

June 20, 2018

ALL COUNTY LETTER NO. 18-61

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: NEW MANDATES REGARDING CASE PLAN DOCUMENTATION AND
TRAINING RELATED TO REPRODUCTIVE AND SEXUAL HEALTH
CARE NEEDS AND RIGHTS OF FOSTER YOUTH

REFERENCE: SENATE BILL (SB) [89](#) (CHAPTER 24, STATUTES OF 2017);
WELFARE AND INSTITUTIONS CODE (W&IC) SECTIONS [16501.1](#)
AND [16521.5](#); ALL COUNTY LETTERS (ACL) [16-88](#) AND [16-82](#)

PURPOSE

The purpose of this ACL is to provide county child welfare agencies and other relevant parties with information regarding the passage of SB 89 (Chapter 24, Statutes of 2017). The SB 89 resulted in three new requirements for child welfare agencies and others serving foster youth, related to the reproductive and sexual health care of foster youth. These new requirements were effective June 27, 2017.

Firstly, case management workers (i.e., county social workers and probation officers) have new documentation requirements for foster youth aged ten years or older and Non-Minor Dependents (NMDs). Secondly, the California Department of Social Services (CDSS) must develop a curriculum containing information and guidance about pregnancy prevention and reproductive and sexual health for foster youth and NMDs. And lastly, county child welfare workers, juvenile court judges, resource families, foster parents, group home administrators, and Short-Term Residential Therapeutic Program

(STRTP) administrators have new training requirements related to reproductive and sexual health care needs and rights of foster youth.

BACKGROUND

The CDSS convened the Healthy Sexual Development (HSD) workgroup in February 2016 to address the concerns of pregnancy prevention and reproductive and sexual health care for youth and NMDs in foster care. The initial accomplishments of this workgroup included developing several documents: “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care,” which was released via ACL [16-88](#); “Reproductive and Sexual Health Care and Related Rights For Youth and Non-Minor Dependents in Foster Care”, released via ACL [16-82](#); a [youth friendly brochure](#) explaining the sexual and reproductive health rights and online resources; and the “[Guide for Case Managers](#)” document that expands on the roles and responsibilities of case management workers, as described in the Plan. These materials developed by the CDSS, in collaboration with the HSD workgroup, may be viewed and downloaded from the [Healthy Sexual Development Project webpage](#).

In response to the passage of SB 89, the CDSS has reconvened the HSD Workgroup to inform the work involved in implementing the three new requirements regarding foster youth and their reproductive and sexual health.

I. Annual Case Plan Review and Documentation

The passage of SB 89 requires new information to be documented annually in the case plan for foster youth, ages ten or up, and for NMDs. These new requirements can be found by viewing the newly added subdivisions (g)(20) and (21) of W&IC section 16501.1.

Subdivision (g)(20) was added to section 16501.1 of the W&IC to require case management workers to review case plans of foster youth annually, and update them as necessary, to document that a youth has received comprehensive sexual health education which meets the requirements established in the California Healthy Youth Act (CHYA) ([Education Code sections 51930-51939](#)).

Specifically, case management workers are now required to document in the case plan the following:

- A. For a youth in middle school or junior high, either that the youth has already received this instruction, OR how the county agency will ensure that the youth receives the instruction at least once during middle school or junior high.

- B. For a youth or NMD in high school, either that the youth or NMD has already received this instruction during high school, OR how the county will ensure that the youth or NMD will receive the instruction at least once during high school.

In order to verify that a foster youth/NMD has received or will receive instruction within the necessary timeframe, it is recommended that the case management worker communicate with an official working at the youth/NMD's school. This will allow the case management worker to determine if the youth/NMD will be able to meet this requirement through school attendance, or if the case management worker will need to arrange an alternative way for the youth/NMD to receive the instruction. The [California Department of Education](#) (CDE) website provides information about comprehensive sexual health education, including the curriculum requirements and a list of Frequently Asked Questions.

