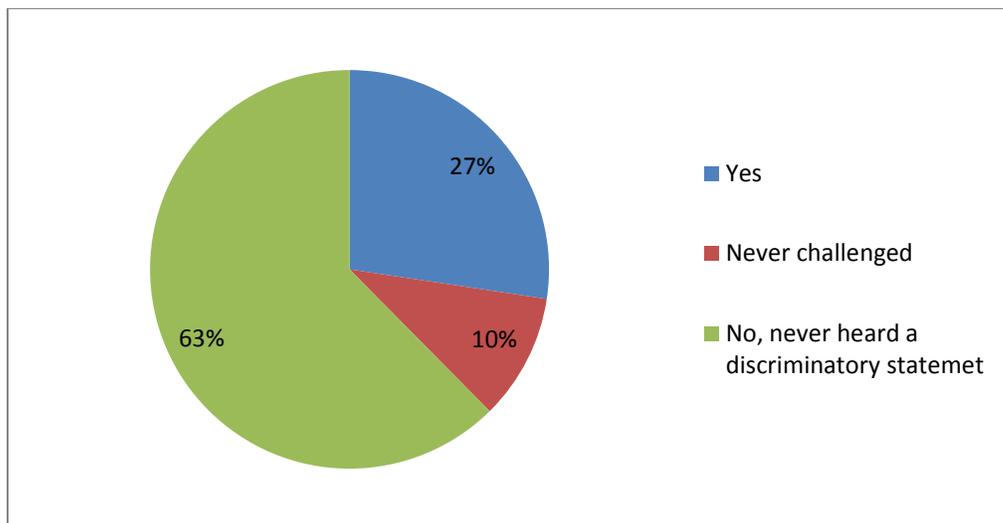
Figure 24. Distribution of respondents who feel their work place has a welcoming environment for LGBTQ children, youth, adults and parents (n=387)



WORK ENVIRONMENT IN RELATION TO LGBTQ ISSUES FOR STAFF

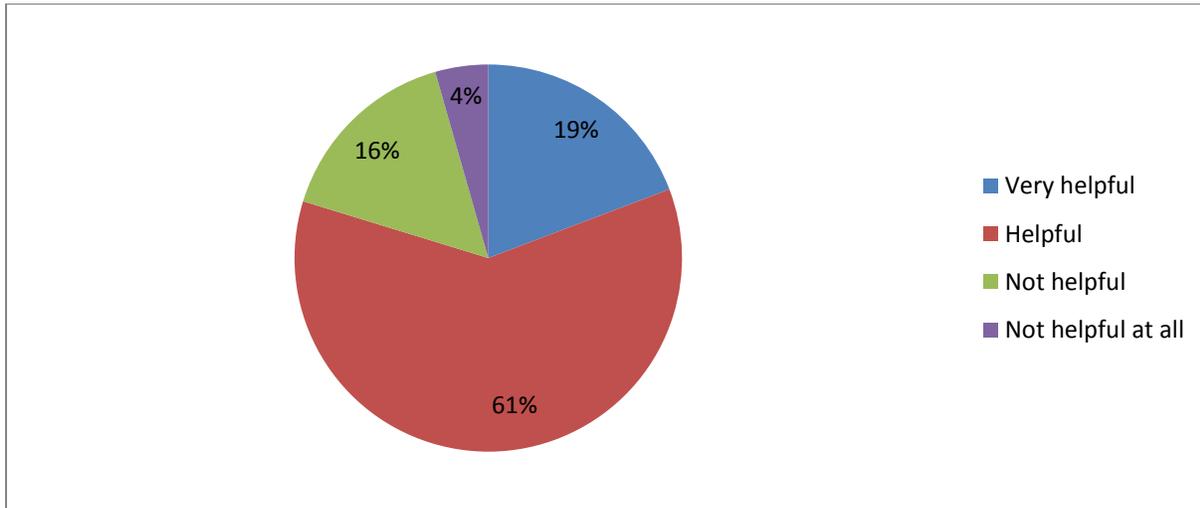
To assess how comfortable staff felt about participating in and learning more about working with LGBTQ children, youth, and adults, respondents were asked how inviting their work environment is in terms making complaints or suggestions. 94% of respondents felt they could safely *make a complaint* about LGBTQ related services to managerial staff or supervisor. Additionally, 95% felt they could safely *make a suggestion* about LGBTQ related services to managerial staff of their supervisor. In terms of challenging a discriminatory statement about LGBTQ individuals in the workplace, 63% of respondents reported having never heard a discriminatory statement at work (Figure 25). On the other hand, about a third of the respondents reported they have challenged a discriminatory statement.

Figure 25. Percent of staff who have ever challenged a discriminatory statement about LGBTQ individuals in the workplace (n=391)



Another element to assessing the workplace environment around LGBTQ issues is whether one's supervisor is helpful when discussing LGBTQ related issues (Figure 26). The majority (80%) of respondents reported their supervisor is helpful in discussing LGBTQ related issues.

Figure 26. Staff assessment of supervisor's helpfulness when discussing LGBTQ related issues (n=385)

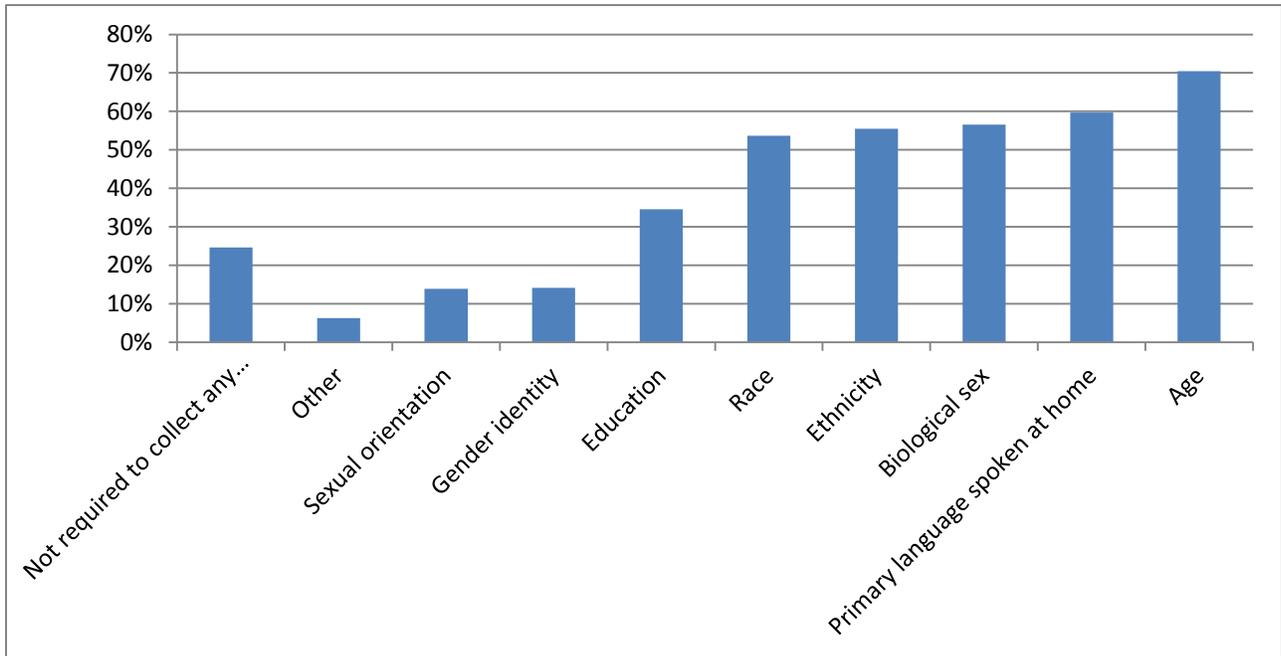


DATA COLLECTION

EXISTING TYPES OF DATA MANAGEMENT SYSTEMS

Data collection management, particularly collection of SOGIE data, is an important system to evaluate when considering preparedness to serve LGBTQ children, youth, parents, and adults. Age is the most commonly collected demographic variable that respondents reported on the online survey (Figure 27). Language, sex, and race/ethnicity were reported to be collected by more than half of the respondents. On the other hand, only about 15% of respondents reported they collected data on sexual orientation and gender identity. About 25% of respondents reported they were not required to collect any data at all.

Figure 27. Percent of staff reporting types of demographic variables required to be collected as part of their job (n=382)



SOGIE DATA AVAILABILITY

Over half of the respondents who reported they are required to collect sexual orientation and gender identity demographic information worked in DCFS (Figure 28; Figure 29). 17% of the respondents who collect sexual orientation worked at Health Services department and 13% of respondents who report they are required to collect gender identity were employed at the Department of Probation. While the respondents from the Sheriff’s department are not required to collect data on sexual orientation, respondents reported they were required to collect data on gender identity.

Figure 28. Distribution of respondents required to collect data on sexual orientation by department (n=53)

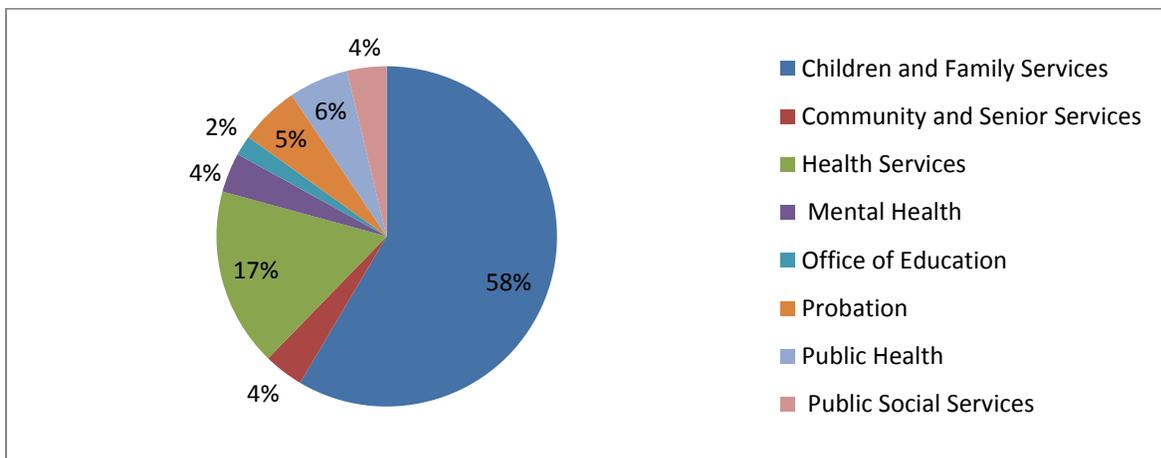
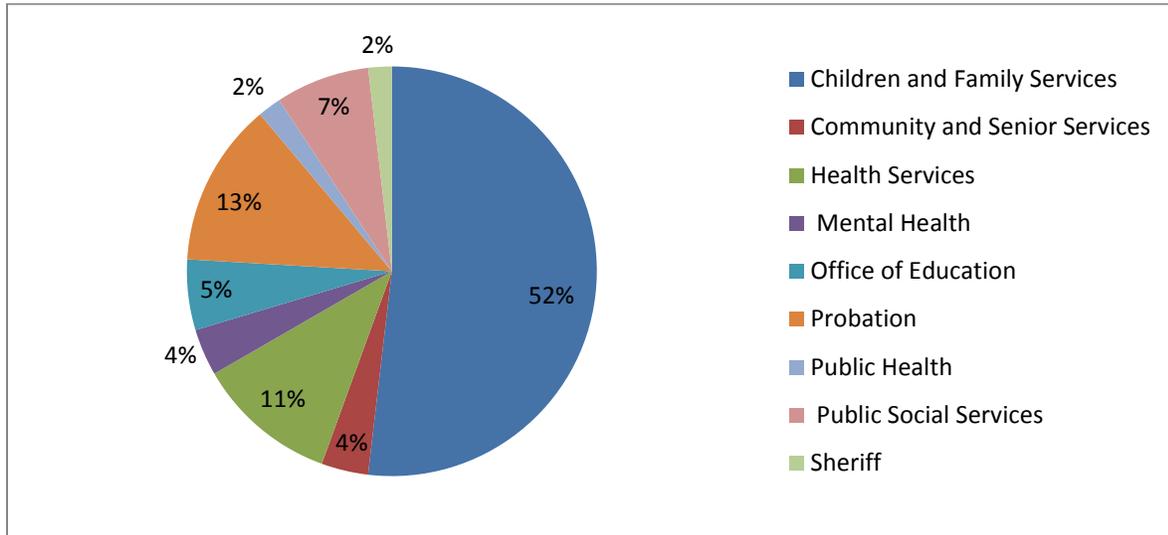


Figure 29. Distribution of respondents required to collect data on gender identity by department (n=54)



Qualitatively, the most common method to learn about a youth’s sexual orientation and/or gender identity described by participants was relying on self-disclosure initiated by the youth themselves. Another approach that was reported was asking questions as part of intake or documenting a new case or patient within social work, juvenile detention or health care settings. This case note or medical record approach of documenting SOGIE status was admittedly not always systematic, but it was nonetheless an available method for staff who recognized that it was relevant to the interaction with the youth, for example because the discussion was focused on sexually transmitted infections or on conflict with parents. Though the case note or medical record method was discussed by several participants, it was clear that sometimes the information were collected through discussion but not documented on paper or electronically. The main exception to this appeared to be for transgender youth when a name or gender different than what was assigned at birth needed to be noted. Among the forms used in this approach, the availability of the 709 form in DCFS was raised by a couple of participants – this is a form used to indicate issues to consider at initial intake and the item referring to sexual orientation and gender identity only restricts the response to whether a social worker thinks that sexual orientation and gender identity issues are relevant to placement.¹⁸ Also known as the Needs and Case Plan Summary, this form is given to caregivers each time the youth is provided new out-of-home placement and is designed to alert caregivers to immediate and urgent issues known about the child at that point in time. It includes items regarding the youth’s known allergies and the individuals with whom the child is allowed to have contact. Since 2003, included on the 709 form is a question referring to how the youth self-identifies with respect to sexual orientation and gender identity. When reviewing files of LGBTQ youth, RISE found that only two-thirds of cases reviews indicated that the question was answered on the form. Of the case reviews where the sexual orientation and gender identity question on the 709 form was answered, 22% answered the question with a “no,” 48% identified as gay or lesbian, 13% identified as questioning, 7% as heterosexual, 4% as bisexual and 4% as transgender. The large number of cases for which

¹⁸ Wilson, B.D.M., Cooper, K., Kastanis, K. & Choi, S.K. (2016). *Surveying LGBTQ Youth in Foster Care: Lessons from Los Angeles*. Los Angeles: The Williams Institute. Retrieved from: http://williamsinstitute.law.ucla.edu/wp-content/uploads/TWI_Methods-Report-2016.pdf. This report includes a review of problems with this form for assessing SOGIE status.

the answer to the question “how does a youth identify?” was “no” may raise some concerns regarding the way that particular question is understood by those filing out the 709 forms.¹⁹

Only one respondent discussed systematic data collection that included SOGIE and it was through a survey that appeared that was being developed for administrative record, using the Los Angeles County Department of Mental Health Prevention and Early Intervention (PEI) Plan as a guide to how to ask the questions (WA05RG).

SUBMITTED DATA COLLECTION FORMS

All interviewees were asked to share copies of the data collection forms or demographic measures that they collect on a regular basis. Forty-one unique data collection forms were submitted across eight departments.

Most intake forms or surveys submitted did not have a field for sexual orientation and gender identity. Three departments, Probation, Public Health, and DCFS submitted forms that asked about sexual orientation systematically. However, several DCFS forms asked sexual orientation only in the context of placement concerns. In terms of gender identity (ie. transgender status), Probation and DCFS were the only two departments that collected their clients’ gender identity through demographic forms. These are listed in Table 11 below.

