

DSS Policy and Procedure Guide

Division 03: Child Welfare

Chapter 04: Ongoing Case Management/Practice

Item 038: Reproductive and Sexual Health of Foster Youth

Suggested changes send to: [DSS PSOA Mailbox](#)

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References: : [ACL 18-61](#); [SB 89](#); [ACL 16-88](#); [ACL 16-82](#); [ACL 16-32](#); [Welfare & Institutions Code 16501.1\(g\)\(20\) and \(21\)](#);

New

[How to in Child Welfare](#)

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Preamble

Child Welfare Policy and Procedure Guides (PPG) are meant to be used as tools to relay best practice and staff expectations. It is understood that specific case scenarios may not always align themselves with the stated practices and that at all times what is of paramount importance is the Safety and Well-being of the children we are charged to protect.

Policy

The Department of Social Services (DSS) will ensure that foster youth, ages ten or up, and non-minor dependents (NMDs) receive information and guidance about pregnancy prevention and reproductive and sexual health as directed in Senate Bill (SB) 89. DSS will also provide optimal protection of the youth's and NMDs right to privacy of their reproductive health information via appropriate data collection, entry and dissemination.

Procedure

Research has shown that youth in foster care are at an increased risk for unplanned pregnancy and sexually transmitted infections (STIs). According to the National Campaign to Prevent Teen and unplanned Pregnancy, teen girls in foster care are two and a half times more likely than their peers not in foster care to get pregnant by age 19. Approximately half of 21-year old men exiting foster care reported they had gotten someone pregnant, compared to 19 percent of their same-aged peers who were not in foster care. As a result, a concerted effort must be made to address the problem of unplanned pregnancy among youth in foster care.

The passage of SB 89 resulted in three new requirements for child welfare agencies, related to reproductive and sexual health care of foster youth. First, child welfare social workers have new documentation requirements for foster youth aged ten years or older and NMDs. Second, the

California Department of Social Services (CDSS) is required to develop curriculum containing information and guidance about pregnancy prevention and reproductive and sexual health for foster youth and NMDs. And finally, social workers (SWs), juvenile court judges, resource families, group home administrators, and Short-Term Residential Therapeutic Program (STRTP) administrators have new training requirements related to reproductive and sexual health care needs and rights of foster youth.

Annual Case Plan Review and Documentation

The passage of SB 89 requires new information to be documented annually in the case plan for foster youth, ages ten or up, and for NMDs. Welfare and Institutions code section 16501.1(g)(20) and (21) require SWs to review case plans for foster youth annually, and update them as necessary, to document that a youth has received comprehensive sexual health education which meets the requirement established in the California Healthy Youth Act (CHYA) ([Education Code sections 51930-51939](#)). Specifically, SWs are required to document in the case plan the following:

- For youth in middle school or junior high, either that the youth has already received this instruction, OR how the county agency will ensure that the youth receives the instruction at least once during middle school or junior high.
- For youth or NMD in high school, either that the youth or NMD has already received this instruction during high school, OR how the county will ensure that the youth or NMD will receive the instruction at least once during high school.

In order to verify that a foster youth/NMD has received or will receive instruction within the necessary timeframe, it is recommended that the SW communicate with an official working at the youth/NMD's school or contact the [CWS Education Liaisons](#) to assist with obtaining this information. This will allow the SW to determine if the youth/NMD will be able to meet this requirement through school attendance, or if the SW will need to arrange an alternative way for the youth/NMD to receive the instruction. DSS Independent Living Program (ILP) provides sexual health education classes bi-annually utilizing the curriculum developed by CDSS. The SW can contact the [CWS ILP](#) office to learn about class times through ILP services.

The SW should connect a youth/NMD to comprehensive sexual health education (CSHE) as early as possible so that if it is determined that a youth/NMD will not receive this education through school attendance, there is sufficient time for the youth/NMD to receive it by some other means, prior to completing middle school, junior high, or high school.

