

A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention

Introduction

In February of 2016, the California Department of Social Services (CDSS) along with stakeholders, formed the Healthy Sexual Development (HSD) Workgroup. This workgroup met to address concerns regarding youth and Non-Minor Dependents (NMD) in care and their reproductive health. Despite the passage of legislation addressing the reproductive health rights of foster youth, it was clear that there was more guidance needed from CDSS to assist county agencies, case managers, group home staff, caregivers and others who work with foster youth, in understanding this important topic. The HSD Workgroup met several times between the months of February and October of 2016 with a goal of creating a statewide plan for preventing unintended pregnancy among California's foster youth and to create various accompanying materials.

In August of 2016, "California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents" was posted via All County letter ([ACL 16-88](#)). This guide is an extension of the plan and expands upon section III, "Role of the Case Management Worker (Social Worker or Probation Officer)." Throughout this guide, unless otherwise noted, all references to "foster youth" include dependents, NMDs and wards of the court placed in foster care.

It is recommended that county agencies create their own supplemental guidance to coincide with this document. This supplemental guidance could include information for case managers about local county practices and procedures, as well as any available resources within the county for youth, such as health centers/clinics, counseling centers, any other social service agencies, and trainings for youth and/or social workers pertaining to this topic.

A new curriculum, as per the passage of Senate Bill (SB) 89, regarding foster youth and reproductive health will be developed in the upcoming months. This curriculum will be made available to foster youth caregivers, county case managers and others who work with foster youth. When this curriculum is available, it will be announced to county agencies via the issuance of an ACL.

For further background related to CDSS' efforts surrounding the healthy sexual development of foster youth, please refer to ACLs [14-38](#), [16-32](#), [16-82](#) and [16-88](#), and All County Information Notices (ACIN) [I-60-15](#), [I-40-16](#), and [I-73-16](#).

Role of the Case Manager

The case manager serves a crucial role in the foster youth's life, as the case manager is responsible for overseeing that the youth's basic needs are met and personal rights are adhered to.¹ These rights include the foster youth's right to access reproductive and sexual health care, such as timely access to services related to the prevention, testing and treatment of Sexually Transmitted Infections (STIs), unintended pregnancy and other related services, including prenatal care.

Some case managers express concern that they aren't sure what they're "allowed" to talk to youth about in regards to reproductive health and pregnancy prevention. For example, they don't want to talk to youth about birth control options and later find out that the birth parent, child's attorney or other individual is upset by the case manager's actions. Not only are case managers "allowed" to talk to youth about their reproductive health including birth control options, abortion and STIs, they are required to do so. As is stated in "California's Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents," by applying the Reasonable and Prudent Parent Standard when addressing youth concerns and questions, case managers can create normalcy and support the healthy sexual development of youth and NMDs based on their individual needs.²

Existing law provides youth and NMDs in foster care with certain reproductive and sexual health care rights. The passage of SB 528 in 2013, added a new right to the personal rights of foster youth. It said that minors and non-minors shall have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections. Additionally, case managers are required to discuss with youth their personal rights, upon entry into foster care and at least once every six months.

Due to the passage of [SB 89](#) on June 27, 2017, new requirements are in effect regarding child welfare case plans for foster youth who are 10 years-old and older. Case Managers are now required to review the case plan annually and update as needed to ensure the youth receives comprehensive sexual health education through their schools in junior high and high school, or by other means if they have not received it through their school. Case plans also must be updated annually to indicate that case managers have informed youth of their right to access reproductive and sexual health information and services, and how to access such information and services.

Working with foster youth and discussing such personal topics as reproductive health, pregnancy prevention and other sexual matters can be uncomfortable for the case manager, as well as for the youth. Tips for talking with youth about sexual and reproductive health and ways case managers can build rapport with youth are provided in the section of this guide entitled, "Tips for Talking to Teens about Sex and Building Rapport."

