Recommendations to
Government of the District of Columbia – Child and Family Services Agency

On Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies Related to Sexual and Reproductive Health Services and Programming for Youth in Foster Care

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The following organizations and individuals have reviewed, contributed to, and endorsed these recommendations:

Advocates for Justice and Education, Inc.

Advocates for Justice and Education, Inc. (AJE) educates parents, youth, and the community about the laws governing public education, specifically for children with special needs. AJE seeks to empower youth and parents to be effective advocates and youth to self-advocate to ensure that children receive an appropriate education. AJE's makes the public aware of the consequences of institutional negligence of children with or without disabilities and to promote school accountability.

AIDS United

Born out of the merger of the National AIDS Fund and AIDS Action in 2010, AIDS United's mission is to end the AIDS epidemic within the United States. AIDS United seeks to fulfill its mission through strategic grantmaking, capacity building, and advocacy.

Campaign to End AIDS

The Campaign to End AIDS (C2EA) is a diverse, exciting coalition of people living with HIV and AIDS, their advocates and their loved ones. Together, C2EA demands that our leaders exert the political will to stop the epidemic, in the United States and abroad, once and for all.

The Center for HIV Law and Policy

The Center for HIV Law and Policy (CHLP) is a national legal and policy resource and strategy center working to reduce the impact of HIV on vulnerable and marginalized communities and to secure the human rights of people affected by HIV. Teen SENSE is a CHLP initiative responding to the critical unmet need of youth in out-of-home care to comprehensive, LGBTQ-inclusive sexual health care provided in an environment where all staff respect and affirm the sexual orientation, gender identity, and gender expression of the young people in their custody.

Community Education Group

Community Education Group seeks to stop the spread of HIV and eliminate health disparities in neighborhoods by training community health workers, educating and testing the hard to reach, and sharing its expertise with other organizations through national networks and local capacity building efforts.

DC Lawyers for Youth

DC Lawyers for Youth (DCLY) believes that improving juvenile justice in the District of Columbia requires the input and participation of the entire community including youth, parents, teachers, judges, police, and various other constituencies. DCLY seeks to bring these stakeholders together in order to develop the most effective policies and projects to promote youth's success.

Housing Works

Housing Works is a healing community of people living with and affected by HIV/AIDS. Its mission is to end the dual crises of homelessness and AIDS through relentless advocacy, the provision of lifesaving services, and entrepreneurial businesses that sustain its efforts.

Metro TeenAIDS

Metro TeenAIDS (MTA) works to prevent the spread of HIV/AIDS through outreach and education, as well as to identify, treat and improve the lives of those who are already infected. MTA provides

resources to help young people fight AIDS and support each other, and is the only organization in the Washington, DC-metro area focusing all of its efforts on the unique prevention, education, and treatment needs of young people.

Whitman-Walker Health

Whitman-Walker Health's mission is to be the highest quality, culturally competent community health center serving greater Washington, DC's diverse urban community, including individuals who face barriers to accessing care, and with a special expertise in LGBT and HIV care.

The Women's Collective

The Women's Collective is a leading community health and human service agency in Washington, DC that provides prevention, care, and support services and advocates for the health and human rights of girls and women.

WORLD

Women Organized to Respond to a Life-threatening Disease (WORLD) improves the lives and health of women, girls, families and communities affected by HIV through peer-based education, wellness services, advocacy, and leadership development.

Youth Court

Youth Court provides alternative sentencing to first-time juvenile offenders in the District of Columbia and serves as a unique pre-petition diversion program for non-violent offenders. The goal of Youth Court is to divert first-time youthful offenders, ages 13 – 17, away from the juvenile justice system and provide a meaningful alternative to the traditional adjudicatory format in juvenile cases.

Betty Nyangoni, EdD

Dr. Nyangoni has over 40 years of experience in education ranging from Pre-Kindergarten to the university level. She served as the first and only coordinator for Child Abuse and Neglect for the DC Public Schools and served as the liaison for the DC Public Schools on the Mayor's Advisory Committee on Child Abuse and Neglect. Dr. Nyangoni is former Chairperson of the District of Columbia – Citizen Review Panel, and currently serves as an independent educational consultant.

