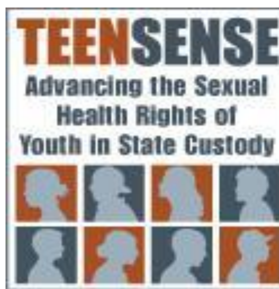

Comments to
NYC Administration for Children's Services

On Draft of *Sexual and Reproductive Health Care for Youth in Foster Care*

Submitted by: The Center for HIV Law and Policy
65 Broadway, Suite 832
New York, NY 10006
Phone: 212-430-6733 | Fax: 212-430-6734
www.hivlawandpolicy.org

December 3, 2013

The Center for HIV Law and Policy (CHLP) respectfully submits the following comments to NYC Administration for Children's Services (ACS) on the draft of *Sexual and Reproductive Health Care for Youth in Foster Care* (SRHCYFC).[1]

CHLP is the only national legal and policy resource and strategy center for people living with HIV and their advocates. CHLP works to reduce the impact of HIV on vulnerable and marginalized communities, and to secure the human rights of people affected by HIV. CHLP's Teen SENSE program is a multidisciplinary initiative that works to secure the right of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care services and sexual health literacy programming. This includes ensuring that staff of foster care, detention, and other government-operated and -regulated youth facilities are equipped to understand and protect all youth in their care, regardless of sexual orientation, gender identity, gender expression, and HIV status.

CHLP commends ACS for drafting a policy to guide the provision of sexual and reproductive health services for youth in foster care, and to set forth the standards that foster care providers are expected to meet. Following its work on *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention, and Juvenile Justice System*[2] and *Safe & Respected: Policy, Best Practices, & Guidance for Serving Transgender and Gender Non-Conforming Children and Youth in the Child Welfare and Juvenile Justice System*,[3] ACS continues to be a leader in developing and implementing progressive policies addressing the needs of youth in its care, particularly LGBTQ youth. ACS recognizes the need for comprehensive, culturally competent sexual health services and programming to improve overall health outcomes and create a safe environment for youth of any sexual orientation, gender identity, and gender expression to adopt safer sex practices, develop the skills necessary to improve and maintain sexual health, and reduce the incidence of sexual violence. CHLP's comments are designed to support ACS by more closely aligning SRHCYFC with current expert views of best practices regarding sexual health care, sexual health literacy, and related staff training for youth in state custody settings.

CHLP's comments[4] address the following SRHCYFC sections:

---

[1] Admin. for Children's Services, *Sexual and Reproductive Health Care for Youth in Foster Care (Draft)* (2013).
[2] Admin. for Children's Services, *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention, and Juvenile Justice System* (2012), *available at* http://www.nyc.gov/html/acs/downloads/pdf/lgbtq/LGBTQ_Policy.pdf.
[3] Admin. for Children's Services, Draft of *Safe & Respected: Policy, Best Practices, & Guidance for Serving Transgender and Gender Non-Conforming Children and Youth in the Child Welfare and Juvenile Justice System* (2013).
[4] CHLP's comments are informed by the Teen SENSE Model Policies and Standards, the product of a comprehensive review of authoritative materials and expert input that combines the best and most inclusive practices and policies regarding sexual health care for youth in state custody into one set of guidelines. *See* The Ctr. for HIV Law & Pol'y, *Teen SENSE Model Policy: Sexual Health Care for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/model-policy-sexual-health-care-youth-state-custody-2012; *Teen SENSE Model Policy: Sexual Health Literacy for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/model-policy-sexual-health-education-youth-state-custody-2012; *Teen SENSE Model Policy: Staff Training Focusing on the Needs of Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/model-policy-training-youth-facility-staff-ensuring-competence-includes-rights-and-needs; *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-sexual-health-care-standards-youth-state-custody-center-hiv-law-and; *Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-sexual-health-education-

II. General Policy Guidelines

- Culturally Competent Care for LGBTQ Youth.

III. Required Actions

- Immediate Health Screenings;
- Initial Health Examinations;
- STI Counseling, Testing, and Treatment; and
- HIV Counseling, Testing, and Treatment.

