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# Asking About SOGIE

A Project of the National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBTQ2S Children and Youth in Foster Care

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# The QIC-LGBTQ2S

The National Quality Improvement Center on Tailored Services, Placement Stability, and Permanency for LGBT2S 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). In 2016, UMSSW was funded by the U.S. Department of Health and Human Services' (HHS) Administration for Children and Families (ACF) Children's Bureau (CB) to design, implement, and evaluate evidence-based programs for LGBTQ and Two-Spirited (LGBTQ2S) children and youth in foster care. After a competitive application process, UMSSW selected four child welfare agencies as local implemenation sites (LIS) in Cuyahoga County, Ohio; Wayne, Oakland, and Macomb Counties, Michigan; Allegheny County, Pennsylvania; and Prince George's County, Maryland. Together, these four LIS implemented over 15 interventions aimed at improving the outcomes for foster youth with diverse SOGIE — sexual orientation, gender identity, and gender expression— and their families. To learn more about the other interventions and initiatives involved in the QIC-LGBTQ2S project, visit www.sogiecenter.org.

Given the complexity of implementing evidence-informed and evidence-based models in child welfare, the QIC-LGBTQ2S project established frameworks for LIS to follow as they implemented their selected interventions. Each LIS engaged in a Quality Learning Collaborative (QLC) process, which was guided by implementation science, using the HHS Permanency Innovations Initiative (PII) framework. The PII framework 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, 6) and Broad-Scale Rollout (Murray et al., 2011; Fixsen et al., 2015). The QIC-LGBTQ2S team worked collaboratively with LIS to implement their identified interventions. The implementation followed a rapid-cycle improvement strategy called the Plan-Do-Study-Act (PDSA), which helped refine the interventions throughout the implementation stages until their readiness for full implementation was demonstrated (Permanency Innovations Initiative Training and Technical Assistance Project, 2016). The QIC-LGBTQ2S theory of change pays attention to the three categories of NIRN's implementation drivers (competency, organization, and leadership) to support each LIS through the QLC process to design, implement, and participate in evaluating interventions that would improve outcomes for LGBTQ2S youth in child welfare.

# A Note on Terminology

This Implementation Guide uses the abbreviation "LGBTQ2S" to describe the specific project name. LGBTQ2S stands for lesbian, gay, bisexual, transgender, questioning or queer, and Two-Spirit. This abbreviation is not inclusive of all diverse SOGIE. In other places, "diverse SOGIE" or "LGBTQ+" are used to be more inclusive. Language is always evolving, and older tools or resources provided within this report, or linked to this report, may use different letters to represent other identities. For more information on language, readers can visit the SOGIE Center for an inclusive glossary of terms.

# Purpose of This Implementation Guide

This Implementation Guide provides information on how to collect SOGIE data through the "Asking About SOGIE (AAS)" Pilot (AAS Pilot or Pilot) developed and tested in Wayne, Oakland, and Macomb Counties in Michigan. The AAS Pilot was created by the Ruth Ellis Center (REC) and reflects the REC's goals of creating affirming spaces for LGBTQ+ people while simultaneously advocating for all spaces to be affirming, welcoming, and safe for all people who identify as LGBTQ+. This Implementation Guide presents the lessons learned from implementing the AAS Pilot with youth in Michigan's foster care system and provides recommendations for other agencies seeking to replicate the model for the children, youth, and families they support. There are two pieces to the implementation of the AAS pilot:

1. Setting up data fields within the existing data collection portal of the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) so that the SOGIE data could be entered.
2. Training child welfare workers to ask youth about their SOGIE.

This Implementation Guide provides information about both pieces described above.

# Exploration (Pre-Implementation)

## Michigan Department of Health and Human Services Local Implementation Site

**The Michigan Department of Health and Human Services (MDHHS)** administers all child welfare services in the state, including the three counties that participated in this project: Wayne, Oakland, and Macomb. The **REC**, located in Detroit, in Wayne County, is a youth organization whose mission is to *create opportunities with LGBTQ+ young people to develop their vision for a positive future*. Starting in 1999, the REC established a national reputation for quality and innovation in providing trauma-informed services for homeless,

runaway, and at-risk LGBTQ+ youth and young adults of color. The REC provides outreach and safety-net services, integrated primary and behavioral health care services and case management, skill-building workshops, HIV prevention programs, family preservation programming, and a variety of housing programs, including a 43-unit mixed-use permanent supportive housing development.

Detroit is the geographic and population center for the Wayne County LIS and ranks first—among all cities in the United States with a population of 250,000 or more—in the number of residents living below the U.S. government poverty level (42.3%). Rising poverty levels, housing destabilization, and family trauma have increased the number of out-of-home youth in southeast Michigan where the three LIS are located. LGBTQ+ youth of color and young adults aging out of foster care are disproportionately affected by these challenges. The youth face devastating barriers to housing, social and emotional well-being, permanency, education, and employment. The QIC-LGBTQ2S focused on a critical unmet need to develop a systematic evidence-grounded approach to increase the proportion of LGBTQ+ youth in foster care to achieve well-being.

## Identifying the Need

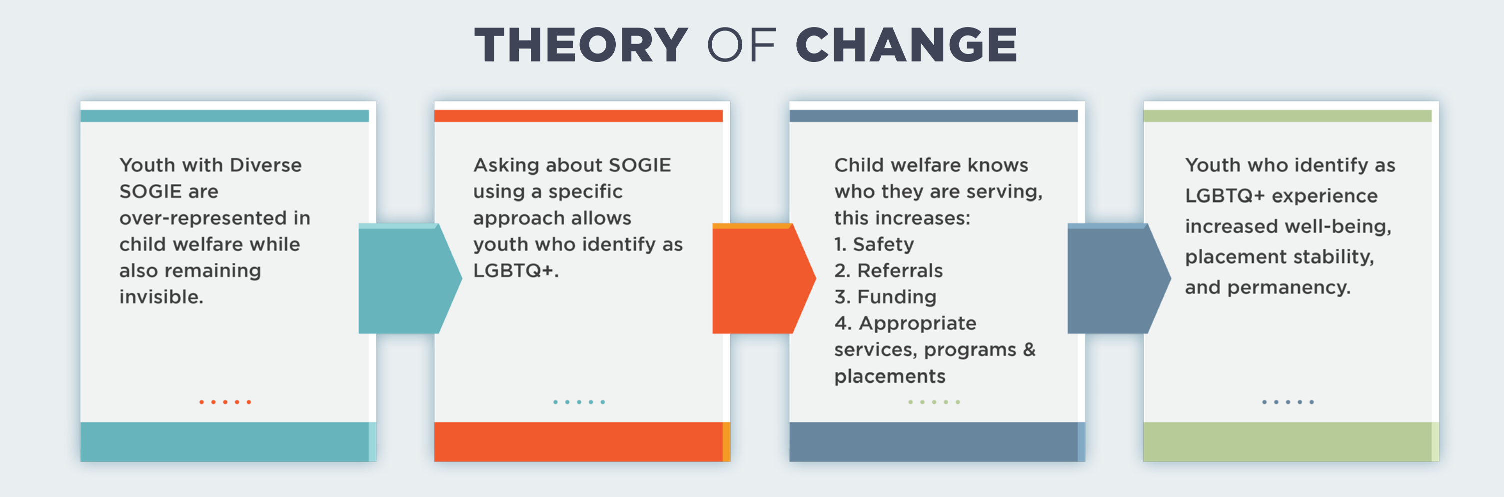
Currently, over 4,300 children and youth are in the foster care system in Wayne, Oakland, and Macomb Counties. Michigan does not systematically collect, track, or report information regarding the LGBTQ+ status of youth. Therefore, the ability to identify and describe the specific needs of LGBTQ+ youth in the Michigan child welfare system was not possible at the start of the project. However, studies from across the country suggest that the population of LGBTQ+ youth in out-of-home care is between 19% (Wilson et al., 2014) and 32% (Matarese et al., 2021). These studies indicate an overrepresentation of LGBTQ+ youth in the foster care system. Importantly, these studies also found that LGBTQ+ youth reported disparities in well-being, stability, and services received. Without knowing how many LGBTQ+ youth were being supported by MDHHS, there was no way to use data to track the outcomes and experiences of LTBTQ+ youth and to ensure that the youth were in affirming placements, offered appropriate resources, or allocated funding for the services the LGBTQ+ population uniquely needs.