The Center for HIV Law and Policy, **Advocates for Justice and Education, Inc., AIDS United, Campaign to End AIDS, Community Education Group, DC Lawyers for Youth**, **Housing Works**, **Metro TeenAIDS**, **Whitman-Walker Health**, **The Women's Collective**, **WORLD**, **Youth Court**, and **Betty Nyangoni, EdD** respectfully submit the following recommendations to Child and Family Services Agency (CFSA) concerning Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies related to sexual and reproductive health services and programming for youth in foster care.

These recommendations are based on current standards for best practices regarding sexual health care and related staff training for youth in state custody. While CFSA has made great strides in recognizing the sexual health needs of youth in its care, the recommendations below would bring current policies into compliance with current expert opinion, and provide a national model for such care. The recommendations are organized as follows:

I. INTRODUCTION

Sexual health care services and sexual health literacy programming are central to addressing and preventing conditions that are among the leading threats to the health and welfare of young people, particularly youth of color and LGBTQ youth: HIV and other STIs such as chlamydia, gonorrhea, herpes, human papillomavirus (HPV), and syphilis; sexual violence; unintended pregnancy; and ignorance about STI prophylaxis, all of which have consequences into adulthood. Despite this and the affirmative obligation of child welfare agencies to provide for the essential medical needs of youth in their care, basic sexual health services and programming are rarely prioritized.

A recent United States Department of Justice (DOJ) report surveying over 8,700 adjudicated youth in juvenile facilities across the country found that nearly 10% of youth reported experiencing one or more incidents of sexual victimization by another youth or staff in the past 12 months or since

admission, if less than 12 months.[1] According to the report, LGBTQ youth were nearly seven times as likely to report youth-on-youth victimization than heterosexual youth.[2] Another recent assessment found that over one-third of adolescent girls reported being a victim of sexual abuse while in the foster care setting.[3] Ensuring access to comprehensive, LGBTQ-inclusive sexual health services and programming for youth in care not only improves health outcomes, but also is a critical prevention strategy that can help stop sexual violence before it is perpetrated.

The District of Columbia has a duty to provide for the health and safety of young people who have been adjudicated abused or neglected and placed in state custody settings, including foster care.[4] CFSA has taken substantial measures to provide for the health needs of youth in its care. The additional steps set out in the recommendations below do not, overall, represent a substantial change in CFSA's current policies. These recommended adjustments to current practice are necessary to bring all CFSA policies into compliance with prevailing standards of sexual health care for young people. These recommendations also aim to streamline CFSA's multiple Healthcare Quick Reference Guides and Program Policies addressing critical sexual health services and programming, which will help clinicians and social workers provide consistent, quality care. Specifically, these recommendations address the timing and content of health screenings and examinations; STI and HIV counseling, testing, and treatment; the content of sexual and reproductive health education programs and counseling; and the development of a staff training session on sexual and reproductive health care and on the rights and needs of LGBTQ youth in care.

II. HEALTH SCREENINGS AND EXAMINATIONS – TIMING

Recommendation 1. We recommend that CFSA shorten the time period within which the Initial Mental Health/ Behavioral Health Screening must take place from 30 days to 14 days of entry, reentry, or change in placement.[5]

This will ensure that youths' mental health needs are identified as early as possible to prevent functional deterioration and adjustment issues. A two-week time period to conduct this screening allows for early recognition and treatment of youths' mental health issues without overburdening CFSA clinical resources.

Recommendation 2. We recommend that CFSA shorten the time period within which the Comprehensive Medical Examination must take place from 30 days to seven days (for youth without

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[1] Allen J. Beck & David Cantor, U.S. Dept. of Just., Off. of Just. Programs, Bureau of J. Statistics, *Sexual Victimization in Juvenile Facilities Reported by Youth, 2012: National Survey of Youth in Custody, 2012* (2013), *available at* http://www.bjs.gov/content/pub/pdf/svjfry12.pdf.

[2] *Id.*

[3] Angela L. Breno & M. Paz Galupo, *Sexual Abuse Histories of Young Women in the U.S. Child Welfare System: A Focus on Trauma-Related Beliefs and Resilience*, 16 (2) J. OF CHILD SEXUAL ABUSE 97, 105 (2007).

