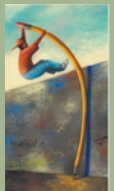
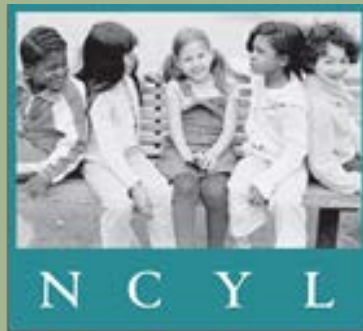


SB 245 (LEYVA): DECREASING THE RATE OF UNINTENDED PREGNANCY AMONG YOUTH IN FOSTER CARE

FEBRUARY 16, 2017



**JOHN
BURTON**
Advocates for Youth



Children's Law Center
of California
Excellence in Advocacy

AGENDA

- Introductions
- Reproductive realities for California foster youth
- Provisions of Senate Bill 245
- How you can help
- Q & A

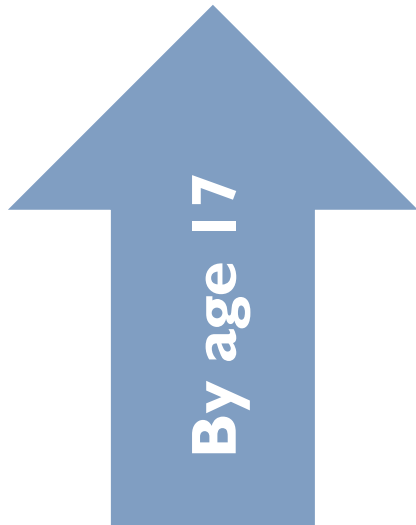
SENATE BILL 245, AUTHORED BY SENATOR CONNIE LEYVA

- 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!

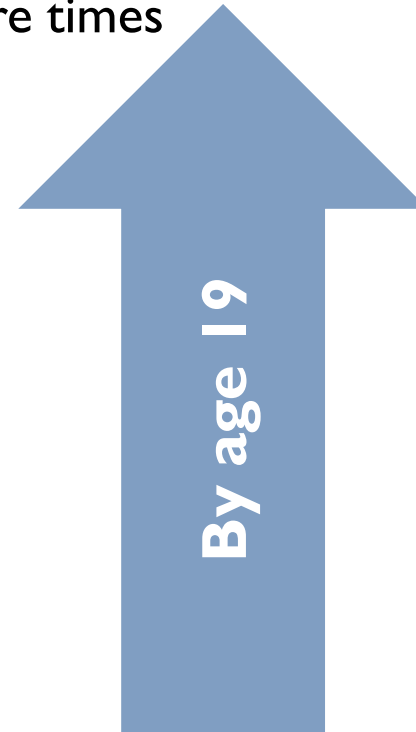


WHY ARE WE TALKING ABOUT SEX AND UNPLANNED PREGNANCY?