In addition to the primary reasons to ask about SOGIE (e.g., facilitating safety, well-being, placement stability and permanency with youth in care), there are system-level drivers to motivate sustaining this intervention. Since 2016, there have been conversations about the importance of child welfare agencies collecting and reporting SOGIE to the federal government.   At the time of writing this guide, there is no federal laws or regulations that require the collection of SOGIE data, although that is expected to change in the future. However, states are strongly encourage to collect and record SOGIE data from youth at different points in the child welfare continuum. An agency also should consider whether its data can inform appropriate services to LGBTQI+ children, youth, and families. At the time of this report, MDHHS is using the lessons learned from and the tools developed during this AAS Pilot to inform a potential future rollout of mandated, statewide SOGIE data collection. Implementing SOGIE data collection will increase a system's ability to

meet these standards, which would potentially be tied to federal funding for child welfare systems. Ultimately, asking about SOGIE can contribute to reducing the length of stay in care or in the number of placements for young people. This is not only in the best interest of youth in care but also fiscally more sustainable for the child welfare system.

## Meeting the Need

MDHHS theorized that if it could train its staff on how to ask about SOGIE in safe and affirming ways and record the data in MiSACWIS, then it would be able to identify how many LGBTQ+ youth were in its care and appropriately support them with the individualized, culturally responsive resources that meet their unique needs —which would then increase the well-being, permanency, and stability of LGBTQ+ children and youth.




## System Readiness

***Internal Readiness***

In 2016, MDHHS Children's Services Agency implemented a workgroup to identify and develop strategies that addressed:

- Best practice recommendations for LGBTQ+ informed child welfare practice.
- Policy areas that needed updating.
- Recommendations for changes to licensing rules to include consideration of placement needs for youth identifying as LGBTQ+ and for Prison Rape Elimination Act[1] (PREA) requirements.

[1]PREA had already mandated the collection of SOGIE data for incarcerated people including youth. In some states, including Michigan, the juvenile justice and child welfare systems are jointly administered and share a common database. This meant that Michigan had already trained their juvenile justice workforce on how to collect SOGIE data, and MiSACWIS already had the capacity to enter this data—but the system had not been activated for the child welfare system.

- Resources for LGBTQ+ youth.
- Training needs in child welfare (children's protective services, foster care, child welfare licensing, adoption, foster parents, birth families).
- Updates to the MiSACWIS system that would allow for data to be collected on children in foster care who identify as LGBTQ+ (i.e., adding sexual orientation and gender identity options).
- Changes to the foster home licensing process to identify foster parents who were trained and had capacity to provide safe and accepting home environments for youth who identified as LGBTQ+.

Wayne, Oakland and Macomb County Department of Health and Human Services partnered with the REC to facilitate a mandatory all-day training with all child welfare staff on diverse SOGIE to license and contract residential foster care facilities serving LGBTQ+ youth and provide home-based family preservation services to families with LGBTQ+ youth involved with Child Protective Service (CPS).

Through this partnership, the REC also provided six trainings per year in Detroit to enable providers to access core training on working with LGBTQ+ youth. These trainings included:

1. General content on LGBTQ+ identities.
2. Cultural concepts related to LGBTQ+ lived experience.
3. Experiences of LGBTQ+ youth in care.
4. Basic information on family rejection and acceptance and the relationship to risk and well-being.
5. Information on the REC services and making referrals to them for LGBTQ+ youth and families.

Approximately 600 child welfare workers per year participated in these trainings. Statistically significant improvements in knowledge and comfort level in working with LGBTQ+ youth in care have been documented in workers following their participation in these trainings. Importantly, the training was designed and implemented with intersectionality in mind. Instead of isolating SOGIE as one area of the work, the training considers all social identities and health disparities and the impact of behavioral change toward LGBTQ+ youth in care.

## External Readiness

The pilot areas in Michigan were known to hold a range of cultural values and political beliefs that included anti-LGBTQ+ sentiments. As a result of the challenging political climate in certain areas, many advocates called for focused education efforts to inform policy makers of the challenges and needs of LGBTQ+ youth in care and the need for accurate information to guide informed decision-making. The education efforts also included families, providers, and decision makers who shared a lack of understanding about the risk and harm related to anti-LGBTQ+ stigma.
Despite some external challenges, the state of Michigan and the tri-county area offered

strong support through its public agencies in carrying out this work, and agency administrators were committed to improving outcomes. The tri-county area included many committed and skilled providers with interest and expertise in supporting LGBTQ+ children and youth, as well as national consultants who were available to implement and evaluate a strong evidence-informed model. The AAS Pilot provided an excellent opportunity to increase MDHHS staff's understanding of culturally grounded approaches to serving LGBTQ+ youth, coordinate statewide efforts to build the capacity of cross-system providers to serve LGBTQ+ youth, and build an effective continuum of foster care services—that is affirmative of LGBTQ+ youth and culture—in Michigan.

The overall climate of inclusivity in the tri-county service area created solid opportunities to improve safety, permanency, and well-being for LGBTQ+ children and youth in foster care. There is a network of agencies serving LGBTQ+ youth, including organizations with missions specific to LGBTQ+ children, youth, and young adults (the REC in Wayne County; Affirmations in Oakland County), as well as a strong network of public and private agencies, across county and religious lines, that are strongly allied to promote the well-being of youth with diverse SOGIE.

There were also shared values among service providers in these areas; the providers believed that all children and youth deserved to be safe and to thrive. Nondiscrimination ordinances including sexual orientation and gender identity/expression were passed in Detroit and three other municipalities in Wayne County and in eight municipalities in Oakland County. There was a long history of violence or hate crimes directed toward LGBTQ+ individuals throughout the service area, targeting transgender women of color. Understanding this reality informed the importance of prioritizing the safety of transgender youth in the system.

| | |
|---|---|
| **CHALLENGES** | • Michigan does not systematically collect information regarding youths' LGBTQ+ identities and therefore, was not able to identify the specific needs of LGBTQ+ youth.<br>• Participating counties in Michigan were known to hold a range of cultural values and political beliefs that included anti-LGBTQ+ sentiments. |
| **WHAT WORKED WELL** | • Michigan's juvenile justice department was already collecting SOGIE data using the statewide database that is shared with child welfare. This made it easier to consider implementing these data fields in child welfare.<br>• The core training on working with LGBTQ+ youth was designed and implemented with intersectionality in mind and considers all social identities, health disparities, and the impact of behavioral change toward LGBTQ+ youth in care.<br>• Significant improvements in knowledge and comfort level in working with LGBTQ+ youth were documented in workers following their participation in these trainings. |
| **LESSONS LEARNED** | • Regardless of a community's cultural and political climate, there were local and national partners with interest and expertise in supporting LGBTQ+ children and youth—and learning from these providers made the process easier.<br>• There were also shared values among service providers in these areas that believe all children and youth deserve to be safe and to thrive, and working from that shared value base helped people understand the importance of the work. |

# Installation

## Implementation Team

The implementation team included internal MDHHS staff, the REC staff, and local evaluators. It was essential to have the support of MDHHS leadership to authorize and establish direction for implementing the AAS Pilot. Within MDHHS, an internal SOGIE working group was created to develop policies related to youth with diverse SOGIE. While this group was not directly tasked with or involved in the implementation of the AAS Pilot, the REC's involvement in this group increased communication about MDHHS policies and practices related to youth with diverse SOGIE. This MDHHS workgroup also had representatives from private child welfare agencies from all over the state of Michigan, which gave the REC team insight into the location of other staff and agencies engaged in LGBTQ+ work throughout the state. For work to move forward in a state-administered child welfare system, it is essential that key staff with decision-making power are involved from the beginning of the process. This includes direct communication with experts in the MiSACWIS database system, specifically those with expertise in accessibility, privacy, confidentiality, and functionality of SOGIE data fields. Without this information, it is possible to miscommunicate key information to workers, which has the potential to harm youth.