[4] CFSA is charged with safeguarding the rights and protecting the welfare of children whose parents, guardians, or custodians are unable to do so, and offering appropriate, adequate, and, when needed, highly specialized, diagnostic and treatment services and resources to children and families when there has been a supported finding of abuse and neglect. D.C. CODE § 4-1303.01a (6)-(7) (2013). Under DC Code provisions, CFSA is responsible for developing and implementing standards for services that ensure the safety and health of children in out-of-home care; for authorizing medical and psychiatric evaluations, behavioral health screenings, and behavioral health assessments within 30 days of initial or subsequent placements; and for compiling and publishing staff training materials. D.C. CODE § 4-1303.03b (8), .05 (1), .03e (a), .03b (6) (2013).

[5] *See* Nat'l Comm'n on Corr. Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities* 68-69 (2004).

chronic or acute conditions and/or not prescribed medication) and 30 days to 48 hours (for youth with chronic or acute conditions and/or prescribed medication) of entry, reentry, or change in placement.[6]

This will ensure that clinicians obtain a comprehensive view of youths' medical, sexual, and social histories as soon as feasibly possible. The recommended time periods will permit treatment before significant morbidity develops without overburdening CFSA clinical resources.

We recommend that CFSA reflect these time period requirements in applicable Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies, including: for Recommendation 1: *Program Policy: Initial Evaluation of Children's Health, Procedure F: Initial Mental Health/Behavioral Health Screening* 8-9, *available at* http://cfsa.dc.gov/publication/program-initial-evaluation-childrens-health and *Healthcare Quick Reference Guide: Initial Evaluation of Children's Health, Initial Mental Health/Behavioral Health Screening* 2, *available at* http://cfsa.dc.gov/publication/qrg-initial-evaluation-childrens-health; for Recommendation 2: *Program Policy: Initial Evaluation of Children's Health, Procedure D: Comprehensive Medical Examination* 5-7, *available at* http://cfsa.dc.gov/publication/program-initial-evaluation-childrens-health and *Healthcare Quick Reference Guide: Initial Evaluation of Children's Health, Comprehensive Medical Evaluation* 1-2, *available at* http://cfsa.dc.gov/publication/qrg-initial-evaluation-childrens-health.

III. HEALTH SCREENINGS AND EXAMINATIONS – CONTENT

Recommendation 3. To ensure that the sexual orientation, gender identity, and gender expression of all youth in care are addressed, we recommend that CFSA integrate the following service into its Initial Mental Health/ Behavioral Health Screening:[7]

- Sexual history documentation[8] that is culturally competent[9] and includes applicable inquiries concerning sexual orientation, gender identity, and gender expression that are mindful of a youth's right to privacy.

We recommend that CFSA incorporate this service requirement into applicable Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies, including: *Program Policy: Initial Evaluation of Children's Health, Procedure F: Initial Mental Health/Behavioral Health Screening* 8-9, *available at* http://cfsa.dc.gov/publication/program-initial-evaluation-childrens-health

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[6] *Id.* at 64-67.

[7] These services must be conducted in a developmentally appropriate manner that factors in the young person's cognition and communication skills. Youth with cognitive delays or diminished capacities must be provided additional support such as such as visual aids, specially developed teaching tools, and specific accommodations for task-oriented goals. For more information on accommodating young people with special needs, contact Advocates for Justice and Education, Inc., a training and advocacy organization that contributed to these recommendations, at http://www.aje-dc.org.

[8] *See* Ctrs. for Disease Control & Prevention, *A Guide to Taking a Sexual History* (Publication: 99-8445), *available at* http://www.cdc.gov/std/treatment/SexualHistory.pdf; Nat'l Comm'n on Corr. Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities* 64-67 (2004).

[9] For more information on effective youth communication and LGBTQ-inclusive interviewing, *see Teen SENSE Model Standards: Sexual Health Care for Youth in State Custody* 40-41, *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-sexual-health-care-standards-youth-state-custody-center-hiv-law-and.

and *Healthcare Quick Reference Guide: Initial Evaluation of Children's Health, Initial Mental Health/Behavioral Health Screening* 2, *available at* http://cfsa.dc.gov/publication/qrg-initial-evaluation-childrens-health.

