

JBAY

BUILDING COMMUNITY, CAPACITY, AND COMPLIANCE

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



OCTOBER 2021

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ACKNOWLEDGMENTS

JBAY would like to recognize the hard work and commitment of the organizations that participated in the Learning Community, and the daily work they do to support the youth they serve. JBAY would also like to recognize the work of the Reproductive Health Equity Project of which JBAY is a part, in addition to the Conrad N. Hilton Foundation and Tipping Point Community who provide generous funding to make this work possible.

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ABOUT THE REPRODUCTIVE HEALTH EQUITY PROJECT

The Reproductive Health 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. Health, education, and child welfare systems have failed to reach, engage, and guide youth in foster care across a sexual and reproductive health service journey that meets their needs, circumstances, and goals. This gap in providing services fuels disparities in youths' health and diminishes equitable treatment of California youth in sexual and reproductive health programs.

RHEP works to change this by uplifting youth voices, supporting policy change, creating connections between systems, and piloting innovative programs designed in collaboration with stakeholders and youth to better meet their needs. The National Center for Youth Law is the convener and backbone agency of the Reproductive Health Equity Project for Foster Youth, which is made up of a network of diverse, multi-sector [partner agencies](#) and a [youth advisory board](#).

EXECUTIVE SUMMARY

OVERVIEW

As part of the Reproductive Health Equity Project (RHEP), John Burton Advocates for Youth (JBAY) convened a statewide Learning Community for Short-Term Residential Therapeutic Programs (STRTPs). The goals of the Learning Community were to:

- Improve compliance with the California Foster Youth Sexual Health Education Act (Senate Bill 89, 2017) and related Community Care Licensing Standards,^{1,2} and
- Identify opportunities for policy change at the local and state levels.



JBAY recruited 13 STRTPs to participate in the Learning Community. These programs collectively serve 521 youth in seven counties: Alameda, Fresno, Kern, Los Angeles, Monterey, Orange, and San Diego. The 13 STRTPs that participated in the Learning Community serve 19% of the children and youth placed in STRTPs statewide.³

The Learning Community focused on helping organizations uphold the reproductive and sexual health rights of youth in foster care. JBAY worked with the Learning Community participants to adopt policies and practices in five 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 (CSE); and
- 5 Protecting youth from bias and discrimination.

¹ California Foster Youth Sexual Health Education Act, CA. State Welfare and Institutions Code § 16501.1 (2017).

² Interim Licensing Standards, Short-Term Residential Therapeutic Program, Articles I-10 (2019). Retrieved from https://www.cdss.ca.gov/Portals/9/CCL/Childrens-Residential-Licensing/ILS/STRTP_ILS_V3_01_11_2019Web.pdf?ver=2019-11-21-092550-947.

³ See Table 1 to learn more about the participating organizations.

FINDINGS

Learning Community Participants:

- 1 Made considerable progress in instituting an **annual training** on reproductive and sexual health;
- 2 Requested training **materials** beyond the scope of currently available resources;
- 3 Adopted policies to require sexual and reproductive health **training for all new hires**;
- 4 Reported that LA County's reproductive and sexual health **training mandate** increased demand for training, but resulted in confusion regarding the content;
- 5 Improved their policy and practice related to **confidentiality**;
- 6 Gained awareness about the importance and complexity of **gender-affirming care** and other sexual orientation, gender identity, and gender expression (SOGIE) and LGBTQ topics;
- 7 Improved their use of **preferred gender pronouns**;
- 8 Significantly improved policy and procedures to **help youth access routine reproductive and sexual health care**;
- 9 Reported challenges helping youth access **time-sensitive care and gender-affirming care**;
- 10 Reported challenges helping youth access services following the **disclosure of a pregnancy**;
- 11 Reported that disclosure of a pregnancy commonly resulted in a **placement change**;
- 12 Made gains in helping youth access **comprehensive sexual health education (CSE)**;
- 13 Expressed a need for additional **content**, better **tracking**, and solutions to challenges specific to the **pandemic** in the provision of comprehensive sexual health education;
- 14 Reported a lack of clarity and consistency in the use of **public health nurses as a resource**; and
- 15 Reported additional challenges accessing comprehensive sexual health education if their organizations were **religiously affiliated**.

RECOMMENDATIONS

These findings resulted in a series of policy recommendations that address the areas of greatest challenge, including training requirements, training materials, confidentiality, training topics, care coordination, protocols for placement changes, the utilization of public health nurses, and services for expectant and parenting youth. Recommendations include:



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;
- Expand the existing California Social Work Education Center (CalSWEC) training modules to cover additional topic areas;
- Require STRTP staff and administrators to complete LGBTQ, trans, SOGIE, and safe zone trainings;
- Develop and fund an online live or in-person comprehensive sexual health education (CSE) training for foster youth;



CARE COORDINATION

- Require schools to share a standardized form with county case managers to confirm CSE has or has not been provided;
- Inform youth of their public health nurse's name, role, and contact information;
- Offer the public health nurse as a resource to promote continuity of reproductive and sexual health services when a youth changes placement;



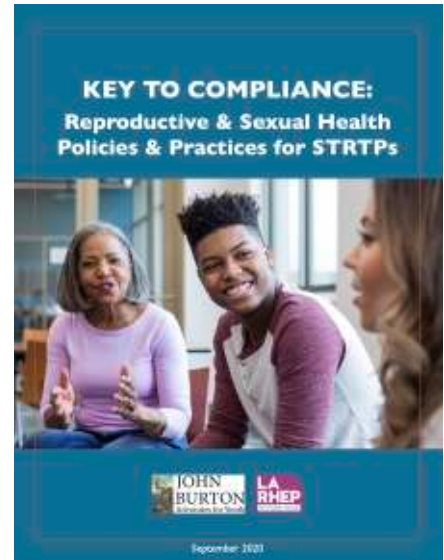
SERVICES FOR EXPECTANT AND PARENTING YOUTH

- Mandate that expectant and parenting youth, including fathers, in foster care be referred to specialized support and services, including home visiting programs;
- Offer a specialized Child and Family Team (CFT) meeting to be convened upon disclosure of pregnancy; and
- Authorize pregnant youth to remain in their STRTP until a transition plan is developed.

