

# Interview Survey of Adolescents in Foster Care in Los Angeles County Regarding Sexual and Reproductive Health Communication and Access to Resources

Findings from  
2023



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## Acknowledgments

This work was supported by a grant from the Conrad N. Hilton Foundation to the National Center for Youth Law to support the Reproductive Health Equity Project for Foster Youth (RHEP). RHEP brings together youth in foster care and the agencies that serve them to promote systems that normalize, support, and promote the bodily autonomy and healthy sexual development of youth in foster care. For more information on RHEP, please see [www.fosterreprohealth.org](http://www.fosterreprohealth.org)

## A note on language

The authors believe all people deserve sexual and reproductive health information and care that meets their needs, no matter their race, gender, sexual orientation, or other identities. We honor the right to self-identification and thus, where the report includes racial, ethnic, gender, or sexual orientation categories, the terminology used reflects how those interviewed self-identified. We recognize that people of many gender identities can get pregnant. When we discuss pregnancy in the report, we strive to use neutral language. However, we use gendered terms, such as "female," where necessary to conform with cited research or data.

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## Abstract

In 2019, 2021, and 2023, the Reproductive Health Equity Project for Foster Youth (RHEP) surveyed Los Angeles County youth in foster care to fill a gap in the research literature on how youth in foster care receive sexual and reproductive health (SRH) information and services and to estimate child welfare workers' roles in providing SRH information and services. The study sheds light on the implementation of California's Foster Youth Sexual Health Education Act (CFYSHEA, also commonly known as SB89), which was passed in 2017. The Act mandates that child welfare workers receive training in providing age and developmentally appropriate SRH information to youth and requires that they provide such information and access to services for youth in foster care age 10 and older annually. This study assessed youth perspectives on their interactions with social workers and other sources of SRH information and services and asked youth about barriers they face in accessing SRH information and care. In addition, the study examined whether youth's experiences varied with their age, race and ethnicity, gender identity, or sexual orientation.

Youth responses indicated that nearly half (45%) of youth in foster care in 2019 had conversations with their social workers about SRH topics. By 2021, the percentage had increased to 56%, and in 2023, the percentage reached 76%. In all three surveys, younger youth (12-13) were less likely than older youth (14-20) to report that they had spoken with their social workers about SRH. However, the number of younger youth who report such conversations has increased significantly since 2019. Some differences (not significant) were also observed among youth of different racial and ethnic backgrounds. There also were gains in the percentage of youth reporting that other trusted adults (healthcare providers, foster caregivers) provided them SRH information.

These improvements in adult support are particularly important given that a higher percentage of youth reported barriers to SRH services and information in 2023 than in 2019, including increased concerns about how to pay for SRH care and confusion about where to find reliable information. Previous research has identified a number of factors, sometimes called social determinants of health, that contribute to the disproportionately poor SRH outcomes of youth in foster care. The results of this study highlight the complexity behind disproportionately poor health outcomes and the importance of a comprehensive, multi-pronged response.

## Introduction

When youth enter foster care in California, the child welfare agency takes legal responsibility for them, including supporting their healthy development and meeting their education and healthcare needs [1,2]. Caregivers, including relative and nonrelative caregivers and congregate care facilities, such as short-term residential therapeutic programs (STRTPs), also have the responsibility to support youth's healthy development and meet their education and health needs [3,4].

The sexual and reproductive health (SRH) outcomes of youth in foster care, however, clearly indicate that the child welfare system fails to meet their need for SRH information and services while they are in foster care. This report summarizes contemporary research on SRH outcomes among youth in foster care. It describes California legislation designed to provide guidance and assign responsibility for providing youth in foster care with age-appropriate and developmentally appropriate information and services related to SRH. The report then presents the results of a survey designed to assess whether the percentage of Los Angeles County youth in foster care who receive the care and support mandated by the legislation is growing. The survey has been conducted biannually since 2019 to assess whether and how those proportions change over time.

## **Sexual and Reproductive Health Outcomes for Youth in Foster Care**

Youth in foster care face disproportionately poor health outcomes in several areas, including higher rates of sexually transmitted infections (STIs), unintended pregnancy, and poor pregnancy outcomes. In a 2018 study conducted in California, 21-year-olds who had been in foster care reported having had an STI at almost twice the rate observed in the general population of adolescents [5]. Other studies have reported similar results. For example, Ahrens et al. [6] reported that youth who had spent time in foster care had rates of certain STIs at two to ten times the rate observed in the general population. At ages 17, 19, and 21, female foster youth in California reported experiencing pregnancy at two to three times the rate of pregnancy among youth in the general population [7,8,9]. A 2014 study found that among 17-year-old females in foster care in California, 26% reported at least one pregnancy, compared with 10% of youth in the general population [7]. By age 21, about 60% of women who had been in foster care in California reported at least one pregnancy [9]. A study conducted in 2016 found that among youth who had been in foster care in Los Angeles County, 58% of females reported experiencing a pregnancy by age 19, and 20% of males reported impregnating a partner by age 19 [8].

In prior studies, adults asked about these pregnancies assumed that the majority were intentional, designed to meet an unmet need for love, fill a “void,” or “fulfill a need to have a family” [10,11]. Research conducted by Courtney et al. in 2016 [8], however, contradicts this assumption. When researchers asked 19-year-old youth in Los Angeles who had been pregnant about the intentionality of their last pregnancy, only 33% said they “definitely” or “probably wanted” to get pregnant at the time [8]. Of 19-year-old men in care who reported impregnating a partner, under 30% said they “definitely” or “probably wanted” their partner to become pregnant [8].

Youth in foster care also have poor prenatal and postpartum outcomes. A 2023 report released by the California Department of Social Services shows that only about half of pregnant foster youth ages 10 to 20 received prenatal care during their first trimester compared to 64% of the same-age Medi-Cal population not in care [12]. In a survey of 17-year-olds in foster care, nearly half (42%) of youth reported having been pregnant said they suffered stillbirth or miscarriage [7]. According to the CDSS report [12], youth in foster care were more likely to give birth to low-weight infants compared to same-age youth in the Medi-Cal population. Youth in care also received postpartum care at a lower rate than youth in the Medi-Cal population (53% vs 67%).

## Social Determinants of Health Equity

“ Moves mean new school, new house, new everything. Then with the complication of often medical records not going with you, **it feels like nobody knows you, over and over and over and over again.** ”

Disproportionately poor health outcomes and limited access to or use of health care services often result from the intersection of barriers at different levels (e.g., individual, relationship, community, and society levels) that compound and impede individuals' agency and ownership of their own health. In the case of poor SRH outcomes for youth in foster care, one contributor may be limited access to sexual health information and education [11,13]. Youth in foster care typically undergo many placement changes during adolescence, with almost half of them reporting having had four or more placements by age 17 [7,11]. Frequent moves can limit access to accurate sexual health information from sources that are available to non-foster youth, for example, school-based sexual health education classes [14]. Frequent moves also make it less likely that a young person will develop a trusting relationship with a consistent caregiver or healthcare provider [15,16,17].

A lack of explicit support from the adults responsible for youth in foster care may also contribute to youth's poor SRH outcomes. In a national poll, 52% of teens ages 12–15 said their parents most influence their decisions about sex [18]. Youth in foster care may have limited or no contact with their biological family, however, leaving gaps that others—for example, healthcare providers, caregivers, and social workers—must fill [13,15]. Youth may not receive this crucial information if those adults feel uncomfortable, unprepared, or unauthorized to play this role [15,17]. Although lack of accurate information on SRH is a likely contributor to poor SRH outcomes among youth who are or have been in foster care, no studies have quantitatively assessed youth sources of SRH information.

California social workers have described a number of barriers to their providing information and access to services for youth in care. Bruce [10] conducted interviews with representatives from 18 California counties in 2015. These child welfare professionals identified multiple barriers to engaging in meaningful conversations with young people about reproductive health: lack of training, not prioritizing such conversations, lack of comfort, conflicting beliefs about the role of the social worker, conflicting personal values and beliefs, and the fact that no one is tracking the sexual health outcomes of youth in foster care and whether such conversations occur [10]. Unlike such aspects of child and youth care as access to food and shelter, safety and health standards, and so on, until recently, neither the state nor county welfare agencies provided foster caregivers and social workers with clear mandates or guidance for supporting the SRH care and development needs of youth in care. In 2015, Bruce [10] reviewed child welfare policies in 26 California counties and found that only two counties had “publicly accessible, stand-alone policies

that explicitly detailed departmental guidelines and procedures for supporting youths' sexual and reproductive health needs.”

A 2009 survey of child welfare workers in three California counties also looked at social worker communications with foster youth about SRH. It revealed several barriers preventing these workers from providing SRH information to the youth they worked with [11]. For example, some were concerned that if they provided youth with information and access to care that their parents found objectionable, they could jeopardize relationships that are essential to family reunification. Some noted the absence of policies about providing SRH information or access to SRH care, and others noted policies that prohibited such conversation. These staff members noted that when no one has clear responsibility for addressing youth's SRH needs, those needs often go unaddressed.

Yet another contributor to poor SRH outcomes for youth in foster care may be perceived or actual barriers to accessing desired SRH care. Adolescents, in general, face several barriers to accessing SRH care, including confidentiality and stigma concerns, scheduling, financial, and transportation barriers [19,20,21,22,23]. Some youth face additional barriers because of their identity or living situation. In one study, youth who identified as male reported believing SRH services were not for them [24]. Youth may face limitations placed on them by their caregivers, such as house rules requiring abstinence or prohibiting contraception. They also may be in placements in which it is not safe to acknowledge their sexual orientation or gender identity, making it more challenging to ask for and access appropriate SRH services.

Another important potential contributor to poor SRH outcomes among youth in foster care may be implicit and explicit bias in the healthcare system. Youth in foster care are more likely than other youth to identify as members of marginalized communities that often face barriers to healthcare. For example, youth in foster care are twice as likely as other youth to identify as LGBTQ+<sup>[1]</sup> [8,25], and youth who identify as Black and Native American youth are almost three times more likely to be in foster care than youth who identify as white [26]. Youth who identify as LGBTQ+ have reported delaying care for fear of discrimination [27]. Youth of color also have reported concerns about discrimination when accessing SRH services [28]. Beyond perceptions, well-documented racial bias in health care has led to differences in treatment and health outcomes [29]. In addition, biases regarding the culture of youth's families and the values of the youth themselves may lead child welfare workers to worry more or less about offending youth or their families or to make assumptions about their values regarding sexual health or early



parenting, influencing the SRH support child welfare workers provide.

“ There’ve been **many times** where I felt that my doctor had certain stereotypes about me because I was in foster care. ”

## Related Legislation

Since 2015, the California Legislature has passed two laws mandating that health, including sexual health education, be available to California youth. The California Healthy Youth Act [30] requires that all public and charter schools provide their students with health instruction that adheres to state standards at least twice, once in the middle grades and once in high school. Two years later, the Legislature passed the California Foster Youth Sexual Health Education Act (CFYSHEA, commonly referred to as SB89) [31], guaranteeing the rights to SRH education and services for youth in foster care. CFYSHEA requires county child welfare agencies to ensure their social workers receive training in how to support healthy sexual development among youth in care. CFYSHEA also specifies responsibilities for social workers to support the healthy sexual development of youth, including the following:

- Each year, social workers must inform all youth on their caseloads aged 10 years and older and non-minor dependents (youth ages 18–21) of their rights to access age-appropriate, medically accurate information about reproductive and sexual health care; to consent to SRH services; and to confidentiality regarding those services.
- Each year, social workers must inform all youth on their caseloads aged 10 years old and older and non-minor dependents (youth ages 18–21) about how to access reproductive and sexual health care services and facilitate youth access to that care, including removing any barrier to care, if the youth requests such support.
- Social workers must also ensure that youth in foster care receive comprehensive sexual health education at least once in middle school and at least once in high school. If youth in care do not receive that instruction in school, the worker must connect them to a community-based sexual health education program that meets state standards for sexual health education [32,33].

## Survey Purpose

Given the poor SRH outcomes observed among California youth in foster care and the recent legislation concerning their access to SRH information and care, the Reproductive Health Equity Project for Foster Youth (RHEP) conducted this study to address several questions related to sources of SRH support and information available to California youth in foster care. An additional goal was to assess whether the SRH information and care experience of California youth in foster care changed after the passage of CFYSHEA. In light of both the CFYSHEA provisions and the existing gaps in research on the sources of SRH information and services that youth in foster care access, this study addresses three related but distinct topics:

1. Whether youth in foster care reported having conversations about SRH with their social workers, as specified in CFYSHEA;
2. The primary sources of SRH information and education that youth in foster care draw upon, in addition to child welfare; and
3. Barriers to receiving SRH information and services that youth in foster care experience.

RHEP first surveyed youth in foster care on these topics in 2019, two years after CFYSHEA went into effect. This report focuses on results from RHEP's third survey, conducted in the summer of 2023, which repeated the questions from the previous years to allow comparison to the two previous surveys from 2019 and 2021.

## Methods

This survey was conducted in Los Angeles County, which serves one-third of the 44,000 youth in California foster care [34] and has the most diverse child welfare population.

Los Angeles was selected because the Department of Children and Family Services (DCFS) in Los Angeles, a partner of the RHEP collaborative, has dedicated significant time and resources to implementing CFYSHEA since its passage, including implementing CFYSHEA-approved training and updating policies and practices.

Children's Law Center of California (CLC), another RHEP partner, provides legal representation to all youth in foster care in Los Angeles County. CLC conducted the survey on RHEP's behalf. CLC obtained a juvenile court order granting them the authorization to conduct this research.

Seedling Consulting Group, LLC (Seedling), an independent evaluation firm based in Southern California, was contracted by RHEP to conduct the design, analysis, and reporting for this study.

California State University, Fullerton IRB services provided an exemption for this study because the data was secondary and de-identified.

## Sample and Consent

In 2023, CLC generated a list of 4,430 clients in its database who were between the ages of 12 and 20 and had been in foster care for at least one year. Because the goal was to interview youth in person, and youth often have time to spare while waiting for court hearings, the team identified 2,432 of the 4,430 youth who had at least one court hearing on the calendar during the survey time window to include in their sample. Information about the study and a request for permission to contact the youth were sent to their lawyers by email. Some lawyers sent blanket denials, while others cited characteristics such as severe developmental delays, communication problems, or recent sexual trauma. If the lawyers did not object to their client being contacted, the interviewers reached out to the youth via phone or in person and explained the study, their rights to participation, and offered a \$20 gift card for their time. If the youth consented, the interviewer conducted the interview.

## Data Collection and Tools

CLC hired four young adults with lived experience in foster care to conduct the survey. The young adult surveyors were trained in oral survey techniques, trauma-informed practice, and confidentiality and consent laws. The survey was administered in an interview format, either in person or over the phone, and took 10 to 15 minutes to complete.

In-person interviews were administered to 74 youths who were present in court. Youth not in court during the data collection phase were reached by phone. A total of 96 youths were interviewed by phone. The interviews were administered with a CLC password-protected tablet or laptop on which the interviewers entered participant responses.

The survey (see Appendix D) covered the following topics, repeating questions from the surveys of 2019 and 2021:

- Demographics (age, primary language, race and ethnicity, gender identity, and sexual orientation)
- SRH conversation with social workers in the past year (basic SRH information, access to care)
- Facilitation of access to SRH care by social workers
- Perceived barriers to accessing SRH care

Changes to the 2023 survey from the earlier 2019 and 2021 surveys included:

- Some questions were moved to improve the survey flow, and when a question was not relevant, it was not asked.

- The “I never needed it” response option was added to questions about difficulty accessing SRH services. Where useful, these results are added as an additional data point.

## Additional Data Sources

- 2019 and 2021 survey data were obtained from the 2019 and 2021 reports [35,36].
- Demographic data on youth in care in Los Angeles County (hereafter LA County Youth in Care for consistency with previous reports) was obtained from LA County DCFS’s monthly report for the data collection month, and KidsData [37,38].

## Statistical Methods

CLC provided Seedling researchers with de-identified survey datasets. These researchers generated summary statistics and performed comparative analyses where sample sizes permitted.

The following analyses were also conducted:

- Comparison of survey results from 2023 to the average of 2019 and 2021 (a more rigorous test than comparing to only one year)
- An adjustment for demographic differences between 2023 and the average demographics in 2019 and 2021 (to ensure that differences between years weren’t due to differences in the demographic makeup of each year’s respondents)<sup>1</sup>
- An analysis of responses by age: participants were divided into three age groups to match the groupings and analyses in the 2021 report (12-to-13 years old, 14-to-16 years old, and 17-to-20 years old).

Where the report notes a “significant” increase or decrease, this represents a change large enough to make it unlikely that they are due to random chance (p-value < 0.05).

An adjusted odds ratio analysis was conducted to determine the associations between demographic variables (age, gender, race, and sexual orientation) and responses. Those with statistically significant associations are reported. This analysis was also conducted in 2019, but not in 2021; comparisons are included where relevant.

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<sup>1</sup> See Statistical Analysis Detail in the Appendices for further information.

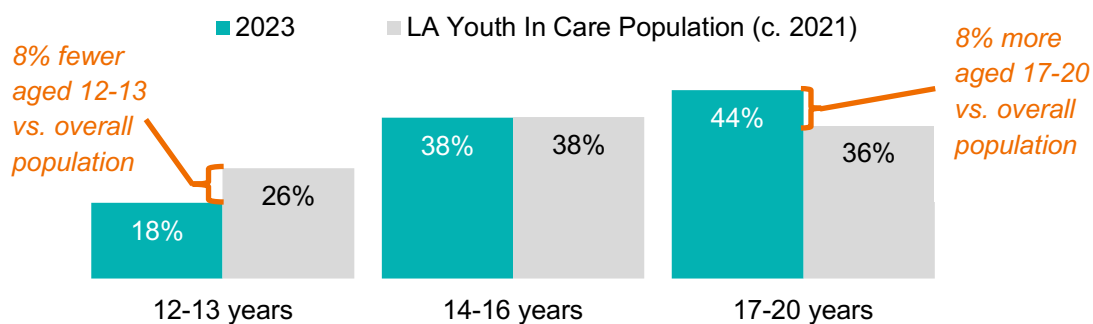
## Respondent Demographics

In summary, the survey respondents' ethnicities were comparable to the LA County Youth in Care population for all ethnicities, except that fewer respondents identified as Latina/Latino compared to LA County Youth in Care. The number of respondents who identified as African American/Black increased significantly from 2019 to 2021, making the ratio representative of the LA County Youth in Care population. However, 10% more respondents identified as females and 8% fewer 12–13-year-olds (and 8% more 17–20-year-olds) than in the LA County Youth in Care population.

There are no significant differences in any of the demographic variables by age, racial identity, sexual orientation, or gender identity. However, some groups had very small sample sizes (e.g., only 11 youths identified as white), making statistical significance between groups difficult to determine.

**Age:** The youth who participated in the survey were between 12 and 20 years old, with an average age of 16 (Figure 1). The proportion of youth in the sample matched that of youth in LA foster care for 14-to-16-year-olds but was disproportionate for the other ages. There were no statistically significant differences in the ages of those who took the survey in 2023 compared to the average respondents' ages in 2019-2021.<sup>2</sup> Older youth were more likely to take this survey remotely ( $p < 0.05$ ).