Recommendation 4. We recommend that CFSA integrate the following inquiries into the Initial Medical/ Pre-Placement Screening, Comprehensive Medical Examination, and annual Well-Child Visit:[10]

- Sexual history documentation[11] that is culturally competent[12] and includes: applicable inquiries concerning sexual orientation, gender identity, and gender expression that are mindful of a youth's right to privacy; 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[13];
- HIV pre-test counseling, testing, post-test counseling for both positive and negative screens, and treatment[14];
- Counseling and written information on STI prevention and transmission, including on the human papillomavirus (HPV) vaccine for youth ages nine to 26 years;
- Counseling and written information on 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;
- Counseling and written information on sexual violence; and
- Referrals to DC-area community-based organizations that provide the above services, as needed or requested.

We recommend that CFSA incorporate these service requirements into applicable Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies, including: For Initial Medical/ Pre-Placement Screening: *Program Policy: Initial Evaluation of Children's Health, Procedure B: Initial Medical/Pre-Placement Screening* 3-4, *available at* http://cfsa.dc.gov/publication/program-initial-evaluation-childrens-health and *Healthcare Quick Reference Guide: Initial Evaluation of Children's Health, Initial Medical/Pre-Placement Screening* 1, *available at* http://cfsa.dc.gov/publication/qrg-initial-evaluation-childrens-health; for Comprehensive Medical Examination: *Program Policy: Initial Evaluation of Children's Health, Procedure D: Comprehensive Medical Evaluation* 5-7, *available at* http://cfsa.dc.gov/publication/program-initial-evaluation-childrens-health and *Healthcare Quick Reference Guide: Initial Evaluation of Children's Health, Comprehensive Medical Evaluation* 1-2, *available at* http://cfsa.dc.gov/publication/qrg-initial-evaluation-childrens-health; for Annual Well-Child Visit: *Program Policy: Preventative and Ongoing Healthcare, Procedure B: Well-Child Visits* 4-5, *available at* http://cfsa.dc.gov/publication/program-preventative-and-ongoing-healthcare and *Healthcare Quick Reference Guide: Preventative and Ongoing Healthcare* 1-2, *available at* http://cfsa.dc.gov/publication/qrg-preventative-and-ongoing-healthcare.

[10] *Supra* note 7.
[11] *Supra* note 8.
[12] *Supra* note 9.
[13] *See* Recommendations 5 – 10 ("STI Counseling, Testing, and Treatment").
[14] *See* Recommendations 11 – 16 ("HIV Counseling, Testing, and Treatment").

IV. STI COUNSELING, TESTING, AND TREATMENT

Recommendation 5. We recommend that CFSA create a new Program Policy[15] titled *Program Policy: STI Counseling, Testing, and Treatment*. This new policy should include content related to STI risk assessment, STI pre-test counseling, STI testing, STI post-test counseling, and STI treatment.[16]

Recommendation 6. We recommend that CFSA integrate the following guidance into an "STI Risk Assessment" subsection:[17]

- 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 7. We recommend that CFSA integrate the following topics into an "STI Pre-Test Counseling" subsection:[18]

- How STI testing is performed;
- Proper use of latex, polyisoprene, and polyurethane condoms with water-based and silicone-based lubricants, other 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, reporting the assault to law enforcement, and accessing information on support services for assault survivors; and
- Relevant District of Columbia laws regarding informed consent, confidentiality, and reporting requirements for STI testing and diagnoses.

Recommendation 8. We recommend that CFSA integrate the following guidance into an "STI Testing" subsection:[19]

- As appropriate, youth must be offered testing for chlamydia, gonorrhea, herpes, HPV, syphilis, and HIV,[20] at a minimum; and
- 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.

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[15] CFSA may issue an immediate Healthcare Quick Reference Guide, *Healthcare Quick Reference Guide: STI Counseling, Testing, and Treatment*, pending adoption of a corresponding Program Policy.
[16] *Supra* note 7.
[17] *See* Ctrs. for Disease Control & Prevention, *2010 STD Treatment Guidelines* (2010), *available at* http://www.cdc.gov/std/treatment/2010/.
[18] *Id.*
[19] *Id.*
[20] *See* Recommendations 11 – 16 ("HIV Counseling, Testing, and Treatment").

Recommendation 9. We recommend that CFSA integrate the following topics into an "STI Post-Test Counseling" subsection:[21]

- Appropriate STI treatment;
- Importance of sexual abstinence until completion of STI treatment for both youth and their partner(s);
- STI prevention through safer sex practices or abstinence; and
- Psychological strain of STI diagnosis.

