

Advancing Reproductive Health
Equity for Youth in Foster Care

Sexual and Reproductive Wellness in Foster Care:

An SB 89 Compliant Training for
Short Term Residential Therapeutic Programs (STRTP)
Trainer Guide



Acknowledgements

This training was developed by the Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP) and its leadership team partners. LA RHEP brings together foster youth and the agencies that serve them to promote evidence-informed strategies that reduce unplanned pregnancies and dismantle systemic barriers to sexual and reproductive health education and services. The LA RHEP website includes additional information about the project as well as additional resources and tools on these topics. www.fosterreprohealth.org.

This STRTP training meets the requirements of the Foster Youth Sexual Health Education Act (SB 89 2017). It includes elements from and is designed to parallel the following sexual and reproductive wellness trainings and train the trainer guides:

California Social Work Education Center. (Ed.) (2019). Sexual and Reproductive Wellness in Foster Care. Berkeley, CA: California Social Work Education Center, trainer guide and slides, available at: <https://calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89/classroom-curriculum>

John Burton Advocates for Youth, LA RHEP, and Seneca Family of Agencies (2019). Sexual and Reproductive Wellness in Foster Care: SB 89 Pre-Approval Module Trainer Guide and slides, available at: <https://www.jbaforyouth.org/sb89-preapproval-training/>

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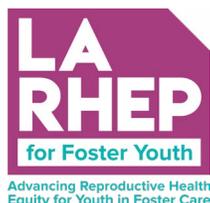


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Lesson Plan

Goal of Training:

To inform STRTP staff of:

- The sexual and reproductive rights of youth in foster care
- Their duties and responsibilities as caregiver as well as those of the caseworker
- How to engage with youth about sexual and reproductive wellness
- Age-appropriate resources and referrals to share with youth

Estimated Duration of Training:

2.5 hours

		Slide #
15 minutes	1. Why this Training? Introductions and review of learning objectives. Related statistics and need for and purpose of updated law.	1-12
30 minutes	2. Reproductive and Sexual Wellness Rights of Youth in Foster Care Review the sexual and reproductive wellness rights in and out of the doctor's office. Case studies. Introduce resources. Activity.	13-32
30 minutes	3. Duties and Responsibilities of STRTP staff and County Caseworkers Clarify the duties of foster caseworkers, resource families and residential facilities to support service and education access. Review case studies. Introduce resources. Activity.	33-54
FIFTEEN MINUTE BREAK		
10 minutes	4. Confidentiality and Mandated Reporting What is sensitive health information? When to be concerned? Overview of line between confidentiality and reporting requirements.	55-61
10 minutes	5. In-Person and Online Resources and Referrals Participants will learn how to help youth find and access age-appropriate and medically accurate reproductive and sexual health information and adolescent friendly services.	62-72
30 minutes	6. Engaging with Young People about Sensitive Topics Identify and practice some tips for engaging with young people about sensitive issues. Discuss some strategies for age- and developmentally-appropriate, medically-accurate, trauma-informed, and strengths-based communication. age and developmentally appropriate, and LGBTQ inclusive.	73-81
10 minutes	7. Wrap Up and Evaluation	

Preparing to Train on This Curriculum

Background Learning

The trainer should be familiar with several materials available from the California Department of Social Services before training on this curriculum.

- The trainer should be familiar with and supportive of the rights described in “Youth’s Sexual and Reproductive Health Care and Related Rights” which can be found here:
<http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>
- The trainer also should be familiar with the guide and case examples included in, “Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care For Children’s Residential Facilities and Resource Families,” which can be found here:
<https://www.cdss.ca.gov/Portals/9/HSD%20Guide-%202018%20revision%20update-FINAL%202-23-18.pdf>
- The trainer also might benefit from reviewing and being familiar with the most recent STRTP Interim Licensing Standards. The most recent version, Version 3, released January 11, 2019, is available at:
https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/ILS/STRTP_ILS_V3_01_11_2019Web.pdf?ver=2019-11-21-092550-947

Interim rules referenced in this training include sections 87067, 87068.1, 87072, 87074, and 87075.

Communicating with the Audience and Agency before the Training

This training addresses sensitive topics that may be difficult for some attendees if they are not prepared. The contents also may raise questions from the audience about their agency’s policy and practice advice. It can be helpful if the audience is provided some framing and support ahead of time and if leadership is provided the opportunity to prepare answers to likely questions.

To this end, we recommend providing staff/attendees the document entitled “Workshop Overview for Staff” (available in Appendix) a few days before the training takes place.

We also recommend providing agency leadership the document entitled “Workshop Overview for Leadership” (available in Appendix) at least a few days before the training.

To get a copy of the training slide deck please submit your request to <https://fosterreprohealth.org/contact>

Additional resources:

For additional learning in preparation for delivering training on this content:

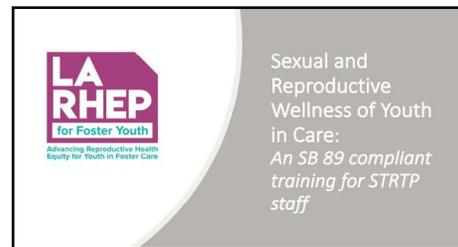
- The CDSS Healthy Sexual Development Project website has many helpful resources and links to pertinent materials:
<https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project>
- The National Child Traumatic Stress Network’s Sexual Development and Behavior in Children Information for Parents and Caregivers
<https://www.nctsn.org/resources/sexual-development-and-behavior-children-information-parents-and-caregivers>
- Recommendations for working with LGBTQ youth in foster care, and while it’s a little bit old, it still contains very important background information for this course
<https://www.lambdalegal.org/sites/default/files/publications/downloads/recommended-practices-youth.pdf>



1: Why this Training?

Segment Time	15 minutes
Materials	None
Slides	1-12

01 Introduction (read slide)



02 Agenda (read slide)

This is what we will cover today, but in the big picture, we are talking about helping young people learn what is and how to have healthy relationships now and in the future

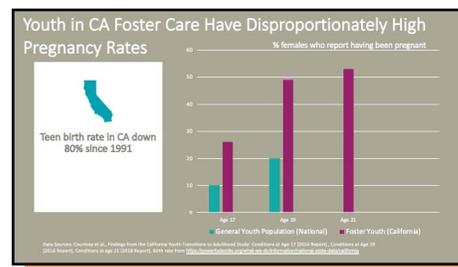


03 Why This Training? (read slide)



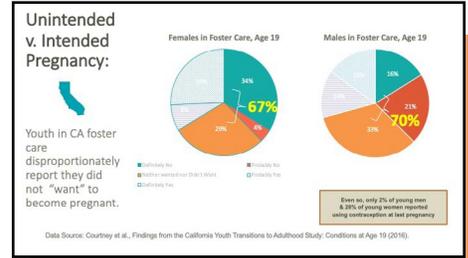
04 Youth in CA Foster Care Have Disproportionately High Pregnancy Rates

California has introduced policy, practices and a network of health services that have made it one of the leading states in reducing teen birth rates. However, even with these comprehensive reproductive and sexual health education and services in California, - by age 19, about half of young women in foster care will have been pregnant at least once, more than twice as many as young women in the general population... It is important to note that our early pregnancy rates for youth in foster care here in CA do mirror the national data for youth in foster care in general.



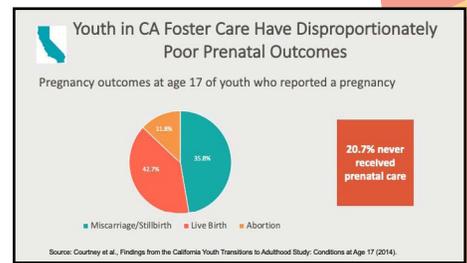
05 Unintended v. Intended Pregnancy

The vast majority of young people in foster care do not want to become pregnant. In the CalYOUTH study cited here, more than two thirds of females in foster care reported that their last pregnancy was not intentional. Many of these young people go on to be very resilient and successful parents, but an early pregnancy that wasn't planned for is a challenge for anyone, especially youth with limited family support. There is a common misconception that foster youth want to have babies to "make a family for themselves." This study shows that isn't true. While there certainly are some youth who intend to get pregnant (and that choice is theirs to make), it is not as common as we often hear.



06 Youth in CA Foster Care Have Disproportionately Poor Prenatal Outcomes

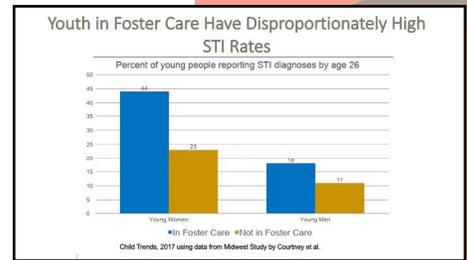
Youth in California foster care have disproportionately poor prenatal outcomes. In the CalYOUTH study, of the young women who reported having been pregnant by age 17, about 43% had experienced a miscarriage or stillbirth, which is about 3 times higher than the miscarriage rate in the general population. Notably, about 21% of pregnant young women never received prenatal care at all during their pregnancy.



07 Youth in Foster Care Have Disproportionately High STI Rates

Youth in foster care have disproportionately high STI rates compared to youth in the general population, though it is important to note that STIs are a big issue for all young people, not just youth in care.

1. About half of all young people will contract an STI before their 25th birthday - which means half will not.
2. Ten million new STI's reported were among young people aged 15-24 in 2016.
3. Young people (ages 13-24) account for an estimated 21% of all new HIV diagnoses.
4. Many STI's do not present symptoms, but can still cause long-term health problems, including sterilization.



08 Youth in Foster Care Experience Unique Barriers to Education and Services

Foster youth face unique barriers when it comes to their sexual and reproductive health such as inconsistent access to sexual health education, lack of knowledge, resources and access to services, lack of trusted, stable relationships, policies not clear on who is responsible for a foster youth's health, and adverse childhood experiences.



09 Importance of Conversations:

Why is this work important? These quotes come from a study a number of years ago but are still relevant. On the one hand, we have a caregiver saying: *“I was just thinking that if a kid is in foster care and the child is to reunify with the parents, who are we to talk to their kids about sexuality?”*

Importance of Conversations:

“I was just thinking that if a kid is in foster care and the child is to reunify with the parents, who are we to talk to their kids about sexuality” – Caregiver

“None of my foster parents—I had 14 placements—ever brought up the issue; they were able to establish a curfew and don't do this and don't do that, but never a sit down, one-on-one talk.” – Teen

And on the other hand, we have a youth saying: *“None of my foster parents—I had 14 placements—ever brought up the issue; they were able to establish a curfew and don't do this and don't do that, but never a sit down, one-on-one talk.”*

This is why it is important we all feel prepared to have healthy, supportive conversations and know what the boundaries are regarding what we can, can't, must, and may do and speak about.

10 Importance of Training

And why is training like this important? From that same study, here are two quotes from professionals:

“I don't know how far we can go into conversations: I avoid certain topics.” and *“I was just pulling things from out of the air because I didn't know what was available.”*

Importance of Training:

“I don't know how far we can go into a conversation; I avoid certain topics.”

“I was just pulling things from out of the air because I really didn't know what was available to her.”

11 Recent Changes in California Law and Policy

Given the disparities and related outcomes just discussed, and the lack of training and policy for professionals like you, it became clear that foster youth needed more intentional support to ensure they receive education, information, and services about their sexual and reproductive health. Starting in 2015, the state Department of Social Services issued new regulations, guidance and policies. This included, issuing a “Plan for the Prevention of Unintended Pregnancy for youth in Foster care” in 2016. The state put together a workgroup of experts and stakeholders to help develop this guidance and to assemble resources. This was followed by the legislature passing SB 89 in 2017. Some of the law and regulation changes recently adopted may mean big changes in practice for STRTPs.

Recent Changes in California Law and Policy

- 2016 • California Healthy Youth Act
- 2016 • CDSS issues state plan for unplanned pregnancy
- 2017 • STRTP regulation changes
- 2017 • California Foster Youth Education Act (SB 89)
- 2016-2019 • CDSS issues state policy and guidance to clarify rules and obligations for case workers and caregivers

12 Your Work Matters

Your work does matter. What you do and how you do it makes a difference. What you do -- this may be something as simple as providing quality resources and referrals. How you do it -- this may be that you are considering and valuing the youth, and being consistent and calm and gently curious rather than judgmental. Cycles of violence and trauma can have devastating effects as we know. Many foster youth are in these cycles. Supportive attention to sexual wellness and healthy relationships can help interrupt these cycles and promote healing and positive change, healthy development.

Your Work Matters

What you do + How you do it = Positive Impact

2: Reproductive and Sexual Rights of Youth in Foster Care

Segment Time	35 minutes
Materials	CDSS Know your reproductive and sexual health rights brochure
Slides	13-32
Activity	Case studies

13 Sexual and Reproductive Wellness Rights
Introduce this segment on the rights of youth and non-minor dependents in California and specifically in California's foster care system as related to their sexual and reproductive wellness.

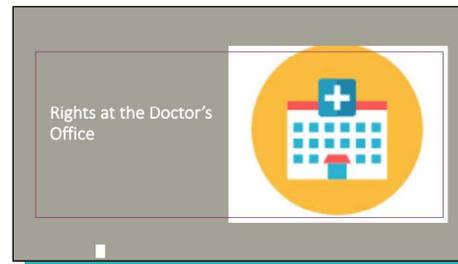


14 CDSS Know Your Rights Brochure
 CDSS has created a youth brochure that lays out all of the sexual and reproductive rights of foster youth. As we review the rights in this section, you can follow along on this brochure.

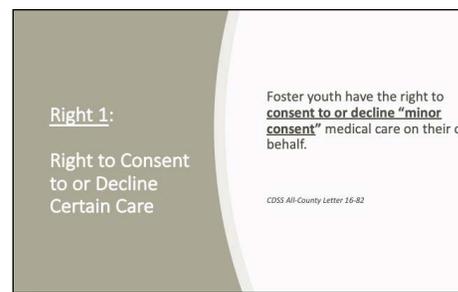


The brochure is available in a number of languages and can be downloaded in a print friendly format from the California Department of Social Services. Youth may receive this brochure from their social worker as social workers are required to inform youth of their sexual and reproductive rights annually starting at age 10.

15 Rights at the Doctor's Office
 The rights we will cover in the section are rights that all youth in California have regardless of whether or not they are in foster care. Foster youth do not lose these rights because they are in foster care



16 Right 1: Right to Consent to or Decline Certain Care
 Youth in California have the right to consent or decline certain medical services on their own behalf. This is true for all adolescents, including adolescents in child welfare and juvenile justice.



17 What is “Minor Consent” Care?

At any age, youth can consent to:

1. Contraception, including Long Acting Reversible Contraception (LARC) and Emergency Contraception
2. Pregnancy testing
3. Prenatal and postnatal care
4. Abortion
5. Diagnosis and treatment of sexual assault

At age 12, youth can consent to prevention, diagnosis, and treatment of STIs and HIV as well as outpatient mental health care, drug treatment and several other services.