Table 11. Submitted data collection forms that measure SOGIE

Document Title	Department	Sexual orientation measures	Gender identity measures
PPQA: Combined Permanency Caseload Stats	Probation	Yes	Yes
DPH Community Health Assessment 2015	Public Health	Yes	
Los Angeles County Participant Reporting System	Public Health	Yes	
Probation Initial Intake Screening	Probation	Yes	Yes
Family Strengths and Needs	DCFS	Yes	Yes
SAFE Compatibility Inventory	DCFS	Mentioned as part of general placement concerns	
SAFE Compatibility Inventory (Spanish Version)	DCFS	Mentioned as part of general placement concerns	

¹⁹ Kastanis, A (2012). RISE Case Reviews Write-Up.

Adoptive Applicant's Matching Chart	DCFS	in terms of willing to parent	
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CHALLENGES TO AND POTENTIALS FOR DATA COLLECTION

PRIVACY ISSUES

An issue that arose when discussing whether or not staff were aware of SOGIE data being obtained and their perspectives on collecting these types of data was the assurance of privacy of the information. For example:

[Is there any consideration being given to identify children and youth who are LGBTQ?] As far as I know, not. Here's the thing: libraries are like the last place on earth that is freaked out about privacy. We're really gung ho about privacy in the library world. Sometimes, we have our customers who are like, "What do you mean you can't tell me what I checked out three years ago?!" It's like, "We don't want to know what you checked out three years ago." I would say we're unlikely to keep that information. Especially with recognizing the fact especially among LGBTQ youth and even the adult population for that matter. It is 2016. I think there's still really—it is Los Angeles, but I still think that that population does have safety concerns and privacy concerns that maybe other people don't. As far as I know, there's been no discussions on tracking this information. From a library perspective, we would be extremely hesitant to do it, just like I said for privacy reasons in general. "[CR09ER]

Also, from another perspective, such as within health services, we saw respondents discuss issues of privacy. The privacy issue came up in different ways. Sometimes, privacy was a concern in terms of protecting youth from the information being disclosed to others who may not be accepting. But sometimes, the issues of privacy were raised because the information itself was seen as private and potentially embarrassing.

I'm thinking, from my own standpoint, having been a counselor, that there's some sensitivity to individuals' privacy, if you will....Whereas, I'm, personally, a little bit uncomfortable asking the question, I'm equally, or even more concerned, about embarrassing someone or "calling them out".... In an attempt to be supportive and certainly trying to be open, I would engage in a conversation, but I'm not necessarily gonna initiate that conversation. (GL28ND)

OTHER SUBMITTED DOCUMENTS

Interviewed staff also submitted other documents aside from policy, training, or data collection forms that they felt were relevant to serving LGBTQ clients. Below are the titles, types of documents, the extent to which LGBTQ-relevant information was included in the documents were submitted (Table 12). Most documents were submitted by DCFS. These documents may be helpful to the County and individual departments as they create resource and practice guides.

Table 12. Additional documents relevant to LGBTQ clients

Title of doc	Department	Type of document	LGBTQ relevant information
Recommended Practices: to promote the safety and well-being of LGBTQ youth and youth at risk of or living with HIV in Child Welfare Settings	DCFS	NGO report	Yes
FYI: Providing Services to LGBTQ Youth and Families	DCFS	FYI/Reminder	Yes
Los Angeles County Shared Core Practice Model	DCFS	Model	No
Van Nuys & West San Fernando Valley DCFS Resource Guide	DCFS	Guide	No
Transgender and Gender Nonconforming Children in California Foster Care	DCFS	Brief	Yes
Group Home - Emergency Shelter Care Statement of Work	DCFS	Statement of Work	No
Foster Family Agency - Emergency Shelter Care Statement of Work	DCFS	Statement of Work	Yes
Group Home Contract Statement of Work	DCFS	Statement of Work	Yes
Foster Family Agency Contract for Foster Care Statement of Work	DCFS	Statement of Work	Yes
RFSQ for Foster Family Agency/Group Home Foster Care Services	DCFS	Request for Statement of Qualifications	Yes
Nelson Home Study	DCFS	Sample	No
Directions for Using the SAFE Update	DCFS	Directions	No
Katie A. Support Site	DCFS	Resource Page	Yes
Foster Parent Recruiting Material	DCFS	Promotion	Yes
Casey Life Skills LGBTQ Addendum	DCFS	Information	Yes
Foster Youth Bill of Rights and LGBTQ Resources	DCFS	Information	Yes

ACF Information Memorandum: LGBTQ Youth in Foster Care	DCFS	Information	Yes
All County Information Notice: Serving LGBTQ Youth, LGBTQ Caregivers and LGBT Prospective Foster and Adoptive Parents	DCFS	Information	Yes
Information Form - Civil Rights	DCFS	Information	Yes
FYI - Adoptions by Unmarried Couples	DCFS	Information	No
LGBTQ12-S Youth Speak Your Mind Academy Mental Health Outreach Project Statement of Work	DMH	Statement of Work	Yes
Overview of LGBTQ12-S Issues and Concerns	DMH	Presentation	Yes
Bridge Builders Fact Sheet	LACOE	Information for Bridge Builders	Yes
Public Schools and Sexual Orientation	LACOE	Informative Guide and Tips	Yes
Silence on Gays and Lesbians in Social Studies Curriculum	LACOE	Article	Yes
California Three Rs Project: Finding Common Ground in Public Schools on the Difficult Issue of Student Sexual Orientation Policy	LACOE	Article/Guide	Yes
Schools on Point - LA Educational Passport Database	LACOE	Announcement	No
Homeless Education Program Services and Support	LACOE	Description	No
Equal Employment Opportunity Plan	LACOE	Plan	No
Information Bulletin re: Implementing SB 48 In Your School District: An Informational Forum for School Administrators	LACOE	Bulletin	Yes
LACOE Documents Additional Information	LACOE	Information	Yes
Summer Day Camp	Parks and Recreation	Packet	No

Title VI, ADA Notice, and Image Release	Parks and Recreation	Notice	No
Transgender Rights Flyer Metro Notice of Civil Rights	Sheriff's	Flyer and Brochure	Yes
Backgrounds Investigations	Sheriff's	Information	No

CHALLENGES WORKING WITH LGBTQ CHILDREN AND YOUTH

Respondents also discussed structural challenges and barriers to working with LGBTQ clients. The common themes that emerged were categorized into staff-level challenges, system-level challenges, and County external challenges.

STAFF-LEVEL CHALLENGES

Though many interviewees used LGBTQ affirming language and indicated openness to learning more about LGBTQ clients (see 6.3 Affirmative Attitudes), a common challenge mentioned was staff members negative bias towards LGBTQ individuals. Examples of staff discrimination observed by interviewees ranged from subtle actions such as avoiding cases with LGBTQ children or youth to more obvious examples of discrimination such as refusing to address a client by their preferred pronoun or refusing to place a child with same-sex foster care parents.

"I've seen it, yeah, in subtle ways. There's lots of different names for it, right? The unconscious bias and—I think you can see—again, people that just don't like dealing with teens. Even that alone, that's discriminatory. Even though it's subtle—there's ten charts there and you go, "Oh, I don't want that one. I'll take the next one." What's the effect of that? I think it's just that low level—I guess discrimination. The low level of, "Well, that person waited a little bit longer because somebody didn't wanna see them," or, "that person got a little bit less VIP treatment because they were the squeaky wheel," or they looked like they were gonna be complicated and somebody wanted a faster patient." (ME25NE)

"The barrier would be people's attitudes and people saying, "I don't care. This is how I feel it should go. I'm not"—whether it was the probation officers or the social worker or the court. The judge. Those would be the barriers. Disregarding what the team says and saying, "We're gonna go this way regardless."" (AN280N)

Most kids that you talk to will say, "My problem is the staff." (AN280N)

Or [staff] let other kids beat 'em up, because they can't beat 'em up, but they let other kids. They just won't go down that hall for a little bit. (GA19SO)

"There are still biases that exist out there for adults that are involved in the child welfare system, whether it comes to—and the typical area, of course, is with foster parents and so forth." (SA06SH)

“some of the prejudice in maybe a social worker not even wanting to put a child with a gay couple where they could be the best couple on the planet.” (RA06EZ)

Religion, age, culture, and general background of staff were commonly cited reasons to explain why someone might be discriminatory toward LGBTQ clients. However, most interviewees also believed awareness, education, and training could change how people felt and acted. Many interviewees also emphasized that county employees’ jobs are to serve the public and personal beliefs needed to be set aside.

[What about barriers? What types of challenges have you encountered in trying to think about or take action related to LGBTQ issues in your work in your agency?] “I think within the workforce there are a lot of biases, lack of education, lack of tolerance. I don’t wanna stereotype, but I even think there are cultural biases against this in some groups. I really do Right. Individual’s personal beliefs, systems. Sometimes they’re generational. Sometimes they’re cultural. They can be religious.” (FA28HM)

“Probably getting all staff to keep comfortable dealing with children in this population. Knowing how—giving them the training so they know how to approach what questions to ask, what questions you can’t ask. How to get the child to feel comfortable and I think some workers are just open to that. It can be when other workers, supervisors, administrators, or just their upbringing, their history it may be a little bit more difficult to do that.” (ME04AS)

“We have to remember each individual in the room at the table comes with their own culture. It requires a lot of patience and persistence in trying to be able to convince and be able to communicate in a very professional and respectful manner about needs of this community to everyone at the table.” (SU08DA)

Another common theme that emerged around personnel challenges is a general uncomfortableness in working with LGBTQ clients due to fear of saying the wrong thing or engaging in an offensive way. Related to this is staff uncertainty of what type of action is appropriate in serving LGBTQ children and youth.

“Yeah. I mean, if a minor came up to you and say, “Hey, I think I’m gay.” I’d turn around and walk away. You don’t wanna get into trouble. You don’t know where it’s gonna go. That’s the culture that exists in the county right now. I guess what you’re trying to do is help break that down somewhat.” (FA28HM)

“I think for our workers, in a very strange kinda way, it’s not so much a negative. It’s just I wanna do this the right way. I’m just not quite sure what that is. You know? I don’t wanna step on anybody’s toes. I don’t wanna upset anybody. I wanna be sensitive. I can’t really talk about it or write it down. They’re kind of stuck in this weird little place that they’re just like, “I wanna do the right thing.”” (GR04AS)

“Any actions or any conversations that are deemed inappropriate, and that includes conversations that are sexual in nature, are discouraged. You can be disciplined for this. It’s called—what’s the term? ICTO. Yeah, Inappropriate Comments Towards Others..... I think, again, that’s under this big umbrella. What he is describing is accurate because there’s nothing there. I mean we are discouraging. When it comes to health issues or sexuality, things like that, we’re not supposed to get into that. That’s for either a doctor or an appropriate—or parent. (FA28HM)

"I would hope. That forum has been used to talk about the needs of our African American community around racial disparity and disproportionality in the child welfare system. Specifically our department or even other institutions. They become such delicate subjects that nobody wants to broach the subject. I think everybody kind of dances around the conversation. You know? It becomes a superficial conversation. I think that is a barrier. Our limited willingness to have a deeper conversation around these issues. It hinders us from making any progress, because we're only just—we're just dancing around the subject." (ME23AR)

"Some people may not agree. Some people may not know. Some people may wanna be respectful, but don't really know how to be, or they're uncomfortable. The thinking of, the talking to, and education will help to mitigate that kind of reaction." (LY24RI)

"Exactly. You're dealing with, this and you're dealing with that; and then somebody comes out, like "what do you do!?" Can we train you to have the right response? Left to our own devices, it's all over the place." (GL28ND)

SYSTEM-LEVEL CHALLENGES

Aside from staff-level challenges, many people pointed to structural challenges such as lack of resources, sufficient policies, or the challenges in working in a large bureaucracy in terms of implementing change. Lack of resources was the most commonly cited challenge by interviewees. Lack of funding, housing, time (competing priorities), human capital, staff capacity, and access to resources (information and LGBTQ services outside the County) were regularly mentioned.

"Oh. The barriers are just having really a dearth of well-informed, well-practiced mental health providers, treatment resources. I mean, and I also—it's not an issue to be treated. It's an issue to be supported or not undermined, but—and so I don't like to talk about treatment, but having tolerant, accepting placement resources where kids can actually feel at home. It's more than just lip service. I don't know. I just feel like—" (AV12SO)

"Well, the only thing I'd share is that if in your analysis the county is serious about making sure that we have broad access to health care we need resources. We need marketing resources, and we need provider resources, and we need mental health resources, and we need after-care resources. We need surgeons. We need the whole spectrum of individuals. Endocrinologists. Because if this is successful, this is an unmet need in the community that we are trying to take a slice of. We're more than willing to eat the whole pie and take the whole pie, but you need resources to do that. If we build they will come, and they will come in numbers that will exceed our capacity to provide the quality of care, and I don't want to get into rationing care. I'd rather have resources, so I applaud the Board of Supervisors for wanting to look into this across the spectrum, but I would contend that their physical and mental health issues, along with the environment of living are the critical features that must be attended to with the appropriate resources." (GL18AS)

Yeah, the difficulty isn't having access to resources, the difficult is focusing the resources (BR04EZ, etc)

"You need to do this, you need to do that." Yeah, those are the challenges. Because there are so many things going on, there's so many demands, and you're being pulled... There's always things that are competing for our attention, for our funding, for our issues, and concerns, that we need to train, that we need to do, healthcare. (LY24RI)

It's gonna be resources, but that's for anything that we try or anything that we need. Never enough financial resources. (RA22ES)

"Well, it's been ongoing since forever and ever. I mean, we're always continually trying to do it. It's just that up to now it's been extremely difficult because of limited funding. We haven't done a very good job of being able to stretch the money. That's always been the limitation for us. The intention, but no resources" (NO20TA)

Right. They'll refer you to another person. That person refers you to another person. You just hope to hit something. That's why I'm saying why should we have to do all that? Why can't we just go directly to—(MO03CO). [A specific agency.]

Lack of sufficient training was also mentioned as a systemic challenge. Some respondents felt that general training was not sufficient to helping them serve LGBTQ children and youth and believed tailored more frequent training was missing.

"Barriers is like lack of knowledge. Lack of knowledge for me is—when you don't have the information you run up against a wall and so just—and then just like I'm almost embarrassed that our department hasn't taken a more proactive stance by designing a training. I'm embarrassed that I don't do it within my own division, or I don't convene the contractors in a way that—but you don't have the information you don't feel like you have anything to give, right?" (DE18ON)

It's not a part of their consciousness or it's something that—and I think so there's multiple levels of education. There's cultural competency education and then the practical. How to—that needs to be done, and I don't think we have any infrastructure for that. Yeah. As far as I know. Yeah. (AV19NG)

It seems like sometimes maybe [the trainers are] not quite so knowledgeable unfortunately. I just wonder how much training the trainers get which is important." (MA14ON)

Lack of knowledge. Training? It's vague guidance. (PA19AN)

Another common theme around systematic challenges was a lack of cohesion in messaging, policies, and data systems within the County. This is particularly problematic for staff members who work with clients who access services from different divisions, bureaus or agencies within the County as SOGIE information relevant to the client is not always communicated or clients drop out of the system because of one unfriendly encounter with a division.

"Oh, you know, when we send him back, can we actually have him see a male?" and they explained everything to me.... I was like, "Oh, that's something you should tell us when you call to schedule the appointment," because I felt really, really bad for that patient, and I actually asked, "I understand he's not going to be comfortable speaking with me." I was like, "Please

apologize to him. Let him know that he is always welcome in our clinic and next time we will be sure that he's assigned "A" we call him the name that he prefers, because then they were like, "Oh yeah, and he prefers to be called by this name." I was like, "This is stuff you have to tell us ahead of time." (HA23OS)

"There are some existing constraints within the system. I actually I just sent this along to you guys, but an internal communication where I was responding to somebody else asking about how do we capture gender. Right now we capture male, female, M, F and U, an unknown. Part of that is a constraint driven by technology standards" (HU15NS)

"We have to be consistent in what's being written at the state or local level for foster youth. And it should be consistent as a county. The county should have a consistent policy. It doesn't matter what system they're in, but the treatment should be very consistent across the board." (OR110L)

On the other hand, some interviewees expressed how working in a large bureaucracy was a challenge given that County policies that are well-intentioned and work for some divisions, bureaus or agencies were actually a hindrance and too rigid to allow for important conversations between staff and LGBTQ clients. Others also mentioned that working in a bureaucracy meant long wait times for programs or information to reach their work places.

