

Sexual and Reproductive Wellness in Foster Care

Trainee Guide



April 2019

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Introduction

The Foster Youth Sexual Health Education Act, Senate Bill 89, went into effect on July 1, 2017. This law contains new training requirements for case workers, foster caregivers, and judges.

Specifically, **case workers are required to receive training about:**

- The rights of youth and young adults in foster care to sexual and reproductive health care services and information.
- Those rights include the confidentiality of sensitive health information, and the reasonable and prudent parent standard.
- How to document sexual and reproductive health services in a case plan.
- The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring youth and young adults in foster care have access to sexual and reproductive health services and information.
- Guidance about how to engage with youth and young adults 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.
- Information about current contraception methods, prevention of sexually transmitted infection, and
- How to select and provide appropriate referral resources and materials for information and service delivery.

In this law, the training requirement for caregivers is that some sexual and reproductive wellness training be included in their pre-service education, and training about sexual and reproductive wellness *be made available to them*, but resource families are not required to select this topic as part of their annual training hours.

Full text of The Foster Youth Sexual Health Education Act can be found here:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB89

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FOR MORE INFORMATION, as well as the latest version of this curriculum, please visit the California Social Work Education Center (CalSWEC) website: <http://calswec.berkeley.edu>

Agenda

Segment 1	Why This Training?	9:00—10:00 am
Segment 2	Reproductive and Sexual Health Rights	10:00—10:45 am
	BREAK	10:45—11:00 am
Segment 3	Duties and Responsibilities	11:00—11:30 am
Segment 4	Case Plan Documentation	11:30—12:00 pm
	LUNCH	12:00—1:00 pm
Segment 5	Finding Resources, Safer Sex and Contraception Methods	1:00—2:15 pm
	BREAK	2:15—2:30 pm
Segment 6	Engaging with Young People About Sexual Wellness	2:30—3:45pm
Segment 7	Wrap-Up and Evaluations	3:45—4:00 pm

Group Agreements

It is important during skill-building activities to feel safe enough to try out new skills, experience successes and challenges, and learn from these experiences. These activities require some amount of risk taking. Adult learning theory and neuroscience have proposed that personal and emotional safety in the classroom is critical to learning. We all contribute to creating a safe learning environment. One way to help promote a safe environment is through setting group agreements. The trainer will begin the discussion on what you need to feel safe to try out new skills among your peers. Do not hesitate to state what you need. The list will be compiled by the trainer and posted for this training day.

Below, fill in one or more agreements you want to be sure are part of the larger group agreements for the day.

1.

2.

3.

4.

5.

Being uncomfortable is normal as we try new things. If, however, you feel more than uncomfortable do not hesitate to talk with the trainer about your concerns.

Learning Objectives

Knowledge
<p>K1. Participants will be able to identify and describe the rights of youth and non-minor dependents in foster care as related to:</p> <ol style="list-style-type: none">(1) sexual and reproductive health care and information (as well as their right to consent to such care);(2) confidentiality of sensitive health information; and(3) the reasonable and prudent parent standard to create and support normalcy.
<p>K2. Participants will be able to describe the duties and responsibilities of the assigned case manager and the foster care provider to ensure youth and non-minor dependents in foster care have access to comprehensive sexual and reproductive health education, services, and information.</p>
<p>K3. Participants will be able to explain how to select and provide appropriate referral resources and informational materials regarding reproductive and sexual health including medically approved contraception.</p>
<p>K4. Participants will be able to explain how to document sexual and reproductive health issues in a child welfare case plan, including documentation that the:</p> <ol style="list-style-type: none">(1) young person received comprehensive sexual health education,(2) young person was informed of their sexual and reproductive health care rights, and(3) case worker facilitated access to sexual and reproductive health care information and services.
<p>K5. Participants will be able to explain how communication (age and developmentally appropriate, LGBTQ-inclusive, and culturally-sensitive) and practice approaches (positive healthy development, trauma-informed, and strengths-based) apply to youth and their sexual and reproductive health.</p>
Skills
<p>S1. Using scenarios, participants will demonstrate how to identify the required case worker duties and responsibilities related to sexual and reproductive wellness for young people in foster care.</p>
<p>S2. Using vignettes, participants will practice communication skills to:</p> <ol style="list-style-type: none">(1) describe youth's rights related to sexual and reproductive health services and information;(2) identify and discuss barriers to access or utilization; and(3) encourage autonomy to take action regarding their own sexual health care.
Values
<p>V1. Participants will value developing awareness and control of personal biases or religious beliefs that violate the rights, diminish the dignity, and/or limit the self-determination of a youth or non-minor dependent.</p>
<p>V2. Participants will value a positive and strengths-based approach to working with youth and non-minor dependents overall, and specifically regarding their sexual health and development.</p>
<p>V3. Participants will value and protect the rights of the young people they serve.</p>

WHAT WE BRING

Please answer the questions below honestly, your answers will be anonymous during the discussion unless you reveal them yourself. This is an important tool to begin examining the diversity of beliefs related to sexual and reproductive wellness in foster care.

1. I believe caregivers can and should uphold their own beliefs about sex with foster youth who live in their home.

YES NO

2. I believe that people can avoid sexually transmitted infections by not being promiscuous.

YES NO

3. I believe this topic area (sexuality and reproduction) is inappropriate for social workers or probation officers to discuss with young people because their families should get to decide what they learn about sex and when.

YES NO

4. I believe homosexuality is a natural and healthy sexual orientation.

YES NO

5. I believe that young people can make good decisions about their sexual and reproductive health.

YES NO

Why This Training?

The Foster Youth Sexual Education Act (SB 89) ensures foster youth receive the comprehensive sexual health education requirements outlined in the California Healthy Youth Act (CHYA). Below are FAQ about both of these mandates.

California Sexual Health Education ROundtable

California Healthy Youth Act (CA Education Code Sections 51930-51939) Frequently Asked Questions

What is the California Healthy Youth Act?

The California Healthy Youth Act, which took effect in January 2016, requires school districts to provide students with integrated, comprehensive, accurate, and unbiased comprehensive sexual health and HIV prevention education at least once in middle school and once in high school.

The law is intended to ensure that students develop the knowledge and skills necessary to 1) protect their sexual and reproductive health from HIV, other sexually transmitted infections, and unintended pregnancy; 2) develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family; and 3) have healthy, positive, and safe relationships and behaviors. It promotes understanding of sexuality as a normal part of human development.

Wasn't comprehensive sexual health education already required?

Previously, districts were required to provide only HIV prevention education once in middle school and once in high school. Districts that elected to also provide sexual health education were required to do so in a way that was comprehensive, medically accurate, and age appropriate.

What is different about the new law?

