

BUILDING COMMUNITY, CAPACITY, AND COMPLIANCE

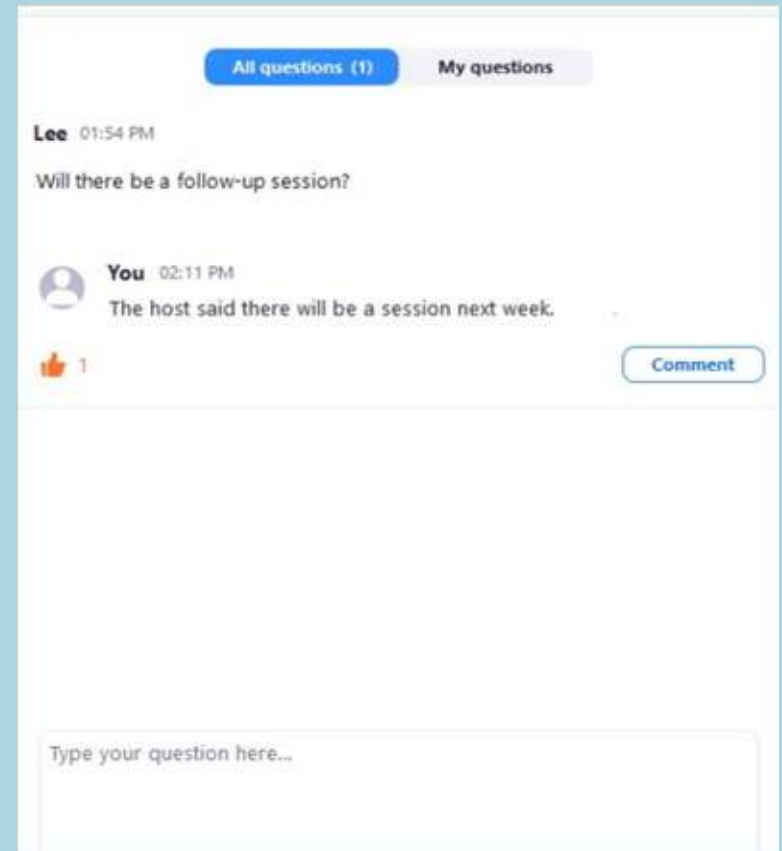
FINDINGS AND RECOMMENDATIONS FROM A
REPRODUCTIVE SEXUAL HEALTH LEARNING COMMUNITY
FOR SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS



OCTOBER 2021

Using Zoom Webinars

- To submit questions, click on the Q & A icon on the control panel. The Q & A window will appear, allowing you to ask questions to the host and panelists.
- Webinar materials and recording will be posted at www.jbay.org in the resource library and sent out to all registrants following the live presentation.



TODAY'S PRESENTERS



ANNA JOHNSON
Senior Project Manager
John Burton Advocates
for Youth



ALYSSA MILLER
Program Manager
Hillsides



GINA PECK-SOBOLEWSKI
Vice President
Sycamores



SIMONE TURECK LEE
Director of Housing & Health
John Burton Advocates
for Youth

New Report

Building Community, Capacity, and Compliance

Findings and Recommendations from a
Reproductive Sexual Health Learning
Community for Short-term Residential
Therapeutic Programs

This publication was developed by John Burton Advocates
for Youth and can be found online at:
jbay.org/resources/strtp-report/.



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FINDINGS AND RECOMMENDATIONS FROM A
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OCTOBER 2021

OVERVIEW

JBAY is Part of the Reproductive Health Equity Project for Foster Youth (RHEP)



The Reproductive Healthy Equity Project for Foster Youth (RHEP) brings together youth in foster care and the agencies that serve them to promote systems that normalize, support, and promote the bodily autonomy and healthy sexual development of youth in foster care. www.fosterreprohealth.org



CONRAD N.



