Tools You Can Use:
Age-Appropriate, Medically Accurate Sexual Health Fact Sheets Available to County Case Managers
Agenda

• Introductions
• Reproductive and Sexual Health Disparities for Youth in Foster Care
• A Youth’s Perspective
• California Foster Youth Sexual Health Education Act (Senate Bill 89) & New Resources for Case Managers
• A County’s Perspective
• Next Steps
Today’s Presenters

• Amy Lemley
  John Burton Advocates for Youth

• Carolyn Ho
  John Burton Advocates for Youth

• Lesli LeGras Morris
  • LA Reproductive Health Equity Project for Foster Youth

• Alexis Barries
  John Burton Advocates for Youth

• Erica Monasterio
  • Division of Adolescent and Young Adult Medicine at UCSF

• Jaime Muñoz
  • OC Social Services Agency
Information to Participate

• Today’s PowerPoint and resources can be downloaded from the “handouts” section of your control panel

• To submit questions, click on the “Questions” panel, type your question, and click “send”

• Presentation materials and audio will also be posted at: https://www.jbaforyouth.org/trainings-2/
Disproportionately High Rates of Early Pregnancy

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

By age 17

- **52%** have ever been pregnant as compared to 20.1% in general population
- **20.6%** have been pregnant 2 or more times

By age 19
### Unpacking the Data + Dismantling the “Filling a Void” Narrative

#### 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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28% report using contraception at last pregnancy

#### 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>
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<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>
</tr>
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</table>

70.7% report using contraception at last pregnancy

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66.3%
Early, unintended pregnancies and related education & employment outcomes

At age 19, of those who had not enrolled in higher education, 30% 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.

“[Unintended pregnancy] stops youth from staying in certain homes. Makes each check stretch to make ends meet. School is harder to attend, child care is hard to find. Work is harder to attend and becomes unstable. A lot of meetings to attend with social workers, doctors, ILP workers, dentist, lawyers, etc.”
Disproportionately Poor Prenatal Outcomes for Youth in Foster Care

Of foster youth surveyed at 17 who reported pregnancy:

- 42.7% had a stillbirth or miscarried
- 20.7% never received prenatal care
- 11.80% had a live birth
- 35.80% had an abortion
Demographics

9 out 10 youth in foster care in CA are youth of color

1 in 3 youth in foster youth children in the foster care system in CA identify as LGTBQ

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<thead>
<tr>
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<th>California Foster Youth Population</th>
<th>California General Population</th>
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<tbody>
<tr>
<td>White</td>
<td>10.9%</td>
<td>37.0%</td>
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<tr>
<td>Black/ African American</td>
<td>28.9%</td>
<td>6.5%</td>
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<tr>
<td>Latino</td>
<td>58.4%</td>
<td>39.1%</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>1.5%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Native American</td>
<td>0.4%</td>
<td>1.5%</td>
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<thead>
<tr>
<th></th>
<th>California Foster Youth Population</th>
<th>California General Population</th>
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</thead>
<tbody>
<tr>
<td>Hetreosexual</td>
<td>70%</td>
<td>89%</td>
</tr>
<tr>
<td>LGTBQ</td>
<td>30%</td>
<td>11%</td>
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</table>
The Impact of Trauma

- The stress of abuse can impact the physical growth and maturation of adolescents. Recent study showed that young girls who are exposed to childhood sexual abuse are far more likely to physically mature and hit puberty at rates 8 to twelve months earlier than their non-abused peers.

- Youth in foster care are at greater risk of intimate partner violence, due to their own trauma history – which can impact reproductive health and ability to refuse sexual activity and negotiate contraceptive use.
Unique Circumstances: Sexual Assault, Intimate Partner Violence, Unintended Pregnancy

- Foster youth are at greater risk of intimate partner violence, due to their own trauma history
- Intimate partner violence affects reproductive health
  - Adolescent girls in physically abusive relationships are three times more likely to become pregnant than non-abused girls.
  - Adolescent mothers who are in violent relationships may find it difficult to refuse sexual activity or to negotiate contraceptive use.
  - Adolescent mothers experiencing physical abuse after delivery are nearly twice as likely to have a repeat pregnancy within 24 months.
  - Female teens experiencing intimate partner violence are also more likely to experience birth control sabotage at the hands of their partner.