BACKGROUND

Short-Term Residential Therapeutic Programs (STRTPs) are residential facilities, operated by a public agency or private organization, specializing in intensive care and supervision of children and youth. As of April 1, 2021, there were 61,140 children and youth in California’s foster care and out-of-home placement probation system, with 2,714 placed in STRTPs.⁴

STRTPs serve 4% of the foster care population and 30% of the probation out-of-home placement population, and their needs are significant. Under California’s Continuum of Care Reform, a child or youth is eligible for placement in an STRTP if they either meet the medical necessity criteria for Medi-Cal Specialty Mental Health Services or exhibit behavioral or treatment needs that can only be met by an STRTP with a specialized program. For example, youth who are pregnant or parenting can be placed in STRTPs with a specialized program allowing the minor or nonminor to live with their child—and to provide support for the parent. For an expansive description of the unique sexual and reproductive health risks and needs of youth placed in STRTPs, refer to “*Key to Compliance: Reproductive and Sexual Health Policies and Practices for STRTPs*,” a [publication](#) released by JBAY in September 2020.⁵



Youth in foster care experience disparities in accessing reproductive and sexual health, and maternal and child health care compared to their peers not in foster care. Historically, youth in care are at higher risk of experiencing unintended pregnancy, poor birth outcomes, sexually transmitted infections, and intimate partner violence due to systemic barriers and lack of access to CSE and care. Youth in STRTPs experience barriers specific to the type of placement they are in, the transitions in and out of the program, being cared for by staff rather than in a family setting, and interruptions with health care providers. JBAY designed the Learning Community for STRTP staff and administrators with tailored guidance, training, and resources related to STRTP compliance with updated licensing standards and state law, specifically the legal requirements in [Senate Bill 89 \(2017\)](#) and rights of youth in [Assembly Bill 175 \(2019\)](#).^{6, 7}

⁴ Data Source: CWS/CMS 2021 Quarter 1 Extract. Program version: 2.00 Database version 737550D4. CCWIP reports. Retrieved July 14, 2021, from University of California at Berkeley California Child Welfare Indicators Project website: URL: <https://ccwip.berkeley.edu>.

⁵ John Burton Advocates for Youth. Key to Compliance: Reproductive & Sexual Health Policies & Practices for STRTPs (2021). <https://jbay.org/resources/key-to-compliance-reproductive-and-sexual-health-policies-practices-for-strtps/>.

⁶ Human Services, Assembly Bill 89 (2017). [leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB89](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB89)

⁷ Foster care: rights, Assembly Bill 175 (2019). [leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB175](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB175)

LEARNING COMMUNITY PARTICIPANTS

JBAY recruited 13 STRTPs to participate in the Learning Community. These programs collectively serve 521 youth in seven counties: Alameda, Fresno, Kern, Los Angeles, Monterey, Orange, and San Diego. The 13 STRTPs that participated in the Learning Community collectively serve nearly one in five (19%) of the children and youth placed in STRTPs statewide. Participating STRTPs serve children and youth aged 12 to 18, with some exceptions specific to individual children and nonminor dependents on a case-by-case basis.



Table 1

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

TECHNICAL ASSISTANCE AND TRAINING PROVIDED

Between March 2020 and June 2021, JBAY delivered a range of technical assistance and training strategies to the representatives from the 13 organizations participating in the Learning Community. These strategies are summarized below.



TECHNICAL ASSISTANCE AND TRAINING STRATEGIES

🕒 Assessment of Policies and Practices

In March 2020, participants completed a self-assessment about their organization's policies and practices related to the reproductive and sexual health of the youth placed in their STRTPs. The organizational self-assessment was a 15-minute survey covering the range of reproductive and sexual health rights, laws, and interim licensing standards. JBAY analyzed the results to identify areas of strength and needed improvement. The areas identified as needing improvement became the focus of the training and technical assistance provided over the course of the 15-month Learning Community. At the close of the Learning Community, participants completed a final assessment in April 2021 to measure the progress achieved and identify areas still requiring attention. For the list of topics addressed and associated ratings, see Appendix A.

✔ Two assessments, before the start of the Learning Community and after its conclusion

🕒 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, describing key practices and model policies across the five issue areas.

✔ One publication and accompanying webinar

🕒 Online Convenings

JBAY hosted a series of online Learning Community convenings via Zoom and GoToWebinar. Each convening had a specific area of focus. The full list of topics is included in Appendix B. During these regular convenings, Learning Community participants shared information about their current practice and discussed related challenges and strategies.

✔ Nine online meetings for 18 hours

🔗 Subject Matter Expert Trainings

Subject matter experts conducted trainings for Learning Community participants to provide in-depth information about a range of topics, including the use of foster care public health nurses and issues related to SOGIE. These topics are included in Appendix B.

✔ Three trainings for six hours

🔗 Individual Technical Assistance

JBAY provided 75 hours of one-on-one technical assistance to Learning Community participants.