Although W&IC section 16501.1, subdivision (g)(20) does not dictate a specific year of middle school, junior high, or high school in which the curriculum must be delivered, it is recommended that case management workers connect a youth/NMD to comprehensive sexual health education as early as possible so that if it is determined that a youth/NMD will not receive this education through school attendance, there is sufficient time for the youth/NMD to receive it by some other means, prior to completing middle school, junior high, or high school.

Additionally, subdivision (g)(21) was added to section 16501.1 of the W&IC to require that, for a foster youth, ten years of age or older, or for an NMD, case management workers annually update the case plan to indicate that the case management worker has done all of the following:

- A. Informed the youth or NMD that they may access age-appropriate, medically accurate information about reproductive and sexual health care, including, but not limited to, unplanned pregnancy prevention, abstinence, use of birth control, abortion, and the prevention and treatment of sexually transmitted infections,
- B. Informed the youth or NMD, in a developmentally and age appropriate manner, of their right to consent to sexual and reproductive health services and their confidentiality rights regarding those services; and
- C. Informed the youth or NMD how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barriers to care, as needed.

As described in the [Manual of Policies and Procedures Sections 31-210 and 31-230](#), case management workers are required to explain the purpose and content of the case

plan including case plan updates to the parent(s)/guardian(s) of minors placed in foster care. When the case management worker explains the content of the case plan to the parent(s)/guardian(s) of a minor aged ten or older, included in that discussion shall be information about the newly required items in the case plan resulting from the passage of SB 89; that the minor must receive comprehensive sexual health education (once during junior high and once during high school in accordance with the requirements of the CHYA) and that the case management worker has informed the minor of their sexual and reproductive health rights. If the parent(s)/guardian(s) is/are unwilling to sign the case plan document, the case management worker shall document the reason(s) for refusal to sign, but will still provide the case management services to the minor, including the new sexual and reproductive health components of the case plan.

Instructions for Documenting SB 89 Requirements in the Case Plan

The passage of SB 89 requires that county case management workers document these new activities in the case plan, including case plan updates, for a youth in foster care, ten years old or older, or a NMD. At this time, there are no existing fields in the Child Welfare Services/Case Management System (CWS/CMS) for this purpose. However, the CDSS is providing interim step-by-step instructions in Attachment A for documenting these activities on CWS/CMS, until new fields are created.

The CDSS is aware that probation departments across the state use at least twelve different data systems for monitoring probation cases. Probation officers will need to meet the new mandates for case plans for their minors and NMDs placed in foster care, however they will need to determine at the local level how the new requirements of SB 89 may best be met within the particular system used by their department. Due to the number of different systems used by probation departments, it is not feasible for CDSS to provide step-by-step instructions for data entry.

In addition to documenting these required activities in the case plan, the case management worker should document in the case record any contact with the youth or on behalf of the youth about sexual and reproductive health topics, and any actions the case management worker took to provide the youth/NMD with information, resources, and assistance to remove any barriers the youth/NMD may have in receiving sexual and reproductive health care. Information about collateral contacts made on the youth's behalf or assistance provided to a youth in facilitating their access to reproductive health care and services does not belong in the case plan document due to the protected and sensitive nature of this information.

Note: For instructions on entering pregnancy-related information in CWS/CMS and the practice of capturing this information as either an observed condition or a diagnosed condition, please refer to [ACL 16-32](#).

II. The CDSS to Develop a Curriculum

The SB 89 requires the CDSS to develop a statewide curriculum in addition to, and consistent with, “California’s Plan for the Prevention of Unintended Pregnancy for Youth and Non-Minor Dependents in Foster Care” and curricula guidelines and educational materials developed by the HSD workgroup. The CDSS is also required to develop an HSD curriculum that will cover the following topics:

- (1) The rights of youth and NMDs related to sexual and reproductive health care and information, confidentiality of sensitive health information, and the reasonable and prudent parent standard.
- (2) How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in the case plan.
- (3) The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring that youth and NMDs in foster care can obtain sexual and reproductive health services and information.
- (4) Guidance about how to engage and talk with youth and NMDs about healthy sexual development and reproductive and sexual health in a manner that is medically accurate, developmentally and age-appropriate, trauma-informed, and strengths-based.
- (5) Information about current contraception methods and how to select and provide appropriate referral resources and materials for information and service delivery.

