Reducing Pregnancy Among Youth in Foster Care: A Two-Generation Strategy

Beyond the Bench Conference
December 3, 2015
Anaheim, CA

PANELISTS

- Dr. Emily Putnam-Hornstein, Children's Data Network
- Rebecca Gudeman, National Center for Youth Law
- Jaime Muñoz, County of Orange Social Services

AGENDA

- Understanding the Issue: Reviewing the Research
- Statewide Efforts:
  - Legal Framework
  - CA Foster Youth Pregnancy Prevention Institute
- Local Practice: Pregnancy Prevention Efforts in Orange County

UNDERSTANDING THE RESEARCH

Foster Youth Pregnancy Rates & Their Implications

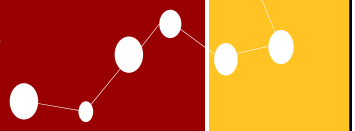
Linked Records:

A few things we have learned about teens, births, and the child protection system…

Emily Putnam-Hornstein, PhD

Childrens Data Network @USC

California Child Welfare Indicators Project @UCB



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Thanks!

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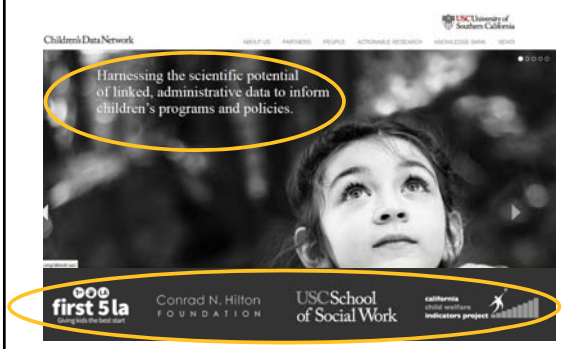

Birth Records?

1. Universally collected (good for research & real-time applications)
2. Provides a population-base for prospective studies
3. Decent amount of information that can be harvested
4. Standardized fields with documentation (simple files)
5. Includes linkages to deaths for infants (birth cohort vs. birth master files)
6. Information for three individuals (child, mother, father)

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Teen Births

California's Most Vulnerable Parents: When Maltreated Children have Children

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Objective

- Limited epidemiological data available from which we can ascertain teen parenting rates/dynamics among youth involved with child protective services in California
- These data are needed so that we can:
  1. Document the public health burden of teen births for this population
  2. Monitor trends and evaluate the efficacy of pregnancy prevention efforts for this population
  3. Determine the nature of services that are needed for young mothers and children
  4. Develop programs that are responsive to what may be unique parenting needs for youth who have been maltreated or are in foster care

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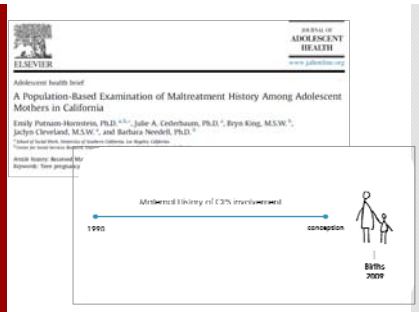

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Summary

- **POPULATION PROFILE**
  - 35,098 teens (born in CA) gave birth in 2009 in LA County
  - 12-15 yrs (5.3%); 16-17 yrs (29.6%); 18-19 yrs (65.1%)
  - Latina (79.9%); Black (12.9%); White (5.4%)
  - Prenatal Care initiated after 1st Trimester (30.0%)
- **HISTORY OF ALLEGED MALTREATMENT** — 44.9%
- **HISTORY OF SUBSTANTIATION** — 20.8%
- **HISTORY OF FOSTER CARE** — 9.7%

conservative estimates

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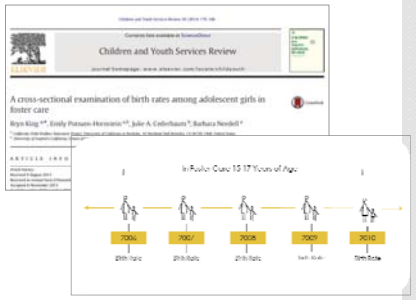

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General "Snapshot" Findings…

- On a relative birth rates among youth in foster care are higher than in the general population (~87%)
- Yet, on an absolute basis, only a small percentage give birth in any given year (≤ 4%)
- Highest birth rates (not necessarily causal…)
  - In care less than 12 months
  - Extreme placement instability (9+)
  - Congregate care (with a shift over time to non-kin foster care)
- Protective?
  - 60+ months in care
  - Guardian/Other placement

