

Date of Hearing: April 7, 2021

ASSEMBLY COMMITTEE ON HUMAN SERVICES

Lisa Calderon, Chair

AB 366 (Blanca Rubio) – As Amended March 29, 2021

**SUBJECT:** Foster youth

**SUMMARY:** Requires certain reports to the court to include information as to whether youth in foster care received comprehensive sexual health education; requires certain court reports to identify the individual responsible for assisting the child or nonminor dependent (NMD) with applications for postsecondary education and related financial aid; provides additional financial assistance for pregnant foster youth; and, requires the California Department of Social Services (CDSS) to compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education, as well as the availability and use of sexual and reproductive health care services, among other requirements, as specified.

Specifically, **this bill:**

- 1) Requires the court, at periodic review hearings conducted every six months, to determine, for a youth who is 10 years of age or older, is in junior high, middle, or high school, and who has been under the jurisdiction of the juvenile court for a year or longer, whether the social worker or probation officer has:
  - a) Verified that the child has received comprehensive sexual health education that meets requirements set forth in current law, as specified, through the school system, or has ensured that the child will receive the instruction;
  - b) Informed the child 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;
  - c) Informed the child in an age and developmentally appropriate manner of the child's right to consent to sexual and reproductive health services and the child's confidentiality rights regarding those services; and,
  - d) Informed the child how to access reproductive and sexual health care services and facilitated access to that care, including by assisting with any identified barrier to care, as needed, and, further, declares that this requirement does not affect any applicable confidentiality law.
- 2) Requires the court, at periodic review hearings conducted every six months, to determine, for a youth who is 16 years of age or older or for a NMD, whether the social worker or probation officer has identified the person or persons who are responsible for assisting the youth with applications for postsecondary education and related financial aid, as specified by current law, or that the youth stated that they do not want to pursue postsecondary education, including career or technical education.

- 3) Requires the Judicial Council, on or before January 1, 2023, to amend and adopt rules of court and develop appropriate forms for the implementation of provisions of this bill that require courts to verify whether social workers have completed certain tasks, as specified.
- 4) Requires each supplemental report filed with the court, as specified, for a child who is 10 years of age or older and who has been under the jurisdiction of the juvenile court for a year or longer, to include a factual discussion of the following:
  - a) For a child in junior high or middle school, either that the child has already received comprehensive sexual health education pursuant to current law through the school system while in junior high or middle school, or how the county will ensure that the child receives that instruction at least once before completing junior high or middle school if the child remains under the jurisdiction of the juvenile court during that timeframe; or,
  - b) For a child in high school, either that the child has received comprehensive sexual health education pursuant to current law, as specified, through the school system while in high school, or how the county will ensure that the child receives comprehensive sexual health education at least once before completing high school if the child remains under the jurisdiction of the juvenile court during that timeframe, and, further, declares that this requirement does not affect any applicable confidentiality law.
- 5) Requires each supplemental report filed with the court, as specified, for a child who is 10 years of age or older, to include a factual discussion of whether the social worker has done all of the following:
  - a) Informed the child that they may access age-appropriate, medically accurate information about reproductive and sexual health care, as specified;
  - b) Informed the child, in an age and developmentally appropriate manner, of the child's right to consent to sexual and reproductive health services and the child's confidentiality rights regarding those services; and,
  - c) Informed the child 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, and, further, specifies that this requirement does not affect any applicable confidentiality law.
- 6) Requires each supplemental report, as specified, filed for a child who is 16 years of age or older or for an NMD, whether the social worker or probation officer has identified the person or persons responsible for assisting the youth with applications for postsecondary education and related financial aid, or that the NMD stated that they do not wish to pursue postsecondary education, including career or technical education.
- 7) Requires, on or before January 1, 2023, the Judicial Council to amend and adopt rules of court and develop appropriate forms to implement the provisions of this bill related to supplemental reports.
- 8) Requires, at the review hearing that occurs in the six-month period prior to a minor's attaining 18 years of age, and at every subsequent review hearing for the NMD, the court report to describe:

- a) Whether the social worker or probation officer has identified the person or persons responsible for assisting the child or NMD with applications for postsecondary education and related financial aid, or that the child or NMD stated that they do not want to pursue postsecondary education, including career or technical education; and,
  - b) For a child or NMD in high school who has been under the jurisdiction of the juvenile court for a year or longer:
    - i) Whether information related to comprehensive sexual education as specified by the provisions of this bill has been provided; and,
    - ii) Whether the social worker or probation officer has informed the minor or NMD of their ability to access age-appropriate comprehensive reproductive and sexual health care, of their right to consent and confidentiality, and how to access sexual reproductive health care, as specified by provisions of this bill. Further, establishes that the specific requirement related to a child or NMD in high school does not affect any applicable confidentiality law, and, further, declares that this requirement does not affect any applicable confidentiality law.
- 9) Requires a review report for an NMD whose case plan is continued court-ordered family reunification services to include a discussion of:
- a) Whether the social worker or probation officer has identified the person or persons responsible for assisting the child or NMD with applications for postsecondary education and related financial aid, or that the child or NMD stated that they do not want to pursue postsecondary education, including career or technical education; and,
  - b) For an NMD in high school who has been under the jurisdiction of the juvenile court for a year or longer:
    - i) Whether information related to comprehensive sexual education as specified by the provisions of this bill has been provided; and,
    - ii) Whether the social worker or probation officer has informed the minor or NMD of their ability to access age-appropriate comprehensive reproductive and sexual health care, of their right to consent and confidentiality, and how to access sexual reproductive health care, as specified by provisions of this bill, and, further, establishes that this requirement does not affect any applicable confidentiality law.
- 10) Requires the court to determine, when inquiring about the progress being made to provide a permanent home for a nonminor, all of the following:
- a) Whether the social worker or probation officer has identified the person or persons responsible for assisting the youth with applications for postsecondary education and related financial aid, or that the youth stated that they do not want to pursue postsecondary education, including career or technical education; and,
  - b) If the NMD is in high school and has been under the jurisdiction of the juvenile court for a year or longer, whether the social worker or probation officer has ensured that the youth has received comprehensive sexual education, as required by the provisions of this bill.

- 11) Requires a reviewing body to determine, at a review hearing held every six months for an NMD who is no-longer receiving court-ordered family reunification services, all of the following:
  - a) Whether the social worker or probation officer has identified the person or persons responsible for assisting the youth with applications for postsecondary education and related financial aid, or that the youth stated that they do not want to pursue postsecondary education, including career or technical education; and,
  - b) If the NMD is in high school and has been under the jurisdiction of the juvenile court for a year or longer, whether the social worker or probation officer has ensured that the youth has received comprehensive sexual education specified in current law, as required by the provisions of this bill.
- 12) Requires the Judicial Council, on or before January 1, 2023, to amend and adopt rules of court and develop appropriate forms for the implementation of provisions of this bill related to ensuring youth receive comprehensive sexual education and verifying whether the social worker or probation officer has identified certain education-related information, as specified.
- 13) Requires a social study, at each status review hearing of a probation-supervised youth to include:
  - a) For a child who is 10 years of age or older and has been declared a ward of the juvenile court for a year or longer, whether the youth has received comprehensive sexual health education; and,
  - b) For a child who is 10 years of age or older, whether the probation officer has informed the minor or NMD of their rights related to comprehensive sexual health education, as specified by the provisions of this bill, and, further, declares that this requirement does not affect any applicable confidentiality law.
- 14) Requires a social study, at each status review hearing of a probation-supervised youth, for a child who is 16 years of age or older or for an NMD, to include whether the probation officer has identified the person or persons responsible for assisting the youth with applications for postsecondary education and related financial aid, or that the youth stated that they do not want to pursue postsecondary education, including career or technical education;
- 15) Requires the court, at any status review hearing prior to the first permanency planning hearing for wards of the juvenile court, to make findings and orders which determine, for a child who is 10 years of age or older, is in junior high, middle, or high school, and has been taken under the jurisdiction of the juvenile court for a year or longer, whether the probation officer has ensured that the youth has received comprehensive sexual health education and informed the youth of their rights related to this topic, as required by the provisions of this bill. Further, requires the Judicial Council, on or before January 1, 2023, to amend and adopt rules of court and develop appropriate forms to implement this requirement.
- 16) Requires the court, at any status review hearing prior to the first permanency planning hearing for wards of the juvenile court, for a child who is 16 years of age or older or for an NMD, to determine whether the probation officer has identified the person or persons responsible for assisting the youth with applications for postsecondary education and related