The SOGIE Working Group included:

The REC:

- The REC Project Coordinator, who directed the REC's efforts.
- The organization's training team, who developed and facilitated the AAS trainings.
- Local evaluation consultants who designed the local evaluation component and provided data analysis.
- The data manager who served as a liaison between the REC, MDHHS, the QIC-LGBTQ2S, and local evaluators.

MDHHS:

- MDHHS QIC-LGBTQ2S Coordinator.
- MDHHS Regional Director.
- Department managers.
- County directors.
- Unit supervisors.

The Local Evaluation Team:

- Data Manager.
- Social Program Evaluators and Consultants (SPEC) Associates Evaluators.

## Implementation Roles and Responsibilities

The Data Manager was hired as an employee of the REC to work in partnership with MDHHS, SPEC Associates (local evaluation consultant), and the QIC-LGBTQ2S. This position was responsible for the management and coordination of data, including the collection, storage, sharing, analysis, reporting, and presentation at the REC. Competency and previous experience in problem-solving, communication, summarizing and disseminating research knowledge, team-building, navigating bureaucracies, and qualitative and quantitative data analysis were essential. Previous direct-service experience in clinical social work or related fields was also highly preferred.

The Data Manager for this intervention combined previous experience in clinical social work in medical and legal settings with research experience as a project coordinator of a large-scale randomized controlled trial (RCT) and as a PhD candidate in Anthropology and Social Work. The combination of training she received in qualitative and quantitative research methods prepared her to collect and manage quantitative data for the AAS Pilot and to design and facilitate a qualitative focus group study with foster care workers at MDHHS, in collaboration with local evaluation consultants. For agencies replicating this work, it is recommended that their data manager have a combination of skills in quantitative and qualitative research; experience working in child welfare or other child, youth, and family systems of care; and a willingness to serve as a liaison between multiple teams. In addition to the Data Manager, the intervention team worked closely with an external local evaluation entity to analyze quantitative data and assist with the design, facilitation, and analysis of focus group data.

To successfully navigate child welfare database systems for these projects, full access to child welfare data systems (e.g., MiSACWIS) and, if possible, child welfare data management teams, is critical. The team encountered some challenges creating communication avenues between the intervention team (data manager, team trainers, and local evaluator) and the Data Management Unit at MDHHS. This communication is necessary to ensure the full understanding of and transparency about how the SOGIE data fields will be accessed and how SOGIE data will be entered by child welfare workers. It is beneficial to have a team member with full access to a statewide automated child welfare information system (SACWIS), or other child welfare database systems, and who can run reports and accurately ensure confidentiality and privacy protections within SACWIS.

Trainers who facilitated the AAS training had experience serving LGBTQ+ youth in child welfare, community mental health, runaway and homeless youth services, and/or juvenile justice. The primary author of the training facilitated initial intakes, as well as ongoing assessments, where SOGIE data questions were asked in a variety of formats with over 400 children, youth, and/or young adults. Key competencies for trainers include:

1. Having the ability to understand foster care workers' primary responsibilities and supervisor mandates.
2. Being empathic to the stressors of placement stability and permanency work in

child welfare.
3. Having skills in facilitation that supports child welfare workers in discerning the origins of discomfort when asking about SOGIE without judgment.
4. Having the ability to contextualize the task of asking about SOGIE with the system goals of health and safety in mind.

The final key role for the success of the AAS Pilot was a system advocate. For the AAS Pilot, an MDHHS staff analyst was dedicated at 0.5 full-time equivalent (FTE). This staff person was the gatekeeper of the data management unit, MDHHS local offices, MDHHS supervisors, and MDHHS administrators and workers. For MDHHS to have true ownership of the process, the MDHHS Analyst needed to lead the communication and coordination of the meetings for the AAS Pilot's approval, recruitment of specific units, training dates, Institutional Review Board (IRB) approval, focus groups, and presentation of findings. The REC is an independent nonprofit that is external to the child welfare system. Though the REC trainers and data manager offered content expertise and recommendations, the REC did not have the same decision-making authority for a child welfare system as the internal MDHHS Advocate did.

**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?

## Team Communication

Identifying appropriate liaisons at each agency to communicate between internal teams was critical to the success of the AAS Pilot because the AAS Pilot required the coordination of several discrete teams (i.e., MDHHS, the REC, the QIC-LGBTQ2S, and local evaluation consultants). The team had to establish leads for core components of the AAS Pilot and decide on methods of communication, how frequently communication should happen, and who was responsible for communicating and responding to challenges.

## Asking About SOGIE Pilot: Building the Data Fields

Key roles at the state level emerged as important to the coordination of efforts, including those that directed the child welfare offices, where the data collection pilot was based, and the Manager of Juvenile Justice Policy, Systems, and Assignments for the state of

Michigan. Through these relationships, the team learned of an existing effort by MDHHS to add SOGIE data fields to the juvenile justice side of the MiSACWIS database to respond to PREA requirements. This effort in juvenile justice was central to the plan for creating data fields for the current project in the child welfare side of MDHHS. SOGIE data fields were added to the foster care/child welfare version of the MiSACWIS based on factors related to logistical ease, privacy, and confidentiality—as well as the effort by MDHHS to add SOGIE data fields to the juvenile justice version of MiSACWIS. The location of the SOGIE data fields in the system, and how to safeguard privacy and confidentiality[2] , were based on recommendations from the National Institutes of Health (NIH), AFCARS, and PREA.

The juvenile justice team had been planning for nine months prior to the activation of their data fields, which was farther along in the activation process than for the child welfare team. Consequently, when the data fields were activated on the juvenile justice side, they were also activated on the child welfare side. This activation, and the notification to juvenile justice providers of the requirement to enter SOGIE data, occurred before the training of foster care and child welfare workers on how to ask youth about SOGIE. MDHHS leadership decided that even though the child welfare side of MiSACWIS was active, there would be no communication about the new data fields until the training and requirements were in place. However, having the data fields set up and activated (but unknown to workers on the child welfare side) was an essential step that positioned the team to run the AAS Pilot because it allowed the team to test the fields and correct any issues prior to a larger rollout. It is not recommended to activate AND announce SOGIE data fields in a system of care until a pilot has been conducted to develop and evaluate standards, protocol, and training.

