SB 89 Implementation in the Bay Area:
WHAT CAN WE LEARN AS A STATE?

A report to share how the California Foster Youth Sexual Health Education Act has been implemented in five Bay Area counties.

DECEMBER 2019

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EXECUTIVE SUMMARY

Youth in California foster care and probation supervision more commonly experience unintended pregnancy and negative sexual health outcomes as they often face greater challenges to receiving reproductive and sexual health information and care than their peers not in foster care. Recognizing their role as parents and the systemic barriers impacting sexual and reproductive health outcomes for youth, the legislature acted to improve sexual and reproductive health knowledge and service access for youth in care.

In July 2017, California adopted Senate Bill 89, a new law requiring comprehensive sexual health education for youth in foster care and probation and new training requirements for child welfare professionals and caregivers. The legislation requires improved access to sexual health education, development of quality sexual health training, informing youth of their sexual and reproductive health rights, removing barriers to care and assistance with service access.

John Burton Advocates for Youth (JBAY) has partnered with a number of stakeholders through the Los Angeles Reproductive Health Equity Project for Foster Youth (LA RHEP) to identify obstacles and develop approaches to improve the sexual and reproductive health of youth in care in Los Angeles County and statewide, including advocating for policies which ultimately materialized in SB 89 as well as formulating extensive implementation strategies.

This report, supported by Tipping Point Community, focuses on the current status of SB 89 implementation, identifies promising practices to inform statewide learning and provides recommendations for improved implementation. Findings from five Bay Area counties are the focus of this report: Alameda, Contra Costa, San Francisco, Santa Clara and Solano.

Representatives from the Bay Area counties noted most knowledge and progress with training and rights provisions and least knowledge and progress on documenting comprehensive sexual health education receipt by youth. In order to improve the sexual and reproductive health outcomes for youth in care and SB 89 implementation, this report recommends:

1. Increasing oversight, guidance, technical assistance and reporting between the state and counties related to each of SB 89's provisions;
2. Requiring receipt of comprehensive sexual health education and documenting actions addressing barriers to care in the court report;
3. Augmenting training budgets for comprehensive sexual health education and contracting with providers;
4. Expanding adult training requirements to include other professionals who support youth in care; and
5. Identifying and appointing a subject matter expert to oversee the various facets of SB 89 implementation at the county level and increasing coordination between social workers, probation officers, public health nurses, caregivers and attorneys.

BACKGROUND

Over the last three decades, teen pregnancy rates in the United States has dropped to a low of 43 pregnancies per 1,000 females, down 63% since 1991. California, one of the states with the most significant reductions in teen pregnancy rates, had a decline of 80%.[1] However, this downward trend has not occurred for youth in foster care who continue to experience heightened rates of unplanned pregnancy and other inequitable sexual health outcomes compared to their peers. Recent studies have found that:

- Young women who have aged out of care are more than twice as likely to have experienced teen pregnancy than their peers not in care.[2]
- Over 40% of teenage youth in California foster care who had a pregnancy experience a stillbirth or miscarriage compared to 14.3% of teens who had a pregnancy nationwide.[3,4]
- By age 26, 44% of young women in foster care reported getting a diagnosis of an sexually transmitted infection (STI) compared to 23% of their peers not in foster care. The rates for young men were 18% and 11% respectively.[5]

[1] Power to Decide National and State Data. Retrieved from **https://powertodecide.org/what-we-do/information/national-state-data/california**

[2] Dworsky, A. & Courtney, M.E. (2010). The risk of teenage pregnancy among transitioning foster youth: implications for extending state care beyond age 18. Children and Youth Services Review, 32(10).

[3] Courtney, M. E et al (2014). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17. Chicago, IL: Chapin Hall at the University of Chicago.

[4] Kost, K., Maddow-Zimet, I., U.S. Teenage Pregnancies, Births and Abortions, 2011: National Trends by Age, Race and Ethnicity, Guttmacher Institute, April 2016

[5] Courtney, M.E., et al (2007). Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21. Chicago, IL: Chapin Hall at the University of Chicago.

Placement instability, lack of stable social supports, and frequent school changes experienced by youth in care often pose barriers to education and opportunities for accessing accurate information related to their sexual and reproductive health (SRH). With pregnancy and sexually transmitted infection rates being as much as double the general population's, it became clear that policy changes were needed to provide more intentional support in dismantling the systematic barriers that youth in care face when it comes to their SRH.[6]

The California Foster Youth Sexual Health Education Act (Senate Bill 89), championed by Senator Connie Leyva and sponsored by the Los Angeles Reproductive Health Equity Project (LA RHEP) for Foster Youth, was enacted July 1, 2017 with the passage of California's 2017-18 state budget to tackle the key drivers of sexual health inequity for youth in care. In FY 2018-2019, a total of $2.6 million from the General Fund was provided for SB 89 implementation. The five Bay Area counties in review received 9.1% of the annual budget allocation for SB 89 implementation efforts for a combined total of $235,343 in FY 2018-2019. For the distribution of funding across the state, see Appendix A.

The five Bay Area counties that received 9.1% of the annual budget allocation for SB 89 implementation efforts.

[6] Courtney, M. E. et al. (2016). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 19. Chicago, IL: Chapin Hall at the University of Chicago.

SB 89 represents the first clear state policy on the responsibilities of the child welfare and probation systems in addressing the SRH of youth. Following is a description of the three key provisions in SB 89 that aim to improve the SRH of youth:

1. Implementation of Sexual Health Education for Child Welfare Professionals and Caregivers

SB 89 requires critical training for child welfare professionals and foster caregivers that covers the following topics:

- The rights of youth and young adults in foster care to SRH care services and information;
- How to document SRH services in a case plan;
- The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring youth and young adults in foster care have access to SRH services and information;
- Guidance about how to engage with youth and young adults about SRH in a manner that is medically accurate, developmentally and age-appropriate, trauma-informed, and strengths-based; and
- Information about current contraception methods, prevention of sexually transmitted infection, and how to select and provide appropriate referral resources and materials for information and service delivery.

