TEXANS CARE for CHILDREN

THE simmons FOUNDATION

FOSTERING HEALTHY TEXAS LIVES

STRATEGIES TO PREVENT TEEN PREGNANCY IN FOSTER CARE AND SUPPORT TEEN PARENTS IN FOSTER CARE

APRIL 2018

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The opinions expressed in this report are those of Texans Care for Children and do not necessarily reflect the views of the The Simmons Foundation or the other organizations and individuals with whom we have collaborated on this issue.

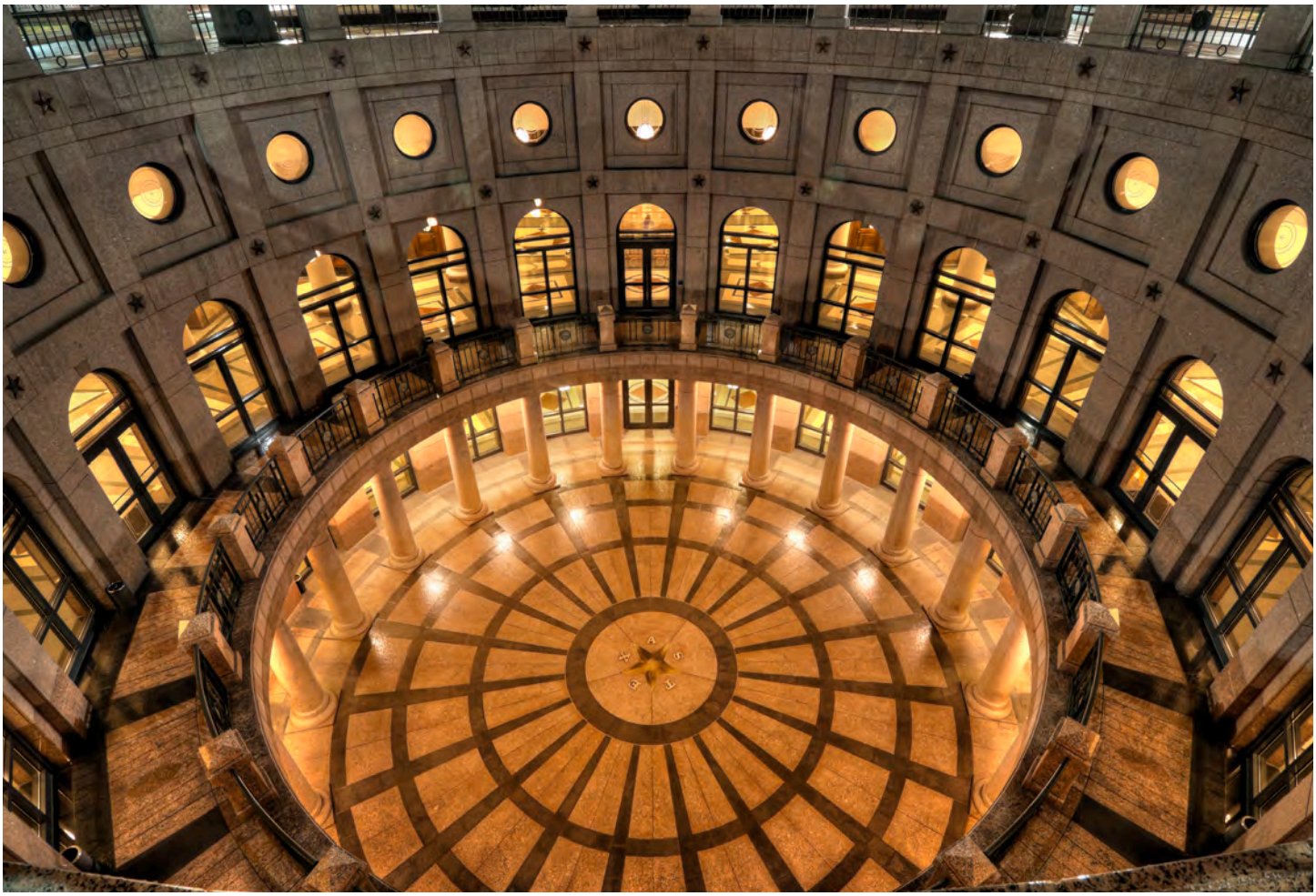
ABOUT TEXANS CARE FOR CHILDREN

We drive policy change to improve the lives of Texas children today for a stronger Texas tomorrow.

We envision a Texas in which all children grow up to be healthy, safe, successful, and on a path to fulfill their promise.

We are a statewide, non-profit, non-partisan, multi-issue children's policy organization. We develop policy solutions, produce research, and engage Texas community leaders to educate policymakers, the media, and the public about what works to improve the well-being of Texas children and families.

Funded by a variety of foundations and individual donations, our work covers child protective services, juvenile justice, mental well-being, health, early childhood, and the ways that each of those policy areas work together to shape children's lives and the future of Texas.



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INTRODUCTION AND EXECUTIVE SUMMARY

When Jessica Urias was 11 years old, the state of Texas removed her from her family and placed her in foster care with the goal of making her life safer and better. She then moved between 15 different foster families over eight years. She felt rejected. She turned rejection into a game.

She told us, "I knew how to push my parents enough" to kick her out and "get it over with." She desperately wanted love, and then she became pregnant at 16. According to Jessica, every girl she knows from foster care either had a child or "immediately got pregnant" after leaving foster care.

She and other children in foster care need love, "and that's what a baby is" for them — love. Although Jessica was eager to show her daughter the love she had been longing for, eventually CPS removed her child and placed the baby in the Texas foster care system.[1, 2]

Addressing — and preventing — the challenges faced by children like Jessica and her baby is critically important. When the state of Texas removes children from their families, it is temporarily taking on the role of the parent and assuming responsibility for that child's safety, health, and success. When the state is acting as a parent, it can no longer delegate or ignore delicate subjects like reproductive health.

In other words, the state is responsible for helping children like Jessica delay pregnancy and ensuring that children like her and her baby grow into successful adults and fulfill their potential. Addressing these challenges is also a way to strengthen our communities, our schools, and our state. Additionally, it is a way to strengthen our child welfare system at a time when the state Legislature, the courts, the media, and the Texas public are demanding improvements.

More importantly, effectively addressing teen pregnancy and supporting young parents will have a profoundly positive effect on the lives of two generations of Texans — the young parents in foster care and the children they are trying to raise.

However, based on our research, the state's efforts to address unintended pregnancy and support teen parents in foster care are inadequate, and Texas is falling short of fulfilling its responsibility to these children. Texas is not falling short because of indifference. From the Texas Department of Family and Protective Services (DFPS, the parent agency of Child Protective Services) to the Texas Health and Human Services Commission (HHSC) and from the Legislature to the Child Placing Agencies (CPAs), a growing number of people recognize the importance of these issues. However, as state leaders and stakeholders seek to keep up with competing demands in child welfare, child health, and other areas, well-intentioned efforts have suffered from a lack of focus and follow through. The framework for real progress — including several state policies and programs — is largely in place. Many of the solutions, including those outlined below, require little to no upfront taxpayer investment and will save taxpayers in the short and long term. The question is whether state leaders will seize on these opportunities.

About this report

This report focuses on preventing stories like Jessica's. This report also addresses the ways that Texas can better support youth like Jessica who do become pregnant or become parents in foster care. By helping youth like Jessica, Texas can also give young parents the tools they need to prevent their children from entering foster care.

To understand the effect of teen pregnancy and parenting among youth in foster care — and to identify policy opportunities to better support youth in foster care — Texans Care for Children reviewed publicly available data, researched current programs and practices, and gathered data and information through surveys, interviews, and focus groups with youth who were previously in foster care in Texas and with providers who work with youth (including health professionals, child placing agencies, and foster parents). We sought to explore challenges facing youth in foster care, shine a light on current practices and programs that are working well, and identify clear steps for Texas policymakers and communities to prevent pregnancy and better support pregnant and parenting foster youth. We looked at the issue statewide while also paying particular attention to the Houston area, gathering local information that is highlighted in various sections of this report.

Summary of Key Findings and Recommendations

Youth in Texas foster care and young people who were formerly in foster care have a high risk of early pregnancy. DFPS data show that 332 youth were pregnant in 2017 while in the state's care and 218 youth in foster care were mothers or fathers.[3] **New analysis of HHSC data from 2015 reveals the pregnancy rate for girls ages 13 to 17 in Texas foster care was almost five times higher than the rate for other Texas girls in that age group.** During that year, 5.7 percent of girls in that age bracket in foster care were pregnant, compared to 1.2 percent of other Texas girls the same age.[4] **Additionally, analysis of HHSC data indicates that more than half of teen girls in DFPS conservatorship who age out of care or extend their time in care will become pregnant before they turn 20.**[5]

There are several reasons pregnancy is so prevalent among youth in foster care. Youth in foster care often lack supportive and loving relationships. In fact, 41 percent of youth in foster care nationwide believe the reason teen pregnancy is higher among their cohort is because they want to feel loved.[6] The effect of stressful and traumatic events and the high number of placements and homes for some youth in foster care also contribute to the high rates.

There are several benefits to addressing teen pregnancy in foster care through the steps outlined in this report. Addressing teen pregnancy improves the health of the mother and baby and enhances educational and economic opportunities for the mother, father, and baby. In fact, 30 percent of all teen girls who drop out of school cite pregnancy or parenthood as the reason,[7] and pregnant and parenting foster youth are twice as likely to drop out of school compared to other teen parents.[8] Addressing teen pregnancy is also important for preventing the removal of more children from their parents and the negative effect removals can have on children, parents, and the child welfare system. Current and former foster youth who are parents have a significant number of children entering the foster care system. In fact, one 2012 study of youth who exited the Texas foster care system found that children born to youth in foster care were more than twice as likely to spend some time in foster care compared to children of other teen mothers under age 18.[9] DFPS data indicate that 48 infants were born in 2017 to Texas youth in foster care and were subsequently placed in foster care in the same year.[10] Finally, addressing teen pregnancy in foster care also has benefits for the state budget by increasing these youths' earning potential and reducing health care and other public costs.[11]

The report outlines three key strategies for addressing teen pregnancy and supporting young parents in foster care:

1. Prevention through education on healthy relationships
2. Access to health services, both to prevent teen pregnancy and to ensure healthier pregnancies and babies
3. Supporting and coaching pregnant and parenting youth

For the first strategy, preventing teen pregnancy in foster care through education on healthy relationships, there are several challenges and opportunities. Only 38 percent of the child welfare providers we surveyed agreed that their agency had a specific plan, protocol, or program to assist teens in preventing pregnancy and sexually transmitted infections despite the state's Residential Child Care Licensing (RCCL) division requiring a plan. Our research also suggests that Preparation for Adult Living (PAL), the program to teach life skills to older youth in foster care, varies by region and is not always carried out in an effective manner when it comes to teaching youth about healthy relationships and reproductive health.

The vast majority of our survey respondents, both youth and adults, recommended more training for caseworkers, foster parents, health professionals, and other adults on how to talk about healthy relationships with youth in foster care. In fact, only 41 percent of surveyed providers believe they have sufficient training on the subject.

Texas should create, fund, and support programs aimed at preventing teen pregnancy, especially programs for youth in foster care like UT Teen Health, which lost its funding when the U.S. Department of Health and Human Services recently cut Teen Pregnancy Prevention Program grants.[12] Texas should also pursue federal Personal Responsibility Education Program (PREP) Competitive Grant funding to support pregnancy prevention efforts for youth in foster care.

The second strategy, access to health services, has two key components: a) preventing teen pregnancies in foster care and b) ensuring healthy pregnancies, mothers, and babies when youth in foster care are pregnant or parenting. The prevention challenge is underscored by the fact that, in the U.S., only 56 percent of youth in foster care used contraception the first time they had sex, compared with 72 percent of their non-foster care peers.[13] The low rate for youth in foster care is partly a reflection of their concerns about confidentiality and confusion about parental consent rules. In fact, only 55 percent of former foster youth that we surveyed said they knew who could give permission for birth control if they decided to use it. Yet, federal law is clear: minors may give their own consent and receive confidential family planning if the funding

source is Medicaid.[14] Youth in foster care are eligible for Medicaid coverage through STAR Health — and the vast majority are enrolled in this coverage. Youth should understand their right to confidential health care.

Timely access to health services is also key for pregnant and parenting youth in foster care. Youth in foster care are less likely to receive prenatal care and postpartum care, and they face higher rates of low birth weight babies compared to peers, all signs of health risks for babies and mothers. For instance, only 60 percent of pregnant teens in foster care enrolled in STAR Health started prenatal care in the first trimester or within 42 days of enrolling in the health plan, which is considerably lower compared to the 87 percent of pregnant teens and women enrolled in the state's other Medicaid programs.[15] Additionally, in 2016, foster youth in STAR Health were 30 percent more likely than pregnant teens and adults in the state's other Medicaid STAR programs to have a baby born too small (12.7 percent versus 9.3 percent of live births were born at a low birth weight, respectively).[16]

The state should take additional steps to promote healthy pregnancies and births. First, HHSC should encourage Texas Medicaid Managed Care Organizations (MCOs, health insurance entities that coordinate care for Medicaid clients) to share best practices and techniques for facilitating early prenatal care and postpartum follow-up visits. Second, the state should facilitate a health plan-designed Performance Improvement Project that specifically seeks to improve pregnancy health among youth in STAR Health with interventions tailored to the distinct needs of youth in foster care. Finally, Texas should add the recently-approved contraceptive measure and the postpartum contraceptive quality measure to the list of metrics that Texas Medicaid and Children's Health Insurance Program (CHIP) health plans track annually. This will illustrate trends in access to contraception and help identify gaps and areas of improvement.

The third strategy, supporting and coaching pregnant and parenting youth in foster care, spotlights the need to collect and report better data and invest in effective Texas programs serving pregnant and parenting foster youth. While new county-level information on the number of pregnant and parenting youth is useful, unfortunately, gaps in data remain.[17] Additionally, the February 2018 DFPS report omitted data required by recent legislation on the number of parenting youth in foster care whose children are also in foster care.[18]

The state should take steps to ensure pregnant and parenting youth have opportunities for training and skills building to be successful parents. This includes continued support for programs like the Helping through Intervention and Prevention (HIP) program, the only DFPS Prevention and Early Intervention (PEI) program focused on serving youth currently or formerly in foster care who are pregnant or parenting a child under age two.

