

**Informational Memo on SB 245:
Preventing Unintended Pregnancy Among Foster Youth**

Background

A 2016 analysis in the *New England Journal of Medicine* found that the rate of unintended pregnancy in the United States has reached a 30-year low, including among teens and young adults.¹ Despite this, pregnancy among youth in foster care in California remains alarmingly high. Recently conducted research in California paints a stark portrait of the harsh reproductive realities for California foster youth. We now know:

- 52% of California foster youth have been pregnant at least once by age 19, a number almost 3 times higher than that of youth not in foster care.²
- More than two-thirds of these young women do not describe their pregnancies as wanted.³
- About 43% report their last pregnancy ended in miscarriage or stillbirth compared to just 14% in youth not in foster care.⁴
- 18% receive either no prenatal care or had their first doctor visit in the seventh month of their pregnancy.⁵
- 34% of young women in foster care will give birth children by age 21.⁶
- Almost 40% of foster youth who have a child before age 18 will have repeat births.⁷

This high rate of unintended pregnancy and early childbirth has serious implications:

- for foster youth, whose likelihood of lifelong economic stability is significantly diminished by a teen birth;
- for their children, who are 300 percent more likely to have a substantiated report of abuse against them before age 5;⁸ and
- for the child welfare system, which is legally and financially responsible for the high-risk, often resource-intensive cases of parenting dependents.

Barriers to Care

Research demonstrates that the historically low rates of pregnancy and childbirth nationwide are attributable primarily to increased contraceptive use and access to sex education. California has an important network of laws in place to ensure that adolescents, including foster youth, can access contraception and reproductive health services independently, confidentially and for free, as well as laws guaranteeing foster youth a right to access sexual health education. Unfortunately, foster youth face barriers that prohibit them from making access to care a reality.

To understand the barriers to reproductive health education and service access for foster youth, the Public Health Institute⁹ interviewed social workers, caregivers and foster youth in three California counties. Barriers described by interviewees included:

- No training for social workers and caregivers on the reproductive rights of youth, their respective obligations to connect youth with such services, or the sex education and health services available in the community;
- No training on how to have conversations with youth about these topics;
- No county policies, protocols or other guidance to describe roles and responsibilities of the different individuals responsible for a foster youth's care and custody;
- No information provided to foster youth on their rights or how to access education and services; and

- No sexual health education available specifically designed for foster youth often miss opportunities for such curriculum in schools because of unstable placement.

What California is Currently Doing to Reduce Unintended Pregnancy?

In early 2016, the California Department of Social Services (CDSS) convened a group of experts in law, health and child welfare to gather and review the research on promising and effective practices and develop a statewide plan to address unintended pregnancy in foster care. On October 12, 2016, CDSS issued the results of that yearlong effort – a document entitled “*California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents.*”¹⁰ The Plan outlines both required and recommended practices for counties and caregivers to reduce unintended pregnancy among youth in foster care.

Additionally, CDSS recently issued an All County Letter summarizing the reproductive and sexual health care rights of foster youth and non-minor dependents. Together, these documents establish that youth in foster care have significant rights and that county child welfare agencies and foster caregivers have significant duties related to reproductive health and pregnancy prevention. Despite this, there is no state-level effort to ensure these rights are met and their duties are fulfilled.

Senate Bill 245

SB 245 would reduce unintended pregnancy among youth in foster care in California by implementing four provisions:

Provision 1: Ensure Access to Comprehensive Sexual Health Education for Foster Youth

Ensuring foster youth have direct access to information about sexual health and preventing unintended pregnancies is essential to reduce the disproportionately high rate of unintended pregnancy among foster youth in California. SB 245 would achieve this using a two-part approach. First, it would require all county child welfare workers to ask foster youth, ages 12 or older, whether they participated in school based sexual health education based in the following timeframes:

- Once before age 12;
- Once between ages 12 and 14;
- Two times between ages 15 and 18 and
- Once between the ages of 19 and 21.

If the foster youth has participated in school-based sexual health education that complies with the timeframe above, then the social worker would document this in the foster youth’s health and education passport. If the foster youth has not participated in a school based sexual health education class within this timeframe, the child welfare worker would be required to refer the youth to a county or community resource that provides sexual health education that meets the standards established by the California Health Youth Act (AB 329 (2015)). This referral would be documented in the youth’s health and education passport.

