3.1 RUTH ELLIS CENTER FAMILY PRESERVATION PROGRAM, DETROIT, MICHIGAN

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Introduction

For the past 17 years, the Ruth Ellis Center (REC) has served LGBTQ2S[1] youth in the Detroit, Michigan area through its Second Stories Street Outreach, Ruth's House (residential foster care), and the recently added Health and Wellness Center. In October 2015, the Center began a pilot project designed to help LGBTQ2S children and youth who may be at risk for removal from their homes by the state when there is evidence that parental mistreatment may be related to the child's sexual orientation, gender identity or gender expression (SOGIE). This program's key goals are family engagement, preservation and support.

The program is being implemented as a collaboration between REC and Dr. Caitlin Ryan from the Family Acceptance Project at San Francisco State University. Dr. Ryan is working with REC staff to integrate The Family Acceptance Project's research-based family prevention and intervention strategies into a Family Group Decision Making model. In this established international model, staff engage parents, caregivers, youth and others (additional supports named by the youth or their primary caregivers or both) to develop a plan to provide intensive services with the goal of keeping children safe, preserving families and increasing family connections. For the first time, the Family Acceptance Project–REC collaboration adds an essential component for families with LGBTQ2S children: specific research-based Family Acceptance Project strategies that help families: 1) Understand their child's SOGIE in a cultural context; 2) Learn how to identify and modify specific rejecting behaviours that increase their LGBTQ2S child's risk for suicide, substance abuse, HIV, family conflict and other unhealthy outcomes; 3) Increase accepting behaviours that promote wellbeing, build interactional skills and help families to create an LGBTQ2S-affirmative environment (Ryan, 2016).

[1] REC works with American Indian Health and Family Services to facilitate two-spirit support and referrals. However, there have not been any families in the program so far who identify as two-spirit, First Nation or American Indian.

REC receives referrals primarily through the county's Child Protective Services (CPS) case managers for families where a child abuse or neglect investigation has been opened and involves rejecting behaviours related to a child's known or perceived SOGIE. Referrals can also come from juvenile justice, foster care, community mental health, service providers for runaway and homeless youth, primary health care, and other community-based agencies. REC has trained frontline protective service investigators on SOGIE, and core needs and experiences of LGBTQ2S children and adolescents. REC has also trained investigators with the Family Acceptance Project's research activities about the critical role of family support, and how to identify abusive and harmful behaviours related to a child's LGBTQ2S identity and gender expression. Within 48 hours of the investigation, staff at REC have a face-to-face meeting with the family.

This enhanced family-centred approach empowers families to support their LGBTQ2S children in a culturally congruent framework that helps families address pressing needs such as housing stability, food security, mental health, health care and other basic needs.

The work aims to reduce the number of LGBTQ2S youth placed in foster care, an experience that can increase the chances a young person will experience homelessness. One study found that 63% of LGBTQ2S youth had lived in a foster or group home and 39% were forced to leave their home because of their sexual orientation or gender identity (Center for the Study of Social Policy, 2016) and over 40% of males formerly in foster care reported contact with the criminal justice system (Child Welfare Information Gateway, 2013). REC has trained almost every CPS caseworker in the county, and is working to increase connectedness and support for families and their LGBTQ2S children, aged 5–18, through this project.

Positioning Family Preservation and System of Care Work in National LGBTQ2S Work

Historically, social services that are specific to serving LGBTQ2S youth have operated as nongovernmental, grassroots nonprofits. This limited scope was confirmed by a federally-funded LGBTQ2S work group known as 3/40 Blueprint, which surveyed the landscape of LGBTQ2S youth services in the United States that were focused on transitional living programs. Initially, REC was one of those identity-based agencies founded by the community in response to immediate crisis needs, and in its first seven years, it

operated primarily as a drop-in centre for LGBTQ2S youth experiencing homelessness. Eventually, REC plugged into U.S. federal programs for runaway and homeless youth, state-funded residential foster care and Medicaid dollars for outpatient community mental health services. This system of care now sustains services, along with a healthy mix of foundation, corporate and individual donor support.