Figure 1. Respondent age compared to LA County Youth in Care population



**Preferred Language:** Almost 90% of respondents spoke primarily English at home, 4% spoke both English and Spanish, and 4% spoke primarily Spanish.<sup>3</sup>

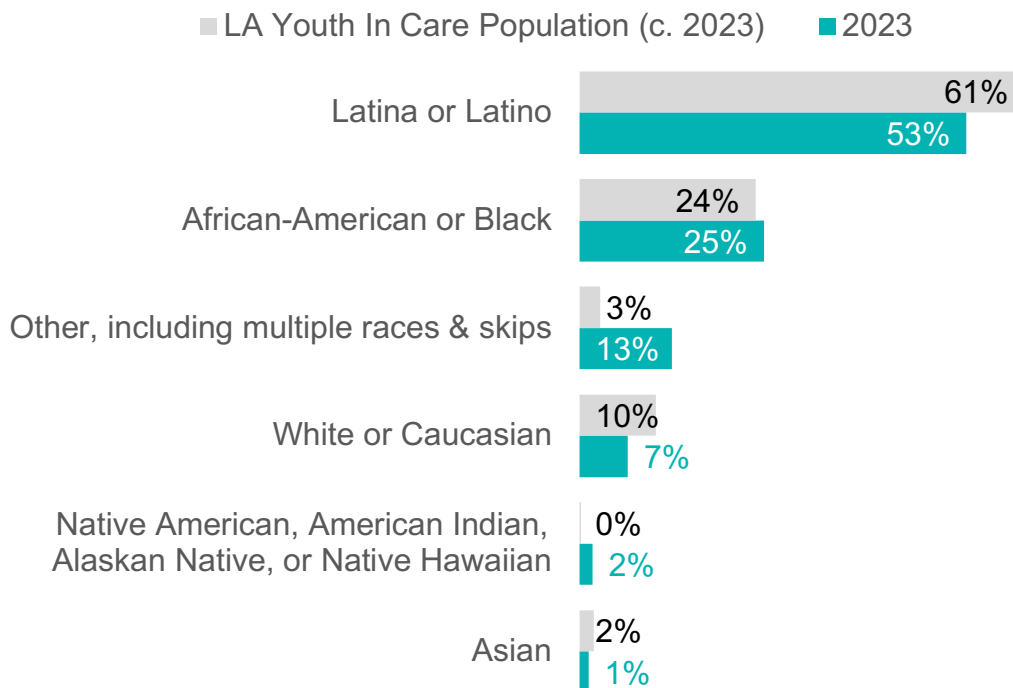
**Race / Ethnicity:** Compared to the demographics of the 2021 survey (see Figure 2), the ratio of respondents who identified as Black/African American rose significantly in 2023 and is now representative of the LA County Youth in Care population (25% in 2023 vs. 17% in 2019-21).

<sup>2</sup> Age detailed results: See Appendix C Figure 4

<sup>3</sup> Language detailed results: See Appendix C Figure 5

However, the proportion of respondents who identified as Latina/Latino decreased in the survey sample (53% in 2023 vs. 60% in 2019-21) and increased in the broader LA County Youth in Care population (61% in 2023 vs. 58% in 2021).<sup>4</sup>

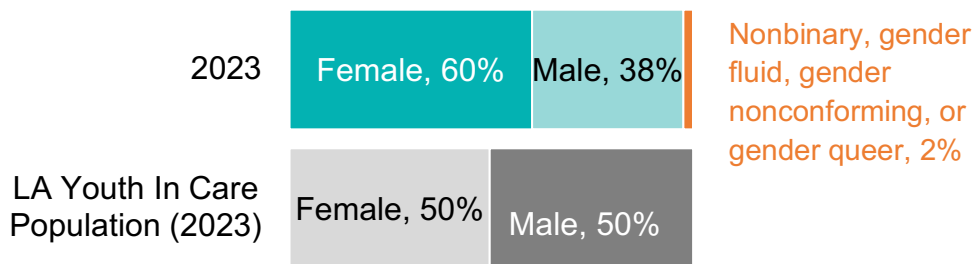
Figure 2. Respondent ethnicity compared to LA County Youth in Care ages 12-20



**Gender:** Compared to the average of 2019 and 2021, there was a statistically significant rise in the percentage of respondents who identified as female in 2023 (60% in 2023 vs. 54% average 2019-21,  $p < 0.01$ ), which reflects an overrepresentation of the female population of LA County Youth in Care (Figure 3). In addition, there was a statistically significant rise in the percentage of respondents who selected nonbinary, gender fluid, gender non-conforming, or genderqueer as their gender identity (2.4% vs. 0.9% average 2019-21,  $p < 0.01$ ) and a statistically significant decrease in the percentage of respondents who selected male as their identity (38% in 2023 vs. 43% average 2019-21,  $p < 0.01$ ).

<sup>4</sup> For a breakdown of “Other” see Appendix C Figure 6

Figure 3. Respondent gender compared to LA County Youth in Care



**Sexual Orientation:** Most (78%) respondents selected “straight/heterosexual” as their sexual orientation. The percentage of respondents who identified as bisexual, gay, lesbian, pansexual, queer, or multiple categories went up significantly from previous years (18% in 2023 vs 12.6% average 2019-21,  $p < 0.01$ )<sup>5</sup>. The number of youth who responded that they identify as straight/heterosexual significantly decreased, compared to previous years (78% in 2023 vs. 84% average 2019-21,  $p < 0.05$ ), as did the percentage of youth respondents who preferred not to say (1% in 2023 vs. 2.8% average 2019-21,  $p < 0.05$ ).

## Results

The results below present findings from the data collected in 2023 and compare those findings to data collected in previous years, when applicable.

### 1. Social Workers Implementation of CFYSHEA

There were three main questions that asked about social workers’ conversations with youth about sexual and reproductive health (SRH):

1. Did social workers talk to youth about SRH topics and their rights to services and confidentiality?
2. Did social workers talk to youth about how to access SRH services?
3. Did social workers help youth access any SRH services?

#### 1.1 Social Workers Talking with Youth About SRH Topics

##### 1.1.1 CFYSHEA Required Topics: SRH Rights and Confidentiality

The law specifically requires social workers to speak each year with youth about their rights to:

- (a) age-appropriate information about SRH topics when they want it

<sup>5</sup> Sexual orientation detailed results: See Appendix C Figure 8

- 49% of participating youth reported that their social worker asked whether they had questions or wanted information about puberty, sex, or SRH
- 57% reported that their social worker let them know that they have a right to have their questions answered and get information from a reliable source

(b) access and consent to SRH services

- 60% reported they were told of their right to access and consent to SRH services

(c) confidentiality regarding SRH information and services

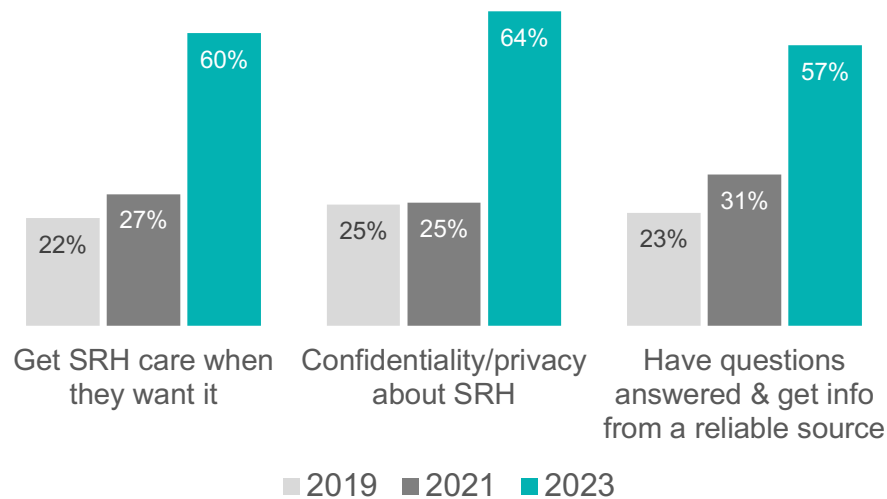
- 64% reported their social worker informed them of their right to confidentiality

(See Appendix C, Figure 14 for more details).

### Statistically Significant Changes Over Previous Survey Years

Compared to the average of 2019 and 2021 responses<sup>6</sup>, there were statistically significant increases in youth reporting that their social workers talked with them about each of these topics ( $p < 0.01$ ). In 2023, 67% of participating youth reported that their social worker talked with them about at least one of these topics; 48% said they talked about all three (see Figure 4 below).

Figure 4. Percentage of youth who said their social worker talked with them about required topics by year



### Disaggregated Results

In 2023, older youth (ages 17-20) reported having conversations with their social workers about the required SRH topics more often than the youngest youth (ages 12-13), though this overall

<sup>6</sup> Statistical analyses compared 2023 to the average of 2019 and 2021 (a more rigorous test than comparing only to one year).



difference is not statistically significant. Refer to Table 1 for the values by age group, along with the p-values for the statistical test determining whether these differences are significant.

Table 1. Talking about rights by age

Has your social worker talked with you about your right to...	Ages 12-13	Ages 14-16	Ages 17-20	p-value
Confidentiality and privacy about your SRH care	53%	61%	67%	Not sig.
Have questions answered and get information about these topics from a reliable source	43%	52%	63%	Not sig.
Get SRH care when you want it	33%	61%	60%	<b>p&lt;0.05</b>
Answered "Yes" to at least one	57%	66%	72%	Not sig.
Answered "Yes" to all three	33%	47%	55%	Not sig.

Youth who identified as white were more likely to report having had a conversation about required topics than other youth (see Table 2). Less than half (45%) of Black-identifying youth reported their social worker told them about their right to get care compared to 73% of white-identifying youth and 58% of youth who identified as Latina/Latino. While 82% of white-identifying youth reported their social worker informed them of their right to have questions answered and get information from a reliable source, only 43% of Black identifying youth reported the same. Note that discrepancies in sample size across racial identities may contribute to these differences, with only 11 white-identifying youth compared to 42 Black-identifying youth in the sample. The statistical model, when adjusting for the differences in sample sizes, was not statistically significant. (Appendix C, Figure 13)

Table 2. Talking about rights by ethnicity

Has your social worker talked with you about your right to...	African-American or Black	Latina or Latino	White or Caucasian	Mult. or other*	p-value
Confidentiality and privacy about your SRH care	50%	66%	73%	48%	Not sig.
Have questions answered and get information about these topics from a reliable source	43%	58%	82%	48%	Not sig.
Get SRH care when you want it	45%	58%	73%	48%	Not sig.
Answered "Yes" to at least one	55%	71%	91%	71%	Not sig.
Answered "Yes" to all three	36%	51%	64%	52%	Not sig.

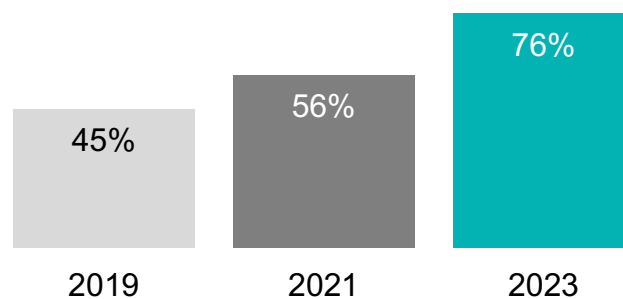
\*these responses were combined to facilitate the statistical analysis

Female-identifying youth were slightly more likely to report conversations on required topics than male-identifying youth, and LGBTQ+-identifying youth were slightly more likely to report conversations on required topics compared to youth who identified as heterosexual/straight. Neither difference is statistically significant (Appendix C, Figures 11-12).

### 1.1.2 Additional SRH Topics

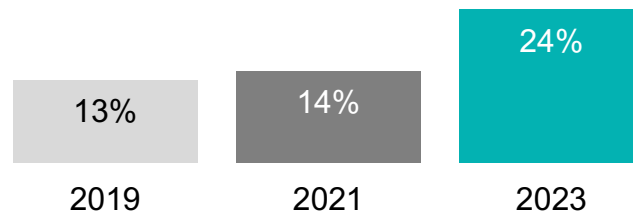
In addition to the above topics required by CFYSHEA, the survey included items related to social workers talking with youth about specific SRH concerns. As seen in Figure 5, there is a significant increase from previous years in participating youth reporting their social worker talked to them about at least one SRH subject in the past year ( $p < 0.05$ ).

Figure 5. Youth who reported their social worker talked to them about at least one SRH topic



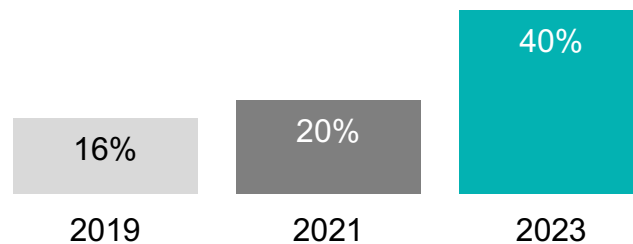
**Pregnancy & Abortion:** Youth were almost twice as likely to report a social worker talked with them about pregnancy and abortion than they were in previous years ( $p < 0.01$ ) (Figure 6). Female-identifying youth were significantly more likely than other genders to report social workers talked with them about pregnancy and abortion ( $p < .05$ ).

Figure 6. Youth who reported social workers talking about pregnancy & abortion



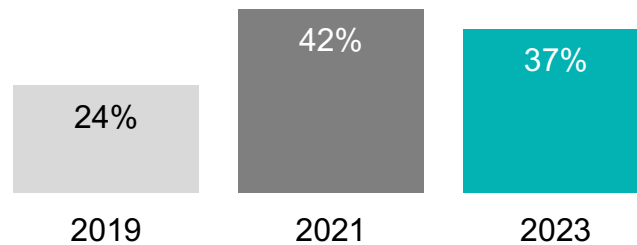
**Relational Aspects of SRH:** These include how to know when a relationship is healthy, how to handle pressure to have sex, and how to know when youth are ready to have sex (Figure 7). In 2023, youth were more than twice as likely to report their social workers talked with them about relational aspects of SRH compared to previous years ( $p < 0.01$ ).

Figure 7. Youth who reported social workers talking about relational aspects of sexual health



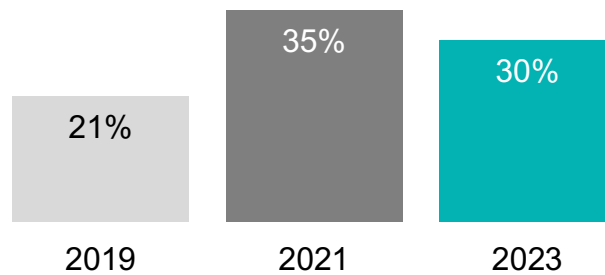
**Birth Control:** The proportion of youth reporting their social worker talked to them about birth control was slightly lower in 2023, even when adjusting for demographic variables (age, gender, etc.) compared to previous years. However, this decrease was not statistically significant. Female-identifying youth were significantly more likely than other genders to report that social workers talked with them about birth control ( $p < .05$ ).

Figure 8. Youth who reported social workers talking about birth control



**Sexually Transmitted Infections/Diseases:** The proportion of youth reporting their social worker talked to them about STI/STD testing was similarly lower in 2023, even when adjusting for demographic variables (age, gender, etc.) compared to 2021, but still an increase compared to the first survey year 2019. However, this decrease was also not statistically significant (Figure 9).

Figure 9. Youth who reported social workers talking about STIs/STDs



## 1.2 Social Workers Talking About How to Access Services

The survey asked whether youth remembered their social workers talking to them about how to access specific SRH services and information. Social workers are required to let youth know how to access SRH services in general; they are not required to talk about how to access specific SRH services unless a youth requests that assistance.

Compared to the average of 2019 and 2021 responses, there were statistically significant increases in the number of youth who reported their social worker talked to them about how to access pregnancy, birth control, and STI services ( $p < 0.01$ ).<sup>7</sup> Participating youth in 2023 who identified as female were more likely than youth who identified with other genders to report conversations about access for all topics and statistically more likely to report conversations for birth control and pregnancy care services ( $p < 0.05$ ). Younger youth (ages 12-13 and 14-16)

<sup>7</sup> Per-question results and statistical significance reporting: See Appendix C Figure 15

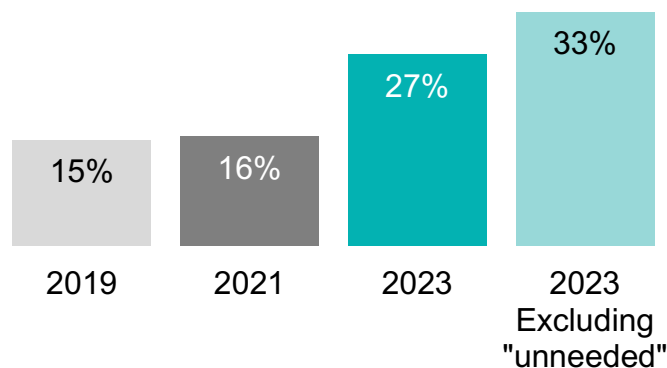
were statistically less likely to report conversations on all topics ( $p < .05$ ) with only two exceptions; younger youth were less likely to report conversations about unplanned pregnancies and pregnancy care, but those differences were not significant.

**Pregnancy Services:** Twenty percent (20%) of youth reported their social workers talked with them and/or their partner about how they could access pregnancy services or information in 2023, compared to 8% in 2019 ( $p < 0.01$ ).<sup>8</sup> When limiting the analysis to youth who potentially needed the service in 2023, the percentage of youth endorsing this was still 20%.<sup>9</sup>

**Abortion Services:** The percentage of youth who said their social workers talked about how to access abortion services did not change significantly from previous years at 8%; that was a slight increase from 7% in 2019 and a small decrease from 11% in 2021.

**Birth Control:** Youth reports of social workers discussing how to access birth control almost doubled (Figure 10). When limiting the analysis to youth who potentially needed the services (excluding youth who said they did not need the service), 33% of youth said their social worker talked with them about how to access birth control (condoms and other types of birth control), a significant increase from previous years ( $p < 0.01$ ).

Figure 10. Youth who reported workers talking about how to access birth control

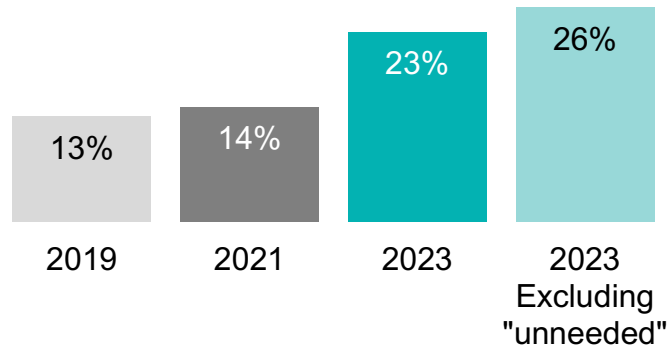


<sup>8</sup> Two questions are included in the Pregnancy Services category: i) Pregnancy care (pregnancy testing, prenatal care, birthing support) and ii) Information about choices and next steps when someone is pregnant. The pregnancy questions were not asked in 2021, so 2019 values were rounded up as estimates for 2021.

<sup>9</sup> By filtering out those who responded “I never needed it” when asked whether they had trouble accessing a service in the previous 12 months.

**STI/STD Services:** Youth reports of social workers talking with them about how to access services for testing or treating STI/STDs also greatly increased ( $p < 0.01$ ). When limiting the analysis to only youth who potentially needed testing or treatment, 26% of youth said their social worker talked with them about how to access these services (see Figure below).<sup>10</sup>

Figure 11. Youth who reported workers talking about how to access STI/STD services



### 1.3 Social Workers Helping Youth Access Services

CFYSHEA requires social workers to ask youth whether they are facing barriers to care and only requires them to facilitate youth access to that care when the youth requests such support.

**Pregnancy Services:**<sup>11</sup> Social workers were more likely to help youth access pregnancy services in 2023 compared to 2019, but there was a slight non-significant decrease from 2021 to 2023. Excluding youth who said they did not need these services, 12% said their social workers helped them access pregnancy services.