This guide is organized in five main sections: [REQUIRED DUTIES OF THE CASE MANAGER](#), [RECOMMENDED DUTIES OF THE CASE MANAGER](#), [TIPS FOR TALKING WITH YOUTH](#), [CASE SCENARIOS](#), AND [ONLINE RESOURCES](#).
REQUIRED DUTIES OF THE CASE MANAGER

¹ For further information, please see Welfare and Institutions Code section 16001.9a

² See ACL 16-31 for guidelines about the Reasonable and Prudent Parent Standard

Required duties and responsibilities are defined for case managers in section III, items A-G in “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents.” This Guide for Case Managers expands upon these requirements and provides practical guidance to assist case managers with understanding this work.

A. Provide Youth with a Copy of Their Foster Youth Rights

Case managers shall provide youth with a copy of their Foster Youth Rights upon entry into foster care and at least once every six months at the time of regularly scheduled contact.³ At the time of providing these rights to foster youth, the case manager will have a conversation with the youth, explaining each of their rights and ensuring the youth understands their rights based on their age and developmental level. As some youth may have special needs or may have a language barrier, the case manager should reference their county’s policies and procedures in obtaining appropriate assistance and/or an interpreter as needed to ensure the youth fully understands their rights. Accordingly, case managers should assist foster youth in understanding their rights at any time the youth may have questions about them, but at a minimum as stated above, these conversations are required to occur at the time the youth enters care and every six months thereafter.

B. Provide Youth with Access to Age-appropriate, Medically Accurate Information

Case managers shall provide foster youth with access to age-appropriate, medically accurate information about reproductive and sexual health care including unplanned pregnancy prevention, pregnancy testing, prenatal care, abstinence, use of birth control or protection, and abortion as well as the prevention, diagnosis and treatment of STIs. Case managers may provide this information to youth in many different ways. Information may be provided through county materials from their public health department, referrals to local health clinics such as Planned Parenthood, sharing online resources with the youth, ensuring youth receive access to comprehensive sexual health education provided through their school, offering youth attendance to conferences or trainings about safe sex and pregnancy prevention, or counties may choose to include this subject in their Independent Living Program curriculum. The list of medically accurate online resources, the list at the end of this document can be referenced and given to foster youth.

As a result of the recent passage of SB 89 for youth in foster care 10 years of age and older, case managers are required review the case plan annually and update as needed, to indicate that the case management worker has verified that the youth received comprehensive sexual health education once in junior high and once in high school, per Welfare and Institutions Code section 16501.1(a). The SB 89 also requires the case plan to be updated annually to indicate the case manager has informed the youth of his or her right to access age-appropriate, medically accurate information about reproductive and sexual health care.

³ See ACIN I-40-16 for further information

C. Inform Foster Youth of Their Rights to Consent to Sexual and Reproductive Health Care

Case managers shall inform and explain to foster youth that they have the right to make their own decisions regarding sexual and reproductive health care. Case managers should be aware that foster youth can consent to reproductive and sexual health care at any age with the exception of services related to STIs (see consent ages identified below). Case managers are required to explain to foster youth that they do not need permission from a parent, caregiver, social worker or any other adult to obtain the following medical care:

1. Birth control or protection, pregnancy testing, and prenatal care, at any age,
2. Abortion, at any age,
3. Health care because of a rape or sexual assault, at any age,
4. Health care to prevent STIs and HIV, at age 12 or older, and
5. Testing and treatment for STIs and HIV, at age 12 or older.

Per SB 89, the case plan must be updated yearly to verify the case manager has informed the youth of the right to consent to sexual and reproductive health services, and his or her confidentiality rights regarding those services.

D. Inform Foster Youth of Their Rights to Confidentiality and Written Consent Prior to Any Disclosure(s)

Case managers shall inform and explain to foster youth that they have the right to confidentiality regarding the reproductive and sexual health care services they receive. It is required that case managers explain to foster youth that if the youth receives reproductive and sexual health care services and/or asks a health provider any questions about sex, contraception or any other related topic during an appointment, the health care provider cannot share with the youth's parents, caregivers, group home, social worker, or probation officer without the youth's written consent. Case managers should also inform foster youth that they may ask their doctor, before they get a medical related service, if the doctor will maintain confidentiality and ask the youth for their written consent prior to any potential release of information.

