Youth AFFIRM Implementation Guide

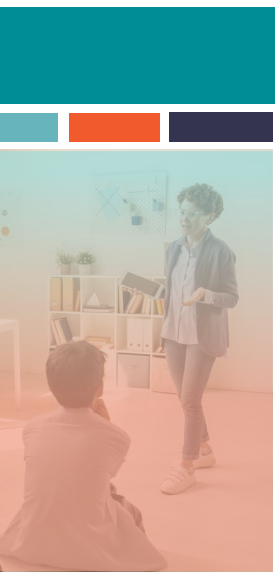
Prince George's County, Maryland Department of Social Services

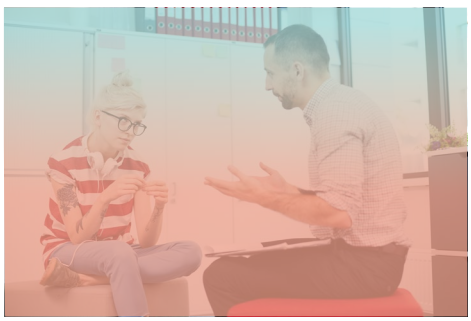
University of Maryland School of Social Work
The Institute for Innovation and Implementation

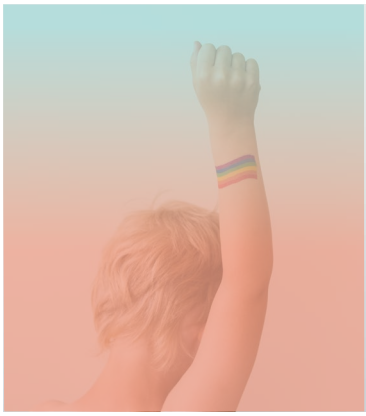
QIC LGBTQ2S

Children's Bureau

Prince George's County, Maryland







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The QIC-LGBTQ2S

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

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

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

2 Murray, A., Campfield, T., Dougherty, S., & Sweet, K. (2011). Timely permanency through reunification. Casey Family Programs. https://www.casey.org/media/TimelyPermanency.pdf; Fixsen, D., Blase, K., Naoom, S. & Duda, M. (2015). Implementation drivers: Assessing best practices. National Implementation Research Network (NIRN). https://nirn.fpg.unc.edu/ai-hub?o=nirn

A Note on Terminology

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

Purpose of this Guide

This guide contains vital background information, established protocols, and recommendations for the implementation of Youth AFFIRM. It is intended to serve in defining, delineating, and communicating best practices for building/adapting this intervention in a child welfare setting. It will identify procedures and responsibilities and provide guidelines for replication. The content of this guide addresses a broad range of topics from system readiness to continuous quality improvement. The fidelity processes outlined in this guide provide instruction for building a continuous quality improvement system in a child welfare setting. The highlighted PDSAs (Plan-Do-Study-Act Cycles) contained in this guide are unique to the Prince George's County of Maryland Department of Social Services, but can be used to advise other child welfare organizations on how to set a foundation for, or expand upon, their LGTBQ2S-inclusive services.

Youth AFFIRM Model

AFFIRM is an evidence-based, brief cognitive behavioral affirmative intervention for LGBTQ+ youth developed by Dr. Shelley Craig and Dr. Ashley Austin. Youth AFFIRM seeks to integrate identity affirmation with cognitive-behavioral interventions that are already known to work. This combined intervention is presented in the form of an eight-hour education and coaching session targeted at LGBTQ+ youth and geared towards reducing sexually risky behavior and depression among that demographic. The intervention teaches youth about the factors in cognition, mood, and behavior that ultimately contribute towards depression and high-risk behavior, as well as equipping them with the tools to manage and influence those factors by themselves.

Specifically, AFFIRM is an eight module, manualized intervention focused on reducing depression and improving coping and sexual self-efficacy for sexual and gender minority youth by providing them with opportunities to develop tools related to cognition (self-awareness, identifying risk), mood (recognizing the link between thoughts and feelings) and behavior (identifying strengths and ways of coping).

For more information on the model itself, including purveyor contact information, please visit www.affirmativeresearch.org.

Exploration (Pre-Implementation)

Identifying the Need

In 2017, the Prince George's County Department of Social Services (PGC DSS) in Maryland was awarded a grant sponsored by the National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care (QIC-LGBTQ2S). This opportunity funded clinical interventions and programming designed to improve the wellbeing, stability, and permanency of LGBTQ+ youth in Prince George's County. The five-year grant afforded the department the opportunity to make strategic changes within the organization to improve services for LGBTQ+ youth in care and increase training opportunities for staff and community partners. Until this project, the county did not have any specific programming for LGBTQ+ youth and their families. Further, the closest local LGBTQ+ support services were in the neighboring cities of the District of Columbia and Baltimore, Maryland, which were each about 40-60 minutes away.

In partnership with the QIC-LGBTQ2S, Human Rights Campaign Foundation, Court Appointed Special Advocates (CASA), Prince George's County LGBTQ Task Force, and the AFFIRM model purveyors, the department was able to implement several interventions: Youth AFFIRM, Caregiver AFFIRM, and the All Children All Families (Foundational and Caregiver) Program. The selected interventions and programs specifically addressed the needs and challenges of LGBTQ+ inclusion work in a child welfare setting. This guide will focus on the Youth AFFIRM implementation.

Meeting the Need: Selecting Youth AFFIRM

PGC DSS selected complementary intervention models that, when implemented together, provided a valuable array of strategies that improved experiences and outcomes for LGBTQ+ youth through both improved direct service and increased, sustainable agency capacity and competency for working with youth with diverse SOGIE. The agency selected the Youth AFFIRM model as well as the Caregiver AFFIRM Model. As noted earlier, the AFFIRM Model is an eight module, manualized cognitive behavioral intervention focused on improving coping skills and reducing depression by providing opportunities to understand and modify cognition (self-awareness and identifying risk), mood (recognizing link between thoughts and feelings) and behavior (identifying strengths and ways of coping). Because the model reported outcomes that fit the needs of the population and was fully manualized, it was ready for evaluation.

