

California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents

The California Department of Social Services, in collaboration with valued stakeholders, developed this plan as authorized in Welfare and Institutions Code (W&IC) section 16521.5 to provide foster care providers, county social workers and probation officers with guidelines that describe the duties and responsibilities in delivering unintended pregnancy prevention services and information to youth and Non-Minor Dependents (NMD).

I. EFFECTIVE STRATEGIES AND PROGRAMS FOR YOUTH AND NON-MINOR DEPENDENTS

Required Strategies for All Youth and NMDs

- A. County agencies shall use the reasonable and prudent parent standard to create normalcy and to support the healthy sexual development of youth and NMDs based on their individual needs.¹
- B. County agencies shall provide access to age-appropriate, medically accurate information on reproductive and sexual health care, the prevention of unplanned pregnancies, which includes abstinence and contraception, and the prevention, diagnosis and treatment of sexually transmitted infections (STIs).²
- C. County agencies shall inform youth, in an age-appropriate manner, of their rights to consent to the prevention or treatment of pregnancy, including contraception and abortion, at any age; and to consent to the prevention, diagnosis and treatment of STIs at age 12 or older.³

Recommended Strategies for All Youth and NMDs

- D. County agencies should develop policies and procedures on confidentiality and how to protect the youth's and NMD's sensitive information surrounding their reproductive and sexual health care and treatment to ensure compliance with federal and state privacy law.⁴
- E. County agencies should educate youth and NMDs about the contrasts between healthy and unhealthy relationships.
- F. County agencies should provide youth and NMDs with information on Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) + wellness including Sexual Orientation Gender Identity and Expression (SOGIE) and reproductive and sexual health.

¹ See All County Letter (ACL) 16-31 for guidelines about the reasonable and prudent parent standard.

² W&I Code §§ 369, subd. (h); 16001.9, subd. (a)(27), 16501.1, subd. (g)(4).

³ See footnote 2, and Fam. Code §§ 6925 and 6926. The right to consent to abortion at any age was established by the California Supreme Court in *American Academy of Pediatrics v. Lungren* (1997) 16 Cal.4th 307.

⁴ See ACL 16-32 for guidelines on how to properly document sensitive medical information for youth in foster care.

- G. County agencies should use culturally-inclusive, trauma-informed, strengths-based, and whenever possible, evidence-based practices and programs.
- H. County agencies should use existing local reproductive health care resources such as those offered through county public health, schools, community clinics, family planning clinics (including Title X clinics) and programs serving Commercially Sexually Exploited Children (CSEC).

Recommended Strategies for Preteen Youth

- I. County agencies should ensure that preteen youth receive age-appropriate education about healthy relationships, healthy sexual development, positive gender identity, body image and safety.
- J. County agencies should ensure that preteen youth receive age-appropriate, medically accurate, education on puberty, reproductive health and sexual development before puberty.⁵

Recommended Strategies for Youth 12 years old and older and Non Minor Dependents

- K. County agencies should incorporate a reproductive and sexual health education component into the Independent Living Program curricula.
- L. County agencies should prepare youth and NMDs for their medical visits by providing them with a list of frequently asked questions to ask their doctor, encourage them to write specific questions of their own and prepare them for questions that may be asked of them.

II. ROLE OF FOSTER CARE AND GROUP HOME PROVIDERS

Required Duties and Responsibilities

- A. Providers shall incorporate the reasonable and prudent parent standard to create normalcy for the youth and NMD.⁶
- B. Providers shall respect the private storage space and personal belongings of the youth and NMD as it relates to their reproductive and sexual health care.⁷
- C. Providers shall facilitate access and transportation to reproductive and sexual health related services unless otherwise arranged.⁸
- D. Providers shall notify the case management worker (county social worker or probation officer) of any barriers the youth or NMD experiences in accessing reproductive and sexual health care services or treatments.⁹

⁵ Research suggests the effects of childhood trauma may cause early development of puberty. For more information, visit <http://www.nctsn.org/resources/audiences/parents-caregivers/understanding-child-traumatic-stress>

⁶ Please review [ACL 16-31](#) for information about the reasonable and prudent parent standard.

⁷ W&IC, § 16001.9, subd. (a)(18), (youth have the right to storage space for private use).

⁸ W&IC, § 16001.9, subd. (a)(4), California Code of Regulations, title 22, § 80075, subd. (a), and § 89374, subd. (c)(1).

⁹ W&IC, § 16521.5, subd. (b).

- E. Providers, in consultation with the case management worker (county social worker or probation officer), shall ensure that youth and NMDs who remain in long-term foster care receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information.¹⁰
- F. Providers shall ensure that youth and NMDs receive an annual medical exam as required by the new “CHDP Bright Futures Periodicity Schedule for Health Assessments by Age Groups” schedule.¹¹

Recommended Duties and Responsibilities

- G. Providers should cultivate an open, honest, and supportive environment where youth and NMDs feel comfortable to talk about sensitive issues such as sex, abstinence, abortion, contraceptive use, STIs, reproductive and sexual health and SOGIE.
- H. Providers should support the healthy sexual development of youth and NMDs and shall not impose their personal biases, judgments and/or religious beliefs.
- I. Providers should strive to use everyday situations as teachable moments to begin discussions with the youth and NMD (for example, watching TV shows, reading articles, or talking about real-life situations such as a friend’s pregnancy).