Unless abuse, sexual abuse or exploitation is alleged or suspected, case managers should not disclose any confidential information regarding a youth's reproductive health, such as the youth's birth control method, the youth being sexually active, the youth's pregnancy, or decision to terminate a pregnancy, without the written consent of the youth. Before receiving reproductive or sexual health information, case managers should explain to youth that the information they share will remain confidential unless they consent to disclosure or there is a potential safety issue. County agencies may benefit by creating a form for tracking who the youth consents to having this information and when consent was given.

If a youth has not authorized disclosure of his/her private reproductive health information and the case manager must disclose pursuant to mandated reporter laws, the case manager should inform

the youth that they will be disclosing the information, and explain the reasons for disclosing, prior to doing so. The case manager may also consult with County Counsel.

E. Ensure Youth Are Up-To-Date On Their Annual Medical Appointments

Case managers shall ensure that foster youth receive a timely medical exam every 12-months based on the [Child Health and Disability Prevention \(CHDP\) Bright Futures Schedule for Health Assessments](#). For detailed information on this practice please refer to ACL [17-22](#). The Manual of Policies and Procedures section 31-405.24 states case managers shall ensure that children, youth and NMDs in foster care receive medical care which places attention on preventive health services through the Child Health and Disability Prevention (CHDP) Program, or equivalent preventive health services in accordance with CHDP Program's schedule for periodic health assessment.

F. Ensure Barriers to Services Are Addressed in a Timely and Effective Manner

Case managers are required to ask foster youth if they are facing any barriers in accessing reproductive and sexual health care services or treatment. The case manager may initiate these conversations with youth during regularly scheduled monthly contacts with the youth and when informing youth of their personal rights, which must be done at least once every six months. If the case manager learns that the youth is facing barriers in accessing services or treatment, the case manager shall ensure these barriers are addressed in a timely and effective manner. Some examples of typical barriers the youth may face are the youth is unaware of their insurance information or doesn't have a copy of his/her medical card, the youth being unaware of how to schedule a doctor's appointment, the youth not having transportation to a medical appointment. For further information about addressing these barriers, please read the "Sample Case Scenarios" document attached to this guide.

G. Ensure Personal Biases and/or Religious Beliefs Are Not Imposed Upon Foster Youth

The case manager shall not impose their personal biases and/or religious beliefs upon the foster youth. Case managers should put their personal feelings and values aside when talking with foster youth about sexual health and shall not sway, force, judge, or coerce foster youth. Showing respect and professionalism is very important in developing and maintaining a level of trust and openness with the foster youth. Because trust is important in all types of relationships, it is important the case manager asks the youth if they feel more comfortable talking to someone else such as a doctor, nurse, dependency court judge or counselor about a situation or issue they may be facing.

While ensuring that personal biases and beliefs are not imposed on youth, case managers should work with youth in a way that is culturally inclusive and trauma informed. A youth's cultural background and any history of trauma can greatly affect how a youth views their own sexuality and thinks about reproductive health matters.

Since the passage of the Continuum of Care Reform Act, [Assembly Bill 403 in 2015](#), there has been an emphasis that services to youth and families in child welfare need to be trauma informed and culturally relevant.

According to the [National Child Traumatic Stress Network \(NCTSN\)](#), “a trauma informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers.” Trauma informed services and systems “infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family.”

Resources for working with youth in a trauma-informed, culturally competent way (including working with Lesbian, Gay, Bisexual, Transitioning, and Questioning (LGBTQ) youth) are provided in the “[ONLINE RESOURCES](#)” section of this document. These resources can be referenced and given to foster youth, their families, and caregivers.

RECOMMENDED DUTIES OF THE CASE MANAGER

Recommended duties and responsibilities are defined for case managers in section III, items H-K, in [“California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents.”](#) The following section of this guide will expand upon these recommendations and provide practical guidance to assist case managers with understanding this work.

