

SB 89 QUICK REFERENCE GUIDE

A DCFS CASEWORKER TOOLKIT



WHAT IS SB 89?

SB 89 is a law that requires child welfare caseworkers to engage with young people in foster care placement, ages 10 and older, at least once a year, about healthy sexual development and reproductive health services. Specifically, this engagement must include four activities: [Inform](#), [Provide](#), [Document](#), and [Verify and Connect](#).

This quick reference guide is meant to help child welfare caseworkers implement SB 89 by providing resources and information that can help caseworkers create a safe environment to discuss healthy sexual development, connect youth with reproductive health resources and implement the mandates of SB 89.

DOCUMENT

REQUIRED: DOCUMENT IN THE CASE PLAN THAT YOU HAVE NOTIFIED YOUTH OF THEIR RIGHTS TO ACCESS INFORMATION AND VERIFIED RECEIPT OF COMPREHENSIVE SEXUAL HEALTH EDUCATION ANNUALLY.

Best Practices

- Utilize the new Case Management Services in Service Categories, “Inform Sexual and Repro Health Rights, Assist Access to Sexual/Repro Care Srvs, and Sexual Health Education Services (High School or Middle School),”
- The case manager should document foster youth reproductive and sexual health care services information in a sensitive manner to ensure privacy and compliance with federal and state confidentiality laws.
- Make sure to follow the guidance in question 3 of this [All County Letter](#) to avoid this sexual health information becoming a part of the youth’s Health and Education Summary, which frequently gets disseminated via court reports and placement paperwork to many adults in the youth’s life.

Resources

- [Documentation Requirements for the Sexual & Reproductive Health of Foster Youth and Non-Minor Dependents](#)
- [How to document in a way that honors confidentiality](#)
- [FYI Issue 19-12 Implementation of Senate Bill 89 Mandates, Part I](#)

VERIFY AND CONNECT

REQUIRED: VERIFY THE YOUTH IN PLACEMENT HAS RECEIVED CALIFORNIA HEALTHY YOUTH ACT COMPLIANT, COMPREHENSIVE SEXUAL HEALTH EDUCATION (CHSE) AT LEAST ONCE IN MIDDLE SCHOOL AND AT LEAST ONCE IN HIGH SCHOOL – AND IF THEY HAVE NOT, CONNECT THEM TO A CHSE PROGRAM IN THE COMMUNITY THAT MEETS THE REQUIREMENTS OF THE CHYA.

Best Practices

- Submit DCFS 1726 School Records Request to verify completion of sexual health education in school.
- If youth has not received sex ed, review the possibility of taking the class out of sequence, in summer school, or in independent study. The youth also can be connected to a program in the community.
- Obtain the youth's agreement to participate before enrolling them in a course. Let them know the time commitment, what they will learn and what is required of them.
- Discuss with the youth the need to get the education and the available programs. Try to encourage buy-in from the youth about participating in the alternative curriculum.
- Ask youth what role they want their caregiver to have, if any. This information is very sensitive and the youth should be involved in deciding who they want to share it with.
- Remember, as a case worker you are not required to be an expert and know all the answers. However, it is important that you are an “askable adult” working as a bridge for a young person knowing where to direct youth to medically accurate, developmentally appropriate information.

Resources

- [FYI Issue 20-02 Implementation of Senate Bill 89 Mandates , Part II](#)
- [Planned Parenthood provides CHYA compliant CHSE in the community.](#)
- There is one online CHYA compliant sex ed program especially for youth in foster care available in California, called "Teen Talk YAS". Registration information and a calendar of available classes [can be found here](#).
- Pending the youth being linked to and receiving an alternative CHYA-compliant CSHE, consider referring youth to one of the online resources listed under “Inform”.

INFORM

REQUIREMENT: INFORM EACH YOUTH IN PLACEMENT, AGE 10 AND OLDER OF (1) THEIR RIGHT TO AGE APPROPRIATE, MEDICALLY ACCURATE INFORMATION ABOUT REPRODUCTIVE AND SEXUAL HEALTH CARE, (2) THEIR RIGHT TO CONSENT TO AND RIGHT TO CONFIDENTIALITY IN SUCH SERVICES, AND (3) HOW TO ACCESS REPRODUCTIVE AND SEXUAL HEALTH SERVICES, AT LEAST ONCE A YEAR. IF YOUTH ENCOUNTERS ANY BARRIERS TO REPRODUCTIVE SERVICES, ADDRESS AND ALLEVIATE THOSE BARRIERS.