FOUNDATION

Led by National Center for Youth Law and funded by the Conrad N. Hilton Foundation



JOHN BURTON
Advocates
for Youth



Children's Law Center
of Los Angeles



JBAY Convened a 15-Month Learning Community

GOALS

Improve compliance with the California Foster Youth Sexual Health Education Act (SB 89, 2017) and related Community Care Licensing Standards

Identify opportunities for policy change at the local and state levels



Who Participated in the Learning Community?



13 Short-Term Residential Therapeutic Programs
(STRTPs)

Collectively serving
521 children and youth
(19% youth placed in
STRTPs statewide)

Across 7 counties

Learning Community Participants



ORGANIZATION	COUNTY	LICENSED BED CAPACITY
T&T House of Champions	Alameda	6
Mollie's House	Fresno	6
Harbor Youth Facility	Kern	12
Sycamores	Los Angeles	43
St. Anne's	Los Angeles	50
Penny Lane	Los Angeles	36
New Dawn/Luvlees	Los Angeles	6
Rancho San Antonio	Los Angeles	106
Hillsides	Los Angeles	50
Vista Del Mar	Los Angeles	24
Peacock Acres	Monterey	12
Mary's Path	Orange	30
New Alternatives, Inc.	Orange, San Diego	140

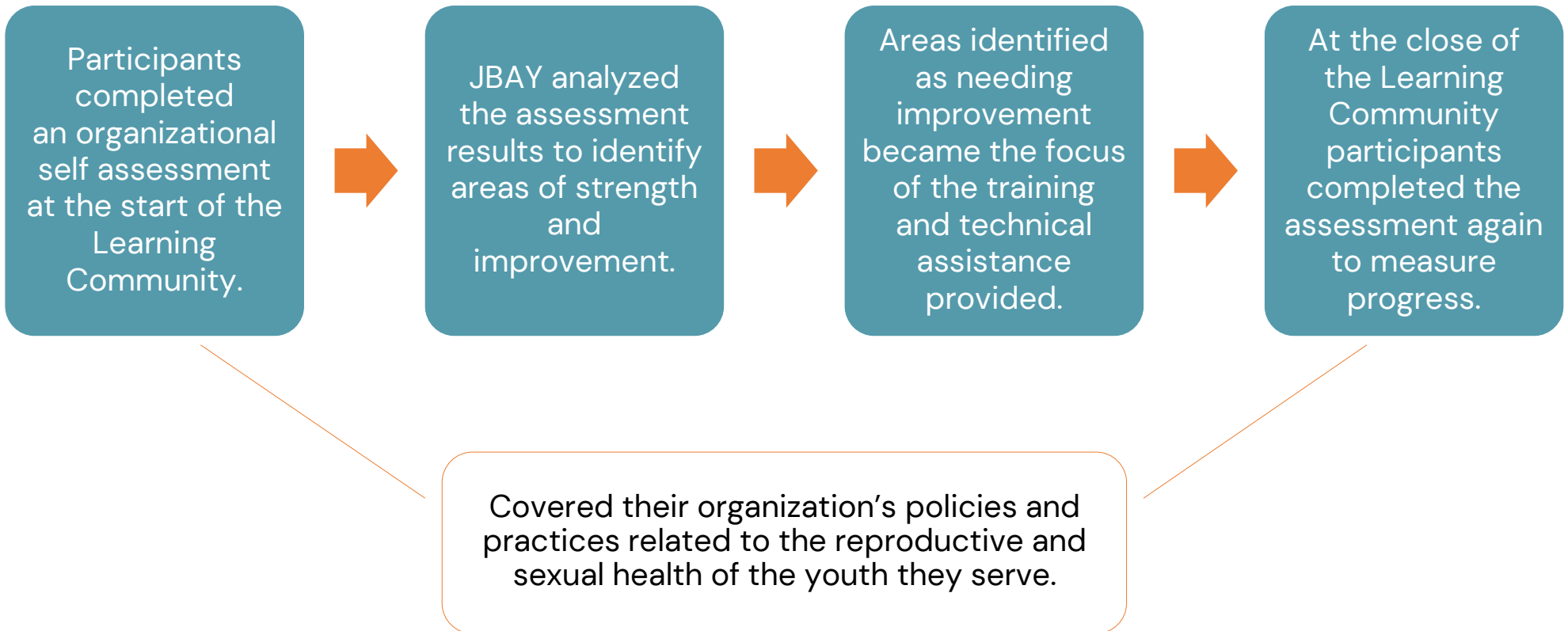
The Learning Community Had 5 Focus Areas