"I think that's a challenge. Again, going back to the question. [Chuckles] Just having the conversations. Having confined roles that don't allow us to have those conversations. That limit us. Having a process by which we investigate violations of policies that protect certain classes, but not having ways of improving it I think is hard. Because I don't know what. Having somebody investigated, found that it's substantiated and then they get written up just doesn't seem to do it. Otherwise we'd be at a better place." (ME23AR)

"For barriers, it's always the same barriers. You'd like to grow faster than sometimes you can do because of the—you have to go through all the county—the county is the biggest barrier to progress. It's not the will of the providers." (GL18AS)

"I think another challenge is that it's a really big county in that not all of our community is ready to engage all LGBT issues at the same level." (PA02NZ)

EXTERNAL CHALLENGES

Aside from internal challenges, a common barrier mentioned was working with individuals outside of the County who have anti-LGBTQ biases. The most frequently provided example was foster parents who did not want to take in an LGBTQ child or youth. Aside from foster homes, school instructors and nurses with a negative bias towards LGBTQ children and youth or lack of capacity to receive additional training, were mentioned.

Then we're now having our foster parents of group homes who are not willing to take the kids. When you have a youth who's transgender? Really expresses themselves? Then it becomes and even harder challenge, because foster parents—sometimes? They said, "Oh, yeah, of course. I'm fine. Bring the youth." You take him, and some of our guys, they just dress really however they

feel like it. Once we took 'em there? Foster parents, "Oh, my god, no." They turned 'em back. Social workers brought 'em back. We talk a lot around the placement issues during that time. These challenges, we bring it up. That we need to have appropriate placement. Other times, I don't think we have much talk about other issues. (CH08AN)

Also, about permanency, if a family rejects somebody. I think, overall foster care is probably gonna be a big issue, because it's hard to find good foster care families in the first place. Then if they have to stigmatize towards this population, they might not be willing to let them into their home, and things like that. (ST25AN)

In anticipating barriers, I see it with working with certain school districts that do not want yet another thing on their plate. That's our role, to educate and inform student school districts and their staff about these issues. I can anticipate that barriers that they just may not have the time or the energy or may not want to. (CI19RD)

I know I did something with our school nursing group and I had a speaker come in. I would have thought that school nurses should be very open and accepting, and it was very interesting. Some were very close-minded, and it was like okay, we need to do some more of this. (GR20ES)

PATTERNS AND POSSIBILITIES

Aside from knowledge, comfort, experience and structural and system evaluations, other patterns relevant to working with LGBTQ clients emerged.

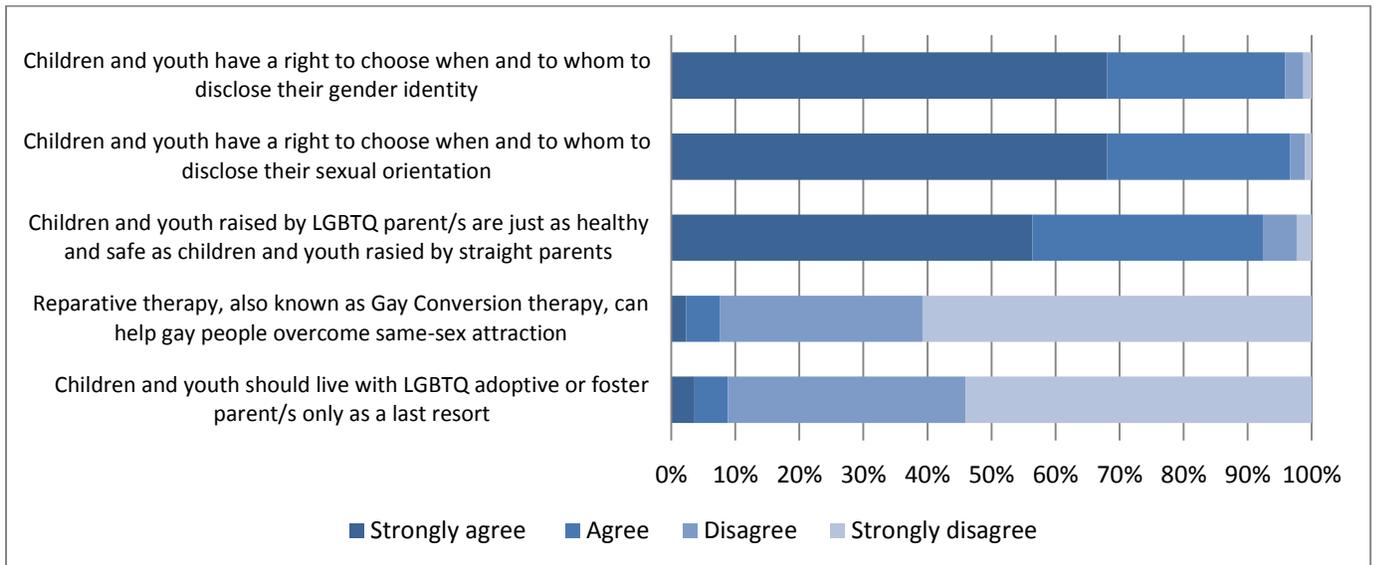
TRANSGENDER YOUTH

A significant theme across the interviews was that while most respondents either did not raise or spoke in relatively vague terms about the lives/needs/issues of sexual minority youth, the needs and unique concerns of transgender youth were largely unknown.

ATTITUDES TOWARDS LGBTQ ISSUES

Respondent attitudes around LGBTQ issues were also assessed on the online survey. Most respondents (90%) showed they have LGBTQ affirming attitudes as indicated in agreement levels of the statements in Figure 30.

Figure 30. Respondents' attitudes toward LGBTQ issues



Taking these responses to make an LGBTQ affirmation attitude score, on average respondents score 3.53 (SD: 0.05), with 1 meaning a low LGBTQ affirmation score and 4 being a high LGBTQ affirmation attitude score. Though overall the score is skewed, higher characteristics of respondents, such as age, race, sex assigned at birth, LGBT identity, education, and type of employment role influenced whether the respondent scored higher or lower. Younger respondents scored higher on the LGBTQ affirmation attitude score than older respondents (Appendix 10.3: Table 20). All non-White race/ethnicities scored lower than White respondents, though only the difference between Black respondents and White respondents was statistically significant. Women, compared to men, and LGBT staff, compared to non-LGBT staff score higher on the attitude score. Those with higher education and those who worked in a managerial role also scored higher than those with a lower education attainment and those who worked in a more direct service-oriented role.

AFFIRMATIVE ATTITUDES

A theme that can get lost in the efforts to document challenges to serving LGBTQ youth is the consistent thread of affirming language and investment that was present in at least one interview in every department. Many respondents indicated a commitment to protecting youth and/or investment in understanding the issues more. Here are some examples of comments that were labeled as affirming of LGBTQ youth or supportive of LGBTQ rights and equitable services:

That's the other thing too. I think if you get some experience and you've been in the field for a while and you've experienced to have a lot of private conversations with kids. Then in my personal life, I think I have in particular a lotta gay and lesbian friends, more than a lotta people would, so I have a lot of experience in that particular area with hearing them talk about when they were kids and what that was like. (NO10RK)

I think fundamentally, understanding a person's identity is really very helpful because otherwise people may make assumptions that are incorrect. If you're working with a person, even if it's not directly related to the health issue per se that you're working with, if you don't have that understanding, you just aren't making the right kind of relationship in connection with the individual. I think that to the extent we understand that in the context of the discussion it's very helpful for everything we're dealing with. (PA21ER)

I believe she was going to therapy. She was seeing a therapist. That was hopefully helping. Again, this was a non-related extended family member who knew that the youth identified, knew that it was a transgender youth, didn't judge, saw her as she was as who she identified with, and to me provided support, provided love and nurturing and was trying to make sure that her, not just her safety, but that her wellbeing was also being looked at. Hopefully it was being achieved. (CA07VA)

Interviewer: Is there anything else you would like to add that we haven't covered? Particularly any incidences where LGBTQ children and youth come up? This is your last question.

Interviewee: *Sure. I know I've already said this in a couple of different ways, but I do think that the library is a really important place for the LGBT community and youth in particular. It is the place that people go to explore themselves and to get ideas about all different kinds of things and all different kinds of families. It's a resource that people can use to learn how to teach their kids about orientation or inclusion. We offer resources to everyone. I think that's a really important part of what we do. (PA20NZ)*

The principle of the matter is that the contract doesn't say what—even though it says gender-specific—a male boy is not gonna go into a gender program for girls only, because we believe that they're disruptive. They can be disruptive and distracting.

In the girls programs, if you have some—and we saw that there was nothing that should prohibit or discriminate against a person identified as a female or is oriented as a female, should not be allowed. That was actually pretty cool that we were able to make that happen. It was very cool. That happened. (VA19TZ)

KNOWLEDGE, COMFORT, EXPERIENCE AND ASSOCIATED OUTCOMES

When asked if respondents felt ready to provide LGBTQ adults, parents, and children and youth with culturally competent services based on their knowledge and skill, half of the respondents said they were ready and the other half reported they were not.

CORRELATIONS BETWEEN OUTCOMES

Some knowledge, comfort, experience scores and other outcomes such as tested knowledge of policy, are correlated (Appendix 10.4: Table 21). Respondents who had experience working with LGBTQ children, youth, and adults had a better understanding of the knowledge of needs of LGBTQ children, youth, and adults.

Similarly, respondents who reported being comfortable and had experience working with different group of LGBTQ individuals, also reported they were comfortable executing work responsibilities and had specific work experiences with LGBTQ individuals. Furthermore, those who reported a higher level of knowledge about terminology were likely to know more about the needs of LGBTQ children, youth, and adults.

OUTCOMES BY DEPARTMENT

Table 13 shows average outcome scores by department. In general, the Department of Children and Family Services, Department of Health Services, and Office of Education scored close to or above the total average on all outcomes. The Public Social Service department scored slightly lower than the total average on almost all outcomes except scored higher than the total average on knowledge of division, bureau, or agency policies and the policy knowledge score. The Department of Community and Senior Services scored above the total average on several different outcomes including knowledge of needs, comfort level working with LGBTQ children, youth, adults, policy knowledge, and LGBTQ affirming attitude. However, the Community and Senior Services department also scored the lowest score in the welcoming environment outcome. Though Library and Parks and Recreation scored the highest or lowest on several outcomes, given the small sample size, it is unlikely these results are representative of the department. Other departments scored particularly high on certain outcomes. For example, the Department of Mental Health scored highest in terms of experience level based on work scenarios and around knowledge of needs and tested terminology and the Public Health Department scored highest on comfort level working with LGBTQ children, youth, and adults. Meanwhile, the Department of Probation scored lowest on tested knowledge and comfort level of LGBTQ related work responsibilities but close to average on other outcomes. The Sheriff's department scored highest on the outcome comfort level of LGBTQ related work responsibilities and knowledge of existing policies. However, the Sheriff's department also scored the lowest in the outcomes LGBTQ affirming attitude and experience level based on work scenarios.

Table 13. Average outcome means by departments

Outcomes	Mean (SD) by Departments											
	Children and Family Services (n= 157)	Community and Senior Services (n=17)	Health Services (n=61)	Library (n=4)	Mental Health (n=12)	Office of Education (n=28)	Parks and Recreation (n=10)	Probation (n=62)	Public Health (n=17)	Public Social Services (n=14)	Sheriff (n=19)	Total (n=401)
Knowledge of needs of LGBTQ children/youth and adults <i>(Scale 1-4)</i>	2.56 (0.72)	2.70 (0.74)	2.43 (0.65)	2.75 (0.65)	2.79 (0.65)	2.53 (0.82)	1.90 (0.78)	2.26 (0.82)	2.41 (0.86)	2.30 (0.72)	2.38 (0.76)	2.46 (0.75)
# of terms respondents report knowing <i>(Scale 0-26)</i>	20.8 (4.59)	21.5 (6.21)	22.3 (4.00)	23.5 (3.11)	19.9 (7.46)	20.3 (5.10)	18.8 (6.42)	19.6 (5.20)	19.3 (6.84)	18.3 (6.61)	21.2 (5.29)	20.6 (5.13)
# of terms correctly matched with definitions <i>(Scale 0-6)</i>	4.35 (1.66)	4.64 (1.54)	4.37 (1.55)	4.25 (1.26)	4.66 (1.78)	4.26 (1.83)	4.40 (1.84)	3.98 (1.78)	4.24 (1.79)	3.77 (2.00)	4.47 (1.75)	4.29 (1.68)
Comfort level working with LGBTQ children/youth/adults <i>(Scale 1-4)</i>	3.51 (0.05)	3.72 (0.09)	3.47 (0.09)	3.18 (0.73)	3.66 (0.18)	3.65 (0.09)	3.47 (0.21)	3.54 (0.07)	3.72 (0.17)	3.41 (0.21)	3.55 (0.15)	3.53 (0.63)
Comfort level of LGBTQ related work responsibilities <i>(Scale 1-4)</i>	3.60 (0.48)	3.52 (0.71)	3.77 (0.30)	3.5 (0.31)	3.6 (0.87)	3.67 (0.38)	3.68 (0.46)	3.42 (0.69)	3.60 (0.65)	3.62 (0.42)	3.81 (0.27)	3.60 (0.52)
Experience working with LGBTQ children/youth/adults <i>(Scale 1-4)</i>	2.38 (0.88)	2.58 (0.85)	2.22 (0.84)	2.66 (0.72)	2.27 (0.99)	2.37 (0.85)	1.86 (0.92)	1.89 (0.85)	2.29 (0.99)	2.02 (0.85)	2.36 (0.79)	2.33 (0.88)
Experience level based specific scenarios related to working with LGBTQ children, youth, adults <i>(Scale 1-4)</i>	2.14 (0.64)	2.01 (0.66)	2.06 (0.58)	1.97 (0.26)	2.29 (0.74)	2.00 (0.66)	1.65 (0.52)	1.79 (0.63)	1.70 (0.57)	1.68 (0.71)	1.63 (0.44)	2.00 (0.64)
Composite Policy Existence Score <i>(Scale 0-10)</i>	6.07 (3.48)	7.35 (3.35)	6.36 (3.83)	5.5 (1.91)	8.33 (3.36)	7.21 (3.30)	8.2 (2.34)	6.29 (4.01)	6.64 (3.57)	6.92 (4.45)	9.31 (1.52)	5.97 (3.94)
Policy knowledge score <i>(Scale 0-9)</i>	6.89 (1.43)	7.35 (1.11)	7.05 (1.47)	6.75 (1.5)	6.25 (1.76)	7.18 (1.33)	7.1 (1.37)	6.88 (1.39)	7.19 (1.22)	7.23 (1.30)	6.74 (0.99)	6.95 (1.39)
Welcoming Environment <i>(Scale 1-3)</i>	2.51 (0.58)	2.43 (0.62)	2.67 (0.50)	3 (0.00)	2.45 (0.52)	2.70 (0.54)	2.65 (0.58)	2.55 (0.65)	2.69 (0.47)	2.78 (0.44)	2.89 (0.31)	2.59 (0.56)
LGBTQ Affirming Attitude <i>(Scale 1-4)</i>	3.58 (0.45)	3.72 (0.42)	3.65 (0.48)	4 (0.00)	3.66 (0.53)	3.65 (0.46)	3.16 (0.36)	3.33 (0.54)	3.65 (0.42)	3.58 (0.42)	2.90 (0.60)	3.53 (0.05)

LIMITATIONS

This is the first county-wide assessment of departmental staff perceptions and experiences related to LGBTQ youth in Los Angeles, and as far as we can tell by published reports, in the United States. Major strengths of the process include: 1) a focus on all departments, not just the ones already known to be raising issues related to sexual orientation and gender identity or those that house children, 2) a mix of methodologies, and 3) an assessment of perspectives from multiple roles within each department. Nonetheless, there are some limitations on what can be concluded from this assessment. Though the focus on the entire County was somewhat of a strength, it is also true that the primary limitation of the assessment is the broad scope. By adhering to the objective of a broad scan of the entire county, the assessment was necessarily limited in depth within each department. Future efforts may consider selecting a sample of departments and/divisions and examining the issues from multiple perspectives, such as staff, community members, and youth.

