

**Supporting the
Healthy Sexual Development
of Foster Youth**

Luciana Svidler, Senior Policy Attorney
Children's Law Center of California
February 23, 2021

Agenda

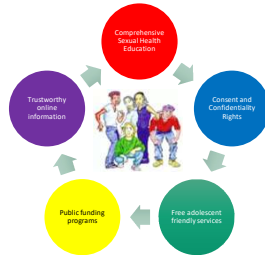
- Background on reproductive health and prevention of unintended pregnancy among foster youth
- Rights of youth in care
- Responsibilities of social workers and caregivers
- Senate Bill 89
- Supporting our Clients' Reproductive and Sexual Health
- Available Services in California
- Resources and additional information

Reproductive and Sexual Health Disparities for Youth in Foster Care

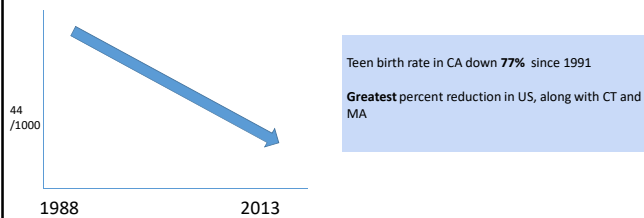
California's Rich Network Of Sexual And Reproductive Health Information And Services

Highlights:

- Mandatory comprehensive sexual health education in public middle and high schools
- Consent rights that allow adolescents who need care to confidentially access it
- A network of clinics, specially trained to address adolescent needs
- Public funding streams for sexual health services to ensure free access
- State agencies coordinating coverage, and
- Trustworthy information for teens and adult caregivers

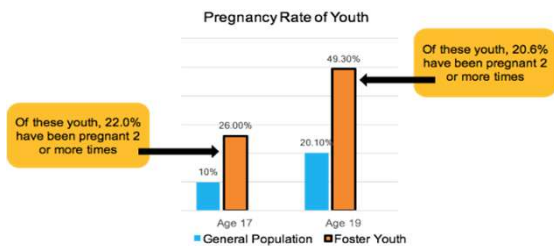


Reduction of Teen Pregnancy Rates



<https://powerofdecide.org/what-we-do/information/national-state-data/california>
<https://powerofdecide.org/what-we-do/information/national-state-data/change-teen-birth-rate>

Yet, Almost 50% Of Females In Foster Care In CA Will Have Been Pregnant At Least Once By Age 19



Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and at Age 19 (2014, 2016).

Are These Pregnancies Intended?



Young women in foster care at age 17:

Wanted to become pregnant:	%
Definitely no	30%
Probably no	14%
Neither wanted nor didn't want	26%
Probably yes	18%
Definitely yes	7%

70%

24.3% report using contraception at last pregnancy



Young men in foster care at age 17:

Wanted partner to become pregnant:	%
Definitely no	31.8%
Probably no	11.7%
Neither wanted nor didn't want	23.1%
Probably yes	16.5%
Definitely yes	8.7%

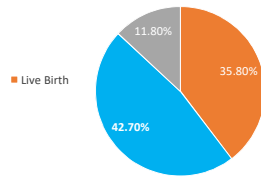
66.6%

23.3% report using contraception at last pregnancy

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

Prenatal Outcomes

Of foster youth surveyed at 17 who reported pregnancy:



*42.7% had a stillbirth or miscarried

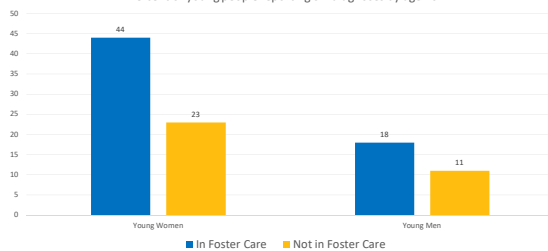
*20.7% never received prenatal care



Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

STIs in Foster Care

Percent of young people reporting STI diagnoses by age 26



Source: Child Trends, 2017

Effects Of Early, Unwanted Pregnancies And Related Outcomes



At age 19, of those who had not enrolled in higher education, **30%** cited the need to care for children as a major barrier to returning to school



At age 24, having a child reduced a woman's odds of being employed by **30%**- holding education attainment constant



Children born to foster youth were 3 times more likely to have a substantiated report of maltreatment by age 5 than children born to the same-age youth not in foster care*

*Remember that foster youth are already involved and supervised by the child welfare system

Structural Barriers to Care

- **Logistical barriers**
 - i.e. Transportation
- **Practices that actively infringe on youth's rights and access**
 - i.e. Confiscation of contraceptives
- **Lack of policies and training**
 - Agency and caregiver's confusion about reproductive rights and responsibilities
 - Lack of relationship with a trusted adult
- **Inconsistent access to comprehensive sex education and care**
 - Placement changes
 - School changes

Rights of Youth in Care Related to Sexual and Reproductive Health

[illegible]

What Does Right To Consent Mean?

