Office of Adolescent Health

Technical Assistance Call for PAF and TPP Grantees

"Youth In Foster Care"

June 12, 2019
2:00 – 3:30pm EDT

Mousumi Banikya-Leaseburg
OAH Project Officer

Welcome, Introductions and Purpose

- OAH Project Officers
- The MayaTech Corporation TA Team
- Purpose of Group Call
- OAH Announcements

Group Call Format

- Part I – SME Presentation
  - **Lesli LeGras Morris,** Director

    Los Angeles Reproductive Health Equity Project for Foster Youth
- Part II – Grantee Panel
  - **Lisa Colarossi,** Vice President for Research & Evaluation Planned Parenthood of New York City

- Part III – Group Discussion

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Fostering Reproductive Health:

Cross-Sector Strategies to Promote the Healthy Sexual Development of Youth in the Foster Care System

Technical Assistance Call for PAF and TPP Grantees

Lesli LeGras Morris (she/her), National Center for Youth Law

June 12, 2019

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Today's Agenda

- Review the sexual and reproductive health **disparities** experienced by youth in the foster care system and identify the structural drivers of inequity that allow these disparities to flourish

- Introduce how the **Los Angeles Reproductive Health Equity Project for Foster Youth** is using cross-sector collaboration to promote sexual and reproductive health equity for youth in foster care through the following strategies that engage heads, hearts, and hands:
  - **HEAD |** Policy Development and Implementation Support
  - **HEART |** Community Engagement and Communications
  - **HANDS |** Training, Education, and Other Promising Interventions

- Guiding questions and resources to contextualize LA's lessons learned for **your local context** to implement strategies in your community

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LA Reproductive Health Equity Project for Foster Youth

To develop a resilient **collective impact campaign.**

Increase access to reproductive & sexual health care & information for youth in LA foster care.

Significantly **reduce** inequitable reproductive health outcomes experienced by youth in LA County foster care.

LA RHEP for Foster Youth

Advancing Reproductive Health Equity for Youth in Foster Care

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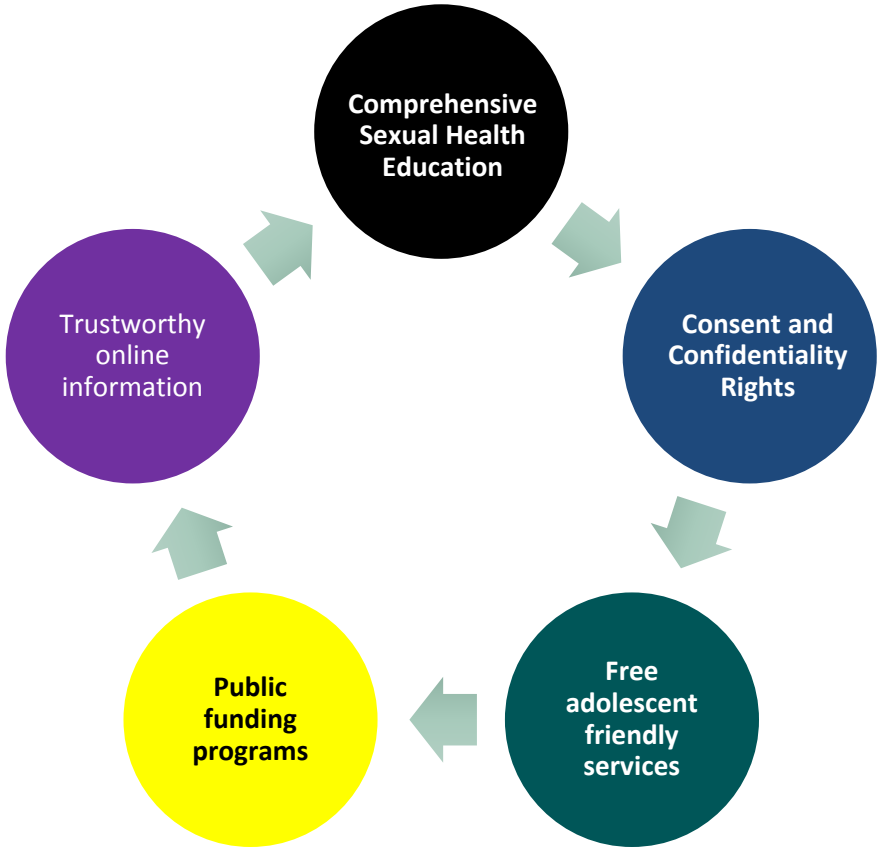
SEXUAL AND REPRODUCTIVE HEALTH DISPARITIES EXPERIENCED BY YOUTH IN THE FOSTER CARE SYSTEM

California's network of sexual and reproductive health information and services to address adolescent needs



Highlights:

- Mandatory **comprehensive sexual health education** in public middle and high schools
- **Consent rights** that allow adolescents who need it to confidentially access care
- A network of **clinics**, specially trained to address adolescent needs
- **Public funding** streams for sexual health services to ensure free access
- **Trustworthy information** for teens and adult caregivers

