Supporting for California's Most Vulnerable Parents and Preventing Unintended Pregnancy

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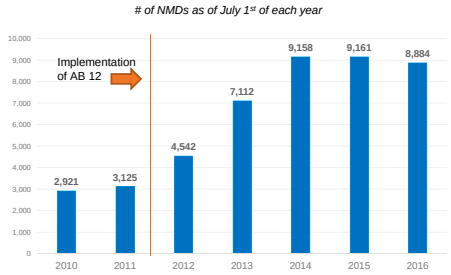
We've always had parents in foster care …just not this many!



Who are parenting foster youth?

- **Long foster care stays**: Over half of the females and two-thirds of the males had been in care for 7 years or more.
- **Disproportionately African American**: A full 86 percent of pregnant and parenting foster youth were African American
- **Disproportionately disabled**: One-quarter of females and 30 percent of males were identified as having some sort of disability.
- **More likely to be placed with a relative**: The most common first placement for a parenting youth was with a relative.
- **Runaway history**: One-fifth of females and one-quarter of males had run away from placement.
- **Age**: Mean age was 17.8 years old; one-quarter were 15 or 16 when they first gave birth.

Source: Pregnant and Parenting Foster Youth: Their Needs, Their Experiences (2009)

Despite their youth, they experience difficult pregnancies

Despite the perception that pregnant teens are "healthy," adolescents experience higher-risk pregnancies that adults.

- Double the rate of low-birth rate babies and higher risk of pregnancy-induced hypertension

This is due in part because teens are less likely to get prenatal care than older pregnant individuals.

- 24.5% of teens received late or no prenatal care as compared to 7.8% of adults aged 20 to 24 and 5.6% aged 25 to 29.
- Key reasons why include the lack of perceived importance of early care, difficulty with insurance, unawareness of public resources, and a delay in the diagnosis of pregnancy.

Pregnant foster youth are even less likely to get prenatal care that the average teen.

- In California, 13% of 19-year-olds who became pregnant and gave birth received no prenatal care.
- Another 6% did not receive prenatal care until the seventh month of their pregnancy.

This lack of prenatal care increases the likelihood of low-birth weight children.

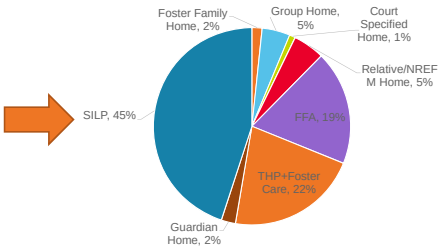
- Of teens that did not receive *any* prenatal care, 21.5% were born low-birth weight.
- Providing prenatal care at month seven decreased the rate of low birth weight considerably: 7.9% of children were born low birth weight.

They are likely to have a repeat pregnancy while in foster care.

Among girls in foster care in California who had a first birth before age 18, 38.7% had a repeat teen birth.

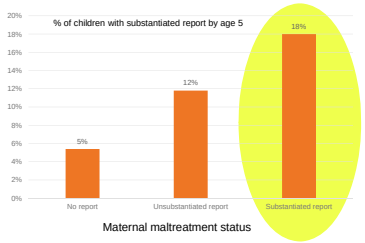
Most live in a setting with limited support

Total individuals receiving infant supplement: 1,025



Source: CDSS report and THP-Plus/FC 2015-16 Annual Report

Their children are vulnerable to maltreatment



In California, children born to adolescent mothers who were substantiated victims of abuse or neglect had a rate of reported maltreatment that was more than 3.6 times greater than the general population.[7]

Source: California's Most Vulnerable Parents: Adolescent Mothers and Intergenerational Child Protective Service Involvement

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A key to better serving parenting youth is preventing unintended pregnancy

Young women in foster care at age 19:

Wanted to become pregnant:	%
Definitely no	33.8%
Probably no	3.7%
Neither wanted nor didn't want	28.8%
Probably yes	7.5%
Definitely yes	26.1%

66.3%

Young men in foster care at age 19:

Wanted partner to become pregnant:	%
Definitely no	16.2%
Probably no	21.1%
Neither wanted nor didn't want	33.4%
Probably yes	14.0%
Definitely yes	15.3%

70.7%

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Foster youth experience a high rate of unintended pregnancy