✔ 75 hours provided to 20 individuals

🔗 Training Materials

Reproductive Health Equity Project created an SB 89-compliant online curriculum and a train-the-trainer [curriculum](#) specifically for STRTP staff.

✔ Two curricula

🔗 Foster Youth Public Health Nurse Roster

JBAY developed a [roster](#) for connecting with foster care and probation public health nurses to assist with care coordination.

✔ One roster

🔗 Comprehensive Sexual Health Education Referral Information

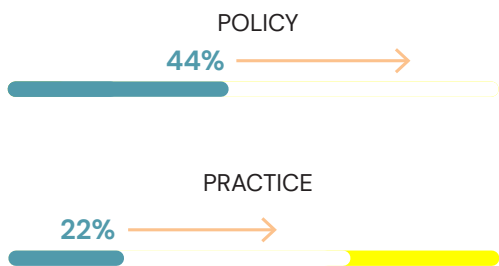
JBAY developed a [provider roster](#) of comprehensive sexual health education providers for youth as well as a roster of local [Planned Parenthood Affiliates](#).

✔ Two rosters



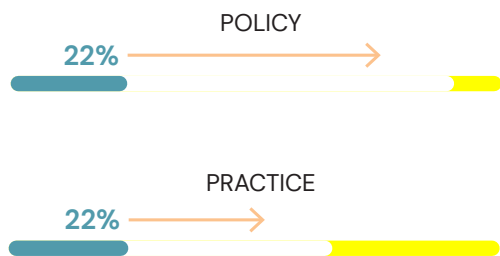
KEY FINDINGS

Over the course of the 15-month Learning Community, JBAY worked closely with STRTP participants, which resulted in 15 key findings drawn from an analysis of the pre- and post-organizational assessments, one-on-one interviews, and group discussions during online convenings. Key findings include:



1 Participants made considerable progress in instituting an annual reproductive and sexual health training. At the conclusion of the Learning Community, 100% of participating STRTPs reported having clearly written policies for annual staff training on the sexual and reproductive health of foster youth compared to 44% at baseline. Seventy percent reported their training practice as very or extremely effective compared to 22% at baseline.

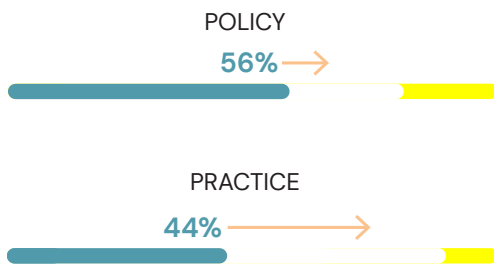
2 Participants required training materials beyond the scope of currently available resources. Throughout the Learning Community, STRTP staff requested in-depth, applied training beyond the resources currently available from the state. Learning Community members reviewed available trainings for STRTPs, including those on the Relias training platform system, but they were not related to reproductive or sexual health. The additional topics STRTP staff requested include model conversations between youth and adults on reproductive and sexual health, Sexually Transmitted Infections (STIs), birth control, and safe sex; healthy relationships and consent; LGBTQ, SOGIE, gender-affirming care, and safe zone training; supporting expectant and parenting youth in care; and working with commercially sexually exploited children and youth.



3 Participants adopted policies to require sexual and reproductive health training for all new hires. At the conclusion of the Learning Community, 90% of participating STRTPs reported having clearly written policies requiring all newly hired staff to complete a training that addresses the sexual and reproductive health of foster youth, compared to 22% at baseline. Two-thirds (67%) reported their new-hire training practice as very or extremely effective compared to 22% at baseline.

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

In 2020, Los Angeles County Department of Child and Family Services adopted a policy requiring all STRTPs to undergo a minimum of eight hours of training annually on the reproductive and sexual health of youth in foster care. This policy does not specify the topics eligible to fulfill the county’s mandated annual eight-hour staff training, resulting in inconsistent implementation. In online meetings, Learning Community participants were unclear if training related to commercial sexual exploitation of children or LGBTQ rights could be included in the number of hours required or if those were counted as separate requirements. Multiple conversations between STRTP staff and local contract auditors were facilitated to develop sufficient training plans.

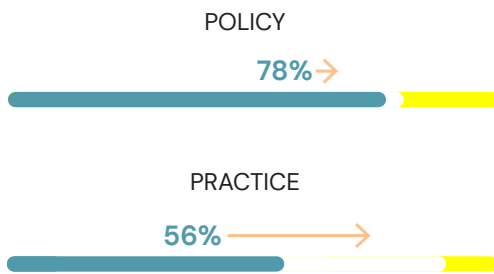


5 Participants improved their policy and practice related to **confidentiality**.

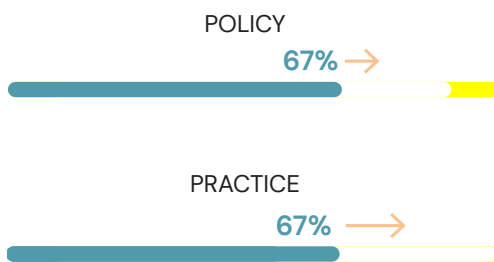
At the start of the Learning Community, nearly half of participants lacked policies and practices related to the confidentiality of reproductive and sexual health information: Just 56% of participants had a clear policy on what reproductive and sexual health information is confidential and who can see it, and 44% reported it being an effective practice. These figures contrasted with the percentage of participants with clearly written policies and effective practices in the areas of child abuse reporting, HIPAA compliance, and the right of a youth to file a report of sexual assault, abuse, or rape. For each of those topics, participants rated much higher. The self-assessment of participants improved over the course of the learning community. At its conclusion, 80% of organizations reported having a clearly written policy stating what reproductive and health information is confidential and 90% reported their practice as extremely or very effective.



