NEW YORK CITY
ADMINISTRATION FOR CHILDREN'S SERVICES

SEXUAL AND REPRODUCTIVE HEALTH CARE FOR YOUTH IN FOSTER CARE

BEST PRACTICE GUIDE
2013

NYC Administration for Children's Services

Ronald E. Richter, Commissioner
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Office of Child & Family Health

Dear ACS and Foster Care Agency Staff,

Members of the Child Welfare staff have an important responsibility in protecting and providing pertinent information to children and their families within the foster care system. As a result, we are tasked with developing materials and imparting information that will support the work of the individuals interacting with the most vulnerable children and families of New York City. The Health Policy and Planning Unit is issuing this Best Practice Guide to help build on the existing and forthcoming work and innovative ideas from our constituents and ACS staff over the years regarding sexual and reproductive health.

Youth in foster care are at high risk of engaging in sexual activity at an early age, having multiple sexual partners, failing to use birth control or condoms, pregnancy (including multiple pregnancies), difficulties in accessing sexual and reproductive health services after exiting foster care, and commercial sexual exploitation. For these reasons, it is important to emphasize the importance of sexual and reproductive health care and rights for youth in foster care.

The *Sexual and Reproductive Health Best Practice Guide*, designed for ACS and Foster Care Agency staff, outlines the basic foundation of the ACS Sexual and Reproductive Health policy (Procedure #).

The guideline focuses on seven components of the policy and provides suggestions and recommendations for foster care agency staff. These suggestions and recommendations are intended to promote better foster care practices in order to improve the ACS outcomes of child well being, safety, permanency and strengthening family connections among foster care youth and families.

The practice guideline describes when and how to provide information and services, and assists providers and staff in understanding their role under the new policy. It suggests strategies to enhance practice skills, and offers recommendations for integrating the components into the work of child welfare staff.

This instrument is designed to serve as a roadmap; helping foster care agency staff to understand and administer the intended agency practices associated with the Sexual and Reproductive Health policy. This guide is meant to help agencies build on their own ideas and procedures, and to encourage them to try new strategies when working with sexual and reproductive health issues.

We encourage you to take the opportunity to familiarize yourself with the policy, utilize the guide and promote conversations of enhancing the components of this policy.

Sincerely,

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Best practice guide created by NYC Administration for Children's Services
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Component 1: Defining sexual and reproductive health in foster care

Definition
Sexual and reproductive health (SRH) encompasses education regarding the reproductive system, safer sexual practices, sexuality, gender identity, the diagnosis, management, treatment and prevention of sexually transmitted infections (STI), contraception, termination of pregnancy (abortion), and maternity care when required.

Purpose
The Sexual and Reproductive Health Care for Youth in Foster Care policy clarifies the responsibilities of Children's Services and foster care providers in educating foster care staff, foster parents, and parents/legal guardians about the information and services that must be provided to youth in care. The goal is to facilitate informed decision-making and reduce risky sexual behavior.

Population
Who is specifically impacted by the SRH policy?

- All youth aged 12 or older
- All youth younger than 12 years old who are currently sexually active or who are known or suspected to have been sexually active in the past

What does the SRH policy cover?

- The sexual and reproductive legal rights, service and health care needs of youth in foster care
- The information/training needs and responsibilities of ACS staff, foster care staff, foster parents and birth parents/legal guardians with regards to information, education and service provision for youth

Component 2: Legal Responsibilities

For ACS and the staff at contracted agencies, dealing with matters of sexual and reproductive health can lead to complicated and difficult choices about what information to convey and how to best preserve safety for youth in foster care. This can be particularly true when dealing with sexual and reproductive health decisions. Providing support and guidance to children in care is a huge task, and every foster care worker brings important personal experiences and beliefs to his or her work. These experiences and values provide the strength needed to accomplish this complicated, energy-intensive work.

While these values are part of what makes our foster care agencies and workers strong, personal values and beliefs about how to keep adolescents safe ,may sometimes be in conflict with the youth's legal right to sexual and reproductive information, education, or medical services. In these cases, youth must be allowed to access these services and must be supported in their decisions. In the past, the fact that youth are guaranteed sexual and reproductive health services and processes for how to best enable youth in foster care to access these services have often been unclear. The new policy seeks to support foster care agencies and workers by clarifying what youth's rights are and illustrating some ways that agencies and workers can protect these rights.