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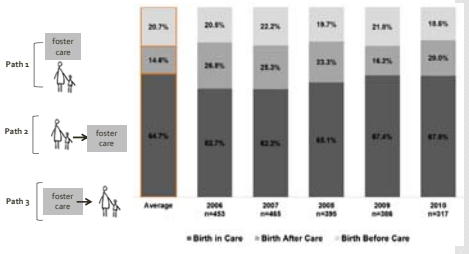
Timing of Births



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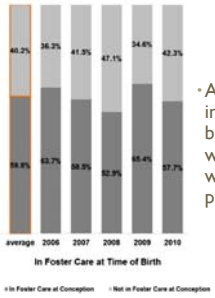
Conception



- Among girls who were in foster care and gave birth – less than 50% were in placement when they became pregnant

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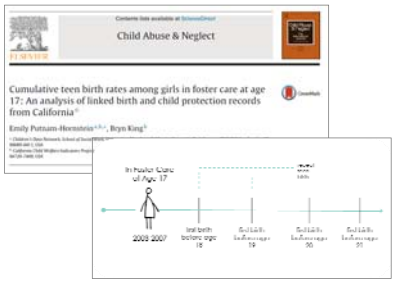

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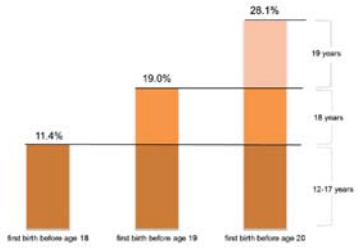
A Longitudinal Examination of Teen Births



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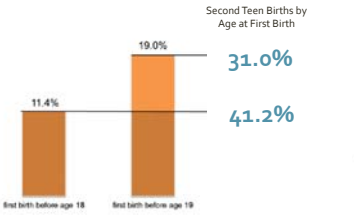
High Rates of Repeat Births



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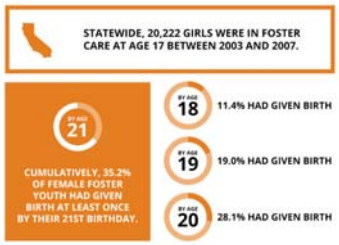
AB12…age 21?



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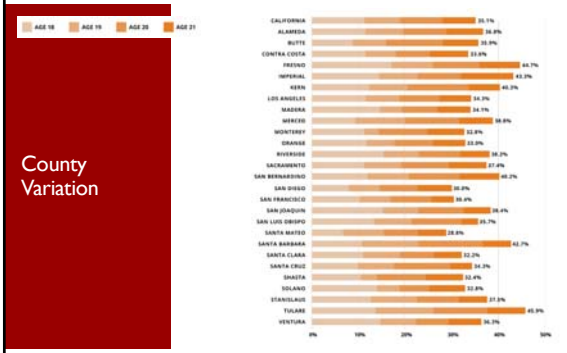
County Variation



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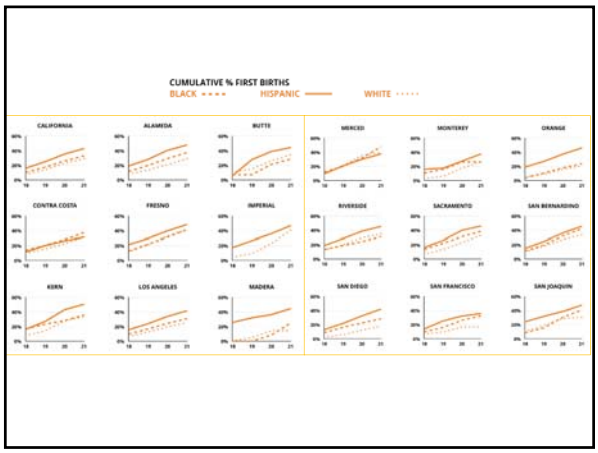