The CDSS is currently in the process of gathering materials for the curriculum and investigating what trainings on this topic already exist. Once the new CDSS curriculum is developed, it will likely be rolled out in several different modalities so that interested parties can readily access it. This may consist of in-person trainings throughout the state and/or an E-learning training that may be accessed free of charge. Additionally, as previously stated, the CDSS has reconvened the HSD workgroup to strategize on curriculum development and other next steps related to the passage of SB 89.

III. New Training Requirement for Professionals and Caregivers

With the passage of SB 89, there are new requirements that county case management workers, group home and STRTP administrators, resource families, and juvenile court judges, commissioners, and referees receive training on the reproductive rights and sexual health care issues of youth in foster care.

Judges, commissioners, and referees are required to receive training that contains the same material that will be provided in the CDSS curriculum described in section II of this letter. These individuals will meet their new training requirement through training provided by the Judicial Council.

County case management workers are required to receive training that contains the same material that will be provided by the CDSS' curriculum described in section II of this letter. These individuals may meet the new requirement by participating in the training being developed by the CDSS, or they may fulfill the training requirement through another training provider, such as the county training provider. Counties are instructed to include the training requirements of SB 89 into existing training curricula or newly developed training modules.

Group home administrators, STRTP administrators, and resource families are required to receive training that contains the same material that will be provided in the CDSS curriculum described in section II of this letter. These individuals may meet the new requirement by participating in the training being developed by CDSS or they may fulfill the training requirement through another training provider, such as a county training provider or other local training agency. Counties are responsible for ensuring that all resource family applicants receive this training and that the training complies with SB 89 requirements.

Licensed or certified foster parents are required to receive eight hours of training each year on one or more topics of their choosing. Instruction on reproductive and sexual health of foster youth will now be among the training topics available to licensed or certified foster parents as part of their annual training requirements.

Conclusion

The CDSS recognizes that having conversations with youth about their reproductive and sexual health care and related rights can sometimes be awkward or uncomfortable. This subject is a required element of the required training for case management workers, caregivers, administrators, and judges. In the meantime, the [Guidelines for Case management workers](#) document provides some helpful tips and suggestions to case management workers and other adults, for building rapport with foster youth and on how to make reproductive and sexual health conversations more natural and successful. It also provides links to online resources for case management workers as well as youth. Additionally, ACL [16-82](#) describes the reproductive and sexual health care and related rights for youth and NMDs in foster care.

To further assist case management workers and others working with youth and NMDs in foster care, attached for reference is a "Healthy Sexual Development and Pregnancy

Prevention Online Resources and Crisis Hotline” page (Attachment B) that provides resources and other helpful materials related to the healthy sexual development of foster youth and NMDs. These resources may be used by youth, NMDs, caregivers, case management workers, and other adults and professionals serving youth in care.

Counties needing additional assistance with CWS/CMS should contact their System Support Consultant at the Office of Systems Integration. For questions or concerns regarding the implementation of SB 89, please contact the Placement Services and Support Unit, at (916) 657-1858, or via email, at SexualDevWorkgroup@dss.ca.gov.

Sincerely,

Original Document Signed By:

GREGORY E. ROSE
Deputy Director
Children and Family Services Division

Attachments

Attachment A

There are two types of new information that must be entered into the case plan for youth in foster care, ages 10 or older and Non-Minor Dependents (NMDs):

1. information regarding a youth/NMD's receipt of Comprehensive Sexual Health Education (CSHE), and
2. information regarding the youth/NMD being informed of their sexual and reproductive health rights and services.

County child welfare agencies must document these new requirements in the Case Plan Notebook in the Child Welfare Services/Case Management System (CWS/CMS) application. For further information about these requirements, please read the body of the letter that this attachment pertains to.