- Youth can receive care without need for consent from a parent, caregiver, guardian, social worker, probation officer or the court.
- The provider cannot require consent from anyone else but the youth.
- The provider cannot provide the care without a youth's consent.

All children and youth in California have these rights – even yours!

Foster youth don't "lose them" when they become dependents

California Minor Consent Laws			
Who can consent for adult services and provider's obligations			
	Minor Consent Sufficient for Confidential Care	Parent/Guardian Consent Required	Parent/Guardian Notification Required
Abortion	Yes	No	
Birth Control	Yes (except sterilization)	No (except sterilization)	
Pregnancy (Prenatal Care & TX)	Yes ¹	No ²	
STDs, Contagious & Reportable Diseases (DX & TX)	Yes (minors ≥12 years)	Not needed for minors ≥12 years	Not allowed without consent of minor
HIV Testing	Yes (minors ≥12 years and assessed as competent to give informed consent)	Not Needed for minors ≥12 years, unless deemed incompetent to consent	
Outpatient Mental Health Treatment	Yes ³ (minors ≥12 years)	Yes (except ⁴)	An attempt should be made, except when the provider believes it is inappropriate
Alcohol/Drug Abuse Treatment	Yes (minors ≥12 years)	Not needed for minors ≥12 years, except for methadone treatment ⁵	Not allowed without consent of minor
Rape ⁶	Yes (minors ≥12 years)	Not Needed ⁷ for minors ≥12 years	
Sexual Assault ⁸	Yes	No	An attempt must be made except when provider believes parent or guardian will retaliate

¹ Including Inpatient Care

² If the minor is ≥12 years, is mature enough to consent, AND (2) the minor is in the custody of none of their abuse or 20 sexual predator's listed of previous physical or sexual

harm to self or others without treatment

³ However, parents can consent over the child's objection

⁴ Non-therapeutic sexual intercourse

⁵ Risk of rape, sex trafficking, custody, and other violent crimes or sexual abuse

See www.TeenHealthLaw.org

Rights of All Youth in California: Right to Privacy in Exams



The right to **privacy for examination** or treatment by a medical provider, -- unless the youth specifically requests otherwise.

CDSS All-County Letter 16-82

Right of All Youth in California: Right to Privacy in Health Information



The right to patient confidentiality regarding reproductive and sexual health services and records unless there is written consent to disclosure or through court order.

* Youth has a right to withhold consent to disclosure

All rights are listed with legal and regulatory citations in ACL 16-82

What Does this Mean?



What does the right to confidentiality mean?

- If youth receives reproductive and sexual health services and/or asks questions about sex, contraception or other related topics during a health appointment, ***the provider cannot share that information with the youth's parents, caregivers, group home, social worker, probation officer or others without the youth's written consent.***
- Youth may ask their doctor before receiving care if the doctor will maintain confidentiality.

All rights are listed with legal and regulatory citations in ACL 16-82

Reproductive Rights of Foster Youth in California



The right to have access to age-appropriate, medically accurate information about

- reproductive and sexual health care,
- the prevention of unplanned pregnancy including abstinence and contraception,
- abortion care,
- pregnancy services, and
- the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination.

All rights are listed with legal and regulatory citations in ACL 16-82

Reproductive Rights of Foster Youth in California



The right to be provided with transportation to reproductive and sexual health related services.

- "Many reproductive health services are time-sensitive (e.g. emergency contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement."



The right to obtain, possess and use the contraception of their choice, including condoms

- "Group home and short-term residential therapeutic program (STRTP) staff may not confiscate a youth's contraception as part of its disciplinary program."

All rights are listed with legal and regulatory citations in ACL 16-82

Reproductive Rights of Foster Youth in California



The right to have private storage space and to be free from unreasonable searches of his or her personal belongings.