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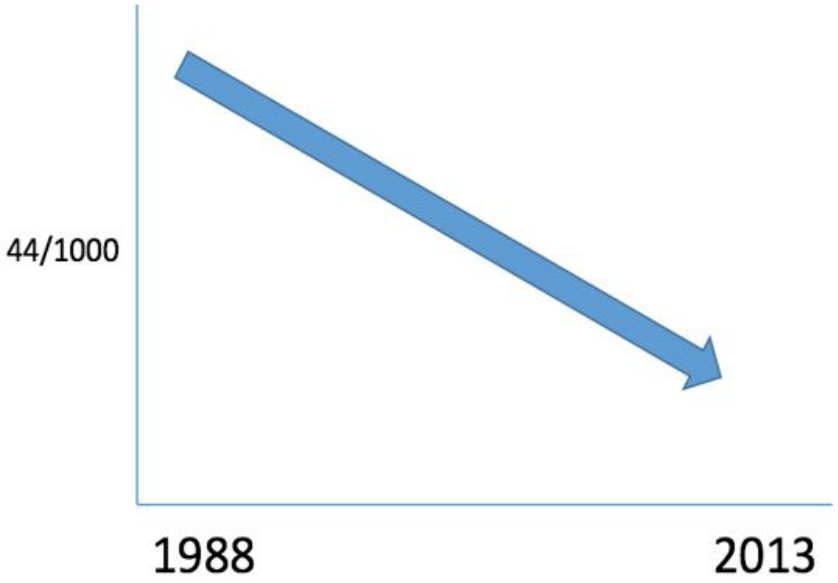
Services + programs have effectively reduced pregnancy for teens overall



- Teen birth rate in CA down 77% since 1991
- Greatest percent reduction in US, along with CT and MA

https://powertodecide.org/what-we-do/information/national-state-data/california
https://powertodecide.org/what-we-do/information/national-state-data/change-teen-birth-rate

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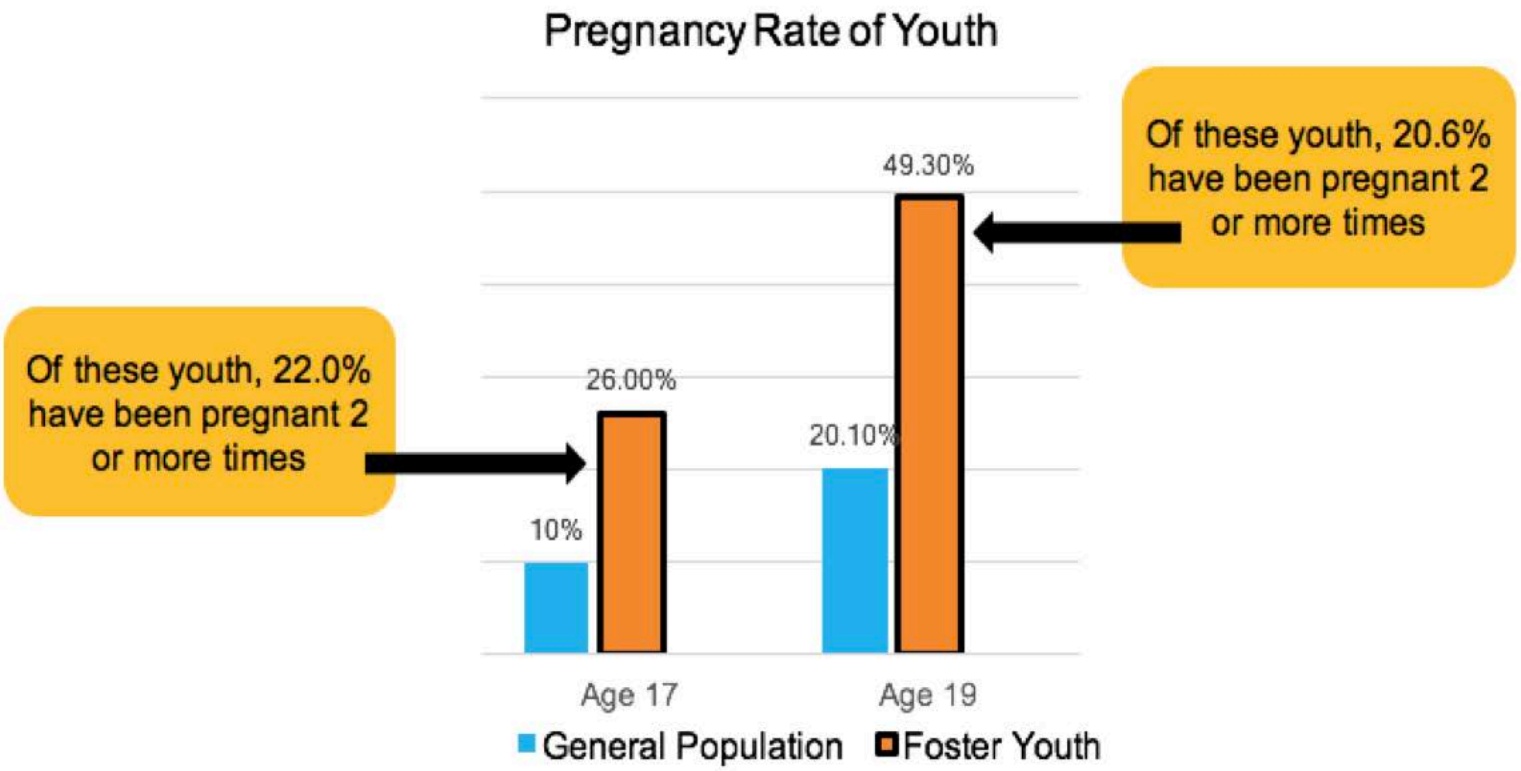
Yet, almost 50% of youth in foster care in CA will have been pregnant at least once by age 19



Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 and at Age 19 (2014, 2016).

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How does CA's data compare to national rates?