Youth AFFIRM integrates affirmative practices into an existing empirically supported cognitive behavioral intervention used to reduce adolescent risk, and extends this practice to include youth-specific coping skills training. Skills are taught during AFFIRM sessions using an educational curriculum and are practiced via interactive rehearsal sessions, all within the affirmative framework. It is expected that youth will learn healthy ways of coping with outside stressors through this training.

The Caregiver AFFIRM Model provides skills and support to caregivers of youth in foster care. The model is aimed at promoting safe and affirming relationships through psychoeducation, support, and resources. Caregiver AFFIRM helps parents and caregivers to celebrate, honor, and validate a range of LGBTQ+ identities and experiences, as well as recognize the impact discrimination and phobia have on the well-being of youth. Figure 1 describes the outcomes of the model. Together, the two models work to help young people develop their own skills as well as help their caregivers and families learn affirming ways to support them. This guide focuses on the implementation of the Youth AFFIRM Model. For more information on implementing the Caregiver AFFIRM Model, visit https://www.sogiecenter.org/youth-family-and-caregiver-programing/affirm-caregiver/.

Theory of Change for Youth AFFIRM

The graphic below highlights the theory of change for the Youth AFFIRM intervention:

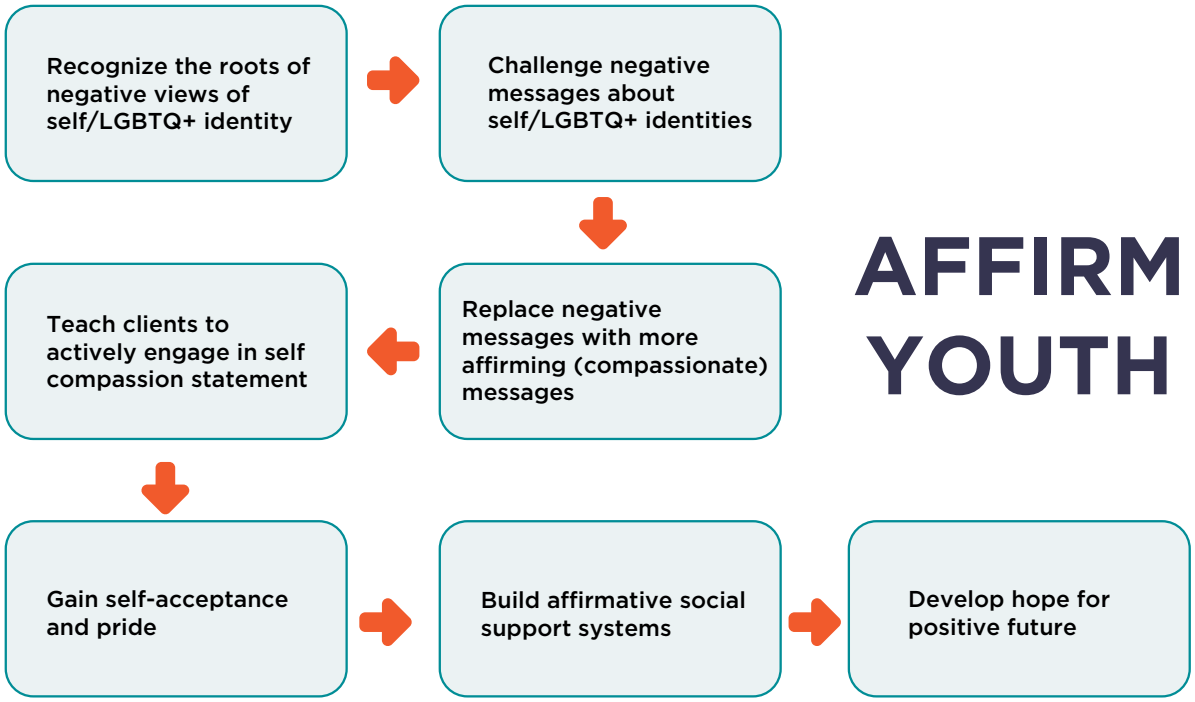

Figure 2: Theory of Change for Youth AFFIRM

System Readiness

Prince George's County (PGC) is known as a leader in innovative approaches within Maryland's Social Services Administration. The department has a reputation for implementing new services and volunteering to pilot new programs to serve youth and families. This innovation is made possible by the county's commitment to strong partnerships. The county has extensive experience working closely with partners and other stakeholders as a key part of implementation. The county makes use of such partnerships to achieve better outcomes through:

- Work groups
- Information and resource sharing
- Data sharing
- Advisory boards
- Conference calls and meetings to provide implementation updates
- Strategic planning and role assignment for duties related to specific outcomes

The county also contracts with some partners to perform specific services related to implementation.

Regarding the current Youth AFFIRM project, the agency partnered with the local LGBTQ+ Task Force to inform the intervention. Prince George's County is unique in that it was the first Maryland jurisdiction to have a LGBTQ+ Youth Task Force. This task force provided vital information through meetings and conferences that helped improve service delivery. As identified partners and participants in the implementation of the programs, members of the task force served in an advisory capacity to inform the implementation of the department's interventions. Outside of this task force, the county had no existing LGBTQ+ services. Young people and their families requesting LGBTQ+ services needed to travel to nearby cities (District of Columbia or Baltimore) to obtain them.