Consider asking the group for a volunteer to read this list. Consider asking the group: Can anyone explain what LARC is or for some examples of a LARC? (See glossary for definition)

What Sexual and Reproductive Health Services are “Minor Consent” Care?

AT ANY AGE:

- Contraception, including Long Acting Reversible Contraception (LARC) and Emergency Contraception
- Pregnancy Testing
- Prenatal and Postnatal Care
- Abortion
- Diagnosis and treatment of sexual assault

12 Years or Older:

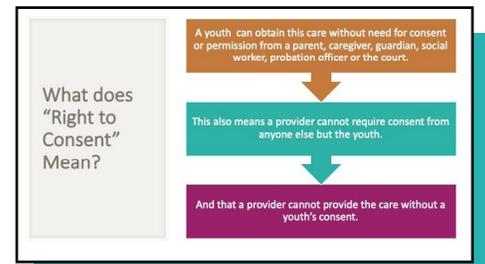
- Prevention, diagnosis, and treatment of STIs and HIV
- See resources for other kinds of care minors can consent to on their own

CDSS All County Letter 16-02

18 What does “Right to Consent” Mean?

Right to consent means:

- That they can receive the care without the need for consent from a parent, caregiver, guardian, social worker, probation officer or the court.
- That a provider cannot require consent from anyone else but the youth; and
- That the provider cannot provide the care without the youth’s consent.



Consider asking the group one or more of the following: Do the minor consent rules sound familiar? Do any of them surprise anyone? Any thoughts on why the state would give minors these rights to get health care on their own? (See FAQ in Appendix for talking points).

19 Jay

Jay is 15 and wants to see a doctor about a sexual health question. *Is Jay allowed to go to the doctor on their own -- without a parent, caregiver or caseworker being involved?*

You may choose to ask the audience to share their thoughts on the question presented, or you may share the following answer immediately.

Jay

Jay is 15 and wants to see a doctor about a sexual health questions related to safe sex and prevention of STIs.

Is Jay allowed to go to the doctor on their own -- without a parent, caregiver or caseworker being involved?

Yes, Jay can see a health provider about prevention of STIs and sexual health and does not need permission from a parent, caregiver or case-worker. That is true whether or not Jay is in foster care.

20 Right 2: Right to Privacy in Exams

Youth have the right to privacy in exams.

This means that the caregiver, caseworker or anyone transporting the youth to their appointment cannot be in the room when the youth is receiving care. The medical provider should not be starting conversations, sharing information or asking questions to the youth while caregivers or case workers or anyone else is present.

It is important to point out that even medical providers sometimes don't realize that these rights also apply to youth in foster care. Like other adults, they too may think that because the youth is in foster care the social worker or STRTP staff who transported the youth needs to be present in the exam room and know what is happening with the youth. A youth's right to privacy in exams continues to apply even if the youth is in care.

There may be situations in which the youth would like the caregiver or case worker to be in the exam room with them for support. If this is the case, the youth can convey this to the health provider.



21 Right 3: Right to Privacy in Health Information

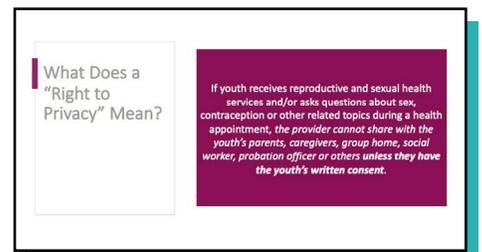
Youth in California also have the right to patient confidentiality regarding sexual and reproductive health services and records.

22 What does a "Right to Confidentiality" Mean??

What does the right to confidentiality mean?

If a 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 with the youth's parents, caregivers, group home, social worker, probation officer or others without the youth's written consent.

1. sexual and reproductive health services can include:
2. a youth seeing a doctor for birth control
3. getting a cervical exam/pap smear
4. having an IUD inserted
5. seeing a doctor for a pregnancy test



This also means that the medical provider can't give the youth's confidential medical records to anyone including STRTP staff without first getting the youth's explicit permission.

23 Jenny

Jenny, 15, is taken to the doctor for her annual health exam. She gets a prescription for birth control pills and a packet of pills to take home. Can the doctor tell the STRTP staff about the birth control prescription?

No, the doctor cannot share with the STRTP staff or any other person without Jenny's consent. This means Jenny has to agree to the disclosure of information.

Jenny:

Jenny, 15, is taken to the doctor for her annual health exam. She gets a prescription for birth control pills and a packet of pills to take home.

Can the doctor tell the STRTP staff about the birth control prescription?



24 Rights of Youth: Outside the Doctor's Office

Unlike the rights at the doctor's office, the following rights are specific to youth in foster care. They are special rights granted to youth in care to ensure that they are given access to reproductive and sexual health care information and services that may otherwise be unavailable or unattainable simply because they are part of the state's foster care system.

Rights of Youth:
Outside the
Doctor's Office



25 Right 4: Right to Obtain and Use Contraception

Foster youth have the right to obtain, possess and use the contraception of their choice, including condoms, regardless of their caregiver or placement's religious belief or affiliation. Birth control or condoms or other protection cannot be taken away from youth as a punishment or as part of an disciplinary program.

Right 4:
Right to obtain and use
contraception

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." CDSS All-County Letter 16-82



26 Right 5: Right to Storage Space in Placement

Foster youth have the right to private storage space and to be free from unreasonable searches of their personal belongings.

Note that duties of STRTPs will be covered later, but it may be helpful to point that under the new STRTP licensing standards, STRTPs are now required to provide youth with locked storage space to keep personal belongings including contraception such as condoms, birth control and morning after pill.

Right 5:
Right to Private
Storage Space in
Placement

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

CDSS All-County Letter 16-82



27 Jenny

Jenny leaves the doctor's office with a brown paper bag with birth control pills in it. When they get back to the STRTP, Emily brings the pills to her room.

Can she keep the pills in her room?

You may choose to ask the audience to share their thoughts on the question presented, or you may share the following answer immediately.

Yes. According to the new STRTP interim licensing standards, Jenny can keep contraception including birth control pills in her room, in a locked storage space. She does not need to give it to staff to place in central storage.

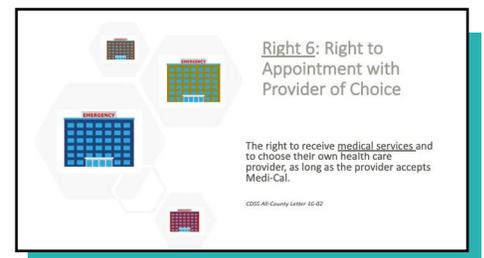


28 Right 6: Right to Appointment with Provider of Choice

Foster youth have the right to receive medical services, including reproductive and sexual health care, and to choose their own health care provider if service is covered under Medi-Cal or their health insurance.

Note that most foster youth are on Medi-Cal and Medi-Cal covers reproductive and sexual health care services as does the FamilyPact insurance program.

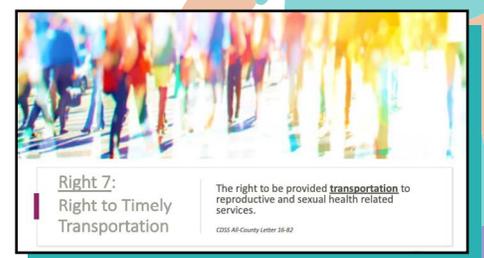
It is important to point out that even if an STRTP is associated with a specific medical clinic, if the youth chooses to go somewhere else for care, ie Planned Parenthood, the STRTP must allow the youth to receive care at the provider of their choice.



29 Right 7: Right to Timely Transportation

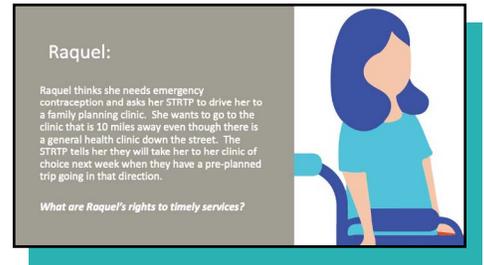
Foster youth have the right to be provided transportation to reproductive and sexual health-related services. Many reproductive services are time-sensitive (e.g. contraception, abortion); therefore, transportation must be provided in a timely manner in order to meet the requirement. Since caregivers/ST RTP staff are the frontlines of care for the youth, it is the caregiver's responsibility to arrange timely transportation. Caregivers, including STRTPs, cannot refuse to arrange transportation due to religious affiliation or beliefs.

There are some religiously affiliated STRTPs that do not directly provide transportation and instead make arrangements to meet transportation needs through other means. If you are providing training to a religiously affiliated STRTP, it may be helpful to check in with the agency ahead of time to understand what their practice is to address transportation needs.



30 Raquel

Raquel thinks she needs emergency contraception and asks her STRTP to drive her to a family planning clinic. She wants to go to the clinic that is 10 miles away even though there is a general health clinic down the street. The STRTP tells her they will take her to her clinic of choice next week when they have a pre-planned trip going in that direction.

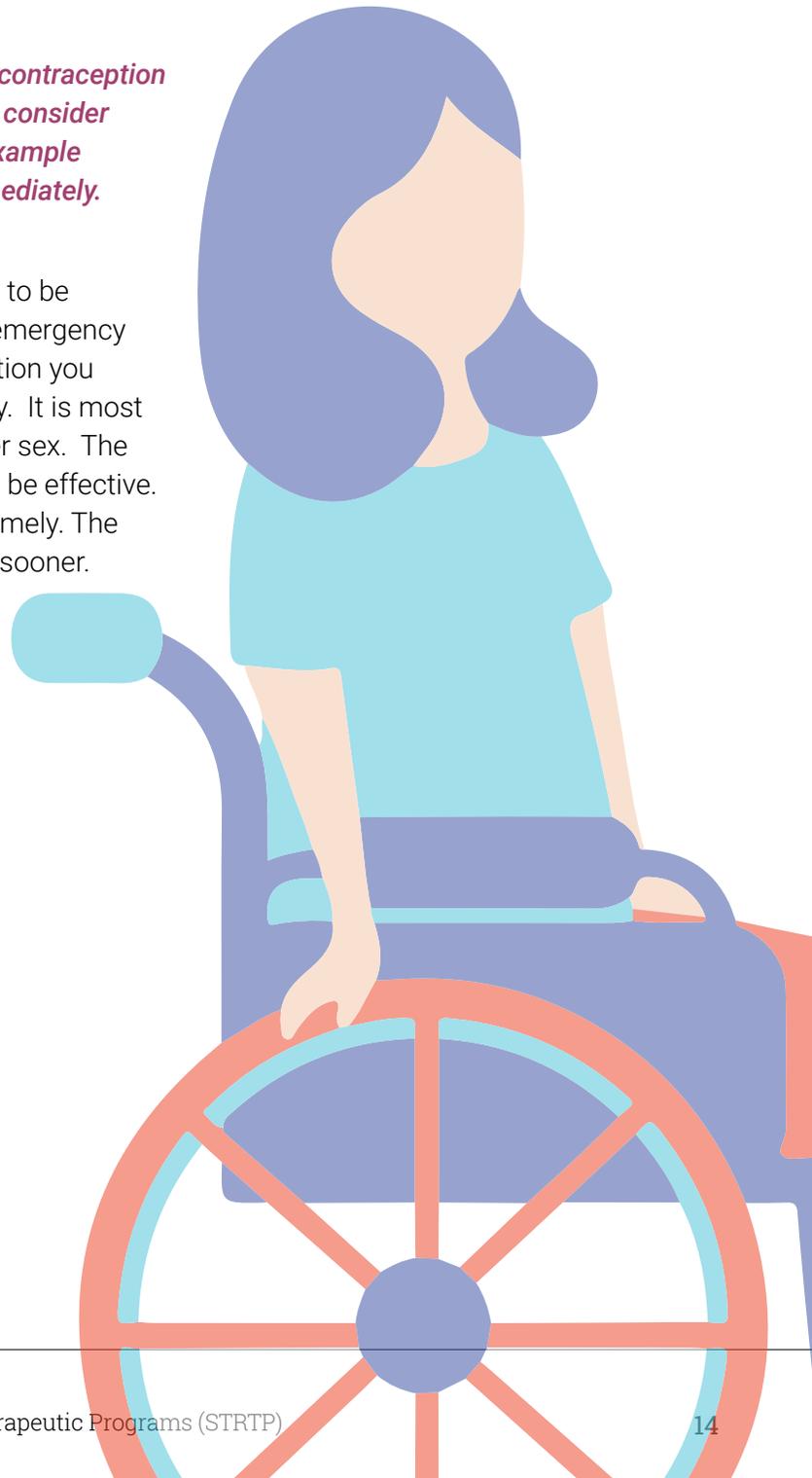


What are Raquel's rights to timely services?

Check to ensure the audience knows what emergency contraception is. If there is confusion, the description is below. Then consider asking the group to share their thoughts on the case example presented, or you may share the following answer immediately.

Raquel has a right to go to the clinic of her choice and to be taken in a timely manner. In this case, Raquel needs emergency contraception. Emergency contraception is a medication you can take after sexual intercourse to prevent pregnancy. It is most effective if it is taken between one and three days after sex. The longer someone waits to take it, the less chance it will be effective. So in Raquel's case, waiting one week to get it is not timely. The STRTP needs to find a way to transport her to a clinic sooner.

Attendees may ask what the difference is between emergency contraception and abortion. Emergency contraception will not induce an abortion in someone who is already pregnant, nor will it effect a pre-embryo or embryo. If someone takes it when they are already pregnant, it just won't do anything. There is something called a medication abortion but that is a different medicine and is used in a different way. Attendees with more questions can be pointed to the Bedsider website.



31 Right 8: Right to Age Appropriate, Medically Accurate Information

Foster youth have the right to have access to age-appropriate, medically accurate information about:

- Reproductive and sexual health care;
- The prevention of unplanned pregnancies, 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 HPV vaccine.

Caregivers/STRTP staff are not expected to know the answers to all the questions, but they should assist in getting information and answers. They can suggest that they look up answers together or refer the youth to appropriate sources. Later on in the training we will be providing you with some reliable sources of information for your own knowledge, to use with youth and to refer youth to for additional information.

32 Rights of LGBTQI and Gender Non-Conforming Youth

Youth who identify as LGBTQI have the same rights as all other foster youth and non-minor dependents (NMDs). They should receive sexual and reproductive health care education, available services, placement, care, treatment and benefits like any other youth. They also have the right to be placed and live in out-of-home care according to their gender identity regardless of gender or sex listed in their records (including birth certificate). They have the right to adequately trained caregivers and child welfare personnel and to have fair and equal access and freedom from harassment and discrimination.

LGBTQI youth have the right to receive gender-affirming health care consistent with their gender identity by practitioners that have expertise in gender-affirming care.