6 Participants gained awareness about the importance and complexity of **gender-affirming care and other LGBTQ and SOGIE topics**. Initially, 89% of participating STRTPs reported having a clearly written policy on a youth’s right to gender-affirming care and a “very” or “extremely” effective related practice. As participants learned more about these topics, their awareness of the importance and complexity increased. In their final assessment, participants lowered their self-assessment based on this additional knowledge and an understanding that their organizations required additional improvements. Half reported a clearly written policy during the final assessment and 70% reported a “very” or “extremely” effective practice.

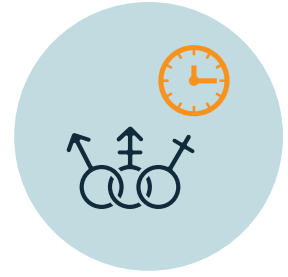


7 Providers improved their use of **preferred gender pronouns**. At the start of the Learning Community, most participants (78%) reported having a clearly written policy that requires staff members to use a youth’s preferred gender pronouns. This increased slightly at the conclusion of the Learning Community—to 80%. More progress was made in the implementation of the policy. Almost all (90%) reported their practice as “extremely” or “very” effective compared to slightly more than half (56%) at baseline.



8 Participants significantly improved policies and procedures to help youth access routine **reproductive and sexual health care**. At the conclusion of the Learning Community, 90% of STRTPs reported having a clearly written procedure for assisting youth with identifying safe and high quality service providers and clinics, compared to 67% at baseline. All organizations reported their practice as “very” or “extremely” effective compared to 67% at baseline. Initially, participating organizations were largely aware of a youth’s right to transportation to health appointments (78% for both policy and practice). This increased to 100% by the conclusion of the Learning Community.

9 Providers reported challenges helping youth access **time-sensitive care and gender-affirming care**. While providers reported progress connecting young people with routine reproductive and sexual health care, they reported challenges related to time-sensitive services, including treatment for STIs, pregnancy testing, emergency contraception and gender affirming care. Certain practices and interventions for gender affirming care, like hormone blockers or aligning the youth's appearance with their identity, are important to start as soon as possible.

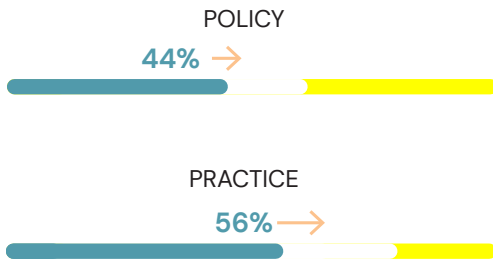


10 Providers reported challenges helping youth access services **following the disclosure of a pregnancy**. A challenge raised by Learning Community participants was how to help a youth access reproductive health services when the youth chooses to disclose a pregnancy to a single trusted staff member. This circumstance requires that every staff member knows how to assist the youth, until the pregnant youth chooses to disclose the information more widely. In these circumstances, Learning Community participants noted that pregnant youth received limited education and support prior to the birth of their child because STRTP staff were not trained on the available education, home visiting programs, public health programming, and income benefits for expectant and parenting youth. Learning Community participants, upon review of a parenting youth resources factsheet, were grateful for the information and requested additional training so staff could make appropriate referrals to services.



11 Participants reported that disclosure of a pregnancy commonly **resulted in a placement change**. Only two of the 13 STRTPs in the Learning Community served parenting youth, requiring pregnant youth placed in most of the STRTPs to move to another placement that is licensed to serve pregnant and parenting youth. Learning Community participants reported the move mid-pregnancy as stressful to youth because it requires establishing a new set of relationships, expectations and possibly a new school and/or health provider. Learning Community participants requested policies that would strengthen the supports provided on both ends of a move for a pregnant youth—the program from where the youth is transitioning and program to which the youth is moving. Participants shared that it would also be beneficial if pregnant youth were not required to move immediately upon disclosure of pregnancy, but after a well-thought-out transition plan was developed.





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

Sixty percent of organizations reported having a clearly written procedure to refer a youth to receive CSE, including a current list of trainers and educators compared to 44% at baseline. Eighty percent of organizations reported their practice as “extremely” or “very effective” compared to 56 at baseline. Organizations described the pandemic shelter-in-place order impacting the ability of CSE providers to enter the facility and hold classes in-person with youth in the facility.



13 Providers expressed a need for **additional content, better tracking, and challenges** specific to the pandemic in the provision of

comprehensive sexual education. While providers reported gains in both policy and practice related to youth accessing CSE, they noted that youth continue to have considerable knowledge gaps about puberty, sexual health, menstruation, safe sex, dating, and more. Learning Community participants also had a difficult time determining if youth received comprehensive sexual health education in public school. Without a knowledge of which youth had received CSE in school and which had not, some Learning Community members provided sexual health education classes for all youth, to ensure they received the content. The COVID-19 pandemic and virtual learning created additional challenges accessing CSE through the youth’s middle or high school. To address known gaps in youth’s education some partners offered CSE to youth groups in the STRTP and others referred youth to a virtual CSE class with incentives linked to youth attendance.



14 Providers reported a lack of clarity and consistency in the use of public health nurses as a resource. Learning Community participants emphasized that when youth exit STRTPs and are placed in less-restrictive placements, clear delegation of responsibility is needed for “warm hand-offs” between key staff for tasks including managing medical records, address changes, notifying the health providers and ensuring appointments and medications will be accessed in transition. STRTP staff shared that some counties have clear policies and protocols including asking youth if they would like to meet with their dedicated public health nurses who can meet with youth to navigate services, care, and referrals; or using health hubs to help streamline care and services during placement changes. In other counties, these roles and responsibilities are less delineated. This lack of clear delineation presents challenges related to continuity of care.