The right to receive medical services and to choose his or her own health care provider



The right to independently contact state agencies... regarding violations of rights...to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints

All rights are listed with legal and regulatory citations in ACL 16-82

LGBTQ and Gender Non-Conforming Youth

- Same rights as all other foster youth and NMDs.
- Right to be placed and live in out-of-home care according to their gender identity regardless of gender or sex listed in their record
- Access to gender-affirming medical and behavioral health care
- Adequately trained caregivers and child welfare personnel
- Fair and equal access and freedom from harassment and discrimination

* ACIN 1-30-18 SB 731 Frequently Asked Questions

Obligations of Caseworkers and Caregivers to Support Healthy Sexual Development

Source: CDSS, A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention (2017); CDSS ACL 16-88; Welfare and Institutions Code 16501.1(g)(20),(21)

Required Responsibilities of Caseworkers



- **Inform** youth of their rights upon entry into foster care and at least once every six months
 - "...ensuring the youth understands their rights based on their age and developmental level."



Provide **access** to age-appropriate medically-accurate, and culturally sensitive information about all of the following:

- Sexual development
- Reproductive and sexual health care
- The prevention of unplanned pregnancies
- Use of birth control
- Abortion
- The prevention and treatment of sexually transmitted infections (STIs)

Required Responsibilities of Caseworkers



Inform foster youth of their right to **consent** to sexual and reproductive health care



Ensure **barriers** to services are addressed in a timely and effective manner



Inform foster youth of their rights to **confidentiality** and written consent prior to any disclosure(s)



Ensure youth are up-to-date on their annual **medical** appointment



Ensure personal **biases** and/or religious beliefs are not imposed upon foster youth

Addressing Barriers to Care

Some examples of typical barriers the youth have faced:

- Youth is unaware of their insurance information or doesn't have a copy of his/her medical card
- Youth doesn't know how to schedule a sexual health doctor's appointment or is too embarrassed
- Youth doesn't have transportation to a medical appointment
- Youth reports that placement prohibits or confiscates contraception
- Youth reports that placement refuses to let youth seek sexual health care at preferred provider
- Regular care provider doesn't feel trustworthy to youth

Required Responsibilities of Resource Families and STRTPs



- Use Reasonable and Prudent Parent (RPP) standard to support the healthy sexual development of youth
- Assist the youth and/or NMD to access health services
- Communicate with the caseworker if referrals must be made or if they require assistance to access resources and services
- Maintain the youth's privacy and confidentiality
- Direct youth to reliable sources of information
- Arrange for timely transportation to health-related services
- STRTPs must provide a locked storage container to all youth so they may store condoms, birth control, emergency contraception pills etc.

Source: CDSS ACL 16-88, California Plan to Address Unintended Pregnancy

Senate Bill 89 Effective 7/2017



Case Plan Provision: New requirements to document that certain activities have been completed.



Training Provision: New training requirements for social workers, caregivers and judges.

Case Plan Provision: Social Worker Documentation

Youth has received the required **comprehensive sexual health education** in school, at least once in middle school and at least once in high school

- Applies to youth 10 years of age or older and NMDs
- If the youth/NMD did not receive the instruction in school, that case plan shall document how the county will ensure that they receive the education



Comprehensive Sexual Health Education In California Schools

California Health Youth Act (CHYA), enacted 1/1/16

15 Teaching Criteria (partial list below)

- Age appropriate
- Medically accurate and objective
- Affirmatively recognize that people have different sexual orientations
- Teach pupils about gender, gender expression, gender identity
- Accessibility for disabled youth
- Culturally sensitive and appropriate for all ethnic backgrounds
- And more!

16 Required Topics (partial list below)

- Nature of HIV
- Effectiveness and safety of all FDA approved methods that prevent or reduce the risk of contracting HIV and other STIs
- Objective discussion of all legally available pregnancy outcomes
- Sexual harassment, sexual assault, sexual abuse, and human trafficking
- Adolescent relationship abuse and intimate partner violence
- And more!



Full list of requirements: Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Ed. Code

Child Welfare Worker Must Also Document

That they have informed youth 10 years and older and NMDs of:

- ☒ Their **right to access** age-appropriate, medically accurate information about reproductive and sexual health care.
- ☒ Their **right to consent** to sexual and reproductive health services and his or her confidentiality rights regarding those services.
- ☒ **How to access** reproductive and sexual health care services and facilitated access to that care **including** removing any **barriers** to care.