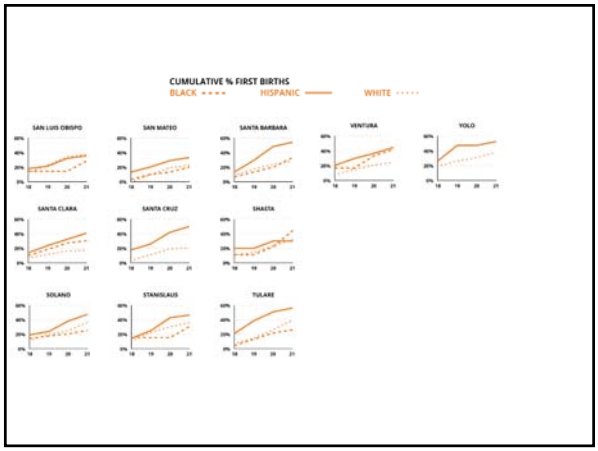

Approximately two-thirds of all first births occurred after age 18, when youth would have historically aged out.

In any given year, the CW system will likely have more dependent adolescents and young adults who are parenting ever before.

Young and first-time mothers may be more amenable to engaging in parenting programs and other services. Opportunity for parenting capacity.

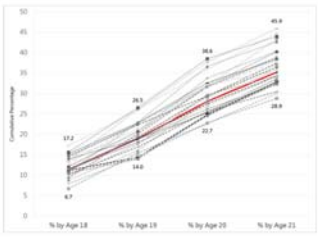

Figure 1. Cumulative Percentage of Female Adolescents in Foster Care at Age 17 between 2001-2007 Giving Birth by Age 21: California and County Subanalysis by Age

Figure 1 presents the cumulative percentage of female adolescents in foster care who had a first birth by age 18, 19, 20, and 21 for 28 counties and the state overall. Thirty counties were excluded from Figure 1 due to small cell sizes, but their data were included in the statewide rates. California data are reflected by the red line.

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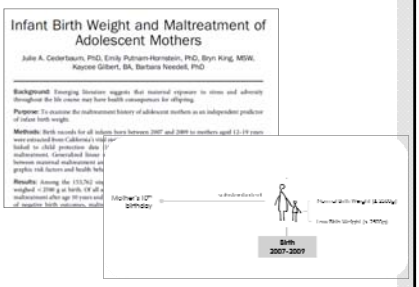
Infant Birth Weight and Maltreatment of Adolescent Mothers

Julie A. Cederbaum, PhD, Emily Putnam-Hornstein, PhD, Bryn King, MSW, Kaycee Gilbert, BA, Barbara Needell, PhD

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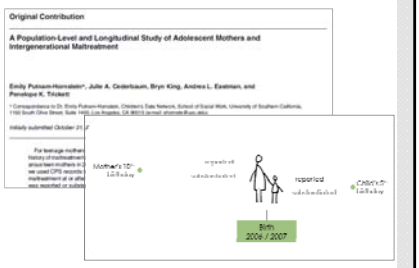
Original Contribution

A Population-Level and Longitudinal Study of Adolescent Mothers and Intergenerational Maltreatment

Emily Putnam-Hornstein*, Julie A. Cederbaum, Bryn King, Andrea L. Eastman, and Penelope K. Trickett

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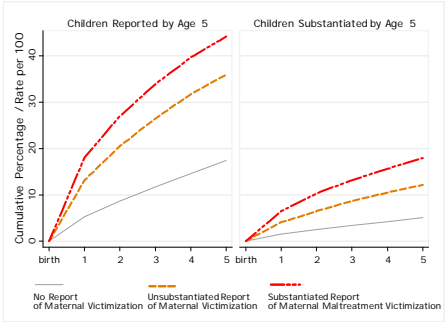

Things to consider… Policy and programs

1. Data from the present study indicate that more than 1 in 4 young women in the foster care system at age 17 is parenting during her teens (1 in 3 before age 21).
   a. *The extension of foster care to non-minor dependents means that the nature of the state's parenting obligations will expand and will increasingly include the next generation of children.*
   b. *Opportunities to provide enhanced pregnancy prevention and parenting supports?*
2. High rates of first and repeat births
   a. *Challenges to multi-step referral process for birth control and reproductive health information.*
   b. *Opportunities to offer long-term contraception at initial medical appointments for youth entering foster care and/or after first birth? Exceptional evidence to support long-term birth control as an intervention for high-risk teens.*
3. Maternal maltreatment may not only have consequences for the victim but also contributes to next-generation health outcomes and maltreatment risk.
   a. *We already collect data that would identify teens who may need additional parenting supports.*
   b. *Opportunities for more targeted / prioritized programs to break the cycle?*

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Questions?

