



**Written Testimony to the
New York City Administration for Children's Services**

On Close to Home: Draft Plan for Limited Secure Placement

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My name is Adrian Guzman and I am with The Center for HIV Law and Policy (CHLP). I am pleased to offer this testimony on behalf of my organization.

CHLP is the only national legal and policy resource and strategy center for people 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 most affected by HIV. Our Teen SENSE initiative¹ is specifically designed to work with and on behalf of youth in out-of-home care. It is a multidisciplinary national movement that includes health care providers, educators, young people, child welfare and juvenile justice professionals, and others working together to advance the rights of youth in state custody and improve access to comprehensive, LGBTQ-inclusive health services. Teen SENSE has benefitted greatly from the participation and support of state agencies from around the country, including the NYC Administration for Children's Services (ACS).

CHLP commends ACS for a detailed draft plan regarding the authorization of New York City to provide a continuum of services for youth who have been adjudicated delinquent and their families. We focus our testimony on our areas of expertise: sexual health care, sexual health education, and staff training that ensures competence that includes the rights and needs of LGBTQ youth in care. Throughout, we refer to the following Teen SENSE Model Policies and Standards, attached:

- *Model Policy: Sexual Health Care for Youth in State Custody*² (Appendix A);

¹ Teen Sexual Health and Education Now in State Environments (Teen SENSE) is a multidisciplinary initiative committed to advancing the rights of youth in state custody to comprehensive, LGBTQ-inclusive sexual health care and sexual health education. Teen SENSE works to ensure that all staff of foster care, detention, and other government-operated and regulated youth facilities are equipped to understand and protect the health and well-being of all young people in their charge, regardless of sexual orientation or gender identity. The provision of these services is not only a matter of good public health policy, it is required by law. Teen SENSE is a collaborative effort. Experts in adolescent medicine, public health, sexual health education, child welfare, and juvenile justice engage with community organizers and youth advocates to develop a complete advocacy model and coordinate its implementation. Above all, Teen SENSE is by and for youth; young people play an increasing advocacy and advisory role in Teen SENSE activities. The Center for HIV Law and Policy (CHLP), Teen SENSE's founding organization, provides ongoing support for the initiative, and coordinates activities among all partnering individuals and organizations. For more information on Teen SENSE, visit <http://hivlawandpolicy.org/public/initiatives/teensense>.

² TEEN SENSE, MODEL POLICY: SEXUAL HEALTH CARE FOR YOUTH IN STATE CUSTODY (Apr. 2012),

- *Model Sexual Health Care Standards for Youth in State Custody*³ (Appendix B);
- *Model Policy: Sexual Health Education for Youth in State Custody*⁴ (Appendix C);
- *Model Sexual Health Education Standards for Youth in State Custody*⁵ (Appendix D);
- *Model Policy: Training for Youth Facility Staff: Ensuring Competence that Includes the Rights and Needs of LGBTQ Youth*⁶ (Appendix E); and
- *Model Staff Training Standards: Focusing on the Needs of LGBTQ Youth*⁷ (Appendix F).

Most children and adolescents in state custody settings are from the vulnerable communities and populations most affected by HIV/AIDS. LGBTQ youth are significantly more likely to have lived in foster and group homes than their heterosexual counterparts, and youth of color, low-income youth, and survivors of gender-based and other forms of violence are also overrepresented. They have higher rates of sexually transmitted infections (STIs), unintended pregnancy, substance abuse, and HIV/AIDS. Still, they are more likely to lack access to basic sexual health care and disease prevention services while confined, a missed public health opportunity of significant proportion. While the New York State Office of Children and Family Services (OCFS) and ACS have made considerable efforts to address this, youth removed from their homes continue to suffer poorer health outcomes than those not in state custody settings.

The Close to Home initiative is a critical opportunity to reassess ACS policies regarding the young people in its care and to enhance efforts to achieve real, measurable improvement in their health and well-being. CHLP offers its expertise and resources to facilitate this effort in four key

<http://hivlawandpolicy.org/resources/view/730>.

³ TEEN SENSE, MODEL SEXUAL HEALTH CARE STANDARDS FOR YOUTH IN STATE CUSTODY (Jan. 2012),

<http://hivlawandpolicy.org/resources/view/693>.

⁴ TEEN SENSE, MODEL POLICY: SEXUAL HEALTH EDUCATION FOR YOUTH IN STATE CUSTODY (Apr. 2012),

<http://hivlawandpolicy.org/resources/view/731>.

⁵ TEEN SENSE, MODEL SEXUAL HEALTH EDUCATION STANDARDS FOR YOUTH IN STATE CUSTODY (Jan. 2012),

<http://hivlawandpolicy.org/resources/view/692>.

⁶ TEEN SENSE, MODEL POLICY: TRAINING FOR YOUTH FACILITY STAFF: ENSURING COMPETENCE THAT INCLUDES THE RIGHTS AND NEEDS OF LGBTQ YOUTH (Apr. 2012), <http://hivlawandpolicy.org/resources/view/732>.