Some STRTPs shared that working closely with the youth's public health nurse and adding the nurse to Child and Family Team meetings occurring during a placement change is of tremendous benefit. Nurses joined the Learning Community as guest speakers and described their role of collaborating with the social worker, probation officer, or STRTP staff to ensure records are received, medications are continued, appointments are maintained, and the youth's provider of choice is honored. Nurses also are able to provide educational materials and information directly to the youth. These collaborative efforts have enabled continuity of care and reduced interruptions and delays.



15 Religiously affiliated providers reported additional challenges accessing comprehensive sexual health education (CSE). Of the 13 participating STRTPs, 3 were religiously affiliated. According to their representatives, referring youth to CSE was a particular challenge for their organizations because they did not utilize the most readily available, publicly funded, local CSE providers, such as Planned Parenthood, due to their organizations' faith-based conflicts with these particular health providers.



EXAMPLES FROM THE FIELD



HARBOR YOUTH FACILITY improved their annual staff training on reproductive and sexual health by strengthening their pool of trainers. They identified trainers and clinicians within the community, online resources, and specialty providers from outside the community but within a reasonable travel distance when they experienced a shortage of local providers.



HILLSIDES updated an existing nurse intake form to include additional questions to further ensure youth entering the STRTP have the opportunity to access reproductive and sexual health care immediately upon their arrival and on an ongoing basis. HillSides also connected with their local Planned Parenthood Affiliate to offer sexual health education groups to youth tailored to their age. HillSides created a new policy called the Youth Sexual Health and Reproductive Rights policy which outlines the rights of youth, the location where the youth rights brochure and posters would be displayed, who would review the rights with the youth and how often.



MARY'S PATH established a practice of offering comprehensive sexual education onsite via a subject matter expert on staff, to all youth regardless of whether they've received the information in school. Mary's Path staff members now refer to the parenting youth resources list provided during the Learning Community to ensure the expectant and parenting youth they serve receive referrals to all services of interest and to education and financial support.



MOLLIE'S HOUSE sought out additional local trainers and online curriculum to deepen staff understanding of how to best meet the reproductive sexual health needs of youth who have experienced commercial sexual exploitation. Mollie's House also enhanced security protocols with their new, locked office space to increase the safety and security of files and electronics.



NEW ALTERNATIVES, INC. improved practices that create a safe and welcoming environment for LGBTQ youth, specifically using preferred pronouns and names, assigning rooms and restroom use, and personal clothing, hair, and RSH products that reflect the youth's gender expression.



PENNY LANE CENTERS updated their annual training calendar to include onboarding training and annual training using a combination of the CalSWEC resources, the LA RHEP STRTP training curricula and Planned Parenthood of Los Angeles trainers to meet Los Angeles County’s contract requirement that all staff complete eight hours of training annually.



RANCHO SAN ANTONIO created a Sexual Health and Wellness curriculum to provide staff annual SB 89–compliant training and resources. Rancho San Antonio also updated their training calendar, reviewed internal and external training resources, and updated their policy.



ST. ANNE’S, an STRTP serving expectant and parenting youth in care, developed a policy and practice to offer all pregnant youth the same level of support preparing for birth since youth involved through probation were not benefiting from the same local policies as those placed in the STRTP through child welfare, including an Expectant and Parenting Youth Conference, the Early Infant Supplement payment, and access to diapers and other supplies. St. Anne’s also strengthened their room assignment, restroom, and preferred pronoun practices, recognizing that not all expectant and parenting youth identify as female.



SYCAMORES ensures they are hiring staff willing and open to meet the needs of youth by asking direct questions about a potential hire’s willingness to serve youth who identify as transgender or gender nonconforming. Sycamores is accredited through the Joint Commission and the Solid Foundation for Inclusion tier from All Children All Families (ACAF) and provides LGBTQI+ Affirming Practices.



VISTA DEL MAR strengthened their protocol for electronic nursing records and case notes to further protect the confidentiality and security of youth since purchasing a new software system. Vista Del Mar also standardized their training procedures, developed new training, and created a training room with two computers where staff can complete SB 89–compliant online training.

RECOMMENDATIONS

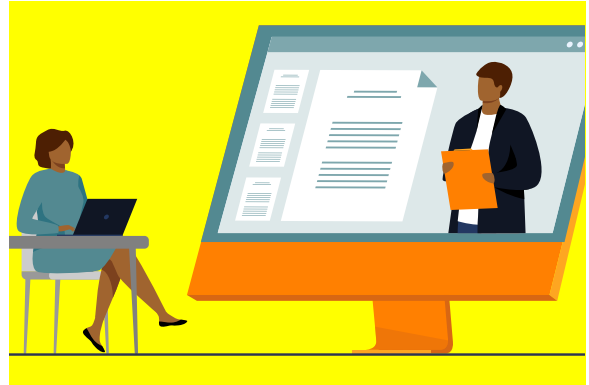
In the process of providing technical assistance and training, JBAY and Learning Community participants identified opportunities for local and state policy changes that would improve the reproductive and sexual health practices of STRTPs, other foster care providers, and county child welfare agencies.