Though PGC DSS did not have substantial existing services tailored to LGBTQ+ youth, it had some foundational pieces in place that laid the groundwork for the proposed interventions to be successful (e.g., the state policy directive mandating that services be nondiscriminatory and LGBTQ+-affirming). PGC DSS was thought to be well-positioned to implement programs for LGBTQ+ youth because of its extensive experience implementing change initiatives and ongoing performance improvement. An assessment of PGC DSS's readiness to implement was further strengthened by such evidence as their existing partnership with the Human Rights Campaign Foundation (HRCF), a workforce trained on LGBTQ+ topics, their continued efforts toward earning the All Children, All Families seal[3], and their partnership with the LGBTQ+ Youth Task Force.

Additionally, the county had a strong capacity for ongoing performance monitoring and improvement, which supported implementation and evaluation efforts. PGC DSS had created a Quality Assurance and Compliance Division (QACD) to not only monitor evaluative efforts of pilot projects, but also to monitor important agency data from all divisions. The data collected were crucial to evaluating outcomes for the services provided by the department. The QACD could explore which data systems would be best used to collect additional demographic information. The QACD was also responsible for ensuring quality-of-service provision to the entire agency through managing appeals processes, quality control, investigations and administrative reviews, program evaluation, corrective and preventative action planning, monitoring, and data analysis and reporting. The goal of the Division was to make certain that quality of service and integrity were provided at every interaction.

3 For more information on the All Children, All Families Seal, please visit https://www.hrc.org/resources/all-children-all-families-about-the-initiative.

System readiness variables that supported the implementation of the LGBTQ+ programming and evaluation were:

- Commitment by DSS administration/leadership to incorporating new practices into service delivery to address the needs of constituents.
- Incorporation of LGBTQ+ competent practices into day-to-day operations and the culture of PGC DSS.
- The ability of the department's QACD to assess a need, identify an intervention, implement the intervention, collect data on services, and report accurate results.
- A culture of training and strong training infrastructure. For example, the agency's Child Welfare Academy provides a six-week training to all staff on the basics of case management, policy, and identifying risk and safety measures. The Academy is a partnership between Maryland's Department of Human Resources, Social Services Administration and UMSSW, preparing child welfare professionals and resource parents to provide services and care for children and families in the child welfare system through education and training, information, and technical assistance.

PGC DSS has always been committed to ensuring that 100% of staff are trained in LGBTQ+ foundational competencies; all staff received this training prior to launching the direct service portion of the AFFIRM intervention.

- Experience implementing pilot programs in Maryland, including the Sex Trafficking Project, Kinship Navigator, Strengthening Families Program, SAFE CARE (Parenting Curriculum), and Transforming Neighborhood Initiatives.
- Extensive experience and a successful track record collaborating with other government agencies, community groups, businesses, and other organizations across several initiatives (e.g., Anti-Trafficking Project, Transforming Neighborhood Initiative Collaborations) to offer services to PGC residents and families.
- An established hiring and recruitment process by PGC DSS for selecting staff for this project (including processes for posting positions, selecting candidates to interview, running federal and state background checks and CPS clearance check).
- The county's internal QACD with the capacity to assist with the use of the fidelity measures. QACD also had the capacity to create additional fidelity measures and protocols to assist with implementation.
- DHR's implementation of an LGBTQ+ policy to promote non-discriminatory practices for LGBTQ+ youth in care.

These readiness variables were all in place prior to PGC DSS's work with the QIC-LGBTQ2S. It is recommended that organizations wishing to replicate this work conduct a readiness assessment to determine their strengths and their areas of need.

 **Challenges**	• Not having any existing LGBTQ+ programming in the county meant that partners in the work were limited.
 **What Worked Well**	• Having an established CQI process that could be used to monitor the progress of interventions • Having buy-in and support from the agency's leadership • Experience in implementing pilot programs and familiarity with using data to inform the program and implementation
 **Lessons Learned**	• Not having an existing process to collect SOGIE data for youth and families in care made estimating the target population size difficult. Essentially, the county needed to provide services to a population not yet identified. This was an important element in addressing system readiness.

Installation

Logic Model

As part of creating the necessary structures for implementation, the team determined which resources were needed for the project, what needed to be produced through implementation, and what the expected short-, medium-, and long-term outcomes were. Figure 2 shows the logic model that was created through this process.

