**Effective Date: June 10, 2003** **Number: I-0207**
**Current Revision Date: November 15, 2018**

# Sexual/Reproductive Health and Parenting

**Purpose**

To provide guidelines for children and non-minor dependents (NMDs) in foster care to receive sexual/reproductive health care information and services and, as needed, pregnancy or parenting case management services.

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**Approved**

This policy was approved by Anne Bloxom, Director of CFS.
*Signature on file.*

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**Most Recent Revision**

This revision of the Policy and Procedure (P&P) reflects the provisions of Senate Bill (SB) 89 and Assembly Bill (AB) 959, and includes:

- Information on engaging children and NMDs in foster care in discussions regarding Sexual Orientation Gender Identity and Expression (SOGIE)
- Guidelines for documentation of SOGIE data
- Updated guidelines for advisement of rights
- New case plan documentation guidelines for children 10 years of age and older and NMDs
- Updated legal citations
- Reference to a California Department of Social Services (CDSS) brochure titled Know Your Sexual and Reproductive Health Rights

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**Background**

Research indicates youth in foster care engage in sexual activity at an earlier age, have higher rates of sexually transmitted infections (STIs), higher rates of pregnancy (intended and unintended), and higher rates of births than youth of the same age who are not in foster care. A higher rate of pregnancy and parenting among young adults aging out of foster care has also been documented.

Further, parenting youth exhibit lower levels of educational attainment, more single parenthood, and less stable employment than do youth with similar backgrounds who postpone childbirth. Subsequently, children born to parents in foster care are disproportionately at-risk for maltreatment and involvement in the child welfare system than the general population.

Given this data, the need for improved reproductive education and pregnancy prevention among children and NMDs in foster care is of significant concern to the California legislature. In September, 2013, SB 528 was chaptered, which:

- Clarified a minor's right to consent to specified medical treatment pursuant to Family Code (FAM) Section (§) 6920, regardless of dependency status
- Authorized child welfare agencies to provide dependent children access to age-appropriate, medically accurate information about sexual development, reproductive health, prevention of unplanned pregnancies and, at 12 years of age and older, STIs

Additionally, the California Supreme Court ruling of *American Academy of Pediatrics v Lungren* 16 Cal 4th 307 (1997), provides children in California the constitutionally protected right to consent on their own to pregnancy related care, including abortion, and a right to privacy in their reproductive decisions.

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**Definitions**

For the purposes of this P&P, the following apply:

**Foster Care:** As defined in Welfare and Institutions Code (WIC) § 11400, refers to the 24-hour out-of-home care provided to children whose own families are unable or unwilling to care for them, and who are in need of temporary or long-term substitute parenting.

**Entering Foster Care:** As defined in WIC § 361.49, a child, regardless of age, is deemed to have entered foster care on the earlier of the date of the jurisdiction hearing or the date that is 60 days after the date on which the child was initially removed from the physical custody of his/her parent or guardian.

**Comprehensive Sexual and Reproductive Health Education:** Refers to information which covers all aspects of sexuality, services, and options including yet not limited to, sexual development and healthy relationships, pregnancy, family planning, and STIs.

**Comprehensive Sexual Health Education (CSHE):** As defined by the California Healthy Youth Act (Education Code [EDC] §§ 51930–51932), refers to education regarding human development and sexuality, including education on pregnancy, contraception, and STIs provided by California state educational agencies. Refer to All County Letter (ACL) 18-61 for further information regarding CSHE.

**Family Planning Services:** Process of establishing objectives for the timing, number, and spacing of children, and selecting the means by which those objectives may be achieved. Services include yet are not limited to: Patient visits, client-centered reproductive health education and counseling, instruction in pregnancy prevention, contraceptive counseling, methods (e.g., birth control pills, patch, ring, Intrauterine Device [IUD], injections, implants) and supplies (e.g., condom, sponge, foam, film, diaphragm, cap), diagnosis and treatment of STIs, and treatment for complications resulting from previous family planning procedures.

**Pregnant and Parenting Planning Conference (PPPC):** A specialized, collaborative, supportive group process to assist pregnant and parenting youth and NMDs in foster care with planning for healthy parenting, identifying appropriate resources and services, and preparing for a successful transition to independence.

**Sexual Orientation, Gender Identity and Expression (SOGIE):** A term that represents the important intersection of three distinct identities.

- Sexual orientation – a person's emotional, romantic, and sexual attraction to individuals of the same sex and/or a different sex
- Gender identity – a person's internal, deeply felt sense of being male, female, both, or neither, regardless of the person's assigned sex at birth
- Gender expression – the manner in which a person expresses gender through clothing, appearance, speech, and/or behavior

**Survival Sex:** A practice of bartering or trading sex for basic needs such as food and shelter (a place to sleep or live) or for drugs and/or alcohol. Also termed "transactional sex."