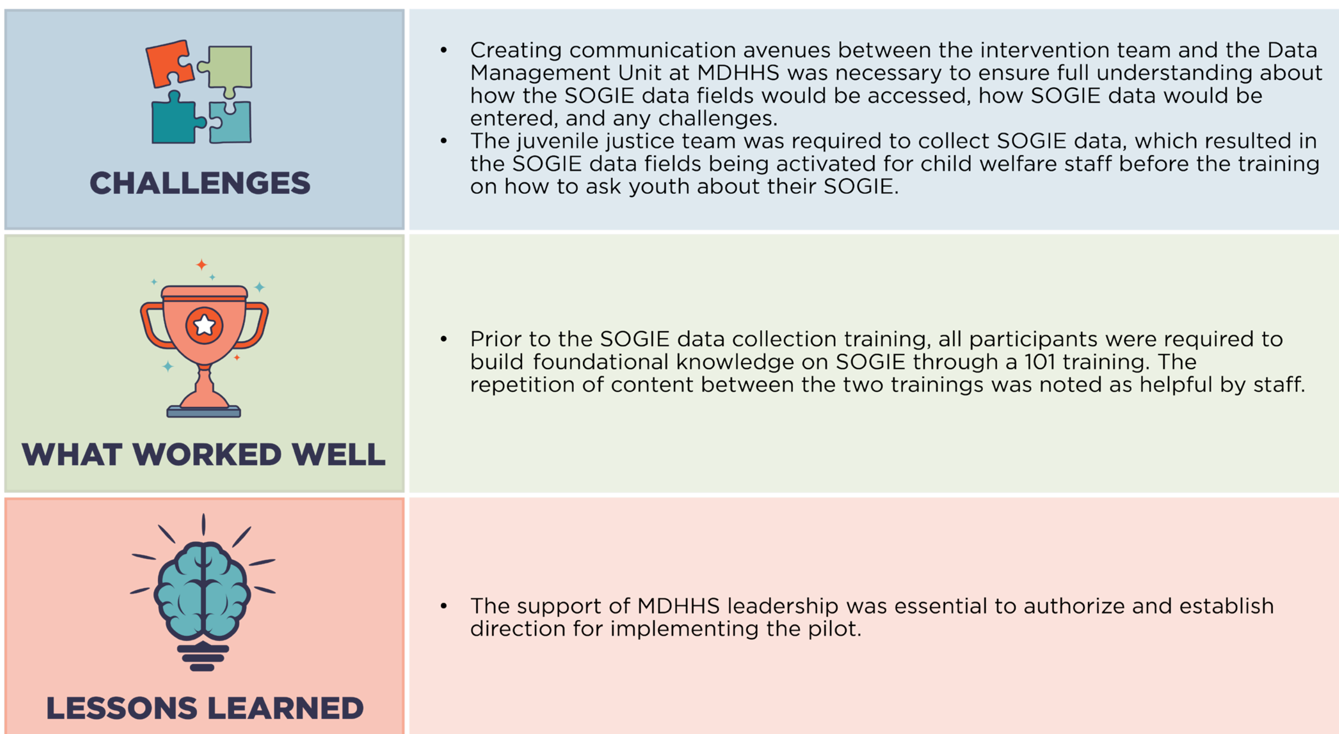
## Asking About SOGIE Pilot: Designing the Training Intervention

While the design and database developments proceeded for this AAS Pilot, the REC simultaneously joined the MDHHS SOGIE Workgroup to build relationships with people embedded in the system and to learn about current initiatives to inform the AAS Pilot. In addition to gathering workgroup feedback, the REC team reviewed literature on SOGIE data collection in general and, specifically, in child welfare. Team members also sought feedback from other child welfare systems, including the system in Allegheny County in Pennsylvania (who first piloted SOGIE data collection in child welfare) and entities in the state of California that were doing this work. The REC also met with the National Center for

[2]An ongoing question for Michigan is how privacy and confidentiality needs could differ between youth involved with the juvenile justice system versus youth involved in the child welfare system. For example, on the child welfare side, if a child is part of a sibling set and the child's siblings are assigned a different worker, their sibling's worker would also be able to see their SOGIE data. This may or may not be a problem but needs to be part of the awareness when asking about SOGIE for youth in child welfare. In Michigan's system, the dynamic of sibling sets and case assignments are different, so this issue was not of concern on the juvenile justice side. The MiSACWIS database SOGIE questions challenges, benefits, and recommendations are discussed in more detail later in this Implementation Guide.

Lesbian Rights (NCLR) consultant, Shannan Wilber, who wrote some of the first guidelines for systems leaders on collecting SOGIE data. The team also researched similar data collection programs in juvenile justice due to PREA.

Decisions about the scope of the AAS Pilot were based on Allegheny County's work in child welfare. Their recommendations are documented in "Moving a Child Welfare System to Be More Affirming of the LGBTQ Community: Strategies, Challenges and Lessons Learned" as well as in the Allegheny County Practice Standards. Allegheny worked through the get R.E.A.L. campaign in partnership with the Center for the Study of Social Policy. Additional practice directives on asking about SOGIE have been documented based on implementation in California[3] and the REC's partnership with MDHHS. The work in Allegheny County's and California's guidance references the early ages that children, on average, develop awareness of their gender (3–5 years) and sexual orientation (10 years) as the rationale for the recommended age to ask about these demographics. MDHHS decided that for the purpose of the Pilot, it would ask workers to begin querying about gender and sexual orientation for all youth 12 years of age. The decision was made to simplify asking about gender and sexual orientation together instead of at two different ages and approaches. If a young person voluntarily disclosed their gender and sexual orientation before the age of 12, workers were trained to engage in a discussion with them and document this information.



| | |
|---|---|
| **CHALLENGES** | • Creating communication avenues between the intervention team and the Data Management Unit at MDHHS was necessary to ensure full understanding about how the SOGIE data fields would be accessed, how SOGIE data would be entered, and any challenges.<br>• The juvenile justice team was required to collect SOGIE data, which resulted in the SOGIE data fields being activated for child welfare staff before the training on how to ask youth about their SOGIE. |
| **WHAT WORKED WELL** | • Prior to the SOGIE data collection training, all participants were required to build foundational knowledge on SOGIE through a 101 training. The repetition of content between the two trainings was noted as helpful by staff. |
| **LESSONS LEARNED** | • The support of MDHHS leadership was essential to authorize and establish direction for implementing the pilot. |

[3]Wilber, S. (2013). "Guidelines for Managing Information Related 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, Calif. Available at https://cssp.org/resource/guidelines-for-managing-information-related-to-the-sexual-orientation-gender-identity-and-expression-of-children-in-child-welfare-systems/

# Initial Implementation

Foster care workers from the offices in the AAS Pilot would select staff to undergo the AAS training. After the training, staff were expected to implement the skills taught in the training, including the entry of SOGIE data into the updated MiSACWIS system. The MDHHS Coordinator would review the data after 60 days to observe the frequency with which the AAS Pilot offices added SOGIE data to MiSACWIS. The REC evaluation team held focus groups with staff participating in the AAS Pilot to share their experiences. The qualitative analysis of the focus group data identified themes that were then used to refine the SOGIE fields in MiSACWIS and in the AAS training—and help inform the implementation plan for SOGIE data collection across the state.

### *Enrollment in the AAS Pilot*

- Units were chosen by district managers who prioritized units with a high percentage of teenaged foster youth and/or supervisors who volunteered their units for the Pilot.
- In MDHHS, one unit typically includes one foster care supervisor and five foster care workers. For this AAS Pilot, 10 units were enrolled from the three counties (Wayne, Macomb, and Oakland), with a greater number of units from the more densely populated counties. In total, 50 foster care workers and their 10 supervisors were enrolled in the 2019 AAS Pilot.