In addition to requiring that students receive comprehensive sexual health education at least twice—(at least) once in middle school and (at least) once in high school—the California Healthy Youth Act includes new language about adolescent relationship abuse and sex trafficking and reinforces a focus on healthy attitudes, healthy behaviors, and healthy relationships. It also strengthened previous requirements that instruction and materials be appropriate for students of all sexual orientations and genders and ensures that sexual health education does not promote outdated gender norms. The law also updated the existing HIV prevention education mandate to reflect the developments made in our understanding of and ability to treat and prevent HIV over the last 20 years.

What are the baseline requirements for sexual health education and HIV prevention education?

All instruction in all grades (including elementary) must be age-appropriate, medically accurate, and appropriate for students with disabilities, students who are English language learners, and for students of all races, ethnic and cultural backgrounds, genders, and sexual orientations. Instruction may not promote religious doctrine.

Instruction must affirmatively recognize different sexual orientations, and be inclusive of same-sex relationships when providing examples of couples or relationships. It must also teach about gender, gender expression, gender identity, and explore the harm of negative gender stereotypes.

Comprehensive sexual health education must encourage students to communicate with their parents or other trusted adults, and must provide students with the knowledge and skills to develop healthy relationships and make healthy decisions about sexuality.

What are the additional content requirements for grades 7-12?

Instruction provided in grades 7-12, in addition to meeting the baseline requirements above, must include *all of the following content*:

- Information on the nature and transmission of HIV and other sexually transmitted infections (STIs);
- Information about all FDA-approved methods of reducing the risk of transmission of HIV and other STIs, including antiretroviral treatment, and information about treatment of HIV and STIs;

- Information about reducing the risk of HIV transmission as a result of injection drug use by decreasing needle use and needle sharing;
- Discussion about social views of HIV and AIDS, emphasizing that all people are at some risk of contracting HIV and that the only way to know one's HIV status is by being tested;
- Information about accessing resources for sexual and reproductive health care and assistance with sexual assault and intimate partner violence, as well as students' legal rights to access these resources;
- Information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy (including emergency contraception);
- Information that abstinence is the only certain way to prevent unintended pregnancy and HIV and other STIs; information about value of delaying sexual activity must be included and must be accompanied by information about other methods for preventing pregnancy and STIs;
- Information about pregnancy, including 1) the importance of prenatal care; 2) all legally available pregnancy outcomes, including parenting, adoption, and abortion; and 3) California's newborn safe surrender law;
- Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and sex trafficking.

Does the law allow abstinence-only education?

"Abstinence-only" sex education, which offers abstinence as the only option for preventing STIs and unintended pregnancy, is not permitted in California public schools.

What does the law say about parental notification and consent?

Districts must notify parents of the instruction and provide them with opportunities to view the curriculum and other instructional materials. Districts must also allow parents to remove their student from instruction if they so choose, using a passive consent ("opt-out") process in which parents must request in writing that their student not receive the instruction. Districts may not require active consent ("opt-in") by requiring that students return a permission slip in order to receive the instruction.

How can I ensure that my district is complying with the new law?

The California Healthy Youth Act took effect on January 1, 2016, and districts should be taking steps now to ensure compliance. Districts need to ensure that their board policies, parental notification forms, and curricula all comply with the requirements of the law.

The ACLU of California has created additional implementation resources for school districts, including fact sheets, a sample parent notification letter, a curriculum checklist, and information about curricular resources. You can access these materials at www.aclunc.org/sex_ed.

How do districts ensure that teachers are prepared to deliver this instruction?

Districts must provide in-service training for all teachers who provide HIV prevention education and may expand that training to cover the topic of comprehensive sexual health education.

Can my district contract with an outside consultant to provide this instruction?

School districts may contract with outside consultants or guest speakers to deliver instruction or to provide training for school district personnel. All outside consultants and guest speakers must have expertise in comprehensive sexual health education and HIV prevention education and have knowledge of the most recent medically accurate research on the relevant topic or topics covered in their instruction. Instruction provided by outside consultants or guest speakers meet all of the law's requirements and must be aligned with other instruction.

The California Sexual Health Education Roundtable is convened by:

ACLU of Northern California, California Latinas for Reproductive Justice, and Planned Parenthood Affiliates of California

Facts about the California Foster Youth Sexual Health Education Act (Senate Bill 89)

In July 2017, California adopted a new law requiring comprehensive sexual health education for youth in foster care and new training requirements for foster caregivers, social workers and judges. Here are some facts about the law.

SB 89 includes the following four requirements, all of which went into effect on 7/1/17.

1. Improve Access to Sexual Health Education (WIC 16501.1(g)(20),(21))

SB 89 requires the child welfare worker to do the following for all youth in foster care age 10 and older who are enrolled in middle school, junior high or high school:

- Review the case plan annually and update it as needed to indicate that the case management worker has verified that the youth or young adult has received comprehensive sexual health education that meets the requirements of the California Healthy Youth Act, once in middle school and once in high school. (CA Education Code Sections 51930- 51939)
- For youth and young adults in foster care who have not met this requirement, SB 89 requires the child welfare worker to document in the case plan how the county child welfare agency will ensure that the youth receives the instruction at least once before completing junior high or middle school and once before completing high school

2. Inform Youth of Their Rights and Remove Barriers (WIC 16501.1(g)(20),(21))

SB 89 requires the case plan to be updated annually to indicate that the case management worker has done all of the following, for a youth in foster care 10 years of age and older, including young adults in foster care:

- Informed the youth or young adult that he or she 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.
- Informed the youth or young adult, in an age- and developmentally appropriate manner, of his or her

right to consent to sexual and reproductive health services and his or her confidentiality rights regarding those services.

- Informed the youth or young adult 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.

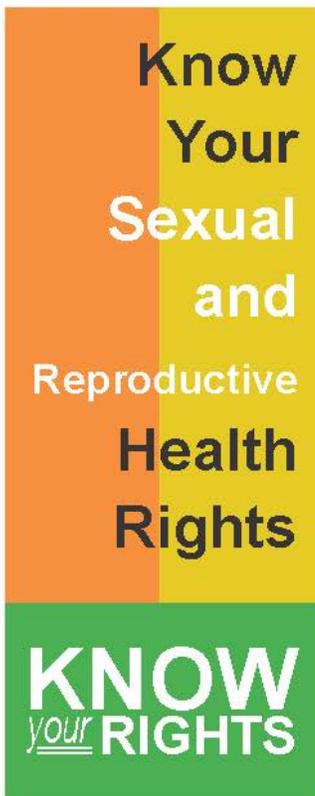
3. Develop Quality Sexual Health Training (WIC 16521.5)

SB 89 requires the California Department of Social Services to develop a curriculum that includes all of the following information:

1. The rights of youth and young adult in foster care to sexual and reproductive health care and information, to 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 a case plan.
3. The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring youth and young adults in foster care can obtain sexual and reproductive health services and information.
4. Guidance about how to engage and talk with youth and young adults 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.

4. Require Sexual Health Education for Adults (WIC 304.7, 16206, 16519.5)

SB 89 requires all social workers, foster caregivers and judges to be trained using a curriculum that complies with the requirements listed above.