IV. Programs and Services

- Ongoing Care;
- Discharge Planning;
- Training for Direct Service Staff;
- Training for Foster Parents and Parents/Legal Guardians;
- Training for Youth.

V. Collaboration

- Partnership with ACS Division of Policy and Planning and Measurement.

II. General Policy Guidelines

Culturally Competent Care for LGBTQ Youth

- **Recommendation 1**. CHLP recommends that ACS add a "Culturally Competent Care for LGBTQ Youth" section as one of its "General Policy Guidelines." This section should include citations to the following resources:
  - "Services for Gay, Lesbian, Bisexual, Transgender, and Questioning Youth" in *Working Together: Services for Children in Foster Care* by the New York State Office of Children and Family Services[5];
  - "LGBTQ Health Concerns" in *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* by The Center for HIV Law and Policy[6];
  - "Transgender Youth Health Concerns" in *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* by The Center for HIV Law and Policy[7];
  - "LGBTQ-Inclusive Interviewing" in *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* by The Center for HIV Law and Policy.[8]

---

standards-youth-state-custody-center-hiv-law-and; *Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-staff-training-standards-focusing-needs-youth-state-custody-center-hiv.

[5] N.Y St. Off. of Fam. & Child. Services, *Working Together: Services for Children in Foster Care* at 3-13 – 3-16 (2009).

[6] The Ctr. for HIV Law & Pol'y, *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-sexual-health-care-standards-youth-state-custody-center-hiv-law-and.

[7] *Id.* at 29-30.

[8] *Id.* at 41.

III. REQUIRED ACTIONS

Immediate Health Screenings

A young person's sexual history is a critical component of the immediate health screening, as it helps the provider develop a comprehensive plan of care that includes the young person's sexual health needs.

- **Recommendation 2.** CHLP recommends that ACS include an "Immediate Health Screenings" subsection in SRHCYFC's "Required Actions" section. This subsection should require that providers integrate into the immediate health screening the following service:
  - A sexual history that is culturally competent and includes: applicable inquiries concerning sexual orientation, gender identity, and gender expression; age of initiation of sexual activity; types of sexual activity; use of contraception; prior pregnancy or paternity; and prior STI testing and diagnoses.
- **Recommendation 3**. CHLP recommends that ACS shorten the window within which the immediate health screening must take place to 48 hours of entry, reentry, or change in placement.

Initial Health Examinations

SRHCYFC states that youth in foster care must be notified of their right to sexual and reproductive health services, and requires that foster care staff make referrals for youth who request appointments for sexual and reproductive health services. However, this may happen anytime within 30 days of placement. Sexual and reproductive rights and services are critical for overall health and well-being, and cannot be distinguished or separated from primary medical care.

- **Recommendation 4.** CHLP recommends that ACS include an "Initial Health Examination" subsection in SRHCYFC's "Required Actions" section. This subsection should require that providers integrate into the immediate health screening the following services:
  - A sexual history that is culturally competent and includes: applicable inquiries concerning sexual orientation, gender identity, and gender expression; age of initiation of sexual activity; types of sexual activity; use of contraception; prior pregnancy or paternity; and prior STI testing and diagnoses;
  - STI pre-test counseling, testing, post-test counseling for both positive and negative screens, and treatment[9];
  - HIV pre-test counseling, testing, post-test counseling for both positive and negative screens, and treatment[10];
  - Counseling and written information on STI and HIV prevention and transmission;
  - Counseling and written information on contraception use and availability, including emergency contraception;
  - Counseling and written information on pregnancy, including pregnancy options; and

---

[9] *See* Recommendations 6 – 11 ("STI Counseling, Testing, and Treatment").
[10] *See* Recommendations 12 – 17 ("HIV Counseling, Testing, and Treatment").

- Counseling and written information on sexual violence.

- **Recommendation 5**. CHLP recommends that ACS shorten the window within which the initial health examination must take place to seven days (for youth without chronic or acute conditions and/or not prescribed medication), and 30 days to one day (for youth with chronic or acute conditions and/or prescribed medication) of entry, reentry, or change in placement.