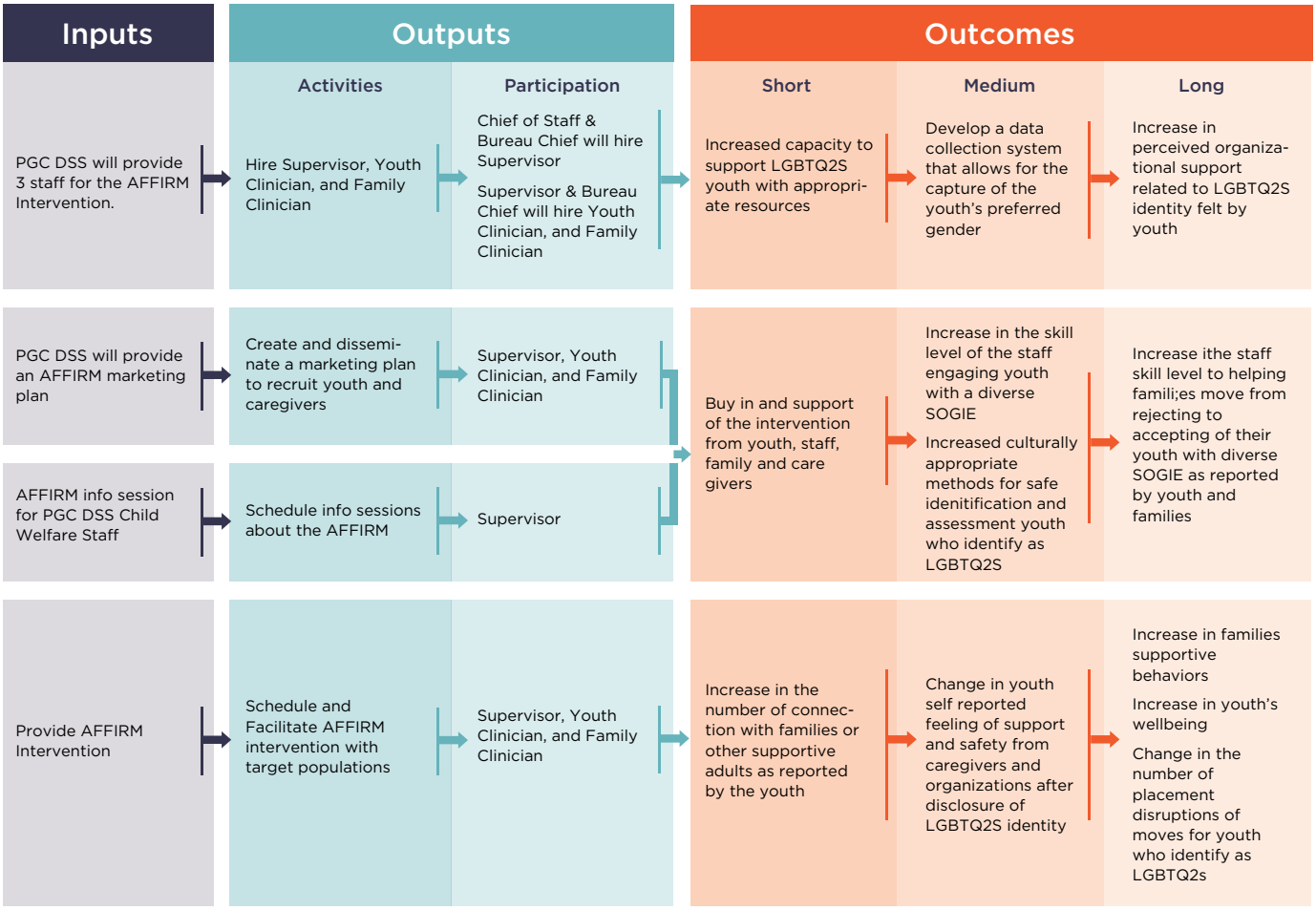

Figure 2: AFFIRM Youth Logic Model

Building an Implementation Team

When PGC DSS began building an implementation team for this initiative, it was important to consider key leadership roles within the department.

Questions to Consider

- Who should be in the room?
- Whose voice is missing?
- When should the team change?
- How can the voices of youth and families be included authentically? How can their voices lead the conversation?

The team was comprised of leadership staff who would be responsible for guiding and monitoring the implementation of the intervention. The team committed to holding weekly meetings in order to develop processes to address all critical factors of implementation for each phase of the project. The team, led by the agency's Chief of Staff, was comprised of:

- Administrative directors
- Program administrators
- Supervisory staff
- Direct service staff

Each member had an invaluable role in the creation of the implementation plan and service delivery model.

Figure 3 shows the team structure and their roles on the project.

