

NATIONAL CAMPAIGN

Moderator: Itege Bailey
December 14, 2009
3:00 pm ET

Operator: Ladies and gentlemen, thank you for standing by and welcome to The National Campaign conference call, Strategies to Prevent Pregnancies Among Youth in Foster Care. During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question-and-answer session.

At that time, if you have a question, please press the 1 followed by the 4 on your telephone. If at any time during the conference you need to reach an operator, please press star 0. As a reminder, this conference is being recorded Monday, December 14, 2009. I would now like to turn the conference over to Ms. Itege Bailey from The National Campaign. Please go ahead.

Itege Bailey: Hello everyone. I want to welcome and thank you for joining today's national conference call on Strategies to Prevent Pregnancy Among Youth in Foster Care.

We are pleased to have over 250 people registered for the call today and we're honored to have such a distinguished group of speakers joining us, including Renee Wilson-Simmons, Senior Associate of Adolescent Health and Development at the Annie E. Casey Foundation who you will be hearing from shortly.

Thanks to the generous support of the Annie E. Casey Foundation, the National Campaign to Prevent Teen and Unplanned Pregnancy is able to work to raise awareness on this issue at the state and federal levels.

We also work closely with teams of professionals from eight states to assist them in their efforts to address pregnancy among youth and foster care. The eight states that we are currently working with are Arizona, Colorado, Illinois, Maryland, Massachusetts, Michigan, Oklahoma and Virginia.

In April of this year, a diverse group of professionals from these eight states attended a meeting to develop statewide action plans to address pregnancy among youth in foster care.

Today we will be hearing from team leaders in three of the eight states. Sharon Rodine, the Director of Youth Initiatives at the Oklahoma Institute for Child Advocacy is leader of our Oklahoma team. Taalibah Kariem-White, Manager of Training and Performance Improvement at the Training 3 Family Planning Council is leader of the Virginia team, and Latoya Champagne-Thompson, Associate Director of Transitional Team Services at Uhlich Children's Advantage Network is leader of the Illinois team. Latoya will also be joined by Lois Thiessen Love, Quality Improvement and Evaluation Manager also at the Uhlich Children's Advantage Network.

The National Campaign also works collaboratively with Healthy Teen Network on this project and I'm very pleased that Patricia Paluzzi, President and CEO of Healthy Teen Network is on the call today and will speak about some of the work they are currently doing.

If you have not done so already, I encourage everyone to take a look at the speakers' bios that are posted on the foster care portal of The National Campaign's Website.

That page also contains additional information about the states that you will be hearing from along with resources not only for professionals, but also foster parents and youth in foster care. Here's how the agenda for the call will go.

We will first hear from Renee Wilson-Simmons on why this issue is important to the Annie E. Casey Foundation, followed by Patricia Paluzzi talking about the efforts of Healthy Teen Network.

We will then have each team leader give a brief overview of the work in their states and we will follow that with a moderated panel discussion. Once we have heard from all the panelists, we will take questions from participants.

Now that I have given you a brief overview of the call, I would like to introduce Renee Wilson-Simmons, Senior Associate at the Annie E. Casey Foundation. Renee, thank you for joining us today.

Renee Wilson-Simmons: Thank you very much, Itege and I am so pleased to have an opportunity to welcome everyone who's on this call to this important event and just to briefly describe why promoting teen pregnancy prevention among young people in foster care is important to the Annie E. Casey Foundation.

And as all of you on this call are well aware, young people face a range of challenges as they make what's an often difficult transition from child to adolescent and one of those challenges involves making good decisions about their sexual and their reproductive health.

Those young people who are sexually active, especially those living in impoverished communities we believe are one of our most imperiled populations because they're at heightened risk of engaging in intercourse at an early age, of having an unplanned pregnancy, of contracting a sexually-transmitted infection and in many cases of falling into a cycle of disadvantage that many of them never escape.

And so as a philanthropic organization that's committed to helping build better futures for vulnerable young people and their families, the foundation believes it has a vital role to play in cultivating community support, public policies and human service reforms that promote healthy development and positive life options for adolescents.

And then when it comes to promoting positive life options for young people, Casey really believes that it's critically important to pay particular attention to the issue of sexual activity among young people in foster care.

Teen pregnancy prevention is not being adequately addressed in the foster care field and those in teen pregnancy prevention in that field often don't focus on this population. So we know from the work that the National Campaign has been doing in recent years that there's a real need to enhance understanding of the factors contributing to pregnancy and child-bearing among young people in foster care.

And also of supporting those foster parents who are working to help young people make the kinds of decisions that will enable them to have productive and healthy lives, both as young adults and as adults.

So I really want to applaud the National Campaign for their efforts in this area as well as the Healthy Teen Network and look forward to hearing from the presenters who will be talking about their work in Virginia and Oklahoma and Illinois.

And I again support this work and on behalf of the Annie E. Casey Foundation thank all of those who have called in to hear about the exciting work that's taking place.