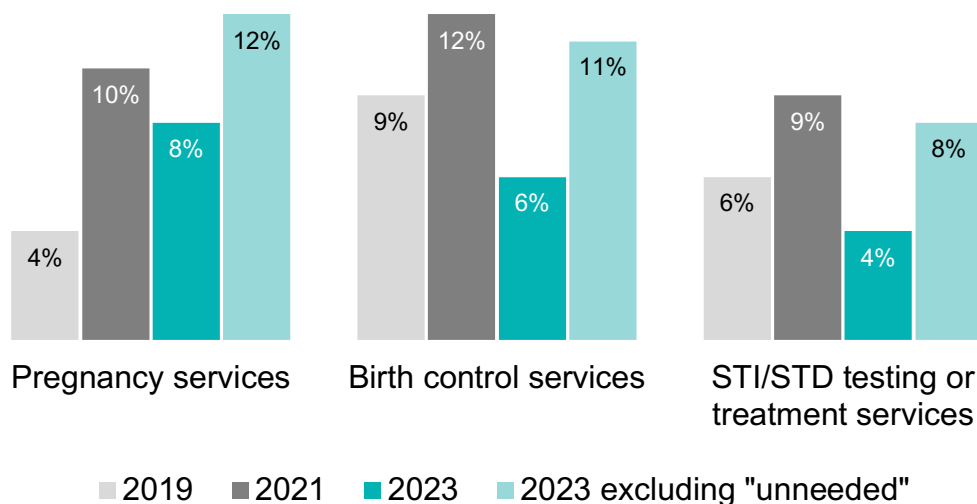
**Birth Control:** Social workers were less likely to help youth access birth control in 2023 compared to 2019 and 2021. Excluding youth who said they did not need these services, 11% said their social workers helped them access birth control.

**STI /STD Services:** Social workers were less likely to help youth access STI/STD testing or treatment compared to previous years. This was significantly lower than the 2019-21 average (3.8% in 2023 vs. 7.3% in 2019-21). When limiting the analysis to youth who potentially needed the services, 8% said their social worker helped them access STI/STD services (see Figure below).

<sup>10</sup> Refer to Appendix C Figure 15 for more information from this section

<sup>11</sup> When asking youth about access to pregnancy services, the survey merges pregnancy care and abortion services into one question, "Has your social worker helped you access pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)?"

Figure 12. Percentage of youth who said social workers helped them access SRH by topic and year



There were some differences based on race, ethnicity, gender and sexual orientation, though none were statistically significant. Straight/heterosexual youth were the most likely to have reported receiving help accessing pregnancy services. Compared with other racial groups, youth who identified as Latina/Latino were least likely to report that their social worker helped them access birth control. Similar to previous years, youth who identified as LGBTQ+ were more likely to report receiving help with access to all information and services compared to youth who identified as straight/heterosexual. However, a change from previous years was that youth who identified as male were the least likely to report help accessing STI services.<sup>12</sup>

## 2. Other Sources of Sexual and Reproductive Health Information

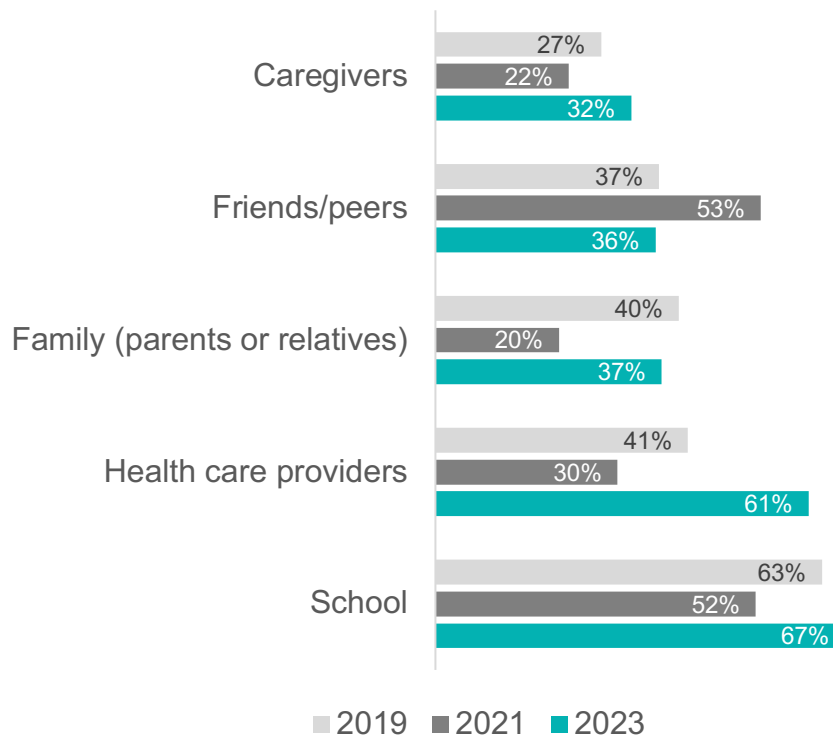
Youth can receive SRH information and support from many sources other than social workers. Family can play an important role in this regard, as can schools, caregivers, and health providers. Most youth (89%) reported having received information on SRH topics (such as birth control, condoms, sexually transmitted infection treatment, or pregnancy) from at least one other source besides their social worker in the previous 12 months. The most frequently cited source of information was school, followed by healthcare providers (see Figure 13 below).

The youngest youth (ages 12-13) were most likely to cite school and healthcare providers as sources and significantly less likely to report going to foster caregivers ( $p < 0.01$ ). The youngest youth were also less likely to report receiving information from all other sources of all the age groups, though this was not significant. White-identifying and Black-identifying youth both rated healthcare providers higher than any other sources of information, and both were significantly

<sup>12</sup> Refer to Appendix C Figure 16 for more information and statistical significance regarding this section

more likely than other groups to report going to friends/peers for information ( $p < 0.05$ ). Youth who identified as Latina/Latino were most likely to say they get information from school (63%,  $p < 0.05$ ).

Figure 13. Sources of SRH information by survey year



### Caregivers

In order to increase their comfort and skills in providing support to young people in their charge, CFYSHEA requires that adults seeking to become licensed as “resource parents”<sup>13</sup> receive information and training on healthy sexual development. The proportion of youth who received information on SRH topics from caregivers was significantly higher than the average in 2019 and 2021 ( $p < 0.05$ ).<sup>14</sup>

Though not statistically significant, youth who identified as white were less likely (18%) to report having received information from a caregiver than Black-identifying youth (26%) or Latina/Latino-identifying youth (31%). Youth who identify as female were more likely to report a conversation with a caregiver than male-identifying youth (35% vs. 24%). The oldest youth, aged 17-20, were significantly more likely to report a conversation than the youngest youth (35% to 23%,  $p < 0.01$ ).

<sup>13</sup> “Resource parents” is California’s term for foster parents that includes foster, foster-to-adopt, and kinship caregivers. See <https://www.childwelfare.gov/topics/permanency/recruiting>.

<sup>14</sup> Per-question results and statistical significance reporting: See Appendix C Figure 17.



## Healthcare Providers

The American Academy of Pediatrics guidelines for health supervision advise healthcare professionals to integrate sexuality education and care into their relationships with adolescents and pre-adolescents.<sup>15</sup> The proportion of youth who received information on SRH topics from healthcare providers was significantly higher than the average in 2019 and 2021 (61% vs. 36%,  $p < 0.01$ ).<sup>16</sup>

Though demographic differences are not statistically significant, they are still interesting to note. In 2023, female-identifying youth were more likely to report healthcare providers as a source than those who identified as male (62% vs. 46%), with no notable difference between those who identified as straight/heterosexual compared to those who identified as LGBTQ+. Over 90% of white-identifying youth reported healthcare providers as a source compared to 50% of Latina/Latino, 57% of Black, and 52% of those who identified as other or “multiple” races. Notably, only 37% of 12–13-year-olds cited health providers as a source compared to 65% of 17–20-year-olds and 53% of 14–16-year-olds, an increase from previous years.

## Schools

The California Healthy Youth Act requires California public and charter schools to provide comprehensive sexual health education using a curriculum that meets state standards at least once in middle school and once in high school. CFYSHEA requires social workers to confirm that youth have received school-based sexual health education and, if they have not, to connect them to a comparable curriculum in the community.

Overall, school was the most cited resource for SRH information (67%) and was the most cited resource for all youth except those aged 17-20. There were no notable differences based on race/ethnicity, gender or sexual orientation.

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<sup>15</sup> American Academy of Pediatrics, Promoting Healthy Sexual Development and Sexuality, Bright Futures Guidelines for Infants, Children, and Adolescents.

<sup>16</sup> Per-question results and statistical significance reporting: See Appendix C Figure 17.

### 3. Barriers to Sexual and Reproductive Health

CFYSHEA only requires social workers to address barriers to SRH if youth inform their social worker that they want assistance with a barrier.

There were three areas of inquiry around barriers to reproductive health:

- 1) What information and services are difficult for youth to access?
- 2) What are the barriers to access?
- 3) Did social workers help youth address barriers<sup>17</sup>?

There were significant increases in youth reporting difficulty accessing services and reporting barriers to care in 2023 compared to previous years. However, as mentioned previously, “I never needed it” was added as a response option in 2023 to obtain a denominator to reflect only the youth who potentially needed the service in the previous year. Using the denominator that included only youth who potentially needed a service doubled the percentage of youth who reported that they experienced difficulties but is a more accurate reporting of the situation.

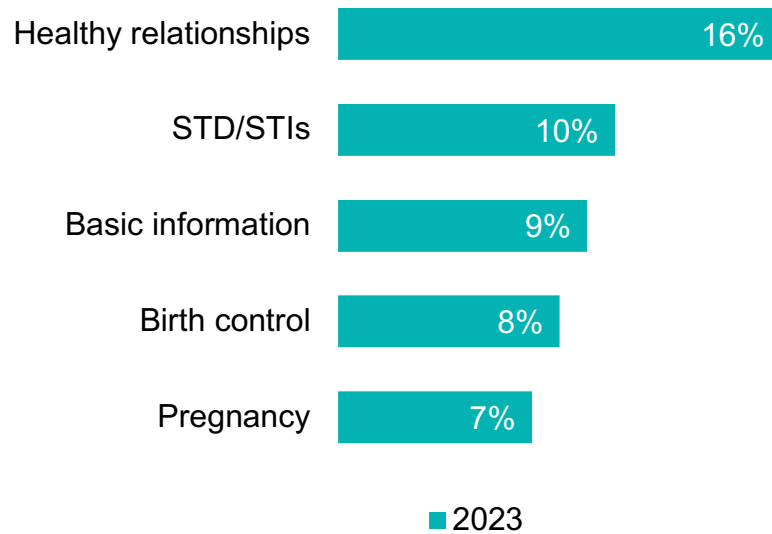
#### 3.1 Information & Services Youth Had Difficulty Accessing

In 2023, information about healthy relationships was cited as the most difficult of all types of information or services to access. The top five types of services and information that youth reported as difficult to access in 2023 are illustrated in Figure 14. The percentages shown include only youth who did not say, “I never needed it.”

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<sup>17</sup> The questions ask if youth recall that their social worker helped, not if the youth asked the social worker to help. This survey may be capturing a greater pool of social worker assistance than what CFYSHEA requires since responses include all assistance, not only assistance that was requested.

Figure 14. Top 5 difficult to access SRH information and services



Difficulties increased for some outcomes compared to the average of 2019 and 2021. As seen below, there were statistically significant increases in youth reporting difficulty accessing birth control, testing or treatment for STI/STDs, and basic information (about puberty, sex, or pregnancy).<sup>18</sup> However, due to the small number of responses in most categories, statistical significance for differences between demographic groups is difficult to determine.

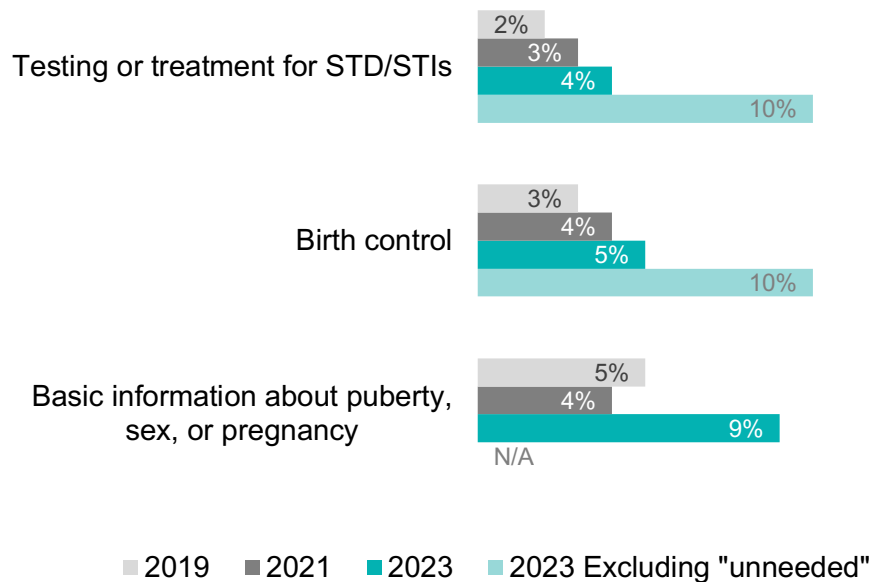
**STI/STD Testing or Treatment:** Youth were almost twice as likely to report difficulty accessing testing or treatment for STI/STDs in 2023 compared to previous years ( $p < 0.05$ ). Excluding youth who said they did not need these services, the percentage of youth reporting difficulty accessing testing or treatment more than doubled from 4% to 10% (see Figure 15).

**Birth Control:** Youth were more likely to report difficulty accessing birth control for themselves or their partner in 2023 compared to previous years, though this was not significant. Excluding youth who said they did not need these services again raises the percentage of those who report difficulty accessing services from 5% to 9%.

<sup>18</sup> Per-question results and statistical significance reporting: See Appendix C [Figure 16](#).

**Basic Information:** Youth were again more likely to report difficulty accessing basic information about puberty, sex, or pregnancy compared to past surveys. Youth aged 12-13 were most likely to report challenges getting this information ( $p < 0.05$ ). Because basic information can be considered universally applicable, “I never needed it” was not included as an option for this question.

Figure 15. Percentage of youth reporting difficulty with access significantly increased for 3 topics

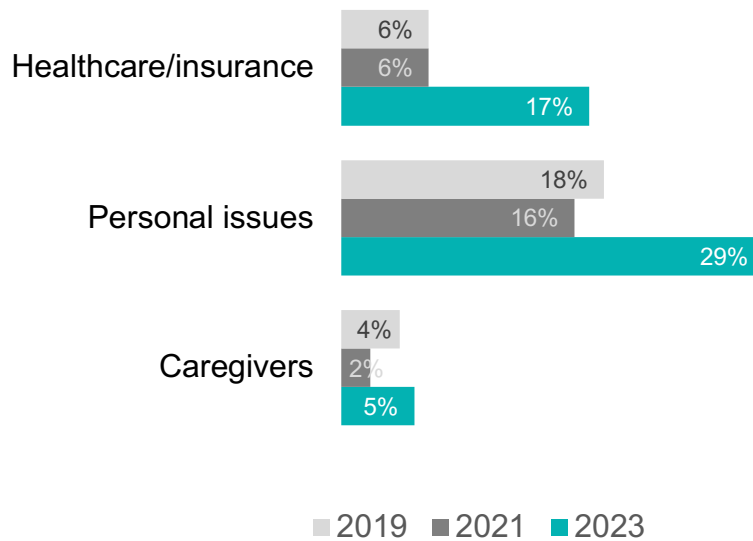


### 3.2 Barriers to Accessing Information & Services

When asked what makes it hard to access reproductive health information or services, 57% of youth reported one or more barriers. The questions covered three categories: Personal Barriers, such as not feeling comfortable talking with adults; Healthcare/Insurance Barriers, such as not having insurance; and Caregiver (caregiver/STRTP/group home) Barriers, such as a caregiver not allowing youth to go get services or information. Personal barriers were the most frequently reported barriers, followed by healthcare and insurance, and lastly, barriers related to caregivers. The most commonly endorsed barrier across all categories was “uncomfortable talking about sex and reproductive healthcare with adults.” The next most cited barrier was not knowing who to ask for information or where to find information online, categorized as a personal barrier. The third most cited barrier was not finding a healthcare provider with whom they felt comfortable. The chart below summarizes the findings by category across years.

Across survey years, personal reasons were the most commonly endorsed barriers to accessing SRH information and services; healthcare/insurance barriers had the greatest increase compared to previous years.

Figure 16. Percentage of youth endorsing barriers by SRH topic area by year



**Healthcare/Insurance Barriers:** In 2023, youth were 3.8 times more likely to report not having insurance or knowing how they would pay for care (11.7% in 2023 vs. 3.1% in 2019 and 1% in 2021,  $p < 0.01$ ). Older youth aged 17-20 were more likely to cite not having insurance or not knowing how to pay as a barrier (17%) compared to 14-16-year-olds (3%) and 12-13-year-olds (7%).

Youth were also more likely to report not being able to go to a healthcare provider they felt comfortable with compared to previous years (22% 2023 vs. 9.2% in 2019 and 11% in 2021,  $p < 0.01$ ). Female-identifying youth were more likely to cite not finding a health provider with whom they felt comfortable (24%) compared to male-identifying youth (16%), but this finding was not statistically significant.

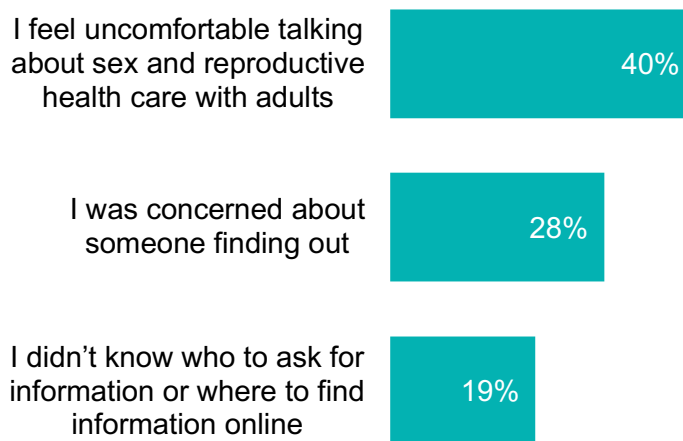
**Personal Barriers:** Youth reported not knowing who to ask for SRH information (or where to find information online) at nearly triple the rate of 2019 (28% in 2023 vs. 9% in 2019 and 1% in 2021,  $p < 0.01$ ). Female-identifying youth were significantly more likely than male-identifying youth to say they didn't know who to ask for information or where to find information online (28% vs 21%,  $p < 0.05$ ).

Similarly, youth were almost three times as likely to say they were “concerned about someone finding out (that they were getting SRH care or information)” than in 2019 (19% in 2023 vs. 7% in 2019 and 9% in 2021,  $p < 0.01$ ). Youth who identified as Latina/Latino and those who identified as white were more likely to cite concern about someone finding out as a barrier (22% and 27%) compared to youth who identified as Black (10%), but this was not statistically significant.

Feeling uncomfortable talking about sex with adults was slightly higher (40%) in 2023 than in 2021 (37%) or 2019 (38%), and this small increase was statistically significant ( $p < 0.01$ ). Perhaps not surprisingly, the youngest youth were more likely to cite discomfort speaking with an adult about SRH as a barrier (43%), compared to youth aged 14-16 (30%) and youth aged 17-20 (39%).

In 2023, race was not associated with discomfort talking about SRH topics with adults; that is a change from 2019 when Black and Latina/Latino-identifying youth were more likely to report discomfort. Slightly more youth who identified as LGBTQ+ cited discomfort talking about sex with adults as a barrier compared to youth who identified as straight/heterosexual (43% to 34%). Youth who identified as nonbinary, gender fluid, genderqueer, or other were more likely to cite discomfort talking about sex with adults (60%) compared to female and male-identified youth (38% and 32%). These findings were not statistically significant.

Figure 17. Personal barriers: percentage youth endorsing personal barriers questions



**Caregiver Barriers:** Youth reported caregivers, homes, or short-term residential treatment programs (STRTP) “not letting them go” to access SRH care more in 2023 (5% in 2023 vs. 3% in 2019 and 2% in 2021,  $p < 0.05$ ), and there was a slight increase in youth who did not want to tell their caregiver who did not know their sexual orientation (7% in 2023 vs. 5% in 2019 and 4% in 2021,  $p < 0.05$ ).

**Non-Statistically Significant Results:** There were no statistically significant differences between 2023 and the average of 2019 and 2021 for caregivers refusing to provide

transportation (5% in 2019, 2% in 2021, 6% in 2023) or caregivers not allowing people to have birth control (3% in 2019, 2% in 2021, 5% in 2023).

