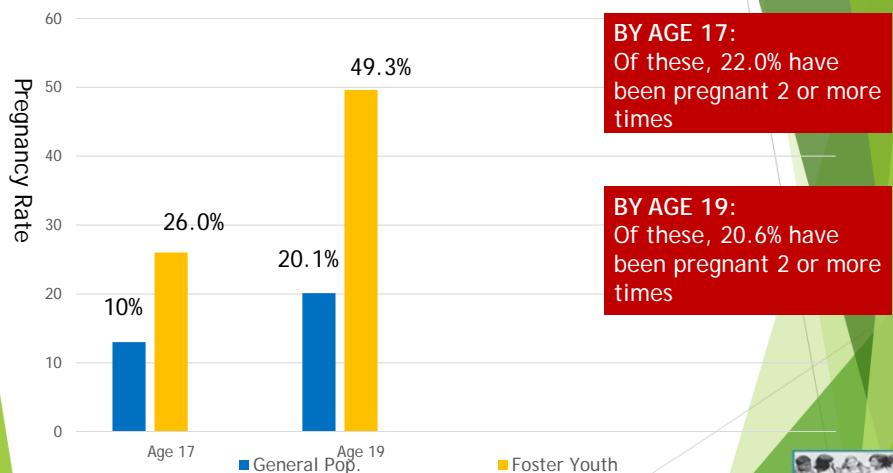


# Reducing Unplanned Pregnancy for Youth in Foster Care: New Rules and Tools

## Reproductive Realities for Foster Youth



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



## Are these pregnancies intended?

Young women in foster care at age 19:

Young men in foster care at age 19:

Wanted to become pregnant:	%
Definitely no	33.8%
Probably no	3.7%
Neither wanted nor didn't want	28.8%
Probably yes	7.5%
Definitely yes	26.1%

66.3%

28% report using contraception at last pregnancy

Wanted partner to become pregnant:	%
Definitely no	16.2%
Probably no	21.1%
Neither wanted nor didn't want	33.4%
Probably yes	14.0%
Definitely yes	15.3%

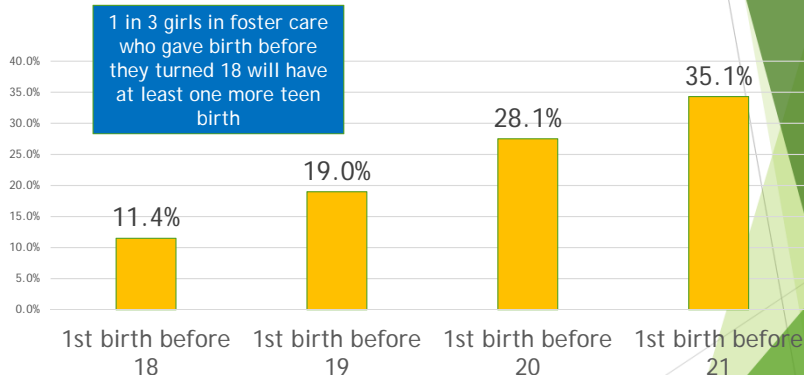
70.7%

2.3% report using contraception at last pregnancy

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



## The high rate of unplanned pregnancy leads to high rates of early child bearing



1 in 3 girls in foster care who gave birth before they turned 18 will have at least one more teen birth

Source: Putnam-Hornstein et al, California's Extension of Foster Care Through Age 21: An Opportunity for Pregnancy Prevention and Parenting Support (2015)



## Prenatal care and pregnancy outcomes:

Of foster youth surveyed at 17 who reported pregnancy:

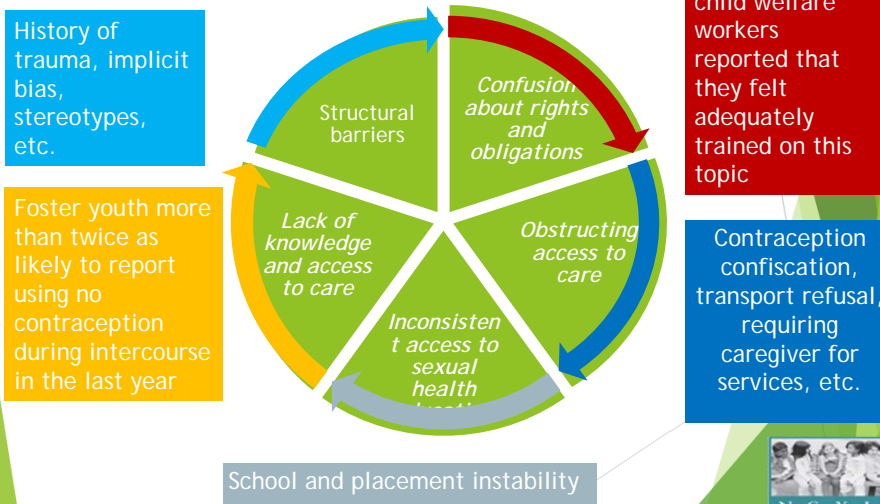
- ▶ 20.7% never received prenatal care
- ▶ 42.7% had a still birth or miscarriage



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



## Why do foster youth experience high rates of unintended pregnancy?



## Rules: New (and Existing)

- ▶ CDSS efforts to clarify existing law and obligations
- ▶ New law: Senate Bill 89 (2017)



## 2016/17 - CDSS guidance on existing law in response



- **Healthy Sexual Development workgroup convened (2016)**
- **California's Plan to Prevent Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care (Oct. 2016)**
- **New ACL, ACIN and regulations**
- **Guidance for Residential Facilities and Resource Families on Healthy Sexual Development and Pregnancy Prevention (Dec. 2016)**
- **Guidance for Case Managers (Aug. 2017)**
- **Guidance for Youth (Aug. 2017)**
- **Healthy Sexual Development Website**

## Healthy Sexual Development Workgroup

Why was the HSD Workgroup convened?

Welfare and Institutions Code 16521.5:

CDSS shall convene a workgroup to develop a pregnancy prevention plan that will effectively address the needs of adolescent male and female foster youth.

Additionally- the passage of SB 528 (Statutes of 2013) said social workers are required to talk to youth about reproductive health.

Six meetings held at CDSS: 2/25/2016, 4/7/2016, 6/2/2016, 7/26/2016, 10/27/2016 & 10/19/17

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## *" California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents (NMDs) in Foster Care"*

- ▶ All-County Letter 16-88
- ▶ Released on 10/12/16
- ▶ Introduced California's state plan for addressing pregnancy prevention and healthy sexual development
- ▶ Required by WIC 16521.5

## CA's State Plan, continued

Organized into six sections:

1. Effective strategies and programs for youth and NMDs
2. Role of foster care and group home providers
3. Role of the case management worker
4. How to involve foster youth and NMDs
5. Selecting and providing materials to youth and NMDs
6. Training of foster care and group home providers and case managers

## ACL, ACIN & Regulations issued by CDSS:

- ▶ **ACL 14-38:** All youth have certain personal rights; adds reproductive health care to the personal rights of foster youth.
- ▶ **ACL 16-32:** Documentation of Pregnancy and Parenting information in CWS/CMS
- ▶ **ACL 16-82:** Foster Youth Reproductive and Sexual Health Care Rights

## ACL, ACIN and Regulations, continued

- ▶ ACL 16-88: California's Plan for the Prevention of Unintended Pregnancy
- ▶ ACIN I-40-16: Updated Documents Regarding Personal Rights of Youth in Foster Care
- ▶ New interim regulations for STRTPs in effect (Jan. 2017)
- ▶ New Regulations are currently in process at CDSS regarding caregiver and social worker responsibilities pertaining to reproductive and sexual health care of foster youth and NMDs

## CDSS Guidance for Case Managers:

The CDSS published the "*Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention*" in September, 2017.