financial aid, or that the youth stated that they do not want to pursue postsecondary education, including career or technical education.

- 17) Requires, beginning January 1, 2022, the rate paid for a pregnant minor or NMD for the month in which the birth is anticipated and for the three-months preceding the month in which the birth is anticipated, include the amount that would otherwise be paid pursuant to current law to cover the care and supervision of a child, if born. Further, requires any amount paid pursuant to this requirement be used to meet the specialized needs of the pregnant minor or NMD and to properly prepare for the needs of the infant.
- 18) Defines “youth” for purposes of data collection and reporting, as specified by the provisions of this bill, as foster youth 10 years of age and older and NMDs.
- 19) Requires CDSS to compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education and the availability and use of sexual and reproductive health care services.
- 20) Requires performance data to include the total number and rate of all of the following:
  - a) County social workers and probation officers who have received the sexual and reproductive health curriculum described in current law;
  - b) Resource families that have received training on the curriculum as part of their annual training;
  - c) Judges who have received the curriculum through certain training programs;
  - d) Group home administrators who have received the curriculum;
  - e) Foster youth who have received comprehensive sexual health education and for whom this fact was documented in their case plan;
  - f) For youth who received comprehensive sexual education, those youth who received the education in school and those youth who received it elsewhere; and,
  - g) Youth for whom the social worker provided information related to the youth’s right to access information about reproductive and sexual health care within the last year and for whom that fact was documented in the youth’s case plan, as specified.
- 21) Requires outcome data to include integrated data drawn from data maintained by CDSS, the Department of Health Care Services (DHCS), and the Department of Public Health (DPH).
- 22) Requires the categories included in the outcome data, as well as the specific indicators used within each category, to be determined in consultation with the work group convened pursuant to current law, and, further, requires the categories include:
  - a) The total number and rate of youth who gave birth, the number of live births, and the number of live births weighing less than 2,500 grams;
  - b) Maternal health outcomes for youth;

- c) Prenatal care received by youth, including, but not limited to, date of initiation of prenatal care by trimester, frequency of service delivery, and type of provider care;
  - d) Postnatal care received by youth, including, but not limited to, frequency, type of service delivery, and type of provider of care;
  - e) The total number and rate of youth who received contraceptive counseling, initiated contraception, and contraception method selected;
  - f) Testing and treatment for sexually transmitted infections (STIs) in youth;
  - g) Frequency with which treatment of youth for STIs was followed by testing the same youth for reinfection with a one- to six- month time span; and,
  - h) Receipt of annual wellness exam, and frequency with which a general health exam or annual exam was paired with contraceptive counseling, pregnancy testing, STI testing, or contraception initiation, as specified.
- 23) Permits outcome indicators used within each category to include, but not be limited to, measures found in the Core Set of Children’s Health Care Quality Measure for Medicaid and CHIP (Child core Set), and the Healthcare Effectiveness Data and Information Set (HEDIS), or measures developed using Medi-Cal, Family PACT, and other administrative and claims data codes.
- 24) Requires outcome data be disaggregated and reported by age, race, ethnicity, sexual orientation, gender identity, county, and county placement type, if possible.
- 25) Requires outcome data be reported in a way that does not identify individual youth and complies with all applicable state and federal confidentiality and privacy laws and regulations.
- 26) Requires CDSS to consult with the working group convened pursuant to current law in the selection of additional performance and outcome data categories and measures to include in the report and in the development of the report framework. Further, requires CDSS to consult DHCS and DPH and revise measures, if necessary.
- 27) Requires, beginning July 1, 2022, the report be completed annually, and, further, requires the report be posted on CDSS’ internet website in a manner that is publicly accessible.