Itege Bailey: Thank you, Renee, and now I would like to introduce Patricia Paluzzi, President and CEO of Healthy Teen Network and our partner in working with the eight state teams.

Patricia Paluzzi: Thank you, Itege. Good afternoon, everyone. First of all, I'd like to join Itege in thanking Renee for Casey's continued support for this project and for focusing on its population because as Renee stated, this is critical work.

And I'd also like to say how pleased we are to be working with The National Campaign on this effort. I'm going to talk a little bit about what we're doing specifically around this project with The National Campaign and then also tell you of a couple of other things that we do to focus on kids in foster care and particularly on parents and teens exiting foster care.

First of all, the goal of the project that we're doing collaboratively with The Campaign is to improve child and family well-being by increasing the capacity of eight states to address teen pregnancy prevention for youth in foster care.

We're trying to increase both awareness within the states, but then also to help them take action on reducing the number of teen pregnancies among youth in care.

Particularly the three objectives for this project are to educate foster care youth, parents and staff about the negative effects of teen pregnancy on the health, education, social and economic well-being of youth and families, to increase the capacity of eight states to initiate and/or sustain actions to address teen pregnancy among foster youth and to increase action nationwide beyond the eight states by increasing awareness of teen pregnancy among youth in foster care.

Specifically what you heard is that there was a gathering of folks from the eight states, teams were put together in April of 2009 and Healthy Teen Network helped to identify those team members who represented folks from broad sectors in the community such as child welfare, teen pregnancy prevention, departments of health, juvenile justice, and different advocates.

Also previous to gathering those teams together, Healthy Teen Network conducted a survey of the teams assessing all the team members in order to be able to develop some baseline data describing their knowledge, current activities occurring in their state, and to identify top priorities for reducing teen pregnancy among youth in foster care within each state.

What we were able to find is that there were top priorities - four of which we found across all eight states. Those were: to ensure access to comprehensive sexuality education for youth in foster care, to provide training and education on teen pregnancy prevention for foster parents, to provide training and education on teen pregnancy prevention for providers working with youth in

care, and to increase collaboration between child welfare and teen pregnancy prevention agencies.

During the course of this one-day meeting at Annie E. Casey Foundation, some training and technical assistance (TA) plans were put into place and then Healthy Teen Network, in collaboration with the National Campaign, has since subsequently provided TA to some of these states as they begin to implement their action plans, three of whom we'll be hearing from today.

Additionally we developed a Google group listserv in order to increase communication between and among the national organizations and state teams so that they can ask questions and share resources. And additional to this project, we have worked with Oklahoma to conduct what's called a TAC Analysis (<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BAC34F932-ACF3-4AF7-AAC3-4C12A676B6E7%7D.PDF>) which is basically assessing the strengths of the *Power Through Choices* curriculum, which is a curriculum for youth in foster care against Kirby's 17 characteristics of effective programs and have worked with Oklahoma as they developed a BDI logic model and made revisions to the curriculum based on that analysis. I'm sure Sharon will probably talk about this in more detail later in the call.

We've also currently been working to adapt a series of resources previously developed that speak of access to confidential services for youth. They target youth, parents and providers and we are adapting them specifically for youth in care, case managers, foster parents and providers and clinicians who intersect with this population and we've developed a Web section with research and resources on youth in foster care.

In terms of expectant and parenting teens, we've been fortunate to be able to work under support from another foundation to look specifically at how to support this population transitioning from foster care situation into independent living.

And we've been working on this for several years and this past year have collaborated with Child Trends to identify and document what would be considered core components of supportive housing.

We will be having this available later in this year - January of next year I should say. We scanned over a hundred programs to also talk about some of how these core components will be used.

So we have worked both in the primary prevention along with the National Campaign as well as in trying to support those pregnant and parenting teens

who themselves are trying to transition from foster care situations into supportive and independent living. Thank you for your attention.

Itege Bailey: Thank you, Renee and Pat for really highlighting why it's important to include youth in foster care in all teen pregnancy prevention discussions. Although there is no nationwide data for teen pregnancy rates among youth in foster care, there is research that supports the need to pay greater attention to youth in foster care.

Studies from the Chapin Hall Center for Children at the University of Chicago found that by age 19, nearly half of young women in foster care have been pregnant, and at age 21, nearly three out of four young women in foster care report being pregnant compared to only one-third of young women not in foster care.

Repeat pregnancies are also common with almost two-thirds of the young women in foster care experiencing more than one pregnancy by age 21.

Findings from the National Longitudinal Study of Adolescent Health on the reproductive health outcomes of youth who ever lived in foster care found that approximately half of all youth in foster care use contraception at first sex versus almost three-quarters of youth who did not live in foster care.

There are also financial consequences associated with teen pregnancy among this group of young people. In 2004, teen childbearing cost the child welfare system \$2.4 billion.

These and similar data reinforce that youth in foster care have higher rates of teen pregnancy and teen births than other youth and should receive pregnancy prevention education, messages and health services.

