PROVIDING COMPREHENSIVE SEXUAL HEALTH EDUCATION TO FOSTER YOUTH:

Lessons Learned from an LA Pilot

September 19, 2018
Information to Participate

Call-in number is (213) 929-4232 and access code is 187-178-877.

Presentation materials and audio will be posted at http://www.jbaforyouth.org/ under Research & Training / Training Archive.

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

• Amy Lemley, John Burton Advocates for Youth
• Simone Tureck Lee, John Burton Advocates for Youth
• Arlin Alger, AltaMed
• Lizette Caldera, AltaMed
• Rebecca Taylor, Samuel Merritt University Doctorate Student
Agenda

• Background on sexual health of foster youth
• Information about SB 89
• LA Pilot of Making Proud Choices
• How to replicate this in your county
LA Reproductive Health Equity Project (LA RHEP) for Foster Youth

LA RHEP is a partnership of adult advocates and foster youth working to dismantle systemic barriers in an effort to improve access to sexual and reproductive health care services for youth in care.

1. **Increase** foster youth’s access to reproductive & sexual health care & information

2. Significantly **reduce** the number of unintended pregnancies experienced by foster youth in LA County

Funded by the Conrad N. Hilton Foundation

http://www.fosterreprohealth.org/
LA RHEP Leadership Team
Pregnancy Rates for Foster Youth are Running Counter to the National Trend

% of Youth Who Report Ever Having Been Pregnant

- By age 17: 10% (General Population), 26% (Foster Youth in CA)
- By age 19: 20.10% (General Population), 49% (Foster Youth in CA)
- By age 21: 59% (Foster Youth in CA)

Teen birth rate in CA down 77% since 1991
High Rates of Pregnancy Are Resulting in High Birth Rates

Cumulative Birth Rate

<table>
<thead>
<tr>
<th>Age of First Birth</th>
<th>Birth Rate</th>
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<tbody>
<tr>
<td>Before 18</td>
<td>11.5%</td>
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<tr>
<td>Before 19</td>
<td>19.0%</td>
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<tr>
<td>Before 20</td>
<td>28.1%</td>
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<tr>
<td>Before 21</td>
<td>35.2%</td>
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</table>

CalYOUTH at age 21: 38.6%

California's Most Vulnerable Parents
By Emily Putnam-Hornstein, November 2013

California Youth Transitions to Adulthood Study
By Mark Courtney, 2018
Lack of Access and Understanding Has Implications for Youth

- At age 21, 50.1% of foster youth 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.
- By age 21, 14.8% of youth who have had sex have had an STD.
SB 89 Was Adopted to Decrease Unintended Pregnancy and Improve Sexual Health of Foster Youth

- Originally SB 245 (Leyva)
- Includes case plan provisions and training provision for all social workers, caregivers and judges
- Went into effect 7/1/17
- ACL 18-61 was released on June 20, 2018 -
Since 2016, the California Healthy Youth Act (CHYA) has Required all Students to Receive Comprehensive Sexual Health Education (CSE)

- Required once in **middle school** and once in **high school**
- State law sets forth what must be included
- Rigorous requirements
- Must affirmatively recognize that people have different sexual orientations
- Abstinence may not be discussed in isolation
- Must be age-appropriate & medically accurate and objective
- Districts are meeting this requirement with a range of strategies

California Healthy Youth Act webpage: [https://www.cde.ca.gov/ls/he/se/](https://www.cde.ca.gov/ls/he/se/)
SB 89 Requires the Case Worker to Ensure Schools Have Fulfilled this Mandate

Did foster youth receive CSE once in middle school and once in high school?