www.datanetwork.org

Emily Putnam-Hornstein, PhD (ehornste@usc.edu)

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AFFECTING CHANGE STATEWIDE

- Legal Framework
- California Foster Youth Pregnancy Prevention Institute

SB 528: Pregnant and Parenting Youth in Foster Care

Components:

1. Establishes foster youth's right to access sexual development and reproductive health information and services
2. Requires counties to collect data on parenting foster youth and DSS to make it publicly available
3. Authorizes child welfare agencies to have specialized planning conferences to update case plans when a foster youth is pregnant

WIC 369: Pregnant and Parenting Youth in Foster Care

- Establishes that social workers are authorized to provide foster youth access to age-appropriate, medically-accurate information relating to:
  - Sexual development and reproductive health
  - The prevention of unplanned pregnancy
  - The prevention and treatment of sexually transmitted infections (STI)
- Authorizes social workers to inform foster youth 12 and older about right to receive and assist with accessing these health services.

WIC 16501.1: Obligation to Inform

- At least every six months, child's social worker must inform child of his or her rights, including:
  - Right to receive medical services
  - Right to 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 at 12 years of age or older.

ACIN 14-38 provides implementing guidance

WIC 16002.5: Parenting Support

- To the greatest extent possible, minor parents…and their children shall 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."
- "Child welfare agencies may provide minor parents…with access to social workers or resource specialists who have received training on the needs of teenage parents and available resources…"

Other Laws and Rights

Examples:

- Confidentiality Protections
- Medi-Cal
- AB 329
- SB 695

Translating into Action?

Constantine, W., *Sex Education and Reproductive Health Needs of Foster and Transitioning Youth in Three California Counties*, PHI, 2009

Key finding regarding barriers to services:

- Child welfare and foster caregivers state there are unclear policies and role definitions, or no policies
- Concerns about liability
- Questions about their role vs. parent rights, desire for guidance

CALIFORNIA FOSTER YOUTH PREGNANCY PREVENTION INSTITUTE

With support from the Conrad N. Hilton Foundation

Institute Partners:

1. John Burton Foundation
2. American Public Human Services Association
3. The National Campaign to Prevent Unplanned Teen Pregnancy

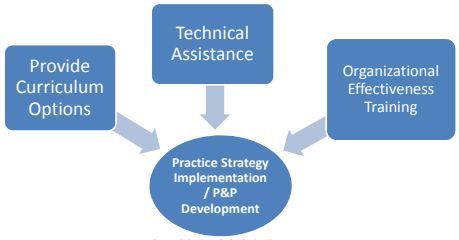
Goals:

Partner with six county teams consisting of 3-5 representatives from each county's child welfare agency to incorporate pregnancy prevention strategies into foster youth services

- Agencies will become more effective at providing pregnancy and STI prevention services for foster youth
- Participants will be able to use the tools and methods gained through the Institute to assess agency issues and drive sustainable changes
- Develop a comprehensive county policy to address reproductive health and pregnancy prevention for foster youth

Institute Approach

Provide the tools and technical assistance to help counties select and implement an evidence-informed pregnancy prevention practice strategy and develop county Policies and Procedures.



Institute Activities

- Three, 2-full day in-person sessions
- Intersession work in between sessions to build work groups, select strategies, and begin P&P work
- Provide baseline data, process data, and ending data
- Attend train the trainer sessions for selected practice strategy
- Participate in ongoing check-in web seminars

4 Practice Strategies Offered

- Youth Focused: *Making Proud Choices Adapted for Children and Youth in Out of Home Care Curriculum*
- Social Worker/Caregiver Focused: *Promoting Healthy Sexual Development and Pregnancy Prevention for Children and Youth in Foster Care Curriculum*
- Pregnant and Parenting Teen Focused: Pregnant and Parenting Teen Conferences
- Pregnant and Parenting Teen Focused: Early Pregnancy Detection for Referral to Nurse Family Partnership

The Six Selected Counties

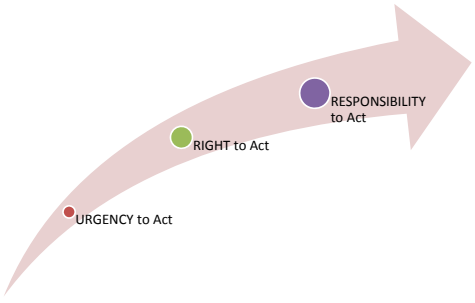
- **Butte:** Social Worker/Caregiver Curriculum
- **Napa:** Social Worker/Caregiver Curriculum
- **Orange**: Social Worker/Caregiver Curriculum + PPT
- **Los Angeles:** Promoting PPT Conferences
- **Santa Clara:** PPT Conferences
- **San Luis Obispo:** Social Worker/Caregiver Curriculum

Every county's pregnancy prevention efforts went beyond simply curriculum implementation and P&P development.