⁷ TEEN SENSE, MODEL STAFF TRAINING STANDARDS: FOCUSING ON THE NEEDS OF LGBTQ YOUTH (Jan. 2012), <http://hivlawandpolicy.org/resources/view/694>.

areas:

- I. We request that ACS refine the policy's provisions on medical care and education by including the Teen SENSE Model Policies and Standards on sexual health care and sexual health education;
- II. We request the opportunity to access and help refine the content of the current ACS policy on reproductive and sexual health care services using the Teen SENSE Model Policies and Standards;
- III. We request the opportunity to access and help refine the content of the ACS James Satterwhite Academy for Child Welfare Training modules on sexual health care and sexual health education using our Teen SENSE Model Policies and Standards, specifically those on staff training; and
- IV. We request the opportunity to access and help refine the quality assurance systems that assess limited secure placements and provider agency performance so that they include indicators on sexual health care, sexual health education, and staff cultural competence.

I. Close to Home Provisions on Sexual Health Care and Sexual Health Education

The Close to Home Draft Plan for Limited Secure Placement does not explicitly mention the sexual health care services and sexual health education programs crucial to the health and well-being of young people in care. General medical services are only briefly mentioned in the draft plan's Medical and Mental Health Care for Youth section, and the summary of Individual Treatment Plans contains no explicit assurance that ACS will incorporate sexual health care into all treatment plans. Nor does the policy mention the provision of appropriate sexual health information and referrals in its sections on education and case management.

The draft plan includes a section on LGBTQ- and gender-specific programming and policies, which references *Promoting a Safe and Respectful Environment for LGBTQ Youth and their Families Involved in the Child Welfare, Detention and Juvenile Justice Systems*, ACS's LGBTQ policy. This policy, in turn, includes as appendices the Teen SENSE Model Policies and Standards. This policy is just one example of the progress ACS has made in improving cultural competence around LGBTQ issues. Providing the Model Policies and Standards to staff working with LGBTQ youth is key, but excluding these among resources for staff working with heterosexual youth in the Close to Home initiative puts the majority of young people in care at a distinct disadvantage. The Model Policies and Standards are intended to help state agencies provide *all* youth – regardless of sexual orientation, gender identity, or gender expression – with comprehensive, LGBTQ-inclusive sexual health services.

The draft plan also includes as an appendix *Juvenile Justice Non-Secure Placements Quality Assurance Standards*, which includes sections on health services and sexual health education and services. Both sections are brief, and the latter refers non-secure placement providers to ACS's *Policy Guidelines for Family Planning and Pregnancy Related Information and Services*, a policy dated November, 8, 2007 and “any subsequently released policies,” the names and locations of which are not included. These quality assurance standards appear to apply only to young people in non-secure placement, and it is unclear how they fit into this limited secure placement draft plan.

By way of appendices and appendices to these appendices in the Close to Home Draft Plan for Limited Secure Placement, ACS identifies the need for comprehensive sexual health information and services covering contraception, pregnancy, STIs, and HIV; it also addresses the needs of LGBTQ youth in care. However, ACS stops short of including and implementing detailed written standards outlining these services. There are several benefits to written standards in one centralized policy: they may be easily distributed by email or hard copy, may be easily located and navigated by staff, may be included reference lists and resource banks, and, most importantly, promote

institutional accountability. Uniform written standards in the body of one discrete policy will ensure that consistent, accurate services be provided to all youth in care – a crucial element given the vast number of providers with which ACS contracts. CHLP recommends that ACS refine its sections on medical care and education to include the Teen SENSE Model Policies and Standards.

Model Policy: Sexual Health Care for Youth in State Custody outlines the minimum requirements for sexual health care services, including:

- Health screenings and comprehensive sexual histories;
- Universal offers of HIV and STI counseling and testing;
- Written information, counseling, and treatment related to pregnancy, HIV and STIs, and sexual abuse;
- Written information and counseling on HIV and STI transmission and prevention; and
- Ongoing care and discharge planning related to sexual and reproductive health.

These services should be conducted in a confidential, culturally competent, and inclusive manner, particularly for youth who are pregnant, gender nonconforming, or LGBTQI. *Model Sexual Health Care Standards for Youth in State Custody* sets forth in more detail the specific health services essential to an adequate care program.

Model Policy: Sexual Health Education for Youth in State Custody outlines the minimum requirements for a sexual health education program, including:

- Basic information on HIV and STI transmission;
- Resources related to pregnancy, HIV and STIs, sexual violence, and LGBTQ discrimination; and
- Information and discussion on sexual abuse and harassment, including reporting procedures.

Access to these topics should increase in proportion to a youth's time in state custody. Classroom environments and teachers should create a comfortable space for all youth to engage in this learning process. *Model Sexual Health Education Standards for Youth in State Custody* sets forth in more detail the essential content goals and instructional elements of a comprehensive, LGBTQ-inclusive sexual health education program.