H. Have Open and Honest Conversations with Foster Youth

Open and honest communication is a critical ingredient of any relationship and helps build trust and rapport between the youth and case manager. Case managers need to be having open and honest conversations with foster youth younger than age 12 about puberty, body image, healthy relationships and sexual/reproductive health topics at a developmentally and emotionally appropriate level. Case managers should recognize this topic can be sensitive and/or uncomfortable. Case managers should remember to assess and be considerate of the youth’s feelings, and ask if they have a particular person that they trust and feel comfortable speaking with. Children and youth need a lot of guidance and information about healthy relationships, sex, the risks of STIs, and other related topics, even if they don’t appear to be interested. Therefore, the case manager needs to ensure foster youth have a designated person they feel comfortable to speak to. Building rapport with youth is a skill that requires the absence of judgment, an establishment of trust and assuming nothing. Be sensitive to youth’s development and needs to help foster a trusting relationship.

I. Include Reproductive and Sexual Health Education as a Case Management Service Objective

The case manager should include reproductive and sexual health education as a Case Management Service Objective for foster youth age 10 years-old and older as well as NMDs. Reproductive and sexual health education should always be provided at a developmentally and emotionally appropriate level. Case managers should engage in age appropriate conversations with foster youth regarding reproductive health and confer with the youth’s school to see what topics have been, or will be, discussed in their comprehensive sexual health and Human Immunodeficiency Virus (HIV) prevention curriculum. By understanding what a youth is learning in their sexual health and HIV prevention curriculum, case managers can communicate with youth and help youth develop future goals to help minimize their chances of experiencing an unintended pregnancy or other sexual consequences.

J. Document in a Manner to Ensure the Foster Youth’s Privacy

The case manager should document foster youth reproductive and sexual health care services information in a sensitive manner to ensure privacy and compliance with federal and state confidentiality laws. Case managers should have conversations with foster youth about sharing or discussing their personal and confidential information with others to ensure that their information is safe and handled with care and respect.

The ACL 16-32 shares instructions with case managers for entering information about a pregnancy on the Child Welfare Services/Case Management System (CWS/CMS). Following these instructions will avoid this private information becoming a part of the youth’s Health and Education Summary,

which frequently gets disseminated via court reports and placement paperwork to many adults in the youth's life. For additional information on documenting pregnancy information in a sensitive manner on CWS/CMS, please refer to ACL [16-32](#).

K. Provide Foster Youth with Information to Make Medical Appointments

The case manager should provide foster youth with information about how to make doctor appointments, including a list of medical provider options and the youth's medical insurance information. As a resource, case managers can download copies of the *Foster Youth Sexual and Reproductive Health Rights* brochure at <http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project> located in the Youth and Young Adults resource section. This brochure is designed specifically for foster youth and contains various topics of suggested questions to ask, such as a section entitled "**Questions to Ask Your Doctor.**"

TIPS FOR TALKING WITH YOUTH

Speaking to youth and young adults about sex is not always a comfortable topic however, effective communication skills and building rapport are critical. Be understanding and develop a bond with the youth. Be authentic and non-judgmental when speaking, youth can tell when adults are genuine and will be more receptive to those they trust. The following tips can be used to build rapport and maintain a level of trust with youth or young adult and help ease the awkwardness or difficulty that is felt when having serious discussions.

- Be polite, smile and have a friendly disposition.
- Follow through with what you tell the youth or young adult.
- Be non-judgmental; stay away from stereotypes and preconceived ideas, for example:
 - Do not assume a youth's knowledge about sex, birth control, etc.
 - Do not assume a youth will be embarrassed if you talk to them about sex.
 - Do not assume the sexual orientation of a youth as being gay, lesbian, heterosexual, bisexual, asexual, etc. It is the youth's choice to decide what orientation best describes them.
 - Do not assume that based on a youths risky or sexual behaviors, you shouldn't continue to talk to them about making informed choices about their sexual health. Consistent communication is key.
- Use active listening. Be mindful to provide a young person a space to talk.
- Summarize the youth's feedback directly with the youth and ask them if you understand them correctly.
- Avoid criticism, regardless of your perspectives or personal feelings; youth have the right to make their own choices or decisions as it relates to their sexual and reproductive health and medical care.
- Remember, as a case manager, you are not required to be an expert and know all the answers. What is important, however, is that you are an "askable adult" working as a bridge for a young person knowing where to direct a youth or NMD to medically accurate, developmentally appropriate information.