Helpful Tip: If you feel like someone violated your rights, or you need support making a complaint, call the Office of the Ombudsperson toll-free at 1-877-846-1602

My case worker is: _____
 Phone #: _____
 My attorney is: _____
 Phone #: _____
 My CASA is: _____
 Phone #: _____
 My trusted person is: _____
 Phone #: _____

PUB 490 (4/18)

Your Sexual and Reproductive Health Care and Related Rights

No judgements! You have the right to sexual health information that only includes medical facts and not anyone's opinions.

Do you know your rights when it comes to your sexual and reproductive health? Even if you're under age 18, you have rights! Knowledge is power, so read your rights below:

1. You have the right to have your personal rights explained and provided to you in a manner that you understand.
2. You have the right to get health care, including reproductive and sexual health care.

Continue reading to learn more about what kind of reproductive and sexual health care services you can get.



3. You have the right to make your own decision about the following kinds of care (meaning you can say "yes" or "no" and do not need permission from a parent, caregiver, social worker, or any other adult if you want this care):
 - a. Female or male birth control or protection, pregnancy testing, and prenatal (pregnancy) care, at any age,
 - b. Abortion, at any age,
 - c. Health care you need because of a rape or sexual assault, at any age,
 - d. Health care to prevent sexually transmitted infections (STIs) and HIV, at age 12 or older, and
 - e. Testing and treatment for STIs and HIV, at age 12 years or older.
4. You have the right to get the information you want about sexual health care. You can ask your doctor or another trusted adult about:
 - a. Reproductive and sexual health care,
 - b. Ways to prevent pregnancy and pregnancy testing,
 - c. Abortion,
 - d. Prenatal (pregnancy) care, like monthly or weekly doctor visits during pregnancy, and
 - e. How to prevent and treat STIs, including HIV medication and the Human Papillomavirus (HPV) vaccination.
5. When you get sexual or reproductive health care, or ask your doctor questions about sex, your doctor cannot share that information with your parents, caregivers, group home, social worker, or probation officer without your written consent. There are a few small exceptions.
6. You have the right to ask your doctor to explain "privacy" to you and who can and cannot get your medical information before you get any health care.
7. You have the right to choose your own health care provider for sexual and reproductive health care, as long as the provider is covered by your Medi-Cal or other approved insurance.
8. Your caregiver, group home, or social worker must help you with transportation to get reproductive and sexual health care services in a timely manner.
9. You have the right to get, have, and use the birth control or protection of your choice, including, but not limited to:
 - a. Condoms, including the female condom
 - b. Diaphragm
 - c. Birth control patch, pill, ring, or shot
 - d. Spermicide
 - e. Dental dam
 - f. Emergency contraception (morning after pill)
 - g. Medications to prevent STIs
 - h. Intrauterine Device (IUD) or Implant
 - i. Medications to treat or prevent HIV such as Pre-Exposure Prophylaxis (PrEP) or Post-Exposure Prophylaxis (PEP)
10. You have the right to keep your personal items, like birth control, in your own private storage space. Condoms or other protection, or birth control cannot be taken away from you as a punishment or due to your caregiver's religious beliefs or personal feelings. You have the right to be free from unreasonable searches of your belongings.
11. You have the right to fair and equal access to services, placement, care, treatment, and benefits. You have the right to not be treated unfairly, harassed, or discriminated against because of your sex, sexual orientation, gender identity, HIV status, or other factors like race, religion, ethnic group identification, ancestry, national origin, color, or mental or physical disability.
12. You have the right to contact and make complaints about violations of your rights to state agencies, including the Community Care Licensing Division of the California Department of Social Services and the state Foster Care Ombudsperson (**See the "Resources" section of this brochure for more information**).

Complaints are confidential and you cannot be threatened or punished for making complaints.

Brochure can be found online: <http://www.cdss.ca.gov/Portals/9/FMUForms/M-P/PUB490.pdf>

REVIEWING RIGHTS ROLE PLAY

1. Jessie. 10 year old identified as male in paperwork, just coming into foster care.
2. Tyrell. 18 year old NMD still in high school, this is his first “every six months” occasion to hear these rights. Last time he suggested that he is a heterosexual male who is “hanging out” with a few girls.
3. Flora. 13 year old young woman who has just had a placement change.
4. Adam. 15 year old youth who identifies as a gay male. He has been in care for six months.
5. Grace. 11 year old who identifies as female. Just moved placement.
6. Jasmine. 17 year old identified as female in paperwork, who is just coming into care.

SEXUAL AND REPRODUCTIVE WELLNESS RIGHTS QUIZ

1. Young people in foster care must obtain permission from their parent or guardian before they can obtain emergency contraception.
 - a. True
 - b. False
2. The reasonable and prudent parenting standard involves treating sexuality (including masturbation) as a normal, healthy part of adolescent development.
 - a. True
 - b. False
3. If a caregiver refuses to provide transportation to a sexual health care appointment, the case worker must respect their decision and explain to the youth that they will need to find their own way to the appointment.
 - a. True
 - b. False
4. If a young person learns they are HIV-positive, their group home may request another placement to protect the safety of their staff and other residents.
 - a. True
 - b. False
5. Foster youth are allowed to leave school for their Planned Parenthood appointment, even if they don't have permission from their caregiver.
 - a. True
 - b. False
6. An eleven-year-old boy may consent to his own HIV test.
 - a. True
 - b. False
7. In California, if both the case worker and the young person are Catholic, it is okay to discuss only abstinence while informing the youth of their rights.
 - a. True
 - b. False
8. A young person living in a group home facility must give her birth control pills to staff for safe keeping.
 - a. True
 - b. False
9. The gender of a NMD in foster care is determined by their identity, not by their case record.
 - a. True
 - b. False
10. Youth and NMD with certain disabilities do not need to be informed of their sexual and reproductive rights.
 - a. True
 - b. False

Duties and Responsibilities

SCENARIO WORKSHEET

Scenario 1: 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?

What are some best practices for this scenario?

Scenario 2: 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?

What are some best practices for this scenario?

Scenario 3: 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?

What are some best practices for this scenario?

Scenario 4: 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 a lesbian. Staci frequently asks Carmen questions about safe sex and relationships which make Carmen feel very uncomfortable.

What is Carmen required to do?

What are some best practices for this scenario?

Scenario 5: Abraham, an eighteen year-old NMD has a lot of questions for his social worker, Mark, about dating, sex, and birth control methods. 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 Mark required to do?

What are some best practices for this scenario?

Scenario 6: 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 them. 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?

What are some best practices for this scenario?

Scenario 7: 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?

What are some best practices for this scenario?

Scenario 8: 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 that 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?

What are some best practices for this scenario?

Answers can be found in your copy of *A Guide for Case Managers: Assisting Foster Youth with Healthy Sexual Development and Pregnancy Prevention*.

PRACTICE REFLECTION:

How does having these duties and responsibilities spelled out so clearly change your practice?

What is trickier or more of a challenge?

What is improved or exciting?