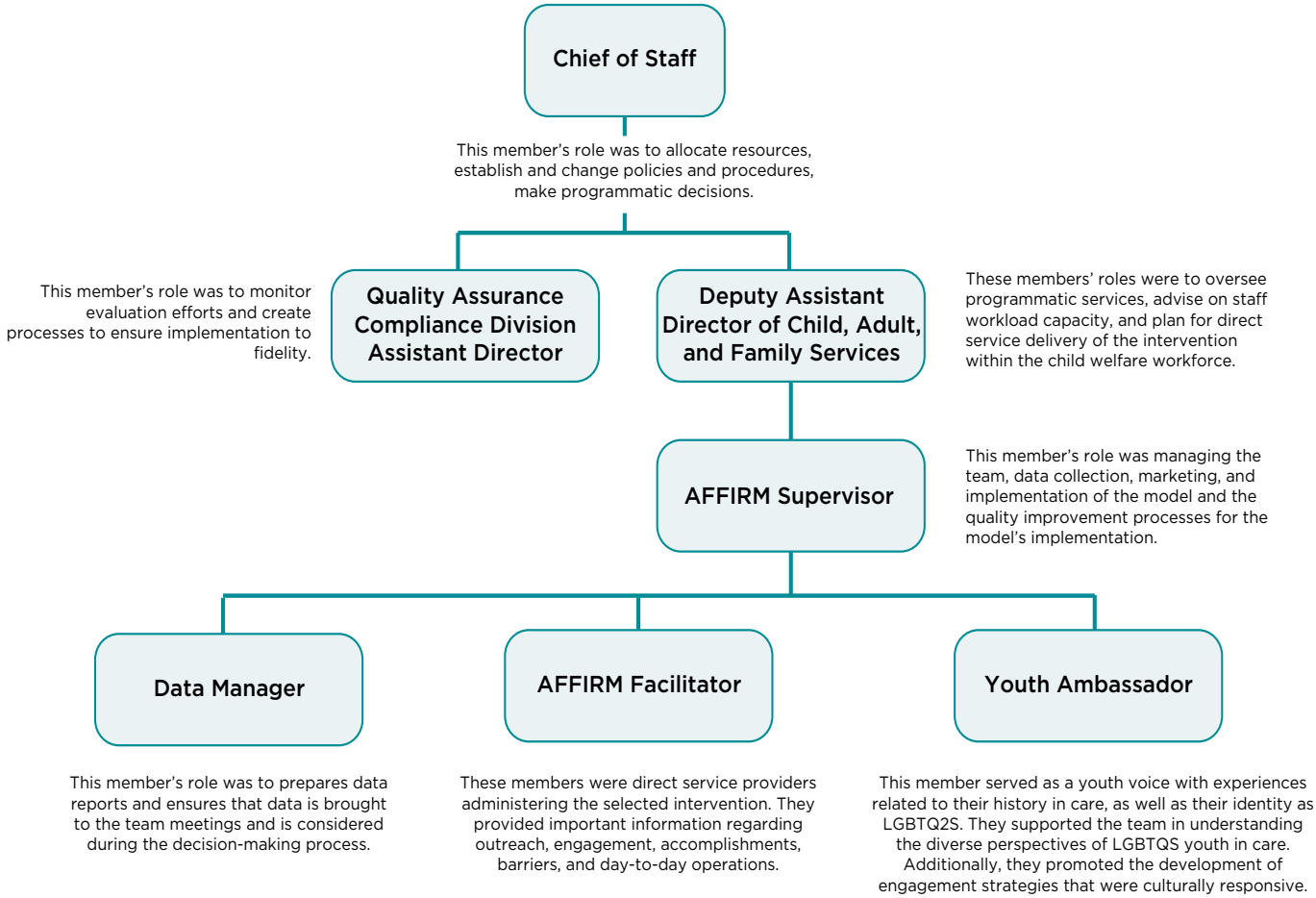

Figure 3: Team Structure and Roles

Team Communication

The team met weekly to discuss the implementation plan and assign tasks to responsible parties; these frequent meetings were crucial in accomplishing action items. Short-term goals were created with a timeline and an assigned responsible party. Progress on each action item was discussed weekly in an open discussion forum with the implementation team listed in the previous section. The department's implementation team meetings were guided the focus areas outlined in Table 1.

Intervention: AFFIRM				
Outcomes/fidelity measures	**Target population(s)**	**Data source**	**When / how measures will be completed**	**Party responsible for data collection**
[Focus Area: Culturally Appropriate] Increased capacity to support LGBTQ youth with appropriate resources Increased culturally appropriate methods for safe identification and assessment of diverse SOGIE	Organizational level; DSS staff	•LGBT Affirmative Inventory •Qualitative Survey Responses •Provider Self-Report •Non-mutually exclusive demographic categories	•Pre/post training; •During youth data collection; •Chart/document review (to identify increase) •If possible with sites, ideal to have measures available online in a central location (QIC) to facilitate completion (less important for in person trainings but much easier for interventions). AFFIRM will have much of this available.	Quality Assurance and Compliance Division (QACD)
[Focus Area: Culturally Appropriate] Increase in accurate data collection around youth's sex assigned at birth, gender identity, and gender expression. Improvement in safety and sensitivity post-disclosure	Organizational level; Quality Assurance and Compliance Division	To be determined; New Instrument needed Non-mutually exclusive demographic categories which offer inclusive gender (AFFIRM has a suggested scale, discuss options at learning collaborative)	To be determined; New Instrument needed	QACD
[Focus Area: Culturally Appropriate] Increase youth's well-being (defined as psychological, behavioral, physical health & safety, including LGBTQ2S self-acceptance)	Youth level	CCT Youth Assessmentas well as (coping measure/ depression/LGB discrimination scale) In addition to suggestions	Pre/post intervention and three months post	QACD AFFIRM
[Focus Area: Culturally Appropriate] Increase in LGBTQ2S youth's level of comfort in discussing sexuality and gender and disclosing sexual orientation or gender identity Increase in perceived organizational support related to LGBTQ2S identity felt by youth	Youth level	CCT Youth Assessment; Perhaps include likert scale options associated with outness, perceptions of organizational level of affirmative practice, Does this organization currently have a checklist of affirmative practice dimensions/benchmarks?	Pre/post intervention and three months post	QACD AFFIRM

[Focus Area: Engagement in effective community services] Increase in capacity of PGC staff to identify LGBTQ2S-competent services both within and beyond current array of services	Organizational level; DSS staff	CCT Youth Assessment (Perhaps creating a checklist for affirmative services--could be similar to above mentioned benchmarks for dimensions of affirmative organizations)	Pre/post training	QACD AFFIRM
[Focus Area: Engagement in effective community services] Increase in staff capacity and skills to provide affirming, LGBTQ2S-competent individual-level services to youth	Organizational level; DSS staff	CCT Youth Assessment CCT Natural Support Assessment (Affirmative Competence Scale)	Pre/post training	QACD AFFIRM
[Focus Area: Placement Stability] Increase in number of family and or other supportive adult connections Increase in family's supportive behaviors Increase in the number of durable family and other supportive adult connections	Youth level	LGBT Affirmative Inventory: Youth; Family social support; AFFIRM Scale (AFFIRM will bring to the learning collaborative)	Pre/post intervetion	QACD AFFIRM
[Focus Area: Placement Stability & Permanency] Emotional well-being (CCT Term: Emotional permanency) Emotional permanecy is defined as a relationship where an adult consistently states and demonstrates that they have entered an unconditional, lasting, parent-like relationship and that the child or youth agrees that the adult will play this role in their life Decrease the number of placement disruptions or moves	Youth level	Emotional Permanency Scale (and a qualitative component for youth) [Look into and discuss at the learning collaborative) # of placement disruptions (also a qualitative component might be helpful here) (PGC DSS tracking method)	Pre/post intervention and three months post	QACD AFFIRM
[Focus Area: Placement Stability] Increase kinship support for LGBTQ2S youth in care Increase LGBTQ2S affirming resource families	Youth level	LGBT Affirmative Inventory: Caregiver; Family social support	Pre/post implementation of full model?	QACD AFFIRM

Table 1: Implementation Focus Areas for Youth AFFIRM

These focus areas, and subsequent details, helped streamline discussions and served as agenda meeting notes. The chart also helped the team hold the relevant parties accountable for completing their tasks according to the timeline. Implementation team meetings always focused on:

- Assigned duties
- Resources needed
- Potential barriers
- Technical assistance

It is recommended that organizations develop a clear communication plan prior to implementation to ensure that all parties are clear about the purpose, frequency, and facilitators of meetings. This type of plan helps to ensure ongoing and effective communication throughout the life of the grant.

