



**Bella Mente
Academies**

California Healthy Youth Act

& presentation from Vista Community Clinic

October 16, 2019

Erin Feeley, Executive Director



**Bella Mente
Academies**

Agenda

4-4:30pm

- What is the California Healthy Youth Act
- Why was the law passed
- How are families feeling about this information
- Q&A

4:30-5:00

- Vista Community Clinic

Agreements

Respectful and thoughtful participation

**WE WILL MAINTAIN A SAFE SPACE FOR
LEARNING AND DISCUSSION**




We believe:

Parents/caregivers are their children's primary sexuality educators.



“When parents and youth have good communication along with appropriate firmness, studies have shown youth report older age of first intercourse and lower frequency of sex during adolescence than their peers.”

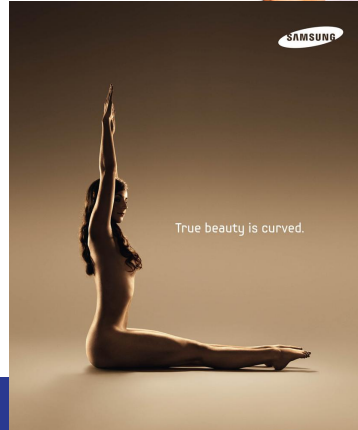
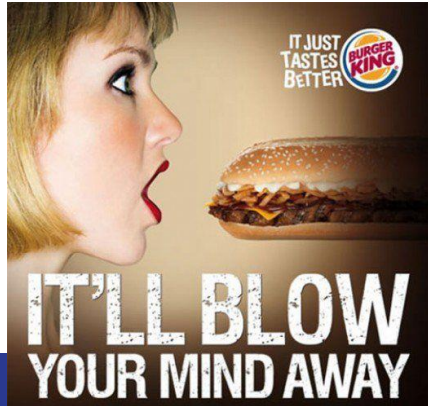
Manlove, J., Fish, H. & Moore, K.A. (2015). Programs to improve adolescent sexual and reproductive health in the US: a review of evidence. Adolescent Health, Medicine and Therapeutics 6: 47-79. doi:10.2147/AHMT.S48054



What do you want your child to know and believe about “sexuality”?



What and where are children learning about sexuality nowadays?



What is the California Healthy Youth Act

- Took effect January 1, 2016
- Requires school districts (and charter schools) to provide students with integrated, comprehensive, accurate, and inclusive comprehensive sexual health education and HIV prevention education
- At least once in high school and once in middle school.



What is the purpose of the California Healthy Youth Act?

- To provide pupils with the knowledge and skills necessary to protect their sexual and reproductive health from HIV and other sexually transmitted infections and from unintended pregnancy;
- To provide pupils with the knowledge and skills they need to develop healthy attitudes concerning adolescent growth and development, body image, gender, sexual orientation, relationships, marriage, and family;
- To promote understanding of sexuality as a normal part of human development;
- To ensure pupils receive integrated, comprehensive, accurate, and unbiased sexual health and HIV prevention instruction and provide educators with clear tools and guidance to accomplish that end;
- To provide pupils with the knowledge and skills necessary to have healthy, positive, and safe relationships and behaviors



Schools are responsible for providing:

- Fact based,
- Unbiased,
- Medically accurate,
- Age appropriate

Knowledge and skills in order to promote the **best possible health** outcomes for **ALL students**



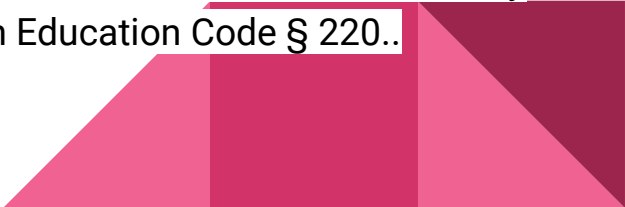
Instructional Criteria Requirements

- Align with and support the purposes of the California Healthy Youth Act, as described above;
- Be appropriate for use with pupils of all races, genders, sexual orientations, ethnic and cultural backgrounds;
- Be appropriate for and equally available to English language learners;
- Be appropriate for and accessible to pupils with disabilities;
- Affirmatively recognize different sexual orientations and be inclusive of same-sex relationships in discussions and examples;
- Teach about gender, gender expression, gender identity, and the harm of negative gender stereotypes;
- Encourage students to communicate with their parents/guardians and other trusted adults about human sexuality, and provide skills for doing so;
- Teach the value of and prepare students to have and maintain committed relationships such as marriage;

Instructional Criteria Requirements Con't.