*These rights aren't new!
But requiring these activities have been completed to be documented in the case plan annually is!*



SB 89 Training Provision

Three groups are required to be trained:



Training Is Required To Include:

1. The **rights** of youth and nonminor dependents in foster care to sexual and reproductive health care and information, to confidentiality of sensitive health information, and the reasonable and prudent parent standard.
2. How to **document** sensitive health information.
3. The **duties and responsibilities** of the assigned case management worker and the foster care provider in ensuring youth and nonminor dependents in foster care can obtain sexual and reproductive health services and information.
4. Guidance about **how to engage and talk** with youth and nonminor dependents about healthy sexual development and reproductive and sexual.
5. Information about current **contraception methods**.



LA County: SB 89 Implementation Update

- Training for Social Workers began in July 2019
- FYI(1): **Youth Reproductive Health and Pregnancy** (0600-507.10)
Revision Date: 02/04/19
- FYI (2): **Implementation of senate bill 89 mandates part ii: improving access to sexual health education** Issue 20-02; Issue Date 03/03/20
- 1726 Form Update
- Client Interview Survey

Supporting Our Clients' Reproductive and Sexual Health Needs

1. **Knowledge:** Comprehensive, accurate **information** from reliable sources about healthy relationships, safety, sex, reproductive health, pregnancy and contraception for both **YOUTH** and **KEY ADULTS**.
2. **Access:** Access to **tools** and **services**. Including identify and address barriers to care.
3. **Foster Relationships:** Supportive relationships between the youth and a caring **trusted adult**.
4. **Inspire Motivation:** Motivation to make healthy decisions is tied to the ability to envision a bright **future**.



Having Sensitive Conversations with Youth

Keeping it Real...and Professional

- You can be yourself and still maintain professional boundaries
- You can build rapport without self disclosure
- Usually questions about your personal history are deeper values questions
- Get at the question behind the question
- If you are unsure about blurring boundaries, consult with supervisor or other staff

Shutting it down vs. Opening it up

- Our first responses to a client's comments can influence how that conversation will go, and whether there will be future conversations
- Is your first response usually a door opener or a door slammer?



Door Slammers

- Non-verbal:
 - Looking disgusted, shocked, anxious
 - Backing up, rolling eyes, avoiding eye contact
- Brushing off the question
- Making snap judgements, criticizing
- Promising to answer later but never following up
- Examples of door slammers:
 - "That's gross!"
 - "I don't want to talk about that"
 - "That's inappropriate!"
 - "we are not here to talk about me"
 - "That is none of your business"



Door Openers

- Non-verbal:
 - Looking calm, giving your full attention
 - Nodding, finding a quiet space
- Thank them for coming to you
- Ask clarifying questions
- Respect their beliefs
- Answer factual questions simply with accurate information- if you don't know the answer, say so
- Summarize and encourage more discussion
- Use inclusive language, avoid heterosexual assumptions



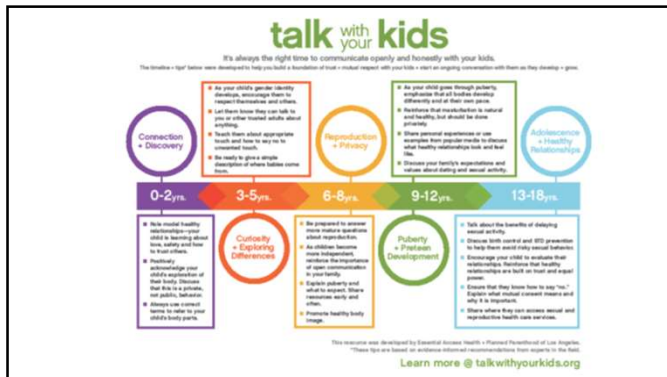
Door Openers- Sample Phrases

- What do you think?
- That's a good question
- Tell me what you know about that
- Do you know what that word means?
- Let's look that up online!
- Help me understand what you are feeling
- I'm really glad you told me about that
- I hope that answers your questions, please let me know if you need any more information
- A lot of people have this question...
- What do you know about this?

Communicating with Youth from Youths' Perspective



- ❖ Be inclusive and not gendered in how you ask questions
 - For example, "are you in a relationship?" instead of "do you have a boyfriend?"
- ❖ Look calm and give us your full attention
- ❖ Watch physical cues for signs of anxiety or stress
- ❖ Don't assume we are all sexually active and don't assume we are not
- ❖ Some of us may have already experienced something nonconsensual
- ❖ Don't set a lower bar for us just because we are in foster care
- ❖ Make sure there are no language barriers. Did youth really understand?