Best Practices

- Personalize your approach to meet the needs of the young person you are working with. One size does not fit all.
- Work to earn and maintain a trusting relationship. Discussing confidentiality and situations that might result in the need to breach confidentiality is an essential step in building trust.
- Leave your biases and personal opinions out of the conversation.
- Remember, as a case worker, you are not required to be an expert and know all the answers. However, it is important that you are an “askable adult” working as a bridge for a young person knowing where to direct youth to medically accurate, developmentally appropriate information.

Resources

- We know this topic can be difficult to discuss, here are some tips, youth friendly handouts and age-appropriate [conversation starters](#).
- The California Department of Social Services (CDSS) has a youth-friendly brochure that summarizes consent and confidentiality rights available in [English](#), [Spanish](#), [Tagalog](#), [Hmong](#), [Vietnamese](#).
- CDSS has [tips](#) on how to talk about confidentiality.
- Websites like [Teen Source](#) and [Pocket Guide](#) have health clinic maps that can help youth find adolescent friendly sexual health services in their community.
- CDSS has [guidance on gender affirming health care](#).
- To help address immediate questions about sexual health:
 - [Amaze](#) (for younger youth)
 - [Bedsider](#) (for older youth)
 - [Teensource.org](#)
 - [Itgetsbetter.org](#) (for LGTBQ identifying youth)
 - [Iwannaknow.org](#) (for questions answered by experts)
 - [Okayso](#) app (for questions answered by experts)

PROVIDE

REQUIRED: PROVIDE THE YOUTH WITH A COPY OF THEIR FOSTER YOUTH RIGHTS UPON ENTRY INTO FOSTER CARE AND AT LEAST ONCE EVERY SIX MONTHS.

Best Practices

- Acknowledge the difficulty of the topic and recognize the autonomy of youth Utilize a strength-based approach, building on what the young person already knows, recognizing their attempts to protect and manage their sexual and reproductive health and supporting their desires and choices.

Resources

- [Foster Youth Bill of Rights](#)

WHAT DO I DO IF?...

FAQ'S FOR CASEWORKERS

At what age should I begin speaking with youth about their sexual needs?

The annual sexual health conversation with youth in foster care should begin at age 10 and continue annually.

What resources do I provide to youth if they haven't already received sex ed?

If youth haven't received a CHYA compliant sex ed program and it is the end of middle or high school, you must connect them to an alternative compliant class. If the youth has urgent questions, there are links to websites that can provide basic information under "[verify and connect.](#)"

How do I verify youth received sex ed?

You should request that the school complete the DCFS 1726 school records request form.

FAQ'S FOR CASEWORKERS (CONTINUED)

Do I need to be a sexual health expert?

No, you do not. You are not required to provide sex ed to a youth, but it is important that you are an “askable adult” meaning that you know how to create a supportive space in which a young person feels safe asking you questions and know where to direct youth for medically accurate, developmentally appropriate information. [This document](#) has sample scripts and conversation starters to help.

What if the youth shares confidential health information with me?

When a SW/PO discusses confidentiality rights with youth, the SW/PO should take this opportunity to discuss which individuals (if any) have a right to obtain the information about their reproductive and sexual health. During this time, it can be helpful to explain why a SW/PO might want to share information with others, for example, with a potential caregiver to ensure a good placement match where the youth will feel comfortable and affirmed or with a medical provider to ensure the youth receives appropriate health or other support services.

When information is disclosed by a youth, a SW/PO may share the information with other members of their internal agency child welfare/probation team, including the following individuals as appropriate:

- The SW/PO direct supervisor
- The Foster Care PHN if the PHN is a member of the child welfare/probation agency staff.

In addition, the SW/PO may share with any other trusted adult the youth has specifically authorized to receive the information. When a SW/PO is unsure whether information may or must be shared against the youth's wishes, the SW/PO should consult with their supervisor and/or county counsel. ([See ACIN I-06-20](#)).