No (~5%)

Yes (~95%) - indicate in case plan

SB 89 requires the caseworker to document how the requirement will be met

- Out of grade sequence
- Summer school
- Independent study course
- At a different school
Today’s Web Seminar Focuses on One Strategy to Meet CSE Requirement When it is Not Fulfilled by the School

**Information to be provided:**
- Curriculum used
- Structure of pilot
- Profile of youth who participated
- Cost
- Lessons learned
- Feedback from youth
LA Pilot of Making Proud Choices!
LA County Has Been a Leader in Addressing the Reproductive Needs of Foster Youth

- Convened working group of advocates and county representatives for over a decade to address this issue
- Expectant & Parenting Youth (EPY) conferences
- Participated in the California Foster Youth Pregnancy Prevention Institute
- Currently piloting infant supplement for parenting foster youth prior to birth
- Leadership team member of LA RHEP
- Assisted with outreach for LA Pilot of *Making Proud Choices!*
## Providing Comprehensive Sexual Education to Foster Youth: Pilot in Los Angeles

<table>
<thead>
<tr>
<th>Details</th>
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<tbody>
<tr>
<td>John Burton Advocates for Youth contracted with community educators</td>
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<tr>
<td>employed by AltaMed to deliver <em>Making Proud Choices!</em></td>
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<tr>
<td>Four workshop series were held from August 2017 to April 2018</td>
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<tr>
<td>Youth were provided up $150 for full participation; an additional $50</td>
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<tr>
<td>for completing a follow-up survey (Seattle Children’s Hospital’s study)</td>
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<tr>
<td>Lunch/dinner, snacks, &amp; prizes</td>
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<td>Some form of transportation support provided</td>
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Making Proud Choices! An Evidence-Based, Safer-Sex Approach to Teen Pregnancy and HIV/STDs

Multiple versions:

- California edition (CHYA-compliant) includes school and community-based versions (9-9.5 hrs)
- Version for youth in out-of-home care is also available (12.5 hrs)
- Offered in Spanish if using community-based version

Owned & disseminated by ETR: https://www.etr.org/

Intended for class sizes of 6-12 participants, but can be delivered in larger groups

Intended for youth ages 12-18

Originally adapted from Be Proud! Be Responsible!
### Making Proud Choices! Has Four Main Components

<table>
<thead>
<tr>
<th>1. Goals, dreams and adolescent sexuality</th>
<th>2. Knowledge (etiology, transmission and prevention of HIV, STDs and teenage pregnancy)</th>
</tr>
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<tbody>
<tr>
<td>3. Beliefs and attitudes</td>
<td>4. Skills and self-efficacy (negotiation-refusal skills and condom use skills; practice reinforcement &amp; support)</td>
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</table>
Making Proud Choices! Uses A Variety of Modalities to Engage Youth

To help adolescents understand how to make healthy decisions to protect themselves
**Making Proud Choices! is Evidence-Based**

<table>
<thead>
<tr>
<th>Findings from evaluation of original curriculum:</th>
<th>Findings from 2013 evaluation of out-of-home version:</th>
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<tbody>
<tr>
<td>• Youth were more likely to delay having sex and more likely to use a condom when they did have sex, compared to similar youth who did not receive the curriculum.</td>
<td>• 88% of youth report that the program helped them learn more about preventing pregnancy.</td>
</tr>
<tr>
<td>• Particularly strong impacts on youth who were sexually active prior to the program.</td>
<td>• 89% report that it helped them learn more about STI prevention.</td>
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<tr>
<td></td>
<td>• 84% report they would recommend the class to a friend.</td>
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## LA Pilot: Participation Rates

<table>
<thead>
<tr>
<th>Month</th>
<th>Provider partnership</th>
<th>Three-day intensive / winter break</th>
<th>Evenings over one month</th>
<th>Three-day intensive / spring break</th>
</tr>
</thead>
<tbody>
<tr>
<td>August</td>
<td>• 4 days once/week; 4 hours/day&lt;br&gt;Location: David &amp; Margaret Youth &amp; Family Services in LaVerne&lt;br&gt;56% youth attended all 4 days (9 youth total)</td>
<td>• 3 consecutive days; 5 hours/day&lt;br&gt;Location: First Place for Youth in Mid-Wilshire/Koreatown&lt;br&gt;79% youth attended all 3 days (34 youth total)</td>
<td>• 4 days once/week; 4 hours/day&lt;br&gt;Location: Children’s Law Center in Monterey Park&lt;br&gt;36% youth attended all 4 days (22 youth total)</td>
<td>• 3 consecutive days; 5 ½ hours/day&lt;br&gt;Location: First Place for Youth in South LA&lt;br&gt;58% attended all 3 days (24 youth total)</td>
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</tbody>
</table>