The "Guide for Case Managers" expands on the Plan and is organized by five main sections:

1. Required Duties of the Case Manager,
2. Recommended Duties of the Case Manager,
3. Tips for Talking with Youth,
4. Case Scenarios and
5. Online Resources

## Guidance for Case managers, continued

### The Guide Outlined 7 Required Responsibilities of Case Managers:

1. Provide Foster Youth with a copy of their rights
2. Provide Youth with Access to Age-Appropriate Medically Accurate Information
3. Inform Foster Youth of Their Right to Consent to Sexual and Reproductive Health Care
4. Inform Foster Youth of Their Right to Confidentiality and Written Consent
5. Ensure Youth's Annual Medical Appointments Are Up To Date
6. Ensure Barriers to Reproductive and Sexual Health Care Services are Addressed Effectively
7. Put Aside Personal Biases and/or Religious Beliefs

## Guidance for Case Managers, continued:

### 4 Recommended Responsibilities:

1. Have Open and Honest Communications with Foster Youth
2. Reproductive and Sexual Health Education Included as Case Management Service Objective
3. Document to Ensure Foster Youth Privacy is Upheld
4. Provide Foster Youth with info to Make Medical Appointments



## Guidance for youth

- ▶ The “Know Your Rights” is a youth-friendly brochure developed with information and feedback from our workgroup and from youth.
- ▶ Sections I, IV and V of the Plan detail how youth should be engaged and what rights and services they should be afforded by their county agency, case managers and care providers.

### Foster Youth Sexual and Reproductive Health Care Rights



TALKING TO OTHERS ABOUT SEX AND YOUR RIGHTS: SUGGESTED QUESTIONS TO ASK

**KNOW**  
*your* RIGHTS

## CDSS Guidance for Residential Facilities on Healthy Sexual Development:

The CDSS published “*Healthy Sexual Development and Pregnancy Prevention Guide for Children in Residential Facilities*” (Provider Information Notice 16-02-CRP) in June 2016.

It expands on the Plan and provides guidance to group home administrators, social workers and other staff.

## CDSS Guidance for Residential Facilities:

It includes content on:

1. Reasonable and Prudent Parent Standard,
2. Caregiver Responsibilities,
3. Youth Rights,
4. Guidance including on LGBTQI, Pregnancy, STIs, Trafficking, Dating Abuse, Mandated Reporting,
5. Case Scenarios and
6. Online Resources

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## CDSS HSD Project Webpage

Please visit the HSD Project Webpage:

<http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

Materials available on our webpage include:

ACLs and ACINs, the youth brochure "Know Your Reproductive and Sexual Health Care Rights," CCLD's resource guide for caregivers, the guide for case managers, as well as a list of credible online resources for youth, caregivers and case managers

## New Law: Senate Bill 89 (2017)



- New requirements for mandatory training
- New requirements regarding case planning and documentation
- Requirement to develop model curriculum

\$2.6 million in state budget

Effective as of July 2017



## SB 89: New Mandatory Training

Mandatory caseworker, caregiver, resource family and **judicial officer** training

Topics that must be addressed:

- ▶ Guidance on how to talk with youth regarding healthy sexual development
- ▶ Rights of youth to care and confidentiality
- ▶ Current contraception options and selecting referrals
- ▶ Documentation
- ▶ Duties and responsibilities of the assigned caseworker and care provider in ensuring youth can obtain sexual and reproductive health services and information



## SB 89: Curriculum Development



CDSS must develop model curriculum that satisfies new training requirement.

Those responsible for new training implementation may but not required to use CDSS curriculum.



