

KEY TO COMPLIANCE: Reproductive & Sexual Health Policies & Practices for STRTPs



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Authors: Anna Johnson and Simone Tureck Lee, John Burton Advocates for Youth

Graphic Design: Marketing À La Carte, Inc.

For more information about this guide please contact:

Anna Johnson, Senior Project Manager
anna@jbay.org
(415) 693-1321

INTRODUCTION



This Reproductive and Sexual Health Policy and Practice Guide is intended to assist Short-Term Residential Therapeutic Programs (STRTPs) with upholding the reproductive and sexual health rights of youth in care, while maintaining their safety and well-being. The guide contains policy and practice recommendations across five focus areas to improve an organization's capacity to comply with legal requirements set forth in the California Foster Youth Sexual Health Education Act (Senate Bill 89), Community Care Licensing Standards, and best practice regarding the reproductive and sexual health rights of foster youth.^{1,2}

The five focus areas are:

-  1. Training Staff;
-  2. Maintaining Confidentiality;
-  3. Providing Access to Care and Removing Barriers;
-  4. Providing Access to Sexual Health Education; *and*
-  5. Protecting Youth from Bias and Discrimination.

STRTPs are residential facilities, operated by a public agency or private organization, specializing in intensive care and supervision of children and youth. As of April 1, 2020, there were 62,013 children and youth in California’s foster care system, with 3,421 placed in STRTPs.³ Although youth in STRTPs make up less than six percent of the foster care population, the needs of this population are significant. Under California’s Continuum of Care Reform, a child or youth is eligible for placement in an STRTP if he or she either meets the medical necessity criteria for Medi-Cal Specialty Mental Health Services or exhibits behavioral or treatment needs that can only be met by an STRTP.



STRTPs serve youth who may have experienced domestic violence; intimate partner violence; and/or abuse or neglect including sexual abuse, exploitation, and trafficking. The stress of abuse can impact the physical growth and maturation of adolescents. Young girls who are exposed to childhood trauma are far more likely to physically mature and begin puberty 8 to 12 months earlier than their non-abused peers.⁴ High-stress situations can lead to increased stress hormones that jump-start puberty. Adolescent mothers who are in violent relationships are three times more likely to become pregnant than non-abused adolescent girls and may find it difficult to refuse sexual activity or to negotiate contraceptive use.⁵

STRTPs also serve youth with intellectual disabilities, who are often not able to access sexual health education content, despite their right to be educated about their bodies and sexuality. Research shows that most young people with mild or moderate intellectual disabilities have had sex by age 19 or 20 but were 50 percent more likely than their peers to have unprotected sex.⁶

Youth of color—who are overrepresented in foster care generally and in STRTP placements—disproportionately receive poorer quality of health care than youth who are white as a result of structural racism in health care and social service delivery. African American females are at a higher risk for a range of medical conditions that threaten their lives and their infants’ lives, including preeclampsia, eclampsia, embolisms, and mental health conditions.⁷ African American, Native American, and Alaska Native women die of pregnancy-related causes at a rate about three times higher than those of white women.⁸

Youth who identify as transgender and gender-nonconforming (TGNC) are overrepresented in foster care generally and in STRTPs. TGNC youth in care experience unique challenges accessing information and care that reflects and honors their identity. They face barriers caused by personal biases and beliefs from their families, caregivers, peers, and professionals. They are at an increased risk of experiencing adverse physical and mental health outcomes and often encounter multiple placement disruptions and frequent school changes. These challenges, along with a lack of stable social supports, pose barriers to accessing appropriate reproductive and sexual health information, education, and care, ultimately impacting a youth’s identity, esteem, self-love, sense of belonging, and healthy sexual development.

Over the last three decades, teen pregnancy rates in the United States have dropped to a low of 43 pregnancies per 1,000 females, down 63 percent since 1990.⁹ California, one of the states with the most significant reductions in teen pregnancy rates, had a decline of 82 percent since 1991.¹⁰ However, this downward trend has not occurred for youth in foster care who continue to experience heightened rates of unintended pregnancy and other inequitable sexual health outcomes compared to their peers.



