



Advancing Reproductive Health
Equity for Youth in Foster Care

WELCOME!

We will get started at 10:00am



Advancing Reproductive Health
Equity for Youth in Foster Care

State of Sexual and Reproductive Health for Youth in Foster Care: Delving Deeper into California's Landmark Data Report

November 2023

Presenters



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Panelists



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RHEP Youth Advisory Board

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RHEP Youth Advisory Board

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RHEP Youth Advisory Board

Erica Monasterio (she/her)

Clinical Professor, Emerita
Family Nurse Practitioner

Onyemma Obiekea (she/her)

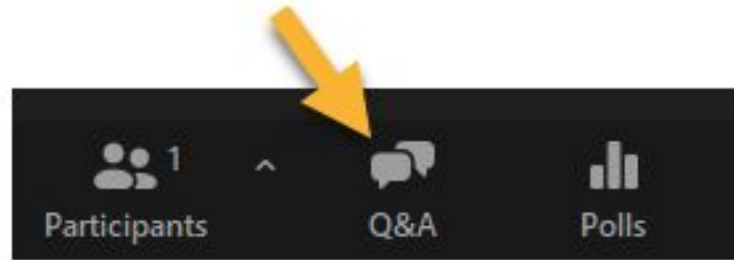
Policy Director
Black Women for Wellness

Agenda

1. Introduction
2. Background on AB 172
3. Report Methodology and Findings
4. Q&A
5. What's Next?



Asking Questions



Please use the Q&A box to ask questions to the host and panelists. Questions will be answered live or via chat. If we are not able to answer your question during the webinar, we will respond in a follow-up email.

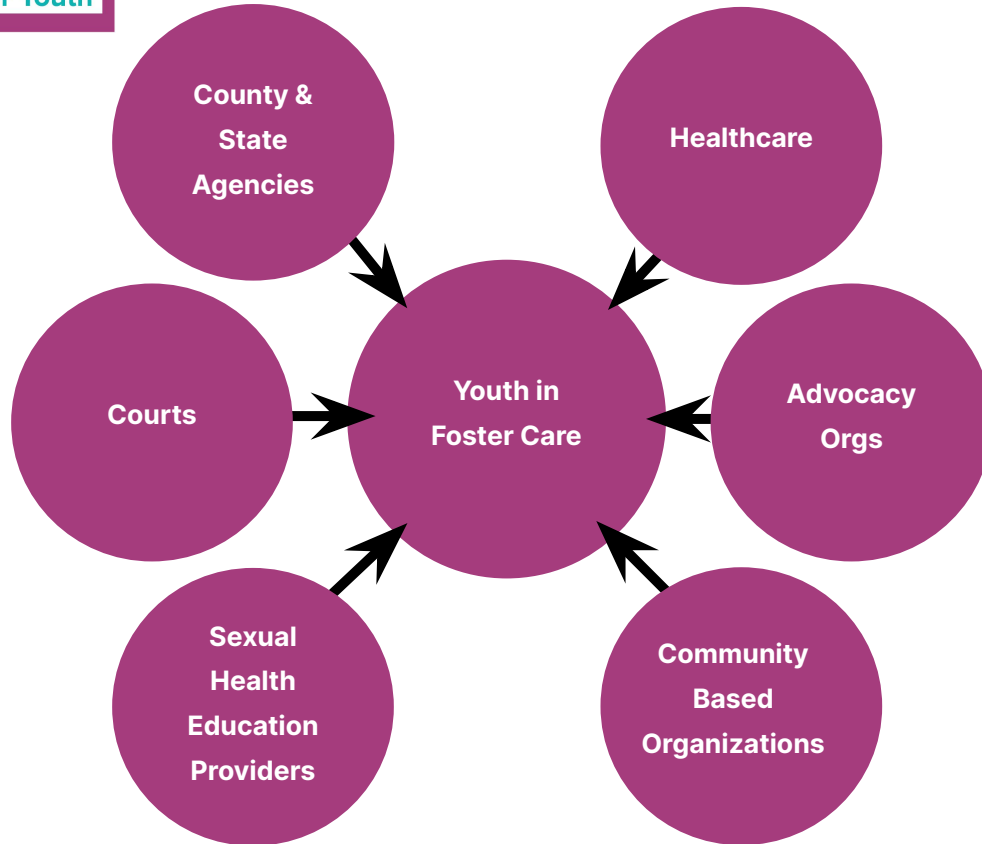
Note on Language

All people deserve comprehensive reproductive and sexual health education and care.