A. Documenting Comprehensive Sexual Health Education (CSHE)

In order for the case management worker to document that they have verified that either the youth or NMD has or has not received CSHE, it must be entered as a "Service Objective" or as a "Planned Client Service," whichever is appropriate for the youth or NMD.

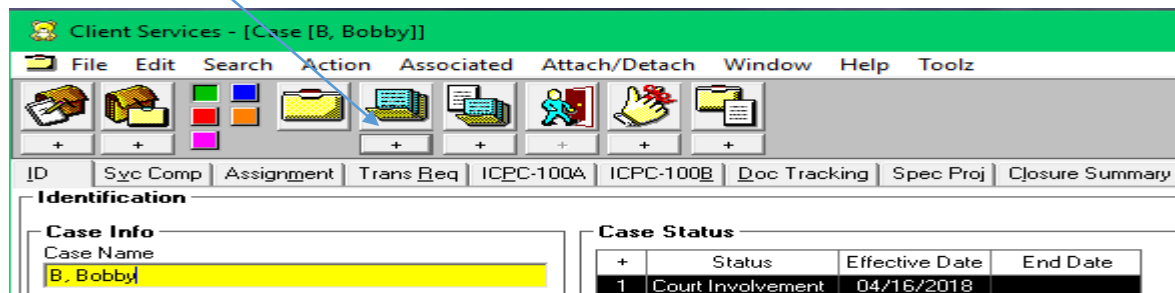
Entering CSHE as a Service Objective: When the youth has already received CSHE, the case management worker will enter this as a "Service Objective." Once entered, this service objective will appear on the Case Plan document indicating the youth/NMD's receipt of CSHE during the respective grade level, and no further client responsibility is required to meet this annual requirement.

When updating the case plan, the case management worker should choose this Service Objective from the previous case plan and copy into the updated case plan document. This will ensure documentation of the youth or NMD's receipt of CSHE is copied into the updated case plan document until the youth is required to receive CSHE again according to the requirements of the California Healthy Youth Act.

Below are the steps to enter CSHE as a Service Objective:

In the Client Services page,

1. Click "+" to "Create New Case Plan."

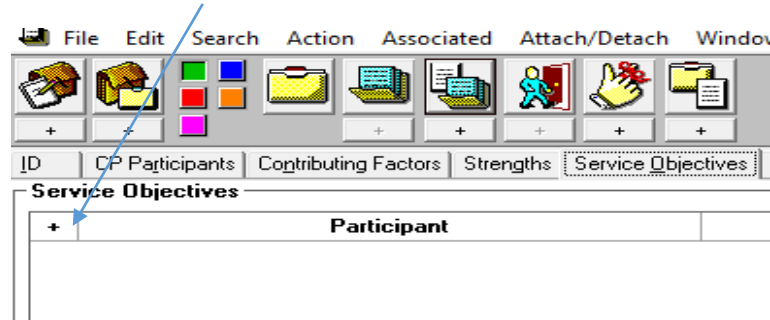


The screenshot shows the 'Client Services - [Case [B, Bobby]]' window. The menu bar includes File, Edit, Search, Action, Associated, Attach/Detach, Window, Help, and Toolz. The toolbar contains several icons, including a folder with a plus sign, which is highlighted by a blue arrow. Below the toolbar, there are tabs for ID, Syc Comp, Assignment, Trans Req, ICPC-100A, ICPC-100B, Doc Tracking, Spec Proj, and Closure Summary. The 'Identification' section is expanded, showing 'Case Info' with 'Case Name' as 'B, Bobby' and 'Case Status' with a table.