1. Training of Staff and Administrators
2. Confidentiality and Mandated Reporting
3. Access to Care and Barrier Removal
4. Comprehensive Sexual Health Education
5. Protecting Youth from Bias and Discrimination



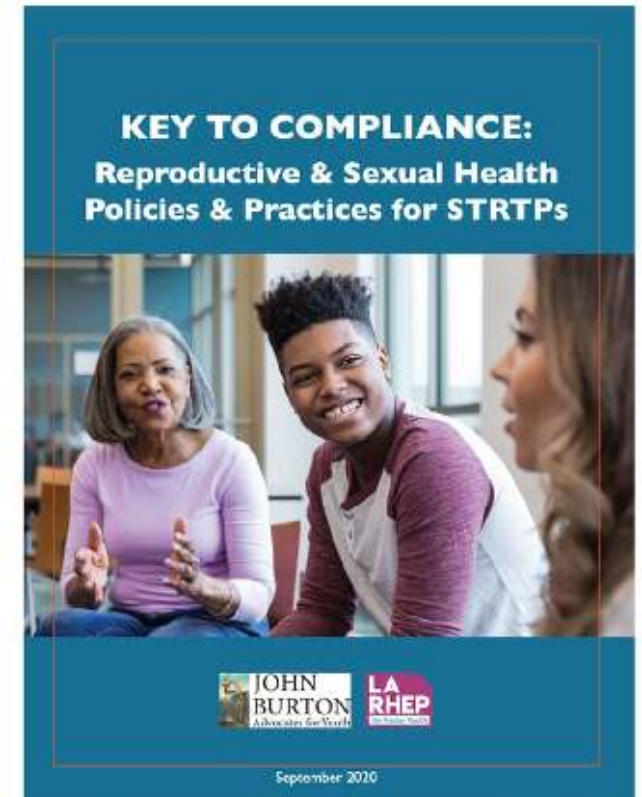
TRAINING AND TECHNICAL ASSISTANCE PROVIDED

Assessment of Policies and Practices



Policy and Practice Guide

JBAY issued the [publication](#) and accompanying [web seminar](#), *“Key to Compliance: Reproductive and Sexual Health Policies and Practices for STRTPs”* which served as the core practice model for the Learning Community.



Convenings and Trainings

- **9 Online Meetings for 18 Hours:**
JBAY hosted a series of online Learning Community convenings, each one having a specific focus.
- **3 Trainings for 6 Hours:**
Subject matter experts conducted trainings for Learning Community participants to provide in-depth information about a range of topics.



Other Technical Assistance

- **75 Hours of Individual Technical Assistance:** Provided to 20 individuals
- **2 Training Curricula:** Developed by RHEP and compliant with SB 89 requirements
- **3 Rosters:** foster care public health nurse roster and 2 rosters of comprehensive sexual health education providers



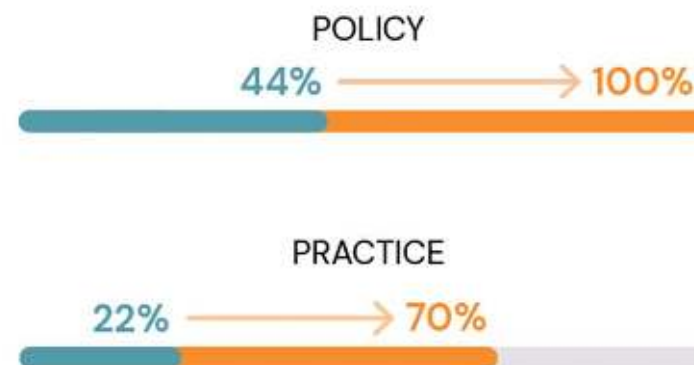
KEY FINDINGS

FINDINGS

1

Participants made considerable progress in instituting an annual reproductive and sexual health training.