## SB 89: New Case Plan and Caseworker requirements

Case management worker will confirm that youth received comprehensive sexual health education that complies with California Healthy Youth Act at least once in middle school and at least once in high school

Case plan updated to document plan to receive and receipt of this education



## SB 89: New Case Plan and Caseworker requirements

For youth 10 and older, case management worker will annually:

Inform

- ▶ rights to access age appropriate and medically accurate information about sexual and reproductive health services
- ▶ Rights to consent and confidentiality
- ▶ How to access desired services

Faciliate access:

- ▶ Including by assisting with identified barriers to care

Case plan must be updated to document compliance annually



## CDSS Next Steps: Implementing SB 89

- ▶ CDSS will be issuing a new ACL regarding SB 89 and it's implementation
- ▶ CDSS will be using the HSD Workgroup to inform the curriculum which will be developed

## CDSS

- ▶ Questions or interest in the HSD workgroup?
- ▶ Contact: [SexualDevWorkgroup@dss.ca.gov](mailto:SexualDevWorkgroup@dss.ca.gov)



## New Tools

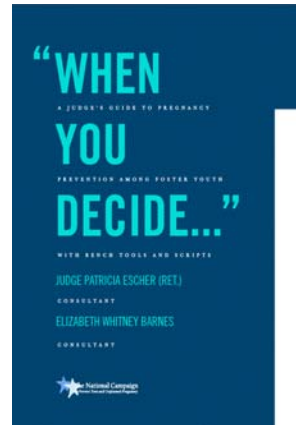
Promising initiatives and strategies for:

- ▶ judges,
- ▶ caseworkers,
- ▶ CASAs and caregivers



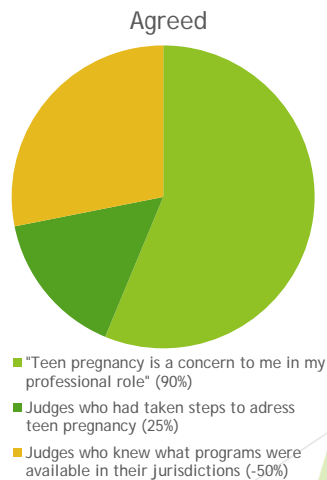
## Strategies for Judges

- ▶ *When You Decide: A Judges Guide to Pregnancy Prevention Among Foster Youth Toolkit*
  - ▶ To guide foster youth decision-making
  - ▶ 3 key protective elements
    - ▶ Relationships
    - ▶ Knowledge
    - ▶ motivation



## Strategies for Judges

- ▶ Development of Toolkit
  - ▶ Judicial survey
  - ▶ Judicial "Think Tank"
  - ▶ Judge author
  - ▶ Multidisciplinary Stakeholder Pilot Project
- ▶ National Roll-Out
  - ▶ Local jurisdiction training and technical assistance
  - ▶ 16 jurisdictions
  - ▶ CA - Orange County and Santa Clara County



## Strategies for Judges

- ▶ Toolkit Implementation in Orange County
  - ▶ Getting Buy-In
    - ▶ February 2017 training
  - ▶ Challenges and Strengths
    - ▶ Things easy to put in place
    - ▶ Things harder to put in place
  - ▶ Dealing with different comfort levels
  - ▶ The “Condom Story”



Strategies to Prepare Social Workers for Supporting Youth in Foster Care on Sexual and Reproductive Health Care Rights and Services, and Directly Engaging With Expectant and Parenting Youth on the Provision of Information and Services



## Strategy 1: DCFS Sexual Health Conversations Training

- ▶ Background:
- ▶ Prior DCFS Director had a special interest in high rate of unplanned pregnancies among youth in foster care.
- ▶ Based on interest in reducing unplanned pregnancies and Sexually Transmitted Infections and promoting sexual and reproductive health of adolescents in foster care, requested development of training for DCFS staff, encouraging the participation of child advocate partners in the process.
- ▶ DCFS Child and Adolescent Development (CASD) Workgroup established in 2012. Members included representation from sections within DCFS, child advocates, community organizations, such as Los Angeles LGBT Center, and our partner County Departments, with the purpose to solicit broad comments and input.
- ▶ First task was to review previous effort of a curriculum developed for DCFS and implemented as a pilot for social workers in 2007, to determine possible alignment with the current change.
- ▶ Workgroup moved forward to establish a new training more relevant to current laws and with a focus on social workers being engaged with youth in foster care.