- 49% report forced sex at some point before age 19
Youth in Foster Care Face Unique Structural Barriers

- Lack of policies + training led to confusion about rights, roles + obligations
- Practices that actively infringe on youth rights
- Inconsistent access to comprehensive sexual health education & contraception
- Logistical + structural barriers; provider bias
The Los Angeles Reproductive Health Equity Project for Foster Youth

LA RHEP is a collective impact campaign with the goal of ending inequitable reproductive health outcomes for youth in foster care, including disproportionately high rates of unintended pregnancy.

By engaging youth and the agencies that serve them, LA RHEP seeks to end the harmful narratives about the sexual and reproductive health of foster youth and shift perceptions of what it means for trusted adults to support their healthy sexual development and bodily autonomy.
A Youth’s Perspective

Alexis Barries, Youth Advocate at John Burton Advocates for Youth
SB 89 aims to build systems to eliminate sexual & reproductive health disparities among foster youth. It went into effect as of July 2017.

**California Foster Youth Sexual Health Education Act (SB 89)**
Improved Access to Sexual Health Education

Requires case managers to verify and document in a case plan if youth ages 10 and older have received comprehensive sexual health education, as defined by California Healthy Youth Act, once in:

- **Middle School**
- **High School**

For youth and young adults who missed it, case managers must document how the child welfare agency will ensure that youth receives the missed instruction.
ReQUIRES THE CASE MANAGERS TO DOCUMENT THAT THEY HAVE INFORMED YOUTH, AGES 10 AND OLDER, OF THEIR SEXUAL HEALTH & REPRODUCTIVE HEALTH RIGHTS ANNUALLY IN AN AGE AND DEVELOPMENTALLY APPROPRIATE MANNER:

- **Right to access** age-appropriate, medically accurate information about reproductive and sexual health care.
- **Right to consent** to sexual and reproductive health services and his or her confidentiality rights regarding those services.
- **How to access** reproductive and sexual health care services and facilitated access to that care, **including by assisting** with any identified barriers to care, as needed.

Document identified barriers to sexual health & reproductive health information and services and how they will assist with removing them, as needed.
As part of LA RHEP, JBAY has developed a series of youth factsheets and an accompanying case manager guide that includes conversation starters to help navigate these sensitive conversations.

Factsheets and conversation starters are available for three developmental stages:

- Tweens/ Early Adolescents
- Middle Adolescents
- Transition Aged Youth/Young Adults
Erica Monasterio, RN, MN, FNP
Clinical Professor, Emerita in the Division of Adolescent and Young Adult Medicine at UCSF

- UC San Francisco School of Nursing where she worked for 20 years on the faculty
- Had a clinical practice in UCSF’s Division of Adolescent and Young Adult Medicine
- Co-lead the UCSF’s Diversity in Action (DIVA) committee
- Directed the UCSF’s Family Nurse Practitioner program
Youth Factsheets: General Principles

- Utilize the Centers for Disease Control’s “plain language” guidelines to assure that materials are accessible to those with limited health literacy
- Are written at an elementary reading level
- Prioritize developmentally appropriate concerns for the age group they are designed to reach
- Each of the information sheets:
  - Reinforce the information about SB-89 sexual health rights as required by the law
  - Are designed to support a conversation between a case worker and a youth in foster care, not replace it
  - Include resources that are age-appropriate
Youth Factsheets: Process

Reviewed and modified based on feedback from:

• Social service professionals
• Legal professionals
• Current and former foster youth
Case Manager Guide: General Principles

• Developed using a trauma-informed perspective
• Offers guidance and resources to support a developmentally-appropriate, trauma-informed conversation about sexual health rights
• Includes conversation starters for each developmental stage of adolescence to address each of the SB-89 mandates
• Is designed to support a conversation between the case manager and the youth, with Youth factsheets as a resource and reinforcement
• Identifies the case manager as a resource and encourages youth to seek adult support while informing them of their rights to confidential care
Case Manager Guide: Process