Timely Medical Appointments:

Preventive Health Care Exam Periodicity Schedule from the American Academy of Pediatrics can be found at https://www.aap.org/en-us/documents/periodicity_schedule.pdf and on the CalSWEC Toolkit for Sexual and Reproductive Wellness in Foster Care.

Case Plan Documentation

Notes from Videos and Discussion:

Where to find Comprehensive Sexual Health Education Providers:

Department of Education: <https://www.cde.ca.gov/ls/he/se/>

Statewide Roster of Providers: <http://www.jbaforyouth.org/statewide-roster-cse-providers/>

Lists your local providers here:

Finding Resources, Safer Sex, and Contraception Methods

FDA-approved Birth Control/Contraception

Non-Hormonal Birth Control

Copper IUD (Non-Hormonal IUD)

Brand Name(s): Paragard®

Effectiveness: Highest. Perfect use and typical use are almost identical. Fewer than 1 in 100 non-hormonal IUD users will become pregnant.

What is it?

The Copper IUD is a small T-shaped device made of flexible plastic that is inserted into the uterus by a health care provider. It sits inside the uterus for the duration of use and is effective for up to 12 years.

How does it work?

The non-hormonal IUD works by preventing fertilization. The presence of the device alters the environment of the uterus so that sperm are no longer able to swim. The copper in the device has additional spermicidal effects.

Pros

- Longest-lasting reversible birth control method available
- No maintenance and highly effective
- Once removed, you can become pregnant right away
- Does not have hormones
- Safe to use while breastfeeding
- Cost-effective – without insurance, it costs \$500-\$1000 upfront, but distributed over 10 years it's generally less expensive than other methods

Cons

- Menstrual periods may be heavier and last longer, and cramps may be stronger
- You may have spotting between periods
- Insertion and removal requires an office visit
- Insertion is quick – 5 to 10 minute – but it's common to experience strong cramping during the insertion, similar to strong menstrual cramps. Everyone experiences IUD insertion differently, with varying levels of discomfort.
- Can be expelled or dislodged, which does not usually pose a health risk but can lead to pregnancy
- Very slight risk of injury to the uterus during insertion
- Does not protect against HIV or other STIs

Male and Female Condom

Brand Name(s): Trojan™, Durex®, LifeStyles®, FC2 Female Condom, and more.

Effectiveness: Moderate. With perfect use, 2 out of 100 people using male condoms (and 5 out of 100 female condom users) will become pregnant. With typical use, 18 in 100 people using male condoms (and 21 of 100 female condom users) will become pregnant.

What is it?

Male condoms are worn on the penis during intercourse. Most condoms are latex, but polyurethane condoms are available for people with latex allergies.

Female condoms are a tube-shaped barrier method worn by the receptive partner during vaginal or anal intercourse. As opposed to male condoms, they are usually made of polyurethane or nitrile, so they are

good for people with latex allergies. The closed end of the female condom rests inside the vagina or anus while the open end sits on the outside of the body. Flexible rings on either end of the female condom help guide insertion. Note: only one condom (male or female) should be used during a sexual act.

Latex condoms (most male condoms) should only be used with water-based lubricant such as K-Y® Jelly. Oil-based lubricant, such as Vaseline, will break down the latex and make the condom less effective. Since female condoms are made with polyurethane, they can be used with both water- and oil-based lubricants.

How does it work?

Condoms act as barriers, collecting semen during ejaculation and preventing sperm from entering the uterus. Condoms also protect against many sexually transmitted infections. Effectiveness is increased if condoms are used with spermicide or in conjunction with withdrawal.

Pros

- No office visit or prescription required
- Protects against HIV and many other STIs
- No side effects
- Non-hormonal
- May help alleviate premature ejaculation
- Can be used with other birth control methods to increase effectiveness
- Can be used while breastfeeding

Cons

- May break or slip off, requiring the need for emergency contraception
- Reduces spontaneity (although female condoms can be inserted prior to sex play)
- May reduce sensation for both partners
- Female condoms may make intercourse noisy

Diaphragm

Brand Name(s): Caya®

Effectiveness: Moderate. With perfect use, 6 out of 100 diaphragm users will become pregnant. With typical use, 12 in 100 diaphragm users will become pregnant.

What is it?

The diaphragm is a dome-shaped silicone cup with a flexible rim. Before intercourse, you fill the diaphragm with spermicide and then place it inside the vagina, covering the cervix. It must remain within the vagina for six hours after intercourse and can be kept inside for up to 24 hours.

The most common type today, Caya, is one-size-fits-most. It requires a prescription, but unlike older versions of diaphragms, it does not need to be fitted by a healthcare provider. However, it may be helpful if your provider shows you how to place it correctly.

How does it work?

The diaphragm covers the cervix, preventing sperm from entering the uterus. The spermicide used in conjunction with the diaphragm immobilizes sperm.

Pros

- Is generally not felt by the user or their partner
- Can be inserted hours before intercourse
- Does not contain hormones
- Can be used with other birth control methods, including condoms, to increase effectiveness
- Can be used while breastfeeding

- Relatively cheap to purchase and can last up to two years when properly cared for

Con

- Can increase the frequency of urinary tract infections
- May be pushed out of place during intercourse, causing a risk of pregnancy
- Silicone and/or spermicide can cause vaginal irritation
- The spermicide used most often with diaphragms, nonoxynol-9, has been associated with a greater risk of HIV transmission when used frequently by people who are at high risk of HIV transmission
- Does not protect against HIV or other STIs

Sponge

Brand Name(s): The Today Sponge®

Effectiveness: Moderate. The sponge is more effective if you have never given birth. Among women who have never given birth, 9 in 100 will become pregnant with perfect use and 12 in 100 will become pregnant with typical use. Among women who have given birth, 20 in 100 women will become pregnant with perfect use vs. 24 in 100 women with typical use.

What is it?

The sponge is about two inches in diameter and is made of soft foam that contains spermicide. You moisten it with water and then insert it into the vagina, covering the cervix. It must remain within the vagina for 6 hours after intercourse and can be kept inside for up to 30 hours. A nylon band on one end makes for easy removal. Unlike the diaphragm and cervical cap, which are reusable, the sponge is discarded after a single use.

How does it work?

Like other barrier methods, the sponge blocks sperm from entering the uterus. The spermicide in the sponge immobilizes sperm.

Pros

- Can be purchased over-the-counter and doesn't need to be fitted by a health care provider
- Can be inserted into the vagina up to 24 hours before intercourse
- Generally not felt by users or their partners
- Does not contain hormones
- Can be used with other birth control methods, including condoms, to increase effectiveness
- Can be used while breastfeeding

Cons

- Some users report that the water and spermicide can make sex messy
- May cause vaginal dryness- using lubricant can help
- May require practice to insert
- Is less effective after childbirth
- May cause vaginal irritation
- The spermicide used most often with the cervical cap, nonoxynol-9, has been associated with a greater risk of HIV transmission when used frequently
- More expensive than other disposable methods: \$9-\$12 for a package of 3
- Does not protect against HIV or other STIs

Hormonal Birth Control

Progestin IUD

Brand Name(s): Mirena®, Skyla®, Liletta®, Kyleena®

Effectiveness: Highest. Perfect use and typical use are almost identical. Fewer than 1 in 100 progestin IUD users will become pregnant.