STI Counseling, Testing, and Treatment

- **Recommendation 6**. CHLP recommends that ACS replace its "Sexually Transmitted Infection (STI) Risk Assessment" section with a "Sexually Transmitted Infection (STI) Counseling, Testing, and Treatment" section. This section should include "STI Risk Assessment," "STI Pre-Test Counseling," "STI Testing," "STI Post-Test Counseling," and "STI Treatment" subsections.
- **Recommendation 7**. CHLP recommends that ACS integrate into its "STI Risk Assessment" subsection the following guidance:
  - Youth must be assessed for: knowledge of STIs, STI symptomatology, partner's/partners' STI symptomatology, number of sexual partners, types of sexual behavior, use of barrier methods, and past and/or current STI diagnoses and treatments.
- **Recommendation 8**. CHLP recommends that ACS integrate into its "STI Pre-Test Counseling" subsection the following topics:
  - How STI testing is performed;
  - Proper use of latex condoms with water-based lubricants, other latex barriers, and abstinence;
  - Importance of discussing STIs with sexual partners and health care providers;
  - Testing and medical examination is the only way to confirm an STI diagnosis;
  - Importance of ceasing sexual activity and visiting a health care provider upon suspicion of STI infection;
  - Importance of visiting a health care provider upon sexual assault; and
  - Relevant New York State laws regarding informed consent, confidentiality, and reporting requirements for STI testing and diagnoses.
- **Recommendation 9**. CHLP recommends that ACS integrate into its "STI Testing" subsection the following guidance:
  - Per STI risk assessment and counseling, youth must be offered testing for chlamydia, gonorrhea, syphilis, human papillomavirus (HPV), and HIV,[11] at a minimum.
  - All youth must be informed, in private, of their STI test results (both positive and negative) and receive appropriate, confidential post-test counseling and treatment.
  - Clinical guidelines for chlamydia, gonorrhea, syphilis, and HPV are available in *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody*.[12]
- **Recommendation 10**. CHLP recommends that ACS integrate into its "STI Post-Test Counseling" subsection the following topics:
  - Appropriate STI treatment;
  - Importance of remaining abstinent until completion of STI treatment for both youth and youth's partner(s);

---

[11] *See* Recommendations 12 – 17 ("HIV Counseling, Testing, and Treatment").
[12] *See* The Ctr. for HIV Law & Pol'y, *supra* note 6, at 15-18.

    - STI prevention through safer sex practices or abstinence; and
    - Psychological strain of STI diagnosis.
- **Recommendation 11**. CHLP recommends that ACS integrate into its "STI Treatment" subsection the following guidance:
    - Following a diagnosis of an STI, a treatment plan must be instituted according to guidelines developed by the CDC[13];
    - Treatment and dispensing of medication must be done in a confidential, private setting; and
    - Youth in foster care must be counseled on how and where to receive their care and medications and given resources to receive this care without foster parent and/or parent/legal guardian involvement, if necessary.

<u>HIV Counseling, Testing, and Treatment</u>

- **Recommendation 12**. CHLP recommends that ACS add an "HIV Counseling, Testing, and Treatment" section as one of its "Required Actions." This section should include "HIV Risk Assessment," "HIV Pre-Test Counseling," "HIV Testing," "HIV Post-Test Counseling," and "HIV Treatment" subsections.
- **Recommendation 13**. CHLP recommends that ACS integrate into its "HIV Risk Assessment" subsection the following guidance:
    - Youth must be assessed for: knowledge of HIV; HIV symptomatology; partner's/partners' HIV symptomatology; number of sexual partners and whether partners are from high-prevalence communities; types of sexual behavior; use of barrier methods; past and/or current STI diagnoses and treatments; past and/or current injection drug use, shared needles, or other equipment involved with drug use or piercing; past and/or current sharing of needles, including for hormone injections or tattoos, or other equipment used in piercing; past and/or current exchange of sex for money, food, housing, or drugs; history of blood transfusion in another country at a time when blood was not screened for HIV.
- **Recommendation 14**. CHLP recommends that ACS integrate into its "HIV Pre-Test Counseling" subsection the following topics:
    - Discussion of informed consent, which requires that a competent patient voluntary consent to treatment or testing after being informed of the nature of the treatment or testing, possible alternatives, and any risk or benefits to the procedure and its alternatives;
    - HIV testing is voluntary and consent can be withdrawn at any time by informing the health care provider;
    - How HIV testing is performed;
    - Proper use of latex condoms with water-based lubricants, other latex barriers, and abstinence;
    - Importance of discussing HIV with sexual partners and health care providers;
    - Testing and medical examination is the only way to confirm an HIV diagnosis;
    - Importance of ceasing sexual activity and visiting a health care provider upon suspicion of HIV infection;
    - Importance of visiting a health care provider upon sexual assault;