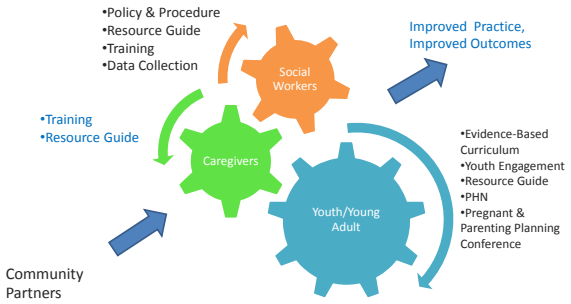
AFFECTING LOCAL PRACTICE

Orange County's Foster Youth Pregnancy Prevention Efforts

Awareness to Action



Where do we start?



Who are the community partners?

Judges	Attorneys	Parenting Educators	CASA
Behavioral Health Providers	Private Medical Providers	Schools	Home Visitation Service Providers
Funders	University & Researchers	Public Health	Probation
Transitional Age Youth Service Providers	Sexual & Reproductive Health Educators & Service Providers	Child & Youth Advocates	Intimate Partner Violence Prevention Service Providers

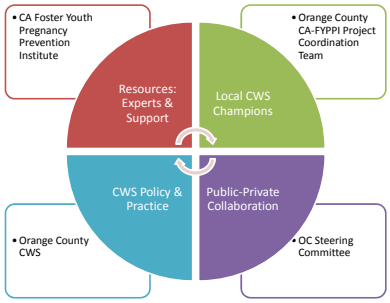
Who are we missing?

Parents

Maternal & Extended Family Members

Other Caring Adults

Putting Policy into Practice



On 09-09-2015, we published our first policy on *Reproductive Health & Parenting*: http://ssa.ocgov.com/civicax/filebank/blobdload.aspx?BlobID=46977

- Applies to Minors and Non-Minor Dependents
- Objectives: to reduce pregnancy; to reduce STI; to improve outcomes for parenting youth & their children including delaying subsequent pregnancy
- Clarified role & responsibility of CWS social workers
- Clarified role & responsibility of CWS caregivers
- Clarified role & responsibility of CWS agency to know, to tract & to act
- Clarified youth rights
- Clarified sexual development & reproductive health as integral to overall wellbeing

Sexual & Reproductive Health are Part of Youth Well-Being

Well-Being Domains

Protective & Promotive Factors: Relationships, Knowledge & Motivation

- Cognitive & Social-Emotional Competence
- Concrete Supports in Times of Need
- Knowledge of Adolescent Development
- Social Connections
- Youth Resilience

Clarification of Roles, Responsibilities & Rights: Opportunities for Engagement

Social Worker

- Advise youth of rights at entry & every 6 months
- Advise youth's parents of youth rights
- Complete ongoing assessment to include sexual development & reproductive health alongside other wellbeing domains such as medical, dental, educational, psychological, etc.
- Refer to & facilitate access to sexual development & reproductive health education, resources & services
- Offer Pregnancy & Parenting Planning Conference service: participation is voluntary & agenda driven by youth; & father is enlisted as indicated.
- Dependency of dependent youth's child is not automatic & alternatives should be supported

Youth

- All youth ages 12 years & older have the right to access age-appropriate, medically accurate information about sexual development, reproductive health and prevention of pregnancy & STIs.
- Youth have the right to consent to pregnancy related care, including abortion and right to privacy
- Right to privacy does not preclude minor's right to consent to release information to identified others such as for care coordination
- Incorporated into Foster Youth 's Bill of Rights

We're not Finished: Opportunities to Strengthen

- Increase youth participation in policy development & implementation
- Improve responsiveness to youth with runaway behavior; and youth affected by intimate partner violence
- Reconcile risk aversion versus risk management in the spirit of prudent parenting & normalcy
- Increase participation of supportive adults
- Recognize direct impact of pregnancy/parenting on independent living skills development & outcomes
- Reinforce integration of policy into a cohesive CWS practice through active ongoing engagement of CWS staff & caregivers through small, medium & large group conversations & training
- Regulate personal biases
- Develop ASKABLE ADULTS who feel comfortable & competent engaging in conversations on sexual development & reproductive health
- Clarify confidentiality to support not impede care coordination at earliest opportunity
- Clarify reach of youth's parents' rights versus youth's rights to access sexual development & reproductive health information, resources & services
- Integrate sexual development & reproductive health as integral not separate from overall wellbeing

One more thing: What can you do?