The three team leaders that we will now hear from have all worked to ensure that youth in foster care are not overlooked in teen pregnancy prevention discussions.

We will first start with Sharon Rodine, the Director of Youth Initiatives at the Oklahoma Institute for Child Advocacy. Sharon, can you please start by giving us a brief overview of how Oklahoma is working to address pregnancy among youth in foster care?

Sharon Rodine: Yes, I'd be happy to, Itege, and thanks to all of the groups that are sponsoring this call and have been working with the states and local communities on this issue. The Oklahoma Institute for Child Advocacy is a separate 501C3 non-profit organization in our state, not a state agency.

We work on a range of issues related to the health and well-being of children and youth. Teen pregnancy prevention has always been one of our priority issues because as all of you know on the call, it impacts so many other issues in so many ways related to young people and their future.

We're also a Kids Count grantee so we love, love, love the Annie E. Casey Foundation and have been a long-time partner working with them. We prepare the Oklahoma Kids Count data book.

In each of your states, there is a grantee somewhere who is preparing that Kids Count data book, and one of the indicators in the data book is the indicator of teen births. And we worked with the Annie E. Casey Foundation several years ago to encourage changing that indicator from just young teens or younger teens 15 to 17 who include older teens 15 to 19 so there's a good data source for you right there in your state.

On a conference call very similar to this in about 2006 at some point that the National Campaign was hosting when they were releasing their *Fostering Hope* publication

(http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FIN_AL.pdf) -- and applause to everybody who helped with that -- I was sitting here in Oklahoma City listening. And all of a sudden Kristin Tertzakian is saying, "And the only sexuality education curricula we have found that was developed with and for youth in foster care is located at the University of Oklahoma National Resource Center for Youth Services."

I'm sitting here going what, and from there it started - it kind of launched a journey for us working with one of our ongoing partners, the National Resource Center for Youth Services, whose Executive Director at that time happened to even be on our board.

It was one of those wonderful "window of opportunity" moments and the window has gotten wider and wider and wider in the last few years as we've been able to work with our CDC project and other partners.

We were able to be part of the CDC's promoting science-based approach initiative now in its fifth and last year. And as a part of that, and as a part of the roundtable, the state roundtable that Renee and Itege and Pat have mentioned earlier, we're able to see if we can as part of our project with CDC and as part of our roundtable agenda that we have outlined - our action agenda - pulled together a number of people here in our state and identified some other partners around the country to look at how we can revise, update the *Power Through Choices* curriculum. Bring it out, take a look, try it out, update it, and really help the National Resource Center have an updated curriculum with a lot of the supplemental tools. As Pat mentioned - we

worked with them - with Healthy Teen Network - so we can have a really solid, current curriculum for folks to be using across the country.

And it would be distributed by the National Resource Center for Youth Services. They do a lot of training and work with the Foster Care Network, both in our state and nationally and it's a perfect resource for them to have and for all of us to be using so we're very excited about that.

We were happy to be part of the roundtable that's sponsored by the Annie E. Casey Foundation and Healthy Teen Network and National Campaign in April.

We have an extensive group of individuals and organizations that have been working in our state and looking at the issues of foster care and teen pregnancy prevention, and feel the timing is so right at the moment to come up with some very effective evidence-based strategies - particularly as all the states are looking at - at least most of the states I've heard about - looking at budget cuts and looking at ways they can really focus the limited dollars in ways with a yield that's really going to be worth the effort and that's going to have some positive outcomes.

Itege Bailey: We look forward to hearing more about the work that you're doing to update the *Power Through Choices* curriculum later on in the call. Now we will hear from Latoya Champagne-Thompson who's the Associate Director of Transitional Teen Services at Uhlich Children's Advantage Network.

Latoya, what efforts are underway in Illinois to address pregnancy among youth in foster care?

Latoya Champagne-Thompson: Thanks, Itege. Good afternoon to everyone. I also want to before I start thank the National Campaign, Annie E. Casey Foundation and Healthy Teen Network for their continued support on this issue and I want to welcome all the listeners this afternoon to this call.

Our Illinois state team work group has truly evolved. We have a diverse group of representation from the Department of Children and Family Services to Planned Parenthood of Illinois. We have various social service groups. We have representation from Chapin Hall as well as the DCFS regional youth advisory board just to name a few of our work group members.

When we sat at the table, we had a very interesting discussion about what is pregnancy prevention and what are some of the barriers towards delay, but we really wanted to look at what we wanted to accomplish and what our overall objective would be for the state.

And we knew that we needed to focus on critical issues towards delaying teen pregnancy among youth in care while providing support and education on healthy sex choices.

I think it's safe to say that we all agree that the conversations need to start early. And as we started our planning, we knew that we needed to lay a solid foundation for youth which included strategies on how to positively develop and empower youth in care on ways to build self-esteem while providing age-appropriate materials for youth to understand the essence of healthy relationships.