### 3.3 Social Workers Helping Youth Overcome Barriers

In 2023, a new question, “Did your social worker do anything to help you overcome any of these things?” was added to the barriers section. More than one in four youth who reported at least one barrier said that their social worker had done something to help them overcome.

Many of the youth (62%) who said that their social worker had done something to overcome a barrier provided an open-ended comment. Some examples include:

*“Social worker is nice and shows up for me.”*

*“Helped with being queer.”*

*“Casual talks.”*

The youth who said the social worker did not help them overcome barriers or could not remember if the social worker helped were less likely to provide comments, but the comments fell into two categories indicating that either the social worker a) just didn’t talk with them or b) the social worker did talk with them, but it was not informative nor helpful. Some comments include:

*“Doesn’t really talk to me about these things.”*

*“The talks aren’t really informative.”*

*“Group home is more helpful than social worker.”*

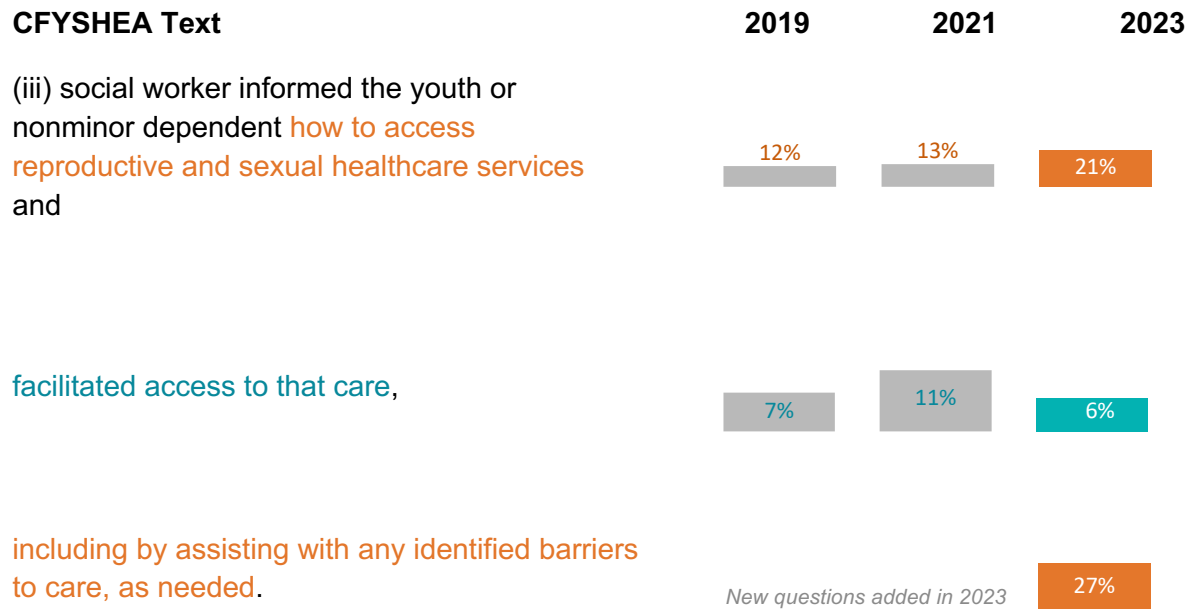
For more information on comments, see Appendix B. *Social Worker Help With Barriers – Qualitative.*

## 4. Findings in Context of CFYSHEA (2017) Text

Finally, to clearly place the findings in the context of the legislation that prompted these surveys, the table below lists the text of the 2017 CFYSHEA legislation on the left and findings on the right to show the progress in each area since 2019.

CFYSHEA Text	2019	2021	2023
(i) social worker informed the youth or nonminor dependent that they may access age-appropriate, medically accurate information about reproductive and sexual healthcare, including, but not limited to,	23%	31%	57%
unplanned pregnancy prevention,	14%	15%	30%
abstinence, use of birth control,	24%	42%	37%
abortion,	12%	14%	19%
and the prevention and treatment of sexually transmitted infections.	21%	35%	30%
(ii) social worker informed the youth or nonminor dependent, in an age- and developmentally appropriate manner of their right to consent to sexual and reproductive health services	22%	27%	60%
and their confidentiality rights regarding those services.	25%	25%	64%





Two additional pieces of CFYSHEA text are not included in the table above since the survey did not ask questions directly relevant to their mandate. These are related to:

- 1) Requiring social workers to ensure youth receive sex education in middle or high school – either at school or in the community. While this survey does ask about sex education information received, we cannot speak to whether this requirement is being met.
- 2) Requiring training for social workers and caregivers to help them feel empowered to answer questions and direct young people to resources. Though we did ask about sources of information, we cannot speak to the training component

## Limitations

This study has several limitations, some of which were also present in 2019 and 2021. First, the validity of the estimates of whether social workers had conversations on various topics of interest depends on youth accurately remembering the occurrence, timing, and content of those conversations. Given the limits of human memory, the results are likely to underestimate the percentage of youth who actually had conversations about specific topics. That said, the accuracy of the number may be less important than youth perceptions; youth are unlikely to benefit from a conversation they do not remember having. Thus, youth reports may best represent the actual impact, rather than incidence, of SRH conversations with social workers.

Second, the sensitive nature of the survey topics may have induced some social desirability or reporting bias in some youth. This is consistent with the finding in 2023 that 40% of youth reported feeling uncomfortable talking to adults about SRH. This bias may be more likely in the in-person responses, though it is not possible to determine this from the data.

In addition, though efforts were made to ensure the representativeness of the sample, the small sample size of Los Angeles foster youth makes it difficult to draw conclusions with statistical significance about the entire population or to make comparisons between subgroups. For example, for many of the odds ratio analyses, some subgroups with small numbers of participants (e.g., non-binary gender identity) had to be excluded from the comparison because the analysis could not be performed with such small numbers.

Finally, the language used in the survey questions may have been interpreted differently by youth and researchers due to generational and experiential differences. Researchers have incorporated feedback from the 2019 and 2021 surveys to address this issue as much as possible, but unknown differences may still exist.

Despite these limitations, this study provides valuable data that can contribute to policymakers' and researchers' understanding of SRH information and support among Los Angeles youth in foster care. As California legislators and advocates for youth in foster care seek to monitor the impact of CFYSHEA on improved SRH outcomes, this study offers insights into future research needs and strategies.

## Summary and Key Findings

The Reproductive Health Equity Project for Foster Youth (RHEP) surveyed Los Angeles County youth in foster care both to fill a gap in the research literature on how youth in foster care receive sexual and reproductive health (SRH) information and services and to estimate child welfare workers' roles in providing SRH information and services. The survey sample generally matched the demographics of Los Angeles youth in care, with the exception of fewer 12-13-year-olds, fewer Latina/Latino-identified respondents, and more female-identified youth. This year, in an improvement from previous years, youth who identified as Black were fully represented in the survey sample.

The study sheds light on the implementation of California's Foster Youth Sexual Health Education Act (CFYSHEA), which passed in 2017. CFYSHEA requires that social workers in California's child welfare systems inform youth about their rights to care and how to access that care, engage in age-appropriate and developmentally appropriate conversations annually, and facilitate access to care when youth request help to obtain care. To support social workers in fulfilling these responsibilities, the law also mandates that they undergo training in how to support the healthy sexual development of youth. This study assessed youth perspectives on their interactions with social workers and other sources of SRH information and services, key mechanisms for realizing the goals of CFYSHEA. In addition, the study examined whether youth's experiences varied with their age, race and ethnicity, gender identity, or sexual orientation. Key findings follow:

### **The percentage of social workers who address sexual and reproductive health development topics with youth has increased significantly over the last six years in Los Angeles.**

Over three quarters (76%) of youth reported their social worker talked to them about at least one SRH topic in the previous 12 months, a significant increase from previous years (45% in 2019 and 56% in 2021). The survey asked whether certain topics were addressed: for all but birth control and STIs, the percentage of youth who reported their worker spoke to them on a particular topic increased significantly compared to previous years.

CFYSHEA specifically requires that each year, social workers speak with youth aged 10 and older about their rights to (a) age-appropriate SRH information when they want it, (b) consent and how to access SRH services, and (c) confidentiality regarding SRH information and services. The percentage of youth reporting that their social worker spoke with them about these topics increased significantly in 2023 compared to previous years, with particularly strong gains in youth reporting that their social worker talked to them about their rights to privacy and to access SRH care and information.

These are very promising results and continue to trend in the right direction. That said, the percentage of youth reporting such conversations is not yet 100% as required by CFYSHEA, suggesting that continued efforts to support implementation are important.

**The percentage of younger youth reporting such conversations is growing, but younger youth are still less likely than older youth to report having conversations with their social workers about required topics.**

While CFYSHEA requires that social workers begin to have these conversations with youth starting at age 10, as in previous years, younger youth (12-13 years old) were less likely to report that their social worker had conversations with them on all topics than older youth (14-20 years old). In 2023, 67% of younger youth (12-13 years old) reported that their social worker talked to them about at least one SRH topic compared to 78% of 14–16-year-olds and 79% of 17–21-year-olds. The reasons for these differences by age are unknown but may include social workers' varying perceptions of youth readiness and/or interest in discussing SRH topics or their feeling unprepared or uncomfortable discussing SRH development with younger youth.

That said, the percentage of younger youth reporting conversations on SRH topics with their social worker has increased dramatically since the previous 2021 survey. In 2023, 43% of younger youth (12-13 years old) reported that their social worker spoke to them about their right to have their questions answered and get SRH information from a reliable source, compared to just 18% of younger youth in 2021. In 2023, 33% of younger youth (12-13 years old) reported that their social worker spoke to them about their rights to SRH health care, compared to just 9% of younger youth reporting the same in 2021.

These improvements suggest that the work undertaken in Los Angeles County to support the implementation of CFYSHEA has prepared social workers to engage in these conversations with younger youth. Nevertheless, it is clear that there continues to be an opportunity to partner with social workers to understand the barriers they may feel to engaging with the youngest youth on healthy sexual development.

**There were limited differences in the percentage of youth reporting conversations with their social workers based on race and ethnicity, gender identity, and sexual orientation.**

White-identifying youth were more likely to report conversations on most topics compared to Black and Latina/Latino-identifying youth. Still, those findings were not significant when controlling for differences in sample size. Female-identifying youth were more likely to report these conversations compared to other genders for all topics and statistically more likely to report conversations about birth control and pregnancy services. Previous studies found statistically significant differences based on identified race, gender, and sexual orientation in responses to

certain questions. It is worth exploring whether the difference in the 2023 survey results represents a difference in experiences or whether it is an artifact of sample size.

### **The number of youth reporting barriers to SRH care is increasing.**

Reported barriers to accessing SRH services and information have increased significantly compared to previous years; 57% of youth reported one or more barriers to accessing information and services in 2023. While still relatively small, the percentage of youth who reported a barrier accessing STI/STD services more than doubled from 4% to 10% comparing combined 2019/2021 results to 2023, and the percentage of youth who reported difficulty accessing birth control almost doubled from 5% to 9%. This dramatic increase is worth exploring in conversation with young people.

### **The most frequently cited barriers were discomfort speaking to adults about SRH and confusion about where to find information and have grown over time; concerns about health insurance have become a more significant barrier to SRH care for older youth.**

Feeling uncomfortable talking about sex with adults was the most frequently cited barrier to information and services. Perhaps not surprisingly, the youngest youth were more likely to cite discomfort speaking with an adult about SRH as a barrier (43%), compared to youth aged 14-16 (30%) and youth aged 17-20 (39%). In 2023, youth were also almost three times as likely to say they were “concerned about someone finding out (that they were getting SRH care or information)” than in 2019 (19% in 2023 vs. 7% in 2019 and 9% in 2021).

Youth reported not knowing who to ask for SRH information or where to find information online at nearly triple the rate in 2023 compared to 2019 (28% compared to 9%). Female-identifying youth were significantly more likely than male-identifying youth to say they didn’t know who to ask for information or where to find information online (28% vs 21%). The growing number of youth reporting that they do not know where to find reliable information is noteworthy. As more youth turn to online resources, this suggests an area of possible focus. It is also important to consider the opportunity to ensure that youth know about other sources of information, such as schools and healthcare providers.

In 2023, youth were 3.8 times more likely to report not having insurance or not knowing how they would pay for care (11.7% in 2023 vs. 3.1% in 2019 and 1% in 2021). Older youth aged 17-20 were more likely to cite not having insurance or not knowing how to pay as a barrier (17%) compared to 14-16-year-olds (3%) and 12-13-year-olds (7%). While the percentage of youth reporting concerns about insurance is still relatively small, the significant increase in 2023 is worthy of further action and investigation. The results suggest an opportunity to ensure all youth, and especially older youth, understand the health insurance programs available in California that

provide free sexual and reproductive health services. However, the results may also suggest that youth are facing barriers accessing care through these programs, and this should be explored.

### **Social workers can play an important role in addressing barriers to SRH care and information.**

More than 1 in 4 youth said their social worker had done something to help them overcome at least one of the barriers they faced.

Comments from youth provide insight into what works on the ground in day-to-day interactions between social workers and youth. Comments from youth who reported their social workers were not helpful indicate that either the conversations did not happen or were not informative, suggesting that content is important. Therefore, not providing “accurate information” seems to be a conversation stopper. That said, youth who felt their social workers helped them overcome barriers said their social workers not only provided information but also were open, helped them feel comfortable and were willing to talk and listen to them about the subjects they were interested in. It may be that the delivery and process of engaging in an SRH conversation is as important as the content. CFYSHEA requires that social workers engage youth in “developmentally appropriate” and “age appropriate” ways. While these terms don’t fully capture all the processes that make up effective, empathic conversations, they certainly are necessary ingredients for adults to have helpful interactions with youth and suggest continued training, as required by CFYSHEA, and continued support for social workers is important.

### **Schools play an important role in sharing medically accurate SRH information with youth.**

Most youth (61%) reported having received information on SRH topics such as birth control, condoms, sexually transmitted infection treatment, or pregnancy from school in the previous 12 months. School was the most cited resource for all ages except for youth aged 17-20. Younger youth and Latina/Latino-identifying youth were significantly more likely to endorse school as a source of information compared to older youth and other race/ethnicities. This highlights the important role that school-based comprehensive sexual health education plays. This is particularly important given the growing number of youth who report confusion about where to find reliable information.

### **Healthcare providers are a growing but underutilized source of medically accurate SRH information and support.**

Youth reported getting SRH information from healthcare professionals at statistically higher rates than in previous years (61% in 2023 compared to 30% in 2021). While an improvement, younger youth (12-13 years old) are still less likely to report receiving SRH information from healthcare providers than older youth (37% of 12–13-year-olds compared to 54% of 14-16-year-olds). Over

90% of white-identifying youth reported healthcare providers as a source compared to 50% of Latina/Latino, 57% of Black, and 52% of those who identified as other or “multiple” races.

Notably, a not insignificant percentage of youth do not feel comfortable talking to their provider about SRH topics. About 20% of youth reported that not being able to go to a healthcare provider with whom they felt comfortable was a barrier to SRH information and care. This number did not vary significantly based on age, gender, sexual orientation, or race/ethnic identity.

California’s Medicaid program, Medi-Cal, has adopted the American Academy of Pediatrics guidelines for child and adolescent health care, Bright Futures [39]. For adolescents, these guidelines note that developmentally appropriate SRH care requires appointments that offer sufficient time and privacy for youth and healthcare providers to ask and answer each other’s questions. These results suggest an opportunity to partner with healthcare professionals to ensure there are ample opportunities to develop relationships and create space for these important conversations and to ensure professionals know how to offer information in a culturally congruent and trauma-informed way.

## Conclusion

Previous research suggests that disproportionately poor health outcomes and limited access to or use of health care services often result from an intersection of barriers at different levels that compound and impede individuals' agency and ownership of their own health. Previous research has suggested a number of possible social determinants of health that have contributed to disproportionately poor SRH outcomes for youth in foster care. These include but are not limited to, a lack of explicit support from the adults responsible for youth in foster care, limited access to sexual health information and education, implicit and explicit bias in the child welfare and healthcare systems, confidentiality and stigma concerns, as well as scheduling, financial, and transportation barriers. Since the passage of California's Foster Youth Sexual Health Education Act in 2017, there have been dramatic increases in social worker engagement and support related to the healthy sexual development of youth in Los Angeles County, reflected in youth reporting conversations about SRH topics with their social workers and that their social workers helped them overcome a barrier to care or information. There also were gains in youth reporting that other trusted adults (healthcare providers, foster caregivers) provided them with SRH information.

In a previous study in California, child welfare professionals identified multiple barriers that prevented them from engaging in meaningful conversations with young people about reproductive health, including lack of training, not prioritizing such conversations, lack of comfort, conflicting beliefs about the role of the social worker, and conflicting personal values. Given this, it is not surprising that in 2019, a small percentage of youth reported having had such conversations with their social worker. CFYSHEA was intended to address some of the workers' concerns. Still, with this context, it is also not surprising that six years after the passage of CFYSHEA, the percentage of youth reporting worker conversations is not yet 100%, and younger youth are still less likely to report such conversations. It may speak to the complexity of changing deeply rooted attitudes, beliefs, and practices.

These improvements in adult support are particularly important given that more youth reported barriers to SRH services and information in 2023 than in 2019. Given the number of barriers to care that youth face, as identified in previous studies and in this study, it would not be surprising that while more conversations are happening and more support is being offered, this has not immediately resulted in more youth getting the SRH services and information they want. Nevertheless, the results are promising and suggest that focused support can make an impact. The detailed results also suggest ways to target and finetune support to increase access to care. And the consistently increasing trend to more support and conversation suggests more willingness on behalf of systems to engage with and/or around ways to support access to SRH health for youth in care. Additional studies are needed to track ongoing progress on supports and their impact on outcomes.



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## Appendix A: Detailed Methodology

### Survey Design

Research Questions:

1. What are youth perceptions of social worker engagement in context of SB-89 (2017) implementation?
2. Where do youth in foster care get their information about sexual and reproductive health?
3. What barriers to sexual and reproductive health education do youth perceive?

### Statistical Analysis Detail

We did not have access to the data for the 2019 and 2021 surveys, so were not able to compute the total variance.

### Year-over-Year Comparisons:

We used the following statistical analysis to determine statistical significance:

1. To identify whether 2023 was significantly different from previous years, we compared it to the average of 2019 and 2021 by calculating the probability for two-tailed Student's t-distribution with a given input (x), using the T.DIST.2T(X, Degrees of Freedom) function in Google Sheets.
  - a.  $X = \frac{ABS(P_{2023} - AVERAGE(P_{2019}, P_{2021}))}{(STDEV(P_{2019}, P_{2021}) / SQRT(S_{2019} + S_{2021}))}$  where **P** = The percentage of "Yes" responses. **S** = number of samples
    - i. **Absolute Value of Difference** = '2023 Average' – 'Average of 2019 & 2021'
    - ii. **Standard Deviation**: = SD of 2019 and 2021 values
    - iii. **Sample size** = sum of sample sizes for 2019 and 2021).
  - b. **Degrees of Freedom**: ( 'Sample Size 2019' + 'Sample Size 2021' ) – 1

Items were considered statistically significant if they had a T-Test (two-tailed) P values of less than .05. All items had skew less than  $\pm 2$ , and Kurtosis less than  $\pm 7$ .

### Adjusting for Demographic Differences Between Years:

To adjust for differences in demographics between years, we estimated the percentage of responses in each demographic subgroup for 2023, and multiplied that by the average percentage of respondents in each demographic category for 2019 and 2021.

1. **P<sub>Subgroup\_2023</sub> = Percent "Yes" per Subgroup**: We took the percentage of "Yes" responses for each question in 2023, broken out by every demographic variable (except for sexual orientation) (e.g. P<sub>Age(12-13)</sub>, P<sub>Age(14-16)</sub>, P<sub>Race(Asian)</sub>, etc.)
2. **D = Adjusted Demographic Proportion**: We took the average percentage of the sample for each demographic variable from 2019 and 2021.