Under this provision, individuals required to be trained on these topics include county social worker and probation officers, judges, Resource Families during pre-approval training, and Short Term Residential Therapeutic Programs (STRTPs) and group home administrators during certification training.[7,8,9,10]

[7] Welfare and Institutions Code 16206

[8] Welfare and Institutions Code 304.7

[9] Welfare and Institutions Code 16519.5

[10] Health and Safety Code 1522.41

2. Improving Youth Access to Comprehensive Sexual Health Education (CSE)

SB 89 requires the case management worker, including both probation officers and social workers, to review the case plan of youth ages 10 and older annually and indicate that they have verified that the youth received CSE that meets the standards of the California Healthy Youth Act (CHYA), once in middle school and once in high school.[11,12] The CHYA is broad reaching legislation which took effect in 2016 and requires school districts to ensure that all California students in grades seven to twelve, inclusive, receive CSE. SB 89 built upon this legislation to ensure that youth in care benefit from its intent. Given that youth in care frequently change placements, therefore also often changing schools, SB 89 established a mechanism to ensure that youth in care receive CSE provided to all students once in middle school and once in high school, and if the youth has missed this requirement, then the case management worker has to document in the case plan how they will ensure the youth receives the missed instruction.

3. Informing Youth of Their SRH Rights and Removing Barriers

SB 89 requires case plans of youth in care to be updated annually to indicate that the case management worker has informed the youth of their SRH rights and facilitated access to care and information should barriers be present.[13,14] As with the second provision, this provision is also inclusive of youth supervised by juvenile probation who are placed in out-of-home care.

The above provisions apply to youth in care ages 10 and older. As of July 2019, there were 3,053 youth in care who are 10 years and older in the five counties. This accounts for 9.8% of the California-wide youth in care population who are 10 years and older. To see the distribution across the five counties, see Appendix B.

[11] Welfare and Institutions Code 16501.1

[12] California Education Code Sections 51930-51939

[13] Welfare and Institutions Code 16501.1(g)(20), (21)

[14] CDSS All County Letter No. 16-82

METHODOLOGY

Throughout the summer of 2019, JBAY conducted 19 interviews with child welfare and probation representatives and community partners within the five counties. Those interviewed include county social worker supervisors, probation officers, judges, caregiver trainers, public health nurses, attorneys, and others. Interviews focused on whether policies and procedures had been updated to align with the provisions of SB 89 and the identification of promising practices and challenges that might have surfaced during local implementation efforts.

The following report shares findings based on information gathered from the interviews. For a complete list of organizations interviewed, see Appendix C.

TRAINING FOR CAREGIVERS & PROFESSIONALS:
FINDINGS AND RECOMMENDATIONS

Progress

Of SB 89's provisions, county representatives expressed greatest clarity and implementation progress around training components for social workers and resource families.

Representatives from all counties had updated or were in the final stages of having training curricula with the required SB 89 content for Resource Family pre-approval training and for social worker training. Three county representatives noted that their agencies had updated their Resource Family pre-approval curricula, and four had updated their social worker training to cover the SB 89 topics at the time of interviewing. The remaining counties were piloting curricula and had rollout scheduled. The latest timeframe for implementing the updated training curricula for either Resource Families or social workers was January 2020.

COUNTY SPOTLIGHT: CONTRA COSTA

Contra Costa Children & Families Services has an analyst who is assigned to SB 89 policy implementation for the agency and oversees the multiple layers of policy and practice updates needed.

Representatives from three counties noted that they prioritized incorporating the required SB 89 topics in their trainings first before proceeding with formal procedure and policy changes on case plan documentation mandates of SB 89. The philosophy behind working on the training provision of SB 89 first was to provide the involved parties with context around supporting SRH for youth in care as well as provide an understanding of what is required and what are the procedures around this legislation. Social workers, probation officers, and their supervisors can also pilot and establish best practices before formalizing concrete policy and procedures agency wide.

Representatives from all counties indicated that the training mandates in pre-approval training effectively informed Resource Families about their duties and the SRH rights of youth.

Representatives scored the effectiveness of incorporating SRH topics into Resource Family pre-approval training as a 4.4 (with 5 being very effective). Representatives from three counties emphasized the importance of making Resource Families aware of their duties and responsibilities around SRH early on so families can assess and evaluate their responsibilities and ability to uphold them.

COUNTY SPOTLIGHT: SAN FRANCISCO

City & County of San Francisco, Family & Children's Services has a unit of social workers focused on the resource family approval process. In addition to incorporating the SB 89 topics into pre-approval training, the unit incorporated SRH duties and responsibilities as a topic discussion in the initial assessment meeting with potential Resource Families prior to them moving forward with the Resource Family Approval process to ensure families are willing to uphold these rights and duties.

Representatives from two counties indicated that the training mandates for social workers effectively informed them about their duties and SRH rights of youth.

Representatives scored the effectiveness as a 3.4 (with 5 being very effective) and expressed the importance of social workers having a good knowledge base about SRH responsibilities and communicated the high prevalence of SRH issues for youth in their counties. Representatives from two counties expressed the need for more guidance around the case documentation provisions including how and where to document the information. Two representative discussed low training attendance as being a factor in their rating. Three county representatives discussed offering the content through various avenues to increase accessibility of the required SRH training content for social workers.

Representatives from four counties noted that they are or will be using one of curricula developed by California Department of Social Services (CDSS) to fulfill the training mandates for social workers.

Under SB 89, CDSS was tasked with developing a curriculum on supporting healthy sexual development. CDSS released an eight-hour curriculum for in-person training in April 2019 and provided it to the four Regional Training Academies (RTA) who deliver the curriculum quarterly. Additionally, the curriculum was made available for free public use. In July 2019, CDSS also released a two-hour online training module for social workers on SRH. Representatives from four counties noted that they are using one form of the state curricula to meet training requirements, two are using portions of the in-person curriculum, and two are using the online module for the basis of their new hire training.

Three representatives noted that their county agency used their own training program prior to the release of the CDSS curricula, and representatives from two counties waited until the release of the CDSS curricula to begin training in order to ensure guidance provided within their agency was in alignment with state policy.

Problems

Representatives expressed support for the intent of SB 89, noting inadequacy in the visibility, awareness and prioritization of youth's SRH needs.

Representatives from all counties believed the enacted policy was an effective step towards reducing SRH disparities among youth in foster care. However, representatives expressed a desire for stronger communication and more guidance from management at both the county- and state-level in order to emphasize the urgency of preventing unplanned pregnancies and improving practices and policies related to the overall SRH of youth in foster care.

Two county representatives compared SB 89 implementation efforts to recent statewide efforts to curb over-prescription of psychotropic medication for youth in care, pointing out that SRH is not as highly visible as the issue of psychotropic medication, and that an investment in an awareness campaign should be considered. Another county representative further supported this notion, underscoring that SRH "is currently seen as optional," and "there needs to be support from upper management to make it more of a mandatory effort." That county representative also added that "it takes a village, and everyone from the top to bottom needs to understand the importance of this." More communication and resources for SB 89 should be developed, including training for child welfare partners such as Court Appointed Special Advocates (CASAs), dependency attorneys, and Independent Living Program (ILP) managers.