- Combined online with live training
- Updated training calendars and scheduling
- Documented completion in staff files



2

Participants required training materials beyond the scope of currently available resources.

- Model conversations between youth and adults
- STIs, birth control, safe sex, healthy relationships and consent
- LGBTQ, SOGIE, gender-affirming care, safe zone training
- Supporting expectant and parenting youth
- Working with youth who have been commercially or sexually exploited



3

Participants adopted policies to require sexual and reproductive health training for all new hires.

- Updated onboarding process
- Provided reading materials
- Required completion of online training videos by a set day from start date



4

Los Angeles County's training mandate increased demand for training among LA STRTPs, but conflicted with other mandates, leading to confusion.



- LA requires a minimum of 8 hours of training
- Available state-approved trainings only cover about 2.5 hours
- Some training topics overlapped with other training requirements like CSEC or LGBTQ rights and care
- Full in-service training days were difficult due to Covid-19 and staff shift schedules

5

Participants improved their policy and practice related to confidentiality.

- Secured file cabinets and storage rooms
- Updated rules for notes and data systems
- Reviewed confidentiality training and protocols



6

Participants gained awareness about the importance and complexity of gender-affirming care and other LGBTQ and SOGIE topics.

- Met with LGBT center OC
- Met with PPPSGV
- Reviewed available materials



7

Providers improved their use of preferred gender pronouns.

- Updated policy and protocol
- Required staff to use preferred names and pronouns with the youth and in reports
- Held conversations during supervision



8

Participants significantly improved policies and procedures to help youth access routine reproductive and sexual health care.

- Updated protocols for routine and emergency appointments
- Updated nursing protocols
- Collaborated with case manager and public health nurse to coordinate care



9

Providers reported challenges helping youth access time-sensitive care and gender-affirming care.

- Reviewed alternative modes of transportation services and contracts when staff supervision needs arose
- Updated protocols for when a youth discloses sensitive information to a single staff member



10

Providers reported challenges helping youth access services following the disclosure of a pregnancy.

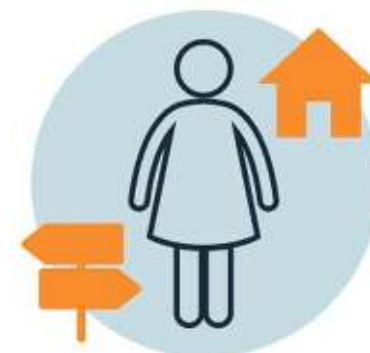
- Trained staff on how to direct youth to care
- Updated protocols and clinic providers
- Reviewed available services and financial supports for expectant and parenting youth



11

Participants reported that disclosure of a pregnancy commonly resulted in a placement change.

- Coordinated with case manager, public health nurse, & providers
- Supported transition planning on both ends
- Requested “warm hand-off” procedures



12

Providers made gains in helping youth access comprehensive sexual health education (CSE).

- Provided access to free, reliable, online information platforms
- Arranged CSE in the STRTP
- Referred youth to online, live CSE class



13

Providers expressed a need for additional content, better tracking, and challenges specific to the pandemic in the provision of comprehensive sexual education.

- Limited entry to STRTPs due to Covid-19
- Adapted classroom training to online course
- Unsure if youth were receiving CSE in school during a time of learning loss



14

Providers reported a lack of clarity and consistency in the use of public health nurses as a resource.

- Developed a statewide nursing roster
- Convened a nurses panel to speak with the learning community
- Some nurses were rerouted to Covid-19 response



15

Religiously affiliated providers reported additional challenges accessing comprehensive sexual health education (CSE).