Compared to their peers, youth in care are at least three times more likely to have certain sexually transmitted infections.¹¹ A 2014 study found that

26 percent of 17-year-old female foster youth had been pregnant at least once, a rate that is over 10 times higher than non-foster youth, age 15 to 19 in California.¹² By age 26, 44 percent of young women in foster care reported getting a diagnosis of a sexually transmitted infection (STI) compared to 23 percent of their peers not in foster care. The rates for young men were 18 percent and 11 percent respectively.¹³

Some STRTPs specialize in serving expectant and parenting youth. Young women who have aged out of care are more than twice as likely to have experienced teen pregnancy than their peers not in care.¹⁴ Of foster youth at age 17 who were surveyed in a 2014 study, 70 percent reported it was not their intention to become pregnant or for their partner to become pregnant. **Of 17-year-olds in care who reported pregnancy, one in five did not receive prenatal care.**¹⁵ Nationwide, over 40 percent of 17-year-old pregnant foster youth experienced a stillbirth or miscarriage compared to 14.3 percent of teens ages 15 to 19 not in care who had a pregnancy.¹⁶

This guide was developed based on the identified needs and strengths of STRTPs participating in the “Reproductive Sexual Health Learning Community,” a 15-month initiative led by John Burton Advocates for Youth (JBAY) in partnership with the Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP). The Learning Community focuses on equipping STRTP staff and administrators with the policies, procedures, tools, and training to promote positive, healthy sexual development and reduce the heightened risks youth in foster care experience related to systemic barriers, frequent placement changes, intimate partner violence, sexual exploitation, unintended pregnancy, prenatal and birth outcomes, and sexually transmitted infections.

The recommendations in this document were developed to serve as a guide for STRTPs looking to update their policies and practices and promote compliance with state laws, regulations, and best practice. The guide also provides a checklist of components that should be included in an STRTP’s plan of operation, policies, and procedures for each of the five focus areas (*Appendix A*) and a robust resource index (*Appendix B*) intended to equip STRTPs with vetted and approved information and materials to implement the guide’s recommendations.

Policy and Practice Recommendations for Short-Term Residential Therapeutic Programs (STRTPs) in California



FOCUS AREA #1: Training Staff

I.1 Train staff upon hire and at regular intervals to ensure they are well-versed in youth reproductive and sexual health topics.

While STRTP Administrators are required to be trained on reproductive and sexual health during the 40-hour certification training as required by the California Foster Youth Sexual Health Education Act (SB 89), it is best practice to ensure that an STRTP's staff members are also trained on this topic since they work directly with youth.¹⁷ Additionally, several requirements of STRTPs related to reproductive and sexual health that are outlined in California's Community Care Licensing Standards have training implications.¹⁸ STRTPs should incorporate training on reproductive and sexual health into their onboarding protocol.



To ensure staff members retain this important information, STRTPs should determine an appropriate frequency to repeat this training for staff, such as annually, and reinforce key topics during staff meetings and individual supervision. In Los Angeles County, all STRTP staff members are required to complete at least eight hours of training on reproductive and sexual health annually.¹⁹ A number of training materials vetted by practitioners and the California Department of Social Services (CDSS) exist which cover legal mandates, licensing requirements and best practice. See tips box below for information about available training curricula.



TIPS FOR TRAINING STAFF

A number of vetted trainings and guides exist, including one developed by LA RHEP specifically for STRTP staff. This training covers the sexual and reproductive rights of youth in foster care, duties and responsibilities of caregivers and county caseworkers, how to engage with youth about sexual and reproductive wellness, and age-appropriate resources and referrals to share with youth. Staff members may take this training as an online course (*Appendix B, Item 1*). A training guide is also available for this curriculum for organizations interested in providing this training in person (*Appendix B, Item 2*). Trainings and guides for other and more generalized audiences can be found on the [CDSS webpage](#) for the Healthy Sexual Development Project (*Appendix B, Item 3*). If interested in an outside trainer, STRTPs can contact their nearest [Planned Parenthood](#) to inquire whether they can provide this service for their staff. (*See Appendix B, Item 4 for a statewide roster of Planned Parenthood Affiliates.*)

FOCUS AREA #2: Maintaining Confidentiality

2.1 Ensure staff are well-informed about the privacy rights of youth and that they are aware of procedures and protocols for upholding those legal rights.

The Health Insurance Portability and Accountability Act (HIPAA) passed in 1996 requires the protection and confidential handling of protected health information, which includes reproductive and sexual health care.²⁰ Staff members should be aware of what is considered confidential information and who is allowed access to it. Protocols should include where and how to store information, as well as, how to securely share confidential information. Staff should never share private and confidential information in front of other youth, staff, and/or visitors in the home or in public spaces.