Child welfare agencies and probation departments are implementing the training provision of SB 89 independently.

Two county representatives discussed inviting the juvenile probation department to their trainings, but probation officers attended on an ad hoc basis. Representatives from one county revealed that while both child welfare and probation departments were progressing on SB 89

efforts, they were not necessarily in alignment with each other and would have benefitted from having more communication and awareness on what each department was doing to reduce duplication. Without deliberate collaboration, implementation of state policy happens independently between the two agencies.

A common barrier for incorporating SB 89 content into pre-approval training was time.

Representatives from all counties noted it was difficult to incorporate the new, yet sensitive topics within the limited time constraints of pre-approval training. Representatives navigated this challenge by expanding the overall length of time for pre-approval training. Representatives from two counties noted they expanded their pre-approval training by two or more hours to accommodate the SB 89 topics. Another county representative noted that they have made it a county policy to require a two-hour SB 89 training in ongoing training to ensure SB 89 topics are effectively reviewed for Resource Families in a comprehensive and meaningful way.

COUNTY SPOTLIGHT: ALAMEDA

Pre-approval and ongoing trainings are conducted by the Foster & Kinship Care Education Program (FCKE) at Chabot College. They created and piloted a 2-hour SB 89 curriculum in June 2019 and September 2019 for Resource Families and have made it mandatory for all new and existing Resource Families.

Most counties' training is structured for newly hired social workers and new Resource Families with no current strategy to train existing social workers and Resource Families. Representatives from two counties noted that they offer ongoing or advanced training beyond the minimum requirements.

When asked to rate how well their county has implemented the training requirements for social workers and Resource Families, representatives gave an average score of 3.2 and 3.4 respectively (with 5 being very effective). This was largely due to the recognition that they are early in implementation and not all social workers or Resource Families are trained in this topic area since updated content was only integrated into new hire training or pre-approval training. While some agencies did hold spot trainings on SB 89 topics, representatives from all counties noted that there is a gap in meeting the training mandates for existing social workers and Resource Families completing training prior to the updated curricula being implemented. SB 89 training for existing social workers was largely dependent on direction from unit supervisors and upper management. Two county representatives discussed implementing SB 89 training beyond the training mandates, either offering or mandating SB 89 training in the ongoing trainings for Resource Families.

Representatives were not aware of the STRTP and Foster Family Agency (FFA) training mandates of SB 89, and counties had not amended their STRTP and FFA contracts to include the expanded training requirements.

Representatives from all counties noted that they do not provide oversight in ensuring FFAs have updated their pre-approval training to include the SB 89 mandated topics except for when the county specifically contracts with an FFA to deliver training to county Resource Families. How or whether FFAs are updating pre-approval training was not always in alignment with how the county was updating its curriculum. Representatives from four counties did not know if the FFAs in their county had incorporated SB 89 topics into their pre-approval training. One county representative was able to individually verify with the FFAs in the county and found that most of the FFAs in their county cover the required SRH topics in their pre-approval curriculum. Representatives from three counties noted they regularly meet with FFAs in their county and shared resources on the SB 89 training mandate for pre-approval training itself.

As of July 2019, there were 32 licensed STRTPs or transitioning group homes in the five counties. Representatives from all counties were not aware of the implementation status of the STRTP training mandate. As a result of Continuum of Care Reform, existing group homes transitioning to a STRTP did not need to receive the new STRTP Administrator certification training. Instead, a special category of training was established for existing Group Home Administrators who wished to become recertified as STRTP Administrators. The 12-hour long training does not include the SB 89 training mandates.

Even with these trainings, representatives noted the need for more awareness of existing, accessible, free resources related to SRH.

Representatives from two counties expressed the need for increased awareness of and availability of concise resources that professionals and caregivers can access. One county representative noted that they are sharing SRH resources from the pre-approval training curriculum they use with other child welfare groups who work with caregivers to help increase the reach of available SRH information and resources. Representatives from three counties also noted that they regularly convene meetings with community partners to strategize how to better support Resource Families or youth in care on SRH and share resources.

COUNTY SPOTLIGHT: SANTA CLARA

Santa Clara Child Welfare Services regularly convenes collaborative monthly parenting youth meetings with partners like First Five, Planned Parenthood, Public Health Nurses, and others to discuss available resources, upcoming campaigns for their medical hubs, and strategies on what they can do to support parenting youth.

Recommendations

Given the legal mandate, available curricula, resources and funding to implement SRH training to caregivers and professionals, **CDSS, in their role of oversight, should work with the Healthy Sexual Development Workgroup and Child Welfare Directors Association (CWDA) to:**

1. Issue comprehensive guidance about the need for SB 89 implementation, including, but not limited to, clarity on training requirements, curriculum, funding, resources and materials;
2. Provide technical assistance and assign a designated contact for county questions; and
3. Publish an annual report of youth's SRH outcomes and county implementation findings that include state aggregate and county level indicators as well as county level examples of best practices.

Given the legal mandate, available curricula, resources and funding to implement SRH training to caregivers and professionals, **counties should:**

1. Update their training protocols to include a plan for training both new and existing social workers and probation officers, STRTP, THP-NMD and other staff serving youth in care, CASAs, dependency attorneys, ILP coordinators, etc.;
2. Disseminate to caregivers and professionals and post on their website available trainings, materials, resources and local service providers related to SRH;
3. Amend their contracts with STRTPs and FFAs to clarify the expanded training requirements of SB 89 for their staff and caregivers;
4. Provide advanced or extended training offerings for professionals and caregivers who are serving youth ages 10 and older; and
5. Identify a point person to oversee the implementation of SB 89 who can coordinate efforts and communicate issues with the state.

Given the high level of interest but low visibility and clarity of SB 89's provisions at the county level **the legislature, in their role of oversight of CDSS,** could request an audit of SB 89 implementation, funding uses, service access, common barriers and provide recommendations for improved implementation.

IMPROVING YOUTH ACCESS TO COMPREHENSIVE SEXUAL HEALTH EDUCATION:
FINDINGS AND RECOMMENDATIONS

Progress

Three counties had updated their policies and procedures to specify that verification and documentation of youth's receipt of CSE is a mandate (see Appendix D for example policy). Two counties had not.