89 youth participated / 55 youth attended all sessions in their workshop series
Participants were current and former foster youth in Los Angeles County, ages 18-24
Cost of Hosting CSE Workshop Series

Total amount per cohort of 10 youth for 3-day workshop series: $4,300-6,100

Breakdown:

Facilitators: Approx. $1,800-3,600
• Assumes pay rate of $50-100/hr for two educators, 18 hrs total

Youth Stipends: $1,500
• Assumes all 10 youth attend all 4 sessions @ $150 for full attendance (could provide lesser amount)

Prizes: $300
• Assumes one pair of movie tickets & three $5 gift cards per youth (could provide lesser amount)

Catering: $700
• Includes snacks & meals

Also factor in county staff time & travel

Remove this cost if being offered by provider with existing funding (i.e. PREP, I&E)
## LA Pilot: Key Lessons Learned

<table>
<thead>
<tr>
<th>Location, location, location!</th>
<th>Someone needs to be the convener/organizer</th>
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<tbody>
<tr>
<td>• Near public transportation</td>
<td>• Counties should consider contracting this role out or doing themselves, but don’t rely on educators to:</td>
</tr>
<tr>
<td>• Parking</td>
<td>&gt; Conduct outreach</td>
</tr>
<tr>
<td>• “Youth-friendly” building/space</td>
<td>&gt; Text reminders</td>
</tr>
<tr>
<td>• Easy to find &amp; get into building</td>
<td>&gt; Coordinate transportation</td>
</tr>
<tr>
<td>• Comfortable room for class size</td>
<td>&gt; Set-up the room</td>
</tr>
<tr>
<td></td>
<td>&gt; Order, set-up &amp; distribute food</td>
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<td></td>
<td>&gt; Distribute incentives and prizes</td>
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LA Pilot: Key Lessons Learned

**Timing:** Attendance was highest over school breaks, 3 consecutive days

**The curriculum sells itself:** Youth enjoy the curriculum – if you can get them there on the first day, many will return

**Provide transportation support:** A ride or $

**Provide an incentive:** Youth liked receiving something each day they attend (vs. at completion)
LA Pilot: Key Lessons Learned

Food! Youth showed up hungry – make sure snacks are adequate if meal is not happening until midway through.

Time management: Build in time for sign-in, food, breaks, etc.

Child care: The classes are long – consider providing childcare for parenting youth.

Acknowledgements/culmination: Provide some sort of certificate of completion and acknowledge the accomplishment.
Youth had a Positive Response to *Making Proud Choices*!

- Youth reported getting tested for STDs as a result of participating
- Youth educated friends about what they learned
- Youth felt safe sharing personal information with peers & instructors
- Youth asked lots of questions

Data on how participants’ attitudes, knowledge & behavior changed as a result of participating in *Making Proud Choices!* will be shared on a webinar in November sharing findings from the pre-, post- & follow-up surveys.
When asked “What was most helpful about this training?” youth responded:

“Talking about STDs”
“The info regarding birth control methods”
“Everything”
“Warning about health & STD prevention”
“Learning about STD’s, safe sex & games”
“The activities & the explanations”
“Every part”

“The supportive energy of everyone although we were just strangers at first”
“Knowing & how to use condoms right”
“Information & instructors”
“The information was interactive & relatable”
“The information & group support”

“The sex ed info”
“Learning how to prevent STDs & STIs & learning to be safe or practice safe sex”
“They let us ask questions & explained a lot”
“Powerpoints & communication”
How to Replicate in Your County
Step 1: Determine if your county has a PREP or Information & Education provider

**Personal Responsibility Education program (PREP)**

Federal funding source administered by the California Department of Public Health

Awards $5.1 M in funding to 22 local orgs & entities in 20 counties to educate youth on abstinence and contraception to prevent pregnancy & STIs among youth who are:

- Homeless (age 10-19)
- In foster care and juvenile justice centers (age 10-19)
- Living in rural areas or areas with high teen birth rates (age 10-19)
- From minority groups (including sexual minorities) (age 10-19)
- Pregnant youth & mothers under 21

PREP fact sheet:

- [https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf)
Step 1: Determine if your county has a PREP or Information & Education Provider, cont.