It may be good to remind caregivers and STRTP staff that LGBTQI youth can still get pregnant, get STIs, and need access to sexual and reproductive care and information just like any other youth. One cannot assume based on their sexual orientation or gender identity or expression. This is why AB 2119 is important and mandates access to practitioners who have experience working with LGBTQI youth who can provide comprehensive services and care in a sensitive manner. For more information on AB 2119, review All-County Letter 19-27: <https://www.cdss.ca.gov/Portals/9/ACL/2019/19-27.pdf?ver=2019-05-09-101636-810>



DEFINITIONS:

LGBTQI

lesbian, gay, bisexual, transgender, queer, questioning and intersex.

GENDER NON CONFORMING

the youth does not identify as male or female or switches fluidly between the two.

3: Duties and Responsibilities of Caregivers/STRTP Staff and County Caseworkers

Segment Time	30 minutes
Materials	Quiz in appendix. Discuss with STRTP leadership whether there are any agency policies that they wish to hand out or share during this segment
Slides	33-54
Activity	Quiz

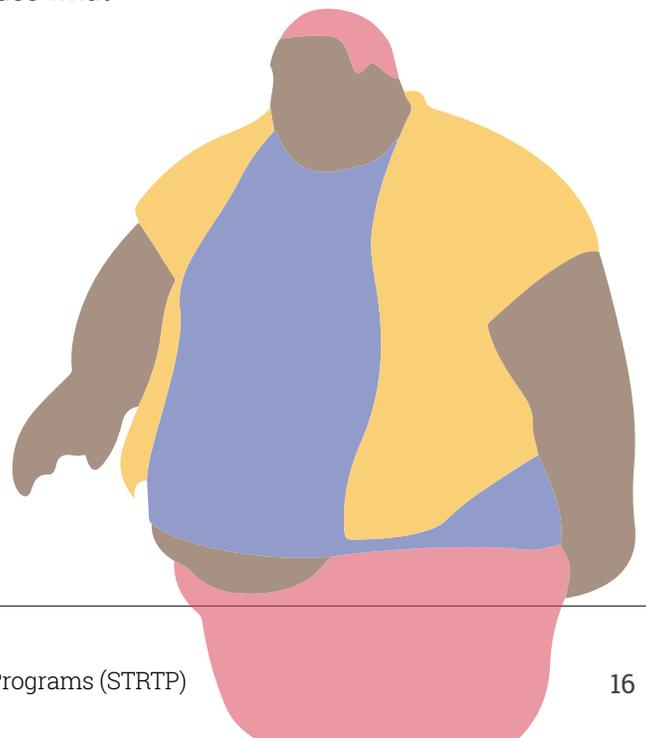
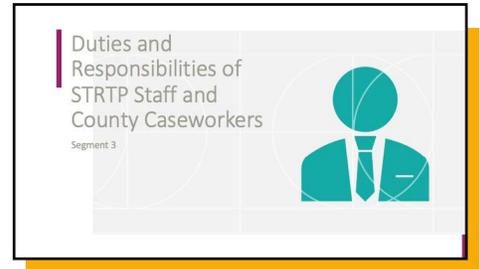
33 Duties and Responsibilities of STRTP Staff and County Caseworkers

Foster youth have rights, but they also need support to ensure they can get the services and information they need and want.? Both the caregiver/STRTP staff and the social worker or probation officer have responsibilities to ensure healthy sexual and reproductive development and wellness.

In this section we are going to talk about the duties and responsibilities of STRTP staff as well as “county caseworkers.” When we say county caseworkers, we are referring to the county social worker and/or the probation officer.

34 What must and may the STRTP staff do to support healthy development?

STRTPs and STRTP staff have specific duties to ensure healthy sexual and reproductive development and wellness. In this section we will cover those duties as well as some best practices of things that STRTPs and their staff can and should do to further their residents’ reproductive and sexual development and wellness. We will also discuss what STRTPs and their staff cannot do.



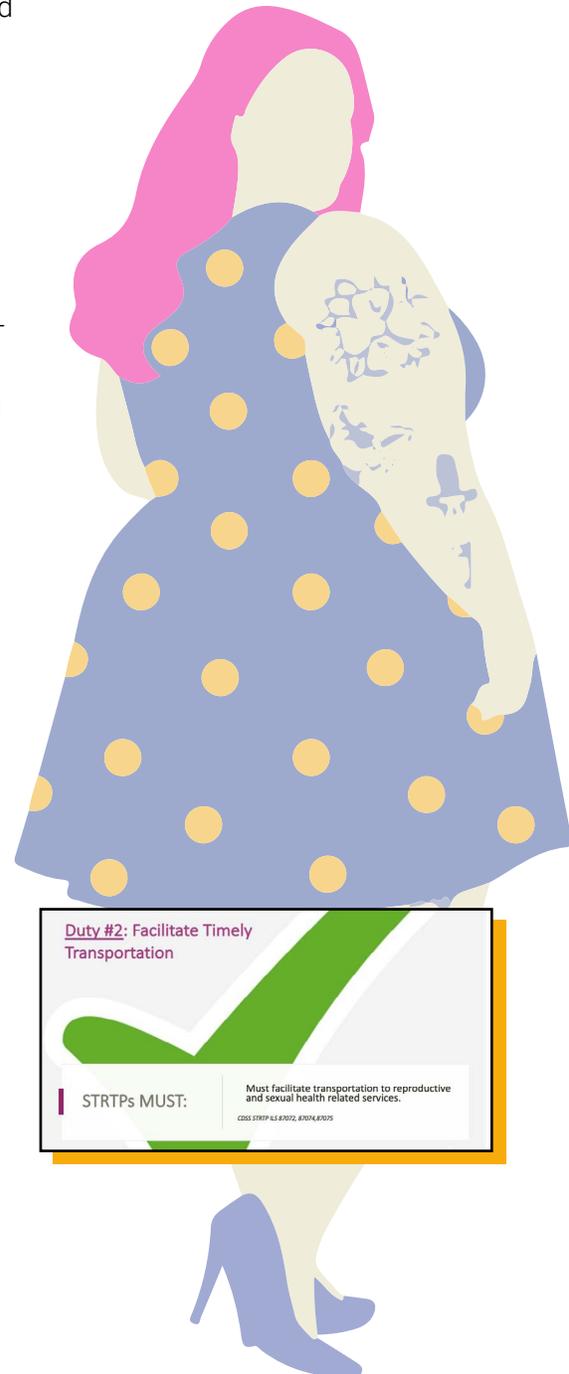
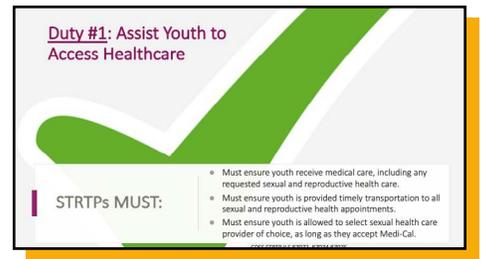
35 Duty #1 : Assist Youth to Access Health Care

- Must ensure youth receive medical care, including any requested sexual and reproductive health care.
 - Caregivers and STRTP staff must assist the youth in accessing sexual health services which include all of the services they can consent to as minors.
- Must ensure youth is provided timely transportation to all sexual and reproductive health appointments.
 - It is the duty of the caregiver/STRTP to arrange for timely transportation to health-related services, as many reproductive health services are time-sensitive.
 - *As described earlier*, this is an obligation regardless of the caregiver/STRTP's beliefs or religious affiliation
- Must ensure youth is allowed to select the provider of choice, as long as they accept Medi-Cal. This means that even if an STRTP regularly takes its residents to a specific clinic, if a youth says that they would like to go somewhere else, either to their previous doctor or a clinic such as planned parenthood, the STRTP must transport them to the medical provider of their choice.

There are religiously affiliated STRTPs that do not directly provide transportation and instead make arrangements to meet transportation needs through other means. If you are providing training to a religiously affiliated STRTP, it may be helpful to check in with the agency ahead of time to understand what their practice is to address transportation needs. Agency staff may wish to help present their agency policy as part of the training.

36 Duty #2 : Facilitate Timely Transportation

- Must facilitate transportation to reproductive and sexual health related services.



37 Raquel

Raquel thinks she needs emergency contraception and asks her STRTP to drive her to a family planning clinic. She wants to go to the clinic that is 10 miles away even though there is a general health clinic down the street. The STRTP tells her they will take her to her preferred clinic next week when they have a pre-planned trip going in that direction. Has the STRTP met its obligations?

You may choose to ask the audience to share their thoughts on the question presented, or you may share the following answer immediately.

No. The STRTP must transport Raquel to the clinic of her choice and in a timely manner. Many reproductive and sexual health care services are time sensitive so it is important that transportation be provided in a timely manner. In this case, since Raquel needs emergency contraception, waiting one week to get it is not timely.

38 Duty #3 : Respect Right to Use Contraception and Keep in Private Storage

- Allow youth to use contraception if they choose.
- Allow youth to keep their own contraception. No central storage for contraceptive medication.
- Provide a locked storage container to all youth so youth may store condoms, birth control, emergency contraception pills etc.
 - Per STRTP Licensing Guidelines, STRTPs must provide all youth with a locked storage container so that they may store personal belongings, including their condoms, birth control, emergency contraception etc.

39 Emily

Emily receives a brown paper bag with a packet of birth control pills in them at the doctor's office. When they get back to the STRTP, Emily brings the pills to her room. Can she keep the pills in her room?

Yes. According to the new STRTP interim licensing standards, Emily can keep contraception including birth control pills in her room with her personal belongings. She does not need to give it to staff to place in central storage.

You may wish to stop here and ask the audience if they have any thoughts, questions or concerns related to this case example. See the FAQ in the Appendix. It may be helpful to check in with the agency ahead of time to understand what their practice is. Agency staff also may wish to help present their agency policy as part of the training.

Raquel

Raquel thinks she needs emergency contraception and asks her STRTP to drive her to a family planning clinic. She wants to go to the clinic that is 10 miles away even though there is a general health clinic down the street. The STRTP tells her they will take her to her preferred clinic next week when they have a pre-planned trip going in that direction.

Has the STRTP met its obligations?



Duty #3:
Respect Right to Use Contraception and Keep in Private Storage



STRTPs MUST:

- Allow youth to use contraception if they choose.
- Allow youth to keep their own contraception. No central storage for contraceptive medication.
- Provide a locked storage container to all youth so youth may store condoms, birth control, emergency contraception pills etc.

Emily

Emily receives a brown paper bag with a packet of birth control pills in them at the doctor's office. When they get back to the STRTP, Emily brings the pills to her room.

Can she keep the pills in her room?



40 Duty #4: Provide and Direct Youth to Reliable Sources of Information

- Inform youth of their rights on entry and have rights posted
 - Foster youth bill of rights was updated in 2019 with the passage of AB 175. New posters and handouts are currently being created to reflect these changes.
- For youth 12 and older, assist in accessing age appropriate, medically accurate information about sexual and reproductive health care by directing youth to a reliable source of information when they ask for information.
 - Caregivers should be directing youth to reliable sources of information that are medically accurate, age-appropriate, non biased and non judgmental. We are not expecting caregivers to be experts in adolescent health but they can direct youth or help facilitate access to information they need, or work together to find answers. We will provide some resources later in the presentation.



41 Duty #5: Maintain Privacy and Respect

- Maintain the youth's privacy

Reminder- health providers can not share information with the youth's parents, caregivers, STRTPs, social workers, etc. without the youth's consent. Youth have the right to withhold consent to disclosure. This is a right that applies to all youth in California. Youth do not lose this right when they enter foster care.

If the youth does disclose information to the caregiver/ STRTP staff, because sexuality is a sensitive and highly personal subject, it is important to maintain the youth's privacy and confidentiality related to sexual and reproductive wellness. This includes but is not limited to:

- a. Sexual orientation
- b. Use of contraceptives
- c. Past services utilized

We will talk more about this later in the training.

- Treat youth with respect



You may consider asking the audience what they think this means. Some points that might get raised:

- *Respecting a youth's identity as LGBTQ*
- *Respecting religious differences*
- *Respecting cultural identity*
- *Not talking down to them*
- *Asking for permission to share information (when there is not an obligation to report it, such as mandated abuse reporting)*

42 Duty #6: Use Reasonable and Prudent Parent Standard

STRTPs must use the reasonable and prudent parenting standard.

Using Reasonable and Prudent Parenting Standard within an STRTP

STRTP must designate at least one staff member to be onsite at all times to apply the reasonable and prudent parent standard to decisions involving the participation of a child in age- or developmentally appropriate activities.

When applying the "Reasonable and Prudent Parent Standard," the designated facility staff member shall consider the importance of encouraging the child's emotional and developmental growth.

Emotional and developmental growth may include, but not be limited to: the child's level of understanding about healthy relationships, the child's level of understanding about sexuality and body development, feelings about spirituality, and other stages of maturity experienced during adolescence and youth.

CDSR STRTP IL5 87065, 87067

43 Reasonable and Prudent Parenting Standard

The Reasonable and Prudent Parent Standard means Careful and sensible parental decisions that maintain the child's health, safety and best interests while at the same time encouraging the emotional and developmental growth of the child.

Reasonable and Prudent Parenting Standard

Definition:

"Careful and sensible parental decisions that maintain the child's health, safety, and best interests while at the same time encouraging the emotional and developmental growth of the child." CDSR Act 16-88.

Application:

Caregivers must 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.

Caregivers/STRTPs are expected to use Reasonable and Prudent Parent Standard to create normalcy. This includes using it to support the healthy sexual development of youth and NMDs based on their individual needs.

44 Using the Reasonable and Prudent Parenting Standard within an STRTP

Reasonable and prudent parenting standard is a little different within STRTPs. Licensing Standards require the facility to designate at least one staff member to be available onsite to apply the reasonable and prudent parent standard. This person must have received basic training on what this is and how to apply it.

Using Reasonable and Prudent Parenting Standard within an STRTP

STRTP must designate at least one staff member to be onsite at all times to apply the reasonable and prudent parent standard to decisions involving the participation of a child in age- or developmentally appropriate activities.

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Emotional and developmental growth may include, but not be limited to: the child's level of understanding about healthy relationships, the child's level of understanding about sexuality and body development, feelings about spirituality, and other stages of maturity experienced during adolescence and youth.

CDSR STRTP IL5 87065, 87067

This means that staff are not required to use or apply this standard themselves, but they should be aware of who is the designee for their facility.