- Connected with list of local providers
- Referred youth to services outside of the STRTP
- Identified subject matter experts on staff



EXAMPLES FROM THE FIELD

Hillsides Learning Journey

- Staff Training Pilot and Update
- CSE Pilot and Update
- Youth Rights Brochure and Update
- Nurse Intake Form and Update



Hillsides

CREATING LASTING CHANGE

Supervisor Training Guide



Hillsides

CREATING LASTING CHANGE

California Foster Youth Sexual Health Education Act - Senate Bill 89

Support the Supervisor Training Guide

Introduction - In July of 2017, California adopted a new law, referred to as SB89, requiring comprehensive sexual health education for youth in foster care and new training requirements for caregivers, social workers, and judges. This law seeks to improve access to sexual health education, inform youth of their rights and remove barriers. Additionally, this law aims to develop quality sexual health training and requires sexual health education for adults. This guide has been established for supervisors to meet the contractual requirements regarding SB89.

Overview – This guide can be covered all at once or it can be broken into smaller segments depending on how much time the supervisor has allotted for this activity. Sample scripts have been provided in italics. Reviewing the content only is estimated to take 20-30 minutes, with an additional 10 - 15 minutes for discussion/questions/cases should time permit. Supervisors are encouraged to take advantage of the practice scenarios below to facilitate case consultations and/or discussion.

Preparation – Provide staff with a copy of the following handouts that accompany this guide; Know your Rights brochure, Reasonable and Prudent Parenting Standard, Tips for answering tough questions.

Objectives – as a result of this training staff will be able to...

1. Recognize the need for sexual and reproductive health rights of youth in foster care.
2. Acknowledge their duties and responsibilities as a staff or caregiver as well as those of the caseworker.
3. Identify how to engage with youth about sexual and reproductive wellness.

Training Content

Introduction - California Foster Youth Sexual Health Education Act (SB89)

Use the following statistics and implications to provide rationale for importance of sexual & reproductive wellness for the youth we serve.

Foster youth face unique barriers when it comes to their sexual and reproductive health such as inconsistent access to sexual health education due to school/placement instability, placement in disadvantaged neighborhoods, lack of knowledge, resources, and access to services, lack of trusted, stable relationships, policies not clear on who is responsible for a foster youth's health, etc.

Planned Parent Sessions



Hillsides

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11-Part Curriculum with the following topics:

1. Values and Resources
2. Anatomy & Physiology
3. Identities
4. Decision Making & Communication
5. Relationships
6. Violence Prevention
7. STIs & Barrier Methods
8. Birth Control
9. Pregnancy Options
10. Media Analysis
11. Self-Care & Wrap-up

Youth Rights Brochure



Hillsides

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Questions & Answers About My Health

Sexual & Reproductive Health Rights

Can I get information about sexual and reproductive health care?



Yes. You have the right to get age appropriate, factual, and understandable medical information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of Sexually Transmitted Infections (STIs).

Can I get tested or treated for a sexually transmitted infection without permission?



Yes. If you are 12 or older, you can get (or refuse) testing, care, or prevention for sexually transmitted infections. You do not need permission. You should talk to your doctor about why it's important to get tested for STIs.

Can I get medical treatment to prevent, or treat sexually transmitted infections (STIs) or HIV?



Yes. If you are 12 or older, you have the right to make your own decisions about preventing, testing, or treating sexually transmitted infections and HIV. You do NOT need permission from your parent, caregiver, social worker/probation officer, or any other adult.

Can I get birth control or other types of protection?



Yes. At any age, you have the right to make your own decisions about birth control. You have the right to get or refuse, keep, and use birth control or protection of your choice including, condoms; birth control patch, pill, or shot; diaphragm; spermicide; dental dam; emergency contraception (Plan B/Morning-After Pill); and medications to prevent STIs.

You have the right to keep your birth control in your own private storage space. Condoms or birth control cannot be taken away as a punishment or due to your caregiver's religious beliefs or personal feelings.