In addition, the SW is required to update the case plan annually and indicate that the SW has done all of the following which is accomplished by providing the youth or NMD with the [Know Your Sexual and Reproductive Health Rights](#) brochure (PUB 490):

- Informed the youth or NMD that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections (STIs).

- Informed the youth or NMD, in a developmentally and age appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services.
- Informed the youth or NMD 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.

SWs are required to explain the purpose and content of the case plan including any updates to the parent(s)/guardian(s) of their children placed in foster care. When there is a child that is aged ten or older, the discussion shall include information about the newly required items in the case plan regarding the minor receiving CSHE, as required by SB 89. If the parent(s)/guardian(s) are unwilling to sign the case plan document, the SW shall document the reason for refusal to sign, but will still provide the case management services to the youth, including the new sexual and reproductive health components of the case plan.

Instructions for Documentation in the Case Plan

SWs must document new activities in the case plan related to providing comprehensive sexual health education for youth in foster care, aged ten years or older, or a NMD.

In addition, to documenting these new activities in the case plan, the SW should document in the case record any contact with the youth or on behalf of the youth about sexual and reproductive health topics, and any actions the SW took to provide the youth/NMD with information, resources, and assistance to remove any barriers the youth/NMD may have in receiving sexual and reproductive health care. Information about collateral contacts made on the youth's behalf or assistance provided to a youth in facilitating their access to reproductive health care and services does not belong in the case plan due to the protected and sensitive nature of this information.

Delivering Unintended Pregnancy Preventions Services and Information to Youth and NMDs

Required Strategies and Responsibilities

- DSS shall use reasonable and prudent parent standard to create normalcy and to support the healthy sexual development of youth and NMDs based on their individual needs.
- The SW will provide access to age-appropriate, medically accurate information on reproductive and sexual health care, the prevention of unplanned pregnancies, which includes abstinence and contraception, and the prevention, diagnosis and treatment of STIs. (Welfare & Institutions Code (WIC) sections 16001.9, subdivision (a)(27) and section 369, subdivision (h) authorizes the SW to provide access to this information prior to the age of 12, even though the age for minor consent for STI treatment is age 12)
- The SW shall inform youth, in an age-appropriate manner, of their rights to consent to the prevention or treatment of pregnancy, including contraception and abortion, at any age; and to consent to the prevention, diagnosis and treatment of STIs at age 12 or older. This is accomplished by providing the youth or NMD with the PUB 490.
- The SW will provide youth and NMDs with a copy of the [Foster Youth Rights](#) upon entry into foster care and at least once every six months at the time of their scheduled contact.

- The SW will inform youth and NMDs about their confidentiality rights regarding medical services and seek the youth's and NMDs written consent prior to any disclosure of their sexual or reproductive health information. The SW will inform youth and NMDs of their right to withhold consent to such disclosure(s).
- The SW will ensure youth are up-to-date on their annual medical appointments.
- The SW, in collaboration with the caregiver, shall ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.
- The SW will not impose their personal biases and/or religious beliefs upon the youth and NMD. (Refer to [Guide for Case Managers](#))

Providing Appropriate Materials to Educate Youth and NMDs in Family Life Education

Required Strategies

- DSS will provide youth and NMDs with educational materials regarding the prevention of unplanned pregnancy and STIs that are medical accurate, age and developmentally appropriate, trauma-informed, strengths-based, and whenever possible, evidenced-based.

Reproductive and Sexual Health Care and Related Rights for Youth and NMDs in Foster Care

Youth and NMDs in foster care are entitled to certain reproductive and sexual health care rights. It is important that SWs and other who serve foster youth are aware of these rights and respect the youth's exercise of their rights.

SWs will inform foster youth in a manner appropriate to their age or developmental level of their rights, including their reproductive and sexual health care rights, upon entry into foster care and at least once every six months at the time of a regularly scheduled contact via providing the PUB 490 pamphlet.