What is it?

The Progestin IUD is a small T-shaped device made of flexible plastic that is inserted into the uterus by a health care provider. The device sits inside the uterus for the duration of use. Some types are effective for 5 to 7 years, and others are effective for up to 3 years.

How does it work?

The progestin IUD works by preventing fertilization of the egg. The presence of the device alters the environment of the uterus so that sperm are no longer able to swim. The device also releases a low dose of progestin, which thickens cervical mucus, creating a barrier to sperm entering the uterus. Progestin may also suppress ovulation in some users.

Pros

- Long-lasting, continuous method
- No maintenance and highly effective
- Periods may be lighter or stop altogether, cramping may lessen
- Once removed, you can become pregnant right away
- Does not contain estrogen—helpful if you must avoid estrogen
- Safe to use while breastfeeding
- Cost-effective – without insurance, it costs \$500-\$1000 upfront, but distributed over 10 years it's generally less expensive than other methods

Cons

- Spotting between periods or irregular bleeding may occur, especially during the first three to six months
- Insertion and removal requires an office visit
- Insertion is quick – 5 to 10 minutes – but it's common to experience strong cramping during the insertion, similar to strong menstrual cramps. Everyone experiences IUD insertion differently, with varying levels of discomfort.
- Can be expelled or dislodged, which does not usually pose a health risk but can lead to pregnancy
- Very slight risk of injury to the uterus during insertion
- Does not protect against HIV or other STIs

Progestin Implant

Brand Name(s): Nexplanon®

Effectiveness: Highest. Perfect use and typical use are almost identical. Fewer than 1 in 100 implant users will become pregnant.

What is it?

The progestin implant is a flexible plastic rod, about the size of a matchstick, that is inserted into the skin of your upper arm by a health care provider. It is invisible once implanted and is effective for up to 4 years.

How does it work?

The implant releases a low dose of progestin, which prevents ovulation and thickens cervical mucus, creating a barrier to sperm entry.

Pros

- Long-lasting, continuous method
- No maintenance and highly effective
- Insertion is quick—a few minutes—and is painless due to use of local anesthetic

- Periods may become lighter or stop entirely
- When the implant is removed, you can become pregnant right away
- Safe to use while breastfeeding
- Does not contain estrogen—helpful for women who must avoid estrogen
- Cost-effective: without insurance, it costs \$400-\$800 upfront, but distributed over 3 years it's generally less expensive than other methods

Cons

- Irregular bleeding is common
- Insertion and removal require an office visit
- Small risk of scarring during removal
- Does not protect against HIV or other STIs

Vaginal Ring

Brand Name(s): NuvaRing®

Effectiveness: High. With perfect use, fewer than 1 in 100 ring users will become pregnant. With typical use, 9 in 100 ring users will become pregnant.

What is it?

The ring is a flexible plastic ring which you insert into the vagina and leave in place for three continuous weeks. The ring can be kept in place during sex. You remove the ring during the fourth week, during which time you usually get your period. At the start of the new month, you insert a new ring into the vagina, and the cycle begins again.

How does it work?

The ring contains the hormones progestin and estrogen, the same hormones that are in combination birth control pills and the patch. These hormones prevent pregnancy by preventing ovulation and thickening cervical mucus, creating a barrier to sperm entering the uterus.

Pros

- Periods may become lighter and cramping may be reduced
- Lower maintenance- no daily pill
- You can choose when you have a period – or you can simply replace the ring every three weeks to avoid having a period entirely
- Some users report fewer side effects (spotting, breast tenderness, and nausea) than with the Pill
- May improve hormonal acne
- Fertility returns soon after discontinuing use

Cons

- Requires insertion every three weeks
- May increase vaginal discharge or cause vaginal irritation
- Side effects include: spotting between periods, breast tenderness, and nausea
- Estrogen is contraindicated if you are at risk for cardiovascular disease or blood clots, if you have hypertension or certain types of migraines, and if you smoke.
- Not recommended during the first four weeks after labor and delivery
- Does not protect against HIV or other STIs

Birth Control Patch

Brand Name(s): Xulane®

Effectiveness: High. With perfect use, fewer than 1 in 100 patch users will become pregnant. With typical use, 9 in 100 patch users will become pregnant.

What is it?

The patch is a thin plastic patch that you place on the skin of the upper arm, upper torso, buttocks, or back. You leave the patch in place for one week, then replace it with a new patch. After three consecutive weeks, you have one week with no patch, during which time you'll usually get your period. At the end of the patchless week, you place a new patch on your skin, and the cycle begins again.

How does it work?

The patch contains the hormones progestin and estrogen, the same hormones that are in combination birth control pills and the vaginal ring. The main way these hormones prevent pregnancy is by preventing ovulation. Other effects include thinning the lining of the uterus, which could prevent implantation, as well as thickening the cervical mucus, which creates a barrier to sperm entering the uterus.

Pros

- Periods may become lighter and cramping may lessen
- Lower maintenance- requires a weekly application of the patch but no daily pill
- May improve hormonal acne
- May reduce the risk of ovarian cancer and endometrial cancer
- Fertility returns soon after discontinuing use

Cons

- May cause irritation at the site where you place the patch
- Side effects include: spotting between periods, breast tenderness, and nausea
- Estrogen is contraindicated if you are at risk for cardiovascular disease or blood clots, if you have hypertension or certain types of migraines, and if you smoke.
- Not recommended in the first month following childbirth
- Does not protect against HIV or other STIs

Progestin Shot

Brand Name(s): Depo-Provera®

Effectiveness: High. With perfect use, fewer than 1 in 100 progestin shot users will become pregnant. With typical use, 6 in 100 users of the shot will become pregnant.

What is it?

A health care provider injects the hormone progestin into the upper arm. The injection is effective at preventing pregnancy for three months at a time.

How does it work?

The shot releases a low dose of progestin, which prevents ovulation and thickens cervical mucus, creating a barrier to sperm entering the uterus.

Pros

- Only requires action every three months
- Periods may eventually stop
- Does not contain estrogen—helpful for those who must avoid estrogen
- May help prevent endometrial cancer

Cons

- Requires returning to a health care provider every three months
- Side effects include: irregular bleeding (common, especially in the first 6 to 12 months), weight gain, depression, body hair changes, and changes in sex drive
- Side effects may last for three to six months after discontinuing use
- May take 6 to 10 months to become pregnant after discontinuing use

- May cause temporary thinning of bones. This stops as soon as the shot is discontinued
- Can be expensive without insurance coverage (\$35-\$250 per visit)
- Does not protect against HIV or other sexually transmitted infections (STIs)

Combination Birth Control Pills

Brand Name(s): Yaz[®], Seasonique[®], Ortho Tri-Cyclen[®], Lybrel[®], and many more.