**EXISTING LAW:**

- 1) Establishes a state and local system of child welfare services, including foster care, for children who have been adjudged by the court to be at risk of abuse and neglect or to have been abused or neglected, as specified. (Welfare and Institutions Code [WIC] Section 202)
- 2) States that the purpose of foster care law is to provide maximum safety and protection for children who are currently being physically, sexually, emotionally abused, neglected, or exploited, and to ensure the safety, protection, and physical and emotional well-being of children who are at risk of harm. (WIC 300.2)

- 3) Provides for extended foster care funding for youth until age 21, as well as adopts other changes to conform to the federal Fostering Connections to Success Act. (WIC 241.1, 303, 366.3, 388, 391, 450, 11400, 11402, 11403)
- 4) Requires the court, at a periodic review hearing, to make certain determinations, including: the continuing necessity for an appropriateness of the placement; whether the child has other siblings under the court's jurisdiction; and, the extent of progress that has been made toward alleviating or mitigating the causes of necessitating placement in foster care, among other findings. (WIC 366(a))
- 5) Requires certain reports made to the court include a factual discussion of certain topics, including: what plan, if any, for the return and maintenance of the child in a safe home is recommended to the court by the county welfare department social worker; whether the subject child appears to be a person who is eligible to be considered for further court action to free the child from parental custody and control; and, the health and education of the minor, including a copy of the complete health and education summary required pursuant to WIC 16010, including the name and contact information of the person or persons currently holding the right to make educational decisions for the child. (WIC 366.1)
- 6) Requires certain hearings conducted by the court to describe a variety of information related to the youth's health, safety, and well-being, as specified. (WIC 366.31, WIC 706.5, and WIC 727.2)
- 7) Defines "nonminor dependent" as a current or former foster youth who is between 18 and 21 years old, in foster care under the responsibility of the county welfare department, county probation department, or Indian Tribe, and participating in a transitional independent living plan, as specified. (WIC 11400(v))
- 8) Requires, for a youth in foster care 10 years of age or older who is in junior high, middle, or high school, or an NMD enrolled in high school, the case plan be reviewed annually, and updated as needed, to indicate that the case manager has verified that the youth or NMD received comprehensive sexual health education through the school system (WIC 16501.1(g)(20))
- 9) Requires a youth's case plan document either: for a youth in junior high or middle school, either: that the youth has already received sexual health education instruction at least once before completing junior high or middle school if the youth remains under the jurisdiction of the dependency court during this timeframe; or, for a youth or NMD in high school, either that the youth or NMD already received this instruction during high school, or how the county will ensure that the youth or NMD receives the instruction at least once before completing high school if the youth or NMD remains under the jurisdiction of the dependency court during this timeframe. (WIC 16501.1(g)(20)(A) and (B))
- 10) Requires, for a child who is 16 years of age or older and for a NMD, the youth's case plan to identify the person or persons, which may include the child's high school counselor, Court-Appointed Special Advocate, guardian, or other adult, who shall be responsible for assisting the youth with applications for postsecondary education and related financial aid, unless the youth has stated that they do not wish to pursue postsecondary education, including career or technical education. Further, requires, if, at any point in the future, the youth expresses that they wish to pursue postsecondary education, the case plan to be updated to identify the adult

individual responsible for assisting the youth with applications for postsecondary education and related financial aid. (WIC 16501.1(g)(22))

- 11) Requires CDSS to develop a curriculum that is consistent with, and in, addition to, the pregnancy prevention plan established pursuant to current law, and further, requires the curriculum to include, but not be limited to: the rights of youth and NMDs in foster care to sexual and reproductive health care and information; how to document sensitive health information, including sexual and reproductive health issues, in a case plan; and, the 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. (WIC 16521.5(h) and (i))
- 12) Requires comprehensive sexual health education and HIV prevention education to satisfy certain criteria, as specified, and requires each school district to ensure that all pupils in grade 7 to 12, inclusive, receive comprehensive sexual health education and HIV prevention education, as specified. (Education Code 51930 *et seq.*)