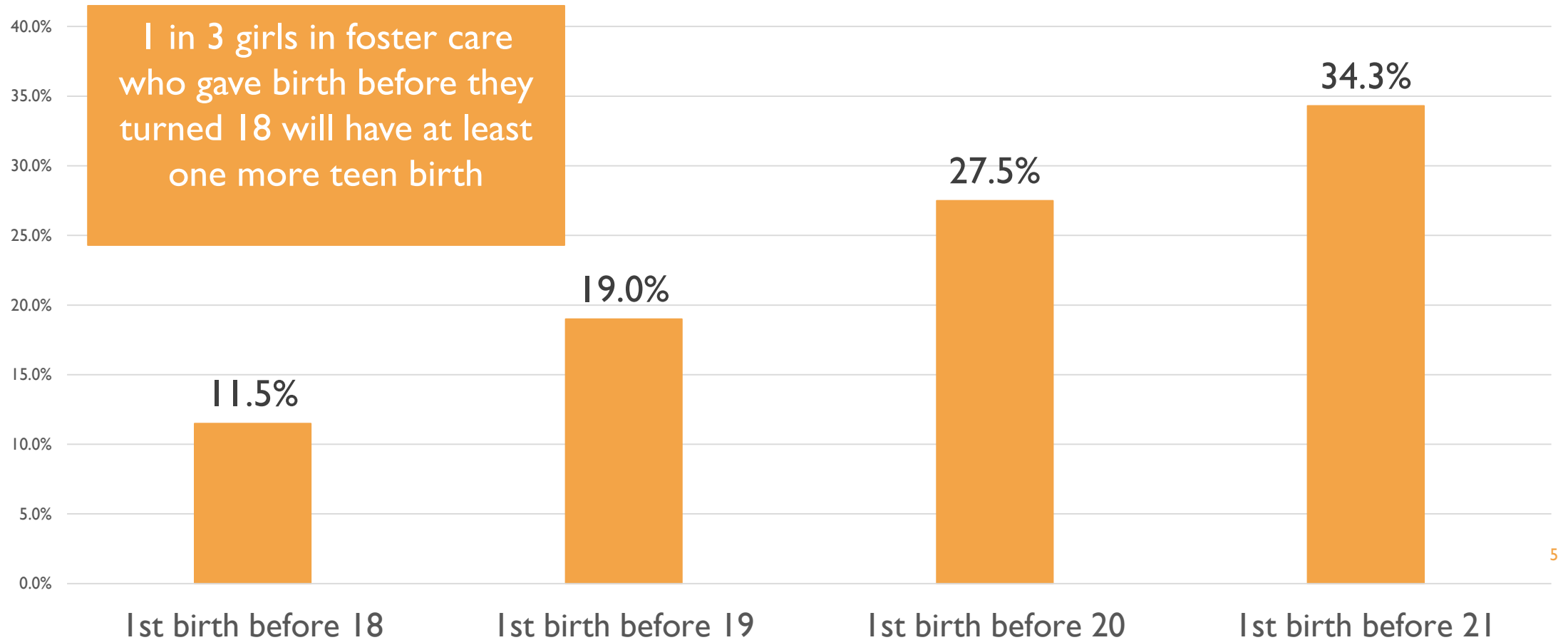
- 26.0% have ever been pregnant as compared to 13% of general
- 22.0% have been pregnant 2 or more times



- 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



BUT DON'T FOSTER YOUTH "WANT" TO HAVE CHILDREN?

Young women in foster care at age 19:



Wanted to become pregnant:	%
Definitely no	33.8%
Probably no	3.7%
Neither wanted nor didn't want	28.8%
Probably yes	7.5%
Definitely yes	26.1%

66.3%

Young men in foster care at age 19:



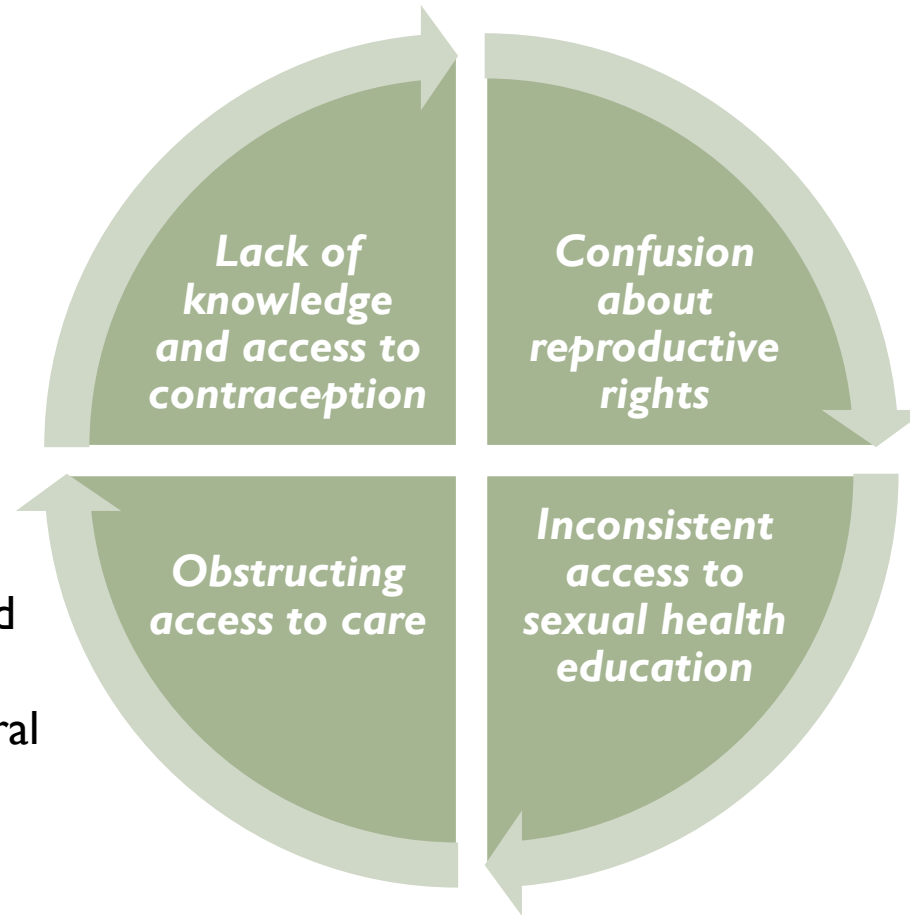
Wanted partner to become pregnant:	%
Definitely no	16.2%
Probably no	21.1%
Neither wanted nor didn't want	33.4%
Probably yes	14.0%
Definitely yes	15.3%

70.7%

WHY DO FOSTER YOUTH EXPERIENCE HIGH RATES OF UNPLANNED PREGNANCY?