Effectiveness: High. With perfect use, fewer than 1 in 100 pill users will become pregnant. With typical use, 9 in 100 pill users will become pregnant.

What is it?

The birth control pill is a daily pill to prevent pregnancy. Most pills are taken daily for three weeks in a row, then discontinued for one week, during which time you usually get your period. The pill is also safe to use continuously, leading to no period. Birth control pills are most effective when taken at the same time every day.

How does it work?

Combination birth control pills contain the hormones progestin and estrogen, the same hormones that are in the patch and the vaginal ring. These hormones prevent pregnancy by preventing ovulation and thickening cervical mucus, creating a barrier to sperm entering the uterus.

There are many different pills on the market with varying amounts or types of progestin and estrogen. If the Pill you are using is not a good fit, it may be worth discussing with your provider other types of the Pill or the patch or ring, described in this post, which use the same hormone combination but have a different delivery method.

Pros

- Periods may become lighter and cramping may be reduced
- May improve hormonal acne
- Can be used to control when you have a period—the Pill can be taken continuously to avoid having a period and some types are designed to only cause a period a few times a year
- Fertility returns soon after discontinuing use
- Lowers chances of pelvic inflammatory disease

Cons

- Must be taken every day and is most effective when taken at the same day each day
- Side effects include: spotting between periods, breast tenderness, and nausea. Different brands may cause different side effects.
- Estrogen is contraindicated if you are at risk for cardiovascular disease or blood clots, if you have hypertension or certain types of migraines, and if you smoke.
- Not recommended in the first month following childbirth
- Does not protect against HIV or other STIs

Progestin-Only Birth Control Pills (Mini-Pill)

Brand Name(s): Camila[®], Jolivette[®], Ovrette[®], and more.

Effectiveness: 92-99% when used correctly

What is it?

The progestin-only pill is an oral contraceptive that only contains progestin. Like combination pills, the progestin-only pill is taken daily, but unlike the combination pill, it must be taken at the same time each day. In addition, the progestin-only pill is taken continuously with no week break at the end of the month. Some people get a period every month, others experience spotting, and still others experience no period.

How does it work?

Progestin releases a low dose of progestin, which prevents ovulation and thickens cervical mucus, creating a barrier to sperm entering the uterus.

Pros

- Does not contain estrogen—helpful for people who must avoid estrogen
- Periods may become lighter and cramping may be reduced
- Can be used at all stages postpartum and while breastfeeding
- Lowers chances of pelvic inflammatory disease

Cons

- Must be taken at the same time every day. If you take a progestin-only pill more than three hours past your scheduled time, you can become pregnant and must use a backup method for 48 hours
- Side effects include: Spotting (common side effect), depression, body hair changes, and changes in your sex drive

NOTE: Not mentioned here are permanent birth control methods: Vasectomy and Tubal Sterilization. These methods are considered inappropriate for young people.

Source: <https://www.onemedical.com/blog/live-well/birth-control-guide>

Foster Care Nurses often have excellent birth control literature and information as do Health Clinics. You can easily find the one closest to you by searching “Teen Clinic Near Me.”

ROLE PLAY SCENARIOS

One person plays youth described in the scenario.

One person plays themselves in whatever role they usually occupy (or case worker)

One person will observe and take notes below.

1. Bridget is a 12-year-old foster youth who you're meeting for the first time. Paperwork identifies as female, but this has not been confirmed by the youth. Verify the youth's preferred gender pronouns and explain their rights, answer any questions, and plan next steps.
2. Young person is 18-year-old NMD named JD. He has confirmed his identity as heterosexual male in previous conversation. Caregiver has reported finding condoms, but doesn't know if he's seeing anyone regularly. Review contraception options, assess for barriers to sexual health care, and address any identified.
3. Alisha, 15-year-old who came out as a lesbian the first time you met, but you haven't reviewed her rights yet. Review her rights, assess barriers to sexual health care, and address any identified.
4. Junior is 13-year-old boy, sexual orientation unknown, who has been asking his caregiver a lot of questions about where babies come from since his older cousin got pregnant. Explain the basics of pregnancy, assess barriers to care, and address any identified.

Engaging with Young People About Sexual Wellness

QUESTIONS TO ASK A TRUSTED ADULT

About relationships...

What does a healthy relationship look like? How can I show my partner I love them?

Is jealousy a sign of love?

I'm being hurt or threatened by my partner. What can I do?

I feel like my partner is pressuring me to have sex or do things I am not ready for or feel uncomfortable with. What should I do?

About sexuality and gender identity...

How does someone know they are lesbian, gay, bisexual, transgender or questioning?

If I have a same sex crush, does this mean I'm gay or lesbian?

Can I sleep in a room or use the restroom based on the gender I identify with?

Is touching myself wrong? Is it okay if I'm in a private place such as my bedroom or bathroom?

About going to visit the doctor...

How do I make an appointment to visit the doctor?

Are doctor appointments confidential between me and my doctor?

What information and documents will I need when I visit the doctor?

I need information about local community resources and public transportation to visit the doctor. Where can I get this information?

About pregnancy or birth control...

I need information about birth control. Where can I get this information?

Does someone have the right to take away my birth control or condoms?

Can someone force me to go on birth control?

I think I might be pregnant. Where can I get information about pregnancy testing, prenatal care and/or the different options that are available?

Foster Youth Sexual and Reproductive Health Care Rights



TALKING TO OTHERS ABOUT SEX AND YOUR RIGHTS: SUGGESTED QUESTIONS TO ASK

Whether you're abstinent (not having any sex), thinking about having sex, or already sexually active, it's important and okay to talk about sex and relationships with a trusted adult. Your trusted adult may be a doctor, social worker, mentor, attorney, judge, teacher, family member or someone else you feel comfortable talking to. It is also important and okay to talk about these things with a romantic partner. But how do you know what to say or how to start a conversation? It is not always easy, so here are some suggested questions to start the conversation:

QUESTIONS TO ASK YOUR PARTNER

- » Will you respect my decision about sex, and about what I'm okay doing and not doing? How do you feel about my decision?
- » How are we going to make sure we protect ourselves against STIs?
- » Have you ever tested positive for an STI? If so, were you treated?
- » Are you having sex with other people?
- » Have you thought about your future goals? How do you feel about an unplanned pregnancy?

QUESTIONS TO ASK YOUR DOCTOR

About your rights...

- » I know I have a right to privacy in sexual and reproductive health care. What does that mean in this office? Are you always going to ask for my written permission before you share any of my information?

About birth control or protection...

- » How do I know what birth control method is right for me? What are the common side effects of the different birth control methods?
- » Will my caregiver or parent find out if I decide to use a birth control? Can they pressure me to use a certain kind of birth control?
- » Do I need to use birth control or condoms if I'm transgender or dating someone of the same gender as me?
- » How do you use a condom correctly?
- » What is emergency contraception and how can I get it?