- Ensure that youth have the support of long-term relationships with caring, healthy adults.
- Ensure that youth receive comprehensive sex education.
- Ensure that youth have access to reproductive health services and contraception.
- Ensure that youth are supported in long-term plans to transition to adulthood & be motivated by future plans beyond foster care.
- Ensure that case plans, extracurricular activities, educational stability & placement stability support development of healthy relations.
- THANK YOU for taking one important step already – coming to this workshop to become better informed☺

References

Definitions

SEXUAL HEALTH

- A state of physical, emotional, mental and social well-being related to sexuality: not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. (World Health Organization, Draft Working Definition, October 2002).

REPRODUCTIVE HEALTH

- A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the rights of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate healthcare services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (UN Programme of Action adopted at the International Conference on Population and Development,Cairo, 5-13 September 1994, Para 7.2a).

State & Local Policy

State Level - CWS: CA Senate Bill 528

- Mandates Data Collection: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acin/2015/I-60_15.pdf
- Mandates Practice Changes: http://www.dss.cahwnet.gov/lettersnotices/EntRes/getinfo/acl/2014/14-38.pdf

State Level – Education: CA Assembly Bill 329 & Senate Bill 695

- AB-329: Mandates Comprehensive Sexual Health & HIV Prevention Education in Middle School & High School: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB329
- SB-695: Mandated High School Education on Affirmative Sexual Consent & Positive, Health Relationship Development: http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160SB695

Local Level: Orange County, CA

- P&P: http://ssa.ocgov.com/civicax/filebank/blobdload.aspx?BlobID=46977
- Training (induction & ongoing) for CWS staff & caregivers
- Data Collection: pregnancy, parenting & Pregnant & Parenting Planning Conferences
- Pregnancy & STI Prevention Education for Youth
- Pregnant & Parenting Planning Conferences
- Medical Provider Reports with prompts to address reproductive health, HPV & OBGYN referral
- Resource Guide for youth, social workers & caregivers
- In-Home Visitation Services

Reproductive Health & Parenting Policy: Key Elements

Purpose
- To provide guidelines for youth & young adults with an open case to receive reproductive health care information & services and, as needed, pregnancy or parenting case management services

Impetus
- Youth in foster care engage in sexual activity at an earlier age, have higher rates of STIs, have higher rates of pregnancy (intended & unintended), and have higher rates of births than youth of same age not in foster care
- Parenting youth exhibit diminished outcomes, & their children are disproportionately at-risk for maltreatment & CWS involvement than general population

Legal Authority
- Senate Bill 528
- Family Code Section 6920
- Supreme Court ruling of *American Academy of Pediatrics v Lungren* 16 Cal 4th 307 (1997)
- Welfare & Institutions Code Section 16501
- WIC 369(h)
- CA Department of Social Services All County Letter #14-38

Social Worker Responsibilities
- As part of ongoing case management, CWS social worker will assess, monitor & document ongoing health & development needs, including reproductive health education & reproductive healthcare service needs
- Training
- Resource linking
- Inform youth of rights
- Supervisory consultation
- Collaborate with caregivers, PHNs & Department of Education Foster Youth Services

Prevention/Intervention
- Reduce pregnancy among youth/young adults in foster care
- Reduce STIs among youth/young adults in foster care
- Improve outcomes for parenting youth/young adults in foster care & for their children; and delay subsequent pregnancy

Reproductive Health & Parenting Policy: Key Elements

Advisement of Rights
- To youth: verbally & in writing by social worker no less frequent than every six months during in-person contact
- To youth's parents
- Consent & privacy

Caregiver Responsibilities
- Training
- Informing youth of rights
- Facilitating access to reproductive education & care
- Promote positive development & healthy relationships

Public Health Nurse Responsibilities
- Consult with social workers & caregivers
- Resource linking
- Reproductive health care evaluation and/or education
- Clarify with social workers & medical providers Medi-Cal/CalOPTIMA covered services (e.g., annual gynecological exam, family planning services, contraceptives, etc.)
- Clarify with social workers & caregivers recommended preventive health care (e.g., standard immunizations, HPV, etc.)