Additionally, pregnant and parenting youth also need foster care placements that can meet their particular needs. However, the foster care needs assessment released in January 2017 by DFPS does not identify this category of placements, making it difficult to identify gaps and corrective action.[19] Texas should ensure that youth in foster care and their children are placed together in "family-like" settings with training for caregivers, establish an appropriate reimbursement rate for foster families that care for pregnant and parenting youth, and improve reporting on the availability of foster care placements for pregnant and parenting youth. Texas should take advantage of the new flexibility provided by the Family First Prevention Services Act to more effectively serve pregnant and parenting youth in foster care by building on the success of our existing prevention programs and expanding those efforts statewide.[20]

More About Our Methodology

Texans Care for Children administered online surveys to two primary groups of stakeholders: young adults age 18 and over who were in extended foster care or who were formerly in foster care (survey administered October 2016 to January 2017); and providers and caregivers who work directly with youth in foster care, including foster parents, health professionals, child placing agencies, CPS caseworkers, and CASA supervisors and volunteers (survey administered May to June 2017). Ninety-seven foster care alumni completed the survey. On average, respondents were 23 years old and spent 5.5 years in the Texas foster care system. Additionally, 126 providers who work directly with youth in foster care from across the state responded to the survey. Of the 126 survey respondents, 44 percent were foster parents.

Subsequently, Texans Care for Children interviewed 12 young adults, ages 18 to 25, who were formerly in foster care.

In addition, we facilitated two focus groups in Houston: one for providers who work directly with youth in foster care and one for young adults who are or were in foster care. The provider focus group included CPS staff and caseworkers, foster parents, health professionals, and child placing agency case managers and administrators.

BACKGROUND

Changing Foster Care Landscape

After numerous reports of problems in the Texas foster care system — including abuses of children that were brought to light by the media and by a federal lawsuit against the state — improving the system and other CPS functions became a priority for state legislators and the Governor in late 2016 and during the 2017 legislative session. The state took numerous steps during that time to improve the system, although additional work remains. Earlier this year, a federal judge issued a final order for changes to long-term foster care in Texas as a result of the lawsuit, although the 5th Circuit Court of Appeals stayed the order following the state's appeal. A final decision on the appeal may take many months.

Youth in Texas Foster Care

In state fiscal year (FY) 2017, the Texas foster care system served 50,293 children and youth in substitute care, which includes children in kinship care and foster care.[21] Children experienced an average of 2.4 placements while in care and spent an average of 19.8 months in state conservatorship.[22] In FY 2017, there were 8,952 youth ages 15 to 21 in foster care or extended foster care.[23] (Extended foster care is a voluntary program that offers young adults turning 18 in DFPS care opportunities to continue in a foster care placement and facilitates the transition to independence with DFPS supervision, if there is an available placement). In that same year, 1,200 youth aged out of foster care, meaning they exited foster care because they were no longer children but never found

Teens Are In Foster Care for Years and Experience Significant Instability

Youth Exiting* Foster Care in Greater Houston Area in 2017,
Average Time Spent in Foster Care and Average Number of Placements

- 2,591 children and youth
- Spent 26 months in foster care
- Lived in 3 placements

Youth who age out of care are in foster care longer and experience more instability:

- 246 youth aged out of foster care
- Spent 63 months in foster care
- Lived in 8 placements

* *"Exiting" refers to reunification with their families, adoption, or aging out of care without being reunited or adopted.*

Source: Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.

a permanent home.[24] Youth aging out of the foster care system spent an average of 49.8 months (over four years) in care and had an average of 6.4 placements before leaving foster care.[25]

Among the teens in foster care in FY 2017, 7,616 youth were eligible for Preparation for Adult Living (PAL) services – a state program to ensure that older youth in substitute care are prepared for their inevitable departure from state conservatorship. Eighty-nine percent of eligible youth participated in PAL in FY 2017.[26]

Teen Pregnancy in Texas

The teen birth rate has steadily decreased over the last two decades in Texas and nationwide. Yet, Texas still has one of the highest teen birth rates in the country, ranking 47th out of 50 states.[27] In 2015 alone, there were over 32,600 births to teens in Texas.[28] In fact, 31 per 1,000 teen girls had a child before age 20.[29] Approximately 14 percent of all teen births in the United States are in Texas.[30]

When it comes to repeat teen pregnancies, Texas has the highest rate in the country.[31] In fact, 1 in 6 births to Texas girls ages 15 to 19 is not the teen's first child.[32]

While unplanned or untimely pregnancies are a significant concern in Texas generally, young people in foster care are much more vulnerable to becoming teen parents than their peers who are not in foster care.

Prevalence of Pregnant and Parenting Youth in Texas Foster Care

New analysis of HHSC data from 2015 reveals the pregnancy rate for girls ages 13 to 17 in Texas foster care was almost five times higher than the rate for other Texas girls in that age group. During that year, 5.7 percent of girls in that age bracket in foster care were pregnant, compared to 1.2 percent of other Texas girls the same age.[33] Because that rate reflects pregnancies that occurred during a single year, it is important to note that a much higher percentage of teen girls in foster care will have had at least one pregnancy by the time they finish adolescence. **In fact, analysis of HHSC data indicates that more than half of teen girls in DFPS conservatorship who age out of care or extend their time in care will become pregnant before they turn 20.**[34]

Examining HHSC data on births rather than pregnancies, and evaluating a slightly older cohort of teens, reveals that **the birth rate for 15- to 19-year-olds in Texas foster care is almost double the birth rate for all Texas girls in the same age bracket.** In 2015, 6.2 percent of girls in that age range in Texas foster care gave birth, compared to 3.3 percent of all girls statewide in that age range.[35] The birth rate for youth in foster care may be higher in reality because up to 40 percent of girls ages 15 and older who are pregnant in foster care may exit DFPS conservatorship before giving birth.[36] For example, a teen may be adopted, reunited with a parent, living permanently with a relative, or emancipated at the time of the birth – and this birth data may no longer be captured through HHSC's STAR Health data.[37]

For more recent years, the only data available is the number of youth in foster care who are pregnant or parenting in a given year. According to DFPS, in FY 2016 and 2017, there were just over 330 foster youth who were pregnant in the state's care each year.[38,39] A total of 218 youth in foster care under age 18 were mothers or fathers in 2017, a slight increase from the 208 in 2016.[40,41] Although this number is high, it is manageable in terms of Texas being able to address the needs of children in care.

Youth who age out of foster care are particularly at risk of early pregnancy. In fact, according to testimony provided to the court in the federal lawsuit against the Texas child welfare system, 49 percent of women who age out of our foster care system are pregnant by age 19.[42] These Texas numbers are consistent with national research. A longitudinal study of youth transitioning out of foster care found that, between age 17 and 19, the risk of pregnancy increased by 300 percent with 55 percent of young women becoming pregnant and 23 percent of young men fathering a child.[43]

Higher pregnancy rates continue into early adulthood for former foster youth. According to the 2012 survey of Texas young adults who were previously in foster care, nearly 60 percent had given birth to or fathered a child by age 24, which is almost double the rate of young adults in the general population in the same age range (33 percent).[44]

The pregnancy rate for girls ages 13 to 17 in foster care was almost five times higher than for other Texas girls in that age group.

Fig. 1. Spotlight on Pregnant Youth in Foster Care in the Greater Houston Area by County

The low number of pregnant youth in foster care shows that Texas has the capacity to address this challenge.

The significant percentage of pregnant youth in foster care shows that Texas must address this challenge.

County	Number of Pregnant Youth in Foster Care in FY 2017	Percentage of Teen Girls in Foster Care Who Were Pregnant in FY 2017
Austin	2	≥ 40%
Brazoria	2	7%
Fort Bend	5	15%
Galveston	5	12%
Harris	47	7%
Liberty	1	3%
Montgomery	16	18%
Walker	1	14%
Wharton	1	17%
Region 6 Total	**80**	**9%**
Statewide	**332**	**6%**

* *To calculate these percentages, the denominator was females in foster care ages 13-17 in FY 2017 as reported in the DFPS Data Book. The numerator was the number of pregnant youth reported by DFPS in the SB 206 report. Some of the pregnant youth may have been younger than 13 or older than 17; however, this is likely a very small number.*

Sources: (1) Texas Department of Family Protective Services. 2018. Attachment – Report by County FY 2017. Available at https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report_By_County_FY17.pdf. (2) Texas Department of Family Protective Services. 2018. Child Protective Services (CPS): Children in DFPS Legal Responsibility during the Fiscal Year. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Children_in_Conservatorship.asp.

REASONS FOR HIGH PREGNANCY RATES AMONG YOUTH IN FOSTER CARE

Lack of Supportive and Loving Relationships

A lack of strong relationships may contribute to high rates of teen pregnancy in foster care in two ways. First, youth may not have trusted adults in their lives to talk to and educate them about dating, healthy relationships, sexual health, and other issues. Second, youth may wish to have a baby to fill an emotional void and feel loved by someone.

In a 2010 national survey of foster youth, 41 percent said they believe the reason teen pregnancy is higher among their cohort is because they want to feel loved.[45] Former foster youth in our surveys and focus groups echoed this sentiment. For example, Arielle, a 21-year-old former foster youth, said "former and current foster kids are looking for love. I was looking for love—the love I wasn't getting from my family. I wanted that from my foster family, but they were just getting a check. I think that is probably why some kids are at risk." Destiny, another 21-year-old former foster youth, explained that "some girls get sexually active [because they] are looking for something, especially in the foster care system. Their parents are gone; they were split up from their siblings. They want to feel loved and they gravitate toward the first person who shows that to them."

This impulse to not be alone, to be loved, to have someone to love, or fill another emotional void can contribute to a youth making choices that seem right to them at the time, but have lifelong implications.[46]

> **"Former and current foster kids are looking for love. I was looking for love—the love I wasn't getting from my family. I wanted that from my foster family, but they were just getting a check. I think that is probably why some kids are at risk."**
>
> ***–Arielle, former foster youth***

Adverse Childhood Experiences (ACEs)

All children in foster care have at least one Adverse Childhood Experience (ACE) and many have multiple ACEs. ACEs are stressful or traumatic experiences, including child abuse or neglect, trauma from a natural disaster, or losing a parent to divorce or abandonment. These experiences threaten a child's physical or emotional safety and overwhelm their ability to cope. They can cause stress reactions in children, including feelings of intense fear, terror, or helplessness. Over time, without the buffering role of family supports or other protective factors, ACEs have ripple effects on a child's development, learning, behavior, and long-term health. Research indicates that ACEs are linked to many health risk behaviors including early intercourse, unprotected intercourse, or multiple sexual partners.[47]

Instability in Foster Care

Instability is often a way of life for youth in foster care as they move from one placement to another. The high rate of mobility often results in disjointed care, education, and services because the child is changing schools and living arrangements frequently. For example, as youth move around, they may miss the class or classes that cover reproductive health education, a common example of pregnancy prevention. Not only do youth miss reproductive health services as they move, but it can be

difficult to even identify what they have missed. These challenges associated with instability are worsened by high caseworker turnover and a lack of coordination across agencies.

According to state data, on average, Texas youth have 2.4 placements during their time in care. **For youth aging out of care, the average was higher at 6.7 placements during their time in care.**

Our survey data was consistent with the state data. Surveyed youth experienced a median of 6-7 placements, with about 40 percent (37 out of 97 youth, including 19 in the greater Houston area) stating they experienced more than seven placements. About 54 percent of youth surveyed (65 percent in the greater Houston area) indicated that they changed schools at least four times during their time in care.

Youth who stay in care longer tend to move around more and have worse outcomes.[48] Fortunately, for most youth, foster care serves as the temporary safety net it is intended to be. In 2017 in Texas, about 30 percent of youth who exited care reunited with their families, 63 percent were taken in by a relative or were adopted, and about 7 percent aged out without a safe, permanent family.[49] However, many youth have extended stays in care. State data show that youth spend an average of 1-2 years in foster care, with youth who age out spending an average of 4-5 years.[50] On average, youth who completed our survey reported 6-7 years in foster care, with some staying only two months and some remaining for their entire childhood.

> **"Some girls get sexually active [because they] are looking for something, especially in the foster care system. Their parents are gone; they were split up from their siblings. They want to feel loved and they gravitate toward the first person who shows that to them."**
>
> *–Destiny, former foster youth*

BENEFITS OF ADDRESSING TEEN PREGNANCY IN FOSTER CARE

Preventing high rates of unplanned and untimely pregnancy among youth in foster care will help improve health, educational outcomes, and economic opportunities for youth, while benefiting the state of Texas.

Health Benefits for Moms and Babies

Helping youth delay pregnancy is key to their health and that of their babies. Teens whose pregnancies are unintended are less likely to receive prenatal care early, which increases health risks for mom and baby, including pregnancy complications, prematurity, low birth weight, and infant death.[51] In addition to the health risks associated with teen pregnancy, teen parents are more likely to face postpartum depression.[52] Youth who have been in foster care tend to have a higher prevalence of mental health challenges, which can make the demanding job of parenting even more difficult.[53] Additionally, studies have found that children of teen moms are at higher risk for substance use and becoming adolescent parents themselves.[54,55]

Better Educational Outcomes and Improved Economic Opportunity

Youth in foster care face significant barriers to success in school, including higher rates of switching schools and dropping out of school. In 2010, the Texas Supreme Court issued an order establishing the Education Committee of the Children's Commission. The Education Committee — a high-level group of court, education, and child welfare decision-makers — created the *Texas Blueprint: Transforming Education Outcomes for Children and Youth in Foster Care*. This comprehensive report showed that, in 2012 and 2013, **47 percent of students in foster care attended two or more schools in one school year, a percentage that is 6.5 times higher than that of students not in foster care.[56] The data also showed that youth in foster care were about 3.5 times more likely to drop out of school.[57]**

Academic challenges only become worse for youth in foster care who are pregnant and parenting. Although TEA does not regularly disaggregate youth in foster care when they report dropout rates, foster youth and pregnant and parenting youth are included in the "at risk" or "homeless" categories. Based on 2015 to 2016 TEA data, about two-thirds of all Texas youth who drop out are youth in these categories.[58] In general, teens in the U.S. who are pregnant or parenting struggle to complete their education. In fact, 30 percent of all teenage girls who drop out cite pregnancy or parenting as the reason. Only 51 percent of teen moms receive a high school diploma by age 22 compared to 89 percent of females who are not teen moms.[59] The University of Chicago Midwest study, in a 2009 longitudinal study of nearly 3,000 young people transitioning out of foster care in Wisconsin, Iowa, and Illinois, found that **pregnant and parenting foster youth are twice as likely to drop out of high school than other teen parents.** This study also found that subsequent births hurt their likelihood of graduating or getting their GED by an additional 45 percent for each additional child.[60] Among those transitioning out of foster care, nearly one in six who were not enrolled in higher education cited the need to care for children as the most important reason for not being in school.[61] Without a strong educational foundation, early work experiences, or employment, youth in foster care raising dependent children may not have the means to support themselves and their children. Too often, this traps young families in an intergenerational cycle of poverty.