---

[13] Ctrs. For Disease Control & Prevention, *Sexually Transmitted Diseases Treatment Guidelines, 2010*, 59(RR-12) MORBIDITY & MORTALITY WKLY. (Dec. 17, 2010), *available at* http://www.cdc.gov/std/treatment/2010/STD-Treatment-2010-RR5912.pdf.

    - Relevant New York State laws regarding informed consent, confidentiality, and reporting requirements for HIV testing and diagnoses;
    - Importance of HIV testing and treatment for pregnant women due to risk of mother-to-child transmission during pregnancy, birth, or through breastfeeding; and
    - Legal protections from HIV-related discrimination.
- **Recommendation 15**. CHLP recommends that ACS integrate into its "HIV Testing" subsection the following guidance:
    - Young people who provide informed consent must be provided prompt and confidential rapid HIV testing and a confirmatory test within two weeks for those who test positive; and
    - All youth must be informed, in private, of their HIV test results (both positive and negative) and receive appropriate, confidential post-test counseling and treatment.
- **Recommendation 16**. CHLP recommends that ACS integrate into its "HIV Post-Test Counseling" subsection the following topics:
    - Comprehensive discussion of what their test results mean;
    - HIV prevention counseling; and
    - For youth who test positive, ACS and foster care agency staff must arrange for a confirmatory test. Staff must offer follow-up counseling that includes discussion of treatment options, relevant New York State laws regarding confidentiality and reporting requirements for HIV diagnoses, and legal protections from HIV-related discrimination.
- **Recommendation 17**. CHLP recommends that ACS integrate into its "HIV Treatment" subsection the following guidance:
    - Youth living with HIV must receive medical care from specialized pediatric or adolescent HIV providers that have 24-hour coverage, seven days a week;
    - ACS and foster care agency staff, foster parents, and other providers must strictly adhere to the medication schedules that are prescribed for the youth;
    - If a youth is not in a residential facility where medications can be routinely distributed, then other drug adherence strategies should be discussed and agreed upon with the youth and/or their foster care family;
    - ACS and foster care agencies must have methods for monitoring and assuring that medication schedules are followed precisely as written. If adherence to the medication schedule is problematic, the prescribing practitioner must be consulted;
    - ACS and the foster care agency must provide the youth with necessary supportive services, including counseling, educational programming, and resources; and
    - Clinical guidelines for routine follow-up care for HIV are available in *Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody*.[14]

IV. PROGRAMS AND SERVICES

Ongoing Care

SRHCYFC requires that ACS and foster care agency staff provide referrals for youth who request routine appointments for sexual and reproductive health services within 30 days of the request. The agency is also required to ensure that youth have timely and adequate support and access to these

[14] *See* The Ctr. for HIV Law & Pol'y, *supra* note 6, at 34-35.

services, including follow-up services. However, SRHCYFC does not set forth time periods within which staff must make the referral and ensure that the requested service is provided.

SRHCYFC requires that female youth in care be referred for annual gynecological services, but does not set forth a time period within which staff must refer male youth for sexual and reproductive health services. It strongly encourages – rather than requires – clinicians to discuss and manage male adolescent sexual and reproductive health on a regular basis.