Conclusion

Assisting foster youth with their reproductive and sexual health may seem daunting, but is so important for these youth and their futures as they transition into adulthood. If you have concerns about fulfilling the responsibilities and duties described in this document, we recommend you speak with your management or support team at your county agency.

If there are questions regarding the policies described in this document, you may also contact the Placement Support and Services Unit at (916) 657-1858 or by email, at SexualDevWorkgroup@dss.ca.gov.

CASE SCENARIOS

The following case scenarios illustrate some of the possible situations case managers may face in assisting foster youth with their reproductive health. Also included are the legal responsibilities of the case manager and some best practice suggestions for how a case manager should respond to the youth's needs or request.

1. Scenario:

Jill is a sixteen year-old foster youth. She lets her case manager know that she had unprotected sex recently and now she has missed her period and thinks she might be pregnant.

What is the Case Manager required to do?

The case manager must remind Jill of her personal rights, including the right to consent to pregnancy related care, which includes contraception, abortion and prenatal care. The case manager shall ask the youth if she needs any assistance with scheduling an appointment for pregnancy testing and if the youth needs assistance with transportation to any necessary medical appointments.

What are some best practices for the case manager in this scenario?

The case manager should approach this situation with sensitivity and concern for the youth. An unintended pregnancy can be a stressful and terrifying experience. The case manager should ensure that the youth's needs are met without letting their own personal biases affect their treatment of the youth's situation.

In addition to the immediate needs of scheduling the appointment and arranging transportation, the case manager should ask the youth what other kinds of support she needs. Is it ok for the case manager to talk to others involved with Jill's case about Jill's possible pregnancy, such as Jill's foster parents, her Court Appointed Special Advocate (CASA), attorney and/or birth parents? The case manager could create a document listing who is and is not allowed to know of Jill's condition and review this list with Jill to ensure Jill agrees.

The case manager should also provide and share local resources available to the youth such as any available support groups for pregnant youth (if needed), health clinics that provide reproductive health care services, and ways to access free contraception. The case manager should also follow up with the youth after the youth sees the doctor and determine what other needs the youth may have.

2. Scenario:

Inez is a thirteen year-old youth in foster care. During a regularly scheduled monthly visit, Inez tells her case manager and foster mom that she would like to talk to her doctor about birth control options but she isn't sure what documents or information she needs to visit the doctor.

What is the Case Manager required to do?

The case manager and foster mother should collaborate to ensure that any barriers to Inez accessing reproductive health care are addressed. The case manager must ensure that Inez

and her foster mother have Inez's medical insurance information, including insurance card, doctor's contact information and that Inez knows how to make an appointment with her doctor.

What are some best practices for the case manager in this scenario?

The case manager can let the youth know that she can ask her doctor important questions about her health and birth control options. Additionally, the case manager can share the "Know Your Sexual and Reproductive Healthcare Rights" brochure with Inez, which can be downloaded along with other tools, from [CDSS'](#) webpage for the Healthy Sexual Development Project. This youth-friendly brochure lists additional questions that youth may want to ask their doctor or healthcare professional about sexual and reproductive health.

The case manager should also inquire of the youth's well-being. Is Inez already sexually active and is she protecting herself from STIs and pregnancy? Is she in a safe and healthy relationship, free of abuse, coercion and violence? The case manager can also provide the youth with online materials and resources about healthy relationships and birth control methods available to her. Some of these resources may be found on CDSS' webpage for the [Healthy Sexual Development Project](#).

3. Scenario:

James, a fifteen year-old foster youth, shares with his case manager that he wants to go to the doctor to be examined for an STI, but the only appointments available are during school hours. He tells his case manager that he is embarrassed and doesn't want to tell his foster parent why he is seeing the doctor. He is unsure how to be excused from class without a note from his foster parent. He asks the case manager if he should just skip school so that he can see the doctor.