Provision 2: Ensure the Existing Reproductive Rights of Foster Youth are Met

Currently in state law, foster youth have the right to age-appropriate, medically accurate information on puberty, reproductive and sexual health care, the prevention of unintended pregnancies, and the prevention, diagnosis and treatment of Sexually Transmitted Infections. The law is silent, however, about whose responsibility it is to provide this information, leaving many foster youth without this important information. SB 245 will address this by requiring the social worker to document annually how the child welfare agency ensures the youth has access to this information.

Provision 3: Train Child Welfare Personnel on Sexual Health and Preventing Unintended Pregnancy

To reduce the rate of unintended pregnancy among youth in foster care, SB 245 would add requirements in the Welfare and Institutions Code and the Health and Safety Code to require the topic of unintended pregnancy prevention and sexual health to be included in training for social workers, judges, licensed foster parents, relative caregiver, group home personnel and personnel working for foster family agencies.

This approach has been used successfully to improve child welfare practice and address emerging issues facing the state's most vulnerable children and youth. In 2013 AB 868 added new training requirements to ensure the needs of lesbian and gay youth in foster care. In 2014, SB 855 added new training requirement on the topic of the commercial sexual exploitation of youth in foster care and finally in 2015 Senate Bill 238 added new training requirements to train child welfare stakeholder on the use of psychotropic medication among youth in foster care.

Provision 4: Develop a Statewide Standardized Curriculum on Sexual Health and Preventing Unintended Pregnancy for Child Welfare Workers

Despite an explicit state mandate that child welfare provide youth with information about sexual health and preventing unintended pregnancy, the State of California has no resources to train child welfare personnel on these topics. Without standardized training and related materials, county child welfare personnel often fail to address these critical topics, or improvise using medically inaccurate materials or materials that are not age-appropriate. Additionally, without standardized training and materials, child welfare personnel are not informed about their role in protecting the rights of youth in foster care. An example of this can be found in Fresno County, where a group home engaged in a range of illegal activities related to reproductive health and pregnancy prevention, including requiring youth to sign what amounted to a "chastity pledge" and confiscating contraception.

SB 245 would ensure that child welfare personnel in all counties receive consistent, legally and medically accurate information by requiring the California Department of Social Services to develop a curriculum and related materials that can be used to train social workers and caregivers on topics of sexual health and preventing unintended pregnancy. The curriculum would include a range of topics, including those below:

- **Rights and responsibilities:** What are the rights of youth in foster care in the areas of sexual health and pregnancy prevention? What are the required responsibilities of the social worker and caregiver to ensure those rights are met?
- **Practice strategies:** What are effective, trauma-informed methods to discuss topics of sexual health, pregnancy prevention with youth in foster care?
- **Sexual health:** What is the essential information for child welfare personnel to know in the area of sexual health? This includes current information about methods of contraception, risk factors for sexually-transmitted infections and other related topics.

¹ "[Declines in Unintended Pregnancy in the United States, 2008–2011](#)," by Lawrence B. Finer, Ph.D., and Mia R. Zolna, M.P.H. N England Journal of Medicine; March 3, 2016

² "[Findings from the California Youth Transitions to Adulthood Study \(CaYOUTH\): Conditions of Youth at Age 19](#)," by Mark Courtney, et al. 2016. Page 143.

³ IBID.

⁴ IBID.

⁵ IBID.

⁶ “California’s Most Vulnerable Parents: Cumulative Teen Birth Rates among Girls in Foster Care” by Emily Putnam Hornstein, et al. 2013. Page 3.

⁷ “California’s Most Vulnerable Parents: Cumulative Teen Birth Rates among Girls in Foster Care” by Emily Putnam Hornstein, et al. 2013. Page 4.

⁸ California’s Most Vulnerable Parents: Adolescent Mothers and Intergenerational Child Protective Service Involvement,” by Emily Putnam Hornstein, et al. 2013. Page 5.

⁹ Constantine et al., *Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties*, Public Health Institute, 2009, available at <http://crahd.phi.org/FTYSHNA-FullReport-3-2-09.pdf>

¹⁰ All-County Letter 16-88, “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care”, October 12 2016.