Nurse Intake Protocol



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INITIAL MEDICAL SCREENING

(To be completed within 24 hours after initial placement of child)

Name:	Preferred Name:	DOB:	Race:
Gender:	Identifies as:	Preferred Pronouns:	
Date of Admittance:		Place Admitted from:	

COVID tested upon arrival:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPD Placed: L R
COVID vaccine offered (12+):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Already Vaccinated	

Physical Exam:

Height: _____ in Eye Color: _____ Temperature: _____ °F Pulse: _____

Weight: _____ lbs Hair Color: _____ Blood Pressure: _____ / _____

General Appearance:

Hygiene: _____ Grooming: _____ Mouth/Teeth: _____ Braces: Yes No

Ears: _____ Nose: _____ Throat/Tonsils: _____

Eyes: _____ Contacts: Yes: _____ No Glasses: Yes: _____ No

Skin:

Acne: _____ Tattoos: _____ Birthmarks/Scars: _____

Dry Skin: Yes No Lice Check: _____ Rashes: _____

Nail Conditions: _____ Lung Condition: _____

Upper Extremities: Full ROM Yes No Lower Extremities: Full ROM Yes No

Allergies/Diet:

Asthma: Yes No Asthma Medications: _____ Inhaler? Yes No

Additional inhalers needed: Yes No If yes, order placed with pharmacy? Yes No

Allergies (Medication, food, seasonal): Yes No Epi-pen? Yes No

Additional Epi-pen needed? Yes No Order placed with Primary? Yes No

Special Diet: Yes No Skips Meals: Yes No If yes, was Kitchen notified? Yes No

Ailments:

Frequent headaches or stomachaches Yes No (If yes what makes it better?): _____

Presence of UTI Yes No Bowel Movements: _____

Do you have any complaints? Yes No Regular Constipated Diarrhea

Are you afraid of anything currently? Yes No If yes explain: _____



Sycamores Learning Journey

- Intake/Linkage/Discharge
- Role of Nursing Department
- Individualized admission process (SOGIE, LGBTQ)
- Training/certification protocol (partnerships)
- Working with staff (interview, coaching, etc.)
- Collaboration with stakeholders



Sycamores
a better life

RECOMMENDATIONS

RECOMMENDATIONS



TRAININGS

Require annual training on reproductive and sexual health for staff members at STRTPs and Transitional Housing Placement for Non-Minor Dependents (THP-NMD) providers.

- CDSS should issue guidance to clarify the number of hours and training topics that must and can be considered part of the annual training.

RECOMMENDATIONS



TRAININGS

Expand the existing California Social Work Education Center (CalSWEC) training modules to cover additional topic areas.

- Model conversations between youth and adults
- STIs, birth control, safe sex, healthy relationships and consent
- LGBTQ, SOGIE, gender-affirming care, safe zone training
- Supporting expectant and parenting youth
- Working with youth who have been commercially or sexually exploited

RECOMMENDATIONS



TRAININGS

Require STRTP staff and administrators to complete LGBTQ, trans, SOGIE, and safe zone trainings.

- Counties should consider the inclusion of required training hours in their contracts on these topics.
- Contracts should be established with local LGBT centers and sexual health education providers.

RECOMMENDATIONS



TRAININGS

Develop and fund an online live or in-person comprehensive sexual health education (CSE) training for foster youth.

- Contracts should be established with one or more CSE providers to develop and provide frequent online live or in-person CSE for middle school, high school, and transition-aged youth.

RECOMMENDATIONS



CARE COORDINATION

Require schools to share a standardized form with county case managers to confirm CSE has or has not been provided.

- This would help with the California Healthy Youth Act implementation and with understanding the existing need for alternative CSE classes.

RECOMMENDATIONS



CARE COORDINATION

Inform youth of their public health nurse's name, role, and contact information.

- Foster care public health nurses are registered nurses who help youth and nonminor dependents get the medical, dental, sexual and reproductive, and mental health care they need.