About STIs...

- » I had sex without a condom. Should I get tested for an STI and/or pregnancy?
- » What do I need to know about STIs, including testing, treatment, and prevention?

QUESTIONS TO ASK A TRUSTED ADULT

About relationships...

- » What does a healthy relationship look like? How can I show my partner I love them?
- » Is jealousy a sign of love?
- » I'm being hurt or threatened by my partner. What can I do?
- » I feel like my partner is pressuring me to have sex or do things I am not ready for or feel uncomfortable with. What should I do?
- » How do I know when I'm ready to have sex with someone?

About sexuality and gender identity...

- » How does someone know they are lesbian, gay, bisexual, transgender, or questioning?
- » If I have a same sex crush, does this mean I'm gay or lesbian?
- » Can I sleep in a room or use the restroom based on the gender I identify with?
- » Is touching myself wrong? Is it okay if I'm in a private place such as my bedroom or bathroom?

About going to visit the doctor...

- » How do I make an appointment to visit the doctor? Are doctor appointments confidential between me and my doctor?
- » What information and documents will I need when I visit the doctor?
- » I need information about local community resources and public transportation to visit the doctor. Where can I get this information?

About pregnancy or birth control...

- » I need information about birth control. Where can I get this information?
- » Does someone have the right to take away my birth control or condoms?
- » Can someone force me to go on birth control?
- » I think I might be pregnant. Where can I get information about pregnancy testing, prenatal care (if I need it) and/or the different options that are available?



Resources:

California Office of the Foster Care Ombudsman – To file a complaint regarding your foster youth rights, contact the Ombudsman at 1-877-846-1602 or email fosteryouthhelp@dss.ca.gov

California Department of Social Services, Community Care Licensing – To file a complaint against a state licensed group home or foster home call 1-844-538-8766

www.genderspectrum.org/ – Information and resources about gender sensitive topics

www.glaad.org/transgender/resources Information and resources for transgender people

www.loveisrespect.org – Information about sex, healthy relationships, dating, dating abuse, and sexting

www.plannedparenthood.org/learn/birth-control/ – Information about birth control

www.bedsider.org/methods – Information about birth control

www.safehelpline.org – National Sexual Assault Hotline 1-800-656-HOPE (4673)

www.stayteen.org – Information about relationships, love, sex, and pregnancy

www.teenhealthrights.org – Youth friendly guide to sexual health rights

www.teensource.org/condoms/free – Sign-up for free condoms if you are 12-19 years old and live in California



The suggested resources in this brochure are provided for your convenience for general informational purposes only. The California Department of Social Services bears no responsibility for accuracy, legality, or content of these external websites.

HEALTHY RELATIONSHIPS WHEEL



Questions to ask about relationship wheel—

Which of these is most important to you when you think of respect?

Which of these do you have in your current relationship? Friendships?

Are any of these missing from your relationships?

Which of these can help you when things are tough?

SCENARIO WORKSHEET: FINDING RESOURCES

Scenario 1: A young man and his female partner are in a committed relationship and being sexually active with each other. Several months after their sexual relationship began, he realized he had an STI but didn't know how to tell his partner.

How could a case worker help a young person in this situation?

What resources/referrals from your county/service area would you provide?

Scenario 2: A young woman wanted to go on birth control but was concerned because her boyfriend didn't want her to. The young woman was confused and didn't know what to do.

How could an adult support a youth going through this?

What resources or referrals from your county/service area would you provide?

Scenario 3: A young man told his case worker that his boyfriend was irritated that he asked him to use condoms. He claimed that he must want him to use a condom because he is having sex with other partners.

What could an adult say to a young person in this situation?

What resources or referrals from your county/service area would you provide?

Scenario 4: A case worker asked a young female client on her caseload if she had a boyfriend and the youth said no. It turns out the youth had a girlfriend but because the question was asked the way it was, the youth felt uncomfortable and didn't want to open up to her case worker. The case worker then responded to the youth, "Then you don't need to go to Planned Parenthood yet."

How could the worker have handled this conversation differently?

What resources/referrals from your county/service area would you provide?

Brainstorming Questions:

Who are your go-to providers for sexual and reproductive wellness services in your area?

What is the most obvious sexual or reproductive wellness need in your area?

What resources are you lacking? What is one thing you can do to fill service gaps?

Who are the providers you are confident can provide trauma-informed care? If none, what is one thing you can do to increase availability for your youth?

Which ones are you confident can provide LGBTQ/SOGIE inclusive care? If none, what is one thing you can do to increase availability for your youth?

Resources

Organization	Website or Contact	Category
Been There Done That	www.beentheredonethatapp.org	App
Birth Control App	www.mybirthcontrolapp.org	App
Your Plan	www.yourplanapp.org	App
Social Work Cultural Competence	https://www.gradschools.com/masters/social-work/msw-cultural-competence	Cultural Sensitivity
Cultural Sensitivity in Child Welfare	https://www.childwelfare.gov/topics/systemwide/cultural/services/	Cultural Sensitivity
Adolescent Health Working Group	www.ahwg.net	General
Advocates for Youth	www.advocatesforyouth.org	General
Age Appropriate Tips	https://www.healthychildren.org/English/ages-stages/teen/dating-sex/Pages/default.aspx	General
Bedsider	http://bedsider.org/	General
California Teen Source	www.teensource.org or text "Hookup" to 877877	General
CSSP	http://www.cssp.org/reform/child-welfare/get-real/what-we-do/publications	General
Education, Training, and Research	http://www.etr.org	General
Guttmacher Institute	www.guttmacher.org	General
It's Your Sex Life	www.itsyoursexlife.com	General
John Burton Advocates for Youth	https://www.jbaforyouth.org/california-foster-youth-sexual-health-education-act-sb89/	General
National Center on the Sexual Behavior of Youth	http://ncsby.org/content/normative-sexual-behavior	General
National Center for Youth Law	https://youthlaw.org/policy/reproductive-and-sexual-health-access-for-youth-in-foster-care/	General
Positive Prevention Plus	http://www.positivepreventionplus.com/	General
Pro-Choice Public Education Project Glossary of Terms	https://www.protectchoice.org/article.php?list=type&type=32	General
Scarleteen	www.scarleteen.com	General
Sex Etc.	https://sexetc.org/	General
Sexuality and U: What is Sex?	www.sexualityandu.ca/teens/what-5.aspx	General
Stay Teen	www.stayteen.org	General
Talk with Your Kids	www.talkwithyourkids.org	General
The Family and Youth Service Bureau's National Clearinghouse on Families and Youth	http://www.acf.hhs.gov/programs/fysb/resource/online-app-training	General