What is the Case Manager required to do?

The case manager shall ensure that any barriers James is experiencing in accessing reproductive and sexual health care services and treatment are addressed. The case manager can inform James that his school district may excuse him to attend a confidential medical appointment without a note from his foster parent or guardian⁴. James will need to speak with his school to inquire what he needs to do in order for him to miss school to attend a confidential medical appointment and have his absence excused. The school may allow James to sign himself out of school to attend the appointment but may require James to provide a doctor's note or verification of the visit in order to reenter school.

What are some best practices for the case manager in this scenario?

The case manager should follow up with James in a reasonable time to ensure that he was able to set up the appointment and get the information he needed from his school about getting his absence excused. If the school will not excuse James' absence, the case manager may need to sign James out of school and take him to the appointment.

⁴ Please see Education Code section 46010.1

Additionally, the case manager should ask James why he does not feel comfortable telling his foster parent about his medical appointment. The case manager should assess whether James is in a safe, supportive foster placement that meets his needs.

4. Scenario:

Carmen, a county social worker, finds that her personal beliefs are conflicting with her roles and responsibilities as a social worker. Carmen believes that homosexuality is a sin and is working with Staci, a fourteen year-old youth who identifies as lesbian. Staci frequently asks Carmen questions about safe sex and relationships which make Carmen feel very uncomfortable.

What is the Case Manager required to do?

Case managers are required to see that a youth's personal rights are upheld. One of these rights is that the case manager provides the youth access to information about reproductive and sexual health care, which may include conversations about birth control, sex and relationships. If a case manager cannot perform the requirements of their job without their personal beliefs and biases interfering, then they may not be suited to this work. If a case manager is not comfortable answering certain questions of the youth or providing the youth with access to services, then the case manager needs to respond to the youth's questions in a respectful manner and tell the youth that they will ensure that another trusted adult, for example a caregiver, CASA, the youth's physician, or therapist, assists them. The case manager should also tell their supervisor of this situation and how it was handled. The case manager should then follow up with the other trusted adult in a reasonable timeframe, to ensure the adult provided the youth with the information or service needed.

What are some best practices for the case manager in this scenario?

It is the case manager's responsibility to talk to foster youth about such important topics as sex, pregnancy prevention, and the risk of STIs. Case managers should receive initial and ongoing training regarding working with foster youth and the subject of reproductive and sexual health care issues. Training should cover looking at one's own biases and beliefs and recognizing how these may be in conflict with the requirements of working with foster youth. Additionally, case managers should speak to their supervisors and coworkers about fulfilling their responsibilities as case managers in spite of conflicting biases or personal beliefs. Training and supervision provided to case managers should reiterate the importance of professionalism and being able to set aside one's own biases.

5. Scenario:

Abraham, an eighteen year-old NMD, has a lot of questions about dating, sex and birth control methods for his social worker, Mark. Mark does not always know the correct or appropriate answers to Abraham's questions and it makes him nervous or anxious. Mark feels he has to know how to respond to all of Abraham's questions immediately.

What is the Case Manager required to do?

The case manager is not expected to automatically know the answers to all questions that a youth may have. Depending on the youth's questions or needs, there may be some situations where gathering the answers should happen very quickly, like when the youth is in crisis and

experiencing an unwanted pregnancy, when the youth needs treatment for an STI or when a youth is in a dangerous, unhealthy relationship. However, it is ok to not have all the answers on the spot. The case manager in this scenario can let Abraham know that he will look into his concerns and provide him with the appropriate resources that address his questions regarding dating, sex and birth control.

What are some best practices for the case manager in this scenario?

Case managers are advised to take a breath before answering a youth's questions, to use active listening and rephrase the youth's questions back to them, to ensure the case manager understands what the youth is asking. The case manager should then be clear with the youth and honest about what they do not know. Case managers should let youth know that they will research their questions and concerns and get back to them with the answers, or explore with the youth to find the answers.

Additionally, making time to speak with a supervisor to staff the case and speaking with other staff may assist the case manager with working with youth who have lots of questions. Case managers should also familiarize themselves with county resources and online resources to provide youth with questions regarding sexual and reproductive health issues.