RECOMMENDATIONS



CARE COORDINATION

Offer the public health nurse as a resource to promote continuity of reproductive and sexual health services when a youth changes placement.

- Upon entry and exit from an STRTP, care coordination and responsibilities should be made clear.
- For youth who choose to include their public health nurse in their transition, the nurse can serve as an important resource to promote this coordination.

RECOMMENDATIONS



SERVICES FOR EXPECTANT AND PARENTING YOUTH

Mandate that expectant and parenting youth, including fathers, in foster care be referred to specialized support and services, including home visiting programs.

- The Families First Prevention and Services Act provides an opportunity for a federal match of funds for evidence-based parenting programs.
- Local home visiting programs should be discussed and offered to all expectant and parenting youth in care, who have the right to participate in or decline services.

RECOMMENDATIONS



SERVICES FOR EXPECTANT AND PARENTING YOUTH

Offer a specialized Child and Family Team (CFT) meeting to be convened upon disclosure of pregnancy.

- In Los Angeles County, protocol requires that foster youth be offered an Expectant and Parenting Youth Conference when they disclose they are expectant.
- For youth who accept the opportunity, these meetings are structured to make programmatic referrals, health appointments, parenting services, and financial and housing assistance that shall be provided to the pregnant youth in each stage of pregnancy and postnatal care.

RECOMMENDATIONS



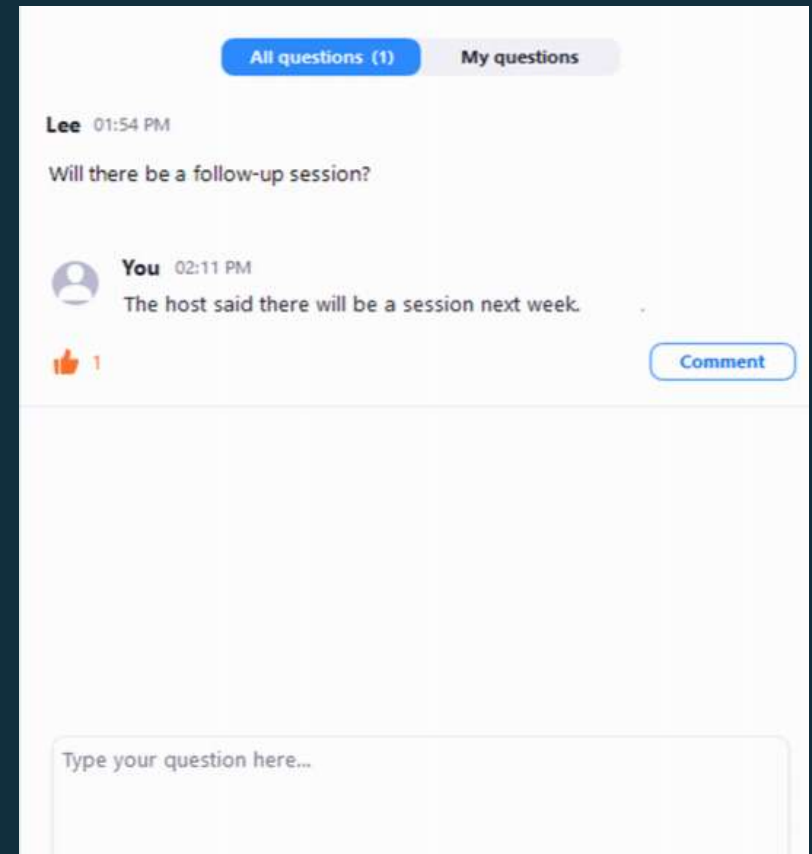
SERVICES FOR EXPECTANT AND PARENTING YOUTH

Authorize pregnant youth to remain in their STRTP until a transition plan is developed.

- Additionally, counties can encourage their contracted STRTPs to amend their Plans of Operation to include serving parenting youth if they do not already.

Q & A

Please type your questions into the Q & A feature on your control panel.



THANK YOU

Anna Johnson
anna@jbay.org

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