Across the board, youth in foster care are **disproportionately more likely to have experienced early pregnancy** than their non foster care peers:

- Midwest (Illinois, Iowa, Wisconsin): by age 19, young women were about twice as likely as young women in the Add Health Study to have ever gotten pregnant - 51% vs. 27% (Dworsky & Courtney, 2010b)
- Missouri: 55% percent of young women had ever been pregnant and 23% of males had fathered a child by age 19 (Oshima, 2013)
- Massachusetts: 43% of youth in foster care had been pregnant or caused someone to get pregnant (Collins, 2007)
- Texas: Girls aged 13 to 17 in foster care are nearly five times as likely as their peers to become pregnant (Texans Care for Children, 2018)

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For CA youth, most of these pregnancies were not intended – this is about upstream barriers to care, not "filling an emotional void"

Young women in foster care at age 17:

Wanted to become pregnant:	%
Definitely no	30%
Probably no	14%
Neither wanted nor didn't want	26%
Probably yes	18%
Definitely yes	7%

70%

24.3% report using contraception at last pregnancy

Young men in foster care at age 17:

Wanted partner to become pregnant:	%
Definitely no	31.8%
Probably no	11.7%
Neither wanted nor didn't want	23.1%
Probably yes	16.5%
Definitely yes	8.7%

67%

23.% report using contraception at last pregnancy

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

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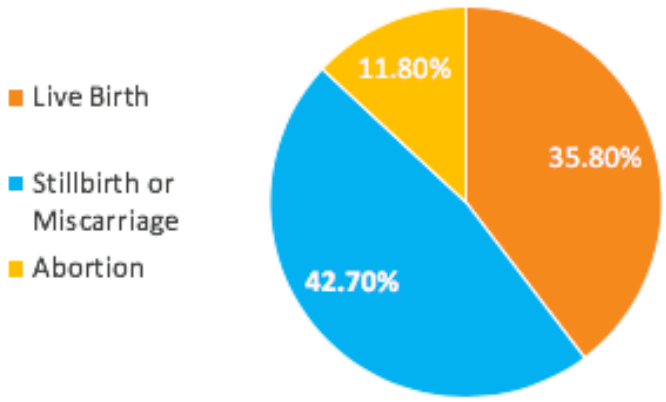
Youth in CA foster care also have disproportionately poor prenatal outcomes

Of foster youth surveyed at 17 who reported pregnancy:



***42.7% had a stillbirth or miscarried**

***20.7% never received prenatal care**

How does this compare elsewhere? Female youth in the Midwest study (Illinois, Iowa, Wisconsin) who **became pregnant while out of care were more likely to receive prenatal and postnatal services** than female youth who remained in care, and those who remained in care were more likely to end a pregnancy in an abortion compared to those who exited care (Courtney et al., 2005).

Source: Courtney et al., Findings from the California Youth Transitions to Adulthood Study: Conditions at Age 17 (2014).

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Youth in foster care experience unique risks and circumstances, across the board

Stage	Things to know about youth in care
Early Adolescence	• Youth who have experienced trauma may **enter puberty up to a year earlier** than peers • Twice as likely to identify as **LGBTQ**
Middle Adolescence	• About 20% of female youth in foster care and 7% of males report sexual molestation while in care • **49% report forced sex** at some point before age 19
Late Adolescence	• The **majority of sexually trafficked youth** are involved in child welfare • Over **90%** of foster youth are **youth of color.** Many youth face institutional bias and discrimination.

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Common barriers that youth in foster care face

Social workers, health providers, caregivers, and others may have or experience:

- Lack of clarity on policies, laws, and reproductive rights, leading to "diffusion of responsibility" and violation of rights
- Bias or religious objections, which affects what options are provided to youth, assumptions about youth's behavior (and risks and life goals)
- Confusion about consent and confidentiality rights
- Inadequate training on how to have age-appropriate sexual health conversations with youth
- Fear of liability issues
- Logistical concerns, including providing youth transportation to their provider of choice or understanding what services the youth can access

"This is the reason I didn't ask a pregnant teen whether she was getting prenatal care or any other questions; it was beyond my comfort level; I don't know what they are thinking; I just keep focus on ILP stuff, bus pass, workshops…"

"It was hard to have these conversations with a social worker who was close minded or pushed their views on you"

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Common barriers that youth in foster care face (con't)

Youth in foster care may have or experience:

- Lack of knowledge regarding reproductive and sexual health rights, which affects the kind of services they ask for, their choice of provider, and what they understand to be in their control
- Placement and school instability (and location in more rural areas) and lack of support at their placement can lead to gaps in medical care and missing out on sexual health education
- Bias from providers and professionals, making them less likely to seek care and access follow-up care
- Trauma and history of forced sex impact how youth seek services
- Comfort and trust; concerns about privacy; lack of "askable adults"
- Little control over their living environment

"Staff would search our rooms, and if they found condoms they would take them away and you would get in trouble."

"My house manager . . . tried to pressure me into getting an abortion. She set up an appointment at Planned Parenthood for me to get an abortion and drove me there."

"There's been many times where I felt that my doctor had certain stereotypes about me because I was in foster care."

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HANDS: TRAINING, EDUCATION, AND OTHER PROMISING INTERVENTIONS

Training, Education, and Other Promising Interventions

- Between 2017 and 2018, LA RHEP focused on delivering and evaluating training and interventions with five stakeholder groups: the **courts**, child welfare **social workers**, foster **caregivers**, health care **providers**, and **youth** in foster care.
- Our evaluation strategy included a "shared measurement" approach that included a set collectively agreed upon indicators across each intervention:

Knowledge	Attitudes	Behaviors and Skills
• Understanding of pregnancy and STI prevention • Resources available • Policies; roles and obligations	• Acknowledgement of the importance of sexual health conversations and prevention strategies	• Self-efficacy as it relates to using condoms* • Negotiating and refusal skills* • Ability to initiate and have successful sexual health conversations

Asterisks are for metrics that only apply to interventions for youth in care.