Reduce the Number of Children in the Cycle of Child Welfare Involvement

Helping youth in foster care delay pregnancy until they are older can reduce the number of children who experience abuse or neglect and are removed from their parents by CPS, yielding benefits for the young parents and the child and reducing the stress placed on the state's child welfare system.

Children of teen parents are twice as likely to be placed in foster care as children born to older parents.[62] But the likelihood of child welfare involvement is *even greater* for teen parents in foster care. The 2009 University of Chicago Midwest study (noted earlier) found that 10 percent of children born to teens in foster care spent at least some time in the state's care, compared to only 4 percent of children in the general population whose mothers were under age 18.[63] In other words, children born to youth in foster care were more than twice as likely to spend some time in foster care compared to children of other teen mothers under age 18. This study also found that female foster youth who were older and foster youth who had fewer children were less likely to have a child placed in state care.[64]

Texas is seeing similar trends. Forty-eight infants born in 2017 to youth in foster care were subsequently placed in foster care in the same year,[65] an increase from the year before (2016) when 40 infants were born to youth in foster care and placed in foster care that year.[66] A 2012 Texas study of young adults previously in foster care found that 10 percent of Texas foster care alumni aged 23 to 24 with children had their children removed by CPS and placed in foster care.[67]

The removal rate appears to be higher for youth who age out of care. According to testimony provided to the court in the federal lawsuit against the Texas child welfare system, 70 percent of those children born to youth who age out of foster later end up in foster care.[68]

These data indicate a concerning cycle of maltreatment and removals, but additional data is needed to paint a clearer picture of the problem. Strategy 3 of this report will discuss data gaps that need to be addressed to better understand the scope of the issue and meet the needs of this population.

Benefits to Taxpayers and the State Budget

Reducing teen pregnancy can improve economic security for foster youth and help save the state money. Low educational attainment can contribute to future economic insecurity — and lost earnings — for many teen parents. Teenage mothers are more likely to live in poverty and rely on public assistance.[69,70] For instance, according to the U.S. Census Bureau, 63 percent of teen mothers receive public assistance within the first year of a child's birth.[71] This has ripple effects for the state and local communities. **According to Power to Decide, teen childbearing in Texas cost taxpayers $418 million in 2015 alone.[72]** This cost results from decreased lifetime earnings of teen parents and greater public health care costs through births paid for by Medicaid and CHIP.

Children of teen parents are also overrepresented in the foster care system and criminal justice system later in life, both of which are costly to the state.[73] Continuing the progress made over the last decade to reduce teen birth rates will not only help Texas kids and families, it will save taxpayer dollars.

THREE STRATEGIES FOR ADDRESSING THIS CHALLENGE IN TEXAS

Although many policymakers may be aware of the costs and consequences of teen pregnancy, teens may not fully understand the repercussions of their choices. Preventing unintended or untimely pregnancies is the goal, but when youth in foster care become pregnant, the state should also do what it can to support parenting youth so they still have ample opportunity to succeed as teen parents and after they transition into adulthood.

Below we articulate three key strategies to address unplanned teen pregnancy and support young parents in foster care:

1. Prevention through education on healthy relationships

2. Access to health services

3. Supporting and coaching pregnant and parenting youth

STRATEGY 1: PREVENTION THROUGH EDUCATION ON HEALTHY RELATIONSHIPS

Texas can prevent unplanned and untimely pregnancies by helping teens in foster care understand the importance of delaying pregnancy and building healthy relationships. Delaying pregnancy will make it easier for youth in foster care to grow into successful, independent adults.

The Importance of Adult Guidance

Studies show that youth in foster care may not be motivated to delay pregnancy.[74] For example, the 2009 Midwest study, led by the University of Chicago as a collaborative effort among the public child welfare agencies in Illinois, Iowa, and Wisconsin, showed that over one-third of young women previously in foster care who became pregnant either definitely or probably wanted to get pregnant.[75] A legal advocate we interviewed argued that "pregnancy can be a goal to establish a new family and many times, youth are not looking to prevent pregnancy." She went on to say that youth must "have alternative dreams and goals besides becoming a parent and having their own family."

Twenty-year-old Unisha from Houston recommended that providers talk to youth about "self-esteem, healthy relationships, confidence, and self-worth. It's important to make conversations about future goals where they are more meaningful and you talk about steps for reaching their future goals." She also noted that other factors, such as preventing "domestic and dating violence" and helping youth resist peer pressure, are key to preventing pregnancy among foster youth.

All teens experience peer pressure, but resisting peer pressure may be even more complicated for youth in foster care. For example, a home health provider explained that "a lot of youth feel unloved. They are worried if they tell their partner to use a condom, they may jeopardize their relationship."

Many youth we interviewed discussed how the lack of good relationships in their lives affects their overall approach to relationships and self-esteem. Although the youth we spoke to did not draw the connection between stable relationships with supportive adults and decisions to delay pregnancy, the conversations we had with youth clearly demonstrate the connection between their history and future decision-making. Twenty-year-old Anita explained, "life in foster care…has impacted my relationships. I can't be in a relationship because of holding onto my past" or be in a relationship with "someone who has both parents." A 16-year-old youth explained, "my family gave me ideas about my future relationships—that no one would love me." One youth explained, "my biological family has affected all my relationships. I've lived with several family members and they put me back in foster care. If I can't trust family, who can I trust? In relationships, there's always an anticipation that they may leave." Several others spoke of issues with abandonment, loneliness, anxiety, anger, and apathy in their relationships that are linked to their experiences with their family or in foster care.

Other research shows teenagers who describe their parents as warm, caring, and supportive are far more likely than others to use contraception and to delay sexual activity and are less likely to become pregnant.[76] This type of protective relationship may not exist for youth in foster care. An emergency shelter administrator in Houston told us that the "lack of a committed adult puts youth at risk for pregnancy." She explained that "healthy relationships are difficult for youth in [foster care] because they are constantly being moved and it's difficult to attach."

A foster parent in Houston shared that most teens she has cared for are open to using birth control but "they just don't think about it. The foster parent has to be the one who initiates that conversation if the teen is sexually active or in a serious relationship."

Improve Compliance with RCCL Service Plan Requirements

The good news is Texas has already recognized that the child welfare system needs to do a better job of ensuring youth receive reproductive health education and develop interpersonal skills and healthy relationships. Texas Residential Child Care Licensing (RCCL) establishes minimum standards for General Residential Operations, Residential Treatment Centers, and Child Placing Agencies (CPAs). **The RCCL standards require initial service plans to include a plan for educating all children who are age 13 or older in healthy interpersonal relationships, healthy boundaries, positive social skills, sexually transmitted diseases, and human reproduction.**[77] Underscoring the

need for these efforts, youth we interviewed discussed how difficult it was to simply develop friendships and good communication skills in foster care.

The state assesses providers' compliance with RCCL minimum standards through monitoring inspections. The Licensing Policy and Procedure Handbook requires that all minimum standards be evaluated every two years. Although monitoring inspections must occur, it is unclear how rigorously the standards about initial service plans are enforced across the state.[78]

Unfortunately, our survey data suggest that many providers are not meeting minimum standards requirements. **Only 38 percent of 126 child welfare service providers that responded to our survey indicated that their agency had a specific plan, protocol, or program to assist teens in preventing pregnancy and sexually transmitted infections.** One CPA administrator seemed unaware of the minimum standards requirement when she suggested that the new single service plan is part of the solution, saying "maybe talking about sex at that meeting would be helpful. Staff should discuss how they are preventing pregnancy."

The RCCL Division must work to ensure the standards the state sets are being met by licensed providers. In 2017, RCCL and other licensing divisions moved from DFPS to HHSC, while DFPS retained control over abuse and neglect investigations. This reorganization presents an opportunity as RCCL can — and should — focus its resources on minimum standards compliance to ensure the child welfare system is reaching youth with these important services and supports.

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Moreover, Judge Darlene Byrne, whose model juvenile court in Travis County is looking at strategies to prevent pregnancy and better support pregnant and parenting youth, has 11- and 12-year-olds on her docket who are pregnant. **Given this sexual activity among young children in foster care, RCCL should include developmentally appropriate conversations about healthy relationships and reproductive health with younger children in foster care.**

Improve Implementation of PAL Health Curriculum

Texas has recognized the need to support youth development and education on healthy relationships through programs like the Preparation for Adult Living (PAL) Program.[79] PAL is one component of a broader array of services for older youth called Transitional Living Services. Transitional Living Services begin at age 14 and may continue until age 23. PAL is a component of permanency planning that helps older youth successfully transition into adulthood as they prepare to leave DFPS care and live as adults. Youth ages 14 to 21 receive services and benefits that help them become self-sufficient and productive adults. PAL services include life skills assessments, life skills trainings, a transitional living allowance, aftercare room and board, case management services, and post-secondary support through education and training vouchers and state tuition fee waivers. PAL regional staff, regional youth specialists, and contract providers help youth obtain these services. Through life skills training, the PAL curriculum aims to help youth advance through specific core life skills, such as personal and social relationship skills as well as health and safety skills. Notably, each of these life skills elements incorporate aspects of reproductive health and healthy relationships. PAL staff also supplement PAL Life Skills training through regional and state teen conferences that support specific core life skills taught in life skill classes.

One of the PAL core life skills is *Personal and Social Relationships*. The Transitional Living Services Resource Guide, which provides information to help PAL caseworkers do their job better and includes reference material, procedures, and guidelines to help them complete the tasks they are required to do by policy, states that the goal is "to facilitate training that will promote positive peer relationships, develop appropriate communications skills, help youth develop a sense of culture and respect for others, and build positive self-esteem."[80] Of particular relevance, this skill includes training on domestic violence

and explores healthy boundaries, healthy choices, and positive relationship attributes.[81]

Another PAL core life skill is *Health and Safety*, which has a stated goal of "providing information that will help youth make healthy choices concerning health care, hygiene, nutrition, birth control, sexual responsibility, and substance abuse. Youth will also develop an understanding of how stress and anger affects their lives, the warning signs of violence, and how to access resources within their community when they are in need of help."[82] The desired outcomes include:

- developing an understanding of their sexual responsibility and risky behaviors;
- understanding all birth control options, how they are used, the pros and cons of use, and where to get them;
- developing a better understanding of reproduction and pregnancy risks;
- understanding the different types of Sexually Transmitted Infections (STIs) and knowing the signs and dangers of STIs;
- understanding how to protect against STIs;
- understanding human trafficking, the traps of the trafficker, and how to stay safe; and
- knowing what services and support are available to victims of human trafficking (including reporting alleged abuse to local law enforcement).[83]

To implement these skills PAL has a required curriculum, which provides details about the specific skills youth need to understand and achieve the desired outcomes of the course.[84] One PAL worker explained, "We can't make these decisions for them but can equip them with information so hopefully they can make good decisions."

> **"We can't make these decisions for them but can equip them with information so hopefully they can make good decisions."**
>
> ***–PAL Worker***

The PAL curriculum lays a good foundation, but it is difficult to know how well the curriculum translates into practice in every program. Although PAL has established goals, the specific content of the life skills training depends on the program, which is administered at the regional level by contracted local service providers and monitored by regional and state PAL staff to ensure compliance with program and contract requirements. As a result, the amount of content and effectiveness of skill-building efforts related to reproductive health and healthy relationships likely varies by DFPS region.

Our research suggests that the PAL is not always carried out in an effective manner. One youth explained, "I got a big book in PAL, that's it." Another said, "when it comes to PAL, it's not effective. It was all documentation and not interactive." When we asked DFPS leadership to respond to these statements, they noted that you cannot change a youth's perspective, but PAL classes should include numerous interactive activities. They also suggested that the youth's comment about "a big book" may have been a reference to the self-pace study guide.

Legislation passed during the 2017 legislative session provides an opportunity to upgrade PAL resources regarding healthy relationships and reproductive health in a way that is effective and meaningful for youth in foster care. The bill, SB 1758, expands PAL to include 14- and 15-year-olds and directs DFPS to work with stakeholders to revamp the curriculum to ensure it is relevant. This workgroup is currently underway, and DFPS has to report its plan to the Legislature by December 1, 2018. Additionally, DFPS is currently working to ensure PAL programming is trauma-informed.

As it updates the program, DFPS should adapt the PAL program to serve youth better by updating outdated messages, incorporating interactive or role-play learning, and using a trauma-informed lens. These types of activities have been shown to change behavior related to pregnancy, including delaying sexual activity, reducing the number of partners, and improving contraceptive and condom use among sexually active teens.[85]

Need to Pursue — and Replace — Federal Funds for Independent Programs

Independent programs aimed at teen health and preventive care for foster youth are also critical.

UT Teen Health at the UT Health Science Center at San Antonio, for example, is a cost-effective program aimed

at educating students, empowering families, and elevating community awareness about teen health, including unintended pregnancy. This program is funded through the Teen Pregnancy Prevention (TPP) Program grants offered through the U.S. Department of Health and Human Services (HHS) Office of Adolescent Health.[86] At its inception in 2010, the program had two goals: evaluate innovative teen pregnancy prevention programs in high schools and implement a community-wide teen pregnancy prevention initiative in Bexar County.[87]

The program expanded to explicitly address youth in foster care in 2015. That year, after showing successful results, it received a five-year grant from HHS to expand its work to build capacity through training and technical assistance to organizations in Texas that offer teen health and pregnancy programs to expectant youth, youth in juvenile detention, and youth in foster care across the state of Texas. The goal of the grant is to help other organizations replicate their program in communities with the greatest need.[88]

Unfortunately, in July 2017 the U.S. Department of Health and Human Services cut $213.6 million in funding for the TPP Program grants, including the grant to UT Teen Health. Instead of receiving TPP Program funding through 2020, the grant funding will expire on June 30, 2018.[89] UT Teen Health is seeking new funding sources to continue its efforts.[90]

Other effective community projects on adolescent pregnancy prevention are funded by the federal Family and Youth Services Bureau through Competitive Personal Responsibility Education Program (PREP) grants. Although these programs do not focus on foster care specifically, they are vital, evidence-based programs that educate and empower youth towards healthy relationships, achieving their life goals, and preparing for adulthood. A list of current PREP-funded programs in Texas are outlined on the following page.