REC started to see the benefits of working with local, state and federal systems of care for more than financial resources. Through these more established systems of care, youth and families were being referred to LGBTQ2S-specific services with which they would have been unlikely to engage otherwise. Additionally, the youth involved in these systems of care were younger than the youth coming to the REC drop-in centre. Working with different systems of care allows REC to provide services before youth are kicked out of their homes and have experienced compound trauma from family rejection and living on the streets. This is REC's primary work to prevent homelessness: engaging a family while youth are still in the home, mitigating harm youth experience from rejection and supporting families in staying together, if possible. After one year of REC's pilot work, the agency has learned a great deal from the families in the program. What follows are some of the stories of families working hard to provide for their children, young people trying to be themselves and REC building on these strengths to build safe and affirming homes.

Family Stories and Considerations When Doing Systems of Care Work

"I'm not gay"

This first story highlights an important lesson when working with systems of care. Front-line workers often need training and support to make referrals, since the need to refer youth who self-identify as LGBTQ2S can be clear, but it is also important for workers and investigators to refer families where primary caregivers are demonstrating rejecting behaviours toward a child's SOGIE, which includes gender expression. Ensuring that workers know a person need not identify as LGBTQ2S to be a good fit for services, and we need not name this social identity for an individual, is key to providing services for some of the most underserved youth. This also means reexamining literature, visual cues and the space in which family work happens in order to be inclusive of people who do not explicitly identify as LGBTQ2S. Agencies can find a healthy balance between meeting families where they are, while still showing LGBTQ2S pride.

The first family referred to this program included an 11-year-old, Deon, and his mother, Latrise.[2] Deon loved talking on the phone, karate and, most importantly, his mom. One of the first observations from the REC counsellor who met with the family was how responsive Deon was to his mom, looking for her cues and approval. Latrise, a mother of three children, had worked hard to keep her children at home after a removal by CPS previously; she had also recently become active in her church. CPS referred the family to the REC due to evidence related to neglect because of Deon's unmonitored phone and internet use, as well as an incident of physical discipline. When the family was referred to REC, Latrise and the CPS worker were very concerned about Deon posing as his 18-year-old sister online and attempting to date 40-year-old men. When first interviewed, Latrise shared more about her hopes, dreams and fears for Deon. She was worried about Deon's online safety, and described her son as a "fag," along with demonstrating other negative views of gay people. She recently had Deon baptized at church, with the promise that God would drive the demons out of him. During the same visit, in a separate interview, Deon said to the counsellor, "I'm not gay." In debriefing the session, the counsellor noted that of course Deon did not identify as gay. In his household, it was clear that if he wanted love from his mother, he could not be gay. The referral from the CPS worker did not state that Deon was gay, and the REC counsellor respected that Deon did not identify. In a 6-month period, following Deon's baptism, he was hospitalized three times due to self-harm. The work with this family focused on supporting the mother in understanding the power of her words and actions, especially the statements that were rejecting toward Deon's SOGIE. Currently, REC's protective work centres on Latrise's world view, while building options that help her reduce rejecting behaviours and increase accepting behaviours.

"No wrong door"

Referrals to programs that provide family preservation, homelessness prevention and homelessness services need to come from multiple sources. Different services will intersect with LGBTQ2S youth at different stages and areas of care and need. Funneling referrals to family work is potentially the most effective for housing permanency, health and safety.

Mohammed, age 15, was referred through a primary care physician who specializes in transgender health care at REC. He advocated excellently for his identity-based needs, and was seeking a doctor to prescribe testosterone so he could feel more like himself in his body. Mohammed was assigned female at birth. He was desperate to start taking

[2] Pseudonyms for all individuals described in case studies are used to protect confidentiality.

testosterone and believed this step was necessary to affirm his gender identity. He was continuously traumatized by experiencing female puberty (e.g., growing breasts and experiencing monthly menses) and knew testosterone would relieve those symptoms. Mohammed did extensive internet research on the effects of taking hormones and watched YouTube videos of other young people who were transitioning. After taking testosterone, he believed he would be much happier and more agreeable. Early on, he shared with the counsellor, "I know what T [testosterone] will do to my body and I understand the side-effects I might have...I've told my grandma that I will never be happy until I get the medication I need. And as long as I wait, I will remain this way." Despite daily ridicule and rejection based on his gender identity, Mohammed still earned good grades. The referral he received from his physician stated that she worried Mohammed "will leave home and access street hormones, as well as become disconnected from his family." Furthermore, she worried that the rejecting behaviours would cause Mohammed to hurt himself.