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.**

Based on participants' feedback and assessment data, JBAY recommends expanding the SB 89 training requirement to include STRTP and THP-NMD personnel. THP-NMD providers serve youth ages 18 to 21, the age group with the highest rates of pregnancy among youth in foster care. Currently, SB

89 requires county social workers, probation officers, and judges to be trained using a curriculum developed and approved by the California Department of Social Services (CDSS) and requires that the content of the curriculum is included in the pre-approval training for Resource Families and certification training for STRTP and group home administrators. If required, CDSS should issue guidance to clarify the number of hours and training topics that must and can be considered part of the annual training.



➤ **Expand the existing California Social Work Education Center (CalSWEC) training modules to cover additional topic areas.** STRTP staff and administrators expressed interest in several topics not currently covered in detail in the training curriculum available through CalSWEC, the UC Berkeley department that develops training for social workers. Topics of interest include STIs, birth control, and safe sex; healthy relationships and consent; LGBTQ, trans, SOGIE, gender-affirming care, and safe zone training; supporting expectant and parenting youth in care; and working with commercially sexually exploited children and youth. Additionally, participants consistently requested materials that help direct-service practitioners navigate sensitive topics in a trauma-informed manner.

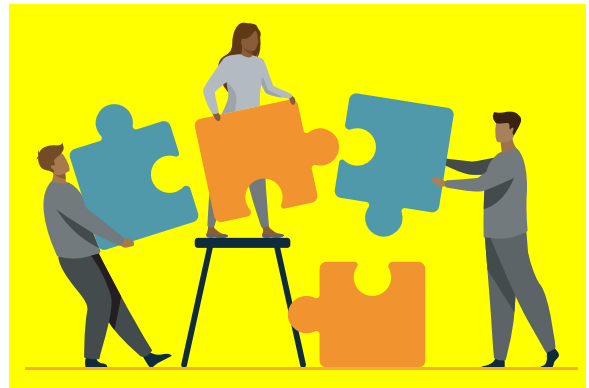
➤ **Require STRTP staff and administrators to complete LGBTQ, trans, SOGIE, and safe zone trainings.** Learning Community participants consistently expressed interest in accessing training on these topics and believed training would improve their staff members' abilities to understand and appropriately serve youth who identify as LGBTQ or who are gender non-conforming. Counties should consider the inclusion of required training hours in their contracts on topics including LGBTQ, trans, SOGIE, and safe zones.

➤ **Develop and fund an online live or in-person comprehensive sexual health education (CSE) training for foster youth.** SB 89 requires that a foster youth who misses CSE in school still receive it. Specifically, for all youth aged 10 or older, SB 89 requires the county case worker verify that they have received or will receive CSE from their public school once in middle school and once in high school. If the youth did not receive the instruction, the county must ensure they receive the education through an alternative source. These alternative sources can be difficult to find or access. To help county case managers fulfill this requirement, STRTPs arranged for CSE to be provided in the home or referred youth to accessible local classes or to online live CSE provided by RHEP. 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.

CARE COORDINATION

➤ **Require schools to share a standardized form with county case managers to confirm comprehensive sexual health education (CSE) has or has not been provided.** STRTPs are required to provide online access or transportation to school and CSE for youth in care. The California Healthy Youth Act (CHYA) requires school districts to provide CSE consisting of age-appropriate instruction at least once in middle school and once in high school.⁸

According to STRTP staff, case managers reported struggles with fulfilling this mandate, partially because of obstacles to obtaining information from schools and/or districts about whether students have received CSE. To fully implement this provision of SB 89, schools should be required to share a standardized form with county case managers to confirm whether CSE has been provided.

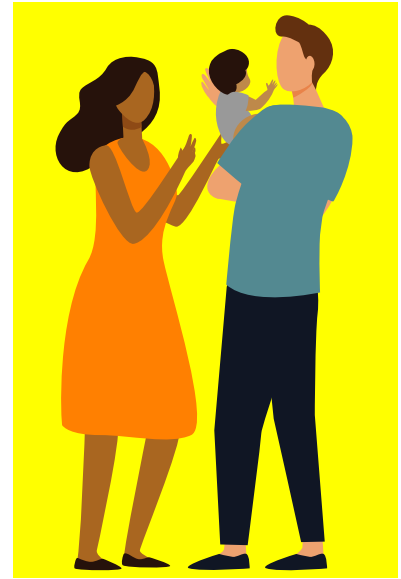


➤ **Inform youth of their public health nurse's name, role, and contact information.** Foster care public health nurses are registered [nurses who help](#) children, youth, and non-minor dependents in foster care and probation out-of-home placement get the medical, dental, sexual and reproductive, and mental health care they need. Every youth and non-minor dependent in California has a nurse who can provide educational information, assist with planning appointments, share paperwork and health records, interpret lab results, refer to services, and support the youth, case manager, caregiver, STRTP staff, and Child Family Team (CFT) with all health planning. Nurses can help refer youth to services and appointments for reproductive sexual health, and for expectant and parenting youth, prenatal care and parenting classes and provide support to reduce interruptions in care. STRTP staff and youth should [know their nurse's](#) name, email, and phone number.

➤ **Offer the public health nurse as a resource to promote continuity of reproductive and sexual health services when a youth changes placement.** STRTPs are intended to provide therapeutic service for a short period of time, typically six months. Learning community participants reported interruptions to health care, including reproductive health care, when youth enter and exit the STRTP. They expressed a desire for enhanced continuity of care and treatment in multiple areas, including reproductive and sexual health. Upon entry and exit from an STRTP, care coordination and responsibilities should be made clear to ensure the health rights of youth related to provider choice and access are consistently upheld. 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.

