SB 245 (LEYVA): DECREASING THE RATE OF UNINTENDED PREGNANCY AMONG YOUTH IN FOSTER CARE

FEBRUARY 16, 2017
AGENDA

- Introductions
- Reproductive realities for California foster youth
- Provisions of Senate Bill 245
- How you can help
- Q & A
SENATE BILL 245, AUTHORED BY SENATOR CONNIE LEYVA

- Represent the 20th State Senate District (Inland Empire, including Chino and San Bernardino)
- Distinguished legislative track record:
  - Rape victims
  - Domestic workers
  - Homeless students
  - Crime victims
- First woman president of the California Labor Federation
- Thank you Senator Leyva!
WHY ARE WE TALKING ABOUT SEX AND UNPLANNED PREGNANCY?

- 26.0% have ever been pregnant as compared to 13% of general population;
- 22.0% have been pregnant 2 or more times

- 49.3% have ever been pregnant as compared to 20.1% in general population;
- 20.6% have been pregnant 2 or more times
THIS HIGH RATE OF UNPLANNED PREGNANCY LEADS TO HIGH RATES OF EARLY CHILD BEARING

1 in 3 girls in foster care who gave birth before they turned 18 will have at least one more teen birth.
BUT DON’T FOSTER YOUTH “WANT” TO HAVE CHILDREN?

Young women in foster care at age 19:

<table>
<thead>
<tr>
<th>Wanted to become pregnant:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>33.8%</td>
</tr>
<tr>
<td>Probably no</td>
<td>3.7%</td>
</tr>
<tr>
<td>Neither wanted nor didn’t want</td>
<td>28.8%</td>
</tr>
<tr>
<td>Probably yes</td>
<td>7.5%</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>26.1%</td>
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</tbody>
</table>

Young men in foster care at age 19:

<table>
<thead>
<tr>
<th>Wanted partner to become pregnant:</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Definitely no</td>
<td>16.2%</td>
</tr>
<tr>
<td>Probably no</td>
<td>21.1%</td>
</tr>
<tr>
<td>Neither wanted nor didn’t want</td>
<td>33.4%</td>
</tr>
<tr>
<td>Probably yes</td>
<td>14.0%</td>
</tr>
<tr>
<td>Definitely yes</td>
<td>15.3%</td>
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WHY DO FOSTER YOUTH EXPERIENCE HIGH RATES OF UNPLANNED PREGNANCY?

Foster youth were more than twice as likely to report using no contraception during intercourse in the last year (32.7% vs. 14.8%).

California Planned Parenthood v. Promsesa Behavioral Health

Just a third of child welfare workers reported that they felt adequately trained on this topic.

- School and placement instability
- Non-public school
- Waivers
WHAT ARE THE IMPLICATIONS OF UNINTENDED PREGNANCY AMONG FOSTER YOUTH?

- At age 19, of those who had not enrolled in higher education, 30% cited the need to care for children as a major barrier to returning to school.
- At age 24, having a child reduced a woman’s odds of being employed by 30%—even after holding educational attainment constant.
- Child born to a foster youth were 3 times more likely to have a substantiated report of maltreatment by age 5 than children born to the same-age non-foster youth.
How is this playing out on the ground?

- Inconsistencies in access to information/services. Factors may include:
  - Geography
  - Placement Instability
  - Placement Type
  - Gender
  - Social worker/caregiver

- Even if information/services “accessible,” it might not be ACCESSIBLE
  - Lack of rapport/trust
  - Messaging issues
    - Cultural sensitivity
    - Comfort in the delivery
    - Empowering youth around decision-making and accessing information/services

- Gaps in the Continuum
AND IN THE LIVES OF FOSTER YOUTH?

- Concern that information shared by foster youth “follows them” because it is documented
- Importance of getting education early; don’t wait until after puberty
- Understand that youth are getting more exposure to sexual content earlier
- Put your personal beliefs aside

Alexis Barries, Healthy Sexual Workgroup Member and Former Foster Youth
GOALS OF SB 245 (LEYVA): REDUCE THE RATE OF UNPLANNED PREGNANCY AMONG YOUTH IN FOSTER CARE

Ensure access to comprehensive sexual health education

Improve access to reproductive care

Strengthen the knowledge of social workers, caregivers
PROVISION 1: ENSURE ACCESS TO COMPREHENSIVE SEXUAL HEALTH EDUCATION

California has a new and improved comprehensive sexual health requirement in public schools

- Age-appropriate, medically accurate and objective
- Appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners
- Not reflect or promote bias against any person on the basis of any protected category
- Affirmatively recognize that people have different sexual orientations and, when discussing or providing examples of relationships and couples, shall be inclusive of same-sex relationships
- Teach pupils about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes
- Provide pupils with knowledge and skills they need to form healthy relationships that are based on mutual respect and affection, and are free from violence, coercion, and intimidation
- Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and sex trafficking

Full list of requirements is at Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code
PROVISION 1: THE NEW CURRICULUM IS GOOD, BUT FOSTER CARE SOMETIMES DON’T RECEIVE IT

School instability

Waivers for religious reasons

Attendance at non-public school

Placement changes
PROVISION 1: SB 245 WOULD ENSURE YOUTH ACCESS EDUCATION IN THEIR SCHOOL OR A COMMUNITY-BASED RESOURCE

Did the foster youth receive comprehensive sexual health education in their public school?