- a. **For example:**  $D_{\text{Age}(12-13)} = \text{AVERAGE}(\%_{\text{Age}(12-13)}_{2019}, \%_{\text{Age}(12-13)}_{2021})$
3. **C = Demographically Adjusted Variables:** The Percent “Yes” per Subgroup multiplied by the Adjusted Demographic Proportion for each subgroup (i.e.  $C_{\text{Age}}, C_{\text{Language}}, C_{\text{Race}}, C_{\text{Gender}}$ ).
- a. e.g.  $C_{\text{Age}} = (P_{\text{Age}(12-13)} * D_{\text{Age}(12-13)}) + (P_{\text{Age}(14-16)} * D_{\text{Age}(14-16)}) + (P_{\text{Age}(17-20)} * D_{\text{Age}(17-20)})$
4.  **$P_{\text{Adjusted}} = P$  Adjusted for demographic differences.** i.e.  $\text{AVERAGE}(C_{\text{Age}}, C_{\text{Language}}, C_{\text{Race}}, C_{\text{Gender}})$

The results adjusted for demographic differences were between -1.85 percentage points (minimum) and 1.16 percentage points (maximum) of the unadjusted results (average: -0.34).

We ran the same T-Test used in the Year-over-Year Comparisons for every  $P_{\text{Adjusted}}$  value, and there was no change to significance except for one item that was statistically significant before adjusting for demographics (T-Test (two-tailed)  $p = .044$ ) but not afterward (T-Test (two-tailed)  $p = .065$ ): “My caregiver doesn’t know my sexual orientation, and I don’t want to tell them.” This was due to a 0.2% decrease in the percentage of respondents who said “Yes” to this item (from 6.6% to 6.41%) when adjusted to match demographics from 2019-2021.

## Appendix B. Social Worker Help With Barriers – Qualitative Analysis

**Figure 1.** “Yes” Responses (42 total). Comments on 62%:

Comment bucket	Comment Category	#
Talked about (n=13)	Gives information <b>in response to questions</b>	5
	Provided <b>pamphlets</b> (n=3) – Even when youth hasn’t requested info (n=1)	3
	<b>Informative</b> talks on it <sup>19</sup>	3
	<b>Recommendations</b> and talks	1
	<b>Casual</b> talks	1
Specific topics talked about (n=5)	General basics	2
	Knowledge about birth control to help bad menstrual cramps	1
	STI/STD testing	1
	Not letting people violate their private areas	1
Specific outcome (n=2)	Helped me be <b>more comfortable</b> talking about it.	2
Positive feedback (n=2)	Social worker is nice and shows up for [me]	1
	Social worker is open and is okay with talking to me about [SRH topics]	1
Helped with (n=2)	Helped access to condoms	1
	Helped with being queer.	1
Misc. comments (n=2)	Never needed it because I'm young <sup>20</sup>	2
	Talks to me about this stuff and brings me papers and has me sign stuff	1
Active help (n=1)	taken her to get birth control	1
Unclear whether active or informational (n=1)	proactive about condoms	1

**Figure 2.** “I don’t remember” responses (7 total): Comments on 14%

Comment bucket	Comment Category	#
Misc (n=1)	Doesn't really talk to me about these things	1

<sup>19</sup> Example of a comment that tells a story in this category: “Every visit is informational, I have not asked for more info but [the social worker] would definitely help me if I had questions.”

<sup>20</sup> Example of comment that tells a story: “[The] social worker is helpful and would answer questions, but I never really needed it because I’m young.”



**Figure 3. “No” Responses (112 total): Comments on 13%**

<i>Comment bucket</i>	<i>Comment Category</i>	<i>#</i>
Misc (n=4)	Social worker has never talked about SRH	3
	Group home is more helpful than social worker	1
Because...(n=3)	the talks aren't really informative	2
	[Not in past year]: [previous] social worker when [respondent] was a minor would be more informative and push abstinence.	1
Why not...(n=3)	because I already knew about it	2
	because it was not needed	1
No active help...(n=1)	Never took me to my appointments	1
POSSIBLY MEANT “YES” ...(n=1)	Very thorough	1

## Appendix C. Detailed Result Tables

### Demographics by Year

Figure 4. Demographics Detail by year: Age

Age	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 V	'21 V	'23 V	DCFS V	Difference from All LA Youth in care, age 12-20	Difference minichart '19 '21 '23
<b>12-13 years</b>	24.1% (123 of 511)	20.2% (25 of 124)	17.8% (30 of 169)	25.6% (n=2782)	█	█	█	█	-2%, -5%, -8%	█ █ █
<b>14-16 years</b>	42.5% (217 of 511)	33.1% (41 of 124)	37.9% (64 of 169)	37.9% (n=4125)	█	█	█	█	+5%, -5%, -0%	█ █ █
<b>17-20 years</b>	33.5% (171 of 511)	46.8% (58 of 124)	44.4% (75 of 169)	36.5% (n=3964)	█	█	█	█	-3%, +10%, +8%	█ █ █
<b>Grand Total</b>	100.0% (n=511)	100.0% (n=124)	100.0% (n=169)	100.0% (n=10871)	█	█	█	█	+0%, +0%, +0%	

**Figure 5. Demographics Detail by year: Language**

Language	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 v	'21 v	'23 v
<b>English</b>	92.6% (474 of 512)		89.3% (151 of 169)	.	█		█
<b>English &amp; Spanish</b>	3.3% (17 of 515)		3.6% (6 of 169)	.	—		—
<b>Spanish</b>	3.9% (20 of 513)		4.1% (7 of 169)	.	—		—
<b>null</b>			3.0% (5 of 169)	.			—
<b>Cantonese</b>	0.2% (1 of 500)				—		
<b>Grand Total</b>	100.0% (512 of 512)		100.0% (169 of 169)	.	█		█

• Language wasn't reported in the 2021 report, so no statistical comparisons can be made between 2019-2021 and 2023.

• There was no population-level data for the preferred languages spoken by youth in foster care in Los Angeles county between the ages of 12-20.

Figure 6. Demographic Detail by year: Race/ Ethnicity

Race/ Ethnicity	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 V	'21 V	'23 V	DCFS V	Difference from All LA Youth in care, age 12-20	Difference minichart '19 '21 '23
<b>African-American or Black</b>	16.8% (86 of 513)	16.1% (20 of 124)	25.0% (42 of 168)	24.0%	█	█	█	█	-8%, -9%, +0%	█ █ —
<b>Arab or Middle Eastern</b>	0.4% (2 of 513)			.	—				+0%, +0%, +0%	—
<b>Asian</b>	0.6% (3 of 513)		1.2% (2 of 168)	2.2%	—		—		+1%, +0%, +1%	— —
<b>Latina or Latino</b>	58.5% (300 of 513)	55.6% (69 of 124)	52.4% (88 of 168)	60.6%	█	█	█	█	-0%, -3%, -6%	— █ █
<b>Native American, American Indian, Alaskan Native, or Native Hawaiian</b>			1.8% (3 of 168)	.			—		+0%, +0%, +2%	— █
<b>Pacific Islander</b>	0.2% (1 of 513)			.	—				+0%, +0%, +0%	—
<b>White or Caucasian</b>	3.3% (17 of 513)	7.3% (9 of 124)	6.5% (11 of 168)	10.4%	█	█	█	█	-7%, -4%, -4%	█ █ █
<b>Other</b>	1.0% (5 of 513)	0.8% (1 of 124)	0.6% (1 of 168)		█	█	█	█		
<b>Multiple races reported</b>	16.6% (85 of 513)	12.9% (16 of 124)	8.9% (15 of 168)	.	█	█	█		n/a	n/a
<b>Skip</b>			3.0% (5 of 168)	.			—		+0%, +0%, +3%	— █
<b>Unknown</b>	2.7% (14 of 513)	7.3% (9 of 124)	0.6% (1 of 168)	.	█	█	█		+3%, +7%, +1%	█ █ —
<b>Grand Total</b>	100.0% (513 of 513)	100.0% (124 of 124)	100.0% (168 of 168)	100.0%	█	█	█	█	+0%, +0%, +0%	—

Figure 7. Demographics Detail by year: Gender Identity

Gender Identity	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 V	'21 V	'23 V	DCFS V	Significance vs. avg. of 2019 & 2021
<b>Female</b>	55.4% (283 of 511)	53.3% (64 of 120)	60.1% (101 of 168)	49.60%					Sig. more than avg. of 2019 & 2021: (60% vs. 54%) t-test (two-tailed) p<0.01
<b>Male</b>	43.6% (223 of 511)	43.3% (52 of 120)	37.5% (63 of 168)	50.40%					Sig. less than avg. of 2019 & 2021: (38% vs. 43%) t-test (two-tailed) p<0.01
<b>Nonbinary, gender fluid, gender nonconforming, or gender queer</b>	1.0% (5 of 500)	0.8% (1 of 125)	2.4% (4 of 168)	0.00%					Sig. more than avg. of 2019 & 2021: (2% vs. 1%) t-test (two-tailed) p<0.01

Figure 8. Demographics Detail by year: Sexual Orientation (Raw Data)

Sexual Orientation (raw data)	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 v	'21 v	'23 v	Significance vs. avg. of 2019 & 2021
<b>Asexual</b>	0.2% (1 of 512)		1.2% (2 of 168)	.	█		█	.
<b>Bisexual</b>	7.6% (39 of 512)	10.7% (13 of 122)	11.3% (19 of 168)	.	█	█	█	.
<b>Gay</b>	1.2% (6 of 512)	0.8% (1 of 122)	2.4% (4 of 168)	.	█	█	█	Sig. more than avg. of 2019 & 2021: (2% vs. 1%) t-test (two-tailed) p<0.01
<b>Straight (heterosexual)</b>	85.0% (435 of 512)	82.0% (100 of 122)	78.0% (131 of 168)	.	█	█	█	Sig. less than avg. of 2019 & 2021: (78% vs. 84%) t-test (two-tailed) p=0.01
<b>Lesbian</b>	1.4% (7 of 512)	.	1.8% (3 of 168)	.	█		█	.
<b>Pansexual</b>	0.8% (4 of 512)	.	1.2% (2 of 168)	.	█		█	.
<b>Queer</b>			0.6% (1 of 168)	.			█	.
<b>Questioning or unsure</b>	1.2% (6 of 512)	0.8% (1 of 122)	1.2% (2 of 168)	.	█	█	█	.
<b>Multiple (more than one category)</b>	0.2% (1 of 512)	2.5% (3 of 122)	1.2% (2 of 168)	.	█	█	█	.
<b>Does not identify with any</b>	0.2% (1 of 512)	.	.	.	█			.
<b>Prefer not to say</b>	2.3% (12 of 512)	3.3% (4 of 122)	1.2% (2 of 168)	.	█	█	█	Sig. less than avg. of 2019 & 2021: (1% vs. 3%) t-test (two-tailed) p=0.04
<b>Grand Total</b>	100.1% (n=512)	100.1% (n=122)	100.0% (n=168)	.	█	█	█	.

**Figure 9. Demographics Detail by year: Sexual Orientation (Binned)**

Sexual Orientation (binned)	2019	2021	2023	All Los Angeles Youth in Foster Care, age 12-20	'19 V	'21 V	'23 V	DCFS V	Significance vs. avg. of 2019 & 2021
<b>Bisexual, Gay, Lesbian, Pansexual, Queer, Multiple (more than one category)</b>	11.1% (57 of 512)	13.9% (n=17)	18.5% (n=31)	.					Sig. more than avg. of 2019 & 2021: (18% vs. 13%) t-test (two-tailed) p<0.01
<b>Straight (heterosexual)</b>	85.0% (435 of 512)	82.0% (100 of 122)	78.0% (131 of 168)	.					Sig. less than avg. of 2019 & 2021: (78% vs. 83%) t-test (two-tailed) p=0.01
<b>Does not identify with any, Asexual, Questioning or unsure</b>	1.6% (8 of 512)	0.8% (1 of 122)	2.4% (4 of 168)	.					
<b>Prefer not to say</b>	2.3% (12 of 512)	3.3% (4 of 122)	1.2% (2 of 168)	.					Sig. less than avg. of 2019 & 2021: (1% vs. 3%) t-test (two-tailed) p=0.03

## Findings by demographics

**Figure 10. Findings Detail by age**

p-value indicates whether there are statistically significant differences in the responses across groups, controlling for other variables

QUESTIONS Response=Yes unless indicated otherwise	12-13 yrs		14-16 yrs		17-20 yrs		ALL		
	n=30	%	n=64	%	n=75	%	n=169	%	p-value
<b>1.0 Social worker engagement OVERALL</b>									
Talked about any sexual & reproductive health topic (including relationships and rights)	20	66.7%	50	78.1%	59	78.7%	129	76.3%	0.38
<b>1.1 Social Worker Talking About Sexual Health Topics</b>									
<i>Has your social worker talked with you about...</i>									
Whether you have any questions or want any information about puberty, sex, or sexual and reproductive health	9	30.0%	33	51.6%	38	50.7%	80	47.3%	0.7
Your right to get sexual and reproductive health care when you want it	10	33.3%	39	60.9%	45	60.0%	94	55.6%	<0.05

QUESTIONS Response=Yes unless indicated otherwise	12-13 yrs		14-16 yrs		17-20 yrs		ALL		
	n=30	%	n=64	%	n=75	%	n=169	%	p-value
Your right to confidentiality/privacy about your sexual and reproductive health	16	53.3%	39	60.9%	50	66.7%	105	62.1%	0.49
Your right to have questions answered and get info from a reliable source	13	43.3%	33	51.6%	47	62.7%	93	55.0%	0.46
How to know when you are ready to have sex	4	13.3%	22	34.4%	34	45.3%	60	35.5%	0.2
How to know if a relationship is healthy	8	26.7%	31	48.4%	37	49.3%	76	45.0%	0.56
How to handle pressure to have sex	6	20.0%	21	32.8%	28	37.3%	55	32.5%	0.83
Birth control (other than condoms)	4	13.3%	28	43.8%	35	46.7%	67	39.6%	<0.05
Condoms	1	3.3%	27	42.2%	27	36.0%	55	32.5%	<0.005
STDs/STIs (sexually transmitted diseases and infections)	1	3.3%	22	34.4%	25	33.3%	48	28.4%	<0.01
Unplanned pregnancy	2	6.7%	22	34.4%	25	33.3%	49	29.0%	<0.05
Abortion	2	6.7%	14	21.9%	15	20.0%	31	18.3%	0.08
Other topics?	1	3.3%	1	1.6%	1	1.3%	3	1.8%	n/a
<b>1.2 Social worker talked about how to access services</b>									
<i>Has your social worker talked about how you/your partner can access these services or information?</i>									
Birth control (other than condoms)	1	3.3%	17	26.6%	27	36.0%	45	26.6%	<0.05
Condoms	1	3.3%	20	31.3%	23	30.7%	44	26.0%	<0.05
STD/STI testing or treatment	1	3.3%	17	26.6%	19	25.3%	37	21.9%	<0.05
Unplanned pregnancies (added in 2023)	1	3.3%	13	20.3%	20	26.7%	34	20.1%	0.06
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	2	6.7%	13	20.3%	17	22.7%	32	18.9%	0.11
Abortion	1	3.3%	6	9.4%	6	8.0%	13	7.7%	0.32
<b>1.3 Social worker helped access services</b>									
<i>In the past 12 months, your social worker helped you or your partner access:</i>									
Birth control (other than condoms)	0	0.0%	3	4.7%	9	12.0%	12	7.1%	0.99
Never needed	20	66.7%	34	53.1%	30	40.0%	84	49.7%	n/a
Proportion of those who needed who reported help	0	0.0%	3	10.0%	9	20.0%	12	14.1%	n/a
Condoms	0	0.0%	3	4.7%	5	6.7%	8	4.7%	0.99
Never needed	19	63.3%	36	56.3%	24	32.0%	79	46.7%	n/a
Proportion of those who needed who reported help	0	0.0%	3	10.7%	5	9.8%	8	8.9%	n/a



QUESTIONS Response=Yes unless indicated otherwise	12-13 yrs		14-16 yrs		17-20 yrs		ALL		
	n=30	%	n=64	%	n=75	%	n=169	%	p-value
STD/STI testing or treatment	0	0.0%	1	1.6%	5	6.7%	6	3.6%	0.99
Never needed	21	70.0%	41	64.1%	30	40.0%	92	54.4%	n/a
Proportion of those who needed who reported help	0	0.0%	1	4.3%	5	11.1%	6	7.8%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	0	0.0%	4	6.3%	8	10.7%	12	7.1%	0.99
Never needed	20	66.7%	45	70.3%	31	41.3%	96	56.8%	n/a
Proportion of those who needed who reported help	0	0.0%	4	21.1%	8	18.2%	12	16.4%	n/a
<b>1.4 Social worker helped address barriers to service</b>									
Social workers helped address barriers listed by youth	5	16.7%	19	29.7%	17	22.7%	41	24.3%	0.14
Never needed any help for addressing barriers	15	50.0%	26	40.6%	11	14.7%	52	30.8%	n/a
Proportion of those who needed who reported help	5	33.3%	19	50.0%	17	26.6%	41	51.3%	0.64
<b>2.1 Where you get information about sexual &amp; reproductive health</b>									
<i>Have you received information on birth control, condoms, sexually transmitted disease or infection treatment, or pregnancy from these sources in the past year?</i>									
Received from any of the sources listed below	23	76.7%	58	90.6%	69	92.0%	150	88.8%	
Health care providers	11	36.7%	34	53.1%	49	65.3%	94	55.6%	0.08
School	14	46.7%	45	70.3%	44	58.7%	103	60.9%	0.09
Caregivers	7	23.3%	17	26.6%	26	34.7%	50	29.6%	<0.01
Family (parents or relatives)	8	26.7%	22	34.4%	27	36.0%	57	33.7%	0.69
Friends/Peers	7	23.3%	19	29.7%	29	38.7%	55	32.5%	0.84
<b>3. Barriers to SRH education and services</b>									
<i>In the past 12 months, has it ever been difficult for you to access to any of these resources?</i>									
Birth control (other than condoms)	1	3.3%	3	4.7%	4	5.3%	8	4.7%	0.76
Never needed	20	66.7%	34	53.1%	30	40.0%	84	49.7%	n/a
Proportion of those who needed who reported difficulties	1	10.0%	3	10.0%	4	8.9%	8	9.4%	n/a
Condoms	0	0.0%	3	4.7%	1	1.3%	4	2.4%	0.99
Never needed	19	63.3%	36	56.3%	24	32.0%	79	46.7%	n/a
Proportion of those who needed who reported difficulties	0	0.0%	3	10.7%	1	2.0%	4	4.4%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	0	0.0%	0	0.0%	4	5.3%	4	2.4%	0.99
Never needed	20	66.7%	45	70.3%	31	41.3%	96	56.8%	n/a