**Whole Family Foster Home (WFFH):** Per WIC § 11400, a type of placement home (not a group home) specifically recruited and trained to assist the dependent parent in developing the skills necessary to provide a safe and stable home for their child. Under specified conditions, additional funding may be provided.

## POLICY

**Prevention/ Intervention**

Receiving accurate comprehensive sexual and reproductive health education and referral to needed services is an integral aspect of overall health and well-being for youth and NMDs in foster care, and will assist in achieving the following objectives:

- Reduce unintended pregnancy/mistimed pregnancy
- Improve intentional family formation
- Reduce STIs
- Improve outcomes for parenting dependents and their children

As part of ongoing case management, and as outlined in CFS P&Ps Case Compliance Contacts and Documentation (E-0105) and Extended Foster Care (EFC) (J-0101), assigned Senior Social Workers (SSWs) will assess, monitor and document the ongoing health and development needs of children/NMDs in foster care who are on their caseload. This includes sexual and reproductive health education and reproductive healthcare service needs.

See Attachment 1—Sexual/Reproductive Health Discussion and Intervention Tips for tips on engaging children/NMDs in reproductive health discussions.

Per CFS policy, assigned SSWs will make efforts to:

- Use their professional training and engagement skills to introduce and monitor a child/NMD's reproductive health understanding and development
- Create a safe and affirming environment to enhance ongoing reproductive health discussions and assessment
- Refer to, and facilitate receipt of, safe community resources and healthcare providers appropriate to the child/NMD's individualized needs
- Provide, as authorized in WIC § 369(h) and WIC § 16001.9, children and NMDs in foster care access to age-

appropriate, medically accurate health information regarding:
    - Sexual development
    - Reproductive health care
    - Prevention of unplanned pregnancy
    - Prevention and treatment of STIs, at 12 years of age and older
- Seek supervisory consultation when needed

Further, assigned SSWs will, as applicable:

- Provide or facilitate a child/NMD's receipt of comprehensive sexual and reproductive health education
- Coordinate a child/NMD's access to reproductive services, products, and treatment, if requested
- Address barriers to a child/NMD's access to reproductive education or services
- Confirm caregivers are complying with caregiver expectations (refer to appropriate licensing or approval agency/liaison as needed)
- Consult with and/or refer to Public Health Nurses (PHNs) and/or Orange County (OC) Health Care Agency (HCA) as needed for provision of services, referral information, etc.
- Consult with Department of Education (DOE) Foster Minor Services (FYS) as needed

See Attachment 1— Sexual/Reproductive Health Discussion and Intervention Tips and CFS P&Ps Child Health and Disability Prevention (CHDP) Program (I-0203) and HIV/AIDS Case Management (D-0602).

**Note:** It is important children and NMDs in foster care learn about sexual development and reproductive health from an adult who has accurate and comprehensive information designed to aid the child or NMD in making informed choices and decisions. Refer to CFS Intranet Sexual/Reproductive Health & Parenting Resources for Foster Youth and the CDSS Healthy Sexual Development Project webpage for resource information.

**Advisement of Personal/Sexual/ Reproductive Rights and Services**

A. **Advisements to Children and NMDs in Foster Care:** The assigned SSW will provide children and NMDs in foster care the following personal **and** sexual and reproductive health rights:

1. Pursuant to ACL 16-88, upon entry into foster care, provide **personal** rights specified in WIC § 16001.9

and a copy of *Foster Care Personal Rights (F063-25-758)* and *You have Rights Too! (PUB 395)* at least once every six months, at the time of a scheduled contact.

The following additional forms may also be provided, as applicable to the child/NMD's placement:

- *Personal Rights in a Resource Family Home (F063-25-682)*
- *Personal Rights—Children's Residential Facilities (LIC 613B)*

Per CDSS ACL 14-38, **personal** rights information will be provided in an age and developmentally appropriate manner that includes an explanation of these rights and addresses any questions or concerns in the child/NMD's primary language. If an assessment for interpretive services is needed, see CFS P&P Client Rights (B-0105).

2. Pursuant to WIC § 16001.9, WIC § 369(h), and WIC § 16501.1, provide access to age appropriate, medically accurate information about:

   - Sexual Development
   - Reproductive health care
   - Unplanned pregnancy prevention, abstinence, use of birth control, and abortion
   - Prevention and treatment of STIs at **age 12 and older**

   **Note:** The CDSS has made available the *Know Your Sexual and Reproductive Health Rights* brochure to educate children/NMDs in foster care about their sexual and reproductive health rights.