No representatives named data entry in the case plan as an issue but the level of oversight of case plan documentation of receipt of CSE is currently unclear. Representatives did not utilize reporting data from County Welfare Services/Child Management System (CWS/CMS) to measure compliance with the case planning provisions of SB 89. While there are updated policies around this provision of SB 89, completion of CSE is not documented on a student level in the broad landscape of CHYA compliance, which creates barriers for SB 89 implementation and a time consuming, often confusing endeavor for social workers and probation officers.

COUNTY SPOTLIGHT: CONTRA COSTA

Contra Costa Children & Family Services has built a strong partnership with local health plans to outreach to youth in care at schools, which includes utilizing the mobile health clinics who are already present at many of the county's high schools and several middle schools. The health educators in the schools send invitations for youth in care to meet with health educators at their school in the mobile health clinic and receive comprehensive sexual health education (CSE) right there on site. They also partner with CASAs, who provide incentives in the form of a gift card, for foster youth who choose to meet with a health educator and receive CSE.

Problems

Representatives were least clear about the provision of requiring verification and documentation that youth in care received CSE.

Representatives revealed varying degrees of understanding of the CSE case planning provision of SB 89. One common misconception was that informing youth of their SRH rights and engaging with youth about SRH rights was the same as receiving CSE. Another misconception was that verification of receipt of CSE could be obtained through a youth's self-report. A representative from one county requested clarification on the frequency of CSE verification and documentation, and a different representative inquired about how SB 89 mandates apply to youth graduating from high school under minimum state graduation requirements (AB 167/216).

CDSS updated the County Welfare Services/Child Management System (CWS/CMS) system to enable verification and documentation of receipt of CSE in the youth's case plan but had not issued updated guidance to counties for data gathering, entry or guidance for how to provide CSE for students who missed it in school.

The system updates went into effect January 2019, and an informational bulletin was released in December 2018 outlining the upcoming updates, but awareness and guidance on use of the new modifications has been limited since it has been implemented.

CDSS has provided guidance on several of the SB 89 provisions but there is limited guidance on how to ensure students who missed it in school receive CSE. John Burton Advocates for Youth hosted a webinar to provide some technical assistance in this area. For more information, see Appendix E.

Child welfare agencies and their case management workers are largely unaware of when CSE is offered in local schools or what curriculum is being used.

California is home to 977 school districts serving 6,299,451 students. Federal and state laws require data sharing between education and child welfare agencies to improve educational outcomes of youth in care, but no county had a data sharing process for receipt of CSE between the two state or local agencies. While receiving CSE is mandated for all public and charter school students through CHYA, youth's receipt of CSE completion is not currently reported from schools to the district or tracked by the California Department of Education, presenting challenges for SB 89 implementation. Representatives reported case management workers contacting the school directly to verify receipt of CSE.

At least two county's school districts interviewed requires Health, which CSE is taught in, as a high school graduation requirement, making it easier for those schools to identify student-level CSE completion for the high school completion requirement. No similar strategy was shared by representatives for middle school CSE completion tracking. One county representative also brought up the issue that while they may know when CSE is provided, they often do not know whether the education provided is comprehensive and in alignment with the standards of CHYA.

Although funding and free CSE curricula and materials exist, no county representatives noted a developed system for providing CSE for youth who missed it in school. Two county representatives noted that they provide CSE through their ILP.

One county representative explained that they have partnered with Planned Parenthood to provide CSE quarterly to youth in their ILP. Another county representative noted that their agency has a child welfare professional certified as a master trainer of a CHYA compliant CSE curriculum. The curriculum is offered through ILP and is also offered to other community organizations. It is unclear if the youth attending are youth who missed CSE in school.

COUNTY SPOTLIGHT: ALAMEDA

Alameda County Department of Children & Family Services has allocated funding to provide an evidence based CSE curriculum Making Proud Choices: Adaptation for Youth in Out of Home Care for foster youth and probation youth ages 14-18. One of the Alameda County staff has become a master trainer and trains other organizations to implement the curriculum throughout the community, including their ILP.

Recommendations

Given the legal mandate and the available data infrastructure and sharing agreements, **CDSS, in their role of oversight of the counties, should work with the California Department of Education to:**

1. Issue comprehensive guidance to counties for how to use existing data sharing agreements for CSE verification, including suggestions for how to share attendance reports from the school level through LEAs to be shared with CW agencies;
2. Issue data entry guidance describing how to input student level information into CWS/CMS and how supervisors or managers can run aggregate reports for the purposes of compliance and identifying students who missed CSE;
3. Issue guidance sharing model county policy around this provision and provide technical assistance to counties in need; and
4. Clarify that social workers and probation officers must arrange for youth to receive CSE once in middle school and once in high school even if the student is graduating under minimum state requirements.

Given the legal mandate and the available data infrastructure, curriculum, resources and funding **counties should:**

1. Utilize aggregate data from CWS-CMS to measure compliance with the case planning provisions of SB 89;
2. Contract for CSE provision to middle and high school students who missed CSE and regularly coordinate the course for students who missed it in school;
3. Contract for CSE provision for students graduating under minimum state requirements; and
4. Implement annual CSE workshops as a formal part of STRTPs, THP-NMDs and ILPs programming, utilizing existing providers in the community.

Given the higher incidence of unintended pregnancy, miscarriage, stillbirth and STIs among youth in care as compared to their peers, **the legislature, should** augment existing sexual health education programs such as the CA Personal Responsibility Education Program (PREP) in the Department of Public Health and earmark funds for CSE provision specifically for youth in care.

INFORMING YOUTH ABOUT RIGHTS AND REMOVING BARRIERS:
FINDINGS AND RECOMMENDATIONS

Progress

There is a high level of clarity and implementation progress for the requirement to inform youth about their SRH rights. Three counties updated their policies and procedures to indicate that case management workers must inform youth about SRH rights and remove barriers to service. Two have not.

While not all counties have updated their policies to indicate that this provision is a mandate, representatives from all counties were aware of the duty to inform youth of their SRH rights and noted that these rights, along with the full bill of rights, were being reviewed with youth on their caseloads. Documentation of these conversations, however, is happening on ad hoc basis depending on supervisor oversight and direction.

COUNTY SPOTLIGHT: SOLANO

Solano County Child Welfare Services has developed a "Did You Know?" document about SRH for youth in care and SB 89 provisions. It lays out clear expectations of social workers on case planning provisions and guidance on how to verify CSE, inform youth about their SRH rights, and remove barriers. It also lists resources for easy reference. This is posted on their internal online procedures' webpage.