Recommendation 10. We recommend that CFSA integrate the following guidance into an "STI Treatment" subsection:[22]

- Following a diagnosis of an STI, a treatment plan must be instituted according to guidelines developed by the CDC;
- 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.

V. HIV COUNSELING, TESTING, AND TREATMENT

Recommendation 11. We recommend that CFSA create a new Program Policy[23] titled *Program Policy: HIV Counseling, Testing, and Treatment* to replace *Program Policy: HIV/AIDS*[24] and *Healthcare Quick Reference Guide: HIV and AIDS*.[25] This new Program Policy should include content related to HIV risk assessment, HIV pre-test counseling, HIV testing, HIV post-test counseling, and HIV treatment.[26]

Recommendation 12. We recommend that CFSA integrate the following guidance into an "HIV Risk Assessment" subsection:[27]

- 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 and/or silicone injections or tattoos, or other equipment used in

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[21] *Supra* note 17.
[22] *Id.*
[23] CFSA may issue an immediate Healthcare Quick Reference Guide, *Healthcare Quick Reference Guide: HIV Counseling, Testing, and Treatment*, pending adoption of a corresponding Program Policy.
[24] *Program Policy: HIV/AIDS*, *available at* http://cfsa.dc.gov/publication/program-hiv-and-aids.
[25] *Healthcare Quick Reference Guide: HIV and AIDS*, *available at* http://cfsa.dc.gov/publication/qrg-hiv-and-aids.
[26] *Supra* note 7.
[27] *See* Ctrs. for Disease Control & Prevention, *2010 STD Treatment Guidelines* (2010), *available at* http://www.cdc.gov/std/treatment/2010/; N.Y. St. Off. of Child. & Fam. Servs., *Working Together: Health Services for Children in Foster Care* 3-8 (2004), *available at* http://www.ocfs.state.ny.us/main/sppd/health_services/manual.asp.

piercing; past and/or current exchange of sex for money, food, housing, or drugs; and history of blood transfusion in another country at a time when blood was not screened for HIV.

Recommendation 13. We recommend that CFSA integrate the following topics into an "HIV Pre-Test Counseling" subsection:[28]

- 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, polyisoprene, and polyurethane condoms with water-based and silicone-based lubricants, other 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, reporting the assault to law enforcement, and accessing information on support services for assault survivors;
- Relevant District of Columbia 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 14. We recommend that CFSA integrate the following guidance into an "HIV Testing" subsection:[29]

- Young people who provide informed consent must be provided prompt and confidential rapid HIV testing and a confirmatory test within 24 to 48 hours for those who test positive;
- When applicable, youth must be educated about Post-Exposure Prophylaxis (PEP), including how they may be eligible if they may have been exposed to HIV within the past 48 to 72 hours, and how and where to access it; 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 15. We recommend that CFSA integrate the following topics into an "HIV Post-Test Counseling" subsection:[30]

- Comprehensive discussion of what their test results mean;
- HIV prevention counseling; and
- For youth who test positive, CFSA and foster care agency staff must arrange for a confirmatory test. Staff must offer follow-up counseling that includes discussion of treatment

[28] *Supra* note 17.
[29] *Id.*
[30] *Id.*

options, the importance of treatment adherence, relevant District of Columbia laws regarding confidentiality and reporting requirements for HIV diagnoses, and legal protections from HIV-related discrimination.

Recommendation 16. We recommend that CFSA integrate the following guidance into an "HIV Treatment" subsection:[31]

- Youth living with HIV must receive medical care from specialized pediatric or adolescent HIV providers that have 24-hour coverage, seven days a week;
- CFSA 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 must be discussed and agreed upon with the youth and/or their foster care family;
- CFSA 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;
- CFSA and the foster care agency must provide the youth with necessary supportive services, including counseling, educational programming, and resources; and
- CFSA must ensure that clinicians treating youth with HIV adhere to the clinical guidelines set forth by the United States Department of Health and Human Services and the New York State Department of Health AIDS Institute.[32]

VI. SEXUAL AND REPRODUCTIVE HEALTH EDUCATION PROGRAMS AND COUNSELING

Recommendation 17. We recommend that CFSA issue sexual health literacy guidelines[33] to assist social workers develop and implement comprehensive, LGBTQ-inclusive sexual and reproductive health education programs[34] and counseling[35] for youth. Age- and culturally-appropriate programming and counseling must include:[36]

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[31] *Id.*

[32] U.S. Dept. of Health & Human Servs., AIDSinfo, *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection* (2014), *available at* http://aidsinfo.nih.gov/guidelines; N.Y. St. Dept. of Health AIDS Institute, *Ambulatory Care of HIV-Infected Adolescents* (2010), *available at* http://www.hivguidelines.org/wp-content/uploads/2012/11/ambulatory-care-of-hiv-infected-adolescents-11-19-2012.pdf.