3. Pursuant to ACL 16-88, inform children in foster care in an age appropriate manner of their sexual and reproductive rights to:

   - Consent (at any age) to pregnancy related care including contraception, and prenatal care pursuant to FAM § 6925
   - Consent to abortion as stated in the California Supreme Court ruling of *American Academy of Pediatrics v Lungren* 16 Cal 4th 307 (1997)

- Consent (**at 12 years of age and older**) to prevention, diagnosis and treatment of STIs and other specified reproductive health related medical treatment pursuant to FAM § 6926. Refer to CFS P&P Consent for Medical Care and Physical Examination (I-0206) for further information

4. Per CFS policy, provide minors 10–17 years of age a copy of *Minor Consent Rights – Reproductive Health Medical Care (F063-25-760).*

   Assigned SSWs are encouraged to review medical care consent rights at a frequency that coincides with the **personal** rights review (minimally every six months pursuant to WIC § 16501.1) or as often as needed.

   **Note:** Pursuant to WIC § 303, NMDs have the medical consent rights of other adults.

5. Pursuant to ACL 16-88:

   - Inform of their confidentiality rights regarding medical services
   - Make efforts to ensure children are up-to-date on annual medical appointments
   - Seek written consent prior to any disclosure of their sexual or reproductive health information
   - Inform of the right to withhold consent to disclosure of their sexual or reproductive health information
   - Inquire about any barriers in accessing reproductive and sexual health care services or treatment and address any barriers to services in a timely manner
   - Do not impose personal biases and/or religious beliefs

Refer to the "Documentation" Policy section for guidelines regarding documentation of advisement and provision of sexual and reproductive health rights and services for children age 10 and older and NMDs.

B. **Advisements to Parents of Foster Children:**
Assigned SSWs will advise the parents/legal guardians of children in out-of-home care of the **personal** rights afforded

to children, unless parental contact is prohibited by court order or parental rights have been terminated.

For children 10 years of age and older in foster care, the assigned SSW will, pursuant to ACL 18-61, advise the parent/legal guardian during review of the case plan, that the minor:

- Must receive school mandated CSHE pursuant to the guidelines and timeframes of WIC § 16501.1 (see the "Documentation" Policy section for further information about CSHE)
- Has been informed of sexual and reproductive health rights

If the parent/legal guardian is unwilling to sign the case plan, the assigned SSW will still provide the case management services to the child. Refer to CFS P&P Case Plans (D-0101) for further guidelines regarding review of the case plan with the parent(s).

C. **Advisements for Children in the Physical Custody of a Parent:**
For children receiving case management services while in the care of their parents, assigned SSWs may inform the child and parents of the minor consent rights provided in FAM § 6925–6929 and may, in consultation with the parents, facilitate access to reproductive health information or treatment.

**Consent and Privacy**

In accordance with WIC § 369(h), dependent minors maintain the right to consent to specified medical treatment pursuant to FAM § 6920 without parental or legal guardian approval. Refer to CFS P&P Medical Care Authorization (I-0206) for specific medical care, including reproductive health related care or treatments a minor may consent to, as well as any age restrictions.

Pursuant to ACL 16-88, when a foster child has the right to consent to medical services, such services are confidential between the provider and the foster child to the extent required by the Health Insurance Portability and Accountability Act, and the California Medical Information Act.

Pursuant to WIC § 303, NMDs retain legal decision making authority as an adult and, as outlined in to ACL 16-88, NMDs have confidentiality rights regarding medical services.

Without the child/NMD's written consent, a court order, or as allowed by California law and addressed in CFS P&P Confidentiality—CFS Client Records (F-0105), staff will not disclose private information regarding a child/NMDs receipt of reproductive health care or treatment, pregnancy, or termination of pregnancy to any other party, including as applicable:

- Parents
- Caregivers
- Child/NMD's attorney
- Expectant father/Intimate partner
- Juvenile Court
- Service providers

Child/NMD permissions to disclose reproductive health information (e.g., treatments, pregnancy, or termination of pregnancy, etc.) to any other party will be documented on *Authorization to Share Private Information (F063-25-759)*.

**Note:** As part of general case management and oversight responsibilities, assigned SSWs may share private information regarding children/NMDs on their caseload with their direct chain of command and necessary medical personnel (e.g., PHNs, physicians, or assistants, etc.).

If abuse, neglect, sexual abuse, or exploitation is alleged or suspected, mandated reporter responsibilities apply as outlined in Penal Code (PEN) § 11165.7 and CFS P&P Child Abuse Registry (CAR) (M-0109).