Strategies:

- Be aware of your own personal and/or cultural values, and the ways that they do and do not conflict with the information and services to which youth are required by law to have access.
- Attend professional development trainings or seminars, both inside and outside of your agency, to learn more about providing for and working with individuals of different cultural backgrounds so that you may continue to develop new skills and cultural competencies.
- If you are having difficulty reconciling your obligations to youth with your personal values, talk to your supervisor about ways to strategize so that you are able to provide youth with all of the information and services they need.
- Inform the youth of any additional services for which they are eligible and any legal issues he/she may have, as identified in the policy and in the guidelines.

Foster care agencies or workers that have questions may call the Parents and Children's Rights Line at the Office of Advocacy at 212-676-9421 in order to get support on what is often a difficult and complicated issue.

Component 3: Consent

Right to Consent
In most cases, minors in foster care have the right to consent to reproductive health and family planning services without parental/legal guardian consent (see section below entitled "Lack of Capacity to Consent to Medical Services" for exceptional cases). The medical provider's role is to obtain consent for medical care from the youth, including but not limited to: annual gynecological exams for females and other basic sexual and reproductive health services for males and females; STI and HIV tests, prenatal services, termination of pregnancy (TOP) and adoption services, and contraceptive counseling and prescriptions.

Though minors may need parental consent for routine and emergency medical care services, they do not need parental consent to access the services covered by this policy. Consent to sexual and reproductive health care should be entered in the Health Narrative field of CONNECTIONS. It should not be entered in any other field in CONNECTIONS.
NOTE: Youth who are married and/or parenting are able to consent to all medical services for themselves (and their children, if applicable).

In New York, a minor can consent to sexual and reproductive health medical services if he or she:
1) Understands his or her condition,
2) Understands the nature of the proposed treatments, what alternative treatments are; and
3) Understand the risks and benefits of the proposed and alternative treatments.

In general, youth aged 12 years or older or under 12 who are currently sexually active or who are known or suspected to have been sexually active in the past can consent to their own sexual and reproductive health services; the medical consenter must be present during conversations about sexual and reproductive health for youth who lack the capacity to give consent.

Foster care agency staff, foster parents and birth parents/legal guardians should encourage youth to access and consent to services. In particular, foster care agency staff with knowledge about sexual and reproductive health issues should discuss any concerns that youth may have about providing consent, and address those concerns by providing information on either the service or protections to confidentiality and the legal rights of youth.

Strategies:
- Normalize sexual and reproductive health care by framing it as a standard aspect of health care so as to encourage youth to access it.
- Provide youth with clarifications about their rights to confidential sexual and reproductive health services.
- Ask youth if they fully understand or if they would like more information about these topics.

Lack of Capacity to Consent for Medical Services

For youth with developmental disabilities or who otherwise lack the capacity to consent, the situation is more complicated. These youth are often unable to provide medical consent because they cannot understand enough about the condition, treatment and/or risks and benefits of the services/treatment. Additionally, they may be unable to maintain medical treatment or regular medication on their own. For example, they may be unable to maintain the daily use of birth control without support from an adult. It is the role of a medical provider to assess the ability of developmentally disabled youth to give informed consent.

When there is a question about a youth's capacity to provide informed consent, an assessment by a mental health professional who is appropriately qualified and trained to conduct such assessments will be sought. Both ACS and the youth's foster care agency have the responsibility to raise any questions about the youth's capacity to consent. Any doubts about the youth's capacity to consent must be reported to ACS' Medical Consent unit or the youth's case planner. If the assessment shows that the youth is clearly incompetent or that there is reasonable doubt regarding his or her capacity to consent, the foster care agency will inform the youth of the intent to seek consent from the parent or legal guardian (if their rights have not been terminated or surrendered). In cases where there is doubt about the capacity of the parent/legal guardian (whose rights have not been terminated or surrendered) to provide informed consent, the foster care agency should refer to *Guidelines for Providing Medical Consents for Children in Foster Care, Procedure 102* for information about how to proceed.