⁸ Pupil instruction: sexual health education, Assembly Bill 329 (2016). [leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB329](https://leginfo.ca.gov/faces/billTextClient.xhtml?bill_id=201520160AB329)

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.** Learning Community participants expressed an interest in additional support and referral protocols to assist pregnant and parenting youth. The Families First Prevention and Services Act provides an opportunity for a federal match of funds for evidence-based parenting programs such as Nurse Family Partnership, Parents as Teachers, and other home visitation programs for new parents.⁹ Local home visiting programs should be discussed at Child and Family Team meetings and offered to all expectant and parenting youth in care, who have the right to participate in or decline services. Referrals should be made by the case manager in a timely manner for expectant and parenting youth to receive the full benefit of the program.

➤ **Offer a specialized Child and Family Team (CFT) meeting to be convened upon disclosure of pregnancy.** In 2016, [Assembly Bill 260](#) was passed to ensure that expectant and parenting foster youth are referred to support and services to preserve the young family. AB 260 encourages counties to update case plans 60 days after the disclosure of a pregnancy and to hold specialized conferences to assist the youth with services, referrals, and to inform the case plan. In Los Angeles County, protocol requires that foster youth be offered an [Expectant and Parenting Youth Conference](#) when they disclose they are expectant. These conferences are essentially a specialized CFT meeting for expectant youth. For youth who accept the opportunity, these specialized CFT meetings are an ideal time to specify the 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. Learning Community participants recommended that these specialized CFT meetings be made available statewide to ensure the proper measures are taken and support is provided as early in the pregnancy as possible.

➤ **Authorize pregnant youth to remain in their STRTP until a transition plan is developed.** Participants shared that it would be beneficial for pregnant youth if they were not required to move immediately upon disclosure of pregnancy, but rather after the development of a well-thought-out transition plan. Additionally, counties can encourage their contracted STRTPs to amend their Plans of Operation to include serving parenting youth if they do not already.

Policy and practice recommendations for STRTPs are outlined in Appendix A of JBAY's previous [publication](#) for the Learning Community, *Key to Compliance: Reproductive and Sexual Health Policies and Practices for STRTPs*.

⁹ Families First Prevention and Services Act, H.R. 5456 (P.L.) 115–123, (2018). www.congress.gov/bill/115th-congress/house-bill/1892/text?q=%7B%22search%22%3A%5B%22hr1892%22%5D%7D&r=1

APPENDIX A

BASELINE AND FINAL ASSESSMENT RESULTS TABLE

Focus Area 1: Training of Staff and Administrators				
Policy	Organization has a clearly written policy that states this	Percentage of organizations reporting very or extremely effective practice in this area		
	Baseline Assessment	Final Assessment	Baseline Assessment	Final Assessment
All newly hired staff are required to complete a training that addresses the sexual and reproductive health of foster youth.	22%	90%	22%	67%
All staff members are required to receive an annual training on the sexual and reproductive health of foster youth.	44%	100%	22%	70%
All staff members are required to be trained on the reasonable and prudent parenting standard, including the right of youth to engage in extracurricular and social activities including dating.	78%	100%	67%	100%
All staff members are required to be trained on when and how to submit a report in the case of a suspected allegation of maltreatment.	100%	100%	89%	90%
All staff members are required to be trained on SOGIE, LGBTQ needs, and Gender-Affirming Care.	100%	100%	56%	80%

Focus Area 2: Confidentiality and Mandated Reporting				
Policy	Organization has a clearly written policy that states this		Percentage of organizations reporting very or extremely effective practice in this area	
	Baseline Assessment	Final Assessment	Baseline Assessment	Final Assessment
How and when to submit a child abuse report, including definitions of activities that should be reported to the county child welfare worker and activities that are normative adolescent sexual behavior not requiring a report.	89%	100%	100%	100%
The right of youth to file a complaint, report sexual assault, abuse, or rape.	100%	100%	78%	90%
The procedure to be followed if a staff member is implicated in the report.	78%	90%	56%	90%
What reproductive and health information is confidential, and who can see it.	56%	80%	44%	90%
The procedures for handling confidential information in meetings, calls, and reports.	78%	100%	56%	90%
The definition of HIPAA laws, breach of confidentiality, and consequences.	100%	100%	67%	70%
Where confidential information and documents are to be entered, stored, and shared securely.	89%	100%	78%	90%
The right of youth to receive a copy of their files and information, free of charge.	78%	100%	67%	100%

Focus Area 3: Access to Care and Barrier Removal				
Policy	Organization has a clearly written policy that states this		Percentage of organizations reporting very or extremely effective practice in this area	
	Baseline Assessment	Final Assessment	Baseline Assessment	Final Assessment
The right of youth to get timely health care, including sexual and reproductive health care.	78%	100%	89%	100%
The right of youth to make their own decisions about their sexual and reproductive health care such as choice of provider, choice of contraception, and choice to continue or terminate a pregnancy.	67%	80%	67%	90%
The right of youth to use and keep contraception themselves.	78%	80%	56%	80%
Staff members are required to assist youth with accessing resources and services and the procedure to fulfill this requirement.	78%	80%	78%	100%
Staff are prohibited from confiscating contraception from youth or denying them access in any way.	78%	80%	89%	90%
The procedure for posting the Know Your Rights brochure and sharing the Sexual and Reproductive Health Rights brochure with youth.	78%	90%	78%	100%
The procedure for assisting youth in scheduling and preparing for reproductive and sexual health care appointments, including transportation, and providing collateral documents (i.e., gynecological exams, contraceptive counseling appointments, STI and pregnancy testing, prenatal care, delivery, postnatal care, and parenting skills courses).	78%	80%	67%	90%

