| POLICY TITLE: HIV, Sexual, and Reproductive Health Services | | PAGE 1 OF 6 |
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| | **CHILD AND FAMILY SERVICES AGENCY**<br>**Approved by: Rogue Gerald**<br>Agency Director<br>**Date: February 26, 2010** | **REVISION HISTORY:** |
| **LATEST REVISION:**<br>February 26, 2010 | **EFFECTIVE DATE:**<br>February 26, 2010 | |

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| **I. AUTHORITY** | The Director of the Child and Family Services Agency (CFSA) adopts this policy to be consistent with the Agency's mission and applicable federal and District of Columbia laws, rules and regulations, including, but not limited to, provisions in Titles 4 and 22 of the DC Official Code; 45 Code of Federal Regulations, Part 46; and the LaShawn A. v. Fenty Amended Implementation Plan (February 2007). |
| **II. APPLICABILITY** | All agency employees, contract agency staff and contracted personnel. |
| **III. RATIONALE** | To address the health issues of children and youth in foster care, CFSA is responsible for providing a safe, accepting environment for abused and neglected children by meeting all of their medical, dental, mental/behavioral health, and development needs. In order to improve the well-being of children and youth in foster care and address their safety and permanency, healthcare services must be comprehensive. Therefore, they must include those services that specifically address sexual and reproductive health needs and gender expression and sexual orientation. |
| **IV. POLICY** | It is the policy of CFSA to ensure that each child entering or within its care receives timely and comprehensive healthcare services to meet their medical, dental, mental/behavioral health, and developmental needs. The agency also adheres to all legal and best practice standards for medical consent as it relates to children in care. |
| **V. CONTENTS** | **A.** HIV-Related Services<br>**B.** Family Planning, Sexuality Education, Reproductive Health Services<br>**C.** Services for Lesbian, Gay, Bisexual, Transgender and Questioning Youth |
| **VI. ATTACHMENT** | **A.** HIV/AIDS Risk Factors |

| VII. PROCEDURES | **Procedure A: HIV-Related Services**<br><br>In all cases involving children and youth with HIV/AIDS related special needs, the social worker shall make sure the birth parent(s), foster parent(s), adoptive parent(s), and other caregivers receive the necessary information and training regarding care of the child, including medication and other treatment interventions, HIV/AIDS risk factors and universal infection control precautions. Special programs and initiatives will be targeted for the adolescent population. Programs include adolescents who are sexually active, are substance abusers, have returned from abscondence, and have had a change in placements.<br><br>All children and youth coming into foster care will be screened in the Office of Clinical Practice (OCP)-Clinical and Health Services Administration for HIV/AIDS as a part of the routine examination during the pre-placement screening. For children and youth already in care, screening and testing (if applicable) will be recommended, at minimum, on an annual basis during the healthcare process, or immediately if children or youth present with risk factors have returned from abscondence, or have had a change in placements.<br><br>Children and youth assessed as having risk factors by a social worker or healthcare professional will be referred to OCP-Clinical and Health Services to access counseling, testing, or medical services, if applicable. Information gathered in the risk assessment is confidential. Social workers investigating child abuse and neglect, and those serving abused and neglected children and their families at home should refer to the list of risk factors and must be knowledgeable about HIV/AIDS risk factors (*see Attachment A: Risk Factors*). If the risk factors include poor growth, frequent infections, developmental delay or anemia (low blood count), the social worker is required to (1) inquire about medical visits (routine and unscheduled to the hospital emergency department), outcomes of physical examinations and medications, and (2) observe the child's growth and development at visits and report concerns to OCP-Clinical and Health Services.<br><br>As appropriate for age (determined by the assigned social worker in consultation with the healthcare practitioner), a health education program should include discussions on sexuality, family planning and sexually transmitted disease (STD) prevention. The social worker shall obtain information and resources on health education from the Office of Clinical Practice (OCP)-Clinical and Health Services Administration. The social worker shall consult with the OCP-Clinical and Health Services Administration for guidance concerning the appropriate content, length, and access to a health education program, based on the individual child<br><br>The disclosure and sharing of information on the HIV status of a child or youth in care is confidential and subject to the policies described in the *HIV and AIDS Policy*. |
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1. HIV Counseling and Testing

   - HIV/AIDS testing and counseling services shall be readily available to all children and youth. Children and youth may request to be screened and/or tested on their own. The social worker shall consult with the OCP-Clinical and Health Services Administration for advice on the provision of counseling and testing for the child or youth. The social worker shall consult with the caregiver of the child or youth to assure that the parent, caregiver or the social worker accompanies the child or youth for testing and counseling. A child or youth may also express a preference for who accompanies him/her for testing.