Mohammed lived with his grandmother, Jean, who was the primary caretaker of Mohammed, but his biological mother, Maya, was his legal parent. For the past few years, Maya's struggle with addiction had not allowed Maya to always be available to care for Mohammed. The family stated they would never put Mohammed out; he would always have a home, food and clothing. The family said they love Mohammed and want him to be successful. Their hopes and dreams for Mohammed included graduating from high school, attending college, and being respectful, independent and employed as an adult. An accepting strength of the family, which is important to note, is that they provided him gender-neutral clothing. Additionally, the family agreed to participate fully in the REC family preservation program and extended family, friends and community members agreed to attend the family conference. Grandmother Jean shared with the counsellor that she believed "homosexuality is grotesque and against nature...my granddaughter drawing thick eyebrows and facial hair on her face is ridiculous and embarrassing." This indicated that Jean conflated sexual orientation and gender identity. Jean was willing to concede that Mohammed's interest in medically transitioning was "a thing one can choose to do without parental consent only after one turns 18." All the family members use she/her pronouns and refer to Mohammed as their "daughter" or "granddaughter."

Mohammed was clearly at high risk for suicidality and additional negative health and safety outcomes. His family might not have come to the REC family preservation program if not for the doctor's referral. Additionally, Mohammed might not have been open to participating if the referral hadn't come from a resource that affirmed his identity. The

doctor's referral opened the family up to a medical transitioning conversation they might not have had with a different referral source. While there were many barriers facing this family, they attended the family group conference and set goals that addressed: minimizing rejecting behaviours, accessing psychoeducational information and resources for LGBTQ2S identity; connecting with community support, including clergy; and encouraging Mohammed's school to support LGBTQ2S identities.

"Families you probably will not see at Pride festivals"

The LGBTQ2S community and ally communities should not make assumptions about the 'type' of family that is open to reducing rejecting behaviours and increasing accepting behaviours toward their LGBTQ2S child. Families that might benefit most from this work often show up at state services when the child is younger. Working with different systems of care reduces the number of missed opportunities to facilitate safety for LGBTQ2S youth.

The Spring family provided a generally safe and healthy home environment for their children. Sam, age 14, identified as gender neutral, was assigned female at birth and used she/her pronouns. She shared with the REC counsellor, "I like being called Sam...LGBTQ people are born that way." Sam had a positive personal worldview regarding LGBTQ2S identity and expression, stating that it's "kinda cool. People can express themselves in different ways...I'm pansexual; I don't think about the gender of the person I like. I think I'm gender neutral. I don't want to change my sex." Sam's parents showed their love for their child by verbalizing it and demonstrating it with affectionate behaviour. The referral for the Spring family to the REC family preservation program came from the Juvenile Justice detention facility Sam was in. Sam was placed in the detention facility because of truancy from school and having run away from home. Upon Sam's return to the family home, her parents made significant adjustments to welcome her back. After returning to the community, Sam became successful in school and had many positive friends. The family spent time together hunting and camping. Sam's mother and father were active in a conservative church, which they attended several times each week, while her father was an elder in their faith community. Sam's parents were previously completely uninformed about LGBTQ2S identity and their rejecting behaviour reflected lack of knowledge. They frequently said, "she's just confused," and "it's just a phase," as their primary messages. These statements stopped very early in the family's participation in the REC family preservation program once Sam had the formal space to state the importance of affirming who she was. The Spring parents began to buy clothing in the gender neutral style their child felt comfortable wearing. Accepting Sam's desire to cut her hair short and participate in activities regardless of traditional gender

association were all new accepting behaviours the parents began to demonstrate. Finally, the parents reached a point where they accepted and affirmed their child's SOGIE identity and welcomed their child's LGBTQ2S friends into their home. Based on early indicators and stereotypes of who is likely to be affirming, it might have been easy for the REC counsellor not to engage in SOGIE conversations with Sam's parents. The Spring family dismantled preconceived notions of which parents are capable of learning about acceptance. Additionally, in examining Sam's Juvenile Justice involvement, we believe if the REC family preservation program had been involved earlier, Sam might have had a reduced risk of going into the Juvenile Justice system in the first place.