COUNTY SPOTLIGHT: SANTA CLARA

Santa Clara Child Welfare Services has developed a SRH youth brochure that is tailored to their local area, so highlighted resources are easily accessible for youth. To see their brochure, see Appendix F.

Representatives from all counties reported providing the Sexual and Reproductive Health Rights Brochure to youth to inform them of their rights.

Representatives from all counties are distributing the CDSS brochure that outlines SRH rights to youth in care. This emphasizes that resources created by the state are helpful in driving implementation progress. Representatives from two counties had noted that they created additional resources about SRH rights specific to their local area so youth can easily access services nearby.

Three counties modified their case management forms and court reports to include documentation of barriers to SRH care discussed and the actions taken to remove barriers.

Three county representatives discussed changes to service forms to prompt social workers and/or probation officers to engage with youth about their SRH rights and facilitate access to needed services. One county's probation unit has updated their visitation form to include a section on SRH with a space to write down barriers discussed. In two counties, court reports and/or forms used in the Child and Family Team meetings were adjusted to align with the case documentation requirements and reviewed for compliance. For an example of how forms can be adjusted, see Appendix G.

Dependency attorneys and public health nurses appeared to be influential and constructive in advancing implementation of case planning provisions.

Representatives from two counties discussed the active involvement of public health nurses in engaging with youth about their SRH needs and assisting youth, social workers, and probation officers with removing barriers to SRH care. One county representative explained that a public health nurse is part of their case planning meetings. Another county representative explained that their public health nurse has been readily available for this area of SB 89 implementation. Both representatives viewed their public health nurses as being instrumental and a great resource for both social workers, probation officers, and youth around supporting healthy sexual development.

Representative from three counties discussed dependency attorneys playing a strong accountability role for SB 89. One unit supervisor explained that attorneys provided the legal impetus to ensure SRH was part of case planning. With the attorney, the unit aligned their SRH efforts to ensure compliance prior to the child welfare agency setting official policies.

COUNTY SPOTLIGHT: SAN FRANCISCO

The public health nurse is involved in bi-annual Child-Family team and annual GOALS meetings, offering their expertise in all health-related case planning including SRH. The agency and public health nurse are also well linked to the school district wellness centers, offering accessible SRH information and services for youth.

Problems

The five counties place 30-65% of youth in child welfare placements out of county and 50-83% of youth in probation placements out of county making service referrals and barrier removal difficult.

Representatives from two counties reported barriers in awareness of local resources and access to local SRH services since a large portion of the youth in their care are placed out of county. For information on the breakdown of out of county placements in the five counties, see Appendix H.

Implementation of informing youth of their SRH rights and removing barriers happens earlier for specialized units with caseloads of older youth.

Given that the rate of pregnancy doubles for youth in care between age 17 to 21, the priority and importance of accessing SRH services and education is more visible for social workers, and child welfare units who have older youth in their caseload are more likely to be further along in their implementation efforts than those who have younger youth in their caseloads.[15,16] This was the case in at least two counties. One county representative noted their non-minor dependent unit is consistent in documenting SRH conversations and removal of barriers while another county representative said their specialized unit is moving forward with having SRH conversations before agency sets forth policy.

[15] Courtney, M. E et al (2014). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17. Chicago, IL: Chapin Hall at the University of Chicago.

[16] Courtney, M. E et al (2018). Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of youth at age 21. Chicago, IL: Chapin Hall at the University of Chicago.

Recommendations

Given the legal mandate, youth in care's Medicaid coverage until age 26, and available free materials on youth rights, **CDSS, in their role of oversight of the counties, should:**

1. Issue comprehensive guidance sharing the updated youth bill of rights related to SRH and AB 175 in multiple languages with instructions for how to record when a social worker or probation officer informs a youth of their rights in the system;
2. Circulate the Office of the Foster Care Ombudsperson's findings and data related to the Assembly Bill 1067 Foster Youth Rights workgroup and the updated SRH rights as required in Assembly Bill 175;
3. Issue guidance discussing typical barriers to SRH care and strategies to assist with barrier removal;
4. Establish a cross-county workgroup for the purposes of sharing resources and promising practices to assist with statewide SB 89 implementation efforts; and
5. Require counties to publicly post and circulate their SRH services for youth to increase awareness of available services in and out of county.

Given the legal mandate, Medicaid coverage until age 26, and available materials and services, **counties should:**

1. Document and include barriers and barrier removal in court reports;
2. Engage public health nurses with specialized caseloads to assist with informing youth of their rights and removing barriers to SRH care;
3. Publicly post and cross communicate SRH resources and services available for youth in their county. If a barrier persists or a needed service does not exist within the county, counties should provide transportation to the nearest available service; and
4. Increase coordination and collaboration between social workers, probation officers, dependency attorneys and public health nurses who can all work on an individual level with the youth they represent and serve.

CONCLUSION

This report includes several promising practices and obstacles related to five Bay Area counties' implementation of SB 89. We invite you to discuss the findings with your community and identify ways that you can address the issues identified in the report. Specifically, (1) Requiring documentation of CSE and SB 89 conversations be added to the court report; (2) Expanding SB 89 training for currently licensed Resource Families and other professionals serving youth in care; and (3) Requiring data on SB 89 implementation be collected and shared annually.

Additionally, we encourage the legislature, the California Department of Social Services in collaboration with the Department of Education, Department of Health Care Services, and the counties to convene learning communities, issue guidance and technical assistance and provide increased financial investments for the sexual and reproductive health care and education for youth in foster care and probation.