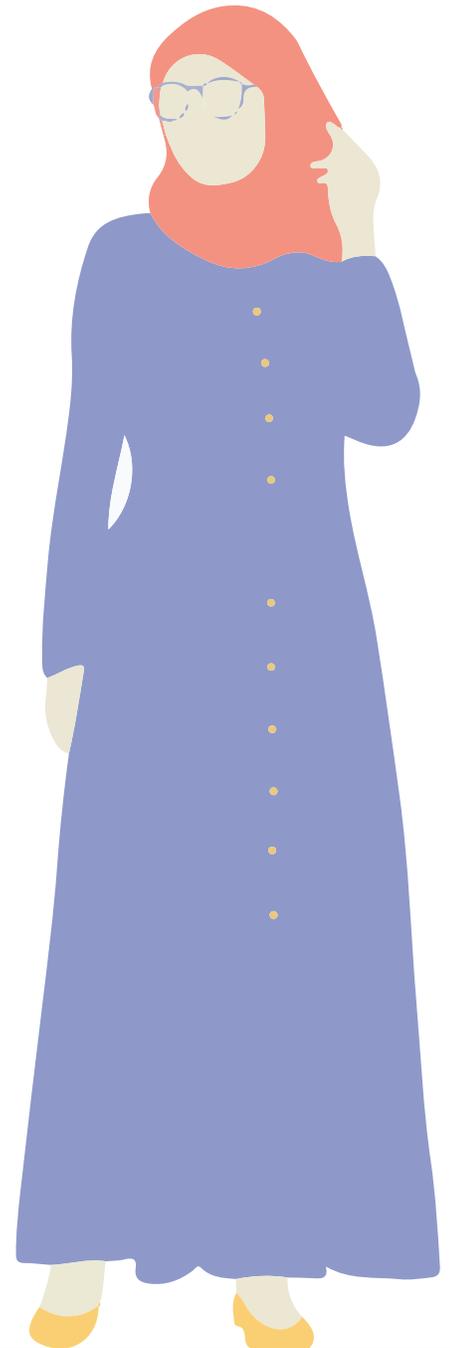
According to the STRTP licensing standards, one of the components of applying the reasonable and prudent parent standard is supporting the emotional and development growth of young people, including their understanding of healthy relationships as well as sexuality and body development.

It may be helpful to check in with the agency ahead of time to understand who the designee is and how the agency applies this standard. Agency staff may wish to help present this information.

45 What STRTPs May Do

STRTPs may do the following things. They are not required but they are allowed and in some cases, considered best practice:

1. **Provide reliable information to youth younger than age 12.**
The requirement is to provide information to 12 year and older, but younger youth can benefit from this information. In fact, the law requires social workers to speak with youth 10 years of age and older on reproductive and sexual health. When working with youth, one must consider their age, developmental level and experiences to determine whether that particular youth could benefit from information sooner than the required 12 years of age.
2. **Have supportive conversations with youth.**
STRTP staff are not legally required to have conversations with youth about their reproductive and sexual health, but in many instances the staff member is the only adult in the youth's life how is able to have these conversations. Studies have shown that youth are more likely to achieve success and make healthy decisions if they have a trusted adult, someone whom they can speak openly and privately.
3. **Communicate with the case worker or supervisor if you or they need additional resources or support accessing services.**
STRTP staff should communicate with the caseworker or supervisor if referrals must be made or they require assistance accessing resources and services. It is important to maintain confidentiality of the youth and only disclose information that the youth allows.
4. **Be sensitive to trauma and cultural identity, which can greatly affect how youth view their own sexuality**
Youth in foster care have experienced trauma either from being in the system, the trauma that brought them to the system or both. It is important to be aware and respectful of this trauma when working with youth.



46 What STRTPs and Staff Cannot Do

STRTPs cannot do the following things:

1. Require youth to practice abstinence.
2. Enter the exam room when a youth is receiving sexual or reproductive health care unless explicitly requested by youth.
3. Require youth (or health care provider) to disclose sexual and reproductive health information or results with you.
4. Impose judgements on youth or force or coerce youth
5. Refuse to address any issue based on your own feelings or beliefs. If you are uncomfortable, talk to a supervisor.

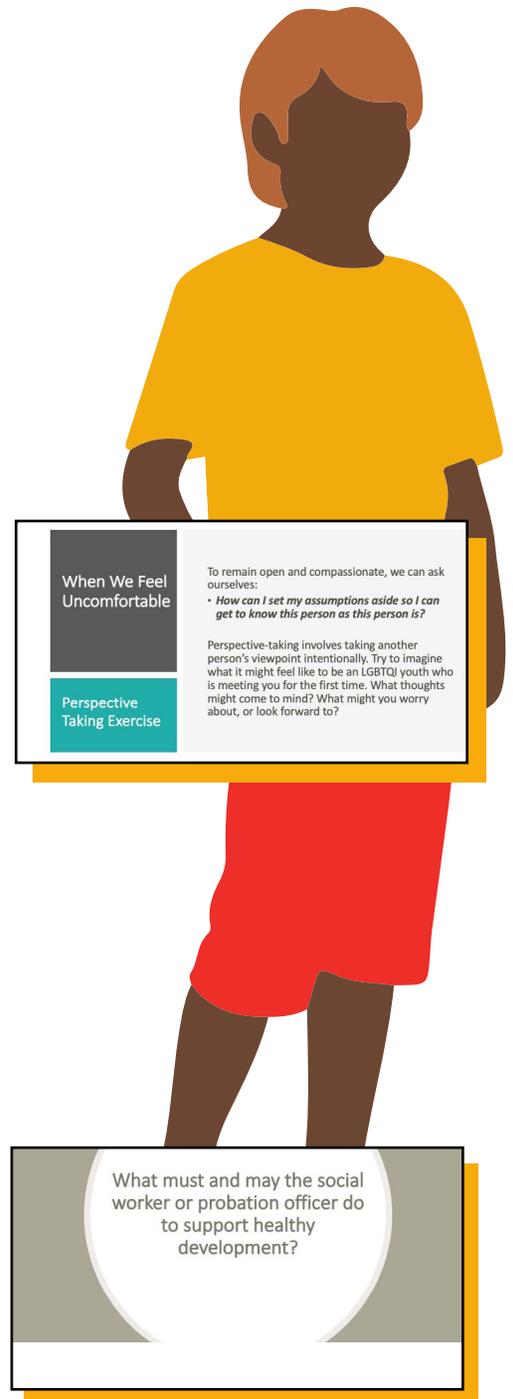
It is the duty of the caregiver/STRTP staff to not impose personal biases or beliefs. Be respectful and professional. Do not force, coerce or judge youth. Do not refuse to address any issues based on your own feelings or beliefs.

What STRTP Staff Cannot do	MUST NOT:
Require	Require youth to practice abstinence.
Enter	Enter the exam room when a youth is receiving sexual or reproductive health care unless explicitly requested by youth.
Require	Require youth (or health care provider) to disclose sexual and reproductive health information or results with you.
Impose	Impose judgements on youth or force or coerce youth
Refuse	Refuse to address any issue based on your own feelings or beliefs. If you are uncomfortable, talk to a supervisor.

47 When We Feel Uncomfortable

Conduct the perspective-taking exercise and discuss.

It can be hard not to impose our own beliefs and judgements. We all have them. One strategy is to try perspective taking. Ask: How can I set my assumptions aside so I can get to know this person as this person is? Perspective-taking involves taking another person's viewpoint intentionally. Try to imagine what it might feel like to be an LGBTQI youth who is meeting you for the first time. What thoughts might come to mind? What might you worry about, or look forward to? What experiences might this person have had in the past that will make them worry or look forward?



When We Feel Uncomfortable

To remain open and compassionate, we can ask ourselves:

- *How can I set my assumptions aside so I can get to know this person as this person is?*

Perspective Taking Exercise

Perspective-taking involves taking another person's viewpoint intentionally. Try to imagine what it might feel like to be an LGBTQI youth who is meeting you for the first time. What thoughts might come to mind? What might you worry about, or look forward to?

What must and may the social worker or probation officer do to support healthy development?

48 What must and may the social worker or probation officer do to support healthy development?

In this section we will go over what are the duties of social workers and probation officers.

49 Duty #1: Confirm Receipt of Sex Ed in Middle and High School

In 2016, California passed the California Healthy Youth Act (CHYA), which says that all public schools must provide comprehensive sexual health education at least once in middle school and at least once in high school.

Social workers are required to ensure foster youth have received a CHYA-compliant course from their public school once in middle school and once in high school, and if they missed it, social workers are required to ensure that youth receive it.

Important things to note about CHYA:

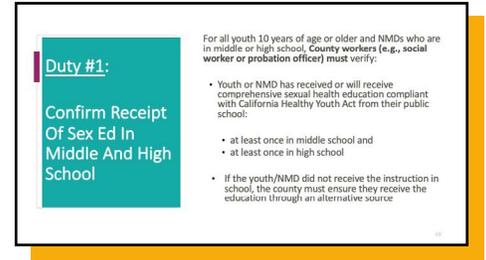
As of the 2019-2020 school year, comprehensive sex ed must also be provided at charter schools. Parents/guardians do not have to opt-in a student in order for them to participate. Everyone automatically gets the curriculum UNLESS the parent or educational rights holder opts out and the opt out must be in writing to the school. This does not happen often.

50 What is Available in CA Schools?

It is important to know that youth will receive the information at least once in middle school and at least once in high school. As youth learn about these topics, it may trigger questions or inspire conversations. Some of which will lead to conversations, questions, etc. back home. So it can help to know a little about what the curriculum covers.

There is not one specific CHYA curriculum. School districts can use different curricula and offer it to its students in different ways. For example, one district may offer the curriculum one day a week throughout the semester and another may provide it all together in a week long class. Regardless of which curriculum is used and how it is administered, all CHYA curricula must meet certain criteria. For example, they must be:

1. Age appropriate
2. Medically accurate and objective
3. Affirmatively recognize that people have different sexual orientations
4. Teach pupils about gender, gender expression, gender identity
5. Accessibility for disabled youth
6. Culturally sensitive and appropriate for all ethnic backgrounds
7. Appropriate for students with disabilities
8. And more!



51 What is Available in CA Schools 2?

CHYA compliant curricula must also cover a list of topics which include:

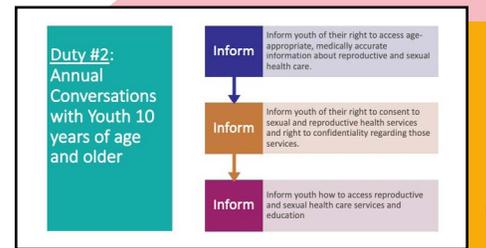
1. Nature of HIV
2. Effectiveness and safety of all FDA approved methods that prevent or reduce the risk of contracting HIV and other STIs
3. Objective discussion of all legally available pregnancy outcomes
4. Healthy Relationships
5. Sexual harassment, sexual assault, sexual abuse, and human trafficking
6. Adolescent relationship abuse and intimate partner violence
7. Local resources for information and services
8. And more!



52 Duty #2: Annual Conversations with Youth 10 and Older

Each year, social workers are also required to document that they informed youth age 10 and older of their sexual and reproductive health right to access information, their right to consent to services and their confidentiality regarding those services. They must also inform youth how to access those services.

They must do all of this in an age and developmentally appropriate and medically accurate way.



53 Duty #3: Facilitate Access to Care

Caseworkers are also required to document that they facilitated access to care including assisting with any identified barriers to care as needed.

Examples of the types of barriers that a youth may need help with include:

1. Youth is unaware of their insurance information or doesn't have a copy of his/her medical card
2. Youth doesn't know how to schedule a sexual health doctor's appointment or is too embarrassed
3. Youth doesn't have transportation to a medical appointment
4. Regular care provider doesn't feel trustworthy to youth
5. And more



54 Activity

Step 1

Hand out the Quiz found on page 48 of the Appendix.

Step 2

Give them several minutes to complete it.

Step 3

Have participants report out and discuss the answers to check for any areas of confusion or disagreement. The answer key is below to help you with this portion of the activity.



Correct Answer Key and Main Lesson Points indicated:

1. Young people in foster care must obtain permission from their parent or guardian before they can obtain emergency contraception.

a. True

b. **False**

FALSE. Youth in foster care have the right to consent to or deny sexual and reproductive health care services including emergency contraception.

2. If a youth requests help getting to a sexual health appointment, the STRTP may explain to the youth that they will need to find their own way to the appointment

a. True

b. **False**

FALSE. Transportation to sexual and reproductive health care appointments is the young person's right. The STRTP must make arrangements to make sure transportation is provided in a timely manner. Some appointments will be very time sensitive, so it will be important to take care of transportation quickly.

3. A young person living in a group home facility must give her birth control pills to staff for safe keeping and placement in central storage.

a. True

b. **False**

FALSE. Youth have the right to lockable private storage for their contraception materials—condoms, emergency contraception, pills, etc. Resource families should apply the reasonable and prudent parenting standard to decide the best and safest method to store these items.

4. A 12 year old may obtain contraception on their own and without involving a parent or other adult.

a. **True**

b. False

TRUE. California law allows minors of any age to obtain contraception on their own and without involving a parent or other adult.

4: Confidentiality and Mandated Reporting

Segment Time	10 minutes
Materials	Mandated Reporting Chart in Appendix. Discuss with STRTP leadership whether there are any agency policies that they wish to hand out or share during this segment
Slides	55-61

55 The Importance of Confidentiality *(introduce section)*



56 The Importance of Privacy

- Sexuality, gender identity and sexual health are deeply personal and “essential elements of one’s wellbeing.”
- Independence? Desire for Privacy? Autonomy? It’s all a part of normal adolescent development
- Adolescents report willingness to talk to providers about sensitive topics, including relationships and violence, but want to understand the parameters of where things will go, who might find out

It’s all a part of normal adolescent development!

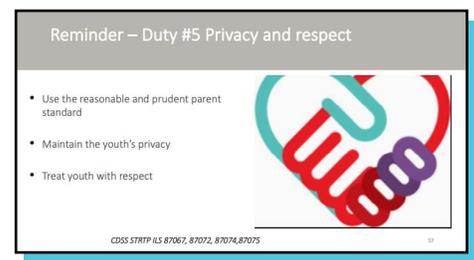


57 Reminder - Duty #5: Privacy and Respect

As a reminder, part of the STRTP duties are:

- Use the reasonable and prudent parent standard
- Maintain the youth’s privacy
- Treat youth with respect

This is important as we consider ‘sensitive’ information.



58 What Might a Youth Consider Personal or Sensitive Information??

What might a youth consider personal or sensitive or not want others to know? Examples of information that some youth consider sensitive:

- Sexual activity
- Contraception use
- Pregnancy status
- Sexual orientation
- Gender identity
- STI status or screening



In introducing this information, consider asking the audience for other examples, or ask them to help explain why some of these might be considered personal or why someone may want confidentiality related to these topics.

59 Sensitive Information - Best Practices

1. Know what must be kept confidential by law (for example, information received from a health provider)
2. Know what you are required to disclose and what you may keep private. Mandated reporting of child abuse is an important example of a time you may be required to disclose information. Your agency may have some of its own internal rules about what needs documenting for the agency. It is good to know those well.
3. Let youth know the parameters of disclosure and documentation policies UP FRONT.