• Reviewed and modified based on feedback from:
  • Legal professionals
  • Child Welfare Professionals
  • Listening session facilitated by Lesli LeGras (LA RHEP) with over 60 Social Workers from LA DCFS participating
  • Paper review by various county professionals involved in healthy sexual development in foster care
Remember the Impact of Trauma

Using a “Trauma Lens” facilitates difficult conversations

Bartlett and Steber, ChildTrends 2019
The Four Rs of Trauma-Informed Care

Realize

Recognize

Respond

Resist Re-traumatization

This figure is adapted from Substance Abuse and Mental Health Services Administration, (2014). SAMHSA's concept of trauma and Guidance for a trauma-informed approach. HHS publication no. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
Trauma-Informed Approaches

- Individualize your approach to meet the needs of the young person you are working with

- 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

- Acknowledge the difficulty of the topic and recognize trauma-symptoms that may interfere with the discussion

- Ask Permission
  - The young person may not be ready to discuss SRH needs when you had planned and may need additional time or sessions to have the discussion

- Utilize a strength-based approach
  - Build on what the youth already knows, recognizing their attempts to protect and manage their SRH, and explore and support their desires and choices
Prepare Yourself!

- Explore your own attitudes and biases related to adolescent sexuality
- Update your knowledge about Sexual and Reproductive Health (SRH)
  - You don’t have to be the SRH subject matter expert. It is okay to say “I don’t know – what do you think or let’s find out.”
- Be familiar with the law and understand minor consent and confidentiality rights related to SRH
- Review the resources included in the Youth Factsheets
  - Helps you stay up to date on SRH information
  - Assists in targeting your messages in a developmentally appropriate way
If you are a tween or in middle school:

- **SEXUAL HEALTH RIGHTS**
  
  This page has links for youth in foster care to lots of websites about your rights and sexual health.

- **PUBERTY (YOUR BODY CHANGES)**
  
  Short videos to learn about your body changes.

- **CONSENT (YOU CONTROL YOUR OWN BODY)**
  
  Youtube video about consent.

- **BIRTH CONTROL CHOICES**
  
  Learn about various birth control methods and where to get it.

- **STDs (GERMS YOU CAN GET BY HAVING SEX)**
  
  Videos to learn about what STDs are.

- **HEALTHY RELATIONSHIPS**
  
  Learn about tips and resources to help you build and strengthen your current relationships and recognize relationships that aren't good for you.

- **STD INFORMATION**
  
  Learn about STD prevention and how to protect yourself and your partner.

If you are a teen or in high school:

- **SEXUAL HEALTH RIGHTS**
  
  This page has links for youth in foster care to lots of websites about your rights and sexual health.

- **CONSENT**
  
  Youtube video about consent.

- **BIRTH CONTROL CHOICES**
  
  Learn about various birth control methods and where to get it.

If you are a transition age youth/young adult:

- **SEXUAL HEALTH RIGHTS**
  
  This page has links for youth in foster care to lots of websites about your rights and sexual health.

- **CONSENT**
  
  Youtube video about consent.

- **BIRTH CONTROL CHOICES**
  
  Learn about various birth control methods and where to get it.

- **HEALTHY RELATIONSHIPS**
  
  Learn about tips and resources to help you build and strengthen your current relationships and recognize relationships that aren't good for you.

- **STD INFORMATION**
  
  Learn about STD prevention and how to protect yourself and your partner.

If you are living in Los Angeles County:

- **GET SEXUAL HEALTH SERVICES**
  
  Info about your rights to receiving sexual health services and where to get it.

- **FIND A CLINIC**
  
  Find a clinic in LA County.

- **PREGNANCY AND PARENTING**
  
  Answers questions about having a baby in foster care.

- **FOSTER CARE RIGHTS**
  
  Learn about your foster care rights and get help if your rights are not being followed.