It is the youth's legal right to receive health services confidentially. Youth can specify what information they are comfortable with being shared, and what information they would like kept confidential.²¹ A clinic or doctor cannot legally disclose any information including the purpose of the youth's visit without the youth's consent. Staff should not enter or join a health or telehealth appointment of the youth without the youth's permission. Youth have the right to confidentiality of medical and mental health records, including, but not limited to, HIV status, substance use disorder history and treatment, and sexual and reproductive health care, consistent with existing law.²²

Youth have the right to make, send, and receive confidential telephone calls and other electronic communications, and to send and receive unopened mail, unless prohibited by court order. Additionally, a youth's privacy regarding sexual orientation, gender identity and expression (SOGIE) must be maintained, unless: the youth permits the information to be disclosed, disclosure is required to protect their health and safety, or disclosure is compelled by law or a court order. A violation could lead to a licensing complaint and review of the organization.



2.2 Assist youth in accessing copies of their personal health records and information from their health providers, in compliance with state law. Current and former foster youth have the right to view and receive a copy of their child welfare records, juvenile court records, and educational records at no cost until age 26, subject to existing federal and state confidentiality laws.²³ Staff should assist youth in obtaining any of these records from the necessary party.



TIPS FOR MAINTAINING CONFIDENTIALITY

Resources are available to help staff and youth understand rules related to confidentiality. All County Information Notice (ACIN) I-06-20 (*Appendix B, Item 5*) includes frequently asked questions and talking points for how to explain confidentiality and its limits with youth, including that related to reproductive and sexual health information. A complete list of All County Letters and Information Notices from CDSS on reproductive and sexual health is available on the Resources [webpage](#) for the CDSS Healthy Sexual Development Project (*Appendix B, Item 6*). The toolkit, [Understanding Confidentiality and Minor Consent in California](#), can help staff and providers appropriately support youth in their health-related decisions and in developing autonomy as a patient (*Appendix B, Item 7*).

🔑 FOCUS AREA #3: Providing Access to Care and Removing Barriers

3.1 Provide timely transportation to health-related services. Caregivers and foster care providers are required by state law to provide timely transportation to health-related services.²⁴ Organizations should ensure sufficient staffing for transportation assistance. Many reproductive health services are time-sensitive (e.g., emergency contraception), therefore, transportation must be provided in a timely manner in order to meet the requirement. Transportation must be provided regardless of the organizational or staff religious beliefs or preferences.

3.2 Permit youth to obtain sexual and reproductive health care services from the provider of their choice. Youth do not need permission from anyone, including parents, caregivers, staff, or the court, to obtain sexual and reproductive health care services. While an STRTP may have contracted or preferred providers, youth have the right to continue to receive services from their previous provider or a new provider of their choice.²⁵ Policies should reflect Interim Licensing Standards and be clear that staff may not refuse to facilitate transportation to services because of the youth's choice of provider.

3.3 Provide sufficient storage space for each youth's personal belongings, including reproductive and sexual health care items. Interim Licensing Standards require youth be provided with closet, drawer, personal storage space, furniture, equipment and products necessary for care and maintenance of personal hygiene, clothing and personal belongings, and reproductive sexual health care products, including contraception and the morning-after pill. Youth have the right to store their personal belongings and to keep their contraception. Staff should be familiar with menstrual and other personal hygiene products that are developmentally and culturally appropriate and gender-affirming. Organizations should ensure staff are familiar with the various types of contraception so that it is not mistakenly confiscated. Staff should allow youth to express their gender identity with their appearance, dress, clothing, products, personal belongings, and behavior as required in Interim Licensing Standards.





3.4 Facilitate access to extracurricular, cultural, racial, ethnic, personal enrichment, and social activities supportive of youths' identities, in compliance with state law.²⁶

Extracurricular activities are important for adolescents, and access is required by law for foster youth. This includes access to computer technology and the internet, consistent with the youth's age, maturity, developmental level, sexual orientation, and gender identity and expression. Isolation and lacking a sense of belonging can increase a youth's risk of depression and suicide. In-person and online communities can support youth through difficult times and offer sanctuary.

3.5 Assist youth in accessing age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections (STIs). STRTPs have the opportunity to play an important role in preventing unintended pregnancy and STIs and improving healthy birth outcomes. Staff should ensure youth have access to contraceptive counseling, which can reduce unintended pregnancies and STI contraction. Staff should assist pregnant and parenting youth in accessing necessary care, which can lead to improved healthy birth outcomes. Staff should be informed and capable of directing youth to reliable sources of information and help youth obtain medical, dental, vision, and mental health care as is required by law and licensing standards.