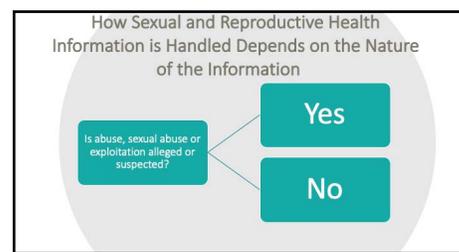
Know	Know what must be kept confidential by law (e.g. information received from health provider)
Know	Know what you are required to disclose and what you may keep private
Share	Share the parameters of disclosure and documentation policies UP FRONT with youth
Ask	Ask permission BEFORE sharing or documenting sensitive information
Ask	Ask leadership about documentation policies and procedures

Whatever your rules are internally, it is also important to make sure youth know those rules. You don't want a situation in which someone shares something, thinking it is in confidence, and then you say, oops, I forgot to mention that I will have to report when you tell me stuff like that.

1. Ask permission BEFORE sharing or documenting sensitive information
2. Ask your leadership about policies and procedures

60 How Sexual and Reproductive Health Information is Handled Depends on the Nature of the Information

Let's say a youth shares sensitive information with you. Must information be disclosed at any point? Your agency may have policy about documentation. There also is an important disclosure requirement in the law. Child abuse reporting. Most if not all of you are mandated reporters. When a youth is discussing a romantic or sexual relationship, an important question is whether the youth has disclosed anything that leads you to a reasonable suspicion of abuse, sexual abuse, or exploitation. If so, that may necessitate a mandated child abuse report.



61 What is Reportable Sexual Abuse in California?

The California Child Abuse and Neglect Reporting act requires mandated reporters to make a report anytime they reasonably suspect child abuse, including sexual abuse.

California law defines sexual abuse to include:

- Any “nonvoluntary” sexual activity, including sexual assault, incest, and molestation.
- Sexual exploitation, including child trafficking
- Certain voluntary sexual acts based on extreme age difference of partners

When is voluntary sexual intercourse reportable based on age alone?

Sexual intercourse is considered reportable child abuse when:

- Minor is less than 14 years old, and partner is 14 years old or older
- Minor is 14 or 15 years old, and partner is 21 years old or older

In these situations, you must report based on age alone.

In these situations, you must report based on ages, even if they say that this is a voluntary and consensual relationship..

The chart on this slide summarizes the sexual abuse reporting rules, including the age categories we just reviewed.

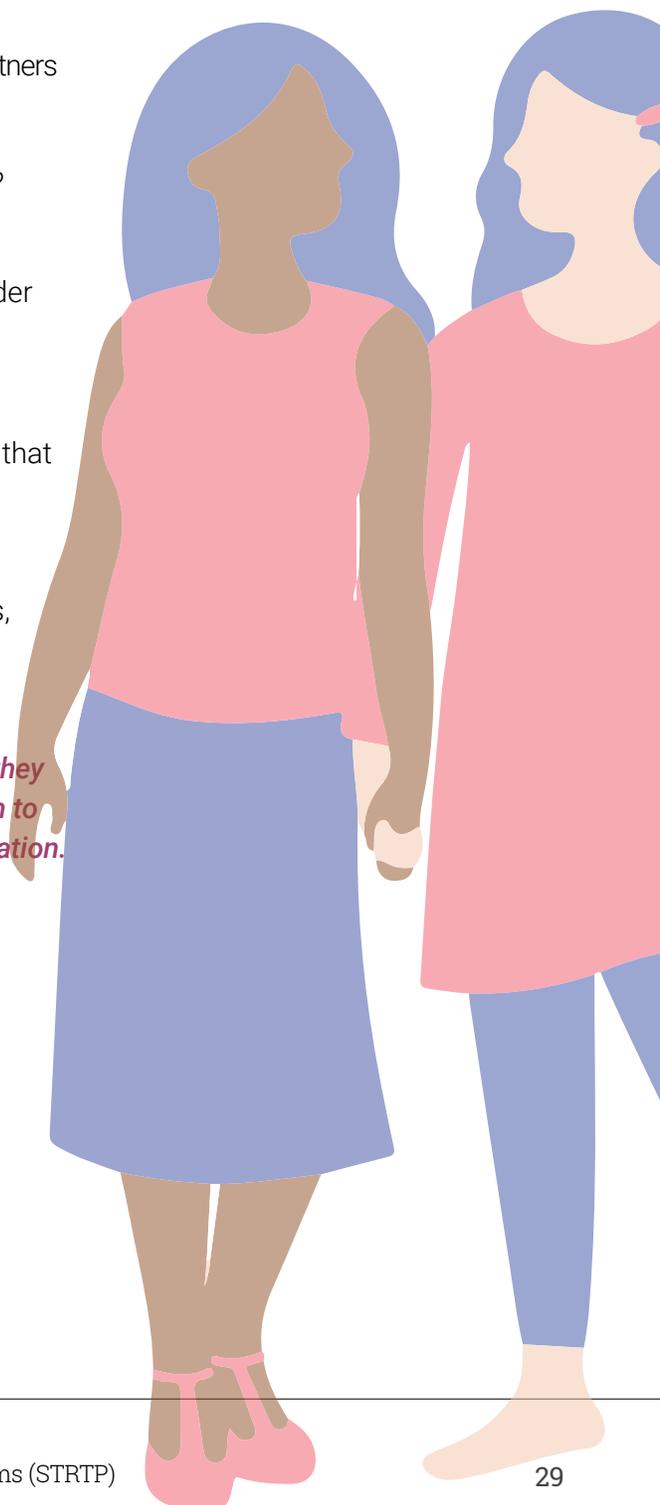
It may be helpful to check in with the agency ahead of time to see if they have their own mandated reporting policies and charts that they wish to share at this time. Agency staff may wish to help present this information.

When is Sexual Intercourse Reportable as Child Abuse in California?

• Any “nonvoluntary” sexual activity, including sexual assault, incest, and molestation.

• Sexual exploitation, including child trafficking

• “Voluntary” sexual acts, in a situations of extreme age difference as shown on chart



5: In-Person and Online Resources and Referrals

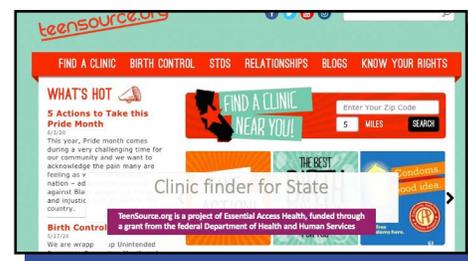
Segment Time	10 minutes
Materials	None
Slides	62-72

62 In-Person and Online Resources and Referrals So where do you send someone if they have questions, want advice, or want services?

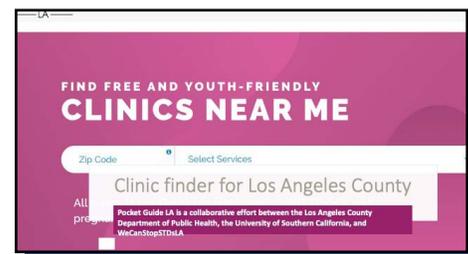
It is necessary to provide educational resources that are medically accurate and age and developmentally appropriate. Development differs from age as we all develop at different speeds, keeping in mind that physical and cognitive development do not always align. It is also important to provide referrals to quality clinics.



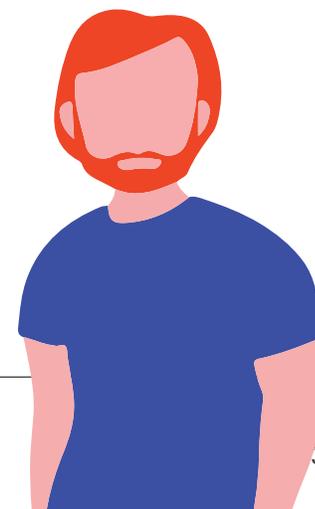
63 Need to find a referral? Teensource.org Let's talk about referrals for health care first. If a youth does not already have a preferred health provider and asks for help finding a clinic, one option is to use Teensource.org. Teensource.org is a website that has a "clinic finder" function. By typing in a zip code, you (or a youth) can find the clinics within a certain distance of any location. The clinics on this website all provide a range of sexual and reproductive health services and will take public insurance like MediCal or FamilyPACT. The clinic finder provides detailed information on each clinic and the services that the clinics offer.



64 Pocket Guide Los Angeles Pocket Guide LA: Young people in Los Angeles are lucky to have this additional resource. Run by the Los Angeles Department of Public Health, this online clinic finder only includes clinics that were reviewed and vetted by their staff, to ensure they provide free, adolescent friendly services and address sexual and reproductive health needs. The website also includes some basic information on health that youth might find helpful.



This slide can be used if you are training in Los Angeles County. If you are training in another location, you can choose to remove this slide.



65 Los Angeles HUB clinics

The Los Angeles County Medical Hub Clinics provide high quality, coordinated health care for children who are involved with the Department of Children and Family Services (DCFS). There are 7 different Hub clinics throughout Los Angeles County.

The medical providers in the Hubs understand the needs and concerns commonly experienced by children, families and caregivers in the child welfare system. The HUB clinics do provide prevention care and sexual and reproductive health services. If a youth wishes to use a hub clinic, this is an option. This website provides contact information for the Hub clinics.



This slide can be used if you are training in Los Angeles County. If you are training in another location, you can choose to remove this slide.



66 Is a Clinic Not Listed on These Websites?

The clinics on the teensource.org website and in pocketguide LA have been vetted and will provide adolescent friendly care and a full range of services. But there are some clinics that will not and may not even provide medical care. Is a clinic not listed on one of the websites just mentioned? Before referring a young person to a clinic that is not on the Teensource list, ask these questions to make sure this is a quality referral:



1. **Does this clinic provide a full range of contraception options to patients, including hormonal contraception (like birth control pills) and long acting contraception (like implants and IUDs)?**

You want to refer a young person to a place that provides not just one form of contraception, but a range of contraception options so that the young person can work together with their provider to figure out what is right for them. If the clinic doesn't provide contraception at all, or only provides one or two options, the young person may not get what they need.=

2. **Are the providers of health care at this clinic licensed medical professionals - like doctors or nurses?**

Just because they wear white coats doesn't mean they are medical professionals. If the person the young person will see for care does not have a medical degree, this may not be a real clinic.

3. **Is this clinic part of the Medi-Cal or FamilyPACT system?**

Going to a clinic that is part of Medi-Cal or FamilyPACT ensures the clinic must adhere to certain laws regarding confidentiality and the quality and types of services offered. It also makes it more likely the young person will be able to get free or low cost care if they need it.

4. **Do they honor confidentiality laws?**

Clinics without medical licenses are not required to follow medical privacy laws. Ask to see the fine print on their intake forms.

5. **How do they discuss pregnancy options or options to prevent pregnancy?**

Look out for inaccurate medical facts regarding abortion or birth control.

6. **Do they provide abortions, or abortion referrals?**

Even if your client is not pregnant, or planning to be pregnant, one sign of a less than foster friendly place is a clinic that refuses to provide abortion referrals for patients who really want (or need) that care. Your client may never choose abortion for themselves, but every patient wants a clinic that they can trust will provide them with full information about options and honor their right to make decisions for themselves.

7. **Do they provide care to folks who identify as LGBTQI?**

There are some clinics that refuse to provide care to people who identify as LGBTQI. No matter how your client identifies, a clinic that refuses care to certain populations just because of who they are is probably not a supportive place to get care.

67 Sometimes Youth Just Have Questions

The type of question a youth has will depend based on their age and developmental stage. It may be about puberty or body basics. It may be how to ask someone on a date, or about sex. You do NOT need to become an expert and do not need to answer anything you do not feel comfortable answering. But you do need to know where to point them.

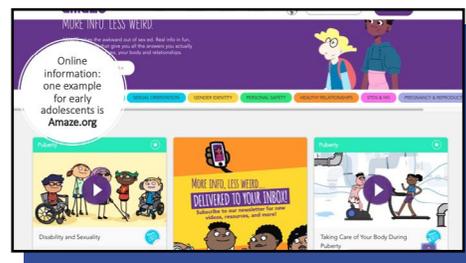
If a young person has questions, and you are looking for age appropriate places online to point them, here are a few suggestions.

It may be helpful to check in with the agency ahead of time to see if they have their own policies on who on staff to send youth to for resources. Agency staff may wish to help present this information.



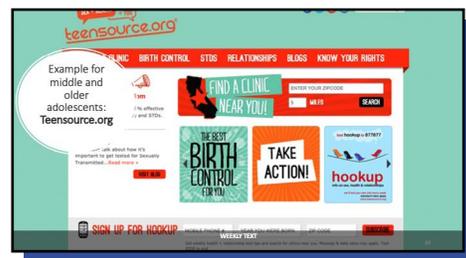
68 Online Information Example: Amaze.org

This resource you see here is an example of a resource for early adolescents. Amaze.org provides animated engaging videos to provide puberty and sex education in a way that younger youth can easily understand.



69 Teensource.org

This website has a range of information for middle and older teens, including information on healthy relationships, consent, contraception and STIs. Youth also can sign up to receive a weekly text from teensource.org with relevant informati



70 Bedsider.org

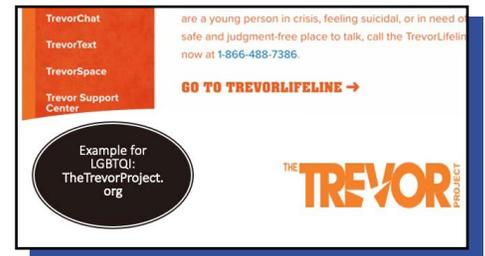
Besider.org has information for older youth on contraception and where to get health care services. It provides various tools to help compare contraceptive methods. One outlines the rates of effectiveness. You can also do side-by-side comparisons and see what each of their side effects are, whether they protect against STDs or not, how easy they are to get, etc.

This also can be a helpful website for adults. Maybe you didn't get the best sexual health education as a teen. Even if you did, new contraceptive methods are constantly being developed. If you would like to learn more about current contraception options, gender, sexuality, and healthy practices, bedsider.org is an option.



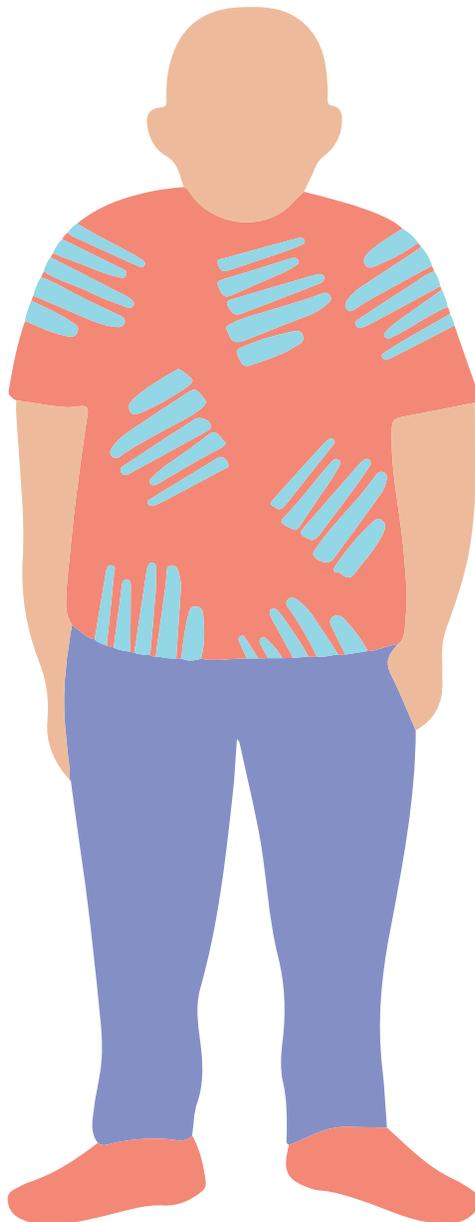
71 The Trevor Project

This is a resource for youth who identify as LGBTQI. In addition to information, it includes a hotline that can be contacted by phone, text, or chat if a teen needs help or needs to talk.