- **LGBTQ YOUTH RIGHTS**
  
  Learn about what rights you have if you are an LTGBQ youth in foster care.
James is an eleven year old in foster care since the age of five. He asks his case manager if she can help him get new clothes and shoes because he is growing out of all his clothes. His case manager, realizing that this is a great opening to talk about puberty and an opportunity to review the requirements of SB-89, says:

I can definitely help you with getting clothes and shoes that fit! If you are growing taller, your body is probably changing in lots of other ways too...have you learned about puberty, the body changes that happen as you get closer to being a teenager, from your foster parents, friends or at school?
**Tween/Early Adolescent Development**

**AGE RANGE:**
(stages/ages are variable and fluid)

- Biological Females: 9-13 years
- Biological Males: 11-15 years

- Adjusting to body/pubertal changes: “Am I normal?”
- Concern with: body image and privacy
- Begin separation from family/caregivers, increased conflict with those in “parental” role
- Self preoccupation and fantasy
- Same-sex friends and group activities
- Moody!
- Concentration on relationships with peers
- Concrete thinking but beginning to explore new ability to abstract - focused on the present
Continuing the Conversation with James

- You do not have to talk about EVERYTHING in this session
- Share information and resources
- Acknowledge that it can be embarrassing or hard to talk about sexual health
- Ask permission to discuss sensitive topics
- Make no assumptions about sexual orientation, gender identity or sexual behaviors
- Give James the Tweens/Early Adolescent sheet and review it with him
- Let James know that you are a resource for him to learn more about his growth and development, his sexual and reproductive health and his health rights
Sample Tweens/Early Adolescents Resource: www.amaze.org

CHECK OUT OUR NEW COLORING BOOK. IT IS A GREAT WAY TO START THESE SOMETIMES TOUGH CONVERSATIONS.
Middle Adolescent Scenario

AGE RANGE:
(stages/ages are variable and fluid)
Biological Females: 14-16 years
Biological Males: 16-17 years

Sandra is 15 and living in a group home. When she meets with her case manager, she tells him “I think that I might be pregnant, but I don’t know for sure. What happens to my placement if I am pregnant?” her case manager realizes that she needs information about her sexual and reproductive health rights, says:

I’m so glad that you felt comfortable enough to ask me about this. Let’s start with the basics...it sounds like you may need a pregnancy test. Do you know how to get one?
Middle Adolescent Development

AGE RANGE:
(stages/ages are variable and fluid)
Biological Females: 14-16 years
Biological Males: 16-17 years

- Extremely concerned with looks: “Am I attractive?”
- Increased independence from family/caregivers
- Increased importance of peer groups
- Experimentation with relationships & sexual behaviors
- Movement towards forming sexual orientation / identity
- Increased abstract thinking ability, but difficulty applying information to decision-making
Continuing the Conversation with Sandra

Sandra tells her case manager that she usually goes to a doctor that her group home uses, but she does not want the group home staff or other girls living there to know her business. This is a good opportunity for her case manager to discuss the SRH rights guaranteed by SB-89, starting with her consent and confidentiality rights:

You can go to a doctor or clinic for a check-up, a pregnancy test, or birth control, and you can get this care on your own without asking permission from the staff at your group home. If you go to a doctor or clinic, the things you talk about that have to do with sex, pregnancy, birth control, or diseases that you can get from having sex are between you and the doctor or clinic staff—it is what we call ‘confidential.’
Ask Us Anything: Body Talk

Anatomy, biology, and body image. Loving your body and understanding how it works isn’t always easy. We’re here for all your questions, concerns, and insecurities. Ask away!
Janae is a twenty year old non-minor dependent with a 2 year old daughter. She is meeting with her case manager to discuss housing options and mentions that she ran out of her birth control pills. She says “I know I should be able to figure this out, but there are so many things to deal with…” Her case manager identifies an opportunity to review the requirements of SB-89, starting with the CM’s role in mitigating barriers, says:

Even when you know what you need and where to go for care, things can get in the way. If you need help with figuring out your insurance or payment for care, transportation, childcare, or anything else that is keeping you from being able to take care of yourself, talk with me about it. I am here to support you in taking care of yourself.
Transition
Aged Youth/Young Adult Development

AGE RANGE:
(stages/ages are variable and fluid)
Biological Females: 17-21+ years
Biological Males: 18-21+ years

- **Autonomy** nearly secured
- **Body image & gender role definition** nearly secured
- **Thinking beyond themselves → world view**
- **Attainment of abstract thinking & useful insight**
- **Greater emotional stability**
- **Greater intimacy skills**
- **Sexual orientation** nearly secured
- **Ability to express ideas in words**
- **Concern for future**
- **Transition to adult roles-school, work**

Concern for future

38
Sample TAY/Young Adult Resource: www.bedsider.org

What is all this stuff?