III. ROLE OF THE CASE MANAGEMENT WORKER (County Social Worker or Probation Officer)

Required Duties and Responsibilities

- A. The case management worker shall provide youth and NMDs with a copy of the [Foster Youth Rights](#) upon entry into foster care and at least once every six months at the time of scheduled contact.¹²
- B. The case management worker shall provide youth and NMDs with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs.¹³
- C. The case management worker shall inform youth, in an age appropriate manner, of their rights to consent at any age to pregnancy-related care, including contraception, abortion, and prenatal care. The case management worker shall inform youth of their right to consent at age 12 or older to the prevention, diagnosis and treatment of STIs.¹⁴

¹⁰ W&IC, § 16521.5, subd. (a).

¹¹ For information about the new periodicity schedule for Medi-Cal recipients, please see: http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_24872.asp .

¹² W&IC, § 16501.1, subd. (g)(4).

¹³ W&IC, § 16001.9, subd. (a)(27). W&IC, § 369, subd. (h) authorizes the social worker to provide access to this information prior to age 12, even though the age for minor consent for STI treatment is age 12.

¹⁴ See footnote 3, above. NMDs have the medical consent rights of other adults, per W&IC, § 303, subd. (d).

- D. The case management worker shall inform youth and NMDs about their confidentiality rights regarding medical services¹⁵ and seek the youth's and NMD's written consent prior to any disclosure of their sexual or reproductive health information. The case management worker shall inform youth and NMDs of their right to withhold consent to such disclosure(s).
- E. The case management worker shall ensure youth are up to date on their annual medical appointments.
- F. The case management worker, in collaboration with the foster care provider, shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.
- G. The case management worker shall not impose their personal biases and/or religious beliefs upon the youth and NMD.

Recommended Duties and Responsibilities

- H. The case management worker should have open conversations with foster youth younger than age 12 about puberty and sexual and reproductive health topics at a developmentally and emotionally appropriate level.
- I. The case management worker should include reproductive health education as a Case Management Service objective for youth 12-years-old and older at a developmentally and emotionally appropriate level.
- J. The case management worker should document the youth's and NMD's reproductive and sexual health care and services in a sensitive manner to ensure their privacy and compliance with federal and state confidentiality law.¹⁶
- K. The case management worker should provide youth and NMDs with information about how to make doctor appointments, a list of medical provider options, and the youth's medical insurance information.

IV. HOW TO INVOLVE FOSTER YOUTH AND NON-MINOR DEPENDENTS

Recommended Strategies

- A. The youth and NMD should be asked what concerns they have regarding their reproductive and sexual health. These conversations should be initiated by the case management worker, caregiver, foster care public health nurse, group home staff, and Court Appointed Special Advocate (CASA).

¹⁵ If the foster youth has the right to personally consent to medical services, such services are confidential between the provider and foster youth to the extent required by the Health Insurance Portability and Accountability Act (PL 104-191) and the California Medical Information Act (Civ. Code, § 56 et seq., Health & Safety Code, §§ 123110, 123115), unless disclosed through written consent of the foster youth or through a court order.

¹⁶ See ACL 16-32 for guidelines on how to properly document sensitive medical information for youth in foster care.

- B. The youth and NMD should be asked if they prefer to discuss sensitive reproductive and sexual health issues with a particular trusted adult (e.g. a social worker, CASA, caregiver, counselor, health coach, mentor, or health care provider).
 - C. The youth and NMD should be involved in and asked to provide written consent prior to any disclosure of information about their reproductive and sexual health.
 - D. The youth and NMD should be encouraged to follow medical guidelines and the advice of health care professionals as it relates to their reproductive and sexual health care.
 - E. The youth and NMD should receive guidance from a trusted adult or foster care public health nurse about the importance of making healthy sexual health choices and associated risks and consequences.
 - F. The youth and NMD should receive assistance from a trusted adult about creating a safety plan recognizing that alcohol and other drug use can be a potential factor leading to having unprotected sex.
 - G. The youth should be provided with information about the right to leave school, without notice or permission from a parent or caregiver, to attend a confidential medical appointment.
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V. SELECTING AND PROVIDING APPROPRIATE MATERIALS TO EDUCATE YOUTH AND NON-MINOR DEPENDENTS IN FAMILY LIFE EDUCATION

Required Strategies

- A. County agencies shall provide youth and NMDs with educational materials regarding the prevention of unplanned pregnancy and STI's that are medically accurate, age and developmentally appropriate, trauma-informed, strengths-based, and whenever possible, evidenced-based.