Per ACL 16-88, CFS staff will seek the child/NMD's written consent prior to disclosure of sexual or reproductive health information. If a child /NMD has not authorized disclosure/sharing of private reproductive health information in a situation where the assigned SSW determines a need (e.g., protection and health of-child, placement safety or stability, access to health records, etc.), the SSW may encourage the child/NMD to consult with their attorney and may consider consulting with County Counsel. For guidance on acquiring protected health information, see CFS P&P Acquisition of Health Care Information (I-0404).

**Pregnancy Options: Youth/NMD in Foster Care**

Pregnancy (intended or unintended), pregnancy decisions, and the birth of a baby can be stressful and challenging for a youth or NMD in foster care. It is the expectation that staff will respond in a supportive, objective, and professional manner to disclosures by youth/NMDs of possible pregnancy, pregnancy, or birth of a child whether from the involved female, male, or both parties.

Upon knowledge of a youth/NMD's suspected or confirmed pregnancy or birth of a child, an assessment of the potential impact to the youth/NMD's immediate safety, well-being (to include medical and emotional needs), and permanence is critical. Per CFS policy, the assigned SSW will:

- Engage the youth/NMD in exploring options and desires (e.g., confirming pregnancy, parenting, adoption, termination, etc.); see Attachment 2—Pregnant and Parenting Planning Considerations
- Provide the youth/NMD with information regarding PHN consultation, discuss benefits of PHN assistance, and encourage acceptance of services
- Facilitate referral to PHN and/or other resources as indicated by the youth/NMD's agreement, request, and/or needs

**Pregnant and Parenting Planning Conference (PPPC)**

As indicated in WIC § 16002.5, holding a specialized and collaborative conference (e.g., PPPC) is the preferred forum in which to assist a youth/NMD in foster care with planning for healthy pregnancy and parenting outcomes, identifying appropriate resources and services, and preparing for a successful transition to independence.

Per CFS policy, SSWs will explain the purpose and benefits of PPPCs (see Attachment 3—Pregnant and Parenting Planning Conferences) and offer a conference to:

- Pregnant youth/NMDs that have chosen to continue with pregnancy and pursue parenting or adoption
- Parenting youth/NMDs

If a youth/NMD agrees to participate in a PPPC, assigned SSWs will promptly request a conference via the PPPC Scheduler as outlined in Attachment 3—Pregnant and Parenting Planning Conferences.

**Note:** Youth/NMD participation is voluntary. However, assistance in identifying and accessing resources remains a responsibility of the assigned SSW.

Factors to assess during a PPPC (or independently with youth/NMD if a PPPC is declined) include but are not limited to:

A. **Emotional/Mental Health Care Needs:**

- Explore youth/NMD's maturity, beliefs and attitudes about current circumstances and pregnancy in general
- Assess impact of youth/NMD's mental health history or current condition (e.g., depression, psychotropic medication, etc.)
- Discuss precipitating events (e.g., sexual encounters, likely father or mother of the baby, intimate partner abuse or violence, etc.) to determine:
  - Medical, emotional, or placement needs
  - Need for filing a child abuse report, see CFS P&Ps Sexual Abuse Allegations—Child Abuse Registry (CAR) (A-0205) and Child Abuse Services Team (CAST) (A-0401)
- Provide counseling and/or education referrals, as indicated; link to mental health professional
- Identify relationships and support of family, expectant and/or co-parenting father, intimate partner, friends, etc.

B. **Medical/Health Care Needs:**

- Explore pregnancy and parenting options; arrange resources according to youth/NMD's preferences
- As applicable:
  - Promptly coordinate pregnancy testing or prenatal care (youth)
  - Discuss the importance of prenatal care, offer referrals, and, if requested, coordinate care (NMDs)
- Consult with and/or refer to PHN, as indicated

C. **Placement/Services Needs:**

- Determine how the youth/NMD's current placement can meet immediate and permanency needs, to

include providing an affirming and supportive environment
- Sustainability plan for adequate finances and resources (e.g., child care) to meet ongoing needs
- Linkage to appointed attorney or legal services regarding parental custody rights or related matters, as indicated
- Update case plan or transitional independent living case plan to reflect new needs, services, and placement, as indicated

See CFS Intranet Sexual/Reproductive Health & Parenting Resources for Foster Youth.

**Parenting Youth/NMDs in Foster Care**

If a youth/NMD in foster care has decided to maintain parenting rights and responsibilities after birth, a vital focus becomes identifying the immediate needs of the infant and young family such as health care, housing, financial and other supportive assistance.

**Note:** Per WIC § 300, the fact that a youth/NMD in foster care gives birth is not, in and of itself, reason for CFS to intervene on behalf of the infant. See CFS Intranet Sexual/Reproductive Health & Parenting Resources for Foster Youth.