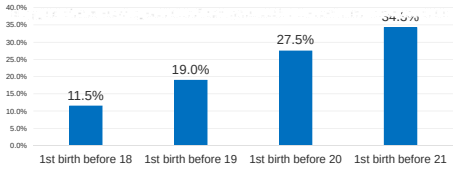
- 26.0% have ever been pregnant as compared to13% of general
- 22.0% have been pregnant 2 or more times

By age 17

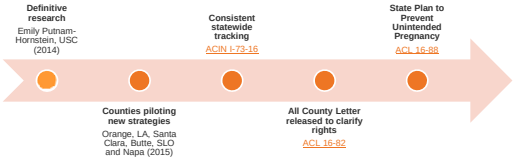
- 49.3% have ever been pregnant as compared to 20.1% in general population;
- 20.6% have been pregnant 2 or more times

By age 19

High rates of pregnancy lead to high rates of early child birth



California is making progress to prevent unintended pregnancy



10 Reproductive and Sexual Health Care Rights

- The right to receive medical services, including reproductive and sexual health care
- The right to consent to or decline medical care (without need for consent from a parent, caregiver, guardian, social worker, probation officer, court, or authorized representative) for:
  - a) The prevention or treatment of pregnancy, including contraception, at any age , (except sterilization).
  - b) An abortion, at any age.
  - c) Diagnosis and treatment of sexual assault, at any age.
  - d) The prevention, diagnosis, and treatment of STIs, at age 12 or older

10 Reproductive and Sexual Health Care Rights

- The right to have access to age-appropriate, medically accurate information about reproductive and sexual health care
- The right to be provided transportation to reproductive and sexual health-related services
- The right to obtain, possess and use the contraception of his or her choice, including condoms
- The right to have private storage space and to be free from unreasonable searches of his or her personal belongings.
- The right to choose his or her own health care provider
- The right to fair and equal access to all available services
- The right to independently contact state agencies
- Personal rights are to be posted and/or explained in an age or developmentally appropriate manner, and provided to the foster youth

CA's Plan for the Prevention of Unintended Pregnancy

Each section has required strategies and recommended strategies

REQUIRED

- Explicitly required in state or federal law
- Not fulfilling this requirement is a violation of the youth's rights and subjects the county to legal liability

vs.

RECOMMENDED

- Promising practice identified by subject matter experts

7 Requirements of Case Management Worker

- ❑ Inform foster youth of rights every six months
- ❑ Provide youth and NMDs with access to age-appropriate, medically accurate information about reproductive and sexual health care, unplanned pregnancy prevention, abstinence, use of birth control, abortion and the prevention and treatment of STIs
- ❑ Inform youth, in an age appropriate manner, of their rights to consent at any age to pregnancy-related care, including contraception, abortion, and prenatal care. The case management worker (social worker or probation officer) shall inform youth of their right to consent at age 12 or older to the prevention, diagnosis and treatment of STIs

7 Requirements of Case Management Worker

- Inform youth and NMDs about their confidentiality rights
- Ensure youth are up-to-date on their annual medical appointments
- Ask the youth and NMD if they are facing any barriers in accessing reproductive and sexual health care services or treatment, and shall ensure any barriers are addressed in a timely manner.
- Shall not impose their personal biases and/or religious beliefs upon the youth and NMD.

6 Requirements of Foster Care and Group Home Providers

- Incorporate the reasonable and prudent parent standard
- Respect the private storage space and personal belongings of the youth and NMD as it relates to their reproductive and sexual health care
- Facilitate access and transportation to reproductive and sexual health related services unless otherwise arranged
- Notify the case management worker (county social worker or probation officer) of any barriers the youth or NMD experiences in accessing reproductive and sexual health care services or treatments

6 Requirements of Foster Care and Group Home Providers

- Shall ensure that youth and NMDs who remain in long-term foster care receive age-appropriate, medically accurate, culturally sensitive pregnancy prevention information
- Ensure that youth and NMDs receive an annual medical exam as required by the new "Child Health and Disability Prevention Program Bright Futures Periodicity Schedule for Health Assessments by Age Groups" schedule

Next Steps in Your County

- ❑ Read and share the state plan
- ❑ Develop strategy to train case management workers
- ❑ Develop strategy to train providers
- ❑ Develop materials to share with youth and NMDs.
- ❑ Identify community partners to support this process
- ❑ Review county policies and procedures manual to ensure it is providing necessary instruction.

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Goals of SB 245 (Leyva): Reduce the rate of unplanned pregnancy among youth in foster care