Foster youth were more than twice as likely 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

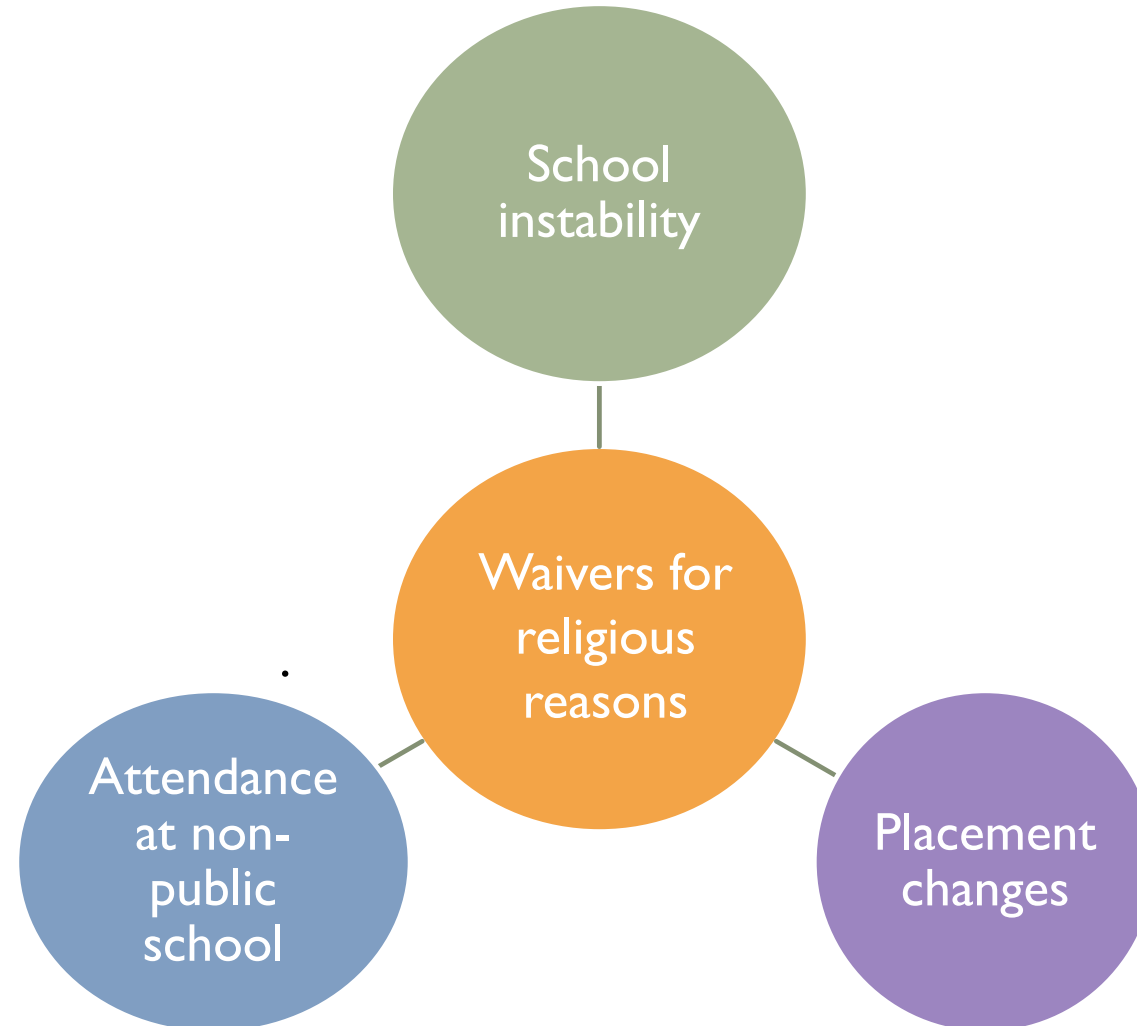


PROVISION 1: ENSURE ACCESS TO COMPREHENSIVE SEXUAL HEALTH EDUCATION

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

PROVISION 1: THE NEW CURRICULUM IS GOOD, BUT FOSTER CARE SOMETIMES DON'T RECEIVE IT



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

General Student Requirement

Once in junior high or middle school

Once in high school.