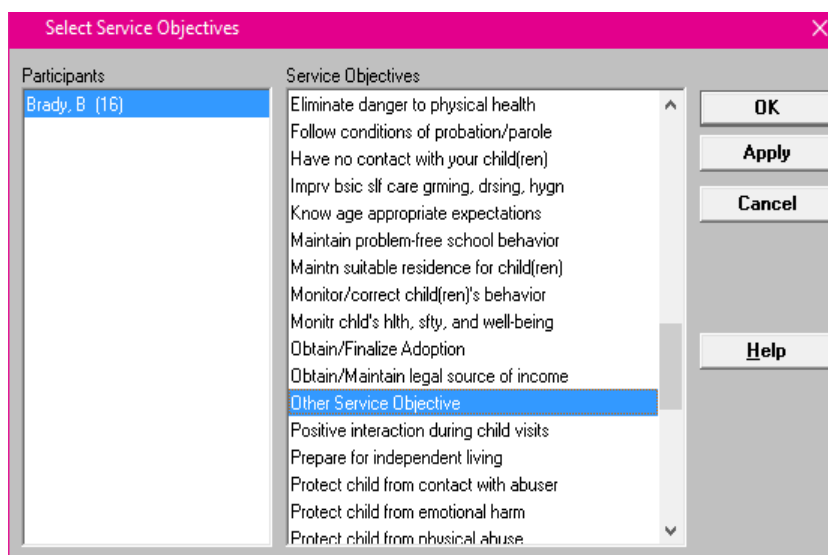
	Status	Effective Date	End Date
1	Court Involvement	04/16/2018	

2. Select the new case plan participants and the start date for the case plan.
3. Click "OK"
4. Complete the Case Plan Participants page as needed.

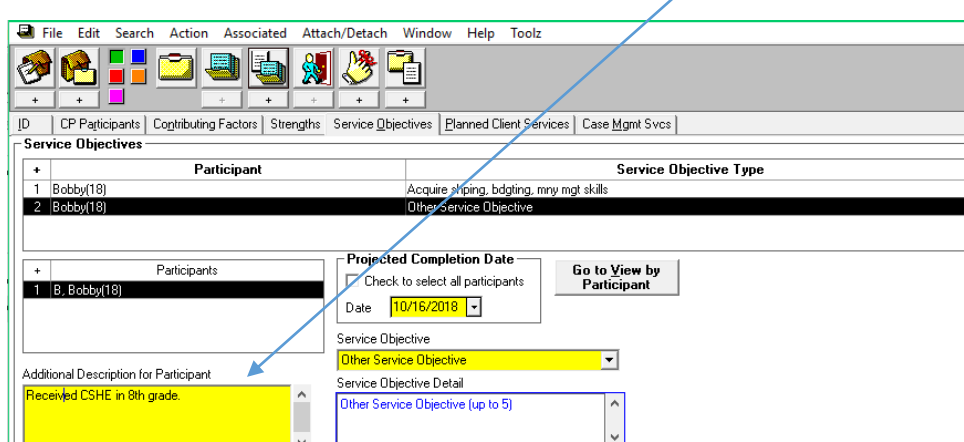
5. Next, select the “Services Objectives” tab.
6. In the Service Objectives grid, click “+” to bring up the dialog box to create a new service objective.



7. Select the youth or NMD from the participant list.
8. From the “Service Objectives” drop down menu, select “Other Service Objective”



9. Click “OK”
10. The case management worker will complete the “Additional Description for Participant” box, by entering, “Received CSHE in [X] grade,” with “X” being the grade level during which the youth or NMD received CSHE, for example, 7, 8, 9, 10, etc.



Entering CSHE as a Planned Client Service: When a case management worker determines that a youth has not yet received CSHE, the case management worker will enter this information under the “Planned Client Services” tab. This will document the participant’s responsibility to receive CSHE at least once during middle school or high school, depending on the participant’s grade level. This will result in the item appearing on the case plan document in the “Client Responsibilities” section.

In the Case Plan Notebook, in the “Planned Client Services” tab,

1. Click the “+” to bring up the dialog box.
2. Select the participant from the participant list.
3. Under the “Category” drop down menu, select Education Services.
4. Under the “Type” drop down menu, select “Other.”
5. Click “OK.”

Select Planned Client Services Participants [X]

If participants have different descriptions or schedules, please select them separately.