[33] *See Teen SENSE Model Standards: Sexual Health Literacy for Youth in State Custody* 34-35, *available at* http://www.hivlawandpolicy.org/resources/teen-sense-model-standards-sexual-health-literacy-youth-state-custody-center-hiv-law-and; Nat'l Comm'n. on Corr. Health Care, *Standards for Health Services in Juvenile Detention and Confinement Facilities* 87-88 (2004).

[34] "The social worker shall obtain information and resources on health education from the Office of Clinical Practice (OCP) – Clinical and Health Services Administration. The social worker shall consult with the OCP – Clinical and Health Services Administration for guidance concerning the appropriate content, length, and access to a health education program, based on the individual child." *Program Policy: HIV, Sexual, and Reproductive Services: Procedure A: HIV-Related Services* 2, *available at* http://cfsa.dc.gov/publication/program-hiv-sexual-reproductive-health-services.

[35] "The social worker shall use their clinical judgment regarding an appropriate age for these discussions based on the individual child. Services must be provided by professionals trained and experienced in family planning education, gynecological care and contraception for adolescents. The social worker shall obtain information and resources from the OCP – Clinical and Health Services Administration." *Program Policy: HIV, Sexual, and*

- Basic information related to pregnancy, STI and HIV transmission and prevention, sexual violence, and discrimination on the basis of actual or perceived sexual orientation, gender identity, gender expression, and HIV status for all youth in custody for 24 hours or more;
- Information on topics including anatomy, sexuality and healthy relationships, contraception, reproductive choice, and drug use/ harm reduction skills that are planned proportion to a youth's time in custody;
- Skills-building programming around resisting social pressure and engaging in healthy communication, negotiation, and decision-making;
- Referrals and contact information for sexual and reproductive health care providers; and
- Information and discussion on the nature and forms of sexual violence, abuse, and harassment on the basis of sexual orientation, gender identity, gender expression, and HIV status, and reporting procedures for young people who are targets of such violence.

We recommend that CFSA reflect these programming and counseling requirements in applicable Administrative Issuances, Healthcare Quick Reference Guides, and Program Policies, including: *Program Policy: HIV, Sexual, and Reproductive Services; Procedure A: HIV-Related Services*, *available at* http://cfsa.dc.gov/publication/program-hiv-sexual-reproductive-health-services and *Healthcare Quick Reference Guide: HIV, Sexual, and Reproductive Health Services, available at* http://cfsa.dc.gov/publication/qrg-hiv-and-aids.

Recommendation 18. We recommend that CFSA make the above guidelines available to the public by posting them in both English and Spanish on the CFSA website and disseminating them through the Office of Youth Empowerment and the Office of Public Information.

VII. STAFF TRAINING

Recommendation 19. The CFSA Child Welfare Training Academy must ensure that staff at every level, including social workers, medical service providers, and foster and adoptive parents, are trained on the right of youth to sexual and reproductive health care, autonomy, safety, and freedom from all forms of discrimination and stigma. We recommend that CFSA create a required staff training session[37] on sexual and reproductive health care and on the rights and needs of LGBTQ youth in care. At the conclusion of this training, staff must be able to:

Reproductive Services; Procedure B: Family Planning, Sexuality Education, Reproductive Health Services 4, *available at* http://cfsa.dc.gov/publication/program-hiv-sexual-reproductive-health-services.

[36] *Supra* note 7.