We strive to use inclusive and people first language in this presentation. There are times when we will need to use gendered language such as “women” or specific race/ethnicity terminology such as “hispanic” to conform with the data that was collected. We also will condense language as necessary to fit slides.



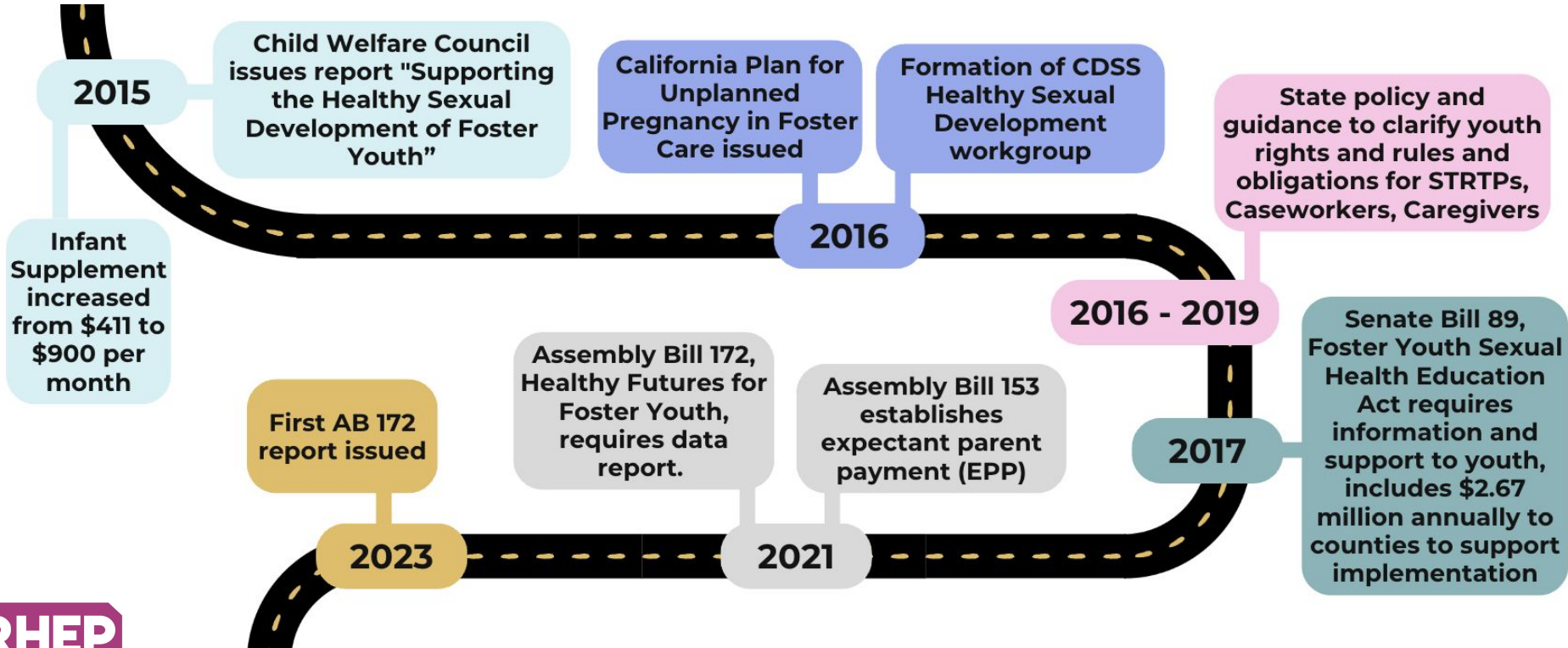
Reproductive Health Equity Project for Foster Youth (RHEP)



RHEP Members:



California policy has made slow but steady strides to improve the reproductive and sexual health of foster youth



AB 172 - Healthy Futures for Foster Youth (2021)



Requires annual reports on the sexual and reproductive health of youth in California's foster system

Requirement 1:

Report must include disaggregated data on:

- Agency Performance
- Health Outcomes

Requirement 2:

- CDSS to collaborate with DHCS, DPH and others in development of data.
- CDSS to consult with Healthy Sexual Development Workgroup (*WIC 16521.5*)

Other sources of data have been limited (in different ways)

What makes AB 172 data special?