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- Making Proud Choices! (Module for Youth in Out-of-Home Care)
  - Contracted with community educators employed by AltaMed to deliver the training, which occurred in four workshop series between August 2017 and April 2018
  - 89 current and former foster youth participated (ages 18-24) and were provided up to $150 for full participation, with an addition $50 for completing a follow-up survey

- Evaluation included a pre-, post-, and 3-month post-survey:
  - All **knowledge** measures (STIs, contraceptives, pregnancy prevention, healthy relationships, sexual health and safety in social media/ technology use) increased from pre to post intervention, and remained higher than pre at 3 months.
  - All **self-efficacy** measures increased from pre to post intervention though this effect was not sustained at 3 months.
  - Some **behaviors** changed as well. For example, use of an effective birth control method increased from pre-intervention to 3 months post-training

Key Lessons Learned from Our Pilot of Making Proud Choices! For Youth in Out of Home Care:

LOCATION: Needs to be near public transportation, with parking, in a "youth friendly" space that is easy to find and spacious.

TIMING: Attendance was highest over school breaks, with threev consecutive days of workshops.

CURRICULUM: The curriculum sells itself! Youth enjoyed it – if you can get them there on the first day, many will return.

TRANSPORTATION: Provide transportation support, either in the form of a ride or money.

Key Lessons Learned from Piloting Making Proud Choices! (con't)

INCENTIVES: Youth liked receiving their monetary incentive each day they attend (as opposed to at completion).

FOOD: Youth showed up hungry – make sure snacks are adequate if meal is not happening until midway through.

TIME: Build in time for sign-in, food, breaks, etc.

CHILD CARE: The classes are long – consider providing childcare for parenting youth.

CULMINATION: Provide some sort of certificate of completion and acknowledge the accomplishment.

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We piloted different approaches to test what garnered the best attendance outcomes

- **August: Provider Partnership**
  - 4 days once per week; 4 hours per day
  - Location: David & Margaret Youth & Family Services in LaVerne
  - 56% youth attended all 4 days (9 youth total)
- **December: Three-day intensive / winter break**
  - 3 consecutive days; 5 hours per day
  - Location: First Place for Youth in Mid-Wilshire/Koreatown
  - 79% youth attended all 3 days (34 youth total)
- **February: Evenings over one month**
  - 4 days once per week; 4 hours per day
  - Location: Children's Law Center in Monterey Park
  - 36% youth attended all 4 days (22 youth total)
- **April: Three-day intensive/spring break**
  - 3 consecutive days; 5 ½ hours per day
  - Location: First Place for Youth in South LA
  - 58% attended all 3 days (24 youth total)

89 youth participated. 55 youth attended all sessions in their workshop series. Participants were current and former foster youth in Los Angeles County, ages 18-24

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Promising Interventions for Youth in Foster Care: EPY Conferences

- Los Angeles County created **Expectant and Parenting Youth (EPY) Conferences**, which are specialized meetings designed to address the needs of any expectant and parenting youth under the supervision of child welfare, including young fathers. The EPY conference is completely voluntary, informed by the youth and members of their support system, and is intended addresses the following:
  - Issues relating to pregnancy and the early stages of child rearing.
  - Preventative services to assist in stabilizing and maintaining the family unit.
  - Fostering safety and promoting a successful transition to independence.
- Youth participants are encouraged to invite their community supports, which can include family, friends, mental health, public health nurse, independent living coordinator, wraparound staff, etc.

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Issues That Are Addressed in EPY Conferences

- Prenatal care and general sexual & reproductive health
- Placement instability
- Education
- Subsidized child care to enable youth to remain in school
- Child care
- Parenting classes
- Early intervention for babies
- Counseling
- Legal issues, such as family law, tickets, immigration, etc.
- Public benefits
- Transition issues and services

Interventions for Youth in Foster Care: EPY Conferences (con't)

- LA RHEP conducted **phone interviews** with youth who'd been through the conferences.
- Interview scripts included questions about the how goals were addressed during the conference, impacts of the conference on the youth's life, and youth's satisfaction with the conferences.

"I reached all my [EPY Conference] goals. I was homeless for a little while. I was in a motel with my baby. But there was light at the end of the tunnel. I made it with both of my kids … but if [conference staff] weren't there, I don't know, I probably wouldn't have my baby with me."

"The best part about it was I was able to voice what I needed for my kids…Because living in a foster home…they don't want to help you or what you need is way out of their capabilities…So to have people willing to provide for you and your baby because they know you can't, that was a lot to me."

"I was very comfortable and they made me feel good. They made the meeting about me and I appreciated it. They kept asking questions about my life."

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HEAD: POLICY DEVELOPMENT AND IMPLEMENTATION SUPPORT

The CA Foster Youth Sexual Health Education Act, or SB 89

Three leadership team members of LA RHEP co-sponsored **Senate Bill 89** which went into effect July 2017 and has the following mandates:

- **Improved Access to Sexual Health Education**: Requires social workers to verify and document in a case plan if youth 10 and older have received comprehensive sexual health education (as defined by the CA Healthy Youth Act), once in middle school and once in high school. For youth who missed it, social workers must document how the child welfare agency will ensure that youth receives the missed instruction.
- **Informing Youth of Their Rights and Removing Barriers to Services:** Requires social workers to document that they have informed youth, ages 10 and older, of their sexual and reproductive health rights annually in an age and developmentally appropriate manner.
- **Quality Sexual Health Training for Caregivers, Case Managers, Judges:** Requires all social workers, foster caregivers, and judges to be trained using a curriculum that addresses rights of youth, documenting sensitive health information, duties and responsibilities, talking to youth in a trauma informed, medically accurate and age appropriate way, and information about current contraception methods and referral resources.