OVERALL RECOMMENDATION:

CHLP recommends that ACS adopt and implement the Teen SENSE *Model Policy: Sexual Health Care for Youth in State Custody* and *Model Sexual Health Care Standards for Youth in State Custody* to supplement its Medical and Mental Health Care for Youth and Treatment Planning and Oversight of Treatment sections.

CHLP recommends that ACS adopt and implement the Teen SENSE *Model Policy: Sexual Health Education for Youth in State Custody* and *Model Sexual Health Education Standards for Youth in State Custody* to supplement its Treatment Planning and Oversight of Treatment and Education While in Placement sections.

II. ACS Policy on Reproductive and Sexual Health Care

ACS recently invited CHLP to provide comments on the updated draft of its policy on reproductive and sexual health care policy, to be released within the next few weeks. Presumably, this policy will apply to all youth involved with ACS, including those in limited secure placement. We are grateful for the invitation and look forward to partnering with ACS on this important next step.

OVERALL RECOMMENDATION:

CHLP recommends that ACS incorporate the content of the Teen SENSE Model Policies and Standards into the body of the reproductive and sexual health policy as it prepares its draft for public comment, which would allow ACS and provider agency staff to easily locate and navigate applicable provisions.

III. Close to Home Provisions on Staff Training on Sexual Health Care and Sexual Health Education

CHLP is pleased to see “Family planning and sexual health, including HIV/AIDS and youths’ right to access confidential services on their own” and “Supporting LGBTQ youth in care” as required topics for annual in-service training for limited secure placement staff in specialized programs.

CHLP offers its Teen SENSE staff training resources to help develop the family planning and sexual health training session. *Model Policy: Training for Youth Facility Staff: Ensuring Competence That Includes the Rights and Needs of LGBTQ Youth* outlines the basic requirements for ensuring staff competence, including on the rights and needs of LGBTQ youth. It serves as a companion to *Model Staff Training Standards: Focusing on the Needs of LGBTQ Youth*, which describes in detail core components of comprehensive staff training programs, content areas, and educational objectives. The Model Standards help guide the selection of curricula that, upon completion, will allow staff to:

- Identify the effects of stigma or discrimination on the health of LGBTQ or HIV-positive youth;
- Understand their responsibilities to provide comprehensive physical and mental health services to all youth in a respectful manner;

- Maintain confidentiality and an atmosphere of safety and acceptance;
- Ensure access to services and social events consistent with LGBTQ youths' interests and communities with which they identify;
- Abide by relevant laws and agency policies established to support all youth; and
- Explain procedures for reporting responding to youth and staff complaints about conduct that is in conflict with these policies.

CHLP is currently working with Rhodes Perry, Senior Advisor for LGBTQ Policy and Practice, and his staff on the development of an LGBTQ-specific training module. CHLP is one of several members of the ACS James Satterwhite Academy for Child Welfare Training's LGBTQ Task Force that are reviewing the module's latest draft.

OVERALL RECOMMENDATION:

CHLP recommends that ACS adopt and implement the Teen SENSE *Model Policy: Training for Youth Facility Staff: Ensuring Competence That Includes the Rights and Needs of LGBTQ Youth* and refine its reproductive and sexual health curriculum to meet the standards set forth in *Model Staff Training Standards: Focusing on the Needs of LGBTQ Youth*.

IV. Close to Home Provisions on Quality Assurance

The Close to Home Draft Plan describes the systems that will oversee the quality assurance, technical assistance, and corrective action process for limited secure placement services. The Scorecard is an important tool for reviewing and addressing the quality of services and case management by ACS and its contracted providers. ACS is collaborating with the Juvenile Justice Coalition's LGBTQ Youth Work Group to develop an LGBTQ-specific Scorecard component, and

CHLP hopes this work can be replicated to measure the quality of sexual health care and sexual health education provided to youth in care, as well as the cultural competence of staff around these issues. This Scorecard component should assess whether young people in care are provided with comprehensive, LGBTQ-inclusive services and programs, including but not limited to:

- Health screenings and comprehensive sexual histories; universal offers of HIV and STI counseling and testing; written information, counseling, and treatment related to pregnancy, HIV and STIs, and sexual abuse; written information and counseling on HIV and STI transmission and prevention; ongoing care and discharge planning related to sexual and reproductive health; and
- Basic information on HIV and STI transmission; resources related to pregnancy, HIV and STIs, sexual violence, and LGBTQ discrimination; and information and discussion on sexual abuse and harassment, including reporting procedures.

OVERALL RECOMMENDATION:

CHLP recommends that ACS include in its Scorecard and other quality assurance mechanisms for limited secure placement services indicators of access to and quality of sexual health care services, sexual health education programs, and staff cultural competence to meet the standards set forth in the Teen SENSE Model Policies and Standards.

Thank you for the opportunity to submit this testimony on the Close to Home Draft Plan for Limited Secure Placement. CHLP look forwards to working with ACS on this exciting next phase.