3.6 Provide access to medications used for self-administration, including birth control and hormones, in accordance with the rights of youth. Policies should note the difference in storage requirements for various types of medication. Requirements pertaining to medication storage take into consideration the youth's ability to self-administer weighed against the potential adverse effects if a dose is missed or too much medication is taken.²⁷ Thus, some medications are required to be securely stored, and some are permitted to be self-administered. Reproductive and sexual health medications, as well as condoms and other birth control methods, are permitted to be self-administered and kept in the youth's possession and personal storage as is their right under the law.

3.7 Respond to a youth's disclosure of a pregnancy in compliance with confidentiality laws and promote early and easy access to pregnancy testing, services, and unbiased counseling.

If a youth discloses they are pregnant, staff should be clear on the appropriate next steps. Youth should be provided access to testing and information about options by a reputable provider and be provided timely transportation to seek services, care or counseling from said provider (see *Appendix B, Items 3 and 8 for provider rosters, or Item 10 for clinic finders*). Should the youth intend to carry the pregnancy to term, staff should encourage them to disclose the pregnancy to their county case manager and/or attorney. However, staff should assure youth that it is their decision when and whom they disclose to, and that staff will not disclose without the youth's permission unless the pregnancy is the result of an incident that is required to be reported in compliance with mandated reporting law (i.e., sexual assault or non-consensual sex, or sex between individuals of certain age differences).²⁸

3.8 Provide timely, supportive services for expectant and parenting youth.

STRTPs do not need to and should not wait for a youth to disclose their pregnancy to their county case manager in order to begin providing youth access and transportation to prenatal care and services. STRTPs should be aware of their county's protocol for assisting expectant youth, and of the local resources available. Some counties have robust policies that support expectant youth. In Los Angeles County, upon the youth's written consent, a specialized Child and Family Team is convened, called an Expectant and Parenting Youth (EPY) Conference, which is attended by a public health nurse, the county case manager, and others identified by the youth as support partners. Expectant youth are also referred



to the county's Nurse Family Partnership, and are eligible to receive the infant supplement payment at a reduced amount during the 7th, 8th and 9th month of pregnancy, which differs from the state policy which provides the infant supplement starting with the birth of the child. (See *Resource Item 9 in Appendix B for Los Angeles County's policy*.)

If an STRTP is located in a county that does not refer to a home visitation program like Nurse Family Partnership, the STRTP can make this referral. As requested by youth, county case managers and public health nurses, staff should attend Child and Family Team meetings and assist in the provision of reproductive and sexual health care service follow-ups in a timely manner. If an STRTP does not serve parenting youth, it is important to plan for a successful transition to a placement that serves parenting youth in advance of the youth's delivery date.

TIPS FOR PROVIDING ACCESS TO CARE AND REMOVING BARRIERS

- A. Frequent, trauma-informed conversations, connection to mentors, and healing activities can reduce common harmful experiences.** Taking a harm-reduction approach can reduce risky behaviors, build healthy supports, and provide youth with as much information and protection as possible. Frequent conversations can help identify youth needs and address them early on. Youth who have accurate information about their body and about sex have better reproductive and sexual health outcomes. The impact of trauma on youth development can be reduced through connection to mentors and healing opportunities. Access to healthy activities such as art, music, dance, sports, clubs, and education can help youth begin to heal, improve self-esteem, and practice boundary setting and negotiation.
- B. There are many age- and developmentally appropriate resources on reproductive and sexual health that STRTPs can make accessible to youth and staff.** Staff should have knowledge of existing approved clinic finders and be able to refer youth to specific informational resources. Staff can practice being an “askable parent” which means being approachable and helpful in finding answers to questions about reproductive and sexual health. When teens are able to talk with a caregiver or other significant adult about sex and protection, they are less likely to engage in early or unprotected sex than teens who haven’t talked with a trusted adult. *(See Appendix B, Items 10-13 for web-based resources for youth, and for caregiver resources for talking with youth.)*
- C. Connecting parenting youth with supportive services for their health, finances, nutrition, and education can provide a healthy start for their family.** Young parents in California qualify for financial supports to help provide necessary care for their family like the infant supplement, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), CalFresh, the federal Child Tax Credit, the California Young Child Tax Credit, and more. Educational supports like the Cal-LEARN and Cal-SAFE programs help young parents continue and complete their education which can keep them on track for a career that pays a living wage to raise a family. *(See Appendix B, Item 14 for a list of web-based resources for young parents.)*
- D. A good rule of thumb for STRTPs is to test policies and practices against the Reasonable and Prudent Parent Standard.** Interim Licensing Standards specify that the licensee shall 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.²⁹ The regulations indicate that when applying the Standard, the staff should consider the importance of encouraging the child’s emotional and developmental growth. This growth may include, but not be limited to, the child’s level of understanding about: healthy relationships, sexuality and body development, feelings about spirituality, and other stages of maturity experienced during adolescence and youth.³⁰