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Even with SB 89, social workers express discomfort with having age-appropriate sexual health conversations, for a variety of reasons

- Led by leadership team member John Burton Advocates for Youth, LA RHEP developed a series of **youth fact sheets** and an accompanying **case manager guide** that includes conversation starters to help county case managers navigate sensitive conversations with youth in foster care.
- Fact sheets and conversation starters are available for three developmental stages: early adolescents (tweens), middle adolescents, and transition aged youth/young adults.

https://www.jbaforyouth.org/5-16-19-webinar/

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HEART: COMMUNITY ENGAGEMENT AND COMMUNICATIONS

Shifting from Individual Blame to System Change

The main goal of our community engagement and communications strategies are to

- End harmful narratives about the sexual and reproductive health realities faced by youth in foster care as a means to …
- Shift perceptions of what it means for trusted adults to support the healthy sexual development and bodily autonomy of youth in foster care.

Youth Advisory Board

"They say it takes a village. Well, you are the village for the foster youth you guys are working with. You are the village, even if you're coming in and out. You're the people we're going to remember. You know, there's people in my life I've only seen once but they had such an impact on my life that I still remember them."

LA RHEP Youth Advisory Board Members and #FosterReproHealth Ambassadors present on a panel at our inaugural conference: ***What's sex got to do with it? Healthy Sexual Development to Improve Outcomes for Youth in Foster Care***.

The conference drew a diverse audience of almost 200 individuals from child welfare, health, group homes, education, workforce development, reproductive justice, and more.

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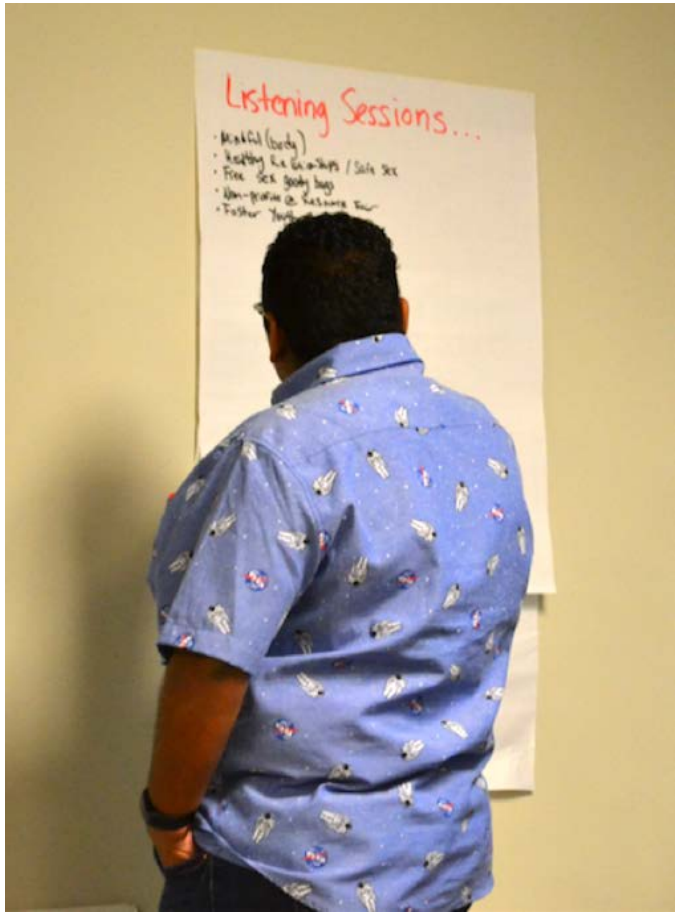
Listening Sessions



Jaci, Youth Advisory Board Member

Purpose:

- To center those with lived experience in the foster care system by positioning the **youth advisory board to lead** the sessions with community;
- To hear about on-the-ground **experiences and barriers** with regard to getting youth connected to sexual and reproductive health care and resources or helping them exercise their rights;
- To hear from youth and from folks who work with youth about what they think needs to happen to **improve access, services, practices, and policies**;
- To utilize the information to develop and **refine our strategies** for LA RHEP's communications and policy work.

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Listening sessions help uncover barriers and promising practices

- Information compiled from listening sessions with:
  - 12 youth in foster care (in partnership with an independent living program)
  - 10 dependency attorneys (in partnership with Children's Law Center)

	Youth in Foster Care	Attorneys

Information	• From a trusted adult
	• Want different options
	  • Materials
	  • In group home or youth setting
	  • In school (more often)
	• Gender-based approach
		• From a peer or trusted adult
		• Materials (i.e. pamphlets)
		• Resource lists
		• Best practices/training

Barriers	• Don't want to engage w/social workers
	  • Lag time
	• Inconsistent and lack of information
	  • Don't know rights or resources
		• Don't see them often or prioritize
		• Don't know the law or resources
		• Good/trusted physicians
		• Documentation in court reports