[37] *See Teen SENSE Model Standards: Staff Training Focusing on the Needs of Youth in State Custody*; Rudy Estrada & Jody Marksamer, *The Legal Rights of Young People in State Custody: What Child Welfare and Juvenile Justice Professionals Need to Know When Working with LGBT Youth* (2006), *available at* http://www.nclrights.org/wp-content/uploads/2013/07/LegalRights_LGBT_State_Custody.pdf; Nat'l Ctr. for Lesbian Rts., *The Legal Rights of Lesbian, Gay, Bisexual, and Transgender Youth in the Child Welfare System* (2006), *available at* http://www.nclrights.org/wp-content/uploads/2013/07/LGBTQ_Youth_In_Child_Welfare_System.pdf; Nat'l Ctr. for Lesbian Rts., *LGBTQ Youth in the Foster Care System* (2006), *available at* http://www.nclrights.org/wp-content/uploads/2013/07/LGBTQ_Youth_In_Foster_Care_System.pdf.

- Understand their responsibility to provide comprehensive, LGBTQ-inclusive sexual and reproductive health services and programming to all youth[38] in a confidential, culturally competent manner;
- Ensure access to services and activities consistent with LGBTQ youth's interests and communities with which they identify;
- Identify the effects of discrimination and stigma on the health of LGBTQ and HIV-affected youth; and
- Explain procedures for reporting and responding to youth and staff complaints regarding conduct that is in conflict with relevant laws and agency policies.

Recommendation 20. We recommend that CFSA make the above training curriculum available to the public by posting it in both English and Spanish on the Child Welfare Training Academy website.

VIII. ASSESSMENT OF THE IMPLEMENTATION OF RECOMMENDED SEXUAL AND REPRODUCTIVE HEALTH SERVICES AND PROGRAMMING, AND RELATED STAFF TRAINING

Recommendation 21. We recommend that CFSA collaborate with the District of Columbia – Citizen Review Panel (DC-CRP),[39] law guardians, adolescent health care providers, public health professionals, sexual health educators, and community-based organizations representing the interests of youth in foster care, LGBTQ youth, and youth living with HIV to annually assess the implementation of the provisions contained in this Sense of the Council Resolution.

Recommendation 22. We recommend that CFSA make the findings of the above assessments available to the public by posting them in both English and Spanish on the CFSA website and disseminating them through the Office of Youth Empowerment and the Office of Public Information.

IX. NEXT STEPS

The Center for HIV Law and Policy, **Advocates for Justice and Education, Inc., AIDS United, Campaign to End AIDS, Community Education Group, DC Lawyers for Youth**, **Housing Works**, **Metro TeenAIDS**, **Whitman-Walker Health**, **The Women's Collective**, **WORLD**, **Youth Court**, and **Betty Nyangoni, EdD** respectfully request a meeting with CFSA's Office of Policy and Program Support, Clinical and Health Services Administration, Child Welfare Training Academy, Office of Youth Empowerment, and LGBTQ Task Force to discuss these recommendations. This meeting should be open to other organizations and individuals that may later join our efforts, and we will continue to ensure that youth – particularly those currently in foster care – are active, front-line participants.

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[38] Staff training curricula should include strategies on working with youth with special needs in a manner that factors in their cognition and communication skills. Staff must be trained on how to access and provide additional support for youth with cognitive delays or diminished capacities, such as such as visual aids, specially developed teaching tools, and specific accommodations for task-oriented goals. For more information on how staff can accommodate young people with special needs, contact Advocates for Justice and Education, Inc., a training and advocacy organization that contributed to these recommendations, at http://www.aje-dc.org.

[39] "Pursuant to sections 106(c)(4)(A)(i) and (ii) of the Child Abuse Prevention and Treatment Act, the District of Columbia – Citizen Review Panel is charged with determining the extent to which CFSA is fulfilling its child protection responsibilities, and making recommendations for improved service delivery." District of Columbia, Citizen Review Panel, *2012 – 2013 Annual Report* 3 (2013).

We are committed to working with CFSA to ensure that youth in foster care have access to the important sexual health services and sexual health literacy programming outlined above, and that staff are well-trained and culturally competent on these issues. Thank you for the opportunity to submit these recommendations.

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The following organizations and individuals have reviewed, contributed to, and endorsed these recommendations:

Advocates for Justice and Education, Inc.

AIDS United

Campaign to End AIDS

The Center for HIV Law and Policy

Community Education Group

DC Lawyers for Youth

Housing Works

Metro TeenAIDS

Whitman-Walker Health

The Women's Collective

WORLD

Youth Court

Betty Nyangoni, EdD