The state should support efforts like UT Teen Health that are specifically targeted at teen health and preventing pregnancy among youth in foster care and pursue federal PREP grants to meet the unique needs of teens in foster care.

> "Everyone has a role in the prevention of pregnancy, including the biological family, foster parents, foster care providers, child welfare staff, and peers."
>
> *–Ashley, former foster youth*

Improve Training for Adults to Empower Youth to Build Healthy Relationships and Understand the Benefits of Delaying Pregnancy

Because of trauma they have experienced, youth in foster care may not feel like they have an adult they trust to talk to about sensitive or personal issues. Youth in foster care are surrounded by adults — including lawyers, judges, caseworkers, CASA volunteers, foster parents, physical and behavioral health care providers, and more — but may not trust or feel comfortable with these adults. **Our survey of former foster youth revealed that the majority of respondents felt they could talk to a therapist or counselor when they needed support at least some of the time (47 percent always; 45 percent sometimes; 8 percent never). Our survey of providers showed that 76 percent ensured all youth have a trusted adult to turn to.** However, interviews and focus groups suggested that youth still feel alone.

The vast majority of youth and providers we surveyed indicated that a key step DFPS could take to strengthen pregnancy prevention is to provide training and education to more adults serving youth in foster care. Youth said that caseworkers and foster parents should "talk to us and give them time to open up" and that "all caregivers should be open." Ashley, age 18, said "everyone has a role in the prevention of pregnancy, including the biological family, foster parents, foster care providers, child welfare staff, and peers."

In developing trainings, it is critical that information provided to youth recognize a child's past trauma and does not further stigmatize or cause harm. According to research by the University of Texas School of Social Work, sex education and prevention can include messages of danger and risk and can be especially damaging to those who have experienced trauma. (See text box on page 19.)

Current PREP-Funded Programs to Build Healthy Life Skills and Prevent Teen Pregnancy in Texas

Houston: Ambassadors for Christ Youth Ministries, Inc. is projected to serve 300 youth annually, ages 15 to 19. The program implements the evidence-based *Promoting Health Among Teens*, *Cuidate*, and *Be Proud Be Responsible Be Protective* curricula at 10 urban school-based locations in Harris County. It incorporates the following adult preparation subjects into its programming: healthy relationships, adolescent development, parent-child communication, healthy life skills, financial literacy, and educational and career success.

Houston: Center for Success and Independence, Inc. serves 119 youth annually, ages 13 to 17, at four juvenile justice settings within Harris and Fort Bend counties. The program implements the evidence-based *Transition to Independence Process*, *Sisters Saving Sisters*, and *MPowerment* curricula. The program also provides students with education on the following adult preparation subjects: healthy relationships, healthy life skills, and educational and career success.

Houston: Change Happens anticipates serving 720 youth annually, ages 14 to 19, within seven urban Houston schools. The program implements the evidence-based *Becoming a Responsible Teen* curriculum and provides students with education on the following adult preparation subjects: healthy relationships, adolescent development, parent-child communication, and educational and career success.

San Antonio: Healthy Future of Texas' BAE-B-SAFE project serves 900 youth annually, ages 18 and 19, within urban San Antonio. The program implements the evidence-based *SHARP* and *Seventeen Days* curricula at three community college-based and community-based settings and incorporates the following adult preparation subjects: healthy relationships, healthy life skills, and financial literacy.

Arlington: Future Leaders Outreach Network serves 1,300 youth annually, ages 11 to 19, implementing *Project AIM* and *Choosing the Best* curriculum at seven school-based sites in the Dallas-Fort Worth metroplex. The program provides programming on the following adult preparation subjects: parent-child communication, financial literacy, and educational and career success.

Arlington: Seasons of Change, Inc. is projected to serve 1,000 youth annually, ages 14 to 19. The program implements the evidence based *Teen Outreach Program (TOP)* curriculum at four school-based locations in Fort Worth. It provides students with programming on the following adult preparation subjects: healthy relationships, adolescent development, financial literacy, parent-child communication, educational and career success, healthy life skills.

College Station: Texas A&M University projects to serve 1,735 middle school youth annually within rural Maverick County. The program implements the evidence based *Cuidate* curriculum and Making Proud Choices curriculum. The program also provides students with education on the following adult preparation subjects: healthy relationships, adolescent development, parent-child communication, and healthy life skills.[91]

Even if youth in foster care have a protective adult relationship to turn to with questions, that adult may be underprepared to talk to youth about sex, relationships, and reproductive health. A CASA supervisor explained:

> "Everyone that is involved in caring for foster youth needs to be informed of what is available for foster youth. That is not the case currently. After that, I believe that the best approach is just for someone to have an honest discussion with the foster youth, a one on one discussion, rather than a classroom type setting where they get a lecture. The foster youth should feel comfortable enough to ask whatever questions they would like without feeling that they will be judged or punished. It is of utmost importance for them to know throughout the conversation that they are loved and cared for regardless of their past of even present behaviors."

A CPA Administrator further stated that "the better informed [youth] are, the better equipped they will be to make decisions about their own health and bodies." The Administrator explained the problem is "that case managers…are relative strangers especially in the early days

of a placement. It is awkward for [youth] to have a strange adult harping on safe sex…without a trusting relationship, kids are less likely to care what [providers] are saying."

Our survey of providers working with foster youth — including foster parents, health professionals, and caseworkers, among others — revealed that only 41 percent believe they have received sufficient training to work effectively with teens to prevent pregnancy. This was clearly echoed throughout focus groups with providers serving foster youth. A CPA Administrator noted that "foster parents or caregivers are uncomfortable about talking about sex and relationships with foster youth. When foster youth begin experimenting, it is seen as sexually acting out versus normal developmental behavior." A case manager in San Antonio explained that "when teens know a person is uncomfortable, they feel awkward too." A home health worker further explained that "providers aren't doing much currently because they are worried about boundaries. They should give materials to educate teens, everyone is scared." On the other hand, another CPA Administrator has a different take; she thinks "open communication is stronger now. Foster parents ask right away if a youth is having sex and about what sexual partners they have. They talk about safety."

Equipping CPS Caseworkers

DFPS should ensure caseworkers receive additional training and tools so they are better equipped to have age-appropriate, trauma-informed conversations with youth about health and healthy relationships. DFPS should provide caseworkers with up-to-date information about state confidentiality policies (see Strategy 2 below) and where to refer youth for health services or more information. The Basic Skills Development (BSD) — a required training for all new CPS caseworkers — does not provide critical information on understanding sexual development, the effect of trauma on health outcomes, or strategies for supporting improved reproductive health outcomes. Rather, the BSD curriculum only addresses child sexual aggression and child development from birth to age five.[92] The state is transitioning away from BSD to a new training model, CPS Professional Development (CPD). CPD appears to be an overall positive change; however, CPD still does not include specific information related to positive healthy relationships, reproductive health, and sexual development.

Tina, a 20-year-old former foster youth, explained, "my caseworker never really talked to me about sex. We see CPS caseworkers as our mentors because we have more contact with them than anyone. We would expect mentorship from them and [that they] encourage us. When I started to become sexually active, my caseworker just told me that they can't judge me for that. There was no follow-up on why it would be wise to do XYZ."

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–Tina, former foster youth

Youth we surveyed believed it would be helpful for CPS caseworkers to know how to have these conversations. Some caseworkers feared that speaking to children in foster care about sexual health could be viewed as "permission to have sex." More concerning, many young adults in the focus group said their CPS caseworkers just told them that, if they got pregnant, their child would be placed in foster care — and that was the extent of the information their CPS caseworker provided on reproductive health.

Additionally, our research indicated that foster youth often do not feel comfortable talking to their CPS caseworker because of high worker turnover and caseload demands.

Equipping Foster Parents

Foster parents or other caregivers need tools and training on how to initiate discussions with youth regarding teen health issues, including self-image, relationships, goal setting, planning and decision making, and protection from STIs, unwanted pregnancy, and exploitation.[93] CPAs, General Residential Operations, and Residential Treatment Centers provide ongoing training and support for the staff, caregivers, and foster parents in their network. Texas sets minimum standards for CPAs and other foster care placements — standards that must be met in order to be certified by the state to take care of a child in foster care. The minimum standards discussed above require foster parents and residential foster care providers to address issues related to pregnancy with teens.[94] However, topics of healthy relationships and teen health are not covered in caregiver pre-service and annual training provided by Child Placing Agencies, leaving many caregivers unequipped or unprepared to support a youth's health and well-being. One foster parent told us she will not take older youth because she has "been given so little education on [sexual health]" that she feels incompetent.

Equipping Health Professionals

Physicians play a vital role engaging youth in discussions related to their health and safety, including violence prevention, sexual health, and pregnancy prevention. In doing so, health professionals should consider a child's history of trauma, including sexual abuse. The American Academy of Pediatrics (AAP) recommends that health providers begin one-on-one conversations with young people starting at age 11 on these topics.[95]

Youth in foster care regularly see medical professionals, providing an opportunity for these important conversations. STAR Health data reveal that 98 percent

One foster parent told us she will not take older youth because she has "been given so little education on [sexual health]" that she feels incompetent.

of youth in foster care ages 12 to 19 had access to a primary care physician and 73 percent of youth ages 12 to 19 had at least one comprehensive well-care visit with their primary care practitioner or an OB/GYN in 2016.[96] In our survey, 89 percent of young adult respondents said they had a physical by a nurse or doctor in the last year.

However, these are often missed opportunities. **Our interviews and focus group discussions with young people revealed that most youth expect a doctor to talk to them about pregnancy prevention and other sexual health issues, but that many medical professionals do not have conversations with them on these topics and the quality of information provided to youth varies by provider.** National research is consistent with our findings.[97]

Trainings that utilize a trauma-informed approach, such as *Brave Conversations* (outlined below), would be an important step towards ensuring more health professionals are better equipped to talk with youth about healthy relationships and pregnancy prevention. Additionally, the Department of State Health Services (DSHS) offers a variety of Online Provider Education modules for Texas Health Steps providers (pediatric providers in Texas' Medicaid and CHIP network). Examples of current Online Education Modules include "Identifying and Treating Young People with High-Risk Behaviors," "Promoting Adolescent Health," and "Motivational Interviewing."[98] Additional online education modules could be developed to promote best practices and techniques for engaging youth in conversations about healthy relationships, pregnancy prevention, and sexual health.

Equipping Other Adults in the Lives of Foster Youth

Other adults who interact with foster youths — including attorneys, judges, and CASA volunteers — should be trained on how to start these conversations with youth. Fortunately, many training resources already exist. For example, the Power to Decide and the National Council of Juvenile and Family Court Judges developed a *Power to Decide* guide for judges to help speak with youth about healthy relationships, achieving their life goals, and preventing pregnancy. In Travis County, Judge Byrne uses this guide to engage youth on these topics. Judge Byrne says that, "[a]s a judge for kids in foster care, it is my job to do what is in the best interest of these kids by making certain all the people in their lives treat them in a manner that is safe, healthy, and provides for all their basic needs."

Judge Byrne recognizes the importance of healthy adult relationships — and adults who are equipped to engage youth about important health topics. She noted that "[o]ne thing I consider a need for every foster child who is age 10 or over is to have identified at least one healthy adult in their life who they know they can approach to discuss their reproductive health and all their options to stay safe, healthy, and avoid an untimely pregnancy. **Each adult willing to be named in this capacity needs to be well educated about reproductive health and be willing and able to communicate with foster youth in an honest, nonjudgmental, and developmentally-appropriate manner about this very important, yet highly sensitive topic."**

Trauma-informed Training for Talking to Youth about Reproductive Health: The Brave Conversations Model

One existing training resource is a workshop called *Brave Conversations*. It was developed by Dr. Monica Faulkner, director of the Texas Institute for Child & Family Wellbeing at the University of Texas at Austin Steve Hicks School of Social Work.

Brave Conversations is a trauma-informed approach to sex education. The goal of the program is to teach youth-serving professionals more about working with vulnerable populations so they can help the youth they serve feel empowered to make good decisions in their lives. This is different from traditional sex education, which tends to focus exclusively on risk and prevention.

The stated program objectives are to:

1. Articulate the importance of trauma-informed sex education for youth who have been maltreated.
2. Identify the ways in which prevalent cultural attitudes affect the way we think and educate about adolescent sexuality.
3. Practice responding to scenarios about youth and sexuality in ways that are positive, normalizing, and inclusive.[99]

STRATEGY 2: ACCESS TO HEALTH SERVICES

Another key strategy is ensuring appropriate access to health services, including access to family planning to prevent teen pregnancy as well as access to prenatal and postpartum care for pregnant and parenting youth.

Access to Family Planning to Prevent Teen Pregnancy in Foster Care

Youth in foster care, regardless of gender, are less likely to use contraception the first time they have sex compared with their non-foster care peers, significantly increasing their risk of pregnancy as well as STIs. **Nationally, only about half (56 percent) of youth in foster care used contraception the first time they had sex, compared with 72 percent of their non-foster care peers.**[100]

The lower rate of contraception use among youth in foster care may not be a product of limited access to medical professionals. An obstetric case manager for a health insurance plan told us "there is no reason for youth to not have birth control if they are [enrolled in] STAR Health." Youth in foster care typically see a health professional for check-ups and health screenings, providing an opportunity to talk to a clinician about their reproductive health needs. Indeed, nearly 2 out of 3 (62 percent) youth in our survey said they discussed reproductive health needs with a medical professional while in foster care and slightly more (70 percent) had access to birth control other than condoms.

However, in many cases, youth may not feel comfortable seeking out contraception or STI testing because of concerns about confidentiality and uncertainty about whether parental consent is needed. Further, as noted below, caregivers may present additional barriers to receiving family planning services.