## Development of Training to Implementation:

- ▶ DCFS CASD Workgroup introduced to Harvey Institute, bringing expertise in sexual health and solid experience in providing training to DCFS staff on LGBTQ youth, by the University Consortium for Children and Families.
- ▶ Good fit with the interests of the CASD Workgroup and with recommendations by the Harvey Institute to address discomfort many individuals have in talking about sex and sexuality, and to encourage DCFS staff to have regular conversations with youth on their caseloads age 12 and above about reproductive health, including sexual health, in an open and non-judgmental manner.
- ▶ A full day training was developed by the Harvey Institute that was presented to, and commented on, by the CASD Workgroup, resulting in a refined training entitled, *DCFS Sexual Health Conversations*.
- ▶ CASD Workgroup subcommittee established to review and select brochures and pamphlets for use by social workers when engaging with youth and caregivers as a complement to the training.
- ▶ Supportive materials, including a FAQ/Fact Sheet and tri fold brochure, developed by CASD Workgroup, to further engage social workers in their role of serving the sexual and reproductive health care rights of youth.

## Development of Training to Implementation continued:

- ▶ Meetings occurred with DCFS Leadership to seek buy in prior to presenting the training to the union representing social workers. Success was achieved with training approved as mandatory for social workers and their supervisors, Public Health Nurses and their supervisors, and contracted Life Coaches, but with stipulation that full day training be condensed to a half day.
- ▶ Jointly between the CASD Workgroup and Harvey Institute, training was revised to three hours.
- ▶ Meetings with the union identified the concerns that the training should directly align DCFS policy, litigation by parents may ensue, and social workers are taking on a role better suited for health care professionals and therapists.
- ▶ At one point, union issued a stay of the training.
- ▶ Significant efforts, including time, put forth to work with County Counsel, DCFS Policy Section, and union representatives to resolve the concerns.
- ▶ Successful outcome with a finalized training reached in early 2015 and *DCFS Sexual Health Conversations* training rolled out in March 2015.

## Lessons Learned from Development to Implementation

- ▶ If a training is implemented on sexual health for social workers be sure that it is aligned with departmental policy.
- ▶ County Counsel can be very good resource to review and confirm current laws.
- ▶ Departmental Leadership's support of training should be sought and obtained.
- ▶ Union involvement should occur as early possible in the process.
- ▶ Individuals can be expected to be uncomfortable with the subject matter.
- ▶ Complementary efforts to training should be considered to assure that the information presented is reaching youth in foster care:
  - ▶ Planned Parenthood training targeted as in service training on birth control and role playing conversations.
  - ▶ Insertion of informational material on Sexual and Reproductive Health Care Rights, along with services and useful resources into placement and replacement packets.

## Overview of Training, DCFS Sexual Health Conversations

- ▶ Goals and Objectives include defining historical context to define sexual health; teaching three specific skill sets for having sexual health conversations and describing interface between DCFS policy and sexual health conversations.
- ▶ Topics covered are:
  - ▶ Exercise on suspending judgement.
  - ▶ Review of World Health Organization's definition of Sexual Health of 2006; six fundamentals.
  - ▶ Pertinent data and research.
  - ▶ DCFS Policy, including pertinent WICs.
  - ▶ Components of Sexual Health Conversations
  - ▶ Sexual Health Inventory completed anonymously by participants.
  - ▶ Pre and post tests and evaluation utilized.

## Implementation-to-Date of training, *DCFS Sexual Health Conversations*

- ▶ Total of 1536 DCFS staff have received the training.
- ▶ Most recent sessions held in November 2017.
- ▶ Consistent results across the sessions on pre and post-tests and evaluations:
  - ▶ 97% of the participants rated the training better prepared them for their jobs and/or was relevant to their jobs.
  - ▶ 98% of the participants reported the training had increased their understanding and/or said they would apply training content to their jobs.
  - ▶ Responses to open ended questions:
    - ▶ Greatest learning has been about sexual health definitions and terminology followed by how to approach sexual health conversations with youth and caregivers.
  - ▶ Suggestions for Improvement:
    - ▶ Extend the length to a full day training.
    - ▶ Include more role playing and other interactive activities.
- ▶ Note: Current effort through Conrad N. Hilton Foundation-funded Collective Impact Campaign to evaluate impact of DCFS Sexual Health Conversations training