Recommended Strategies (Note: See attached Online Resource Page)

- B. County agencies should provide youth and NMDs with information about accessing community resources including local health clinics that offer free reproductive health care services and crisis hotlines.
 - C. County agencies should provide youth and NMDs with credible on-line resources related to reproductive and sexual health, preventing unplanned pregnancies, and STI's.
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VI. TRAINING OF FOSTER CARE AND GROUP HOME PROVIDERS AND, WHEN NECESSARY, COUNTY CASE MANAGERS IN ADOLESCENT PREGNANCY PREVENTION

Providers should receive education and training on the following topics:

- 1) *How to engage and talk with youth and NMDs in an age and developmentally appropriate way about their reproductive and sexual health.* Topics should include healthy sexual development, sex, abstinence, pregnancy and STI prevention, contraceptive use and the risks involved, abortion, LGBTQ + wellness, SOGIE, counseling regarding pregnancy options and developing healthy relationships.
- 2) *Defining the caregiver's role when talking to youth and NMDs about sensitive reproductive and sexual health issues.* Topics should include confidentiality, caregiver's biases and beliefs, and the importance of collaboration between biological parents and caregivers and understanding respective roles.
- 3) *Overview of foster youth rights and reasonable and prudent parent standards.*
- 4) *CSEC awareness and how to recognize sexually exploited youth/intervention resources.*
- 5) *Related trainings in reproductive and sexual health offered within the caregiver's county.*

Case management workers should receive training on the following topics:

- 1) *How to engage and talk with youth and NMDs in an age and developmentally appropriate manner about their reproductive and sexual health.* Topics should include healthy sexual development, sex, abstinence, pregnancy and STI prevention, contraceptive use and the risks involved, abortion, LGBTQ+ wellness, SOGIE, counseling regarding pregnancy options, and developing healthy relationships.
- 2) *Birth control awareness and the associated risks and benefits.* Topics should include important issues such as weight gain and mood fluctuations.
- 3) *Laws regarding a foster youth's right to consent to reproductive and sexual health treatment and services, and a foster youth's right to confidentiality regarding access to such treatment and services.*
- 4) *CSEC awareness and local resources for CSEC survivors.*
- 5) *Trainings offered through the Regional Training Academies related to reproductive and sexual health.*
- 6) *Related trainings in reproductive and sexual health offered within the case manager's particular county.*

ONLINE RESOURCES

Youth, NMDs, Caregivers, Social Workers, and Probation Officers

Information on birth control options:

<http://thenationalcampaign.org/resource/pocket-protector>

Information about types of birth control and effectiveness:

<http://www.plannedparenthood.org/learn/birth-control>

To find a Planned Parenthood Center near you:

<https://www.plannedparenthood.org/health-center>

To find a Title X family planning clinic near you:

<http://www.cfhc.org/programs-and-services/clinic-map>

Family Planning, Access, Care, and Treatment (PACT) Program:

www.familypact.org

Caregivers, Social Workers and Probation Officers

Prevalence of Foster Youth and Pregnancy (9 minute video):

<http://thenationalcampaign.org/resource/crucial-connection>

The ETR website provides health education materials in sexual health, pregnancy prevention, LGBTQ+ wellness, dating violence and more:

<http://www.etr.org/>

Free DVDs with discussion guides for each episode of "16 and Pregnant":

<http://thenationalcampaign.org/resource/16-and-pregnant-season-1>

Tips and resources for caregivers about talking to youth about sex and sexuality:

<https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>

List of resources for caregivers about talking to youth of different ages about sex:

<http://www.plannedparenthood.org/parents/resources-for-parents>

Tips and information about talking to youth about pregnancy prevention and other topics:

www.TalkWithYourKids.org

<https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx>

<http://www.etr.org>

<http://www.positivepreventionplus.com/>

<http://www.cdc.gov/lgbthealth/youth-resources.htm>

<http://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care>

Social Workers and Probation Officers

Positive Prevention Plus lessons (in compliance with the California Healthy Youth Act). Lessons include: Sexual Health (for grades 7-12), Preventing Unplanned Pregnancies and HIV/AIDS: <http://www.positivepreventionplus.com/>.

The Family & Youth Service Bureau's National Clearinghouse on Families and Youth offers a training website for courses in "Creating a safe space for LGBTQ teens" and "Adolescent Development":

<http://www.acf.hhs.gov/programs/fysb/resource/online-app-training> -

The California Department of Education's Comprehensive Sexual Health Education and HIV/AIDS Prevention Education:

<http://www.cde.ca.gov/ls/he/se/>

The U.S. Department of Health and Human Services' Office of Adolescent Health offers evidence-based interventions on teen pregnancy prevention programs:

<http://www.cdc.gov/HealthyYouth/index.htm>

The California Family Health Council's Learning Exchange is a resource for health professionals to learn and share best practices in reproductive and sexual health care service delivery:

<http://www.cfhc.org/learning-exchange>

Youth and NMDs

Youth friendly websites about birth control, safe sex and healthy relationships:

<http://stayteen.org/>

<http://www.teensource.org/>

<http://bedsider.org/>

Resources for LGBTQ+ Youth:

<http://www.cdc.gov/lgbthealth/youth-resources.htm>