- **Wide array** of indicators and health outcomes represented
- **Flexibility** to include additional indicators in the future
- **Age range** of youth represented
- Will be produced **annually**
- Source of data



Other data sources include:

- National Youth in Transitions Database
- California Child Welfare Indicators Project
- California Youth Transition to Adulthood (Cal Youth) Study

Congratulations to CDSS and DHCS for the landmark accomplishment!



- First of its kind report in the US
- A **collaborative** effort
- Allows us to identify possible **disparities**:
 - between youth in foster care and youth in the general population
 - within subpopulations in foster care, allowing for better targeting of support
- Revealed **promising findings**, as well as areas critically in need of **improvement**

Let's dive in!

The Report: Methodology and Findings



The Report has three sections:



Training & Education



Programs



Reproductive Health Services



Training & Education

Professional Training

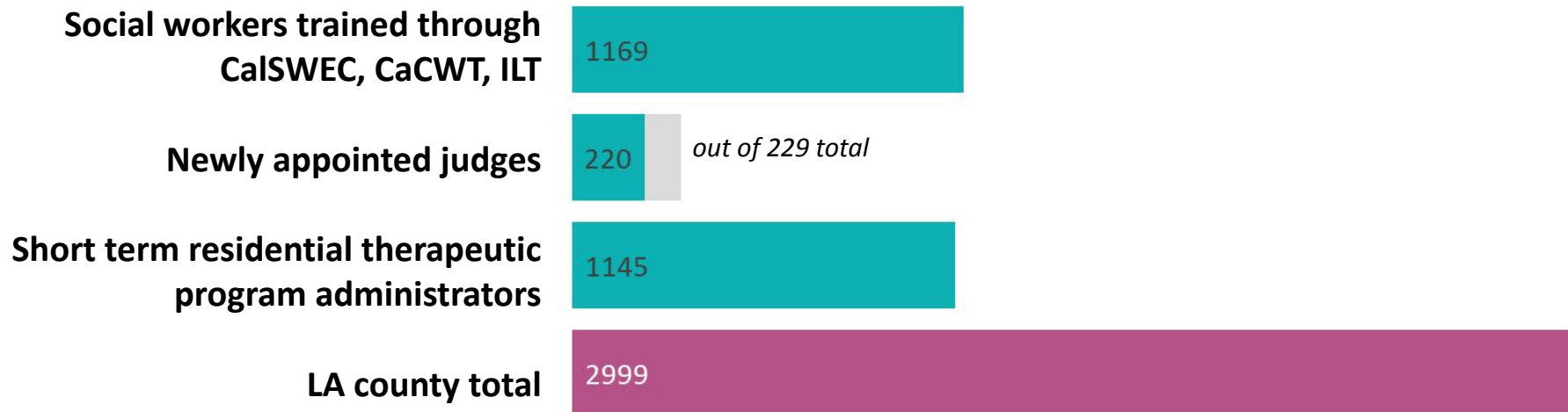
Report includes information on compliance with SB 89 training requirements

SB 89 requires that certain professionals receive training on supporting healthy sexual development:

- 1. Child welfare social workers**
- 2. STRTP administrators**
- 3. Probation officers who work with youth in foster placements**
- 4. Judges**

Finding:

Training was documented among three of four groups (not probation officers)



Finding:
**Data limitations
prevented a clear
understanding of
training requirement
compliance**

Some challenges:

- **Many training systems** at county and state level
- **No tracking** of caseworker training by CDSS
- **No tracking** of number of social workers or probation officers per county by the state