While a youth is in foster care, there may be various instances in which an assessment of capacity to consent should be performed. Some examples of when an assessment of capacity to consent may be warranted can be found in the 'Strategies' section below. If the youth is not able to give consent, the foster care agency should follow existing procedures around consent for minors. Legal Services at NYC Children's Services provides the final decision regarding medical consent.[1]

Strategies:

- An assessment at the agency's mental health clinic may be warranted for youth who are or were avid drug users and for whom capacity to consent is questioned.
- An assessment at the agency's mental health clinic may be warranted for youth who are survivors of sexual trauma.
- If you are unsure, contact a mental health or medical director, provider, or consultant within your agency for guidance in assessing mental capacity.

[1] NYC Children's Services. (2009). Guidelines for Providing Medical Consents for Youth in Foster Care. New York, NY.

Component 4: Confidentiality

Confidentiality

Confidentiality means that information revealed to a staff member or medical provider must remain private. If a youth consents to his or her own sexual and reproductive health care and shares related information with the foster care staff assigned to the case, true confidentiality means that this information is not shared with other staff who are not involved in the case, with foster parents or with birth parents (unless the youth consents for this information to be shared with another specific party).

This is very important for several reasons:

1. Breaking confidentiality is illegal, and youth may file a complaint if their information is revealed.
2. Youth may decide not go to agency operated clinics, or not to access sexual and reproductive health care at all if they are afraid that their information will be shared.
3. If the youth do not trust their foster care agency, clinic and doctors, or foster parents, they are not likely to seek guidance or listen to advice that would help keep them safe and healthy.
4. It is important for youth to feel like they can trust the adults in their life because it is one of the steps towards engaging youth and encouraging them to talk about their sexual and reproductive health decisions and to seek guidance about making the right choices.

In the event that a youth shares personal sexual or reproductive health information with a staff person who is not directly involved with his or her case, confidentiality still applies. Staff cannot share the details of what was said during the conversation, but they should speak to the person in charge of the youth's case to tell them which services were recommended to the youth.

Strategies:

- Ask the youth if it is okay to inform their case planner that you had a conversation about sexual and reproductive health. Assure them that you will not go into detail, and will only share what is necessary.
- If the youth is not comfortable with that, the staff person may document the conversation in the youth's file instead.
- Doing your best to honor the youth's wishes (while also making sure the conversation is documented) is important. Relationships between youth and staff are important to sustain so that youth will continue to come back and have conversations about sexual and reproductive health with adults who they trust.

Medicaid and Confidentiality
Medicaid covers most sexual and reproductive health services, including gynecological exams, STI and HIV testing, pregnancy testing and prenatal care, birth control prescriptions, and abortion procedures. In order to give youth the ability to access services confidentially, the *Letter Informing Youth of Right to Confidential Sexual and Reproductive Health Care (Form #)* contains their Medicaid (CIN #) number.

Though we hope that youth choose to engage with their foster parents and foster care agencies about their sexual and reproductive health needs and concerns, youth may be reluctant to charge sexual and reproductive health care services to Medicaid because doing so would result in a bill being sent to their foster care agency. Youth worry that the agency will see the bill and find out that they accessed services, which may be information that they want to keep private.

In order to keep these services confidential, bills for Medicaid should go to the billing office, and information about which services are listed in the bill should not be shared between the billing office and other agency staff.

Strategies:

- Ask youth if they have any concerns about using Medicaid to access sexual and reproductive health care.
- If youth are concerned about using Medicaid to access these services, take the time to explore why they feel this way; this is a good opportunity to engage and build rapport with the youth.
- Assure youth that any bills sent to the foster care agency will be forwarded directly to the billing office, and that information about services received will not be shared with other agency staff.

Component 5: Sexual and Reproductive Health Services

Availability of Sexual and Reproductive Health Care Services

In New York State, youth have the right to access confidential sexual and reproductive health care services without their parents'/guardians' knowledge or consent. Although it is Children's Services' hope that youth in foster care develop trusting relationships with their foster parents and staff and can turn to them for assistance in accessing the health services that they need, for various reasons, not all youth will want to include others in their sexual and reproductive health-related decisions. In order for youth to access confidential sexual and reproductive health services on their own if they choose to do so, foster care providers are responsible for providing youth with written documentation of their Medicaid number (CIN #). Written documentation of the Medicaid number (CIN #) will be found in the *Letter Informing Youth of Right to Confidential Sexual and Reproductive Health Care* or written on agency stationery. This documentation must also include the youth's name and date of birth.