6. Scenario:

Katrice, a fourteen year-old in foster care, asks her social worker how she can get free condoms as she is sexually active but does not want to get pregnant. Her social worker provides Katrice with information about a local health clinic that provides free condoms, no questions asked. Katrice visits the health clinic and gets condoms and later her foster mother finds the condoms. The foster mother demanded to know how Katrice got the condoms, and Katrice tells her that the social worker assisted her. The foster mother is now angry and tells the social worker that she is going to file a complaint with the county agency.

What is the Case Manager required to do?

The case manager should inform the foster parent of the youth's right to have access to confidential reproductive health care services, including contraception. Case managers will not have disciplinary action taken against them for doing their job and fostering the youth's rights. It is the case manager's duty to provide the youth with age appropriate medically accurate information and resources about reproductive health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs.

What are some best practices for the case manager in this scenario?

The case manager can provide the foster mother with a copy of ACL [16-82](#), which outlines the sexual health and reproductive rights of foster youth as well as provide a copy of this same ACL to the foster parent's Foster Family Agency if applicable.

The case manager should also have a conversation with the foster parent about what her fears are in regards to Katrice having condoms. Does the foster parent have concerns about Katrice's health or safety? Are there other resources or referrals the foster parent may need in order to support Katrice?

7. Scenario:

Ryva, a fifteen-year-old male-to-female transitioning youth, wants to receive hormone replacement therapy to more closely align her secondary sexual characteristics with her gender identity. Ryva has asked the case manager if she needs permission or if she is old enough to consent to taking this medication or if her foster parent can sign consent.

What is the Case Manager required to do?

The case manager must inform Ryva that neither she nor her foster parent can legally consent to this type of medical service. The case manager must inform the caregiver and Ryva that in order to receive hormone therapy services, Ryva will need consent from either a biological parent, her medical rights holder or through a court order. The case manager should encourage Ryva to reach out to her attorney.

What are some best practices for the case manager in this scenario?

The case manager should ask Ryva what other types of support she needs. The case manager can assist Ryva with getting consent approved by a required party. The LGBTQ youth enter the foster care system for the same reasons as non-LGBTQ youth in care, such as abuse, neglect, and parental substance abuse. However, many LGBTQ youth have the added layer of trauma that comes with being rejected or mistreated because of their sexual orientation, gender identity or gender expression. The case manager should assess if Ryva needs referrals or assistance, as many LGBTQ youth are at risk for emotional and mental health issues and may experience homelessness or participate in such at risk behaviors as substance abuse and or risky sexual activity.

8. Scenario:

Theresa, a sixteen-year old foster youth, has shared with her foster parent that she is pregnant and wants to terminate her pregnancy. Theresa has scheduled an appointment for an abortion and asked her caregiver to drive her. The caregiver shares with Theresa's social worker she is not comfortable with taking Theresa to an appointment for an abortion. Theresa's social worker feels it is the caregiver's responsibility to transport Theresa to the appointment. .

What is the Case Manager required to do?

The case manager should remind the caregiver of the requirement for her to provide Theresa transportation to medical appointments, which includes appointments for reproductive and sexual health related services. If the caregiver continues to refuse to take Theresa to the appointment, the case manager must transport the youth or elect another trusted adult to transport the youth to the appointment. An appointment for an abortion is time-sensitive, therefore it is important that the case manager ensure that someone, whether it be the caregiver, case manager or another trusted adult, transports Theresa to this appointment promptly. The case manager can also provide the caregiver with a copy of [ACL 16-82](#), which outlines the youth's right to be provided transportation and other reproductive health rights.

What are some best practices for the case manager in this scenario?

The case manager could ask Theresa who she would like to transport and accompany her to the appointment. An appointment for an abortion can be an emotional experience for a youth. The youth should be supported through this experience with the person the youth feels most comfortable with, if at all possible.