Programs



Expectant Parent Payment (EPP)



- Provides **\$2,700** to pregnant minor and non-minor dependents 3 months prior to expected due date
- **Paid directly** to the pregnant youth
- New benefit as of 2021

83 youth
received EPP
between
Jan-Sep 2022

An estimated **500 youth**
qualified during the year

Infant Supplement

- **\$900 per month** supplemental foster care benefit to support care of children of parenting foster youth when the child lives with their parent in foster care
- **Paid to foster caregiver** unless the youth is a non-minor dependent in supervised independent living placement



1,151+ foster youth received between Jan-Sep 2022

Sexual Health Education

SB 89 requires agencies to ensure youth receive comprehensive sexual health education once in middle and once in high school

In this Report, data limits resulted in **no information** on the **#** or **%** of foster youth who received their required sexual education.

PANEL FEEDBACK





Reproductive Health Services

How was the services data developed?



- Matching **Medi-Cal claims data** from DHCS with **CDSS** data
- **Medi-Cal billing data** between January 1, 2020, to December 31, 2020
- Compares data for youth in foster care and same age youth not in foster care
- Disaggregated by race/ethnicity
- What billing codes to use? Used **CMS Core Set Measures**

Which reproductive and sexual health measures were used?



Center for Medicaid Services (CMS) Core Set Measures from DHCS used in the Report:

- 1. Timeliness of Prenatal Care**
- 2. Postpartum Care**
- 3. Contraceptive Care – All Women Ages 15 to 20**
- 4. Contraceptive Care – Postpartum Women Ages 15 to 20**
- 5. Live Births Weighing Less Than 2,500 Grams**
- 6. Child and Adolescent Well-Care Visits**
- 7. Chlamydia Screening in Women Ages 16 to 20**
- 8. Low-Risk Cesarean Delivery**

How to interpret the numbers?



Statistical significance and sample size

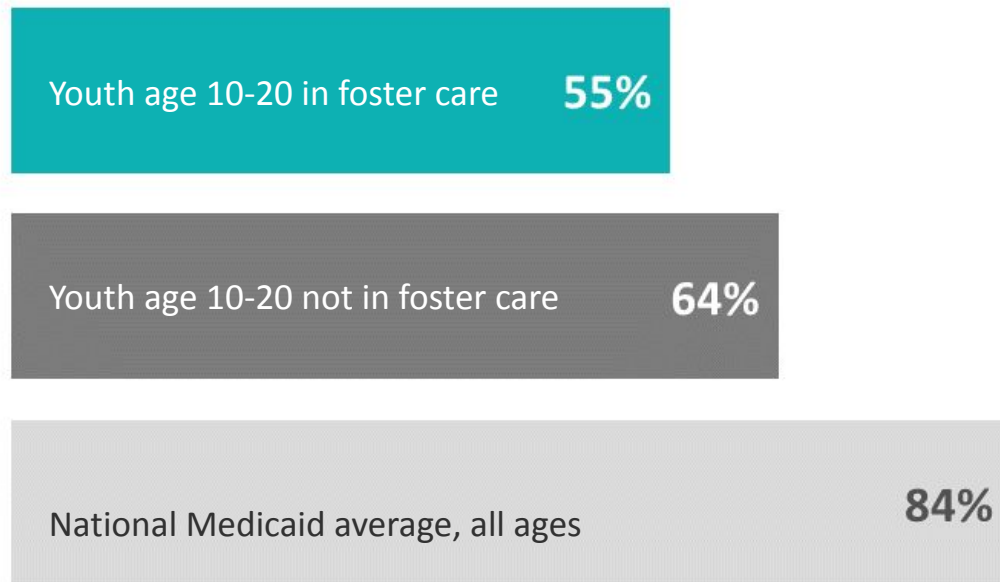
Selected Findings

Pregnancy Care

Foster youth were significantly less likely to receive timely prenatal care than other CA youth