Additional resources, as applicable, may include:

- CalWORKS Pregnant Teen Services (Cal-Learn Program); see CFS P&P CalWORKS–CFS Collaboration (D-0502)
- Orange County (OC) Health Care Agency Breastfeeding Promotion and Support
- CFS P&Ps Developmental Screening Referrals (I-0209) and Substance Exposed Infants (D-0605)

**Supportive Efforts:**
As indicated in WIC § 16002.5, efforts will be made to support and preserve families headed by youth and NMDs in foster care. To the extent possible, parenting youth/NMDs will be provided with access to existing services for which they may be eligible that are specifically targeted at supporting, maintaining, and developing both the parent-child bond and the dependent parent's ability to provide a permanent and safe home for the child (e.g., child care, parenting classes, child development classes, and frequent visitation, etc.).

Other supportive efforts outlined in WIC § 16002.5 include:

- Advocating for parenting youth/NMDs to attend school, complete homework, and participate in age and developmentally appropriate activities unrelated to and separate from parenting
- Reasonable effort to locate and provide access to school programs that provide onsite or coordinated child care, if needed
- Assistance with establishing paternity and providing equitable services and support to fathers
- If the parenting youth's child is a dependent of the Court, facilitation of contact between the child, child's custodial parent, and the child's non-custodial parent, if found to be in the best interest of the child
- If the parenting youth's child is NOT a dependent of the Court, contact will be facilitated between the dependent parent and the child's non-custodial parent, and appropriate family members, unless the Court finds visitation would be detrimental to the dependent parent (per WIC § 362.1)

**Note:** Pursuant to the mandates outlined in Assembly Bill (AB) 2289 (2018), effective January 1, 2019, pregnant and parenting students are entitled to accommodations that provide them with the opportunity to succeed academically while protecting their health and the health of their children.

**Placement Considerations:**

WIC § 16004.5 encourages child welfare agencies to identify and utilize whole family placements and other placement models that provide supportive family focused care for youth/NMDs in foster care and their children, such as WFFHs. In addition, WIC § 11465 authorizes additional funding for parenting youth/NMDs in foster care residing with their dependent or non-dependent children if specific criteria are met, one of which is a written parenting plan approved by the assigned SSW. Refer to CFS P&P Extended Foster Care (EFC) (J-0101) for information regarding the Parenting Support Plan.

**Note:** The Parenting Support Plan is applicable to NMDs in a Supervised Independent Living Placement (SILP). However, Infant Supplement is available to both youth and NMDs in foster care as long as the youth/NMD's child is not in foster care.

Per CFS policy, staff will attempt to locate and place parenting youth/NMDs in foster care and their children together in a family-like environment, unless it has been determined that placement together poses a risk to the child. See Attachment 4—Dependent Parent Placements and CFS P&P Foster Care Rates (H-0112).

**Out-of-County/ State**

For children and NMDs in foster care who are placed out-of-county or out-of-state, CFS staff will make efforts to coordinate comparable reproductive health and parenting services afforded to dependents placed within OC. See CFS P&Ps:

- Courtesy Supervision (K-0501)
- Interstate Compact on the Placement of Children (K-0502)
- Child Health and Disability Prevention Program (I-0203)

**Healthy Relationships**

One of the passages of adolescence is the development and understanding of sexuality, to include understanding one's body, one's SOGIE, and one's values about sexual activity. During adolescence, many youths begin to explore their sexuality, engage in dating or relationships, and begin to be sexually active. For all youth, this can be a challenging transition, yet for children and NMDs in foster care, this transition can be particularly difficult, lonely, and threatening.

In effort to promote positive adolescent development and healthy relationships, assigned SSWs will provide, or arrange for, children/NMDs in foster care to receive information that will help them protect their sexual health and well-being. Effective protective aids may include a general knowledge of:

- Adolescent sexual development stages; see Attachment 1—Reproductive Health Discussion and Intervention Tips
- Resources which offer culturally competent, comprehensive, medically accurate education on safe sex and healthy relationships
- Healthcare providers which offer thorough, safe, and SOGIE affirming treatment

Pursuant to Government Code (GOV) § 8310.8, CDSS is mandated to collect data regarding voluntary self-identification information pertaining to sexual orientation and gender.

The assigned SSW will make efforts to engage children and NMDs in foster care who are developmentally and cognitively capable of understanding and discussing gender, in an age appropriate discussion of their preferred gender expression and the gender with which they identify.