IMPLICATIONS AND RECOMMENDATIONS

We offer the following recommendations which are informed both by the findings reported by the Scan team methodologists at the Williams Institute and by the expertise of the first-author based on her many years of work within social services and structural support coaching.

KNOWLEDGE OF AND COMFORT WITH LGBTQ YOUTH

WORKFORCE KNOWLEDGE STRENGTHS, GAPS AND STRATEGIES

About half of the online survey respondents reported they were either very knowledgeable or somewhat knowledgeable about the needs of LGBTQ youth, adults, or parents (Figure 2) and most felt comfortable explaining key terms related to sexual orientation. However, a higher percent of respondents reported that they knew key terminology than the amount that actually demonstrated high knowledge of the terms (Figure 5). A higher proportion of respondents reported having less knowledge about the needs of LGBTQ parents and transgender or gender-nonconforming youth. Aside from key terms “gender identity” and “transgender”, less people also were familiar with terms around gender identity and gender expression. **Future basic training curricula should be assessed for emphasis on transgender youth, appropriate language to describe and address their needs, and their transition to adulthood. Future staff development efforts, including basic trainings, should also focus on LGBTQ parents as relevant to caring for LGBTQ youth.** While this Scan pertains to preparedness to serve youth, the departments that include services to parents should be informed that their staff also need more knowledge with respect to serving LGBTQ parents in general.

White respondents and those with post-graduate and higher education had higher scores; LGBT staff scored higher than non-LGBT staff; and those that provided direct services also had a higher knowledge score. While it is unclear why there were race and ethnic differences in terminology knowledge, the difference in

education statuses indicate that, given training resources tend to be limited both in terms of trainers, location and staff time, **future staff development efforts should strategically ensure that basic knowledge enhancement is targeted for para-professional and those staff who work in non-direct service roles such as those in training, policy and information systems divisions.**

RELYING ON LIVED EXPERIENCE

Over 60% of respondents reported their knowledge, comfort, and/or skills working with LGBTQ children, youth, adults or parents come from lived experience, either their own or that of friends and family. On one hand, the possibility that this finding indicates exposure of the workforce to the general LGBTQ community is encouraging. On the other hand, relying heavily on lived experience has significant limitations as it could reduce the motivation to seek enhanced knowledge or practical skills and it precludes learning how to address LGBTQ youth in professional or regulatory situations, something very different than personal situations. It can also result in inadvertent ignorance of nuances that arise due to the intersectionality of SOGIE and ethnicities or socio-economic statuses other than one's own. **Future staff development efforts should include caveats and scenarios to ensure that county staff are relying on more than just lived experiences to support them in serving LGBTQ youth.**

COMFORT

Most interviewees and survey respondents indicated they were comfortable with LGBTQ individuals, and it is not surprising that LGBT-identified and direct-service respondents felt the most comfortable with LGBTQ youth. It also appears that higher education levels are associated with higher levels of comfort. However, while there were many examples of affirming LGBTQ youth's experiences and expressing awareness that there is a need to address them, there were also many examples of lack of preparedness to address these issues. Specifically, many "comfortable" respondents a) used and reported others using insensitive or incorrect terminology for LGBTQ people, b) reported colleagues who thought negatively about LGBTQ people, and c) espoused a "colorblind" philosophy that could renders LGBTQ youth invisible. In general, it appears that comfort with LGBTQ individuals is not an issue for the County workforce. However, we found that comfort does not always translate to being equipped to address SOGIE appropriately and, combined with having some basic knowledge, this can lead to a problematic illusion that no further skills enhancement is needed or additional work experience need be sought out. This is illustrated by the finding that only 50% or less of the respondents felt they would be comfortable with taking a more proactive approach with youth and initiating conversations about SOGIE among youth. **Future staff development efforts should include caveats and scenarios to inoculate against the illusion that one is completely prepared and not in need of any new information or skills related to LGBTQ issues, and should focus on having service providers practice initiating conversations with all youth about SOGIE, such that the LGBTQ youth feel comfortable disclosing their orientations and identities and the non-LGBTQ youth feel that the conversations are routine and had with all youth. The California Youth Connection has been developing the "I'm Too Sexy" training which uses youth trainers to model SOGIE conversations between child welfare workers and youth. LA County might be well served to evaluate a similar approach for direct service staff in all departments.**

Younger, non-Black respondents scored higher on the LGBTQ affirmation attitude score. Women, compared to men, and LGBT staff, compared to non-LGBT staff scored higher as well as those with higher education and

those who worked in a managerial role. **Again, more work is needed to understand the observed racial/ethnic differences- prior research indicates this could be a function of ethnic differences in religiosity or education. Nonetheless, strategic deployment of scarce staff development resources is needed, and yet there needs to be sensitivity to avoid labelling whole subgroups of people as “more LGBTQ negative” due to one assessment. A potential approach may be to us a “train the trainer” model, where departmental training divisions develop and maintain their own internal capacity which include diverse sets of coaches and expert staff that may relate to other staff that are wrestling with their LGBTQ-related attitudes and comfort.**

TRAINING

Responses to the Scan revealed 14 training opportunities that participants were aware of, 10 of which appear to have been implemented across 6 of the 11 departments. Yet, knowledge test and training data show that perhaps not enough training has happened if that is still to be considered a baseline activity, and yet, like the literature, the data do not indicate that traditional notions of didactic trainings will ever be enough. There is a complex relationship between what people think they know and how that translates to action within these work spaces. The Scan indicates a general need to move beyond assessing knowledge or comfort perception as result of trainings as we are seeing that, even those who are trained, do not necessarily have what they need to embody the practical skills needed when faced with “real life” in the field. The staff we surveyed called for more on-going training and coaching which includes:

- Understanding of real life examples
- Hearing directly from LGBTQ youth and their caregivers
- Support for knowing what the policies are, where they come from, and when to invoke them
- Opportunities to practice being proactive about SOGIE will all youth

A strategic, non-duplicative County-wide staff development effort is recommended for Los Angeles County based on these data. First, the 5 departments who provided no basic training curricula at all should be supported and funded to vet and select proven LGBTQ-youth relevant staff development curricula for their practice areas, which contain some basic information, but mostly focus on ways to apply knowledge in real life practice situations. For those 6 departments who are already providing some didactic or traditional form of training, the effectiveness of the training in gaining staff and youth outcomes should be analyzed. All future training curricula purchased or provided by the County and/or its departments, particularly for direct service professional staff, should include these applied components as well as the others noted in the sections above.

Those training programs selected should be part of a plan to provide the training on-going at regular intervals to the workforce, rather than a “one and done.” In addition, triangulation of several staff development sources (e.g. graduate education, job training provided by the County, training provided by external sources or previous employment, professional conferences) should be considered, as having more than one training source is related to higher knowledge scores. As a general note, there are dozens of LGBTQ youth related training curricula that exist; those adopted by the County going forward should ideally be ones that have demonstrated evidence of knowledge retention and practice change.

RESOURCE KNOWLEDGE

About half the workforce across the departments does not report having LGBTQ youth related resources readily available, especially those that could be used by youth, although there is sentiment reflected that, if staff needed them, they knew where to look. If that is truly the case, a question warranting some examination is why staff members do not think they need those resources right now. We suspect part of the answer lies in their not being aware they are serving LGBTQ youth and that those youth's SOGIE are remaining invisible to their service providers. As with training, there are many resource lists out there and all departments might benefit from creating their own LGBTQ youth resource guides. However, it is our experience that unless there is an assigned role within an organization whose job it is to update resource guides at least annually, those guides become outdated and useless over time. **It might be best for LA County to examine how it might at least create and disseminate one online, web-based regularly updated master resource guide for all departments, with both general and area-specific section, so that there is less reliance on individual departments to maintain one. Initially, 211 could be a resource that could expand in service of this effort.**

MANAGER TRAINING

Contrary to survey data, when managers or administrators were interviewed, most of the sources described were external to the County, including professional conferences, previous places of employment, undergraduate or graduate education, and other local organizations, such as Children's Hospital of Los Angeles. Very few described receiving training on LGBTQ issues while in their current job, except for those within DCFS who listed the LA LGBT Center RISE Training. Additionally, a few noted that they learned about LGBTQ issues within a general diversity training module. Several also said they had received no training at all on these issues. Many managers and administrators tend to "sit out" of trainings as their job duties have become less direct service oriented or they are dealing with the operational crisis of the day. Caution should be taken to not only rely on their education and past employment experience to ensure they are making informed and confident administrative choices with regard to SOGIE in their areas; **management-level staff development efforts should ensure managers and administrators do participate in SOGIE related education regularly to keep up with the rapid advances in this field.**

EXPERIENCE

Less than half of the respondents surveyed reported at least being somewhat experienced working with LGBTQ youth and most had not had experience with scenarios that required a more proactive and affirmative approach to working with LGBTQ clients, such as "told an LGBTQ child or youth that being LGBTQ was a normal aspect of human sexuality" or "supported an LGBTQ child or youth in their coming out process". Asian, South Asian, and Multiethnic respondents have a lower experience score compared to White respondents. Unlike knowledge and comfort scores, LGBT identity of respondent is not associated with whether a respondent has a higher or lower experience score.

This supports one of the above recommendations **to move beyond "LGBTQ 101" curricula to those that teach being proactive with SOGIE for all youth.**

AWARENESS

Eighty-six percent (86%) of the workforce surveyed knew their departments served LGBTQ children, but only 40% could give estimates of how many children were served overall and even fewer (10%) could answer about how many of those youth were LGBTQ. This speaks to the lack of a systematic way to collect and disseminate SOGIE demographic data on children and youth, although a significant portion of staff seem generally unaware of the demographic data of any children or youth served. Awareness that caseloads or constituents include a significant proportion of LGBTQ individuals is likely directly related to efforts to seek out various forms of staff development, including training, practice improvement, and resources. Given all departments other than DCFS are largely unaware of the proportion of their clients are children and youth and even less are aware of what proportion of those youth are LGBTQ, attention to address their needs is impacted.

We recommend that all departments implement mechanisms to assess SOGIE as a demographic and obtain technical assistance to ensure those mechanisms strike the correct balance between mitigating any risk due to disclosure and transparency.

AB 959, authored by Assembly member David Chiu and signed into law in October of 2015, requires government agencies to collect data on sexual orientation and gender identity whenever additional demographic data is collected. Because of AB 959, there are current efforts in progress within the California Department of Social Services to direct collection of SOGIE demographic data in systems, including CWS/CMS, the case management system used by DCFS. It is recommended that the County encourage individual departments to plug in to those efforts at the State level and begin a process translate them to their County information systems. Creating a data collection program independent of these efforts, while more expeditious in the short-term, may lead to rework in long term. Pros and cons of either approach need to be further explored.

STRUCTURAL SUPPORTS

POLICY

Overall, most Scan participants understood that LGBTQ individuals cannot be discriminated against based on sexual orientation or gender identity. Many were also able to point to a departmental non-discrimination policy, particularly one aimed at staff. **Some respondents were less sure about protections for children, youth, or volunteers; therefore, it should be emphasized in policy communications and staff development efforts that those protections apply when speaking about non-discrimination.**

With the exception of LA County Department of Education's extensive SB48 compliance work, almost no interviewed managers were aware of any of the eight State policies that support LGBTQ youth (these appear in chronological order):

AB 537: California Student Safety and Violence Prevention Act

Prohibits discrimination/harassment on basis of sexual orientation and gender identity.

AB 458: California Foster Care Non-Discrimination Act

No discrimination/harassment on basis of sexual orientation and gender identity for LGBTQ foster youth and their caretakers.

SB 48: The Fair, Accurate, Inclusive and Respectful (FAIR) Education Act

Schools to integrate facts about history of people with disabilities and LGBT people into social studies lessons and textbooks.

AB 1856: California Foster Youth LGBT Cultural Competency Act

Requires caretaker training on best practices for cultural competency with LGBT youth in out-of-home care.

SB 1172: Sexual Orientation Change Efforts

Prohibits a licensed mental health provider from sexual orientation change efforts with LGBT youth under 18.

AB 1266: Student Success and Opportunity Act

Requires schools to allow participation in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity.

AB 329: CA Healthy Youth Act

Requires sex education curricula to be inclusive of sexual health issues relative to LGBT students.

SB 731: Supporting Transgender Foster Youth

Foster youth have the right to be placed according to their gender identity, regardless of the sex listed in their court or child welfare records.

Without knowledge of the State policies applicable to LGBTQ youth, it is difficult to ensure those protections are reflected in the policies of the various county departments. **It is recommended that the policy units of all 11 departments review these policies and conduct a cross-walk of internal policies that would be affected and modify those policies accordingly, including policy mechanisms to monitor compliance.** Additional funding might have to be sought to support compliance monitoring without which the policy “has no teeth,” and to support technical assistance for internal and contractors. **It is also recommended that training curricula (or other educational materials) and resource guides purchased or provided by the County have updated policy information included.**

For departments who did not state they have policies, as well as those who wish to bolster their policy approach to LGBTQ youth equity, they should be encouraged to embark on a process to adopt an inclusive policy framework with the following components^{20,21}:

- Because a person's sexual orientation or gender identity is not always known, policies and programs must be implemented in ways that respect and value all youth regardless of their sexual orientation (via identity, attraction or behavior), gender identity or gender expression
- Promote LGBTQ inclusive sex and relationship education
- Identity disclosure best practices and intake procedures that avoid heteronormativity and respect a youth's preferred name, pronoun, bathroom and placement
- Mental and physical health policies recognize that LGBTQ youth may face additional need—including the ability to continue or start hormone therapy
- Inclusive communication procedures emphasize the importance of not equating all concerns to a youth's LGBTQ identity
- Clear steps are outlined if any violation or discriminatory act occurs, which may lead to staff termination
- Maintaining a written nondiscrimination and nonharassment policy inclusive of sexual orientation and gender identity
- Communicating policies to youth in a formal client rights statement
- Have clear procedures for confidential reporting of concerns
- Establish policies and follow procedures for protecting confidentiality of private information

WELCOMING ENVIRONMENTS

Sustained welcoming organizational environments, for LGBTQ staff and clients, must be so as a matter of policy, or else being welcoming is left to someone's pet project – a pet project that will leave when its champion does. Overall, the majority of respondents felt their environment was at least somewhat welcoming to LGBTQ people, with a very small proportion of respondents indicating their environment is not welcoming or unsure whether it is welcoming or not. However, LGBT staff scored their work environment as less welcoming than non-LGBT staff, indicating that what might appear welcoming to non-LGBTQ people may not actually be so. **Therefore, while departments may consider themselves welcoming, it is recommended that they are supported and assisted in the process of thoughtfully assessing and documenting how they embody the following components of a welcoming environment²²:**

- Promoting an inclusive organizational culture by communicating to staff and clients that the agency values diversity of all kinds
- Identifying peer and staff role models for LGBTQ youth"

²⁰ Martin, M., Down, L., & Erney, R. (2016). *Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration*. Washington, DC: Center for the Study of Social Policy.

²¹ Burwick, A., Oddo, V., Durso, L., Friend, D., & Gates, G.J. (2014). *Identifying and serving LGBTQ Youth: Case studies of runaway and homeless youth program grantees*. Princeton, NJ: Mathematica Policy Research.

²² Ibid.