The explorer is a place to learn about all your birth control options. We cover every available method, from the IUD (and others on our most effective list) to condoms, the pill, the patch, and more. Click on any method for more details. Want a more apples-to-apples way to compare? View a side-by-side comparison.
Using the New Resources

The conversation starters are suggested approaches, not scripts to memorize

- Think about your own communication style and try out approaches that feel comfortable and natural to you

Leverage the “teachable moments”

- Your client will often provide an opening to begin the discussion by asking a question or identifying a need

Build on what the youth already knows

Ask questions and use active listening skills to determine learning needs

Learn alongside your clients

Sexual & reproductive health is a rapidly changing field so stay up to date or say “I’m not sure- let’s find out together.”
Jaime Muñoz
• Administrative Manager II, Orange County Social Services Agency
• Jaime.munoz@ssa.ocgov.com or (714-940-5610)
• Supporting Healthy Sexual Development Among Youth & Young Adults in Foster Care since December 2014
Change for Good: A Living Guiding Blueprint

- Reproductive/Sexual Health Policy & Procedure
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care
- Training – Induction & Ongoing
- Data Collection – Pregnancy, Parenting & SOGIE

- Training – Induction & Ongoing
- Reasonable & Prudent Parenting Standard
- Medical Provider Report with prompts for reproductive health, HPV & OBGYN
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care

- Pregnancy & STI Prevention Evidence-Based Curriculum
- Youth Engagement
- Sexual + Reproductive Health Care & Parenting Resources Guide for Youth/Young Adults in Foster Care
- PHN
- Middle & High School Comprehensive Sexual Health Education
- Gender Affirming Physical & Mental Health Care
- Pregnant & Parenting Planning Conference
- In-Home Visitation Services for Expectant/New Parents
- Askable Adults
Lessons Learned

Shaping practice change requires time & ongoing stewardship.

Collaboration yields improved collective resource leveraging, influence and impact.

Prepared parenthood & intentional family formation are shaped by exposing youth to opportunities that create purpose, meaning, identity & a tangible future.

Supportive institutions and adult mentors can provide a bridge between current circumstances & their life goals.
## Fact Sheets: Put them in the hands & phones of EVERYONE

<table>
<thead>
<tr>
<th>Youth &amp; Young Adults</th>
<th>Social Workers &amp; Probation Officers</th>
<th>Caregivers</th>
<th>Service Providers</th>
<th>Influencers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Worker/Probation Officer visits</td>
<td>Training: Knowledge of youth rights &amp; social worker/probation officer responsibilities; Resources; &amp; Responding to questions</td>
<td>Resource Families, Short-Term Residential Therapeutic Program (STRTP) &amp; Group Home Providers</td>
<td>• CASA, Transitional Housing Placement Program Providers, Education Providers (including Foster Youth Services Coordinating Program), In-Home Visitation (e.g., Nurse-Family Partnership &amp; Adolescent Family Life Program), Comprehensive Sexual Health Education Providers, Public Health Nurses, Transition to Adulthood Service Providers, Reproductive/Sexual Health Care Providers</td>
<td>• Juvenile Justice Commission</td>
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<td>Staff Meetings</td>
<td>Training &amp; Transition to Adulthood Services &amp; Activities</td>
<td>• Training</td>
<td>• Juvenile Court (including attorneys for youth &amp; young adults in foster care)</td>
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<td>Sexual Health Resource Fair</td>
<td>Newsletter</td>
<td>Awareness Months (e.g., May is Sex Ed for All Month)</td>
<td>• CA Department of Social Services Healthy Sexual Development Workgroup</td>
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More than half of CA foster youth have been pregnant at least once by age 19 – that’s 3 times higher than that of youth not in foster care.

Youth/young adults engage with “askable adults”.