Yes → Requirement is met; No further action is required

No → Youth referred to a community-based resource.
SB 245 WOULD PROVIDE FOSTER YOUTH WITH MORE ACCESS TO INFORMATION THAN THE GENERAL STUDENT POPULATION

<table>
<thead>
<tr>
<th>General Student Requirement</th>
<th>SB 245 Requirement</th>
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<tr>
<td>Once in junior high or middle school</td>
<td>Once before age 12</td>
</tr>
<tr>
<td>Once in high school</td>
<td>Once between ages 12 and 14</td>
</tr>
<tr>
<td></td>
<td>Two times between ages 15 and 18</td>
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<tr>
<td></td>
<td>Once between the ages of 19 and 21</td>
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PROVISION 1: WHAT IS THE RATIONALE FOR PROVIDING FOSTER YOUTH WITH MORE INFORMATION?

- SB 245 ensures all foster youth receive information at least once before the likely onset of puberty.
- Higher rate of sexual abuse and assault
  - The age of first intercourse is younger
  - The number of partners is greater
  - Reported use of contraception is less
- Median length of stay is 436 days.
  - Schedule was developed to ensure all youth complete curriculum at least once while in foster care.
- SB 245 ensures youth receive information during the age period when they are most at-risk for unplanned pregnancy, age 18 to 21.
PROVISION 2: ENSURE THE REPRODUCTIVE RIGHTS OF FOSTER YOUTH ARE MET

There are already existing rights and requirements

SB 245 simply requires counties to document that the existing obligation is met.

• Access to age-appropriate, medically accurate information on puberty, reproductive and sexual health care, the prevention of unplanned pregnancies, and the prevention, diagnosis and treatment of Sexually Transmitted Infections (STIs),
• Access reproductive health services
• Agency duties, including to inform youth about rights and ensure the youth is not facing any barriers in accessing reproductive and sexual health care services or treatment

For youth in foster care 10 years of age and older, the case plan shall be updated yearly to identify how, during the upcoming year, the agency shall ensure youth is not facing barriers to exercising the above rights.
PROVISION 3: SOCIAL WORKERS REPORT A NEED FOR MORE KNOWLEDGE ABOUT PREGNANCY PREVENTION

Findings from 2009 County Survey on Sexual Education and Reproductive Health Needs

- No training for social workers and caregivers on the reproductive rights of youth, their respective obligations to connect youth with such services, or the sex education and health services available in the community;
- No training on how to have conversations with youth about these topics;
- No or unclear county policies, protocols or other guidance to describe roles and responsibilities of the different individuals responsible for a foster youth’s care and custody;
- No information provided to foster youth on their rights or how to access education and services.
PROVISION 3: THIS LEAVES SOCIAL WORKERS AND CAREGIVERS WITH MANY UNANSWERED QUESTIONS

What is the minimum age of for a youth to get birth control?

Is a court order required for an IUD?

Is a social worker required to provide transportation for a youth to get an abortion?

How is reproductive health documented in the court report?

What is a youth’s right to privacy regarding the disclosure of her pregnancy?

As a caregiver, am I required to store a youth’s condoms or other forms of birth control?

As a caregiver, am I required to tell the social worker if my youth is having sex?

How does my responsibility change for LGBT youth in my care?

What does this have to do with the reasonable and prudent parent standard?

How do I talk about such a sensitive topic?
PROVISION 3: CDSS ISSUED A PLAN TO ADDRESS MANY OF THESE QUESTIONS

- Healthy Sexual Development workgroup convened (2016)
- **ACL 16-82**: Reproductive and Sexual Health Care and Related Rights for Youth and Non-Minor Dependents in Foster Care (Sept. 2016)
- **ACL 16-88**: California’s Plan to Prevent Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care (Oct. 2016)
- **New interim regulations** for STRTPs in effect (Jan. 2017)
PROVISION 3: SB 245 WOULD TRANSLATE THIS PLAN INTO A STATEWIDE CURRICULUM

- **Rights and responsibilities**: What are the rights of youth in foster care in the areas of sexual health and pregnancy prevention? What are the required responsibilities of the social worker and caregiver to ensure those rights are met?

- **Practice strategies**: What are effective, trauma-informed methods to discuss topics of sexual health, pregnancy prevention with youth in foster care?

- **Sexual health**: What is the essential information for child welfare personnel to know in the area of sexual health? This includes current information about methods of contraception, risk factors for sexually-transmitted infections and other related topics.
PROVISION 4: STRENGTHEN KNOWLEDGE AND TOOLS FOR SOCIAL WORKERS, FOSTER CAREGIVERS AND JUDGES

Incorporate training on the contents of the statewide curriculum into standard training for:

- social workers, 75% federally reimbursable
- licensed foster parents, relative caregivers, group home personnel and personnel working for foster family agencies
- judges
HOW YOU CAN HELP MAKE SB 12 A REALITY

- Send in a support letter to jwilliams@youthlaw.org
  - Sample will be sent after web seminar; posted at www.jbaforyouth.org
- Attend and testify at Senate Human Services Committee in March
- Meet with legislators in the district
- Stay tuned for more work over the spring and summer
QUESTIONS OR COMMENTS?

To submit live questions, click on the “Questions” panel, type your question, and click “Send”
or contact

Amy Lemley, John Burton Foundation
Rebecca Gudeman, National Center for Youth Law
Sue Abrams, Children’s Law Center of California
- Slide 4: Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and Age 19 (2014 and 2016).
- Slide 6: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions and Age 19 (2016).
- Slide 7: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions and Age 19 (2016).
- Slide 7 Amended Complaint 5/5/16 - California Planned Parenthood Education Fund V. Promesa Behavioral health
- Slide 8: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions and Age 19 (2016).
- Slide 12: Chapter 5.6 of Part 28 of Division 4 of Title 2 of the Education Code
- Slide 16: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions and Age 19 (2016).