- **Displaying posters, symbols, and other materials (such as “Safe Zone” signs) to communicate that facilities are welcoming for LGBTQ youth (many LGBT youth and those who may be questioning their identity look for “safe zone” or rainbow stickers to indicate that a provider will be open and respectful in providing support and addressing needs related to their LGBTQ identity)**
- **Include LGBT young people and families when describing populations served in agency literature, brochures, outreach activities, and websites to ensure that LGBT youth and families know that your agency welcomes them and will provide services for them.**
- **Include LGBT books, brochures, and posters in agency waiting rooms, offices, and care facilities.**
- **Communicating at intake that incidents of discrimination or harassment by youth can be a reason for restricting access to services**
- **Involving staff who openly identify as LGBTQ**
- **Communicating during interviews with job candidates that the agency is supportive of LGBTQ youth and employs LGBTQ-identified staff**
- **Prioritizing LGBTQ cultural competency in hiring for some positions**
- **Include families and caregivers of LGBT children and youth on advisory groups for child, youth, and family service programs and agencies.**

DATA COLLECTION

Considering 25% of the survey respondents stated their organizational sub-unit collects no demographic data, the fact that half reported collecting age, sex, race, and language indicates that most of those departments or divisions that do collect demographic data routinely collect those four items. However, only 15% of respondents said SOGIE data were collected. Half of DCFS staff responded affirmatively to SOGIE data collection, followed by Department of Health Services (17%) and Probation (13%). While the respondents from the Sheriff’s department are not required to collect data on sexual orientation, respondents reported they are required to collect data on gender identity. It should be noted that while it seems positive that several indicated that SOGIE demographics are collected with DCFS, it is also known that these data are not part of the administrative system, so it is unclear what information system mechanism respondents were referring to.

The open-ended interviews may provide a better understanding for what survey respondents meant by “data collection”. Qualitatively, the most common method to learn about a youth’s sexual orientation and/or gender identity described by participants was relying on self-disclosure initiated by the youth themselves. Another approach that was reported was asking questions as part of documenting a new case or patient within social work, juvenile detention or health care settings. This case note or medical record approach of documenting SOGIE status was admittedly not always systematic, but it was nonetheless an available method for staff who recognized that it was relevant to the interaction with the youth, for example because the discussion was focused on Sexually Transmitted Infections (STI) or on conflict with parents. Though the case note or medical record method was discussed by several participants, it was clear that sometimes the information were collected through discussion but not documented on paper or electronically. The main exception to this appeared to be for transgender youth when a name or gender different than what was assigned at birth needed to be noted.

PRIVACY

Not an insignificant proportion of the survey respondents (55%) believe that roommates have the right to know a youth's SOGIE status. Some were also unsure about whether out-of-home caregivers have the right to know the SOGIE status of youth placed with them. This uncertainty reflects the current crossroads at which the SOGIE field finds itself – is SOGIE a private matter, much like health status, or is it simply a demographic, albeit one that has some stigma attached to it, much like race/ethnicity 50 years ago or like age in the workplace? If it is a demographic, and we share certain other demographics *a priori* with caregivers or roommates, then, one could argue, it should be shared. If it is a private health matter, then it should not, unless health and safety are at stake. In all cases, best practices dictate that it is advisable for youth to guide or conduct the disclosure themselves. Sometimes, privacy was a concern in terms of protecting youth from the information being disclosed to others who may not be accepting. But sometimes, the issues of privacy were raised because the information itself was seen as private and potentially embarrassing.

UPDATING DATA COLLECTION SYSTEMS

Obtaining data about an individual youth's SOGIE can be a way to normalize LGBTQ self-identification by acknowledging that all people have a sexual orientation and gender identity. If administrative data are not collected in ways that allow for ongoing assessment of potential SOGIE disparities, this can contribute to perpetuating those disparities. If the ultimate goal as a County is to monitor the reduction of disparities, and to have SOGIE and all its possible variants (L,G,B, and T) be considered part of the normal human condition, then SOGIE should be embraced as a demographic and actions be taken to routinely collect the information, yet safeguard it with limited, need-to-know access, until such time in the future where the stigma is negligible, and that part of the case information can be more widely known. In an era when most case information is now digital, what is needed to “cordon” off sensitive demographic data is far less challenging than with paper records. **It is recommended that each department assess what it would take to collect SOGIE data, both in administrative databases and intake processes, while keeping abreast of AB 959 implementation at the State level. Each department should also analyze the demographic data it currently collects and shares so that SOGIE data is placed where that department would place other potentially stigmatizing demographic data (like race and ethnicity), while ensuring that it can be protected or private if needed and that clients can refuse to fill out the field if they do not wish. Technical assistance will need to be provided to County departments as they think through this area.** At the very least, it will allow the departments to rethink what demographic data are now being collected and the reason behind collecting them. The following guiding principles apply to SOGIE data collection planning:

- Data collection needs to be both longitudinal and have information on specific decision points²³
- Data ranging from initial referral, assessment, disposition, out-of-home placement, involvement with cross-systems, termination of parental rights or exits from care must be tracked by child and family demographics, including sexual orientation and gender identity when available²⁴

²³ Miller, O., Farrow, F., Meltzer, J. & Notkin, S. (2014). *Changing course: Improving outcomes for African American males involved with child welfare systems*. Washington, DC: Center for the Study of Social Policy. Available at http://www.cssp.org/publications/child-welfare/alliance/Changing-Course_Improving-Outcomes-for-African-American-Males-Involved-with-Child-Welfare-Systems.pdf.

- Disclosure of one's sexual orientation or gender identity should never feel pressured or intrusive, and policies to protect information must be in place²⁵
- Forms and data systems that include preferred names and gender pronouns
- Policies governing the management of information related to a child's SOGIE information should be consistent with state and federal confidentiality laws, as well as agency policy and rules of court²⁶

ASSESSMENT AS INTERVENTION

After the entrance meetings with the heads of each department and their executive teams, as well as follow-up conversations with managers, it became increasingly apparent that participation in the Scan itself was going to be an intervention. After participating in an entrance meeting or an interview, we observed County staff have an emerging recognition and concern for protecting LGBTQ youth from becoming entrenched in the child welfare system and began brainstorming about ways in which their department could support the prevention of maltreatment within this segment of the youth population. KC&A has received dozens of requests for policy recommendations, speaking engagements, outreach ideas and training resources from department staff, many of whom chose to attend the EDGY Conference in November of 2016. EDGY is an annual LGBTQ Youth Services conference hosted by Penny Lane Centers and endorsed by the LA LGBT Child Abuse Prevention Council.

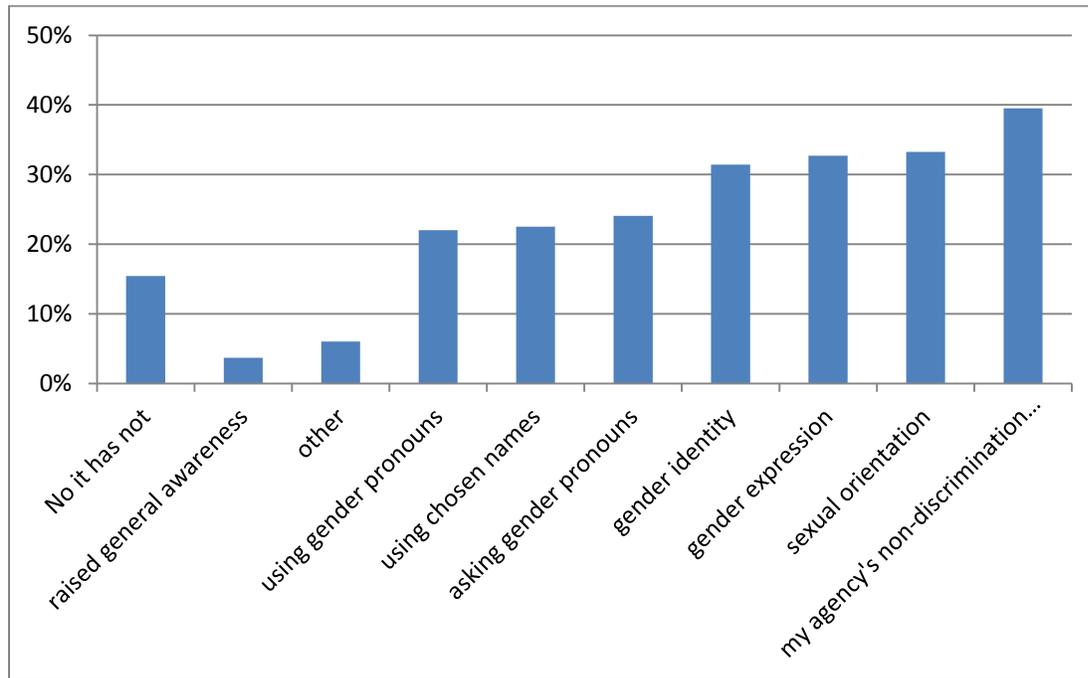
The survey methodology also yielded raised awareness for the staff that completed it. At the end of the online survey, respondents were asked whether taking the survey increased their awareness around serving LGBTQ children, youth, adults, and parents. Respondents were allowed to choose more than one response. Close to 40% reported they gained more awareness about their agency's non-discrimination policies after taking the survey (Figure 31). Over 30% of survey respondents also indicated that taking the survey raised their awareness on sexual orientation, gender expression, and gender identity. About 15% of respondents reported the survey did not raise awareness on any issues related to serving LGBTQ clients.

²⁴ American Bar Association. (2008). Reducing racial disparities in the child welfare system. Retrieved from <http://www.law.harvard.edu/programs/about/cap/cap-conferences/rd-conference/rd-conference-papers/abaresolutionrd.pdf>

²⁵ Martin, M., Down, L., & Erney, R. (2016). *Out of the Shadows: Supporting LGBTQ youth in child welfare through cross-system collaboration*. Washington, DC: Center for the Study of Social Policy.

²⁶ Wilber, S. (2013). *Guidelines for managing information related to the sexual orientation and gender identity and expression of children in child welfare systems*. Retrieved from <http://www.cssp.org/reform/child-welfare/Guidelines-for-Managing-Information-Related-to-the-Sexual-Orientation-Gender-Identity-and-Expression-of-Children-in-Child-Welfare-Systems.pdf>

Figure 31. Has this survey increased your awareness about any of the following...? (n=382)



We recommend that planned, systematic communication and action regarding the dissemination of this report, the stakeholder convening to discuss findings, and the implementation approach for the recommendations be swift and well-funded in order to leverage the momentum that has been created by the Scan.

ON BREADTH AND DEPTH

It was acknowledged in the Limitations section above that the while the broadened scope of the Scan allowed for a tremendous first pioneering step in preparing LA County to be SOGIE-inclusive and to take a prevention stance with regard to the maltreatment of LGBTQ youth, it also required us to sacrifice some depth as a result. We commend the Board of Supervisors for recognizing that this is not just a DCFS problem, even though the overrepresentation was detected there. In fact, departments like DCFS, Probation and Sheriff are inheriting and housing a community failure to prevent maltreatment and become charged with the difficult task of undoing damage, which might have been prevented if warning signs were identified in libraries, parks and schools. We would like to commend these departments for their attempts to address the needs of their workforce and clients in this area. **Future efforts should consider conducting case studies within departments and/divisions and examining the issues from multiple perspectives within those departments, such as staff, community members, and youth. These case study efforts could be strategically rolled out by the implementing entity based on the number of youth served and frequency/intensity with which with each department (or departmental sub-unit) encounters youth.** We believe that most departments would welcome the support, especially in these uncertain political times

which serve as a significant stressor for LGBTQ youth and families. The case studies could serve as a precursor to the implementation of department-specific recommendations.

MOVING BEYOND CULTURAL COMPETENCY TO REDUCING OPPRESSIONS AND DISPARITIES

The Scan results show a lack of normalization around discussing sexuality and gender identities, which includes a lack of acknowledgement about the ways oppression exist around these statuses. Staff mentioned observing case workers avoiding cases with LGBTQ children or youth to more obvious examples of discrimination such as refusing to address a client by their preferred pronoun or refusing to place a child with same-sex foster care parents. This could be partially due to general uncomfortableness in working with LGBTQ clients due to fear of saying the wrong thing or engaging in an offensive way or uncertainty of what type of action is appropriate in serving LGBTQ children and youth. Yet it could also be due to simple bias and prejudice. Many interviewees also lamented that some county employees are not able to set aside personal beliefs and biases in a way that impacts or neutralizes their behavior. The most frequently provided examples of non-county staff being biased was foster parents who did not want to take or keep an LGBTQ child or youth. Aside from foster homes, school teachers and nurses were also mentioned as being insensitive or pejorative.

The broadly occurring commentary about the need for “more training” as an answer to what is needed perhaps reflects a belief that more knowledge and experience will result in more “competence”, and one day, a critical mass of the workforce will be competent. If training and more contact with marginalized people in lived experience indeed reliably resulted in reduction of bias, race relations and racial outcome disparities would be in a different place then they are today. In fact, many scholars and practitioners are moving away from the notion of cultural competence and using terms such as humility, sensitivity, responsiveness and inclusion to describe the ideal state of a professional or an organization with regard to oppressed populations; the pursuit of competence is increasingly viewed as arrogant and unrealistic. Further, the focus on “culture” and not prejudicial beliefs also warrants a critical perspective.

“Treating everyone the same” and functionally ignoring SOGIE (invoking SOGIE-blindness) is not an ideal solution either, as it invites some of same problems as Don’t Ask Don’t Tell policies, especially for a population of youth many of whom are able to “pass” as heterosexual or cis-gender and to perpetuate their own invisibility in the face of perceived or real threat. **It is our belief that the question must asked of all people (when and if other demographics are being collected), the data must be collected and recorded in a safe way, and service delivery and resource allocation must consider those data.**

If it is possible for biased anti-LGBT families to transform into accepting ones with the help of education and professional technical assistance, it is possible for organizations to do so as well. **We recommend that the County be mindful about addressing the findings in this report implementing its recommendations inside a context of bias-reduction.** Otherwise, it could find itself in the same uphill battle as the one race or ethnicity has been facing – decades of good work being hamstrung and mysteriously diluted by silent bias that still exists unspoken and unaddressed.

CONTRACTOR PREPAREDNESS

Several departments provide services through contracted private agencies and community-based organizations, and most department leaders expressed a strong desire to have their contractors be assessed for their capacity to work with LGBTQ youth once they themselves understood the benefits of this Scan. Identifying training needs for contractors is also mentioned in the Board motion. However, what needs to be assessed turns out to be much broader than training – all the preparedness dimensions used in this Scan apply to contracted organizations.

A truly accurate, meaningful and actionable scan of the hundreds of contractors employed between the 11 departments requires its own scanning approach and timeline in order to do it justice and to honor the complex politics and diverse relationships county departments may have with their contracted providers. For these reasons, and the expanded scope of the county scan, we did not include contractors in this Scan.²⁷ **It is our strong recommendation that a “Wave 2” LA County Contractor LGBTQ Youth Preparedness Scan be conducted soon to cover county contracted providers such as housing providers, health providers, job preparedness organizations, education support providers, group homes, and foster family agencies.** Results from such a scan would enable the County in the future to place SOGIE-related preparedness conditions in its contracts as well as their contract monitoring mechanisms.