**FISCAL EFFECT:** Unknown

**COMMENTS:**

***Child welfare services:*** The goal of California's Child Welfare Services (CWS) system is to protect children from abuse and neglect, as well as provide for their health, safety, and overall well-being. When suspicions of abuse or neglect arise, often as a result of a report by a mandated reporter, such as a doctor or a teacher, child protective services is responsible for investigating the report. If the abuse or neglect allegation is substantiated, it is then determined whether it is in the best interest of the youth to remain in their parent's custody or be placed within the CWS system. In instances where a youth is removed from their parent's custody, the juvenile court holds legal jurisdiction and a social worker is appointed by the CWS system to ensure that the needs of the youth are met. As of October 1, 2020, there were 60,045 youth placed in California's child welfare system.

***Extended foster care:*** In 2010, AB 12 (Beall), Chapter 559, Statutes of 2010, extended foster care benefits for certain eligible youth until the age of 21. Prior to the expansion of foster care benefits, youth "aged out" of the CWS system at 18 years old and were required to navigate the challenges of young adulthood, including obtaining education, stable housing, and employment, without the support of the CWS system. In recognition of the difficulties faced by these youth, extended foster care provides eligible youth between the ages of 18 and 21, known as NMDs, with the services and supports they need to experience independent living in supervised living environments. Extended foster care also enables youth to obtain educational and employment training to better prepare them to transition to adulthood and self-sufficiency.

***Sexual education requirements:*** AB 329 (Weber), Chapter 398, Statutes of 2015, combined education on HIV prevention with sexual health education for students in grades 7 to 12. Current law requires information materials provided be age appropriate, factual, medically accurate, and objective. The instruction and materials are required to teach pupils about gender, gender expression, and gender identity, affirmatively recognize that people have different sexual orientations, must be inclusive of same-sex relationships, and be made on an equal basis to a pupil who is an English language learner or has disabilities.



Each school district is required to ensure that all pupils in grades 7 to 12 receive comprehensive sexual education and HIV prevention and information on other sexually transmitted infections; further, the education is required to include information how the infections are and are not transmitted, their effects on the human body, and information specifying that abstinence from sexual activity and injection drug use is the only certain way to prevent HIV and other sexually transmitted infections.

***Sexual reproductive health for foster youth:*** It has long been acknowledged that foster youth face a host of challenges that their non-system-involved peers do not, including higher rates of poverty and homelessness later in life, as well as increased likelihood for interactions with the child welfare and juvenile justice system later in life. In addition, as a result of having experienced childhood abuse and neglect, as well as social isolation resulting from often frequent placement changes while in foster care, foster youth face physical and psychological trauma. These youth also experience higher rates of pregnancy when compared to their non-system involved peers. A December 2019 report by the John Burton Advocates for Youth states:

“Over the last three decades, teen pregnancy rates in the United States has dropped to a low of 43 pregnancies per 1,000 females, down 63% since 1991. California, one of the states with the most significant reductions in teen pregnancy rates, had a decline of 80%. However, this downward trend has not occurred for youth in foster care who continue to experience heightened rates of unplanned pregnancy and other inequitable sexual health outcomes compared to their peers. Recent studies have found that:

- Young women who have aged out of care are more than twice as likely to have experienced teen pregnancy than their peers not in care;
- Over 40% of teenage youth in California foster care who had a pregnancy experienced a miscarriage compared to 14.3% of teens who had a pregnancy nationwide; and,
- By age 26, 44% of young women in foster care reported getting a diagnosis of a STI compared to 23% of their peers not in foster care. The rates for young men were 18% and 11% respectively.”

The study also explains that, placement instability, lack of stable social supports, and frequent school changes experienced by foster youth often pose barriers to education and opportunities for accessing accurate information related to their sexual and reproductive health.