The case manager may also find it helpful to engage the foster parent in a discussion using Safety Organized Practice methods, by asking the caregiver “what are we worried about” in regards to transporting Theresa to the appointment. Exploring the caregiver’s concerns will help the case manager fully understand the issue at hand from the caregiver’s perspective. By doing so, the case manager may be able to provide additional information to the caregiver which would alleviate some of the caregiver’s concerns.

ONLINE RESOURCES

1. For Youth, NMDs, Caregivers, Social Workers and Probation Officers

Information regarding birth control:

<https://thenationalcampaign.org/resource/pocket-protector-guide-birth-control-options>

<http://www.plannedparenthood.org/learn/birth-control>

To find a health center near you:

<https://www.plannedparenthood.org/health-center>

<http://www.cfhc.org/programs-and-services/clinic-map>

Family Planning, Access, Care, and Treatment Program:

www.familypact.org

Information and services for LGBTQ youth, their family and caregivers:

<https://lgbtcenter.org>

<http://saccenter.org>

<http://www.cssp.org/reform/child-welfare/get-real/what-we-do/publications>

2. Resources for Youth and NMDs

Youth friendly websites about birth control, safe sex and healthy relationships:

<http://stayteen.org/>

<http://www.teensource.org/>

<http://bedsider.org/>

Resources for LGBTQ+ Youth:

<https://lgbtcenter.org>

<http://saccenter.org>

<http://www.cssp.org/reform/child-welfare/get-real/what-we-do/publications>

<http://www.cdc.gov/lgbthealth/youth-resources.htm>

3. Resources for Caregivers

Tips and resources for caregivers about talking to youth about sex and sexuality:

<https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality>

List of resources for caregivers about talking to youth of different ages about sex:

<http://www.plannedparenthood.org/parents/resources-for-parents>

4. Resources for Case Managers

Tips and information about talking to youth about pregnancy prevention and other topics:

www.TalkWithYourKids.org

<https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx>

<http://www.etr.org>

<http://www.positivepreventionplus.com/>

<http://www.cdc.gov/lgbthealth/youth-resources.htm>

<http://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care>

Delivering Culturally Inclusive/Culturally Competent Services:

<https://www.childwelfare.gov/topics/systemwide/cultural/services/>

<https://www.gradschools.com/masters/social-work/msw-cultural-competence>

San Diego County Behavioral Health Services Handbook on cultural competence:

<http://www.sandiegocounty.gov/hhsa/programs/bhs/documents/CulturalCompetenceHandbook11-1-11.pdf>

This resource provides information about talking to youth about SOGIE: Sexual Orientation, Gender Identity and Gender Expression:

http://www.cfyetf.org/education-summit_17_2361847496.pdf

5. Available Training and Research:

The Prevalence of Foster Youth and Pregnancy (9 minute video):

<http://thenationalcampaign.org/resource/crucial-connection>

The Education, Training and Research website provides health education materials in sexual health, pregnancy prevention, LGBTQ+ wellness, dating violence and more:

<http://www.etr.org/>

Positive Prevention Plus lessons (in compliance with the California Healthy Youth Act). Lessons include: Sexual Health (for grades 7-12), Preventing Unplanned Pregnancies and HIV/AIDS:

<http://www.positivepreventionplus.com/>

The Family & Youth Service Bureau's National Clearinghouse on Families and Youth offers a training website for courses in "Creating a safe space for LGBTQ teens" and "Adolescent Development:"

<http://www.acf.hhs.gov/programs/fysb/resource/online-app-training>

The California Department of Education's Comprehensive Sexual Health Education and HIV/AIDS Prevention Education:

<http://www.cde.ca.gov/ls/he/se/>

The U.S. Department of Health and Human Services' Office of Adolescent Health offers evidence-based interventions on teen pregnancy prevention programs:

<http://www.cdc.gov/HealthyYouth/index.htm>

The California Family Health Council's Learning Exchange is a resource for health professionals to learn and share best practices in reproductive and sexual health care service delivery:

<http://www.cfhc.org/learning-exchange>

The National Child Traumatic Stress Network provides information about trauma informed services, treatments for trauma, and how different populations are impacted by trauma.

<http://www.nctsn.org/resources/topics/creating-trauma-informed-systems>