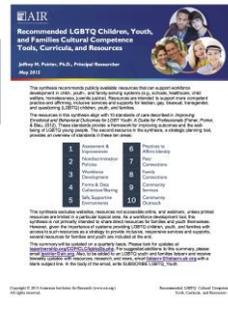
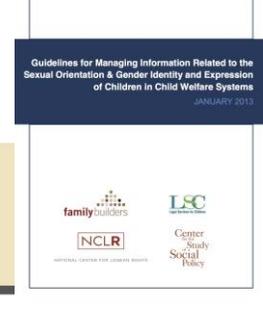
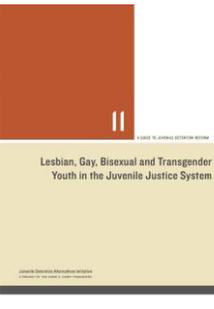
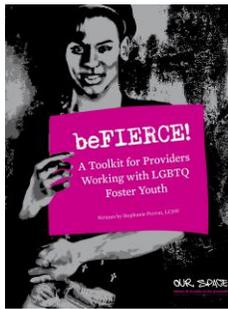
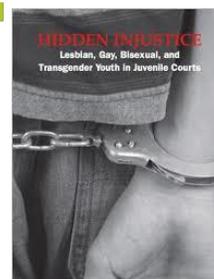
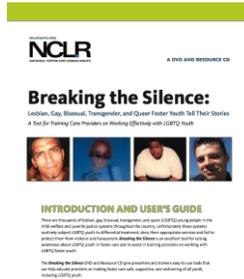
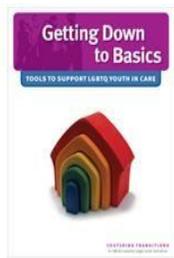
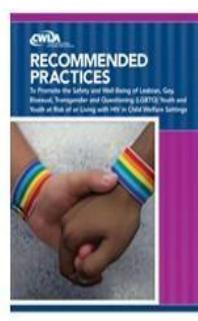
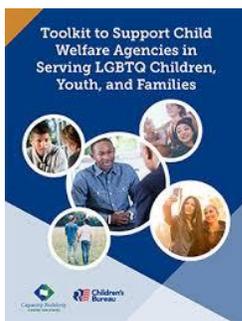
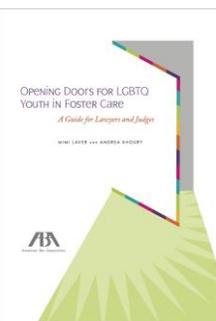
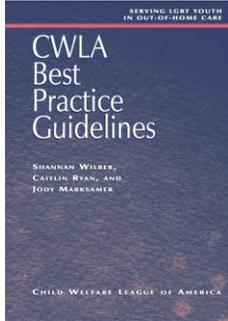
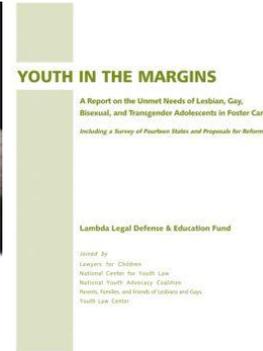
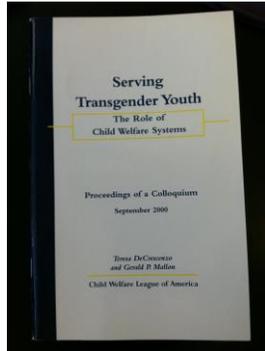
YOUTH PREPAREDNESS

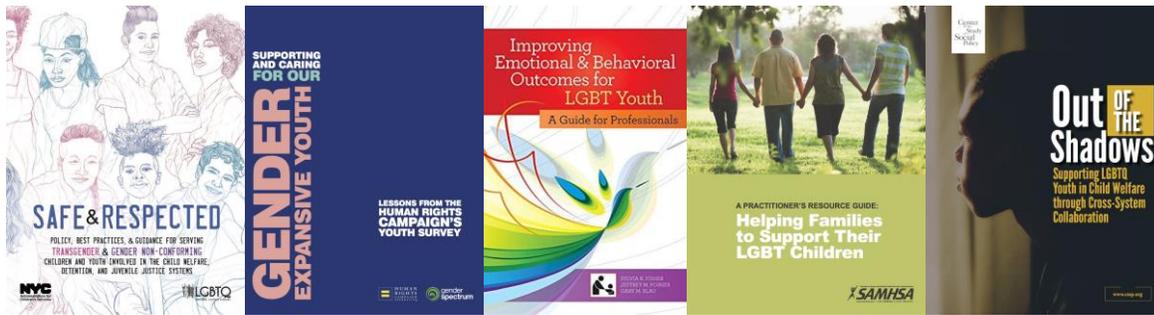
While the scope of this Scan was limited to the preparation (knowledge, comfort, experiential and structural supports) of the workforce when it comes to serving LGBTQ youth, it indirectly also speaks to the same preparation of the peer communities in which LGBTQ youth find themselves. It is not enough for organizations and staff to be welcoming; peers must also be so. **Each county department must design/integrate new youth programming components which ensure that non-LGBTQ youth (and their families) are well-prepared to welcome LGBTQ peers, protect their confidentiality and to understand the ramifications (both informal and formal) of rejection or harassment.** The education community has developed anti-bullying interventions which could be combined with some of the newer family rejection reduction work to create ways in which peer support increased and harassment decreased.

IMPLEMENTATION OF RECOMMENDATIONS

Over the last twenty years, there has been a growing body of resource guides, practice guides and recommendation lists that exist to support the health, wellbeing and equity of LGBTQ youth in systems. Some of the seminal pieces are illustrated below.

²⁷ Though contractors were not intended to be part of this survey, 14 contractors took the online survey. Their responses are included with the online survey results presented in this report.





These resources are excellent, but, in the interest of generalizability, become “one size fits all.” They tend to have long lists of recommendations that allow users to discover the gaps they have but also leave those users without a concrete pathway to action that works within their organizations. Often, reports like this, which have multiple recommendations, many of which will need months or years to realize, tend to generate initial excitement, motivation and insight. However, without an organizational entity being accountable for keeping the findings alive, developing a tailored implementation strategy, supporting the implementation the recommendations day-to-day, and being a resource for technical assistance to the implementers, and helping the implementing ecology navigate the political climate, the momentum is lost and the report is placed on a shelf. Some of the recommendations may be cited by the next list of recommendations published and may even end up being implemented piecemeal by organizations or jurisdictions in the future, but the potential impact gotten from a thoughtful, scalable, and comprehensive implementation is lost. Also lost is the ability to systematically evaluate which actions resulted in the most improvement with regard to disproportionality and disparities. Overall, if having access to twenty years’ worth of reports with recommendations resulted in reduction in disproportionality and disparities for LGBTQ youth, we must ask ourselves why they were still overrepresented at rates of 19% in the LA County child welfare system in 2014.

To avoid this common historical trajectory from repeating itself, **we implore that the County allocate resources to either create or partner with such an organizational entity (or expand the scope of an existing entity), which is held accountable to cull and prioritize the recommendations, collaboratively create an implementation plan for the County as a whole and for individual departments, coordinate the execution of the implementation plans, and monitor/hold the gains sustainably over the next 5-10 years. This entity would also serve as a neutral clearinghouse for vetted and evidence-based approaches to training, coaching, policy development, demographic data collection modalities and resource directories.** We recommend the first set of activities of this entity include:

- (1) Launching the Contractor Preparedness Scan
- (2) Selecting and documenting a three-year strategy in collaboration with the County, and its departments
- (3) Developing and documenting a year-to-year implementation and project management plan to roll out the recommendations
- (4) Manage the future surveys and administrative data collection of the youth population

Additionally, a common theme of the Scan around systematic challenges was a lack of cohesion in messaging, policies, and data systems within the County. This was particularly problematic for staff members who worked with clients who access services from different divisions, bureaus or agencies within the County as SOGIE information relevant to the client was not always communicated or clients dropped out of the system because of one unfriendly encounter with a division. Some interviewees expressed how working in a large bureaucracy was a challenge given that County policies that are well-intentioned and work for some

divisions, bureaus or agencies were actually a hindrance and too rigid to allow for important conversations between staff and LGBTQ clients. The coordinating entity would be able to support translation, cohesion, and consistency across departments, while maintaining records of the within-department customizations to policy, training and data collection.

In order to maintain objectivity and provide county-wide consistency, this coordinating entity should not be nested within one single County department, nor should it be a direct provider of training, advocacy or data collection services. There are several options for the creation of an accountable entity to work elbow-to-elbow with the County and each department to organize, customize, plan and implement the recommendations:

- Partner with an existing community-based organization that focuses on coordination and coalition-building
- Create an Office of LGBTQ Affairs which has youth issues as a major part of its agenda
- Create an Office of LGBTQ Youth which either stands alone or is a sub-unit of the Office of Child Protection

There are examples of each in the field, which serve to illustrate the different approaches²⁸:

A local community based organization, the LA LGBT Child Abuse Prevention Council is a 501(c)3 whose mission it is to promote the safety and well-being of LGBTQ youth and children in Los Angeles County, and facilitate their transition to early adulthood by educating communities, parents, families, caregivers, and mandated reporters about sexual orientation and gender identity. An organization such as this could be repurposed to fulfil the needs of the implementation.

Santa Clara County has recently created an Office of LGBTQ Affairs whose goal is to provide leadership, accountability, and effective outcomes across programs and departments for the well-being and longevity of LGBTQ communities throughout Santa Clara County. It aims to provide targeted training for client-specific needs and employee-related LGBTQ issues. The Office identifies gaps in services to LGBTQ residents, develops resources to address them, and devises evaluation metrics to determine the effectiveness of those efforts. The Office of LGBTQ Affairs plays a role in convening community stakeholders and promoting and collaborating on LGBTQ community events, including those that foster dialogue and increase access to services for the most disenfranchised members of the LGBTQ community.

The New York City Administration of Children Services (ACS) created an Office of LGBTQ Policy and Practice September of 2012, composed of a team of leading experts who support the system-wide implementation of the agency's LGBTQ policies and best practices. Specifically, this model included developing LGBTQ policies, designing model training curricula for thousands of ACS and provider staff, implementing a reporting and monitoring system to identify policy gaps, engaging community stakeholders for ongoing feedback, and offering a wealth of resources to equip staff with the necessary skills to address the specific needs of LGBTQ children and youth.

²⁸ We provide several examples in the field for illustrative purposes, but not as formal endorsements. If the County chooses to move ahead with one of these plans, it is important to do further exploratory work about the costs and benefits of each strategy.

We also, as part of the implementation plan, recommend that we use regular and methodologically consistent measurement of disparity and disproportionality for LGBTQ youth in the child welfare and corrections systems to gauge if implemented recommendations are actually moving the needle. These measurement intervals should be coordinated and aligned with the resulting initiatives so the impact of each improvement can be isolated as much as possible. That way the County can ensure that only effective initiatives are being sustained for the long-term. The Los Angeles Foster Youth Survey provides a sound model for future surveying of the foster youth population such that SOGIE related experiences and disparities can be assessed.

CONCLUSION

The objective of this Scan was to examine levels of ‘preparedness’ to meet the social and human service needs of LGBTQ youth in Los Angeles County and to provide recommendations aligned with reducing the disparities they still face. Given available resources and scope, the assessment employed multiple methods (surveys, interviews, document analysis) and relied on the perspectives of County Department staff at varying levels of management and service delivery. In sum, we affirmed that a majority of the workforce aims to create an environment of inclusion and to provide quality services for LGBTQ youth. However, we also learned of several specific barriers to conceptualizing, implementing, and maintaining services and structures that meet the needs of LGBTQ youth. Among those barriers are a lack of congruence between what staff think they know and what they actually know about SOGIE, persisting anti-LGBT bias, the absence of adequate SOGIE demographic data collection which can be connected to case outcomes, as well as the overreliance on one-stop didactic basic trainings and personal life experience as the main strategy for staff development. Nonetheless, the system-wide interest in LGBTQ issues and acknowledgement of many staff that LGBTQ youth are a core part of the population of youth being served provides a foundation on which future efforts can be built. In particular, this Scan demonstrates the need to pay greater attention to the processes for implementation of recommendations, evaluation of disproportionality and disparity, enforcement of existing policies and moving beyond “training for competency” to bias-reduction within “staff development efforts”, particularly those that emphasize a proactive approach to SOGIE with all youth such that LGBTQ youth and their families feel included, heard, and supported.

APPENDICES

METHODOLOGY

This Scan used a mixed methods approach to assess departments' preparedness serving LGBTQ clients. The qualitative component of the Scan was conducted through a 45 minute semi-structured in-person interview (see Appendix 10.1.1. Semi structured interview). 101 total interviews (group interviews and one-on-one interviews) were conducted of 138 staff members across the 11 County departments. The interviewees were Chiefs or Directors of Divisions or Bureaus, within the department, whom came in contact with youth in the course of providing services. The interviewees were identified by the research team in conjunction with departmental executive leadership as individuals who were best placed to speak as representatives of their division, bureau, or agency within the different departments and would be able to provide some insight into their work with youth in general and their preparedness toward serving LGBTQ youth.

The quantitative component of the Scan was conducted using a 25-30 minute online survey administered through Qualtrix (see Appendix 10.1.2 Online survey). Staff who were interviewed in-person were asked to identify at least three of their staff members in their departments who were in direct service roles with youth and therefore were likely to work with LGBTQ clients. Once identified, the research team invited the recruited staff members to take the online survey. A total 443 staff members took the online survey, including 74 individuals who were interviewed in-person.

Qualitative interviews were conducted during July-August 2016 and the online survey was available during July-December 2016. Recorded in-person interviews were transcribed and analyzed in Dedoose. Survey data was analyzed using Stata 14. Each respondent was assigned a unique code, allowing anonymity to interviewees. All interviews were voluntary.

SEMI-STRUCTURED INTERVIEW (ADMINISTERED AS FACE-TO-FACE INTERVIEW)

Introduction

Thank you for meeting with me today. This is a follow up to a survey that many Los Angeles County Division and Bureau staff members have completed. Again, it is part of an overall assessment of the county's experiences and feedback regarding serving lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth.

May I have your permission to audio record our discussion today in order to make sure I capture all of your comments? I will later have these transcribed and any reference to your name will be removed and the tape recording will be destroyed after 1 year.

The survey should take about 45 minutes.

Do you have any questions before we begin?

In order to create a code to track your responses back to your survey, and maintain confidentiality, please answer the following:

- First two letters of street you currently live on? ____
- Day of birth (e.g., if born May 4, 1962, please put "04")? _____
- Last two letters of Last name? ____

Study ID __/__/__

Interview Protocol

I. Knowledge about LGBTQ Children and Youth

- a. In what ways do you feel sexual orientation is relevant to the experiences of children and youth who are served by your division/bureau/ agency?
- b. In what ways do you feel gender identity or transgender status is relevant to the experiences of children and youth who are served by your division/bureau/agency?
- c. What types of policies exist at the state or county levels that support work with LGBTQ children and youth?
 - i. What types of policies that support work with LGBTQ children and youth exist at the state/county level are relevant to your work?
 - ii. What types of policies that support work with LGBTQ children and youth exist within your department or division/bureau/agency specifically?
 - iii. Where can we access and get copies of those policies?
- d. Have you ever received any type of training that covered LGBTQ issues?
 - i. If so,
 1. What did you think about it? How was it helpful? Not helpful?
 2. Where can we access and get copies of the training documents?
 - ii. If not,
 1. How do you feel about not having received training? Would it have been helpful or not helpful?
 - iii. Any feedback on what you think is needed in a trainer or an organization doing the training?

II. General Experience with LGBTQ Children and Youth

- a. Please tell me about the ways your division/bureau/agency interacts with LGBTQ children and youth?
 - i. Directly or indirectly?
- b. What are the titles and level of experience of staff who interact with LGBTQ children and youth directly, if any? What types of interactions occur? How are they similar or different than what is observed between staff and non-LGBTQ children and youth?
- c. What types of LGBTQ issues have been discussed in the division/bureau/agency? Positive or negative comments? Are they about LGBTQ children and youth directly or political or social

issues generally? Under what circumstances are these things discussed or heard—are these in formal settings, (ie. staff or public meeting), or informal settings (ie. staff office)?

- d. Do you think the LGBTQ children and youth’s experiences with your division/bureau/agency are similar to non-LGBTQ children and youth? Or different?
- e. Are there any staff dedicated to work with a particular youth population, for example LGBTQ, African American, or developmentally disabled children and youth?

III. Assessment/Identification of LGBTQ Children and Youth

- a. Are you aware of LGBTQ children and youth being served by your division/bureau/agency and accessing the services or programs of your division/bureau/agency?
 - i. If so, how are they identified as LGBTQ? Is there some type of interview or assessment to identify or an opportunity for the children and youth to identify?
[Probe for how respondent knows the participants are or are not LGBTQ]
 - 1. Is there any special consideration given to what services/programs they are accessing?
 - ii. If not,
 - 1. Is there any consideration being given to identify children and youth who are LGBTQ? If so, what is the discussion at this time? Has the conversation about LGBTQ children and youth changed over time?

IV. Facilitators and Barriers

- a. Overall, what have you found helpful for thinking about LGBTQ issues related to your work and the work of your division/bureau/agency?
- b. What about barriers? What types of challenges have you encountered in trying to think about, or take action related to LGBTQ issues in your work and your division/bureau/agency?
- c. Have other members of your team been a help or hindrance in furthering your work with LGBTQ children and youth?