Organization	Website or Contact	Category
Tips for Talking to Young People	https://www.plannedparenthood.org/parents/talking-to-kids-about-sex-and-sexuality	General
American Academy of Pediatrics	https://www.aap.org/en-us/Documents/periodicity_schedule.pdf	Health Care Services and Information
American College of Obstetricians and Gynecologists	www.acog.org	Health Care Services and Information
American Sexual Health Association	http://www.ashasexualhealth.org/	Health Care Services and Information
American Society for Colposcopy and Cervical Pathology	www.asccp.org	Health Care Services and Information
Association of Reproduction Health Professionals	www.arhp.org	Health Care Services and Information
California Department of Public Health--Sexually Transmitted Disease Control Branch	https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD.a.spx	Health Care Services and Information
California Office of Family Planning	https://www.dhcs.ca.gov/services/ofp/pages/officeoffamilyplanning.aspx	Health Care Services and Information
Clinic Map	http://www.cfhc.org/programs-and-services/clinic-map	Health Care Services and Information
Essential Access Health	https://www.essentialaccess.org/	Health Care Services and Information
Family Planning, Access, Care, and Treatment Program:	www.familypact.org	Health Care Services and Information
Go Ask Alice	www.goaskalice.columbia.edu	Health Care Services and Information
Health Center Near You	https://www.plannedparenthood.org/health-center	Health Care Services and Information
Kaiser Family Foundation	www.kff.org	Health Care Services and Information
My Sistahs	www.mysistahs.org	Health Care Services and Information
Physicians for Reproductive Choice and Health	www.prch.org	Health Care Services and Information
Planned Parenthood	www.plannedparenthood.org/learn/teens	Health Care Services and Information
Sexuality Information and Education Council of the United States	www.siecus.org	Health Care Services and Information
Young Men's Health	www.youngmenshealth.org	Health Care Services and Information

Organization	Website or Contact	Category
Young Women's Health	www.youngwomenshealth.org	Health Care Services and Information
Annie E. Casey Foundation	https://www.aecf.org/resources/lgbtq-in-child-welfare/	LGBTQ
Center for Disease Control LGBTQ Resources	http://www.cdc.gov/lgbthealth/youth-resources.htm	LGBTQ
Gay, Lesbian, and Straight Education Network	www.glsen.org	LGBTQ
Human Rights Campaign	https://assets2.hrc.org/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf?_ga=2.88503451.1890958234.1554225220-1721733604.1554225220	LGBTQ
Human Rights Campaign & The Children's Bureau	https://assets2.hrc.org/files/assets/resources/HRC_Caring_For_LGBTQ_Children_Youth.pdf	LGBTQ
Trans Student Educational Resources	http://www.transstudent.org/definitions/	LGBTQ
Youth.gov	https://youth.gov/youth-topics/lgbtq-youth/child-welfare	LGBTQ
Los Angeles LGBT Center	https://lalgbtcenter.org	LGBTQ
OutProud	www.outproud.org	LGBTQ
Sac Center	http://saccenter.org	LGBTQ
Youth Resource	www.youthresource.com	LGBTQ
Netsmartz	https://www.netsmartz.org/Home	Online safety
AHWG Provider/Youth/Parent Guides + Resources	http://ahwg.net/wp-content/uploads/2018/06/Sexual-Health-Module-2010-Version.pdf	PDF
Alameda County SOGIE Questions	http://www.cfyetf.org/education-summit_17_2361847496.pdf	PDF
Birth Control FAQs from ACOG	https://www.acog.org/-/media/For-Patients/faq112.pdf	PDF
Trauma-Informed Sexual Education	http://resourcesforresolvingviolence.com/wp-content/uploads/A-Trauma-Informed-Approach-for-Adolescent-Sexual-Health.pdf	PDF
GLBT National Youth Talkline	1-800-246-PRIDE	Phone
National AIDS Hotline	1-800-342-AIDS	Phone
National Teen Dating Abuse Helpline	1-866-331-9474	Phone
Planned Parenthood	1-800-230-PLAN	Phone
Rape, Abuse, & Incest National Network	1-800-656-HOPE	Phone
Backline	www.yourbackline.org	Pregnancy
Pregnancy Medical Appointment Timeline Schedule	https://allwomenobgyn.com/pregnancy/pregnancy-timeline/	Pregnancy

Organization	Website or Contact	Category
US Department of Health and Human Services Fatherhood	http://fatherhood.hhs.gov	Pregnancy
Abortion Access	www.abortionaccess.org	Pregnancy Prevention
Birth Control Options	https://thenationalcampaign.org/resource/pocket-protector-guide-birth-control-options	Pregnancy Prevention
Exhale	www.4exhale.org	Pregnancy Prevention
National Campaign	http://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care	Pregnancy Prevention
Planned Parenthood Birth Control	http://www.plannedparenthood.org/learn/birth-control	Pregnancy Prevention
The Emergency Contraception Website	www.not-2-late.com	Pregnancy Prevention
The National Campaign to Prevent Teen and Unplanned Pregnancy	www.thenationalcampaign.org	Pregnancy Prevention
US Department of Health and Human Services	http://www.cdc.gov/HealthyYouth/index.htm	Pregnancy Prevention
California Department of Public Health – Sexual Health Educator (SHE) Training Program	https://californiaptc.com/sexual-health-educator-training-program/	Professional Development for Sexual Health Educators
Break the Cycle: Empowering Youth to End Domestic Violence	www.breakthecycle.org	Relationships
Center for Disease Control Health Relationship Website	www.ede.gov/Features/ChooseRespect	Relationships
Choose Respect	www.chooserespect.org	Relationships
Family Violence Prevention Fund	www.endabuse.org/programs/teens	Relationships
Love is Not Abuse--Liz Claiborne Inc.	www.loveisnotabuse.com	Relationships
Love is Respect	www.loveisrespect.org	Relationships
National Youth Violence Prevention Resource	www.safeyouth.org	Relationships
Teen Relationships	www.teenrelationships.org	Relationships
Rape Abuse and Incest National Network	www.rainn.org	Sexual Abuse
Adolescent AIDS	www.adolescentaids.org	STI/HIV
Center for Disease Control Sexually Transmitted Infections	https://www.cdc.gov/std/hiv/default.htm	STI/HIV

Organization	Website or Contact	Category
I Wanna Know	www.iwannaknow.org	STI/HIV
PrEP Providers FAQ	https://www.cdc.gov/actagainststids/pdf/campaigns/prescribe-hiv-prevention/aaa-php-prep-faq.pdf	STI/HIV
The Body	www.thebody.com	STI/HIV
The California Department of Education's Comprehensive Sexual Health Education and HIV/AIDS	http://www.cde.ca.gov/ls/he/se/	STI/HIV
U.S. Preventive Services Task Force	http://odphp.osophs.dhhs.gov/pubs/guidecps/uspstf.htm#USPSTF	STI/HIV
American Academy of Pediatrics	https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/documents/guide.pdf	Trauma
The National Child Traumatic Stress Network	http://www.nctsn.org/resources/topics/creating-trauma-informed-systems	Trauma
The National Child Traumatic Stress Network	https://www.nctsn.org/resources/sexual-development-and-behavior-children-information-parents-and-caregivers	Trauma