Confidentiality Concerns Can Limit Access to Contraception

Concerns about confidentiality can have real consequences. A recent study in the *Journal of Adolescent Health* found that when teens have concerns about confidentiality, they are more likely to forego reproductive health services.[101] The study revealed that youth living in nontraditional family structures had low communication or trust with guardians, which led to more significant confidentiality concerns.[102] In fact, youth living away from their parents were more likely than any other subgroup examined in the study to have concerns about confidentiality.[103]

To ensure that more youth in foster care feel safe seeking contraceptive care, Texas must ensure that youth know their health care conversations and decisions will remain confidential.

Clarifying Contraception Consent Rules

Making sure youth understand their rights regarding access to health care is one way to ensure youth trust that their reproductive health services are confidential. **However, according to our survey of former foster youth, only half of youth (55 percent) said they knew who could give permission for birth control if they decided to use it.**

Federal Medicaid law protects confidential access to family planning services — including contraceptive method of choice — for individuals of childbearing age enrolled in a state's Medicaid program, including minors.[104] All youth in foster care are eligible for Medicaid health coverage through the STAR Health program. This policy is reiterated in Texas state health department guidance to health providers and online education resources for health professionals in the Medicaid network. For instance, the Texas Department of State Health Services' August 2016 Adolescent Health Guide for Providers makes clear that "[u]nder federal law, minors may give their own consent and receive confidential family planning services on request if the funding source is Medicaid or a Title X Family Planning Program." The same messages and guidance are provided in the state's Texas Health Steps continuing education trainings presented to health professionals in the Medicaid network.[105]

Unfortunately, our research revealed there is significant confusion among caseworkers, child welfare providers, and even health professionals about whether consent from a parent or other authorized medical consenter is needed for family planning services provided to foster youth. Only 40 percent of the providers who responded to

our survey believed that foster parents and other caregivers are aware of the reproductive health options and rights for youth (40 percent of providers agree or strongly agree; 35 percent disagree or strongly disagree; and 26 percent don't know).

DFPS guidance given to caseworkers is less clear than HHSC guidance for health providers. The CPS policy manual states "[a] youth may request contraceptive services through his or her physician or other family planning services provider. The decision to provide a minor with contraception and to obtain the appropriate consent, if applicable, is the healthcare provider's responsibility. The caseworker must not attempt to prohibit the youth from seeking contraceptive services."[106] CPS caseworkers receive the majority of their guidance and protocols from DFPS. Although this states that caseworkers may not prohibit access to contraception, it also suggests that, in some cases, health professionals may need consent from someone other than the youth to access contraception. In fact, those cases are exceptionally rare. Additionally, no information is currently provided to youth regarding their right to receive confidential family planning services.

To reduce confusion and improve state coordination, Texas should align consent policies between the various state agencies and offer additional training on policies and protocols to providers serving foster youth including health professionals, foster parents, child placing agencies, and caseworkers.

Limiting Youth Access Due to Providers' Beliefs

In addition to the existing confusion around confidential access to family planning, a caregiver or other provider's expressed religious beliefs could cause a youth to be more concerned about confidentiality and lead her to forego contraceptive care. This confusion may potentially worsen under HB 3859. Approved by the Texas Legislature in 2017, HB 3859 specifically protects child welfare service providers who decline or will decline to provide, facilitate, or refer a person for contraceptives. The way the statute is written, if interpreted broadly, could include medical staff working at a General Residential Operation or Residential Treatment Center, or a foster parent who refuses to take the child to an appointment to get a prescription for contraception, refuses to take the child to pick up a prescription, or disallows a child from using contraception while living in their home. The legislation recognized that youth should not be entirely denied access to services, so it requires the state to ensure that a "secondary service provider" is available to provide the denied service. However, it remains unclear how secondary service providers will be identified and how youth will know about or connect to these providers.

If youth are concerned about confidentiality, they may forego services they would otherwise want. A CPA Administrator in San Antonio noted that "People do not want to answer kids' questions honestly; they just want to tell them to wait until they are married. Clearly this is not helpful or teen pregnancy would not be an issue. Foster parents are the first line of communication with youth because they are the ones that — hopefully — the children will trust and feel most comfortable talking to. If the foster parents' religious beliefs prevent them from having an honest discussion, it is hard to accomplish anything."

It will be important to monitor whether HB 3859 increases the number of youth who feel blocked from accessing contraceptives or confused about their rights. Additionally, Texas should develop a plan to ensure secondary service providers are easily accessible to youth and that youth understand their rights surrounding reproductive health and family planning services.

Timely Access to Prenatal and Postpartum Care for Pregnant and Parenting Youth

If youth in foster care become pregnant, Texas should make sure they receive timely, appropriate health care and should also enhance efforts to prevent repeat pregnancies — both of which are areas where Texas could improve.

Why Prenatal and Postpartum Care Are Key to the Health of all Mothers and Babies

Initiation of prenatal care within the first trimester is a key component of a healthy pregnancy. Prenatal care includes a comprehensive health risk assessment to identify any health conditions that could cause complications, accompanied by an individual care plan to address those risks. Late or inadequate prenatal care is a known risk factor for infant death and low birth weight births.[107] Early, routine prenatal care is vital to manage possible risks for preterm or low birth weight births and to quickly detect and treat medical conditions — such as gestational diabetes or heart disease — that exist or may crop up unexpectedly.

After pregnancy, the American College of Obstetricians and Gynecologists (ACOG) recommends that all women have a comprehensive postpartum visit within the first six weeks after birth of a child.[108] Earlier or more frequent postpartum visits may be needed, for example, to address

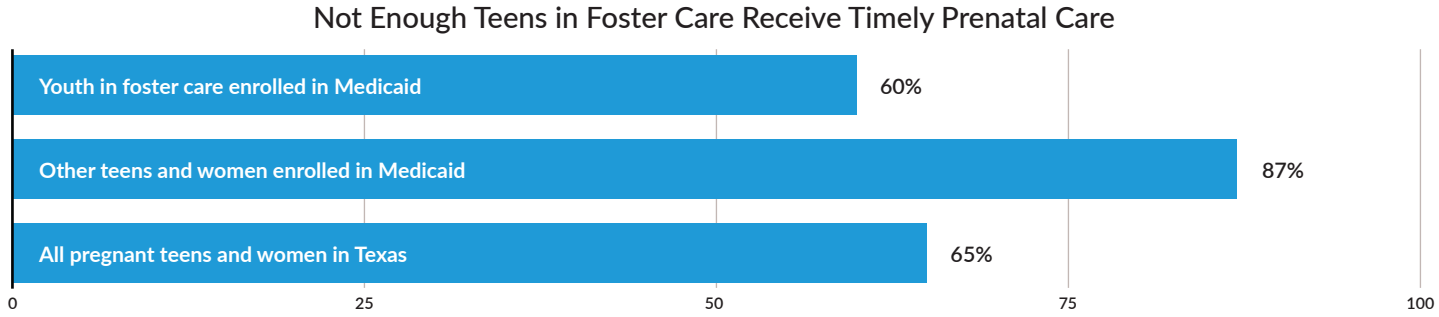
birth complications or for women with gestational diabetes or high blood pressure. This is a vital time to discuss recovery from labor, childbirth, any complications, family planning and birth spacing, and infant feeding, and to screen for medical or behavioral conditions like postpartum depression or substance abuse.[109] Recent Texas data shows an alarming spike in maternal mortality and morbidity between 2011 and 2015, with leading causes of maternal death being overdose, cardiac event, homicide, and suicide.[110] Given that almost 80 percent of confirmed maternal deaths between 2012 and 2015 occurred between seven days and one year postpartum,[111] it is more important than ever that women have continuity of care to stay healthy after pregnancy.

Youth in Foster Care Are Less Likely to Receive Prenatal and Postpartum Care

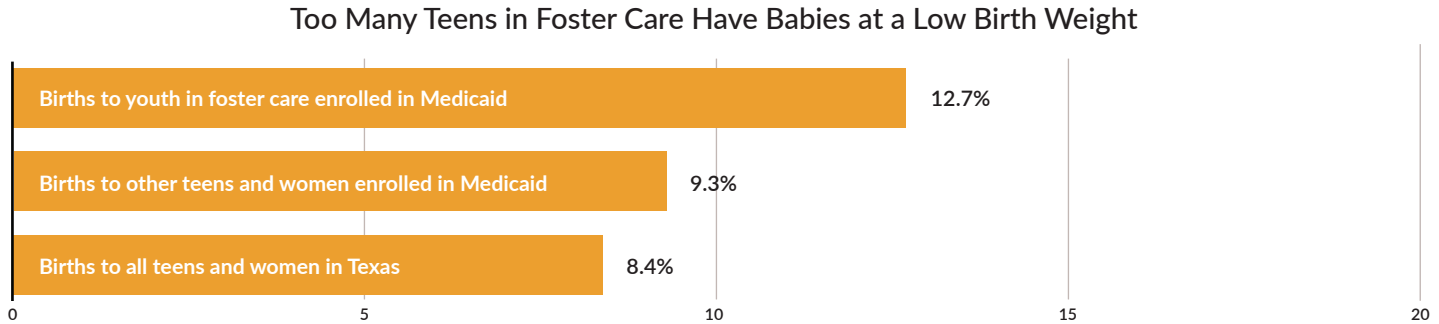
Youth in foster care are less likely to receive prenatal care within the critical first trimester compared to Texans enrolled in similar state health programs. Texas Medicaid annually tracks the percentage of pregnant women enrolled in Medicaid coverage who started prenatal care in the first trimester or within 42 days of enrolling in their health plan. **According to this data for FY 2016, only 60 percent of pregnant teens in foster care enrolled in STAR Health received timely prenatal care, considerably lower than the 87 percent of pregnant teens and women enrolled in the state's other Medicaid STAR programs (Children's Medicaid and Medicaid for Pregnant Women)[112]** and the 65 percent of mothers in all births statewide who started prenatal care within the first trimester.[113]

Texas youth in foster care are also more likely to have a baby born at a low birth weight (less than 5 pounds, 8 ounces). Low birth weight, which is more likely in teen births and when prenatal care is late or inadequate, puts a baby at higher risk of health problems and dying in infancy. **In 2016, foster youth in STAR Health were 30 percent more likely to have a baby born too small compared to pregnant teens and adults in the state's other Medicaid STAR programs.** Among foster youth in STAR Health, 12.7 percent of live births were born at low birth weight, compared to 9.3 percent of Texans in the other Medicaid STAR programs[114] and 8.4 percent of all births in Texas.[115]

Fig. 2. Inadequate Support for Pregnant Youth in Foster Care Puts Babies' and Moms' Health at Risk



Timely prenatal care for teens and women enrolled in Medicaid is defined as care in the first trimester or within 42 days of enrolling in their health plan. Timely prenatal care for all pregnant teens and women in Texas is defined as starting care in the first trimester.



Low birth weight, which is more likely in teen births and when prenatal care is late or inadequate, puts a baby at higher risk of health problems and dying in infancy. Low birth weight is defined as less than 5 pounds, 8 ounces.

Source for all data above: Texas Medicaid data, FY 2016.

Foster youth in Texas are also less likely to have a postpartum visit compared to Texas youth and adults enrolled in other Medicaid STAR programs. **In 2016, 67 percent of women in STAR Medicaid programs had a postpartum visit within 21 and 56 days of delivery, while only 42 percent of foster youth in STAR Health had a postpartum visit in that same timeframe.**[116]

Texas Should Use Best Practices, a Performance Improvement Project, and Data to Improve Access to Care

The Institute for Child Health Policy at the University of Florida, which serves as the External Quality Review Organization for Texas Medicaid and CHIP, has recognized the significant disparity in rates of prenatal and postpartum care between STAR and STAR Health programs.[117] In its 2016 annual report, the Institute recommended that U.S. HHS and Texas Managed Care Organizations (MCOs) identify best practices used by STAR MCOs and share these with lower-performing MCOs.[118] MCOs are health insurance entities that contract with health providers to deliver care to health plan enrollees. MCOs help coordinate care, manage utilization, and help enrollees find providers in their area, with the goal of improving quality of care and reducing costs. **Texas should act on this recommendation by urging STAR MCOs to share best practices for prenatal and postpartum care with the STAR Health MCO.**

However, since STAR Health serves a unique population of Texas youth, it will be important to ensure that new practices or steps taken to address barriers to prenatal care take into account the real-life needs of foster youth. For instance, external factors such as transportation challenges or frequent moves to new foster care placements could cause youth to switch doctors or reschedule appointments, disrupting continuity of care.

Additionally, to promote healthy pregnancies and births, Texas should urge the STAR Health MCO, currently Superior Health, to develop a Performance Improvement Project (PIP) — a health plan initiative that is focused on achieving specific health goals. Texas Medicaid and CHIP MCOs have implemented a variety of PIPs in the past focused on specific goals and quality measures, ranging from reducing potentially preventable admissions for asthma to improving rates of well-child visits and improving rates of adolescent well-care visits. Despite some positive outcomes from the PIPs overall, the Institute of Child Health Policy at the University of Florida (Texas' external review organization) has recommended that Texas MCOs "tailor their intervention plans so that they are specific to the provider/member make-up of each Medicaid program."[119] Accordingly, a STAR Health plan-designed PIP should include creative interventions and member engagement techniques that are tailored to youth in foster care. For instance, PIPs could use additional text alerts, email reminders, as well as specialized case managers to facilitate early prenatal care for pregnant youth in foster care and encourage new mothers to complete postpartum care.

Texas must also pay particular attention to improving access to contraception after youth in foster care have a baby. As noted earlier, Texas has the highest rate of repeat teen pregnancies in the nation, and each subsequent teen birth significantly increases a youth's risk of negative outcomes such as dropping out of school.

One way Texas should address repeat teen births in foster care is by leveraging the "core set" of quality measures that the federal Centers for Medicare and Medicaid Services (CMS) identifies each year for state Medicaid and CHIP programs to voluntarily track and report. The core set of quality measures reflects a range of health indicators for adults, children, and pregnant women, including timeliness of prenatal care, cervical cancer screening rates, and well-child visit rates.

Recently, CMS added to the "Child Core Set" two newly-approved quality measures to assess access to contraception — both in general and during the postpartum period after a woman delivers a baby. The two measures in the Child Core Set are: (1) contraceptive care for women ages 15 to 20 and (2) contraceptive care for postpartum women ages 15 to 20. Notably, the two contraceptive care measures help identify trends in access to long-acting reversible contraception (LARC). Specifically, the two measures will report the percentage of women at risk of unintended pregnancy who received a LARC and the percentage of women who are provided a moderately effective FDA-approved contraceptive method (such as birth control pills, shot, patch, or diaphragm). When it comes to postpartum contraceptive care, the measure looks at whether a LARC or other contraceptive method was provided within three and 60 days postpartum.[120]

Texas should add these two nationally-recognized contraceptive care measures to the list of measures that Medicaid and CHIP health plans track and report annually. This data will illustrate trends in access to LARCs or other forms of contraception over time — particularly for youth ages 15 to 20 and teens who have recently had a baby. This data can also help identify gaps and areas of improvement between different programs (such as STAR, STAR Health, or CHIP) over time.