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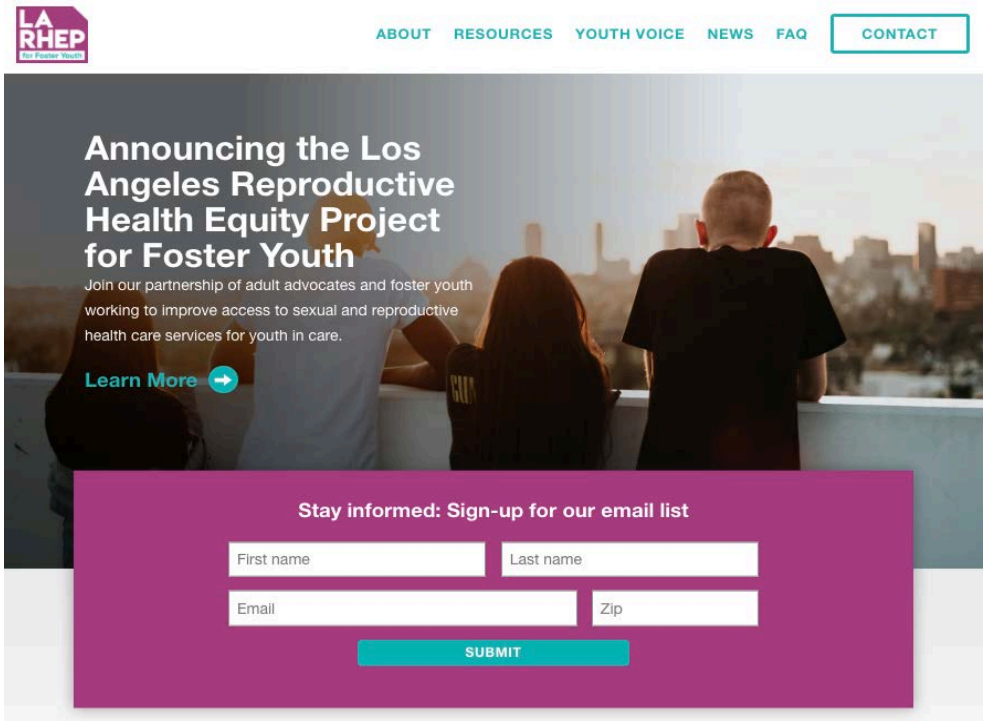
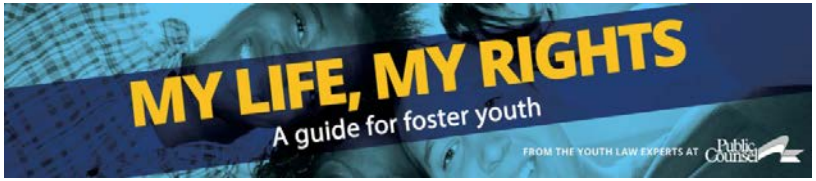
Youths' perspective on how to communicate with them about sexual health:

- Be inclusive and not gendered in how you ask questions
  - For example, "are you in a relationship?" instead of "do you have a boyfriend?"
- Use broad open questions
- Look calm and give us your full attention
- Watch physical cues for signs of anxiety or stress
- Don't assume we are all sexually active and don't assume we are not - we are not homogenous
- Some of us may already have experienced something nonconsensual
- Don't set a lower bar for us just because we are in foster care
- Make sure there are no language barriers. Did youth really understand?

Online + print messaging to "change hearts + minds"





www.fosterreprohealth.org
http://teenparentnet.azurewebsites.net/lovesexandrelationships.html
http://knowb4ugo.org/sexual-and-reproductive-health-information
http://www.teenhealthrights.org/
http://www.mylifemyrights.org/category/my-life/love-sex-and-relationships/

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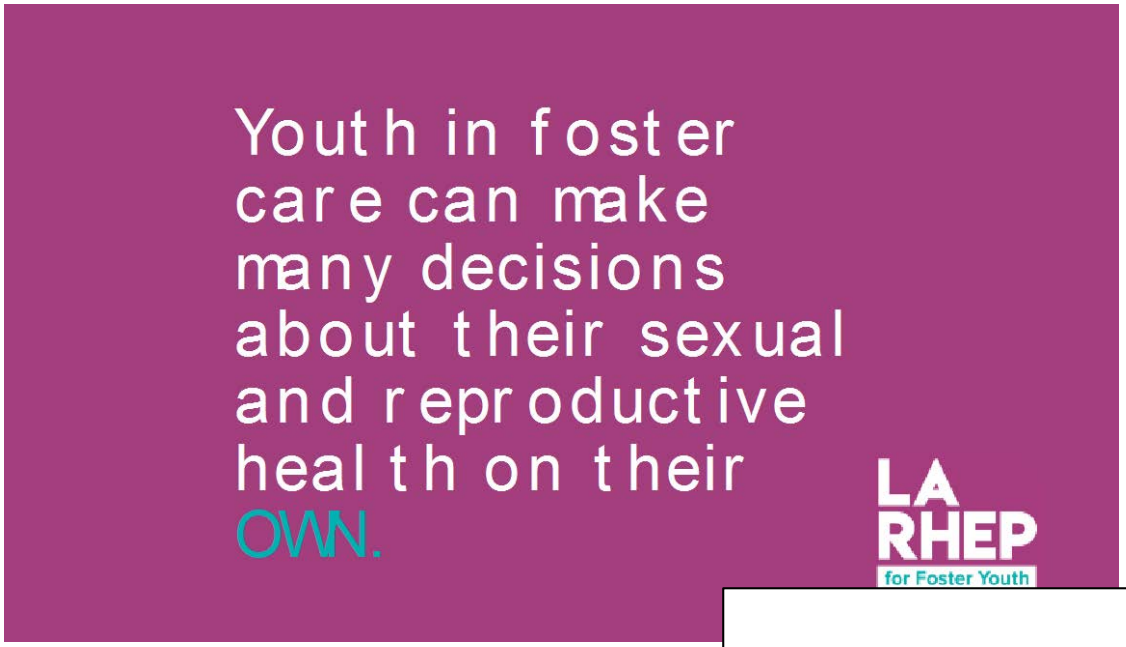
Online + print messaging to "change hearts + minds" (con't)



The LA RHEP Youth Advisory Board created "rights" cards, which are in DCFS regional offices, the courts, and Medical Hub clinics.