72 CDSS Website

CDSS has additional links and resources available for youth of different ages on their Healthy Sexual Development website.



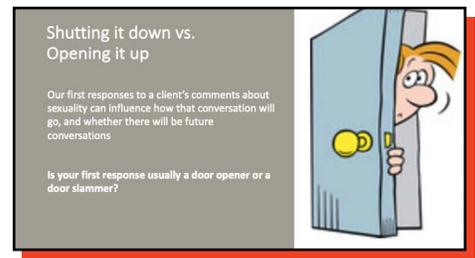
6: Engaging with Young People on Sensitive Topics

Segment Time	30 minutes
Materials	None
Slides	73-81
Activity	Role play

73 Engaging with Young People on Sensitive Topics (introduce section)



74 Shutting It Down vs. Opening It Up When a young person approaches us to ask a question or raise an issue related to their sexual and reproductive health, it presents a critical opportunity for us - as the trusted and askable adult in their life - to respond in a non-judgemental and affirming way. When we do so, it is an invitation to young people to share their questions and concerns with us, now and in the future. We frame this response as either a door opener (meaning it influences the young person to continue the conversation) or a door slammer (meaning it influences the young person to stop the conversation).



75 Door Slammers This slide contains some examples of door slammers. We're sure that none of these are particularly surprising, especially when we think about how we would like people to respond when we've disclosed something sensitive.



Ask the group for a volunteer to read off the slide. Once they have read the list, ask:

- Do these resonate for you?
- What else would you add to this list?
- Some of these are non-verbal door slammers -- what are some ways for us to self-check that we are not communicating non-verbal door slammers?

76 Door Openers

This slide contains a list of door openers. These are the things that we say and do that invite young people to trust us as someone that they can have sensitive conversations with. They include:

- **Non-verbal:** Show you are listening
- **Validate youth for speaking up** “Thanks for coming to me to talk about this. I know it can be hard to bring up.”
- **Ask clarifying questions** “What do you already know?” “What part are you most curious about?”
- **Discuss values questions by exploring their thoughts** “What do you think are good reasons to have a baby?”
- **Answer factual questions simply with accurate information** “Teens can get STD testing privately on their own. The nearest clinic is...” Be honest when you don’t have the information.
- **Summarize and encourage more discussion** “I hope that answers your question. Please let me know if you need any more info.”

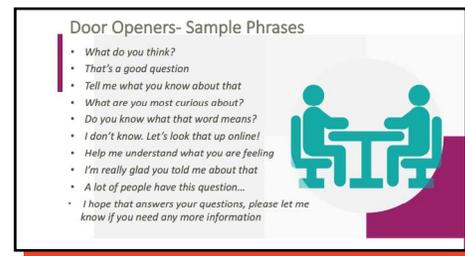


Ask the group: Do these resonate for you? What else would you add to this list?

77 Door Openers - Sample Phrases

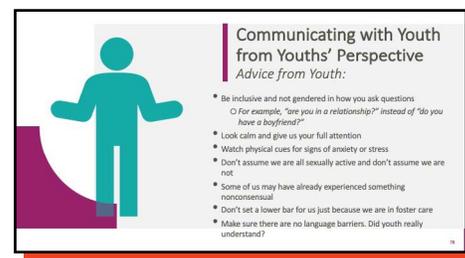
This slide has sample phrases that you can try out (if you haven't already) as a door opener when a young person approaches you about a sensitive topic regarding their sexual health.

Ask the group: What have you tested out that has worked as a door opener?



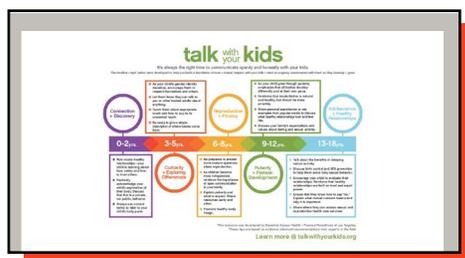
78 Communicating with Youth from Youths' Perspective

LA RHEP asked its Youth Advisory Board, comprised of young adults with lived experience in foster care, for how they like to be communicated with about sensitive topics. Luckily, a lot of their feedback aligned with what was shared in the previous slides.



79 Talk With Your Kids

It can be challenging to know how to have these sensitive sexual health conversations in an age-appropriate way, especially when we talk about those youth in early adolescence. Talkwithyourkids.org has great, evidence-informed recommendations, developed by Essential Access Health and Planned Parenthood Los Angeles. This slide contains a timeline and tips to help build a foundation of mutual trust and respect by starting conversations early, and continuing them as the young person gets older. For example, a sexual health conversation with 10-12 year olds centers a lot on body changes and puberty.



80 Activity

Let's practice communicating through role play!

Step 1:

Ask the training participants to pair up and decide their role - one person will be the young person and the other will be themselves (STRTP staff).

Step 2:

Provide instructions to the pairs: Using a case study that you heard today, or one of your own, take five minutes to act out a conversation happening between a young person and STRTP staff. After five minutes, switch. For the person playing the staff, try to engage some of the things you've learned today, whether its an area to educate the young person about their rights, help them find out resources that speak to the issue they are facing, and use verbal and non verbal door openers.

Step 3:

Instruct each pair to join one other pair and have a conversation using the following prompts:

What was easy about that role play?

What was challenging?

Invite the groups to share tips with their colleagues. This can also be done as a full group.

Step 4 (optional):

Invite one or more pairs to act out their scene for the entire group. Once complete, ask the group for feedback on the role play they witnessed:

What did this pair do well?

What constructive feedback do you have?

81 Discussion and questions

Engage the audience in conversation using the following prompts:

What issues have you seen?

What strategies have you used?

What has worked?

What has not?

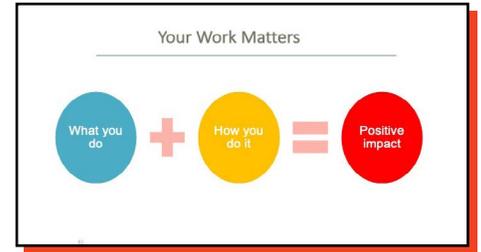
What have you learned from clients?



7: Conclusion

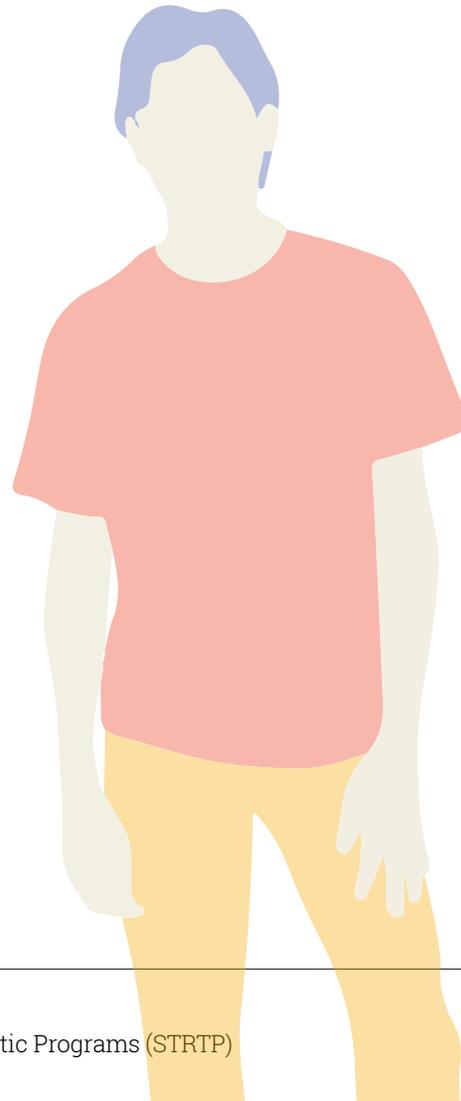
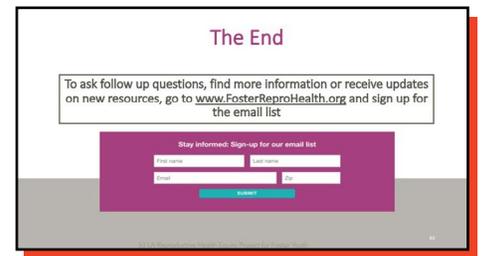
82 Your Work Matters

When you're in the trenches, doing this very challenging but very important work, it can sometimes be easy to lose sight of whether or not you're having an impact but your work matters. What you do and how you do it matters.



88 The End

Thank you for your time. If you have questions after today, LA RHEP's website, www.fosterreprohealth.org, has a resource e-library in these six categories: background and introductory information on foster youth's sexual and reproductive health, state law and policy information, local services and programs, trainings on adolescent sexual development, toolkits and other guidance for implementing strategies and policies on this issue, and research articles and data.



Appendices

Workshop Overview for Staff.....	40
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Sexual and Reproductive Wellness of Youth in Care: An SB 89 Compliant Training for STRTPs

The Los Angeles Reproductive Health Equity Project for Foster Youth

Your agency will soon be providing a training on sexual and reproductive wellness for youth in foster care. The training meets requirements for STRTPs. The information will be provided through a mix of presentation, small and large group discussions and activities, as well as practical strategies to support the implementation of these practices in your daily work.

Talking about adolescent sexual health can be uncomfortable or challenging and that is completely normal! We all have personal, religious, cultural, and/or familial values and beliefs about sexual and reproductive health. We may have also had good or bad experiences as it relates to our own sexual and reproductive health. As humans, we bring our values, beliefs, and experiences everywhere we go, and we expect that will be the case during this training.

This training intends to create a “brave space” for staff to learn about your collective obligations to support the healthy sexual development of youth in foster care while exploring tools and resources available to increase your comfort level to do just that.

However, we also understand that – depending on your beliefs, values, and personal experiences – there may be times during the training that you become uncomfortable.



Training Overview

1. Pre-Work: Preparing for the Training

The next section provides information on what will be covered in the training.

In order to prepare for this training, we recommend that you engage in a self-reflection activity individually or with a trusted colleague(s), friend, or family member:

- **Reflect on your personal stressors** as it relates to discussing topics related to sexual and reproductive health. Triggers and stressors come in all forms and all are valid. Knowing your personal stressors will help you ensure that you have a plan in place to take care of yourself in times of stress.
- **Reflect on your signs of distress** that alert you to engage in self-care. Examples may include quickening heart rate and breathing, racing thoughts, or feeling anxious.
- **Reflect on the things that ground you** when a sign of distress arises, such as deep breathing, doodling, mindfulness practice, moving your body.

Lastly, we will be discussing different scenarios and case studies during the training to make the curriculum materials applicable for the real-world and realities of your daily work. It is helpful to have specific scenarios that you or your colleagues may have encountered so we can include them in the training for discussion. We encourage you to share any recommended scenarios with staff administration so that they can share them with the trainers.



Advancing Reproductive Health
Equity for Youth in Foster Care

2. In-Person Workshop: Seven Segments

1

Why this training?

Participants will engage in: (1) introductions, group agreements, and review of the training's learning objectives; (2) a review of the statistics and stories that ground us in the need for and purpose of the California Foster Youth Sexual Health Education Act (SB 89).

2

Reproductive and Sexual Health Wellness Rights of Youth

Participants will engage in: (1) a presentation that outlines the rights of youth in foster care, both in and out of the doctor's office and (2) a discussion regarding these rights.

3

Duties and Responsibilities of STRTP staff and Caseworkers

Participants will engage in: (1) a presentation that clarifies the duties of social workers, resource families, and residential facilities to support young people to access reproductive and sexual health service and education and (2) a quiz to review key concepts.

4

Confidentiality and Mandated Reporting

Participants will engage in: (1) a presentation that reviews what sensitive health information is and an overview of confidentiality and reporting requirements.

5

Resources and Referrals

Participants will engage in: (1) a presentation that outlines how to help youth access reproductive and sexual health information and services, including identifying safe and reliable referral options.

6

Engaging with Young People about Sensitive Topics

Participants will engage in: (1) discussion about the strategies for having age-appropriate, medically accurate, trauma-informed, and strengths-based sexual health conversations with youth in care; and (3) activities that allow the group to practice the skills taught.

7

Wrap-Up and Evaluation

Participants will engage in: (1) a discussion that encourages the group to share out how they will bring the training resources to their job and (2) completion of an evaluation to support the facilitators in strengthening the curriculum.

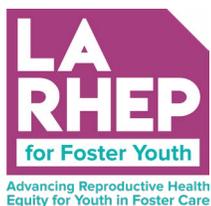


Background on the Los Angeles Reproductive Health Equity Project for Foster Youth

The Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP) is a collective impact campaign that intends to dismantle the systemic barriers that youth in LA County foster care face when accessing sexual and reproductive health care services and education. Over the next ten years, LA RHEP's goal is to significantly reduce the inequitable outcomes and experiences disproportionately faced by adolescents and young adults with lived experience in foster care, including high rates of unintended pregnancy and STDs, as well as lack of sexual health education and obstruction of access to care. Our strategies include: training and technical assistance, policy advocacy and implementation, public awareness campaigns, and centering the voices of youth in foster care through a Youth Advisory Board.

LA RHEP's Leadership Team includes: the Los Angeles County Department of Children & Family Services, Alliance for Children's Rights, Children's Law Center of California, John Burton Advocates for Youth, Public Counsel, and Seattle Children's Research Institute. The National Center for Youth Law is the lead agency of LA RHEP.

For more information, please visit www.fosterreprohealth.org or email Lesli LeGras Morris at llegras@youthlaw.org



Sexual and Reproductive Wellness of Youth in Care: An SB 89 Compliant Training for STRTPs

The Los Angeles Reproductive Health Equity Project for Foster Youth

This training curriculum is designed to allow LA County STRTPs meet new training requirements from the California Foster Youth Sexual Health Education Act (or SB 89). Developed by the multi-disciplinary team that comprises the Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP) with input from youth and caregivers, the training addresses the information required by SB 89 using a mix of presentation, small and large group discussions and activities, as well as practical strategies to support the implementation of these practices in your daily work.