V. Data Collection and Analysis

- a. Tell me about the kind of information you collect on individual children and youth as part of the division/bureau/agency’s work?
- b. Are demographics, like race, age, ethnicity, SPA/Supervisory District, etc., collected as part of this?
- c. Is information on sexual orientation, attraction, transgender identity, gender expression, gender pronouns collected as part of this?
- d. How is this information utilized and to whom is it presented?

- e. Where is it stored? Paper files, electronic, and who can access it within your division/bureau/agency?
- f. Can other departments or divisions/bureaus/agencies access these data?
- g. Can we have copies of the data collection forms or the measures/fields that are collected?

VI. Contractors

- a. Does your division/bureau/agency contract any work that involves youth to other agencies, organizations, or services, outside of the division/bureau/agency?
- b. If so, how were their experience, training, and knowledge about LGBTQ children and youth assessed before contracting with them?

VII. Wrap Up

- a. Anything else you'd like to add that we haven't covered, particularly any incidents where LGBTQ children and youth have come up?

ONLINE SURVEY (SELF-ADMINISTERED)

The Los Angeles County Office of Child Protection has asked Khush Cooper and Associates to assess the County's experiences and collect feedback on serving lesbian, gay, bisexual, transgender, and questioning (LGBTQ) children and youth. Please complete this brief survey to help the County make informed decisions about what types of support are needed for staff and the improvement of services. All of your responses will be kept confidential and reported in a group format. Your responses will be sent directly to Khush Cooper and Associates and will only be accessed by and available to her team. Once data are received, any personally identified information will be separated from responses immediately. Please do not put your name anywhere in the text box responses. This survey will take about 20-25 minutes. If you accidentally log out of the survey, the next time you log in, the survey will resume where you left off. If you need to revisit a question, please use the back/forward button found at the bottom of the survey instead of your browser back button. If you have any questions or concerns, please contact Khush Cooper at kcooper@khushcooperassociates.com

Thank you for your time!

Q1. In order to create a code to track your responses, but maintain confidentiality, please answer the following:

First two letters of the street you currently live on _____
Day of birth (e.g., if born May 4, 1962, please put "04")? _____
Last two letters of Last name? _____

Q2. How did you receive this survey?

- From my supervisor
- From my co-worker
- Received directly from Khush Cooper Associates
- Other _____

Q3. What department do you work in?

- Children and Family Services
- Community and Senior Services
- Health Services
- Library
- Mental Health
- Office of Education
- Parks and Recreation
- Probation
- Public Health
- Public Social Services
- Sheriff

Q4. What division/bureau/agency? _____

Q5. Which of the following best describes your current role?

- Senior Administrator (e.g., Bureau/Division Chief, Superintendent)
- Administrative Staff/Manager/Director
- Supervisor
- Probation Officer
- Security Officer
- Facilities Staff
- Case Worker (e.g. Social Worker, Probation Officer)
- Case Manager
- Direct Care Staff (e.g. therapist, recreation staff, child care worker)
- Other _____

Q6. What is your current age? _____

Q7. What is the highest grade or year of school you completed?

- Never attended
- Elementary school (6th grade) or less
- More than 6 years, but less than high school diploma
- High school diploma
- High school equivalent diploma
- Some college
- Associate's degree (2-year college degree)
- Bachelor's degree (4-year college degree)
- Some post graduate work
- Master's degree (M.S., M.A., M.B.A., J.D., etc.)
- Doctoral degree (Ph.D., L.L.D., M.D., etc.)
- Other _____

Q8. What was your sex were you assigned at birth, on your original birth certificate?

- Male
- Female

Q9. Which of the following best describes your current gender identity?

- Male
- Female
- Transgender
- Do not identify as female, male, or transgender
- Other _____
- Choose not to answer

Q10. Do you consider yourself to be?

- Straight or heterosexual
- Gay or lesbian
- Bisexual
- I am not sure
- Something else
- Choose not to answer

Q11. Do you identify as Hispanic or Latino?

- Yes
- No
- Choose not to answer

Q12. Which of the following describes your race/ethnicity (*Select all that apply*)

- American Indian or Alaska Native
- Asian or Asian American
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Middle Eastern or North African
- South Asian
- White
- Other _____
- Choose not to answer

Q13. Do you know how many children between the ages 0-11 are currently served by your division/bureau/agency?

- Yes, I know an estimate
- Yes, I know the exact number
- I do not know or do not have access to that information → SKIP to Question 15

Q14. How many children between the ages 0-11 are currently served in your division/operation/agency? _____

Q15. Do you know how many youth between the ages 12-17 are currently served by your division/bureau/agency?

- Yes, I know an estimate
- Yes, I know the exact number
- I do not know or do not have access to that information → SKIP to Question 16

Q16. How many youth between the ages 12-17 are currently served in your division/bureau/agency? _____

Q17. Do you know how many transition age youth (TAY) between the ages 18-24 are currently served by your division/bureau/agency?

- Yes, I know an estimate
- Yes, I know the exact number
- I do not know or do not have access to that information → SKIP to Question 19

Q18. How many transition age youth (TAY) between the ages 18-24 are currently served in your division/bureau/agency? _____

Q19. Does your division/operation/agency serve children and youth that you know are lesbian, gay, bisexual, transgender and questioning (LGBTQ)?

- Yes
- No → SKIP to Question 26

Q20. Do you know what percentage of children between the ages 0-11 currently served are LGBTQ?

- Yes, I know an estimate
- Yes, I know the exact percentage
- I do not know or do not have access to that information → SKIP to Question 22

Q21. What percentage of children between the ages 0-11 currently served are LGBTQ? _____

Q22. Do you know what percentage of youth between the ages 12-17 currently served are LGBTQ?

- Yes, I know an estimate
- Yes, I know the exact percentage
- I do not know or do not have access to that information → SKIP to Question 24

Q23. What percentage of youth between the ages 12-17 currently served are LGBTQ? _____

Q24. Do you know what percentage of transition age youth (TAY) between the ages 18-24 currently served are LGBTQ?

- Yes, I know an estimate
- Yes, I know the exact percentage
- I do not know or do not have access to that information → SKIP to Question 26

Q25. What percentage of transition age youth (TAY) between the ages 18-24 currently served are LGBTQ? _____

Q26. I have resources (written materials, web sites, referrals, etc.) provided from my organization for children and youth that can help them better understand issues or questions they have about sexual orientation.

- Yes
- No

Q27. I have resources (written materials, web sites, referrals, etc.) provided from my organization that can help me better understand issues or questions about sexual orientation.

- Yes
- No

Q28. I have resources (written materials, web sites, referrals, etc.) provided from my organization for children and youth that can help them better understand issues or questions they have about gender identity.

- Yes
- No

Q29. I have resources (written materials, web sites, referrals, etc.) provided from my organization that can help me better understand issues or questions about gender identity.

- Yes
- No

Q30. Please indicate how often if ever, you have had the following experiences while in your current position:

	Never	Rarely	Sometimes	Often
a. Worked with a client/customer/participant of any age who openly identified as LGBTQ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Worked with a client/customer/participant who was a child or youth whom openly identified as LGBTQ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Worked with a family with one or more LGBTQ-identified parent/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Told an LGBTQ child or youth that being LGBTQ was a normal aspect of human sexuality?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Supported an LGBTQ child or youth in their coming out process?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Addressed issues related to access to sex-segregated facilities for a transgender or gender non-conforming individual?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Researched LGBTQ issues to better serve client/customer/participants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Challenged a co-worker who discriminated against a LGBTQ client/customer/participant at work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q31. Please rate your current practice experience...

	Very Experienced	Somewhat Experienced	Somewhat Inexperienced	Not At All Experienced
a. Working with LGBTQ adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working with LGBTQ adults who are parent/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working with LGBTQ children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q32. How would you rate your current knowledge and understanding of...

	Very Knowledgeable	Somewhat Knowledgeable	Not Very Knowledgeable	Not At All Knowledgeable
a. The needs of LGBQ children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. The needs of transgender, or gender non-conforming children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The needs of LGBTQ adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The needs of LGBTQ adults who are parent/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q33. How would you rate your current comfort level...

	Very Comfortable	Somewhat Comfortable	Somewhat Uncomfortable	Very Uncomfortable
a. Working with of LGBTQ children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Working with transgender, or gender non-conforming children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Working with LGBTQ adults?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Working with LGBTQ adults who are parent/s?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q34. Have you ever challenged discriminatory statements about LGBTQ individuals in your current workplace?

- Yes
- No, I have never challenged a discriminatory statement about LGBTQ individuals at work → SKIP to Question 36
- No, I have never heard a discriminatory statement about LGBTQ individuals at work → SKIP to Question 36

Q35. If yes, did you challenge discriminatory statements by... *(Select all that apply)*

- Reporting the incident(s) to your supervisor
- Reporting the incident(s) to a Human Resources (HR) representative
- Directly confronting the person who made the comment(s)
- Other _____

Q36. Do you feel you can safely make a complaint about LGBTQ related services to managerial staff or your supervisor?

- Yes
- No

Q37. Do you feel you can safely make a suggestion about LGBTQ related services to managerial staff or your supervisor?

- Yes
- No

Q38. Please indicate how welcoming the environment at your agency is for...

	Very welcoming	Somewhat welcoming	Not welcoming	I don't know
a. LGBTQ children and youth?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. LGBTQ adults/parent/s or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q39. Please complete each question regardless of its applicability to your specific work responsibilities. Ask yourself, "How comfortable would I be..."

	Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable	Not applicable
a) If a client/customer/participant comes out to me about their LGBQ status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) If a client/customer/participant tells me that they are part of a same-sex couple?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) If a client/customer/participant tells me that they are transgender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) If a client/customer/participant asks me to refer to them as a different gender than what appears on their birth certificate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Interviewing/assisting a male child or youth who is feminine in appearance and behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Interviewing/assisting a female child or youth who is masculine in appearance and behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Working on the case plan of a child or youth with LGBTQ parent/s/caregivers?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Initiating a discussion with a child or youth you are serving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

about their sexual orientation?					
i) Initiating a discussion with a child or youth you are serving about their gender identity or transgender status?	<input type="radio"/>				

Q40. How would you describe your level of comfort with speaking with a child or youth who is questioning their sexual orientation?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable

Q41. What would help increase your comfort in speaking with a child or youth who is questioning their sexual orientation? (*Select all that apply*).

- Specific training on this topic
- A tip sheet for reference
- Hearing children or youth speak about their experiences of questioning their sexual orientation
- Participating in role plays where I can practice
- Watching someone else do it
- Participating in round table discussions with colleagues
- Other _____

Q42. How would you describe your level of comfort with speaking with a child or youth who is questioning their gender identity?

- Very comfortable
- Somewhat comfortable
- Not very comfortable
- Not at all comfortable

Q43. What would help increase your comfort in speaking with a child or youth who is questioning their gender identity? (*Select all that apply*).

- Specific training on this topic
- A tip sheet for reference
- Hearing children or youth speak about their experiences of questioning their gender identity
- Participating in role plays where I can practice
- Watching someone else do it
- Participating in round table discussions with colleagues
- Other _____

Q44. Please read the following statements and indicate how much you agree or disagree with each.

	Strongly agree	Agree	Disagree	Strongly disagree
a) I currently have the knowledge and skills required to provide high quality, culturally competent services to LGBTQ adults, LGBTQ adults or parent/s and/or LGBTQ children and youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) My supervisor is helpful when I need to discuss issues related to my work with LGBTQ adults, LGBTQ resource families and/or LGBTQ children and youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Children and youth should live with LGBTQ adoptive or foster parent/s only as a last resort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Reparative Therapy, also known as Gay Conversion therapy, can help gay people overcome same-sex attraction.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) LGBTQ parent/s are better suited to care for LGBTQ children and youth than straight parent/s.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Children and youth raised by LGBTQ parent/s are just as healthy and safe as children and youth raised by straight parent/s.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Children and youth have a right to choose when and to whom to disclose their <u>sexual orientation</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

h) Children and youth have a right to choose when and to whom to disclose their <u>gender identity</u>				
--	--	--	--	--

Q45. My knowledge, comfort and/or skills working with LGBTQ children/youth/adults/parents comes from...
(Select all that apply)

- Agency training/resources where I currently work
- Formal education
- Special training I received outside of current employment
- Prior employment
- Lived experience
- My own study

Q46. Imagine a client/customer/participant heard one of the following words or terms and asked you to explain what it meant.

Please mark Y/N next to terms that you feel you could accurately define or explain to a client/customer/participant. Many of these terms may be unfamiliar or new.

	Yes	No
a) Sexual Orientation	<input type="radio"/>	<input type="radio"/>
b) Sexual Attraction	<input type="radio"/>	<input type="radio"/>
c) Homophobia	<input type="radio"/>	<input type="radio"/>
d) Gay	<input type="radio"/>	<input type="radio"/>
e) Asexual	<input type="radio"/>	<input type="radio"/>
f) Androgynous	<input type="radio"/>	<input type="radio"/>
g) Gender Non-conforming	<input type="radio"/>	<input type="radio"/>
h) Transgender	<input type="radio"/>	<input type="radio"/>
i) LGBTQ or GLBTQ	<input type="radio"/>	<input type="radio"/>
j) Lesbian	<input type="radio"/>	<input type="radio"/>
k) Gender Identity	<input type="radio"/>	<input type="radio"/>
l) Questioning	<input type="radio"/>	<input type="radio"/>
m) Queer	<input type="radio"/>	<input type="radio"/>
n) Trans man	<input type="radio"/>	<input type="radio"/>
o) Bi-curious	<input type="radio"/>	<input type="radio"/>
p) Coming Out	<input type="radio"/>	<input type="radio"/>
q) Gender Fluid	<input type="radio"/>	<input type="radio"/>
r) Genderqueer	<input type="radio"/>	<input type="radio"/>
s) Straight	<input type="radio"/>	<input type="radio"/>

t) Bisexual	<input type="radio"/>	<input type="radio"/>
u) Homosexual	<input type="radio"/>	<input type="radio"/>
v) Gender Expression	<input type="radio"/>	<input type="radio"/>
w) Heterosexual	<input type="radio"/>	<input type="radio"/>
x) Same gender loving	<input type="radio"/>	<input type="radio"/>
y) Masculine/Masculinity	<input type="radio"/>	<input type="radio"/>
z) Feminine/Femininity	<input type="radio"/>	<input type="radio"/>

Q47. Match the letter of the description next to the term that best defines it.

Write in the letter next to the description that best describes the term. Each description has only one match to a term.

- | | |
|------------------------------|--|
| A. Sexual orientation | _____ Classification made at birth |
| B. Sexual attraction | _____ One inner concept of self as male, female, both, or neither |
| C. Sexual behavior | _____ The ways in which people externally communicate their gender identity to others through behavior, clothing, haircut, voice, and other forms of presentation. |
| D. Biological sex | _____ An arousing interest or desire to be physically intimate with another person. |
| E. Gender identity | _____ How and with whom we engage in sexual activity. |
| F. Gender expression | _____ Enduring physical, romantic, emotional or relational attraction to another person. |

Q48. What assistance/training do you think your agency may need to provide to the workforce in order to offer an LGBTQ-affirming program environment? (*Select all that apply*)

- Best practices for working with LGBTQ children and youth
- Creating welcoming visual/physical spaces
- Understanding the unique needs of LGBTQ children and youth experiencing homelessness
- Adolescent Identity Development - an LGBTQ perspective
- Barriers to care for transgender children and youth
- Infusing LGBTQ content in existing program content/curricula (i.e. vocational/education programming, clothing closet, sexual health)
- Working with families of LGBTQ children and youth
- Clear policies/procedures
- How to navigate systems that are not LGBTQ inclusive and affirming

Q49. Please list any specific topics that you would like more information on to help increase your comfort level working with LGBQ children and youth, and their families or someone who is questioning their sexual orientation. *If none, please write "none"*

Q50. Please list any specific topics that you would like more information on to help increase your comfort level working with transgender children and youth, and their families or someone who is questioning their gender identity. *If none, please write "none"*

Q51. How familiar are you with ways to locate LGBTQ children and youth resources/supportive environments outside of your agency?