Participants

- Brady, B (16)

Category
Education Services

Type
Other
Parenting Education Program
Special Education
Teaching And Demo Homemakers
Temporary Caretakers
Tutoring

☐ Wraparound ☐ Core Service

Provider

☐ Staff Person ☐ Service Provider ☐ Collateral
☐ Substitute Care Provider

Provider Name [v]

OK
Apply
Cancel
Help

6. In the “Description/Responsibilities for Service” box, enter one of the following, depending on the participant’s grade level:
 - a. Receive CSHE at least once during middle school.
 - b. Receive CSHE at least once during high school.

The screenshot shows the 'Planned Client Services' form. The 'Description/Responsibilities for Service' field is highlighted in yellow and contains the text 'Receive CSHE at least once during high school.' A blue arrow points from the instruction text to this field.

7. In the “Provider” box, the case management worker shall conduct a search from the Provider Name drop down list and select the name of the service provider that will provide CSHE to the youth or NMD. This is the name of the middle or high school or alternative source that will provide the youth/NMD with CSHE. The case management worker may need to enter a new Service Provider if it does not already exist in the database.

The screenshot shows the 'Planned Client Services' form. The 'Provider' section is visible, and the 'Provider Name' dropdown menu is highlighted in yellow. A blue arrow points from the instruction text to this dropdown menu.

8. Next be sure to “save to the database.”

B. Documenting that the Youth/NMD has been informed of Sexual and Reproductive Health Rights and Services

Due to the addition of Subdivision (g)(21) to Section 16501.1 of the W&IC, case management workers must update the youth/NMD's case plan annually, or more frequently as needed, to indicate that they have informed the youth/NMD of certain information related to their sexual and reproductive health rights and services.

Entering “Sexual and Reproductive Health Rights and Services Delivered” as a “Case Management Service”: Using the Case Management Services tab (labeled as “Case Mgmt Svcs”), “Sexual and Reproductive Health Rights and Services Delivered” will be documented on the Case Plan document in the section, “Agency Responsibilities.” This documents the agency’s responsibility to provide the youth/NMD with information about their sexual and reproductive health rights, including the case management worker’s facilitation in assisting the youth or NMD to access care or removing any identified barriers to receive care, as needed.

1. From the Case Management Section (Green Square), select the “Case Mgmt Svcs” tab.
2. Click “+” to bring up the dialog box.

ID	Participant	Category	Service Type
1	B(16)	Case Management Services	SW Plan Contact

- a. Select the youth or NMD from the participant list.
- b. Under the Category drop down, select Health/CHDP Services.
- c. Under the Type drop down, select Other.
- d. Click “OK.”
- e. In the “Agency Responsibilities for Service” box, enter “Sexual and Reproductive Health Rights and Svcs Delivered.”
- f. In the “Provider” box, select “Staff Person.”

ID	Participant	Category	Service Type
1	Marcia(19), Bobby(18)	Case Management Services	SW Plan Contact
2	Bobby(18)	Health/CHDP Services	Other

Participants

1 Bobby(18)

Service

Category: Health/CHDP Services

Type: Other

☐ Wraparound ☐ Core Service

Agency Responsibilities for Service

Sexual and Reproductive Health Rights and Svcs Delivered

Schedule for Service

Start Date: 04/16/2018 End Date: 10/15/2018

Occurrences: Frequency: Contact/Visitation Waivers

Provider

☐ Staff Person ☐ Service Provider ☐ Collateral

☐ Substitute Care Provider

Provider Name

4. Lastly, remember to “save to the database.”

Note: In addition to annually documenting the above sexual and reproductive health information in the case plan, corresponding contacts with the youth or NMD and any actions in assisting the youth or NMD in facilitating or accessing sexual and reproductive health care should be documented as a social worker contact in the case record.

HEALTHY SEXUAL DEVELOPMENT AND PREGNANCY PREVENTION ONLINE RESOURCES AND CRISIS HOTLINES

Note: The suggested internet resources are for general information purposes only. Unless otherwise noted, the California Department of Social Services bears no responsibility for accuracy, legality, or content of the external websites.