Specific Groups: There are specific groups within the foster care system that may need additional supports in accessing sexual and reproductive health care. See below for some groups that may need additional supports and some examples of how you can support them:

- Pregnant and/or parenting youth
  - discussion with the youth about the importance of prenatal, perinatal, and postpartum care in order to emphasize the fact that adhering to medical care is essential
- Youth with developmental disabilities
  - make sure that youth have the capacity to consent to care, or in the case that they cannot consent, make sure to follow the procedures outlined in *Guidelines for Providing Medical Consents for Children in Foster Care*
- LGBTQ youth
  - referral to a provider experienced in LGBTQ issues will increase the probability of compliance and continuity of care
- HIV-positive youth
  - referral to a clinic or provider that is known to have served HIV-positive youth will increase the likelihood of adherence to treatment and continuity of care

Who is eligible for services?

All services detailed in the policy apply to:

- All youth aged 12 years or older
- All youth under 12 years who are known or suspected to have engaged in sexual activity, whether voluntarily or involuntarily, regardless of their sexual orientation

Additionally, ACS encourages introducing all children younger than 12 years of age to age and developmentally appropriate sexual and reproductive health education during routine medical appointments and in cooperation with the child's parent(s) and school. When possible, any known sexual history that will inform the child's understanding of information and education should be taken into account.

Please note: For youth younger than 12 who require sexual and reproductive health services, access must be provided. However, younger children may not be able to provide consent for these services. When a youth requesting sexual and reproductive health care is younger than 12 years of age, the ability to consent is at the discretion of the medical provider. If the youth is not considered old enough to consent, the medical consenter must be present at the time when the services are provided.

**Refer to ACS policy 'Guidelines for Providing Medical Consents for Children in Foster Care' for more information about the medical consent process.*

Which services are available to youth under state law?

Contraception:

- Youth may consent to receive:
  - Contraceptive counseling
  - Birth control and/or condoms
  - Emergency contraception
- Youth except for those residing in Residential Treatment Centers (RTC) may administer and store their own sexual and reproductive health medication.

STI Testing and Treatment:

- Testing and treatment may be obtained without parental, legal guardian or Children's Services' consent.
- While some STIs, including HIV, must be reported to the New York State Department of Health, test results are confidential, and cannot be released without the patient's consent.[2] This means that if a youth in foster care tests positive for a STI, ACS and other foster care agencies will not be informed unless the youth consents.

[2] New York Civil Liberties Union (NYCLU). (April 2008). Reference Card: Minors' Rights to Reproductive Health Care in New York. New York, NY: NYCLU.

HIV testing and treatment:

- NYC Children's Services recommends that voluntary HIV testing be part of standard medical care for all youth in foster care regardless of the results of the HIV Risk Assessment. [3]
- Youth may consent to confidential HIV testing. Informed consent must be in writing.
- Youth may use anonymous testing, in which case the patient's name is not recorded and test results cannot be traced back to the youth.
- Youth must be informed by the foster care agency of the differences between confidential and anonymous testing and that anonymous testing is an available option.
- HIV treatment/medications are confidential and information on treatment may be entered only in the Health Narrative field of CONNECTIONS.

Prenatal Care:

- Youth may consent to all health care services related to the pregnancy and childbirth, including medical, dental and psychological services related to prenatal care.

Termination of Pregnancy (TOP) / Abortion Services:

- Access to TOP services (generally referred to as abortion) up to 24 weeks into a pregnancy is protected by New York state law. After 24 weeks, abortion is prohibited except in cases where the life or health of the woman is endangered.
- New York does not require counseling or a waiting period for women, and there is no requirement to notify parents/guardians in order for a legal minor to receive an abortion. [4] This means that minors who are judged to be able to give consent may receive an abortion without the knowledge of a parent/guardian, foster care agency, foster family, or ACS.
- Under New York State law, Medicaid covers both in-clinic based surgical abortions and medication abortions.
- Foster care providers are not required to provide a medical home that provides abortions. However, they must support youth if they want alternatives to carrying the baby to term, including termination of pregnancy and adoption.