- **Recommendation 18**. CHLP recommends that ACS shorten the window within which ACS and foster care agency staff must provide referrals for male and female youth who request – or, based on staff assessment, are in need of – sexual and reproductive health services to seven days of the youth's request or staff's assessment.
- **Recommendation 19**. CHLP recommends that ACS shorten the window within which the appointment must take place to 14 days of the youth's request or staff's assessment.
- **Recommendation 20**. CHLP recommends that ACS require contracted clinicians to discuss and manage male youth's sexual and reproductive health during annual primary care appointments, similar to its requirement that female youth be referred for annual gynecological exams.
- **Recommendation 21.** CHLP recommends that ACS include a "Required Services and Programs" subsections in SRHCYFC's "Addressing the Sexual and Reproductive Health Needs of Female Youth in Foster Care" and "Addressing the Sexual and Reproductive Health Needs of Male Youth in Foster Care" sections. These subsections should require that clinicians integrate into the annual gynecological and primary care examinations the following services:
    - A sexual history that is culturally competent and includes: applicable inquiries concerning sexual orientation, gender identity, and gender expression; age of initiation of sexual activity; types of sexual activity; use of contraception; prior pregnancy or paternity; and prior STI testing and diagnoses;
    - STI pre-test counseling, testing, post-test counseling for both positive and negative screens, and treatment[15];
    - HIV pre-test counseling, testing, post-test counseling for both positive and negative screens, and treatment[16];
    - Counseling and written information on STI and HIV prevention and transmission;
    - Counseling and written information on contraception use and availability, including emergency contraception;
    - Counseling and written information on pregnancy, including pregnancy options; and
    - Counseling and written information on sexual violence.

Discharge Planning

SRHCYFC requires that discharge planning for youth include planning for access to sexual and reproductive health care services, arranging for future medical appointments, and acquiring any necessary medication. However, more specific guidance is necessary to ensure that youth transitioning out of care avoid interruption of their sexual and reproductive health care services.

[15] *See* Recommendations 6 – 11 ("STI Counseling, Testing, and Treatment").
[16] *See* Recommendations 12 – 17 ("HIV Counseling, Testing, and Treatment").

- **Recommendation 22**. CHLP recommends that ACS develop a standardized form specifically for sexual and reproductive health care discharge planning, and include it as an attachment to SRHCYFC.
- **Recommendation 23**. CHLP recommends that ACS integrate the following guidance into SRHCYFC's "Discharge Planning" section:
    - Discharge planning must begin upon admission and continue throughout the youth's time in foster care;
    - ACS and foster care agency staff must work closely with all providers, including caseworkers, social workers, and clinicians, during discharge planning;
    - ACS and foster care agency staff must coordinate with the youth's parent(s)/legal guardian(s) during discharge planning, as appropriate;
    - ACS and foster care agency staff must ensure that the youth's confidentiality rights are protected. Only with the youth's permission may staff share necessary information and arrange for the transfer of health summaries and relevant parts of medical records to community providers or others assisting in discharge planning;
    - ACS and foster care agency staff must arrange for a sufficient supply of current medications to last until the youth can be seen by a community health care provider, and must make arrangements or referrals for follow-up services; and
    - ACS and foster care agency staff must explain the discharge planning process and the discharge plan itself to the youth. Staff must provide the youth with a written copy of the discharge plan, in addition to the names and contact information for community providers and sexual health care resources.

Training for Direct Service Staff

- **Recommendation 24**. CHLP recommends that ACS distribute *Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody*[17] to foster care agencies to assist in the development or selection of comprehensive, LGBTQ-affirming sexual and reproductive health care curricula for the biannual training sessions direct service staff are required to attend. ACS must review each agency's curriculum to ensure it meets these standards.
- **Recommendation 25**. CHLP recommends that ACS distribute *Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody*[18] as part of its *Respect – Include – Empower: ACS LGBTQ Model Training*.[19]

Training for Foster Parents and Parents/Legal Guardians

- **Recommendation 26**. CHLP recommends that ACS distribute *Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody*[20] to foster care agencies to assist in the development or selection of comprehensive, LGBTQ-affirming sexual and