- Provide knowledge and skills for forming healthy relationships that are free from violence; and
- Provide knowledge and skills for making and implementing healthy decisions about sexuality including negotiation and refusal skills to assist students in overcoming peer pressure and using effective decision making skills to avoid high-risk activities.

In addition, the Education Code (EC § 51933) specifies that instruction and materials in all grades may not:

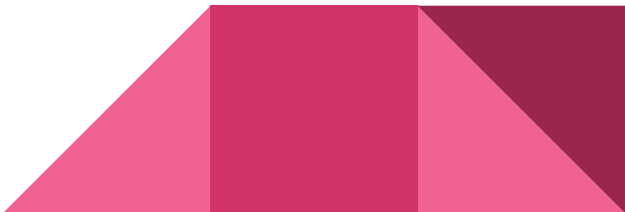
- Teach or promote religious doctrine; or
 - Reflect or promote bias against any person on the basis of actual or perceived disability, gender, gender identity, gender expression, race or ethnicity, nationality, religion, or sexual orientation, or any other category protected by the non-discrimination policy codified in Education Code § 220..
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Required Instructional Content

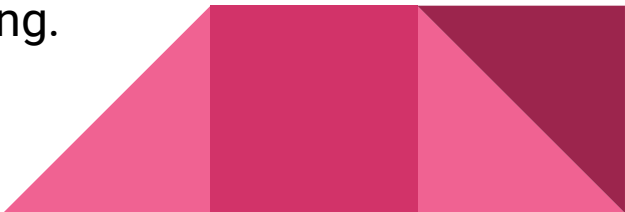
- Information on the nature and transmission of HIV and other sexually transmitted infections (STIs);
- Information about all federal Food and Drug Administration (FDA)-approved methods of preventing and reducing the risk of transmission of HIV and other STIs, and information about treatment of HIV and STIs;
- Reducing the risk of HIV transmission as a result of injection drug use



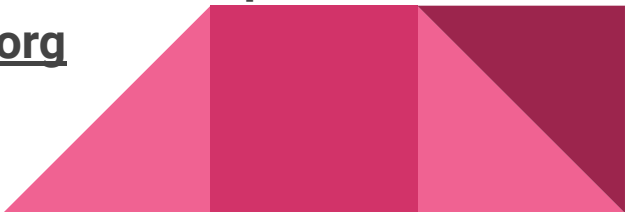
Required Instructional Content

- Discussion about social views of HIV and AIDS, emphasizing that all people are at some risk of contracting HIV and that the only way to know one's HIV status is by being tested;
 - Accessing resources for sexual and reproductive health care and assistance with sexual assault and intimate partner violence, as well as students' legal rights to access these resources;
 - Information about the effectiveness and safety of all federal FDA-approved contraceptive methods in preventing pregnancy (including emergency contraception);
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Required Instructional Content

- Information that abstinence is the only certain way to prevent unintended pregnancy and HIV and other STIs; information about value of delaying sexual activity must be included and must be accompanied by information about other methods for preventing pregnancy, HIV and STIs;
 - Information about pregnancy, including 1) the importance of prenatal care; 2) all legally available pregnancy outcomes, including parenting, adoption, and abortion; and 3) California's newborn safe surrender law; and
 - Information about sexual harassment, sexual assault, adolescent relationship abuse, intimate partner violence, and human trafficking.
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Parental Notification & Opt Out

- Notice: Districts must notify parents of the instruction and provide them with opportunities to view the curriculum and other instructional materials.
 - Opt-out: Districts must also allow parents to remove their student from instruction if they so choose, using a passive consent (“opt-out”) process in which parents must request in writing that their student not receive the instruction.
 - Districts may not require active consent (“opt-in”) by requiring that students return a permission slip in order to receive the instruction.
 - **To Opt Out: Send an email or handwritten opt out letter to Principal Dr. McQuestion at rmcquestion@bellamentecharter.org**
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Comprehensive Sexuality Education (CSE) has been shown to:

- Reduce the frequency of sexual activity
- Reduce number of sexual partners
- Reduce bullying
- Delay sexual initiation
- Increase contraceptive use and reduce unintended pregnancies
- Increase condom use and lower incidence of STDs and HIV



CSE has been linked to:

- Preventing child abuse
- Promoting social emotional learning
- Advancing gender equity
- Promoting healthy relationships, reducing risks of sexual assault and intimate partner violence
- Increasing health and well-being and academic success of LGBT youth



Education is not Encouragement

4 out of 5 of teens believe it would be much easier for teens to **delay sexual activity and avoid teen pregnancy** if they were able to have **more open, honest conversation with their parents** about these topics.