I think that's very important when we talk about pregnancy prevention and delay, so within our state team we realized that this initiative should touch on all dimensions within the child welfare system.

We wanted to create a seamless system of services, not only for our youth in care but for professionals and caregivers which effectively address healthy sexual development and teen pregnancy prevention.

Now that's a lot to accomplish and we realized that when we have these conversations, it's easy to try to tackle everything all at once and we knew as a state in order to put best practices in the forefront, we needed to create an Illinois mission statement.

And that statement is to help youth in care to delay pregnancy and parenthood and to help those who are already parents delay future pregnancies. We decided the best way to do this is to break our big working group into subcommittees and I briefly just want to talk about those in detail just so the listeners can get an idea of the goals and objectives for each group.

The subcommittees consist of curriculum committee, an innovative strategies committee, a policies and procedures committee and a final written report committee.

Now within the curriculum committee, of course you know we wanted to focus in on evidence-based curriculum as well as just curriculum that showed positive results.

And as mentioned earlier, of course a lot of us know about *Power Through Choices* but we also wanted to look at curriculum in which we can pull out some characteristics from various programs and curricula that already exist and see if it can be adapted into the foster care system.

Within our innovative strategies committee and this is a really exciting committee because it focuses in on modern and progressive techniques which could future delay pregnancy prevention among youth in care.

We have strong representation from the DCFS northern region and we are hearing from voices of youth about what things or incentives could help with delay as well as putting together some innovative strategies not only for youth but for caregivers, professionals and foster parents to also tackle this issue.

Within our policies and procedures committee, we're looking at DCFS state policy that can support and advocate for a quality services for youth in care and of course with the final writing committee, we want to summarize recommendations - final recommendations - from each subcommittee and actually put it into a proposal for possible implementation of services for youth in care.

So I think we've done really good work not only in just laying the foundation but also putting diverse systems in place and as we move forward, we're looking at outlining some short and long-term goals and also maybe doing some possible pilots and implementation of services throughout the child welfare system of Illinois.

Itege Bailey: Thank you, Latoya, and we look forward to hearing more about some of the work that you're doing with the diverse group and with the committees. Taalibah, can you please give us a brief overview of the Virginia teen pregnancy prevention partnership for youth in foster care?

Taalibah Kariem-White: Well, good afternoon to the National Campaign and the Casey Foundation. I'm glad that Healthy Teen Network is there and particularly that our listening audience has expressed an interest in this topic.

The Family Planning Council in Philadelphia has housed Training 3 which is the Department of Health and Human Services Regional Reproductive Health Center and we provide training and technical assistance as federally-mandated the promotion of evidence-based approaches to teen pregnancy prevention.

During the past four years, I've been the Manager of the CDC project collaborative and have worked with both state and local municipal partners from both health and social services in Richmond, Virginia.

And we've had the goal of doing four things. One is to increase their capacity by helping them to be able to mobilize their efforts to raise awareness of the vulnerability of youth in foster care for having an early pregnancy or becoming parents too young.

We've also been promoting skills-based training for both facilitators and youth to improve a teen's ability to do healthy decision-making especially regarding abstinence, STD-HIV risk reduction, and teen pregnancy prevention.

We have worked together over the past four years to make certain that we provide opportunities for child welfare advocates and independent living program group home directors and staff as well as foster parents to be able to develop communication skills for addressing unhealthy relationships with out-of-home use - to make certain and to ensure that those older youth are encouraged to consider how to delay pregnancy and how to engage in healthier sexual behaviors that will support their life goals and their dreams.

Finally, one of the goals that we've had over the past four years through Training 3 is to help Virginia and our partners in Richmond document lessons learned from their organizing and state effort, as well as from them delivering the *Power Through Choices* curriculum so they can develop new approaches to continuing to support youth advocacy and policy development in the state of Virginia.

Itege Bailey: Thank you, Taalibah. There is definitely some inspiring work that's being done in the three respective states. First I'd like to direct a question to you, Sharon. Sharon, you spoke about the work that you're doing to update the *Power Through Choices* curriculum which I'm sure a lot of people are really excited about.

Can you please give us some more details about the timelines for completing the updates to the curriculum?

Sharon Rodine: I'd be happy to and that's about how people say it, can you please tell us when you're going to be finished with this as part of your project? I want to first remind everybody that the original *Power Through Choices* curriculum is currently available through the OU National Resource Center for Youth Services (<http://www.nrcys.ou.edu/catalog/product.php?productid=116>) and so any group that is interested in purchasing and using it right now certainly can do so.

What we have been doing in our partnership with the OU National Resource Center for Youth Services and foster care group homes and our other local program and state agency partners that have been part of both our CDC projects and now as part of our Oklahoma team working with the state roundtables action agenda - with all of this we've been using all the resources that we've had available.

We have had a learning pilot to go through the original curriculum, test drive it, try it out. We've identified areas where we feel it to be strengthened. We're working on that right now in terms of a final revision with our suggestions on updating it from our experience.