Engaging a child/NMD in a discussion regarding SOGIE at the earliest opportunity is essential to advancing the objectives of the child/NMD's case plan, in regards to safety, identification of placement, and permanency/well-being. However, pursuant to Government Code (GOV) § 8310.8, the sharing of SOGIE information is **voluntary**. A child/NMD may decline to discuss or disclose information regarding SOGIE.

Refer to the "Documentation" Policy section for guidelines regarding documentation of SOGIE information.

**Lesbian, Gay, Bisexual, Transgender (LGBT) or Questioning Minor:**

Research indicates youth and young adults in foster care who are questioning their sexual orientation or who identify as being LGBT have a higher incidence than the general population and youth in foster care of:

- Multiple sexual partners
- Substance use during sex
- Survival sex
- Dating violence
- Pregnancy

Given these findings, it is vital that in addition to receiving support and understanding, children/NMDs in foster care who identify as LGBT or are questioning their sexual orientation be provided:

- Linkage to groups and resources that can help them cope with isolation and fears and prevention of high-risk behaviors; see CFS Intranet Sexual/Reproductive Health & Parenting Resources for Foster Youth
- Access to social and recreational services and events consistent with their interests and geared toward the community in which they identify
- Caregivers who have received instruction on cultural competency and providing adequate care of lesbian, gay, bisexual and transgender youth, pursuant to WIC § 16001.9

- Advocacy for fair and equal access to available services, care and treatment, and benefits
- Privacy regarding their sexual orientation or gender identity information and that staff discuss any contemplated disclosure with the child/NMD, giving careful consideration to the purpose and nature of any disclosure, as well as the potential consequences and benefits

**Supervisory Oversight**

Per CFS policy and as outlined in CFS P&P Quality Assurance of Cases—Supervisory Responsibilities (D-0304), supervisors will hold case conferences with each unit SSW to discuss case management activities pertinent to this policy, which may include:

- Ongoing assessment as to whether the placement meets the child/NMD's safety, permanency, and well-being needs
- Case management barriers and possible solutions
- Use of relevant service providers and resources
- Documentation issues
- Contact verification

**Documentation**

Per ACL 16-88, documentation of the child/NMD's reproductive and sexual health care/services will be completed in a sensitive manner and in compliance with federal and state confidentiality laws.

A. **CWS/CMS Documentation:**
Per CDSS Manual of Policies and Procedures (MPP) Division 31-075, ACL 16-88, and ACL 18-61, the assigned SSW will document case management activities regarding reproductive health, pregnancy and/or parenting in the Permanent Record. Documentation may include, yet not be limited to the following, as applicable:

- Contact with the child/NMD about sexual and reproductive health topics
- Actions taken to provide the child/NMD with sexual and reproductive health information
- Discussions, advisements, consultations with child/NMD, caregivers, supervisor, PHNs, service providers, etc.
- Assistance to removing any barriers the child/NMD may have in receiving sexual and reproductive health care

- Private information shared with specified parties as authorized by the child/NMD
- Referrals provided
- PPPC summary, including identification of participants

Refer to the following for further guidance:

- Case Compliance Contacts and Documentation (E-0105)
- Referral and Case Filing (E-0102)
- Health and Education Passport (I-0403)

Pursuant to GOV § 8310.8, the assigned SSW will document SOGIE information in CWS/CMS as outlined in CWS/CMS Data Entry Standards—SOGIE: Sexual Orientation, Gender Identity & Expression.

Per WIC § 16002.5 and ACL 16-32 complete and accurate data on parenting minors, parenting NMDs, as well as the number of children and whether the children are court dependents will be collected in Child Welfare Services/Case Management System (CWS/CMS). See CWS/CMS Data Entry Standards—Pregnant & Parenting Minors/Non-Minor Dependents.

B. **Case Plan Documentation:**
Pursuant to ACL 18-61 and WIC § 16501.1, on an annual basis the assigned SSW will review the case plan for children (10 years of age and older) and NMDs in foster care, and will update the case plan to document:

1. Receipt of Comprehensive Sexual Health Education (CSHE): Pursuant to EDC §§ 51930–51932, California state educational agencies are mandated to provide pupils with CSHE at least once in junior high/middle school and at least once in high school. Refer to the "Definition" Policy section for a definition of CSHE.

   For guidelines to document in the case plan whether the child/NMD received CSHE, as outlined in ACL 18-61, refer to CWS/CMS Data Entry Standards—Sexual & Reproductive Health Case Plan Entry:

a. For a child in junior high or middle school, indicate the child has received CSHE instruction during junior high or middle school.

–Or–

The child will receive CSHE instruction that meets the requirements mandated by EDC §§ 51930–51932, at least once before completing junior high or middle school or by alternate means.

b. For a child/NMD in high school, indicate the child/NMD has received CSHE instruction during high school.