Children, Youth, and Non-Minor Dependents in Foster Care

Resources about birth control, sexuality, and other relationship topics

StayTeen.org	http://stayteen.org/
TeenSource.org	http://www.teensource.org/
Bedsider.org	http://bedsider.org/
Loveisrespect.org	http://www.loveisrespect.org/
Glaad.org	www.glaad.org/transgender/resources
CentersforDiseaseControl.gov	http://www.cdc.gov/lgbthealth/youth-resources.htm
Powertodecide.org	https://powertodecide.org/sexual-health/your-sexual-health/articles-about-sexual-health
PlannedParenthood.org	http://www.plannedparenthood.org/learn/birth-control
Essentialaccess.org	http://www.cfhc.org/programs-and-services/clinic-map

“[Know Your Sexual and Reproductive Health Rights](http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf)” Youth brochure
<http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>

[Healthy Sexual Development Project Website](http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)
<http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

[Foster Youth Wellness Website](http://www.cdss.ca.gov/inforesources/Foster-Youth-Wellness-Project)
<http://www.cdss.ca.gov/inforesources/Foster-Youth-Wellness-Project>

Caregivers, Social Workers, and Probation Officers

Communication Tips & Tools for Adults

Plannedparenthood.org	https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality
Courts.ca.gov	http://www.courts.ca.gov/documents/BTB24-2J-9.pdf
CentersforDisease.gov	https://www.cdc.gov/HealthyYouth/index.htm
PositivePreventionPlus.com	http://www.positivepreventionplus.com/
PlannedParenthood.org	https://www.plannedparenthood.org/learn/parents/resources-for-parents
Talkwithyourkids.org	https://www.TalkWithYourKids.org/
Etr.org	https://www.etr.org/
FamilyPact.org	http://www.familypact.org

ATTACHMENT B

[Healthy Sexual Development Project Website](http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project)

<http://cdss.ca.gov/inforesources/Foster-Care/Healthy-Sexual-Development-Project>

Additional Resources

[California Department of Education Comprehensive Sexual Health & HIV Instruction](http://www.cde.ca.gov/ls/he/se/)

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

[Confidential Medical Release: FAQs](http://teenhealthlaw.org/wp-content/uploads/2016/01/FAQ-confidentialMedicalRelease-11-2015.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2016/01/FAQ-confidentialMedicalRelease-11-2015.pdf>

[When Sexual Intercourse with a Minor Must Be Reported as Child Abuse](http://teenhealthlaw.org/wp-content/uploads/2017/07/Cal-sexual-abuse-reporting-allrptrs-6-17.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2017/07/Cal-sexual-abuse-reporting-allrptrs-6-17.pdf>

[Consent to Treatment for Foster Youth](http://teenhealthlaw.org/wp-content/uploads/2015/11/dep-Custody-consent-chart5-5-16.pdf)

<http://teenhealthlaw.org/wp-content/uploads/2015/11/dep-Custody-consent-chart5-5-16.pdf>

[California Department of Public Health \(CDPH\) Adolescent Sexual Health & Pregnancy Prevention](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf)

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-IE.pdf>

[CDPH California Personal Responsibility Education Program](https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf)

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/CDPH%20Document%20Library/Communications/Profile-PREP.pdf>

[CDPH Sexual Health Educator Training Program](http://californiaptc.com/sexual-health-educator-training-program/)

<http://californiaptc.com/sexual-health-educator-training-program/>

CRISIS HOTLINES

California Youth Crisis Line: **1-800-843-5200**
Your Life Your Voice: **1-800-448-3000**
Crisis Text Line: **Send text to 741 741**
Rape, Abuse & Incest Network: **1-800-656-4673**
(AKA National Sexual Assault Hotline)

Questions or concerns about foster youth rights or related foster care issues:

[California Office of the Foster Care Ombudsperson](http://www.fosteryouthhelp.ca.gov)

<http://www.fosteryouthhelp.ca.gov>

1-877-846-1602 (toll-free helpline)

fosteryouthhelp@dss.ca.gov (email)