FYS District Liaisons
- Clarify access to & completion of Comprehensive Sexual Health Education

Pregnancy Options
- Pregnant & Parenting Planning Conference offered
- Assessment & case plan development – including emotional/mental health, medical & placement needs
- Father engagement

Training for CWS Staff & Caregivers: Essential Elements

Purpose:
- Reduce pregnancy
- Reduce STI
- Improve outcomes for parenting youth & their children
- Youth Voice, co-trainer

Values Clarification
- Awareness of one's values
- Honor diversity of values
- Caution of stereotyping foster youth

Sexual Development
- Lifelong process
- Influencing factors
- Milestones
- How one learns & develops sexuality & sexual health; youth developing network of supports & resources
- Healthy relationships
- Sexual orientation & gender identity expression
- Trauma lens
- Holistic assessment & responsiveness: social, emotional, physical, reproductive

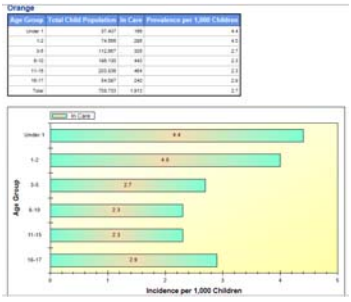
Collective Impact
- Caregiver responsibilities
- Social worker responsibilities
- Communication: how to ask, how to respond, how to embrace opportunities to engage in conversations
- Practical tips
- You don't need to have all the answers

Youth Rights & Responsibilities
- Consent
- Privacy
- Father engagement

Resources
- Within & out of CWS
- Resource guide
- Appropriate, available & accessible
- STI & Pregnancy Prevention: Contraceptives
- Financial management for parenting youth

CWS Snapshot of Orange County, CA

Child/Youth Age Population in Orange County, CA



Contact

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Resources

- California Foster Youth Pregnancy Prevention Institute: www.cfyppi.org
  - Convener of key references related to pregnancy prevention among youth in foster care in CA
- Center for the Study of Social Policy: http://www.cssp.org/reform/child-welfare/youth-thrive
  - Youth Thrive: Protective & Promotive Factors Framework
- Child Trends: www.childtrends.org
  - Intimate partner violence & reproductive health: http://www.childtrends.org/5-things-to-know-about-intimate-partner-violence-and-reproductive-health/
- Children's Data Network: www.datanetwork.org
  - Research briefs related to pregnancy and parenting among youth in foster care in CA
- Jim Casey Youth Opportunities Initiative: www.jimcaseyyouth.org
  - Compilation of adolescent brain development & implications for youth in care
- National Center for Youth Law: www.teenhealthlaw.org
  - Legal clarification regarding youth rights
- Orange County Women's Health Project/Teen Reproductive Health Task Force: www.ocwomenshealth.org
  - Teen Reproductive Health Policy Brief: https://drive.google.com/file/d/0BzP6_yQYcZh6WkF0TG02UUxXR0U/view?pli=1
- Policies
  - Orange County, CA: http://ssa.ocgov.com/civicax/filebank/blobdload.aspx?BlobID=46977
  - Los Angeles County, CA: http://policy.dcfs.lacounty.gov/content/Youth_Development_Reprod.htm
  - Santa Clara County, CA: http://escholarship.org/uc/item/48p3r3h1#page-1
  - New York City, NY: http://www.nyc.gov/html/acs/downloads/providers_newsletter/nov10_2014/141029_Sexual_&_Reproductive_Health_Care_signed.pdf
  - Dissertation: http://escholarship.org/uc/item/48p3r3h1#page-1
- The National Campaign to Prevent Teen & Unplanned Pregnancy: www.thenationalcampaign.org
  - Child welfare resources for CWS staff, out-of-home caregivers, parents, judges, youth
    - *When You Decide: A Judge's Guide to Pregnancy Prevention Among Foster Youth*: http://thenationalcampaign.org/resource/when-you-decide
    - Bedsider: www.bedsider.org and in Spanish at www.bedsider.org/es
    - StayTeen: www.stayteen.org

QUESTIONS AND ANSWERS

THANK YOU