### *AAS Training Content*

The table below details the topics covered in the AAS training. Visit the National SOGIE Center website to download the Asking About SOGIE Training.

| MDHHS ASKING ABOUT SOGIE PILOT (AAS) TRAINING | | |
|---|---|---|
| **OBJECTIVE** | **TIME FRAME** | **ITEM** |
| **PRETEST** | 15 MIN. | PRETEST |
| **Section 1:** Understanding WHY MDHHS is running a pilot on "Asking About SOGIE" **WHY** is this important to facilitate permanency, safety, well-being, placement stability? | 45 MIN. | MDHHS pilot, why ask about SOGIE and youth perspective |
| | 15 MIN. | Social Identity Wheel |
| **BREAK** | 15 MIN. | Time to get computers if people forgot! |
| **Section 2:** **HOW** we are approaching this work **WHAT, WHERE, WHO, WHEN** SOGIE data questions, input into MiSACWIS | 15 MIN. | Confidentiality, informed consent, antidiscrimination, scope, trauma-informed approach |
| | 15 MIN. | MiSACWIS data fields |
| | 15 MIN. | Roleplay=listen and monitor checklist |

| | | |
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| **Section 3:** Workers practice asking about SOGIE while supervisors practice supporting staff through discomfort and questions | 15 MIN. | Confidentiality, informed consent, antidiscrimination, scope, trauma-informed approach |
| | 15 MIN. | SUPERVISORS=How to utilize supervision to support workers asking about SOGIE? |
| **Section 4: WHAT IF...** frequently asked questions and concerns | 15 MIN. | FAQs, team quiz, Implementing AAS implications for your setting |
| **POST-TEST** | 15 MIN. | Post-test survey |

## *Incentives*

- Lunch was provided as a part of the training as an additional incentive for participation.
- MDHHS and the REC worked together to offer gift cards for the three-month follow-up survey and for focus group participants. *Recommendations from the AAS Training Implementation:*
  1. "Building Safety with Diverse SOGIE Youth and Their Caregivers" was the SOGIE 101 prerequisite for participating in the AAS training. It is recommended that replicating sites have a SOGIE 101 that precedes data collection content.
  2. AAS training needed to be three to four hours. Workers in the focus groups noted the importance of having time to practice asking questions and using the database.
  3. While SOGIE 101 was a prerequisite training, it was noted that some repetition of key information to help facilitate asking about SOGIE was both necessary and important. For example, it was consistently observed and noted in the data that workers did not understand the difference between assigned sex and gender.

## Focus Groups

Focus groups with foster care workers and supervisors were a key part of designing this intervention. These focus groups not only allowed the collection of information to refine and improve the intervention, but also became a critical way to tailor the program to the needs of the Michigan foster care system. Participants described the focus groups as personally beneficial, enabling them to have helpful conversations with one another, to share knowledge and resources, and to identify and address challenges encountered in the AAS Pilot. It is recommended that sites replicating the Pilot incorporate focus groups or other qualitative data collection methods into their process.

First, the REC local evaluation team developed focus group questions for workers and supervisors, which included open-ended questions to collect:

1. General feedback.
2. Information related to comfort asking about SOGIE.
3. Systems-level barriers and facilitators.
4. Training feedback (i.e., was the training effective at preparing you to ask these questions).

These questions were informed by analysis of quantitative data from training surveys (pre-, post-, and follow-up surveys) and analysis of the MiSACWIS data collected in the AAS Pilot. For example, analyses of training survey data suggested that having "comfort" in asking about SOGIE was a key area of concern among foster care workers in the AAS Pilot, so several questions in the focus group guide addressed this area specifically. All participants and supervisors were invited to attend the focus groups. Those who responded were assigned to one of four focus groups:

1. Supervisors.
2. Workers from units with low rates of SOGIE data collection.
3. Workers from units with high rates of SOGIE data collection.
4. Workers from units where there was a noticeable increase in SOGIE data collection rates between the three-month and six-month data collection periods.

Due to the COVID-19 pandemic, only one of these four focus groups was conducted in person, and the remaining three were conducted virtually after adjustments were made to the focus group guide to adapt to the virtual format. Participants who attended virtually responded favorably to the format and may have been able to share more openly due to the less formal nature of the setting (i.e., at home versus in a conference room).

***Using Data Analysis to Refine Data Collection Interventions***

After conducting the virtual focus groups, the intervention team produced a report outlining the key themes:

- Concerns about confidentiality.
- The importance of relationship-building with youth.
- Age and maturity issues.
- Comfort asking about SOGIE.
- The importance of supervision.
- Issues related to MiSACWIS.
- The importance of having resources available for youth with diverse SOGIE.
- Feedback related to the AAS training.

This analysis, along with the quantitative data analysis of the training survey data and MiSACWIS data, was then used to inform the second round of the AAS Pilot (see section on Ongoing Training later in this Implementation Guide). Specifically, adjustments were made to the AAS training to provide more practice in having conversations with youth about SOGIE, including:

- Practicing specific challenging scenarios identified by the workforce.
- Viewing an additional video with the reflections of LGBTQ+ young adults formerly in foster care to center youth voice.
- Reviewing additional information about access to the SOGIE data fields in MiSACWIS.

- Learning how to protect the confidentiality and privacy of youths' SOGIE information.

## Intervention Refinement: Plan-Do-Study-Act (PDSA) Cycles

PDSA cycles happened frequently throughout the QLC process and helped the team make data-informed and thoughtful decisions about how to change the training or training tools. These reports allowed implementers to highlight significant findings from the work.

| ASK ABOUT SOGIE (AAS) PDSA EXAMPLE | | |
|---|---|---|
| **DATE:** 11/8/2019 | **ACTIVITY, SERVICE, OR QUESTION BEING STUDIED** (this might be an opportunity or problem that came up during the QIC-LGBTQ2S) | AAS Pilot Participant response to clarity for "Informed Consent" |
| **PLAN** (develop the plan to test the change) | Pilot participants received training and handouts related to how to explain "informed consent" to youth in foster care when asking about SOGIE. The primary message of this information: "Youth are the owners of their SOGIE information—they can decide whether to share it or not. If youth agreed to the info going into MiSACWIS, their worker and their worker's supervisor could access this information. It is not printable." | |
| **DO** (carry out the test) | Workers were alarmed to discover that if a youth is transferred from one worker to another, the new worker (and their supervisor) would then have access to the SOGIE data in MiSACWIS in the same way any other data in MiSACWIS is transferred to a new worker. | |
| **STUDY** (use data—observation, evaluations, focus groups, etc., to report findings) | Workers from one county asked for a meeting to discuss their concerns about this specific element, as well as other aspects of the pilot. Workers voiced their discomfort over asking about SOGIE. One specific request was to increase the age when SOGIE questions were asked to 14. | |
| **ACT** (what will you keep doing as a result of the study? what will you change?) | Changes were made to the AAS training content to include more storytelling to clearly articulate that this effort is based on experiences of LGBTQ+ youth in care. The age for asking about SOGIE increased from 10 to 12, as a compromise for the request to raise it to 14. | |

## Fidelity to the Model

Fidelity describes the adherence to a model and developing a tool that lists the most important elements of the AAS training; measuring fidelity also helps track whether trainers are delivering the training as intended. For example, if the AAS training is not effective in increasing SOGIE data collection in certain sites, implementers need to know if it is the training itself that is not working or if it is the way the training is being delivered. Using the fidelity tool to track adherence to the training can help determine that.

**This fidelity tool was developed based on:**

1. Four in-person AAS trainings for the first AAS Pilot with 50 workers and their

10 supervisors.