Hiring and Selection of Interventionists

PGC DSS utilized workforce development strategies to recruit, hire, and onboard candidates for the AFFIRM facilitators positions. The department focused on candidates who met training eligibility, who were amenable to the ongoing coaching process, and who possessed intermediate/advanced LGBTQ+ competencies.

1. **Staffing:** The department developed plans to recruit candidates for implementation of AFFIRM using AFFIRM's practice profile, which details the necessary competencies and skills required to implement the model well.

2. **Training:** The agency partnered with AFFIRM's creators to provide both basic and advanced trainings on Youth AFFIRM competencies, best practices, and skillsets to AFFIRM facilitators.

3. **Coaching:** The agency partnered with AFFIRM's creators to develop a coaching plan prior to the implementation of the Youth AFFIRM model. The coaching plan ensured that staff were adequately trained and ready to implement the model with fidelity

The department identified the following skills and assets as essential components for successful Youth AFFIRM facilitators in a child welfare setting

- Has the ability to deliver the AFFIRM intervention as intended through the behaviors detailed in the practice profiles. Practice profiles are tools that describe both ideal and unacceptable practices for each core role implementing an intervention.
- Demonstrates an affirmative stance toward diverse SOGIE (e.g., validation, support, and celebration of LGBTQ+ identities, non-binary conceptualization of gender, absence of heterosexism)
- Responds to youths' reports of discrimination and rejection in a supportive and affirming manner

- Supports and understands other identities through the Theory of Intersectionality
- Presents psychoeducational material on the Cognitive Behavioral Therapy (CBT) Model using youth friendly language
- Presents psychoeducational material about LGBTQ+ identities, minority stress, health outcomes, trauma, resilience, and coping, using the best available evidence and an LGBTQ+ affirmative stance
- Uses existing evidence to help youth explore and understand the roles of minority stress, discrimination, and rejection in their lives (e.g., well-being, mental health concerns, and internalized stigma)
- Facilitates a critical exploration of anti-LGBTQ+ attitudes, beliefs and behaviors in an affirming manner and within a safe context
- Effectively utilizes the CBT model to help youth recognize and modify unhelpful thoughts
- Enhances participant knowledge about the importance of key sources of coping and resilience for LGBTQ+ youth, such as engaging in identifying affirming activities (online and offline), receiving identity-affirming support (online and offline), and finding and maintaining hope
- Effectively utilizes the CBT model to help youth engage in behaviors that affirm their LGBTQ+ identity and improve their mood
- Fosters hope for a positive and fulfilling future for LGBTQ+ youth
- Fosters a compassionate attitude toward self among LGBTQ+ youth
- Discusses and makes available to youth the relevant literature and best practices regarding the process, risks, and benefits of coming out
- Provides support to caseworkers around working with LGBTQ+ youth
- Demonstrates safe, ethical, and professional behavior

 **Challenges**	• Developing a plan for communication with all stakeholders was a challenge experienced throughout the project. At the onset, there was little engagement with people of lived experience. It is imperative that agencies involve those with lived experience early in planning and in intentional ways.
 **What Worked Well**	• Partnering with the AFFIRM creators to deliver coaching was seen as an extremely helpful support to getting staff equipped to deliver the intervention with fidelity.
 **Lessons Learned**	• Having fulltime staff to implement AFFIRM was key to success, since many participants needed additional support related to SOGIE or other crises outside the program. In many cases, after participants finished the intervention, the AFFIRM staff were the only ones they trusted with other areas of need.

Initial Implementation

During implementation, the interventionists were trained in the AFFIRM model. With the assistance of AFFIRM's creators, the agency created a marketing plan to gain staff, caregiver, family, and youth buy-in and support for the intervention. The AFFIRM creators were responsible for training the staff who implemented the intervention. The department was responsible for creating the marketing plan and disseminating the information to child welfare staff. The marketing plan included the development of flyers, a youth engagement guide, and a referral policy. It also included a schedule for information sessions at unit and management meetings and with youth and resource parents.

Eligibility

Youth were eligible to participate in the model if they identified as LGBTQ+, were between the ages of 12–21 years old, and were in foster care. Youth who agreed could also have their caregivers enrolled in the companion model, Caregiver AFFIRM. Youth and caregivers could refer themselves; potential participants were also identified and referred to the program by the child welfare staff and community partners.

Outreach

PGC DSS implemented several outreach strategies within the department. The AFFIRM

facilitators attended unit and department meetings to promote the program. The AFFIRM facilitators held weekly face-to-face meetings with staff to inquire about caseloads with identified LGBTQ+ youth and encouraged staff to refer families. They also assisted with completing referrals for staff when necessary. Face-to-face visits with staff seemed to increase awareness of the program and afforded them the opportunity to discuss needs concerning young people who identified as LGBTQ+ and make plans for next steps.

Initially, outreach was one of the most important foci in the implementation process. Staff were mostly unaware of who identified as LGBTQ+ on their caseload and were uncomfortable asking, or discussing, anything about SOGIE. As a result, there were few referrals to the program. As more discussion, coaching, and training occurred regarding LGBTQ+ identities, the conversations started to happen more frequently, and referrals and enrollments started to increase. It is recommended that other organizations adopting similar models for LGBTQ+ populations plan for longer and more robust outreach strategies, especially if there is not currently a mechanism in place to identify LGBTQ+ clients.