Additionally, as HHSC further develops its pay-for-quality and value-based care initiatives that have rolled out in 2018, it should consider adding the CMS-approved contraception measures to the list of measures for which health providers would be rewarded (or given a "bonus" payment) for exceptional quality and value.

STRATEGY 3: SUPPORTING AND COACHING PREGNANT AND PARENTING YOUTH

As noted earlier in the report, more youth in foster care become young parents than the general teen population and more teen parents in foster care subsequently have their children removed by CPS and placed in foster care compared to other teen parents who are not in foster care. Texas should do more to prevent this cycle of child welfare involvement by supporting these young families and enabling them to stay together in safe environments.

The number of children in foster care who are pregnant or parenting is low enough that the state has the capacity to provide ample support to each one. In 2017, for example, DFPS reports there were 332 pregnant youth and 218 parenting youth in foster care.

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Collecting Data as a First Step

The Texas Legislature and U.S. Congress have both passed legislation related to collecting data on pregnant and parenting foster youth, although there is more work to do. In 2014, Congress passed the Preventing Sex Trafficking and Strengthening Families Act to require states to report on the number of youth in foster care who are pregnant or parenting.[121] In 2015, the Texas Legislature passed SB 206 requiring DFPS to collect this data. Then in 2017, the Texas Legislature passed HB 1549 to ensure a more accurate and detailed count of pregnant and parenting youth in foster care and their children. Specifically, HB 1549 requires DFPS to report county-level data on the number of pregnant and parenting foster youth in DFPS conservatorship and the number of youth in foster care whose children are also placed in DFPS conservatorship.

Unfortunately, the first report, which DFPS released in February 2018, did not report the number of youth in foster care whose children are placed in DFPS conservatorship, as required under HB 1549.[122] Instead, it reported the number of infants born in 2017 to youth in foster care and placed in DFPS conservatorship in that same year. By doing so, the DFPS report is failing to capture older children of teen parents in foster care. For example, if a 14-year-old in foster care has a child and retains custody of that child beyond the fiscal year, but that child later enters DFPS conservatorship, the current report would not capture that removal. **In future reports, DFPS should provide the information required by HB 1549 to better identify how many youths in foster care are pregnant or parenting and how many of their children are subsequently involved in foster care.** This will help the department and providers working with foster youth better understand the scope of the issue and the extent of parenting support services that may be needed.

There are other gaps in data collection and reporting on pregnant and parenting youth. In particular, data DFPS reports each year should:

- include the teen pregnancy and teen birth rate for youth in foster care,
- disaggregate by gender (mothers and fathers),
- distinguish between youth who enter foster care

Texas needs to do a better job identifying how many youth in foster care are pregnant or parenting and how many of their children are subsequently involved in foster care.

pregnant or parenting versus youth who become pregnant or become a parent while in foster care,
- report how many pregnant or parenting youth exit foster care and the exit type, and
- report the ages of youth who are pregnant or parenting.

DFPS cannot currently collect all the data listed above. However, DFPS' updated Child Plan of Service includes more information on youth who are pregnant and parenting. That information will be available through the DFPS information management system, known as IMPACT, as the system is updated. This update will allow DFPS to pull additional information regarding this population, including the following:

- Whether the youth is pregnant
- Whether the youth has a child
- Where the child currently resides
- Whether the child is in DFPS custody

Improving Family Supports for Parenting Youth

Although programs like Preparation for Adult Living (PAL) are aimed at helping foster youth learn the skills they need to successfully transition into adulthood and independent living, these programs are not tailored to the unique needs of pregnant and parenting foster youth. Texas should make additional efforts to provide age-appropriate, trauma-informed supports to foster youth who are pregnant or parenting.

Legislation on Supports for Parenting Youth

In 2017, the Texas House Human Services Committee held a hearing on HB 2330, a bill requiring DFPS to provide pregnant and parenting foster youth training and support services to help them care for their children. Specifically, the bill would have required parenting skills training and information on safe environments for children, safe sleeping arrangements, methods to cope with crying infants, and early childhood brain development. Although some young parents in foster care receive these services through DFPS Prevention and Early Intervention (PEI), the bill would have provided them to all young parents in foster care. Additionally, the bill would have required DFPS to recruit, prepare, train, and support foster parents, substitute caregivers, and mentors who work directly with pregnant and parenting youth. The bill was approved in committee but was not brought to the full House for a vote.

DFPS should take action on its own to implement the steps outlined in HB 2330, and the Legislature should pass similar legislation in 2019 to ensure the steps are carried out and in statute.

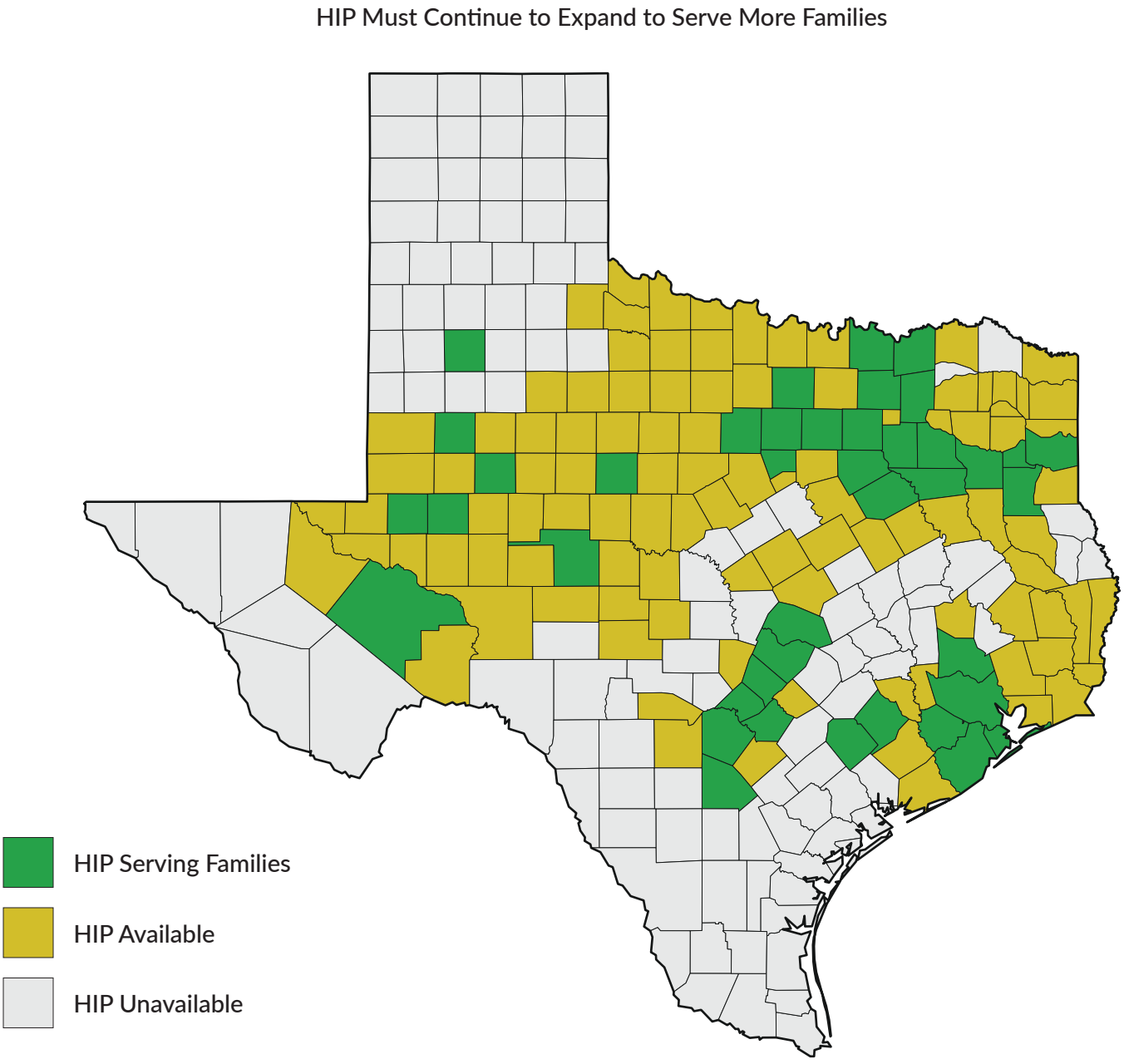
The Helping through Intervention and Prevention (HIP) Program

Through DFPS PEI programs, Texas invests in evidence-based community programs that help reduce child abuse and neglect, build parenting skills, and improve health and educational outcomes for children. Several PEI programs are available to parenting foster youth, such as Nurse Family Partnership, Home Visiting, and HOPES. **Yet, HIP is the only PEI program that is specifically tailored to families with prior CPS involvement and youth who are currently or formerly in foster care who are pregnant, have recently given birth, or are parenting a child under age two, including fathers.** HIP services help pregnant and parenting youth establish stable, thriving families and can help end a cycle of future involvement with CPS.

HIP is a free, voluntary program that provides parenting education and supports through a home visiting model. HIP often helps catch youth who did not engage in PEI services previously or who were on a waitlist for one of those programs at the time of their child's birth. DFPS uses a collaborative process to data match historical records with new birth records to identify families. The HIP contractor then contacts the family to see if they want to participate. For youth in foster care, when possible, CPS staff will notify the youth about the HIP Program prior to referral. In FY 2017, 39 percent of referred youth chose

to participate in the program.[123] HIP then works with the youth for two years to assist with basic needs and build parenting skills to help their child grow, develop, and learn. HIP is still a small, new program. Fortunately, the 85th Legislature increased funding for HIP from $600,000 to $2.2 million, an increase of $1.6 million for the 2018-2019 biennium. In FY 2016, HIP contractors received 182 referrals and served 29 families and caregivers.[124] The

Fig. 3. Availability and Use of Helping Through Intervention and Prevention (HIP) Program



Sources: (1)Texas Department of Family Protective Services. (2018). Prevention and Early Intervention: Families Served in Child Abuse/Neglect Prevention Programs. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Prevention_and_Early_Intervention/Families_Served-Fiscal_Year.asp. (2) Email from Sasha Rasco, Associate Commissioner for Prevention and Early Intervention, Texas Department of Family Protective Services, to author (Mar. 6, 21:47 CDT) (on file with author).

numbers rose significantly in FY 2017, prior to the increased appropriation. **In fact, in FY 2017, there were three times as many referrals to HIP, three times as many families served, and double the number of families completing the program compared to FY 2016.** Of the 628 total referrals to HIP in FY 2017, there were 241 referrals for youth in foster care, with 94 youth (39 percent) engaging in HIP services that year.[125] Given that DFPS data show Texas has over 500 identified pregnant and parenting foster youth in a given year, the increased investment in HIP should allow Texas to reach even more youth.

In FY 2017, HIP expanded services to additional areas. As of February 2018, HIP is available in 143 Texas counties. In the Houston area, Monarch Family Services holds the HIP contract and serves Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, and Wharton counties.[126]

The Legislature should continue investment in HIP to support foster youth who are pregnant and parenting.

Important Parenting Programs That Do Not Focus on Youth in Foster Care

Other community-based programs in Texas support young parents in and outside of foster care. For instance, Healthy Families Houston, affiliated with Healthy Families America and implemented by the Houston Health Department, is an evidence-based home visiting program for first time mothers ages 14 to 19 who are pregnant or have a young baby. Through weekly home visits that transition to monthly visits as appropriate and based on the family's needs, Healthy Families Houston helps first time parents build parenting skills, links clients with local resources and services, and promotes healthy child development. One aspect that makes it unique and different from the Healthy Families America model is its emphasis on life goal planning and contraception.[127]

Appropriate Placements for Pregnant and Parenting Youth

A key element of supporting pregnant and parenting foster youth is having an adequate number of foster homes and programs dedicated to serving their particular needs. One youth explained to us that her foster siblings, who were parents of children, "needed community and they needed to see and hear how to be able to be a healthy and thriving parent." Placing teen parents and their children together in "family-like" settings strengthens the parent-child attachment bond and allows a youth to develop the skills needed to be a safe and healthy parent. The foster parents and caregivers working with young parents should be knowledgeable of their specialized needs and help promote their ability to be nurturing parents.

DFPS should ensure that pregnant and parenting foster youth are placed in supportive homes and programs that nurture parent-child bonding. One strategy is to promote family-like settings as much as possible by restructuring reimbursement rates to accommodate pregnant and parenting youth or establishing a specific reimbursement rate for child welfare providers that care for teen parents and their children.

Unfortunately, there appears to be a shortage of foster homes and programs dedicated to serving pregnant and parenting foster youth, and DFPS' current approach to assessing and reporting the availability of foster placements makes it difficult to evaluate these gaps. A University of Chicago study of pregnant and parenting foster youth in Illinois found that youth who were in supportive environments tended to actively engage in services and be more successful. However, many foster families are reluctant to care for a teen parent and her child. Further, if pregnant and parenting youth feel scared or unsupported they are likely to run away.[128] In January 2017, DFPS released its foster care needs assessment highlighting capacity gaps across Texas. Unfortunately, the Department only analyzed foster care placement capacity by DFPS licensed placement type (i.e. foster home, residential treatment center, and emergency shelters); child's age; and assigned level of care (i.e. basic, moderate, specialized, intense). The assessment was not done by

DFPS should ensure that pregnant and parenting foster youth are placed in supportive homes and programs that nurture parent-child bonding. The first step is tracking and reporting the shortage of these placements.

more specific population needs or youth characteristics, including pregnant and parenting youth. As a result, it is difficult to truly determine the availability of foster homes and other placements to meet the specialized needs of these foster youth.

DFPS should track and report on an annual basis the capacity and geographic distribution of placements dedicated to serving this specific population. This information is critical to determining resource gaps and would inform efforts to recruit foster families specializing in the needs of young parents.