2. Placement and Care of Children/Youth Known to Have HIV or AIDS

   a. Children or youth affected by HIV/AIDS require specialized services and additional resources to meet their special needs. All foster parents and congregate care providers, whether procured by the Agency or any of its private providers, must agree to participate in training on how to care for infants, children, and youth diagnosed with HIV or AIDS. They shall also be informed about supports that are available to them and to the child or youth. Whenever possible, HIV-positive children and youth should be placed with an agency that has staff with prior demonstrated experience in working with persons infected with HIV or persons who have AIDS, as well as foster parents/congregate care providers who are also experienced and/or trained**. The child's name, however, should not be disclosed until the placement is confirmed.**

   b. CFSA will provide the necessary supportive nursing and psychosocial services and training to the child, foster parents, and congregate care providers.

   c. The social worker should ensure that medical follow-up is taking place, the foster parent or congregate care provider is adhering to the child's medication schedule and the child's counseling needs are being met. When the child or youth is being counseled, issues of loss and grief and the need for adolescents to assess the impact of HIV on their sexual development and exploration should be included in the discussion.

3. Medical care for HIV-positive children

   a. The social worker shall notify the OCP-Clinical and Health Services Nurse of any HIV-related cases. The nurse will follow-up with the child's primary care provider to insure continuation of services and determine the necessary caregiver supports.

   b. Children in foster care who are HIV-positive should receive medical care from specialized pediatric or adolescent HIV/AIDS providers that have 24-hour coverage, 7 days a week, including after-hours coverage. Whenever possible, care should be continued with the HIV specialist (who may be the primary care provider) who provided care to the child prior to foster care placement.

c. When there are health concerns, the social worker and/or foster parent/caregiver (and birth parent, if appropriate) should accompany youth to medical examinations and express concerns or issues to the medical practitioner.

*Note: The Agency suggests that an enhanced chronic care schedule for clinical monitoring of HIV-positive infants and children be consulted monthly for the first year of life, and every three months thereafter (see Preventative and Ongoing Healthcare Policy, District of Columbia Health Check Periodicity Schedule).*

d. All foster parents and congregate care providers shall strictly adhere to the medication schedules that are prescribed for each child with HIV.

e. Private agencies should have methods for monitoring and assuring that medication schedules are followed precisely as written by the prescribing healthcare practitioner.

**Procedure B: Family Planning, Sexuality Education, Reproductive Health Services**

Youth in foster care who have reached the age of puberty (typically, age 11) and younger children who are known to be sexually active need age-appropriate education and counseling on sexuality, pregnancy prevention, family planning, and sexually transmitted diseases (STDs). The social worker shall use their clinical judgment regarding an appropriate age for these discussions based on the individual child. Services must be provided by professionals trained and experienced in family planning education, gynecological care and contraception for adolescents. The social worker shall obtain information and resources from OCP.

1. Family Planning Services
   - Minors can consent to their own treatment regarding STD testing and counseling, contraceptive services, and pregnancy, including adoption, living arrangements, and abortion.

2. Routine Gynecological Care
   - As part of routine health care, all female adolescents age 12 and older or at the onset of puberty should be referred for a gynecological examination, as appropriate. The social worker shall consult with the OCP-Clinical and Health Services Nurse to plan an approach that best meets the needs of the adolescent.

3. Pregnancy
   a. The social worker shall refer the pregnant adolescent to the OCP-Clinical Health Services Nurse to insure that provider linkage and follow-up to prenatal care occurs.
   b. The social worker shall discuss with the pregnant adolescent:
      i. The involvement of her birth parents and/or the baby's father and his parents in planning;