SB 245 Requirement

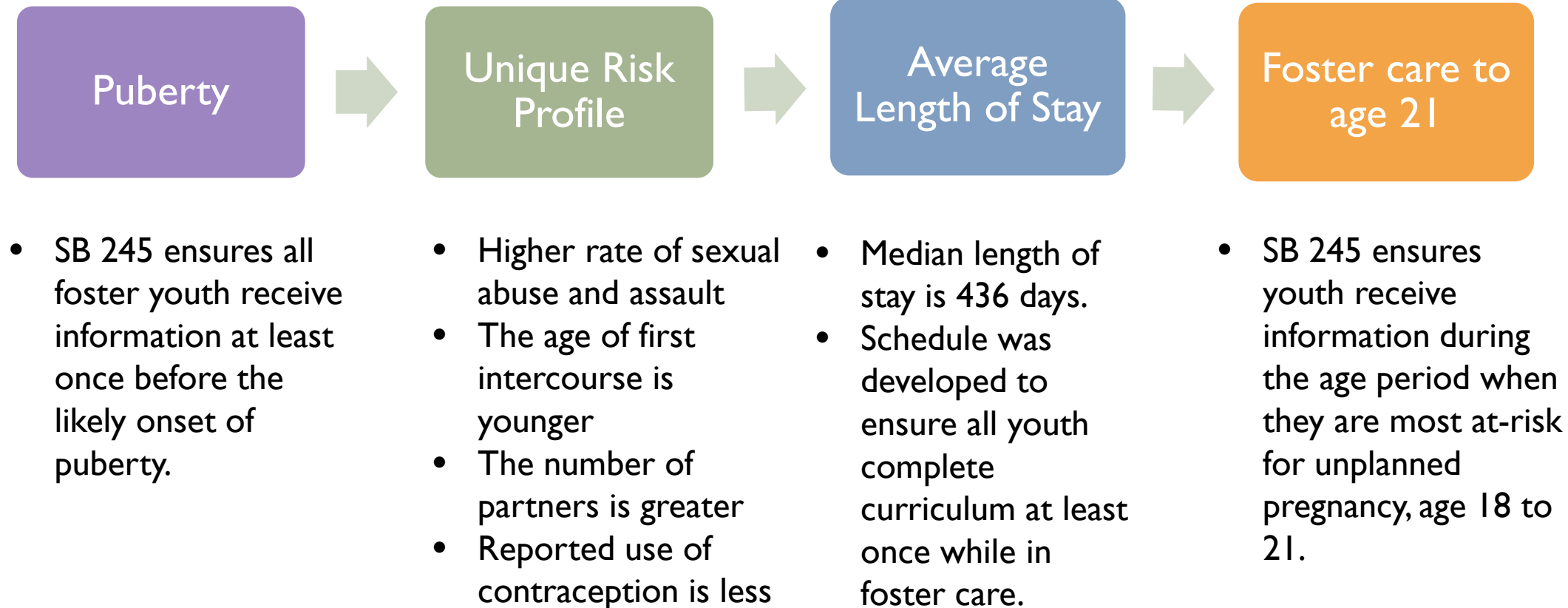
Once before age 12

Once between ages 12 and 14

Two times between ages 15 and 18

Once between the ages of 19 and 21

PROVISION 1: WHAT IS THE RATIONALE FOR PROVIDING FOSTER YOUTH WITH MORE INFORMATION?



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?

How it reproductive health documented in the court report?

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

Is a court order required for an IUD?



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

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

How I talk about such a sensitive topic?