APPENDIX A. STATE FUNDING ALLOCATED TO SB 89 IMPLEMENTATION FOR FY18-19

County	FY 18-19 Funding Allocated for SB 89
Alameda	$72,361
Alpine	$0
Amador	$3,284
Butte	$28,223
Calaveras	$3,553
Colusa	$1,944
Contra Costa	$47,596
Del Norte	$4,691
El Dorado	$12,939
Fresno	$107,659
Glenn	$3,687
Humboldt	$19,642
Imperial	$19,372
Inyo	$804
Kern	$90,096
Kings	$16,423
Lake	$9,989
Lassen	$2,816
Los Angeles	$868,003
Madera	$16,423
Marin	$3,420
Mariposa	$1,541
Mendocino	$13,809
Merced	$25,541
Modoc	$334
Mono	$470
Monterey	$21,450
Napa	$5,095
Nevada	$2,749
Orange	$79,302

County	FY 18-19 Funding Allocated for SB 89
Placer	$9,452
Plumas	$1,878
Riverside	$184,483
Sacramento	$100,501
San Benito	$2,816
San Bernardino	$297,104
San Diego	$112,227
San Francisco	$37,857
San Joaquin	$65,426
San Luis Obispo	$19,239
San Mateo	$10,122
Santa Barbara	$17,897
Santa Clara	$55,208
Santa Cruz	$10,189
Shasta	$22,457
Sierra	$67
Siskiyou	$5,295
Solano	$22,321
Sonoma	$21,843
Stanislaus	$41,563
Sutter	$8,782
Tehama	$12,939
Trinity	$2,146
Tulare	$50,678
Tuolumne	$4,224
Ventura	$43,642
Yolo	$16,826
Yuba	$10,602
Total	**$2,671,000**

All County Letter No. 18/19-65 Funding Allocation: https://www.cdss.ca.gov/Portals/9/CFL/2019/18-19_65_ES.pdf

APPENDIX B. NUMBER OF YOUTH IN CARE WHO ARE 10 YEARS AND OLDER

	Number of Youth Age 10-13	Percentage of Youth Age 10-13 in California's Care	Number of Youth Age 14-17	Percentageof Youth Age 14-17 in California's Care	Number of Youth Age 18-21	Percentage of Youth Age 18-21 in California's Care	Number of Youth Age 10 and older	Percentage of Youth Age 10 and older in California's Care
Alameda	204	2.0%	349	2.7%	458	5.4%	**1011**	**3.2%**
Contra Costa	147	1.5%	254	2.0%	206	2.4%	**607**	**2.0%**
San Francisco	110	1.1%	209	1.6%	256	3.0%	**575**	**1.8%**
Santa Clara	168	1.7%	228	1.8%	209	2.5%	**605**	**1.9%**
Solano	80	0.8%	116	0.9%	59	0.7%	**255**	**0.8%**
Total (Five Counties)	**709**	**7.1%**	**1,156**	**9.1%**	**1,188**	**14.1%**	**3,053**	**9.8%**
Total (California-Wide)	**9,987**		**12,717**		**8,411**		**31,115**	

Data Source: CWS/CMS 2019 Quarter 2 Extract

APPENDIX C. ACKNOWLEDGEMENTS

John Burton Advocates for Youth would like to thank the individuals from county child welfare agencies, its partners in other county departments and community organizations who shared information integral to the development of this report.

County	Organization or Agency
Alameda	Alameda County Social Services Agency, Department of Children & Family Services
Alameda	Alameda County Department of Education
Alameda	Chatbot College Foster & Kinship Care Education Program
Alameda	East Bay Children's Law Office
Contra Costa	Contra Costa Children and Family Services
Contra Costa	Contra Costa Juvenile Probation Department
San Francisco	City & County of San Francisco, Family & Children's Services
San Francisco	Superior Court of San Francisco County
San Francisco	San Francisco Juvenile Probation Department
Santa Clara	Santa Clara Social Services Agency
Santa Clara	Santa Clara Probation Department
Santa Clara	Superior Court of Santa Clara County
Solano	Solano County Child Welfare Services
Solano	Solano County Juvenile Probation Department

APPENDIX D. EXAMPLE COUNTY POLICY

Comprehensive Sexual Health Education

PSWs are required to review case plans with their youth/NMD annually, and update them as necessary regarding the following:

a. Either that the youth in middle school or high school has already received comprehensive sexual health education instruction, or indicate how San Francisco Family and Children's Services (FCS) will ensure that the youth receive the instruction at least once during middle school; or
b. Either that the youth or NMD in high school has already received comprehensive sexual health education instruction during high school, or indicate how San Francisco FCS will ensure that the youth or NMD receives the instruction at least once during high school.

Note: PSWs shall inform parent(s)/legal guardian(s) of youth in middle school or high school of requirements (a) and (b) above when explaining the content of the case plan.

A specific year of when the instruction must be delivered was not indicated in SB 89, however, it is recommended that PSWs connect youth/NMDs to comprehensive sexual health education as early as possible. This will assist youth/NMDs to receive the instruction by some other means, if necessary, prior to completing middle school or high school.

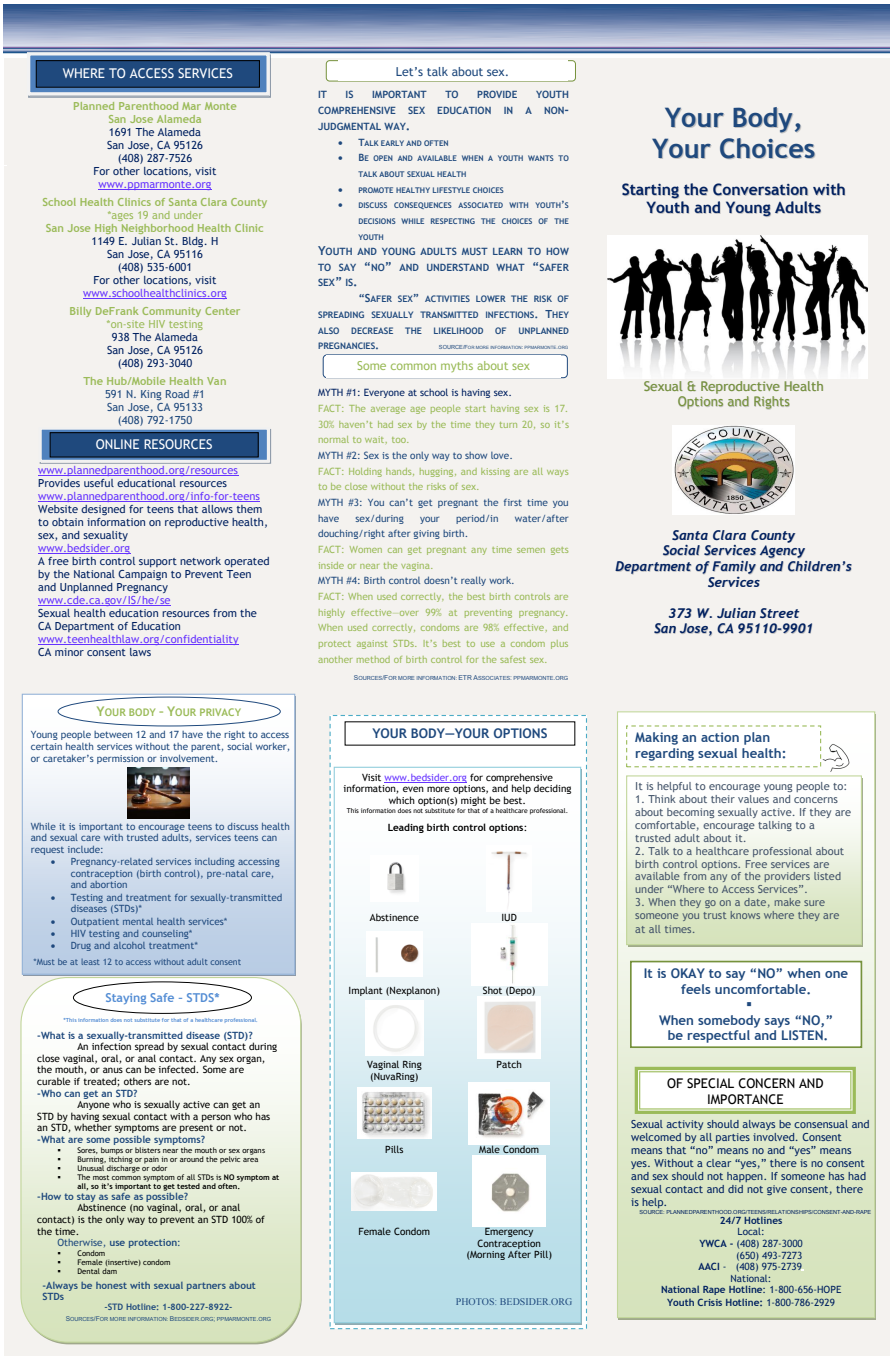
County Policy Notice: https://www.jbaforyouth.org/wp-content/uploads/2019/11/Foster-Youth-Health-Rights-and-Reproductive-and-Sexual-Health.pdf