2. Four virtual AAS trainings for the second AAS Pilot with 56 workers and their supervisors.
3. Eight AAS trainings for private agencies who served youth and young adults in child welfare, juvenile justice, and systems of care focused on homelessness

The tool has not been peer reviewed but can serve as a helpful guide for trainers interested in implementing the AAS training. See Appendix A for the Asking About SOGIE Fidelity Tool.

## Supervision Tool

As part of the AAS Pilot's implementation, supervisors were asked to meet with participants to check how the Pilot was proceeding and to provide support to their staff if there were any barriers. Supervisors were given the following script to use:

1. Actively ask workers in your unit how Asking About SOGIE is going:
    a. "Have you had the opportunity to ask youth on your case load 12 years and older about their SOGIE at your 90-day case service plan reassessment?"
    b. "Were you able to enter the data into MiSACWIS?"
    c. "How did it feel? If you didn't ask, what kept you from asking?"

2. Affirm worker's feelings regarding Asking About SOGIE, even if those feelings are negative.

3. If feelings of discomfort are reported, after listening to feelings, ask the worker additional questions to better discern the source of their discomfort
    a. "What in particular makes you feel uncomfortable about Asking About SOGIE?"
    b. "Are there other questions you have to ask as part of your job that can be uncomfortable?"
    c. "Have you had a difficult experience Asking About SOGIE?"
    d. "What feels different about SOGIE questions compared to other questions you ask youth?"
    e. "If this is new information for you, what have you done in the past when you have a new part of your job to feel more comfortable?"

4. Listen more without judgment or adding information.

5. State, "I hear your feelings of discomfort and Asking About SOGIE is part of your job, so let's focus on what I can do to support you in Asking About SOGIE.

6. While answering specific questions can be helpful to address knowledge gaps and myths/misinformation, we are asking supervisors to focus on:

**AFFIRMING WORKER'S FEELINGS WITHOUT JUDGMENT.**
**FOCUSING ON SOLUTIONS TO FACILITATE THE WORKER ASKING ABOUT SOGIE.**

*If you encounter questions not answered in the FAQ on "Asking About SOGIE" for MiSACWIS, please contact the AAS team.*

| | |
|---|---|
| **CHALLENGES** | • Staff were asked to participate in the AAS Pilot on top of their typical work commitments—meaning, they received no additional time to attend the training. |
| **WHAT WORKED WELL** | • Prior to the SOGIE data collection training, all participants were required to build foundational training.<br>• Incentives were provided to staff for participating in the Pilot, including meals and gift cards.<br>• Focus groups allowed for the refinement and improvement of the intervention and became a critical way to tailor the AAS Pilot to the needs of the state. The groups enabled staff to have helpful conversations, share knowledge and resources, and identify and address challenges encountered in the Pilot.<br>• PDSA cycles were used throughout the implementation to help ensure that the team was making thoughtful data-informed changes and monitoring outcomes. |
| **LESSONS LEARNED** | • Having a team member with full access to the child welfare database system, who could run reports and accurately ensure confidentiality and privacy protections within this system, was critical.<br>• It is not recommended to activate AND announce SOGIE data fields in a system of care until a pilot can be run to develop and evaluate standards, protocol, and training.<br>• Supervisors needed a script and prompt questions to help them cover AAS content in supervision meetings with staff. |

# Long-Term Implementation

With two AAS Pilots completed, MDHHS and the REC moved into the full implementation phase of the model. The pilots allowed the team to understand the needs within MiSACWIS, among the staff, and supervisors to better prepare for a full-scale rollout. With the information collected from these pilots, policies were written on the expected methods of SOGIE data collection and reporting. The training and data collection process continued to be rolled out and monitored across the state.

## Observed Impact

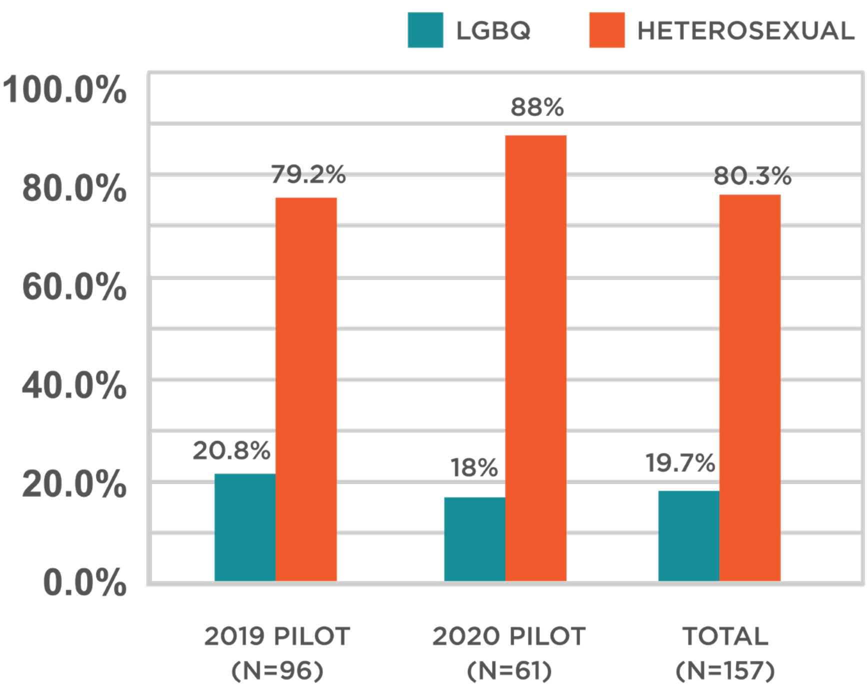
Throughout this project, several lessons emerged that suggest the benefits of sustaining this work in the future. Across all focus groups, workers and supervisors emphasized the benefits they identified in asking about SOGIE:

1. Youth being able to discuss their identity openly.
2. Building relationships between youth and their foster care workers.
3. Providing support and referrals for LGBTQ+ youth in foster care.
4. Supporting youth in potentially sharing their identity with parents and other family members.

Additionally, workers in the second set of focus groups, following the second pilot, drew a connection between the AAS training and the need to advance diversity, equity, and

inclusion across the child welfare system. Foster care workers emphasized the ways in which trainings on SOGIE, and attention to youth with diverse SOGIE in foster care, fit into a larger set of efforts around advancing equity and inclusivity in MDHHS.

Overall, 171 cases across 10 foster care units participated in 2019 and 120 cases across 12 units participated in 2020. Across both pilots, SOGIE data was recorded for 158 of 291 total cases; 45.7% of youth were not asked about their SOGIE. Of the youth asked about their SOGIE, 19.7% identified as lesbian, gay, bisexual, and queer or questioning (LGBQ).



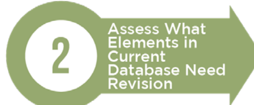

## Sustainability

To assure sustainability, thoughtful planning went into ensuring that the process for collecting SOGIE data, and adding this data to MiSACWIS, was part of the existing infrastructure of the organization. Stakeholders informed the data collection process, training, and data fields; and staff were provided opportunities to contribute to building the process. Further, MDHHS and the REC worked with their system partners to ensure that there was cohesion among data collection efforts. The process was strategic, and the State of Michigan has taken full responsibility to continue the effort, including by funding the AAS training implementation during the statewide rollout.

## Overview of Michigan's AAS Implementation Process

# Rollout of Data Collection on Sexual Orientation and Gender Identity

- Review existing internal agency policy and procedure enumerated language that covers all SOGIE.
- Review any policies and procedures that address SOGIE or LGBTQ+ identities.
- Review latest Federal/ State standards that impact SOGIE data collection (AFCARS, PREA, etc.).
- Draft edits to policy and procedure.
- Draft LGBTQ/ SOGIE specific Practice Standards (purpose, scope (age), timing, use of SOGIE data collection).
- Gather stakeholder feedback.
- Assess leadership support.