We want this training to work for you and all staff. To that end, the training is most effective when we can partner and do some pre-work with you ahead of the training and integrate some agency policy and framing in the presentation itself. Below is (1) some items that we ask that you complete as part of preparing for the training and helping us connect the training back to your agency policy and practice and (2) a training overview so that you can ask questions or provide feedback to the trainers ahead of time:

1. Pre-Work: Preparing for the Training

In order to have the most successful training possible, please complete this checklist of pre-work prior to the training:

Policy Review | The training covers the rights of youth to access health care as well as the responsibilities of caregivers and congregate care placements to ensure youth have access to these services. Some of these obligations stem from new state regulations. Before we conduct our training, we recommend your agency:

- Collect agency policies related to health and sexual health care. This includes your policies on:
 - Medication storage and private storage space
 - Medical appointments, choice of provider and timely access to sexual health care
 - Transportation to appointments, including abortion
 - Medical appointment documentation and child abuse reporting policies
- We are providing you a document that includes relevant state regulations for congregate care facilities. We recommend you review your related agency policies to ensure they are in alignment. (Please let us know if you would like support from LA RHEP to review your policies ahead of the training at least two weeks prior to your first training date by emailing Lesli at llegras@youthlaw.org).

WORKSHOP OVERVIEW FOR AGENCIES

Partnering in Presentation |

- We have found it helpful to have someone from your agency present on your agency policies and practices during our training. Please let us know if you would like to participate as co-presenters on this topic and any other area of our training, or prefer not to participate, at least two weeks prior to your first training.

Logistics | Please review the attached checklist that includes the trainers' logistical needs.

Cultivating a "Brave Space" for Staff | The topics that we will be covering can be uncomfortable or challenging for staff and we rely heavily on you, as their trusted leaders, to help prepare them ahead of time.

- Let us know if there is any additional support you need to prepare your staff to feel engaged in the training at least two weeks prior to your first training date.
- We have created a "pre training" resource to help staff prepare for the training. You may choose to use it or not. It is entirely up to you. We are making it available as an option.
- We will be discussing different scenarios and case studies to make the training materials applicable for the real-world and realities of the daily work of your staff. It is helpful to have specific scenarios that your team may have encountered so we can include them in the training for discussion. Please let us know if you have scenarios you would like to include in the training at least two weeks prior to your first training.
- We also invite staff to submit their anonymous questions and scenarios ahead of time. They can share with you to share with us. Staff and leadership should submit anonymous questions at least one week prior to each training.
- We look forward to having an interactive and informative training with your staff. Please do not hesitate to reach out to us with any questions, concerns, curiosities, and ideas.

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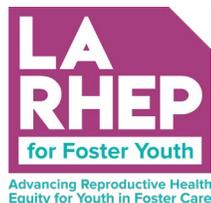
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1. **Young people in foster care must obtain permission from their parent or guardian before they can obtain emergency contraception.**
 - a. True
 - b. False

2. **If a youth requests help getting to a sexual health appointment, the STRTP may explain to the youth that they will need to find their own way to the appointment**
 - a. True
 - b. False

3. **A young person living in a group home facility must give her birth control pills to staff for safe keeping and placement in central storage.**
 - a. True
 - b. False

4. **A 12 year old may obtain contraception, including condoms, on their own and without involving a parent or other adult.**
 - a. True
 - b. False

When Sexual Intercourse Is Deemed Abuse

Mandated Reporting Chart



When Sexual Intercourse* with a Minor Must Be Reported as Child Abuse by Mandated Reporters: California Law

The California Child Abuse and Neglect Reporting Act requires certain professionals (“mandated reporters”), like teachers and health care providers, to report to child protection or law enforcement when they know or reasonably suspect child abuse. Sexual intercourse with a minor (a person younger than age 18) is reportable as child abuse in three circumstances:

1. WHEN COERCED OR IN ANY OTHER WAY NOT VOLUNTARY

Mandated reporters must report if they have a reasonable suspicion that intercourse with a minor was coerced or in any other way not voluntary. As one example, sexual activity is not voluntary when the victim is unconscious or so intoxicated that he or she cannot resist. See Penal Code sections 261 and 11165.1 for more examples.

2. WHEN IT INVOLVES SEXUAL EXPLOITATION OR TRAFFICKING

Mandated reporters must report if they have a reasonable suspicion that a minor has been sexually trafficked or is being sexually exploited. See www.teenhealthlaw.org for more information on this requirement.

3. BASED ON AGE DIFFERENCE BETWEEN PARTNER AND MINOR IN A FEW SITUATIONS

Mandated reporters also must report intercourse with a minor in a few situations based solely on the age difference between the minor and their partner, according to the following chart:

KEY: M = Mandated. A report is mandated based solely on age difference between partner and minor.

J = Use judgment. A report is not mandated based solely on age difference; however, a reporter must report if he or she has a reasonable suspicion that the intercourse was coerced, involved trafficking or exploitation, or was in any other way not voluntary, as described above, irrespective of age..

Age of Partner ⇒ Age of Youth ↓	12	13	14	15	16	17	18	19	20	21	22 & older
11	J	J	M	M	M	M	M	M	M	M	M ⇒
12	J	J	M	M	M	M	M	M	M	M	M ⇒
13	J	J	M	M	M	M	M	M	M	M	M ⇒
14	M	M	J	J	J	J	J	J	J	M	M ⇒
15	M	M	J	J	J	J	J	J	J	M	M ⇒
16	M	M	J	J	J	J	J	J	J	J	J ⇒
17	M	M	J	J	J	J	J	J	J	J	J ⇒
18	M	M	J	J	J	J	Chart design by David Knopf, LCSW, UCSF. (The legal sources for this chart are: Penal Code §§ 261.5, 261, 11165.1, 11165.6, 11166; 249 Cal. Rptr. 762, 769 (3 rd Dist. Ct. App. 1989); 226 Cal. Rptr. 361, 381 (1 st Dist. Ct. App. 1986).				
19	M	M	J	J	J	J					
20	M	M	J	J	J	J					
21 & older	M	M	M	M	J	J					

Do I have a duty to ascertain the age of a minor’s sexual partner for the purpose of child abuse reporting?

No statute or case obligates mandated reporters to ask youth about the age of their sexual partners for the purpose of reporting child abuse. See 249 Cal. Rptr. 762, 769 (3rd Dist. Ct. App. 1988).

Do I report pregnancy as child abuse?

The Child Abuse and Neglect Reporting Act states that “the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of child abuse.” Penal Code section 11166(a)(1).

What do I do if I am not sure whether I should report something?

When you aren’t sure whether a report is required or warranted, you may consult with legal counsel and Child Protective Services to ask about the necessity or appropriateness of a referral.

* This worksheet addresses mandated reporting of vaginal intercourse between non-family members. It is not a complete review of all California sexual abuse reporting requirements and should not be relied upon as such. For more information on other reporting rules and how to report in California, check www.teenhealthlaw.org. Legal information, not legal advice. © National Center for Youth Law. June 2017.

Frequently Asked Questions from Audience

<i>Segment 1: Why is Sexual & Reproductive Wellness in Foster Care Important?</i>	
<i>Why are there sexual and reproductive health disparities among foster youth?</i>	<p>Foster youth are more vulnerable than peers their same age given that as a population they:</p> <ul style="list-style-type: none"> • Often lack the support of a trusted adult who can offer them guidance throughout their development, which can create all sorts of challenges • Placement and school instability that have negative effects on their academic achievement and increased likelihood of missed sexual health education • Have a history of trauma, even if that is limited to whatever circumstance brought them into care in the first place, and trauma complicates all areas of life • Foster youth are disproportionately represented in populations of commercially sexually exploited youth and disproportionately more likely to have experience sexual assault • Institutional barriers to accessing health care and education often exist for youth in care that are not present for peers out of care—such as extra rules, limited transportation, and lack of privacy.
<i>How did SB 89 get passed?</i>	<p>Advocacy effects as it relates to SB 89 began in 2015 when a convening was held by the Child Development and Successful Youth Transition Committee, a committee under the Child Welfare Council, brought together stakeholders to identify core needs and recommendations related to sexual and reproductive wellness in child welfare. Around the same time, the California Department of Social Services developed their Plan for Prevention of Unintended Pregnancy which carried many of the same ideas and interventions. In 2016, CDSS formed the Healthy Sexual Development Workgroup which provided leadership for the state about the sexual and reproductive wellness in foster care. The 2016 CA Healthy Youth Act (CHYA) mandated Comprehensive Sexual Health and HIV Education which is an important law that SB 89, also known as the 2017 Foster Youth Sexual health Education Act, build upon as it became clear that foster youth needed more intentional support to ensure they receive this sexual education. For more information about CHYA, please visit: https://www.aclunc.org/our-work/know-your-rights/sex-education#chya</p> <p>For more information about SB 89, please visit: https://www.jbaforyouth.org/sb89/</p>

<p><i>What does substantiated report of maltreatment mean and why is there a higher rate among parenting foster youth?</i></p>	<p>Maltreatment includes physical injury, sexual abuse/ exploitation, emotional abuse, child neglect or abandonment. When a report of maltreatment is substantiated, it means that the allegation of maltreatment or risk there of was supported or founded. Multi-generational involvement in the child welfare system is not uncommon and a history of maltreatment is a significant risk factor. Higher rates of substantiated reports of maltreatment may also be attributed to foster youth being in a system of care involving more service provider involvement and oversight. For more information:</p> <p>https://www.cde.ca.gov/ls/ss/ap/childabusereportingguide.asp</p>
<p>Segment 2: Sexual and Reproductive Wellness Rights of Youth in Foster Care</p>	
<p><i>What are California's minor consent and confidentiality laws?</i></p>	<p>Foster youth have the same rights to consent and confidentiality as all Californians. For a chart that summarizes all the situations in which a minor may consent to their own health care in California and related information on confidentiality, please visit: http://teenhealthlaw.org/consent/</p>
<p><i>So foster youth can consent to an abortion at any age?</i></p>	<p>Yes. This means they do not need permission from the caseworker, judge, foster parent or anyone else. This is California law (Cal. Family Code § 6925) and the health care provider is not permitted to inform the foster parent or case worker without a minor's signed authorization (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11)</p>
<p><i>Can a health care provider share information with a caregiver about the sexual and reproductive services and information shared with the foster youth in their care?</i></p>	<p>No, health care providers cannot provide information a youth's reproductive health information to a parent or caregiver without the written consent of the youth. This is a right of all Californians and foster youth do not lose this right because they are in foster care.</p>

<p><i>We really need to know a youth's health information. Why do youth in foster care have a right to confidentiality in their health information?</i></p>	<p>The right to privacy comes from both the state Constitution and state law. We and other states give young people this right because we know that too many young people will choose to not get needed care if they have no control over privacy. The good news is that many young people do choose to share private health information with trusted adults. Many want to. They just want to be asked.</p>
<p><i>We have a health provider that we use and trust but a youth wants to go to another provider. Do we need to take them to the provider of their choice?</i></p>	<p>Yes, foster youth have the right to choose the provider they see for sexual and reproductive health care as long as service is covered by their insurance provider</p>
<p><i>How do I know what is developmentally appropriate information to share with youth?</i></p>	<p>Development is different from age as we all develop at different speeds, keeping in mind physical and cognitive development also do not always align. A young person may appear physically mature but not capable of understanding complex future-oriented topics. We provided some examples here. The youth factsheets and guide may be a good resource to look into as it provides an overview of developmental characteristics of three age groups and appropriate resources to share for each group.</p> <p>Age Appropriate Medically Accurate Sexual Health Fact Sheets English Version Spanish Version</p>

Segment 3: Duties and Responsibilities of the Caregiver and Case Worker

<p><i>My beliefs do not align with the sexual and reproductive health services that the foster youth has requested. Do I need to arrange transportation that goes against my values and beliefs?</i></p>	<p>Yes, it is the caregiver’s duty to arrange timely transportation to sexual and reproductive services and care regardless of religion, values and beliefs. Regardless of beliefs, caregivers must coordinate timely transportation for the youth in their care either that they provide themselves or they arrange someone else to provide. If assistance is needed or barriers are encountered, agencies must communicate with the social worker to ensure foster youth’s right to timely transportation is upheld.</p>
<p><i>Should we really be allowing youth to self-administer birth control pills?</i></p>	<p>Youth have a right to keep contraception, including pills, in their private storage space and to administer it to themselves. It should not be centrally stored. Guidance directs STRTPs to use the Reasonable and Prudent Parent standard if a minor is using their contraception in a dangerous or inappropriate way (such as sharing their medication with others or using condoms to play inappropriate games).. Access to birth control cannot be taken away from youth as a punishment or due to an agency’s religious affiliation.</p>
<p><i>How am I supposed to communicate with the caseworker about getting assistance accessing resources without disclosing information that the youth does want me to share?</i></p>	<p>When discussing with the caseworker, communicate:</p> <ul style="list-style-type: none"> • Topics you discussed about sexual and reproductive wellness (rather than what the youth said to you) • Resources and information about sexual and reproductive wellness you provided to the youth • Offers to remove any barriers the youth may experience accessing reproductive health <p>This disclosure describes the action taken to assist the youth, rather than protected information about the youth. If the youth may need the worker’s assistance to access specific services or address specific needs, discuss with the youth why you need permission to share, and what you would share, in order to help get their needs met.</p>
<p><i>So, a staff person cannot be in the room with the foster youth when a health provider provides sexual and reproductive health services?</i></p>	<p>That is correct-unless the youth specifically requests otherwise. It is the duty of the health provider and caregiver to respect the foster youth’s privacy.</p>

<p><i>What would the “designated staff member” consider in applying the reasonable and prudent parenting standard?</i></p>	<p>Applying the reasonable and prudent parent standard is left to the STRTP designated staff member. While it is not for all staff to make these decisions, it can be helpful to know what considerations go into applying the reasonable and prudent parent standard. What the designated STRTP staff member may consider includes:</p> <ul style="list-style-type: none"> • Does the activity seem reasonable? • Is this activity age or developmentally appropriate for the child? • Is this activity appropriate given the child’s maturity? • Is this activity consistent with the health, safety, and best interests of the child? • Does this activity encourage the emotional, developmental, or cultural growth of the child? • Does this actively assist in normalizing life in foster care? • What are the inherent risks, hazards, or harms related to the activity? • Is there anything based upon the child’s history to
<p><i>How are social workers supposed to confirm whether or not foster youth received comprehensive sexual education (CSE) once in middle school and once in high school?</i></p>	<p>Policies may vary between county but it may include contacting the individual school or working with the County Department of Education, etc. Regardless, it is the duty of the caseworker to confirm receipt of CSE and document that they verified receipt or how the youth will receive the class if they missed it in school.</p>
<p><i>Can I opt youth out of the comprehensive sexual education offered in school or the education coordinated by the caseworker?</i></p>	<p>No, only the educational rights holders can opt the foster youth out of receiving CSE. Under the California Healthy Youth Act (CHYA), receiving CSE is an automatic opt-in policy and parent/educational rights holder have to request in writing to excuse the child from receiving the education. For more information on CHYA, visit: https://www.cde.ca.gov/ls/he/se/faq.asp</p>
<p><i>If social workers are going to be having annual conversations about sexual and reproductive wellness with foster youth, do I need to discuss it with them?</i></p>	<p>Caregivers are the first line of care and have an obligation to facilitate access to age appropriate medically accurate information on sexual and reproductive wellness for foster youth. For age-appropriate resources, check out: https://www.jbaforyouth.org/youth-sexual-health-resources/</p>