Opportunity to Expand Capacity through the Family First Prevention Services Act (FFPSA)

The Family First Prevention Services Act (FFPSA), effective in October 2018, allows states to use federal funds derived from Title IV-E of the Social Security Act – the federal program that pays for child welfare – for "time-limited" child maltreatment prevention services. Prior to passage of FFPSA, IV-E funds could only be spent on foster care placements and for assistance to adoptive families. Now, states may elect to participate and use funding to prevent child maltreatment by making prevention a component of their overall IV-E plan. Federal rulemaking and guidance is anticipated for fall of 2018. States that wish to participate must incorporate prevention into their IV-E plan.

Specifically, funds may be used for mental health, substance use, and parent skill-building services. These dollars can be applied to parents of "candidates for foster care" or pregnant or parenting foster youth.

To utilize new prevention funding for pregnant teens in foster care, the state must have a plan that includes a list of services for the youth and a specific "foster care prevention" strategy for any child born to them.

A state agency may spend IV-E funds on prevention services for parents over a 12-month period. For youth in Texas foster care who are pregnant or parenting, the state could thus pull down federal funds to provide tools youth need to keep their children safe and their new family together.

From 2019 until 2026, the federal government will cover 50 percent of the cost of mental health, substance use, and parent skill building supports for parents to prevent child maltreatment and entry into foster care. After 2026, the federal match for time-limited services will be recalulated using the Federal Medical Assistance Percentage (FMAP) formula.

Texas should take advantage of this new flexibility by incorporating prevention into its IV-E plan. This will increase Texas' capacity to more effectively serve pregnant and parenting youth in foster care by building on the success of our existing prevention programs and expanding those efforts statewide.

CONCLUSION AND RECOMMENDATIONS

The research outlined in this report demonstrates the urgency of preventing teen pregnancy in Texas foster care, both by helping youth develop healthy relationships and by ensuring they have access to needed health services. If youth in foster care are pregnant, it is important to provide them with the health services they need to have a healthy pregnancy and a healthy baby. Additionally, for teen parents in foster care, the report underscores the importance of giving the support they need to raise their baby safely and successfully and avoid removal by CPS.

Finally, it is important to note that the number of children in foster care who are pregnant or parenting is low enough for the state to provide ample support to each one. We owe them nothing less.

Strategy 1: Prevention Through Education on Healthy Relationships

Texas can prevent unplanned and untimely pregnancies by helping teens in foster care understand the importance of delaying pregnancy and build healthy relationships.

HHSC

- RCCL should enforce current minimum standards by ensuring child welfare providers develop and implement service plans that educate youth in foster care on healthy relationships and reproductive health for youth 13 and older.
- Minimum standards should require developmentally appropriate education about reproductive health and healthy relationships for all ages rather than starting these conversations at age 13.
- Pursue PREP funding for pregnancy prevention programs that target youth in foster care.

DFPS

- In revising the PAL curriculum, update outdated messages, incorporate interactive activities such as role playing, and use a trauma-informed lens.
- Ensure adults working with youth in foster care — especially caseworkers, foster parents, and medical personnel in the STAR Health network — have appropriate training on preventing pregnancy.
- Partner with community-based organizations to provide needed expertise on pregnancy prevention.

Texas Legislature

- Increase investment in evidence-based pregnancy prevention programs that are tailored to youth in foster care.

Congress

- Restore Texas Pregnancy Prevention (TPP) Program grant funding.

Local communities

- Create or support existing pregnancy prevention programs like UT Teen Health and Healthy Families.
- Build partnerships between health care providers and child welfare providers to provide effective pregnancy prevention services and reproductive health information to youth.

Private providers

- CPAs should promote training for foster parents to engage youth in conversations about life goals, healthy relationships, and teen health, including pregnancy prevention.
- Participate in ongoing conversations about restructuring the PAL curriculum under SB 1758.

Strategy 2: Access to Health Services

Texas should ensure youth in foster care are equipped to make responsible reproductive health decisions to prevent pregnancy and promote healthy pregnancies and babies when youth are expectant.

Confidential Access to Family Planning to Prevent Teen Pregnancy in Foster Care

DFPS and HHSC, collaboratively

- Align policy and practice for youth in foster care to access confidential contraceptive services.
- Offer additional training on policies and protocols to providers serving youth in foster care, including foster parents, child placing agencies, caseworkers, and health professionals.
- In the case of a child welfare service provider denying a youth access to contraception, develop a plan to ensure secondary service providers are easily accessible to foster youth.
- Develop a plan to ensure youth in foster care understand their rights regarding family planning and teen health care.

Timely Access to Prenatal and Postpartum Care for Pregnant and Parenting Youth in Foster Care

HHSC

- Encourage Managed Care Organizations (MCOs) in STAR Medicaid programs to share best practices for prenatal and postpartum care with the STAR Health MCO in order to improve early entry into prenatal care and postpartum follow-ups and to address drastic disparities in birth outcomes among pregnant youth in foster care.
- Encourage a STAR Health Performance Improvement Project that is tailored to youth in foster care and uses creative approaches to engage pregnant youth and facilitate prenatal and postpartum care.
- Add the two recently-approved contraceptive care measures to the list of quality measures that Texas Medicaid and CHIP track annually. In the future, consider adding these quality measures to Medicaid value-based payments initiatives.

Strategy 3: Supporting and Coaching Pregnant and Parenting Youth

Texas should expand its efforts to help youth in foster care who are pregnant or parenting develop necessary skills to boost the long-term success of both teen parents and their children.

DFPS

- Take advantage of the new Family First Prevention Services Act (FFPSA) by incorporating prevention services into the state's overall IV-E plan to expand capacity to serve pregnant and parenting youth in foster care and keep young families together.
- Provide family support services for youth in foster care who are pregnant or parenting and require specialized training for caregivers who work directly with pregnant and parenting foster youth.

Texas Legislature

- Improve DFPS data collection to more accurately understand the prevalence of pregnant or parenting youth in foster care, including by reporting on: birth rates; the number of teen mothers and fathers in foster care; the ages of youth who are pregnant or parenting; youth who enter foster care pregnant or parenting versus youth who become parents while in foster care; the permanency outcomes for pregnant or parenting youth in foster care; and the number of children of youth in foster care who are removed by CPS and placed in foster care as well.
- Strengthen investment in programs like HIP and Healthy Families Houston that help pregnant and parenting youth in foster care build parenting skills and enable their children to stay healthy and grow.
- Promote family-like settings as much as possible by restructuring reimbursement rates to accommodate pregnant and parenting youth or establishing a specific reimbursement rate for child welfare providers that care for teen parents and their children.
- Annually track and report on the capacity and geographic distribution of foster placements tailored to serve the distinct needs of pregnant and parenting foster youth.

Private Providers

- CPAs should target recruitment efforts to expand capacity for family-like homes willing to serve pregnant or parenting youth and their children.
- Community-based social service providers should consider becoming HIP contractors.

REFERENCES

1 Sridhar, P. (2017). Bexar County Seeing More Reports to Child Protective Services than 2016. Retrieved from http://www.kens5.com/article/news/local/bexar-co-seeing-more-reports-to-child-protective-services-than-2016/273-434036751.

2 Zielinski, A, (2017). How Texas' Overburdened Foster Care System has Produced a Generation of Lost Adults. Retrieved from https://www.sacurrent.com/the-daily/archives/2017/01/17/how-texas-overburdened-foster-care-system-has-produced-a-generation-of-lost-adults.

3 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf.

4 Analysis of STAR Health data provided by Texas Health and Human Services Commission via data request compared to updated data from the Texas Department of State Health Services on reported pregnancies for women 13-17 available at http://www.dshs.texas.gov/chs/vstat/vs15/t14b.aspx?terms=14b.

5 Analysis of HHSC STAR Health data, prepared by the Texas Campaign to Prevent Teen Pregnancy.

6 National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). Briefly . . . It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers.

7 Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy). (2010). *Policy Brief: Preventing Teen Pregnancy is Critical to School Completion.* Retrieved from https://powertodecide.org/what-we-do/information/resource-library/briefly-policy-brief-preventing-teen-pregnancy-critical.

8 Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences.* Chicago: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf.

9 White, C.R., O'Brien, K., Pecora, P.J., Kessler, R.C., Sampson, N., & Hwang, I. (2012). Texas Foster Care Alumni Study Technical Report. Retrieved from http://www.casey.org/media/StateFosterCare_TX_fr.pdf.

10 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf.

11 National Campaign to Prevent Unplanned Pregnancy. Texas Data. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/texas.

12 Stoltje, M.F. (2017). Trump administration ends teen pregnancy prevention programs prematurely. Retrieved from http://www.expressnews.com/news/local/article/Trump-administration-ends-teen-pregnancy-11299979.php.

13 National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). Briefly . . . It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers.

14 42 USC § 1396d(a)(4)(C). See Texas Department of State Health Services. (2016). Adolescent Health Guide for Providers. https://www.dshs.texas.gov/thsteps/pdfdocs/AHG-08-2016.pdf.

15 Texas Healthcare Learning Collaborative. Retrieve February 2018 from https://thlcportal.com/qoc/medical (Comparing STAR data for FY 2016 and STAR Health for FY 2016 for quality measure entitled "timeliness of prenatal care").

16 Texas Healthcare Learning Collaborative. Retrieved February 2018 from https://thlcportal.com/qoc/medical (Comparing STAR data for FY 2016 and STAR Health for FY 2016 for quality measure entitled "Low Birth Weight Infants - Total").

17 Texas Department of Family Protective Services. (2018). Attachment - Report by County FY 2017. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report_By_County_FY17.pdf.

18 Tex. Hum. Res. Code Ann. § 40.0516(a)(3)(8) (West 2018).

19 Texas Department of Family Protective Services. (2017). Department of Family Protective Services Foster Care Needs Assessment. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017-01-01_Foster_Care_Needs_Assessment_Report.pdf.

20 Kelly, J. (2018). CliffsNotes on Family First Act, Part One: Services to Prevent Foster Care. Retrieved from https://chronicleofsocialchange.org/finance-reform/cliffsnotes-family-first-anatomy-massive-child-welfare-entitlement-reform/29894.

21 Texas Department of Family Protective Services. (2018). Child Protective Services (CPS) Conservatorship: Children in DFPS Legal Responsibility. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Children_in_Conservatorship.asp

22 Texas Department of Family Protective Services. (2018). CPS Conservatorship Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.

23 Texas Department of Family Protective Services. (2018). Child Protective Services (CPS) Conservatorship: Children in DFPS Legal Responsibility. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Children_in_Conservatorship.asp

24 Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.

25 Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.

26 Texas Department of Family Protective Services (2018). Child Protective Services (CPS): Preparation for Adult Living (PAL). Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Youth_in_Substitute_Care/Preparation_for_Adult_Living.asp

27 National Campaign to Prevent Unplanned Pregnancy. Texas Data. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/texas.

28 Ibid.

29 Ibid.

30 U.S. Department of Health and Human Services Office of Adolescent Health. (2017). Texas Adolescent Reproductive Health Facts. Retrieved from https://www.hhs.gov/ash/oah/facts-and-stats/national-and-state-data-sheets/adolescent-reproductive-health/texas/index.html

31 Centers for Disease Control & Prevention. Vital Signs: Repeat Births Among Teens — United States, 2007–2010. (Apr 5, 2013) Vol. 62, Issue 13; 249-255. Available at https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6213a4.htm.

32 National Campaign to Prevent Unplanned Pregnancy. Texas Data. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/texas.

33 Analysis of state data, prepared by the Texas Campaign to Prevent Teen Pregnancy. Comparison of STAR Health data from HHSC and updated data from the Texas Department of State Health Services (DSHS) on reported pregnancies for youth ages 13-17. Available at http://www.dshs.texas.gov/chs/vstat/vs15/t14b.aspx?terms=14b.

34 Analysis of HHSC STAR Health data, prepared by the Texas Campaign to Prevent Teen Pregnancy.

35 Analysis of state data, prepared by the Texas Campaign to Prevent Teen Pregnancy. The birth rate for 15- to 19-year olds in foster care is based on STAR Health data from HHSC. However, HHSC data on births is presented through "cohorts" of female clients based on the teen's age on January 1 of the calendar year, not the age at time of pregnancy or birth. This means the delivery could have occurred before or after the client's birthday.

36 See Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from: https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp. In FY 2017, 18,851 kids (out of 50,293 children) exited DFPS conservatorship, with 33% living permanently with a relative; 28% getting adopted; 30% reunified; and 8% emancipated. Texas Department of Family Protective Services. 2018. CPS Conservatorship: Legal Statuses Granted During Fiscal Year. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Legal_Statuses_Granted.asp. Specifically for girls ages 15 and older, 40% left DFPS conservatorship in FY 2017.