CONSIDERATIONS:

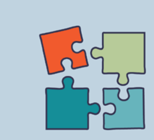
- Assess SOGIE data field location (should be with other demographics but with more protections around privacy).
- Ensure privacy of SOGIE data fields, need for password protection, privacy considerations for people under 18 or over 18 with guardians.
- Decide SOGIE data field access and confidentiality (who can complete, view, share).
- Develop SOGIE data field questions (including pronouns, see report for recommendations).
- Consider SOGIE data field options (ability to select "asked but chose not to answer," to select more than one option, and to fill in a word not listed).

- Make worker to database interface considerations (e.g. ease of finding SOGIE data fields, reminders to complete fields, privacy settings to ensure that fields are not printable).
- Facilitate feedback from youth and workers on database changes.
- Review of database & data collection options to plan for sustainability.

- Require SOGIE 101 (and social identity 101) as prerequisite or as part of training.
- Create curriculum focused on why SOGIE data collection is important, incorporating youth voice (as facilitators, in videos, etc.).
- Develop directives on confidentiality, privacy, informed consent, non-discrimination policy, trauma-informed approach ("choice and voice").
- Require supervisors to participate and attend break out session on reflective listening/support.
- Gather feedback from workers on structure & logistics of training.

- Encourage agency units to participate together so workers have supervisor support and consistent expectations.
- Gather quantitative and qualitative feedback from workers in pilot through surveys and focus groups.
- Follow workers participating in SOGIE data collection and entry in database to track progress (*not for performance purposes).

- Confirm Practice Standards, policy, and procedure based on pilot feedback and data.
- Make final database edits based on pilot feedback and data.
- Create final training curriculum edits based on pilot feedback and data.
- Consider differences in population and resources for replication/roll out.
- Dedicate funding for ongoing implementation of training, coaching, technical assistance,
- Practice standard edits and database edits/review



### CHALLENGES

- SOGIE data collection varied across offices.

### WHAT WORKED WELL

- Thoughtful planning that included gathering stakeholder feedback from pilot participants to improve the process for the statewide rollout.
- Working with system partners to ensure cohesion between efforts.

### LESSONS LEARNED

- Asking youth about their SOGIE led to closer relationships with their caseworkers and increased referrals to appropriate programs focused on LGBTQ+ youth.

# Replication and Broad-Scale Rollout Process

As more agencies move to collect SOGIE data, these lessons learned, best practices, and the framework created by Michigan can act as a guide. The REC has made its AAS training public so that other agencies can alter the training to meet their needs. The importance of collecting SOGIE data to inform placements, resource allocation, and programing and to help provide appropriate prevention services cannot be understated. Eventually, the QIC-LGBTQ2S believes that data on sexual orientation and gender identity will be mandated fields in AFCARS, and therefore, this Implementation Guide, the framework, and the AAS training will be needed and replicated across the country.

## Lessons for the Field

***Ongoing Training***

After the completion of the first AAS training, there was interest among MDHHS leadership, as well as among foster care supervisors and workers, in participating in the pilot. When implementing the second AAS training and SOGIE data collection pilot in the fall of 2020, roughly 1.5 years after the first training, some workers who participated in the first pilot requested the same training for a second time. Repetition with this content seems to be extremely important. This point was emphasized by workers and supervisors completing the second round of focus groups. Those who had completed both pilots noted the ways in which their understanding of and comfort in asking about SOGIE increased significantly from the first to the second pilot. Also, based on pilot data, supervisors of foster care workers seemed essential to ensuring that SOGIE data collection is completed. Exploring additional training specific to supervisors is recommended.

***Additional Staff Supports***

For this system-wide intervention to be successful, ongoing staff infrastructure supports are necessary. Staff who can approve new policies and protocols related to SOGIE data collection, training, and supervision staff need to be involved to continue making edits to the implementation. These staff include those who can make decisions about the database and staff who can edit the database.

***Incorporating SOGIE Fields into a Child Welfare Database***

Given the incorporation of SOGIE questions on the juvenile justice side of the MiSACWIS database, it was both easy and natural to consider implementing data fields for SOGIE questions on the child welfare side. The considerations, as well as recommendations for this project and future projects, are discussed below:

1. *Considerations for the location of SOGIE questions in a database:* How accessible are the SOGIE questions? In using MiSACWIS, there are three steps that must be taken before the worker gets to the section of the database where they will find, add, or edit SOGIE data. These steps include

clicking the "person profile" when on the face sheet page for an individual youth, clicking the "sexual orientation and gender identity" button, and clicking "add SOGIE record." To see what these buttons look like visually in MiSACWIS, please see the AAS training slide deck. There are benefits and drawbacks to this configuration. The primary benefit is that it is extremely unlikely that someone would accidentally stumble upon this information in the database; therefore there is a lower chance a youth could be outed as LGBTQ+ through a child welfare worker looking around in the database. The drawback of the steps for accessing the SOGIE data is that workers expressed difficulty finding the information when they needed it (and should have access to it).

2. *Considerations for who has access to SOGIE data in database:* The location of the SOGIE questions in a database can often determine which staff within child welfare has access to that information. It is also important to know if the SOGIE data is in an area of the database that is not printable, which can impact ease of access. There are benefits and drawbacks to staff access to consider. In MiSACWIS, sibling sets cared for by different workers meant that a worker not assigned to a youth could see the youth's SOGIE data if that worker was assigned to their sibling. In focus groups with workers and supervisors, there was consensus among workers that only primary workers assigned to youth, and their supervisors, should have access to SOGIE data fields. This confidentiality issue highlights the importance of really understanding the complexities of access within a database. Future sites should consider what it looks like when a youth is transferred from one worker to another, including across agencies.

3. *Considerations for types/wording of SOGIE questions and possible responses:* The primary recommendation for the language of the questions and possible responses is to balance accessibility with accuracy. There should be differences in how the REC, as an agency that only serves LGBTQ+ youth, records SOGIE and how a statewide database such as MiSACWIS denotes SOGIE. The questions and possible responses utilized in MiSACWIS can be found in the AAS training slide deck. There are a few recommendations that have implications for the database. First, it would be beneficial to allow for one question to be answered, while leaving the others blank, which might result if a worker does not have time to ask the rest of the questions. Second, having the option for "not yet answered" is very important. It can be selected if a worker asked the question, and the youth didn't understand the question or the youth didn't know their answer. This option is key to addressing workers' concerns that a child would be too young or developmentally not able to answer. The "not yet answered" option is different from "choose not to disclose," which is also important. These options help a child welfare system track that a worker asked the question but didn't indicate an answer in the database. It is also important

to note here that selecting this option could mean that that youth didn't want to share at all OR the youth told the worker verbally but didn't want it to be recorded in the database. Third, it is beneficial to allow for open-ended data response fields whenever possible so that youth can share language that resonates with them if the drop-down options given are not adequate. Language is always evolving faster than statewide databases can keep up with. In MiSACWIS, there are only two options for pronouns: he/him or she/her, which leaves out the increasingly common they/them option as well as the opportunity for a blank data entry field to indicate any of the other multiple pronouns that could be used by a young person.

4. *Consider a compulsory database reminder pop-up:* This recommendation also came from the Allegheny County, Pennsylvania, SOGIE data collection process, where they discovered that without reminders, SOGIE data fields are likely to be left blank. Consideration should be given to deciding if the data fields will be mandatory to fill in by a certain time frame for a youth who is active in the database. Please note that "filled in" data fields don't mean youth are forced to answer the questions; it only means that by a certain point, a worker is required to have at least asked.