–Or–

The child/NMD will receive CSHE instruction that meets the requirements mandated by EDC §§ 51930–51932, at least once before completing high school or by alternate means.

**Note:** Per ACL 18-61, there is no specific year of middle school, junior high, or high school in which CSHE instruction is to be provided; however, best practice suggests it be provided as soon as possible.

As outlined in ACL 18-61, the assigned SSW will communicate with appropriate school personnel to verify children/NMDs in foster care have received CSHE within necessary timeframes.

Timely correspondence with school personnel will allow the SSW to assess whether the minor will meet the CSHE instruction requirement through school attendance or whether alternate arrangements need to be made with a certified provider (e.g., the iCuidate! or Making Proud Choices program through the Project Youth Orange County Bar Foundation).

2. Advisement of Sexual and Reproductive Health Rights and Services: For guidelines to document when a child/NMD has been informed of sexual and reproductive health rights and available services, as outlined in ACL 18-61, refer to CWS/CMS Data Entry Standards—Sexual & Reproductive Health Case Plan Entry.

Refer to CFS P&P Case Plans D-0101 for additional documentation guidelines and timeframes, as it relates to:

- Receipt of CSHE
- Advisement of sexual and reproductive health rights and services

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## REFERENCES

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**Attachments and CWS/CMS Data Entry Standards**

Hyperlinks are provided below to access attachments to this P&P and any CWS/CMS Data Entry Standards that are referenced.

- Attachment 1—Reproductive Health Discussion and Intervention Tips
- Attachment 2—Pregnant and Parenting Planning Considerations
- Attachment 3—Pregnant and Parenting Planning Conferences
- Attachment 4—Dependent Parent Placements
- CWS/CMS Data Entry Standards—Pregnant & Parenting Minors/Non-Minor Dependents
- CWS/CMS Data Entry Standards—SOGIE: Sexual Orientation, Gender Identity & Expression
- CWS/CMS Data Entry Standards—Sexual & Reproductive Health Case Plan Entry

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**Hyperlinks**

Users accessing this document by computer may create a direct connection to the following references by clicking on the link provided.

- CFS P&P Case Compliance Contacts and Documentation (E-0105)
- CFS P&P Case Plans (D-0101)
- CFS P&P Extended Foster Care (EFC) (J-0101)

- CFS P&P Consent for Medical Care and Physical Examination (I-0206)
- CFS P&P Client Rights (B-0105)
- CFS P&P Child Health and Disability Prevention Program (I-0203)
- CFS P&P HIV/AIDS Case Management (D-0602)
- CFS P&P Health and Education Passport (I-0403)
- CFS P&P Confidentiality—CFS Client Records (F-0105)
- CFS P&P Child Abuse Registry (CAR) (M-0109)
- CFS P&P Acquisition of Health Care Information (I-0404)
- CFS P&P Sexual Abuse Allegations—Child Abuse Registry (CAR) (A-0205)
- CFS P&P Child Abuse Services Team (CAST) (A-0401)
- CFS P&P CalWORKs–CFS Collaboration (D-0502)
- CFS P&P Developmental Screening Referrals (I-0209)
- CFS P&P Substance Exposed Infants (D-0605)
- CFS P&P Foster Care Rates (H-0112)
- CFS P&P Courtesy Supervision (K-0501)
- CFS P&P Interstate Compact on the Placement of Children (K-0502)
- CFS P&P Quality Assurance of Cases—Supervisory Responsibilities (D-0304)
- CFS P&P Referral and Case Filing (E-0102)
- CFS Intranet Sexual/Reproductive Health & Parenting Resources for Foster Foster Youth
- California Department of Social Services Healthy Sexual Development Project
- Project Youth Orange County Bar Foundation

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**Other Sources**

Other printed references include the following:

None.

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## FORMS

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**Online Forms**

Forms listed below may be printed out and completed, or completed online, and may be accessed by clicking on the link provided.

| Form Name | Form Number |
|---|---|
| Personal Rights in a Resource Family Home | F063-25-682 |
| Foster Care Personal Rights | F063-25-758 |
| Authorization to Share Private Information | F063-25-759 |

| | |
|---|---|
| Minor Consent Rights – Reproductive Health Medical Care | F063-25-760 |
| Personal Rights—Children's Residential Facilities | LIC 613B |
| Personal Rights—Children's Residential Facilities (Spanish) | LIC 613B Sp |

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**Hard Copy Forms**

Forms that may be completed in hard copy (including multi-copy NCR forms) are listed below. ***For reference purposes only,*** links are provided to view these hard copy forms, where available.