I'd love to talk to other sites around the country, other programs that may have used the *Power Through Choices* to get everyone's good thinking here as we try to put together the best product possible here in the next few months.

What we're hoping on a timeline is that right now we are completing our updating and gathering feedback, hoping to gather feedback from other sites that have used the *Power Through Choices* across the country. We will be putting together a pilot of the revisions, pilot of the revised curriculum early in 2010. We're working on an outcome and a process evaluation tool as part of our CDC project.

The original curriculum did not have the outcome evaluation tool so we're trying to put together key pieces here for the revised edition that will be helpful to local communities and local programs and states as they try it out and really want to document the effectiveness so by spring we hope to have completed the pilot of the revision.

We're working with the design consultant right now and looking at a whole new look that's very contemporary for young people. And we're running a number of design options by a whole lot of young people out there so that the curriculum continues to be developed all the way through here in the revision process with and for youth in foster care.

We'll be conducting an outcome evaluation with the pilot sites, then in the late spring collecting and summarizing that data, making our final edits. And hope by summer to have the final version done and working with the National Resource Center for Youth Services, have perhaps a training plan outlined for the fall and certainly the revisions available through the National Resource Center to be disseminated through the fall - by fall - by early fall.

Is that close enough Itege on a timeline?

Itege Bailey:

Yes, that's wonderful. Thank you, Sharon for those helpful updates. As you mentioned that you're interested in receiving input from any other organizations that may be currently implementing the *Power Through Choices* curriculum, we will update our conference call Webpage on the National Campaign's Website to include information about how organizations can get that input to you and also include information about how they can obtain the current version of the *Power Through Choices* curriculum. For mor info

about the curriculum:

<http://www.nrcys.ou.edu/catalog/product.php?productid=116>

Sharon Rodine: Right, and they're also taking - the National Resource Center - they can obtain the current version and they can go on a list for dissemination of information as soon as the revised edition is available.

Itege Bailey: Thank you. My next question is directed to you, Taalibah. You've had great success in Richmond working with youth in foster care including implementing the *Power Through Choices* curriculum and you've also had success working with foster parents.

Were there any notable challenges that you encountered when you first ventured into this issue and what strategies did you employ to overcome them?

Taalibah Kariem-White: Well, certainly one of the first challenges that we experienced is that we are a training center that provides services to six states and our home based is in Philadelphia, so I was not a resident of Virginia and while well-known to reproductive health providers, Training 3 was not known in the social services segment of our region.

And so identifying who were going to be our champions, and working with those champions to make certain that they understood what our concerns were, and why we were bringing this issue to the forefront was very important. And *Fostering Hope*

(http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FIN_AL.pdf) has been mentioned already, that was produced by The National Campaign allowed us to be able to do that along with the video *Too Young*. (<http://www.thenationalcampaign.org/tooyoung/>)

And so in terms of recognizing a problem, we had to pull together our partners and sit down at the table. In the very beginning, we tried to work over the phone and found that that was ineffective, that we actually needed to travel to Virginia, see our partners up-front, have face-to-face meetings to be able to build the kind of trust and relationship that would make us be able to work more effectively together.

So we did that with our partners from both the local health departments and local social services department and then the state independent living program and the state health department.

We also, at that time, we agreed that we could structure our calls and that we would communicate monthly. So it was important to stay on top of this issue, because they are dealing with a myriad of concerns and we wanted to make

certain that we gave the credit to this problem that was necessary in order to do the work.

We had to build support among program directors so one of the things we did early on was to actually pull together some group home directors and program staff and we provided them with information on reproductive health and what young people ought to expect in a health visit and answer any concerns that they had about reproductive health.

We shared with them and got them to brainstorm what were their concerns about pregnancy, teen pregnancy and early parenting for the youth that lived in their programs or lived in permanency planning with the families.

We needed to make certain that because we were a regional program that we identified the concerns of the youth in Richmond. So we held pizza parties and talked with youth about what messages they were getting about teen pregnancy prevention, where they got those messages, what music they listened to, what some of the sexual behaviors were, so that we had a better understanding of the cultural and behavioral norms of the young people before we went in with a curriculum.

We did some cross-training because we realized that social workers were not adequately prepared to do work with young people regarding sexual health issues, so that we pulled together social workers and health educators and we cross-trained them. Because we also had to recognize that health educators coming from the health department didn't necessarily know a lot about working with foster care youth, and some of the concerns that they may have related to their experiences particularly around sexual abuse and abandonment.

So those were some of the challenges that we began to address with this group so that all of the work that we did, we wanted to make sure that the voice of young people was heard and we always listened to them.

We brought them together whenever we provided training and we also gave them incentives when they became involved with either presenting for us or even involved in the *Power Through Choices* curriculum so that we showed them our appreciation as well.

We worked with foster care parents because we knew that it's easier to do a session at a group home. Often times the group homes are structured where they include workshop times and topics and life skills within their itinerary but for the foster care parents, we had to recognize that many of the parents were older adults who even in their own lives had not talked about issues related to teen sexual behavior.