5. *Consider the ability to enter updated SOGIE data when offered by youth:* This is a strength of the MiSACWIS database.

6. Emphasize that child welfare workers should not make assumptions about a child or youth's SOGIE or default to "heterosexual" when entering the data. Entering data based on assumptions would defeat the purpose of collecting SOGIE data to help improve the outcomes for LGBTQ+ children and youth in care.

| | |
|---|---|
| **CHALLENGES** | • SOGIE data within the statewide database must be protected while also remaining accessible to those who are authorized to view it. |
| **WHAT WORKED WELL** | • SOGIE data within the statewide database is kept secure by having more protections than other demographics and by not being able to be printed. |
| **LESSONS LEARNED** | • Staff who can approve new policies and protocols related to SOGIE data collection, training, and supervision need to be involved to continue edits to implementation.<br>• Supervisors of foster care workers are essential to ensuring that SOGIE data collection is completed; and additional training specific to supervisors is recommended.<br>• Pop-up reminders built into the database are useful for reminding staff to ask young people the SOGIE data collection questions. |

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## Appendix A: Asking About SOGIE Fidelity Tool

The Asking About SOGIE Fidelity Tool was created to help trainers and implementers observe and rate the extent to which the original training was being implemented as intended. When using this tool to rate the delivery of the training, review the scores with the trainer. The ratings and feedback provided from users should inform training and coaching efforts for trainers. This is a pilot tool which needs further testing and could be adapted as the training is adapted for other jurisdictions.

| ASKING ABOUT SOGIE FIDELITY TOOL | |
|---|---|
| **DATE OF TRAINING** | |
| **PRIMARY TRAINING PARTICIPANTS: AGENCY, ROLES, LOCATION** | |
| **TRAINER 1:** | |
| **TRAINER 2:** | |
| **TECH SUPPORT** | |
| **OBSERVER NAME** | |

**Rating Scale (see Trainer's Guide for detailed expectations of content delivery):**

1: Item was not completed or was completed in a way that deviated entirely from the curriculum guide.
2: Item was partially completed or completed in a way that only partially adhered to the curriculum guide.
3: Item was completed in full and adhered to the standards in the curriculum guide.

| MODULE 1: WHY we ask about SOGIE and worker's role<br><br>TRAINER 1 (PRIMARY): ______________________________<br>TRAINER 2: _________________________________<br><br>*INDICATOR 1: Trainer facilitates training content from module 1 in curriculum* | ***TRAINER 1*** | | | ***TRAINER 2*** | | |
|---|---|---|---|---|---|---|
| | **3** | **2** | **1** | **3** | **2** | **1** |
| 1.1 Introduced training team, schedule, training materials, and facility notes. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 1.2 Stated guidelines, parking lot and question note cards, SOGIE explanation. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 1.3 Clearly stated goals of training. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 1.4 Make compelling case for how Asking About SOGIE can facilitate permanency, safety, well-being, and placement stability through youth video, statistics, and system requirements. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 1.5 Facilitate social identity wheel where workers confidentially reflect on their own social identity. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| **Notes:** | | | | | | |

| MODULE 2: HOW we practice asking about SOGIE<br><br>TRAINER 1 (PRIMARY): ______________________________<br>TRAINER 2: _________________________________<br><br>*INDICATOR 2: Trainer facilitates training content from module 2 in curriculum* | ***TRAINER 1*** | | | ***TRAINER 2*** | | |
|---|---|---|---|---|---|---|
| | **3** | **2** | **1** | **3** | **2** | **1** |
| 2.1 Small group discussion on asking difficult questions is debriefed with large group to reflect key transferrable skills such as relationship building and relying on the form protocol. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.2 Antidiscrimination statement from entity asking about SOGIE is clearly stated. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.3 Confidentiality *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.4 Informed Consent *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.5 Trauma-Informed Approach *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.6 Scope *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 2.7 Review "Asking About SOGIE script/checklist" *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| **Notes:** | | | | | | |

| MODULE 3: WHAT asking about SOGIE includes for workers and supervisors<br><br>PRIMARY TRAINER: ______________________________<br><br>*INDICATOR 3: Trainer facilitates training content from module 3 in curriculum* | *TRAINER 1* | | | *TRAINER 2* | | |
|---|---|---|---|---|---|---|
| | **3** | **2** | **1** | **3** | **2** | **1** |
| 3.1 MiSACWIS (or other database) access steps review to get to and complete SOGIE data fields. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 3.2 Watch role plays of workers asking youth about SOGIE while "auditing" using the "Asking About SOGIE script/checklist" (Adherence) | 3 | 2 | 1 | 3 | 2 | 1 |
| 3.3 Workers Pair Practice where workers practice introducing and asking about SOGIE to complete the data fields. (Adherence) | 3 | 2 | 1 | 3 | 2 | 1 |
| 3.4 Supervisors go to break out group to review the importance of their role in the success of their workers asking about SOGIE. Review "Supervision to Support Staff Asking About SOGIE" to emphasize importance of dialogue and reflection over LGBTQ+ knowledge. (Quality) | 3 | 2 | 1 | 3 | 2 | 1 |
| **Notes:** | | | | | | |

| MODULE 4: WHAT IF-Applications and implications when asking about SOGIE<br><br>TRAINER 1 (PRIMARY): ______________________________<br>TRAINER 2: __________________<br><br>*INDICATOR 4: Trainer facilitates training content from module 4 in curriculum* | *TRAINER 1* | | | *TRAINER 2* | | |
|---|---|---|---|---|---|---|
| | **3** | **2** | **1** | **3** | **2** | **1** |
| 4.1 Review frequently asked questions through small group discussion *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 4.2 Facilitated the "Asking About SOGIE Trivia game" as recommended in the curriculum to review key concepts. *(Adherence)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 4.3 Allow for final Q & A time for staff to run past examples or potential scenarios related to the implementation and implications of knowing SOGIE data of youth we serve. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| **Notes:** | | | | | | |

| **OVERALL RATINGS**<br>**TRAINER 1 :** ______________________________<br>**TRAINER 2:** ______________________________ | ***TRAINER 1*** | | | ***TRAINER 2*** | | |
|---|---|---|---|---|---|---|
| | **3** | **2** | **1** | **3** | **2** | **1** |
| 5.1 Trainer supported co-trainer's strengths and needs. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.2 Trainer was organized with set up, materials, sign in and certificates. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.3 Trainer's verbal tone and body language were open, energetic, engaged and approachable. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.4 Trainer facilitated safe space and maintained agreements with participants. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.5 Trainer appropriately referenced materials to reinforce verbal cues during the training. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.6 Trainer clearly communicated that all goals of training relate back to increased safety, well-being, permanency, and placement stability for LGBTQ+ youth- not to changing workers' personal beliefs. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.7 Trainer communicated how outcomes for LGBTQ+ youth in child welfare are tied to workers offering safe SOGIE identification. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.8 Presented any services or programs that are safe and supportive of diverse SOGIE youth in the area for potential referral, and if no referral services are available, names this dynamic for trainees to consider in how they navigate their work. | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.9 Unconditionally regarded participants' questions, showing no negative judgment or favoritism toward participants' questions through verbal or physical cues. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |
| 5.10 Managed comments and questions to focus on safety learning objectives of training and redirected unproductive or off topic comments from training participants. *(Quality)* | 3 | 2 | 1 | 3 | 2 | 1 |

**Notes:**