WE'RE NOT IN CALIFORNIA ANYMORE: CONTEXTUALIZING FOR YOUR LOCAL CONTEXT

Contextualizing for Your Local Context

- **HEAD | Data, Policies, Laws** – *without explicit guidance, barriers to care for youth in systems are more likely to flourish*
  - Do any policies exist in your state that provides guidance to social workers, the courts, foster parents about their roles and obligations to facilitate access to SRH care?
  - Do any policies exist in your state that explicitly affirms what SRH services teens in foster care can access legally, confidentially, for free?
  - Is your state, child welfare system, and/or health systems tracking data about SRH service utilization or barriers for youth in care?
  - Are there any SRH "champions" in leadership or policy positions?
- ***Available Resources***:
  - Contact the National Center for Youth Law/LA RHEP to help you figure it out!

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Contextualizing for Your Local Context (2)

- **HEART | Engaging Your Community** – *without input from impacted community, we will not design responsive interventions*
  - Do you have staff capacity to engage youth with lived experiences in a decision-making capacity, or is there another local org that already convenes youth leaders?
  - Do you have capacity to gather information – from the ground – on the most significant barriers (including stereotypes, misconceptions, biases) that youth in foster care face when trying to access SRH services, education, and information (e.g., focus groups, listening sessions)?
- ***Available Resources***:
  - Community Engagement Toolkit (Collective Impact Forum)
  - Youth Activist Toolkit (Advocates for Youth)
  - LA RHEP Youth Advisory Board can answer questions about how to launch youth leadership initiatives around this issue

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Contextualizing for Your Local Context (3)

- **HANDS | Interventions + Promising Practices** – *without practical strategies adapted to meet the unique barriers and needs of youth in foster care, their outcomes will continue to run counter to national trends*
  - Do you know the key stakeholders that regularly interface with youth in your state's foster care system (e.g., dependency attorneys, case workers, caregivers, etc.) and what their common barriers, misconceptions, and issues are?
  - Are there SRH "champions" that can help advocate for implementation of interventions tailored toward youth
  - Can resources be shared with those stakeholders to increase their awareness?

- ***Available Resources***:
  - Guidance for having trauma-informed, medically-accurate, age-appropriate sexual health conversations with youth in foster care (www.fosterreprohealth.org)
  - Reach out to LA RHEP for more information on EPY Conference implementation
  - Learn more about our LA pilot of Making Proud Choices – visit jbay.org to check out our 9/19/18 webinar

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THANK YOU!

Lesli LeGras Morris (she/her)
National Center for Youth Law
Director, LA Reproductive Health Equity Project for Foster Youth
llegras@youthlaw.org

LA RHEP for Foster Youth
Advancing Reproductive Health Equity for Youth in Foster Care

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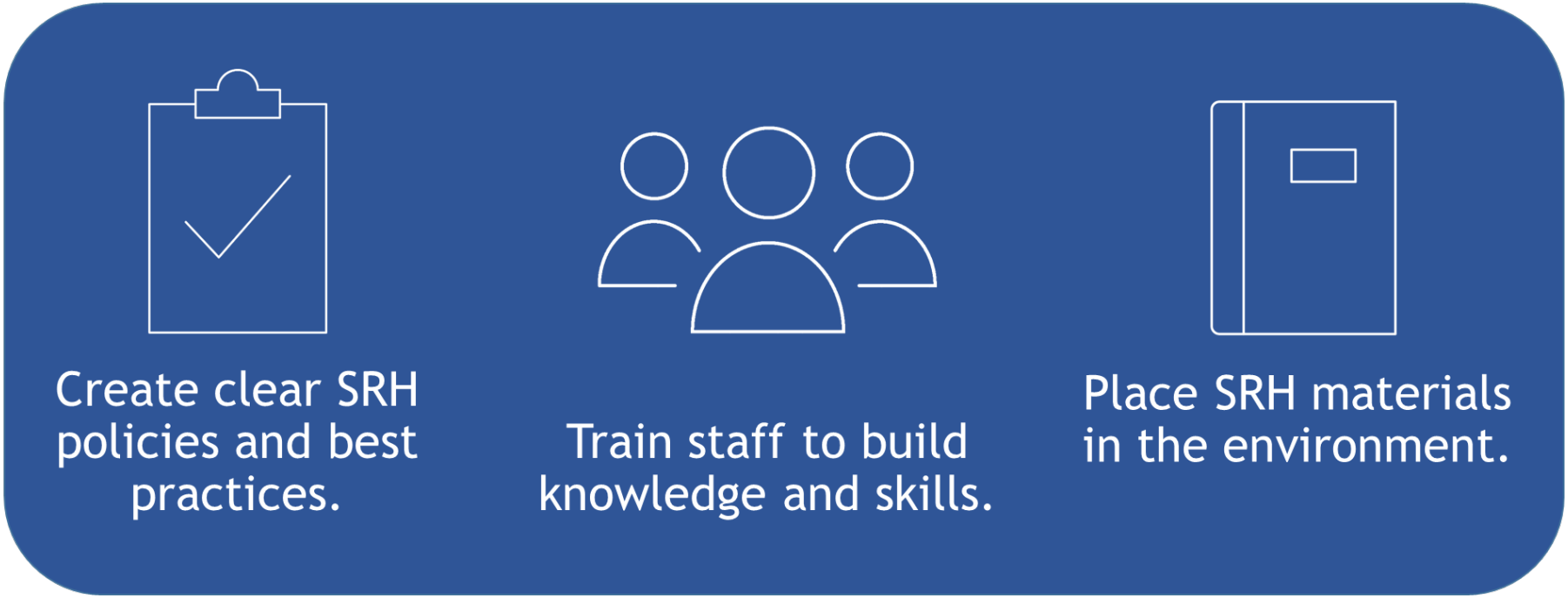
GRANTEE PANEL