### Next Steps for LACO DCFS on Continued Use of the *DCFS Sexual Health Conversations* training and Alignment with SB 89

- ▶ First step, already initiated, is to complete a thoughtful review of DCFS' training as compared to the SB 89 requirements as presented in CDSS' All County Letter to determine gaps and where the training requires strengthening.
- ▶ Determination has been made that case plan documentation requirements are not included in the training.
- ▶ LACO DCFS will review how CDSS' curriculum, including any E-learning modules, can be utilized, to ensure that the mandates are met.
- ▶ Determination will be made on roll out of required training, for example, during new social worker Academies or perhaps in DCFS Regional Offices.

### Strategy 2: DCFS Expectant and Parenting Youth (EPY) Conferences

- ▶ Created by, and lobbied for, through strong partnership between DCFS and child advocates partners.
- ▶ Collaboration goal is to assist in breaking the intergenerational cycle of children entering the child welfare system.
- ▶ Identified as a Promising Practice by California Foster Youth Pregnancy Prevention Institute.

## Description of DCFS EPY Conferences

- ▶ Purpose is to proactively identify and address the needs of EPYs under DCFS supervision, including teen fathers, on planning for healthy parenting, identifying appropriate resources and services, and preparing for successful transition to independence.
- ▶ Based on the Family Group Decision Making Model.
- ▶ Conferences are voluntary.
- ▶ Core are a DCFS Conference Facilitator and a Resource Specialist who is represented by a local child advocate.

## Components of EPY Conferences - Participation

Participants include:

- ▶ Pregnant Youth/Parenting Mother
- ▶ Youth Father
- ▶ EPY Conference Facilitator
- ▶ Resource Specialist
- ▶ Assigned Social Worker and Supervisor
- ▶ Investigator for Children's Law Center, when available
- ▶ Members of the youth's support system identified by the EPY and invited only with youth's approval
- ▶ Other participants with youth's approval may include DCFS and Community Supports

## Components of EPY Conferences - Areas of Focus

- ▶ Prenatal Care.
- ▶ Reproductive Health.
- ▶ Referral to Home Visitation.
- ▶ Housing and Placement Stability.
- ▶ Education.
- ▶ Subsidized Child Care.
- ▶ Parenting Classes.
- ▶ Early Intervention for youth's baby.
- ▶ Funding.
- ▶ Mental health counseling Legal Issues such as Family Law, tickets and Immigration.
- ▶ Public Benefits.
- ▶ Transition Issues and Services.

## What Can EPY Conferences Achieve?

- ▶ Assistance for, and services to address, reproductive health care rights for current pregnant youth and parenting youth, for example preventing a second pregnancy.
- ▶ Breaking the intergenerational cycle of children entering the child welfare system.
- ▶ Positive Birth Experience.
- ▶ Successful parenting.
- ▶ Resolution of barriers to achieving successful independence.

## Strategies for CASAs

- ▶ Tips & Tools for Trusted Adults Tool
  - ▶ Purpose
    - ▶ To guide those who may be the trusted adult relationship in a youth's life
    - ▶ Easy to read and understand
    - ▶ Includes suggested questions and scripts
  - ▶ Three-parts
    - ▶ Tips for youth pre-teen and early adolescents
    - ▶ Tips for youth 13-17 years old
    - ▶ Tips for youth 18+years old
  - ▶ Available at [www.TheNationalCampaign.org](http://www.TheNationalCampaign.org)



## Strategies for caregivers

### Tools Available:

- State Plan that addresses required and recommended strategies
- CDSS Guidance with case studies
- ACLs and new regulations

### Training:

- "Heart to Heart", pilot in Los Angeles County
- Senate Bill 89 new mandate
- Los Angeles Reproductive Health Equity Project



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