APPENDIX E. PROVIDING COMPREHENSIVE SEXUAL HEALTH EDUCATION TO FOSTER YOUTH: LESSONS LEARNED FROM AN LA PILOT

Webinar: https://youtu.be/0OH_IrO3bDU

Slides: https://www.jbaforyouth.org/wp-content/uploads/2018/09/9-19-18-Webinar-SB-89-CSE-Pilot.pdf starting at page 28.

APPENDIX F. EXAMPLE SRH YOUTH BROCHURE TAILORED TO LOCAL AREA



WHERE TO ACCESS SERVICES

Planned Parenthood Mar Monte
San Jose Alameda
1691 The Alameda
San Jose, CA 95126
(408) 287-7526
For other locations, visit
www.ppmarmonte.org

School Health Clinics of Santa Clara County
*ages 19 and under
San Jose High Neighborhood Health Clinic
1149 E. Julian St. Bldg. H
San Jose, CA 95116
(408) 535-6001
For other locations, visit
www.schoolhealthclinics.org

Billy DeFrank Community Center
*on-site HIV testing
938 The Alameda
San Jose, CA 95126
(408) 293-3040

The Hub/Mobile Health Van
591 N. King Road #1
San Jose, CA 95133
(408) 792-1750

ONLINE RESOURCES

www.plannedparenthood.org/resources
Provides useful educational resources
www.plannedparenthood.org/info-for-teens
Website designed for teens that allows them to obtain information on reproductive health, sex, and sexuality
www.bedsider.org
A free birth control support network operated by the National Campaign to Prevent Teen and Unplanned Pregnancy
www.cde.ca.gov/IS/he/se
Sexual health education resources from the CA Department of Education
www.teenhealthlaw.org/confidentiality
CA minor consent laws

Let's talk about sex.

IT IS IMPORTANT TO PROVIDE YOUTH COMPREHENSIVE SEX EDUCATION IN A NON-JUDGMENTAL WAY.

- TALK EARLY AND OFTEN
- BE OPEN AND AVAILABLE WHEN A YOUTH WANTS TO TALK ABOUT SEXUAL HEALTH
- PROMOTE HEALTHY LIFESTYLE CHOICES
- DISCUSS CONSEQUENCES ASSOCIATED WITH YOUTH'S DECISIONS WHILE RESPECTING THE CHOICES OF THE YOUTH

YOUTH AND YOUNG ADULTS MUST LEARN TO HOW TO SAY "NO" AND UNDERSTAND WHAT "SAFER SEX" IS.

"SAFER SEX" ACTIVITIES LOWER THE RISK OF SPREADING SEXUALLY TRANSMITTED INFECTIONS. THEY ALSO DECREASE THE LIKELIHOOD OF UNPLANNED PREGNANCIES.

SOURCE/FOR MORE INFORMATION: PPMARMONTE.ORG

Some common myths about sex

MYTH #1: Everyone at school is having sex.
FACT: The average age people start having sex is 17. 30% haven't had sex by the time they turn 20, so it's normal to wait, too.
MYTH #2: Sex is the only way to show love.
FACT: Holding hands, hugging, and kissing are all ways to be close without the risks of sex.
MYTH #3: You can't get pregnant the first time you have sex/during your period/in water/after douching/right after giving birth.
FACT: Women can get pregnant any time semen gets inside or near the vagina.
MYTH #4: Birth control doesn't really work.
FACT: When used correctly, the best birth controls are highly effective—over 99% at preventing pregnancy. When used correctly, condoms are 98% effective, and protect against STDs. It's best to use a condom plus another method of birth control for the safest sex.

SOURCES/FOR MORE INFORMATION: ETR ASSOCIATES: PPMARMONTE.ORG

Your Body, Your Choices

Starting the Conversation with Youth and Young Adults

Sexual & Reproductive Health Options and Rights

Santa Clara County
Social Services Agency
Department of Family and Children's Services

373 W. Julian Street
San Jose, CA 95110-9901

YOUR BODY - YOUR PRIVACY

Young people between 12 and 17 have the right to access certain health services without the parent, social worker, or caretaker's permission or involvement.

While it is important to encourage teens to discuss health and sexual care with trusted adults, services teens can request include:

- Pregnancy-related services including accessing contraception (birth control), pre-natal care, and abortion
- Testing and treatment for sexually-transmitted diseases (STDs)*
- Outpatient mental health services*
- HIV testing and counseling*
- Drug and alcohol treatment*

*Must be at least 12 to access without adult consent

Staying Safe - STDS*

*This information does not substitute for that of a healthcare professional.