**Recent changes to law:** In response to high rates of pregnancy and STIs among foster youth, as well as their decreased access to information related to sexual and reproductive health, SB 89 (Committee on Budget and Fiscal Review), Chapter 24, Statutes of 2017, required the case plans of youth in foster care who are 10 years of age or older to be reviewed annually and updated as needed to indicate that the case management worker has verified that the youth received comprehensive sexual health education through the school system, as well as, for certain youth who did not receive the instruction, how the county will ensure that the youth receives the instruction at least once.

SB 89 also required the case plan of a foster youth who is at least 10 years of age or older be updated annually to determine whether the case manager has: informed the foster youth about their right to access age-appropriate, medically accurate information about reproductive and sexual health care; informed the youth in an age- and developmentally appropriate manner, of

their right to consent to sexual and reproductive health services, and their rights regarding those services; and, informed the youth how to access reproductive and sexual health care services, and whether the case manager has facilitated access to that care.

SB 89 also required CDSS, in order to train case management workers and foster care providers, to develop a curriculum that includes:

- The rights of youth and NMDs in foster care to sexual and reproductive health care and information, to confidentiality of sensitive health information, and the reasonable and prudent parent standard;
- How to document sensitive health information, including, but not limited to, sexual and reproductive health issues, in a case plan;
- The duties and responsibilities of the assigned case management worker and the foster care provider in ensuring youth and NMDs in foster care can obtain sexual and reproductive health services and information;
- 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; and,
- Information about current contraception methods and how to select and provide appropriate referral resources and materials for information and service delivery.

The provisions of this bill seek to address the high rates of pregnancy among foster youth by requiring certain reports to the court to include information about whether a youth has received comprehensive sexual and reproductive education, as well as whether the youth has been informed of their right to this information. This bill also seeks to provide financial support to pregnant minors in foster care or NMDs by requiring, beginning January 1, 2022, that the rate paid to a pregnant youth for the month in which the birth is expected, as well as the three-month period preceding the expected birth month, include the amount of money enumerated in current law to cover the care and supervision of a child, if born.

***Education outcomes for foster youth:*** An April 2020 report by the John Burton Advocates for Youth found that,

“In California, foster youth are 29% less likely than their peers to persist at least one year in community college. By age 26, just 4% of former foster youth have obtained a 4-year degree, compared to 36% of same-age young adults. Without a college degree, foster youth have a much lower likelihood of long-term economic security. The median weekly earnings of an individual with a bachelor’s degree are almost double those of a worker with only a high-school diploma. Opportunities for individuals without some form of post-secondary credential continue to diminish over time. Between 2008 and 2016, the U.S. economy lost 5.6 million jobs that require only a high school diploma or less while gaining 9.7 million jobs requiring a post-secondary credential.”

The provisions of this bill seek to address the issues discussed in the report by requiring certain reports to the court to identify the individual or individuals who are responsible for assisting a foster youth with applications for postsecondary education and related financial aid. The bill also

requires that the reports include whether a foster youth has stated that they do not want to pursue postsecondary education, including career or technical education, in order to ensure that the CWS system is acting in accordance with the youth's educational goals.

***Need for this bill:*** The provisions of this bill seek to address the high rates of pregnancy among California's foster youth by building upon previous legislative efforts to ensure these youth receive comprehensive sexual and reproductive health information and healthcare. Specifically, this bill requires that certain reports to the court include information on whether a foster youth has received comprehensive sexual and reproductive health information. This bill also seeks to address the financial and economic stability of pregnant and parenting foster youth by: increasing the amount of financial support available to a pregnant minor or NMD for the month in which the birth is expected, as well the three-month period preceding the expected birth month; and, by requiring certain reports to the court to identify the individual responsible for aiding the youth with college applications and related financial aid, if applicable, as specified. Finally, this bill requires CDSS to compile and report annual performance and outcome data on the implementation of sexual and reproductive health training and education and the availability and use of sexual and reproductive health care services by foster youth.