QUESTIONS Response=Yes unless indicated otherwise	12-13 yrs		14-16 yrs		17-20 yrs		ALL		
	n=30	%	n=64	%	n=75	%	n=169	%	p-value
Proportion of those who needed who reported difficulties	0	0.0%	0	0.0%	4	9.1%	4	5.5%	n/a
STD/STI testing or treatment	3	10.0%	1	1.6%	3	4.0%	7	4.1%	0.1
Never needed	21	70.0%	41	64.1%	30	40.0%	92	54.4%	n/a
Proportion of those who needed who reported difficulties	3	33.3%	1	4.3%	3	6.7%	7	9.1%	n/a
Unplanned pregnancies & next steps	0	0.0%	0	0.0%	6	8.0%	6	3.6%	0.99
Never needed	20	66.7%	38	59.4%	25	33.3%	83	49.1%	n/a
Proportion of those who needed who reported difficulties	0	0.0%	0	0.0%	6	12.0%	6	7.0%	n/a
Information on healthy relationships	6	20.0%	6	9.4%	12	16.0%	24	14.2%	0.16
Basic information about puberty, sex, or pregnancy	6	20.0%	2	3.1%	6	8.0%	14	8.3%	<0.05
<b>3.2 Reasons for difficulty accessing services</b>									
<i>What makes it hard for you to get health care or information about sex?</i>									
My caregiver/home/STRTP refused to provide transportation to get resources or services	0	0.0%	3	4.7%	6	8.0%	9	5.3%	0.7
I feel uncomfortable talking about sex and reproductive health care with adults	13	43.3%	19	29.7%	29	38.7%	61	36.1%	0.2
My caregiver doesn't know my sexual orientation and I don't want to tell them	1	3.3%	3	4.7%	6	8.0%	10	5.9%	0.99
My group caregiver/home/STRTP wouldn't let me go	1	3.3%	1	1.6%	5	6.7%	7	4.1%	0.96
My group caregiver/home/STRTP doesn't allow people to have birth control	0	0.0%	2	3.1%	3	4.0%	5	3.0%	0.96
I was not able to go to a health care provider I feel comfortable with	6	20.0%	12	18.8%	16	21.3%	34	20.1%	0.89
I was concerned about someone finding out	5	16.7%	10	15.6%	14	18.7%	29	17.2%	0.64
I didn't know who to ask for information or where to find information online	6	20.0%	17	26.6%	20	26.7%	43	25.4%	0.29
I don't have insurance or don't know how I would pay for it	2	6.7%	2	3.1%	13	17.3%	17	10.1%	0.4
<b>2.2 What Has Been The Most Helpful For You In Getting Sexual And Reproductive Health Care Or Information About Sexual And Reproductive Health</b>									
Note that some selected more than one									
The internet	3	10.0%	13	20.3%	19	25.3%	35	20.7%	n/a
School / Health class	4	13.3%	16	25.0%	7	9.3%	27	16.0%	n/a
Medical professionals	3	10.0%	5	7.8%	11	14.7%	19	11.2%	n/a
Social Worker	0	0.0%	2	3.1%	12	16.0%	14	8.3%	n/a

QUESTIONS Response=Yes unless indicated otherwise	12-13 yrs		14-16 yrs		17-20 yrs		ALL		
	n=30	%	n=64	%	n=75	%	n=169	%	p-value
Caregivers/Group Home/ STRTP	2	6.7%	5	7.8%	7	9.3%	14	8.3%	n/a
Family	3	10.0%	5	7.8%	4	5.3%	12	7.1%	n/a
Friends / relationships / word of mouth	2	6.7%	4	6.3%	2	2.7%	8	4.7%	n/a
Therapist	0	0.0%	4	6.3%	1	1.3%	5	3.0%	n/a
Self	0	0.0%	3	4.7%	3	4.0%	6	3.6%	n/a
Planned parenthood / other programs	0	0.0%	0	0.0%	3	4.0%	3	1.8%	n/a
Media	1	3.3%	0	0.0%	0	0.0%	1	0.6%	n/a
Attorney	0	0.0%	0	0.0%	1	1.3%	1	0.6%	n/a
None	14	46.7%	14	21.9%	10	13.3%	38	22.5%	n/a

**Figure 11. Findings Detail by gender identity**

p-value indicates whether there are statistically significant differences in the responses across groups, controlling for other variables

QUESTIONS Response=Yes unless indicated otherwise	Female		Male		Nonbinary, gender fluid, gender nonconfirming, gender queer, skip		ALL		
	n=101	%	n=63	%	n=5	%	n=169	%	p-value
<b>1.0 Social worker engagement OVERALL</b>									
Talked about any sexual & reproductive health topic (including relationships and rights)	80	79.2%	46	73.0%	3	60.0%	129	76.3%	0.89
<b>1.1 Social Worker Talking About Sexual Health Topics</b>									
<i>Has your social worker talked with you about...</i>									
Whether you have any questions or want any information about puberty, sex, or sexual and reproductive health	51	50.5%	27	42.9%	2	40.0%	80	47.3%	0.52
Your right to get sexual and reproductive health care when you want it	61	60.4%	31	49.2%	2	40.0%	94	55.6%	0.16
Your right to confidentiality/privacy about your sexual and reproductive health	67	66.3%	35	55.6%	2	40.0%	104	61.5%	0.17
Your right to have questions answered and get info from a reliable source	61	60.4%	30	47.6%	2	40.0%	93	55.0%	0.11

QUESTIONS Response=Yes unless indicated otherwise	Female		Male		Nonbinary, gender fluid, gender nonconfirming, gender queer, skip		ALL		
	n=101	%	n=63	%	n=5	%	n=169	%	p-value
How to know when you are ready to have sex	37	36.6%	21	33.3%	2	40.0%	60	35.5%	0.65
How to know if a relationship is healthy	48	47.5%	26	41.3%	2	40.0%	76	45.0%	0.34
How to handle pressure to have sex	33	32.7%	20	31.7%	2	40.0%	55	32.5%	0.61
Birth control (other than condoms)	51	50.5%	15	23.8%	1	20.0%	67	39.6%	<0.001
Condoms	36	35.6%	18	28.6%	1	20.0%	55	32.5%	0.35
STDs/STIs (sexually transmitted diseases and infections)	32	31.7%	15	23.8%	1	20.0%	48	28.4%	0.28
Unplanned pregnancy	36	35.6%	12	19.0%	1	20.0%	49	29.0%	<0.05
Abortion	24	23.8%	6	9.5%	1	20.0%	31	18.3%	<0.05
Other topics?	3	3.0%	0	0.0%	0	0.0%	3	1.8%	n/a
<b>1.2 Social worker talked about how to access services</b>									
<i>Has your social worker talked about how you/your partner can access these services or information?</i>									
Birth control (other than condoms)	35	34.7%	9	14.3%	1	20.0%	45	26.6%	<0.01
Condoms	27	26.7%	16	25.4%	1	20.0%	44	26.0%	0.85
STD/STI testing or treatment	26	25.7%	10	15.9%	1	20.0%	37	21.9%	0.14
Unplanned pregnancies (added in 2023)	24	23.8%	9	14.3%	1	20.0%	34	20.1%	0.15
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	24	23.8%	7	11.1%	1	20.0%	32	18.9%	<0.05
Abortion	8	7.9%	4	6.3%	1	20.0%	13	7.7%	0.71
<b>1.3 Social worker helped access services</b>									
<i>In the past 12 months, your social worker helped you or your partner access:</i>									
Birth control (other than condoms)	10	9.9%	2	3.2%	0	0.0%	12	7.1%	0.13
Never needed	48	47.5%	35	55.6%	1	20.0%	84	49.7%	n/a
Proportion of those who needed who reported help	10	18.9%	2	7.1%	0	0.0%	12	14.1%	n/a
Condoms	4	4.0%	4	6.3%	0	0.0%	8	4.7%	0.49
Never needed	54	53.5%	24	38.1%	1	20.0%	79	46.7%	n/a
Proportion of those who needed who reported help	4	8.5%	4	10.3%	0	0.0%	8	8.9%	n/a
STD/STI testing or treatment	4	4.0%	2	3.2%	0	0.0%	6	3.6%	0.79
Never needed	56	55.4%	36	57.1%	0	0.0%	92	54.4%	n/a

QUESTIONS	Female		Male		Nonbinary, gender fluid, gender nonconfirming, gender queer, skip		ALL		
	n=101	%	n=63	%	n=5	%	n=169	%	p-value
Response=Yes unless indicated otherwise									
Proportion of those who needed who reported help	4	8.9%	2	7.4%	0	0.0%	6	7.8%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	7	6.9%	4	6.3%	1	20.0%	12	7.1%	0.88
Never needed	55	54.5%	39	61.9%	1	20.0%	95	56.2%	n/a
Proportion of those who needed who reported help	7	15.2%	4	16.7%	1	25.0%	12	16.2%	n/a
<b>1.4 Social worker helped address barriers to service</b>									
Social workers helped address barriers listed by youth	31	30.7%	10	15.9%	1	20.0%	42	24.9%	<0.05
Never needed any help for addressing barriers	37	36.6%	20	31.7%	0	0.0%	57	33.7%	n/a
Proportion of those who needed who reported help	31	33.0%	10	66.7%	1	33.3%	42	45.7%	0.37
<b>2.1 Where you get information about sexual &amp; reproductive health</b>									
<i>Have you received information on birth control, condoms, sexually transmitted disease or infection treatment, or pregnancy from these sources in the past year?</i>									
Received from any of the sources listed below	91	90.1%	54	85.7%	5	100.0%	150	88.8%	
Health care providers	62	61.4%	29	46.0%	3	60.0%	94	55.6%	0.36
School	62	61.4%	39	61.9%	2	40.0%	103	60.9%	0.07
Caregivers	35	34.7%	15	23.8%	0	0.0%	50	29.6%	0.84
Family (parents or relatives)	37	36.6%	17	27.0%	3	60.0%	57	33.7%	0.7
Friends/Peers	35	34.7%	19	30.2%	1	20.0%	55	32.5%	0.16
<b>3. Barriers to SRH education and services</b>									
<i>In the past 12 months, has it ever been difficult for you to access to any of these resources?</i>									
Birth control (other than condoms)	6	5.9%	2	3.2%	0	0.0%	8	4.7%	0.43
Never needed	48	47.5%	35	55.6%	1	20.0%	84	49.7%	n/a
Proportion of those who needed who reported difficulties	6	11.3%	2	7.1%	0	0.0%	8	9.4%	n/a
Condoms	2	2.0%	2	3.2%	0	0.0%	4	2.4%	0.63
Never needed	54	53.5%	24	38.1%	1	20.0%	79	46.7%	n/a
Proportion of those who needed who reported difficulties	2	4.3%	2	5.1%	0	0.0%	4	4.4%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	2	2.0%	2	3.2%	0	0.0%	4	2.4%	0.63
Never needed	55	54.5%	39	61.9%	1	20.0%	95	56.2%	n/a

QUESTIONS	Female		Male		Nonbinary, gender fluid, gender nonconfirming, gender queer, skip		ALL		
	n=101	%	n=63	%	n=5	%	n=169	%	p-value
Response=Yes unless indicated otherwise									
Proportion of those who needed who reported difficulties	2	4.3%	2	8.3%	0	0.0%	4	5.4%	n/a
STD/STI testing or treatment	4	4.0%	3	4.8%	0	0.0%	7	4.1%	0.81
Never needed	56	55.4%	36	57.1%	0	0.0%	92	54.4%	n/a
Proportion of those who needed who reported difficulties	4	8.9%	3	11.1%	0	0.0%	7	9.1%	n/a
Unplanned pregnancies & next steps	4	4.0%	2	3.2%	0	0.0%	6	3.6%	0.79
Never needed	48	47.5%	34	54.0%	1	20.0%	83	49.1%	n/a
Proportion of those who needed who reported difficulties	4	7.5%	2	6.9%	0	0.0%	6	7.0%	n/a
Information on healthy relationships	16	15.8%	8	12.7%	0	0.0%	24	14.2%	0.58
Basic information about puberty, sex, or pregnancy	10	9.9%	4	6.3%	0	0.0%	14	8.3%	0.43
<b>3.2 Reasons for difficulty accessing services</b>									
<i>What makes it hard for you to get health care or information about sex?</i>									
My caregiver/home/STRTP refused to provide transportation to get resources or services	7	6.9%	2	3.2%	0	0.0%	9	5.3%	0.12
I feel uncomfortable talking about sex and reproductive health care with adults	38	37.6%	20	31.7%	3	60.0%	61	36.1%	0.44
My caregiver doesn't know my sexual orientation and I don't want to tell them	7	6.9%	3	4.8%	0	0.0%	10	5.9%	0.23
My group caregiver/home/STRTP wouldn't let me go	4	4.0%	3	4.8%	0	0.0%	7	4.1%	0.59
My group caregiver/home/STRTP doesn't allow people to have birth control	5	5.0%	0	0.0%	0	0.0%	5	3.0%	0.94
I was not able to go to a healthcare provider I feel comfortable with	24	23.8%	10	15.9%	0	0.0%	34	20.1%	0.35
I was concerned about someone finding out	19	18.8%	10	15.9%	0	0.0%	29	17.2%	0.63
I didn't know who to ask for information or where to find information online	29	28.7%	13	20.6%	1	20.0%	43	25.4%	<0.05
I don't have insurance or don't know how I would pay for it	13	12.9%	4	6.3%	0	0.0%	17	10.1%	0.42
<b>2.2 What Has Been The Most Helpful For You In Getting Sexual And Reproductive Health Care Or Information About Sexual And Reproductive Health</b>									

QUESTIONS Response=Yes unless indicated otherwise	Female n=101		Male n=63		Nonbinary, gender fluid, gender nonconfirming, gender queer, skip n=5		ALL n=169		p-value
		%		%		%		%	
<i>Note that some selected more than one</i>									
The internet	18	17.8%	14	22.2%	2	40.0%	34	20.1%	n/a
School / Health class	17	16.8%	9	14.3%	0	0.0%	26	15.4%	n/a
Medical professionals	13	12.9%	5	7.9%	1	20.0%	19	11.2%	n/a
Social Worker	9	8.9%	5	7.9%	0	0.0%	14	8.3%	n/a
Caregivers/Group Home/ STRTP	9	8.9%	5	7.9%	0	0.0%	14	8.3%	n/a
Family	6	5.9%	6	9.5%	0	0.0%	12	7.1%	n/a
Friends / relationships / word of mouth	4	4.0%	4	6.3%	0	0.0%	8	4.7%	n/a
Therapist	4	4.0%	1	1.6%	0	0.0%	5	3.0%	n/a
Self	4	4.0%	2	3.2%	0	0.0%	6	3.6%	n/a
Planned parenthood / other programs	2	2.0%	1	1.6%	0	0.0%	3	1.8%	n/a
Media	1	1.0%	0	0.0%	0	0.0%	1	0.6%	n/a
Attorney	0	0.0%	1	1.6%	0	0.0%	1	0.6%	n/a
None	20	19.8%	16	25.4%	2	40.0%	38	22.5%	n/a

**Figure 12. Findings Detail by sexual orientation**

p-value indicates whether there are statistically significant differences in the responses across groups, controlling for other variables

QUESTIONS Response=Yes unless indicated otherwise	Heterosexual n=131		LGBTQ+ n=35		Prefer not to say n=3		ALL n=169		p-value
		%		%		%		%	
<b>1.0 Social worker engagement OVERALL</b>									
Talked about any sexual & reproductive health topic (including relationships and rights)	100	76.3%	26	74.3%	3	100.0%	129	76.3%	0.77
<b>1.1 Social Worker Talking About Sexual Health Topics</b>									
<i>Has your social worker talked with you about...</i>									
Whether you have any questions or want any information about puberty, sex, or sexual and reproductive health	60	45.8%	18	51.4%	2	66.7%	80	47.3%	0.72

QUESTIONS Response=Yes unless indicated otherwise	Heterosexual		LGBTQ+		Prefer not to say		ALL		p-value
	n=131	%	n=35	%	n=3	%	n=169	%	
Your right to get sexual and reproductive health care when you want it	69	52.7%	22	62.9%	3	100.0%	94	55.6%	0.99
Your right to confidentiality/privacy about your sexual and reproductive health	78	59.5%	24	68.6%	3	100.0%	105	62.1%	0.99
Your right to have questions answered and get info from a reliable source	68	51.9%	22	62.9%	3	100.0%	93	55.0%	0.98
How to know when you are ready to have sex	49	37.4%	9	25.7%	2	66.7%	60	35.5%	0.55
How to know if a relationship is healthy	61	46.6%	13	37.1%	2	66.7%	76	45.0%	0.63
How to handle pressure to have sex	43	32.8%	11	31.4%	1	33.3%	55	32.5%	0.59
Birth control (other than condoms)	52	39.7%	14	40.0%	1	33.3%	67	39.6%	0.33
Condoms	44	33.6%	10	28.6%	1	33.3%	55	32.5%	0.12
STDs/STIs (sexually transmitted diseases and infections)	37	28.2%	10	28.6%	1	33.3%	48	28.4%	0.12
Unplanned pregnancy	37	28.2%	12	34.3%	0	0.0%	49	29.0%	0.67
Abortion	23	17.6%	8	22.9%	0	0.0%	31	18.3%	0.28
Other topics?	1	0.8%	2	5.7%	0	0.0%	3	1.8%	n/a
<b>1.2 Social worker talked about how to access services</b>									
<i>Has your social worker talked about how you/your partner can access these services or information?</i>									
Birth control (other than condoms)	35	26.7%	10	28.6%	0	0.0%	45	26.6%	0.73
Condoms	34	26.0%	9	25.7%	1	33.3%	44	26.0%	0.09
STD/STI testing or treatment	29	22.1%	8	22.9%	0	0.0%	37	21.9%	0.28
Unplanned pregnancies (added in 2023)	28	21.4%	6	17.1%	0	0.0%	34	20.1%	0.14
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	25	19.1%	7	20.0%	0	0.0%	32	18.9%	0.2
Abortion	9	6.9%	4	11.4%	0	0.0%	13	7.7%	<0.05
<b>1.3 Social worker helped access services</b>									
<i>In the past 12 months, your social worker helped you or your partner access:</i>									
Birth control (other than condoms)	10	7.6%	1	2.9%	0	0.0%	11	6.5%	0.17
Never needed	62	47.3%	19	54.3%	3	100.0%	84	49.7%	n/a
Proportion of those who needed who reported help	10	14.5%	1	6.3%	0	0.0%	11	12.9%	n/a



QUESTIONS Response=Yes unless indicated otherwise	Heterosexual		LGBTQ+		Prefer not to say		ALL		p-value
	n=131	%	n=35	%	n=3	%	n=169	%	
Condoms	6	4.6%	1	2.9%	1	33.3%	8	4.7%	0.17
Never needed	57	43.5%	20	57.1%	2	66.7%	79	46.7%	n/a
Proportion of those who needed who reported help	6	8.1%	1	6.7%	1	100.0%	8	8.9%	n/a
STD/STI testing or treatment	5	3.8%	1	2.9%	0	0.0%	6	3.6%	0.99
Never needed	71	54.2%	19	54.3%	2	66.7%	92	54.4%	n/a
Proportion of those who needed who reported help	5	8.3%	1	6.3%	0	0.0%	6	7.8%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	11	8.4%	1	2.9%	0	0.0%	12	7.1%	0.99
Never needed	75	57.3%	18	51.4%	3	100.0%	96	56.8%	n/a
Proportion of those who needed who reported help	11	19.6%	1	5.9%	0	0.0%	12	16.4%	n/a
<b>1.4 Social worker helped address barriers to service</b>									
Social workers helped address barriers listed by youth	31	23.7%	11	31.4%	0	0.0%	42	24.9%	0.56
Never needed any help for addressing barriers	41	31.3%	10	28.6%	2	66.7%	53	31.4%	n/a
Proportion of those who needed who reported help	31	34.4%	11	44.0%	0	0.0%	42	40.4%	0.95
<b>2.1 Where you get information about sexual &amp; reproductive health</b>									
<i>Have you received information on birth control, condoms, sexually transmitted disease or infection treatment, or pregnancy from these sources in the past year?</i>									
Received from any of the sources listed below	116	88.5%	31	88.6%	3	100.0%	150	88.8%	
Health care providers	72	55.0%	20	57.1%	2	66.7%	94	55.6%	0.33
School	78	59.5%	24	68.6%	1	33.3%	103	60.9%	0.42
Caregivers	40	30.5%	8	22.9%	2	66.7%	50	29.6%	0.77
Family (parents or relatives)	49	37.4%	8	22.9%	0	0.0%	57	33.7%	0.56
Friends/Peers	4	3.1%	13	37.1%	1	33.3%	18	10.7%	0.48
<b>3. Barriers to SRH education and services</b>									
<i>In the past 12 months, has it ever been difficult for you to access to any of these resources?</i>									
Birth control (other than condoms)	5	3.8%	3	8.6%	0	0.0%	8	4.7%	0.99
Never needed	62	47.3%	19	54.3%	3	100.0%	84	49.7%	n/a
Proportion of those who needed who reported difficulties	5	7.2%	3	18.8%	0	0.0%	8	9.4%	n/a
Condoms	4	3.1%	0	0.0%	0	0.0%	4	2.4%	0.99