**Information & Education (I&E) Program**

State funding source administered by the California Department of Public Health

Awards funding to 14 local agencies in 9 counties for education that emphasizes prevention of adolescent pregnancy and STIs among high-needs youth ages 12-19 who:

- Reside in a high-need community
- Are homeless/runaway
- Dropped out of school
- Attend an alternative or continuation school
- Are in or emancipated from foster care
- Are in juvenile justice or probation system
- Identify as LGBTQ
- Reside in a migrant farmworker household
- Are in gangs or an ex-gang member

**I&E Factsheet:**

- [https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf)
Finding a Comprehensive Sexual Health Education Provider

22 counties are covered by PREP and/or I&E
Not all counties have PREP/I&E providers, but they do have Planned Parenthood

Planned Parenthood provides vital reproductive health care, sex education and information to millions of women, men & young people worldwide.

Planned Parenthood affiliates’ service areas span across all 58 California counties.

Planned Parenthood affiliates have varying capacities -

- Some provide community education – most offer CHYA-compliant curriculum
- Some may be able to offer education with existing resources; some may require additional resources from county child welfare agency

Coming soon:

- Statewide Planned Parenthood roster of who to contact for comprehensive sexual health education in your county

FYI: Many Planned Parenthood affiliates are PREP / I&E grantees
AltaMed is one of California’s 22 PREP-funded providers

Under the PREP grant, AltaMed provides:

- Education – delivery of *Making Proud Choices! (MPC)*:
  - Relationships with schools to deliver *MPC* to meet CHYA mandate
  - Relationships with community-based organizations to deliver *MPC*
  - In-house case management program refers parenting youth to attend *MPC*
  - Provide youth with incentives upon completion of 75% of program

- Links to clinical care and health care enrollment and information dissemination
  - Teen Center – safe place to hang out, get tested, get information, enroll in health care, birth control and emergency contraception; Teen Center Hotline
Step 2: Make contact with a provider of CSE (PREP, I&E, Planned Parenthood)

Contact list for PREP & I&E providers available here:
http://www.jbaforyouth.org/california-foster-youth-sexual-health-education-act-sb89/

Remember -- if your county does not have a PREP or I&E provider, they do have a Planned Parenthood!
(Roster coming soon)
Step 3: Share information about SB 89

• Inform about case planning provision in SB 89 if provider is not already aware

• Refer to California Department of Social Services’ Healthy Sexual Development Project webpage: [http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project](http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)

Step 4: Discuss strategies to deliver CSE for foster youth who can’t receive it in school

<table>
<thead>
<tr>
<th>Information for CSE provider to share:</th>
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<tbody>
<tr>
<td>• What CSE training do they provide?</td>
</tr>
<tr>
<td>• Could foster youth participate?</td>
</tr>
<tr>
<td>• If so, what is the best way to refer?</td>
</tr>
<tr>
<td>• If not, what is the constraint?</td>
</tr>
<tr>
<td>• Is there a minimum number of participants required?</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Information for county child welfare agency to share:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• How many foster youth will require CSE?</td>
</tr>
<tr>
<td>• What is the age of the youth?</td>
</tr>
<tr>
<td>• Where will this function live in the county agency?</td>
</tr>
</tbody>
</table>
Step 5: Determine what entity will serve as the convener

Role of the Convener:
- Schedule with the CSE provider
- Coordinate with county child welfare agency, if applicable
- Conduct youth outreach
- Arrange transpiration
- Arrange child care
- Order, set-up & distribute food
- Distribute incentives and prizes
- Send reminder texts!!

County Agency
Community-Based Organization
Comprehensive Sexual Health Education Provider
Foster & Kinship Care Education
Community Health Clinic
Step 6: Consider whether you want to do more for higher risk youth

Youth in Group Homes or STRTPs

- Young people placed in group homes indicated higher risk taking sexual behavior than youth not in group homes, including lower use of contraception.

Youth who are custodial parents

- 1 in 3 foster youth who are parents at age 18 will have a second child by age 21

Youth who are LGBTQ

JOHN BURTON ADVOCATES FOR YOUTH
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