FOCUS AREA #4: Providing Access to Sexual Health Education



4.1 Familiarize staff members with the roles of the Local Educational Agency, school, and the county child welfare or probation agency in ensuring youth receive comprehensive sexual health education (CSE) and assist the county in ensuring this mandate is fulfilled.³¹ The California Healthy Youth Act (CHYA) requires that all students receive CSE once in middle school and once in high school, and charges Local Educational Agencies with determining how their district or school(s) will fulfill this mandate.³² In most cases, schools offer CSE within a specific course that occurs during a specific grade in school. Due to frequent placement changes which lead to a high level of school mobility, foster youth are more likely to miss CSE than their non-foster peers. To address this disparity, provisions were included in the California Foster Youth Sexual Health Education Act (SB 89), which requires the county case manager to verify that the youth has received CSE that meets the requirements of the CHYA, at least once in middle school and at least once in high school.

For youth who have not met this requirement, the county case manager must document in the case plan how the county child welfare or probation agency will ensure that the youth receives the instruction at the required intervals. If a foster youth has not received CSE once in both middle school and high school, the county child welfare or probation agency is required to arrange for the provision of CSE. While STRTPs are not mandated to provide comprehensive sexual health education themselves, they do play a role in helping the county child welfare or probation agency fulfill this requirement if asked. This may include referring youth to a local CSE provider, and/or providing transportation to receive CSE.



4.2 Provide additional opportunities for youth to receive sexual health education.

Receiving CSE once in middle school and once in high school results in youth receiving this education twice over the course of seven critical years of their adolescent development. As a best practice, youth should be provided more frequent exposure to this information. Because of the congregate nature of STRTPs, these organizations can facilitate the provision of sexual health education to the youth in their programs in a group, absent the challenges faced by placements where youth reside in individual settings such as Resource Family homes. STRTPs should establish an ongoing practice of scheduling regular visits by a local sexual health education provider, such as Planned Parenthood or another provider funded through the Personal Responsibility Education Program (PREP) or the Information and Education Program (I&E). PREP is a federal grant program to educate young people on both abstinence and contraception in order to prevent pregnancy and sexually transmitted infections.³³ I&E provides funding for education that emphasizes the prevention of adolescent pregnancy and sexually transmitted infections.³⁴



TIPS FOR PROVIDING ACCESS TO SEXUAL HEALTH EDUCATION

Local sexual health education providers are available to assist STRTPs and youth. [PREP providers](#), [I&E providers](#) and [Planned Parenthood](#) have professional educators available to assist and coordinate one-time classes, a series of classes, or CSE for youth. Trainers can also prepare specialized topics to meet the various needs of youth. Classes are designed to be in-person; however, some trainers have adapted their classroom curriculum into online instruction as well. Organizations should aim for a frequency that will ensure youth are exposed to this education before transitioning out of the program, given the short-term nature of STRTPs. Whether CSE, or a shortened curriculum, reputable providers such as Planned Parenthood and those funded through PREP or I&E use age-appropriate and medically accurate curricula. Organizations should not attempt to provide this education themselves unless they have individuals on staff who have been trained to do so using vetted curricula. (See *Appendix B, Item 8 for statewide rosters of PREP and I&E providers, and Item 3 for Planned Parenthood Affiliates.*)



FOCUS AREA #5: Protecting Youth from Bias and Discrimination



5.1 Establish a protocol for staff to share and discuss youth rights when youth first enter the program and at a regular frequency, no less than every six months.³⁵ STRTPs should post the “Know Your Rights” brochure in a prominent area where youth will see the document frequently. STRTPs should identify who will review the youth’s rights when they enter the home and on an ongoing basis, no less than every six months. As part of the review of rights, youth should be advised that they have a right to file complaints against the STRTP and/or staff with Community Care Licensing or the Office of the Foster Care Ombudsperson without fear or retaliation. The protocol should specify that if and when a youth’s rights are violated, staff should discuss the matter with the youth and conduct appropriate follow-up, which may include assisting the youth in filing a complaint and correcting the action.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ) youth are two times more likely to be placed in STRTPs.³⁶ Staff must refer to youth by their preferred name and gender pronoun as required in the Interim Licensing Standards. Organizations should ensure staff are well-informed of youth rights related to sexual orientation, gender identity and expression (SOGIE), and best practices for providing adequate care to LGBTQ youth in out-of-home care.