37 STAR Health offers health coverage to youth in DFPS conservatorship up to their 18th birthday as well as some young adults under certain circumstances: (1) young adults who have remained in DFPS extended foster care placements (STAR Health available up to their 22nd birthday); (2) young adults who were previously in DFPS conservatorship and have returned through DFPS extended foster care placements through voluntary foster care agreements (STAR Health available up to 21st birthday); and (3) young adults eligible for Medicaid for Former Foster Care Children program (STAR Health available up to 21st birthday; STAR Medicaid plan available from age 21 to 26th birthday).
38 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf.
39 Texas Department of Family Protective Services (2017). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2016 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2016/2016_Pregnant_and_Parenting_Youth_Report.pdf
40 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf
41 Texas Department of Family Protective Services (2017). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2016 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2016/2016_Pregnant_and_Parenting_Youth_Report.pdf.
42 *M.D. v. Abbott*, No. 2:11-CV-84, 51 (S.D. Tex. 2018).
43 Oshima, K. M. M., Narendorf, S. C., & McMillen, J. C. (2013). Pregnancy Risk Among Older Youth Transitioning Out Of Foster Care. *Children and Youth Services Review*, 35(10), 1760–1765. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3902972/.
44 White, C.R., O'Brien, K., Pecora, P.J., Kessler, R.C., Sampson, N., & Hwang, I. (2012). Texas Foster Care Alumni Study Technical Report. Retrieved from http://www.casey.org/media/StateFosterCare_TX_fr.pdf.
45 National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). Briefly . . . It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers.
46 Escher P., Barnes, E.W. (2015). *"When You Decide . . ." A Judge's Guide to Pregnancy Prevention Among Foster Youth*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.
47 Substance Abuse and Mental Health Services Administration. (2017). Adverse Childhood Experiences. Retrieved from https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/adverse-childhood-experiences
48 Havlicek, J. (2011). Lives in Motion: A Review of Former Foster Youth in the Context of their Experiences in the Child Welfare System. *Children and Youth Services Review*, *33*(7), 1090–1100. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3105889/.
49 Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.
50 Texas Department of Family Protective Services. (2018). CPS Conservatorship: Children Exiting DFPS Legal Custody. Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Conservatorship/Exits.asp.
51 The Campaign to Prevent Unplanned Pregnancy. Maternal and Infant Health and the Benefits of Birth Control in America. Retrieved from https://powertodecide.org/sites/default/files/resources/supporting-materials/getting-the-facts-straight-chapter-3-maternal-infant-health.pdf.
52 Family & Youth Services Bureau National Clearinghouse on Families and Youth. The Hardest Adjustment: Recognizing Postpartum Depression in Teen Mothers. Retrieved from https://ncfy.acf.hhs.gov/features/mental-health-first-step-well-being/hardest-adjustment-recognizing-postpartum-depression.
53 Browne, C.H. (2015). *Expectant and parenting youth in foster care: Addressing their developmental needs to promote healthy parent and child outcomes*. Washington, DC: Center for the Study of Social Policy. Available at: www.cssp.org/reform/child-welfare/expectant-parenting-youth-in-foster-care
54 Klein, J. (2005). Adolescent Pregnancy: Current Trends and Issues. *Pediatrics*. 116-281. DOI: 10.1542/peds.2005-0999 Pediatrics 2005;116;281 Jonathan D. Klein Available at: https://pediatrics.aappublications.org/content/pediatrics/116/1/281.full.pdf
55 The National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). *Briefly: It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care*. Washington, DC: Author. Available at: https://thenationalcampaign.org/resource/briefly-its-your-responsibility-talk-youth-pregnancy-prevention-youth-foster-care
56 Texas Blueprint Implementation Data Workgroup. (2015). *Texas commits to transform education outcomes of students in foster care: Findings from the Texas Blueprint Implementation Data Workgroup*. Austin, TX: Children's Commission & Child and Family Research Institute, The University of Texas at Austin. Available at: http://texaschildrenscommission.gov/media/1168/texas-blueprint-data-workgroup-infographic.pdf
57 Ibid.
58 Texas Education Agency. (2017). Annual Dropout Rates. Retrieved from https://rptsvr1.tea.texas.gov/acctres/drop_annual/1516/state.html
59 Kate Perper (2010). Diploma Attainment Among Teen Mothers. Child Trends. Available at: ://www.childtrends.org/wp-content/uploads/2010/01/child_trends-2010_01_22_FS_diplomaattainment.pdf
60 Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf
61 National Campaign to Prevent Teen and Unplanned Pregnancy. (2015). Implementing Evidence-Based Teen Pregnancy Prevention Programs with Youth in Foster Care.
62 Ibid.
63 Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf
64 Ibid.
65 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf.
66 Texas Department of Family Protective Services (2017). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2016 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2016/2016_Pregnant_and_Parenting_Youth_Report.pdf.
67 White, C.R., O'Brien, K., Pecora, P.J., Kessler, R.C., Sampson, N., & Hwang, I. (2012). Texas Foster Care Alumni Study Technical Report. Retrieved from http://www.casey.org/media/StateFosterCare_TX_fr.pdf.
68 *M.D. v. Abbott*, No. 2:11-CV-84, 51 (S.D. Tex. 2018).
69 Department of Health & Human Services, Office of Adolescent Health. "Teen Pregnancy and Childbearing." Retrieved February 25, 2018. https://www.hhs.gov/ash/oah/adolescent-development/reproductive-health-and-teen-pregnancy/teen-pregnancy-and-childbearing/index.html.
70 Hoffman, S. D., & Maynard, R. A. (Eds.). (2008). *Kids having kids: economic costs and social consequences of teen pregnancy* (2nd ed.). Washington, DC: Urban Institute Press.
71 U.S. Census Bureau. (2008). Participation of Mothers in Government Assistance Programs. Retrieved from https://www.census.gov/prod/2008pubs/p70-116.pdf.
72 Power to Decide (formerly The National Campaign to Prevent Teen and Unplanned Pregnancy). Texas Data. Retrieved from https://powertodecide.org/what-we-do/information/national-state-data/texas.
73 U.S. Department of Health and Human Services - Office of Adolescent Health. (2017, March 11). Retrieved March 14, 2017, from https://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health/teen-pregnancy/
74 Boonstra, H.D. (2011). *Teen Pregnancy Among Young Women in Foster Care: A Primer*. Retrieved from https://www.guttmacher.org/sites/default/files/article_files/gpr140208.pdf.
75 Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences*. Chicago: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf.
76 Boonstra, H.D. (2011). *Teen Pregnancy Among Young Women in Foster Care: A Primer*. Retrieved from https://www.guttmacher.org/sites/default/files/article_files/gpr140208.pdf.
77 Texas Department of Family Protective Services. (2017). Minimum Standards for General Residential Operations. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/748_GRO.pdf; Texas Department of Family Protective Services. (2017). Minimum Standards for Child Placing Agencies. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/749_CPA.pdf.
78 Ibid.
79 Texas Department of Family Protective Services. Transitional Living Services. Last visited March 2018 https://www.dfps.state.tx.us/Child_Protection/Youth_and_Young_Adults/Transitional_Living/.
80 Texas Department of Family Protective Services. (2018). Transitional Living Services Resource Guide. Available at http://www.dfps.state.tx.us/handbooks/CPS/Resource_Guides/Transitional_Living_Services_Resource_Guide.pdf.
81 Ibid.
82 Ibid.
83 Ibid.

84 Ibid.
85 National Campaign to Prevent Teen and Unplanned Pregnancy. (2015). Briefly . . . Implementing Evidence-Based Teen Pregnancy Prevention Programs with Youth in Foster Care.
86 Office of Adolescent Health. (2016). OAH Teen Pregnancy Prevention Program: Spotlighting Success. Available ale https://www.hhs.gov/ash/oah/sites/default/files/spotlighting-success-utsa.pdf.
87 Ibid.
88 Ibid.
89 Stoeltje, M.F. (2017). Trump Administration ends treen pregnancy prevention programs prematurely. Available at http://www.expressnews.com/news/local/article/Trump-administration-ends-teen-pregnancy-11299979.php.
90 Ibid.
91 Department of Health & Human Services. Administration for Children and Families. Family and Youth Services Bureau. (2017). "Competitive Personal Responsibility Education Program Grantee Profiles." Retrieved from https://www.acf.hhs.gov/fysb/resource/cprep-profiles/.
92 The Department of Family and Protective Services. (2017). Individualized Training Plan/Conference Notes for Conservatorship.
93 Boonstra, H.D. (2011). Teen Pregnancy Among Young Women in Foster Care: A Primer. Retrieved from https://www.guttmacher.org/sites/default/files/article_files/gpr140208.pdf.
94 Texas Department of Family Protective Services. (2017). Minimum Standards for General Residential Operations. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/748_GRO.pdf; Texas Department of Family Protective Services. (2017). Minimum Standards for Child Placing Agencies. Retrieved from https://www.dfps.state.tx.us/Child_Care/documents/Standards_and_Regulations/749_CPA.pdf.
95 Center for Disease Control and Prevention. (December 2016). *Infobrief: Teen Health Services and One-On-One Time with A Healthcare Provider.* https://www.cdc.gov/healthyyouth/healthservices/pdf/oneononetime_factsheet.pdf.
96 The Institute for Child Health Policy University of Florida. *Texas Medicaid Managed Care and Children's Health Insurance Program Summary of Activities and Trends in Healthcare Quality.* CY 2016. Table 38, p. 97. https://hhs.texas.gov/sites/default/files//documents/about-hhs/process-improvement/quality-efficiency-improvement/External-Quality-Review/tx-medicaid-mngd-care-chip-eqro-contract-yr-2016.pdf. See Texas Healthcare Learning Collaborative. https://thlcportal.com/qoc/medical.
97 Donaldson A.A., Lindberg L.D. (2013). Receipt of sexual health information from parents, teachers, and healthcare providers by sexually experienced US adolescents. *Journal of Adolescent Health*. Retrieved from http://www.cfah.org/hbns/2013/doctors-dont-provide-sexual-health-info-to-teens/.
98 Department of State Health Services. Texas Health Steps. http://www.txhealthsteps.com/.
99 The University of Texas at Austin Texas Institute of Child & Family Wellbeing Steve Hicks School of Social Work. Brave Conversations: Utilizing trauma-informed approaches to talk to youth about sex. Last visited March 2018 at https://txicfw.socialwork.utexas.edu/research/project/brave-conversations-utilizing-trauma-informed-approaches-talk-youth-sex/.
100 National Campaign to Prevent Teen and Unplanned Pregnancy. (2010). Briefly . . . It's Your Responsibility to Talk to Youth: Pregnancy Prevention for Youth in Foster Care: A Tool for Caregivers and Providers.
101 Fuentes, L. (2017). Adolescents' and Young Adults' Reports of Barriers to Confidential Health Care and Receipt of Contraceptive Services. *Journal of Adolescent Health*. Available at http://www.jahonline.org/article/S1054-139X(17)30508-6/fulltext.
102 Ibid.
103 Ibid.
104 The Social Security Act. 42 USC § 1396d(a)(4)(C).
105 See DSHS and Texas Health Steps. "Teen Consent and Confidentiality". http://www.txhealthsteps.com/185-teen-consent-and-confidentiality ("Texas law requires minors to get a parent's permission to receive prescription contraception unless the minor is covered by a federally funded insurance product or the facility in which they are seeking treatment is a Title X Family Planning Program.")
106 Texas Department of Family Protective Services. (2017). Child Protective Services Handbook. Available at http://www.dfps.state.tx.us/handbooks/CPS/Files/CPS_pg_x11200.asp?zoom_highlight=contraception.
107 Kormondy, M. and Archer, N. 2016 Healthy Texas Babies Data Book. Austin, TX: Division for Family and Community Health Services, Texas Department of State Health Services, 2016. Accessed at https://www.dshs.texas.gov/healthytexasbabies/Documents/HTBDatabook_2016.pdf.
108 American College of Obstetricians and Gynecologists. Committee Opinion Number 666 (June 2016). https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care/.
109 Ibid.
110 Texas Department of State Health Services. Preventing Maternal Mortality and Morbidity, Oct. 12, 2017, http://dshs.texas.gov/mch/pdf/Preventing-Maternal-Mortality-and-Morbidity-in-Texas---October-12,-2017.pdf.
111 Ibid.
112 Texas Healthcare Learning Collaborative. Retrieved February 2018 from https://thlcportal.com/qoc/medical (Comparing STAR data for FY 2016 and STAR Health for FY 2016 for quality measure entitled "timeliness of prenatal care").
113 Kormondy, M. and Archer. *Healthy Texas Babies Data Book*. (Nov. 2017). Division for Community Health Improvement, Texas Department of State Health Services. pg. 33. Available at https://www.dshs.texas.gov/healthytexasbabies/Documents/HTBDatabook_2017.pdf.
114 Texas Healthcare Learning Collaborative. Retrieve February 2018 from https://thlcportal.com/qoc/medical (Comparing STAR data for FY 2016 and STAR Health for FY 2016 for quality measure entitled "Low Birth Weight Infants - Total").
115 Kormondy, M. and Archer. *Healthy Texas Babies Data Book*. (Nov. 2017). Division for Community Health Improvement, Texas Department of State Health Services. pg. 33. Available at https://www.dshs.texas.gov/healthytexasbabies/Documents/HTBDatabook_2017.pdf.
116 Texas Healthcare Learning Collaborative, https://thlcportal.com/qoc/medical. Comparing STAR data for FY 2016 and STAR Health for FY 2016 for quality measure entitled "postpartum care").
117 Institute for Child Health Policy, University of Florida. *Texas Medicaid Managed Care and Children's Health Insurance Program Summary of Activities and Trends in Healthcare Quality: Contract Year 2016.* Available at https://hhs.texas.gov/sites/default/files//documents/about-hhs/process-improvement/quality-efficiency-improvement/External-Quality-Review/tx-medicaid-mngd-care-chip-eqro-contract-yr-2016.pdf.
118 Ibid.
119 Institute for Child Health Policy, University of Florida. *Texas Medicaid Managed Care and Children's Health Insurance Program Summary of Activities and Trends in Healthcare Quality: Addendum: Performance Improvement Projects and Encounter Data Validation: Medical Record Review.* Pg. 35. (2016). Available at https://hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/quality-efficiency-improvement/External-Quality-Review/eqro-addendum-2016.pdf.
120 See Centers for Medicare & Medicaid Services (CMS). 2018 Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. Available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/performance-measurement/2018-child-core-set.pdf.
121 Section 479A of the Preventing Sex Trafficking and Strengthening Families Act, Public Law (P.L. 113-183).
122 Texas Department of Family Protective Services. (2018). Youth Parents and Pregnant Youth in DFPS Conservatorship: Fiscal Year 2017 Retrieved from https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/CPS/documents/2017/2017_Pregnant_and_Parenting_Youth_Report.pdf.
123 Rascoe, S. (2017) Responses to questions from October 24, 2017. Available at https://www.texprotects.org/media/uploads/child_protection_roundtable_followup_to_102417_presentation.pdf.
124 Texas Department of Family Protective Services. (2017). Progress Report on Implementation of Five Year Strategic Plan. Available at https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/documents/Progress_Report_on_Implementation_of_PEI_5-Year_Strategic_Plan.pdf.
125 Rascoe, S. (2017) Responses to questions from October 24, 2017. Available at https://www.texprotects.org/media/uploads/child_protection_roundtable_followup_to_102417_presentation.pdf.
126 Texas Department of Family Protective Services. (2017). Prevention and Early Intervention Program Directory. Available at https://www.dfps.state.tx.us/Prevention_and_Early_Intervention/documents/PEI_Program_Directory.pdf.
127 Positive Adolescent Futures. (2017). Understanding the Effectiveness of Programs for Expectant and Parenting Teens. Available at https://www.hhs.gov/ash/oah/sites/default/files/paf-brief-effectiveness-042417.pdf.
128 Dworsky, A. & DeCoursey, J. (2009). *Pregnant and Parenting Foster Youth: Their Needs, Their Experiences.* Chicago: Chapin Hall at the University of Chicago. Available at: https://www.chapinhall.org/sites/default/files/Pregnant_Foster_Youth_final_081109.pdf.

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