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WOMEN IN HISTORY **FRISKY FRIDAYS** **FIND A CLINIC**

[5 kick-ass women in](#) [Sex in the time of](#) [Need to find a health](#)

Available Services in California

Medi-CAL



- Medi-Cal covers the following services for teens for no copays):

- Birth control
- STD testing
- Pregnancy testing
- Prenatal care
- Abortion services

<https://www.dhcs.ca.gov/>

Family PACT



- Family PACT provides no-cost family planning services to men, women and teens. Some of the services include:

- Family planning counseling
- Birth Control methods
- STI testing and treatment
- Pregnancy testing and counseling

- You are eligible if...

- You have no medical insurance
- You have insurance, but it doesn't cover birth control or family planning
- You have insurance but you haven't met your deductible
- You have insurance or Medi-Cal, but you need to keep family planning services confidential

Where To Find Services And Clinic Referrals?

In addition to a youth's own Medi-Cal provider, there are over **2,200 public and private clinics**, health centers, and providers across the state with FamilyPACT and Title X funding to support access to free confidential sexual and reproductive health care and information for adolescents.

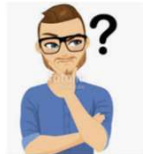
www.TeenSource.org



Be Aware

Before Making a Referral to an Unknown Clinic:

- Does this clinic provide a full range of contraception options to patients?
- Are the providers licensed medical professionals?
- Is this clinic part of Medi-Cal or FamilyPACT?
- How do they discuss pregnancy options?
- Do they provide services to LGBTQ youth?



Condom Access Project

- Free CONDOMS for teens through **Condom Access Project** via www.teensource.org
- Condoms will be sent to the house or you can find out pick up locations
- Package includes condoms, lube and information



Resources for Professionals

- **LA RHEP:** www.fosterreprohealth.org
- **National Council of Juvenile and Family Court Judges,** www.ncjfcj.org (775) 784-6012
 - "When You Decide," A Judge's Guide to Pregnancy Prevention Among Foster Youth (includes checklists)
 - Critical Judgment: How Juvenile and Family Court Judges Can Help Prevent Teen and Unwanted Pregnancy
 - Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency
- **Public Health Institute,** www.phi.org (510) 285-5500
 - Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties
 - No Time for Complacency, Sexual Health Needs of California's Foster and and Transitioning Youth, Spring 2009

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Resources for Professionals

- **California Adolescent Health Collaborative** (a PHI project), www.californiateenhealth.org (510) 285-5712
 - Promoting the Sexual and Reproductive Health of Adolescents in Foster Care
- **National Center for Youth Law,** www.youthlaw.org (510) 835-8098
 - Consent to Medical Treatment for Foster Children: California Law A Guide for Health Care Providers, December 2008
- **California Dept. of Social Services,** Healthy Sexual Development Project, <http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>
- **L.A. County Department of Public Health**
 - An Epidemiologic Profile of HIV and AIDS in Los Angeles County 2009, <http://publichealth.lacounty.gov/hiv>
 - Los Angeles County Sexually Transmitted Disease Morbidity Report, 2010, <http://publichealth.lacounty.gov/std/reports>

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Resources for Parents and Caregivers

- **LA RHEP:** www.fosterreprohealth.org
- **The National Campaign to Prevent Teen and Unplanned Pregnancy,** www.thenationalcampaign.org (202) 478-8500
 - 10 Tips for Foster Parents to Help Their Foster Youth Avoid Teen Pregnancy
- **Children Now, Talking with Kids About Tough Issues,** www.childrennow.org/index.php/learn/talking_with_kids (510) 763-244
- **California Department of Social Services, Resources for Caregivers,** <http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project/Resources-for-Caregivers-SW-PO>
- TalkWithYourKids.org for caring adults (Essential Health Access)

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Resources for Youth

- Teen Source, <http://teensource.org>
- Planned Parenthood, <http://www.plannedparenthood.org>
- MTV's It's Your Sex Life, <http://www.itsyoursexlife.com>
- Sex Etc. (by teens for teens), <http://www.sexetc.org>
- It Gets Better Project (for LGBTQ youth), <http://www.itgetsbetter.org>
- Go Ask Alice (Columbia University), <http://www.goaskalice.columbia.edu>
- www.DontThinkKnow.org
- www.bedsider.org
- LA County STD Hotline, 800-758-0880
- Text CLINIC +your zip code to 61827 to find clinics near u
- CDS Know Your Sexual and Reproductive Health Care Rights, <http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>

for LA Reproductive Health Equity Project for Foster Youth

Questions?

Contact:

Luciana Svidler
Senior Policy Attorney
Children's Law Center of California
(323) 318-1032
svidlerl@clcla.org