5.2 Prohibit staff members from imposing their personal feelings or religious beliefs about reproductive and sexual health on youth or influencing the treatment choice of youth in compliance with Interim Licensing Standards.

Organizational policies should be explicit that staff members may not impose their personal feelings or religious beliefs about reproductive and sexual health, or the beliefs of the organization's board or leadership, on youth. This includes prohibiting staff members from requiring or asking youth to practice abstinence and prohibiting staff from deterring or preventing youth from their right to an abortion or emergency contraception. While abstinence from sexual intercourse can be a healthy choice, programs promoting abstinence-only approaches are scientifically and ethically problematic and ineffective.³⁷ Interim Licensing Standards specify that information about safe sex is required to be provided to youth in care, and California law prohibits abstinence-only education.³⁸

The right to choose an abortion is protected by both federal and California state law, with California's laws ensuring access to abortion services even if federal protections were overturned. The state supreme court specifically struck down a law in 1997 requiring either parental consent or a judicial waiver before a minor could obtain abortion care.³⁹ Staff should confirm their willingness to uphold the right of youth to sexual, reproductive, gender-affirming care of their choice and understand the organizational risks for infringing on youth rights. While some organizations may provide programming or services with private funding or may be religiously affiliated, organizations receiving public foster care funding to operate an STRTP or any other foster care placement are put at risk of formal complaints if staff impose their personal beliefs on the youth served by the STRTP.

5.3 Permit youth to share a bedroom or use a bathroom consistent with their gender identity regardless of the gender or sex listed on the court, child welfare, or probation report, in compliance with Interim Licensing Standards.

State law requires that when youth are placed in out-of-home care, they are placed according to their gender identity, regardless of the gender or sex listed in their court, child welfare, medical, or vital records.⁴⁰ The Sexual Orientation, Gender Identity & Expression Resource Guide for Children's Residential Providers and Caregivers from CDSS further clarifies the law and best practice (See Appendix B, Item 15).



5.4 Prohibit discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity and expression, mental or physical disability, or HIV status. Fifty-six percent of LGBTQ youth in out-of-home care spent some time without stable housing because they felt safer on the streets than in group or foster homes, according to a 2014 report out of Los Angeles County.⁴¹ Fostering a safe, welcoming, and positive environment can help youth create stable supports and improve their education and health outcomes. Requiring staff to respond immediately to any bullying or harassment by other youth in the STRTP will help maintain safety and trust in the program.



TIPS FOR PROTECTING YOUTH FROM BIAS AND DISCRIMINATION

- A. Hiring practices are critical in order to welcome staff who reflect and respect the youth they are hired to serve, and to screen out employment candidates who would be uncomfortable upholding the sexual and reproductive rights of youth or serving lesbian, gay, bisexual, transgender and gender non-conforming youth.** Strategies may include recruitment and outreach approaches, a positive healthy sexual development and gender-affirming statement in the job description, incorporating a sexual health scenario or conversation into the job interview process, and including a written statement in onboarding training or the program statement of the organization. Recruiting and hiring staff who are aware of the role of racism and homophobia in the child welfare system and are committed to improving the field, who are reflective of the racial and ethnic background of youth served, people with lived experience, and people who identify as LGBTQ can contribute to a system of care that attends to and is reflective of youth in care.
- B. Acknowledging racism and its role in health care service access and delivery can help youth navigate the system, problem solve, and receive timely care.** If staff acknowledge that racism impacts health care, they are more likely to support youth in accessing care and ensuring quality.
- C. Equipping staff with the information they need such as definitions, common misconceptions, and how caregivers can support LGBTQ youth will improve communication.** STRTPs can access vetted resources for youth and staff from several sources, including the Child Welfare Information Gateway and CDSS. (See *Appendix B, Items 16-18.*)
- D. Using appropriate gender pronouns and inclusive language with youth and staff creates a safe and positive environment.** Staff can practice having conversations with appropriate language and avoid pitfalls. (See *Appendix B, Item 19.*) Terms staff use can convey bias and some terms should not be used at all. The [SOGIE Resource Guide for Children’s Residential Providers and Caregivers](#) has a glossary of terms and definitions to support staff in communicating effectively with youth in their care (*Appendix B, Item 15.*)
- E. Connecting youth to local LGBTQ centers and events, to their school’s Gay Straight Alliance, and to youth groups that reflect and respect their identity can foster positive self-identity and build community.** Staff should be versed on local [LGBTQ centers](#) and events, and any local campus groups, such as the [Gay Straight Alliance](#). These entities can also be resources for potential guest speakers and trainers to help educate youth and staff. (See *Appendix B, Item 20 for a LGBTQ center search engine, and Item 21 for a Gay Straight Alliance search engine.*)
- F. Assisting youth in filing a complaint can help build trust and self-advocacy skills of youth.** Youth have the right to contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints. (See *Appendix B, Items 22-23.*)

Appendix A:

Checklist for Updating the Policies and Procedures of STRTPs

The checklist below summarizes content for the five focus areas that an STRTP can use to review and update their plan of operation, policies, and procedures manual in accordance with current laws, regulations, and best practices.