- I am the expert on LGBTQ youth resources in my community
- I keep a list of these so I know where to send youth
- I don't know of any, but could find some resources if needed
- I don't know of any and don't know where to look
- I'm not sure how to begin

Q52. Does your division/bureau/agency currently have a policy in place that...

	Yes	No	Unsure
a) Protects youth from discrimination based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Protects staff from discrimination based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Protects volunteers from discrimination based on sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Outlines the grievance process if a child or youth feels mistreated on the basis of their sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outlines the grievance process if a staff person feels mistreated on the basis of their sexual orientation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q53. Does your division/bureau/agency currently have a policy in place that...

	Yes	No	Unsure
a) Protects youth from discrimination based on gender identity, including transgender status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Protects staff from discrimination based on gender identity, including transgender status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Protects volunteers from discrimination based on gender identity, including transgender status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Outlines the grievance process if a child or youth feels mistreated on the basis of their gender identity, including transgender status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Outlines the grievance process if a staff person feels mistreated on the basis of their gender identity, including transgender status?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54. What kinds of demographic information are you required to collect as part of your job? (ie. age, education, race/ethnicity)? *(Select all that apply)*

- Age
- Biological sex
- Race
- Ethnicity
- Sexual Orientation
- Gender Identity
- Primary language spoken at home
- Level of education completed
- Other _____
- I am not required to collect any demographic information

Q55. Please indicate which of the following rights LGBTQ children and youth are entitled to. *Please mark whether the statements below are true or false.*

	True	False
a) Schools cannot discriminate against a youth based on their sexual orientation	<input type="radio"/>	<input type="radio"/>
b) Schools are cannot discriminate against a youth based on their gender identity or expression	<input type="radio"/>	<input type="radio"/>
c) Schools must call a child by their chosen name and gender pronoun (he, she, they)	<input type="radio"/>	<input type="radio"/>
d) Schools must provide access to youth to choose the sex-segregated spaces (such as restrooms and locker rooms, and activities such as gym class) that fit with their current gender identity	<input type="radio"/>	<input type="radio"/>
e) Foster children have a right to know the sexual orientation and gender identity of anyone with whom they share a room	<input type="radio"/>	<input type="radio"/>
f) Foster youth have a right to be placed in settings that are consistent with their gender identity	<input type="radio"/>	<input type="radio"/>
g) Social workers can decide not to work with LGBTQ youth if doing so violates their religious beliefs	<input type="radio"/>	<input type="radio"/>
h) Social workers are obligated to disclose the sexual orientation of a foster child to a prospective resource family	<input type="radio"/>	<input type="radio"/>
i) Social workers have the authority to decide whether a	<input type="radio"/>	<input type="radio"/>

youth in foster care should receive hormone replacement therapy		
---	--	--

Q56. Has this survey increased your awareness about any of the following? *(Select all that apply)*

- Sexual orientation
- Gender identity
- Gender expression
- Asking gender pronouns
- Using gender pronouns
- Using chosen names
- Information about my agency's non-discrimination policy
- Other _____

OTHER DESCRIPTIVE DATA/FREQUENCIES

Table 14. Frequency of survey respondents by division, bureau, or agency

Department	Bureau/Agency	Division	#
Children and Family Services	Juvenile Court and Adoptions Bureau	Adoptions and Permanency Resources Division	28
		ASFA & Kinship Division	5
		Juvenile Court Services	1
	Administrative Support Services	Out-Of-Home Care Management Division	7
	Contract Services	Youth Development Services Division	10
	Service Bureau 1 & 2	Regional Offices	43
	Bureau of Specialized Response Services	Child Protection Hotline	5
		Emergency Response Command Post	6
		Multi-Agency Response Team	2
		Emergency Shelter Care	1
	Bureau of Clinical Resources and Services	High Risk Services	2
		Health Management Services	1
		Medical Case Management	2

The Los Angeles County LGBTQ Youth Preparedness Scan

		Other	6
	Bureau of Operational Support Services		6
		Business and Information Systems (BIS)	1
		Training	2
		Other	25
Community and Senior Services	Workforce and Community Services Branch	Contractor	9
		Workforce Innovation and Opportunity Act - WIOA	1
		Youth Division	1
	Human Relations Branch		2
	Other		4
Health Services	Strategy and Operations	Maternal, Child and Adolescent Clinic	2
		Emergency Medicine	4
		Ambulatory Care Network (ACN)	7
		Pediatrics	8
		County Hospital	13
		HUB System	1
		Juvenile Court Health Services	1
		Patient Financial Services	1
		Nursing	2
		Other	22
Library	Public Services	Youth Services	1
		Adult Services	2
	Information Systems	Technical Services	1
Mental Health	Transition Aged Youth		6
	Program Support Bureau	Quality Improvement & Training Division	1
		Other	1

The Los Angeles County LGBTQ Youth Preparedness Scan

	Children's System of Care		1
		Compliance	1
		Other	2
Office of Education	Educational Services	GAIN	3
		Student Support Services	8
		Curriculum and Instructional Services	1
	Student Programs	Pupil Services	1
		Special Education	4
		Other	3
	Other	Education Agency	6
Parks and Recreation	East Agency		3
	South Agency		1
	North Agency		1
	Regional Facilities Agency		2
	Administrative Services Agency		1
		Other	2
Probation	Adult and Juvenile Field Services	Cluster 3 - Juvenile	2
		Juvenile Field Services	12
		Juvenile Investigation	3
		Adult Field Services	8
		School Based	1
		Juvenile Field Services - Intensive gang supervision program	1
	Other	5	
Placement Services	Juvenile Placement	1	
	District 5/Placement	1	

The Los Angeles County LGBTQ Youth Preparedness Scan

		Placement Administrative Services	1
		Other	13
	Placement Permanency & Quality Assurance	Child Welfare	1
		Other	4
	Residential Treatment Services Bureau	Other	4
	Quality Assurance Services	Other	4
	Districts	Other	1
		Other	1
Public Health	Health Promotion	Maternal, Child and Adolescent Health	3
		Substance Abuse Prevention and Control	1
		Children's Medical Services	1
	Operations Support	Human Resources	1
		Other	1
	Bureau of Medical Director/Disease Control	Community Health Services	2
		Refugee Program and STD Clinic	1
		Division of HIV and STD Programs	1
		Communicable Disease Control and Prevention	1
		Other	2
		Other	2
Public Social Services	Bureau of Workforce Services	Workforce Innovation and Opportunity Act	1
		Other	1
	Bureau of Program and Policy	Other	2
	Bureau of Contracts and Technology Services	Eligibility Systems Division/LRS	2
		Other	8
	Division	Bureau/Agency	
Sheriff	Special Victims Bureau	Detective Division	10

	Parks Bureau	Countywide Services Division	4
	Data Systems Bureau	Technology & Support Division	1
	Training Bureau	Personnel and Training Division	2
	Community Outreach Bureau	Transit Policing Division	1
	Transit Bureau North	Transit Policing Division	1

Table 15. Average scores by outcomes

	Mean (SD)	Min	Max
Knowledge of needs of LGBT children/youth and adults	2.46 (.75)	1	4
# of terms respondents report knowing	20.6 (5.13)	0	26
# of terms correctly matched with definitions	4.29 (1.68)	0	6
Comfort level working with LGBTQ children/youth/adults	3.53 (0.63)	1	4
Comfort level of LGBTQ related work responsibilities	3.6 (0.52)	1	4
Experience working with LGBTQ children/youth/adults	2.33 (0.88)	1	4
Experience level based specific scenarios related to working with LGBTQ children, youth, adults	2.00 (0.64)	1	4
Composite Policy Existence Score	5.97(3.94)	0	10
Policy knowledge score	6.95 (1.39)	0	9
Welcoming Environment	2.59 (0.56)	1	3
LGBTQ Affirming Attitude	3.53 (0.05)	1	4

REGRESSION RESULTS

Table 16. Regression results: Knowledge outcomes

	Knowledge of needs score	Reported knowledge of terminology	Tested knowledge of terminology
Independent variables			
Age	-0.006	-0.053*	-0.0295***
	(0.004)	(0.026)	(0.009)
Race/ethnicity (ref: White)			
Black	-0.247*	-1.273	-0.694
	(0.106)	(0.748)	(0.262)
Hispanic	-0.288**	-2.036**	-0.335
	(0.098)	(0.690)	(0.241)
Other	-0.386***	-2.310**	-0.138
	(0.111)	(0.781)	(0.273)
Female	0.019	-1.595**	-0.164
	(0.079)	(0.555)	(0.194)
LGBT	0.782***	3.269***	0.691*
	(0.120)	(0.841)	(0.294)
Education (ref: High school grad-Bachelors)			
Post graduate	0.275**	2.063***	0.293
	(0.084)	(0.594)	(0.208)
Doctorate	0.505***	3.275***	0.982***
	(0.117)	(0.826)	(0.289)
DCFS	0.094	0.019	0.138
	(0.079)	(0.557)	(0.195)
Managerial role	0.071	-0.493	0.063
	(0.077)	(0.544)	(0.190)

Division/Bureau/Agency provides direct service	0.342*	1.705	0.101
	(0.133)	(0.950)	(0.332)
Missing info about direct service	0.343*	1.720	-0.174
	(0.148)	(1.057)	(0.370)
Constant	1.495***	20.774***	5.062***
	(0.310)	(2.182)	0.764
N	365	360	360
R-sq	0.259		
Standard errors in parentheses: ** p<0.05, * p<0.01, *** p<0.001"			

Table 17. Regression results: Comfort outcomes

	Comfort level working with LGBTQ children/youth/adults	Comfort level of LGBTQ related work responsibilities
Independent variables		
Age	-0.007	-0.005
	(0.004)	(0.003)
Race/ethnicity (ref: White)		
Black	0.086	-0.066
	(0.102)	(0.084)
Hispanic	0.026	-0.010
	(0.094)	(0.076)
Other	-0.144	-0.125
	(0.106)	(0.087)
Female	-0.075	-0.097
	(0.075)	(0.062)

LGBT	0.266*	0.234*
	(0.115)	(0.095)
Education (ref: High school grad-Bachelors)		
Post graduate	0.137	0.043
	(0.080)	(0.067)
Doctorate	0.133	0.217*
	(0.112)	(0.092)
DCFS	-0.097	-0.013
	(0.076)	(0.063)
Managerial role	0.016	0.003
	(0.074)	(0.061)
Division/Bureau/Agency provides direct service	0.367**	0.459***
	(0.128)	(0.105)
Missing info about direct service	0.406***	0.475***
	(0.142)	(0.118)
Constant	3.270***	3.309***
	(0.297)	(0.245)
N	365	362
R-sq		
Standard errors in parentheses: ** p<0.05, * p<0.01, *** p<0.001"		

Table 18. Regression results: Experience outcomes

	Experience working with LGBTQ children/youth/adults	Experience level based specific scenarios related to working with LGBTQ children,
--	---	---

		youth, adults
Independent variables		
Age	-0.002	-0.003
	(0.005)	(0.003)
Race/ethnicity (ref: White)		
Black	-0.136	-0.095
	(0.131)	(0.095)
Hispanic	-0.231	-0.138
	(0.121)	(0.088)
Other	-0.294*	-0.194
	(0.136)	(0.099)
Female	0.022	0.029
	(0.097)	(0.071)
LGBT	0.814***	0.195
	(0.148)	(0.108)
Education (ref: High school grad-Bachelors)		
Post graduate	0.308**	0.383***
	(0.105)	(0.076)
Doctorate	0.502***	0.489***
	(0.144)	(0.105)
DCFS	0.137	0.150*
	(0.098)	(0.071)
Managerial role	-0.066	-0.117
	(0.095)	(0.069)
Division/Bureau/Agency provides direct service	0.298	0.330**
	(0.165)	(0.120)
Missing info about direct	0.368*	0.337*

service		
	(0.184)	(0.134)
Constant	1.02	1.387***
	(0.384)	(0.280)
N	367	367
R-sq		
Standard errors in parentheses: ** p<0.05, ** p<0.01, *** p<0.001"		

Table 19. Regression results: Knowledge and tested policy knowledge

	Composite Policy Existence Score	Policy knowledge score
Independent variables		
Age	0.006	-0.014
	(0.020)	(0.008)
Race/ethnicity (ref: White)		
Black	0.005	-0.512*
	(0.559)	(0.220)
Hispanic	-0.324	-0.178
	(0.517)	(0.203)
Other	-1.00	-0.318
	(0.581)	(0.229)
Female	-1.41***	-0.208
	(0.415)	(0.163)
LGBT	-0.690	0.058
	(0.635)	(0.249)
Education (ref: High school grad-Bachelors)		

Post graduate	0.692	0.013
	(0.443)	(0.174)
Doctorate	0.606	0.704**
	(0.608)	(0.242)
DCFS	-0.943*	0.163
	(0.416)	(0.164)
Managerial role	0.624	0.003*
	(0.405)	(0.160)
Division/Bureau/Agency provides direct service	0.932	-0.097
	(0.697)	(0.278)
Missing info about direct service	0.520	-0.091
	(0.773)	(0.311)
Constant	8.809***	8.053***
	(1.625)	(0.641)
N	373	357
R-sq		0.0695
Standard errors in parentheses: ** p<0.05, * p<0.01, *** p<0.001"		

Table 20. Regression results: Welcoming environment and attitude outcome

	Welcoming Environment	LGBT Affirming Attitude
Independent variables		
Age	-0.002	-0.007*
	(0.003)	(0.003)
Race/ethnicity (ref: White)		

Black	-0.009	-0.181*
	(0.092)	(0.073)
Hispanic	-0.009	-0.048
	(0.084)	(0.068)
Other	-0.054	-0.125
	(0.096)	(0.076)
Female	-0.072	0.135*
	(0.068)	(0.054)
LGBT	-0.356**	0.300***
	(0.103)	(0.082)
Education (ref: High school grad-Bachelors)		
Post graduate	0.018	0.265***
	(0.073)	(0.058)
Doctorate	-0.047	0.552***
	(0.101)	(0.081)
DCFS	-0.164*	0.056
	(0.068)	(0.055)
Managerial role	-0.140*	0.113*
	(0.066)	(0.054)
Division/Bureau/Agency provides direct service	0.157	-0.067
	(0.128)	(0.093)
Missing info about direct service	0.198	-0.026
	(0.140)	(0.104)
Constant	3.18***	3.17***
	(0.272)	(0.214)

N	340	360
R-sq		
Standard errors in parentheses: ** p<0.05, * p<0.01, *** p<0.001"		

CORRELATION MATRIX

Table 21. Outcomes correlation matrix

	Knowledge of needs of LGBTQ	Reported knowledge of terms	Tested knowledge of terms	Comfort level working with LGBTQ children/youth /adults	Comfort level of LGBTQ related work responsibilities	Experience working with LGBTQ children/youth /adults	Experience with specific situations	Composite Policy Existence Score	Policy knowledge score	Welcoming Environment	LGBTQ Affirming Attitude
Knowledge of needs of LGBTQ	1.000										
Reported knowledge of terms	0.4605	1.000									
Tested knowledge of terms	0.1749	0.2197	1.000								
Comfort level working with LGBTQ	0.4000	0.2881	0.0902	1.000							
Comfort level of LGBTQ related work responsibilities	0.3556	0.3594	0.0966	0.5138	1.000						
Experience working with LGBTQ	0.7350	0.4247	0.1326	0.4398	0.3608	1.000					
Experience with specific situations	0.4967	0.3284	0.0585	0.2646	0.2782	0.5275	1.000				
Composite Policy Existence Score	0.0980	0.048	-0.0403	0.0555	0.047	0.0998	0.0451	1.000			
Policy knowledge score	0.0864	0.1193	0.2025	0.0045	0.0338	0.039	0.0198	0.1718	1.000		
Welcoming Environment	-0.0368	-0.0175	-0.0585	0.1338	0.1857	0.0127	-0.0771	0.1476	-0.0151	1.000	
LGBTQ Affirming Attitude	0.3700	0.2826	0.2315	0.2122	0.1509	0.2893	0.2936	0.0155	0.2451	-0.0908	1.000