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

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

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

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)
- **Guidance** for Residential Facilities and Resource Families on Healthy Sexual Development and Pregnancy Prevention (Dec. 2016)
- **New interim regulations** for STRTPs in effect (Jan. 2017)

PROVISION 3: SB 245 WOULD TRANSLATE THIS PLAN INTO A STATEWIDE CURRICULUM

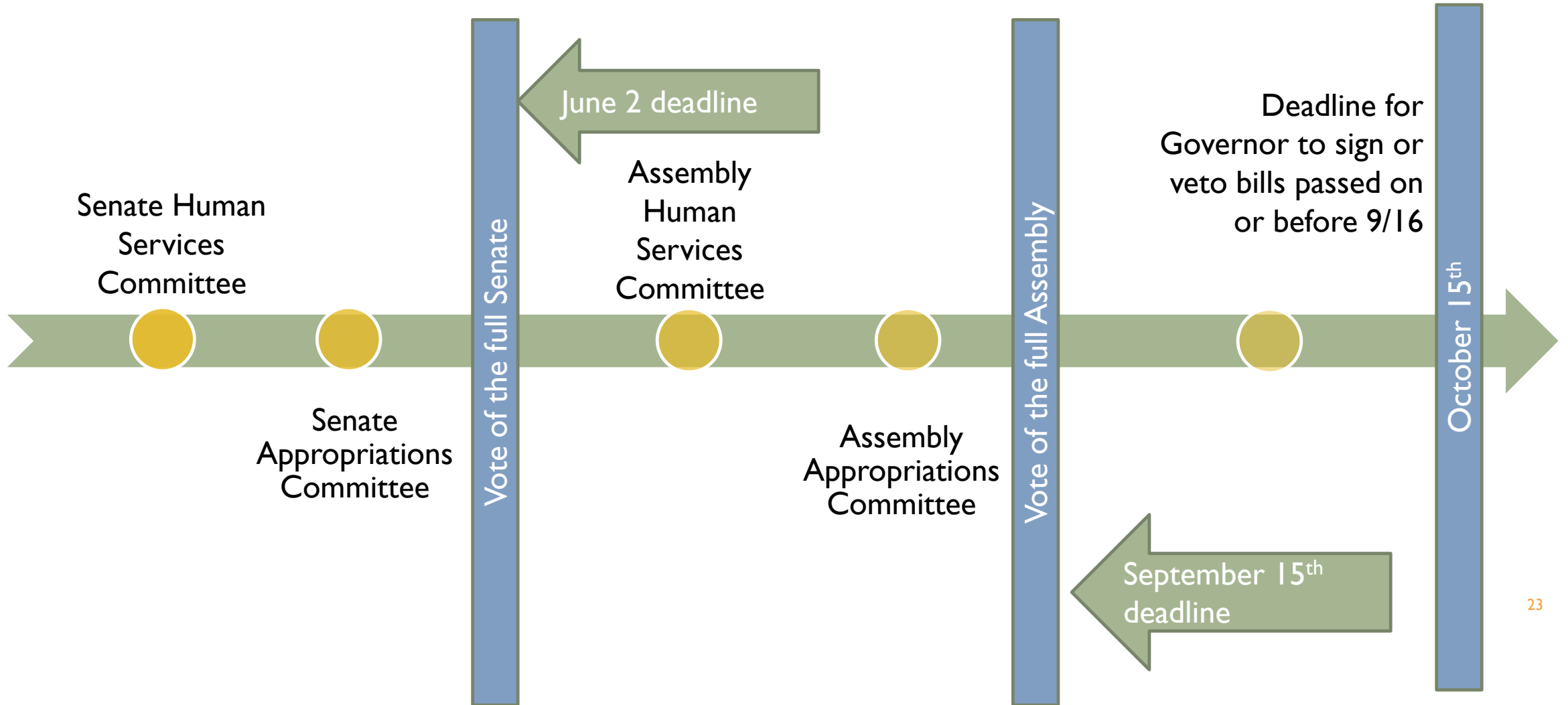
- **Rights and responsibilities:** What are the rights of youth in foster care in the areas of sexual health and pregnancy prevention? What are the required responsibilities of the social worker and caregiver to ensure those rights are met?
- **Practice strategies:** What are effective, trauma-informed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

LEGISLATIVE TIMELINE FOR SB 245



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

SOURCES

- 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 5: California's Most Vulnerable Parents: [Cumulative Teen Birth Rates among Girls in Foster Care](#)" by Emily Putnam Hornstein, et al. 2013. Page 3.
- 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: Constantine et al., [Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties](#), Public Health Institute (2009).
- 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 8: California's Most Vulnerable Parents: [Adolescent Mothers and Intergenerational Child Protective Service Involvement](#)," by Emily Putnam Hornstein, et al. 2013. Page 5.
- Slide 8: Corcoran, Jacqueline. Consequences of Adolescent Pregnancy/Parenting: A Review of the Literature, Social Work Health Care Press (1998)
- 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).
- Slide 18: Constantine et al., [Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties](#), Public Health Institute (2009).
- Slide 20: All-County Letter 16-88, "California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care", October 12 2016.