The following is a list of certain reproductive and sexual health care related rights that foster youth have and are entitled to have respected, which are within the oversight and enforcement authority of the CDSS:

- The right to received medical services including reproductive and sexual health care.
- The right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, SW, court, or authorized representative for:
 - The prevention or treatment of pregnancy, including contraception, at any age (except sterilization).
 - An abortion, at any age.
 - Diagnosis and treatment of sexual assault, at any age.
 - The prevention, diagnosis, and treatment of STIs, at age 12 or older.
- If the foster youth has the right to personally consent to medical services, such services shall be provided confidentially and maintained as confidential between the provider and foster

youth to the extent required by the Health Insurance Portability and Accountability Act (HIPPA) and the California Confidentiality of Medical Information Act, unless disclosed through written consent of the foster youth or through a court order. When a youth has the right to consent, there shall be privacy for examination or treatment by a medical provider, unless the youth specifically requests otherwise.

- The right to have access to age-appropriate, medical accurate information about reproductive and sexual health care, the prevention of unplanned pregnancy including abstinence and contraception, abortion care, pregnancy services, and the prevention, diagnosis, and treatment of STIs, including but not limited to the availability of the Human Papillomavirus (HPV) vaccination.
- The right to be provided timely transportation to reproductive and sexual health-related services.
- The right to obtain, possess and use the contraception of his or her choice, including condoms.
- The right to have private storage space and to be free from unreasonable searches of his or her personal belongings. Contraception cannot be taken away as part of a group home discipline program or for religious beliefs, personal biases and judgments of another person.
- The right to choose his or her own health care provider, if payment for the health service is authorized under applicable Medicaid law.
- The right to fair and equal access to all available services, placement, care, treatment and benefits, and to not be subjected to discrimination or harassment based on actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or Human Immunodeficiency Virus (HIV) status.
- The right to independently contact state agencies, including Community Care Licensing Division of CDSS and the state Foster Care Ombudsperson, regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- Depending on the type of licensed home or facility and age of the foster youth, personal rights are to be posted and/or explained in an age and developmentally appropriate manner, and provided to the foster youth.

Entering Pregnancy Information in to the Health Notebook

There are two ways to capture pregnancy information in Child Welfare Services/Case Management System (CWS/CMS). Pregnancy information may be entered under Observed Condition tab or under the Diagnosed Condition tab. The correct way to enter this data depends on the youth's circumstances

Entering Pregnancy Information as an Observed Condition

When a SW first learns that a youth or NMD is pregnant, the information should be entered into CWS/CMS via the Observed Condition tab. This will ensure that the information is not automatically populated on the Health and Education Passport (HEP) and will keep the information private from caregivers and other such as school personnel and counselors that receive copies of the Youths' HEP. This information may not be relevant to the provision of some types of services and

supports and therefore need not be included in the HEP. The SW must consult the youth and NMDs prior to the disclosure of any pregnancy-related information.

Entering Pregnancy Information as a Diagnosed Condition

Pregnancy information can also be entered into CWS/CMS under the Diagnosed Condition tab, although this manner of entering the information will result in the information being displayed in the HEP. Entering the pregnancy as a diagnosed condition is necessary when the youth has been hospitalized as a result of the pregnancy. If a youth or NMD has been hospitalized for a health issue related to the pregnancy, such as a pregnancy complication or due to giving birth to a child, the pregnancy must be recorded as a diagnosed condition in order to allow for entering the hospitalization information. Pursuant to WIC section 16010(a), and hospitalization must be recorded in a manner in which the information would be entered into the youth or NMDs HEP. The SW must consult the youth and NMDs prior to the disclosure of any pregnancy-related information, including that of pregnancy related hospitalizations.

Dissemination of Information

SWs should document parenting and pregnancy-related health information using the CWS/CMS system. However, this information should be redacted or excluded from court reports, HEPs and any other reports that are disseminated outside the agency in order to ensure the confidentiality and privacy of the youth are protected.