The procedure for assisting youth with identifying safe and quality service providers and clinics.	67%	90%	67%	100%
How to communicate barriers with caseworker and public health nurse.	67%	80%	67%	100%
The right of youth to transportation to health care appointments.	78%	100%	78%	100%
The right of youth to a secure storage space to store personal items, including up to 12 months of contraception.	78%	70%	56%	80%
The right of youth to be free of unreasonable searches of their belongings, including their personal storage space.	78%	100%	56%	90%
Who to contact if there are any Medi-Cal issues.	56%	90%	44%	100%








Focus Area 4: Comprehensive Sexual Health Education

Policy	Organization has a clearly written policy that states this.		Percentage of organizations reporting very or extremely effective practice in this area	
	Baseline Assessment	Final Assessment	Baseline Assessment	Final Assessment
The right of youth to receive comprehensive sexual health education (CSE) and be provided transportation to CSE.	78%	90%	78%	100%
The procedure to refer a youth to receive CSE, including a current list of trainers/educators.	44%	60%	56%	80%
References to educational resources and local CSE provider lists.	44%	80%	44%	90%

Focus Area 5: Protecting Youth from Bias and Discrimination				
Policy	Organization has a clearly written policy that states this		Percentage of organizations reporting very or extremely effective practice in this area	
	Baseline Assessment	Final Assessment	Baseline Assessment	Final Assessment
Staff members are prohibited from imposing their personal feelings or religious beliefs related to reproductive and sexual health care, and are provided examples of prohibited staff behavior that would indicate bias.	78%	80%	67%	80%
Hiring practices to screen employment candidates who would be uncomfortable upholding the sexual and reproductive rights of youth or serving lesbian, gay, bisexual, transgender, and gender non-conforming youth.	78%	50%	89%	80%
The right of youth to sexual, reproductive, gender-affirming care of their choice.	89%	50%	89%	70%
How a manager will respond when bias is noticed or reported by youth, staff, or caseworker.	67%	80%	78%	90%
The definition of SOGIE, LGBTQI, and Gender-Affirming Care.	78%	80%	67%	90%
Refers to accurate and approved SOGIE and LGBTQI rights and resources for staff use.	67%	80%	67%	80%
Requires staff members to use the youth's preferred pronoun.	78%	80%	56%	90%
States all youth have the right to receive gender-affirming care, restrooms, and facility services.	78%	80%	67%	90%

APPENDIX B

LEARNING COMMUNITY CONVENINGS

March 2020		<p>Learning Community Kick-Off <i>Guest Speakers:</i> National Center for Youth Law</p>
April 2020		<p>Staff Training (Part I)—Onboarding & Annual Training Protocols <i>Covered current licensing standards, legal requirements for STRTPs, available training resources and trainers, and best practices for meeting state and contract requirements.</i></p>
May 2020		<p>Staff Training (Part II)—Hiring, Supervision & Bias Identification <i>Reviewed common scenarios related to reproductive and sexual health, the CDSS Healthy Sexual Development Guide for Residential Facilities, and best practices for hiring and supervision to ensure staff uphold the reproductive and sexual health rights of youth.</i></p>
June 2020		<p>Comprehensive Sexual Health Education <i>Provided an overview of SB 89 and a youth’s right to receive comprehensive sexual health education (CSE) at least once in middle school and once in high school and provided two rosters of available local providers of CSE. Planned Parenthood covered the online and in-person CSE courses and how STRTPs can connect youth to the courses or offer them in-house.</i> <i>Guest Speakers:</i> Planned Parenthood of Pasadena and San Gabriel Valley</p>
July 2020		<p>Access to Care & Barrier Removal <i>Covered an array of youth-friendly resources on reproductive and sexual health for parenting youth and how to refer youth for services and to community resources.</i></p>
August 2020		<p>Core Practice Model <i>Participants attended a web seminar on the Learning Community’s core practice model, “Key to Compliance: Reproductive and Sexual Health Policies and Practices for STRTPs.”</i> <i>Guest Speakers:</i> Sycamores • Hillsides • Rancho San Antonio</p>
September 2020		<p>Training Curriculum (Part II) <i>Participants attended a web seminar with the Los Angeles Reproductive Health Equity Project releasing two new SB 89-compliant training curricula.</i> <i>Guest Speakers:</i> National Center for Youth Law • Children’s Law Center of California</p>

- October 2020** → **Training Curriculum (Part II)**
Discussed how to utilize the new training materials within participants' organizations and strategies for adding supplemental trainings to meet local training mandates.
- March 2021** → **Protecting Youth from Bias & Discrimination**
Provided background on existing laws and practice related to the rights and care of LGBTQ+ foster youth and how to protect youth from bias and discrimination. Planned Parenthood shared training resources and youth groups/events including LGBT 101, Trans 101, SOGIE 101, and Safe Zone trainings. This occurred on Trans Day of Visibility.
Guest Speakers: LGBT Center Orange County • Planned Parenthood of Pasadena and San Gabriel Valley
- April 2021** → **Public Health Nurses as a Resource**
Featured a panel of Foster Care or Probation Public Health Nurses (PHNs) from three counties. The PHNs discussed their role and how to collaborate with PHNs to provide reproductive sexual health care and barrier removal, support pregnant and parenting youth, and a warm hand-off of care when youth enter or exit an STRTP.
Public Health Nurse Guest Speakers: Susan Bullard, Michael Hughes, Lupe Wade, Taunya Johnson, Cynthia Calagui, Kristine Boone
- June 2021** → **Showcase & Closing**
Celebrated the close of the Learning Community and discussed collective progress. Learning Community participants shared highlights of their policy and practice achievements.



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