-What is a sexually-transmitted disease (STD)?
An infection spread by sexual contact during close vaginal, oral, or anal contact. Any sex organ, the mouth, or anus can be infected. Some are curable if treated; others are not.
-Who can get an STD?
Anyone who is sexually active can get an STD by having sexual contact with a person who has an STD, whether symptoms are present or not.
-What are some possible symptoms?

- Sores, bumps or blisters near the mouth or sex organs
- Burning, itching or pain in or around the pelvic area
- Unusual discharge or odor
- The most common symptom of all STDs is **NO symptom at all, so it's important to get tested and often.**

-How to stay as safe as possible?
Abstinence (no vaginal, oral, or anal contact) is the only way to prevent an STD 100% of the time.
Otherwise, use protection:

- Condom
- Female (insertive) condom
- Dental dam

-Always be honest with sexual partners about STDs
-STD Hotline: 1-800-227-8922-

SOURCES/FOR MORE INFORMATION: BEDSIDER.ORG; PPMARMONTE.ORG

YOUR BODY—YOUR OPTIONS

Visit www.bedsider.org for comprehensive information, even more options, and help deciding which option(s) might be best.
This information does not substitute for that of a healthcare professional.

Leading birth control options:

Abstinence
IUD
Implant (Nexplanon)
Shot (Depo)
Vaginal Ring (NuvaRing)
Patch
Pills
Male Condom
Female Condom
Emergency Contraception (Morning After Pill)

PHOTOS: BEDSIDER.ORG

Making an action plan regarding sexual health:

It is helpful to encourage young people to:
1. Think about their values and concerns about becoming sexually active. If they are comfortable, encourage talking to a trusted adult about it.
2. Talk to a healthcare professional about birth control options. Free services are available from any of the providers listed under "Where to Access Services".
3. When they go on a date, make sure someone you trust knows where they are at all times.

It is OKAY to say "NO" when one feels uncomfortable.
▪
When somebody says "NO," be respectful and LISTEN.

OF SPECIAL CONCERN AND IMPORTANCE

Sexual activity should always be consensual and welcomed by all parties involved. Consent means that "no" means no and "yes" means yes. Without a clear "yes," there is no consent and sex should not happen. If someone has had sexual contact and did not give consent, there is help.

SOURCE: PLANNEDPARENTHOOD.ORG/TEENS/RELATIONSHIPS/CONSENT-AND-RAPE

24/7 Hotlines
Local:
YWCA - (408) 287-3000
(650) 493-7273
AACI - (408) 975-2739
National:
National Rape Hotline: 1-800-656-HOPE
Youth Crisis Hotline: 1-800-786-2929

Full Brochure:https://www.jbaforyouth.org/wp-content/uploads/2019/12/Santa-Clara-Final-Handout-Reproductive-Health-4.6.15.pdf

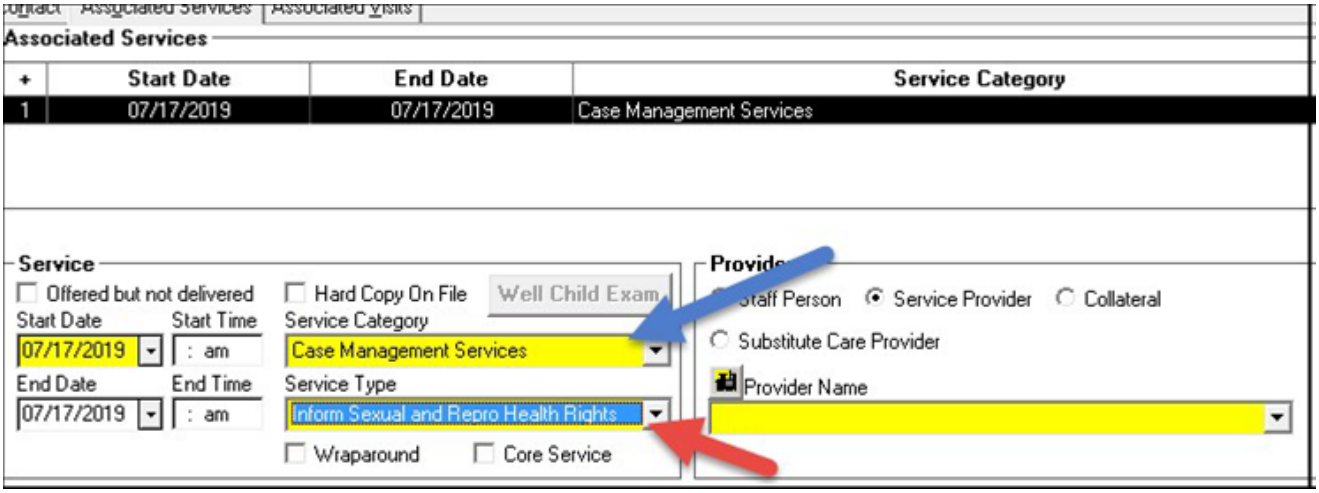
APPENDIX G. EXAMPLE FORM MODIFICATION TO DOCUMENT SB 89 CASE PLANNING INFORMATION

The way we decided to use the case plan to document that the youth has been informed of their rights is that we add the following language to the case plan on the signature page:

- Have been provided with a copy of my **personal rights** and **they have been explained to me**.
- Have been informed of my rights concerning reproductive and sexual health care and services, including the right to gender-affirming medical and mental health care.

SIGNATURE OF YOUTH _____ DATE _____

And then we instructed the case management workers to select the following in CWS/CMS on the Associated Services page in the Contact Notebook for the day that the social worker met and discussed with the youth:



APPENDIX H. OUT OF COUNTY PLACEMENTS AS OF JULY 1, 2019

	Percentage of Out of County Placements (Child Welfare)	Percentage of Out of County Placements (Probation)	Percentage of Out of County Placements (Average)
Alameda	50.4	51.9	51.2
Contra Costa	29.7	60.3	45.0
San Francisco	64.2	70.9	67.6
Santa Clara	27.9	65.4	46.7
Solano	29.9	83.8	56.9

Data Source: CWS/CMS 2019 Quarter 2 Extract

This report was developed by John Burton Advocates for Youth and supported by Tipping Point.

The authors were Carolyn Ho and Anna Johnson, and the graphic designer was Eunice Kwon.

We would like to thank all of the child welfare and justice system professionals who provided information and perspectives on the implementation progress of the California Foster Youth Sexual Health Education Act (SB 89) in their respective counties.

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