FOCUS AREA 1: Training Staff

- When and how staff will be trained on topics related to reproductive and sexual health rights;
- The duties and responsibilities of staff to uphold the rights of youth and provide access to information and care;
- Topics, resources, and materials covered in:
 - Employee orientation
 - Initial and ongoing training
 - In-service education; and
- A mandated reporting procedure in accordance with the California Child Abuse and Neglect Reporting Act including descriptions of activities that are normative adolescent behaviors that do not require a report.



FOCUS AREA 2: Maintaining Confidentiality

- The privacy rights of youth and protocols for upholding those rights;
- The definition of confidentiality, HIPAA laws, breach of confidentiality, and other clarifying information;
- Staff consequences for breaching confidentiality;
- Where and how to store sensitive information and medical records; and
- Procedures for sharing confidential information.



FOCUS AREA 3: Providing Access to Care and Removing Barriers

- The reproductive and sexual health rights of youth in care and the responsibility of staff to uphold those rights;
- A list of the common complaints and grievances related to barriers to care and how to reduce those barriers for youth;
- Storage and personal belonging policy and protocol;
- Transportation and appointment procedures;
- A statement of expectations of staff to communicate with youth about healthy sexual development and to teach self-love;
- Examples and procedures for sensitive conversations between staff and youth;
- A statement prohibiting staff from confiscating vibrators, dildos, or other personal belongings of the youth;
- Protocol for ensuring youth access to contraceptive counseling and contraception, and prohibition of confiscation of birth control from youth;
- Protocol for responding to pregnancy disclosure, including attending child and family team meetings, referral to home visitation if no referral is made by county child welfare agency, and follow-up care and support; and
- Protocol for staff support of expectant and parenting youth access to prenatal and postnatal care, financial and education assistance, parenting classes and other timely appointments.



FOCUS AREA 4: Providing Access to Sexual Health Education

- The right of youth to receive sexual health education and to be provided transportation to receive that education;
- The procedure for staff to refer youth to receive sexual health education, including comprehensive sexual health education (CSE) compliant with the California Healthy Youth Act (CHYA);
- The list of local comprehensive sexual health education provider(s); and
- The duties and responsibilities of county case managers and caregivers and on case plan documentation by the case manager, related to comprehensive sexual health education.



FOCUS AREA 5: Protecting Youth from Bias and Discrimination

- Specific behaviors that would infringe upon youths' rights and what those rights are;
- A clear prohibition on the imposition of personal or religious beliefs about reproductive and sexual health on youth or influence on their treatment options;
- The right of youth to sexual, reproductive, gender-affirming care of their choice;
- A procedure for supervisors to document and respond to staff when personal bias or religious beliefs are imposed or when a complaint is filed;
- A clear procedure for the complaint process and staff expectations;
- The rights of LGBTQ youth;
- Definitions of SOGIE;
- A policy on using youth's preferred name and pronouns;
- Examples of common language pitfalls that can be harmful to youth and staff relationships;
- A restroom policy on gender;
- A room assignment policy on gender; and
- Staff protocol for responding to bullying and discrimination witnessed in the home.