Access to Adoption services:

- Pregnant youth may choose to have the child and give it up for adoption. The right to offer the child for adoption is legally protected.

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[3] NYC Children's Services. HIV Bulletin 6-25-09. New York, NY.

[4] Guttmacher Institute. (June 1, 2009). State Policies in Brief: An Overview of Abortion Laws. New York, NY: Guttmacher Institute.

Sexual and Reproductive Health Services for Adolescents in Foster Care

Sexual and reproductive health services are medical, educational, and social services that include, but are not limited to:

- Education about puberty and the biology of male and female reproductive systems;
- Education and information about human sexuality, sexual orientation, and gender identity;
- Education about healthy, responsible, and respectful romantic relationships and equality between dating or sexual partners;
- Education about and access to safer sex methods and types of contraception;
- Education about and testing services for sexually transmitted infections (STIs) and HIV;
- Education about and access to maternity care (including prenatal, perinatal and postpartum) and termination of pregnancy (abortion) services; and
- Education about gynecological care and access to services for female youth.

Component 6: Facilitating Sexual and Reproductive Health Conversations

Informing Youth of Their Rights to Sexual and Reproductive Health Care and Conducting STI Risk Assessments

Youth in foster care must be notified of their rights to sexual and reproductive health services within thirty (30) days after placement and at least every six months thereafter. Every youth must be informed in two ways: a private, face-to-face discussion between the youth and the assigned foster care provider staff responsible for such discussions; and a standardized written letter (see Appendix A) that is to be hand-delivered to the youth. Be sure to also disseminate the *Pass It 2 Youth* pamphlets, as they provide quick information about youths' sexual and reproductive health rights. It is important for youth, families and staff to have this information in order to engage in productive conversations and for youth to make informed decisions about their sexual and reproductive health.

Strategies:

- An ideal time for agency staff to notify youth of their rights to sexual and reproductive health care (by having the face-to-face discussion and providing youth with the Pass It 2 Youth pamphlet and standardized written letter) and to conduct STI risk assessments is on the same day as the Family Team Conference, as the youth are expected to attend this meeting. Make sure that conversations with youth are held in private, unless the youth requests otherwise.
- Place the *Pass It 2 Youth* pamphlets in locations where youth, families, and staff can see and access them.
- Create posters and/or flyers to be displayed in your agency that focus on youths' sexual and reproductive health rights.
- Consider sending youth text messages and emails informing them of their sexual and reproductive health rights (and to inform them of upcoming trainings and events) in addition to the required private conversation and standardized written letter.

How to Have Sexual and Reproductive Health Discussions with Youth:

It is important to begin conversations about sexual and reproductive health early in order to teach youth about prevention and reduce rates of teen pregnancy and sexually transmitted infections. The following outlines ways in which to have these conversations with youth.

Interested Parties:

Staff members responsible for face-to-face discussions with the youth must meet the following minimum qualifications. The staff member must be:

- A licensed medical, mental health or social work practitioner trained in sexual health, reproductive health; or
- Case work staff trained in sexual health, reproductive health care services, and youths' rights to confidential health care services.

However, all adult parties involved, including foster care staff, are encouraged to engage youth in ongoing, informal discussions (i.e., conversations with individuals who interact with youth). These discussions can normalize talking about sex and health concerns for the youth, help build trust and work towards a point where youth in foster care feel comfortable going to a trusted adult in their life for advice or help. Informal discussions are also a way for birth parents to play an active role with their children. When it is appropriate, birth parents should receive information on how to talk to their kids about sexual and reproductive health.

Strategies:

- The staff member should be warm, engaging and should convey acceptance so that youth feel comfortable discussing their sexual and reproductive health.
- Whenever possible, youth should be having sexual and reproductive health conversations with the same provider. This allows the youth and provider to build a relationship, which makes these conversations easier.
- It is helpful to build rapport with the youth before jumping into a discussion about sexual and reproductive health. For example, if you are working with new clients, you may want to engage them by talking about their interests and hobbies before talking about sexual and reproductive health.
- Staff can refer to the *Pass It 2 Youth* workbook to gather information about various sexual and reproductive health topics. Use the workbook as a tool to assist you in having these important conversations.