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| | ii. The possibility of remaining in her current foster care placement;<br>iii. An objective review and discussion of the alternatives and their implications; however, the social worker shall not encourage, promote or advocate one alternative over another; and,<br>iv. Updating case plans to reflect decision making and planning that might include adoption of the baby, living arrangements if she keeps the baby, and school attendance.<br>c. The privacy (confidentiality) of an adolescent who objects to her birth parent/guardian being informed that she is or might be pregnant is protected. (This also applies to an expectant adolescent father.) If the pertinent information will be contained in a court report, the report shall be submitted under seal to the court. If necessary, a redacted copy will be provided to the birth parent/guardian. Continuing efforts should be made (and documented) to encourage her to involve her birth parent/guardian, if appropriate, and caregivers as early as possible as these individuals can provide valuable support and resources. These efforts should be carefully made so as not to make the child feel pressured to involve persons against her wishes.<br>d. Pregnant adolescents may be able to continue attending school and participating in activities as recommended by their doctor. The social worker, in consultation with the OCP-Clinical and Health Services Nurse, shall ensure that the pregnant adolescent receives appropriate prenatal care, monitor the ongoing medical care during and following pregnancy, verify that she keeps her appointments and ensure that the foster parents are informed and involved.<br>e. Adolescents in foster care may consent for their health care during pregnancy. It is not necessary to obtain consent from the birth parent or guardian for services related to prenatal care.<br>4. Sexually Transmitted Diseases<br>• As part of the family planning discussion, the social worker in consultation with the OCP-Clinical Health Services Nurse should provide age-appropriate instruction regarding abstinence, safe sex, prevention of STDs, diagnosis and treatment and the risk of repeat infections. |
| | **Procedure C: Services for Lesbian, Gay, Bisexual, Transgender and Questioning Children and Youth**<br><br>CFSA staff, social workers and private agency staff must be sensitive to the reality that some young people in foster care are lesbian, gay, bisexual, transgender, or questioning their sexual identity (LGBTQ). This means that the child may be sexually attracted to and/or sexually involved with people of the same gender. A transgender child or youth identifies with a gender that is different from his/her birth anatomy. |

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| | There are also young children who have interests more typical of the other gender and sometimes want to look and act like the other gender. These behaviors and interests are referred to as “gender-variant” and are interests and behaviors that are considered outside of typical cultural norms for each of the genders. Children with gender-variant traits have strong and persistent behaviors that are typically associated with the other gender. Gender variance does not apply to children who have a passing interest in trying out the behaviors and typical interests of the other gender for a few days or weeks. CFSA staff, social workers and private agency staff should consult with the OCP if they have questions. Referrals may be made, where appropriate, to professionals and programs that support and affirm these children.<br><br>Youth that identify as LGBTQ face special challenges as they try to cope in a society often hostile to their sexual identity. They may be teased, bullied and/or be physically assaulted by others due to the inability of others to accept their sexual orientation. Running away, suicide attempts, drug and alcohol abuse and other acting out behaviors are possible consequences when youth do not have adequate support and acceptance.<br><br>1. At a minimum, LGBTQ youth in foster care need a safe, secure, accepting environment with tolerance for self-expression in areas such as dress and behavior; and health services to meet their special needs by professionals who are experienced in their care.<br><br>2. To address the health needs of LGBTQ youth, social workers shall consult with the OCP-Clinical and Health Services Nurse to determine the appropriate approach to meet their health care needs.<br><br>3. Most needs of LGBTQ youth can best be met through caregiver and family support, community support, education groups and/or peer counseling. Biological family and foster family members may also need assistance in supporting LGBTQ youth. Social workers should refer youth and their families to community services and resources, as appropriate. |

# Attachment A
# HIV/AIDS Risk Factors

**HIV-infected children younger than 13 years of age in the United States acquired the infection from their mothers in more than 90% of the cases.**

Risk factors in these children include:

- Maternal history of human immunodeficiency virus (HIV) infection
- Paternal history of human immunodeficiency virus (HIV) infection
- Parental (mother and/or father) history of substance and/or alcohol abuse
- Maternal history of sexual abuse and/or domestic violence
- Maternal history of no prenatal care, inconsistent or late prenatal care
- History of sexual abuse (the child)
- Premature birth
- *Poor growth
- *Frequent infections
- *Developmental delay
- *Anemia (low blood count)

**Requires social worker to (1) inquire about medical visits (routine and unscheduled to the hospital emergency department), outcomes of physical examinations and medications, and (2) observe child's growth and development at visits and report concerns to the OCP-Clinical and Health Services Administration.*

**Transmission of HIV among adolescents is attributable primarily to sexual exposure.**

Risk factors in these youngsters include:

- History of sexual abuse
- Sexual activity – homosexual and heterosexual
- History of a sexually transmitted disease
- History of homelessness
- Suspected or confirmed history of prostitution
- History of illicit substance use or abuse (inhaled or IV)
- Parental history of human immunodeficiency virus (HIV) infection
- Sibling history of human immunodeficiency virus (HIV) infection
- History of a current or past sexual partner who is HIV-infected or at increased risk of HIV infection
- Serious bacterial infections

**Children whose medical and family history is unavailable or inadequate for assessment of the aforementioned risk factors should be considered for testing. Contact the Office of Clinical Practice - Clinical and Health Services Administration for consultation.**