See Figure 4 below for an overview of the enrollment, referral, and implementation process if Youth AFFIRM and Caregiver AFFIRM are implemented simultaneously (meaning both parties go through the intervention at the same time). If they are not, the young person or caregivers may choose to participate in whichever cohort best aligns with their needs and schedule. Most often during this intervention, youth did not want to engage their respective caregivers in Caregiver AFFIRM until they had finished Youth AFFIRM. Once a youth finished the program, they were typically more open to have their caregivers enroll in the model. For more information on implementing the Caregiver AFFIRM Model, visit https://www.sogiecenter.org/youth-family-and-caregiver-programing/affirm-caregiver/.

AFFIRM Referral & Enrollment Process

Figure 4: AFFIRM Enrollment and Referral Process

Intervention Refinement

The Prince George's County Department of Social Services has an established Quality Assurance and Compliance Division (QACD) that oversees data management for all programming. The QACD monitored management reports and identified trends and common issues. It was important that the team developed monitoring processes collectively so that the entire project team was working with the same understanding and definitions. Monthly meetings allowed for discussion around these topics, and collaborative problem-solving ensured that best practices were implemented.

Adapting the Intervention for a Child Welfare Population

Adapting the intervention to a child welfare setting required the department to draw on previous insights and experiences related to implementing systemic change and weaving new approaches into the Youth AFFIRM Model, which had not been previously adapted for young people receiving child welfare services. The department identified the following strategies to

help inform adaptations to the model:

- Identify current policies and practices that aligned with the Youth AFFIRM model.
- Identify staff, administrations, stakeholders (including young people and families), and community partners to weigh in on the needed adaptations.
- Work with the AFFIRM creators to determine which aspects of the model were adaptable and how to adapt them to account for the unique experiences of the target population.
- Use the rapid improvement cycles of Plan, Do, Study, Act (PDSA) to make incremental changes to the model or its implementation when unique child welfare variables were identified.
- Culturally adapt the intervention as needed for Black youth and families to account for their intersectional experiences with racism, homophobia, and transphobia. This meant that some of the content needed to decenter LGBTQ+ identities as the primary stressor in some participants' lives and make space for conversations about race prior to jumping in on SOGIE related content.

Example of a Plan, Do, Study, Act Cycle

AFFIRM was originally designed as an eight-session program given over a period of eight weeks. When the team first started implementation, they experienced that youth and families had high dropout rates and that less than 20% of enrollees could finish the program. They met with a group of youth and families to discuss the reasons behind the dropout rates, and learned that eight consecutive sessions was seen as too lengthy a commitment. Issues such as scheduling and transportation problems, court dates, or childcare conflicts made it difficult to stick with the program. In its configuration at that time, if someone missed a session they could not continue with the remainder of the sessions.

Having identified the problem, the county developed a plan that allowed for more flexibility. They shortened the intervention from eight consecutive sessions to six and established a protocol for "make-up sessions" should a family member or young person have an emergency come up that prevented their attendance. For example, if a youth had a transportation conflict arise, they could schedule a one-on-one make-up session with the facilitator to catch up on the content and then re-join their group the following week. After implementing this plan, the team saw their graduation rate increase from 20% to 50%.

That improvement was helpful, but the team wanted to see rates increase further. They engaged in another PDSA cycle and came up with a plan to increase flexibility and eliminate transportation and childcare barriers by offering the intervention virtually to groups. After this, the group saw their graduation rate increase to 80%. These strategies helped create a process that allowed the department to improve implementation over time.

Virtual Implementation

During implementation, due to the COVID-19 pandemic, the landscape for delivering in-person services drastically changed. The department recognized the need to continue to provide services to marginalized populations, especially to LGBTQ+ youth (who reported feeling more isolation during this time) and their caregivers. As a result, the Youth AFFIRM intervention was entirely adapted to a virtual environment so that the department could continue to provide these valuable and much-needed services to the population.

The department utilized the Zoom videoconferencing platform for virtual service delivery. The AFFIRM facilitators worked to create opportunities for rapport building and safe client engagement for effective virtual delivery. AFFIRM facilitators took every opportunity to create a safe and affirming space while delivering content virtually. The agency had some concerns about how effective a virtual delivery would be, as well as whether being socially distanced would have a negative impact on rapport building and establishing a good connection with the group members. To combat those concerns, AFFIRM facilitators:

- Intentionally created opportunities for client engagement
- Instituted contactless delivery of AFFIRM materials to each family's home (allowing for face-to-face introduction and an opportunity to establish rapport)
- Delivered "welcome packs" personalized for each family with resource materials applicable to their needs (opportunity to build connection and increase buy-in for participation)
- Intentionally worked to establish a safe and encouraging group space
- Assessed technology and accessibility needs, scheduling needs, etc.
- Established an online group/meeting space
- Facilitated the intervention as intended, with the addition of some visual slides

Fidelity

Below are some key processes the agency used to ensure fidelity of the model.

- Supervisor observations of the model's implementation were conducted using the Supervisor Observation Tool. Within 24 hours of completion of the cohort, each assessment was entered into a database with a fidelity score assigned to the AFFIRM facilitator. This score measured how closely the interventionist's delivery matched the intention of the model. Supervisors used observation feedback to coach facilitators on a regular basis. Supervisors observed at least three out of the eight Youth AFFIRM sessions.
- Self-report tools were completed using the Self-Observation Report Tool. Within 24 hours of completion of the cohort, AFFIRM facilitators rated themselves on how closely they were able to follow the model's intended delivery. These ratings were taken to coaching meetings with the AFFIRM creators to discuss goals, improvements, and strengths.
- Participant Satisfaction Surveys were provided at the end of each session to gather

stakeholder feedback on how the intervention was experienced by participants. Any issues raised by participants were discussed in regular coaching sessions with interventionists.

