

**AB 366 (Rubio)**  
**(Coauthors: Assemblymembers Mike Gipson, Mark Stone, and Phil Ting and Senator Wiener)**  
**Healthy Futures for Foster Youth**

### **Bill Summary**

AB 366 helps prevent sexually transmitted infections, unintended pregnancy, and poor prenatal and other health outcomes experienced disproportionately by California's foster youth and nonminor dependents. AB 366 improves upon existing law in three ways: It extends the infant supplement payments to expectant foster youth three months before the expected birth of the child. Financial support to expectant parents is shown to reduce negative maternal and child health outcomes of stillbirth, miscarriage, low birth weight and complicated pregnancy. AB 366 also ensures foster youth have access to comprehensive sexual health education, rights, and services, and creates transparency through additional data reporting. All of these efforts will greatly improve the health outcomes of youth in care, mitigate the lingering impacts of systemic racism on youth of color in care, and ensure healthy futures for foster youth.

### **Background**

California has established a high standard for the sexual and reproductive health education and services young people need and deserve. Several years ago, the state recognized that young people in foster care were facing significant barriers accessing the education and services available to their peers not in care. As a result, youth in foster care were facing disproportionately poor sexual and reproductive health outcomes. In a 2016 study of youth in California's foster care system, by age 19, about half of females reported having been pregnant at least once, more than twice the rate in the general population; yet, two-thirds did not describe these pregnancies as planned. Young people in foster care additionally reported disproportionately higher rates of sexually transmitted infection than their peers.

In response to these concerns, the Department of Social Services developed new policies and practices and the Legislature approved SB 245 (Leyva), which was included in SB 89, the human services omnibus budget bill, in 2017.

California law requires that: 1) child welfare case workers ensure foster youth receive the same comprehensive sexual health education that other California youth receive, including education on healthy relationships and consent; 2) case workers inform foster youth of the sexual health and education programs and services available to them and remove barriers to access; 3) county social workers, certain foster caregivers, and juvenile judges receive education on how to support the healthy development of youth in care; 4) caregivers support youth decision-making and access to education and care; and 5) the monthly rate paid for parenting minors and nonminor dependents include an infant supplement once a child is born.

### **The Problem**

Although these efforts were a tremendous first step, implementation has demonstrated that minor changes must be made to fully realize the vision of these laws. A modest additional investment will support 270 expectant youth and nonminor dependents with the infant supplement and garner additional oversight of foster youth health.

Issues that must be addressed include:

- **Need to support expectant young parents:** The infant supplement begins only after the child is born. The time just prior to birth is a critical opportunity to prevent negative health outcomes and support nutrition, parenting and birthing skills, and prepare for the birth and the child.
- **Need to inform juvenile judges and attorneys that youth have received information and education on reproductive and sexual health:** While state law requires social workers to document in a youth's case plan that middle and high school age youth have received sexual health education and information about available resources, there is no legal requirement to provide that information to the court, making it difficult for judges, bench officers and attorneys to ensure youth in care receive the information and care envisioned by state law.
- **No mechanisms to measure progress:** There are no mechanisms that allow the state to measure implementation of training or delivery of services and education, or their impact on foster youth health access and outcomes, such as STI rates, timely prenatal services or contraceptive access, or equitable access to care.

### **Details of the Bill**

AB 366 has the following key provisions:

1. Starts the state's existing infant supplement three months prior to the due date of the child instead of at the birth;
2. Requires county social workers to include in reports to juvenile courts whether youth or nonminor dependents in the foster system have received comprehensive sexual and reproductive health education pursuant to the California Healthy Youth Act; and
3. Requires the Department of Social Services to report disaggregated outcome and performance data on reproductive and sexual health outcomes and implementation of training.

## **Support**

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Alliance for Children's Rights (cosponsor)  
Black Women for Wellness (cosponsor)  
Children's Law Center of California (cosponsor)  
John Burton Advocates for Youth (cosponsor)  
National Center for Youth Law (cosponsor)

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