And so we wanted to make certain that we addressed their needs and provided them with communication skills so that they could talk to the youth that were living with them around delay of pregnancy and early parenting.

And again, make them more comfortable with it through interactive activities and fun exercises in workshops that we delivered through the foster parent training unit.

Itege Bailey: Thank you, Taalibah. You certainly employed comprehensive strategies to address the needs of and increase the capacity of child welfare and health professionals to work with youth in foster care on pregnancy prevention.

Latoya, I'd now like to ask you a question about some of the work that one of your committees is doing. You mentioned that you have a policy and procedure committee. What type of policies and practices is the group currently exploring in terms of teen pregnancy prevention services to youth in foster care?

Latoya Champagne-Thompson: Well, we have a strong representation from the Illinois Department of Children and Family Services and it is really refreshing and a great support to know that they are behind this initiative 100% so we were looking at DCFS policies and procedures.

Two procedures was DCFS family planning services and healthcare services. The interesting and positive thing about the committee after they took a great deal of time looking at policies and procedures within those two is that there are actual procedures that support pregnancy prevention and healthy sexuality services.

The committee along with the entire work group is excited about exploring and possibly laying out suggestions as to making sure everyone within the social service realm as well as foster parents and professionals are aware of what the current policies state.

I think that's very important because we're not starting from scratch. In many ways, the policies and procedures committee is looking at ways to enhance awareness on what's already written.

When we started tackling this initiative, we realized that it has to be multi-faceted and looking at policies and procedures as we move forward is something that I think is really crucial for our listeners to know within various states.

The good thing about the state of Illinois is that there is a foundation in that policies are there. It is about bringing awareness and enhancement to the policies that are already written.

I think that's something that we will look at as we move forward in our working and so I think that's really important and I would encourage all the states really to look at various policies and procedures as they move forward within this work.

Itege Bailey: Thank you, Latoya. It definitely sounds like there's some impressive work going on in Illinois. Now that we've heard a little bit about the work being done in these three states and at the national level, we'd like to open up the discussion for questions. Frank, we're ready for questions, please.

Operator: Thank you. Ladies and gentlemen, if you would like to register a question, please press the 1 followed by the 4 on your telephone. You will hear a three-tone prompt to acknowledge your request. If your question has been answered and you would like to withdraw your registration, please press the 1 followed by the 3.

If you're using a speakerphone, please lift your handset before entering your request. Once again to register a question, please press the 1-4 on your telephone. One moment please for the first question. We have a question from Jessica St. Paul from Chain Reaction, Inc. Please proceed.

Jessica St. Paul: Yes, I have a question. I'm here in Los Angeles and I've been working closely with the group homes and I'm hearing a lot. And I'm so excited because I used to always think I was alone working with foster care youth and mostly those in residential-based services and facilities. And the question that I have is what can we do here in Los Angeles, because most of my work has been me as a provider and helping the case managers and going into group homes and trying our very best to do what we can. But what can we do in Los Angeles so that we can start with our programs.

Because I've actually been doing this but it's been very hard with a lot of my in-kind support with my friends and my colleagues, so we're really, really excited that oh wow, we're not alone. We'd be happy because that can help us out, so what can we do?

Itege Bailey: Hi, Jessica. This is Itege from The National Campaign so I'll first respond to your question and if any of our panelists want to respond, they can chime in. I would say that one thing that we try to highlight here at The National Campaign is that organizations should not be trying to do this work independently.

I think there are a lot of resources that exist in the community and it's just trying to tap into those resources and collaborate with organizations that are able to provide the services.

As you said, you work closely with group homes. It may not be that staff in group homes have the capacity to address these issues or to deliver any type of curriculum services or education services to young people but partnering with the local health center or a local teen pregnancy prevention program can definitely help in terms of providing services within that group home setting.

Sharon Rodine: Itege, this is Sharon. I'm going to follow-up here and kind of reaffirm what you're saying too and first of all, applause to all the folks who are on this call who are out there every day touching the lives of young people because you're doing important work.

The needs are great. The day-to-day issues with these young people are all-consuming and often overwhelming so even getting to the point of finding other folks who you can work with, think with, plan with, is a big step.

And the resources The National Campaign has, the Healthy Teen Network and others in just connecting people to each other I think is going to be a tremendous benefit for us all.

One of the basic things that I was going to suggest and that Itege just mentioned is really if you have not already and you most possibly have, see if you have - if there's somebody who can be your key contact at your local health department or if there is a teen pregnancy prevention coalition or particularly the local health departments.

We hunted around and we had a number of meetings till we could find the very right person who really had a passion for young people, who was good with adolescents, who would help us connect with the foster care group homes to even begin to go provide a basic adolescent reproductive health session for them, help them identify resources, get the young people to the local health provider for a check-up. And help them find a trusted person at the health department or at some place in their lives to even be able to talk to about these issues.