Appendix B: Resource Index

Item #	Resource Description and URL
1	Sexual and Reproductive Wellness in Foster Care: An SB 89 Compliant Training for California Group Homes and STRTPs (developed by LA RHEP) https://www.udemy.com/course/sexual-and-reproductive-wellness-in-foster-care-for-ca-strtps/
2	Sexual and Reproductive Wellness in Foster Care: An SB 89 Compliant Training for California Group Homes and STRTPs Trainer Guide (available to organizations to offer this training in person, in house) https://fosterreprohealth.org/wp-content/uploads/2020/09/STRTP-Sexual-Wellness-Trainer-Guide2020-1.pdf
3	California Department of Social Services (CDSS) Healthy Sexual Development Project webpage https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project
4	Planned Parenthood affiliates roster https://www.jbaforyouth.org/plannedparenthoodlist/
5	All County Information Notice (ACIN) I-06-20, New Resources For Case Management Workers For Documenting, Protecting And Sharing Reproductive And Sexual Health Information For Youth And Non-Minor Dependents (NMDs) In Foster Care https://www.cdss.ca.gov/Portals/9/Additional-Resources/Letters-and-Notices/ACINs/2020/I-06_20.pdf
6	Resources webpage for the CDSS Healthy Sexual Development Project https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project/healthy-sexual-development-resources
7	Understanding Confidentiality and Minor Consent in California http://publichealth.lacounty.gov/dhsp/Providers/toolkit2.pdf
8	California Personal Responsibility Education Program (PREP) and Information & Education Program (I&E) grantees roster https://www.jbaforyouth.org/statewide-roster-cse-providers/
9	Los Angeles County Department of Children and Family Services, Child Welfare Policy Manual – Youth Reproductive Health and Pregnancy http://policy.dcfslacounty.gov/#Youth_Development_Reprod.htm?Highlight=EPY
10	Clinic finder websites https://www.plannedparenthood.org/health-center https://www.teensource.org/find-a-clinic https://www.pocketguidela.org/
11	AMAZE provides fun, animated videos about the body, puberty, sex, and relationships https://amaze.org/

Item #	Resource Description and URL
12	Sexual & Reproductive Health Rights, Information, and Resources for Foster Youth www.jbaforyouth.org/youth-sexual-health-resources/ https://fosterreprohealth.org/resources https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project/resources-for-caregivers-sw-po
13	Are You an Askable Parent? https://advocatesforyouth.org/wp-content/uploads/storage/advfy/documents/askable.pdf
14	Resources for Parenting Foster Youth https://www.jbaforyouth.org/resources-for-parenting-foster-youth/
15	SOGIE Resource Guide for Children’s Residential Providers and Caregivers https://www.cdss.ca.gov/Portals/9/CCLD/Resource%20Guide/CRP_%20SOGIE%20Guide_%20FINAL.pdf
16	Child Welfare Information Gateway factsheet Supporting Your LGBTQ Youth:A Guide for Foster Parents https://www.childwelfare.gov/pubPDFs/LGBTQyouth.pdf
17	CDSS SOGIE resources https://www.cdss.ca.gov/inforesources/foster-care/healthy-sexual-development-project/resources-for-youth/sogie
18	Raising Healthy and Happy LGBT & Gender Non-Conforming Children https://www.cdss.ca.gov/Portals/9/CCLD/Old/res/pdf/lgbtgnchildren.pdf
19	CASA Conversations SOGIE https://www.jbaforyouth.org/wp-content/uploads/2020/09/CA-CASA-Sogie.pdf
20	LGBT Community Center directory https://www.lgbtcenters.org/LGBTCenters
21	Gay Straight Alliance Network of California https://gsanetwork.org/gsa-network-of-california/
22	File a Complaint with the California Foster Care Ombudsperson https://fosteryouthhelp.ca.gov/file-a-complaint/
23	Community Care Licensing Division Complaint Hotline https://www.cdss.ca.gov/inforesources/cclcd-complaint-hotline
24	Healthy Sexual Development and Pregnancy Prevention for Youth in Foster Care: For Children’s Residential Facilities and Resource Families https://www.cdss.ca.gov/Portals/9/HSD%20Guide-%202018%20revision%20update-FINAL%202-23-18.pdf
25	Short-Term Residential Therapeutic Programs Interim Licensing Standards, Chapter 7.5,Version 3 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

Endnotes

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 18. California Community Care Licensing Standards for Short-Term Residential Therapeutic Programs (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) require the following:
 - Informing youth of their reproductive sexual health rights, and LGBTQI-GNC rights
 - Providing timely information and transportation to reproductive and sexual health services
 - Protocols for storage of personal items and contraception
 - Mandatory reporting policies and internal reporting requirements of the organization
 - The prohibition of physical restraints on expectant youth
 - The prohibition of imposing personal or religious beliefs of staff or organization on a youth
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 39. The U.S. Supreme Court recognized the constitutional right to abortion in the 1973 Roe v. Wade decision and has reaffirmed that right in subsequent decisions. The California constitution also protects the right to choose. The state supreme court struck down a law requiring either parental consent or a judicial waiver before a minor could obtain abortion care in 1997 (*American Academy of Pediatrics v. Lungren*, 66 Cal. Rptr. 2d 210 (1997)). California has passed the Freedom of Choice Act creating additional protections for reproductive rights by adding an affirmative right to choose into state law. This law ensures access to abortion services even if Roe v. Wade were to ever be overturned.
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