These conversations should be private unless the youth wishes to have them in the presence of others. When beginning the conversation it is likely that youth will be more comfortable having an honest conversation without others present. However, other individuals may be present for sexual and reproductive health discussions as requested by the youth (e.g. each session is tailored to the youth's need).

Strategies:

- Tell youth they can choose to have the conversation in private (one-on-one) or, if they would like, with others present; giving youth the power to choose is another opportunity for engagement.
- If youth choose to have another person in the room during the conversation, take the time to check in with the youth afterward to see if there is anything else they would like to discuss with you privately.
- Ask privately (and not in the presence foster parents or others) so that youth do not feel pressured to choose one option over the other.

Environmental Conditions:
Informal discussions can be face-to-face, but may also occur by phone. If a phone conversation should take place, the staff must arrange a follow-up face-to-face meeting with the youth. Informal conversations can occur at any time, based on natural openings and how much the youth wants to talk. Use some of the strategies below to make the youth feel comfortable and encourage them to open up.

Strategies:

- Provide a private space for sexual and reproductive health-related conversations.
- Display open and attentive body language and a warm and comforting tone.
- Disseminate *Pass It 2 Youth* pamphlets in various locations in your agency and office to encourage conversations about sexual and reproductive health.
- Display youth-friendly posters, literature, and other materials related to sexual and reproductive health throughout the agency. By saturating the agency environment with the message that sexual and reproductive health is important, you are encouraging youth to be open and receptive to having these conversations as well as conveying that your agency is a safe place to have these conversations.

Sexual and Reproductive Health Topics:
Initiate discussions and listen for openings that youth create; they may want to ask a question or discuss something they are uncomfortable initiating. Use open-ended questions (i.e. question that do not result in responses of 'yes' or 'no') to encourage the youth to open up.

Informal discussions include various topics the youth wants to talk about, or the foster care staff feels is necessary to address. These topics may be very sensitive and uncomfortable for both the youth and staff. Topics can include, but are not limited to: STIs, paternal rights, family planning, sexual and reproductive health prevention, sexuality, gender identity, and sexual and reproductive health rights. Utilize the Pass It 2 Youth workbook to identify other topics, gain ideas about how to approach a topic with the youth, and assess knowledge regarding sexual and reproductive health information.

Using age-appropriate, developmentally-appropriate language:
We recommend using the Sexuality Information and Education Council of the United States (SIECUS) "Guidelines for Comprehensive Sexuality Education" to share common age-appropriate sexual and reproductive health messages with children and youth in foster care. This document can be accessed by going to http://www.siecus.org/_data/global/images/guidelines.pdf . Agencies can retrieve updated information from the following website: www.siecus.org (click on Information & Education and then click on Publications). The following are strategies you can use to have age-appropriate sexual and reproductive health conversations with children and youth.

Strategies:

- Use simple and direct language when talking to youth about sexual and reproductive health.
- Answer youths' questions about sexual and reproductive health honestly.
- Take every opportunity to talk about sexual and reproductive health with children and youth.

Sexual orientation and gender identity:
When talking to youth about sexual and reproductive health, it is important that they feel supported and safe enough to be open and honest. This is particularly true for youth who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ). Regardless of personal beliefs about sexual orientation

Component 7: Sexual and Reproductive Health Training

Training
Agencies must provide training for staff, foster parents, birth parents, and youth in foster care about sexual and reproductive health and services. These trainings must include, but are not limited to: adolescent development (including sexual orientation and gender identity), adolescent sexual and reproductive health needs; the impact of sexual abuse and other maltreatment on sexual decision-making, including the decision to become a parent; sexual and reproductive health care services available to teens; information about adolescents' rights to confidential care; guidance on how to talk to teens and parents about sexual and reproductive health issues; and the impact of culture and ethnicity on sexual and reproductive health care.