Lisa Colarossi, Vice President for Research & Evaluation
Planned Parenthood of New York City

Sexual and Reproductive Health Organizational Capacity Building for Foster Care



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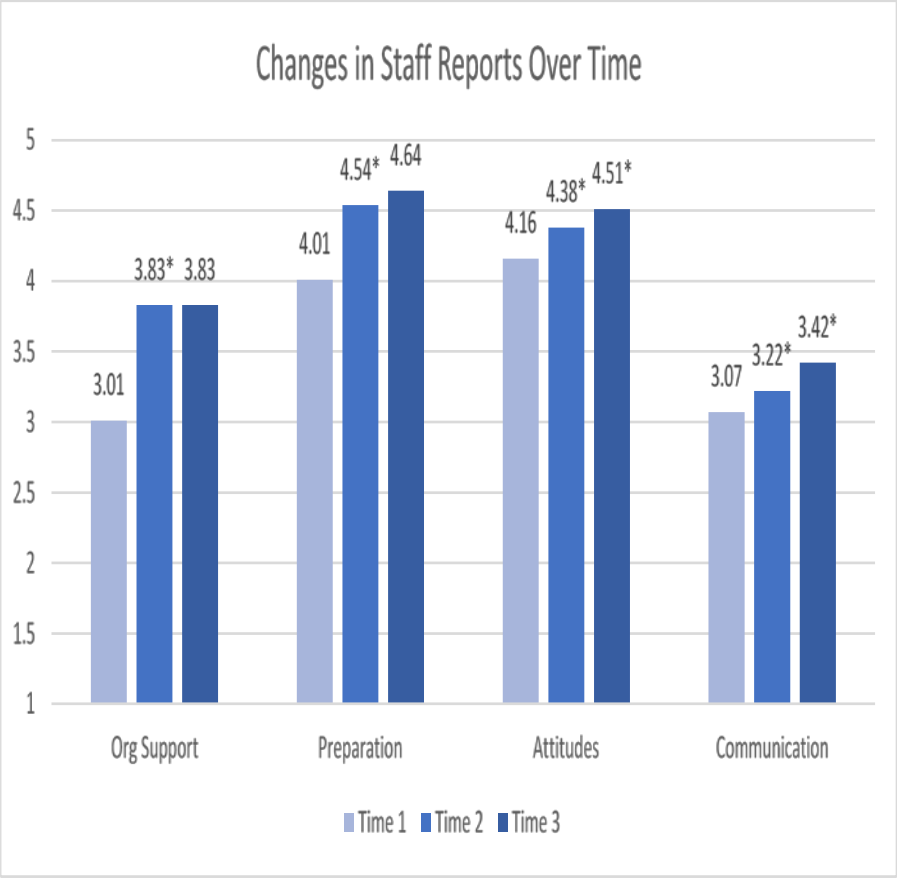
Organizational Capacity Building



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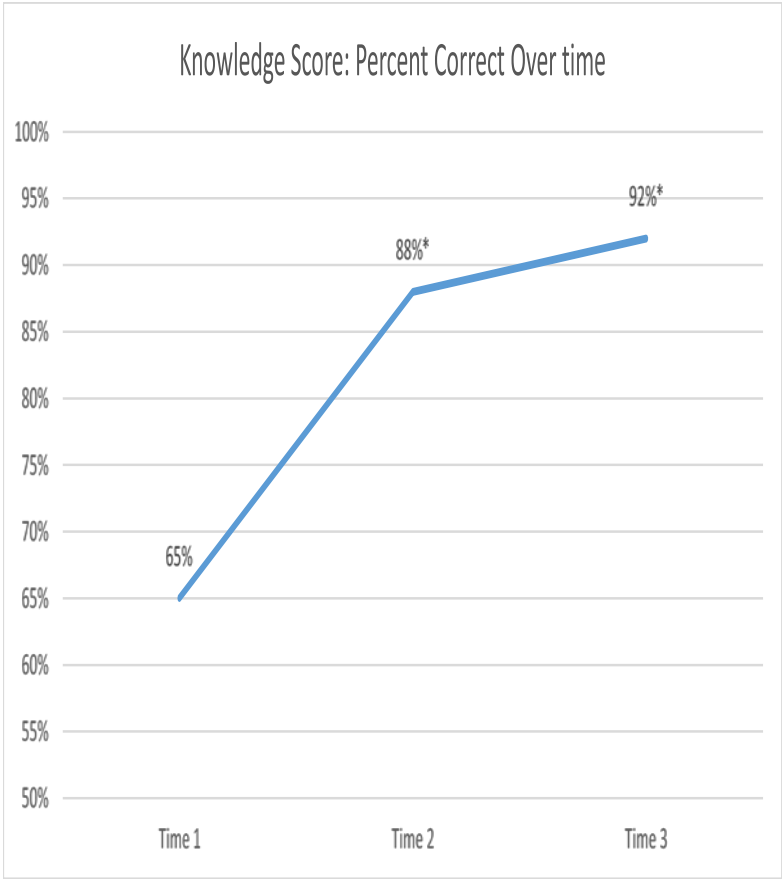

** Significant increase from prior time at p ≤ .05*

Feedback survey

https://www.surveymonkey.com/r/6W28J5M

Thank you!

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