| Form Name | Form Number |
|---|---|
| None. | |

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**CWS/CMS Forms**

Forms that may **only** be obtained in CWS/CMS are listed below. ***For reference purposes only,*** links are provided to view these CWS/CMS forms, where available.

| Form Name | Form Number |
|---|---|
| None. | |

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**Brochures**

Brochures to distribute in conjunction with this policy may include:

| Brochure Name | Brochure Number |
|---|---|
| Know Your Sexual and Reproductive Health Care Rights | PUB 490 |
| You have Rights Too! | PUB 395 |
| You have Rights Too! (Spanish) | PUB 395 Sp |

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## LEGAL MANDATES

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Department of Social Services (CDSS) All County Letter (ACL) 14-38 reminds counties of the responsibility to inform and educate foster children and NMDs, including those placed out-of- state, of their personal rights at least once every six months.

All County Letter (ACL) 16-88 outlines a statewide pregnancy prevention plan for children and NMDs placed in foster care and best practices for addressing healthy sexual development.

ACL 18-44 provides resource materials and tools to support the sexual and reproductive health of adolescents and NMDs in foster care.

ACL 18-61 outlines updated documentation and training requirements for child welfare agencies related to the reproductive and sexual health care of foster youth.

All County Information Notice (ACIN) 1-30-18 outlines frequently asked questions regarding the placement of transgender youth and NMDs in out-of-home care.

CDSS MPP Division 31-075 outlines the requirements for child welfare case record documentation.

Government Code § 8310.8 mandates certain state entities to collect voluntary self-identification information pertaining to sexual orientation and gender identity.

Penal Code (PEN) Section (§) 11165.7 defines mandated reporters.

PEN § 271.5 exempts a parent of a child 72 hours old or younger that surrenders the child to on duty personnel at a designated safe surrender site from prosecution for abandonment, desertion, and failure to provide.

Family Code (FAM) §§ 6920–6929 outlines the conditions in which a minor may consent to medical treatment and the types of treatment.

Welfare and Institutions Code (WIC) § 16500.1 outlines legislative goals for child welfare services and recommended approaches to child protection.

WIC § 16501 defines “child welfare services” to include promoting and protecting the welfare of children, including homeless, dependent, or neglected children.

WIC §16501.1 provides that at least once every six months, dependents are informed of their rights as foster child, as specified in Section 16001.9.

WIC § 16521.5 outlines the responsibilities of caregivers to ensure adolescents and NMDs in long-term foster care receive age-appropriate pregnancy prevention information.

WIC § 16501.3 describes the purpose and duties of the foster care public health nursing program.

WIC § 300 describes the conditions under which a child may be adjudicated a dependent of the Juvenile Court.

WIC § 303 acknowledges a NMD shall retain all legal decision making authority as an adult.

WIC § 362.1 provides considerations regarding visitation orders between children, parents, and siblings during reunification in order to maintain ties within the family.

WIC § 369 provides authorization for social workers to inform a dependent child aged 12 and older of their right as a minor to consent to and receive health services and to

provide access to information about sexual development, reproductive health, and prevention of unplanned pregnancies and sexually transmitted infections.

WIC § 16001.9 lists the rights afforded to foster minor and NMDs.

WIC § 16002.5 encourages child welfare agencies hold specialized conferences to assist pregnant and parenting dependents with identifying appropriate resources and services to inform case planning.

WIC § 16004.5 encourages child welfare agencies to identify and utilize whole family placements.

WIC § 11400 defines "whole family foster home."

WIC § 16501.25 defines "teen parent" and describes the purpose and elements of a written shared responsibility plan.

WIC § 16501.26 defines "NMD parent" and describes the purpose and elements of a written parenting support plan.

WIC § 16501.27 outlines the requirements for becoming an identified responsible adult to a NMD parent.

WIC § 11465 describes funding options and criteria for a parenting dependents.

Education Code (EDC) §§ 51933 and 51934 describe optional sexual health education and required HIV/AIDS prevention education for school districts.

Education Code (EDC) § 51931 provides the definition for Comprehensive Sexual Health Education (CSHE).

Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191) mandates the confidentiality of healthcare information and the privacy of individuals receiving health care services.

California Medical Information Act (Civil Code §§ 56-56.16) mandates the confidentiality of medical information obtained from a patient by a health care provider.

*American Academy of Pediatrics v Lungren* 16 Cal 4th 307 (1997) held that minors' privacy rights under the California Constitution (Article 1, § 1) are protected to the same extent as adults, to include the right to decide whether to continue or terminate a pregnancy and to keep their reproductive information confidential.

## REVISION HISTORY

Since the Effective Date of this P&P, and prior to the Current Revision Date, the following revisions of this P&P were published:

February 25, 2005
September 9, 2015