Youth/young adults are aware & informed of sexual/reproductive health rights, information and resources.

Youth/young adults access sexual/reproductive health resources.

Youth/young adults use the most appropriate forms of contraception to decide when to get pregnant, and to prevent STI.

Fewer youth/young adults have mistimed/unintended pregnancies that may inhibit their path to socio-economic security – to successful transition to adulthood.
What’s Next?

Use & share the factsheets and guide; Spanish versions will be available in August 2019

https://www.jbaforyouth.org/sb89-factsheets-and-guide

Submit a response to our survey to help us determine JBAY’s next steps in supporting counties’ efforts around sexual and reproductive health in foster care:

https://www.surveymonkey.com/r/8F3ZQ7G

Inquire about and attend trainings:

www.calswec.berkeley.edu/sexual-and-reproductive-wellness-foster-care-sb-89

www.tinyurl.com/SB89regionaltrainings
Quality
Sexual Health Training for Adults

Requires all county case managers & judges to be trained on the below topics. This content is also to be included for the pre-approval training for resource families and certification training for STRTP and group home administrators.

- The sexual and productive health rights of youth and young adult in foster care
- How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in a case plan
- The duties and responsibilities of the case manager and the foster care provider in ensuring access to sexual and reproductive health services and information
- Guidance about how to engage and talk with youth and young adults about healthy sexual development
- Information about current contraception methods and finding appropriate referral resources and materials for service delivery.
Quality Sexual Health Training for Adults

CDSS’s Case Manager Training

CDSS’s E-Learning Training

CDSS’s Caregiver Training

JBAY’s Pre-approval Training
CDSS’s Case Manager Training: Sexual and Reproductive Wellness for Youth In Foster Care

**Target Audience:** Social Workers, Probation Officers, and Public Health Nurses

- To be delivered at the 4 Regional Training Academies (RTA) as a 1 day classroom training
- Each RTA will have the training be delivered at least once prior to 6/30/19

**6/7 In Madera**
- Register: [http://fresnostate.edu/chhs/ccta/calendar/index.html](http://fresnostate.edu/chhs/ccta/calendar/index.html)

**6/12 in Sacramento**
- Register: [https://humanservices.ucdavis.edu/program-sections/2016](https://humanservices.ucdavis.edu/program-sections/2016)

**6/20 in Anderson**
- Register: [https://humanservices.ucdavis.edu/program-sections/2016](https://humanservices.ucdavis.edu/program-sections/2016)

- All related training materials and powerpoint are also available on the CalSwec Toolkit webpage:
CDSS’s E-Learning Training

Target Audience: Any adults working with foster youth, including FFA social workers, group home/STRTP social workers, caregivers, CASAs, etc

- Underdevelopment and ETA July 2019
- 90 minute version of the case manager training
- Once available, this will be shared on the CDSS Healthy Sexual Development Project webpage

http://www.cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project
JBAY’s Pre-approval Training

Target Audience:
County welfare agencies, contracted community-based organizations, and FFAs who conduct pre-approval trainings for resource families

- Underdevelopment and ETA July 2019
- Module that can be used in resource family pre-approval trainings to fulfill SB 89 training mandates for caregivers
- Hosting two regional trainings for lead pre-approval caregiver trainers; registration will open June 1st

- When available, training materials will be made available on JBAY’s website: https://www.jbaforyouth.org/sb89/
CDSS’s Caregiver Training

Target Audience:

- Adults who train foster caregivers which can include FCKEs, FFAs, group home/STRTPs, contracted community based organizations, etc.

- Underdevelopment and ETA July 2019

- Will also be part of the two regional trainings that will be hosted; registration will open June 1st:

  - **JULY 25, 2019**
    - **LOCATION:**
      - El Camino College
      - 16007 Crenshaw Blvd.
      - Torrance, CA 90506

  - **AUGUST 8, 2019**
    - **LOCATION:**
      - Saneca Family of Agencies
      - 6925 Chabot Rd.
      - Oakland, CA 94618

- Once available, this will be shared on the CDSS 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)
Questions or Comments?

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

Contact information:
Carolyn Ho
John Burton Advocates for Youth
carolyn@jbay.org