There are lots of us out there and being connected through efforts like this is going to be a great help to all of us.

Latoya Champagne-Thompson: And this is Latoya from UCAN. And when we started off, we really had a very small group and we realized that a lot of other folks were doing the work that we are currently doing. And I think it's just a matter of just reaching out and tapping into the healthcare arena as well as Planned

Parenthood and different organizations like that and you'll be amazed to know that so many people are doing work on this issue.

I just want to also highlight that the *Fostering Hope* report (http://www.thenationalcampaign.org/resources/pdf/pubs/FosteringHope_FIN_AL.pdf) - I don't know if our listeners or some of our listeners are familiar with that report - but it does kind of lay out some themes for us as professionals as well as some recommendations from youth in care that talked about pretty much the services and what we as professionals can do around this topic.

So I think that that's a good starting ground to just kind of spread the word, get people even more aware about pregnancy prevention for youth in care and you'll be amazed at how many people are really interested in this work.

Itege Bailey: Thank you, and (Jessica) I'd also add really quickly that the California Department of Public Health has made youth in foster care one of their priority populations for their teen pregnancy prevention services, and they recently released an RFP. So I would definitely encourage you to try to find organizations within your community that you can partner with on this issue and I can send that out to you, if you haven't already seen the announcement from the Department of Public Health in California.

(Jessica St. Paul): Yes, I would definitely like that. That would be very, very helpful.

Patricia Paluzzi: And there's also a statewide team coalition out there called Teen Now California and Dana Goodrow is their President and it looks here where they are now based to be called CACSAP California and concerned with school-age pregnancy.

I don't know if they have specific activities in the foster care arena but they do a lot with pregnant parents and teens and they know of folks in that area that you might be able to connect with. Dana is located in San Diego and if you e-mail me - this is Pat Paluzzi - if you e-mail me, just pat@healthyteennetwork.org, I can get you her information.

Itege Bailey: Thank you, Pat, and Frank, we're ready for the next question, please.

Operator: Our next question comes from Marjorie Dent from Mercy Missionary Health, Inc. Please proceed.

Marjorie Dent: Mercy Missionary Health, Incorporation. As I was listening to all the comments - first of all, thanks for the information, the much-needed information as to steer us into the direction where the needs are and that we can meet those needs with various organizations.

My question is and you addressed one about contacts and networking. You said that one of the representatives at the state department but do we have any registered or coalition teams here in Atlanta area in Georgia that I could get in touch with to work in this initiative?

Itege Bailey: Hi. This is Itege from the National Campaign. There actually is a statewide effort in Georgia. It's called G-CAPP, the Georgia Campaign on Adolescent Pregnancy Prevention.

Marjorie Dent: Okay.

Itege Bailey: And I'd be more than happy to send you their info but if you do a quick Google search for G-CAPP, you'll be able to find their Website.

Patricia Paluzzi: They do a lot of work with maternity group homes and all kinds of things in both primary and secondary prevention. They'd be a really great resource. Michele Ozumba is their Director.

Marjorie Dent: What's the name?

Patricia Paluzzi: Michele Ozumba. O-Z-U-M-B-A.

Itege Bailey: And the Website is www.gcapp.org (Frank), we're ready for the next question, please.

Operator: Our next question comes from the line of Sue Simonson from Without Regret. Please proceed.

Sue Simonson: Hi, this is Sue. I'm from Sacramento, California and have worked in the area of teen pregnancy prevention for about 30 years specializing in teaching parents and have done quite a bit of work with foster parents. I'm also on the executive board of Teen Now California so if anybody needs contact, that's one.

My question is how in training - a good strategy it seems to me is training the foster parents right from the get-go as they become foster parents on how to communicate about sexuality, both the foster parents of young kids and the parents of adolescents.

But the problem I keep running into is that it's a very low priority in the foster care system, and I don't know how to go about getting that added as a requirement or is there such thing as a certain required kind of training for the foster parent. It's motivating the parent to actually come and attend programs. Any thoughts on that and ideas?

Taalibah Kariem-White: Well, I would certainly have to agree with you that it is not written as a priority although all foster care parents have to attend a certain number of trainings per year. They can choose which ones they want to attend and which ones they don't want to attend.

I think by getting the support of the foster care training unit that what happens is that they are encouraged to attend. And it's the experience that they have that they share with other foster care parents, if they really enjoyed the workshop then they pass the word on. And I had twice as many parents coming the second time that it was delivered as I did the first time, and now the training unit wants to have that workshop on its calendar every year, which it did not offer annually as an option.

So while I agree with you, we would like to move towards being able to make it a mandatory part of what they are offered, I think that if we can get them to offer it consistently as part of the training calendar, then we have certainly made a positive move in the right direction.

Sharon Rodine: This is Sharon. Just to add, outreach to parents of all kinds of parents gets to be a little challenging. Today what we've found is recruiting some of the target audience to help with the planning and the outreach to the target groups whether it's foster parents or other parents can be helpful finding the - they'll know the right places, the right times, the best way to incorporate some things and what they really need.