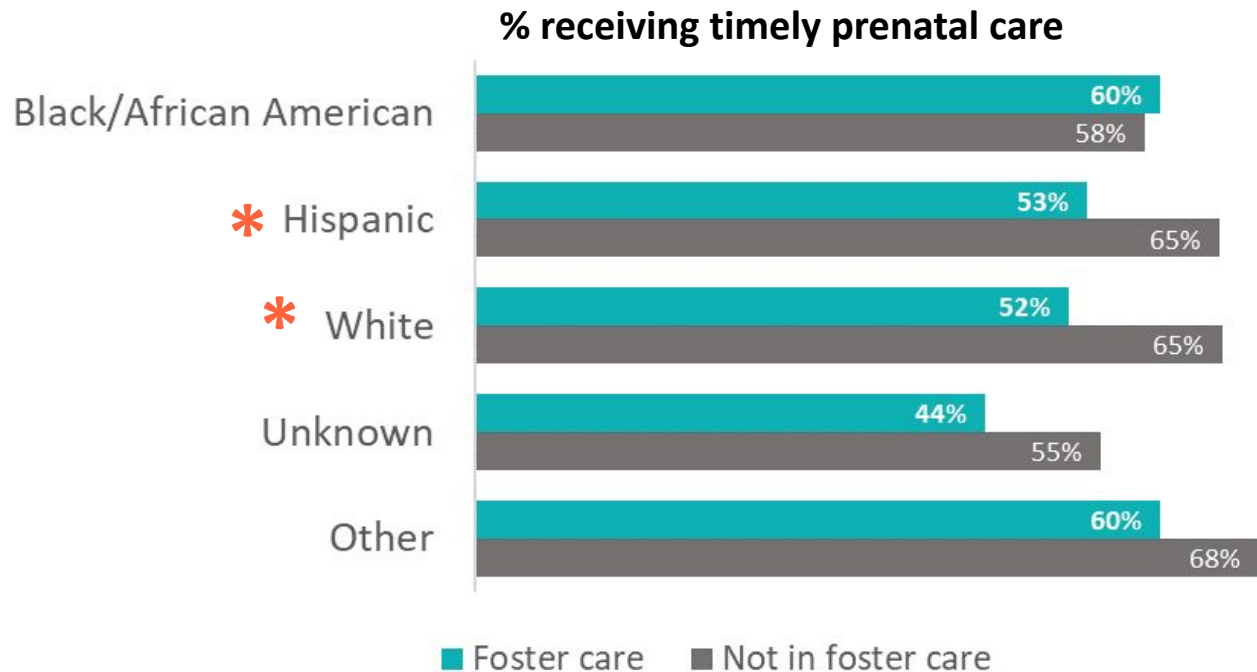
Both were less likely to receive timely care than the national average for all pregnant people on Medicaid

% receiving timely prenatal care in Medi-Cal



Receipt of prenatal care for foster youth varied by race/ethnicity

Most were below the Medi-Cal average for non-foster youth



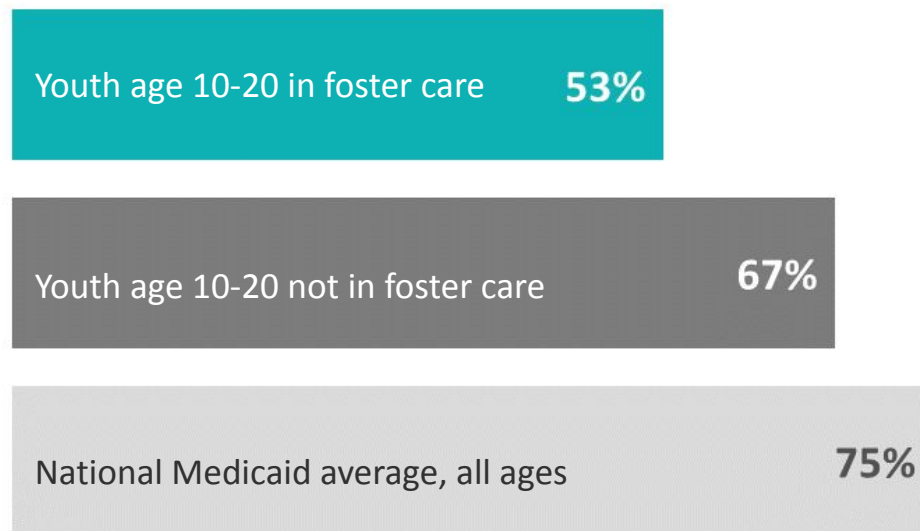
* Statistically significant difference between foster care and not in care within same race category