QUESTIONS Response=Yes unless indicated otherwise	Heterosexual		LGBTQ+		Prefer not to say		ALL		p-value
	n=131	%	n=35	%	n=3	%	n=169	%	
Never needed	57	43.5%	20	57.1%	2	66.7%	79	46.7%	n/a
Proportion of those who needed who reported difficulties	4	5.4%	0	0.0%	0	0.0%	4	4.4%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	4	3.1%	0	0.0%	0	0.0%	4	2.4%	0.99
Never needed	75	57.3%	18	51.4%	3	100.0%	96	56.8%	n/a
Proportion of those who needed who reported difficulties	4	7.1%	0	0.0%	0	0.0%	4	5.5%	n/a
STD/STI testing or treatment	6	4.6%	1	2.9%	0	0.0%	7	4.1%	0.1
Never needed	71	54.2%	19	54.3%	2	66.7%	92	54.4%	n/a
Proportion of those who needed who reported difficulties	6	10.0%	1	6.3%	0	0.0%	7	9.1%	n/a
Unplanned pregnancies & next steps	6	4.6%	0	0.0%	0	0.0%	6	3.6%	0.99
Never needed	64	48.9%	16	45.7%	3	100.0%	83	49.1%	n/a
Proportion of those who needed who reported difficulties	6	9.0%	0	0.0%	0	0.0%	6	7.0%	n/a
Information on healthy relationships	19	14.5%	5	14.3%	0	0.0%	24	14.2%	0.99
Basic information about puberty, sex, or pregnancy	13	9.9%	1	2.9%	0	0.0%	14	8.3%	0.99
<b>3.2 Reasons for difficulty accessing services</b>									
<i>What makes it hard for you to get health care or information about sex?</i>									
My caregiver/home/STRTP refused to provide transportation to get resources or services	6	4.6%	3	8.6%	0	0.0%	9	5.3%	0.99
I feel uncomfortable talking about sex and reproductive health care with adults	45	34.4%	15	42.9%	1	33.3%	61	36.1%	0.92
My caregiver doesn't know my sexual orientation and I don't want to tell them	5	3.8%	4	11.4%	1	33.3%	10	5.9%	0.99
My group caregiver/home/STRTP wouldn't let me go	4	3.1%	3	8.6%	0	0.0%	7	4.1%	0.99
My group caregiver/home/STRTP doesn't allow people to have birth control	5	3.8%	0	0.0%	0	0.0%	5	3.0%	0.99
I was not able to go to a healthcare provider I feel comfortable with	25	19.1%	8	22.9%	1	33.3%	34	20.1%	0.95
I was concerned about someone finding out	23	17.6%	6	17.1%	0	0.0%	29	17.2%	0.14

QUESTIONS Response=Yes unless indicated otherwise	Heterosexual		LGBTQ+		Prefer not to say		ALL		p-value
	n=131	%	n=35	%	n=3	%	n=169	%	
I didn't know who to ask for information or where to find information online	32	24.4%	10	28.6%	1	33.3%	43	25.4%	0.42
I don't have insurance or don't know how I would pay for it	13	9.9%	4	11.4%	0	0.0%	17	10.1%	0.99
<b>2.2 What Has Been The Most Helpful For You In Getting Sexual And Reproductive Health Care Or Information About Sexual And Reproductive Health</b>									
<i>Note that some selected more than one</i>									
The internet	24	18.3%	11	31.4%	0	0.0%	35	20.7%	n/a
School / Health class	16	12.2%	3	8.6%	0	0.0%	19	11.2%	n/a
Medical professionals	15	11.5%	4	11.4%	0	0.0%	19	11.2%	n/a
Social Worker	12	9.2%	1	2.9%	1	33.3%	14	8.3%	n/a
Caregivers/Group Home/ STRTP	13	9.9%	1	2.9%	0	0.0%	14	8.3%	n/a
Family	10	7.6%	1	2.9%	1	33.3%	12	7.1%	n/a
Friends / relationships / word of mouth	8	6.1%	1	2.9%	0	0.0%	9	5.3%	n/a
Therapist	5	3.8%	0	0.0%	0	0.0%	5	3.0%	n/a
Self	4	3.1%	2	5.7%	0	0.0%	6	3.6%	n/a
Planned parenthood / other programs	2	1.5%	1	2.9%	0	0.0%	3	1.8%	n/a
Media	0	0.0%	0	0.0%	1	33.3%	1	0.6%	n/a
Attorney	1	0.8%	0	0.0%	0	0.0%	1	0.6%	n/a
None	31	23.7%	7	20.0%	0	0.0%	38	22.5%	n/a

**Figure 13. Findings Detail by racial/ethnic identity**

For the purposes of the statistical analysis, the responses from youth who identify as Asian, Native American/American Indian/Alaskan Native/Native Hawaiian, multiple races, other races, or skipped the question were all grouped into one demographic group. The p-values below are based on that model, but the groups are separated out for the purpose of the descriptive statistics.

QUESTIONS Response=Yes unless indicated otherwise	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		p-value
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	
<b>1.0 Social worker engagement OVERALL</b>															

QUESTIONS	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		p-value
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	
Talked about any sexual & reproductive health topic (including relationships and rights)	27	64.3%	2	100.0%	73	83.0%	3	100.0%	14	60.9%	10	90.9%	129	76.3%	0.78
<b>1.1 Social Worker Talking About Sexual Health Topics</b>															
<i>Has your social worker talked with you about...</i>															
Whether you have any questions or want any information about puberty, sex, or sexual and reproductive health	13	31.0%	2	100.0%	88	100.0%	3	100.0%	23	100.0%	11	100.0%	140	82.8%	0.69
Your right to get sexual and reproductive health care when you want it	19	45.2%	2	100.0%	51	58.0%	3	100.0%	11	47.8%	8	72.7%	94	55.6%	0.18
Your right to confidentiality/privacy about your sexual and reproductive health	21	50.0%	2	100.0%	58	65.9%	3	100.0%	13	56.5%	8	72.7%	105	62.1%	0.08
Your right to have questions answered and get info from a reliable source	18	42.9%	2	100.0%	51	58.0%	2	66.7%	11	47.8%	9	81.8%	93	55.0%	0.11
How to know when you are ready to have sex	13	31.0%	1	50.0%	36	40.9%	2	66.7%	5	21.7%	3	27.3%	60	35.5%	0.62
How to know if a relationship is healthy	17	40.5%	1	50.0%	48	54.5%	2	66.7%	6	26.1%	2	18.2%	76	45.0%	0.92
How to handle pressure to have sex	14	33.3%	1	50.0%	30	34.1%	2	66.7%	4	17.4%	4	36.4%	55	32.5%	0.69
Birth control (other than condoms)	14	33.3%	2	100.0%	40	45.5%	2	66.7%	5	21.7%	4	36.4%	67	39.6%	0.19
Condoms	14	33.3%	2	100.0%	30	34.1%	1	33.3%	4	17.4%	3	27.3%	54	32.0%	0.93
STDs/STIs (sexually transmitted diseases and infections)	12	28.6%	2	100.0%	25	28.4%	1	33.3%	6	26.1%	2	18.2%	48	28.4%	0.98
Unplanned pregnancy	9	21.4%	2	100.0%	27	30.7%	1	33.3%	8	34.8%	2	18.2%	49	29.0%	0.27
Abortion	7	16.7%	1	50.0%	17	19.3%	0	0.0%	4	17.4%	2	18.2%	31	18.3%	0.72
Other topics?	1	2.4%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	2	18.2%	4	2.4%	n/a
<b>1.2 Social worker talked about how to access services</b>															
<i>Has your social worker talked about how you/your partner can access these services or information?</i>															
Birth control (other than condoms)	9	21.4%	1	50.0%	28	31.8%	0	0.0%	3	13.0%	4	18.2%	12	7.1%	0.22
Condoms	11	26.2%	1	50.0%	24	27.3%	0	0.0%	5	21.7%	3	27.3%	44	26.0%	0.89
STD/STI testing or treatment	10	23.8%	1	50.0%	20	22.7%	0	0.0%	4	17.4%	2	18.2%	37	21.9%	0.89
Unplanned pregnancies (added in 2023)	7	16.7%	1	50.0%	21	23.9%	0	0.0%	3	13.0%	2	18.2%	34	20.1%	0.35

QUESTIONS	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		p-value
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	6	14.3%	0	0.0%	20	22.7%	0	0.0%	4	17.4%	2	18.2%	32	18.9%	0.26
Abortion	4	9.5%	1	50.0%	4	4.5%	0	0.0%	2	8.7%	2	18.2%	13	7.7%	0.28
<b>1.3 Social worker helped access services</b>															
<i>In the past 12 months, your social worker helped you or your partner access:</i>															
Birth control (other than condoms)	5	11.9%	0	0.0%	5	5.7%	0	0.0%	0	0.0%	2	18.2%	12	7.1%	0.22
Never needed	19	45.2%	1	50.0%	41	46.6%	3	100.0%	14	60.9%	6	54.5%	84	49.7%	n/a
Proportion of those who needed who reported help	5	21.7%	0	0.0%	5	10.6%	0	0.0%	0	0.0%	2	40.0%	12	14.1%	n/a
Condoms	4	9.5%	0	0.0%	4	4.5%	0	0.0%	0	0.0%	0	0.0%	8	4.7%	0.28
Never needed	17	40.5%	1	50.0%	42	47.7%	3	100.0%	10	43.5%	6	54.5%	79	46.7%	n/a
Proportion of those who needed who reported help	4	16.0%	0	0.0%	4	8.7%	0	0.0%	0	0.0%	0	0.0%	8	8.9%	n/a
STD/STI testing or treatment	1	2.4%	0	0.0%	4	4.5%	0	0.0%	0	0.0%	1	9.1%	6	3.6%	0.55
Never needed	22	52.4%	1	50.0%	46	52.3%	3	100.0%	12	52.2%	8	72.7%	92	54.4%	n/a
Proportion of those who needed who reported help	1	5.0%	0	0.0%	4	9.5%	0	0.0%	0	0.0%	1	33.3%	6	7.8%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	3	7.1%	1	50.0%	6	6.8%	0	0.0%	1	4.3%	1	9.1%	12	7.1%	0.94
Never needed	23	54.8%	1	50.0%	49	55.7%	3	100.0%	13	56.5%	7	63.6%	96	56.8%	n/a
Proportion of those who needed who reported help	3	15.8%	1	100.0%	6	15.4%	0	0.0%	1	10.0%	1	25.0%	12	16.4%	n/a
<b>1.4 Social worker helped address barriers to service</b>															
Social workers helped address barriers listed by youth	10	23.8%	1	50.0%	24	27.3%	1	33.3%	4	17.4%	2	18.2%	42	24.9%	0.67
Never needed any help for addressing barriers	12	28.6%	1	50.0%	28	31.8%	3	100.0%	9	39.1%	4	36.4%	57	33.7%	n/a
Proportion of those who needed who reported help	10	33.3%	1	100.0%	24	40.0%	1	0.0%	4	28.6%	2	28.6%	42	37.5%	0.49
<b>2.1 Where you get information about sexual &amp; reproductive health</b>															
<i>Have you received information on birth control, condoms, sexually transmitted disease or infection treatment, or pregnancy from these sources in the past year?</i>															
Received from any of the sources listed below	41	97.6%	2	100.0%	73	83.0%	3	100.0%	21	91.3%	10	90.9%	150	88.8%	

QUESTIONS	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		p-value
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	
Health care providers	24	57.1%	1	50.0%	44	50.0%	3	100.0%	12	52.2%	10	90.9%	94	55.6%	0.82
School	22	52.4%	2	100.0%	55	62.5%	0	0.0%	15	65.2%	9	81.8%	103	60.9%	0.18
Caregivers	11	26.2%	1	50.0%	27	30.7%	2	66.7%	7	30.4%	2	18.2%	50	29.6%	0.38
Family (parents or relatives)	17	40.5%	2	100.0%	27	30.7%	2	66.7%	5	21.7%	4	36.4%	57	33.7%	0.1
Friends/Peers	15	35.7%	1	50.0%	27	30.7%	0	0.0%	7	30.4%	5	45.5%	55	32.5%	<0.05
<b>3. Barriers to SRH education and services</b>															
<i>In the past 12 months, has it ever been difficult for you to access to any of these resources?</i>															
Birth control (other than condoms)	3	7.1%	0	0.0%	2	2.3%	0	0.0%	1	4.3%	2	18.2%	8	4.7%	0.2
Never needed	19	45.2%	1	50.0%	41	46.6%	3	100.0%	14	60.9%	6	54.5%	84	49.7%	n/a
Proportion of those who needed who reported difficulties	3	13.0%	0	0.0%	2	4.3%	0	0.0%	1	11.1%	2	40.0%	8	9.4%	n/a
Condoms	1	2.4%	0	0.0%	3	3.4%	0	0.0%	0	0.0%	0	0.0%	4	2.4%	0.75
Never needed	17	40.5%	1	50.0%	42	47.7%	3	100.0%	10	43.5%	6	54.5%	79	46.7%	n/a
Proportion of those who needed who reported difficulties	1	4.0%	0	0.0%	3	6.5%	0	0.0%	0	0.0%	0	0.0%	4	4.4%	n/a
Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)	1	2.4%	0	0.0%	3	3.4%	0	0.0%	0	0.0%	0	0.0%	4	2.4%	0.75
Never needed	23	54.8%	1	50.0%	49	55.7%	3	100.0%	13	56.5%	7	63.6%	96	56.8%	n/a
Proportion of those who needed who reported difficulties	1	5.3%	0	0.0%	3	7.7%	0	0.0%	0	0.0%	0	0.0%	4	5.5%	n/a
STD/STI testing or treatment	2	4.8%	0	0.0%	5	5.7%	0	0.0%	0	0.0%	0	0.0%	7	4.1%	0.82
Never needed	22	52.4%	1	50.0%	46	52.3%	3	100.0%	12	52.2%	8	72.7%	92	54.4%	n/a
Proportion of those who needed who reported difficulties	2	10.0%	0	0.0%	5	11.9%	0	0.0%	0	0.0%	0	0.0%	7	9.1%	n/a
Unplanned pregnancies & next steps	1	2.4%	0	0.0%	5	5.7%	0	0.0%	0	0.0%	0	0.0%	6	3.6%	0.42
Never needed	22	52.4%	1	50.0%	39	44.3%	3	100.0%	13	56.5%	5	45.5%	83	49.1%	n/a
Proportion of those who needed who reported difficulties	1	5.0%	0	0.0%	5	10.2%	0	0.0%	0	0.0%	0	0.0%	6	7.0%	n/a
Information on healthy relationships	7	16.7%	0	0.0%	11	12.5%	0	0.0%	3	13.0%	3	27.3%	24	14.2%	0.52
Basic information about puberty, sex, or pregnancy	3	7.1%	0	0.0%	9	10.2%	0	0.0%	1	4.3%	1	9.1%	14	8.3%	0.57
<b>3.2 Reasons for difficulty accessing services</b>															

QUESTIONS	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		p-value
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	
<i>What makes it hard for you to get health care or information about sex?</i>															
My caregiver/home/STRTP refused to provide transportation to get resources or services	3	7.1%	0	0.0%	3	3.4%	0	0.0%	2	8.7%	1	9.1%	9	5.3%	0.54
I feel uncomfortable talking about sex and reproductive health care with adults	16	38.1%	1	50.0%	32	36.4%	1	33.3%	7	30.4%	4	36.4%	61	36.1%	0.85
My caregiver doesn't know my sexual orientation and I don't want to tell them	1	2.4%	1	50.0%	6	6.8%	0	0.0%	0	0.0%	2	18.2%	10	5.9%	0.75
My group caregiver/home/STRTP wouldn't let me go	0	0.0%	0	0.0%	4	4.5%	0	0.0%	0	0.0%	3	27.3%	7	4.1%	0.42
My group caregiver/home/STRTP doesn't allow people to have birth control	3	7.1%	1	50.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	5	3.0%	0.45
I was not able to go to a health care provider I feel comfortable with	9	21.4%	1	50.0%	18	20.5%	1	33.3%	2	8.7%	3	27.3%	34	20.1%	0.9
I was concerned about someone finding out	4	9.5%	1	50.0%	19	21.6%	0	0.0%	2	8.7%	3	27.3%	29	17.2%	0.66
I didn't know who to ask for information or where to find information online	10	23.8%	1	50.0%	22	25.0%	1	33.3%	5	21.7%	4	36.4%	43	25.4%	0.32
I don't have insurance or don't know how I would pay for it	4	9.5%	0	0.0%	10	11.4%	0	0.0%	1	4.3%	2	18.2%	17	10.1%	0.75
<b>2.2 What Has Been The Most Helpful For You In Getting Sexual And Reproductive Health Care Or Information About Sexual And Reproductive Health</b>															
<i>Note that some selected more than one</i>															
The internet	10	23.8%	0	0.0%	17	19.3%	1	33.3%	5	21.7%	2	18.2%	35	20.7%	n/a
School / Health class	3	7.1%	2	100.0%	16	18.2%	0	0.0%	3	13.0%	3	27.3%	27	16.0%	n/a
Medical professionals	3	7.1%	0	0.0%	12	13.6%	0	0.0%	3	13.0%	1	9.1%	19	11.2%	n/a
Social Worker	5	11.9%	0	0.0%	8	9.1%	0	0.0%	1	4.3%	0	0.0%	14	8.3%	n/a
Caregivers/Group Home/ STRTP	4	9.5%	0	0.0%	6	6.8%	1	33.3%	3	13.0%	0	0.0%	14	8.3%	n/a
Family	3	7.1%	0	0.0%	7	8.0%	0	0.0%	2	8.7%	0	0.0%	12	7.1%	n/a
Friends / relationships / word of mouth	3	7.1%	0	0.0%	1	1.1%	0	0.0%	2	8.7%	3	27.3%	9	5.3%	n/a
Therapist	1	2.4%	0	0.0%	4	4.5%	0	0.0%	0	0.0%	0	0.0%	5	3.0%	n/a
Self	2	4.8%	0	0.0%	3	3.4%	0	0.0%	0	0.0%	1	9.1%	6	3.6%	n/a

QUESTIONS Response=Yes unless indicated otherwise	African American/ Black		Asian		Latina/ Latino		Native Amer/Amer Indian/Alaskan Native/Native Hawaiian		Other, including mult. races and skips		White/ Caucasian		ALL		
	n=42	%	n=2	%	n=88	%	n=3	%	n=23	%	n=11	%	n=169	%	p-value
Planned parenthood / other programs	2	4.8%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	3	1.8%	n/a
Media	1	2.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	1	0.6%	n/a
Attorney	0	0.0%	0	0.0%	1	1.1%	0	0.0%	0	0.0%	0	0.0%	1	0.6%	n/a
None	8	19.0%	0	0.0%	21	23.9%	1	33.3%	6	26.1%	2	18.2%	38	22.5%	n/a



## 1. Youth Perceptions of Social Worker Engagement

Figure 14. Findings Detail by year: 1.1 Social Worker Talked About Sexual Health Topics