And also we're looking as everyone is right now at the electronic communication options, how can you reach very busy people - period. And what can we get them, what pieces of information can we get them in what kind of ways, packages, settings that will meet their needs other than coming to a class or a training and anyone out there that has great ideas, let us all know.

Sue Simonson: Thank you.

Itege Bailey: Thank you all and we're ready for the next question.

Operator: There are no further questions at this time, but I would like to remind participants, to register a question to please press the 1-4 on your telephone. We have a question from (Tonya Harris) from Dynamic Visions. Please proceed.

Tonya Harris: Yes, my question is have any of you all found that social networking in terms of getting feedback from either parents or other organizations has been effective at all?

Sharon Rodine: This is Sharon. I'm going to defer to the national folks here because I would not say we're the pace car of social networking and communication strategies here. We're learning and growing and testing and trying out as other non-profit organizations are to see how it fits our capacity to utilize the technologies and strategies. Pat or Itege, anybody been tracking the learnings?

Latoya Champagne-Thompson: This is Latoya from UCAN. I just wanted to comment briefly. I think that that's something that is just - it's one of those issues that we're just going to have to constantly look at.

I know that technology is really huge in regards to reaching and giving out information around pregnancy prevention. I know that we've been - I could just speak for our state and what we've been hearing from the north region - DCFS north regional advisory board - is that for youth they do a lot of the texting and things of that nature.

And I don't know if this is really answering your question but I know that we really continue to need to look at technology and making sure that we're somehow applying that into our initiative.

Tonya Harris: Yeah, and that was really the premise of my question was to see if maybe social networking had been inclusive of any of your strategies and if so, how effective has it actually been?

Itege Bailey: This is Itege from the National Campaign and in terms of social networking strategies, just thinking about some of the other state teams that we work with on this project. I know Massachusetts, some of the communities that they're currently funding to provide teen pregnancy prevention services to youth in foster care are employing some social networking sites but they're not specific to youth in foster care. So they're specific to that community and to the organization that's not only providing services to youth in foster care, but other youth populations within the communities.

But they have set-up a Website that young people can go to. The organization that is providing services is actually a family planning clinic so they also employ sending-out e-mail - sending-out text message reminders and text message and they have set-up a MySpace page.

But in terms of a site specifically dedicated to youth in foster care, I don't have information about that. I apologize, but I can get you contact information for the folks in Massachusetts if you would want to find about how successful their social networking has been.

Tonya Harris: Yes, that would be wonderful.

Sharon Rodine: This is Sharon again. Since someone was on from Georgia, I know G-CAPP has been looking and thinking about the social networking and trying some things with their Web-based communications so there may be some others out there.

We can find out if they've had a positive experience that's worth sharing here and if so, we can send you the information for you to share with others.

Latoya Champagne-Thompson: And this is Latoya from UCAN. As I was thinking, I know within the Illinois Department of Children and Family Services they created a Webpage just for actually youth in care to tap into some resources and things like that.

And I think it's a pilot and it kind of rolled-out pretty recently and it seems to be having some positive results as well so yeah, there really needs to be more work and more awareness around that area.

Taalibah Kariem-White: Another area that needs more work, and I know that we're doing that in Virginia is working with males. And so we're taking a look at the *Power Through Choices* curriculum and thinking about adaptations and recommendations for changes so that it will actually be better suited for young men particularly those that are in foster care or in juvenile detention centers.

And we're working with a team of like 15 facilitators from across health, juvenile justice, social services to take a look at the *Power Through Choices* curriculum, and to be able to give some recommendations sometime in the early part of March and share those recommendations with the Healthy Teen Network and the National Resource Center for Youth Services through the Oklahoma office..

Sharon Rodine: And this is Sharon. We're also working with juvenile justice populations as well as some alternative school populations to look at the *Power Through Choices* when we're piloting the revisions so hopefully a lot more learning and sharing will be coming in the next few months.

Itege Bailey: And unfortunately we are going to have to end our call now. I want to thank all of our speakers for this rich discussion. I think a wealth of knowledge and information has been shared.

I also want to thank the Annie E. Casey Foundation for their support of this work and Healthy Teen Network for being a collaborative partner to the National Campaign on our efforts.

We will be providing information on the conference call Website. If there are additional questions that you would like to direct to any of our speakers, contact information will be posted on that Website within the next 24 hours.

Again, I encourage participants to take a look at that Website for some of the additional resources that will be available including resources that I mentioned earlier for youth in foster care, foster parents, and also child welfare professionals.

So again, thank you to everyone for listening and joining us on our conference call and thank you again to our speakers and the Annie E. Casey Foundation.

Taalibah Kariem-White: Thank you, Itege.

Sharon Rodine: Thank you.

Itege Bailey: Thank you, everyone.

Operator: Ladies and gentlemen, that does conclude the conference call for today. We thank you for your participation and ask that you please disconnect your lines. Have a great day, everybody.

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