Not enough data for American Indian, Alaska Native, Asian, and Pacific Islander racial/ethnic groups

Foster youth were significantly less likely to receive timely postpartum care than other CA youth

Both were less likely to receive timely care than the national average for all postpartum people on Medicaid

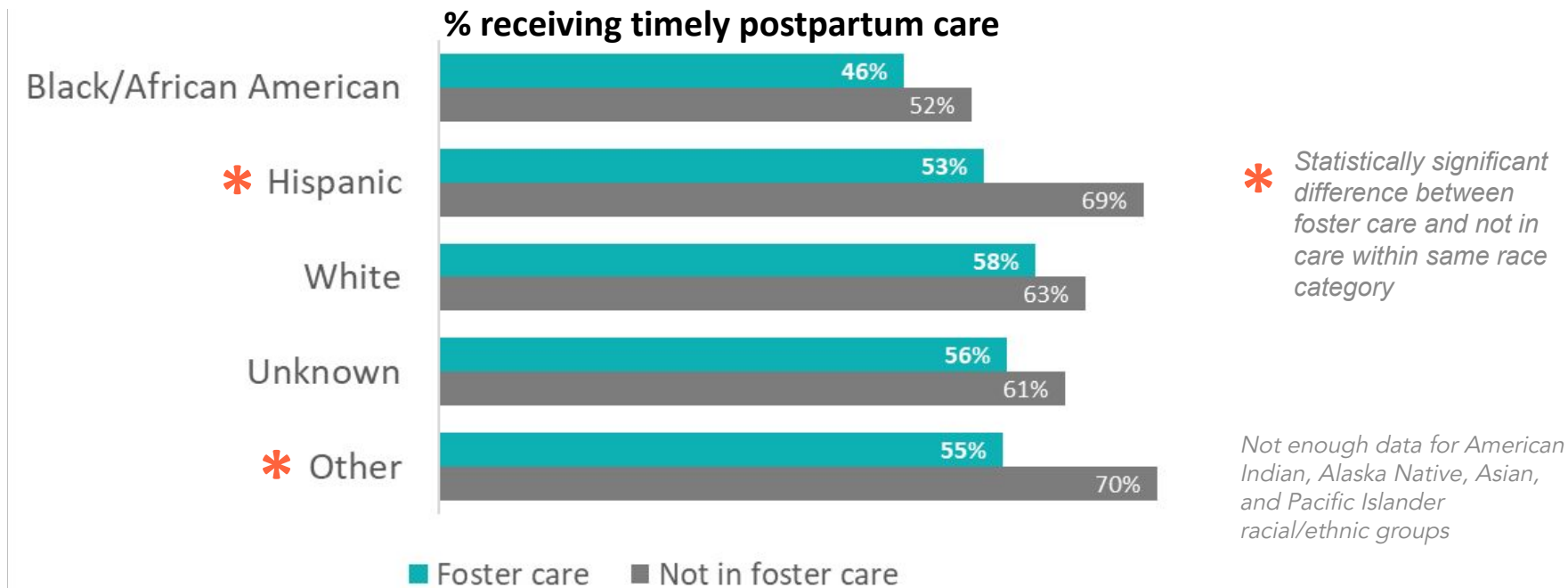
% receiving timely postpartum care in Medi-Cal



Foster youth who identified as Hispanic or Other received timely postpartum care at significantly lower rates than other youth of the same ethnicity not in care



All youth in foster care were below the Medi-Cal average for other youth



A higher number of foster youth gave birth to low weight infants, but the difference between foster and non-foster youth was not statistically significant.