Challenges

- Enrollment of young people and families was slow during the first two years of implementation.
- Low enrollment made evaluating the intervention difficult. Due to small sample sizes, it was hard to draw outcome conclusions from the available data. Continuous evaluation of the impact of the Youth AFFIRM program in a child welfare setting, as well as program monitoring and evaluation, would have helped to ensure positive outcomes across systems.

What Worked Well

- Input from youth with experience in child welfare helped inform the department on how to engage youth in care and how to support youth enrolled in the program.
- Partnerships with organizations doing LGBTQ+ inclusion are invaluable for fidelity, data collection, policy development, and program implementation.
- Work groups focused on program evaluation and implementation are crucial to establishing a program evaluation process.

Lessons Learned

- Clear messaging helps promote the goals of the program and promotes staff buy-in.
- The creation of agency policies to support the safe and affirming identification of LGBTQ+ identities would have helped to ensure staff buy-in and participation. Such policies would facilitate clear guidelines on how to support a program like Youth AFFIRM in a child welfare system.
- Programs that are not developed for people of color or people involved in child welfare should work with AFFIRM program creators/purveyors to determine which elements might be adapted to meet the needs of the population.

Full Implementation

Sustaining AFFIRM

The Prince George's County Department of Social Services recognized that cultivating an agency environment in which young people with diverse SOGIE feel safe and supported is essential to improving outcomes for LGBTQ+ youth. The agency has worked to ensure that young people experience the PGC DSS as a safe space for self-disclosure. As a part of scaling up the work, the agency has plans for addressing the specific focus areas outlined in Table 2.

Focus Areas	Permanency, Well-Being, and Placement Stability Outcomes
1. Culturally appropriate identification, assessment, and data collection, attending to confidentiality and privacy	• Increase in the capacity to support LGBTQ+ youth with appropriate resources • Increase in culturally appropriate methods for safe identification and assessment of diverse SOGIE • Increase in accurate data collection around youth's sex assigned at birth, gender identity, and gender expression • Increase in youth's well-being (defined as psychological, behavioral, physical health & safety, including LGBTQ+ self-acceptance) • Increase in LGBTQ+ youth's level of comfort in discussing sexuality and gender and disclosing sexual orientation and/or gender identity • Improvement in safety and sensitivity post-disclosure • Increase in perceived organizational support related to LGBTQ+ identity felt by youth
2. Engagement in effective community, group, family, and individual services	• Increase in LGBTQ+-specific affirming attitudes, knowledge, and skills among community partners that serve youth and families • Increase in, and more accurate knowledge of, PGC DSS's community partners' capacity for LGBTQ+-competent services • Increase in capacity of PGC DSS staff to identify LGBTQ+-competent services both within and beyond current array of services • Increase in staff capacity and skills to help families move from rejecting to accepting their youth with diverse SOGIE • Increase in staff capacity and skills to provide affirming, LGBTQ+-competent individual-level services to youth

3. Placement stability supports, including birth families in reunification situations	• Increase in kinship support for LGBTQ+ youth in care • Increase in the number of LGBTQ+-affirming resource families • Decrease in the number of placements for each youth • Increase in the number of family and or other supportive adult connections for LGBTQ+ youth in care • Increase in family's supportive behaviors • Decrease in family's rejecting behaviors • Increase in youth obtaining legal and emotional permanency • Reduction in long-term foster care for LGBTQ+ youth
4. Permanency innovations for those not reunified with families of origin	• IIncrease in kinship support for LGBTQ+ youth in care • Increase in the number of LGBTQ+-affirming resource families • Decrease in the number of placements for each youth • Increase in the number of youth obtaining legal and emotional permanency • Reduction in long-term foster care for LGBTQ+ youth
5. Increased knowledge, competence, and responsiveness by agency staff, caregivers, and service providers	• Improvement in staff knowledge of LGBTQ+ competencies and in their skills in applying that knowledge, including improvements in role-specific knowledge and skills (e.g., more in-depth skills related to family preservation/reunification work, conducting licensing/home studies for resource families, LGBTQ+-competent service in sex-separated congregate care facilities, etc.) • Increase in perceived organizational support related to working with LGBTQ+ children youth and their families

Table 2: Focus Areas for Continued Scale-up and Improved Services

 **Challenges**	• Justifying resource allocation was a challenge because there was no mechanism to accurately count how many LGBTQ+ youth were in care. It was important for the agency to locate funding streams (both internal and external) to support staffing and technical support costs.
 **What Worked Well**	• Virtual adaptation of Youth AFFIRM was more cost effective than in-person implementation. The removal of line items such as transportation, catering, and supplies drastically reduced the budget. • Plan for ongoing coaching with AFFIRM creators. Coaching and support was vital to successful implementation and fidelity to the model.
 **Lessons Learned**	• Ensure multiple staff are trained in the intervention. In child welfare settings, staff turnover can be high. By having multiple staff trained as Youth AFFIRM Interventionists, the department increases the likelihood of being able to continue service delivery. • Consistently report program outcomes to administration to increase buy-in. Letting department heads know the successes of the program through qualitative and quantitative data will increase management buy-in.

Replication and Broad-Scale Rollout

As more agencies continue to identify the number of LGBTQ+ children and youth in their care, there will be an increased need to 1) support the workforce in affirming this population, 2) offer specialized services for LGBTQ+ youth, and 3) implement specialized family programming to help avoid family conflict related to SOGIE. As the need for these programs continues to increase, other child welfare organizations can use the lessons learned from Prince George's County's implementation of Youth AFFIRM to serve young people in their care.

For more information on implementing the AFFIRM interventions, contact the SOGIE Center at www.sogiecenter.org or sogiecenter@ssw.umaryland.edu.

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