---

[17] The Ctr. for HIV Law & Pol'y, *Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-sexual-health-education-standards-youth-state-custody-center-hiv-law-and.
[18] The Ctr. for HIV Law & Pol'y, *Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody* (2012), *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-staff-training-standards-focusing-needs-youth-state-custody-center-hiv.
[19] Admin. for Children's Services, *Respect – Include – Empower: ACS LGBTQ Model Training* (2013).
[20] *See* The Ctr. for HIV Law & Pol'y, *supra* note 17.

reproductive health care curricula for the ongoing training sessions offered to foster parents and parents/legal guardians. ACS must review each agency's curriculum to ensure it meets these standards.

- **Recommendation 27**. CHLP recommends that ACS distribute *Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody*[21] as part of *Respect – Include – Empower: ACS LGBTQ Model Training*.[22]

Training for Youth

- **Recommendation 28**. CHLP recommends that ACS distribute *Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody*[23] to foster care agencies to assist in the development of "sexual health and pregnancy prevention strateg[ies] focused on educating young people about safer sex practices, offering consistent messaging about dual protection (e.g., condom and hormonal methods), promoting the delay of early parenting, and avoiding unintended pregnancies."[24] These standards adhere to SRHCYFC's introductory statement that youth in care need "age-appropriate education and counseling about their reproductive rights and on reproductive health services, including education and counseling on sexuality, pregnancy prevention, family planning, and sexually transmitted infections (STIs). New York State regulations support the rights of youth aged 12 and older and sexually active younger children to receive reproductive health counseling, education, and reproductive health services."[25] ACS must review each agency's strategic plan to ensure it meets these standards.

COLLABORATION

Partnership with ACS Division of Policy and Planning and Measurement

CHLP offers to collaborate and partner with the ACS Division of Policy and Planning and Measurement on the incorporation of these recommendations to SRHCYFC, and on the oversight of the policy's implementation.

ACS and CHLP have a long-standing relationship: ACS endorsed the Teen SENSE Model Standards and included them in *Promoting a Safe and Respectful Environment for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Youth and their Families Involved in the Child Welfare, Detention, and Juvenile Justice System*,[26] its LGBTQ policy on which CHLP provided recommendations. CHLP also submitted detailed recommendations on the agency's draft plans for limited secure placement and non-secure placement. As an institutional member of the Juvenile Justice Coalition's LGBTQ Work Group, CHLP helped develop numerous LGBTQ-related ACS policies and resources, including the agency's detention intake form, non-secure placement scorecard, and *Safe & Respected: Policy, Best Practices, & Guidance for Serving Transgender and*

---

[21] *See* The Ctr. for HIV Law & Pol'y, *supra* note 18.
[22] Admin. for Children's Services, Draft of *Respect – Include – Empower: ACS LGBTQ Model Training* (2013).
[23] *See* The Ctr. for HIV Law & Pol'y, *supra* note 17.
[24] *See* Admin. for Children's Services, *supra* note 1, at 13.
[25] *See* Admin. for Children's Services, *supra* note 1, at 14, citing 11-OCFS-ADM-99 and 18 NYCRR §§ 463.1, 441.22(1)(1), 463(b)(2), 507.1(c)–(9).
[26] *See* Admin. for Children's Services, *supra* note 2.

Gender Non-Conforming Children and Youth in the Child Welfare and Juvenile Justice System.[27] CHLP is a member of the ACS LGBTQ Action Group, and is currently working with its Youth Advisory Council's youth liaison to coordinate a roundtable event where youth may share their experience with sexual and reproductive health care while in foster care.

CHLP respectfully requests a meeting with the ACS Division of Policy and Planning and Measurement staff to further discuss these recommendations – more specifically, how CHLP's expertise and resources regarding sexual health care services and programming for youth in foster care can help support the development and implementation of SRHCYFC.

Thank you for the opportunity to submit these comments. CHLP looks forward to working with ACS and its foster care agencies to meet the sexual and reproductive health needs of youth in care.

[27] *See* Admin. for Children's Services, *supra* note 3.