% who gave birth to low weight infant

California foster youth **9%**

California non foster care youth **7%**

California (Medi-Cal, all ages) **8%**

Alabama (all ages) **12%**

Florida (all ages) **10%**

Nevada (all ages) **10%**

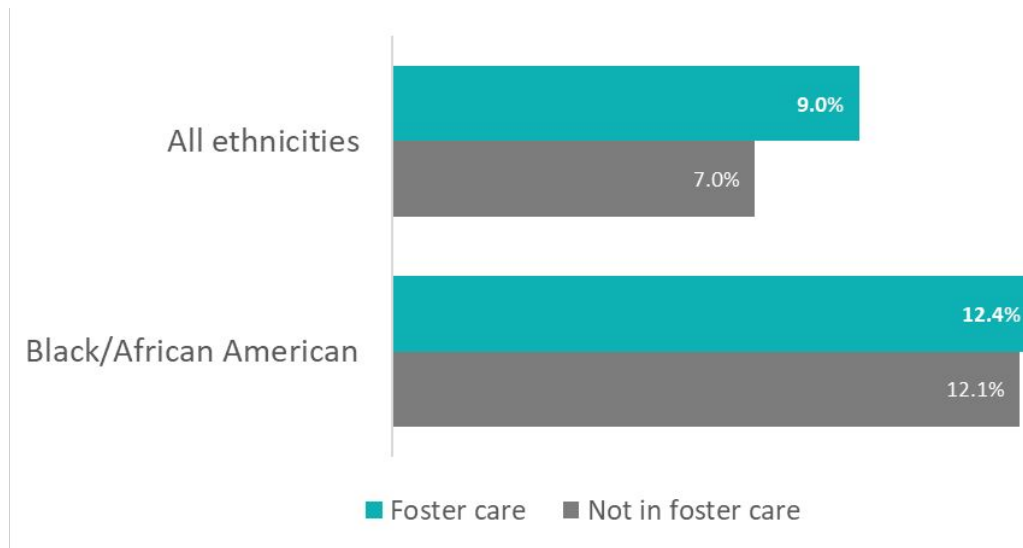
Oregon (all ages) **8%**

Texas(all ages) **9%**

When compared to the statewide percentage, a higher percentage of Black/African American youth had low birthweight infants

(tests of significance were not conducted).

% who gave birth to low weight infant



Poor health outcomes are not the failing of our youth, rather they're the failing of complex, intertwined systems that don't allow us to put youths' needs at the center of their care experiences.



Panel Feedback

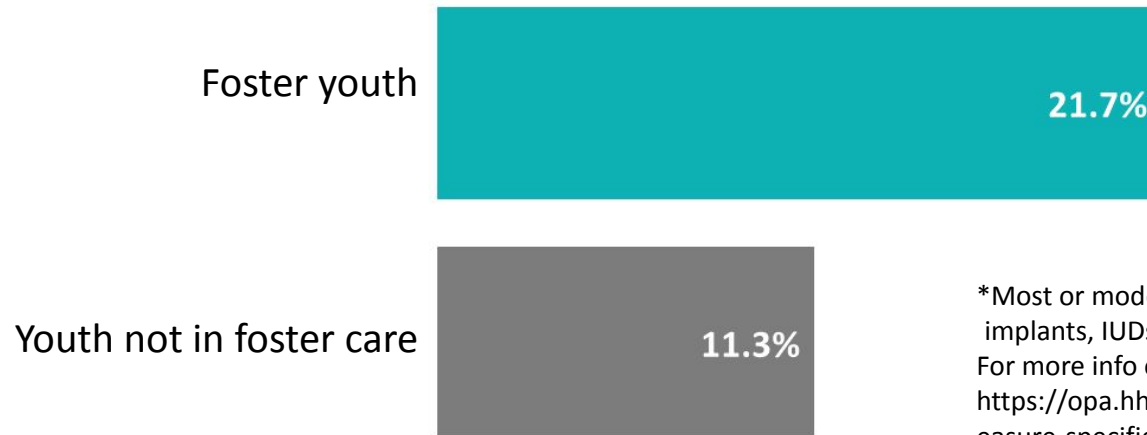
Selected Findings

Preventive Care

Youth in foster care age 15-20 received contraceptive care at significantly higher rates than same-age non-foster youth in Medi-Cal