According to the author, "[This bill] helps prevent sexually transmitted infections (STIs), unintended pregnancy, and poor prenatal and other health outcomes experienced disproportionately by California's foster youth and NMDs. [This bill] also ensures foster youth have access to comprehensive sexual health education, rights, and services, and creates transparency through additional data reporting.

"Prenatal income supplements are shown to be effective at reducing the negative maternal and child health outcomes. However, young people in foster care are not eligible for the current CalWORKs prenatal income benefit. Providing this will put a direct end to preventable deaths among parenting youth and begin to address existing racial and gender inequities in the foster care system. The aforementioned inequities lead to intergenerational health disparities – without this benefit, California is saying that being a foster youth and being a parent are comorbidities.

"California incurs high medical costs related to STI treatment, maternal mortality and morbidity, stillbirth, miscarriage, and complicated pregnancies. So along with the educational provision in the bill and the accompanying budget ask, this legislation will more than pay for itself in future savings as an investment in preventative care. California is failing as a parent, and grandparent, to these youth – we as legislators can do more to improve the health of youth in foster care and their children and support as healthy, young families.

"I am asking for committee members' Aye vote to prioritize healthy futures for foster youth by extending the infant supplement and ensuring youth or NMDs in the foster system receive comprehensive sexual/reproductive health education."

#### **PRIOR AND RELATED LEGISLATION:**

***AB 2035 (Rubio) of 2020***, was substantially similar to this bill and would have required certain reports to the court to include information as to whether youth in foster care received comprehensive sexual health education, and would have required CDSS to consult with DHCS and DPH to compile and report certain data outcomes related to sexual and reproductive health training and education, among other requirements. AB 2035 was set for hearing in the Assembly Human Services Committee but the hearing was postponed by the committee.

**SB 245 (Leyva) of 2017**, was substantially similar to this bill and would have required CDSS to develop a curriculum relating to sexual and reproductive health care for foster youth and NMDs, and would have required the information in that curriculum be included among the training requirements for certain individuals, and that a foster youth's case plan be updated to reflect whether they have received information related to sexual and reproductive health care services. SB 245 was set for hearing in the Assembly Human Services Committee but the hearing was cancelled by the author.

**SB 89 (Committee on Budget and Fiscal Review), Chapter 24, Statutes of 2017**, required CDSS to develop curriculum for case management workers and foster care providers that addresses certain topics related to sexual and reproductive health care in order to prevent unintended pregnancies among foster youth.

**AB 329 (Weber), Chapter 398, Statutes of 2015**, required school districts to teach comprehensive sexual health education to students at least once in middle school and once in high school.

**AB 12 (Beall), Chapter 559, Statutes of 2010**, the "California Fostering Connections to Success Act," conformed state law to federal requirements to revise and expand programs and funding for certain foster and adopted children, including extending transitional foster care services to eligible youth between 18 and 21 years of age.

#### **REGISTERED SUPPORT / OPPOSITION:**

##### **Support**

All Saints Church Foster Care Project  
American Academy of Pediatrics, California  
American Civil Liberties Union/Northern California/Southern California/San Diego and Imperial Counties  
Business and Professional Women of Nevada County  
California Alliance of Child and Family Services  
California CASA  
California Coalition for Youth  
California Court Appointed Special Advocate Association  
California Latinas for Reproductive Justice  
California Nurse Midwives Association  
CASA of Los Angeles  
Children Now  
Citizens for Choice  
College of the Desert  
Creative Alternatives  
Dependency Legal Services  
Dependency Legal Services (UNREG)  
First Place for Youth  
Harbor Youth Facility, INC.  
Hillsides  
If/When/How: Lawyering for Reproductive Justice  
Maternal and Child Health Access  
NARAL

National Association of Social Workers, California Chapter  
Pepperdine - Seaver College  
Public Counsel  
San Diego for Every Child  
Santa Cruz County Office of Education  
Women's Foundation California  
Youth for Change  
Youth Law Center

**Opposition**

None on file

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