The following are some strategies that can be used when holding sexual and reproductive health trainings for youth. Agencies are encouraged to build upon these suggestions, integrating new and innovative ways of conducting trainings for youth. Agencies are also encouraged to explore how trainings are done in different agencies, cities, and/or states in order to find new ideas.

Strategies:

- During group trainings on sexual and reproductive health, try splitting a co-educational group; first have the youth discuss the topics with their same sex peers, then have the two groups come together to discuss the topics further.
- Bring in peer educators or peer mentors to speak to the youth as an element of training on sexual and reproductive health; it is helpful for youth to be able to learn from peers.
- Incorporate interactive methods of learning; try having youth participate in role-plays and other hands-on activities (i.e.: have youth demonstrate on a model how to put on a condom properly).

***NOTE:* Additional Educational, Informational, and Training Opportunities**
ACS strongly encourages all the foster care agency medical and mental health representatives to attend the Mental Health and Medical Directors' / Voluntary Agency ("VOLAG") meetings (which are generally held on the last Friday of every quarter). These informational meetings were created to support medical and mental health providers, provide up-to-date medical and mental health information, and help agencies promote best practices for children and youth in foster care. These meetings provide opportunities for agency representatives to ask questions, discuss issues of concern, and find out about any changes or new practices that are being implemented.

There are also trainings held during VOLAG meetings. The trainings are on various topics (including, but not limited to, sexual and reproductive health and mental health). Participants can receive continuing medical education (CME) credits when they attend these trainings.

and gender identity, foster care staff must be proactive in creating a safe environment for LGBTQ youth.

Strategies:

- Address transgender and gender nonconforming youth by their preferred name(s) and preferred gender pronoun(s). If you are not sure what pronoun a youth uses, it is better to ask than to assume or guess.
- Display LGBTQ affirming and supportive posters and stickers in places in your office where youth can see them. This tells LGBTQ youth that they are welcome in the space.
- Have information about sexual and reproductive health resources for LGBTQ youth readily available.
- Do not make assumptions about LGBTQ youths' sexual behavior based on their sexual orientation and/or gender identity.

Youth may identify as LGBTQ but may not, for any number of reasons, feel comfortable sharing this aspect of their identity with you. For this reason, it is important to refrain from making assumptions about youths' sexuality and/or gender identity. Information and resources relating to sexual orientation and gender identity should be easily accessible to all youth, regardless of whether they have identified themselves as LGBTQ.

Strategies:

- Include LGBTQ-specific information and resources within general information and resource packets and pamphlets so that youth do not necessarily have to ask for LGBTQ resources. LGBTQ-specific sexual and reproductive health resources can be found in the *Pass It 2 Youth* workbook.
- When talking with youth about dating and romantic relationships, use gender-neutral language when referencing their partner(s). For example, "the person you are dating," "your significant other," etc.
- Refrain from making comments that can be perceived as being negative toward LGBTQ identities or comments that could suggest that being heterosexual is preferable or better than being LGBTQ.

Talking to male youth about sexual and reproductive health:

Foster care providers must develop a sexual health and pregnancy prevention strategy focused on educating young males about safer sex practices, promoting the delay of fatherhood, specifically early fatherhood, and avoiding unintended pregnancies. Other important topics include puberty, sexuality and sexual development, sexual behavior, paternal rights, healthy relationships, positive ways to cope with emotions, sexual violence, and dating violence.

Strategies:

- While most discussions about dating and sexual violence are targeted toward females and focus on ways to avoid becoming a victim, it is just as important to have conversations with males. It is important for conversations about dating violence and sexual violence to begin early; these conversations should emphasize ways in which they can prevent dating and sexual violence in their relationships.
- Remember that male youth may also be victims of dating violence and sexual violence. Take care to offer dating and sexual violence resources to all youth, regardless of gender.
- See the *Pass It 2 Youth* workbook for more pertinent information about male youth and sexual and reproductive health and rights.

Documentation

Conversations about sexual and reproductive health should be recorded in the health narrative field of CONNECTIONS and the medical record. Agency documentation must adhere to all applicable laws governing confidentiality of health information. General CONNECTIONS progress notes must not contain confidential health information, including information regarding HIV/AIDS or reproductive health.

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