The last family's story also challenges assumptions of which parents are likely to be accepting. The Rogers family's story focuses on Makalah, age 15, and her mother, Candice. Makalah was very passionate about basketball and hanging out with her friends, and helped take care of her younger brother. Candice had two full-time jobs, kept both her children very focused on school, and was open to the REC family preservation services. The referral for the Rogers family came from CPS after Makalah reported being beaten by Candice. This incident was in response to Candice coming home from work to find Makalah kissing her girlfriend. Candice reported to the worker that she did not understand LGBTQ2S identity and didn't want to talk about it with Makalah. Candice frequently referenced the need for Makalah to focus on school, and used that to deflect any prompting of SOGIE conversations. Candice said she thought Makalah was confused about her sexual orientation because she was sexually abused by her paternal male cousin when she was younger. Makalah said she had always been attracted to girls. She had been reluctant to speak with her mom about it because her mom would bring up the abuse. After building a rapport with the family and focusing on psychoeducation, which helped Candice and Makalah understand that sexual orientation is not caused by nonconsensual sexual experiences, the REC counsellor was able to have SOGIE conversations with Candice. Makalah was also referred to a REC paid summer internship program focused on LGBTQ2S youth of colour. The counsellor reported that Makalah came to life once she was in an environment where who she was was celebrated. Candice came to the REC for Makalah's internship graduation. While she was visibly uncomfortable at different points, she smiled and clapped when Makalah received her certificate. Candice still had a lot of questions, but changed how she talked about Makalah's identity. The first steps of a longer process was started with the Rogers family, and Makalah's health and safety already showed more positive indicators as a result.

Initial Ruth Ellis Center Pilot Recommendations for Other Systems of Care Looking to Start Family Preservation as Homelessness Prevention

This case study shares considerations for systems of care and 2015 stories from the REC family preservation program, serving Detroit and Southeast Michigan. The agency understands the complex intersections of geography, and strengths and barriers specific to different communities, and is not suggesting other programs can cut and paste this model into just any county, state or province. However, there are steps REC took that could be helpful to other communities interested in this type of system of care.

One

Learn about all possible systems of care with which your agency could qualify to have a contract in your city, county, state or province. Based on your relationships within the care system, the availability of contracts, and the contract application or bid process, create a short list of systems and individuals to approach. REC built relationships with individual child welfare administrators who already had a record of caring for LGBTQ2S youth in care. These individuals will also understand the politics and funding structures, so that they can make recommendations about where and when an application for a contract would be most likely to succeed.

Two

Examine potential referral sources in the system of care that would connect the most vulnerable LGBTQ2S youth and families to your services. For REC, this was a family preservation contract set up to receive referrals through CPS or adoption cases at risk for disruption because of rejection based on a child's SOGIE. Initially, REC was hesitant to work with CPS due to perceptions of forced state involvement often resulting in families of colour disproportionately being separated. The goal of the contract for which REC applied was to keep children in the home with their families, with the REC program accepting referrals of families after CPS did an investigation to determine that the child could be safe at home with additional support services.

Three

Work within a system to ensure the safety of LGBTQ2S youth and preserve families. REC worked with people who knew the child welfare system at the state level, in order to learn more about models of service the State of Michigan currently funded or would consider funding within a family preservation model. Examples included Wrap Around, Families

First, and the model REC uses, Family Group Decision Making. REC embedded SOGIE work with the support of the Family Acceptance Project into the Family Group Decision Making model. Once the agency chose the model, REC set up meetings at the county level to ensure local child welfare leaders believed Family Group Decision Making was a good model for their county. When presenting the case for a need to be addressed, REC did not lead with the LGBTQ2S identity component of the work. Instead, REC presented stories and statistics relating to the safety of vulnerable children already in the system of care or children likely to end up in the system of care.

Four

Match the state or provincial contract money with a foundation grant, which may make the application for the contract more competitive. The Andrus Family Foundation co-funded the REC pilot. This allowed for two additional components of the pilot that were not paid through the state contract: development, implementation and evaluation of training for CPS workers; and working with families referred through systems of care other than CPS. These referral sources can include Juvenile Justice, foster care, community mental health, service providers for runaway and homeless youth, primary health care, and adoption or other community-based agencies. An unanticipated benefit of the training REC did with CPS workers was that the training was named as the primary incentive leading CPS workers to refer families. An unanticipated outcome of the first year of the programs was that most of the families who engaged in services were referred by CPS. Families referred through other sources have not been as likely to continue with services. One possible reason for this difference is that the families referred by CPS are compelled to engage in services to avoid further system involvement. Currently, none of the other referral sources include this component.

The Ruth Ellis Center and Family Acceptance Project will continue to evaluate the work of the REC family preservation pilot and share lessons and considerations moving forward. Family preservation to prevent or mitigate LGBTQ2S youth homelessness will look different in every community, but most agencies can engage in this vital piece of system work.

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