1.1 Social Worker Talking About Sexual Health Topics						'19	'21	'23	Significance vs. avg. of 2019 & 2021
Category	Has your social worker talked with you about...	2019	2021	2023	Increase	v	v	v	
Any questions	Whether you have any questions or want any information about puberty, sex, or sexual and reproductive health	26.0% (n=127)	35.8% (n=38)	48.8% (80 of 164)	1.9x (from 26% in 2019 to 48.8% in 2023)				Sig. more than avg. of 2019 & 2021: (49% vs. 31%) t-test (two-tailed) p<0.01
Rights	Your right to get sexual and reproductive health care when you want it	21.9% (n=109)	26.8% (n=26)	59.5% (94 of 158)	2.7x (from 22% in 2019 to 59.5% in 2023)				Sig. more than avg. of 2019 & 2021: (59% vs. 24%) t-test (two-tailed) p<0.01
Rights	Your right to confidentiality/privacy about your sexual and reproductive health	24.6% (n=122)	25.0% (n=0)* Possibly missing data from 2021, used 2019 % rounded up.	64.0% (105 of 164)	2.6x (from 25% in 2019 to 64.0% in 2023)				Sig. more than avg. of 2019 & 2021: (64% vs. 25%) t-test (two-tailed) p<0.01
Rights	Your right to have questions answered and get info from a reliable source	23.0% (n=115)	30.8% (n=32)	57.1% (93 of 163)	2.5x (from 23% in 2019 to 57.1% in 2023)				Sig. more than avg. of 2019 & 2021: (57% vs. 27%) t-test (two-tailed) p<0.01
Relational aspects	How to know when you are ready to have sex	12.2% (n=61)	17.5% (n=20)	37.3% (60 of 161)	3.1x (from 12% in 2019 to 37.3% in 2023)				Sig. more than avg. of 2019 & 2021: (37% vs. 15%) t-test (two-tailed) p<0.01
Relational aspects	How to know if a relationship is healthy	23.4% (n=117)	24.0% (n=0)* Possibly missing data from 2021, used	47.5% (76 of 160)	2.0x (from 23% in 2019 to 47.5% in 2023)				Sig. more than avg. of 2019 & 2021: (48% vs. 24%) t-test (two-tailed) p<0.01
Relational aspects	How to handle pressure to have sex	13.4% (n=68)	19.3% (n=22)	34.8% (55 of 158)	2.6x (from 13% in 2019 to 34.8% in 2023)				Sig. more than avg. of 2019 & 2021: (35% vs. 16%) t-test (two-tailed) p<0.01
Specific birth control methods. STIs	Birth control (other than condoms)	22.8% (n=114)	41.5% (n=49)	40.9% (67 of 164)	1.8x (from 23% in 2019 to 40.9% in 2023)				
Specific birth control methods. STIs	Condoms	26.1% (n=132)	42.4% (n=50)	34.0% (55 of 162)	1.3x (from 26% in 2019 to 34.0% in 2023)				
Specific birth control methods. STIs	STDs/STIs (sexually transmitted diseases and infections)	20.5% (n=103)	34.5% (n=40)	29.6% (48 of 162)	1.4x (from 21% in 2019 to 29.6% in 2023)				
Pregnancy	Unplanned pregnancy	14.3% (n=72)	15.0% (n=0)* Possibly missing data from 2021, used	29.5% (49 of 166)	2.1x (from 14% in 2019 to 29.5% in 2023)				Sig. more than avg. of 2019 & 2021: (30% vs. 15%) t-test (two-tailed) p<0.01
Abortion	Abortion	11.8% (n=60)	13.8% (n=16)	18.7% (31 of 166)	1.6x (from 12% in 2019 to 18.7% in 2023)				Sig. more than avg. of 2019 & 2021: (19% vs. 13%) t-test (two-tailed) p<0.01
Other	Other topics?	1.8% (n=8)	0.8% (n=1)	4.7% (8 of 169)	2.6x (from 2% in 2019 to 4.7% in 2023)				Sig. more than avg. of 2019 & 2021: (5% vs. 1%) t-test (two-tailed) p<0.01

Figure 15. Findings Detail by year: 1.2 Social Worker Talked About How to Access Services

Has your social worker talked about how you/your partner can access these services or information?	2019	2021	2023	Increase	'19 v	'21 v	'23 v	Significance vs. avg. of 2019 & 2021
<b>Overall average</b>	12.6% (55 of 439)	14.0% (6 of 41)	21.0% (34 of 161)	Increased 1.7x from 13% in 2019 to 21.0% in 2023.				Sig. more than avg. of 2019 & 2021: (21% vs. 13%) t-test (two-tailed) p<0.01
<b>Birth control (other than condoms)</b>	13.2% (67 of 508)	14.0% (n=0)* Extrapolated from 2019, rounded up	27.4% (45 of 164)	Increased 2.1x from 13% in 2019 to 27.4% in 2023. Growth rate				Sig. more than avg. of 2019 & 2021: (27% vs. 14%) t-test (two-tailed) p<0.01
<b>Condoms</b>	16.6% (84 of 506)	17.0% (n=0)* Extrapolated from 2019, rounded up	26.8% (44 of 164)	Increased 1.6x from 17% in 2019 to 26.8% in 2023. Growth rate				Sig. more than avg. of 2019 & 2021: (27% vs. 17%) t-test (two-tailed) p<0.01
<b>STD/STI (sexually transmitted disease or infection) testing or treatment</b>	12.8% (65 of 508)	13.9% (16 of 115)	23.0% (37 of 161)	Increased 1.8x from 13% in 2019 to 23.0% in 2023. Growth rate				Sig. more than avg. of 2019 & 2021: (23% vs. 13%) t-test (two-tailed) p<0.01
<b>Abortion</b>	7.4% (37 of 500)	11.0% (13 of 118)	8.2% (13 of 159)	Increased 1.1x from 7% in 2019 to 8.2% in 2023.				
<b>Combined question: Information about choices &amp; next steps when someone is pregnant. &amp; Pregnancy</b>	12.9% (65 of 504)	14.0% (n=0)* Extrapolated from 2019, rounded up	20.3% (32 of 158)	Increased 1.6x from 13% in 2019 to 20.3% in 2023. Growth rate				Sig. more than avg. of 2019 & 2021: (20% vs. 13%) t-test (two-tailed) p<0.01
<b>Unplanned pregnancies (added in 2023)</b>			20.5% (34 of 166)					


Figure 16. Findings Detail by year: 1.3 Social Worker Helped Access Services

In the past 12 months, your social worker helped you access:	2019	2021	2023	Increase	'19 v	'21 v	'23 v	Significance vs. avg. of 2019 & 2021
<b>Pregnancy care (pregnancy testing, prenatal care, abortion, birthing support)</b>	4.2% (21 of 500)	10.3% (12 of 117)	7.8% (12 of 154)	1.9x (from 4% in 2019 to 7.8% in 2023)				
<b>Birth control</b>	7.8% (40 of 513)	10.4% (12 of 115)	7.4% (12 of 163)	0.9x (from 8% in 2019 to 7.4% in 2023)				
<b>Condoms</b>	9.8% (50 of 510)	13.7% (16 of 117)	4.9% (8 of 163)	0.5x (from 10% in 2019 to 4.9% in 2023)				Sig. less than avg. of 2019 & 2021: (5% vs. 12%) t-test (two-tailed) p=0.02
<b>STD testing or treatment</b>	6.1% (31 of 508)	8.5% (10 of 118)	3.8% (6 of 160)	0.6x (from 6% in 2019 to 3.8% in 2023)				Sig. less than avg. of 2019 & 2021: (4% vs. 7%) t-test (two-tailed) p=0.04

## 2. Sources of Sexual and Reproductive Health Information

Figure 17. Findings Detail by year: 2.1 Sources of Information about SRH

2.1 Where you get information about sexual & reproductive health								
Have you received information on birth control, condoms, sexually transmitted disease or infection treatment, or pregnancy from these sources in the past year?	2019	2021	2023 (n=155)	Increase	'19 v	'21 v	'23 v	Significance vs. avg. of 2019 & 2021
Received from any of the sources listed below (not including Social workers)	n/a	n/a	88.8% (150 of 169)					
Received from any of the sources listed below	n/a	n/a	94.1% (159 of 169)					
Received from Social worker	n/a	n/a	49.7% (84 of 169)					
Health care providers	41.3% (212 of 513)	29.8% (37 of 124)	60.6% (94 of 155)	1.5x (from 41% in 2019 to 60.6% in 2023)				Sig. more than avg. of 2019 & 2021: (61% vs. 36%) t-test (two-tailed) p<0.01
School	63.2% (324 of 513)	52.4% (65 of 124)	66.5% (103 of 155)	1.1x (from 63% in 2019 to 66.5% in 2023)				
Caregivers	27.1% (139 of 513)	21.8% (27 of 124)	32.3% (50 of 155)	1.2x (from 27% in 2019 to 32.3% in 2023)				Sig. more than avg. of 2019 & 2021: (32% vs. 24%) t-test (two-tailed) p=0.04
Family (parents or relatives)	39.8% (204 of 513)	20.2% (25 of 124)	36.8% (57 of 155)	0.9x (from 40% in 2019 to 36.8% in 2023)				
Friends/Peers	36.6% (188 of 514)	53.2% (66 of 124)	35.5% (55 of 155)	1.0x (from 37% in 2019 to 35.5% in 2023)				

Social Worker			1.9% (3 of 155)				n/a
Internet			1.3% (2 of 155)				n/a
Doesn't know			0.6% (1 of 155)				n/a
n/a			3.7% (6 of 161)				n/a
No response			5.5% (9 of 164)				n/a
Grand Total	166.7% (855 of 513)	147.6% (183 of 124)	174.8% (271 of 155)				Select all that apply, hence totals greater than # of respondents



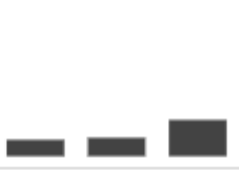



### 3. Barriers to Sexual and Reproductive Health

Figure 18. Findings Detail by year: 3.1 Trouble Accessing Resources

3.1 Have you ever had trouble getting access to any of these resources?								
Has it ever been difficult for you to get access to...[sexual health services regarding]...?	2019	2021	2023	Increase	'19 V	'21 V	'23 V	Significance vs. avg. of 2019 & 2021
Abortion services	1.9% (10 of 526)	1.6% (2 of 125)		0.0x (from 2% in 2019 to 0.0% in 2023)	_____	_____		Sig. less than avg. of 2019 & 2021: (0% vs. 2%) t-test (two-tailed) p<0.01
Condoms	2.9% (15 of 517)	6.5% (8 of 123)	2.5% (4 of 163)	0.8x (from 3% in 2019 to 2.5% in 2023)	_____	_____	_____	.
Basic information about puberty, sex, or pregnancy	5.3% (27 of 509)	4.0% (5 of 125)	9.0% (14 of 156)	1.7x (from 5% in 2019 to 9.0% in 2023)	_____	_____	_____	Sig. more than avg. of 2019 & 2021: (9% vs. 5%) t-test (two-tailed) p<0.01
Prenatal care or pregnancy testing	1.8% (9 of 500)	4.0% (5 of 125)	2.5% (4 of 160)	1.4x (from 2% in 2019 to 2.5% in 2023)	_____	_____	_____	.
Birth control for you or a partner	2.9% (15 of 517)	4.0% (5 of 125)	5.0% (8 of 161)	1.7x (from 3% in 2019 to 5.0% in 2023)	_____	_____	_____	.
Testing or treatment for sexually transmitted infections or diseases (STIs or STDs)	2.3% (12 of 522)	3.2% (4 of 125)	4.3% (7 of 164)	1.9x (from 2% in 2019 to 4.3% in 2023)	_____	_____	_____	Sig. more than avg. of 2019 & 2021: (4% vs. 3%) t-test (two-tailed) p=0.03

**Figure 19. Findings Detail by year: 3.2 Reasons for Difficulty Accessing Services or Information**

3.2 Reasons for difficulty accessing services								
What makes it hard for you to get health care or information about sex?	2019	2021	2023	Increase	'19 V	'21 V	'23 V	Significance vs. avg. of 2019 & 2021
<b>("Yes" to any)</b>			<b>57.1% (96 of 168)</b>					
My caregiver/home/STRTP refused to provide transportation to get resources or services	5.3% (27 of 509)	1.6% (2 of 125)	6.0% (9 of 149)	1.1x (from 5% in 2019 to 6.0% in 2023)				
I feel uncomfortable talking about sex and reproductive health care with adults	37.8% (194 of 513)	37.1% (46 of 124)	40.1% (61 of 152)	1.1x (from 38% in 2019 to 40.1% in 2023)				Sig. more than avg. of 2019 & 2021: (40% vs. 37%) t-test (two-tailed) p<0.01
My caregiver doesn't know my sexual orientation and I don't want to tell them	5.3% (27 of 509)	4.0% (5 of 125)	6.6% (10 of 152)	1.2x (from 5% in 2019 to 6.6% in 2023)				Sig. more than avg. of 2019 & 2021: (7% vs. 5%) t-test (two-tailed) p=0.04*

My group caregiver/home/STRTP wouldn't let me go	2.7% (14 of 519)	1.6% (2 of 125)	4.7% (7 of 149)	1.7x (from 3% in 2019 to 4.7% in 2023)		Sig. more than avg. of 2019 & 2021: (5% vs. 2%) t-test (two-tailed) p=0.01
My group caregiver/home/STRTP doesn't allow people to have birth control	2.7% (14 of 519)	1.6% (2 of 125)	3.4% (5 of 145)	1.3x (from 3% in 2019 to 3.4% in 2023)		
I was not able to go to a health care provider I feel comfortable with	9.2% (47 of 511)	10.5% (13 of 124)	22.1% (34 of 154)	2.4x (from 9% in 2019 to 22.1% in 2023)		Sig. more than avg. of 2019 & 2021: (22% vs. 10%) t-test (two-tailed) p<0.01
I was concerned about someone finding out	6.8% (35 of 515)	8.9% (11 of 124)	19.1% (29 of 152)	2.8x (from 7% in 2019 to 19.1% in 2023)		Sig. more than avg. of 2019 & 2021: (19% vs. 8%) t-test (two-tailed) p<0.01
I didn't know who to ask for information or where to find information online	9.4% (48 of 511)	0.8% (1 of 125)	27.7% (43 of 155)	3.0x (from 9% in 2019 to 27.7% in 2023)		Sig. more than avg. of 2019 & 2021: (28% vs. 5%) t-test (two-tailed) p<0.01
I don't have insurance or don't know how I would pay for it	3.1% (16 of 516)	0.8% (1 of 125)	11.7% (17 of 145)	3.8x (from 3% in 2019 to 11.7% in 2023)		Sig. more than avg. of 2019 & 2021: (12% vs. 2%) t-test (two-tailed) p<0.01



## Appendix D: Full Survey

### SB-89 Survey for Youth in Foster Care 2023

Interviewer  
[Redacted]

Survey Location

Name

First

Last

Case Number

**Great, I will read the questions. I am required to read all of the answer options, but you can jump in with the answer. Please feel free to ask me clarifying questions if they come up.**

**First, I am going to ask you a few quick questions about yourself. Please remember, you are allowed to skip any question you'd rather not answer.**

How old are you?

What language are you most comfortable speaking in?

**What is your race and/or ethnicity? Choose all that apply**

African  African-American or Black  Arab or Middle Eastern  Asian  Latina or Latino  Native American, American Indian, Alaskan Native, or Native Hawaiian  Pacific Islander  White or Caucasian  Skip

**What is your gender identity? Choose all that apply:**

Female  Male  Non-binary, gender fluid, gender nonconforming, or genderqueer  Transgender Female  Transgender Male  Agender  Skip

**What is your sexual orientation? Choose all that apply:**

asexual  bisexual  gay  straight (heterosexual)  lesbian  pansexual  queer  questioning or unsure  same-gender loving  prefer not to say

**This section is about what topics your social worker has talked with you about.**

**I am going to read a list of topics about sexual and reproductive health. Please say 'Yes' or 'No' about**

**your social worker has talked with you about that topic in the past 1 year/12 months. If you are not sure if it was in the past 1 year, just try to estimate as best you can. Sound good?**

**In the past year has your social worker talked with you about:**

Whether you have any questions or want any information about puberty, sex or sexual and reproductive health.

**Rights:**

Your right to have questions answered and get information about these topics from a reliable source

Your right to get sexual and reproductive health care when you want it

Your right to confidentiality/privacy about your sexual and reproductive health care

**Relationships:**

How to know if a relationship is healthy

How to know when you are ready to have sex

How to handle pressure to have sex

Are there any other relationship topics you can think of that they talked to you about?

Yes  No

Where do you get information about sexual and reproductive health (for example: birth control, condoms, STD treatment, or pregnancy care)?

In the past year, have you received information on birth control, condoms, STD treatment, or pregnancy care from any of the following?

School  Caregivers  Friends/Peers  Family (parents or relatives)  Healthcare providers

**Ok. We also want to know how youth in foster care get access to sexual and reproductive health services.**

**I will read a list out and you can say “Yes” or “No” for each question. You can also say "Skip", and "I don't remember". Sound good?**

*In the past 12 months your social worker...*

So, for **Condoms**, in the past 12 months did your social worker...

**Talk about condoms at all?**

*INTERVIEWERS: Please read out the help text during the interview too. Thanks! -->*

**Talk about how to get condoms?**

*This could mean they told you about where to get them, gave you pamphlets, or sent you links, things like that.*

**Helped you or your partner get condoms?**

By "helped you get," we mean things like helping you make appointments, arranging transportation, insurance, talking to your caregiver about getting access, etc.

How about for **Birth control (other than condoms)**:

Talked?

How to?

Helped Access?

**Testing or treatment for sexually transmitted infections (STD/STI)**

Talked?

How to?

Helped Access?

**Unplanned pregnancies, or information about choices and next steps when someone is pregnant**

Talked?

How to?

n/a

**Pregnancy care (pregnancy testing, prenatal care, birthing support)**

n/a

How to?

Helped Access?

**Abortion Services**

Talked?

How to?

n/a

**In the past 12 months, has it ever been difficult for you to get access to condoms?**

*You can also say "I never needed it" for this question*

**In the past 12 months, has it ever been difficult for you to get access to birth control (other than condoms)?**

Difficult?

**In the past 12 months, has it ever been difficult for you to get access to testing or treatment for sexually transmitted infections (STD/STI)?**

Difficult?

**In the past 12 months, has it ever been difficult for you to get access to information about unplanned pregnancies or information about choices and next steps when someone is pregnant?**

Difficult?

**In the past 12 months, has it ever been difficult for you to get access to pregnancy care (pregnancy testing, prenatal care, birthing support)?**

Difficult?

**Are there any other sexual and reproductive health topics you can think of that your social worker talked to you about?**

Yes  No

**Was it difficult for you to get access to Basic information about puberty, sex, or pregnancy?**

**Was it difficult for you to get access to information on healthy relationships?**

**Finally, we would like to know more about what makes it hard for you to get information or resources about sexual and reproductive health. Is it hard for you to get information or resources about sexual and reproductive health because...**

- |            |   |  |
|------------|---|--|
| Personal   | <b>because you feel uncomfortable talking about sex and reproductive health care with adults</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip | <b>because you didn't know who to ask for information or where to find information online</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip |
|            | <b>because you were not able to go to a health care provider you feel comfortable with</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip       | <b>because you were concerned about someone finding out</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip                                   |
|            | <b>because you don't have insurance or don't know how you would pay for it</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip                   |  |
| Caregivers | <b>because your caregiver/group home/STRTP refused to provide transportation to get resources or services</b>   | <b>because your caregiver/group home/STRTP wouldn't let me go</b><br><input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Skip                             |

Yes  No  Skip

**because your caregiver doesn't know your sexual orientation and you don't want to tell them**

Yes  No  Skip

**because your caregiver/group home/STRTP doesn't allow people to have birth control**

Yes  No  Skip

Other

**Are there any other things that make it hard for you to get health care or information about sex? (If yes, what?)**

**Did your social worker help you address any barriers to sexual and reproductive health?**

**Optional: (Notes on response to question on social worker helping address barriers)**

*INTERVIEWERS: Use this space to jot down any further information provided on the question above.*

**What has been the most helpful for you in getting sexual and reproductive health care or information about sexual and reproductive health?**

**All right! We're almost done. Just three questions to go.**

**Because abortion was in the news last year, we have three questions that will help us understand how it affected people's perceptions.**

**Compared to giving birth, having an abortion is...**

- riskier to pregnant person's health
- safer for the pregnant person's health
- about the same
- I don't know

**The majority of people who get abortions feel: (check all that apply)**

- Relief
- Sadness/depression
- Happy
- Guilt
- Powerful

**In California, does a youth in foster care need permission from an adult to get an abortion?**

- Yes
- No
- I don't know

**You're done, thank you so much for answering these questions! If you have**

**any questions or comments of your own, feel free to ask me now.**

*INTERVIEWERS: Use this space to jot down any questions or comments the interviewee has, if any.*