Youth age 15-20 prescribed a most or moderately effective* contraceptive

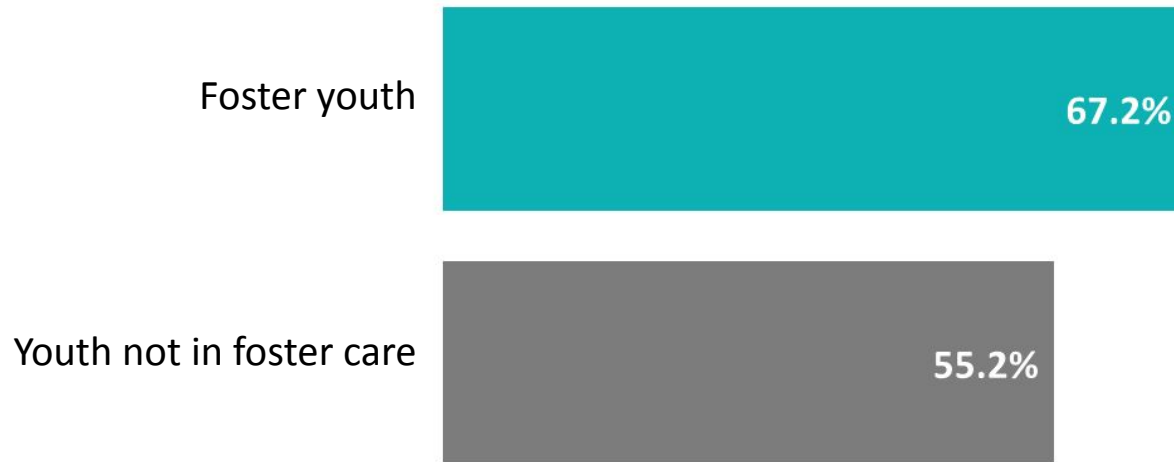


*Most or moderately effective contraception, includes implants, IUDs, pill, patch, ring, or diaphragm. For more info on the measure, see <https://opa.hhs.gov/sites/default/files/2020-12/2019-measure-specifications-ccw-for-opa-website.pdf>

Foster youth were screened for chlamydia at significantly higher rates than the same-age non-foster youth in Medi-Cal



Chlamydia Screening for Youth ages 16-20 on Medi-Cal Identified as Sexually Active



Foster youth
age 10-20
received
adolescent
well-care visits
at significantly
higher rates
than the
same-age
non-foster
youth Medi-Cal
population

Youth Ages 10-20 on Medi-Cal receiving well-care visits

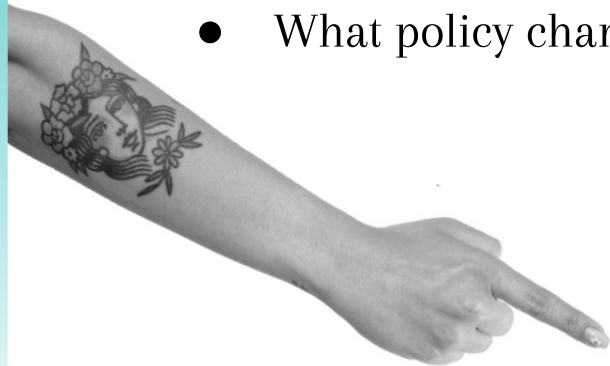


Panel Feedback



What does this data mean for policy and practice?

- How can we ensure youth are receiving the education & healthcare they require?
- What existing practices can be improved to better serve youth?
- What federal funding can be leveraged?
- What policy changes are required at the local, state or federal levels?



Please join us for our next webinar, where we will explore these topics!

February 2024

Questions?



Thank you!
Tell us what you think!

Thank

You!



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To read the full State Data Report:

<https://rhep.info/CDSSreport>

To read RHEP's response:

<https://rhep.info/CDSS-response>

Email us at [**fosterreprohealth@gmail.com**](mailto:fosterreprohealth@gmail.com)