Segment 4: Confidentiality and Mandated Reporting	
<i>What instances of sexual intercourse involving a minor would a foster parent need to report as a mandated reporter?</i>	A foster parent is required to report to child protection or law enforcement when sexual intercourse is coerced or in any way that is not voluntary, when it involves sexual exploitation or trafficking and, in a few cases, based on age difference between the partner and the minor. For more details, you can review this chart developed by the National Center for Youth Law: https://fosterreprohealth.org/wp-content/uploads/2018/04/NCYL-Chart-Minor-Sexual-Intercourse-Reporting.pdf
<i>What are indicators to pay attention to when identifying victims of human trafficking?</i>	For some red flag and indicators, you can review this chart developed by National Human Trafficking Resource Center: https://humantraffickinghotline.org/resources/what-look-healthcare-setting
Segment 5: Engaging With Foster Youth	
<i>How do I make sure that I don't trigger additional trauma for foster youth when discussing sexual and reproductive wellness?</i>	To learn more about trauma-informed approaches, check out the SB 89 Guide (noted in the resource list) which provides suggestions and additional resources. Age Appropriate Medically Accurate Sexual Health Fact Sheets English Version Spanish Version
<i>What contraception is the most effective?</i>	The implant, hormonal IUDs, and copper IUD are the most effective. For more details about current contraceptives, its side effects, how to use the method, its effectiveness, and more, visit: www.bedsider.org

A Guide for Children's Residential Facilities and Resource Families: Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care: Informs foster caregivers of key issues relating to healthy sexual development and pregnancy prevention by addressing current requirements and ways to effectively assist youth in foster care California Department of Social Services (CDSS). Available at: <https://www.cdss.ca.gov/Portals/9/HSD%20Guide-%202018%20revision%20update-FINAL%202-23-18.pdf?ver=2018-03-13-%20075222-563>

All County Letter 16-82: Outlines the reproductive and sexual health care rights of youth and non-minor dependents in foster care and corresponding legal and regulatory citations (CDSS). Available at: <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-82.pdf>

Factsheets & Guide on Sexual and Reproductive Health Rights for Foster Youth: A series of youth fact sheets to help trusted adults discuss sexual and reproductive health rights with foster youth & accompanying guide that includes age-appropriate conversation starters to help navigate these sensitive conversations. Fact sheets are available for three age groups: tweens/early adolescents, middle adolescents, and transition-aged youth/young adults. It also includes additional age-appropriate resources to share with youth.

John Burton Advocates for Youth Factsheets & Guide.

Available at: <https://www.jbaforyouth.org/sb89-factsheets-and-guide/>

Accompany training on how to use these factsheets & guide: <https://www.jbaforyouth.org/5-16-19-webinar/>

Age-appropriate resources to share with youth: <https://www.jbaforyouth.org/youth-sexual-health-resources/>

Know Your Rights Brochure: Foster Youth Sexual and Reproductive Health Care Rights and Resources California Department of Social Services (CDSS). Available at:

English Version: <http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>

Spanish Version: [http://www.cdss.ca.gov/Portals/9/TranslatedForms/Spanish/PUB%20490%20\(4-2018\)%20web%20version.pdf?ver=2018-10-16-122753-020](http://www.cdss.ca.gov/Portals/9/TranslatedForms/Spanish/PUB%20490%20(4-2018)%20web%20version.pdf?ver=2018-10-16-122753-020)

Short-Term Residential Therapeutic Program Interim Licensing Standards, Version 3. January 2019.

(CDSS). Available at: https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/ILS/STRTP_ILS_V3_01_11_2019Web.pdf?ver=2019-11-21-092550-947

When Sexual Intercourse with a Minor Must be Reported as Child Abuse by Mandated Reporters: California Law. (National Center for Youth Law.) Available at: <http://fosterreprohealth.org/wp-content/uploads/2018/04/NCYL-Chart-Minor-Sexual-Intercourse-Reporting.pdf>

Bisexual: A person who is emotionally, romantically, and/or sexually attracted to more than one gender, though not necessarily simultaneously, in the same way, or to the same degree. A bisexual sexual orientation speaks to the potential for, but not requirement of, involvement with more than one gender. This is different from being attracted to only men or only women.

Bodily Autonomy: An individual's right to make decisions regarding one's own body, including deciding at any point who may or may not touch their body in any way, also referred to as bodily sovereignty.

Cisgender: A person whose gender identity is aligned with their biological sex or sex assigned at birth. (See also Biological Sex, Gender Identity, and Sex Assigned at Birth.)

Consent: Informed, voluntary, and mutual agreement between people to engage in an activity. Consent cannot be given when an individual does not have the capacity or legal ability to consent (e.g., legally considered a minor, intoxicated by alcohol or other substances, other conditions that affect one's ability to understand and/or agree to engage in a behavior). An example of sexual consent is an agreement that occurs between sexual partners about the behaviors they both give permission to engage in during a sexual encounter. Consent can be given by words or actions, as long as those words or actions create clear permission regarding willingness to engage in the sexual behavior. This may also be referred to as affirmative consent.

Cultural Competence: Teaching that relates to, recognizes, and includes aspects of students' ethnic culture, race, socio-economic status, gender, gender identity, gender expression, sexual orientation, sexual identity, sexual experience, ability, faith, educational status, physical appearance and/or youth popular culture.

Gender Expression: The way a person expresses their gender identity, specifically with the categories of masculinity and femininity, through their appearance, dress and behavior.

Healthy Relationships: A relationship between individuals that consists of mutual respect, trust, honesty, support, fairness/equity, separate identities, physical and emotional safety, and good communication.

Gender Identity: A person's perception of having a particular gender, which may or may not correspond with their birth sex.

Healthy Sexual Development: All children and youth going through stages of puberty and even pre-puberty experience many changes in their bodies and emotions. Exploring and thinking about their sexuality during this time is a normal and healthy part of adolescence and growing up.

Intersectionality: A term coined by law professor Kimberlé Crenshaw, JD, LLM to describe the way that social categorizations, such as race, class, and gender, do not act independently of one another, but create overlapping and interdependent systems of discrimination or disadvantage; a theoretical approach based on such a premise. Intersectionality looks at the relationships between multiple marginalized identities and the way that multiple systems of oppression interact in the lives of those with multiple marginalized identities.

Intimate Partner Violence: Physical, sexual, and/or emotional abuse, violence, or aggression that occurs in a close relationship. It includes threats of violence and coercion and can include verbal, physical, sexual, emotional, economic, and/or psychological abuse, and violation of individual rights. Intimate partner violence is defined by abusive behavior and can occur in all types of intimate relationships regardless of gender identity or sexual orientation and does not require sexual intimacy.

Long Acting Reversible Contraception (LARC): Contraceptive methods that can remain in place for several years. They are the most effective forms of reversible contraception and include, but are not limited to, IUDs, contraceptive shots, and implants.

Power: Access to resources (social power) that enhance one's chances of living a relatively more comfortable, productive, and safe life. Wealth, whiteness, citizenship, patriarchy, heterosexism, and education are a few key social mechanisms through which power operates.

PrEP (Pre-Exposure Prophylaxis): Daily medication that people who are HIV negative and at high risk for HIV may take to prevent acquiring the virus.

Reproductive Health Care: Similar to sexual health care but more specific to a person's reproductive health. Reproductive health care may include, but is not limited to, appointments for birth control, treatment and prevention of STIs, abortions, pregnancy and birthing options, screenings for breast, testicular, ovarian, and other reproductive related cancers, diseases and disorders.

Reproductive Justice: A term coined by 12 Black women to define the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities. In addition, reproductive justice demands sexual autonomy and gender freedom for every human being.

Sex Positive: Teaching that recognizes that sexuality and sexual development are natural, normal, and healthy parts of our lives and refrains from using shame and fear to motivate students to be abstinent.

Sexual Agency: Agency is the ability to act in a way to accomplish your goals. To have agency in an area of life is to have the capability to act in a way to produce desired results. Sexual agency includes: the ability to give consent to participate in and/or decline sexual behaviors; to choose whether or not to engage in sexual behaviors in a specific way, with a specific person, and/or at a specific time and place; the ability to choose safer sex practices, including contraception; and the right to choose to define one's sexuality, sexual orientation, and gender.

Sexual Health Care: Care related to a person's overall physical, psychological, and social well-being as it relates to their sexuality. Sexual health care may include (but is not limited to) medical appointments for the treatment and prevention of sexual transmitted infections (STIs) (including HIV and AIDS), pap smears, HPV testing and vaccination, appointments with a therapist regarding romantic relationships, sexuality, or gender identification, appointments to receive any type of birth control, appointments regarding pregnancy choices (including abortion), and sexual health education.

Sexual Orientation: Refers to a person's sexual identity in terms of the gender to which they are attracted to; heterosexual, gay, lesbian, bisexual, etc.

SOGIE: Acronym that stands for Sexual Orientation and Gender Identity and Expression.

Trauma Informed: An approach to teaching that recognizes the influence of individual and systemic trauma on students and assesses the implications on instruction and cognition to ensure a safe and supportive learning environment.

Trusted Adult: A person to whom a student can turn to in a time of need who can offer support and guidance.

Unconscious Bias: Social stereotypes about certain groups of people that individuals form outside their own conscious awareness. Everyone holds unconscious beliefs about various social and identity groups, and these biases stem from one's tendency to organize social worlds by categorizing, often as the result of historical context. Unconscious bias is also known as implicit bias.

- All-County Letter 16-82*. California Dept. of Social Service (2016). Available at: <https://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-82.pdf>
- All-County Letter 18-61*. California Dept. of Social Services (2016). Available at: <https://www.cdss.ca.gov/Portals/9/ACL/2018/18-61.pdf>
- CDC. Diagnoses of HIV Infection in the United States and Dependent Areas, 2016*. HIV Surveillance Report 2016, vol. 28; (2017). Available at: <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>
- CDC. Sexually Transmitted Disease Surveillance 2016*. Atlanta: U.S. Department of Health and Human Services; (2017). Available at: https://www.cdc.gov/std/stats16/CDC_2016_STDS_Report-for508WebSep21_2017_1644.pdf
- CDC. Youth Risk Behavior Surveillance—United States, 2017*. MMWR Surveill Summ (2018);67(No. SS-8). Available at: <https://www.cdc.gov/mmwr/volumes/67/ss/ss6708a1.htm>
- Child Welfare and Domestic Child Sex Trafficking*. Human Rights Project for Girls. (2015). Available at: http://media.wix.com/ugd/807686_65c36196779a225fe0da811224ef9e4d.pdf
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17*. Chicago, IL: Chapin Hall at the University of Chicago (2014). Available at: https://www.chapinhall.org/wp-content/uploads/CY_YT_RE1214-1.pdf
- Courtney, M.E., et. al. *Findings from the California youth transitions to adulthood study (CalYOUTH): Conditions of youth at age 19*. Chapin Hall Center for Children at the University of Chicago, (2016). Available at: https://www.chapinhall.org/wp-content/uploads/CY_YT_RE0516_4-1.pdf
- Ending the Commercial Sexual Exploitation of Children: A Call for Multi System Collaboration in California*. California Child Welfare Council (2013). Available at <https://youthlaw.org/publication/ending-commercial-sexual-exploitation-of-children-a-call-for-multi-system-collaboration-in-california/>
- Florsheim, Paul, editor. *Adolescent Romantic Relations and Sexual Behavior: Theory, Research, and Practical Implications*. Lawrence Erlbaum Associates, (2003).
- Foster | Search Online Etymology Dictionary. (2020) Available at: <https://www.etymonline.com/search?q=foster>
- Fryar, G., Jordan, E., DeVoght, K., Supporting Young People Transitioning from Foster Care Findings from a National Survey (2017). Child Trends. Available at: <https://www.childtrends.org/wp-content/uploads/2017/11/SYPTFC-Findings-from-a-National-Survey-11.29.17.pdf>
- Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care*. California Dept. of Social Services. (2016). Available at: https://calswec.berkeley.edu/sites/default/files/ccl_hsd_and_pp_resource_guide_for_caregivers.pdf

Katz CC, Courtney ME, Sapiro B. *Emancipated Foster Youth and Intimate Partner Violence: An Exploration of Risk and Protective Factors*. Journal of Interpersonal Violence. (2017):

Available at: <https://doi.org/10.1177/0886260517720735>

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: *Final data for 2016*. *National Vital Statistics Report Rep 2016*; (2018). vol 67, issue 1. Hyattsville, MD: National Center for Health Statistics.

Available at: https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_01.pdf

Monasterio E, Combs N, Warner L, Larsen-Fleming M, St. Andrews A. *Sexual Health: An Adolescent Provider Toolkit*. San Francisco, CA: Adolescent Health Working Group, San Francisco (2010). Available at: <https://ahwg.org/download/sexual-health-2010/>

National Sex Education Standards: Core Content and Skills, K–1s - Appendix: Glossary: Sex Education Terms.

Future of Sex Education Initiative (2020). Edition 2:58-72. Available at: <https://advocatesforyouth.org/wp-content/uploads/2019/09/NSES-Glossary.pdf>

Out of the Shadows: Supporting LGBTQ Youth in Child Welfare Through Cross-System Collaboration. Center for the Study of Social Policy (2016). Available at: <https://cssp.org/resource/out-of-the-shadows/>

Raneri LG, Wiemann CM. *Social Ecological Predictors of Repeat Adolescent Pregnancy*. Perspectives on Sexual and Reproductive Health, (2007). vol 39, issue 1:39-47.

Raphael J. *Teens Having Babies: The Unexplored Role of Domestic Violence*. The Prevention Researcher, (2005). vol 12, issue 1:15-17.

Roberts TA, Auinger P, Klein JD. *Intimate Partner Violence and the Reproductive Health of Sexually Active Girls*. Journal of Adolescent Health. (2005);vol 36, issue 5:380-385.

Short-Term Residential Therapeutic Program: Interim Licensing Standards. California Dept. of Social Services. (2019). Vol 7.5, version 3. Available at: https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/ILS/STRTP_ILS_V3_01_11_2019Web.pdf?ver=2019-11-21-092550-947

Trends in Teen Pregnancy and Childbearing. HHS.Gov, (2016), Available at: <https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/trends/index.html>

Unintended Pregnancy in the United States. Guttmacher Institute, (2012), Available at: <https://www.guttmacher.org/fact-sheet/unintended-pregnancy-united-states>

When Sexual Intercourse with a Minor Must be Reported as Child Abuse by Mandated Reporters: California Law*.

National Center for Youth Law (2017). Available at: <http://fosterreprohealth.org/wp-content/uploads/2018/04/NCYL-Chart-Minor-Sexual-Intercourse-Reporting.pdf>