(With One Voice, 2010)



How do I become an Askable Adult



- **Confirm** “Did I answer your question?”
- **Encourage** “I’m glad you asked me that.”
- **Answer** as best you can or say “I’m not sure, let’s look that up together.”
- **Determine** the type of questions - facts- values, or “am I normal” questions
- **Avoid** Assumptions or use judgements. Use your poker face!
- **Encourage!** “I always want you to come to me in the future whenever you have questions.”





for Bella Mente.....

1. Form a parent, staff, administration group to look through curriculum options (email efeeley@bellamentecharter.org if you would like to participate)
2. Individuals will review curriculums and come to meetings prepared to discuss how and choose what we feel is best for our students
3. The group will pick a curriculum or create its own and present to the Board of Directors no later than March 10, 2020
4. Trained instructor selected or teacher trained to present the curriculum
5. Notification sent home to parents to view curriculum before it is presented to students

Questions please email efeeley@bellamentecharter.org

References

- Alford S et al. Science and Success: Sex Education and Other Programs that Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. Washington, DC: Advocates for Youth, 2003, 2008.
- Baams, L., Talmage, C. A., & Russell, S. T. (2017). Economic Costs of Bias-Based Bullying. School Psychology Quarterly. Advance online publication. [dx.doi.org/10.1037/spq0000211](https://doi.org/10.1037/spq0000211)
- Baldo M et al. Does Sex Education Lead to Earlier or Increased Sexual Activity in Youth? Presented at the Ninth International Conference on AIDS, Berlin, 6-10 June 1993. Geneva: World Health Organization, 1993.
- Combelleck, S., & Brindis, C. (2011) Uneven Progress: Sex Education in California Public Schools. Bixby Center for Global Reproductive Health, UCSF.
- Constantine, N. (2008) Converging evidence leaves policy behind: Sex education in the United States. Journal of Adolescent Health, 42(4), 324-326.
- Greytak, E.A ., Kosciw, J.G ., Villenas, C. & Giga , N.M . (2016). From Teasing to Torment: School Climate Revisited. New York: GLSEN.



References

- Grossman JM, Tracy AJ, Charmaraman L, Ceder I, Erkut S. (2014). Protective effects of middle school comprehensive sex education with family involvement. *Journal of School Health*.. 84: 739-747.
<http://www.advocatesforyouth.org/publications/1487>
- Institute of Medicine, Committee on HIV Prevention Strategies in the United States. *No Time to Lose: Getting More from HIV Prevention*. Washington, DC: National Academy Press, 2001 .
- Kirby D. *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
- Kosciw, J. G., Greytak, E. A ., Giga, N. M ., Villenas, C. & Danischewski, D. J. (2016). *The 2015 National School Climate Survey: Executive Summary*. New York: GLSEN
- LaChausse, G. (2016) A clustered randomized controlled trial of the Positive Prevention PLUS adolescent pregnancy prevention program. *American Journal of Public Health*, (106)S1. pp. S91-S96.
<http://ajph.aphapublications.org/doi/full/10.2105/AJPH.2016.303414>



References

- Santelli, S., Halpern, C., Miller, S., et al. (2014). Invited commentary: Broadening the evidence for adolescent sexual and reproductive health and education in the United States. *Journal of Youth and Adolescence*, 43(10), 1595-1610.
- Schalet, A., Santelli, J., Russell, S., Halpern, C., Miller, S., et al. (2014). Invited commentary: Broadening the evidence for adolescent sexual and reproductive health and education in the United States. *Journal of Youth and Adolescence*, 43(10), 1595-1610.
- United Nations Joint Programme on HIV and AIDS. Impact of HIV and Sexual Health Education on the Sexual Behaviour of Young People: a Review Update. [UNAIDS Best Practice Collection Geneva: UNAIDS, 1997.]



Thank you and Q & A

